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Moxley
PUBLIC HEALTH

KNOX
COUNTY

2024
Community Health Assessment

Knox County, Ohio
Published August 2024

Knox
Health
Planning
Partnership

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A NOTE FROM
KNOX HEALTH
PLANNING PARTNERSHIP

The Knox Health Planning Partnership (KHPP) strives to bring together people and organizations to improve community wellness. The community health assessment process is one way we can live out our mission. In order 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, KHPP partnered to conduct a comprehensive Community Health Assessment (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 County's residents. The results also enable the community to measure impact and strategically establish priorities in order to develop interventions and align resources.

KHPP and their many health partners conduct CHAs for measuring and addressing the health status of the Knox County community. We have chosen to assess Knox County as our community because this is where we, and those we serve, live and work. 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 Knox County CHA would not have been possible without the help of numerous Knox County 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 at home, 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,

Zach Green

Zach Green
Health Commissioner
Knox Public Health

ACKNOWLEDGEMENTS

This Community Health Assessment (CHA) was made possible thanks to the collaborative efforts of the Knox Health Planning Partnership, 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.

THE KNOX HEALTH PLANNING PARTNERSHIP WOULD LIKE TO RECOGNIZE THE FOLLOWING ORGANIZATIONS FOR THEIR CONTRIBUTIONS TO THIS REPORT:

Anew Behavioral Health

Ariel Foundation

City of Mount Vernon

Conway's Pharmacy

Fiesta Mexicana

Fredericktown Emergency Medical Services

Interchurch Social Services of Knox County

Kenyon College

Kno-Ho-Co-Ashland Community Action Commission

Knox Community Hospital

Knox County

Knox County Area Development Foundation

Knox County Board of Developmental Disabilities

Knox County Chamber of Commerce

Knox County Department of Job and Family Services

Knox County Emergency Management Agency

Knox County Family & Children First Council

Knox County Head Start

Knox County Pride Alliance

Knox County Sheriff's Office

Knox Public Health

Mental Health & Recovery Board of Licking & Knox Counties

Mount Vernon City School District

Mount Vernon First Church of the Nazarene

Mount Vernon Nazarene University

New Directions Shelter

Ohio District 5 Area Agency on Aging

Ohio State University Extension Office

Pathways of Central Ohio

Riverside Recovery Services

Sanctuary Community Action

Station Break Senior Center

The Freedom Center

The Main Place

Winter Sanctuary Homeless Shelter

YMCA of Mount Vernon

WHAT IS A COMMUNITY HEALTH ASSESSMENT?

Public Health Accreditation

Healthcare Services Master Plan

Implemen-tation Strategies/ CHIPs

Community Health Assessment (CHA)

Other Planning Processes

Hospital Community Benefit Plans

Hospital & Health Department CHNAs/ CHAs
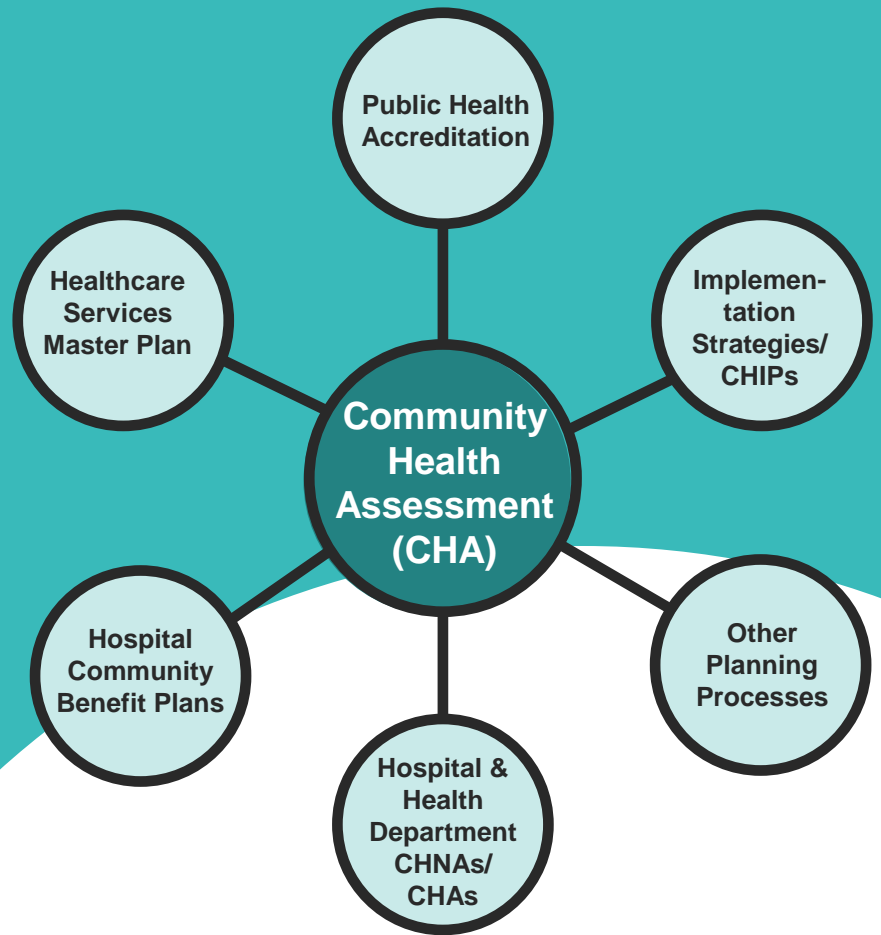
A **Community Health Assessment (CHA)** is a tool that is used to guide community benefit activities and for several other purposes. For health departments, it is used to identify and address key health needs and supports the requirements for accreditation through the Public Health Accreditation Board (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 Improvement Plan (CHIP).

A CHA is an important piece in the development of a 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 County, the Knox Health Planning Partnership 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.

KNOX
HEALTH
PLANNING
PARTNERSHIP

OVERVIEW
OF THE PROCESS

In order to produce a comprehensive Community Health Assessment (CHA), the Knox Health Planning Partnership 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.

Secondary Data Collection	Primary Data Collection	Data Synthesis	Health Needs List	Prioritization	Report Writing

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 (Needs) Assessments (CHNAs/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 CHNA/CHA and subsequently developing an Implementation Strategy/CHIP to address those needs in the community.

THE 2024 KNOX COUNTY CHA MEETS ALL OHIO DEPARTMENT OF HEALTH AND FEDERAL REGULATIONS.
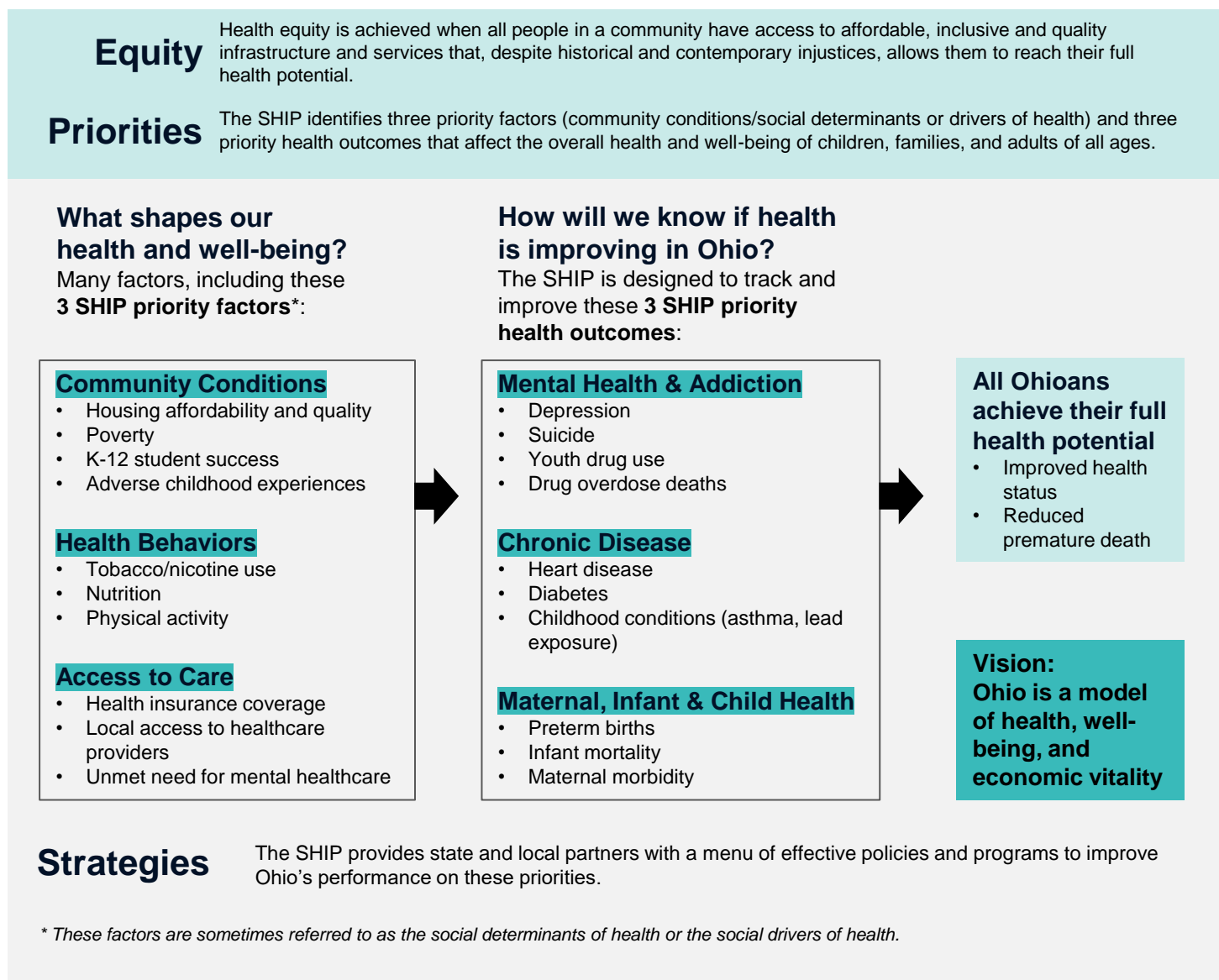
OVERVIEW
OF THE PROCESS (CONTINUED)

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.

The Knox Health Planning Partnership (KHPP) 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, KHPP used the same language as the state of Ohio when assessing the factors and health outcomes of their community in the 2024 Knox County Community Health Assessment (CHA).

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

Equity
Health equity is achieved when all people in a community have access to affordable, inclusive and quality infrastructure and services that, despite historical and contemporary injustices, allows them to reach their full health potential.

Priorities
The SHIP identifies three priority factors (community conditions/social determinants or drivers of health) and three priority health outcomes that affect the overall health and well-being of children, families, and adults of all ages.

What shapes our health and well-being?
Many factors, including these **3 SHIP priority factors***:

How will we know if health is improving in Ohio?
The SHIP is designed to track and improve these **3 SHIP priority health outcomes**:

Community Conditions
- Housing affordability and quality
- Poverty
- K-12 student success
- Adverse childhood experiences

Health Behaviors
- Tobacco/nicotine use
- Nutrition
- Physical activity

Access to Care
- Health insurance coverage
- Local access to healthcare providers
- Unmet need for mental healthcare

Mental Health & Addiction
- Depression
- Suicide
- Youth drug use
- Drug overdose deaths

Chronic Disease
- Heart disease
- Diabetes
- Childhood conditions (asthma, lead exposure)

Maternal, Infant & Child Health
- Preterm births
- Infant mortality
- Maternal morbidity

All Ohioans achieve their full health potential
- Improved health status
- Reduced premature death

Vision: Ohio is a model of health, well-being, and economic vitality

Strategies
The SHIP provides state and local partners with a menu of effective policies and programs to improve Ohio's performance on these priorities.

* These factors are sometimes referred to as the social determinants of health or the social drivers of health.

KNOX
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PARTNERSHIP

STEP 1
PLAN AND PREPARE FOR THE ASSESSMENT

IN THIS STEP, THE KNOX HEALTH PLANNING PARTNERSHIP:

✓ DETERMINED WHO IN THE COUNTY WOULD PARTICIPATE IN THE NEEDS ASSESSMENT PROCESS

✓ PLANNED FOR COMMUNITY ENGAGEMENT

✓ ENGAGED COUNTY LEADERSHIP

✓ DETERMINED HOW THE COMMUNITY HEALTH ASSESSMENT WOULD BE CONDUCTED

✓ DEVELOPED A PRELIMINARY TIMELINE

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PLAN AND PREPARE

The Knox Health Planning Partnership (KHPP) began planning for the 2024 Community Health Assessment (CHA) in 2023. They involved the health department and County leadership, and 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 people 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.

> " *Community Health Assessments (CHAs) are the foundation for improving and promoting the health of community members. The role of community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors.*
>
> - Catholic Health Association "

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

PREVIOUS CHA (2021)

In 2021, the Knox Health Planning Partnership (KHPP) conducted the 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 Knox County CHA addressed behavioral health, access to care, and community education.

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

KHPP: https://www.knoxhealth.com/index.php/administration/knox-health-planning-partnership. (Written comments on this report were solicited on the website where the report was posted.)

KNOX COUNTY 2021-2023 PRIORITY HEALTH NEEDS

KHPP developed the Knox County 2021-2023 CHIP by reviewing the 2021 CHA. The partnership reviewed and discussed the priority areas and agreed that the following priority health issues could be positively impacted by strategies and activities conducted by KHPP and their partners:

1. Behavioral Health
2. Access to Care
3. Community Education

IMPACT/PROCESS EVALUATION OF 2021-2023 STRATEGIES

In collaboration with community partners, KHPP developed and approved a CHIP report for 2021-2023 to address the significant youth health needs that were identified in the 2021 CHA. KHPP chose to address: behavioral health, access to care, and community education. **Appendix A** describes the evaluation of the strategies that were planned in the 2021-2023 CHIP.
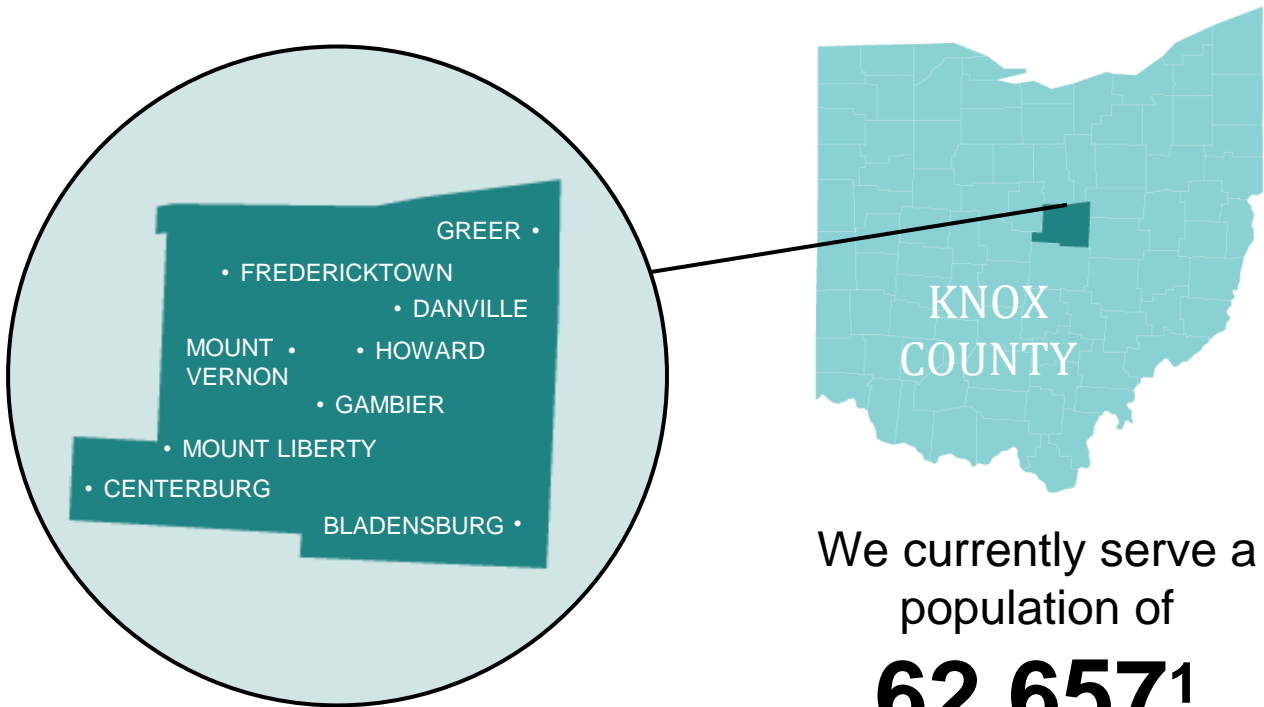
DEFINE THE KNOX COUNTY SERVICE AREA

IN THIS STEP, THE KNOX HEALTH PLANNING PARTNERSHIP:

✓ DESCRIBED THE KNOX COUNTY SERVICE AREA

✓ DETERMINED THE PURPOSE OF THE NEEDS ASSESSMENT

KNOX
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DEFINING THE KNOX COUNTY
SERVICE AREA

For the purposes of this report, Knox County defines their primary service area as being made up of Knox County, Ohio.

We currently serve a population of
62,657[1]

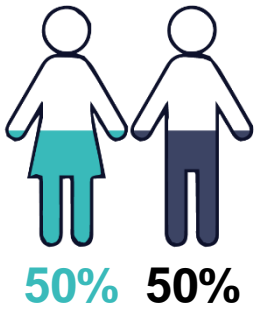| KNOX COUNTY SERVICE AREA			
GEOGRAPHIC AREA	**ZIP CODE**	**GEOGRAPHIC AREA**	**ZIP CODE**
Bladensburg	43005	Greer	44628
Butler	44822	Howard	43028
Centerburg	43011	Martinsburg	43037
Danville	43014	Mount Liberty	43048
Frazeysburg	43822	Mount Vernon	43050
Fredericktown	43019	Utica	43080
Gambier	43022	Walhonding/Newcastle	43843

KNOX COUNTY
AT-A-GLANCE

Knox County's population is **62,657**. The populations of both Knox County and Ohio **increased** in the past 10 years[1]

+3%
KNOX COUNTY

+2%
OHIO
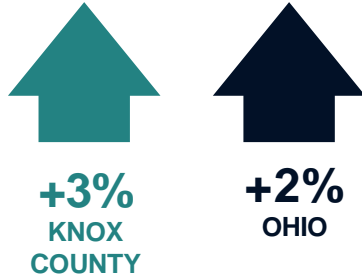
Knox County is ranked **21st of 88** ranked counties in Ohio, according to social and economic factors (with 1 being the best), placing it in the **top 25%** of the state's counties[10]

The % of males and females is **approximately equal**[2]

50% **50%**

8%
of Knox County residents are **veterans**, slightly higher than the state rate[2]
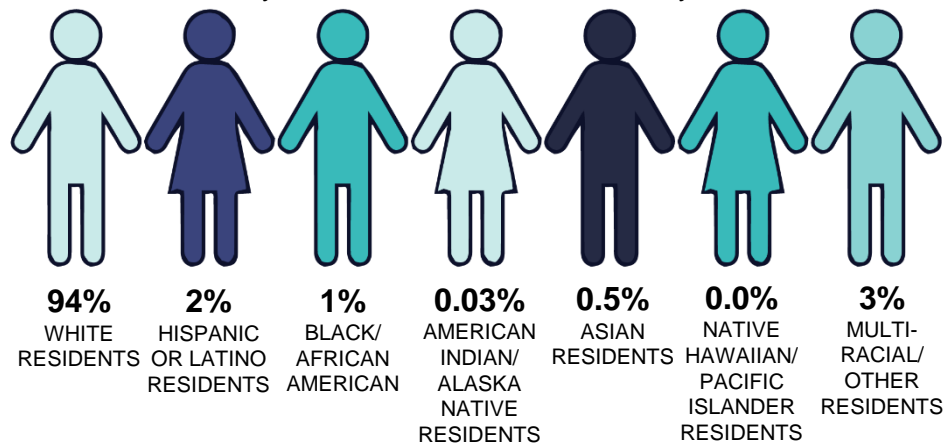
Youth ages 0-19 and seniors 65+ make up

42% of the population

In the Knox County service area, nearly **1 in 5 residents are age 65+**[2]

94% of the population in the Knox County service area **speaks only English. 1% are foreign-born**[3,4]

The **majority (94%)** of the population in Knox County identifies as **White** as their only race[2]

94%	2%	1%	0.03%	0.5%	0.0%	3%
WHITE RESIDENTS	HISPANIC OR LATINO RESIDENTS	BLACK/ AFRICAN AMERICAN	AMERICAN INDIAN/ ALASKA NATIVE RESIDENTS	ASIAN RESIDENTS	NATIVE HAWAIIAN/ PACIFIC ISLANDER RESIDENTS	MULTI-RACIAL/ OTHER RESIDENTS

The life expectancy in Knox County of **77.0 years is 1.4 years longer** than it is for the state of Ohio[5]

1 in 250
Knox County residents will **die prematurely**, which is lower than the Ohio state rate[5]

KNOX HEALTH PLANNING PARTNERSHIP

STEPS 3, 4 & 5
# IDENTIFY, UNDERSTAND, AND INTERPRET THE DATA AND PRIORITIZE HEALTH NEEDS

IN THIS STEP, THE KNOX HEALTH PLANNING PARTNERSHIP:

- ✓ 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

KNOX
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UNDERSTANDING
PRIORITIZATION OF HEALTH NEEDS
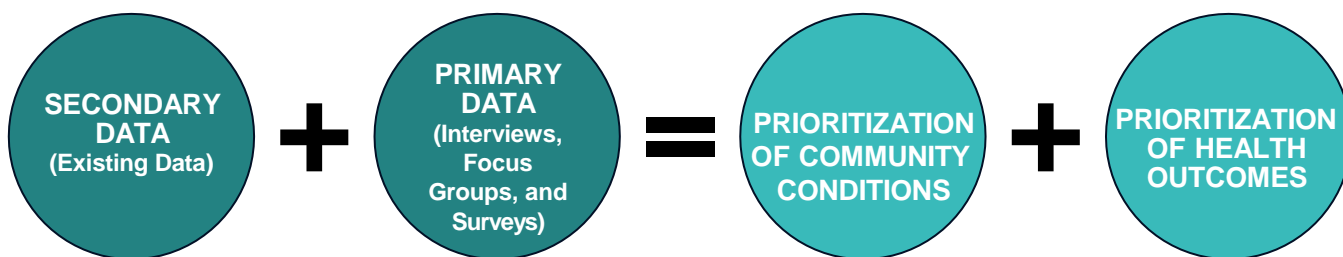
COMMUNITY CONDITIONS (OR SOCIAL DETERMINANTS OF HEALTH OR BARRIERS TO HEALTH) are components of someone's environment, policies, behaviors, and health care that affect the health outcomes of residents of a community. (Examples include housing, crime/violence, access to healthcare, transportation, access 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, the Knox Health Planning Partnership 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 seriousness of the problem (impact at individual, family, and community levels).

To determine size or seriousness of the problem, the health need indicators of Knox County service area identified in the secondary data were measured against benchmark data, specifically County rates, state rates, national rates and/or Healthy People 2030 objectives (Healthy People 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 the community will address in its 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 KNOX COUNTY CHA DATA

In order to build upon the work that was initiated previously, the prior 2020 CHA was reviewed. When making final decisions for the 2024-2026 Improvement Plan (CHIP), previous efforts will be assessed and analyzed.

SECONDARY DATA DEFINITIONS

Behavioral Risk Factor Surveillance System (BRFSS) Region 7: Knox County is part of BRFSS Region 7, which also includes Marion, Union, Morrow, and Delaware Counties.

HIV Planning Region 10: Knox County is part of HIV Planning Region 2, which also includes Ashland, Crawford, Erie, Huron, Marion, Richland, Seneca, and Wyandot Counties.

National Survey on Drug Use and Health (NSDUH) Region: Knox County is part of an NSDUH Region that also includes Fairfield and Licking Counties.

When data is only available at the regional level, this will be indicated in the report.

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 the County will address in the Improvement Plan (CHIP).

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 **24 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:
Broad questions asked at the beginning of the interview:
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 the populations in the area that are not regularly accessing health care and social services? Why?
Questions asked for each health need:
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 **8 focus groups** with a total of **58 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

"The sense of community is great. Everyone comes together if something happens."

- Community Member Interview

"It's nice to live in a small community where you can find people you know."

- Community Member Interview

"I love the friendliness of talking with people in the checkout line at the grocery store."

- Community Member Interview

"The area is beginning to change and more people are willing to talk more about diversity and the LGBTQ+ community."

- Community Member Interview

"[It's a] tight-knit community. People will help without asking questions."

- Community Member Interview

"The community will take care of you if you are down."

- Community Member Interview

"[It's] rural enough to have a small-town feel, but still close to the big city."

- Community Member Interview

"It's a small town with hard-working ethics."

- Community Member Interview

"The community leaders love to collaborate, and it is often done right."

- Community Member Interview

"I love everything about our community, we have a lot of great things going on. There have been a lot of family-friendly events and the farmers' market is awesome."

- Community Member Interview

"Knox County has a tremendous sense of collaboration and wanting to improve the community. [There is a] real desire to want to take care of others within the community and keep fighting to get things done and accomplished."

- Community Member Interview

Knox Health Planning Partnership

TOP PRIORITY HEALTH NEEDS
FROM INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Major health issues impacting community:
1. Mental/behavioral health
2. Substance use
3. Obesity
4. Homelessness/housing insecurity
5. Heart disease/diabetes

Top socioeconomic, behavioral, and/or environmental factors impacting community:
1. Lack of transportation
2. Access to care
3. Poverty/low incomes
4. Substance use
5. Housing issues
6. Unmet mental health care needs

FROM COMMUNITY FOCUS GROUPS:

Major health issues impacting community:
1. Substance use
2. Mental/behavioral health
3. Lack of access to care
4. Health literacy/technology issues
5. Cost of care and insurance

How health concerns are impacting community:
1. Homelessness/lack of housing support
2. Lack of support for youth
3. Addiction and substance use issues
4. Loss of jobs and income
5. People do not receive services when needed

"Parents are fearful that social services will take their children if they access mental health services."

- Community Member Interview

"Many people don't have a family doctor in the area, some just use the emergency room or urgent care."

- Community Member Interview

"Supports for kids are lacking. They get no support from adults [and] argumentative responses from the school system."

- Community Member Focus Group

"Winter Sanctuary is only open in the winter and is closed during the day. There is nothing available in the summer."

- Community Member Focus Group

"Even the sliding fee scale that is supposed to help patients...is too expensive for people to go to the doctor and get help when they are sick."

- Community Member Focus Group

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. Amish population
2. Elderly/aging population
3. Low-income population
4. Hispanic community
5. Homeless population
6. Rural areas

FROM COMMUNITY FOCUS GROUPS:

Sub-populations in the area that face barriers to accessing healthcare and social services:
1. Elderly/aging population
2. Low-income population
3. Those on Medicaid/Medicare
4. Disabled population
5. Homeless population

Resources people use in the community to address their health needs:
1. Knox Public Health/Federally Qualified Health Center
2. Local healthcare providers
3. New Directions Shelter
4. Knox Community Hospital
5. Knox Area Transit (KAT)

Top resources that are lacking in the community:
1. Services for those with intellectual and developmental disabilities
2. Mental health and addiction treatment options
3. Transportation
4. Sex education
5. More physical and mental healthcare providers
6. Better information on available resources

"Seniors are a forgotten group. They don't like to depend on others for help."

- Community Member Interview

"Seniors tend to do without, and then they suffer health wise."

- Community Member Focus Group

"The Pastor speaks Spanish, but the hospital won't allow him to translate due to legal problems. The phone service the hospital has is terrible. You can't hear them, and they don't speak Spanish or English well."

- Community Member Interview

"People send kids to school sick when they can't afford to go to the doctor, but more school is missed because the illness wasn't addressed in the beginning."

- Community Member Focus Group

"Amish kids need to be [seen] two to three days earlier than they bring them in [to health care]. Kids come in very sick."

- Community Member Interview

"Job and Family Services is slow and complicated [to access]...The phone and app are too complicated to use without help."

- Community Member Focus Group

PRIMARY DATA COLLECTION
COMMUNITY MEMBER SURVEY

Each key informant interview participant was asked to complete an online survey to assess and prioritize the health needs identified by secondary data collection. Additionally, the health department and community partners shared the survey link with clients, patients, and others who live and/or work in the community. This resulted in **1,241 responses** to the community member survey. The survey questions and demographics can be found in **Appendix E**.

COMMUNITY CONDITIONS RANKING FROM COMMUNITY MEMBER SURVEY
#1 Substance use (alcohol and drugs)
#2 Housing and homelessness
#3 Access to healthcare (e.g. doctors, hospitals, specialists, medical appointments, health insurance coverage, mental healthcare, oral/dental care, vision care, health literacy, etc.)
#4 Income/poverty and employment
#5 Access to childcare
#6 Food insecurity (e.g. not being able to access and/or afford healthy food)
#7 Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma, etc.)
#8 Crime and violence
#9 Transportation (e.g. public transit, cars, cycling, walking)
#10 Nutrition and physical health/ exercise (includes overweight and obesity)
#11 Education (e.g. early childhood education, elementary school, post-secondary education, etc.)
#12 Tobacco and nicotine use (e.g. smoking and vaping)
#13 Environmental conditions (e.g. air and water quality, vector-borne diseases)
#14 Internet/wifi access
#15 Preventive care and practices (e.g. screenings, mammograms, vaccinations)

HEALTH OUTCOMES RANKING FROM COMMUNITY MEMBER SURVEY
#1 Mental health
#2 Chronic diseases (heart disease/stroke, high blood pressure/cholesterol, diabetes, cancer, asthma, arthritis, kidney disease, cognitive decline, etc.)
#3 Maternal, infant, and child health (e.g. pre-term births, infant mortality, maternal mortality and morbidity)
#4 HIV/AIDS and Sexually Transmitted Infections (STIs)

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 overall Knox County ranking from the community member survey as seen on page 23. 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 Knox County and the state compared to the benchmark goal.

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#1 Health Need:
SUBSTANCE USE

In the community member survey, Knox County residents ranked **substance use**, **mental health**, **housing, and homelessness** as the top issues for healthcare leaders to address

IN OUR COMMUNITY

In the community member survey, **more than half (53%)** of Knox County respondents reported **substance use** as one of their top health concerns

15% of adults in Knox County reported binge drinking within the past month, and 16% for the state of Ohio[6]

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

8%	of OHYES! Region* teens have **used alcohol in the past month**, vs. 9% for Ohio[7]
24%	of OHYES! Region* teens have **ever drank more than a few sips of alcohol**, vs. 27% for Ohio[7]
39%	of OHYES! Region* teens who have used alcohol in the past month have **binge drank**, vs. 44% for Ohio[7]
27%	of OHYES! Region* teens perceive **binge drinking once or twice a week as a great risk**, vs. 28% for Ohio[7]

*Ohio Healthy Youth Environmental Survey (OHYES!) Region, contains Knox and Licking Counties.

13% of OHYES! Region youth surveyed have **used marijuana at least once**, compared to 36% for Ohio youth. **6%** of both OHYES! Region and Ohio youth have used the substance in the **past 30 days**[7]

25% of OHYES! Region youth perceive **using marijuana once or twice per week to have great risk**, compared to 36% for Ohio youth[7]

In the community survey, **10%** of Knox County residents aged 18+ have **used marijuana one or more times** in the past 30 days

49% of **motor vehicle crash deaths** in Knox County, Ohio involve **alcohol**, compared to 32% for Ohio[8]

2% 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

COMMUNITY FEEDBACK

"We do a good job, but until someone's ready to admit they need help, it's hard to force it. People have to be ready to access resources."
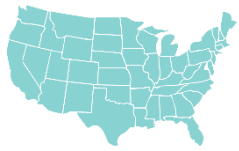
- Community Member Interview

"People are too comfortable with the idea of using/experimenting."
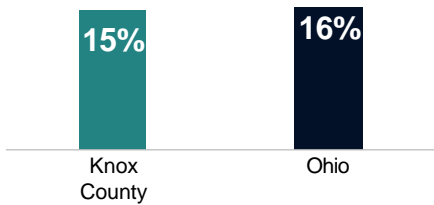
- Community Member Interview
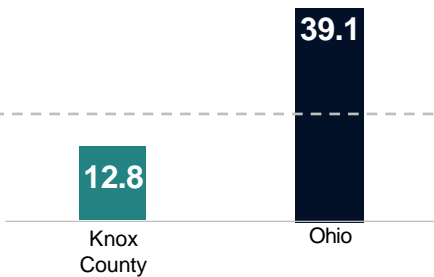
#1 Health Need:
SUBSTANCE USE

## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT BINGE DRINKING

15% Knox County
16% Ohio

HP 2030 TARGET: 25%
DESIRED DIRECTION: ↓

✓ Knox County exceeds the target[6]

DRUG OVERDOSE DEATHS PER 100,000

39.1 Ohio
12.8 Knox County

HP 2030 TARGET:
20.7 per 100,000
DESIRED DIRECTION: ↓

✓ Knox County exceeds the target. Note that only crude rates were available[11]

OPIOID OVERDOSE DEATHS PER 100,000

45.8 Ohio
22.1 Knox County
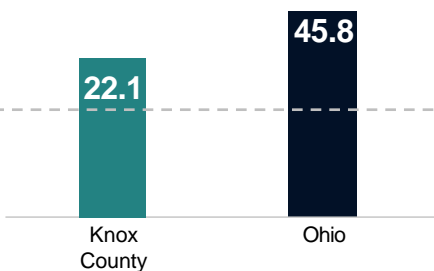
HP 2030 TARGET:
13.1 per 100,000
DESIRED DIRECTION: ↓

✗ Knox County does not yet meet the target. Note that only crude rates were available[12]

COMMUNITY FEEDBACK

"ACEs in kids lead to adults with substance use and mental health issues."

- Community Member Interview

"My brother died of an overdose 7 years ago, and at that time, services were paid for out of pocket. Things are better now because insurance is covering it."

- Community Member Interview

KNOX HEALTH PLANNING PARTNERSHIP

KNOX COUNTY, OHIO • 2024 COMMUNITY HEALTH ASSESSMENT

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, most **Mount Vernon (43050)** residents (54%) rated substance use in their top five community concerns

According to research, **boys** were more likely than girls to try drinking alcohol at a younger age[7]

Binge drinking rates were highest among **men**, **adults ages 25-39**, **White people**, and **higher income households**[6]

According to the community survey, over half of Knox County residents **aged 35-54** (56%) feel substance use is a top health concern in the community

13% of the **homeless** population in the Balance of State Continuum of Care have chronic substance use challenges[10]

Youth are more impacted by substance use due to their developing brains[7]

Top issues/barriers for substance use (reported in interviews):
1. High usage of drugs/alcohol/nicotine
2. High drug use in youth
3. Not enough resource options

Sub-populations most affected by substance use (reported in interviews):
1. Youth
2. Homeless population
3. People who have experienced trauma
4. Low-income population

Top resources, services, programs, and/or community efforts for substance use:
1. Riverside Recovery Services
2. Knox Public Health
3. Behavioral Healthcare Partners (BHP)

#2 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. **67%** of community member survey respondents report **affordable housing** as a resource that is lacking in the community. **Affordable housing was the #1 reported resource needed in Knox County**

IN OUR COMMUNITY

According to the U.S. Census Bureau, 1% of all occupied housing in Knox County (90 units), as well as Ohio, lack complete plumbing and/or kitchen facilities[14]

Freddie Mac estimates that the vacancy rate should be 13% in a well-functioning housing market. There was only a **11% vacancy rate** in Knox County in 2022, although this increased from 9% in 2017[13]

22% of Knox County households are "cost burdened" (spend more than 35% of their income on housing), vs. 26% for Ohio. Mount Vernon has the highest proportion of cost-burdened households (25%)[15]
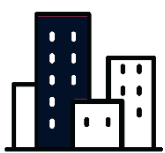
The number of **affordable and available units per 100 very-low-income renters** (<50% of area median income) in Knox County was **only 27**, vs. 44 for Ohio. This puts renters at risk for rent burden, eviction, and homelessness[14]

COMMUNITY FEEDBACK

"It is hard for people to break the cycle of homelessness."

- Community Member Interview

"House prices are just higher now than before."

- Community Member Interview

2021 79%
2022 54%

The Coalition on Homelessness and Housing in Ohio reported that from 2021 to 2022, the proportion of homeless individuals in **emergency shelters** in the continuum of care **decreased from 79% to 54%**[15]

In 2022, there were an estimated **4,075 people experiencing homelessness** in the Ohio Balance of State Continuum of Care[15]

Data shows that 5**% of Knox County and 4% of Ohio households are seniors who live alone**. Seniors living alone may be isolated and lack adequate support systems[13]

#2 Health Need:
HOUSING & HOMELESSNESS

COMMUNITY FEEDBACK

"More market rate houses are being built in the city."

- Community Member Interview

"There are multiple families living in one home."

- Community Member Interview

"Homelessness does not work on a schedule."

- Community Member Interview

Top issues/barriers for housing and homelessness (reported in interviews):
1. Not enough homes (in general)
2. Not enough affordable housing
3. Increasing prices
4. Homelessness

Sub-populations most affected by housing and homelessness (reported in interviews):
1. Those with mental health disorders
2. Homeless population
3. Those with substance use community

Top resources, services, programs, and/or community efforts for housing and homelessness:
1. Kno-Ho-Co-Ashland Community Action Commission
2. Knox Metropolitan Housing Authority
3. Winter Sanctuary Homeless Shelter

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…

43% of community members surveyed ranked housing and homelessness as a top concern

According to the Ohio Balance of State Continuum of Care, nearly 22% of the homeless population lives with **mental illness**, 8% were **survivors of domestic violence**, 13% had **chronic substance abuse challenges**, 6% were **veterans**, and 7% were **youth and young adults** (ages 18-24)[10]

According to community survey responses, 100% of **Asian** residents felt that affordable housing resources were lacking, as well as 75% of **Native American/Alaska Native** residents (more than other groups)

Residents in **Mount Vernon (43050)** ranked housing and homelessness as a top concern in the community survey, significantly more than residents in other areas of Knox County

In the community survey, 73% of residents with a household income of **less than $20,000** felt that affordable housing resources were lacking

#3 Health Need:
ACCESS TO HEALTHCARE

According to the Health Resources & Service Administration, Knox County has **less access to primary care and dental care providers** than Ohio overall, based on the ratios of population to providers[16]

IN OUR COMMUNITY

17% of community survey respondents say that **primary healthcare access is lacking** in the community

KNOX COUNTY *2,520:1[5]	OHIO *1,330:1[5]

residents : primary care providers

9% of community survey respondents say that **vision healthcare access is lacking** in the community

10% of community survey respondents say that **dental healthcare access is lacking** in the community

KNOX COUNTY **2,040:1[5]	OHIO **1,540:1[5]

**residents : dental care providers*

1 in 10
Community survey respondents **do not have a usual primary care provider** (PCP)

Nearly 1 in 4 (23%)
BRFSS*** Region 7 residents (Knox County area) **did not have a routine checkup** in the prior year[6]

****Behavioral Risk Factor Surveillance System; BRFSS Region 7 contains Knox County.*

More than 1 in 4 (28%)
survey respondents **have not been to the dentist in the past 1-2 years**

BARRIERS TO CARE

18% of community survey respondents **could not obtain a necessary prescription** in the past year

33% of community survey respondents have **delayed or gone without medical care** due to being unable to get an appointment

5% of survey respondents lack health insurance because it **costs too much**

More Knox County **(28%)** than Ohio (17%) 3rd grade children had **untreated cavities**[39]

24% of community survey respondents' usual source of care is an **urgent care clinic**

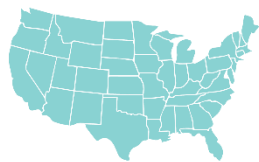**62%** of Knox County 3rd graders have a history of **tooth decay**, vs. 51% for Ohio[39]

COMMUNITY FEEDBACK

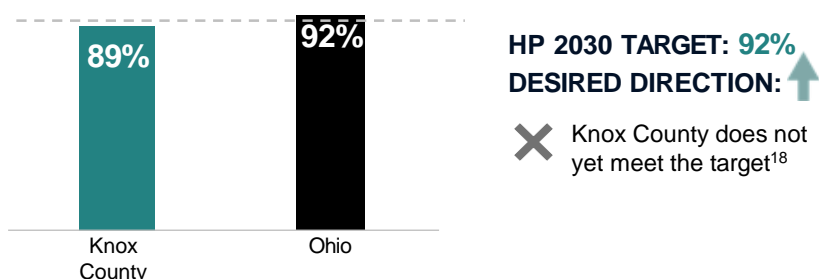*"There are long waits everywhere, especially for dental and primary care and for new patients."*

- Community Member Interview

Knox Health Planning Partnership

#3 Health Need:
ACCESS TO HEALTHCARE

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HEALTH INSURANCE COVERAGE

89% Knox County

92% Ohio

HP 2030 TARGET: 92%
DESIRED DIRECTION: ⬆

✖ Knox County does not yet meet the target[18]

COMMUNITY FEEDBACK

"Our hospital has a great cardio, and stroke program, bariatric program (different medical and surgical options, nutrition, exercise for weight loss)."

- Community Member Interview

"Providers do a good job at marketing."

- Community Member Interview

"Most of the providers are in Mount Vernon, so the outliers have to drive over 30 minutes."

- Community Member Interview

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 residents in Knox County **do not have health insurance**[18]

According to the community survey, 40% of **Martinsburg (43037)** residents report not having a checkup within the past year, more than other areas of Knox County

According to the community survey, individuals **aged 55-64** in Knox County were more likely than other age groups to indicate access to primary healthcare services as a high concern (48%)

Community survey respondents in **Centerburg (43011)** (32%) were more likely to visit urgent care clinics for routine care than those in **Howard (43028)** (17%)

58% of the **low-income population** remain unserved by a health center[19]

Of all age groups surveyed, **adults 25-34** (5%) were most likely to report having no insurance due to being ineligible or not qualifying

Top issues/barriers for access to healthcare (reported in interviews):
1. Low access to providers
2. Lack of dental care providers
3. Long waits
4. Transportation
5. Lack of access to specialists

Sub-populations most affected by access to healthcare (reported in interviews):
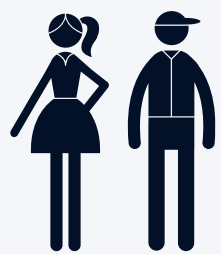1. Rural areas
2. Low-income population

Top resources, services, programs, and/or community efforts for access to healthcare:
1. Knox Community Hospital
2. Knox Public Health

#4 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…

7% of **Knox County teens 16-19** are at risk because they are **not in school or unemployed**, which is higher than the 6% seen statewide[5]

34% of these teens **do not hold a high school diploma**[5]

Knox County is ranked **21 out of 88 counties** in Ohio for social and economic factors (the lower a ranking is, the better), placing it in the **top 25%** of the state's counties[5]
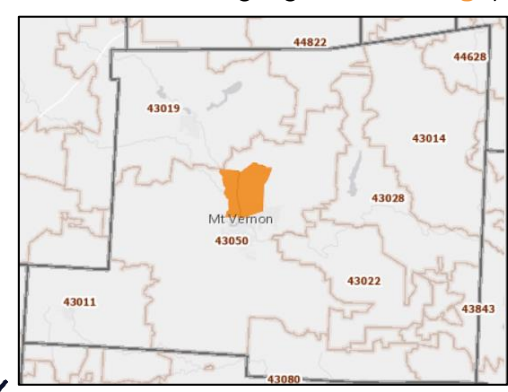
IN OUR COMMUNITY

Knox County's median household income is **slightly higher** than the state average[5]

KNOX COUNTY: $61,600
OHIO: $61,138

4% of Knox County and Ohio **adults are unemployed**[41]

The map below shows areas of Knox County where more than **20% of the population lives in poverty** (the 43050 ZIP Code in the northwest portion of Mount Vernon, highlighted in **orange**)[20]

POVERTY RATE[20]

11% KNOX COUNTY

12% OHIO

LOW-INCOME RATE[20]

22% KNOX COUNTY

23% OHIO

The highest poverty rate is found in **Mount Vernon (15%)**. Poverty rates are highest for children at 19%, compared to 18% of Ohio children[20]

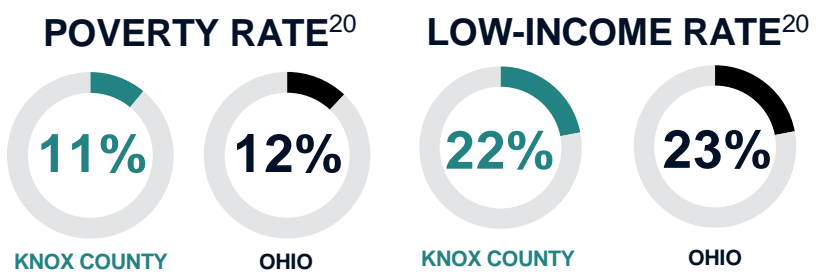The highest low-income rate is found in **Mount Vernon (29%)**[20]

COMMUNITY FEEDBACK

"There are people pulling things out of the trash can. There are parents not eating in order to feed their children. Some don't have the clothing needed to interview for a job."

- Community Member Interview

"Some people don't have enough to live off of, but have too much to receive benefits."

- Community Member Interview

#4 Health Need:
INCOME/POVERTY & EMPLOYMENT

10% of low-income Knox County adults utilize food stamps vs. 12% for Ohio[22]

According to the U.S. Census Bureau

2%
of Knox County residents receive public assistance vs. 3% for Ohio[22]

5%
of Knox County residents receive Supplemental Security Income (SSI) vs. 6% for Ohio[22]

COMMUNITY FEEDBACK

"Some people get $23 per month for groceries [from subsidy], you can't do anything with that."

- Community Member Interview

"People aren't being paid a living wage."

- Community Member Interview

"Some people have to budget their jobs and salaries to stay on subsidies to make it. Alternatively, some work extreme amounts of overtime to make ends meet."

- Community Member Interview

Top issues/barriers for income/poverty and employment (reported in interviews):
1. Lower than average incomes/poor pay
2. Increased poverty in the area
3. Childcare issues (cost/quality/shift hours)
4. Cost of living

Sub-populations most affected by income/poverty and employment (reported in interviews):
1. Single parents
2. Those with a lack of education

Top resources, services, programs, and/or community efforts for income/poverty and employment:
1. Opportunity Knox Employment Center/Ohio Means Jobs Knox County
2. Knox County Head Start

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…

According to the community survey, there are significantly more unemployed residents **ages 18-24** (14%) than all other ages

Bladensburg (43005) residents (75%) were significantly more likely than residents of other geographical areas to select employment as one of their top concerns on the community survey
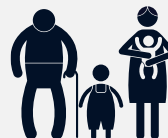
30% of **children**, 14% of **seniors**, and 44% of **female heads-of-household (HoH)** living with their minor children live in poverty[22]

Mount Vernon has the highest adult poverty rate (15%), **Martinsburg** has the highest child poverty rate (30%), and **Danville** has the highest senior poverty rate (16%)[20]

23% of Knox County **65+ 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 **less than a high school diploma** (52%) were more likely to rank employment as a top concern than those with higher levels of education

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[20]

Research suggests that people with **disabilities** may experience additional challenges obtaining and maintaining employment[20]

#5 Health Need:
ACCESS TO CHILDCARE

According to the 2020 Ohio Childcare Resource & Referral Association Annual Report, the average cost of childcare in Ohio ranges from **$3,731** per year (for school-aged children cared for outside of school hours) to **$10,161** per year (for infants under one year of age)[21]

IN OUR COMMUNITY

33% of Knox County community members surveyed reported that **access to childcare** is an issue of concern in their community

80% of Ohioans surveyed say that quality childcare is expensive where they live[22]

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**[22]

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…

33% of **Black/African American** and **White** residents who responded to the community survey rated access to childcare as a top concern, more than other racial groups

Lower-income residents may have challenges affording childcare[22]

Single parents who lack social support may have a greater need for childcare[22]

According to the community survey, Knox County residents **aged 25-44** (51%) were significantly more likely to report childcare among their top five health concerns than residents of other ages

Top issues/barriers for access to childcare (reported in interviews):
1. Affordability
2. Limited childcare facilities
3. Poor quality childcare centers

Sub-populations most affected by access to childcare (reported in interviews:
1. Low-income population
2. Single parents

Top resources, services, programs and/or community efforts for access to childcare:
1. Knox County Head Start
2. YMCA of Mount Vernon

COMMUNITY FEEDBACK

"Sometimes you have to decide if childcare is worth it, especially if it costs more than your salary."

- Community Member Interview

"Childcare isn't affordable even for those on subsidy."

- Community Member Interview

KNOX HEALTH PLANNING PARTNERSHIP

#6 Health Need:
FOOD INSECURITY

According to *Feeding America*, **12% of both Knox County and Ohio residents experience food insecurity**[25]

When asked what resources were lacking in the community of Knox County survey, **38%** of respondents answered **affordable food,** while **32%** of survey respondents ranked **access to healthy food** as a top health concern

IN OUR COMMUNITY

Children experience the highest food insecurity rate in Knox County (13%), which is lower than the food insecurity rate for Ohio children (15%)[25]

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'**

Bladensburg (43005) has the highest overall proportion of households receiving food stamps (21%), as well as the highest proportion of single moms with children receiving food stamps (100%), and **Centerburg (43101)** has the highest proportion of senior households receiving food stamps (18%)[25]

51%

The percentage of students in Knox County who are eligible for the **National School Lunch Program** (NSLP) Free & Reduced Price Meals is **51%** on average, with the highest rate being 100% for Knox County Children's Resource Center[26]

Places to access food in Knox County (according to the Healthy Food Access Portal):[27]

- **0** full-service supermarkets
- **0** limited-service stores
- **24** SNAP* benefit retailers
- Saturday farmers' market
- Mid-Ohio Farmacy
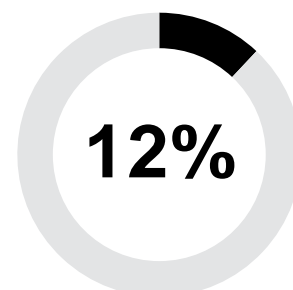- **40** fast-food and takeout restaurants

*The United States Department of Agriculture (USDA) rates **3 out of 14** Knox County census tracts as "low-income" or "low-access". There is **1** limited supermarket access area (LSA) in Knox County*[27]

*Supplemental Nutrition Assistance Program

A **slightly lower rate** of Knox County and Ohio households access **SNAP* benefits**[24]

10%
KNOX COUNTY

12%
OHIO

7.8/10

Knox County's **food environment rating** out of 10 (0 being worst and 10 being best) is **7.8/10**, vs. **7.0/10** for Ohio[5]

#6 Health Need:
FOOD INSECURITY

COMMUNITY FEEDBACK

"Some of the villages do not have access to a full-service grocery store."

- Community Member Interview

"There are people in the County that produce the healthy food, but if there isn't transportation, how can you get it?"

- Community Member Interview

"In the summer when school is not in session, [kids] do not have access to healthy foods."

- Community Member Interview

"[The] Dollar Generals sell fresh fruits and vegetables, but at much higher costs."

- Community Member Interview

"Some communities have started doing farmers' markets. It's good to know what's in your food and where it comes from."

- Community Member Interview

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**. 48% of people facing hunger in Knox County are **unlikely to qualify for SNAP**[25]

Research says that 52% of food insecure residents in Knox County are **below the SNAP threshold** of 130% to the poverty level[25]

According to the community survey, 67% of **Frazeysburg (43822)** respondents feel that access to healthy foods needs to be addressed in Knox County

Based on the community survey, Knox County residents **aged 25-34** (41%) ranked access to healthy foods as more of a health concern in the community than those aged 65+

Community survey respondents **18-24 years old** felt that resources affordable food (49%) was lacking more than those who were 65+ years old

Top issues/barriers for food insecurity (reported in interviews):
1. Healthy food is expensive
2. Food deserts
3. No fresh produce/dependent on dollar stores

Sub-populations most affected by food insecurity (reported in interviews):
1. Low-income population
2. Elderly

Top resources, services, programs and/or community efforts for food insecurity (reported in interviews):
1. Farmers' markets
2. Food pantries
3. SNAP (Supplemental Nutrition Assistance Program)/food stamps

KNOX HEALTH PLANNING PARTNERSHIP

#7 Health Need:
ADVERSE CHILDHOOD EXPERIENCES

Adverse childhood experiences (ACEs), including abuse, neglect, mental illness, substance abuse, divorce/separation, witnessing violence, and having an incarcerated relative can have lifelong impacts[7]

5 of the top 10
leading causes of death are associated with ACEs [28]

IN OUR COMMUNITY

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

Knox County | **24.2**
Ohio | **14.4**

Knox County has a higher rate of substantiated child abuse reports per 1,000 children than the state of Ohio[7]

According to the OHYES! Survey, the most commonly reported types of child abuse in region* are:[7]

- Emotional abuse (62%)
- Household mental illness (34%)
- Household substance abuse (25%)
- Physical abuse (22%)
- Incarcerated household member (16%)

Ohio Healthy Youth Environmental Survey (OHYES!) Region, contains Knox and Licking Counties.

Research shows that **youth with the most assets are more likely to**:[7]
- do well in school
- be civically engaged
- value diversity

Research shows that **youth with the most assets are less likely to engage in**:[7]
- alcohol use
- violence
- sexual activity

More than 1 in 3 (35%) Knox County adults have experienced at least one ACE[7]

COMMUNITY FEEDBACK

"Foster parents go through a lot of trainings and courses, but there aren't a lot of resources like that for biological parents and for when foster children return home. There needs to be more resources for this."

\- Community Member Interview

"Abuse comes in a lot of different forms."

\- Community Member Interview

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 state level[7]

Children with the following **risk factors**:[7]
- 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 **Howard (43028)** residents (31%) than residents from other geographical areas ranked "adverse childhood experiences" as a top health concern in the community survey

Top issues/barriers for ACEs (reported in interviews):
1. Abuse and neglect
2. Drugs and domestic violence
3. Mental health support

Sub-populations most affected by crime and violence (reported in interviews):
1. Children of parents who use drugs
2. All children

Top resources, services, programs and/or community efforts for ACEs:
1. Knox County Department of Job & Family Services
2. Knox Public Health
3. Other community agencies

KNOX HEALTH PLANNING PARTNERSHIP

#8 Health Need:
CRIME & VIOLENCE

22% of community survey respondents feel that crime and violence is a top issue of concern in the community

IN OUR COMMUNITY

Knox County's 2021 property and violent crime rates are much lower than the state of Ohio overall. Both property and violent crime rates declined between 2018 and 2022[29]

PROPERTY CRIME RATES PER 100,000[29]

KNOX COUNTY 608
OHIO 1,783

1. Fredericktown: **993**
2. Mount Vernon: **684**
3. Knox County Sheriff's Office: **564**
4. Danville: **198**

VIOLENT CRIME RATES PER 100,000[29]

KNOX COUNTY 40
OHIO 294

1. Danville: **99**
2. Knox County Sheriff's Office: **50**
3. Mount Vernon: **18**
4. Fredericktown: **0**

COMMUNITY FEEDBACK

"Some people don't know how to break the generational cycle of crime."

- Community Member Interview

"Some people are stealing just to make ends meet."

- Community Member Interview

"Things have changed a lot in the community, it feels like a safe community to raise kids, but crime is increasing."

- Community Member Interview

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, 31% of respondents in **Fredericktown (43019)** ranked crime and violence as a top concern, significantly more than **Gambier (43022)** (7%)

Property crime rates are highest in Fredericktown, while violent crime rates are highest in Danville[29]

Top issues/barriers for crime and violence (reported in interviews):
1. Crime/violence due to drugs
2. Domestic and sexual abuse/violence
3. Petty theft

Sub-populations most affected by crime and violence (reported in interviews):
1. Low-income population
2. Youth

Top resources, services, programs and/or community efforts for crime and violence:
1. Probation/parole
2. Local law enforcement

"People are stealing water from homes because they don't have water at home. It's need-based."

- Community Member Interview

KNOX
HEALTH
PLANNING
PARTNERSHIP

#9 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)

IN OUR COMMUNITY

Just over one quarter (26%) of community survey respondents **say that transportation is lacking** in Knox County

62/100
Walkscore
Gambier [30]

56/100
Walkscore
Centerburg[30]

40/100
Walkscore
Mount
Vernon[30]

39/100
Walkscore
Frederick-
town[30]

When analyzing Knox County, according to *Walkscore.com*, all areas were 'Car Dependent' with the exception of Gambier, Centerburg, and Danville which are classified as 'Somewhat Walkable'. The walkscores for the most populous communities in Knox County are displayed above.

COMMUNITY FEEDBACK

"Transportation is an issue, especially when bad weather comes, like snow and summer storms that knock down trees."

- Community Member Interview

According to the **American Community Survey**:[31]

77% of all workers in Knox County **drive alone to work**, compared to 80% for Ohio[31]

0.4% of residents **use public transportation to get to work** (vs. 1% for Ohio) and **3% walk or bike to work** (vs. 2% for Ohio)[31]

Knox County workers spend an average of 28 **minutes per day commuting** to work, vs 24 minutes for Ohio workers[31]

Top issues/barriers for transportation (reported in interviews):
1. Lack of public transportation
2. Weather
3. Sidewalks need improvement
4. Long wait times/lack of dependable public transportation

Sub-populations most affected by transportation (reported in interviews):
1. Low-income population
2. Elderly
3. Amish population

Top resources, services, programs and/or community efforts for transportation:
1. Knox Area Transit (KAT)

KNOX
HEALTH
PLANNING
PARTNERSHIP

#9 Health Need:
TRANSPORTATION

COMMUNITY FEEDBACK

"Public transportation is only on-demand."

- Community Member Interview

"The community does offer sidewalks, but in some areas the quality is poor. The sidewalks aren't always great for disabled people."

- Community Member Interview

"There is a great transportation unit (Knox Area Transit (KAT)), but they are having employment issues, so it isn't dependable. People are waiting 2 hours to go to the food pantry, and it causes food to perish in the summer."

- Community Member Interview

"Seniors are fearful of using KAT as they must wait outside in the cold. "

- Community Member Interview

PRIORITY POPULATIONS
TRANSPORTATION

While transportation 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…

Rural areas have less access to public transit and residents must travel further to access necessary services[31]

According to the community survey, 40% of **Frazeysburg (43822)** and **Martinsburg (43037)** residents feel that transportation is a lacking community resource

26% of community members with a **health-related disability** surveyed ranked transportation as a top concern

#10 Health Need:
NUTRITION & PHYSICAL HEALTH

IN OUR COMMUNITY

52% of community survey respondents rated their physical health as **"good"**
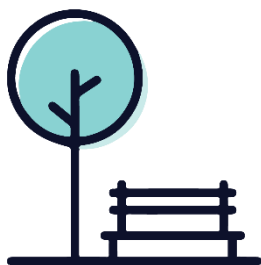
44% of community survey respondents **feel that having a busy schedule limits them** from having time to cook healthy food and exercise

**40%** of Knox County residents **are obese**, higher than the state rate of 38%[32]

#33 At **#33 out of 88**, Knox County ranks in the **top 50% of Ohio counties for healthy behaviors** (with 1 being the best ranking)[5]

22% of community survey respondents **say that recreational spaces are lacking** in Knox County

3% of community survey respondents say that reliable **transportation has kept them from buying food/groceries** in the past year, while another **3%** say that it has **kept them from physical activity**
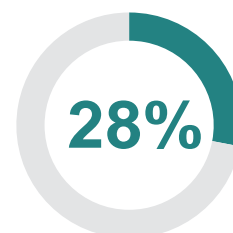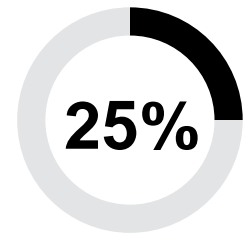
28% KNOX COUNTY

25% OHIO

According to the 2024 County Health Rankings program, **more Knox County than Ohio adults are sedentary** (did not participate in leisure time physical activity in the past month[34]
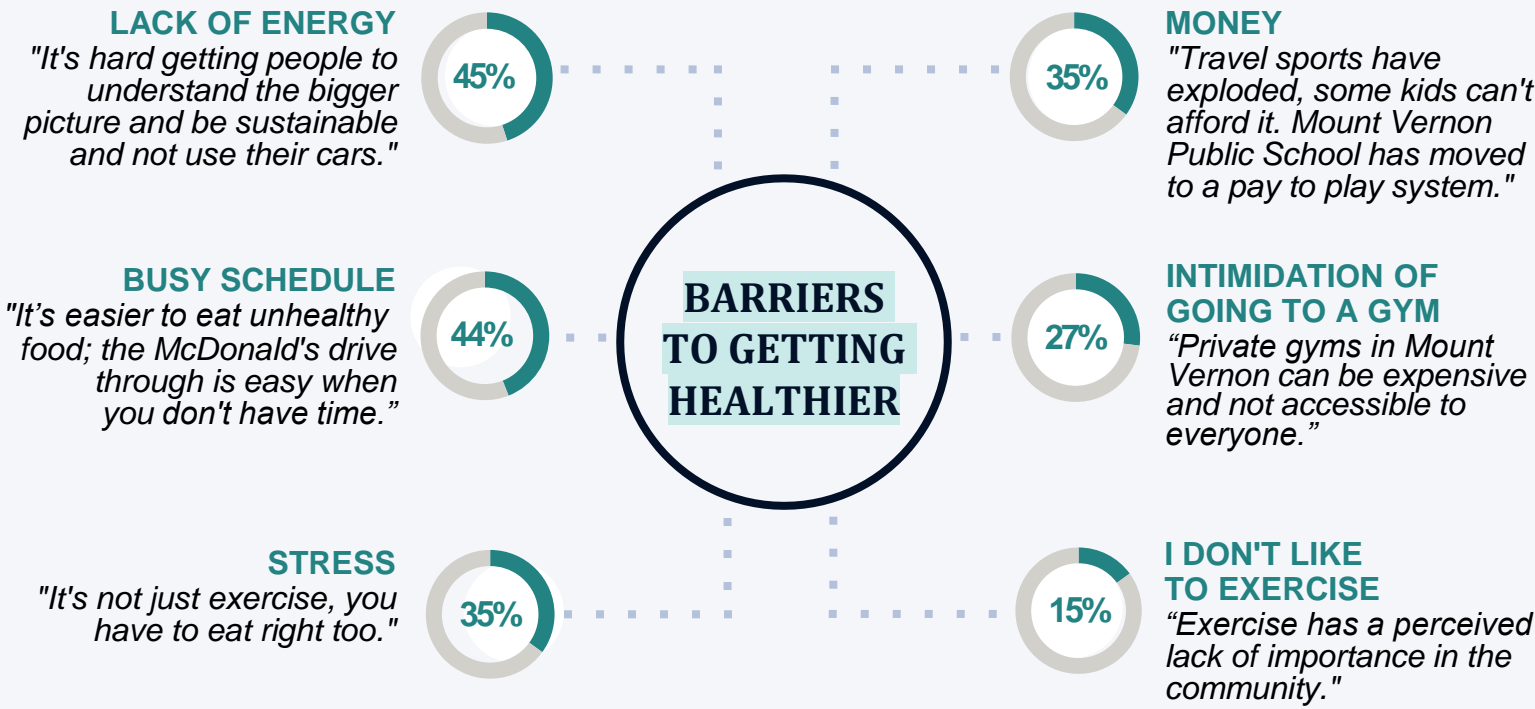
Of adults in BRFSS* Region 7, **18% consume no vegetables per day**, slightly lower than Ohio (20%), while **41% consume no fruit per day** (vs. 43% for Ohio)[33]

21% of Ohio adults meet physical activity guidelines, which is worse than the U.S. rate (23%)[33]

Behavioral Risk Factor Surveillance System; BRFSS Region 7 contains Knox County.

Knox Health Planning Partnership

#10 Health Need:
NUTRITION & PHYSICAL HEALTH

LACK OF ENERGY
"It's hard getting people to understand the bigger picture and be sustainable and not use their cars."

45%

MONEY
"Travel sports have exploded, some kids can't afford it. Mount Vernon Public School has moved to a pay to play system."

35%

BUSY SCHEDULE
"It's easier to eat unhealthy food; the McDonald's drive through is easy when you don't have time."

44%

BARRIERS TO GETTING HEALTHIER

INTIMIDATION OF GOING TO A GYM
"Private gyms in Mount Vernon can be expensive and not accessible to everyone."

27%

STRESS
"It's not just exercise, you have to eat right too."

35%

I DON'T LIKE TO EXERCISE
"Exercise has a perceived lack of importance in the community."

15%

Reported in community member survey, quotes from key informant interviews.

COMMUNITY FEEDBACK

"Some areas aren't safe to walk in."

- Community Member Interview

"It is hard to slow down and eat healthy as a healthcare provider when you are so busy."

- Community Member Interview

"Babies come in drinking Mountain Dew and sweet tea in their bottle. There are high BMI rates in children here."

- Community Member Interview

Top issues/ barriers for nutrition & physical health (reported in interviews):
1. Expensive
2. Community is sedentary/not active/not motivated
3. Safety concerns
4. Not enough education
5. Unhealthy food is cheap/healthy food is expensive
6. Prevalence of unhealthy foods

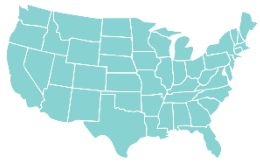**Sub-populations most affected by nutrition & physical health (reported in interviews):**
1. Low-income population
2. Elderly
3. Rural areas

Top resources, services, programs, and/or community efforts for nutrition & physical health:
1. YMCA of Mount Vernon
2. Parks/trails
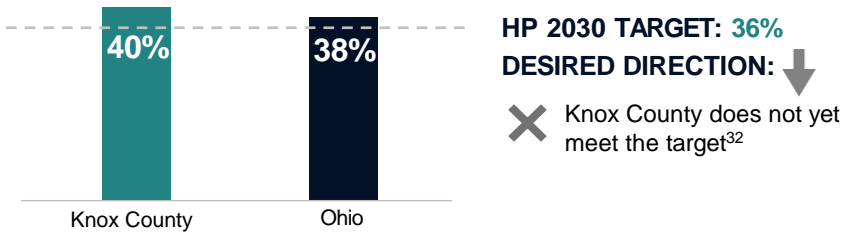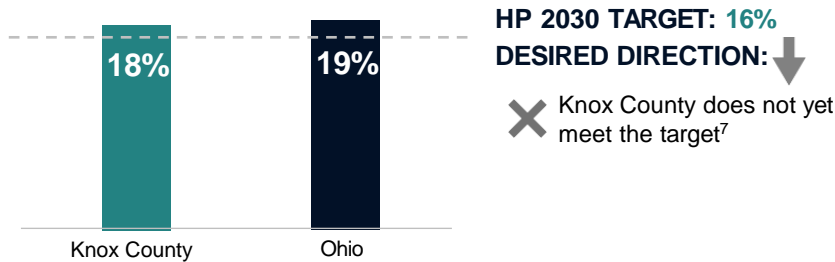3. Private gyms
4. Farmers' markets

Knox Health Planning Partnership

#10 Health Need:
NUTRITION & PHYSICAL HEALTH

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT OBESITY

Knox County 40%
Ohio 38%

HP 2030 TARGET: 36%
DESIRED DIRECTION: ↓

✕ Knox County does not yet meet the target[32]

CHILDREN & TEEN OBESITY

Knox County 18%
Ohio 19%

HP 2030 TARGET: 16%
DESIRED DIRECTION: ↓

✕ Knox County does not yet meet the target[7]

COMMUNITY FEEDBACK

"There is a lack of bike paths and sidewalks in rural areas."

- Community Member Interview

"People choose convenience, there aren't a lot of healthy, convenient fast food places."

- Community Member Interview

"There are not enough indoor walking facilities."

- Community Member Interview

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[60]

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"[35]

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[35]

Young adults ages 18-24 are at risk for being inactive[60]

60% of **Walhonding/Newcastle (43843)** survey respondents feel that their busy schedule (not having time to cook or exercise) impacts their ability to get healthier and in better shape, more than respondents from other areas

20% of **Gambier (43022)** community survey respondents indicated not enjoying exercise as a barrier to getting in shape, more than respondents from other areas

#11 Health Need: EDUCATION

Educational attainment is a key driver of health
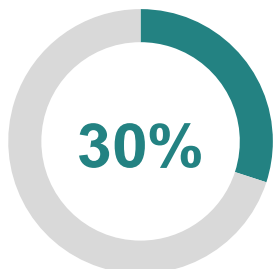
IN OUR COMMUNITY

According to census data, **8% of Knox County residents did not graduate high school, vs. 9% for Ohio**[5]
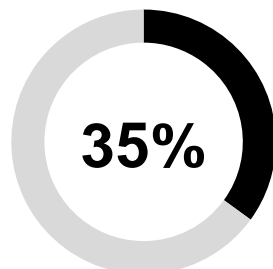
58% of Knox County residents have at least some college education (vs. 66% for the state of Ohio)[5]

KINDERGARTEN READINESS[35]

30%
KNOX COUNTY

35%
OHIO

The **average Kindergarten readiness rate for Knox County schools was lower than Ohio for 2022-2023**. Readiness rates are lowest in East Knox Local School District (21%)[35]

35% of 3- and 4-year-olds in Knox County are enrolled in preschool. This is lower (and worse) than the overall Ohio rate of 43%[37]

Preschool enrollment can improve short- and long-term socioeconomic and health outcomes, particularly for disadvantaged children[37]

Centerburg Local School District and Mount Vernon City School District have the **lowest 4-year high school graduation rates** in Knox County (90%) for 2022, although these rates are still above the Ohio state average (87%)[36]
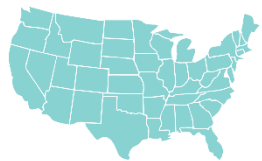
COMMUNITY FEEDBACK

"There is a decline in connection or link to other parents that have preschool children. Kids aren't getting into preschool, and it is making them unprepared for Kindergarten. They aren't potty-trained and developmentally ready."
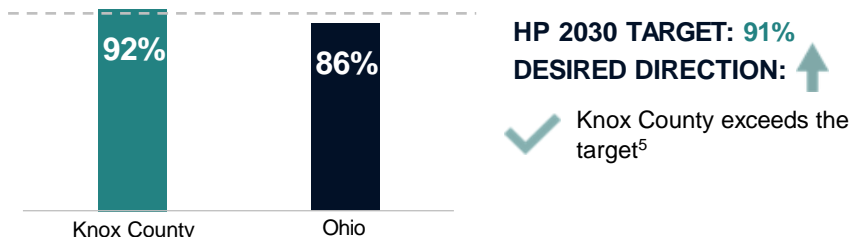
- Community Member Interview

#11 Health Need:
EDUCATION

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HIGH SCHOOL GRADUATION RATE

92% Knox County
86% Ohio

HP 2030 TARGET: 91%
DESIRED DIRECTION: ⬆

✓ Knox County exceeds the target[5]

In 2022-2023, Mount Vernon City School District had the **highest high school chronic absenteeism rate (20%)** in the County[36]

The overall rate for **chronic absenteeism** for 2022-2023 in Knox County was 18%, **lower than the 27% for Ohio** overal[36]

COMMUNITY FEEDBACK

"Teachers aren't able to teach their specialty and be interventionists and social workers at the same time."

- Community Member Interview

"It starts with preschool, where there is a ridiculous need for more education. The YMCA has a childcare program with a pre-Kindergarten curriculum. They are heavily waitlisted, and it is extremely hard to get 3-5 year-olds accepted."

- Community Member Interview

"School systems are poverty-driven."

- Community Member Interview

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…

22% of community members surveyed reported having a **high school degree or less**

Children who are lower income and may have less access to quality education, children attending schools in **lower income** and/or **rural areas**[37]

According to the community survey, **males** were less likely (6%) to have an associate degree than females (15%)

The Knox County community survey found that those **aged 55-64** were less likely to have completed higher education compared to those aged 65+

Top issues/barriers for education (reported in interviews):
1. Lack of preschool resources

Sub-populations most affected by education (reported in interviews):
1. Low-income population

Top resources, services, programs, and/or community efforts for education:
1. Public schools
2. Knox County Head Start

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#12 Health Need:
TOBACCO & NICOTINE USE

13% of community survey respondents indicated that tobacco and nicotine use were top concerns in Knox County
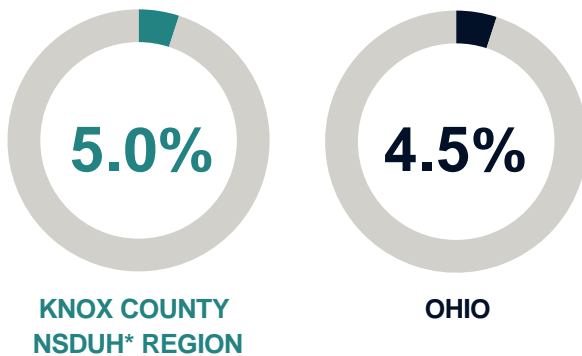
IN OUR COMMUNITY

The leading chronic disease causes of death in Knox County are:[38]

#1	Heart disease
#2	Cancer
#3	COVID-19
#4	Chronic lower respiratory disease

Smoking is a risk factor for all these chronic diseases[35]

21% of BRFSS Region 7* adults are current **smokers** (vs. 19% for Ohio), while **5%** of BRFSS Region 7* and **6%** of state adults **use e-cigarettes**[40]

33% of Knox County NSDUH* region **teens do not view tobacco use as a moderate or great risk**, compared to 36% for Ohio[39]

Behavioral Risk Factor Surveillance System; BRFSS Region 7 contains Knox County.

Rates of current cigarette smoking are similar for Knox County NSDUH* region teens to Ohio teens[39]

5.0%

KNOX COUNTY NSDUH* REGION

4.5%

OHIO

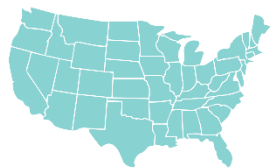*National Survey on Drug Use and Health*

COMMUNITY FEEDBACK

"There has been an increase in vaping. It's way too available for kids that are too young."

- Community Member Interview
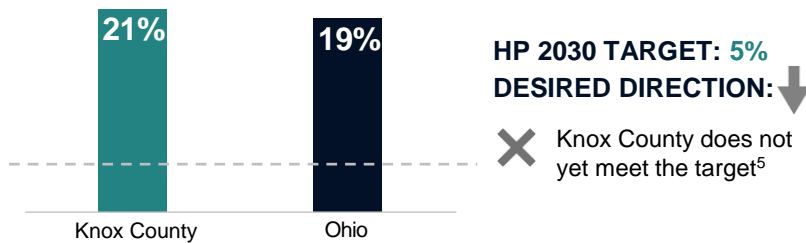
"There are people that choose to smoke."

- Community Member Interview

Knox Health Planning Partnership

#12 Health Need:
TOBACCO & NICOTINE USE

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT CIGARETTE SMOKING

21% Knox County
19% Ohio

HP 2030 TARGET: 5%
DESIRED DIRECTION: ↓

✗ Knox County does not yet meet the target[5]

COMMUNITY FEEDBACK

"The health department offers smoking cessation classes."

- Community Member Interview

"Kids are getting in trouble with vapes. People who have never smoked are now vaping, thinking it is better than smoking."

- Community Member Interview

"People on the streets are smoking even though they don't have the money to really support their habit. You have to want to get better."

- Community Member Interview

"Vaping is the new trend in schools."

- Community Member Interview

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 or equivalent** were significantly more likely to rank tobacco and nicotine use as a top concern (22%) than those with an advanced degree (14%)

According to Ohio data, the smoking rate is highest in **multi-racial people, women, people ages 35-44, LQBTQ+ people, people with disabilities**, and **lower income and less educated people**[40]

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**[40]

People with **mental health issues** are more likely to smoke[40]

Youth are more likely to vape/use e-cigarettes than smoke tobacco[40]

Top issues/barriers for tobacco & nicotine use (reported in interviews):
1. Vaping
2. Smoking
3. Poor education

Sub-populations most affected by tobacco & nicotine use (reported in interviews):
1. Youth

Top resources, services, programs, and/or community efforts for tobacco & nicotine use:
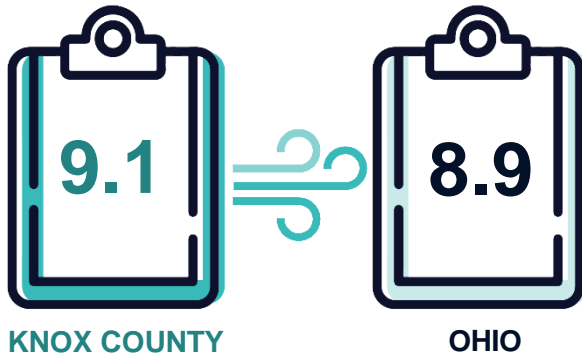1. Knox Public Health
2. Education in schools

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#13 Health Need:
ENVIRONMENTAL CONDITIONS

12% of Knox County community survey respondents reported environmental conditions as a top health need for the community

IN OUR COMMUNITY

9.1
KNOX COUNTY

8.9
OHIO

In 2019, **Knox County had a slightly worse air quality** measurement (higher number of micrograms of particulate matter per cubic meter of air) than Ohio overall[41]

In 2024, there were **0 West Nile virus positive mosquito samples** in Knox County, out of a total of 1,476 in Ohio[42]

In 2021, **no community water systems** in Knox County, Ohio **reported a health-based drinking water violation**[43]

COMMUNITY FEEDBACK

"The water can discolor your clothing…this has been happening for a while. Some don't do laundry for the first week or so of the month due to the ongoing water issue of discoloring from the water. Some can't afford whole home water filters."

- Community Member Interview

"There are air quality alerts due to smog. Lots of people drive to/commute to Columbus."

- Community Member Interview

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[41]

33% of both **Greer (44628) and Frazeysburg (43822)** survey respondents feel that environmental conditions are a top concern to address in Knox County, higher than residents of other areas

18% of Knox County residents **aged 65+** who responded to the community survey ranked air and water quality as a top concern

Top issues/barriers for environmental conditions (reported in interviews):
1. Lyme disease prevention
2. Air quality
3. Water quality

Sub-populations most affected by environmental conditions (reported in interviews):
1. Low-income population
2. Children

Top resources, services, programs, and/or community efforts for environmental conditions:
1. Knox Public Health

#14 Health Need:
INTERNET ACCESS

Households and communities with limited internet access are at a competitive, educational, and healthcare disadvantage, creating a "digital divide" between the "haves" and "have nots"[45]

IN OUR COMMUNITY

Cellular data and broadband are the most common forms of internet access[45]

Ohio ranks
17th

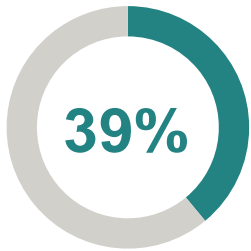**out of the 50 U.S. States for broadband coverage** (with 1 being better coverage)[45]

39%

Households in Knox County without access to broadband internet (25/3 mbps (megabits per second))[44]

33%

of Knox County households **lack broadband internet access**, compared to just 6% for Ohio[45]

26%

Households in Knox County without access to highspeed internet (10/1 mbps)[44]

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[44]

According to the community survey, 15% of residents **aged 65+** ranked internet as a top concern in the Knox County, more than other age groups
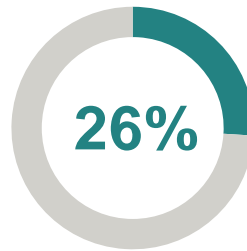
Top issues/barriers to internet access (reported in interviews):
1. Lack of access
2. Affordability/cost
3. Spotty coverage

Sub-populations most affected by internet access (reported in interviews):
1. Rural areas
2. Low-income population
3. Students

Top resources, services, programs, and/or community efforts for internet access:
1. Public Library of Mount Vernon & Knox County
2. Internet providers
3. Schools

COMMUNITY FEEDBACK

"Some parents have to bring their kids to the school parking lot to do schoolwork due to lacking internet access."

- Community Member Interview

"Some people can't budget for internet due to the price."

- Community Member Interview

#15 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 in the County[39]

IN OUR COMMUNITY

10% of community survey respondents said that addressing **preventive care and practices** in Knox County is a top concern

Childhood immunization rates entering kindergarten in Ohio **slightly lag behind** U.S. rates and Healthy People 2020 goals for all required vaccines, ranging from 89% for chickenpox to 93% for Hepatitis B[38]
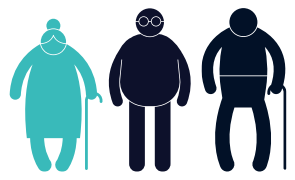
47% of **BRFFS Region 7*** reported getting a flu vaccine the previous year, compared to 45% for Ohio, according to state data[39]

Nearly 1 in 4 (23%) of Knox County women ages 50-74 have not had a mammogram in the past two years[39]

According to state data, more than **one-third (37%)** of Ohio seniors 65+ did not receive a flu vaccine in the previous year[39]

20% of community survey respondents have **NEVER** had a flu shot

2 in 5 Knox County adults ages 50–75 do not meet colorectal screening guidelines[39]

More than 1 in 5 (21%) Knox County women ages 21–65 have not had a pap test in the past three years[39]

Behavioral Risk Factor Surveillance System; BRFSS Region 7 contains Knox County.

COMMUNITY FEEDBACK

"A change needs to happen to everyone's thought process – from acute care to preventive practices."
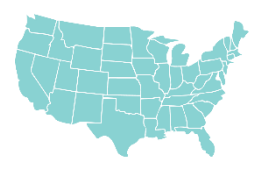
- Community Member Interview

"People with insurance don't have an issue, but those who don't have insurance lack screenings and vaccinations."
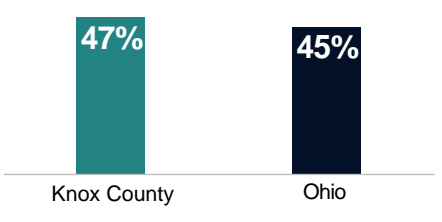
- Community Member Interview
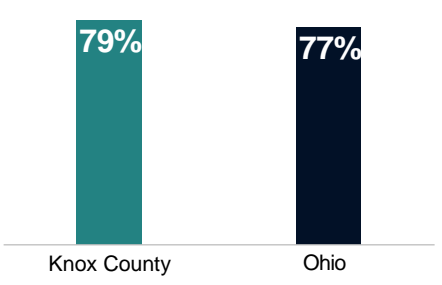
#15 Health Need:
PREVENTIVE CARE & PRACTICES

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS
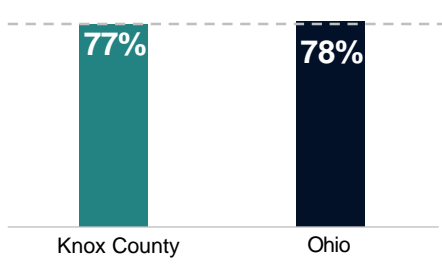
ADULT ANNUAL FLU VACCINATION

47% Knox County
45% Ohio

HP 2030 TARGET: 70%
DESIRED DIRECTION: ⬆

✗ Knox County does not yet meet the target[33]
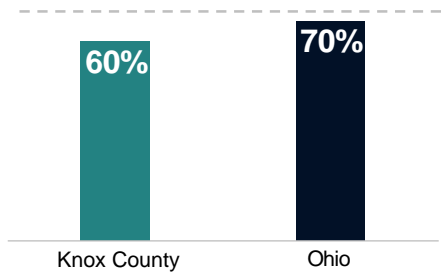
WOMEN 21-65 WITH PAP SMEAR IN PAST 3 YEARS

79% Knox County
77% Ohio

HP 2030 TARGET: 84%
DESIRED DIRECTION: ⬆

✗ Knox County does not yet meet the target[33]

WOMEN 50-74 WITH MAMMOGRAM IN PAST 2 YEARS

77% Knox County
78% Ohio

HP 2030 TARGET: 77%
DESIRED DIRECTION: ⬆

✓ Knox County meets the target[33]

ADULTS 50-75 WHO MEET COLORECTAL SCREENING GUIDELINES

60% Knox County
70% Ohio

HP 2030 TARGET: 74%
DESIRED DIRECTION: ⬆

✗ Knox County does not yet meet the target[33]

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**[39]

Residents who **lack health care insurance** and/or have **difficulties affording care**[39]

According to the community survey, residents **aged 65+** (13%) were more likely to rank preventive practices as a top concern

Greer (44628) and Martinsburg (43037) residents reported in the community survey that they are significantly less likely to get an annual or routine check-up with a provider than respondents from other areas

Top issues/barriers for preventive care and practices (reported in interviews):
1. Stigma/lack of trust
2. Lack of transportation
3. Expensive
4. Lack of awareness/education/utilization

Sub-populations most affected by preventive care & practices (reported in interviews):
1. Low-income population
2. Uninsured population

Top resources, services, programs and/or community efforts for preventive care and practices:
1. Knox Public Health
2. Knox Community Hospital

KNOX HEALTH PLANNING PARTNERSHIP

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 overall Knox County ranking from the community member survey as seen on page 23. 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 Knox County and the state compared to the benchmark goal.

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#1 Health Need:
MENTAL HEALTH

Mental health and access to mental healthcare was the **#1 ranked health outcome** reported in the community member survey, with **over 55% of respondents selecting this option**. Mental health was one of the most commonly mentioned "major health issues" in the community member interviews
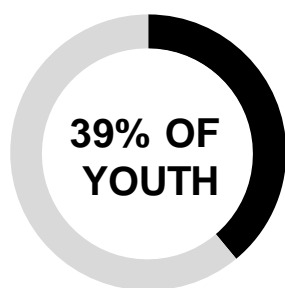
OVER 25%

of Knox Country survey respondents rate their **access to mental or behavioral health services** as **LOW** or **VERY LOW**, with another 44% rating is as **NEUTRAL**
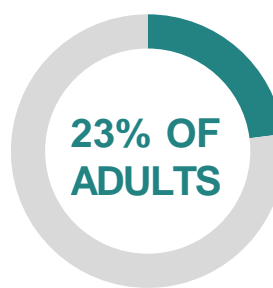
IN OUR COMMUNITY

54% OF YOUTH
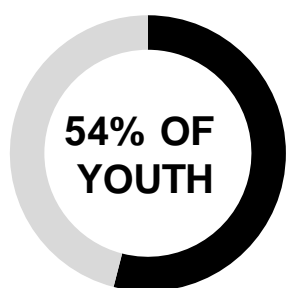
in Ohio with major depressive episodes in the past year **did not receive mental health services**[39]

39% OF YOUTH

in Ohio with major depressive episodes in the past year received some **consistent mental health services** (7+ visits)[39]

23% OF ADULTS

in BRFSS* Region 7 have been diagnosed with **depression** by a mental health professional, compared to 22% for Ohio[34]

12% OF ADULTS

in Knox County experienced **frequent mental distress** (2+ weeks/month in the past month), compared to 17% for Ohio[33]

KNOX COUNTY
500:1

OHIO
310:1

The 2024 County Health Rankings found that Knox County has many **fewer mental health providers** relative to its population when comparing the ratio to Ohio. **41% of survey respondents say that mental healthcare access is lacking in the community**[5]

Both Knox County and Ohio's overall suicide rate is **15 per 100,000, and 19 per 100,000 for adults 18+.** The youth suicide rate for Knox County was suppressed due to low counts, while it is 5 per 100,000 for Ohio[11]

15% of OHYES! Region** youth have **considered attempting suicide** in the past year vs. **14%** for Ohio. 7% of youth at both the regional and state level have **attempted suicide** in the past year[7]

Knox County adults report **5.4 mental unhealthy days per month**, compared to 5.5 for Ohio[5]

Only **15%** of respondents to the 2024 community member survey requiring mental or behavioral health services **received all the care they needed**
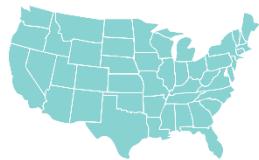
COMMUNITY FEEDBACK

"Untreated mental health issues such as depression and anxiety - much because of the stigma that is present."
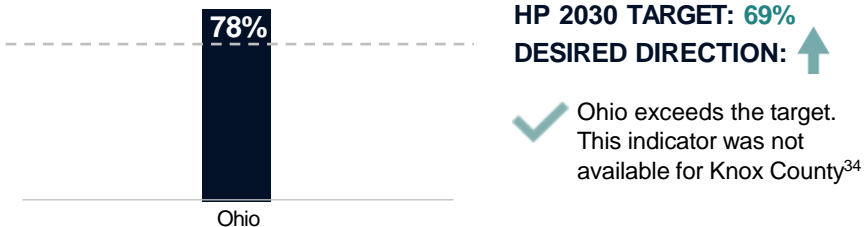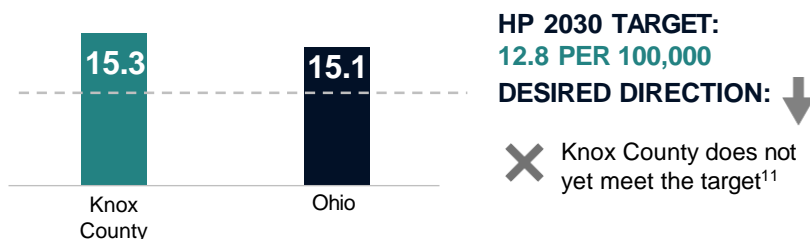
- Community Member Interview

Behavioral Risk Factor Surveillance System; BRFSS Region 7 contains Knox County.
Ohio Healthy Youth Environmental Survey (OHYES!) Region, contains Knox and Licking Counties.

#1 Health Need:
MENTAL HEALTH

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ABILITY TO GET HELP FOR MENTAL HEALTH ISSUES

78%
Ohio

HP 2030 TARGET: 69%
DESIRED DIRECTION: ⬆

✓ Ohio exceeds the target. This indicator was not available for Knox County[34]

SUICIDE RATE

15.3
Knox County

15.1
Ohio

HP 2030 TARGET: 12.8 PER 100,000
DESIRED DIRECTION: ⬇

✗ Knox County does not yet meet the target[11]

COMMUNITY FEEDBACK

"People have grown up conservative, and are shushed [from talking about mental health]."

- Community Member Interview

"Youth that come from troubled backgrounds [struggle with mental health]."

- Community Member Interview

"We need somewhere to transfer people to get [mental health] care, but there is nowhere to send them."

- Community Member Interview

KNOX
HEALTH
PLANNING
PARTNERSHIP

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 of **Greer (44628)** were more likely to say that they did not know where to go or how to find mental/behavioral health services on the community survey than residents of other geographical areas

Only 13% of **Utica (43080)** residents rated their overall mental health as excellent on the community survey. This was significantly less than **Walhonding/Newcastle (43843)** residents (40%)

Mental health was a top five health concern in **Walhonding/Newcastle (43843), Butler (44822), and Greer (44628)** in the community survey

Lower income residents are more likely to have mental health challenges[11]

55-64 year-olds were most likely to rank their mental health as a top concern in the community survey

Top issues/barriers for mental health (reported in interviews):
1. Lack of mental health providers/services/resources
2. Stigma
3. Waitlists

Sub-populations most affected by mental health (reported in interviews):
1. Youth
2. Homeless population
3. Low-income population
4. LGBTQ+ population

Top resources, services, programs and/or community efforts for mental health:
1. Behavioral Healthcare Providers (BHP)
2. Knox Public Health
3. Freedom Center
4. Riverside Recovery Services

#2 Health Need:
CHRONIC DISEASES

The most prevalent chronic conditions in Knox County are **hypertension, high cholesterol, diabetes, asthma, cancer, heart disease,** and **stroke**[33]

POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

15% of Knox County & Ohio adults rate their health as **fair or poor**, while the other 85% rank it as excellent, very good, or good[5]

COMMUNITY FEEDBACK

"There is a great cardiologist in the community; however, they are underutilized due to cost."

- Community Member Interview

"Most people don't know they have heart disease."

- Community Member Interview

"People have to really seek resources themselves."

- Community Member Interview

"It's hard to get providers to live in the community."
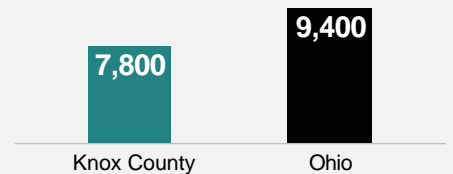
- Community Member Interview

14% of Knox County and Ohio adults identify as having a disability[48]

23% of community survey respondents chose **chronic diseases** as a top community health need

8% of those surveyed felt that a **lack of provider awareness and/or education about their health condition** was a barrier to accessing healthcare

Knox County	Ohio
7,800	9,400

There were **7,800 (age-adjusted) years of potential life lost** among Knox County residents under age 75, vs. 9,400 for Ohio[5]

Top issues/barriers for chronic diseases (reported in interviews):
1. Poor diet/obesity
2. Alcohol/tobacco/substance use
3. Lack of affordability
4. Older homes

Sub-populations most affected by chronic diseases (reported in interviews):
1. Youth
2. Homeless population
3. Low-income population
4. LGBTQ+ population

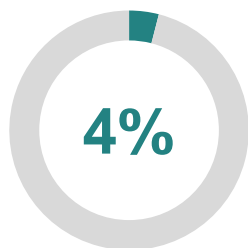**Top resources, services, programs and/or community efforts for chronic diseases:**
1. Knox Public Health
2. Federally Qualified Health Centers
3. Knox Community Hospital
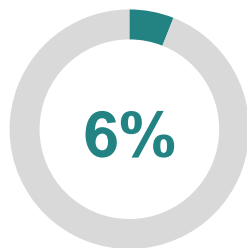4. YMCA of Mount Vernon

#2 Health Need:
CHRONIC DISEASES

Heart disease is the **leading cause of death** in Knox County[38]
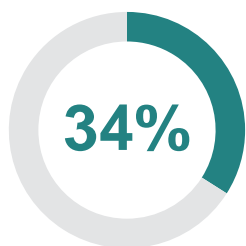
HEART DISEASE & STROKE

4%

of both Knox County and Ohio adults reported that they have had a **stroke**[39]
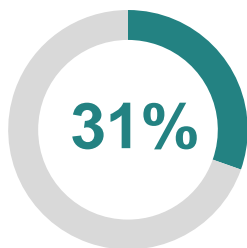
6%

of Knox County adults reported having had a **heart attack, angina, or coronary heart disease**, compared to 8% for Ohio[33]

HYPERTENSION & HIGH CHOLESTEROL

34%

of Knox County adults have **hypertension**, vs. 35% for Ohio[39]

31%

of Knox County and Ohio adults have **high cholesterol**[39]

COMMUNITY FEEDBACK

"There is not enough pediatric care; [the community] needs an asthma pediatric specialist."

- Community Member Interview

"[Diabetes] care is expensive, insulin is expensive."

- Community Member Interview

DIABETES

12% of BRFSS* Region 7 and Ohio adults have diabetes[39]

13% of BRFSS Region 7* adults have prediabetes, compared to 10% of Ohio adults[39]

Of those with prediabetes, 20% will go on to develop diabetes within five years without lifestyle modification[39]

Diabetes prevalence rises with age and is also highly impacted by income and level of education[39]

ASTHMA & COPD

10%
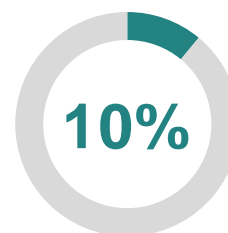
of BRFSS* Region 7 has **asthma**[39]

11%
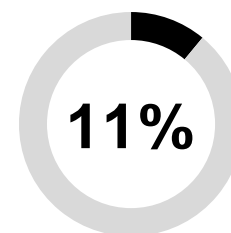
of Ohio has **asthma**[39]

Many hospital admissions due to chronic obstructive pulmonary disease (COPD) and asthma in Knox County **may be preventable** each year through access to primary care[39]

Behavioral Risk Factor Surveillance System; BRFSS Region 7 contains Knox County.

#2 Health Need:
CHRONIC DISEASES

According to the Ohio Health Planning Partnership Data Warehouse, cancer is the **second leading cause of death** in Knox County. Knox County has a **higher overall incidence of cancer** per 100,000 than Ohio[49]

493
KNOX COUNTY[49]

465
OHIO[49]
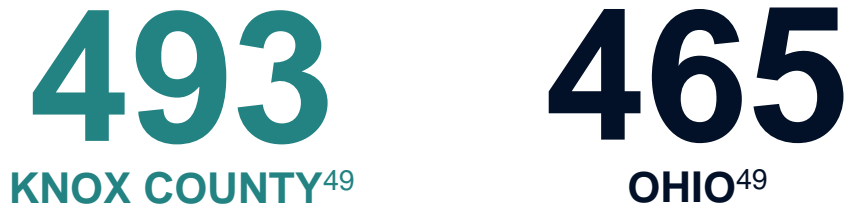
Prostate, Colon and Rectum, Uterus, Melanoma, Kidney, Bladder, Thyroid, Leukemia, and Testis cancers had higher incidence rates in Knox County than Ohio[49]

	Knox County*	Ohio*
ALL SITES	493	465
PROSTATE (MALES)	134	114
BREAST (FEMALES)	118	130
LUNG AND BRONCHUS	63	65
COLON AND RECTUM	41	39
UTERUS	35	31
MELANOMA OF THE SKIN	33	25
URINARY BLADDER	24	21
KIDNEY AND RENAL PELVIS	23	18
MELANOMA OF THE SKIN	22	25
THYROID	22	15
LEUKEMIA	20	12
NON-HODGKIN'S LYMPHOMA	19	19
KIDNEY AND RENAL PELVIS	14	18
PANCREAS	14	14
ORAL CAVITY AND PHARYNX	12	13
OVARY	10	10
ESOPHAGUS	9	6
TESTIS (MALES)	7	6
LIVER AND INTRAHEPATIC BILE DUCT	7	8
CERVIX	6	8
BRAIN AND OTHER CNS	6	7

Age-adjusted rates per 100,000, 2016-2020 average.
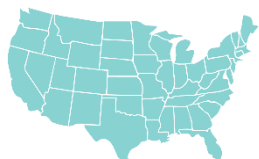
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

Knox County does not yet meet the Healthy People 2030 target for breast, prostate, lung, colorectal, and overall cancer mortality rates[49]

#2 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 **aged 65+** 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 than residents aged 25-44

- **Gambier (43022)** survey respondents (39%) were more likely to rate chronic diseases as top concerns to address in the community, compared to 22% in Mount Vernon (43050) and 16% in Centerburg (43011)

- **Male** residents (27%) were more likely to rank chronic diseases as top concerns to address than female residents (21%) on the community survey

- **Asian** (50%) and **Black or African American** (27%) 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[39]

- Chronic conditions are more common in **older adults**[39]

- People with **high exposure to air pollution**[39]

- People who **smoke**[39]

- People with **challenges with physical activity and nutrition**[39]

#3 Health Need:
MATERNAL, INFANT & CHILD HEALTH

3% of community survey respondents say that addressing maternal and child health in the community is a top concern

IN OUR COMMUNITY

707

The number of **births** in Knox County in 2022. Births have been **trending down** in Ohio, and nationwide, since at least 2007[82]

Knox County's number of births **decreased by 12%** between 2019–2022[82]

6%

Knox County has a **low birth weight rate** of 6%, vs. 9% for Ohio[50]

Knox County's **teenage birth rate** for ages 15-19 (16 per 1,000 females) is lower than that of Ohio's (18 per 1,000 females)[50]

22% of Knox County households are caring for children under age 18, vs. 19% for Ohio[52]

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[51]

According to County health department data, **1%** of Knox County and 2% of Ohio children under 6 tested had **elevated blood lead levels** in 2022[50]
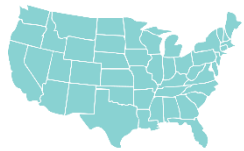
COMMUNITY FEEDBACK

"Many people have to go to Columbus to have their children, especially for pre-term births."

- Community Member Interview

"The Amish don't always access prenatal care and have a [high rate] of home births."

- Community Member Interview

#3 Health Need:
MATERNAL, INFANT & CHILD HEALTH

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ANY BREASTFEEDING

84% Knox County

76% Ohio

HP 2030 TARGET: **92%**
DESIRED DIRECTION: ⬆

✗ Knox County does not yet meet the target[50]

The pregnancy-related maternal mortality rate in Ohio is 15 per 100,000 live births[53]

The leading causes are:[53]

| #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[53] |

Top issues/barriers for maternal, infant, and child health (reported in interviews):
1. Lack of prenatal/postnatal care
2. Lack of access to reproductive care
3. Lack of care for high-risk pregnancies
4. Tobacco use

Sub-populations most affected by maternal, infant, and child health (reported in interviews):
1. Low-income population
2. Teens
3. Amish population

Top resources, services, programs and/or community efforts for maternal, infant, and child health:
1. Knox Public Health
2. Women, Infants, and Children (WIC)
3. Starting Point
4. Knox Community Hospital

COMMUNITY FEEDBACK

"You would have to be airlifted for severe situations."

- Community Member Interview
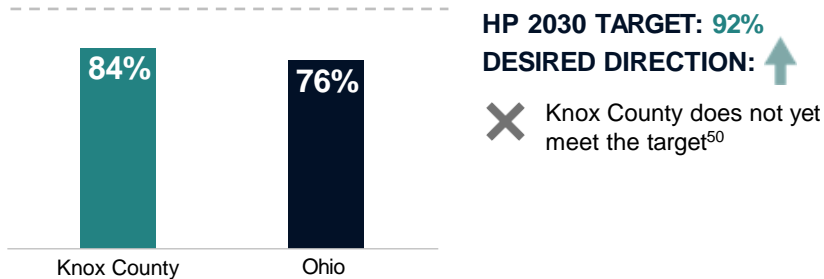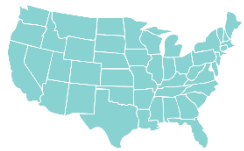
"There is a lack of access to care after they go home."

- Community Member Interview

#3 Health Need:
MATERNAL, INFANT & CHILD HEALTH

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

PRETERM BIRTH RATE

8% — Knox County
11% — Ohio
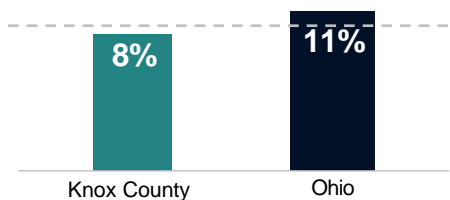
HP 2030 TARGET: 9%
DESIRED DIRECTION: ↓

✓ Knox County exceeds the target[50]

INFANT MORTALITY RATE PER 1,000
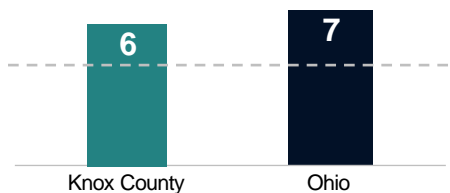
6 — Knox County
7 — Ohio

HP 2030 TARGET: 5 PER 1,000
DESIRED DIRECTION: ↓

✗ Knox County does not yet meet the target[50]

ON-TIME PRENATAL CARE

71% — Knox County
74% — Ohio
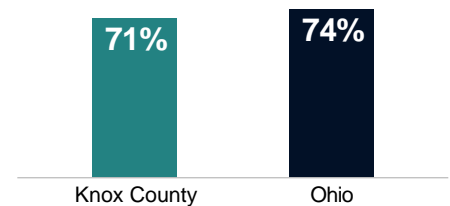
HP 2030 TARGET: 95%
DESIRED DIRECTION: ↑

✗ Knox County does not yet meet the target[50]

PRENATAL NON-SMOKING RATE

92% — Knox County
92% — Ohio
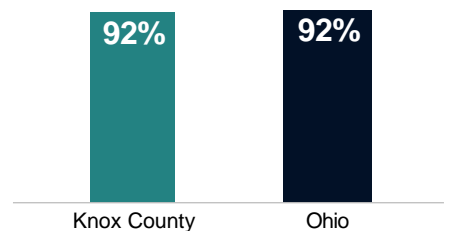
HP 2030 TARGET: 96%
DESIRED DIRECTION: ↑

✗ Knox County does not yet meet the target[50]

PRIORITY POPULATIONS
MATERNAL AND CHILD HEALTH

While maternal and 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…

8% of community survey respondents in **Butler (44822)** ranked maternal and child health as a top concern in Knox County, higher than other geographical areas

In Ohio, as in the nation, rates of severe maternal morbidity are much higher among **non-Hispanic Black women** compared to white women[51]

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[51]

Knox Health Planning Partnership

#4 Health Need:
HIV & STIs

The COVID-19 pandemic may have impacted the testing and diagnosis rates for HIV & Sexually Transmitted Infections (STIs)[52]

IN OUR COMMUNITY

Knox County has **much lower** rates of STI cases and HIV than Ohio as a whole[52]

	Knox County	Ohio
Chlamydia	164	463
Overall HIV Prevalence*	82	217
Gonorrhea	33	195
New HIV Cases*	2	7
Syphilis	5	20

Knox County   **Ohio**

26%
BRFSS
REGION 7**[35]
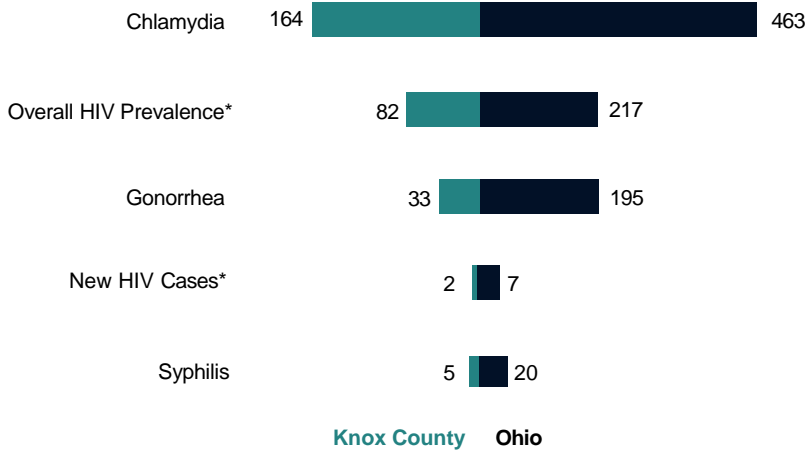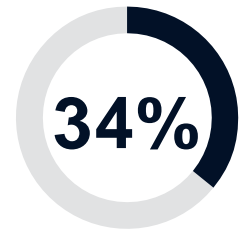
34%
OHIO[35]

A **lower proportion** of adults in Knox County's BRFSS** region have ever been **tested for HIV**, compared to the state[39]

SEXUALLY TRANSMITTED INFECTIONS

Knox Health Planning Partnership

#4 Health Need:
HIV & STIs

52% Knox County

46% Ohio
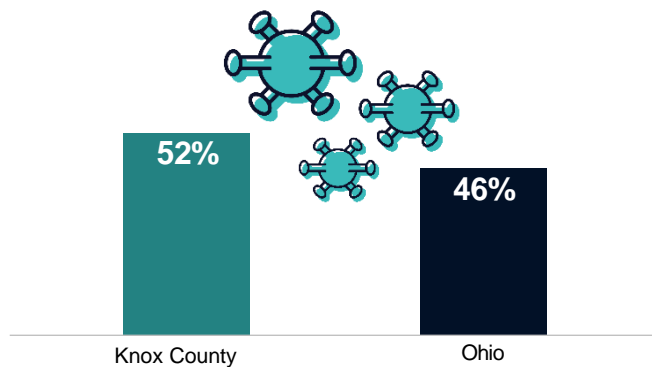
According to state data, **just over half (52%)** of individuals living with HIV in Ohio's HIV Planning Region 2 (that includes Knox County) have progressed to an **AIDS diagnosis**, compared to 46% for Ohio overall[53]

COMMUNITY FEEDBACK

"[The community needs] more education in schools. Schools don't currently allow [sex education] or education on healthy sexual relationships."

- Community Member Interview

"There are several colleges in Knox County, [but] they only do testing at one college. The others don't allow it."

- Community Member Interview

"[We need to] allow kids to talk about it [sex] more openly."

- Community Member Interview

"[The community should] provide more education to children to be more responsible."

- Community Member Interview

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 aged 20-24[52]

Men have higher rates of syphilis and gonorrhea[52]

Top issues/barriers for HIV & STIs (reported in interviews):
1. Stigma
2. Syphilis
3. Increase in STIs overall
4. Lack of education

Sub-populations most affected by HIV & STIs (reported in interviews):
1. Youth/college students
2. People who inject drugs

Top resources, services, programs and/or community efforts for HIV & STIs:
1. Knox Public Health
2. School programs
3. Kno-Ho-Co Ashland Community Action Commission
4. Kenyon College Clinic

LEADING CAUSES OF DEATH

Cause	Knox County*	Ohio*
ALL CAUSES	982	958
HEART DISEASE	278	255
CANCER	222	213
COVID-19	131	117
CHRONIC LOWER RESPIRATORY DISEASE	69	60
ALZHEIMER'S DISEASE	61	45
STROKE	52	59
UNINTENTIONAL INJURIES	47	77
DIABETES	36	36
INFLUENZA/PNEUMONIA	17	17
SUICIDE	15	15
KIDNEY DISEASE	15	19
HYPERTENSION AND HYPERTENSIVE RENAL DISEASE	14	13
PARKINSON'S DISEASE	13	15
LIVER DISEASE	12	17

KNOX COUNTY* **OHIO***

The top two leading causes of death in Knox County are heart disease and cancer. Knox County has a higher all cause crude mortality rate per 100,000 than Ohio. The rates for stroke, unintentional Injuries, Kidney disease, Parkinson's disease and Liver disease are lower[13]

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

Knox Health Planning Partnership

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 HEALTHCARE
- Expand access to Medicare/Medicaid and healthcare overall, particularly for adults without insurance.
- Implement assistance programs to navigate Medicare/Medicaid enrollment and policy changes.
- Increase education for vulnerable populations and youth on navigating the health care system and accessing programs.
- Increase community education on the importance of preventive practices, including through social media.
- Reduce wait times at doctors' offices.
- Inform healthcare providers about changes to providers in the community.
- Increase awareness about funding changes.
- Hire bilingual physicians at the hospital who have understanding of different cultures.
- Build a bigger cancer center.
- Increase number of physicians for young adults.
- Create a central source to access medical equipment.
- Remove patient quotas for physicians.
- Make care more patient-centered.

ADVERSE CHILDHOOD EXPERIENCES (ACEs)
- Reintroduce trauma taskforce (there was one that existed previously).
- Increase access to resources for foster children and parents, including counselling services and "Help me Grow".
- Create more resources for children aging out of the foster care system, including post-secondary education, job training, job application support, housing resources, and mentorship.
- Introduce collaborative, community-wide resources addressing social determinants of health that impact trauma.
- Increase access to domestic abuse services for men and boys.
- Increase focus on family values.
- Deliver trauma training in schools.

CHRONIC DISEASES
- Increase accessibility to at-home disease monitoring resources.
- Increase education for parents on childhood conditions.
- Promote self-efficacy and compliance in patients with chronic diseases.

CRIME AND/OR VIOLENCE
- Improve wraparound services for crime and violence.

EDUCATION
- Create behavioral programs for students who need extra support, including peer mentors.
- Ensure all public schools have one-on-one aids, social workers, and interventionists.
- Increase diversity of school staff.
- Teach more life skills in schools, such as home economics and personal finance.
- Re-introduce an alternative school to the area.
- Educate school staff on trauma-informed responses and communication.
- Increase funding for special needs education.
- Expand college plus programs.
- Help parents enroll their children in preschool.
- Provide access to computers for all students.

ENVIRONMENTAL CONDITIONS
- Improve access to mosquito repellant.
- Expand waste removal services.

FOOD INSECURITY
- Increase Supplemental Nutrition Access Program (SNAP) funding, while increasing regulation of recipients.
- Improve access to healthy foods.

HIV/STIs & INFECTIOUS DISEASES
- Implement school-based STI campaigns.
- Create more locations for STI testing that are discrete and affordable.
- Improve access to healthy foods.

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.

HOUSING & HOMELESSNESS
- Contact other counties to see what is working.
- Increase planning for housing and homelessness through Homelessness Coalition.
- Create shelters that are open 24/7 and a place to go for people with mental health issues.
- Reduce barriers for individuals who use substances to access housing resources.
- Prioritize those with higher needs (i.e. those who have experienced ACEs and Veterans).
- Ensure all available housing is being used.
- Increase advocacy and support for homeless individuals.
- Improve access to clean drinking water and healthcare for homeless individuals.

INCOME/POVERTY & EMPLOYMENT
- Support low-income pockets of the community with income/poverty and employment resources.
- Support people who have challenges with income and employment to set goals.
- Ensure help is going to those who need it and not those who do not.
- Create programs to allow parents to get treatment for mental health and addiction and to provide job opportunities.

INTERNET/WIFI ACCESS
- Facilitate getting internet access for people who lack it.

MATERNAL/INFANT/CHILD HEALTH
- Increase pregnancy and post-partum support, particularly for depression.
- Increase education on maternal, infant, and child health.
- Increase leave time from work.
- Improve awareness of existing programs and create new resources and programs.
- Create obstetrics department at the hospital.
- Consider the negative impacts of phones on children.
- Support the development of parenting skills in the community.

MENTAL HEALTH
- Improve support for LGBTQ+ population and engage with parent support group.
- Provide mental health support for farmers (collaborate with Ohio State University (OSU) Extension Office.
- Improve support for Medicaid recipients.
- Reduce discrimination and stigma in the community.
- Improve pay for mental health providers.
- Continue to fund nurses and psychologists in schools.
- Increase hospital capacity for adult and pediatric psychiatric care and create more non-hospital care options.
- Create a support system for suicide watch.
- Create a mental health crisis center that offers 24-hour care and includes a youth component (in progress).
- Increase number of mental health providers (particularly psychiatrists) and expand general resources and supports.
- Implement supports for dealing with post-pandemic mental health trauma.
- Create more community centers that are affordable, located in the communities that need them, and provide services and programs for kids.
- Address bullying in the community.
- Implement coping skills training.
- Help youth to access mental health supports on their own, without needing a parent or guardian involved.

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
- Increase access to exercise programs, including martial art, indoor walking track, and pickleball/
- Increase access to childcare to allow for participation in exercise programs.
- Implement nutrition and physical activity education.

PEOPLE WITH DISABILITIES
- Continue to provide Individual Education Plan (IEP) and therapy support to students with disabilities.
- Increase staff, funding, and training for schools to support students with disabilities.
- Enhance accessibility and equity in recreation programs (such as the YMCA) and sports.
- Increase funding for disability services.
- Build more accessible apartments for people with disabilities who are low-income.
- Build/install more sidewalks (cleared in winter), bike paths, ramps, adult changing tables, accessible parking, and accessible doors (make doors electric instead of battery-powered).
- Make festivals more accessible.
- Increase access to physicians who specialize in disability care and mental health providers for this population.
- Training for doctors and health care workers to take the time to listen to people with disabilities and try to understand what we are telling them. Talk to the person and not who we bring with us. Also, being respectful to the person who is there telling you their issues and to take them seriously.

SUBSTANCE USE
- Increase drug prevention and education and awareness, particularly for children and in schools.
- Increase education on what to do with leftover medications.
- Hire more on-call addiction counselors.
- Implement better wraparound support
- Create Narcan stations across the County and implement Narcan training.
- Build more recovery housing.
- Reduce addiction-related stigma.
- Collaborate with Knox Substance Abuse Action Team (KSAAT).
- Mitigate the impact of cannabis exposure.
- Implement incentives for healthcare providers that refer patients to Alcoholics Anonymous (AA).

TOBACCO/NICOTINE USE
- Expand health department nicotine patch and cessation program.

TRANSPORTATION
- Increase access to public transportation services.
- Improve accessibility of rideshare services.
- Improve sidewalks and create better bike trails.

OTHER OPPORTUNITES
- Increase public health funding and staff.
- Deliver more community health-related presentations, marketing initiatives, and public relations campaigns.
- Address the root causes of health issues.
- Expand services to rural areas.
- Improve support for Black residents.
- Hold more focus groups and support groups.
- Continue to host outreach events for the Amish community that include EMS, the health department, preventive care screenings, and give out small free items such as stationary, masks, and cookies.

CURRENT RESOURCES
ADDRESSING PRIORITY HEALTH NEEDS

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
American Health Network
Centerburg Senior Services
Cleveland Clinic
CVS Pharmacy
Danville Family Dentistry
Family Urgent Care
Fosters Downtown Pharmacy
Hospice of Knox County
James Hospital
Kenyon College Health Center
Knox Community Hospital
Knox County Community Health Center
Knox County Dentistry
Knox Public Health
Kroger Pharmacy
Mid-Ohio Corporate Care
Muskingum Valley Health Centers
Ohio Health
Salvation Army of Mount Vernon
Sanctuary Community Action
Starting Point
Walmart Pharmacy
Women, Infants, and Children (WIC)

Community & Social Services
Centerburg Senior Services, Inc.
Churches
Food for the Hungry
Fostering Family Ministry
Fredericktown Community
 Foundation
Interchurch Social Services of Knox
 County
Kno-Ho-Co Ashland Community
 Action Commission
Knox Alliance for Racial Equality
 (KARE)
Knox County Board of
 Developmental Disabilities

Community & Social Services (continued)
Knox County Chamber of
 Commerce
Knox County Pride Alliance
Knox County Sheriff's Office
Knox Health Planning Partnership
Mount Vernon Diversity Club
Recreational programs
Sanctuary Community Action
Station Break Senior Center
Teen Advisory Council Youth
 Program
The Ariel Foundation
United Way of Knox County

Education
Central Ohio Technical College
Kenyon College
Knox County Head Start
Knox Educational Center
Mount Vernon Nazarene University
Ohio State University Extension Office
 – Knox County
Public Library of Mount Vernon & Knox
 County
Public schools
Spectrum Internet Assist Program

Employment
Knox County Department of Job & Family
 Services
Opportunity Knox Employment
 Center/Ohio Means Jobs Knox County

Food Insecurity
Famers' markets
Food pantries
Mid-Ohio Farmacy
SNAP (Supplemental Nutrition Assistance
Program)/food stamps

Housing & Homelessness
Knox Metropolitan Housing
 Authority
New Directions Domestic Abuse
 Shelter and Rape Crisis Center
The Main Place
Winter Sanctuary Homeless Shelter

Mental Health & Addiction
Alcoholics Anonymous (AA)
Art of Recovery
Behavioral Healthcare Partners
Celebrate Recovery - Crisis Text
 Line
Groups Recover Together - Knox
 County
Knox Substance Abuse Action Team
 (KSAAT)
Mental Health & Recovery for
 Licking & Knox Counties
Narcotics Anonymous (NA)
National Alliance for Mental Illness
Project DAWN (Deaths Avoided
 With Naloxone)
Riverside Recovery Services
The Freedom Center
TouchPointe

Nutrition & Physical Health
Get Healthy Knox County
YMCA of Mount Vernon

Transportation
Knox Area Transit (KAT)

STEP 6
DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS

IN THIS STEP, THE KNOX HEALTH PLANNING PARTNERSHIP:

- 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

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DOCUMENT, ADOPT/POST
AND COMMUNICATE RESULTS

The Knox Health Planning Partnership (KHPP) worked with Moxley Public Health to pool expertise and resources to conduct the 2024 Community Health 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, the community partners will be able to prioritize health needs with an understanding of how each need compares against benchmarks and is ranked in importance by Knox County residents.

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

REPORT ADOPTION, AVAILABILITY AND COMMENTS

This CHA report was adopted by KHPP leadership in August 2024.

This report is widely available to the public on the KHPP website:

https://www.knoxhealth.com/index.php/administration/knox-health-planning-partnership

Written comments on this report are welcomed and can be made by emailing: mmeleca@knoxhealth.com.

CONCLUSION &
NEXT STEPS

THE NEXT STEPS WILL BE:

- DEVELOP IMPROVEMENT PLAN (CHIP) FOR 2024-2026

- SELECT PRIORITY HEALTH NEEDS

- CHOOSE INDICATORS TO VIEW FOR IMPACT CHANGE FOR 2024-2026 PRIORITY HEALTH NEEDS

- DEVELOP SMART OBJECTIVES FOR IMPROVEMENT PLAN (CHIP)

- SELECT EVIDENCE-BASED AND PROMISING STRATEGIES TO ADDRESS PRIORITY HEALTH NEEDS

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CONCLUSION
NEXT STEPS FOR KNOX COUNTY

- Monitor community comments on the CHA report (ongoing) to the provided contacts at the Knox Health Planning Partnership (KHPP).

- 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 KHPP. (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 KHPP and many other organizations throughout the County) 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 2024-2026 Improvement Plan (CHIP) (that includes indicators and SMART objectives to successfully monitor and evaluate the improvement plan) will be adopted and approved by KHPP, reviewed by the public, and then the final draft will be publicly posted and made widely available to the community.

IMPACT AND PROCESS EVALUATION

IMPACT AND PROCESS EVALUATION

The following tables indicate the priority health needs selected from the 2021 Community Health Assessment (CHA) and the impact of Knox County's 2021-2023 Community Health Improvement Plan (CHIP) on the previous priority health needs. The tables that follow are not exhaustive of these activities but highlight what has been achieved in the County since the previous CHA. The impact data (indicators of each priority health need to show if it is getting better or worse) and process data (to show whether the strategies are happening or not) will be reported and measured in an evaluation plan. That data will be reported annually and in the next CHA.

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APPENDIX A:
IMPACT AND PROCESS EVALUATION OF PREVIOUS COMMUNITY HEALTH IMPROVEMENT PLAN (2021-2023)

PRIORITY #1: BEHAVIORAL HEALTH					
Goal 1.1: Increase evidence based mental health education in Knox County. *Key Measure(s): 48% of Knox County residents report having at least one Adverse Childhood Experience (ACE) (2021 Knox County Community Health Assessment)* *Policy Changes needed to achieve Goal: 1.1.3*					
OBJECTIVE	**MEASURES**	**ACTION STEPS**	**LEAD AGENCY**	**PARTNERS**	**PROGRESS NOTES**

Objective 1.1.1: By December 31, 2024, implement a plan to coordinate Trauma Informed Care education plan in Knox County.	Baseline: No current coordination plan
	
	Target: Implement plan
		• Environmental scan of current Trauma Informed Care approach
		• Create plan to coordinate current efforts. Consider:
		   • Host book studies (mentioned in previous session, no other details provided)
		   • Resiliency Film Showings
		   • Provide follow up contact for community members who have taken the ACEs survey to access if they need help with access to care
		   • Provide trauma informed trainings and information to community
		   • Create system to collaborate on efforts
		   • Create communication plan to inform community partners of efforts
		• Implement plan
		• Evaluate efforts
		• This objective should also include social determinants of health and health equity
			Mental Health and Recovery for Licking and Knox Counties (MHR)	Resiliency Team; Knox Public Health	• Not yet complete

Objective 1.1.2: By December 31, 2024, use the Knox County Faith Based Coalition to provide evidence based behavioral health education to five church congregations.	Baseline: 0 Target: 5	1. Connect with Recovery Ohio to plan for coalition building process 2. Host informational summit with support from Governor's Office to educate pastors and faith leadership about the importance of coalition building and evidence based behavioral health education a. Provide train the trainer with Echo Ohio training	Mental Health and Recovery for Licking and Knox Counties (MHR)	Knox Public Health; Knox Substance Abuse Action Team (KSAAT)	• Connected with Recovery Ohio to plan for coalition building process

Objective 1.1.3: By December 31, 2024, increase trainings within Knox County to increase general knowledge of mental health and mental health services.	Baseline: 0
	
	Target: 550 people enrolled in various trainings
		1. Establish baseline
		2. Provide Question, Persuade, Refer (QPR) trainings
		   a. Train at least 300 people in Knox County in QPR
		   b. Increase number of gatekeeper trainers in the County (will provide additional partners)
		   c. Obtain funding from Ohio Suicide Prevention Foundation to implement more trainings
		   d. Begin media campaign about risk of suicide in the community and trainings available to prevent suicide
		   e. Provide at least 1 training per quarter of QPR with a goal of reaching 300 community members
		3. Provide Mental Health First Aid (MHFA) trainings
		   a. Host 1 training per quarter (beginning in Spring of 2022) of MHFA with a goal of reaching 150
		   b. Collaborate with OSU Extension Office to combine effectiveness tracking
		4. Build training for friends and family of individuals with Substance Use Disorder
		   a. Establish training development workgroup
		   b. Build training to be 3-4 hours
		   c. Provide training with a goal of reaching 100 community members
		   d. Use pre and posttest to measure increased understanding about addiction, stigma, and self-care
		5. Recruit at least one new organization to pass a policy to include training
		6. Assure focus on vulnerable populations, including:
		   a. Rural community,
		   b. Youth, and
		   c. LGBTQI+
			Mental Health and Recovery for Licking and Knox Counties (MHR)	Knox County Suicide Prevention Coalition; Knox Substance Abuse Action Team (KSAAT); Ohio State University (OSU) Extension Office – Knox County; Knox Public Health; Ohio Farm Bureau	• Established baseline

KNOX HEALTH PLANNING PARTNERSHIP

IMPACT AND PROCESS EVALUATION OF PREVIOUS COMMUNITY HEALTH IMPROVEMENT PLAN (2021-2023)

PRIORITY #1: BEHAVIORAL HEALTH					
Goal 1.2: Decrease stigma surrounding accessing behavioral healthcare in Knox County. *Key Measure(s): Community members stated a delay in seeking care (2021 Knox County Community Health Assessment – qualitative data)* *Policy Changes needed to achieve Goal: 1.2.1*					
OBJECTIVE	**MEASURES**	**ACTION STEPS**	**LEAD AGENCY**	**PARTNERS**	**PROGRESS NOTES**

Objective 1.2.1: By December 31, 2024, conduct 3 trainings to increase access.	Baseline: 0 trainings
	
	Target: 3 annual trainings
		• Determine what trainings to offer. Consider different types of trainings, including:
		  • Screening, Brief Intervention & Referral to Treatment (SBIRT)
		  • Billing and Coding
		  • Annual KSAAT community training
		  • Others as needed
		• Determine what populations to train
		  • Recruit one new organization to institute training policy
		• Implement trainings
		• Evaluate effectiveness
			Knox Substance Abuse Action Team (KSAAT)	Mental Health and Recovery for Licking and Knox Counties (MHR)	• All action steps complete

Objective 1.2.2: By December 31, 2024, host Showings of "Not So Different" (NSD) to engage the community in conversation about access to care, stigma, and recovery.	Baseline: 1 Target: TBD	• Provide at least 1 training per quarter of NSD with a goal of reaching 150 community members • Focus on vulnerable populations, including the faith community and rural populations • Use pre and posttest to measure increased understanding about resources, stigma, and recovery	Mental Health and Recovery for Licking and Knox Counties (MHR)	Knox Public Health; Knox Substance Abuse Action Team (KSAAT)	• Not yet complete

PRIORITY #1: BEHAVIORAL HEALTH					
Goal 1.3: Reduce youth substance use *Key Measure(s): Increase in age of first use (Knox County PRIDE Data) (may need to revisit this key measure if PRIDE data is not available)*					
OBJECTIVE	**MEASURES**	**ACTION STEPS**	**LEAD AGENCY**	**PARTNERS**	**PROGRESS NOTES**

Objective 1.3.1: By December 31, 2023, Knox County Students will develop a peer led plan to reduce substance use.
 	
Implement plan by December 31, 2024
 	
*This plan will link to the plan from Objective 3.1.1 a health education plan focusing on youth.
	Baseline: 0
	
	Target: Implement plan
		• Engage students. Include groups such as:
		• New Directions Shelter Teen Advisory Committee (TAC) Students, 4H, Farm Bureau youth, Future Farmers of America (FFA), and Scouts.
		• Create a cohesive plan for all of Knox County.
		  • Determine what should be included in plan.
		    • Methods of education
		    • Messaging
		    • Distribution
		  • Implement plan
		  • Evaluate effectiveness
			Knox Substance Abuse Action Team (KSAAT)	Ohio State University (OSU) Extension Office; New Directions Shelter; Scout leaders; Ohio; Farm Bureau Youth; School FFA Leadership; Knox Health Planning Partnership (KHPP) Health & Resource Literacy Group	• All action steps complete

Objective 1.3.2 By December 31, 2024, implement a campaign to change parental attitudes about substance use in youth.	Baseline: No campaign
	
	Target: Campaign launched
	
	200 residents reached
		• Create educational campaign
		• Target parents in congregations
		• Determine what should be included in plan.
		  • Methods of education
		  • Consider:
		    • Utilized evidence-based education
		    • Program: Hidden in Plain Sight (evidence-based program – KSAAT – virtual or in person)
		  • Messaging
		  • Distribution
		• Implement plan
		• Evaluate effectiveness
			Mental Health and Recovery for Licking and Knox Counties (MHR)	Faith Based Coalition; Knox Substance Abuse Action Team (KSAAT)	• Not yet complete

IMPACT AND PROCESS EVALUATION OF PREVIOUS COMMUNITY HEALTH IMPROVEMENT PLAN (2021-2023)

PRIORITY #2: ACCESS TO CARE					
Goal 2.1: Increase access to transportation *Key Measure(s): Number of net vouchers distributed, number of net vouchers redeemed* *Policy changes needed to achieve goal: 2.1.1; 2.1.2*					
OBJECTIVE	**MEASURES**	**ACTION STEPS**	**LEAD AGENCY**	**PARTNERS**	**PROGRESS NOTES**

Objective 2.1.1: By December 31, 2024, increase Non-Emergency Transportation (NET) vouchers redeemed by XX%.	Baseline: TBD
	
	Target: Baseline +XX%
		• Establish baseline
		  • Track how many vouchers issued? Redeemed?
		• Assess why are vouchers not redeemed
		• Research Knox Area Transit (KAT) operation, barriers to provide needed service
		• Determine steps to increase NET vouchers:
		  • If NET vouchers are not being used, do we want to provide NET vouchers?
		• Educate community:
		  • Who qualifies for NET?
		  • Do they know about NET?
		  • Is education needed?
		• Work with CHAP:
		  • Accountability – why are they not showing up to appointments?
		• **hurdle…providers meeting Ohio Revised Code (ORC) to be a NET provider for transportation, 5160.1521
			Ohio State University (OSU) Extension Office – Knox County	Jobs and Family Services; Knox County Mobility Management	• Not yet complete

Objective 2.1.2: By December 31, 2024, increase Knox Area Transit (KAT) operation to 7 days a week.	Baseline: Current service Monday-Friday: 6am-7pm, Saturday: 8am-5pm Target: Service 7 days a week	• Meet with KAT to discuss any expansion plans already planned: • Are they moving to a 7-day service? • Also work towards increase hours of operation • Work with KAT to pass policy around 7 day a week service • Research other transportation options exist: • What other avenues for transportation should we offer besides KAT?	KAT; Knox County Mobility Management	Knox Public Health – Creating Health Communities	• All action steps in progress

Objective 2.1.3: By December 31, 2024, increase transportation options as links to services in Knox County.	Baseline: TBD
	
	Target: Completed
		• Establish baseline of current transportation options. Take into consideration the following: medical transportation, social services, school, work, food access, etc.
		• Align with Get Healthy Knox County Active Transportation Plan
		  • Support active transportation efforts
		  • Create policy change around active transportation
		• Research other private transportation options in Knox County, including available funding
		  • Consider feasibility of supporting other private transportation options, such as Lyft and Uber
		  • Look into Door Dash non-profit program
		  • Look into Diner Dashers to expand services
		  • Contracted services
		• Launch community education on available services
			KAT; Knox County Mobility Management	Knox Public Health – Creating Health Communities	• All action steps complete

IMPACT AND PROCESS EVALUATION OF PREVIOUS COMMUNITY HEALTH IMPROVEMENT PLAN (2021-2023)

		PRIORITY #2: ACCESS TO CARE			
		Goal 2.2: Increase access to care in Knox County ***Key Measure(s): Community members reporting barriers to access to care*** *Policy Changes needed to achieve goal: 2.2.1*			
OBJECTIVE	**MEASURES**	**ACTION STEPS**	**LEAD AGENCY**	**PARTNERS**	**PROGRESS NOTES**

Objective 2.2.1: By December 31, 2022, identify a community partner to employ Community Health Workers (CHWs).	Baseline: 0
	
	Target: 1
		• Meet with FQHC, KPH about employing CHWs (organizational policy change)
		    • Need to find out who to meet with
		    • Meeting would explain program and tell about benefits, find out how program could be utilized, generate list of potential CHW employers
		    • Assure Spanish speaking CHWs
		• Discuss Community Health Navigator position with Mayor (specific to Mount Vernon)
			Knox Public Health; Area Agency on Aging	Knox County Faith Coalition	• All action steps complete

Objective 2.2.2: By December 31, 2024 will complete a stigma reduction campaign – this will alignment with Behavioral Health Work Group	Baseline: No plan Target: 1 plan	• Stigma reduction campaign (have community leaders speak on their own experiences with seeking care) – this will be accomplished with alignment with Behavioral Health Work Group Plan (Priority#1)	Knox Health Planning Partnership (KHPP)		• All action steps in progress

Objective 2.2.2: By December 31, 2023, conduct assessment of access to care issues.	Baseline: 0
	
	Target: 1
		• Conduct assessment of why access to care an issue is. Consider:
		    • Provider ratio
		    • Wait times
		    • Transportation issues
		    • Insurance/coverage
		    • Knowledge of how to access to healthcare system
		    • Assess potential location for health department and Federally Qualified Health Center (FQHC) to determine where to best serve underserved population
		    • Social determinants of health
		    • Racial and economic disparities
		• Evaluate
			Knox Public Health; Kenyon College		• All action steps complete

IMPACT AND PROCESS EVALUATION OF PREVIOUS COMMUNITY HEALTH IMPROVEMENT PLAN (2021-2023)

PRIORITY #3: COMMUNITY HEALTH AND RESOURCE LITERACY					
Goal 3.1: Increase educational opportunities for community members of all ages *Key Measure(s) Teen pregnancy rate of 35.5/1000 (2021 Knox County Community Health Assessment)*					
OBJECTIVE	**MEASURES**	**ACTION STEPS**	**LEAD AGENCY**	**PARTNERS**	**PROGRESS NOTES**

Objective 3.1.1: By December 31, 2023, design community health education plan focusing on youth.	Baseline: No plan
	
	Target: Plan implemented by December 31, 2024.
		• Establish baseline
		• Create plan:
		   • Determine what groups to work with. Consider:
		     • Parent groups
		     • Community agencies
		     • Youth based organizations
		     • Schools
		   • Research scientifically based curricula or programs to provide age-appropriate sexual health education
		   • Determine methods of education and distribution of information
		   • Implement plan
			New Directions Shelter Teen Advisory Council (TAC)	United Way of Knox County (funding); Knox Public Health; Knox Substance Abuse Action Team (KSAAT)	• Not yet complete

PRIORITY #3: COMMUNITY HEALTH AND RESOURCE LITERACY					
Goal 3.2: Increase awareness of community resources *Key Measure(s): Community partners reporting the populations who they work with are infrequent users of health care resources (2021 Knox County Community Health Assessment – qualitative data)* *Policy changes needed to achieve goal: 3.2.1*					
OBJECTIVE	**MEASURES**	**ACTION STEPS**	**LEAD AGENCY**	**PARTNERS**	**PROGRESS NOTES**

Objective 3.2.1: By June 30, 2022, create a county resource navigator position.	Baseline: No current navigator position
	
	Target: Navigator position established and funded
		• Secure funding and identify lead agency
		• Develop position description.
		   • Position needs social work background, or related experience
		   • Position will help navigate community resources and social services
		   • Will work with, but not overlap with, community health worker program
		     • Work with Access to Care group to assure that there are no redundancies
		• Recruit and hire.
		• Develop training plan
		• Evaluate 1 year after full implementation
		• Develop and utilize tracking system (Head Start can assist with tracking)
			United Way of Knox County	Family and Children First Council; Knox County Head Start; Help Me Grow; Knox Health Planning Partnership (KHPP) Access to Care work group; Pathways 211	• All action steps complete

Objective 3.2.2: By December 31, 2024, Knox County will have conducted two community resource forums (1 by 2023; 1 by 2024).	Baseline: 0 forums Target: 2	• Choose dates • Identify and secure agencies • Hold forum	United Way of Knox County	Family and Children First Council; Pathways 211	• All action steps complete

IMPACT AND PROCESS EVALUATION OF PREVIOUS COMMUNITY HEALTH IMPROVEMENT PLAN (2021-2023)

PRIORITY #3: COMMUNITY HEALTH AND RESOURCE LITERACY						
Goal 3.3: Increase access to high quality, affordable broadband internet service *Key Measure(s:) 13% of residents lack internet service (2021 Knox County Community Health Assessment)*						
OBJECTIVE	**MEASURES**	**ACTION STEPS**	**LEAD AGENCY**	**PARTNERS**	**PROGRESS NOTES**	

Objective 3.3.1: By December 31, 2022 implement advocacy campaign to assure broadband access to all of Knox County.	Baseline: 0
	
	Target: 1
		• Determine current status of legislative efforts
		  • Gather data about access issues in county
		    • Meet with Rep Carfagna office to get this info
		  • Determine how much of Knox County is without secure broadband
		  • Determine population that is impacted
		• Create advocacy plan
		• Implement plan
			Knox Health Planning Partnership (KHPP)	Knox County Commissioners; City of Mount Vernon	• All action steps complete	

Objective 3.3.2: By December 31, 2023, implement educational awareness campaign around broadband access in Knox County.	Baseline: 0
	
	Target: 1
		• Plan campaign. Consider:
		  • Avenues of education
		  • Methods of distribution
		  • Research public awareness of where free access exists
		• Implement campaign
		• Evaluate effectiveness
			KHPP		• Not yet complete	

APPENDIX B
BENCHMARK COMPARISONS

BENCHMARK COMPARISONS

The following table compares County rates of the identified health needs to national goals called **Healthy People 2030 Objectives**. These benchmarks show how the County 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.

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APPENDIX B:
HEALTHY PEOPLE OBJECTIVES & BENCHMARK COMPARISONS

Where data were available, Knox 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 **blue** 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. Knox County rates marked with an asterisk (*) are crude rates.

BENCHMARK COMPARISONS			
INDICATORS	**DESIRED DIRECTION**	**KNOX COUNTY**	**HEALTHY PEOPLE 2030 OBJECTIVES**
High school graduation rate[35]	⬆	92.0%	90.7%
Child health insurance rate[18]	⬆	84.6%	92.1%
Adult health insurance rate[18]	⬆	88.9%	92.1%
Unable to obtain medical care[39]	⬇	7.8%	3.3%
Ischemic heart disease deaths[38]	⬇	128.9*	71.1 per 100,000 persons
Cancer deaths[38]	⬇	164.3	122.7 per 100,000 persons
Colon/rectum cancer deaths[38]	⬇	14.5	8.9 per 100,000 persons
Lung cancer deaths[38]	⬇	43.3	25.1 per 100,000 persons
Female breast cancer deaths[38]	⬇	21.0	15.3 per 100,000 persons
Prostate cancer deaths[38]	⬇	19.3	16.9 per 100,000 persons
Stroke deaths[38]	⬇	52.4*	33.4 per 100,000 persons
Unintentional injury deaths[38]	⬇	47.0*	43.2 per 100,000 persons
Suicides[38]	⬇	15.3*	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths[38]	⬇	12.2*	10.9 per 100,000 persons
Unintentional fall deaths, adults 65+[38]	⬇	64.8*	63.4 per 100,000 persons aged 65+
Drug-overdose deaths[38]	⬇	13.4	20.7 per 100,000 persons
Overdose deaths involving opioids[38]	⬇	22.1*	13.1 per 100,000 persons
On-time prenatal care (HP2020 Goal)[50]	⬆	71.4%	84.8% (HP2020 Goal)
Infant death rate[55]	⬇	5.7	5.0 per 1,000 live births
Adult, ages 20+, obese[32]	⬇	40.0%	36.0%, adults ages 20+
Students, grades 7th to 12th, obese[7]	⬇	18.4%	15.5%, children & youth, 2-19
Adults engaging in binge drinking[33]	⬇	14.5%	25.4%
Cigarette smoking by adults[40]	⬇	21.0%	5.0%
Pap smears, ages 21-65, screened in the past 3 years[33]	⬆	79.2%	84.3%
Mammograms, ages 50-74, screened in the past 2 years[33]	⬆	77.2%	77.1%
Colorectal cancer screenings, ages 50-75, per guidelines[33]	⬆	60.4%	74.4%
Annual adult influenza vaccinations[33]	⬆	46.8%	70.0%
Food insecure households[25]	⬇	11.5%	6.0%
People with substance use disorder receiving treatment at a specialty facility in past year[39]	⬆	5.7%	14.0%
Suicide attempts by adolescents[39]	⬇	6.6%	1.8%
Adolescents with depression who received treatment[39]	⬆	46.5% (Ohio)	46.4%
Adults with serious mental illness in the past year, who received treatment[39]	⬆	71.7% (Ohio)	68.8%

APPENDIX C
KEY INFORMANT INTERVIEW PARTICIPANTS

KEY INFORMANT INTERVIEW PARTICIPANTS

Listed on the following page are the names of **24** leaders, representatives, and members of the Knox County 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 Knox County community.

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APPENDIX C:
KEY INFORMANT INTERVIEW PARTICIPANTS

INTERVIEW PARTICIPANTS		
NAME(S)	**ROLE**	**ORGANIZATION**
1. Kay Spergel	Director	Mental Health & Recovery Board of Licking & Knox Counties
2. Emily Vonok	Director of Youth Programs; Director of Community Engagement	YMCA of Mount Vernon
3. Jennifer O'Hara	Public Health Nurse/School Nurse	Knox Public Health
4. Starr Roden	Public Health Nurse	Knox Public Health
5. Sabrina Schirtzing	Educator, Agriculture and Natural Resources	Ohio State University Extension Office
6. Jess Parker	Public Health Nurse	Knox Public Health
7. Peg Tazewell	Executive Director	Knox County Head Start
8. Denise Conway	Business Owner	Conway's Pharmacy
9. Chief Rick Lanuzza	Chief of Emergency Medical Services	Fredericktown Emergency Medical Services
10. Jeff Gottke	President	Knox County Area Development Foundation
11. Zach Green	Health Commissioner	Knox Public Health
12. Lindsey Lamp	Director of Programs	New Directions Shelter
13. Amy Smart	Executive Director	Riverside Recovery Services
14. Pastor Todd Risser	Associate Pastor	Mount Vernon First Church of the Nazarene
15. Steve Oster	Superintendent	Board of Development Disabilities

APPENDIX C:
KEY INFORMANT INTERVIEW PARTICIPANTS

INTERVIEW PARTICIPANTS		
NAME(S)	**ROLE**	**ORGANIZATION**
16. Dr. Ron Martinson	Physician; Health Center Medical Director	Knox Community Hospital
17. Jessica Wolfe	Foster Care/Teacher/Child Advocate	Mount Vernon City School District
18. Mayor Matt Starr	Mayor	City of Mount Vernon
19. Natasha Lester	Public Health Nurse	Knox Public Health
20. Stacy Gilley	Behavioral Health Supervisor	Knox Public Health
21. JT DeChant 22. Amy Seward	Director Deputy Director	Knox County Emergency Management Agency
23. Heather Petersen	Member, Board of Directors	Knox County Pride Alliance
24. Dr. William Elder	Family Physican	

FOCUS GROUP PARTICIPANTS

FOCUS GROUP PARTICIPANTS

Listed on the following page are the details of the **8 focus groups** conducted with **58 community members**, including the number of participants, format, and groups represented.

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APPENDIX D:
FOCUS GROUP PARTICIPANTS

FOCUS GROUP PARTICIPANTS			
GROUP REPRESENTED	**FORMAT**	**PARTICIPATING ORGANIZATION(S)**	**# OF PARTICIPANTS**
1. Residents with Developmental Disabilities	In-Person	Knox County Board of Developmental Disabilities	12
2. Family Members of People with Developmental Disabilities	In-Person	Knox County Board of Developmental Disabilities	10
3. Youth Teen Advisory Council	In-Person	New Directions Shelter	5
4. Homeless	In-Person	Winter Sanctuary Homeless Shelter The Main Place	8
5. Aging Residents	In-Person	Station Break Senior Center Knox Public Health	10
6. Foster Care Network	Virtual	Ohio State University Extension Office	7
7. Hispanic	In-Person	Fiesta Mexicana	1
8. Amish	In-Person	Knox Public Health	5
TOTAL			**58**

APPENDIX D:
FOCUS GROUP DEMOGRAPHICS

Note: 69% 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.

- Participants were mainly from **Mount Vernon (43050) – 40%**, with representation from Danville (43014), Howard (43028), Mount Liberty (43048), and Bladensburg (43005), Fredericktown (43019), and other areas.
- **65+ was the most represented age group**, followed by 45-54 (16%) and 35-44 (11%). All age groups had some representation.
- **61% of participants were women**.
- **Most participants (81%) were straight.**
- **88% of participants were White**, while there was representation from multiracial, Black, and Hispanic residents.
- **Participants mainly spoke English** as a primary language (94%).
- **61% of participants had at least one child** in their home.
- **52% of participants had a high school diploma or less**, while 14% had an Associate's degree, 14% had a Bachelor's degree, 10% had a Graduate degree and 10% had some college but no degree.
- **60% were employed**, while 40% were not.
- **Education, law and social, community and government services,** followed by business, finance, and administration were the most common occupational categories represented.
- Participants were generally **lower to middle income**, with 48% having a household income under $50,000 per year. All income categories were represented.
- 25% of participants **identified as having a disability**.
- 83% of participants **have a steady place to live**.

COMMUNITY MEMBER SURVEY

COMMUNITY MEMBER SURVEY

On the following pages are the questions and demographics from the community member survey that was distributed to the Knox County community to get their perspectives and experiences on the health assets and needs of the community they call home. **1,241 responses** were received.

KNOX
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APPENDIX E:
COMMUNITY MEMBER SURVEY

Welcome!

Knox Public Health & the Knox Health Planning Partnership are 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 Knox County) to complete this short, **15-minute survey**. This information will help guide us as we consider services and programs 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 (so only answer the questions you want to answer!). Thank you for helping us to better serve our community!

1. Where do you live or reside in Knox County? (choose one)
- 43050 (Mount Vernon)
- 43019 (Fredericktown)
- 43011 (Centerburg)
- 43028 (Howard)
- 43080 (Utica)
- 43022 (Gambier)
- 43822 (Frazeysburg)
- 43014 (Danville)
- 44822 (Butler)
- 44628 (Greer)
- 43843 (Walhonding/Newcastle)
- 43037 (Martinsburg)
- 43005 (Bladensburg)
- 43048 (Mount Liberty)
- None of the above, I live primarily at the following ZIP code:

2. Where do you work? (choose one)
- 43050 (Mount Vernon)
- 43019 (Fredericktown)
- 43011 (Centerburg)
- 43028 (Howard)
- 43080 (Utica)
- 43022 (Gambier)
- 43822 (Frazeysburg)
- 43014 (Danville)
- 44822 (Butler)
- 44628 (Greer)
- 43843 (Walhonding/Newcastle)
- 43037 (Martinsburg)
- 43005 (Bladensburg)
- 43048 (Mount Liberty)
- None of the above, I live primarily at the following ZIP code:

3. 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

4. What is your gender identity?
- Male
- Female
- Transgender
- Non-binary
- Prefer not to answer
- Transgender/ Trans woman (person who identifies as a woman)
- Transgender/ Trans man (person who identifies as a man)
- Prefer not to answer
- Other/ Not Listed (feel free to specify)

5. What is your sexual orientation?
- Heterosexual or straight
- Bisexual
- Gay
- Lesbian
- Asexual
- Other/ Not Listed (feel free to specify)
- Prefer not to answer

6. 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
- Other/ Not Listed (feel free to specify)

8. Which is your primary language spoken at home?
- English
- Spanish
- Other/ Not Listed (feel free to specify)

9. How many children, ages 0-18, live in your household?
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- Other/ Not Listed (feel free to specify)

10. What is the highest level of education you have completed?
- Less than a High School diploma
- High School degree or equivalent
- Some college but no degree
- Associate's degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Graduate degree (e.g. MA, MS, PhD, EdD, MD)

11. Are you currently employed?
- Yes, part-time (less than 30 hours per week)
- Yes, full-time (30 hours per week or more)
- Not employed - but looking for work
- Not employed - not actively looking for work
- Student
- Retired
- Disabled

12. If you are currently employed, which of the following best describes your occupational category? (for example, health, education, law and social, community and government services, business, finance and administration, management, etc.)
- Art, culture, recreation, tourism and sport
- Business, finance and administration
- Education, law and social, community and government services
- Health
- Management
- Manufacturing and utilities
- Military
- Natural and applied sciences and related occupations
- Natural resources, agriculture and related production
- Sales and service
- Trades, transport and equipment operators and related occupations
- Other/ Not Listed (feel free to specify)

13. 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

14. Do you have any of the following disabilities or chronic conditions? (select all that apply)
- Attention deficit
- Autism
- Blind or visually impaired
- Deaf or hard of hearing
- Health-related disability
- Learning Disability
- Mental health condition
- Mobility-related disability
- Speech-related disability
- None
- Other/Not Listed (feel free to specify or tell us more)

15. What is your current living situation?
- 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 living outside
- I am living in a car
- I am living elsewhere

16. Have you experienced any of the following types of abuse in the past year?
- Verbal/Emotional (hurtful words, insults, etc.)
- Mental/psychological (negatively affecting someone's mental health, manipulation, etc.)
- Other (please specify)
- Cultural/Identity (discrimination based on race, culture, religion, sexual orientation, gender identity, disability, class, age, etc.)
- Financial/Economic (using money/finances to control someone)
- 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.)
- Elder (an intentional act or failure to act that causes or creates a risk of harm to an older adult)

17. While it can be hard to choose, do your best to select what you feel are the TOP 5 CONCERNS OF OUR COMMUNITY? (please check your top 5)
- Access to healthcare (e.g. doctors, hospitals, specialists, dental/oral care, vision care, medical appointments, health insurance coverage, etc.)
- Access to childcare
- Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma, etc.)
- Chronic diseases (e.g. heart disease, diabetes, cancer, asthma, etc.)
- Crime and violence
- Education (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)
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Housing and homelessness
- Income/poverty and employment
- Internet/wifi access
- Maternal, infant and child health (e.g. pre-term births, infant mortality, maternal mortality)
- Mental health and access to mental healthcare
- Nutrition and physical health/exercise
- Preventive care and practices (e.g. screenings, mammograms, pap tests, vaccinations)
- Substance/drug use
- Tobacco and nicotine use/smoking/vaping
- Transportation (e.g. public transit, cars, cycling, walking)
- Other/ Not Listed (feel free to specify)

18. 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
- Does not apply - I have health coverage/insurance

19. During the most recent time you or a member of your household delayed or went without needed healthcare, what were the main reasons? (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
- Insurance did not cover the cost of the procedure or care
- Lack of provider awareness and/or education about my health condition
- Lack of transportation to the appointment
- Language barriers
- No insurance and could not afford care
- Insurance did not cover the cost of the procedure or care
- 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
- The appointment was too far away and outside of Knox County
- No barriers and did not delay health care - received all the care that was needed
- Other/ Not Listed (feel free to specify)

20. Where do you and your family members go most often to receive routine healthcare services (physical exams, check-ups, immunizations, treatment for chronic diseases)? (Select all that apply)
- Doctor's office (primary care physician, family physician, internist, pediatrician, etc.)
- Emergency room department at the hospital
- Urgent care clinic
- I wouldn't go to a doctor unless it was an emergency
- Not sure
- None of the above

21. 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

22. If you were sick, where would you go first for treatment? Assume that this is not an emergency situation.
- 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
- I wouldn't go to a doctor unless it was an emergency
- Not sure
- None of the above

23. How would you rate your current access to mental or behavioral health services?
- Very high access
- High access
- Neutral
- Low access
- Very low access

24. What, if any, are your main barriers to accessing mental or behavioral health services, if needed? (Select all that apply)
- Could not get an appointment quickly enough/ too long of a wait for an appointment
- Distrust/fear of discrimination
- Do not need behavioral or mental health care
- No insurance and it costs too much
- I have insurance but it did not cover the cost of the services
- Not knowing where to go or how to find behavioral or mental health providers
- COVID-19 appointment cancellation, concern of
- Lack of provider awareness and/or education about my health condition
- Lacked transportation to the appointment
- Language barriers
- No barriers – received all the behavioral and mental health care that was needed
- Not having a provider who understands and/or respects my cultural or religious beliefs
- Office hours of provider don't work with my schedule
- Stigma of mental or behavioral health/nervous about admitting that I have a mental or behavioral health concern
- Technology barriers with virtual visits/telehealth services
- Uncomfortable with mental or behavioral health provider

25. **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)
- 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)

26. **In the last year, was there a time when you needed prescription medicine but were not able to get it?**
- Yes
- No

27. **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

28. **In the last year, was there a time when you needed dental care but could not get it?**
- Yes
- No

29. **In the last year, was there a time when you needed mental health counseling but could not get it?**
- Yes
- No

30. **Do you have a personal physician?**
- Yes
- No

31. **How long has it been since you have had a flu shot?**
- Within the last year
- 1-2 years
- 3-5 years
- 5 or more years ago
- I have never had a flu shot

32. **Overall, my physical health is:**
- Good
- Average
- Poor
- Excellent

33. **Overall, my mental health is:**
- Good
- Average
- Poor
- Excellent

34. **In the past 12 months, has lack of reliable transportation kept you from going to (select all that apply):**
- Medical Appointments
- Buying food/groceries
- Getting other things for daily living
- Work/meetings
- Childcare
- Physical activity opportunities/the gym
- School (for yourself or another member of your family)
- Not Applicable
- Other/ Not Listed (feel free to specify)

35. **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 (such as KAT-Knox Area Transit)	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								
Appointments								
Food shopping								

- Other/ Not Listed (feel free to specify)

36. **On what day(s) of the week is it hardest for you to get to/from work/appointments/get food? (select all that apply)**
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

37. **During what time(s) of the day is it hardest for you to get to/from work/appointments/get food? (select all that apply)**
- Early morning (5-8:30am)
- Late morning (8:30am-noon)
- Early afternoon (noon-3pm)
- Late afternoon (3-6pm)
- Evening (6-9pm)
- Late night (9pm or later)
- Other/ Not Listed (feel free to specify)

38. What resources are lacking within your community? (select all that apply)
- Affordable food
- Affordable housing
- Recreational spaces
- Primary healthcare access
- Dental/Oral healthcare access
- Vision healthcare access
- Mental healthcare access
- Transportation
- There is no lack of resources in my community
- I don't know what resources are lacking in my community
- Other/ Not Listed (feel free to specify)

39. How many times did you volunteer in your community in the past year? (This could include helping out with local charities, helping at your kids' school, serving on a board, at your church, or another local organization, reading at your local library, helping at a food bank, spending time with local senior citizens, etc.)
- I didn't volunteer
- 1 time
- 2-3 times
- 4-5 times
- 6-7 times
- 8-9 times
- 10 or more times

40. During the past 30 days (1 month) on how many days did you smoke cigarettes, vape, or use other nicotine or tobacco products?
- Every day or almost every day
- Some days
- No days
- Other/ Not Listed (feel free to specify)

41. How often do you have a drink containing alcohol?
- Never
- Monthly or less
- 2 to 4 times a month
- 2 to 4 times a week
- 4 or more times a week

42. How often in the last 30 days (last month) have you used marijuana?
- None
- 1-2 times
- 3-9 times
- 10-19 times
- 20 or more times
- Several times a day
- Other/ Not Listed (feel free to specify)

43. In the past 6 months, 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
- Other/ Not Listed (feel free to specify)

44. Do 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
- Other/Not Listed (feel free to specify)

45. Are you currently having issues at home with your utilities such as your heat, electric, natural gas or water?
- Yes
- No
- Prefer not to answer
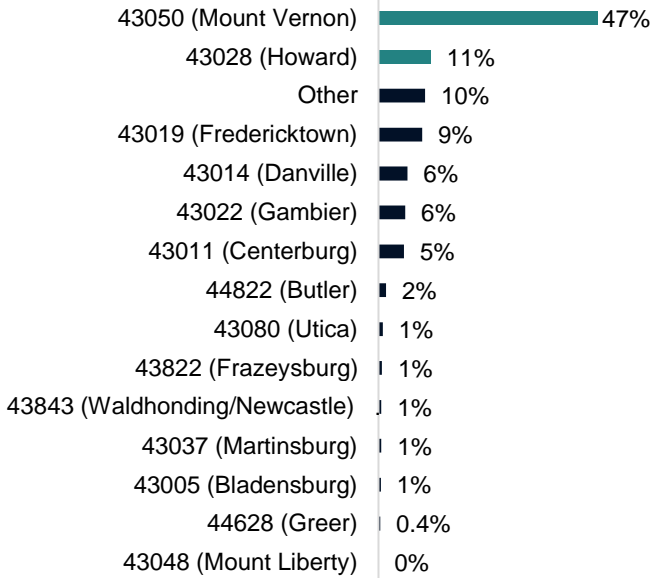- Other/ Not Listed (feel free to specify)

46. Do you have any other feedback or comments to share with us?

Thank you! Please send this survey to anyone you know who lives and/or works in Knox County.
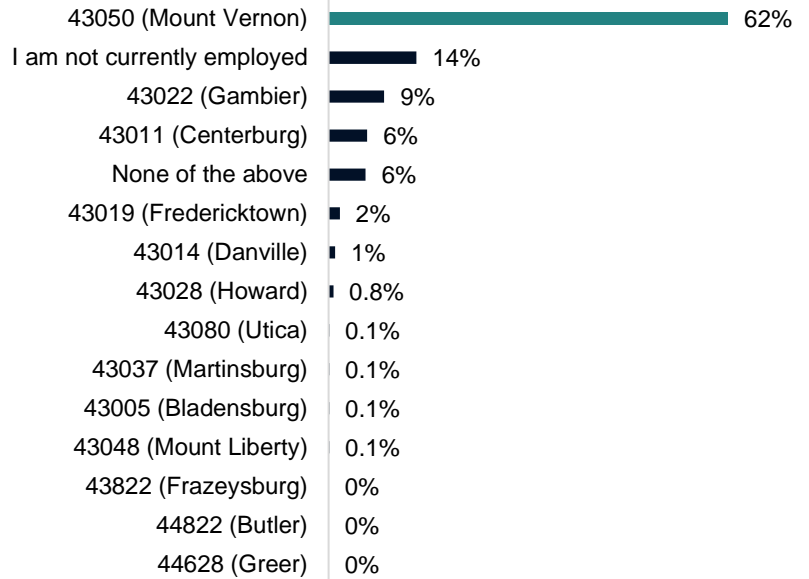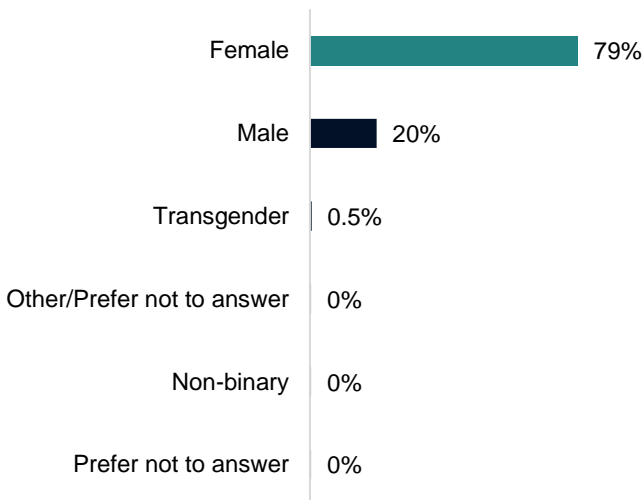
APPENDIX E:
COMMUNITY MEMBER SURVEY DEMOGRAPHICS

The majority of respondents live in **Mount Vernon (43050)** and Howard (43028), consistent with the population of the County
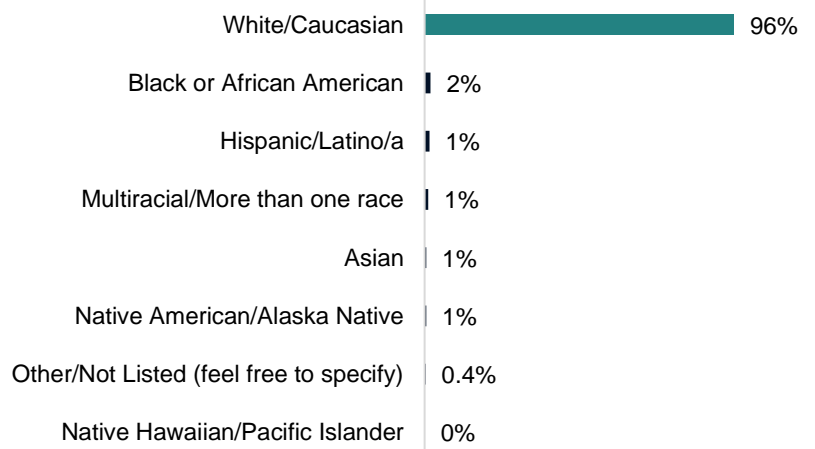
43050 (Mount Vernon)	47%
43028 (Howard)	11%
Other	10%
43019 (Fredericktown)	9%
43014 (Danville)	6%
43022 (Gambier)	6%
43011 (Centerburg)	5%
44822 (Butler)	2%
43080 (Utica)	1%
43822 (Frazeysburg)	1%
43843 (Waldhonding/Newcastle)	1%
43037 (Martinsburg)	1%
43005 (Bladensburg)	1%
44628 (Greer)	0.4%
43048 (Mount Liberty)	0%

The majority of respondents work in **Mount Vernon (43050)**

43050 (Mount Vernon)	62%
I am not currently employed	14%
43022 (Gambier)	9%
43011 (Centerburg)	6%
None of the above	6%
43019 (Fredericktown)	2%
43014 (Danville)	1%
43028 (Howard)	0.8%
43080 (Utica)	0.1%
43037 (Martinsburg)	0.1%
43005 (Bladensburg)	0.1%
43048 (Mount Liberty)	0.1%
43822 (Frazeysburg)	0%
44822 (Butler)	0%
44628 (Greer)	0%

The majority of respondents were **female**

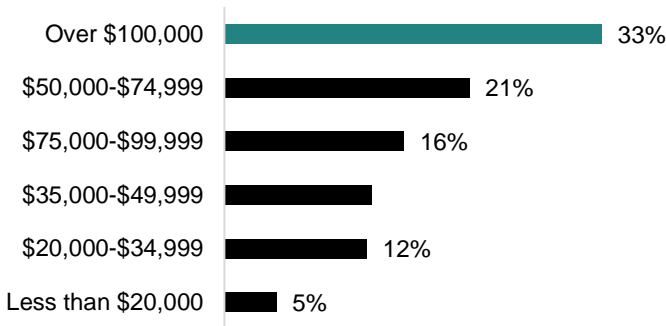|	
Female	79%
Male	20%
Transgender	0.5%
Other/Prefer not to answer	0%
Non-binary	0%
Prefer not to answer	0%

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

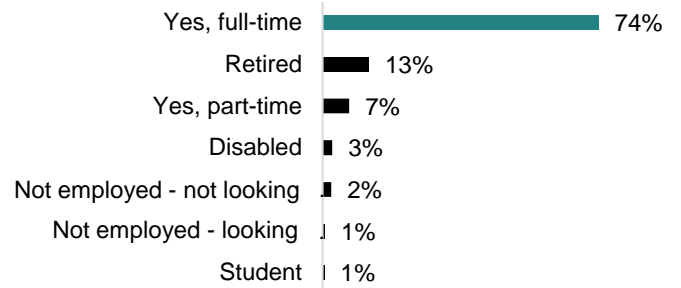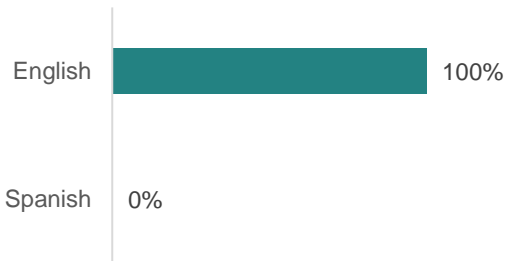|	
White/Caucasian	96%
Black or African American	2%
Hispanic/Latino/a	1%
Multiracial/More than one race	1%
Asian	1%
Native American/Alaska Native	1%
Other/Not Listed (feel free to specify)	0.4%
Native Hawaiian/Pacific Islander	0%

APPENDIX E:
COMMUNITY MEMBER SURVEY DEMOGRAPHICS

Respondents were generally **higher income**, with one-third having an annual household income of $100,000 or more. This representation is similar to the County as a whole
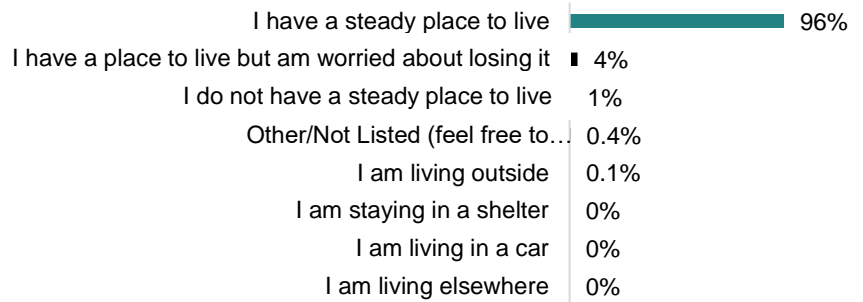
Income	Percent
Over $100,000	33%
$50,000-$74,999	21%
$75,000-$99,999	16%
$35,000-$49,999	
$20,000-$34,999	12%
Less than $20,000	5%

The majority of respondents are **employed full-time**

	Percent
Yes, full-time	74%
Retired	13%
Yes, part-time	7%
Disabled	3%
Not employed - not looking	2%
Not employed - looking	1%
Student	1%

Respondents reported that their primary language spoken at home was **English**

	Percent
English	100%
Spanish	0%

The majority of respondents have a **steady place to live**

	Percent
I have a steady place to live	96%
I have a place to live but am worried about losing it	4%
I do not have a steady place to live	1%
Other/Not Listed (feel free to…	0.4%
I am living outside	0.1%
I am staying in a shelter	0%
I am living in a car	0%
I am living elsewhere	0%

While a variety of occupational categories were represented, **health and education were most common**

|	Percent
Health	51%
Education	18%
Other	9%
Business, finance and administration	8%
Government services	7%
Management	4%
Sales and service	4%
Manufacturing and utilities	2%
Art, culture, recreation, tourism and sport	2%
Law and social	2%
Trades, transport and equipment operators and related…	1%
Natural resources, agriculture and related production	1%
Natural and applied sciences and related occupations	1%
Military	0%
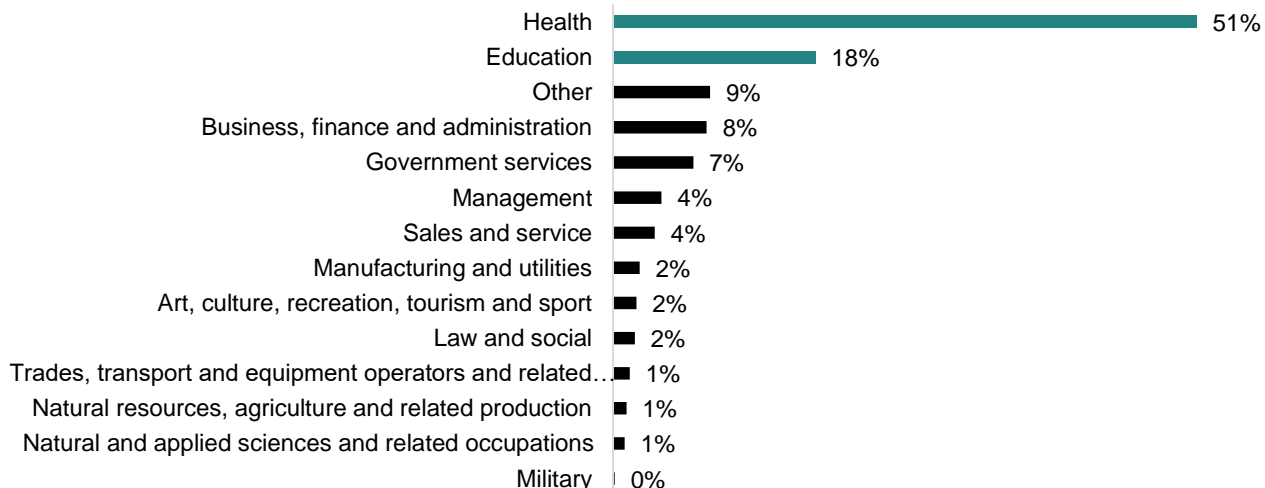
COMMUNITY MEMBER SURVEY DEMOGRAPHICS

The majority of respondents have at least a **high school degree or equivalent**

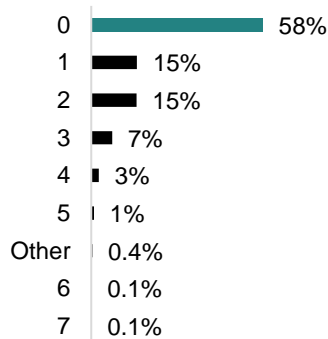|	
Bachelor's degree (e.g. BA, BS)	27%
Graduate degree (e.g. MA, MS, PhD, EdD, MD)	23%
Some college but no degree	15%
Associate's degree (e.g. AA, AS)	13%
High School degree or equivalent	11%
Trade School or Vocational Certificate	10%
Less than a High School diploma	1%
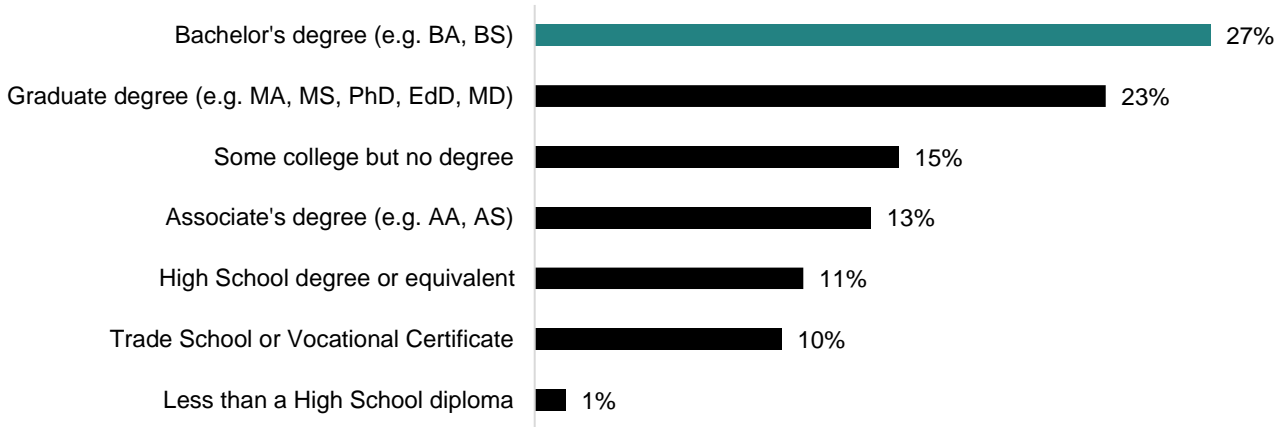
The majority of respondents reported their sexual orientation as **heterosexual or straight**

|	
Heterosexual or Straight	92%
Prefer not to answer	3%
Bisexual	2%
Gay	1%
Lesbian	1%
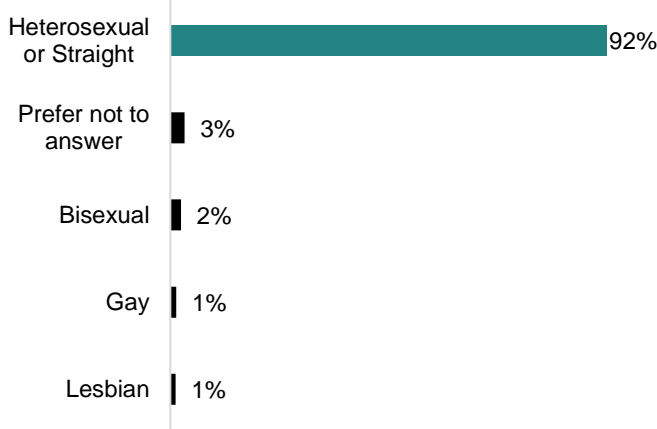
There was a greater proportion of survey responses from **middle-aged** rather than younger or older adults, particularly from the 45-54, 35-44, and 55-64 year-old age groups

45-54	22%
35-44	22%
55-64	21%
65+	17%
25-34	13%
18-24	5%
Prefer not to answer	1%
Under 18	0%
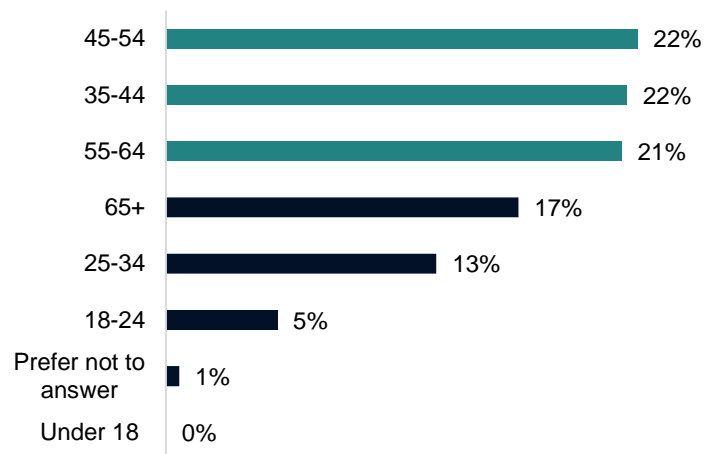
Most respondents reported having **no children at home**

0	58%
1	15%
2	15%
3	7%
4	3%
5	1%
Other	0.4%
6	0.1%
7	0.1%

The majority of respondents reported **not having a disability**

No Disability	66%
Disability	34%
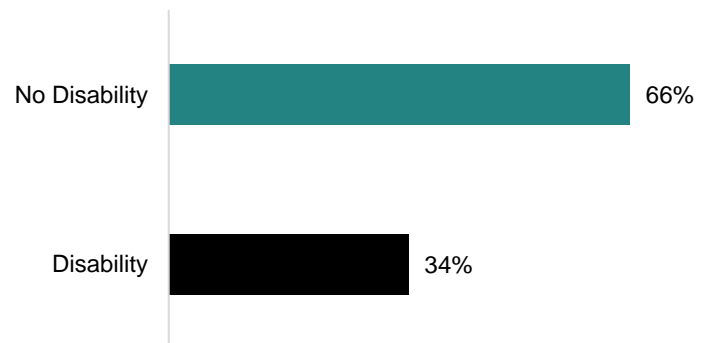
PUBLIC HEALTH ACCREDITATION BOARD (PHAB) CHECKLIST: COMMUNITY HEALTH ASSESSMENT

MEETING THE PHAB REQUIREMENTS FOR COMMUNITY HEALTH NEEDS 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 CHNA meets the PHAB requirements.

KNOX
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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	a. A list of participating partners involved in the CHA process. Participation must include: i. At least 2 organizations representing sectors other than governmental public health. ii. At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes.	Integrated throughout the report Community member survey included a question that asked respondents to select their top 5 community health needs and rate the importance of addressing each health need.
✓	5–22	b. The process for how partners collaborated in developing the CHA.	
✓	23-66	c. Comprehensive, broad-based data. Data must include: i. Primary data. ii. Secondary data from two or more different sources.	Primary and secondary data is integrated together throughout the report
✓	13	d. A description of the demographics of the population served by the health department, which must, at minimum, include: i. The percent of the population by race and ethnicity. ii. Languages spoken within the jurisdiction. iii. Other demographic characteristics, as appropriate for the jurisdiction.	
✓	23-66	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: i. Health status ii. Health behaviors.	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	23-66	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.
✓	66	g. Community assets or resources beyond healthcare and the health department that can be mobilized to address health challenges. The CHNA (or CHA) must address the jurisdiction as described in the description of Standard 1.1.	

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