



December 2024



Belmont County 2024 Community Health Assessment Overview

Community Health Assessment Overview

The Belmont County Health Department is pleased to provide this comprehensive overview of our community's health status and needs: Belmont County's 2024 Community Health Assessment.

Belmont County's 2024 Community Health Assessment (CHA) is the result of a collaborative effort coordinated by the Belmont County Health Department. It is intended to help community stakeholders better understand the health needs and priorities of Belmont County residents.

Characterizing and understanding the prevalence of acute and chronic health conditions, access to care barriers, health disparities, and other health issues can help direct community resources to where they will have the biggest impact. Participating organizations will begin using the data reported in the *Belmont County 2024 Community Health Assessment* to inform the development and implementation of strategic plans to meet the community's health needs.

We hope the *Belmont County 2024 Community Health Assessment* serves as a guide to target and prioritize limited resources, a vehicle for strengthening community relationships, and a source of information that contributes to keeping people healthy.

About the Community Health Assessment Process

The process followed by the *Belmont County 2024 Community Health Assessment* reflected an adapted version of the Robert Wood Johnson Foundation's County Health Rankings and Roadmaps: Assess Needs and Resources process.¹ This process is designed to help stakeholders "understand current community strengths, resources, needs, and gaps," so that they can better focus their efforts and collaboration.

The Belmont County Health Department contracted with Illuminology, a central Ohio based research firm, to assist with this work. The Belmont County Health Department approved the process to be used in this health assessment. The primary phases of the Assess Needs and Resources process, as adapted for use in Belmont County, included the following steps.

(1) Prepare to assess / generate questions. On March 29, 2024, community leaders, stakeholders, and employees from participating organizations gathered at Ohio University

¹ See <https://www.countyhealthrankings.org/take-action-to-improve-health/action-center/assess-needs-resources>

Eastern to discuss their perspectives on emerging health issues in Belmont County. Facilitated by Illuminology, this session provided an opportunity for community members to better understand the upcoming community health assessment process and to suggest indicators to be considered in the community health assessment. Illuminology used the information from this session to identify which indicators could be assessed via secondary sources and which indicators needed to be included as part of the primary data collection efforts. See Appendix A for more information about this session.

Participants in this session include:

ARC of Ohio – Kara Erwin

Belmont County Health Department –
Rich Lucas

Belmont County Health Department –
Robert Sproul

Chamber of Commerce – Wendy
Anderson

East Central Ohio ESC – Wendy Ware

East Ohio Regional Hospital – Brad
Simms

NAMI – Megan Elliot

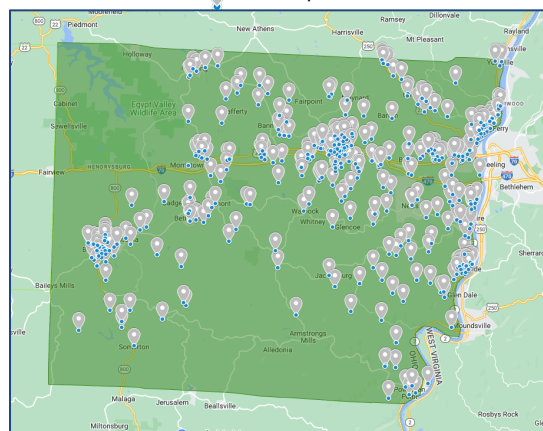
Ohio Hills Health – Jeff Britton

Senior Services – Lisa Kazmirski

(2) Collect secondary data. Secondary data for this health assessment came from national sources (e.g., U.S. Department of Health and Human Services: *Healthy People 2030*; U.S. Census Bureau) and state sources (e.g., Ohio Department of Health’s DataOhio Portal). Data for Belmont County and Ohio were collected, when available. Rates and/or percentages were calculated when necessary. Illuminology located and recorded this information into a secondary data repository. All data sources are identified in the References section at the end of the report. To ensure community stakeholders are able to use this report to make well-informed decisions, only the most recent data available at the time of report preparation are presented. To be considered for inclusion in the *Belmont County 2024 Community Health Assessment*, secondary data must have been collected or published in 2019 or later.

(3) Collect and analyze primary data from adult residents. A representative survey of Belmont County adult residents was conducted. Fielded in multiple waves from April 26, 2024 through October 1, 2024, respondents completed a self-administered questionnaire, either on paper or online (see Appendix B). For the first round of mailing, a total of 2,000 addresses were randomly selected from the universe of residential addresses in Belmont County and 1,200 addresses were randomly selected from the universe of residential addresses in which the sample data indicated there was likely a young adult in the household. In late April, 2024, a notification letter was sent to each household, asking the adult in the household who most recently had a birthday to complete the survey online. Some households received a \$1 bill to encourage the household’s

Belmont County Health Survey Households
(📍 = completed)



participation. A few weeks after the initial mailing, a hard copy of the survey was sent to households that had not yet completed the survey online. This mailing also included a cover letter and a Business Reply Mail envelope so respondents could complete the survey and mail it back at no cost to them.

For the second round of mailing, a total of 800 addresses were randomly selected from the universe of residential addresses in Belmont County and 480 addresses were randomly selected from the universe of residential addresses in which the sample data indicated there was likely a young adult in the household. In mid-August, 2024, a notification letter was sent to each household, asking the adult in the household who most recently had a birthday to complete the survey online.

In total, 397 Belmont County adult residents completed the survey, or 9% of the total number of valid addresses (i.e., addresses that were not vacant or otherwise unable to be surveyed) that were invited to participate. With a random sample of this size, the margin of error is $\pm 4.9\%$ at the 95% confidence level.

Before analyzing responses to the survey, survey weights were computed; this step allows researchers to produce more accurate statistical estimates at the overall county level. First, a base weight was created that adjusted for unequal probabilities of selection into the survey (i.e., compensating for the number of adults in the household and whether the household had an indicator that there was likely a young adult in the household). Then, this base weight was adjusted so that respondents' demographic characteristics (i.e., age, gender, educational attainment, and presence of children in the household) aligned with population benchmarks for Belmont County. These population benchmarks were obtained from the U.S. Census Bureau's American Community Survey. This adjusted base weight was calculated via an iterative proportional fitting procedure within the STATA v17 software package; analyses of weighted data were conducted using complex survey [svy] commands within STATA v17.

(4) Collect and analyze community outreach data. Community input was solicited in a couple of forms.

1. **Community leader interviews.** The Belmont County Health Department worked with Illuminology to design a community leader interview guide that covered a wide range of topics, including overall health, health care access, poverty, transportation, nutrition and physical activity, mental health and substance abuse, and vulnerable populations. Illuminology completed 20 one-on-one or small group interviews. Interviewees included community members who work in health care, leaders of local organizations, and other residents. The interview guide used for these interviews can be found in Appendix C.
2. **Community poll.** The Belmont County Health Department worked with Illuminology to design and deploy a short survey of community residents and stakeholders. The

intent of this poll was to provide an opportunity for community members who weren't randomly selected to complete the representative survey to participate in the community health assessment. The poll was publicized by the Belmont County Health Department. Overall, 35 individuals who reported living in Belmont County responded to this poll between June 13, 2024 and August 26, 2024. See Appendix D for the questions asked and responses to this poll.

(5) Share results with the community. This report presents the analysis and synthesis of all secondary, primary, and community outreach data collected during this effort. It will be posted on the Belmont County Health Department website (<https://belmontcountyhealth.com/>). This report will be used in subsequent community prioritization and planning efforts and will be widely distributed to organizations that serve and represent residents in the county.

How to Read This Report

Key findings and Healthy People 2030. As shown on page 7, the *Belmont County 2024 Community Health Assessment* is organized into multiple, distinct sections. Each section begins with story boxes that highlight and summarize the key research findings from the researchers' perspectives. For some indicators, Belmont County is compared to the U.S. Department of Health and Human Services *Healthy People 2030* goal, indicated by dark blue boxes containing the Belmont County outline in light blue. A ✓ icon inside the box indicates that the goal has been met, and an ✗ icon indicates that the goal has not been met.

Community Voices. Comments and findings from the community stakeholder interviews are included in several sections – they are indented slightly and set off with an orange border on the left side.

Health disparities between populations or areas in the community. Analyses explored statistically significant differences in results based on demographic factors such as age, gender, educational attainment, income, presence of children in household, and geographic region. When these analyses suggested the presence of significant differences among specific populations, the report tables display a lightbulb symbol: 💡. Examples of disparities found in Belmont County include how those with lower household incomes are more likely to report having transportation issues and less likely to report that in general their health is “very good” or “excellent.”

Overall, the lack of availability of health care seems to be worthy of future discussion and action. Many residents travel outside the county for care. Some may not be able to access care due to lack of health care coverage, lack of transportation, or other issues.

Sources for all secondary data included in this document are marked by an endnote and described in the report's References section (see Appendix E). Caution should be used in drawing conclusions in cases where data are sparse (e.g., counts less than ten). Data from the Belmont County Health Survey are marked by the following endnote symbol: §. In some tables, the percentages may not sum to 100% due to rounding and/or because multiple responses were accepted. In some cases, outlying values were winsorized (i.e., replaced with the highest or lowest non-outlying value).

Table of Contents

Table of Contents	
Community Profile	8
Making a Healthy Community: Residents' Priorities	12
Responses from Belmont residents and community leaders about the most important health issues, barriers to health in the county, and trust in health resources	
Social Determinants of Health	21
Socio-economic factors that can affect health outcomes	
Economic Stability	
Education Indicators	
Neighborhood and Environment	
Health Care Access	
Behavioral Risk Factors	48
Weight, nutrition, and physical activity	
Mental Health and Substance Misuse	53
Measures of mental wellbeing and substance misuse	
Maternal and Child Health	63
Infant mortality and other indicators of healthy infants and pregnancies	
Death and Illness	66
Leading causes of death; incidence rates of chronic conditions	
Summary	75
Appendix A: Belmont County CHA Kickoff Session	76
Appendix B: Belmont County Adult Survey Questionnaire	77
Appendix C: Belmont County Community Stakeholder Interview Guide	84
Appendix D: Community Poll	88
Appendix E: References	93
Appendix F: Community Assets and Resources	97

Community Profile

This section describes the demographic and household characteristics of the population in Belmont County, which is located in southeast Ohio.

Belmont County was founded about 223 years ago and covers 541 square miles. St. Clairsville is the seat of this county, while its largest city is Martins Ferry.



Resident Demographics¹

		Belmont County	Ohio
Total Population	Total population	65,509	11,756,058
Gender	Male	50.6%	49.4%
	Female	49.4%	50.6%
Age	Under 18 years	19.0%	21.8%
	18-24 years	7.6%	9.1%
	25-44 years	24.8%	25.6%
	45-64 years	26.5%	25.1%
	65 years and over	22.1%	18.4%
Race*	White	91.2%	77.1%
	Black/African American	2.7%	12.0%
	American Indian/Alaskan Native	0.0%	0.2%
	Asian	0.6%	2.5%
	Native Hawaiian/Other Pacific Islander	<0.1%	<0.1%
	Some other race	0.2%	1.7%
	Two or more races	5.3%	6.5%
Ethnicity	Hispanic/Latino (any race)	1.3%	4.4%
	Not Hispanic/Latino	98.7%	95.6%
Marital Status**	Never married	30.0%	33.5%
	Now married (except separated)	52.9%	47.3%
	Divorced/separated	11.0%	13.2%
	Widowed	6.1%	6.0%

Data are from 2022 *One race alone unless otherwise specified; denominator is total population **Denominator is population 15 years and over

Resident Households

		Belmont County	Ohio
Total Households¹	Number of households	26,781	4,878,206
Household Relationships^{1*}	Married-couple family household	52.7%	44.6%
	With own children under 18	33.9%	31.6%
	Cohabiting couple household	5.7%	7.8%
	With own children under 18	1.4%	2.4%
	Male householder, no spouse present	5.9%	4.7%
	With own children under 18	4.5%	3.7%
	Female householder, no spouse present	9.6%	11.9%
	With own children under 18	5.6%	11.7%
Grandparents As Caregivers²	Household with grandparents living with grandchildren*	2.8%	3.0%
	<i>With grandparent responsible for own grandchildren under 18 years**</i>	58.1%	43.6%
	<i>With grandparent not responsible for own grandchildren under 18 years**</i>	41.9%	56.4%
Household Size¹	Average household size	2.3	2.4
	Average family size	2.8	3.0
Ages of People Within Household^{1*}	Households with 1 or more people under 18 years old	26.0%	27.3%
	Households with 1 or more people 60 years old or over	47.2%	41.9%
Household Income^{1*}	Less than \$20,000	20.5%	13.9%
	\$20,000 - \$39,999	16.7%	16.1%
	\$40,000 - \$59,999	15.9%	15.7%
	\$60,000 - \$99,999	23.7%	23.2%
	\$100,000 - \$149,999	13.1%	16.0%
	\$150,000 - \$199,999	5.7%	7.4%
	\$200,000 or more	4.4%	7.7%
Transportation^{1*}	Households without a vehicle	9.9%	7.2%

Data are from 2018-2022 *Denominator is total households **Denominator is households with grandparents living with grandchildren

Residents - Disability Information¹

		Belmont County	Ohio
Disability Status*	Total with a disability	16.2%	14.4%
	Under 18 years	1.0%	1.2%
	18 to 64 years	8.0%	7.3%
	65 years and over	7.2%	5.9%
Disability By Type**	Ambulatory difficulty	44.9%	47.9%
	Cognitive difficulty	33.6%	40.7%
	Independent living difficulty	26.1%	34.9%
	Hearing difficulty	36.4%	26.3%
	Self-care difficulty	12.2%	16.2%
	Vision difficulty	17.0%	16.5%

Data are from 2022 *Denominator is civilian noninstitutionalized population **Denominator is civilian noninstitutionalized population with a disability

Languages Spoken at Home^{2*}

	Belmont County	Ohio
English only	98.5%	94.6%
A language other than English	1.5%	5.4%
Spanish	0.6%	1.7%
Other languages	0.9%	3.7%

Data are from 2018-2022 *Denominator is population age 18 and over

A statistical portrait of the adult respondents who completed the 2024 Belmont County Health Survey is shown below. These percentages have been weighted to match population benchmarks for age, gender, educational attainment, and presence of children in the household.

2024 Health Survey: Respondent Profiles^s

		Belmont County (average n=390)
Gender	Male	51.0%
	Female	48.5%
	Prefer not to classify	0.3%
	Non-binary	0.3%
Age	18-34	23.8%
	35-44	15.1%
	45-54	15.8%
	55-64	17.7%
	65+	27.7%
Education	High school diploma / GED or less	49.6%
	Associate degree / some college	28.0%
	Bachelor's degree or more	22.4%
Household Size	Average household size	2.5
Household Income	Less than \$50,000	42.5%
	\$50,000 - \$74,999	19.7%
	\$75,000 - \$99,999	16.1%
	\$100,000 or more	21.7%
Children Under 18 (In Household)	0 children	75.0%
	1-2 children	18.9%
	3 or more children	6.1%
Residence within Belmont County (City according to USPS)	Barnesville resident	11.1%
	Bridgeport resident	13.1%
	Martins Ferry resident	11.5%
	St. Clairsville resident	25.6%
	Resides somewhere else within the county	38.8%

Making a Healthy Community: Residents' Priorities

This section details the findings of the adult survey of Belmont residents, as well as community leader interviews. Residents were asked to give their perceptions of the most important health issues facing their community, the barriers keeping the community from achieving optimal health, as well as suggestions for improving health outcomes.

Key Findings

Most Important Health Issues

Substance misuse and chronic illnesses are commonly viewed by survey respondents and community leaders as pressing health issues in Belmont County.

Improving Health Outcomes

Residents reported that the time/effort needed to access services is a common barrier that prevents them from getting help.

To help residents lead healthier lives, community leaders want there to be more health care available, better transportation options, infrastructure improvements, and better communication and coordination of available resources.

Most Important Health Issues in Belmont County

When survey respondents were asked about the most important health issues in Belmont County, common answers were substance abuse (20%) and cancer, diabetes, or heart issues (17%). In terms of "Other" responses, healthy diets/access to healthy foods and other chronic illnesses (besides cancer, diabetes, or heart issues) were most common.

Resident Perception of Most Important Health Issues^{§*}

	Belmont County (n=397)
Substance abuse	20.4%
Cancer, diabetes, or heart issues	17.3%
Obesity	16.4%
Health care access	9.0%
Cost of health care, insurance issues, general economic concerns	7.2%
Pollution	5.7%
Mental health issues	5.9%
Other	18.1%
None	17.5%

^{§*}Percentages may sum to higher than 100%; multiple responses were accepted

Community Voices - Most Important Substance Misuse Issues

Community leaders are concerned about the amount of alcohol and drug use in Belmont County, especially opioids and meth.

"Numerous individuals that have some sort of alcohol issue, whether just a mild addiction to where they're typically drinking or frequent instances of them being belligerent and causing an issue and law enforcement being involved."

"We have a lot of drug addictions here. Opiates was a big one for a long time. You could throw a stone, and you knew someone who had a heroin addiction or an opiate addiction of some kind. Pills, all of those things. So that has been an issue here for a while. Alcoholism is another one that you tend to see. Meth is a strong one here."

"Meth is the leading drug arrest...Marijuana was a close second, but now since it's been legalized, it's not that. It's mainly meth and fentanyl."

"Probably alcohol...I hear a lot about in the county, the amphetamines and the crystal meth and all those types of things. And fentanyl. Seems like I'm always seeing it on the news in one of our local area communities."

"While that has decreased over the years, we still see alcoholism as a substance use disorder, but the major ones are the opioids. Addiction to opioids."

"It's not usually one person coming in with one addiction. They're using several different substances, and some of them are truly surprised that they tested for fentanyl because they really had no idea it was in there."

"The drug problem in this area is really so out of control... They say this was where the opioid epidemic really kind of the center of where it all started. When I had some health issues... and I was in horrible pain, and they wouldn't give me...tramadol. It wasn't really like I was asking for, the heavy duty stuff... So as a result of all that [opioid addiction], we all pay for it and what is available to us as far as our health care needs."

"We just live in an economically depressed area, and I think that tends to lead to some of that. So there's a lot of homes that are disturbed. Our homeless population is risen. And part of that is because of opiates and drugs and other things like that."

Communication and Collaboration to Improve Health Outcomes

The adult survey asked residents whether they or a family member would like to receive help or information about the following various issues, with an additional write-in option. The most common "other" response was financial assistance. These percentages should not be taken as a proxy for overall incidence of these needs but rather as a preliminary insight into what might be the most in-demand information or help needed by Belmont County residents.

Would Like to Receive Help or Information About...^{§*}

	Belmont County (n=397)
Depression, anxiety, or mental health	10.9%
Weight problem	10.6%
Food assistance	4.9%
Elderly care assistance (in- or out-of-home)	4.1%
Transportation	3.5%
Tobacco cessation	3.1%
Affordable housing	2.2%
Job training or employment help	0.8%
Social media usage	0.8%
Marital or family problems	0.7%
Childcare assistance	0.6%
End-of-life or hospice care	0.6%
Other	1.5%
None	63.7%

*Percentages may sum to higher than 100%; multiple responses were accepted



Differences by income: Those with an annual household income of \$75,000 or more are more likely than those with an annual household income of less than \$75,000 to not want any help or information: 79.1% vs. 53.6%.

Community Voices - Most Important Physical Health Issues

Community leaders are concerned about the development and management of chronic diseases among Belmont County residents, and how lack of resources exacerbates these conditions.

"There's a lot of...COPD, CHF, those issues. People struggling to manage their diseases. They don't have the resources available to understand or they're not given the education to [understand that] 'This is why you need to take these medicines. This is why you need to change your diet this way.'"

"The vast majority is older, but over the course of the last 10-20 years, we've seen younger people being diagnosed with diabetes, especially if they're obese. Obesity is an issue as well."

"Obesity, diabetes, cholesterol, blood pressure, heart disease, all of that."

"There's probably a big struggle with things related to a lack of a healthy diet. There's a lot of things like obesity, diabetes, heart conditions that are as a result of poor diet, lack of exercise, things like that."

"We still have concerns around obesity, which then leads to heart conditions, diabetes."

"Chronic disease seems to come up in our office quite a bit between. Diabetes is kind of a large one that's been identified for us. We noticed obesity as well, with cardiovascular disease."

"The cancer rate in this Ohio valley is pretty scary. There's a lot of people that I know that have different kinds of cancers. That's what we're known for. They call it 'Cancer Alley' for a reason. So that's a huge concern."

"When I look at the students, there probably are a larger percentage of the population that are just not physically fit in years past. And I'm not sure if that is because of some of the impacts of COVID or not."

"From the juvenile standpoint, I would say one would be kind of the obesity issue. That's a major health concern with our youth right now."

When residents were asked how they would like to receive information about community events, the most common communication preferences were a printed guide (37%) and a website (31%). Those who selected social media overwhelmingly prefer Facebook, and the most common "other" response was postal mail.

Communication Preference^{§*}

	Belmont County (n=397)
Printed guide	37.3%
Website	30.6%
Email newsletter	18.6%
Social media	17.4%
Family and friends	16.4%

Other 4.4%

**Percentages may sum to higher than 100%; multiple responses were accepted.*



Differences by age: Wanting a printed guide increases as age increases: 26.2% for those age 18-34, 36.8% for those 35-64, and 50.0% for those age 65 or older.

Differences by location: Those who live outside of Bridgeport are more likely than those who live in Bridgeport to want a printed guide: 40.1% vs. 18.4%.

Those who live in Barnesville, Bridgeport, Martins Ferry or St. Clairsville are more likely than those who live somewhere else in the county to want an email newsletter: 24.0% vs. 10.2%.

When residents were asked about the barriers that prevent them from getting help and information, the most common barrier was the time or effort it takes to find/access services (21%). The most common "other" response was high costs.

Barriers to Receiving Help^{§*}

	Belmont County (n=14**5)
Time or effort to find/access services	21.3%
Don't know of any services	18.5%
Not eligible for services	16.5%
Other	6.0%
None	56.5%

**Percentages may sum to higher than 100%; multiple responses were accepted. **Among those who preferred at least one type of communication.*



Differences by education: Not knowing about services increases as education increases: 10.7% for those with a high school degree / GED or less education, 26.0% for those with some college or associate degree, and 35.9% for those with a bachelor's degree or more education.

Mistrust in medical advice from official sources was measured through a question about how much residents trust various public health organizations. Over half of Belmont County adults reported that they somewhat trusted their local county health department (53%) and the Ohio Department of Health (58%); over one third reported that they somewhat trust the CDC (41%).

Trust in Sources to Provide Health Recommendations^s

	Belmont County (average n=379)		
	Belmont County Health Department	Ohio Department of Health	Centers for Disease Control and Prevention
A great deal	37.7%	32.6%	28.6%
Somewhat	53.3%	57.7%	40.7%
Not at all	9.1%	9.7%	30.6%

When asked to describe the types of help or services from local organizations that would be most beneficial, Belmont County residents most commonly mentioned the following:

- Improved access to quality foods, including: food assistance; food stamps/WIC; affordable high-quality fresh foods; farmer's markets; better food options; more foodbanks; better outreach regarding food assistance services
- Help with utilities, rent, medical bills; improved cost of living; rent control; etc.
- Improved transportation options; ride sharing
- Better access to quality physical health care, including more or better facilities or providers or easy access to a pharmacy
- Reduced cost of health care (services, meds, insurance, etc.)
- Better access to affordable, quality mental health care (more or better providers or facilities, etc.); help with mental health issues
- Resources for seniors (e.g., activities, lessons, etc.); double-coded with type of resource mentioned
- Resources for staying or becoming healthy, both physically and mentally (e.g., exercise classes, nutrition classes, free group exercise options; improved facilities such as trails and parks; support groups; social opportunities; improved recreational opportunities; etc.)
- Greater number of entertainment options; mentions of specific companies or entities (e.g., CVS; Salvation Army); jobs

Community Voices - How to Improve Health Outcomes

In order to improve health outcomes of residents in all areas of Belmont County, community leaders want there to be more health care available, better transportation options, infrastructure improvements, and better communication and coordination of available resources.

"Open communication with other agencies, which we do kind of...We did have different partnerships where we can network and get help. If we can't help somebody, we can get them to where they need to be with somebody else to help them with something else. So that's huge, networking and partnerships."

"They need to promote a healthy lifestyle, and they need to do it in a fashion that reaches everyone. So it would have to be some commercials and some options for people to have rides to whatever they come up with and whatever options there are. So I'm going to say transportation and then just providing awareness."

"If we don't have people at the state house telling people what we need here in Belmont County, it's not going to happen...We have to be advocates for ourselves. That has always been a hurdle for rural America because it's not as populated. There's not a huge reason for politicians to invest in some of these low populated areas. We just have to try to come together and advocate, where we're a larger voice."

"A big one is expanding the transportation options. I know that it costs money, and it's sometimes difficult to plan for buses or taxis or whatever, to go out into the more rural areas. But finding a way to make that happen could be a big contribution. That stuff needs to be passed in legislature."

"I've been here almost 30 years, and we've been for 30 years trying to figure out how to do something about the transportation issue in the county. And it's just, if somebody could figure it out, it would be really great because it would help with a lot of the other problems."

"The county needs a mobility manager and a major transportation plan, a ten year plan to find a way to connect our communities that are so spread out in Belmont County."

"A program to assist with primary care in those vulnerable populations... that are unable to go to a doctor or find a doctor or to be able to interact with them... Like home visiting provider or a telehealth program with visiting nurses. There's definitely a great area of improvement there for that."

"Invest into the individual cities in your county with the target of it being, this has to be used for fitness related activities. Like these new workout pad things that are popping up all over the country where they're outdoor workout spaces and they're free to use...Invest that into each individual community. Don't make something to where a person from Shadyside has to drive to St. Clairsville to use it or vice versa. Let the municipalities within your county help themselves. And by doing that, each county or each city and town is helping Belmont County."

"We could get trails....You can get a lot of these things to where you have people walking more safely...They want to educate, but education doesn't always make the change. You have to change the environment...the infrastructure. We've seen so many volunteer groups trying to change that over the years, and they just get hit with political roadblocks."

"We just have to continue to work collaboratively together, both physical and behavioral health, getting our providers with the medical providers, and trying to work towards integrated care as we look to the future."

Social Determinants of Health

This section provides insight into how Belmont County residents fare when it comes to many social determinants of health, including levels of poverty, access to health care, and education outcomes. Social and structural determinants of health provide insight into what causes higher health risks or poorer health outcomes among specific populations, including community and other factors which contribute to health inequities or disparities.

Key Findings

Economic Stability	<p>Over a quarter of Belmont County residents under the age of 18 live below the federal poverty level.</p> <p>Community leaders noted that some residents have difficulty affording basic needs like housing, food, health care and transportation.</p>
Education	<p>The high school graduation rate in Belmont County is higher than in Ohio overall, but the percentage of residents who continue their schooling and earn advanced degrees is lower in Belmont than in Ohio.</p>
Neighborhood and Environment	<p>Violent crime and property crime rates in Belmont County are lower than the rates for the state of Ohio.</p> <p>Community leaders are concerned that aging infrastructure and industrial pollution are negatively impacting water and air quality in Belmont County.</p>
Health Care Access	<p>A majority of survey respondents visited a doctor for a routine exam in the past year. Around half of respondents or their family members traveled outside of Belmont County to receive health care in the same time period.</p> <p>Community leaders discussed how a lack of health care providers for adults and youth can result in long wait times and traveling outside the county for care.</p>

Economic Stability

Economic stability plays an important role in health, with at least one study on this topic showing that those with greater income had greater life expectancy (Chetty et al., 2016).¹

In Belmont County, 27% of children are living below 100% federal poverty level (FPL), which is higher than the state of Ohio percentage (18%).

Income and Poverty²

	Belmont County	Ohio
Median household income	\$56,422	\$65,720
Poverty Status		
Total persons below 100% FPL	18.2%	13.4%
Children under 18 below 100% FPL	26.6%	17.7%
Adults 18-64 below 100% FPL	18.7%	12.8%
Adults 65 and over below 100% FPL	9.1%	10.3%

Data are from 2022

One way housing affordability is measured by the U.S. Census Bureau is through selected monthly ownership costs as a percent of household income (SMOCAPI). Included in monthly ownership costs are payments involved in purchasing a home as well as expenditures for insurance, real estate taxes, utilities, and fuel. Condominium fees and mobile home costs are also included when applicable. A similar measure for renters exists as gross rent as a percentage of household income (GRAPI). The U.S. Department of Housing and Urban Development has historically considered families whose housing costs exceed 30% of their income to be cost-burdened.³ The table below provides insight into cost-burdened families in Belmont County via the percentage of housing units for which a significant amount of income goes toward ownership/rent costs.


Cost-Burdened Households²

	Belmont County	Ohio
Owner-occupied housing units with a mortgage	9,397	1,977,558
30% or more of income spent on housing costs (SMOCAPI)	20.7%	20.6%
Owner-occupied housing units without a mortgage	10,249	1,280,720
30% or more of income spent on housing costs (SMOCAPI)	7.7%	13.0%
Renter-occupied housing units	5,742	1,469,501
30% or more of income spent on rent (GRAPI)	60.9%	46.8%

Data are from 2022. Counts of housing units excludes units for which SMOCAPI or GRAPI could not be calculated.

Survey respondents were also asked about the percentage of their household income that goes toward housing costs (not including utilities). In Belmont County, nearly half (47%) of respondents reported spending less than 30% of income on housing costs.

Percentage of income spent on housing ⁵	
	Belmont County (n=379)
Less than 30%	47.1%
30%-50%	29.1%
Higher than 50%	10.3%
Don't know	13.5%

 **Differences by income:** Spending less than 30% of income on housing costs increases as household income increases: 37.5% for those with income less than \$50,000, 41.1% for those with income between \$50,000 and \$74,999, 55.0% for those with income between \$75,000 and \$99,999, and 77.1% for those with income of \$100,000 or more.

Differences by location: Spending less than 30% of income on housing costs varies by residence within Belmont County: 64.0% for those who live in St. Clairsville, 52.3% for those in Barnesville, 44.2% for those somewhere else in the county, 34.6% for those in Martins Ferry, and 29.9% for those who live in Bridgeport.¹

In 2023, the “Point in Time” (PIT) estimate of homeless in Belmont County was 22 individuals and 2 households.⁴ According to the survey, 10.4% of Belmont County residents personally know someone in the community who was homeless in the past year.

Community Voices - Affordability Crisis

Community leaders discussed county residents who have difficulty affording basic needs like housing, food, and health care.

“A lot of people are on government assistance, so they're kind of limited in their health care in that respect. On the other hand, they're also limited in what they can do for employment... They have to be careful that they don't make too much money where they lose their assistance, but still can't afford health care.”

“Access to health care and dental care, vision, some of the basics. Some people just don't have the financial means to afford it.”

¹ Effect is marginally statistically significant.

"For a majority of folks still who have private insurance and they don't have Medicaid, that copay becomes a real burden for them."

"People can't afford to have their teeth cleaned."

"We've all experienced the raising cost of living and wages not keeping up to it over the last few years...Between groceries, running the house, transportation, it's got to be way more difficult than it was five, six years ago."

"We quite frequently get referrals for people in threat of homelessness or those that are homeless. Housing is a huge issue. Wait lists are long."

"The rents of a lot of our homes have just skyrocketed. Our rent is on par with a lot of some of the bigger cities where the cost of living is different, but the pay is better. It's just almost impossible. People have to work two or three jobs."

"There's a lot of gas and oil work that goes on in the area, and the individuals who work for those companies can afford to pay bigger prices. And so since that has come to the area, rent prices have just gone absolutely through the roof because, you know, a very small demographic can afford to pay for them, but the average, you know, citizen can't really access those."

"We don't have a lot of affordable rent here for people. So people moving out of their parents' houses, they would like to live in St. Clairsville because it's so pretty and safe. But they can't afford rent, and they can't buy houses because the houses are \$400,000."

"Some people might be able to afford a house, but it's not in the best condition. And not every place has HUD housing help assist with lower income."

"There are areas in Belmont County where there's some food scarcity, and a lot of those kids rely on summer food programs at their libraries or schools, and a lot of the kids get free lunches."

"There's a lot of poverty in our county, especially children. We have a summer food program where we provide lunches to kids Monday through Friday and during the summer months. And some of those kids, that's the only meal that they're getting... So that age group and probably seniors, there's a lot of food insecurity for the senior citizen population as well."

"Food insecurities, we see that in the senior citizen population. It's transportation somewhat related...Food desert, we have a couple of those in our service area where

food isn't readily available in that community that our patients live in, and they have to travel outside the community to get fresh food. So I think that's a barrier in our senior citizen population."

"The majority of clients we serve are of low income. We do accompany our clients to food pantries, but access to those food pantries is a barrier. Availability of healthy food choices is a barrier, and I'm sure not at the fault of the food pantry, but it is difficult to find fresh produce at food pantries, and a lot easier to just grab a box of mac and cheese. So we see just high prices of food as a barrier and then access to it."

"There's a lot of folks out there that are poverty level or just even maybe a little above poverty level, but they're in that weird place where they can't qualify for government assistance on anything, but they don't make enough money to afford the things that they do need."

Economic instability is linked to food insecurity. People who are food insecure do not get adequate food or have disrupted eating patterns due to lack of money and other resources. In Belmont County, 16% of all residents are food insecure, and 21% of children are estimated to be food insecure. These percentages are a little higher than the percentages for Ohio as a whole.

Food Access

		Belmont County	Ohio
Food Insecure Persons⁵	Total residents	15.9%	14.1%
	Children	20.9%	19.8%
Supplemental Nutrition Assistance Program (SNAP) Households²	Total households	13.4%	12.6%
	<i>With children under 18 years*</i>	41.0%	43.8%

Data are from 2022 *Denominator is total SNAP households

Some researchers use the food environment index when assessing access to nutritious foods. This index of factors that contribute to a healthy food environment ranges from 0 (worst) to 10 (best). Belmont County's food environment index score of 7.6 is slightly higher than Ohio's score of 7.0.⁶

There are 12 Feeding America Food Banks in Ohio. The one that serves Belmont County is located in Grove City in Franklin County.⁷

Another economic indicator that may influence the health of the community is the unemployment rate. The unemployment rate in Belmont County in 2022 (4.5%) was higher

Social Determinants of Health

than the unemployment rate in Ohio (3.7%), using the Ohio Department of Job and Family Services' unemployment definition as those people, 16 years of age and over, who were "actively seeking work, waiting to be called back to a job from which they were laid off, or waiting to report within 30 days to a new payroll job." Those who have stopped looking for a new job (and who have therefore removed themselves from the civilian labor force) are not included in this statistic.

Employment Status²

		Belmont County	Ohio
Unemployment Rate	Annual average unemployment rate	4.5%	3.7%
Employment Rate of Labor Force	In labor force**	53.2%	63.1%
	<i>Civilian labor force***</i>	100.0%	99.8%
	Employed*	95.5%	96.3%
	Unemployed*	4.5%	3.7%
	<i>Armed forces***</i>	0.0%	0.2%
	Not in labor force**	46.8%	36.9%

Data are from 2022. *Denominator is civilian labor force **Denominator is total area population 16 years and over ***Denominator is total labor force

Social Determinants of Health

In terms of industry of employment, Belmont County is similar to Ohio in that educational services, health care and social assistance is the largest industry, with nearly a quarter of residents employed in that industry.

Residents Employed in Various Industries²

		Belmont County	Ohio
Industry	Civilian employed population 16 years and over	27,717	5,762,007
	Educational services, and health care and social assistance	22.8%	24.2%
	Retail trade	16.6%	11.3%
	Manufacturing	9.5%	14.9%
	Arts, entertainment, and recreation, and accommodation and food services	9.1%	8.4%
	Agriculture, forestry, fishing and hunting, and mining	7.0%	0.9%
	Construction	6.5%	5.9%
	Other services, except public administration	6.0%	4.4%
	Transportation and warehousing, and utilities	5.9%	6.0%
	Professional, scientific, and management, and administrative and waste management services	5.3%	10.2%
	Finance and insurance, and real estate and rental and leasing	4.4%	6.4%
	Public administration	3.2%	3.9%
	Wholesale trade	2.2%	2.2%
	Information	1.5%	1.4%

Data are from 2022

A majority of Belmont County respondents reported that they don't have any transportation problems (78%). Those who do most commonly reported not having a vehicle (5%). The most common "other" transportation issue reported is not being able to drive for health reasons.

Transportation Issues^{§*}

	Belmont County (n=397)
Don't have a vehicle	5.2%
Financial issues	4.6%
Lack of access to public transportation	4.3%
Sharing a vehicle	3.7%
Don't have valid driver's license	3.0%
Other	2.3%
Don't have transportation issues	78.0%

*Percentages may sum to higher than 100%; multiple responses were accepted.



Differences by income: Those with an annual household income of \$50,000 or more are more likely than those with an annual household income of less than \$50,000 to not have transportation issues: 88.5% vs. 67.4%.

Respondents were also asked to report on how often transportation issues impacted their day-to-day functioning. A majority indicated that transportation issues come up at most a few times a month (78%).

Frequency of transportation Issues^{S*}

	Belmont County (n=53*)
Every day	17.6%
A few times a week	4.7%
A few times a month	37.1%
A few times a year	40.5%

**Among those who reported having at least one transportation issue.*

Community Voices - Transportation Issues

Community leaders discussed how lack of transportation options, mostly due to limited public transportation and/or residents' inability to access a personal vehicle, are a major barrier to healthier living.

"If you live in Bellaire, there's a transit that can take you places. Catholic Charities, they'll transport certain people certain times, but there's not a lot of options for transportation, which is a factor for a lot of our students with special needs. We're not set up like Columbus or some of these other metropolitan areas where a kid could live independently and get on a bus and get to work and get to things for entertainment."

"A lot of the individuals we deal with are Medicare only, don't have a Medicaid eligibility, and then they can't get to medical appointments outside of this local area. So weekly, we're dealing with an elderly person who doesn't have a support system, and they cannot get transportation to a doctor's appointment in Zanesville, Columbus, Cleveland. They can only get medical transportation to Belmont County and the Wheeling area."

"[In] St. Clairsville a lot of things are in walking distance, so that's a nice thing. We've got a lot of things locally. In the further reaches of Belmont County, access to transportation is difficult. So people would probably have to have their own modes of transportation, but here in St. Clairsville, that's not as big an issue."

"Another issue is people's ability to get to appointments, get to the hospital. It's terrible. We have a transportation program, a very limited one, where we'll take people for medical appointments. But, of course, you have to meet an income guideline for what we do and for pretty much what a lot of people do, you have to meet an income guideline. I had somebody call me, somebody who I knew, he was going to have chemo, and he lived in St. Clairsville, and his treatments would be at Wheeling hospital, and his wife had never had a driver's license and didn't drive, and he didn't meet any income guidelines for anything, but he couldn't find a way to get to the hospital for his treatment."

"Lack of public transit across the county is a problem. You can access public transit on the eastern side of the county, but not on the western side. So that's an issue. And just people having their own reliable transportation. Having a car that runs and that is reliable. Or being able to afford the gas."

"Certain bus routes only go in certain areas and a certain time of the day. So it really makes it hard on low income individuals to get to their job because they don't have the means. We don't have a huge public transportation system to get them to where they need to go."

"The lack of public transportation and to be able to afford a vehicle and maintain a vehicle are two barriers that we hear all the time."

"I don't think that there's a lot of public transportation options outside of, you know, the towns and the cities. You know, there's no, you know, buses or cab services that go out to some of the more rural areas of the county."

Education

Educational attainment can affect employment opportunities and economic stability, which in turn impacts many health outcomes.

As shown in the following table, a lower percentage of Belmont County residents continue their education beyond an associate degree, compared to Ohio overall.

Educational Attainment¹

	Belmont County	Ohio
Less than 9 th grade	2.0%	2.6%
9 th to 12 th grade (no diploma)	6.8%	5.6%
High school graduate / GED	41.8%	31.9%
Some college (no degree)	15.7%	19.1%
Associate degree	12.5%	8.8%
Bachelor's degree	12.0%	19.4%
Graduate / professional degree	9.1%	12.6%

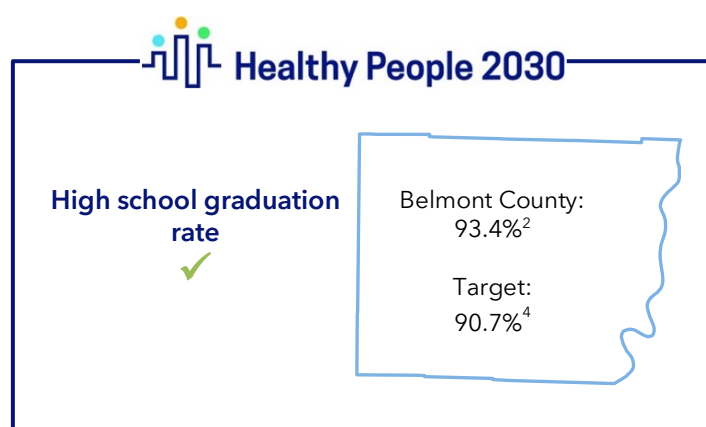
Data are from 2022

The next table shows the graduation rates for Belmont County's public schools. The average four-year high school graduation rate across these public schools is 93.4%. This is higher than the average for public schools in Ohio overall (87.3%),² and exceeds the *Healthy People 2030* high school graduation rate goal of 90.7%.

High School Graduation Rates in Belmont County³

	Belmont County School Districts
Bellaire High School	91.8%
Bridgeport High School	95.2%
Martins Ferry High School	84.6%
St. Clairsville High School	95.4%
Union Local High School	97.4%
Shadyside High School	93.5%
Barnesville High School	94.9%

Data are from 2022



Social Determinants of Health

Regarding young children preparing to enter kindergarten in Belmont County, 74% are considered to have “demonstrated readiness” or to be “approaching readiness,” meaning they entered with “sufficient skills, knowledge and abilities to engage with kindergarten-level instruction” or “needed supports to be able to engage with kindergarten-level instruction,” respectively.

Kindergarten Readiness⁵

	Belmont County	Ohio
Demonstrating or approaching readiness	74.3%	69.9%

Data are from 2022-2023

In 2019 almost all (98%) Belmont County third graders met the threshold needed in reading proficiency to move to fourth grade.

Third Graders With Reading Proficiency⁶

	Belmont County	Ohio
Reading proficiency - third graders who met threshold to move to fourth grade	98.3%	95.0%

Data are from 2019

Neighborhood and Physical Environment

Neighborhood and environment refers to what extent individuals feel safe in their community and how the environment influences their quality of life.

Rates of different types of violent crime and property crime are shown in the next table. Overall, the violent crime and property crime rates in Belmont County are lower than in the state of Ohio.

Violent and Property Crime¹

		Belmont County		Ohio	
		Count	Rate*	Count	Rate*
Violent Crime	Violent crime total	114	2.5	35,649	3.6
	Murder	0	0.0	732	0.1
	Rape	16	0.4	5,659	0.6
	Robbery	1	<0.1	6,697	0.7
	Aggravated Assault	97	2.1	22,561	2.3
Property Crime	Property crime total	210	4.6	207,711	21.1
	Arson	0	0.0	1,115	0.1
	Burglary/B&E	47	1.0	29,563	3.0
	Larceny/Theft	151	3.3	147,824	15.0
	Motor Vehicle Theft	12	0.3	29,209	3.0

*Rates are per 1,000 of the population

The rate of murder in Belmont County meets the *Healthy People 2030* target of 5.5/100,000.²

When residents were asked about the types of outdoor spaces they would like more of for physical and/or leisure activities, over half indicated that they wanted more walking paths (56%). The next most common answers were parks (33%), bike paths (27%), and playgrounds (23%). The most commonly desired sports field/court is pickleball courts, and the most commonly desired “other” spaces were pools / water parks and dog parks.

Belmont County Should Have More of These Outdoor Spaces...^{§*}

	Belmont County (n=397)
Walking paths	56.1%
Parks	32.6%
Bike paths	27.0%
Playgrounds	23.0%
Sports fields/courts	10.9%
Other	7.9%
None	26.9%

*Percentages may sum to higher than 100%; multiple responses were accepted



Differences by age: Those under age 35 are more likely than those age 35 or older to want more walking paths: 75.5% vs. 50.0%.

Wanting more parks increases as age decreases: 12.4% for those 65 or older, 17.6% for those 55-64, 30.5% for those 45-54, and 56.5% for those under age 45.

Those under age 35 are more likely than those age 35 or older to want more bike paths: 52.1% vs. 20.0%.

Those under age 55 are more likely than those age 55 or older to want more playgrounds: 33.7% vs. 8.8%.

Differences by household: Those with children in the household are more likely than those without children in the household to want more playgrounds: 52.8% vs. 13.0%.

Differences by income: Those with an annual household income of \$75,000 or more are more likely than those with an annual household income of less than \$75,000 to want more parks: 45.3% vs. 26.9%.

Differences by gender: Females are more likely than males to want more walking paths: 65.0% vs. 47.9%.

Differences by location: Those who live outside of Barnesville are more likely than those who live in Barnesville to want more parks: 35.5% vs. 8.9%.

Community Voices - Environmental Health Concerns

Community leaders expressed concerns about the water and air quality in Belmont County, and how they can negatively impact the health of the community.

Some community leaders discussed how pollutants and aging infrastructure negatively impact the water supply.

"Our water quality is not the greatest. And I feel like that there's a high incidence of heavy metals and cancers and things like that tend to bioaccumulate in the body, like any pollutants. And so I feel like that's a big issue here as well."

"But if there's chemicals in the water that are higher than the EPA standards, there's a reason for that. And I'm not so sure how I feel about drinking water that has some sort of high level of trihalomethanes or whatever it is that they're looking at. So I think that while we have great water treatment plants and things here, we also have a lot of pollutants, and we have a lot of plants along the river. And I know that the water quality hasn't always been the greatest here."

"We still have places that don't have clean drinking water because their wells are horrible, so they haul water in."

"I know that there's a lot of coal industry remaining, like remnants of impoundments in mines and things. We get a lot of acid mine drainage. So I'm certain that our groundwater is probably contaminated as well."

"We don't have great water, St. Clairsville in particular. In Belmont County, we all got a letter stating that our water has carcinogens that can cause cancer."

"A lot of people buy their own water because the water is very corrosive...We have to get our pipes replaced more often than you would expect, because then the water kind of starts to corrode the pipes."

"In the last month, every single day, there's been a water break. And I think that all of the infrastructure, all of the pipes running...we need to be able to upgrade a lot of things...that's something that seems to be a problem."

Some community leaders discussed the negative health effects of poor air quality stemming from local industry pollution.

"And people dealing with asthma...There's some kind of company that deals with...silica. There you can see particulates in the air. And another who had worked at that plant house, breathing problems because of the silica having worked there."

"A normal chest x-ray in the Upper Ohio Valley is not a normal chest x-ray because of the poor air quality from the coal mines, the steel mills, the power plants up and down the river. For years, there's been inherently bad air quality."

"We see a lot of asthma and COPD and things of that nature. So it all just kind of circles back to the air quality in not just Belmont County, but the Upper Ohio Valley isn't the greatest."

"The air quality around this area is a huge, which goes hand in hand with cancer as well."

"The air quality, I would assume back in the day, it was from all of the coal mines, the steel mill, and all that kind of stuff. So this day and age, I would assume maybe some of it's fracking."

Health Care Access

This section discusses health care access in Belmont County, via the intersecting issues of health care affordability, health care utilization, and resource availability in terms of the number of local health care providers.

Health Care Affordability

Affordability of health care is a major determinant of an individual's willingness and ability to receive care necessary for the maintenance or improvement of their health. One factor of this affordability is the ability to utilize health insurance. About 6% of Belmont County residents don't have health insurance, and about 6% of Ohio residents don't have health insurance.

Health Insurance Coverage by Age¹

		Belmont County	Ohio
Health Insurance Coverage	Total with health insurance	94.1%	94.1%
	Age 18 and under	95.8%	95.5%
	Adults age 19-64	91.2%	91.9%
	Adults age 65 and over	100.0%	99.4%

Data are from 2022

Social Determinants of Health

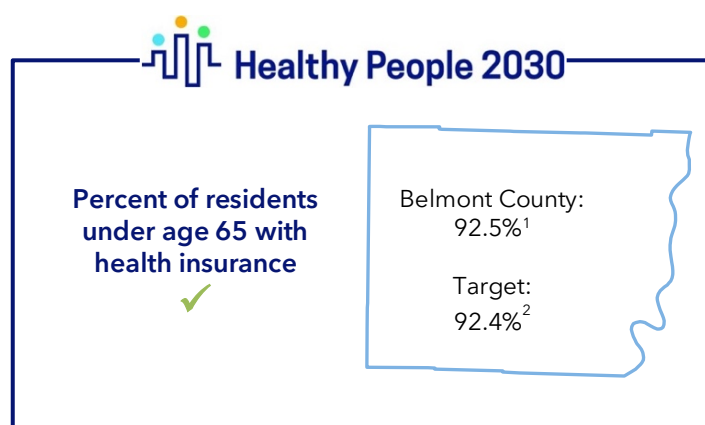
Among Belmont County residents with health insurance, employment-based insurance was the most common. Note that residents could have more than one type of health insurance. For example, someone with direct-purchase insurance may also have Medicare coverage.

Health Insurance Coverage¹

	Belmont County	Ohio
Private Health Insurance (alone or in combination)		
Total with private health insurance coverage	65.7%	68.1%
<u>Employer-based insurance*</u>	56.4%	58.1%
Age 18 and under**	61.0%	58.6%
Adults age 19-64**	63.8%	66.5%
Adults age 65 and over**	33.1%	30.1%
<u>Direct-purchase insurance*</u>	11.1%	12.2%
Age 18 and under**	4.6%	5.7%
Adults age 19-64**	6.6%	9.1%
Adults age 65 and over**	28.8%	30.6%
<u>Tricare/military insurance*</u>	0.8%	1.8%
Age 18 and under**	0.9%	1.5%
Adults age 19-64**	0.5%	1.3%
Adults age 65 and over**	1.6%	3.7%
Public Health Insurance (alone or in combination)		
Total with public health insurance coverage	43.1%	38.8%
<u>Medicare coverage*</u>	23.6%	19.8%
Age 18 and under**	0.3%	0.5%
Adults age 19-64**	3.0%	3.9%
Adults age 65 and over**	98.8%	96.0%
<u>Medicaid/means-tested coverage*</u>	21.7%	21.3%
Age 18 and under**	35.4%	37.0%
Adults age 19-64**	21.6%	18.3%
Adults age 65 and over**	9.2%	10.6%
<u>VA health care coverage*</u>	2.7%	2.3%
Age 18 and under**	0.0%	0.2%
Adults age 19-64**	1.1%	1.6%
Adults age 65 and over**	9.0%	7.1%

Data are from 2022 *Denominator is civilian noninstitutionalized population **Denominator is civilian noninstitutionalized population in the specified age range

Belmont County meets the *Healthy People 2030* target for percent of residents under age 65 with health insurance.



Health Resource Availability

The availability of health resources within the community is another determinant of health care access.

The next table shows the ratios of health practitioners to residents in Belmont County and Ohio. The ratio of Belmont County primary care physicians (both MDs and DOs) is 1 to every 2,540 residents. There are far fewer primary care providers per resident in Belmont County compared to the state of Ohio as a whole. Belmont County also has fewer dentists and mental health providers per resident, compared to Ohio overall.

Ratio of Providers to Population³

	Belmont County Ratio	Ohio Ratio
Primary care physicians*	1:2,540	1:1,290
Other primary care providers**	1:760	1:770
Dentists	1:2,120	1:1,550
Mental health providers***	1:440	1:330

Data are from 2020-2022 *Physicians (MDs and DOs) specializing in general practice medicine, family medicine, internal medicine, and pediatrics
 Nurse practitioners, physician assistants, and clinical nurse specialists *Psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care

About half (48.9%) of respondents have traveled outside of Belmont County in order to receive some type of health care in the past 12 months. Those who have traveled outside of Belmont County for health care in the past year have most commonly done so for specialty care (51%).

Health Care Received Outside of Belmont County in Past Year^{S*}

	Belmont County (n=198)
Specialty care	51.0%
Primary care	16.6%
Urgent care	13.2%
Surgery or a procedure	9.1%
All health care	7.8%
Labs	7.7%
Dental care	7.6%
Vision care	6.5%
Imaging	6.1%
Unspecified/other	18.7%

*Of those who said they traveled outside of Belmont County for health care. Percentages may sum to higher than 100%; multiple responses were accepted.



Differences by education: Those with some college or more education are more likely than those with a high school degree / GED or less education to travel outside of Belmont County for health care: 58.2% vs. 40.0%.

Community Voices - Lack of Health Care Availability

Community leaders discussed how a lack of health care providers for adults and youth can result in long wait times and traveling outside the county for care.

"The availability of primary care providers is low. When we talk about setting someone up with a new PCP, it's typically three weeks out, four weeks out to schedule an appointment. There's not a lot of providers that are practicing and taking new patients."

"There's just lack of providers, mental health providers, whether they're licensed independent social workers or licensed professional clinical counselors. We have two here that both work part time. I could hire four more if I could find them."

"Cardiology, nephrology, rheumatology, endocrinology...Our referral team is noting a more and more difficult time getting appointments with specialists. And they're having to call Pittsburgh, Washington, PA, Canton, Akron, Marietta, Zanesville, because locally those specialists are either leaving the area or they're retiring and not being replaced."

"There's dental access issues we're seeing that crop up in the last two to three years, particularly with Medicaid population."

"We have a workforce shortage, and so oftentimes when somebody does call to get in for an appointment, the wait time to see an initial counselor can be two weeks. There is just such a shortage of counselors that agencies can't really operate a walk-in clinic."

"The emergency room issue, that's a huge issue in this area. The wait times that if you go to an emergency room. Sometimes they can't take any more patients, and they have patients out in the hall on beds...There's some really good doctors in this area, but it's just getting in to see a doctor is another thing. You try to see a doctor, and it's six to eight weeks before you can get in to see anybody."

"The doctors themselves, since they're few and far between, they are short staffed when they're behind, and their wait times are long, and then that turns into patient care discrepancies."

"It's even hard to find a general practitioner. And myself and almost everybody I happen to know, my daughter, and the people I know really well don't ever see a doctor. They only see a nurse practitioner or a physician's assistant. Not saying there's anything wrong with that, but, you know, occasionally you'd like to actually see a physician...You have to wait months and months around here to get an appointment with a neurologist...I find myself wishing I live someplace else, like Columbus, where there's a lot more available."

"There's quite a few youth who have to travel to Columbus because there's not a lot of dentists here that specialize in some of the younger dental issues, like lots of cavities, any teeth that are rotting, anything like that. They do have to travel either to Morgantown or Columbus for that."

"Specific type of evaluations for children, things like inpatient [mental health care] is always a really big struggle. I know that Belmont County is moving forward in that area, but currently, if we send them to the hospital or have them evaluated, they're going way across the state for that inpatient treatment and just having access to beds and things like that, and parents not knowing what to do."

Health Care Utilization

A majority of respondents (83%) visited a doctor for a routine checkup within the year before taking the survey.

Amount of Time Since Last Visiting Doctor for a Routine Checkup[§]

	Belmont County (n=392)
Within the past year	82.7%
Within the past 2 years	5.6%
Within the past 5 years	5.0%
5 or more years ago	6.7%



Differences by age: Visiting a doctor for a checkup in the past year increases as age increases: 63.3% for those under age 35, 73.1% for those 35-44, 80.9% for those 45-54, and 96.2% for those 55 or older.

Differences by gender: Females are more likely than males to have visited a doctor for a checkup in the past year: 89.5% vs. 76.7%.

Around 35% of respondents delayed getting some sort of necessary physical health care in the past year. The most common reasons for delaying were not being able to schedule an appointment soon enough (9%), and not being able to afford the co-pay (6%). The most common “other” reasons include not being able to find a suitable provider, costs, and scheduling difficulties due to caretaking and work responsibilities.

Reasons for Delaying Needed Physical Health Care in Past Year^{§*}

	Belmont County (n=397)
Could not schedule appointment soon enough	8.8%
Could not afford the co-pay	6.4%
Unable to schedule an appointment	3.6%
Did not have transportation	3.5%
Did not have insurance	3.1%
Could not access telehealth care	1.1%
To avoid exposure to COVID-19	0.6%
To avoid spreading COVID-19	<0.1%
Other	8.1%
Did not delay getting needed health care	76.8%

*Percentages may sum to higher than 100%; multiple responses were accepted



Differences by gender: Females are more likely than males to have delayed getting needed physical health care in the past year: 29.2% vs. 17.3%.

Social Determinants of Health

About one fifth of respondents (18%) delayed getting some sort of necessary mental health care in the past year. The most common reasons selected for delaying were cost (8%) and stigma (5%). The most common “other” reason provided for delaying was difficulty finding a suitable provider.

Reasons for Delaying Needed Mental Health Care in Past Year^{S*}

	Belmont County (n=397)
Could not afford the care	7.8%
Uncomfortable admitting a mental health issue	5.3%
Difficulty finding a provider with availability	4.5%
Unsure what services were available	3.1%
To avoid spreading COVID-19	0.6%
To avoid exposure to COVID-19	0.5%
Other	4.1%
Did not delay getting needed mental health care	81.7%

**Percentages may sum to higher than 100%; multiple responses were accepted*

Around 10% of respondents reported that they needed prescriptions filled in the past 12 months, but did not fill them. The most common reason for not filling them was not being able to afford the co-pay (5%). The most common “other” reasons for delaying were high costs and insurance coverage issues.

Reasons Residents Didn't Fill Prescriptions^{S*}

	Belmont County (n=397)
Couldn't afford the co-pay	4.9%
Didn't have insurance	1.6%
Didn't have transportation	0.7%
Other	4.5%
No/Not applicable	89.4%

**Percentages may sum to higher than 100%; multiple responses were accepted*

Community Voices - Barriers to Health Care Access

Community leaders identified several barriers to health care access in Belmont County, including lack of providers, high costs, transportation issues, lack of awareness of services, and difficulties in coordination of care.

"There's kind of a lack of awareness of where they can go for resources and maybe they can't afford therapy to talk with someone in regards to mental health."

"Endocrinology, we're very lacking in that. There's only maybe one or two neurology. I don't think there's as many around here as there should be also. Mental health. And even OB doctor. We've got one hospital that delivers all the babies."

"We have a Belmont County resource guide that we try to update, but oftentimes what we hear is, 'We don't know who to call,' or 'We don't know where to go,' or 'We didn't know that was available.' If you don't know what the resources are, then that becomes a barrier because you don't call, you don't know what to do."

"[Mental health care] are not easily accessible. There are often really long wait times. Sometimes upwards of three months, people are waiting to get in to see a provider, and a lot of times, people don't have the transportation necessary to get to the providers. Belmont county is pretty rural, so it's difficult sometimes for folks to get into town to access those services. Cost is often a barrier as well if they don't have good insurance or they don't have any insurance at all."

"Emergency rooms tend to get filled up pretty quick, and people don't like to wait... There's a lot of insurance issues. People need certain insurances to be able to access the care they need, and a lot of folks don't have insurance. It's just too expensive."

"Oftentimes they will cross the river and they'll go to Reynolds. And we've been trying to work on this. So if they come back to Belmont County and say they're already seeing a provider here, just that care coordination sometimes can be a challenge because their system is different than our system, and just getting communication back so we can get them hooked into services here rather than them having to travel."

"If they're on [Ohio] Medicaid, Medicare. A lot of times, it is not as easy to kind of cross the border over into West Virginia to access services."

"The biggest problem are the wait lists that happen. In the larger agencies, it's a combination of people really not knowing how to get that started or how to get there for their appointments, and then you've got to organize case management, all of that stuff. And then on the professional end of it, just a lack of clinicians that are available to do those services, a lack of people doing evening hours, things like that."

"We have children that are on medical cards. And if they need special dental care, families are being referred to Ohio State... But that's asking a lot with a parent who's struggling, and instead of taking the child 20 minutes up the road they're talking about over a two hour trip to get your child the dental specific dental care that they need."

"People don't have the kinds of insurance that they need to seek out the high quality health care. A lot of our kids are going to the free clinics...If people are getting the Medicare health care, usually those insurance programs are pretty good, so those kids are probably doing okay. But there is a financial barrier for those who aren't on the Medicare, the state program."

"Sometimes places aren't willing to work with other organizations, maybe for a fear of maybe losing that client to another organization. But it definitely feels like there could be more coordination between them."

A majority of respondents (65%) visited a dentist within the year before taking the survey; 17% have not seen a dentist in the past 5 years.

Amount of Time Since Last Visiting Dentist for any Reason^s

	Belmont County (n=380)
Within the past year	64.7%
Within the past 2 years	12.6%
Within the past 5 years	5.5%
5 or more years ago	17.2%



Differences by gender: Females are more likely than males to have visited a dentist in the past year: 74.1 vs. 56.3.

Differences by location: Visiting a dentist in the past year varies by residence within Belmont County: 81.8% for those who live in St. Clairsville, 71.6% for those in Barnesville, 63.4% for those somewhere else within the county, 48.2% for those in Bridgeport, and 44.1% for those who live in Martins Ferry.

The U.S. Preventive Services Task Force (USPSTF) recommends that women between 40 and 74 years of age should get mammograms to screen for breast cancer every other year.⁴ The next table displays the amount of time since having the last mammogram for women age 40 to 74 who completed the survey. A majority of these women have had a mammogram within the past 2 years (82%), and 7% of them have never had a mammogram.

Amount Of Time Since Having Last Mammogram (Women Age 40 to 74)[§]

	Belmont County (n=116)
Within the past year	69.9%
Within the past 2 years	11.6%
Within the past 3 years	3.7%
Within the past 5 years	2.2%
5 or more years ago	6.0%
Never	6.6%

According to the Mayo Clinic, doctors normally recommend Pap tests every three years for women age 21 to 65.⁵ The next table displays the amount of time since having the last test for women age 21 to 65 who completed the survey. A majority of these women have had a Pap test within the past three years (78%).

Amount Of Time Since Having Last Pap Test (Women Age 21 to 65)[§]

	Belmont County (n=149)
Within the past year	57.2%
Within the past 2 years	18.7%
Within the past 3 years	1.6%
Within the past 5 years	6.0%
5 or more years ago	16.5%
Never	0.0%

Other Health Resource Access Issues

The internet is an important resource for accessing information about health issues and accessing medical care through virtual telehealth visits with providers. However, some residents of Belmont County do not have access to this resource: 14% of residents in the county do not have a computer, and 13% do not have access to the internet.

Households' Internet Access Availability¹

		Belmont County	Ohio
Access to a Computer	With a computer	86.4%	94.5%
	With dial-up internet subscription alone*	0.1%	0.2%
	With a broadband internet subscription*	93.5%	94.6%
	Without an internet subscription*	6.4%	5.2%
	Without a computer	13.6%	5.5%
Access to Internet Subscription	With an internet subscription	84.9%	90.6%
	Dial-up only**	0.1%	0.2%
	Cellular data with no other type of internet**	17.2%	11.7%
	Broadband, such as cable, fiber optic, or DSL**	75.3%	84.2%
	Satellite internet service**	8.5%	6.2%
	Internet access without a subscription	2.2%	2.4%
	No internet access	12.9%	7.0%

Data are from 2022. *Denominator is total number of households with a computer **Denominator is total number of households with an internet subscription

There is one public transportation system which operates in the Eastern part of the county – Eastern Ohio Regional Transit Authority (EORTA). Social service organizations are sometimes able to provide transportation for their clients, and Ohio Medicaid provides transportation assistance for eligible recipients.

Community Voices - Vulnerable Populations

Community leaders mentioned that some residents in Belmont County could benefit from additional support to live healthier lives. These include youth and older folks.

"One of the biggest things for me is making sure that the kids, really everybody, don't constantly feel like they have to leave here to do something. Where you're always having to find a way to travel out of the county or out of your town to always find something to do. There's just not a lot here...There's no putt golf courses, dirt tracks to ride your bikes on, skate parks, stuff like that...That's some of the issues that maybe get the youth in trouble a little bit, because they just don't have a lot to do."

"Belmont county overall, just access to activities, healthy activities, things that you can promote with your kids as well as your family, your entire family. I don't think we have a whole lot of things that we can do outside of a few gyms here and there. We don't have tennis courts, we don't have recreation facilities or anything of that nature."

"[Youth suffer from] lack of entertainment. Good, healthy entertainment. Sometimes I think they get into problem areas because they're bored and have nothing to do."

"In certain areas, the children may not always have access to places where they can have fun or exercise, like a basketball court or a playground...In Bridgeport, there is no basketball court, swimming pool, and the only park with a playground and baseball field is on top of a large hill, which makes it hard for kids to get to unless a parent drives them."

"A lot of it has to do with social media, but this growing anxiety amongst our youth and not being able to enjoy their childhood, that has just continued to grow...The number of students who have a parent who are incarcerated or the number of students who report having seen or witnessed domestic violence. Home issues related to what's happening in the parenting, coupled with anxiety, and even an increase in the number of calls we're getting to screen youths who are suicidal...It's very concerning, and I don't know if we yet can really identify, 'How do we get ahead of this? How do we try to prevent it?'"

"Somebody needs to be encouraging [youth] about the importance of physical health. If they're not learning it at home and they do so much social media and there's so much gaming, they don't get off the couch very much."

"We work with a lot of families that are involved with CPSD, and we've had a lot of conversations about having children removed from the home is a huge obstacle because of the lack of foster care and the lack of emergency placement for children."

"A lot of our seniors don't go to annual appointments. They wait until something's wrong... There are a lot of mobility issues. We have several who need kidney dialysis on a regular basis, diabetes, and some heart related and blood pressure related situations... they're treated, but they're treated when they become almost to a critical stage instead of at onset."

"[Among seniors] there's a lot of depression. Some of it stems from loneliness, some of it stems from the isolation because of lack of transportation for them. And we have had, on occasion, two or three times a year, which I think is a high number for our demographic, some issues with suicide. So whether it's threats or attempts, we've had more than that than I thought we would."

"Our seniors either can't drive or they don't own a vehicle. They don't live on any sort of bus line whatsoever in Belmont County, so they rely on us. And we're limited to how many trips we can provide in any given hour. So a lot of people have to wait and reschedule appointments. We refer to other agencies, but there's an affordability issue for most of

our seniors, and some of them are eligible for Medicaid but have never applied for Medicaid.”

“There aren't safe places within each community to walk, and if there are, they're not always accessible to our seniors as far as their mobility limitations. And some are hilly, and they just need a flat spot to walk. You know, like, not everybody can drive to the mall and walk in the mall before it opens kind of thing, but we lack those options for seniors.”

“The percentage of older people in this county is very high, and I don't think that we have a lot of things available for them specific to the problems of the elderly and getting older and the health problems. There's just so little available... across the board, not only in health issues, but in everything, we don't really have enough of anything for the elderly.”

“Our older population, they don't have a car. They're on a fixed income. Their neighbor can't bring them, or their kids are working or what have you. We get a lot of that...If there's a public transportation system here in western Belmont County, that would help a lot of people.”

“The elderly population struggle with accessing some of the health care resources because everything is so based in technology now. They don't like having to go online, accessing their medical records through a MyChart app, something like that. It creates a barrier for the elderly population, which is a pretty significant portion of the area that we live in.”

Behavioral Risk Factors

This section describes behaviors of Belmont County residents that may impact their health outcomes.

Key Findings

Weight, Nutrition, and Physical Activity

Three quarters of Belmont County residents qualify as overweight or obese according to BMI estimates.

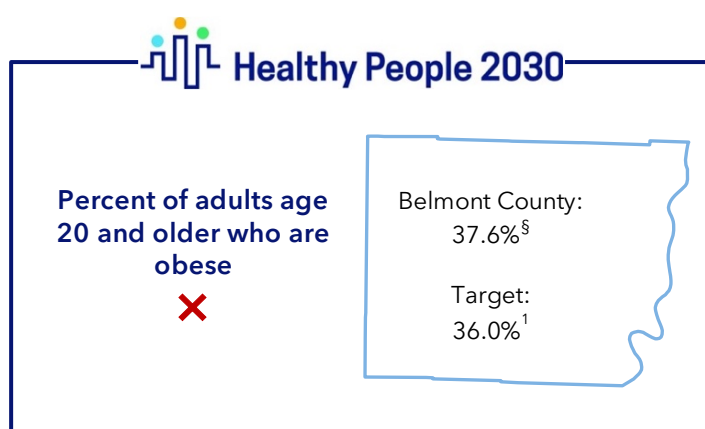
However, a majority of residents do not think accessing fresh fruits and vegetables is difficult, and most residents report doing some kind of physical activity in the past month.

Weight

According to Body Mass Index (BMI) measurements, 37% of Belmont County adult respondents are overweight and 38% of respondents are obese. The percent of obese residents age 20 and older in Belmont County (38%) does not meet the *Healthy People 2030* target of 36.0%.¹

Adult Body Mass Index[§]

	Belmont County (n=383)
Underweight (BMI < 18.5)	1.2%
Normal weight (BMI = 18.5 - 24.9)	23.9%
Overweight (BMI= 25 - 29.9)	37.3%
Obese (BMI > 29.9)	37.6%



BMI is just one measure of physical health. Age, sex, ethnicity, and muscle mass can influence the way BMI correlates with actual levels of body fat.² For example, a trained athlete may have a higher BMI due to increased muscle mass and may be deemed healthy by other measurements. Other ways to measure health are shown next, in the form of nutrition and physical activity.

Nutrition

Over three-quarters (80%) of Belmont County residents reported it was not difficult at all to access fresh fruits and vegetables.

Difficulty of Getting Fresh Fruits and Vegetables[§]

	Belmont County (n=389)
Not difficult at all	79.8%
Slightly difficult	13.7%
Moderately difficult	6.1%
Very difficult	0.4%
Extremely difficult	<0.1%

According to U.S. Departments of Agriculture (USDA) and Health and Human Services (HHS), nutrient-dense foods such as fruits and vegetables are core elements of a healthy diet.³ Nearly all Belmont County residents reported eating vegetables (99%) and fruit (90%) at least once in the past week. A majority also reported eating fast food (73%) and drinking soda (59%) in the past week.

Eating Habits in the Past Week[§]

	Belmont County (avg n=380)
Ate vegetables at least once	98.6%
Average number of times	6.5
Ate fruit at least once	90.1%
Average number of times	4.9
Ate fast food at least once	72.9%
Average number of times	1.6
Drank soda/pop at least once	58.5%
Average number of times	3.0
Drank 100% fruit juice at least once	43.8%
Average number of times	1.6
Drank a sports drink at least once	31.2%
Average number of times	1.2

Community Voices - Poor Nutrition

Community leaders are concerned about the negative health effects of poor nutrition among Belmont County residents.

"We're eating a lot of convenience foods because they're convenient... Most of us who have good jobs and are working all the time are not prioritizing good, healthy foods.

We're prioritizing how long do I have to be away from my desk? And so we're running to all of the very many available fast food restaurants that we have."

"In town here, there's one grocery store, there's a Kroger. But there are several convenient Dollar Tree type places. And I know a lot of people do a lot of their shopping there. The quality of food that they're getting isn't necessarily going to be the healthiest."

"Obesity is a problem here. A lot of that kind of links to the kind of the economic side of it as well. People are probably prone to buying the cheaper, maybe junkier type foods than preparing stuff for themselves."

"Our farmers markets have trouble finding growers for produce, or the ones that we do have they take their produce out of the area because they can sell it for more."

"A lack of knowledge of what a nutritious diet really looks like. A lot of times these health food brands will market themselves as something healthy and good. But when you go and you actually read the nutrition labels, it's not as healthy as it seems."

"The majority of what we see with clientele is they're getting their [health] information from social media, whether that's YouTube, Facebook, Instagram. And there are all of these influencers out there that are maybe not giving the best information or they're giving wrong information."

Physical Activity

A majority (88%) of Belmont County respondents said they participated in physical activity at least once during the past week. On average, Belmont County adults participated in physical activity 4.3 times.

Physical Activity in Past Week^s

	Belmont County (avg n=387)
Participated in exercise or physical activity for at least 30 minutes	88.2%
Average number of times	4.3
Participated in exercises to strengthen/tone muscles	38.8%
Average number of times	1.6



Differences by age: Those under age 65 are more likely than those age 65 or older to engage in physical activity in the past week: 4.5 vs. 3.6 times.

The 2024 Belmont County survey also measured how community members spend their time. Residents reported sleeping an average of 7 hours a night, and spending an average of 3-4 hours watching television and using the internet.

Average Daily Hours Spent on TV, Internet, and Sleep^s

	Belmont County (average n=383)
Average hours per day watching television	3.2
Average hours per day on the Internet	3.8
Average hours of sleep each night	6.8



Differences by age: Those age 55 or older are more likely than those under age 55 to watch television: 4.1 vs. 2.6 hours.

Using the internet increases as age decreases: 2.5 hours for those 65 or older, 3.1 hours for those 55-64, 4.4 hours for those 45-54, 4.4 hours for those 35-44, and 5.3 for those under age 35.

Differences by income: Watching television increases as household income decreases: 1.7 hours for those with income of \$100,000 or more, 2.4 hours for those with income between \$75,000 and \$99,999, 3.9 hours for those with income between \$50,000 and \$74,999, and 4.2 hours for those with income less than \$50,000.

Mental Health and Substance Misuse

The 2024 Community Health Assessment also measured mental health and substance misuse, important components of overall health.

Key Findings

Mental and Social Health	Depression and anxiety diagnoses were more commonly reported by younger residents and female residents. However, a majority of adult respondents feel they always or usually get the social and emotional support they need.
Substance Misuse	<p>Around 9% of adults in Belmont County smoke cigarettes every day, and 9% used marijuana in the past month. Community leaders are concerned about the amount of vaping seen among young people.</p> <p>Over a quarter of survey respondents reported binge drinking at least once in the past month, and Belmont County does meet the <i>Healthy People 2030</i> goal of percent of adults 21 and older who binge drank in the past 30 days.</p>

Mental and Social Health

According to the survey, 17% of Belmont County respondents have been diagnosed with a depressive disorder and 19% have been diagnosed with an anxiety disorder.

Diagnoses of Mental Health Conditions^s

	Belmont County (n=397)
Ever Been Told That You Had... A depressive disorder	16.9%
An anxiety disorder	18.9%



Differences by age: Those under age 55 are more likely than those age 55 or older to report a depressive disorder diagnosis: 24.3% vs. 7.4%.

Those under age 55 are more likely than those age 55 or older to report an anxiety disorder diagnosis: 27.8% vs. 7.6%.

Differences by gender: Females are more likely than males to report a depressive disorder diagnosis: 24.9% vs. 9.5%.

Females are more likely than males to report an anxiety disorder diagnosis: 25.8% vs. 12.0%.

Close to half of respondents (46%) indicated that they had at least one poor mental health day in the past month; overall, the average number of poor mental health days reported was 5.2 days.

Poor Mental Health Days in the Past 30 Days^s

	Belmont County (n=383)
Percent who had poor mental health days	45.5%
Average number of poor mental health days	5.2

About 20% of adults in Belmont County indicated that, in the past month, they had at least one poor mental health day that affected their usual activities. The average number of days this occurred in the past month was 9.4.

Days Poor Mental Health Affected Activities in the Past 30 Days[§]

	Belmont County
Percent who had poor mental health days that affected activities	(n=381) 20.2%
Average number of poor mental health days that affected activities*	(n=77) 9.4

*Among those who had a least one poor mental health day that affected activities

The table below presents suicide deaths from 2021-2022. According to the adult survey, few Belmont County survey respondents (2.7%) reported seriously considering attempting suicide in the past 12 months.

Suicide¹

	Belmont County		Ohio	
	Count	Rate*	Count	Rate*
Suicides	16	**	3,564	15.1

Data are from 2021-2022 *Rate per 100,000 population **Rate is unreliable

A majority of survey respondents (71%) feel they always or usually get the social and emotional support they need.

Social and Emotional Support Received[§]

	Belmont County (n=396)
Always	30.1%
Usually	40.8%
Sometimes	12.0%
Rarely	10.9%
Never	6.2%

Community Voices - Most Important Mental Health Issues

Community leaders most commonly mentioned anxiety and depression as the most important mental health issues facing Belmont County. They also discussed how there is still a stigma associated with mental health issues, although it is lessening.

"I don't know that I've seen much in terms of personality disorders or bipolar or anything like that, but there's definitely anxiety and depression that's prevalent here."

"[Youth] tend to talk to peers more than their family groups. I've even seen that with my kids. My son's 17, and I've seen his friends reach out to him to have conversations about

things going on in their lives that maybe they just didn't feel comfortable talking to other people about. And then he will come to me, and he'll be like, 'You can't tell anybody.'...So I do think that they reach out to their peer groups."

"I would say probably anxiety, depression. Just goes hands in hand with not having those physical activities be able to do. And the things that promote a healthy lifestyle."

"We're in the rust belt. We were kind of a booming coal industry not too awful long ago, steel industry. And that stuff's kind of going by the wayside...There's probably a whole lot of depression floating around, and a lot of that mental health issues that I overhear in the community are stemming from folks that were kind of involved in those industries that have lost their jobs or whatever, kind of forced to move on, and are trying to adapt to something else now."

"Our providers have seen an increase both in youth and adults presenting with depression and anxiety."

"It is better with the youth, but there is still some pretty significant stigma there, especially among males. I feel like male teens, not wanting to talk about it, afraid of appearing weak or not masculine enough, or that mental health is fake are pretty common sort of reactions that I get whenever I go into the schools and do those programs."

"I'm not hearing that [stigma] anymore. I'm seeing a lot more freedom or openness."

"Depression, I think, is a big one. Anxiety as well. I think those are two of the most prevalent nationwide, and I think that is relevant in Belmont County as well. But I also see a lot of people who struggle with some more severe forms of mental health, like schizophrenia and bipolar are ones that I see pretty often as well."

"I think it's becoming a little easier, but yeah, I still think as far as people talking about their own mental health issues, there is some stigma reaching out or saying, 'I need help.'"

"A lot of anxiety we're seeing amongst kids. We're seeing a little bit more bipolar."

Domestic Violence and Child Abuse

The following table presents domestic violence incidents (DVI) in 2023. Total incidents include DVI charge, other charge, and no charge.

Domestic Violence

	Belmont County	Ohio
Domestic violence incidents²	248	68,796
<i>DVI charge</i>	186	31,142
<i>Other charge</i>	2	3,216
<i>No charge</i>	60	34,438
Total victims³	252	58,822
<i>Victim with injury</i>	81	23,621
	32.1%*	40.2%*

Data are from 2023 *Denominator is total DVI victims

The following table presents the number of child abuse reports from June 2022 to June 2023. Note that this may not be accurate to the total counts of child abuse, which may be underreported.

Child Abuse⁴

	Belmont County Count	Ohio Count
Total child abuse reports	495	84,524
Neglect	41%	24%
Multiple Allegations	16%	20%
Family in Need of Services, Dependency, Other	16%	14%
Sexual Abuse	16%	8%
Physical Abuse	9%	31%
Emotional Maltreatment	2%	1%

Data are from 2022-2023; specific counts were unavailable, percent rounded to nearest whole number by source *Denominator is total child abuse reports

Substance Misuse

Substance use can have major negative impacts on physical health and mental and social health. This section reports patterns of substance misuse in Belmont County.

Tobacco and Nicotine Use

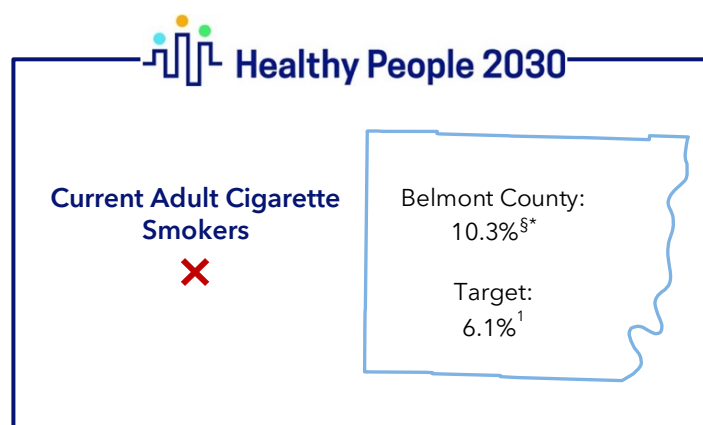
In Belmont County, 37.6% of adults reported smoking at least 100 cigarettes in their lives. Among them, 73.3% are former smokers – they currently do not smoke cigarettes at all.

Tobacco and Nicotine Use[§]

	Belmont County (average n=375)			
	Cigarettes	E-cigarettes	Chewing tobacco	Other Tobacco/Nicotine
Every day	8.5%	1.9%	9.0%	2.8%
Some days	1.7%	2.7%	1.9%	1.1%
Not at all	89.8%	95.4%	89.1%	96.2%



Differences by education: Smoking at least 100 cigarettes varies by education: 37.8% for those with a high school degree / GED or less education, 49.4% for those with some college or associate degree, and 19.8% for those with a bachelor's degree or more education.



[§]“Current Adult Cigarette Smokers” are those who have smoked at least 100 cigarettes in their lives and currently smoke every day or some days. The 10.3% listed above only includes those who answered both questions (100 cigarettes – lifetime and current smoking behavior).

Marijuana Use

Few residents (9%) reported using marijuana in the past month; among those who did, the average number of days used was 16.3. Most reported using marijuana for both medical and non-medical reasons (47%).

Marijuana Use in Past 30 days[§]

		Belmont County
		(n=391)
Frequency of use	Used marijuana at least once	9.0%
	Average number of days*	16.3
		(n=35)
Reason for use	Medical reasons	41.0%
	Non-medical reasons	12.5%
	Both medical and non-medical reasons	46.6%

*Among those who used marijuana at least once

Less than half of respondents (43%) know someone in their community who has an abuse or addiction problem with alcohol, marijuana, prescription pain medication, and/or illegal drugs.

Know Anyone With A Drug Abuse Or Addiction Problem[§]

	Belmont County (n=397)
Alcohol	34.2%
Marijuana	25.6%
Prescription pain medication	17.0%
Methamphetamines	10.4%
Heroin	9.4%
At least one of the above	42.7%



Differences by household: Those with children in the household are more likely than those without children in the household to know someone with an alcohol problem: 57.5% vs. 26.5%.

Differences by age: Knowing someone with a marijuana problem increases as age decreases: 9.1% for those age 65 or older, 24.3% for those 55-64, and 35.2% for those under age 55.

Alcohol Use and Abuse

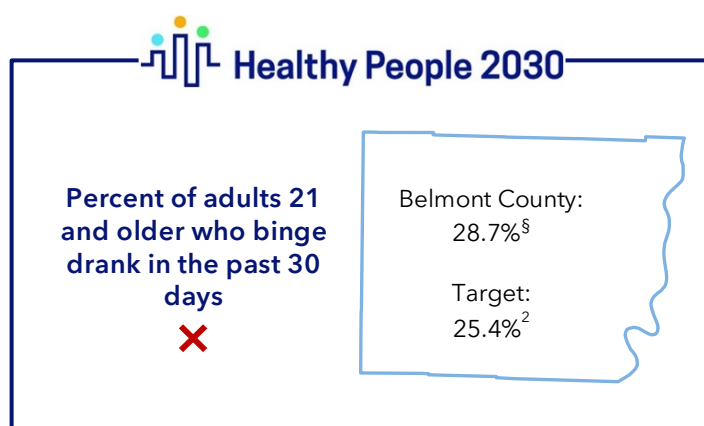
Over a quarter of Belmont County adults (29%) reported binge drinking (i.e., five or more drinks on one occasion for men, four or more drinks on one occasion for women) at least once in the past month. Among those who binge drank, the average number of days on which they reported binge drinking was 4.1 days.

Alcohol Use[§]

	Belmont County (n=380)
Binge drinkers	29.0%



Differences by gender: Males are more likely than females to binge drink in past month: 36.8% vs. 20.1%.



Substance Misuse Injury and Death

In 2023, 122 Naloxone administrations (including Narcan) were recorded by EMS in Belmont County. For Ohio in the same time period, 32,156 administrations were recorded.³

Belmont County has approximately the same rate of death from unintentional drug overdose overall compared to Ohio, but lower rates of fentanyl and opiate deaths. Note that these statistics do not indicate the overall prevalence of drug use or abuse among Belmont County residents; rather, it only measures the extent to which such use results in death.

Deaths From Unintentional Drug Overdose

	Belmont County		Ohio	
	Count	Rate*	Count	Rate*
Total ⁴	27	41.2	4,915	41.8
Fentanyl and Analogues ⁵	15	22.9	4,119	35.0
Opiates (all) ⁵	12	18.3	4,290	36.5
Prescription Opiates ⁵	12	18.3	4,280	36.4
Psychostimulants including methamphetamine ⁵	8	**	1,464	12.5
Cocaine ⁵	4	**	1,711	14.6
Alcohol (all types) ⁵	2	**	1034	8.8
Hallucinogens ⁵	2	**	149	1.3
Benzodiazepines ⁵	1	**	401	3.4
Heroin ⁵	0	**	91	0.8
Methadone ⁵	0	**	119	1.0
Barbiturates ⁵	0	**	20	0.2

Data are from 2022 *Crude rates per 100,000 population **Rates based on counts of less than ten are considered unreliable

Community Voices - Youth Substance Misuse

Community leaders are particularly concerned about the popularity of vaping among youth in Belmont County. Vaping is easily accessible, and its negative health effects are routinely underestimated.

"[Vaping] starts younger, in the middle school. And we've even had some kids in the elementary with vapes. People have this misnomer that it's not harmful. They think because it's not smokeless tobacco or cigarettes, that it's safer, but it's really not."

"Within juvenile court, it's a lot of marijuana use. We do have some meth, but it's mainly THC...A lot of them are using dab pens, THC pens, and not ingesting the actual plant."

"Unfortunately, we have a few gas stations that will sell [vapes] to underage kids. But typically, it's a parent."

"Probably the biggest thing we have there is this whole vaping thing, where I don't think that kids understand how unhealthy that is and the risk that it imposes on your body."

"The biggest issues would be vaping and things like Delta-8 and marijuana. They are able to access these products super easily. They don't realize the effects that it has on their

physical and mental health...Things like that and the new Zyn nicotine packets, everything in that category has a pretty significant effect on the youth in Belmont County."

"Even as young as 2nd, 3rd graders, they come toting in with their parents' vape pens."

"A lot of the gas stations and the vape shops in the area don't properly ID. Older siblings, older family members, older friends also are willing to purchase products for underage individuals, whether they buy them products as well, or they're paid to do it."

The next table shows the counts of motor vehicle crashes, including those involving alcohol and/or drugs. Since the motor vehicle deaths count is too low to compute a reliable rate, it is undetermined whether the *Healthy People 2030* target of 10.1/100,000⁶ is being met.

Motor Vehicle Activity

	Belmont County		Ohio	
	Count		Count	
Total alcohol or drug related crashes ⁷	76		11,310	
Total alcohol or drug related injuries ⁷	50		6,868	
	Count	Rate	Count	Rate
Motor vehicle deaths ⁸	3	**	1,257	N/A
Alcohol or drug related motor vehicle deaths ⁷	3	**	727	N/A
Alcohol related motor vehicle deaths ⁸	2	**	413	N/A
Motor vehicle operating a vehicle impaired (OVI) activity calls for service ^{9*}	1,092		60,788	

Data are from 2022-2023 *Includes calls for service: Reckless/OVI **Rates based on counts of less than ten are considered unreliable

Maternal and Child Health

This section reviews maternal and child health in Belmont County.

Key Findings

Maternal and Child Health	<p>The percentage of pre-term births in Belmont County is about the same as Ohio, and is close to meeting the <i>Healthy People 2030</i> target goal.</p> <p>Community leaders expressed concern about family life disruptions that result from parents’ inability to care for children, often due to substance misuse issues.</p>
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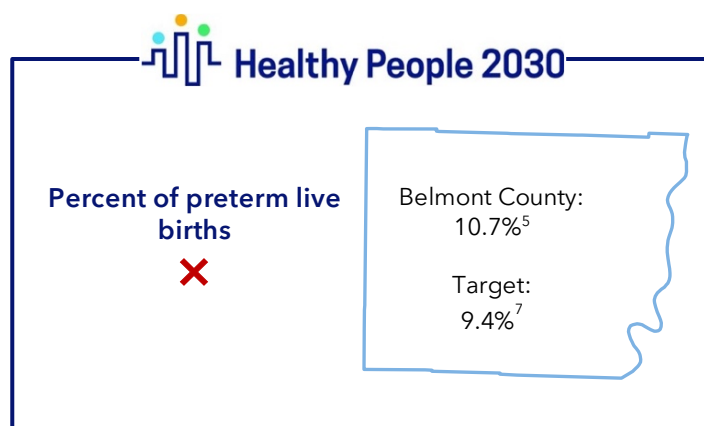
Maternal and Infant Health

The next table presents birth and infant health data. The count of total infant deaths is too low to compute a reliable rate, therefore it is undetermined whether the *Healthy People 2030* target of 5.0/1,000¹ is met.

Infant Health Indicators

		Belmont County Count		Ohio Count	
Total Births²		600		129,313	
		Count	Rate	Count	Rate
Infant Mortality Rate^{3*}	Total	3	**	864	6.7
		Count	Percent	Count	Percent
Low Birth Weight⁴	Low birth weight babies (1500g-2499g)	42	7.0%	9,163	7.1%
	Very low birth weight babies (<1500g)	9	1.5%	1,805	1.4%
Preterm Births⁵	Preterm births (<37 weeks)	64	10.7%	13,328	10.3%
Hospitalizations for Neonatal Abstinence Syndrome (NAS)^{6***} (2018-2022)		13	--	8,085	--

Data are from 2018-2022 *Rate per 1,000 live births **Rates based on counts <20 are considered unreliable ***Counts may not reflect unique individuals, as individuals may have been hospitalized multiple times for NAS.



According to the Ohio Department of Job and Family Services there are currently 15 licensed childcare centers in Belmont County. There are 4,146 in the state.⁸ The annual daycare cost for an infant in Belmont County is 27% of median household income.⁹

Community Voices - Family Life Disruptions

Community leaders expressed concern about family life disruptions that result from parents' inability to care for children, often due to substance misuse issues. This can be burdensome for extended family who take on the role of primary caregiver, and potentially negatively affect the children involved.

"With our substance abuse issue we have in the county, there are more grandparents trying to raise young kids. These grandparents are 60-70 years old, and they're raising a baby, infant, small child. That can be difficult for some people."

"The opioid kind of crisis and addiction this region has faced over the last several years. A lot of kids, their parents OD'ed or they're in prison or whatever it may be. So they're living with an older grandparent or an older aunt and uncle or someone like that. And then there's a real generational gap from someone that is potentially in their seventies and eighties now raising a 13 or 14 year old. How that person was raised versus today's day and age, a lot different. I think there's some issues that stem from that as well."

"I had somebody who was in care with a great grandparent, and when people are older, they're very tired, and they do things the same way. They raise their own children, and sometimes that's the generational cycle there with that."

"Definitely seeing an influx in that, unfortunately, in this area, and I do attribute most of that to probably substance abuse issues that we're seeing on our end of things. Might not be the reason clear across the board, but it's something that we're definitely seeing here in Belmont County is grandparents raising their grandchildren now."

"The opiate epidemic in this area. These kids are trying to figure out how to deal with adult issues at a young age because their family members or loved ones are suffering in that capacity. So we see a lot of young kids that are displaced. Maybe they're living with grandma, great grandma, aunt, great aunt because of those situations. That is a big concern of mine. There seems to be an uptick in behavioral concerns that we have in our area."

Death and Illness

This section presents the leading causes of death and illness for residents of Belmont County.

Key Findings

General Health	<p>A majority of Belmont County respondents reported that in general their health is “good,” or “very good.”</p> <p>Around half of respondents reported having at least one poor physical health day in the past month.</p>
Illness and Mortality	<p>Heart disease is the leading cause of death in Belmont County, followed by cancer. Lung cancer has the highest cancer mortality rate in the county.</p> <p>The most common chronic health conditions reported by respondents were high blood pressure, high blood cholesterol, and arthritis.</p>

General Health

A majority of Belmont County adult respondents report that in general their health is good or very good (76%).

Perceptions of Health Status[§]

	Belmont County (n=396)
Excellent	9.4%
Very good	35.9%
Good	40.5%
Fair	11.4%
Poor	2.7%



Differences by income: Those with an annual household income of \$100,000 or more are more likely than those with an annual household income of less than \$100,000 to report having very good or excellent health: 62.6% vs. 40.2%.

Differences by age: Having very good or excellent health increases as age decreases: 30.1% for those 65 or older, 45.2% for those 55-64, and 52.6% for those under age 55.

Around half (51%) of Belmont County respondents reported having at least one poor physical health day in the past 30 days; overall, the average number of days reported was 5.1.

Poor Physical Health Days in the Past 30 Days[§]

	Belmont County (n=368)
Percent who had poor physical health days	51.4%
Average number of poor physical health days	5.1



Differences by gender: Males are more likely than females to have poor physical health days: 6.7 vs. 3.3.

Differences by education: Those with some college or associate degree or less education are more likely than those with a bachelor's degree or more education to have poor physical health days: 5.8 vs. 2.7.

Differences by income: Those with an annual household income of less than \$100,000 are more likely than those with an annual household income of \$100,000 or more to have poor physical health days: 5.9 vs. 1.6.

One third (33%) of survey respondents in Belmont County indicated that, in the past month, they had at least one poor physical health day that affected their usual activities. The average number of days this occurred in the past month was 8.8.

Days Poor Physical Health Affected Activities in the Past 30 Days[§]

	Belmont County
Percent who had poor physical health days that affected activities	(n=389) 33.0%
Average number of poor physical health days that affected activities*	(n=129) 8.8

*Among those who had a least one poor physical health day that affected activities

The *Healthy People 2030* target of 0.4/100,000¹ for Hepatitis A is not being met. The counts of acute Hepatitis B and acute Hepatitis C are both zero, which meet the *Healthy People 2030* targets of 0.1/100,000², and 0.1/100,000³ (respectively).

Infectious Disease Incidence

	Belmont County		Ohio	
	Count	Rate*	Count	Rate*
AIDS/HIV (persons living with a diagnosis of HIV infection) ⁴	57	87.0	25,419	216.2
<i>Diagnosed with HIV in 2022</i> ⁴	4	**	866	7.4
Hepatitis A (Acute) ⁵	7	10.4	1,624	13.9
Hepatitis B (Acute) ⁶	0	0.0	74	0.6
Hepatitis B (Total) ⁶	0	0.0	1,901	16.1
Hepatitis C (Acute) ⁷	0	0.0	113	1.0
Hepatitis C (Total) ⁷	45	68.3	10,795	91.6
Chlamydia ⁸	133	202.0	54,509	462.7
Gonorrhea ⁹	25	38.0	22,987	195.1

Data are from 2019, 2022 *Rate per 100,000 population. **Rates based on counts of less than 5 are unreliable.

Mortality

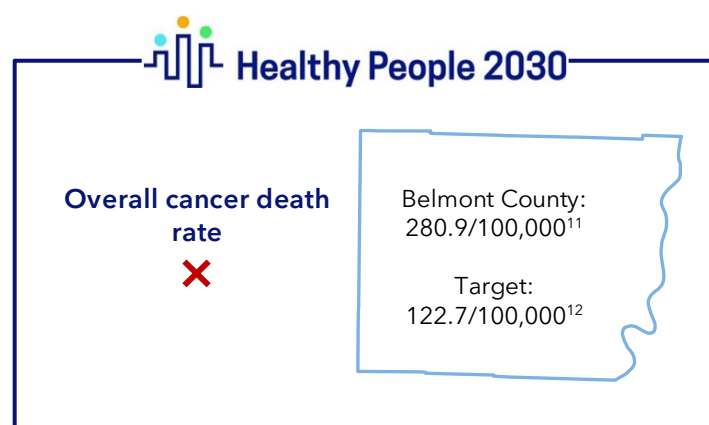
Heart disease is the leading cause of death in Belmont County, followed by cancer. The rates of these causes of death for the state of Ohio are included for comparison in the next table, though the actual order of leading causes of death differs somewhat for the state overall.

Mortality - Leading Causes¹⁰

	Belmont County		Ohio	
	Count	Rate*	Count	Rate*
Total	953	1454.8	141,620	1204.7
Diseases of heart (I00-I09,I11,I13,I20-I51)	227	346.5	30,714	261.3
Malignant neoplasms (C00-C97)	184	280.9	25,186	214.2
COVID-19 (U071)	68	103.8	9,575	81.4
Chronic lower respiratory diseases (J40-J47)	55	84.0	6,900	58.7
Accidents (UNINTENTIONAL INJURIES) (V01-X59,Y85-Y86)	50	76.3	10,072	85.7
Diabetes mellitus (E10-E14)	42	64.1	4,333	36.9
Cerebrovascular diseases (I60-I69)	31	47.3	7,382	62.8
Alzheimer's disease (G30)	27	41.2	5,030	42.8
Influenza and pneumonia (J09-J18)	23	35.1	1,954	16.6
Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	17	**	2,616	22.3

Data are from 2022 *Crude rate per 100,000 population **Rates based on counts < 20 are considered unreliable

Belmont County does not meet the *Healthy People 2030* target for overall cancer death rate.



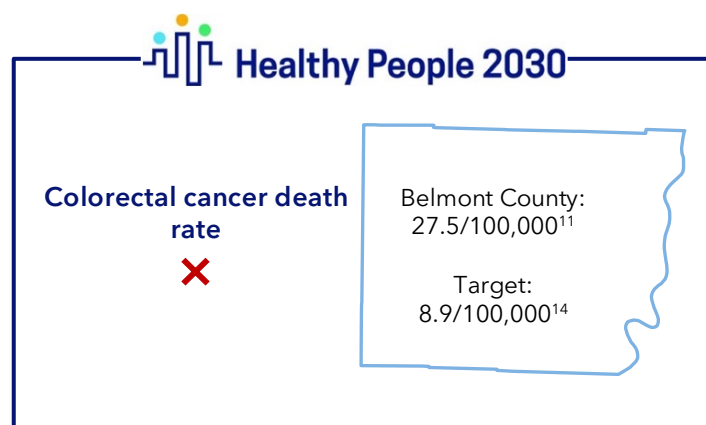
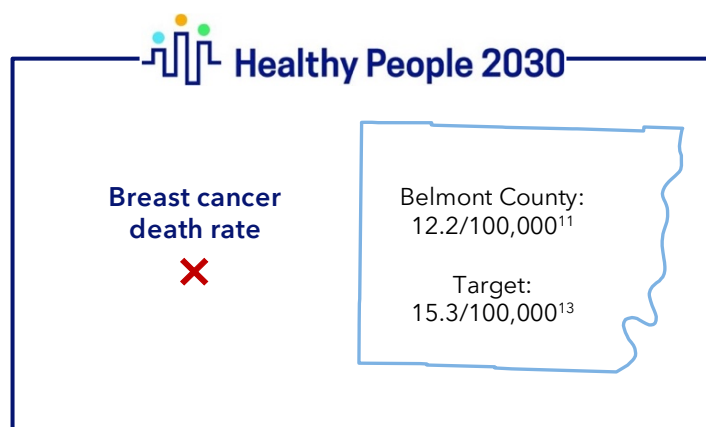
Lung and bronchus cancers have the highest mortality rate in Belmont County. The death rate of breast cancer does meet the *Healthy People 2030* target of 15.3/100,000¹³; the death

rate of colorectal cancer does not meet the target of 8.9/100,000.¹⁴

Cancer Mortality Rates - Top Cancers in Belmont County¹¹

	Belmont County		Ohio	
	Count	Rate*	Count	Rate*
Total Cancer Mortality	184	280.9	25,186	214.2
Lung and Bronchus	47	71.7	6,198	52.7
Other Sites/Types	19	29.0**	3,382	28.8
Colon & Rectum	18	27.5**	2,095	17.8
Leukemia	13	19.8**	990	8.4
Pancreas	12	18.3**	1,961	16.7

Data are from 2022 *Crude rate per 100,000 population **Rates based on counts < 20 are considered unreliable.



Chronic Health Conditions

Turning to chronic health conditions, 42% of Belmont County respondents have at some point been told by a health professional that they have high blood pressure, and 30% have been diagnosed with high blood cholesterol.

Diagnoses of Chronic Health Conditions^{S*}

	Belmont County (n=397)
High blood pressure	41.8%
High blood cholesterol	30.0%
Arthritis	25.2%
Asthma	12.6%
Diabetes	13.5%
Cancer	11.7%
COPD	4.2%
Coronary heart disease	8.7%
A heart attack	3.6%
None of these	32.4%

*Percentages may sum to higher than 100%; multiple responses were accepted



Differences by age: Being diagnosed with arthritis increases as age increases: 6.6% for those under age 35, 12.9% for those 35-44, 23.8% for those 45-54, 28.4% for those 55-64, and 46.6% for those age 65 or older.

Those 65 or older are more likely than those under age 65 to have a coronary heart disease diagnosis: 18.3% vs. 5.3%.

Being diagnosed with diabetes increases as age increases: 2.0% for those under age 35, 12.4% for those 35-64, and 25.7% for those age 65 or older.

Those 55 or older are more likely than those under age 55 to have a high blood pressure diagnosis: 62.1% vs. 26.2%.

Being diagnosed with high blood cholesterol increases as age increases: 4.8% for those under age 35, 24.2% for those 35-44, 31.6% for those 45-54, 39.8% for those 55-64, and 48.2% for those age 65 or older.

Those 65 or older are more likely than those under age 65 to have a cancer diagnosis: 23.0% vs. 7.0%.

Differences by income: Those with an annual household income of less than \$50,000 are more likely than those with an annual household income of \$50,000 or more to have a coronary heart disease diagnosis: 15.4% vs. 4.5%.

Being diagnosed with diabetes increases as household income decreases: 6.2% for those with income of \$75,000 or more, 16.7% for those with income between \$50,000 and \$74,999, and 20.3% for those with income of less than \$50,000.

Differences by gender: Males are more likely than females to have a diabetes diagnosis: 17.5% vs. 9.4%.

Community Voices - Underutilization of Available Resources

Community leaders discussed how some residents don't take full advantage of available resources that could help them lead healthier lives. Some reasons include lack of awareness/understanding, transportation issues, and personal beliefs.

"We have a lot more students that would qualify to receive free and reduced lunch. But as they get older, the families do not fill out the application for it. I don't know whether it's because it's a stigma or apathy."

"A lot of the times, the kids aren't the biggest problem. It's the parents that won't take them to appointments and follow ups and stuff. So they come back in [juvenile detention], we'll get them reestablished with a provider, and it's just kind of a vicious cycle."

"It bothers me, but you see it all the time, 'So and so has a cell phone, but the government has to pay for their groceries,' that kind of thing. You hear that a lot, and you hear a lot about people abusing the system and welfare being shameful. So while the people who need it are accessing it, they're also probably dealing with some stigma from it."

"A lot of people see [children services] as an agency that takes kids away and breaks up a family. But there's other factors for children services. They could provide things to get inside the home, food vouchers, clothing vouchers. If we educate the county about the different services of what we can do and what we offer that can be beneficial to people, it would kind of lose that kind of resistance to receiving help from social services agencies and the government."

"There's a lot of pride, so a lot of folks would view any type of assistance as kind of being a handout. And there's still a kind of a stigma involved with that I think a lot of people would kind of take issue with."

"The older generation, the culture is, 'We take care of our own needs. I don't want any handouts.' ...Some people know the system very well and will take advantage of whatever they can."

"Our lower income families, a lot of it is that they're not educated enough to know what sources are available."

"If were to hire a pediatrician, put them here in Barnesville, I don't think they would be busy enough, because the population is, 'We just take our child to the family doctor, the doctor I went to since I was a kid.' So there's a cultural barrier there...That specialized care, kids who may have some congenital heart defects or something they were born with. They're kids, so they're relying on their parents to take them to the specialist, and that parent may or may not be able to, whether it be transportation or finances, or whatever."

"[Seniors] lack knowledge of the available resources. We do a good job in Belmont County of sharing information as it comes to who to call. If they see a commercial on tv about Medicare or life insurance policy, they'll call it, but we don't do that for local things, so I think it's mostly not knowing where to go for the resource."

"It's not just geography, but it's also a territorial thing with the older generation. If they live in Barnesville, they want to have all their treatment in Barnesville...It's very segmented. There are large gaps between the bigger communities in the county, and bigger communities in Belmont County aren't that big in comparison to the rest of the state. But it's also this pride and territorial thing, too, that is a barrier to some folks."

"We offer some services here in Barnesville...And patients won't even drive to Barnesville...They don't cross the river for the most part. It's that culture of, 'I'm going to stay here.'... I think some of it's geographic isolation, but I think most of it is just the culture."

"The Barnesville area is going to be extremely different than the St. Clairsville area, which is going to be really different than the Bellaire area. Sometimes people are prone to sticking to their own little community. What they know and what they're comfortable with when just 20 minutes up the road, another direction is a service that they could access, but they might not be willing to kind of cross those lines to go into a community that they're less familiar with."

"I think with county, unfortunately, we do a poor job of advertising and getting the word out there. If you don't know anybody that has those services, a lot of the times people don't know. Or if you don't have someone that's inside your house, like through a case manager or something like that, they're unaware of the assistance that they can get."

"Whether people know about those or not, I don't know, but there's lots of opportunities for people to access healthy foods."

"So we spent \$10,000 on a brand new website communication system with the city where everything is right there for them to see...95% of the people that you speak with do have the Internet at least...So it's there, and they just have to do their part a little bit, too. They have to find the information as well. There's a lot of lazy that goes around...We have a messaging system with it where we're trying to build our membership. Anybody that signs up for anything that we do now, we can automatically send them blast emails, text messages...But it's on them to do a little bit of the work as well to get that information."

Summary

The *Belmont County 2024 Community Health Assessment* provides a comprehensive overview of the community's health status, illuminating areas of strength as well as areas in which there could be improvement.

Consistent with Public Health Accreditation Board requirements, the Belmont County Health Department will use this report to inform the development and implementation of strategies to address these findings. It is intended that a wide range of stakeholders will also use this report for their own planning efforts.

Subsequent planning documents and reports will be shared with community stakeholders and with the public. A preliminary list of community assets and resources that could possibly be mobilized and leveraged to address the priority health issues identified by this process can be found in Appendix F. The Community Health Improvement Plan will also include a list of community assets and resources pertaining to each priority health need that was identified.

Users of the *Belmont County 2024 Community Health Assessment* are encouraged to send feedback and comments that can help improve the usefulness of this information when future editions are developed. Questions and comments about the *Belmont County 2024 Community Health Assessment* may be directed to:

Robert Sproul, REHS, Belmont County Health Department, Deputy Health Commissioner
740-695-1202 | rsproul@belmontcountyhealth.com

Karen Hines, PhD, Illuminology, Senior Researcher
614-447-3176 | karen@illuminoLOGY.net

Belmont County's 2024 Community Health Assessment Kickoff Debrief

On March 29, 2024, a group of nine Belmont County community members representing a diverse array of public health, health system, and social service entities participated in a robust discussion about the upcoming community health assessment (CHA) effort.

After receiving a brief orientation to the plan for this CHA effort, the community members split up into two groups. The groups discussed several questions across three rounds, and some members switched groups between each round such that the groups were different for each round:

Discussion Questions:

Round 1: What does a healthy Belmont County look like to you?

Round 2: Given your vision for a healthy Belmont County, what do you think are the biggest barriers or issues that are keeping the county from getting there?

Round 3: Overall, what do you believe are the three most important issues that should be considered in our upcoming community health assessment and planning work?

After finishing the small group conversations, the community members shared their groups' perceptions of the most important issues to be considered in the CHA process to the large group. The following were considered the most important issues to be considered:

- Improve accessibility to services
 - Transportation
 - Awareness / education
- Legislative action - resolve issues with transferring patients across state lines
- Education - counter stigma, make residents feel like it's ok to accept help
- Reduce seclusion and increase the sense of community

Following the meeting, the Belmont County Health Department distributed a survey with the same three questions to community stakeholders who weren't able to attend the meeting, which received eleven responses. Aligning with the discussion during the meeting, some of the key issues mentioned including improving access to health care (both physical and mental health) and providing more transportation options. Other primary responses included improving access to healthy, affordable food and opportunities for physical activity.

Appendix B: Belmont County Adult Survey Questionnaire

The following pages show the Belmont County CHA Adult Survey Questionnaire.

BELMONT COUNTY HEALTH SURVEY

This survey should be completed by the adult (age 18+) at this address who MOST RECENTLY had a birthday. All responses will remain confidential; please answer honestly.

ABOUT YOUR COMMUNITY

1. In your opinion, what is the most important **health issue** affecting the people who live in Belmont County? [Please write your answer below]

ABOUT YOUR OVERALL HEALTH

These questions ask about your physical and mental health.

2. Would you say that in general your health is... [Circle one answer]

Excellent	Very good	Good	Fair	Poor
-----------	-----------	------	------	------

3. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your **physical health not good**? [Write a number] ____

4. And during the past 30 days, for about how many days did **poor physical health** keep you from doing your usual activities, such as self-care, work, or recreation? [Write a number] ____

5. Thinking about your mental health, which includes stress, depression, and problems with emotions, for about how many days during the past 30 days was your **mental health not good**? [Write a number] ____

6. And during the past 30 days, for about how many days did **poor mental health** keep you from doing your usual activities, such as self-care, work, or recreation? [Write a number] ____

7. How often do you get the social and emotional support you need? [Circle one answer]

Always	Usually	Sometimes	Rarely	Never
--------	---------	-----------	--------	-------

8. During the past 12 months, did you ever seriously consider attempting suicide? [Circle one answer]

Yes	No
-----	----

9. Has a doctor, nurse, or other health professional EVER told you that you had... [Fill in the circles that apply]

- | | |
|--|--|
| <input type="radio"/> Asthma | <input type="radio"/> High blood pressure |
| <input type="radio"/> Arthritis | <input type="radio"/> High blood cholesterol |
| <input type="radio"/> COPD | <input type="radio"/> An anxiety disorder |
| <input type="radio"/> Coronary heart disease | <input type="radio"/> A depressive disorder |
| <input type="radio"/> A heart attack | <input type="radio"/> Cancer |
| <input type="radio"/> Diabetes | <input type="radio"/> None of these |

If you are concerned about mental health, substance use, or other concerns for yourself or someone close to you, please call 988 to reach a Crisis Hotline and Information Center.

{PLEASE COMPLETE THE NEXT PAGE}

HEALTH CARE ACCESS

These questions ask about your access to health care and services.

10. During the past 12 months, have you delayed getting needed physical health care for any of the following reasons? [Fill in the circles that apply]

- | | |
|--|---|
| <input type="radio"/> Did not delay getting needed care | <input type="radio"/> Could not schedule an appointment soon enough |
| <input type="radio"/> Did not have insurance | <input type="radio"/> Could not access telehealth care |
| <input type="radio"/> Could not afford the co-pay | <input type="radio"/> To avoid exposure to COVID-19 |
| <input type="radio"/> Did not have transportation | <input type="radio"/> To avoid spreading COVID-19 |
| <input type="radio"/> Were unable to schedule an appointment | <input type="radio"/> Other [Please specify]: |

11. During the past 12 months, have you delayed getting needed mental health care or services for any of the following reasons? [Fill in the circles that apply]

- | | |
|---|---|
| <input type="radio"/> Did not delay getting needed care | <input type="radio"/> Difficulty finding a provider with availability |
| <input type="radio"/> Unsure what services were available | <input type="radio"/> To avoid exposure to COVID-19 |
| <input type="radio"/> Could not afford the care | <input type="radio"/> To avoid spreading COVID-19 |
| <input type="radio"/> Uncomfortable admitting a mental health issue | <input type="radio"/> Other [Please specify]: |

12. In the past 12 months, did you not fill necessary prescriptions for any of the following reasons?

[Fill in the circles that apply]

- | | |
|--|---|
| <input type="radio"/> You didn't have insurance | <input type="radio"/> No/Not applicable |
| <input type="radio"/> You couldn't afford the co-pay | <input type="radio"/> Other [Please specify]: |
| <input type="radio"/> You didn't have transportation | |

13. About how long has it been since you last visited a **doctor** for a routine checkup (i.e., "well visit")?

[Circle one answer]

Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 5 years (at least 2 years but less than 5 years ago)	5 or more years ago
---	--	---	------------------------

14. About how long has it been since you last visited a **dentist or dental clinic** for any reason?

[Circle one answer]

Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 5 years (at least 2 years but less than 5 years ago)	5 or more years ago
---	--	---	------------------------

15. In the past 12 months, did you travel outside of Belmont County in order to receive needed medical care? [Circle one answer]

Yes	No [Go to Page 3]
-----	----------------------

16. What kind of medical care did you receive outside of Belmont County? [Please write your answer below]

WOMEN'S HEALTH AND CHECKUPS

These questions ask about different kinds of health care women may have received recently. If you are male, please go to the next section of the survey ("Health Behaviors and Lifestyle").

17. A mammogram is an x-ray of each breast to look for breast cancer. How long has it been since you had your last mammogram? [Circle one answer]

Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 3 years (at least 2 years but less than 3 years ago)	Within the past 5 years (at least 3 years but less than 5 years ago)	5 or more years ago	Never
---	--	---	---	---------------------	-------

18. A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test? [Circle one answer]

Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 3 years (at least 2 years but less than 3 years ago)	Within the past 5 years (at least 3 years but less than 5 years ago)	5 or more years ago	Never
---	--	---	---	---------------------	-------

HEALTH BEHAVIORS AND LIFESTYLE

The next questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from when you woke up until when you went to bed. Be sure to include food you ate or drank at home, at work, at restaurants, or anywhere else.

19. During the past 7 days, how many times did you...

- ...drink 100% fruit juice** such as orange juice, apple juice, or grape juice?
(Do not count punch, sports drinks, or fruit-flavored drinks.) [Write a number] ____
- ...eat fruit?** (Count fresh, frozen, or canned fruit; don't count fruit juice.) [Write a number] ____
- ...eat vegetables?** (Include green salads.) [Write a number] ____
- ...drink a can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.) [Write a number] ____
- ...drink a can, bottle, or glass of a sports drink** such as Gatorade or Powerade?
(Do not count low-calorie sports drinks such as Propel or G2.) [Write a number] ____
- ...get food from a fast food restaurant?** (A fast food restaurant is one where you usually order from a menu board at a counter or at a drive-thru.) [Write a number] ____

20. How difficult is it for you to get fresh fruits and vegetables? [Circle one answer]

Not difficult at all	Slightly difficult	Moderately difficult	Very difficult	Extremely difficult
----------------------	--------------------	----------------------	----------------	---------------------

The next questions ask about physical activity and other health behaviors and issues.

21. During the past 7 days, how many days did you engage in some type of exercise or physical activity for at least 30 minutes? [Write a number] ____

{PLEASE COMPLETE THE NEXT PAGE}

22. During the past 7 days, on how many days did you do exercises to **strengthen or tone your muscles**, such as push-ups, sit-ups, or weight lifting? [Write a number] ____

23. On average, how many hours per day do you spend **watching television**? [Write a number] ____

24. On average, how many hours per day do you spend **on the Internet**? This includes browsing the web on a desktop, laptop, or cell phone, using apps on a cell phone, checking email, social media usage, etc. [Write a number] ____

25. On an average night, how many hours of sleep do you get? [Write a number] ____

26. Have you smoked at least 100 cigarettes in your life? [Circle one answer]

Yes	No
-----	----

27. How often do you...

a. Smoke cigarettes?	Every day	Some days	Not at all
b. Use e-cigarettes (e.g., Juul)?	Every day	Some days	Not at all
c. Use chewing tobacco, snuff, or snus?	Every day	Some days	Not at all
d. Use other tobacco/nicotine product(s)?	Every day	Some days	Not at all

28. One drink is equal to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. Considering all types of alcoholic beverages, how many times during the past 30 days did you have (*if male, 5 drinks or more | if female, 4 drinks or more*) on an occasion? [Write a number] ____

29. Do you personally know **anyone in Belmont County** who has a drug abuse or addiction problem with...

[For each question, circle one answer]

a. Heroin?	Yes	No
b. Methamphetamines?	Yes	No
c. Alcohol?	Yes	No
d. Prescription pain medicine?	Yes	No
e. Marijuana?	Yes	No

30. During the past 30 days, on how many days did you use marijuana or cannabis? [Write a number] ____
[If you wrote zero (0), go to Question 32]

31. When you used marijuana or cannabis during the past 30 days, was it usually...? [Circle one answer]

For medical reasons (to treat symptoms of a health condition)	For non-medical reasons (to have fun or fit in)	For both medical and non-medical reasons
--	--	--

OTHER HEALTH TOPICS

32. Would you or a family member like to receive help or information for any of the following issues?
[Fill in the circles that apply]

- | | |
|--|---|
| <input type="radio"/> Depression, anxiety, or mental health | <input type="radio"/> Childcare assistance |
| <input type="radio"/> Tobacco cessation | <input type="radio"/> Transportation |
| <input type="radio"/> Weight problem | <input type="radio"/> Affordable housing |
| <input type="radio"/> Elderly care assistance (in- or out-of-home) | <input type="radio"/> Job training or employment help |
| <input type="radio"/> End-of-life or hospice care | <input type="radio"/> Social media usage |
| <input type="radio"/> Marital or family problems | <input type="radio"/> None [GO TO Q34] |
| <input type="radio"/> Food assistance | <input type="radio"/> Other [Please specify]: |

33. What are the barriers to getting the help or information you or a family member would like? [Fill in the circles that apply]

- | | |
|--|--|
| <input type="radio"/> No barriers | <input type="radio"/> Time or effort to find/access services |
| <input type="radio"/> Don't know of any services in my community | <input type="radio"/> Not eligible for services |
| | <input type="radio"/> Other [Please specify]: |

34. How do you prefer to receive information about community services? [Fill in the circles that apply]

- | | |
|--|---|
| <input type="radio"/> Printed guide | <input type="radio"/> Email newsletter |
| <input type="radio"/> Website | <input type="radio"/> Family and friends |
| <input type="radio"/> Social media [Please specify]: | <input type="radio"/> Other [Please specify]: |

35. What types of outdoor spaces would you like to have more of for physical activity and/or leisure activities in the area where you live? [Fill in the circles that apply]

- | | |
|-------------------------------------|--|
| <input type="radio"/> Playgrounds | <input type="radio"/> Sports fields/courts [specify type]: |
| <input type="radio"/> Bike paths | <input type="radio"/> None |
| <input type="radio"/> Walking paths | <input type="radio"/> Other [please specify]: |
| <input type="radio"/> Parks | |

36. In terms of recommendations made to improve health in general, how much do you trust the recommendations of each of the following groups?

a. Belmont County Health Department	A great deal	Somewhat	Not at all
b. The Ohio Department of Health	A great deal	Somewhat	Not at all
c. The CDC	A great deal	Somewhat	Not at all

37. What issues do you or those in your family face with transportation or getting where you need to go? [Fill in the circles that apply]

- | | |
|--|--|
| <input type="radio"/> Don't have transportation issues [GO TO Q39] | <input type="radio"/> Don't have a vehicle |
| <input type="radio"/> Financial issues (can't afford gas, vehicle repairs, etc.) | <input type="radio"/> Sharing a vehicle |
| <input type="radio"/> Don't have a valid driver's license | <input type="radio"/> Lack of access to public transportation (schedule, distance, etc.) |
| | <input type="radio"/> Other [please specify]: |

38. How often do transportation issues impact your day-to-day functioning (i.e., ability to get to appointments or work, take children to school, get groceries, etc.)?

Every day	A few times a week	A few times a month	A few times a year
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39. People who are homeless don't have a regular and adequate place to live and sleep. Instead, people who are homeless might live at a friend or family member's home, in a car, in a motel or hotel, outside, in a homeless shelter, or some other place. Do you personally know anyone in Belmont County who was homeless in the past year? [Circle one answer]

Yes	No
-----	----

40. What percent of your household income goes to your housing (not including utility payments)?

[Circle one answer]

Less than 30%	30%-50%	Higher than 50%	Don't know
---------------	---------	-----------------	------------

{PLEASE COMPLETE THE NEXT PAGE}

41. What types of help or services from local organizations would be most helpful to you? [Please write your answer]

OTHER QUESTIONS

These questions are for statistical purposes only. All responses will remain confidential.

42. What is your age? [Write a number] ____

43. How much do you weigh without shoes? [Write a number] ____ pounds

44. How tall are you without shoes? [Write two numbers] ____ feet / ____ inches

45. Which of the following best describes your gender? [Circle one answer]

Male	Female	Transgender	Non-binary	I prefer not to classify myself
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46. Including yourself, how many people live in your household? [Write a number] ____

47. And how many of these people are under age 18? [Write a number] ____

48. What is the highest level of education you have completed? [Circle one answer]

Less than 12 th grade (no diploma)	High school degree/GED	Some college (no degree)	Associate's degree	Bachelor's degree	Graduate or professional degree
---	---------------------------	--------------------------------	-----------------------	----------------------	---------------------------------------

49. Which of the following categories includes the total income of everyone living in your home in 2023, before taxes? [Circle one answer]

Less than \$25,000	Between \$25,000 and \$49,999	Between \$50,000 and \$74,999	Between \$75,000 and \$99,999	\$100,000 or more
-----------------------	----------------------------------	----------------------------------	----------------------------------	----------------------

{YOU ARE FINISHED! PLEASE USE THE ENVELOPE PROVIDED TO RETURN THIS SURVEY.}

THANK YOU!

Appendix C: Belmont County Community Stakeholder Interview Guide

The next pages show the Belmont County Community Stakeholder Interview Guide.

Belmont County Community Health Assessment Community Stakeholder Interview Guide

INTRODUCTIONS, GUIDELINES, PERMISSIONS

- Greetings!
 - Explain purpose of conversation: Belmont County is starting its Community Health Assessment and Planning process, which has the ambitious goal of improving the health and wellness of residents. As part of this process, my research firm - Illuminology - will interview community leaders and survey residents about a variety of health issues and topics. Today, I'm excited to talk with you and hear your perspectives on health in Belmont County!
 - Obtain recording permissions.
 - To start, can you please tell me a little bit about your role and your organization?
 - (NOTE: This guide presents a conversational roadmap, not a script to be followed word for word. The moderator will ask questions as applicable, taking into account the amount of time remaining.)
 - (NOTE: When the interviewee's role in the community makes them well-suited to speaking about specific populations of interest (e.g., low-income families, youth, individuals with disabilities, non-English speaking populations, older adults), broad questions about the community's health can be shifted to focus on a specific population of interest.)
-

MOST IMPORTANT HEALTH ISSUES

1. What do you think are the most important health issues facing those who live in Belmont County?
 - a. Why?
 - b. What other health issues face those who live in Belmont County? [PROBE DEEPLY]

OVERALL PHYSICAL HEALTH

2. What **physical health issues** are present in the community [that we haven't already discussed]?

MENTAL HEALTH AND ADDICTION

3. What **mental health issues** are present in the community [that we haven't already discussed]? [PROBE TO UNDERSTAND ROLE OF DEPRESSION, ANXIETY, TRAUMA, STRESSORS, LONELINESS; UNDERSTAND TYPES OF PEOPLE AFFECTED]
4. What **addiction issues** are present in the community [that we haven't already discussed]? [PROBE TO UNDERSTAND ROLE OF ALCOHOL, CANNABIS, HEROIN, FENTANYL, METHAMPHETAMINES, COCAINE, HALLUCINOGENS, PRESCRIPTION PAIN MEDICATIONS, GAMBLING, SOCIAL MEDIA; UNDERSTAND TYPES OF PEOPLE AFFECTED] [ADDITIONAL PROBES - AS NEEDED/AS ARE RELEVANT]
 - a. Stigma associated with mental health and or addiction
 - b. Access to mental health/addiction services
 - c. Staffing issues for mental health/addiction services; burnout

HEALTH CARE ACCESS AND SERVICES

5. What **health care access issues** are present in the community [that we haven't already discussed]? [PROBES - AS NEEDED/AS ARE RELEVANT]
 - a. Causes for residents delaying or not seeking health care
 - b. Gaps in services
 - c. Staffing issues exist for health organizations
 - d. Care coordination issues/improvement
 - e. Issues with bordering West Virginia
 - f. Gaps in communication about services
 - g. Ideas for motivating residents to use services

POVERTY/TRANSPORTATION/HOUSING/ENVIRONMENTAL HEALTH

6. Do you see residents not having the means to meet their basic needs as an issue in the community, or not so much? Tell me more.
7. Do you see lack of affordable housing as an issue in the community, or not so much? Tell me more.
8. What barriers to transportation exist in the community? (generally and for health care and social services)
9. What are the most serious environmental health issues present in the community? (Probe on air, water, trash, plumbing if necessary)
10. I've heard that there are challenges that stem from the county being very segmented in terms of geography. Do you see that as an issue? What sorts of problems are caused by that?
11. Do you see Belmont County residents not being willing to accept help from the government or social service organizations as an issue, or not so much? Tell me more.

VULNERABLE POPULATIONS

12. Based on what you've seen or heard, what population groups in Belmont County may require specific assistance to be healthier? [Use examples to the extent helpful: Older adults, children, parents of non-adult children, those with difficulty accessing affordable housing, those with disabilities, non-English speaking or ESL individuals]
13. [IF NOT ALREADY DISCUSSED] Based on what you've seen or heard, what are the biggest issues facing youth in Belmont County?
 - a. Do you feel that there are options for high-quality physical health care for youth in Belmont County, or not so much? Tell me more.
 - b. Do you feel that there are options for high-quality mental health care for youth in Belmont County, or not so much? Tell me more.

SUMMARY/IMPROVEMENT/CLOSURE

14. (Briefly summarize key issues discussed.) What ideas do you have for specific actions that leaders in Belmont County could do that would improve the health of the community, or reduce the impact of some of these issues?
 - a. Can you think of any policy or systems changes, at the County level, that could help to improve the health of the community?
15. Given everything we've discussed today, what else do you think I should know?

IF TIME ALLOWS:

HEALTH EDUCATION

16. Based on what you've seen or heard, how well informed are residents about how to be healthy - physically, mentally, socially?
 - a. Where do you think residents get their information about health and wellness?
17. What issues with health knowledge or communication are present in the community? Tell me more about that.

NUTRITION AND PHYSICAL ACTIVITY

18. Based on what you've seen or heard, what nutritional issues are present in the community?
 - a. From your perspective, what factors keep some people in the community from eating adequate amounts of fruit and vegetables?
 - b. What nutritional issues do you see with children, specifically?
19. Based on what you've seen or heard, what issues with physical activity are present in the community?

Appendix D: Community Poll

The next pages show the results of the Community Poll.

BELMONT COUNTY HEALTH SURVEY

n=36

1. Are you a resident of Belmont County, or are you not a resident of Belmont County?

I am a resident (100%)	I am not a resident [TERMINATE]
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ABOUT YOUR COMMUNITY

2. In your opinion, what is the most important **health issue** affecting the people who live in Belmont County? [Please write your answer below]

The most common responses included access to affordable physical and/or mental health care, substance misuse, obesity, and chronic illnesses.

ABOUT YOUR OVERALL HEALTH

These questions ask about your physical and mental health.

3. Would you say that in general your health is... [Circle one answer]

Excellent (8.3%)	Very good (25.0%)	Good (47.2%)	Fair (16.7%)	Poor (2.8%)
---------------------	----------------------	-----------------	-----------------	----------------

4. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your **physical health not good**? **Average=2.8 days**

5. Thinking about your mental health, which includes stress, depression, and problems with emotions, for about how many days during the past 30 days was your **mental health not good**? **Average = 7.2 days**

6. How often do you get the social and emotional support you need? [Circle one answer]

Always (8.6%)	Usually (40.0%)	Sometimes (28.6%)	Rarely (17.1%)	Never (5.7%)
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HEALTH CARE ACCESS

These questions ask about your access to health care and services.

7. During the past 12 months, have you delayed getting needed physical health care for any of the following reasons? [Fill in the circles that apply]

- | | |
|---|---|
| <input type="radio"/> Did not delay getting needed care
(36.1%) | <input type="radio"/> Could not schedule an appointment soon enough (22.2%) |
| <input type="radio"/> Did not have insurance (11.1%) | <input type="radio"/> Could not access telehealth care (2.8%) |
| <input type="radio"/> Could not afford the co-pay (19.4%) | <input type="radio"/> To avoid exposure to COVID-19 (0.0%) |
| <input type="radio"/> Did not have transportation (11.1%) | <input type="radio"/> To avoid spreading COVID-19 (2.3%) |
| <input type="radio"/> Were unable to schedule an appointment (8.3%) | <input type="radio"/> Other [Please specify]: (16.7%) |

Other reasons for delaying health care were busy taking care of family member with medical issues, forgetting to make an appointment, services needed not covered by insurance, needing to miss work for appointments, not being able to afford high deductible, and waiting until very ill to choose to seek care.

8. About how long has it been since you last visited a **doctor** for a routine checkup (i.e., “well visit”)?

[Circle one answer]

Within the past year (anytime less than 12 months ago) (77.1%)	Within the past 2 years (at least 1 year but less than 2 years ago) (2.9%)	Within the past 5 years (at least 2 years but less than 5 years ago) (8.6%)	5 or more years ago (11.4%)
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9. In the past 12 months, did you travel outside of Belmont County in order to receive needed medical care? [Circle one answer]

Yes (62.5%)	No [Go to Q10] (37.5%)
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10. What kind of medical care did you receive outside of Belmont County? [Please write your answer below]

The most common responses were emergency care, pediatric care, primary care, and specialty care.

HEALTH BEHAVIORS AND LIFESTYLE

The next questions ask about physical activity and other health behaviors and issues.

11. During the past 7 days, how many days did you engage in some type of exercise or physical activity for at least 30 minutes? **Average = 3.8 days**

12. Have you smoked at least 100 cigarettes in your life? [Circle one answer]

Yes (42.9%)	No (57.1%)
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13. How often do you...

a. Smoke cigarettes?	Every day (9.4%)	Some days (9.4%)	Not at all (81.3%)
b. Use e-cigarettes (vaping; e.g., Juul)?	Every day (5.7%)	Some days (8.6%)	Not at all (85.7%)
c. Use chewing tobacco, snuff, or snus?	Every day (0.0%)	Some days (0.0%)	Not at all (100.0%)
d. Use other tobacco/nicotine product(s)?	Every day (0.0%)	Some days (2.9%)	Not at all (97.1%)

14. One drink is equal to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. Considering all types of alcoholic beverages, how many times during the past 30 days did you have (if male, 5 drinks or more | if female, 4 drinks or more) on an occasion? **Average=1.1 times**

OTHER HEALTH TOPICS

15. What issues do you or those in your family face with transportation or getting where you need to go? [Fill in the circles that apply]

- ☐ Don't have transportation issues **(75.0%)**
- ☐ Financial issues (can't afford gas, vehicle repairs, etc.) **(19.4%)**
- ☐ Don't have a valid driver's license **(5.6%)**
- ☐ Don't have a vehicle **(0.0%)**
- ☐ Sharing a vehicle **(0.0%)**
- ☐ Lack of access to public transportation (schedule, distance, etc.) **(0.0%)**
- ☐ Other [please specify]: **(2.8%)**

The "other" response stated that the respondent needs someone else to drive them for eye injections due to blurry vision.

16. What types of help or services from local organizations would be most helpful to you? [Please write your answer]

The most common responses included access to health care (more hours, transportation, costs, urgent care, mental health/recovery services).

17. What are the biggest issues facing **youth** in Belmont County? [Please write your answer]

The most common responses included substance misuse (smoking/vaping, alcohol, other drugs), mental health, bullying, and lack of social and physical activity / too much screen time.

OTHER QUESTIONS

These questions are for statistical purposes only. All responses will remain confidential.

18. What is your age? [Write a number] ____

18-34=25.7%
35-44=25.7%
45-54=22.9%
55-64=20.0%
65+=5.7%

19. How much do you weigh without shoes? [Write a number] ____ pounds

20. How tall are you without shoes? [Write two numbers] ____ feet / ____ inches

BMI:
Underweight=0.0%
Normal=20.0%
Overweight=37.1%
Obese=42.9%

21. Which of the following best describes your gender? [Circle one answer]

Male (22.9%)	Female (77.1%)	Transgender (0.0%)	Non-binary (0.0%)	I prefer not to classify myself (0.0%)
------------------------	--------------------------	------------------------------	-----------------------------	--

22. Including yourself, how many people live in your household? **Average=2.8**

23. And how many of these people are under age 18? **Average=0.8**

24. What is your zip code?

43950=35.3%

43713=11.8%

43718=11.8%

43935=11.8%

43719=8.8%

43906=8.8%

43912=2.9%

43933=2.9%

43942=2.9%

43977=2.9%

25. What is the highest level of education you have completed? [Circle one answer]

Less than 12 th grade (no diploma) (8.6%)	High school degree/GED (8.6%)	Some college (no degree) (20.0%)	Associate's degree (14.3%)	Bachelor's degree (28.6%)	Graduate or professional degree (20.0%)
--	--	--	---	--	---

26. Which of the following categories includes the total income of everyone living in your home in 2023, before taxes? [Circle one answer]

Less than \$25,000 (20.0%)	Between \$25,000 and \$49,999 (14.3%)	Between \$50,000 and \$74,999 (17.1%)	Between \$75,000 and \$99,999 (8.6%)	\$100,000 or more (40.0%)
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YOU ARE FINISHED! THANK YOU!

Community Profile

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- ⁶ University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2024
- ⁷ Ohio Association of Foodbanks. Ohio Regional Foodbanks. Retrieved June 8, 2024 from <https://ohiofoodbanks.org/foodbanks>

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- ² Ohio Department of Education. Report Portal, 4-year longitudinal graduation rate, 2022
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- ⁴ Healthy People 2030 Objective AH-08 Increase the proportion of high school students who graduate in 4 years, U.S. Department of Health and Human Services
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- ⁶ Ohio Department of Education, Third Grade Reading Guarantee, 2019

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- ¹ Ohio Office of Criminal Justice Services, Ohio Incident-Based Reporting System, 2022
- ² Healthy People 2030 Objective IVP-09 Reduce homicides, U.S. Department of Health and Human Services

Health Care Access

- ¹ U.S. Census Bureau, American Community Survey 1 Year Estimates, 2022

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- ⁴ Breast Cancer Screening Saves Lives, U.S. Preventive Services Task Force. May, 2023
- ⁵ Mayo Clinic Staff (2019) "Pap smear: Overview"

Behavioral Risk Factors

- ¹ Healthy People 2030 Objective NWS-03 Reduce the proportion of adults with obesity, U.S. Department of Health and Human Services
- ² Centers for Disease Control. Body Mass Index: Considerations for Practitioners, 2011
- ³ USDA and HHS, Dietary Guidelines for Americans, 2020-2025

Mental Health and Substance Misuse

- ¹ Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2022 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2022, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Retrieved June 10, 2024 from <http://wonder.cdc.gov/ucd-icd10-expanded.html>
- ² Ohio Bureau of Criminal Identification and Investigation, Domestic Violence Incidents by County and Agency Report, 2023
- ³ Ohio Bureau of Criminal Identification and Investigation, Victims of Domestic Violence by County and Agency Report, 2023
- ⁴ Public Children Services Association of Ohio Factbook, June 2023

Substance Misuse

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- ² Healthy People 2030 Objective SU-10 Reduce the proportion of people aged 21 years and over who engaged in binge drinking in the past month, U.S. Department of Health and Human Services
- ³ Ohio Emergency Medical Services, Naloxone Administration by Ohio EMS Providers by County, Ohio, 2023
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- ⁶ Healthy People 2030 Objective IVP-06 Reduce deaths from motor vehicle crashes, U.S. Department of Health and Human Services
- ⁷ Ohio Department of Public Safety Crash Statistics System, Alcohol, Drug, & Fatal Statistics Report, 2023
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- ⁹ Ohio State Highway Patrol Operational Report, 2022

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Death, Illness, and Injury

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Appendix E: References

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Appendix F: Community Assets and Resources

Below is a preliminary list of community assets and resources that can be used to assist with improving health the in the community. The Community Health Improvement Plan will include a list of community assets and resources pertaining to each priority health need that was identified.

ARC of Ohio	County Commissioners
Barnesville Hospital	East Ohio Regional Hospital
Belmont College	Food Pantry
Belmont County Coroner's Office	Home Health
Belmont County Help Me Grow/Belmont County DD	Hospice
Belmont County JVS	NAMI
Belmont County Mental Health and Recovery Board	Ohio Hills Health
Belmont County NAACP	Ohio University Eastern
Belmont County Sheriff's Office	OSU Extension Office
Belmont County Veterans Service Office	Regional EPIs
Belmont Job and Family Services	Salvation Army
CARES	School Districts
Chamber of Commerce	Senior Services
Child and Adult Protective Services	Student Services
Community Action Council	Tri County Women's Health
Community Improvement Council (CIC)	Trinity Hospital
	United Way of Belmont County