BELMONT COUNTY

Community Health Improvement Plan

April 2025

BELMONT COUNTY HEALTH DEPARTMENT

ILLUMINOLOGY

In 2024, the Belmont County Health Department in Belmont, Ohio entered into an agreement with Illuminology to develop a regional Community Health Improvement Plan (CHIP).

Before developing this CHIP, the Belmont County Health Department participated in a collaborative effort to conduct a Community Health Assessment (CHA). This CHA was intended to help community stakeholders better understand the health needs and priorities of those who reside in Belmont County. The final report of that effort can be accessed via the Belmont County Health Department website (https://belmontcountyhealth.com/).

Public health professionals from the Belmont County Health Department, along with leaders representing an array of social service and community organizations, participated in large and small group discussions on December 16, 2024 at the Ohio University Eastern campus. During this session, community members worked in small groups to review the recently completed CHA and identified the most important health issues facing residents in Belmont County:

<div align="center">

Family issues
Substance abuse
Health care access

</div>

These community members then pledged to work together to develop a strategic plan – this CHIP – to address these prioritized community health needs.

The community members involved in this process then split into three work groups to begin drafting health improvement plans for each health priority, following a systematic process informed by County Health Rankings. The plans drafted by each group detail the specific goals, objectives, and measures that will be used to address the community health priorities and track progress over time.

Belmont County's 2025-2027 Community Health Improvement Plan identifies health priorities, goals, objectives, and action steps that the community will use to develop and implement projects, programs, and policies to improve the health of its residents.

Implementation of the CHIP will begin in 2025. On an annual basis, Belmont County will publish a report outlining progress made towards accomplishing the goals outlined in the work plan and reconvene community partners to discuss progress and necessary revisions. The original group of community partners, along with additional community members, will

be invited to provide ongoing guidance and support throughout the implementation of this CHIP and any revisions that may be necessary; the composition of this group will be expanded and maintained as this work progresses. The CHIP is scheduled to be implemented over a three-year period.

Beginning in spring of 2024, the Belmont County Health Department completed a comprehensive assessment of the health of its residents. The 2024 Belmont County Community Health Assessment (CHA) considered a wide range of information, including disease rates, quality of life issues, causes of death, community resources, and self-reported health status to paint a picture of the health of Belmont County residents. Residents and partners can access the most recent CHA at the following link: (https://belmontcountyhealth.com/).

Based on the 2024 Belmont County CHA, the community health stakeholders embarked on a comprehensive strategic planning process focused on improving the health of the community. This began with a review and identification of priority health needs (considering the 2024 CHA data) and finished with the creation of a Community Health Improvement Plan (CHIP) for addressing those priorities. The CHIP is comprehensive and long term, detailing action steps that will be used by public health system partner organizations as they implement projects, programs, and policies in Belmont County.

This report provides a description of the process used to engage the community and stakeholders in the development of the CHIP. Following the process summary, there is a section for each identified priority, listing the goals, key measures, an overview of the objectives selected for each health priority, as well as information to demonstrate the significance of this priority. A work plan that includes more detailed objectives, action steps, and evidence-based strategies for each priority is available in Appendix A. This report concludes with lists of planning participants and community assets and resources that could be engaged to improve the health of the community.

The Belmont County Health Department contracted with Illuminology, a central Ohio research firm, to design the CHIP process, to facilitate multiple group meetings, and to draft this document.

Identifying the Community's Priority Health Needs

On December 16, 2024, community members representing an array of public health, education, healthcare, social service, and community organizations met in person to identify potential priority health needs of the community using the *Belmont County 2024 Community Health Assessment*. Along with reviewing the data and insights presented in the 2024 CHA, participants also considered their personal experience and history with the community before identifying priority health issues.

An Illuminology researcher helped to facilitate group discussions during this meeting. To aid community members during their deliberations and discussion, the following criteria were shared for their consideration:

- **Equity**: Degree to which specific groups are affected by a problem.
- **Size**: Number of persons affected, taking into account variance from benchmark data and targets.
- **Seriousness**: Degree to which the problem leads to death, disability, and impairs one's quality of life.
- **Feasibility**: Ability of organization(s) or individuals to reasonably combat the problem given available resources. Related to the amount of control and knowledge (influence) organization(s) have on the issue.
- **Severity of the Consequences of Inaction**: Risks associated with exacerbation of problem if not addressed at the earliest opportunity.
- **Trends**: Whether or not the health problem is getting better or worse in the community over time.
- **Intervention**: Any existing multi-level public health strategies proven to be effective in addressing the problem.
- **Value**: The importance of the problem to the community.
- **Social Determinant/ Root Cause**: Whether or not a problem is a root cause or social determinant of health that impacts one or more health issues.

After a total of 12 health needs were identified by small groups, participants were asked to engage in a voting process to select the highest priority needs. In the first round of voting, each person was given 3 votes to cast for the needs they perceived to be the highest priority. After the first round of voting, participants identified two needs that they deemed similar enough to combine with other needs, existing in 11 needs total. Participants were then asked to vote again with 2 votes to cast. The three health needs which received the highest number of votes were family issues, substance abuse, and health care access. The group then voted unanimously to approve these three issues as priority health needs.

The three priority health needs along with clarification/reasoning provided by participants are outlined below:
- **Family issues** (abuse, structure, drug use, expectations)
- **Substance abuse** (easy access, lack of education regarding vaping/marijuana)
- **Health care access** (number of providers, reduce travel outside of county for healthcare, lack of knowledge and/or utilization of services)
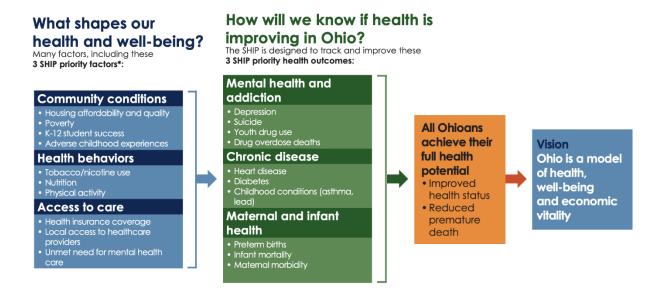
Other health needs identified by the small groups and considered in this voting process included:
- Economic stability
- Resident motivation (time & effort) / Underutilization of available resources
- Social media
- Environment (air and water quality, infrastructure, crime)
- Education – accessibility
- Chronic illness (cancer, heart disease, diabetes)
- Transportation
- Anxiety/depression

For context, Ohio's 2020-2022 State Health Improvement Plan (SHIP) identified three priority health *factors* important to improving communities' health, with particular emphasis on community conditions, health behaviors, and access to care. The three priority health *outcomes* include mental health and addiction, chronic disease, and maternal and infant health, as shown below. For each of these priority health factors Ohio's 2020-2022 SHIP also identified specific areas of focus, which are listed in the table below. Overall, there is good alignment between the prioritized health needs identified by Belmont County and the priority health factors and outcomes identified by Ohio's 2020-2022 SHIP:

1. Family issues aligns with Ohio's priority health factors "community conditions" and "health behaviors" as well as the priority health outcome "mental health and addiction."
2. Substance abuse aligns with Ohio's priority health factor "health behaviors" as well as the priority health outcome "mental health and addiction."
3. Health care access aligns with Ohio's priority health factor "access to care."

Health Priority Factors and Outcomes Identified By Ohio's 2020-2022 SHIP[1]

After identifying the three priorities, participants brainstormed community assets and resources that could be deployed to address these priorities; see Appendix C for this revised list. Appendix B presents a list of community members who participated in this strategic planning process. **Thank you to all who participated!**

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[1] https://odh.ohio.gov/static/SHIP/2020-2022/2020-2022-SHIP.pdf: Figure 1.2

Creating The Community Health Improvement Plan

After identifying the three priority health needs, Belmont County community health stakeholders had the opportunity to indicate their interest in participating in work groups to develop three work plans. Then, the CHIP work groups began their efforts to create the work plans that comprise the main portion of the CHIP. They considered the priorities and needs of residents in the community in order to identify goals, key measures, objectives, action steps, time frames, and accountable persons/organizations related to each priority area. The product of these meetings was a work plan for each of three prioritized health issues; these work plans define the actions of this CHIP. Detailed work plans can be found in Appendix A.

During the work group meetings, members reviewed the findings from the 2024 CHA that were relevant to their priority health need. They also discussed, broadly, what they would ideally like the community to look like in terms of the priority need and what the barriers would be to achieving that ideal (including social determinants of health and health inequities that might make it more difficult to achieve the ideal).

Several overarching principles were considered during the creation of these work plans: the concepts of evidence-based public health practice, social determinants of health, SMART objectives (specific, measurable, achievable and actionable, relevant, and time-oriented), and priority alignment with Ohio's 2020-2022 State Health Improvement Plan.

Overviews of the CHIP goals, key measures, and objectives follow.

Family Issues

Family households can range in size from a small single parent/guardian home to a home with multi generations and extended family all living under one roof. Ages of children can vary, as can their relationships to their guardians. In order to support the health of Belmont County families it's important to understand the issues they have that can lead to negative health outcomes.

According to US Census data, the average family size in Belmont County is 2.8 people. Around one third (33.9%) of households in Belmont County are comprised of a married couple and children under 18. In a majority of households with grandparents living with grandchildren, the grandparents are responsible for grandchildren under 18 (58.1%).

Economic instability can negatively affect health outcomes. Around 26.6% of children in Belmont County are living below 100% federal poverty level, 20.9% are estimated to be food insecure, and 41.0% of SNAP households have children under 18. Annual daycare costs for an infant is 27% of median household income.

Abuse in the home can cause physical and mental health problems for all members in a family. In 2023 there were 248 domestic violence incidents in Belmont County; around 32.1% of victims were injured. From June 2022-June 2023, there were 495 child abuse reports in Belmont County: most commonly for neglect (41%). According to the adult survey, those with children the household are more likely than those without children in the household to know someone with an alcohol problem (57.5% vs. 26.5%).

In interviews, community leaders mentioned that youth and families in Belmont County could benefit from additional healthy indoor and outdoor activities to engage in. They also expressed concern about family life disruptions that result from parents' inability to care for children, often due to substance abuse issues. This can be burdensome for extended family who take on the role of primary caregiver and potentially negatively affect the children involved.

Alignment with National Priorities
Because family issues covers many health-related topics, Healthy People 2030 has multiple objectives that could apply. The goals in this work plan relate to reducing substance abuse, which is relevant for Objectives SU 13-15 (reduce proportion of people with alcohol use disorder, marijuana use disorder, and drug use disorder).

Alignment with SHIP
Family issues aligns with Ohio's priority health factors "community conditions" and "health behaviors" as well as the priority health outcome "mental health and addiction."

Goal: Offer safe, substance-free social activities for youth and parents.

Key measures: Number of events. Number of youth and parents participating in events. Amount of time spent participating in events. Youth and parent evaluations of social support felt.

Objectives: By January 1, 2026, establish safe spaces extracurricular activities that occur monthly for Belmont County youth. By January 1, 2026, establish Parent Cafes that occur every 3 months.

Goal: Provide program to support families dealing with addiction.

Key measures: Number of events. Number of youth and parents participating in events. Amount of time spent participating in events. Youth and parent evaluations of social support felt.

Objectives: By January 1, 2026, have a program in place to help support families dealing with addiction.

Goal: Increase awareness of the dangers of vaping.

Key measures: Number of youth receiving vaping education.

Objective: By January 1, 2026, have planning in process to increase exposure to vaping education.

Substance Abuse

Substance abuse has many downstream effects on the community, including negative social impacts and various substantial poor physical and mental health concerns. It is important to reduce substance abuse in the county because substance abuse is detrimental to physical and mental health. And individual users are not the only ones negatively affected by substance abuse - the negative health effects of substance abuse extend to friends, family, co-workers, and the community at large.

Substance abuse is a preventable health problem. It's important to eliminate the circumstances in the county that encourage and support substance abuse. It's also important to provide assistance to those who are attempting to reduce their substance use.

In interviews conducted for the Belmont County 2024 Community Health Assessment, community leaders mentioned that vaping is a problem seen among youth in the community.

According to the 2024 CHA survey, 8.5% use cigarettes every day and 1.7% use them some

days; 9.0% use chewing tobacco every day and 1.9% use it some days.

Also according to the 2024 CHA survey, 9.0% of residents used marijuana in the past month. Nearly half (46.6%) indicated that they did so for both medical and non-medical reasons. Younger adults are more likely than older adults to know someone with a marijuana problem: 35.2% for those age under 55, 24.3% for those 55-64, and 9.1% for those 65 or older.

Additionally, 28.7% reported binge drinking in the past month. Males were more likely than females to binge drink: 36.8% vs. 20.1%. Residents with children in the household are more likely to know someone with an alcohol problem: 57.5% vs. 26.5%.

Alignment with National Priorities

Healthy People 2030 has multiple objectives related to substance abuse. Because the goals related to the family issues priority relate to substance abuse, the substance abuse work group will also be involved in addressing those goals. As stated for family issues, the goals in that work plan (as well as the goal in this work plan) relate to reducing substance abuse, which is relevant for Objectives SU 13-15 (reduce proportion of people with alcohol use disorder, marijuana use disorder, and drug use disorder).

Alignment with SHIP

Substance abuse aligns with Ohio's priority health factor "health behaviors" as well as the priority health outcome "mental health and addiction."

The substance use work group will also be helping to address the goals for family issues because they all involve substance use.

Goal: Target information to prevent substance abuse and to help with substance abuse recovery to those at high risk.

Key measures: Number of high risk individuals reached with messages.

Objective: By January 1, 2026, begin targeted substance abuse prevention and recovery messaging to those at high risk.

Health Care Access

Belmont County residents may have difficulty accessing preventative and/or reactive health care for a variety of reasons. High costs, limited availability of providers, transportation issues, and internet access can hinder residents' ability to receive timely physical and mental health care. These difficulties need to be eliminated to help improve the health of county residents.

The ratio of licensed primary care physicians to the population in Belmont County is 1:2,540; the ratio of other primary care providers is 1:760; the ratio of dentists to the population is 1:2,120; the ratio of mental health providers is 1:440. This can create a situation wherein residents seek healthcare outside of Belmont County and/or experience delays in getting care.

In the 2024 resident survey for the Community Health Assessment, 48.9% of respondents indicated that they traveled outside of Belmont County to receive health care in the 12 months prior to the survey. They most commonly traveled to see a specialist (51.0%). Those with some college or more education were more likely than those with a high school education or less to travel outside the county for healthcare: 58.2% vs. 40.0%.

Also according to the 2024 CHA survey, around 25% of respondents delayed getting necessary physical health care in the past year; most commonly because they could not schedule an appointment soon enough (8.8%). Around 18% delayed getting necessary mental health care in the past year, most commonly because they could not afford it (7.8%). Around 10% did not fill a needed prescription, most commonly because they could not afford the co-pay (4.9%).

Telehealth access is an important alternative to in-person medical visits for many people. According to US Census data, 13.6% of Belmont County residents don't have a computer and 12.9% don't have access to the internet.

In interviews, 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.

Alignment with National Priorities
Healthy People 2030 has multiple objectives related to health care access. All goals in the work plan are relevant to Healthy People 2030 Objective AHS-04 to reduce the proportion of people who can't get medical care when they need it. The second goal to increase dental care among youth aligns with the Healthy People 2030 Objective OH-09 to increase the proportion of low-income youth who have a preventive dental visit.

Alignment with SHIP
Health care access aligns with Ohio's priority health factor "access to care."

Goal: Increase access to reproductive health telehealth appointments.

Key measures: Number of reproductive health telehealth appointments accessed.

Objectives: By January 1, 2026, implement plan increase resident use of reproductive health telehealth.

Goal: Make in-home medical examinations more easily accessible.

Key measures: Number of residents who receive in-home medical examinations. Number of in-home medical examinations provided.

Objectives: Until December 31, 2027, have nurse practitioner available to provide in-home medical examinations for around 10 hours per week.

Goal: Increase number of dental care appointments among youth.

Key measures: Number of youth who have a dental care appointment annually.

Objectives: By January 1, 2026, start process to increase dental care among youth.

Goal: Increase availability of transportation in the county.

Key measures: Number of rides using new transportation options. Number of residents using new transportation options.

Objectives: By December 31, 2027, have planning in process to improve transportation.

The 2025-2027 Belmont County Community Health Improvement Planning process aimed to identify the most pressing health issues in Belmont County and bring stakeholders together to collaborate and create an actionable plan to address those issues. This plan presents priorities and associated goals and objectives to improve the health of Belmont County. The detailed work plans that resulted from these collaborative efforts are located in Appendix A.

Implementation of the CHIP will begin in 2025 and continue over a three-year period. Belmont County will publish an annual CHIP Progress Report to communicate updates on the status of work plan objectives, measurable outcomes, and overall progress toward community-identified priorities. This report will include quantitative and qualitative data, narrative summaries of strategy implementation, and insight into facilitators and barriers encountered.

Following the release of each annual progress report, Belmont County will reconvene community stakeholders—including the original CHIP planning participants and newly engaged partners—to formally review the findings. These annual review meetings will serve as structured opportunities for reflection, evaluation, and discussion. Participants will assess whether current strategies are having the intended impact, determine if new or emerging issues have arisen, and identify opportunities for improvement. The goal of the annual review process is to ensure the CHIP remains relevant, effective, and community-driven.

Based on feedback and evaluation findings, revisions to the CHIP may be proposed. Revisions could include modifications to objectives, timelines, responsible parties, or strategies to better align with evolving community needs or capacity. Any proposed changes will be reviewed collaboratively with community partners and finalized by consensus. The revised CHIP will be updated accordingly, with clear documentation of changes and the rationale behind them. All revisions will be dated and retained as part of the CHIP's historical record, and the updated document will periodically be made available to the public to maintain transparency and continued community engagement throughout the implementation period.

Belmont County residents and community organizations are encouraged to participate in and comment on this process. If you or your organization is interested in participating in or commenting on the CHIP, please contact Jessica Donda, Belmont County Health Department, at 740-695-1202.

The following pages display the detailed CHIP work plans.
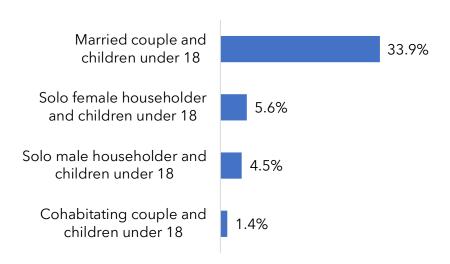
PRIORITY:
Family Issues

Family households can range in size from a small single parent/guardian home to a home with multi generations and extended family all living under one roof. Ages of children can vary, as can their relationships to their guardians. In order to support the health of Belmont County families it's important to understand the issues they have that can lead to negative health outcomes.

The Belmont County CHA report provides some insight into the various types of families in the county, and issues they may face.
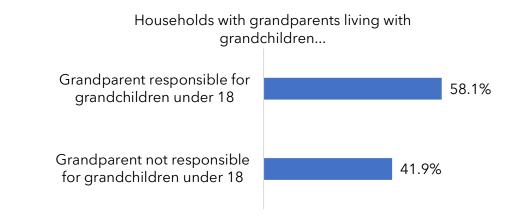
Family Structure

The **average family size** in Belmont County is **2.8** people.

Households with...

Household Type	Percentage
Married couple and children under 18	33.9%
Solo female householder and children under 18	5.6%
Solo male householder and children under 18	4.5%
Cohabitating couple and children under 18	1.4%

Source: U.S. Census Bureau, American Community Survey, 2022

Households with grandparents living with grandchildren...

Grandparent responsible for grandchildren under 18 — 58.1%

Grandparent not responsible for grandchildren under 18 — 41.9%
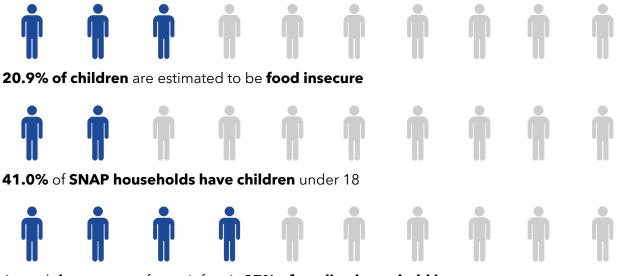
Source: U.S. Census Bureau, American Community Survey, 2022

Economic Stability

In Belmont County…

26.6% of children are living below 100% federal **poverty level**

20.9% of children are estimated to be **food insecure**

41.0% of **SNAP households have children** under 18
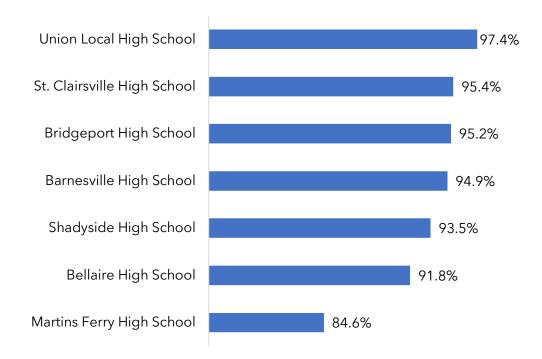
Annual **daycare cost** for an infant is **27% of median household income**.
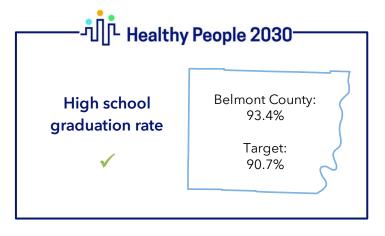
Source: U.S. Census Bureau, American Community Survey, 2022; Feeding America Map the Meal Gap, 2022; The Washington Post

Education

74.3% of children demonstrate/approach **readiness for kindergarten**. The average four-year public **high school graduation rate** is **93.4%.**

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

Belmont County meets the *Healthy People 2030* high school graduation rate goal.

Healthy People 2030

High school graduation rate

✓

Belmont County:
93.4%

Target:
90.7%
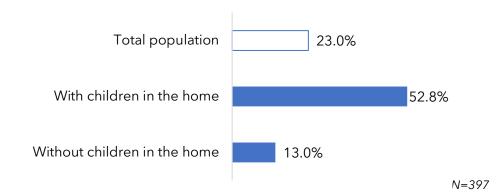
Source: Ohio Department of Education Report Portal, 2022

Outdoor Spaces

Those with children in the household are more likely to want more playgrounds
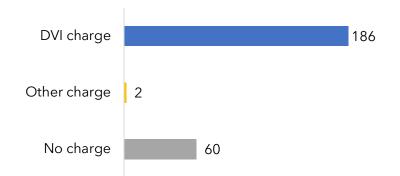
Total population 23.0%

With children in the home 52.8%

Without children in the home 13.0%

N=397

Community leaders mentioned that youth and families in Belmont County could benefit from additional support to live healthier lives.

"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."

*"Access to healthy activities, things that you can promote with your kids as well as your family, your entire family. [We don't] 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."*

Domestic Violence
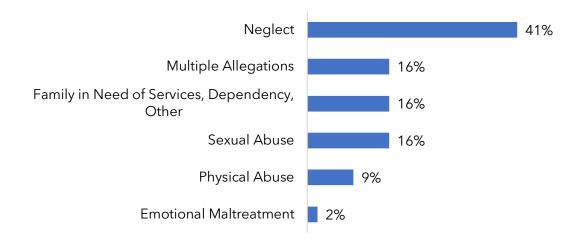
In 2023 there were **248 domestic violence incidents.** Around **32.1%** of domestic violence victims were **injured**.

DVI charge 186

Other charge 2

No charge 60

Source: Ohio Bureau of Criminal Identification and Investigation, 2023

Child Abuse

From June 2022 to June 2023 there were **495 child abuse reports**.

Category	Percentage
Neglect	41%
Multiple Allegations	16%
Family in Need of Services, Dependency, Other	16%
Sexual Abuse	16%
Physical Abuse	9%
Emotional Maltreatment	2%

Source: Public Children Services Association of Ohio Factbook, June 2023

Substance Misuse

Those with children in the household are more likely to know someone with an alcohol problem

Category	Percentage
Total population	34.2%
With children in the home	57.5%
Without children in the home	26.5%

N=397

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."*
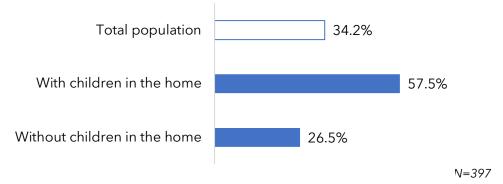>
> *"The opioid crisis and addiction this region has faced over the last several years. A lot of kids, their parents OD'ed or they're in prison or whatever it may be. So they're living with an older grandparent or an older aunt and uncle or someone like that. There's a real generational gap from someone 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 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."*
>
> *"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."*

These needs are very important to address because a safe, stable family environment can serve as the foundation for a healthy life.

Alignment with National Priorities
Because family issues covers many health-related topics, Healthy People 2030 has multiple objectives that could apply. The goals in this work plan relate to reducing substance abuse, which is relevant for Objectives SU 13-15 (reduce proportion of people with alcohol use disorder, marijuana use disorder, and drug use disorder).

Alignment with SHIP
Family issues aligns with Ohio's priority health factors "community conditions" and "health behaviors" as well as the priority health outcome "mental health and addiction."

Consideration of social determinants of health or health inequities
Family issues is closely tied with social determinants of health given that so much of a person's social determinants are contingent on their family situation. Poverty may present a specific challenge: the work group discussed that generational poverty seems to be somewhat prevalent in Belmont County, and youth in these families may not have the resources need to rise out of poverty.

Goal 1.a: Offer safe, substance-free social activities for youth and parents.

Key Measure
Number of events. Number of youth and parents participating in events. Amount of time spent participating in events. Youth and parent evaluations of social support felt.

Goal 1.a	**Objective 1.a.1** Start: March 1, 2025 End: December 31, 2027 Status:

Objective Overview
By January 1, 2026, establish safe spaces extracurricular activities that occur monthly for Belmont County youth.

Lead Agency
ESC Learning Center[1]

Measure(s)
Number of events

Measure baseline:	**Measure target:**
No events	Monthly events

Action Steps

- Determine types of youth to target for events
- Determine what the events will entail (e.g., information, activities)
- Establish who will run the events
- Obtain incentives for youth who attend events
- Schedule time and place for events
- Recruit participants

Goal 1.a	**Objective 1.a.2** Start: March 1, 2025 End: December 31, 2027 Status:

Objective Overview
By January 1, 2026, establish Parent Cafes that occur every 3 months.

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[1] Potential contacts include Jeremy Vittek and Wendy Ware

Lead Agency
Belmont County FCFC[2]

Secondary Agency
DCY Parent and Youth Ambassadors (through COAD)[3]

Measure(s)
Number of events

Measure baseline:
No events

Measure target:
Events every three months

Action Steps

- Evaluate current Parent Café model and revise as needed
- Establish who will run the events
- Schedule time and place for events
- Recruit participants

Goal 2.a: Provide program to support families dealing with addiction.

Key Measures
Presence and use of program. Stakeholders' perceptions of support provided to families. Measures of program efficacy.

Policy changes needed to accomplish goal
Policy changes may be needed to establish the program.

Additional background information
Family Treatment Drug Court (FTDC) had been available in Belmont County in the past but it will no longer be available.

Goal 2.a	**Objective 2.a.1** Start: March 2025 End: December 2027 Status:

Objective Overview
By January 1, 2026, have a program in place to help support families dealing with addiction.

Lead Agency
Belmont County Job and Family Services
Belmont County Law Enforcement

Secondary Agency
The Village Network
Coleman Health Services
Southeast Healthcare
Cedar Ridge Behavioral

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[2] Potential contact is Stacie Brown
[3] Potential contacts include Amy Spicer and Michael Holland

Measure(s)
Availability of program

Measure baseline:
No program

Measure target:
Program available

Action Steps

- Evaluate program options (FTDC and others)
- Evaluate feasibility of implementing program options
- Decide on preferred program
- Establish program

Goal 3.a: Increase awareness of the dangers of vaping.

Key Measures
Number of youth receiving vaping education.

Background information
Vaping is often mistakenly considered a safe alternative to smoking, especially among youth. Vaping education will serve to correct misconceptions and inform the public about the health dangers associated with vaping.

Goal 3.a	**Objective 3.a.1** Start: May 2025 End: December 2027 Status:

Objective Overview
By January 1, 2026, have planning in process to increase exposure to vaping education.

Lead Agencies
Belmont County Health Department
OSU Extension
Juvenile Court

Measure(s)
Amount of youth receiving vaping education.

Measure baseline:
Current enrollment numbers for court-ordered OSU Extension vaping class.
Current amount of vaping education content taught through schools or other outlets.

Measure target:
Increase enrollment for OSU Extension vaping class by at least 10%.
Increase amount of vaping education content taught through schools or other outlets by at least 10%.

Action Steps

- Open enrollment for OSU Extension vaping class to all youth.
- Discuss plans to increase vaping education within school health curricula.
- Discuss plans to promote vaping education through social media and outreach events.
- Deploy plan.
- Adjust plan as necessary.

PRIORITY:
Substance Abuse
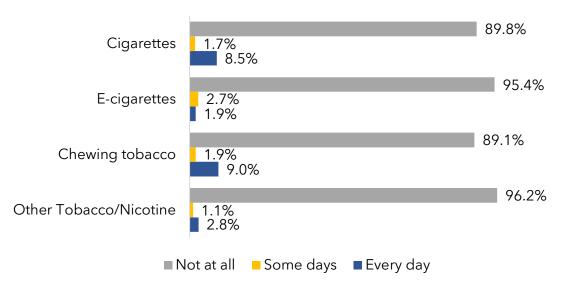
It is important to reduce substance abuse in the county because substance abuse is detrimental to physical and mental health. And individual users are not the only ones negatively affected by substance abuse. The negative health effects of substance abuse extend to friends, family, co-workers, and the community at large.

The Belmont County CHA report provides some insight into the various types of substance use issues in the county.

Tobacco and Nicotine Use
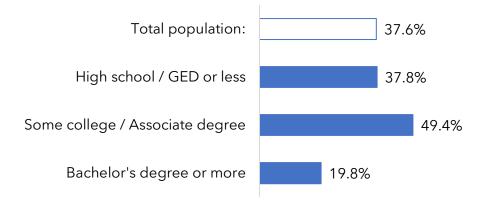
A majority of adult residents don't regularly use tobacco or nicotine products.

Tobacco & Nicotine Use

Product	Not at all	Some days	Every day
Cigarettes	89.8%	1.7%	8.5%
E-cigarettes	95.4%	2.7%	1.9%
Chewing tobacco	89.1%	1.9%	9.0%
Other Tobacco/Nicotine	96.2%	1.1%	2.8%

■ Not at all ■ Some days ■ Every day
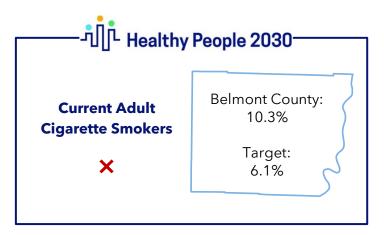
Average n=375

Around **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.

Smoking at least 100 cigarettes varies by education:

Total population:	37.6%
High school / GED or less	37.8%
Some college / Associate degree	49.4%
Bachelor's degree or more	19.8%

Belmont County does meet the *Healthy People 2030* goal of percent of adult cigarette smokers.

Healthy People 2030

Current Adult Cigarette Smokers

✖

Belmont County: 10.3%

Target: 6.1%
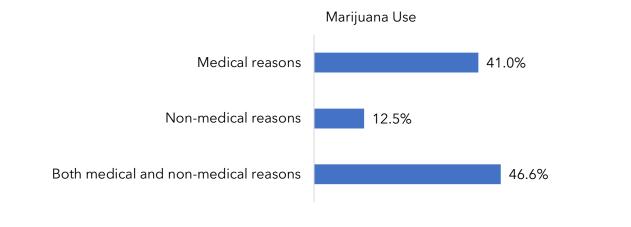
Marijuana Use

Around **9.0%** of residents **used marijuana in the past month**, with an average use of **16.3 days.**

n=391

For medical and non-medical reasons:

Marijuana Use

Medical reasons	41.0%
Non-medical reasons	12.5%
Both medical and non-medical reasons	46.6%

n=35

Alcohol Use
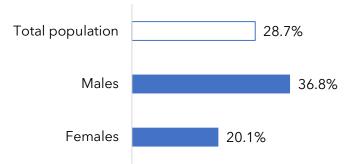
Over a quarter of Belmont County adults **(29%) reported binge drinking in the past month**, for an **average of 4.1 days.**
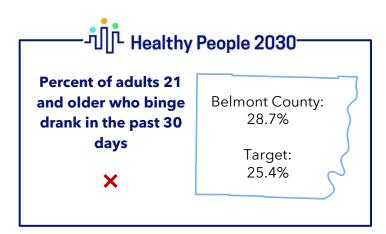
n=380

Males were more likely to binge drink:
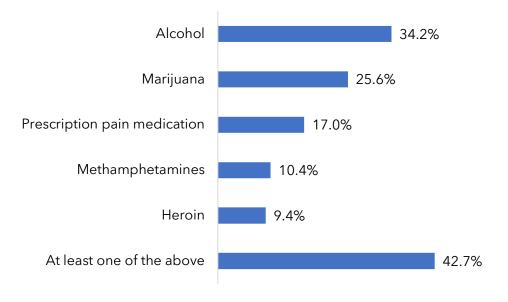
Total population	28.7%
Males	36.8%
Females	20.1%

n=380

Belmont County does meet the *Healthy People 2030* goal of percent of adults 21 and older who binge drank in the past 30 days.

Healthy People 2030

Percent of adults 21 and older who binge drank in the past 30 days

✗

Belmont County: 28.7%

Target: 25.4%
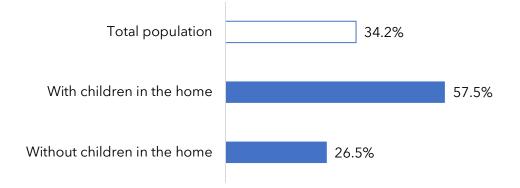
Substance Abuse in the Community

Less than half of respondents **(43%) know someone** in their community who has a **substance abuse or addiction** problem.
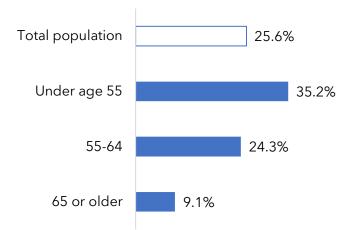
Category	Percent
Alcohol	34.2%
Marijuana	25.6%
Prescription pain medication	17.0%
Methamphetamines	10.4%
Heroin	9.4%
At least one of the above	42.7%

n=397

Those with children in the household are more likely to know someone with an alcohol problem:

Total population	34.2%
With children in the home	57.5%
Without children in the home	26.5%

Younger adults are more likely to know someone with a marijuana problem:

Total population	25.6%
Under age 55	35.2%
55-64	24.3%
65 or older	9.1%

Youth Substance Use

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."*

"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."*
>
> *"Unfortunately, we have a few gas stations that will sell [vapes] to underage kids. But typically, it's a parent."*
>
> *"Even as young as 2nd, 3rd graders, they come toting in with their parents' vape pens."*

Substance abuse has negative effects on individual users, their families, and communities. It is a preventable health problem. It's important to eliminate the circumstances in the county that encourage and support substance abuse. It's also important to provide assistance to those who are attempting to reduce their substance use.

Alignment with National Priorities
Healthy People 2030 has multiple objectives related to substance use. Because the goals related to the family issues priority relate to substance use, the substance use work group will also be involved in addressing those goals. As stated for family issues, the goals in that work plan (as well as the goal in this work plan) relate to reducing substance abuse, which is relevant for Objectives SU 13-15 (reduce proportion of people with alcohol use disorder, marijuana use disorder, and drug use disorder).

Alignment with SHIP
Substance abuse aligns with Ohio's priority health factor "health behaviors" as well as the priority health outcome "mental health and addiction."

Consideration of social determinants of health or health inequities
The work group mentioned that there may be a lot of generational substance abuse – it may be the norm in some families, and older family members may provide substances to younger family members.

Because the goals related to the family issues priority relate to substance use, the substance use work group will also be involved in addressing those goals.

Goal 1.a: Target information to prevent substance abuse and to help with substance abuse recovery to those at high risk.

Key Measure
Number of high risk individuals reached with messages.

Goal 1.a	**Objective 1.a.1** Start: March 1, 2025 End: December 31, 2027 Status:

Objective Overview
By January 1, 2026, begin targeted substance abuse prevention and recovery messaging to those at high risk.

Lead Agencies
Belmont, Harrison, and Monroe Mental Health and Recovery Board

Measure(s)
Number of targeted messages going out.

Measure baseline:	**Measure target:**
No targeted messages.	At least one targeted message about overdose prevention and at least one targeted message about substance abuse recovery per month.
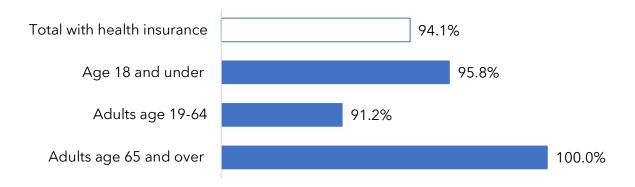
Health Care Access

Health care can be difficult to access for a variety of reasons. High costs, limited availability of providers, transportation issues, and internet access can hinder residents' ability to receive timely physical and mental health care.
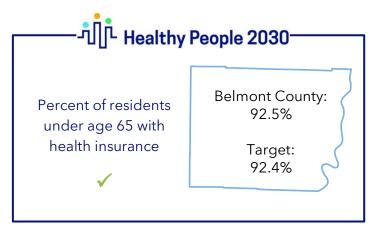
The Belmont County CHA report provides some insight into the health care access in the county.

Health Insurance

Around **6%** of Belmont County residents **don't have health insurance**.

Total with health insurance	94.1%
Age 18 and under	95.8%
Adults age 19-64	91.2%
Adults age 65 and over	100.0%

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

Healthy People 2030

Percent of residents under age 65 with health insurance

✓

Belmont County: 92.5%

Target: 92.4%

Source: U.S. Census Bureau, American Community Survey, 2022
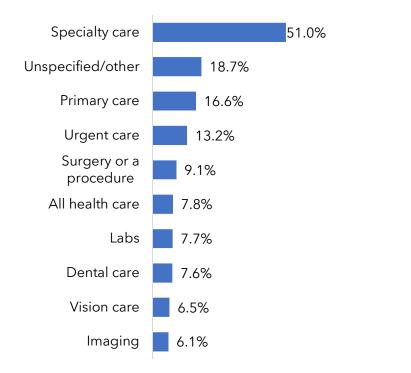
Health Care Availability

The ratio of Belmont County **primary care physicians** (both MDs and DOs) is **1 to every 2,540 residents**.
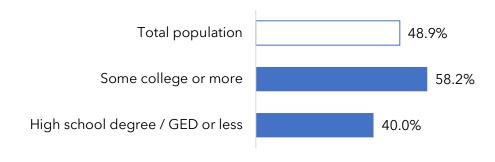
Provider Type	Ratio
Primary care physicians (MD, DO)	1:2,540
Other primary care providers (NP, PA, CNS)	1:760
Dentists	1:2,120
Mental health providers	1:440

Source: County Health Rankings & Roadmaps, 2023

About half (**48.9%**) of respondents have **traveled outside of Belmont County for health care** in the past 12 months, most commonly to see a specialist.

Specialty care — 51.0%
Unspecified/other — 18.7%
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%

n=198

H2
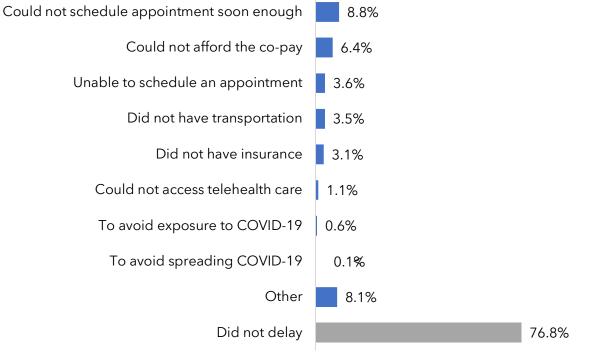
Traveling outside the county for health care varies by education:

Total population	48.9%
Some college or more	58.2%
High school degree / GED or less	40.0%

n=198
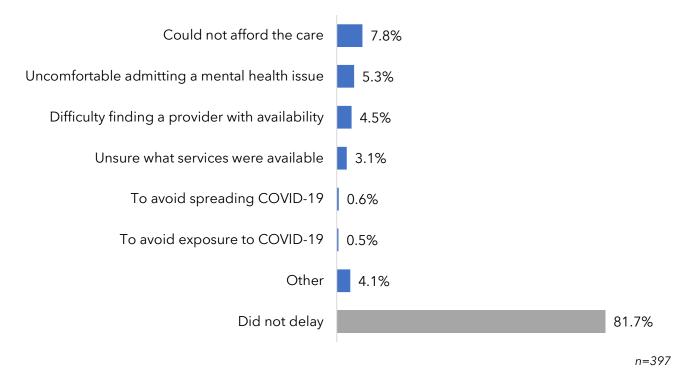
Health Care Delays

Around **25%** of respondents **delayed getting necessary physical health care** in the past year.

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	76.8%

n=397

H3
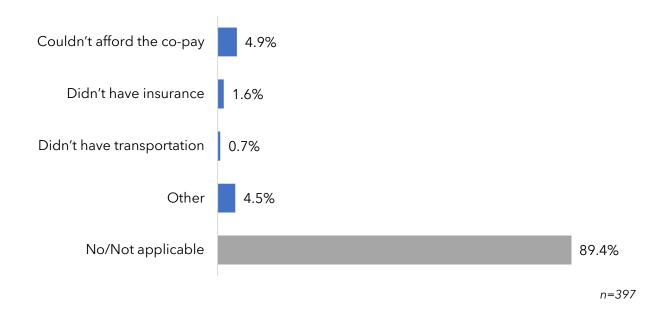
Around **18%** of respondents **delayed getting necessary mental health care** in the past year.

Category	Percentage
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	81.7%

n=397

Prescriptions

Around **10%** of respondents **did not fill needed prescriptions** in the past year.

Category	Percentage
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%

n=397

Telehealth Access

In Belmont County, **13.6%** of residents **don't have a computer**,

and **12.9%** of residents **don't have access to the internet.**

Source: U.S. Census Bureau, American Community Survey, 2022

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.
>
> *"Availability of primary care providers is low…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."*
>
> *"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."*
>
> *"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."*
>
> *"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."*
>
> *"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."*
>
> *"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."*

These needs are very important to address because physical and mental health care that is difficult to access is often delayed or not received at all. In order to promote a healthy Belmont County, healthcare such as regular check-ups, preventative screenings, sick visits, tests, procedures/surgeries, and therapies need to be relatively easy to access.

Alignment with National Priorities
Healthy People 2030 has multiple objectives related to health care access. All goals in the work plan are relevant to Healthy People 2030 Objective AHS-04 to reduce the proportion of people who can't get medical care when they need it. The second goal to increase dental care among youth aligns with the Healthy People 2030 Objective OH-09 to increase the proportion of low-income youth who have a preventive dental visit.

Alignment with SHIP
Health care access aligns with Ohio's priority health factor "access to care."

Consideration of social determinants of health or health inequities
The work group mentioned that Belmont County's population is aging, and older adults may be more likely to face health care access challenges: they may no longer be able to drive, limiting transportation, and they may not be familiar with how to access telehealth care. Lower income individuals may not be able to afford health care and may lack access to transportation.

Goal 1.a: Increase access to reproductive health telehealth appointments.

Key Measure
Number of reproductive health telehealth appointments accessed.

Goal 1.a	**Objective 1.a.1** Start: May 1, 2025 End: December 31, 2027 Status:

Objective Overview
By January 1, 2026, implement plan to increase resident use of reproductive health telehealth.

Lead Agency
Belmont County Health Department

Measure(s)
Number of health department reproductive health telehealth appointments occurring each month.

Measure baseline:
Current number of monthly health department reproductive health telehealth appointments.

Measure target:
Ten percent more monthly health department reproductive health telehealth appointments.

Action Steps

- Brainstorm solutions to increase reproductive health telehealth appointments
- Decide on plan to increase appointments
- Deploy plan
- Adjust plan as necessary

Goal 2.a: Make in-home medical examinations more easily accessible.

Key Measure
Number of residents who receive in-home medical examinations. Number of in-home medical examinations provided.

Background Information
In late 2024, Belmont County CARES brought a nurse practitioner onto staff who can travel to Belmont County residents' homes to provide medical evaluations. CARES receives referrals from many different organizations throughout the region requesting the services of the nurse practitioner.

Goal 2.a	**Objective 2.a.1** Start: April 1, 2025 End: December 31, 2027 Status:

Objective Overview
Until December 31, 2027, have nurse practitioner available to provide in-home medical examinations for around 10 hours a week.

Lead Agency
Belmont County CARES

Measure(s)
Nurse practitioner's time spent available to provide in-home medical evaluations.

Measure baseline:	**Measure target:**
Nurse practitioner available for ~10 hours per week to provide in-home medical evaluations.	Continue plan of action - nurse practitioner available for ~10 hours per week to provide in-home medical evaluations.

Action Steps

- Nurse practitioner receives referrals and provides in-home medical evaluations.
- CARES periodically evaluates plan of action and adjusts accordingly.

Goal 3.a: Increase number of dental care appointments among youth.

Key Measures
Number of youth who have a dental care appointment annually.

Policy changes needed to accomplish goal
Policy changes could help establish dental care that is affiliated with schools.

Additional background information
Work group members mentioned that culturally, many residents feel that seeking dental care is only necessary if there's a problem, meaning that many children go years without dental care.

Goal 3.a	**Objective 3.a.1** Start: March 2025 End: December 2027 Status:

Objective overview
By January 1, 2026, start process to increase dental care among youth.

Lead Agencies
Belmont County Health Department
Ohio Hills Health Centers
Schools

Measure(s)
Number of youth dental care appointments per month

Measure baseline:	**Measure target:**
Current number of youth dental appointments per month	Increase current number of appointments by 10%.

Action Steps

- Discuss options for increasing dental appointments with schools (e.g. partnering with dental professionals to provide exams at schools, handing out dental care kits and educational materials about importance of dental exams, etc.)
- Decide on plan to increase appointments
- Deploy plan
- Adjust as necessary

Goal 4.a: Increase availability of transportation in the county.

Key Measures
Number of rides using new transportation options. Number of residents using new transportation options.

Policy changes need to accomplish goal
Policy changes will be needed to ensure transportation options are implemented and dictate

where access is provided, ensuring health inequities are taken into account.

Goal 4.a	**Objective 4.a.1** Start: September 2025 End: December 2027 Status:

Objective overview
By December 31, 2027, have planning in process to improve transportation.

Lead Agencies
Belmont County Health Department

Measure(s)
Amount of information gathering and planning conducted.

Measure baseline:	**Measure target:**
No information/plans.	Information gathered and directional plans created leading towards implementation of some new transportation by 2030.

Action Steps

- Monitor progress of Bel-O-Mar Regional Council transportation survey (to be conducted by fall 2025)
- Learn about findings from survey
- Participate in planning to the extent possible
- Continue to understand progress of transportation planning

Community assets and resources that could be deployed to address the health priorities are listed below.

Family issues:
- ARC of Ohio
- Barnesville Hospital
- Belmont Help Me Grow
- Belmont County JVS
- Belmont County Mental Health and Recovery Board
- Belmont County NAACP
- Belmont County Sheriff's Office
- Belmont County Veterans Service Office
- Belmont Job and Family Services
- CARES
- Chamber of Commerce
- Child and Adult Protective Services
- Community Action Commission
- County Commissioners
- Food Pantry
- Home Health
- NAMI
- Ohio Hills Health
- OSU Extension Office
- Salvation Army
- School Districts
- Senior Services
- Student Services
- Tri County Women's Health
- Trinity Hospital
- United Way of Belmont County

Substance abuse:
- ARC of Ohio
- Barnesville Hospital
- Belmont County Coroner's Office
- Belmont County Mental Health and Recovery Board
- Belmont County Sheriff's Office
- Belmont County Veterans Service Office
- County Commissioners
- Home Health
- NAMI
- Ohio Hills Health
- Salvation Army
- School Districts
- Senior Services
- Student Services
- Tri County Women's Health
- Trinity Hospital
- United Way of Belmont County

Health care access:
- ARC of Ohio
- Barnesville Hospital
- Belmont Help Me Grow/Belmont County DD
- Belmont County Mental Health and Recovery Board
- Belmont County Veterans Service Office

- CARES
- Community Action Commission
- County Commissioners
- Home Health
- Hospice
- NAMI
- Ohio Hills Health

- School Districts
- Senior Services
- Student Services
- Tri County Women's Health
- Trinity Hospital
- United Way of Belmont County

Family Issues Work Group

Belmont County Department of Job and Family Services
Nichole Couch   *Children Services Intake Supervisor*

NAMI Greater Wheeling
Kayla Straight   *Peer Services Navigator*

NAMI Greater Wheeling
Megan Elliott   *Family Services Navigator*

Ohio State University Extension – Belmont County
Lorrissa Dunfee   *Family and Consumer Sciences Educator*

Tri County Help Center
Megan Talkington   *Community Education Coordinator*

Substance Use Work Group

Belmont County Health Department
Carrigan Goodson   *Health Educator*
Rich Lucas   *Environment Director*

East Central Ohio ESC
Wendy Ware   *Community Based Prevention Specialist*

Franciscan University
Elizabeth Sproull   *Associate Professor*

Mental Health and Recovery Board Belmont, Harrison, Monroe Counties
Leann Cline   *Associate Director of Quality Assurance and Planning*

Ohio University
David Rohall   *Dean of Campus and Community Relations*

Ohio Hills Health Centers
Michael Carpenter   *Chief Operating Officer*
Jan Chambers   *Director of Outreach and Development*

VA Pittsburgh Healthcare System
Heather Steele   *Community Outreach Coordinator*

Health Care Access Work Group

Belmont County CARES
Chad Zambori   *Director*

Board - Belmont County Health Department
Jerry Moore   *Board Member*

Columbiana County Health District
Amanda Amato   *Medical Services Administrator*

Community Improvement Corporation of Belmont County
Crystal Lorimor   *Director*

NAMI Greater Wheeling
Julie Gomez   *Site Manager*

Ohio Hills Health Centers
Michael Carpenter   *Chief Operating Officer*
Jan Chambers   *Director of Outreach and Development*

VA Pittsburgh Healthcare System
Heather Steele   *Community Outreach Coordinator*