



Source: Coshocton Regional Medical Center Website

2025-2028

Community Health Needs Assessment

Coshocton County, OH

Coshocton Regional Medical Center

and

Coshocton Public Health District



**Coshocton Regional
Medical Center**

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Perspective / Overview

About Coshocton Regional Medical Center

Coshocton Regional Medical Center is a not-for-profit, acute care hospital, and a member of the Prime Healthcare Foundation, a 501(c)(3) public charity.

With us, you'll find the clinicians and staff you've come to know... dedicated to delivering the best in quality care!

What began over 100 years ago as a small local hospital has evolved into a 56-bed acute care hospital with a network of hospital-based clinics serving Coshocton County and the surrounding counties of Tuscarawas, Licking, Muskingum and Guernsey with quality family medicine and specialty care physicians.

About Coshocton Public Health District

"Our Mission is to ensure equitable access to care, prevent diseases, promote healthy behaviors and protect the well-being and health environment for all community members."

The Coshocton Public Health District is Coshocton County's Public Health agency – delivering clinic services, disease prevention, health education, environmental safety and community preparedness across the county. Driven by data and implementing national public health standards, we are deeply integrated in our community with outreach programs, partnerships, and evolving services for residents.

Creating a Culture of Health in the Community



Action Cycle Source: University of Wisconsin and the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.Countyhealthrankings.org/roadmaps/action-center>

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Coshocton County, Ohio.

The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding what makes a healthy community.

2025 Community Health Needs Assessment

Collaborators

Coshocton Regional Medical Center, as the sponsors of the assessment, engaged national leaders in community health needs assessments to assist in the project. StrategyHealth, a healthcare consultancy based out of Nashville, Ohio, provided analysis of community health data, facilitated the focus groups, and facilitated a community health summit to receive community input into the priorities and brainstorm goals and actions the community could take to improve health.

Coshocton Regional Medical Center and Coshocton Public Health District partnered on the CHNA. They are located on adjacent campuses and serve the same service area. Throughout the report, they will be referred to as “the partners”.

Making the CHNA Widely Available to the Public

Starting on September 12, 2025, this report is made widely available to the community via Coshocton Regional Medical Center’s website <https://coshoctonhospital.org/> and paper copies are available free of charge at Coshocton Regional Medical Center, 1460 Orange St., Coshocton, OH or by phone (740) 622-6411.

Starting on September 12, 2025, this report is made widely available to the community via Coshocton Public Health District website <https://www.coshoctoncounty.net/health/> and paper copies are available free of charge at Coshocton County Public Health District, 637 Chestnut St., Coshocton, OH 43812 or by phone (740) 622-1426.

Board Approvals

- Coshocton County Public Health District’s board of directors approved this assessment on July 17, 2025.
- The Coshocton Regional Medical Center board of directors approved this assessment on September 11, 2025.

Key Findings

Most Significant Community Health Needs -Final

Based on the previous CHNA priorities, Health Department priorities, secondary data, and focus groups the summit participants selected the following as the most significant health needs in Coshocton County for the next three years. There is a complete summary of findings with prioritization criteria on page 33.

1. Mental health
2. Chronic disease management
3. Access to care
4. Socioeconomics/jobs
5. Substance use disorder
6. Knowledge of resources
7. Child abuse/neglect
8. Health Literacy

Community Input and Collaboration

Methods and Timeline

In February 2025, the partners began a Community Health Needs Assessment for Coshocton County and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in January Through April 2025.
- Thirty community members and stakeholders participated in focus groups for their perspectives on community health needs and issues on May 8, 2025.
- A Community Health Summit was conducted on June 12, 2025, with community stakeholders. The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers, and other community members.

Participants by Those Representing the Broad Interests of the Community

Forty-four individuals from thirty community organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Coshocton County. The three-month process centered on gathering and analyzing data, as well as receiving input from persons who represented the broad interests of the community, to provide direction for the community and hospital to create a plan to improve the health of the communities.

Participants

Organization	Population Represented	Involvement
Board of Commissioners	All	Summit
CareSource	Medicaid	Focus Group, Summit
Clary Gardens	All	Focus Group
Commissioners	County	Summit
Coshocton Behavioral Health Choices (CBHC)	Mental health & addiction	Focus Group, Summit
Coshocton Board of DD; Help me Grow	Pregnant, infants, toddlers & children up to age 5	Summit
Coshocton Chamber of Commerce	Businesses	Focus Group
Coshocton City Schools	PreK-12 students	Focus Group, Summit
Coshocton County EMS	All	Focus Group, Summit
Coshocton County Head Start	Children ages 3-5 & parents	Focus Group, Summit
Coshocton Juvenile Court	Youth and Families	Focus Group, Summit
Coshocton Public Health	All	Focus Group, Summit
Coshocton Public Transit	All	Focus Group
Coshocton Regional Medical Center	All	Focus Group, Summit
Family & Children First Council (FCFC)	All	Focus Group
Genesis Health Care System	All	Focus Group, Summit
Integrated Services for Behavioral Health (ISBH) Ohio Rise	Youth age 0-21 with mental health issues	Focus Group
Kno-Ho-Co - Ashland	Low income, uninsured	Summit
Library	County Population	Summit
McWane Ductile	Large employer	Focus Group, Summit
Muskingum Valley Health Centers (MVHC) - FQHC	All	Focus Group, Summit
Ohio State University Extension	Across the lifespan	Summit
Park National Bank	All income levels	Focus Group
People's Bank	All	Focus Group

Ridgewood Schools	Kids	Summit
Roscoe Gardens	Geriatric	Summit
The Beacon	Media	Focus Group, Summit
United Way	All	Focus Group, Summit

In many cases, several representatives from each organization participated.

Input of the Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received through the focus groups and the community health summit. Agencies representing these population groups were intentionally invited to the focus groups and summit.

Input of Those with Expertise in Public Health

The Coshocton County Public Health District staff were key participants assisting with the CHNA process, attending the focus group, and the summit. The Health District was involved in creating the community needs list and prioritizing the most significant community needs.

Input on the Most Recently Conducted CHNA and Most Recently Adopted Implementation Strategy

Coshocton Regional Medical Center did not receive any written comments on its 2022 CHNA or implementation strategy.

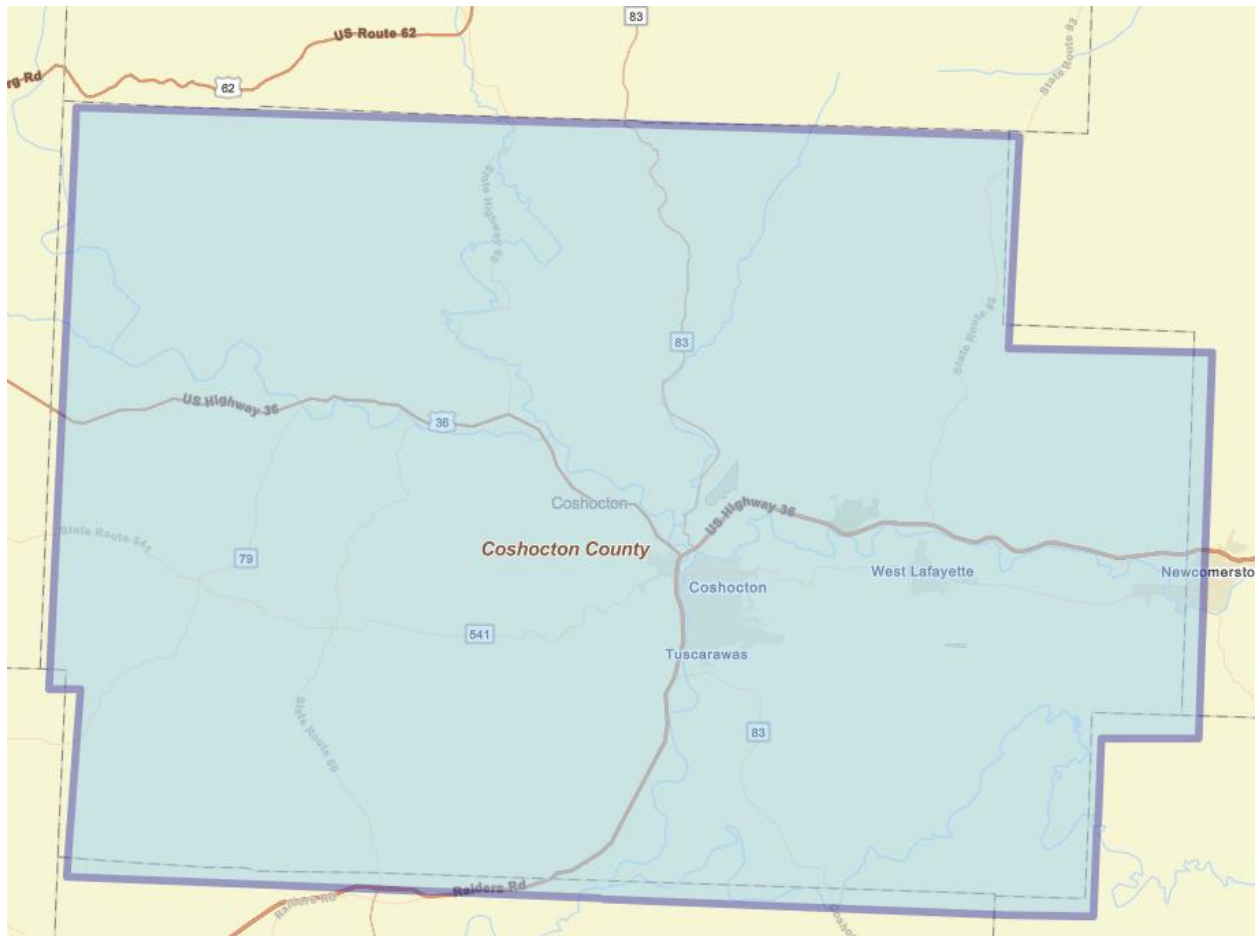
Process and Methods Used

Community Selected for Assessment

Coshocton County was the primary focus of the CHNA due to the service area of Coshocton Regional Medical Center and Coshocton Public Health District. Used as the study area, Coshocton County provided 88% of January 1, 2024, through December 31, 2024, inpatient discharges. The community includes medically underserved, low-income, and minority populations who live in the geographic areas from which Coshocton Regional Medical Center draws their patients.

All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Coshocton Regional Medical Center's Financial Assistance Policy.

CHNA Study Area – 2025



Data and Other Information Used in the Assessment

Primary methods included:

- Focus groups with community members and stakeholders
- Community Health Summit

Secondary methods included:

- Public health data – death statistics, County Health Rankings, cancer incidence
- Demographics and socioeconomics – population, poverty, uninsured, unemployment

Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community's health needs



Source: Coshocton Regional Medical Center Website

Description of the Communities Served

Demographics Indicators

The following tables and graphs summarize the demographics of Coshocton County compared to OH and the U.S.

	Coshocton Co.	OH	USA
Population 2024	36,366	11,799,453	338,440,954
Population 2029	36,178	11,838,305	344,873,411
% Population Change 2024-2029	-0.5%	0.2%	1.9%
Percent of Population below 18	23.8%	21.2%	21.0%
Percent of Population 18-64	55.0%	59.4%	60.8%
Percent of Population 65+	21.2%	19.4%	18.1%
Racial and Ethnic Make-up			
Non-Hispanic White	94.0%	74.7%	56.3%
Non-Hispanic Black	1.1%	12.6%	12.1%
Non-Hispanic Asian	0.3%	2.8%	6.3%
Native American/Alaska Native	0.2%	0.2%	0.7%
Two or More Races	3.0%	4.5%	4.3%
Other Race	0.1%	0.4%	0.7%
Hispanic Origin	1.2%	4.8%	19.6%

Source: Esri

The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

Socioeconomic Indicators

	Coshocton Co.	OH	USA
Median Age 2024	42	40	39.1
Median Household Income 2024	\$52,563	\$69,192	\$75,149
Percent with Incomes Below the Federal Poverty Guideline	16.2%	13.3%	11.5%
Percent of Asset Limited, Income Constrained, Employed (ALICE) HH	28%	25%	29%
Percentage speaking a language other than English - English only 91.5% - Spanish .4% - Other Indo-European languages 7.6% - Asian & Pacific Islander Languages .4%	8.5%	7.7%	21.7%

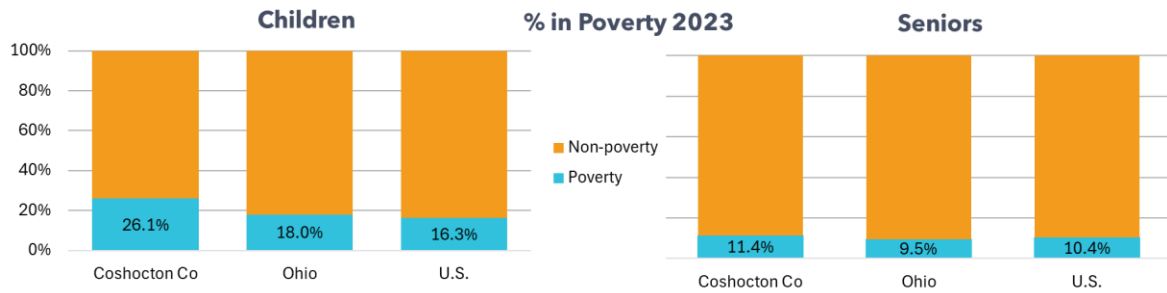
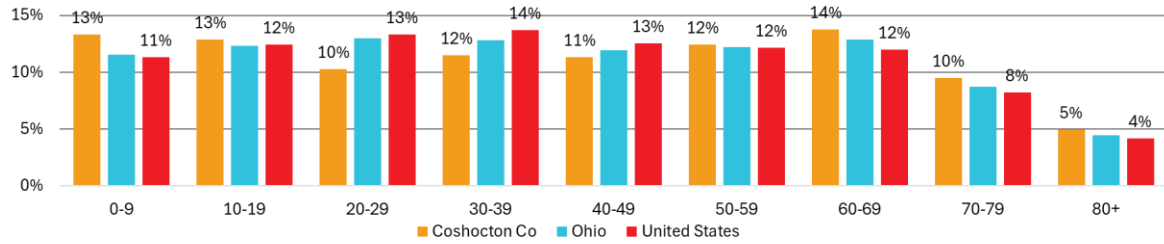
% of Income for Mortgage	18.1%	20.7%	25.6%
Population Receiving SNAP Benefits 2022	14.9%	12.0%	12.5%
Percent Unemployed – 2024	4.2%	3.2%	3.5%
Percent Uninsured	11%	8%	11%
Percent with a Disability <age 65	11.4%	10.2%	8.9%
% with a bachelor's degree or higher by age 25	16.7%	30.9%	35.0%
% Amish/Mennonite Congregation Adherents (2,724)	7.4%	.8%	.1%

Source: Esri, Census Bureau, United Way

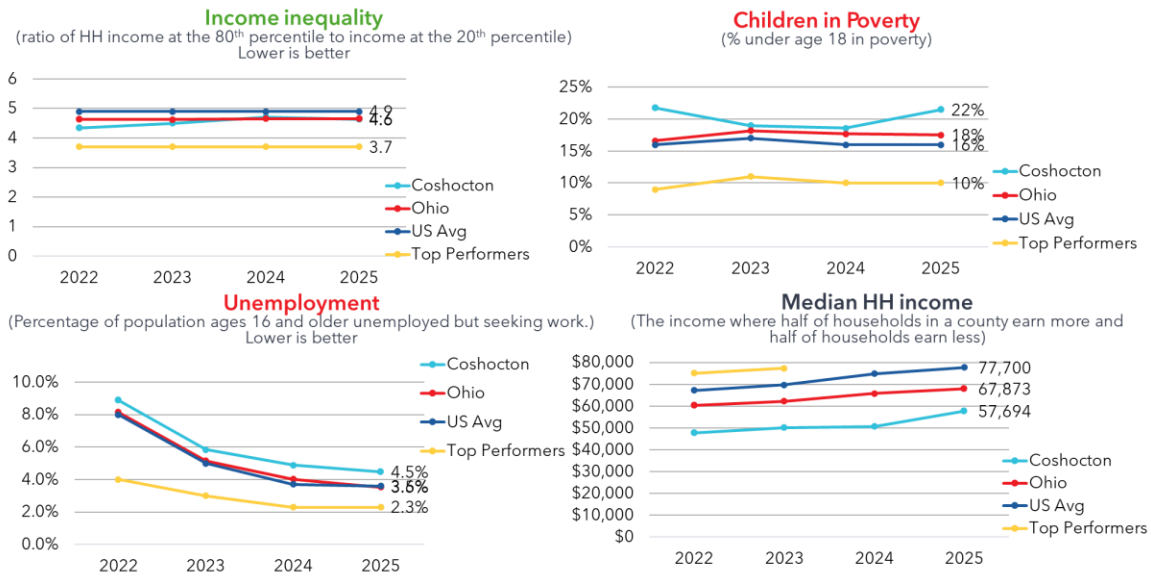
Summary of Data in the Demographics Socioeconomic Indicators above:

- Coshocton County's population in 2024 was 36,366.
- The population of Coshocton County is projected to decrease 0.5% from 2024 to 2029. Ohio is projected to increase 0.2%. The U.S. is projected to increase 1.9%.
- Coshocton County had a higher median age (42) than OH (40) and the U.S. (39.1). In Coshocton County the percentage of the population 65 and over was 21.2%, higher than OH and the U.S. population 65 and over at 19.4% and 18.1% respectively.
- Coshocton County median household income at \$52,563 was lower than OH (\$69,192) and the U.S. (\$75,149).
- The rate of poverty in Coshocton County was 16.2% which was higher than OH (13.3%) and higher than the U.S. (11.5%). The percent of asset limited, income constrained, and employed (ALICE) households in Coshocton County was 28%, which was higher than OH at 25% and the U.S. at 29%.
- The household income distribution of Coshocton County was 21.7% of the population were considered upper income (over \$100,000), 44.4% middle income, and 34% lower income (under \$35,000).
- The racial and ethnic make-up of Coshocton County was 94% Non-Hispanic White, 1.1% Non-Hispanic Black, 1.2% Hispanic origin, 3% more than one race, 0.3% Asian/Pacific Islander, and .3% other.
- Coshocton County's 2024 unemployment was 4.2% compared to 3.2% for Ohio and 3.5% for the U.S.
- 14.9% of Coshocton County received SNAP benefits compared to 12% of Ohio and 12.5% in the U.S. in 2022.

Population by Age Range 2024



Source: Esri



Living wage

(The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of **one adult and two children**)

Coshocton Co	\$40.33
Ohio	\$47.86

Source: Living wage - Living Wage Institute, Inc. 2025

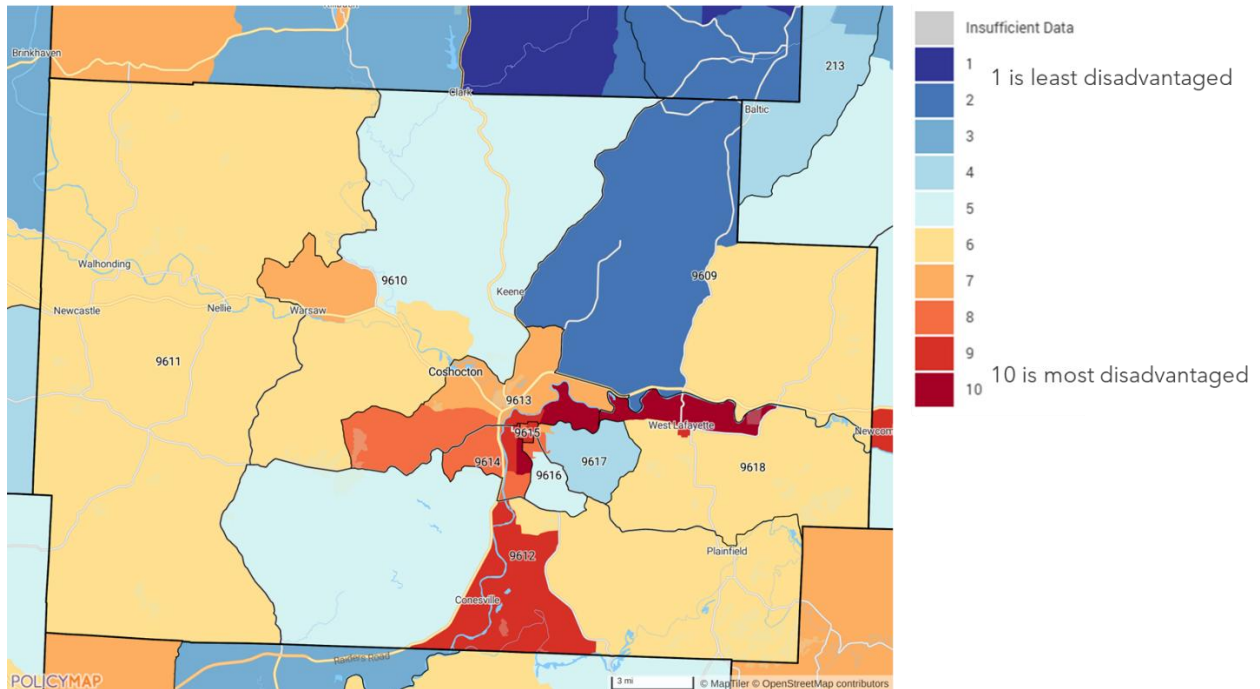
Source: Income inequality - American Community Survey, 2019-2023

Source: Children in poverty and median household income - Small Area Income and Poverty Estimates; American Community Survey, five-year estimates, 2023 & 2019-2023

Source: Unemployment - Bureau of Labor Statistics, 2023

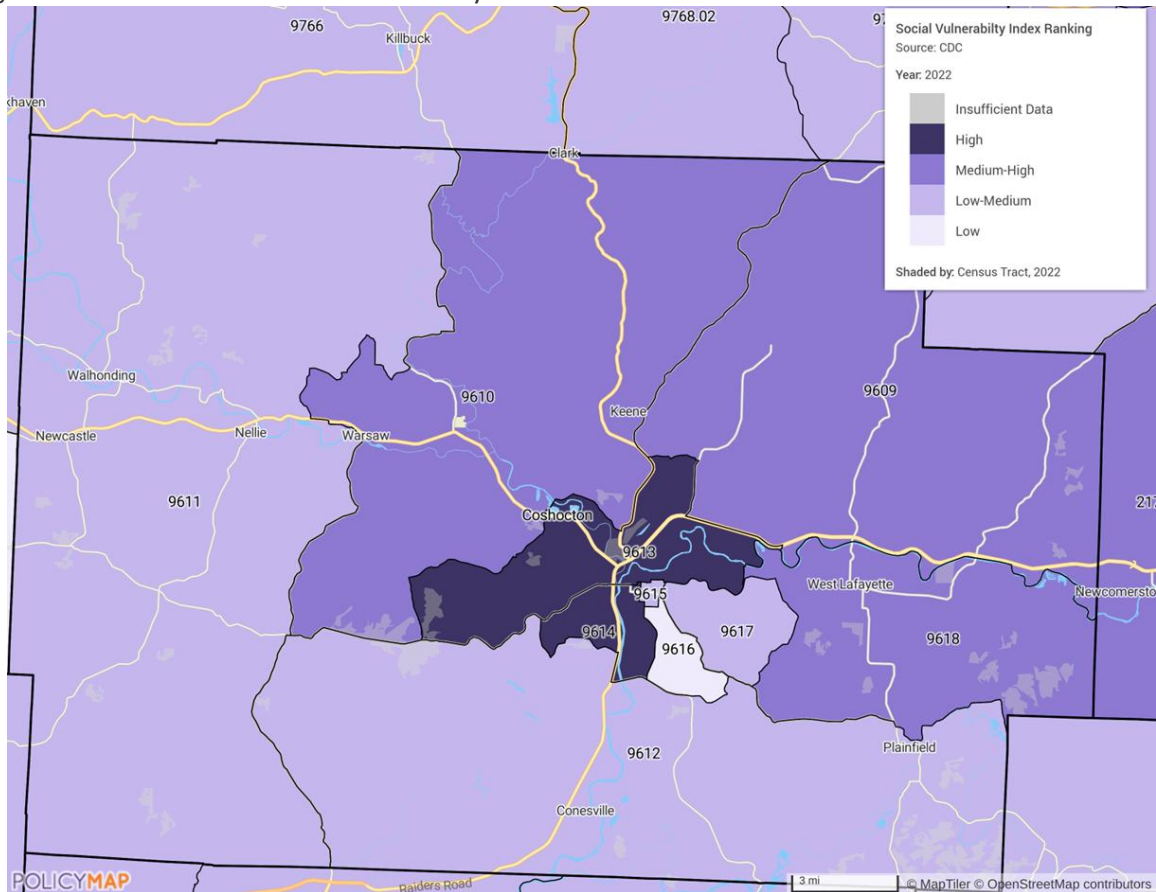
Area Deprivation Index (by block group)

The area deprivation index is based on socioeconomic disadvantage in the areas of income, education, employment and housing quality. The block groups in the red are the most disadvantaged and would be a priority location for health improvement activities.



Social Vulnerability Index (by census tract)

Social vulnerability refers to the demographic and socioeconomic factors (such as poverty, lack of access to transportation, and crowded housing) that adversely affect communities that encounter hazards and other community-level stressors. These stressors can include natural or human-caused disasters (such as tornadoes or chemical spills) or disease outbreaks (such as COVID-19). The current CDC/ATSDR Social Vulnerability Index uses 16 U.S. Census variables from the 5-year American Community Survey (ACS) to identify communities that may need support before, during, or after disasters. These variables are grouped into four themes that cover four major areas of social vulnerability and then combined into a single measure of overall social vulnerability.



Business Profile

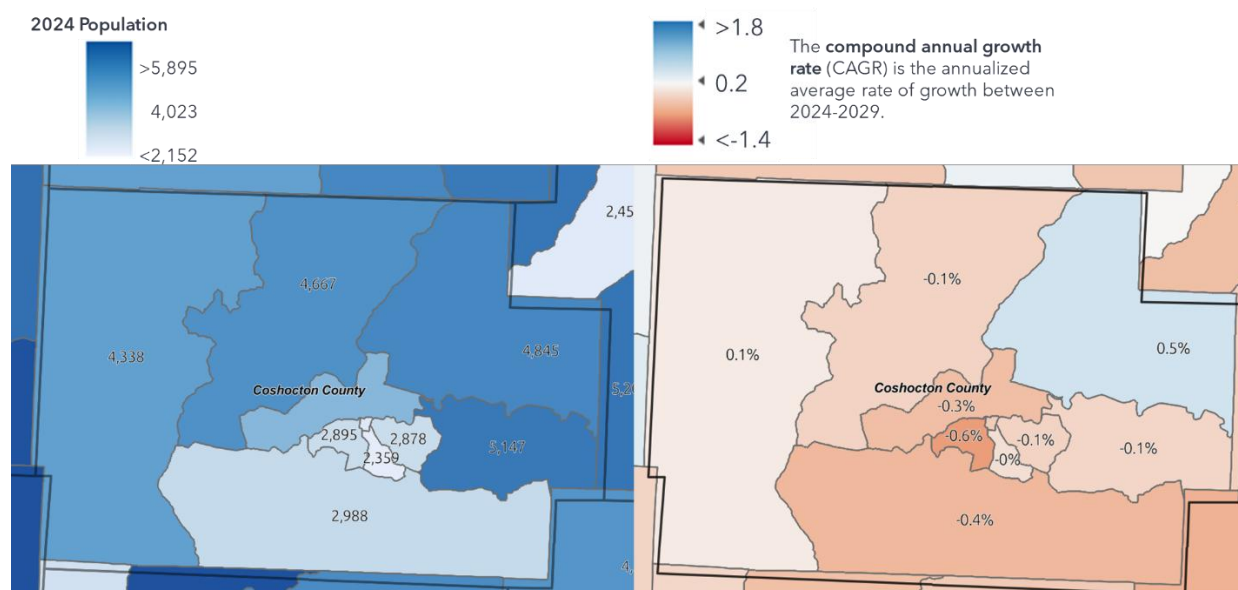
Sixty-three percent of employees in Coshocton County were employed in:

- Manufacturing (23%)
- Health care and social assistance (13%)
- Retail trade (12%)
- Education (8%)
- Construction (7%)

Source: ACS, 2023

Retail jobs typically offer health insurance at a lower rate than manufacturing, healthcare, , and educational services.

2024 Population by Census Tract and Population Change (2020-2024)

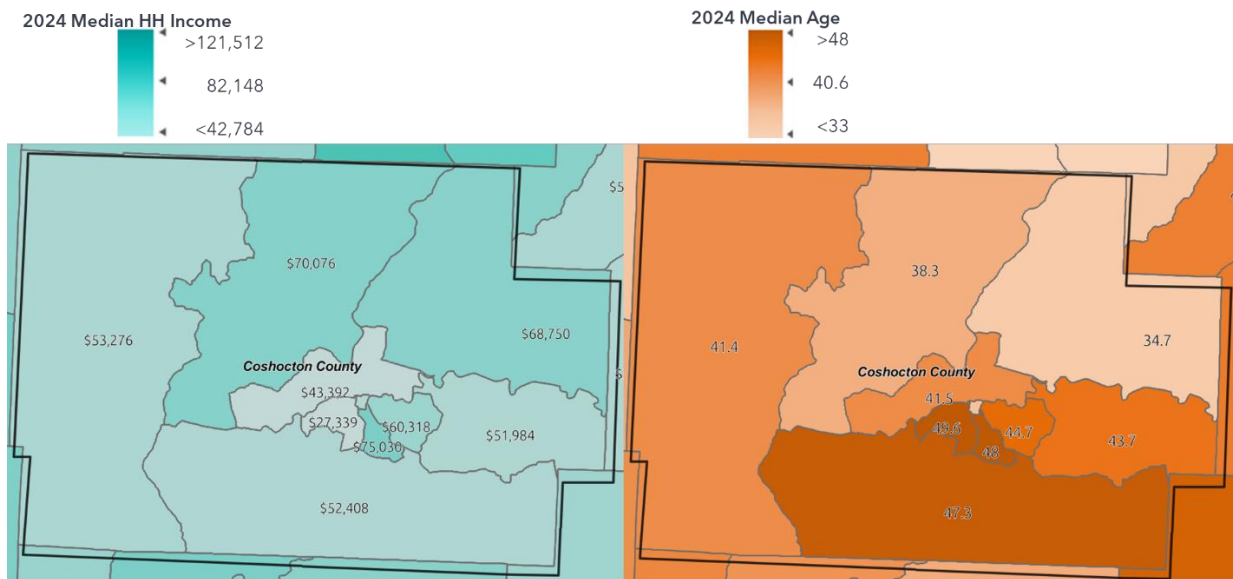


Source: Esri

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. The higher populated census tracts are smaller geographically and the less populated census tracts are larger in geography. This can be seen by looking at the census tracts around Coshocton with 2,895 and 2,878 population compared to the much larger far western tract with a population of 4,338.

The majority of Coshocton County had a negative compound annual growth rate ranging from -0.1% to -0.6% per year. There were three census tracts that increased in population 0.1%, 0.1% and 0.5%.

2024 Median Household Income and Age



Source: Esri

The two maps depict median household income and median age by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same and will therefore have differing health needs. The lower income areas may require more focus than the higher income tracts. The census tract south of Coshocton with a higher median household income of \$75,030 will probably have different health status than that of the tract just to its west with a \$27,339 median household income.

The health needs may be very different in the dark orange census tracts with higher median ages (47 and 49) than the tract in the northeast corner with median age of 34.7.

Focus Groups Summary

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in focus groups on May 8, 2025, for their input into the community's health. Community participation in individual interviews represented a broad range of interests and backgrounds. Below is a summary of the focus groups.



Many factors impact health – housing, transportation, socioeconomics

The participants defined health as mind, body and spirit, physical mental, emotional spiritual health. They believe health depends on economics, social determinants of health and socioeconomics.

The most significant health issues for the communities were:

- Mental health
- Substance use disorder

- Healthy eating
- Transportation
- Lack of knowledge about resources
- Social determinants of health – socioeconomics, homelessness, education, resilience
- Access and affordability of care
- Local community culture
- Potential environmental issues

If given a magic wand and no resource restrictions, the participants selected the following solutions to improve health.

- Competitive wages
- Improve access to healthcare services – pay providers fairly, more specialized services, provide more healthcare out in the county
- Increase access to mental/behavioral health services – more outpatient mental health care, hire more mental health providers, erase trauma
- Increase access to substance use disorder treatment – treatment in jails, build inpatient and outpatient care facilities, add more recovery houses
- Educate and improve families – parenting skills, interrupt generational issues
- Schools and kids' education – life skills, have college educated people come back here



Source: Coshocton Regional Medical Center Website

Health Status Data and Comparisons

Health Status Data

The 2025 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin², analyzes community conditions such as health infrastructure, physical environment and social and economic factors and how they contribute to health outcomes or population health and well-being measured by length and quality of life. To become the healthiest community in Ohio and eventually the nation, Coshocton County must close several community condition gaps.

County Health Rankings suggested the areas to explore for improvement in Coshocton County were:

- Higher adult smoking
- Higher adult obesity
- Higher injury deaths

The strengths were:

- Higher flu vaccinations
- Lower population per dentist
- Low preventable hospital stays
- Higher high school completion
- Higher social associations

When analyzing the health status data, county results were compared to Ohio, the U.S., and the top 10% of counties in the U.S. (the 90th percentile) (where available). For additional perspective, Ohio was ranked the 34th healthiest state out of the 50 states. (Source: 2024 America's Health Rankings)

Ohio challenges were:

- High prevalence of frequent mental distress
- High prevalence of multiple chronic conditions
- High prevalence of cigarette smoking

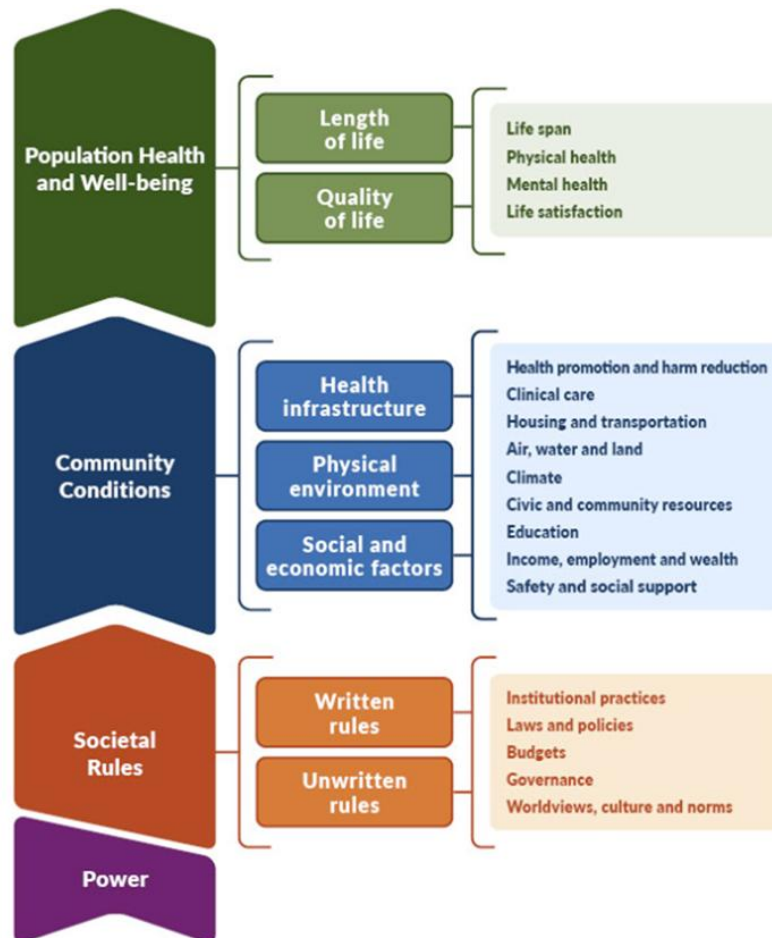
The strengths were:

- Low prevalence of excessive drinking
- Low-income inequality
- Low percentage of households experiencing severe housing problems

Information from County Health Rankings and America's Health Rankings were analyzed in the CHA in addition to the previously reviewed sociodemographic information and other public health data. Other data analyzed is referenced in the data below, such as causes of death, demographics, socioeconomics, and primary research. If a measure was better than Ohio, it was identified as a strength, and where an indicator was worse than Ohio, it was indicated as an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them.

² *The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Ohio's counties every year since 2003.*

Although not all the health status data was derived from County Health Rankings, the data is organized using the following model focusing on community conditions such as health infrastructure, physical environment, and social and economic factors and their contribution to population health and well-being which is measured by length and quality of life.



University of Wisconsin Population Health Institute Model of Health © 2025

Rankings and Comparisons of Health Status

The following tables compare Coshocton County to the OH and the U.S. for health outcomes and community conditions. The trend column indicates whether the trend is increasing or decreasing, green indicates improvement, red indicates decline. If the trend cell is empty, there is no change over the last four years. Trended graphs are available in Appendix 4.

Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Health outcomes tell us how long people live on average within a community and how much physical and mental health people experience in a community while they are alive.

Indicators	Trend	County	OH	U.S.	Description
Length of Life					
Premature death		10,619	9,740	8,400	Years of potential life lost before age 75 per 100,000 population (age-adjusted). 2020-2022
Life expectancy		74.3	75.2	77.1	Average number of years people are expected to live. 2020-2022
Infant mortality		7.6	7.0	6.0	Number of infant deaths (within 1 year) per 1,000 live births. 2016-2022
Child mortality		60.6	59.2	50.0	Number of deaths among residents under age 20 per 100,000 population. 2019-2022
Quality of Life					
Physical Health					
Poor or fair health		21%	18%	17%	Percentage of adults reporting fair or poor health (age-adjusted). 2022
Poor physical health days		5.0	4.3	3.9	Average number of physically unhealthy days reported in past 30 days (age-adjusted). 2022
Frequent physical distress		15%	13%	12%	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted). 2022
Low birth weight babies		7%	9%	8%	Percentage of live births with low birth weight (< 2,500 grams or 5lbs 8oz) 2017-2023
Diabetes prevalence		12.4%	11.3%	10%	Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted). 2022
Adult obesity		41%	38%	34%	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted). 2022
Youth obesity		21.7%	19.4%		Percent of ages 12-18 by measuring BMI, 2022-2023
HIV prevalence		62.4	246.1	382.0	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population. 2022
Cancer incidence		483.3	470.0	444.4	Incidence rates (cases per 100,000 population per year) age-adjusted. 2017-2021
Sexually transmitted infections		273	463	495	Number of newly diagnosed chlamydia cases per 100,000 population. 2022
Mental Health					

Poor mental health days		6.6	6.1	5.1	Average number of mentally unhealthy days reported in past 30 days (age-adjusted). 2022
Frequent mental distress		22%	19%	16%	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted). 2022
Suicide rate		19.3	14.7	14.0	Number of deaths due to suicide per 100,000 population (age-adjusted). 2018-2022
Feelings of loneliness		33%	34%	33%	Percentage of adults reporting that they always, usually or sometimes feel lonely. 2022

Community Conditions

Community conditions include the social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship and age. Community conditions are also referred to as the social determinants of health. (County Health Rankings, 2025)

Indicators	Trend	County	OH	U.S.	Description
Health Infrastructure					
Substance Misuse					
Excessive drinking		19%	21%	19%	Percentage of adults reporting binge or heavy drinking (age-adjusted). 2022
Adult smoking		22%	18%	13%	Percentage of adults who are current smokers (age-adjusted). 2022
Alcohol impaired driving deaths		45%	32%	26%	Percentage of driving deaths with alcohol involvement. 2018-2022
Drug overdose deaths		32.8	44.7	31	Number of drug poisoning deaths per 100,000 population. 2020-2022
Healthy Eating/Active Living					
Physical inactivity		27%	24%	23%	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted). 2022
Access to exercise opportunities		44%	84%	84%	Percentage of population with adequate access to locations for physical activity. 2024, 2022 & 2020
Food environment index		7.3	7.0	7.4	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best). 2019 & 2022
Food insecurity		18%	14%	14%	Percentage of population who lack adequate access to food. 2022
Limited access to healthy foods		3%	7%	6%	Percentage of population who are low-income and do not live close to a grocery store. 2019
Insufficient sleep		40%	40%	37%	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted). 2022
Access to Care					
Primary care physicians		2,817	1,328	1,330	Ratio of population to primary care physicians. 2021
Dentists		3,048	1,535	1,360	Ratio of population to dentists. 2022
Mental health providers		922	286	300	Ratio of population to mental health providers. 2024
Other primary care providers		1,603	672	710	Ratio of population to primary care providers other than physicians. 2024
Uninsured		10%	7%	10%	Percentage of population under age 65 without health insurance. 2022

Uninsured children		8%	4%	5%	Percentage of children under age 19 without health insurance. 2022
Uninsured adults		11%	8%	11%	Percentage of adults under age 65 without health insurance. 2022
Prevention					
Mammography screening		44%	47%	44%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening. 2022
Flu vaccines		42%	51%	48%	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination. 2022
Preventable hospital stays		3,033	3,032	2,666	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. 2022
COVID vaccines		40%	61%	70%	Percentage of fully vaccinated recipients. May 2023
Teen births		20	17	16	Number of births per 1,000 female population ages 15-19. 2017-2023
Physical Environment					
Drinking water violations		No			Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation. 2023
Air pollution particulate matter		7.9	7.9	7.3	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). 2020
Broadband access		80%	89%	90%	Percentage of households with broadband internet connection. 2019-2023
Childcare centers		12	9	7	Number of child care centers per 1,000 population under 5 years old. 2010-2022
Library access		3	3	2	Library visit per person living within the library service area per year, 2022
Long commute-driving alone		33%	31%	37%	Among workers who commute in their car alone, the percentage that commute more than 30 minutes. 2019-2023
Access to parks		2%	47%	51%	Percentage of the population living within a half mile of a park. 2024 & 2020
Housing					
Severe housing cost burden		11%	12%	15%	Percentage of households that spend 50% or more of their household income on housing. 2019-2023
Severe housing problems		12%	13%	17%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. 2017-2021
Home ownership		73%	67%	65%	Percentage of owner-occupied housing units. 2019-2023
Social & Economic Factors					
Economic Stability					
Median HH income		\$52,563	\$69,192	\$75,149	The income where half of households earn more, and half of households earn less. 2024
Unemployment		4.2%	3.2%	3.5%	Percentage of population ages 16 and older unemployed but seeking work. 2024
Poverty		16.2%	13.3%	11.5%	Percentage of population living below the federal poverty line. 2023
ALICE HH		28%	25%	29%	Percentage of households who are asset limited, income constrained, employed. 2022

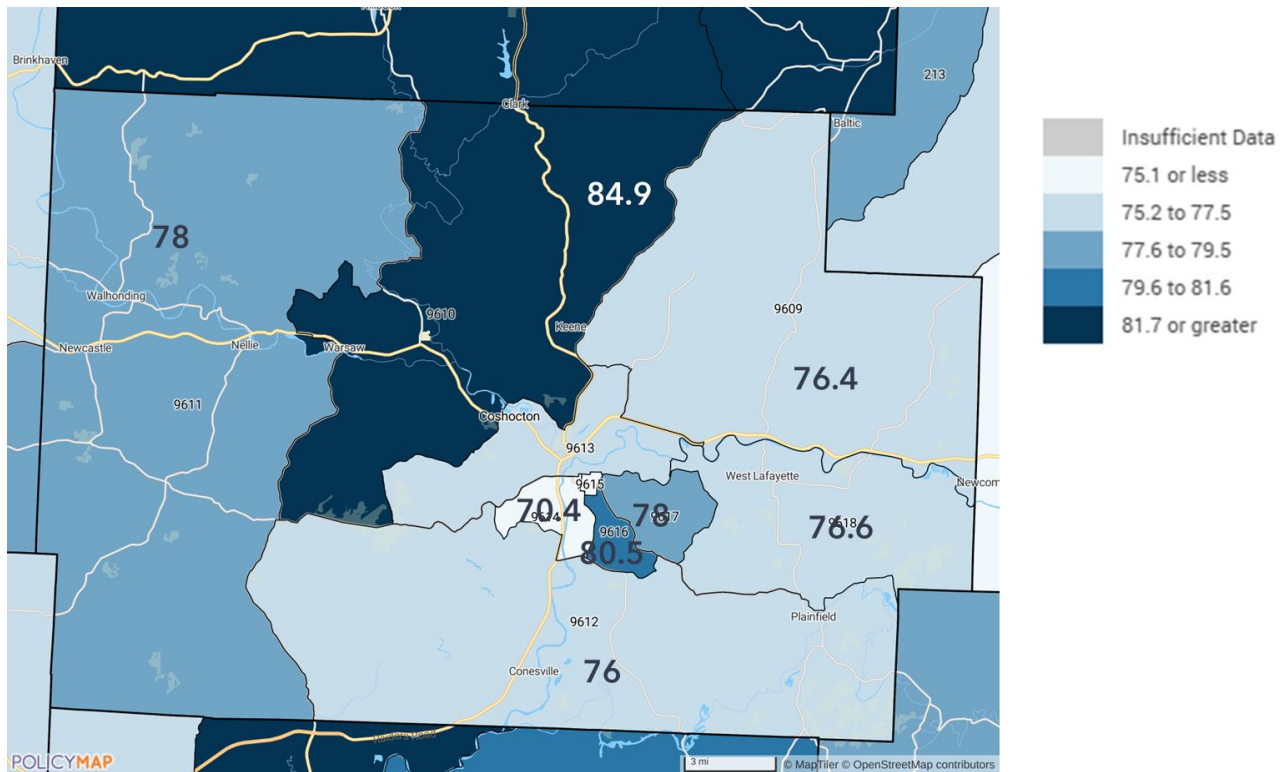
Children in poverty		26.1%	18.0%	16.3%	Percentage of people under age 18 in poverty. 2023 & 2019-2023
Seniors in poverty		11.4%	9.5%	10.4%	Percentage of people 65 and over in poverty. 2023
Income inequality		4.6	4.6	4.9	Ratio of household income at the 80th percentile to income at the 20th percentile. 2019-2023 (lower is better)
Living wage		\$40.33	\$47.86		The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children. 2024
Childcare cost burden		30%	32%	28%	Childcare costs for a HH w/2 children as a percent of median HH income. 2024 & 2023
Educational Attainment					
3 rd grade math scores		3.3	3.0	3.0	Average grade level performance for 3rd graders on math standardized tests. 2019
3 rd grade reading level		3.3	3.1	3.1	Average grade level performance for 3rd graders on English Language Arts standardized tests. 2019
School funding adequacy		\$621	\$44	\$1,411	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district. 2022
High school completion		85%	92%	89%	Percentage of adults ages 25 and over with a high school diploma or equivalent. 2019-2023
Some college		49%	66%	68%	Percentage of adults ages 25-44 with some post-secondary education. 2019-2023
Family & Social Engagement					
Children in single-parent HH		29%	26%	25%	Percentage of children that live in a household headed by a single parent. 2019-2023
Social associations		12.0	10.8	9.1	Number of membership associations per 10,000 population. 2022
Lack of social & emotional support		22%	24%	25%	Percentage of adults reporting that they sometimes, rarely, or never get the social and emotional support they need. 2022
Belonging in school		23.7%	18.4%		Percent who strongly disagree and disagree who feel like they belong in school, 2022-2023
Voter turnout		60.0%	66.9%	67.9%	Percentage of citizen population aged 18 or older who voted in the 2020 U.S. Presidential election. 2020 & 2016-2020
Census participation		66.5%		65.2%	Percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire or telephone). 2020
Community Safety					
Firearm fatalities		20.8	14.7	13.0	Number of deaths due to firearms per 100,000 population. 2018-2022
Motor vehicle crash deaths		16.8	11.1	12.0	Number of motor vehicle crash deaths per 100,000 population. 2016-2022
Injury deaths		98.4	100.7	84.0	Number of deaths due to injury per 100,000 population. 2018-2022
Neighborhood violence		15.2%	15.6%		Percent age 12-18 who have seen someone get physically attacked, beaten, stabbed or shot in their neighborhood.

Mapping Analyses

The following maps show the significant differences in populations by census tract within the county. Much of the demographic and health status data is available by county and it is beneficial to see differences by geographic location to enact local solutions.

Life Expectancy at Birth

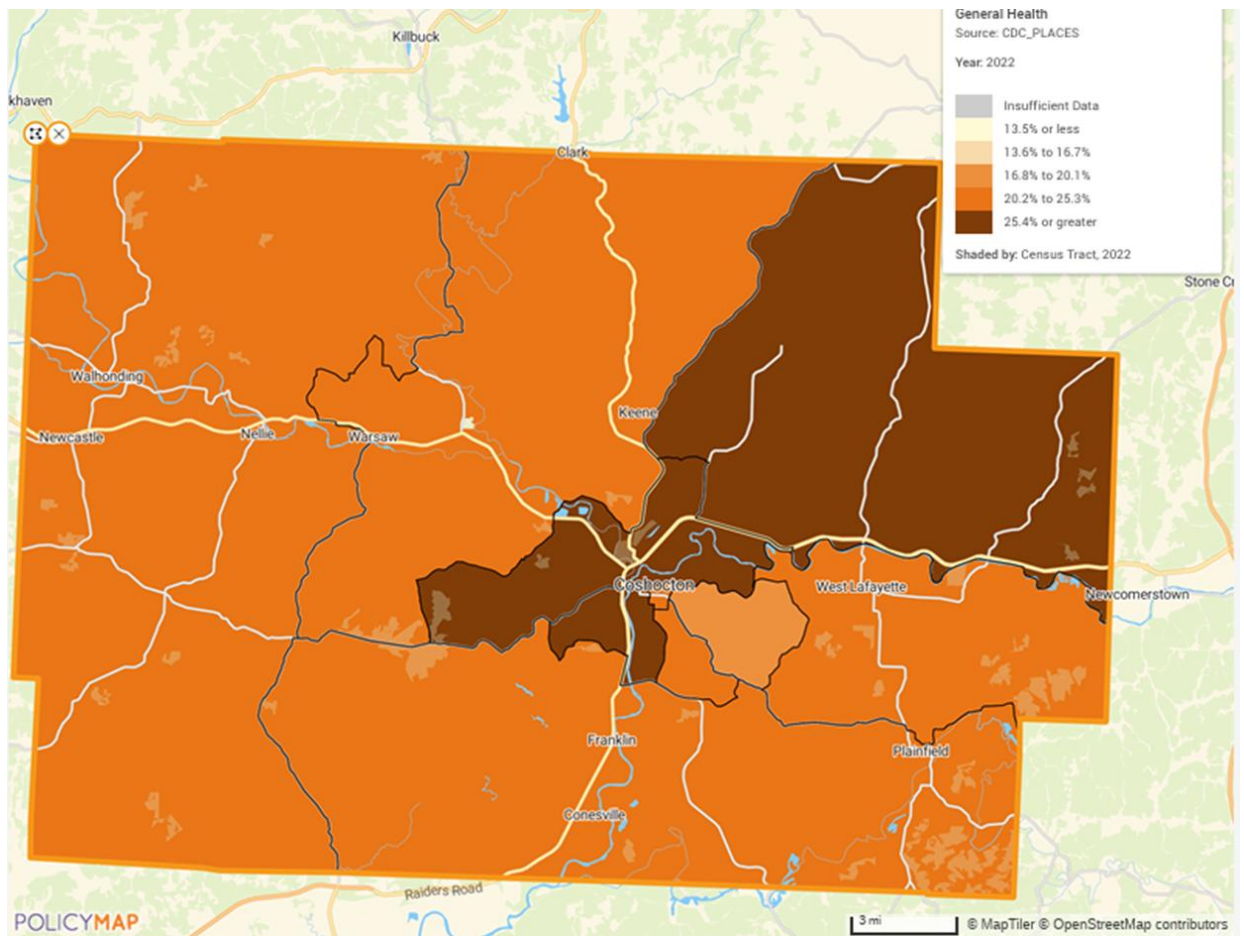
The darker areas have higher life expectancy, and the lighter areas have lower life expectancy. Life expectancy is impacted by lifestyle (diet, nutrition, and physical activity), environment such as living conditions and access to healthcare, and genetics. (Source: [University of Florida, Department of Physiology & Aging](#), March 27, 2024)



Source: CDC, Census Bureau, 2010-2015

Percentage in Fair or Poor Health (by census tract)

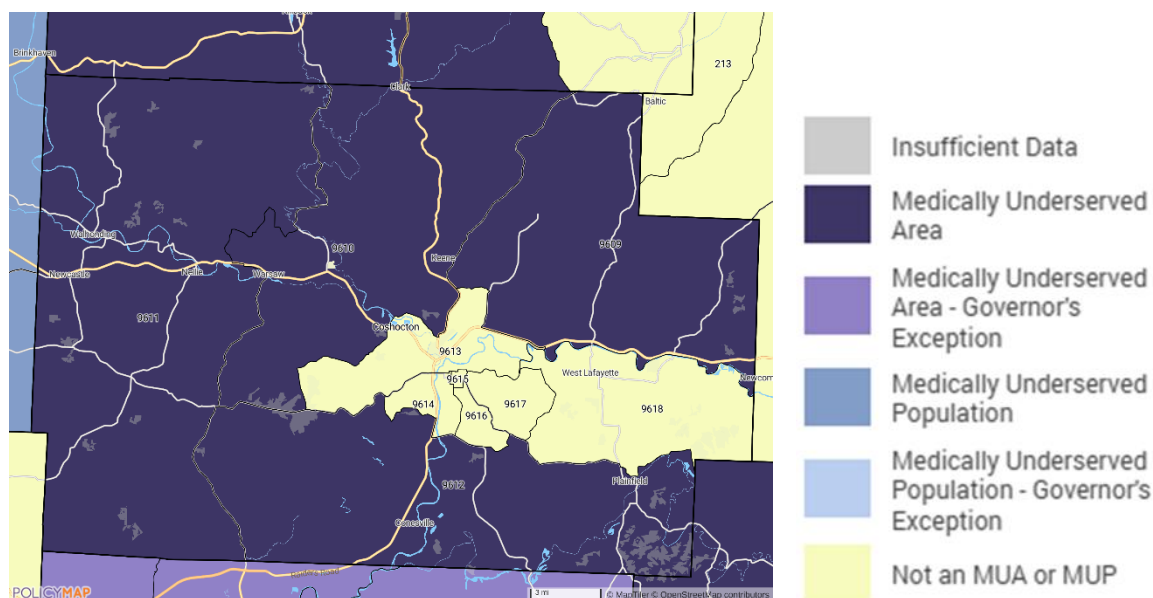
The darker the color the larger the percentage of adults self-reporting poor or fair health. The northeast census tracts and west of Coshocton reported 25.4% or greater in poor or fair health.



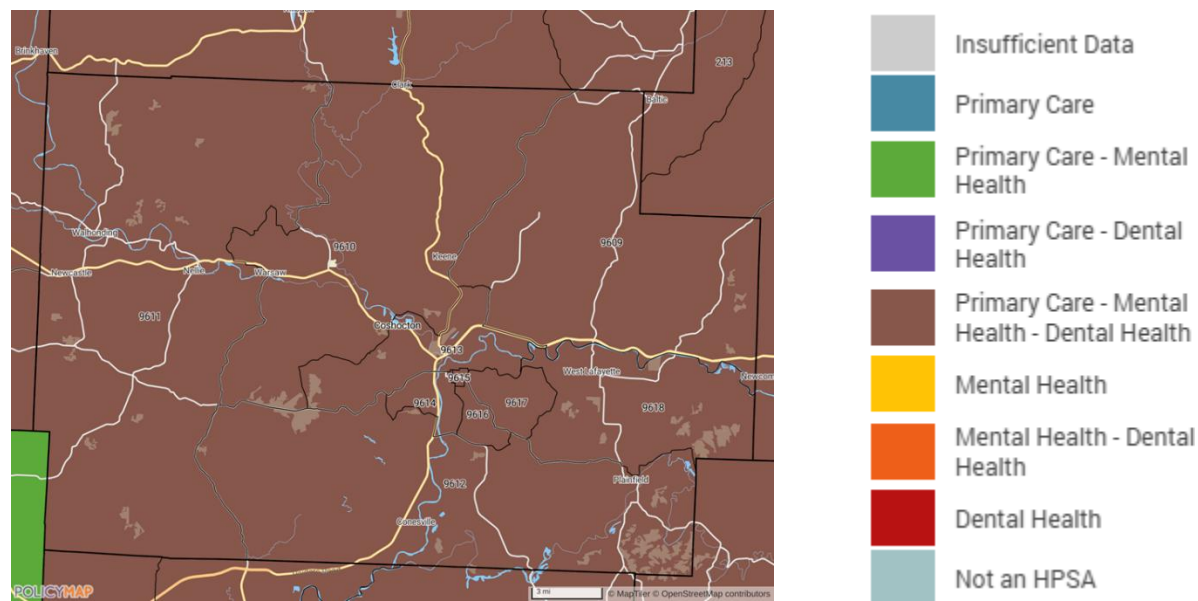
Source: PolicyMap; CDC, Places, 2022

Medically Underserved and Health Professional Shortage Areas

The more rural areas of Coshocton County are designed medically underserved areas according to Health Resources and Services Administration of the Department of Health and Human Services.



Coshocton County is also designated as a primary care, mental health, and dental health shortage area by the same department.



Source: PolicyMap; HRSA, 2024 & 2023

Summary of Primary and Secondary Data – Most Significant Health Needs

The chart below summarizes all the primary and secondary data revealing the significant health needs in the community. These identified issues were used to create the list the participants at the summit used to prioritize the most significant health needs.

2022 Hospital Identified Health Needs	Public Health	Secondary Data	Focus Groups
Healthy eating/active living education	Mental health	Access to exercise opportunities	Mental health
Chronic diseases	Chronic disease	High population to primary care physicians	Substance use disorder
Substance misuse	Maternal health	Broadband access	Healthy eating
Mental health	Access to care	Some college	Transportation
	Prenatal care	High school completion	Lack of knowledge about resources
	Health education	Unemployment	SDoH – Socioeconomics, education, unhoused population
	Community outreach		Access and affordability of care
	Social determinants of health		Local community culture-distrust, lack of hope, bond failure
	Health behaviors		Domestic violence
	Equity		Child abuse & neglect
			Health literacy



Source: Coshocton Regional Medical Center Website

Results of the CHNA: Prioritized Health Needs

Prioritization Criteria

At the Community Health Summit, the attendees reviewed the community health information and used the criteria below to prioritize the health needs in the community.

Magnitude	How big is the problem? How many individuals does the problem affect, either actually or potentially?
Seriousness of the Consequences	What would happen if the issue were not made a priority?
Equity	Does this affect one group more than others?
Feasibility	Is the problem preventable? How much change can be made? What is the community's capacity to address it?

Most Significant Community Health Needs from Summit

Based on the secondary data and community focus groups, using the criteria above, community stakeholders selected the following significant health needs in the county. They voted using Mentimeter, selecting three priorities. The issues with the most votes are listed below with the number of votes received.

1. Mental health (14 votes)
2. Chronic disease management (11 votes)
3. Access to care (10 votes)
4. Substance use disorder (8 votes)
5. Lack of knowledge of resources (7 votes)
6. Child neglect and abuse (6 votes)
7. Health literacy (5 votes)

Impact of 2022 CHNA and 2021 CHA and Implementation Plan

Coshocton Regional Medical Center and Coshocton Public Health District has engaged in numerous initiatives to help address the identified significant health needs from the previous CHNA and CHA.

Coshocton Regional Medical Center

Priority Area	Key Initiatives
Healthy Eating & Active Living	OSU Extension partnership, Dining with Diabetes classes, health screenings at events (BP, glucose, vascular)
Chronic Disease Management	Social media and YouTube education series, topics: heart health, diabetes, colon cancer, annual well exams; partnerships with Aultman Hospital; onsite employer health fairs; chest pain & heart failure accreditations
Mental Health & Substance Use	Mental health clinic services for anxiety, depression, trauma, bipolar disorder, PTSD, postpartum depression, OCD, and mood disorders; yoga physical therapy (Dr. Stephanie Carter Kelly); community events; education via social media

Coshocton Public Health District

Priority Area	Key Initiatives
Mental Health & Addiction	Project DAWN, Narcan distribution, community support roles
Chronic Disease Awareness	Campaigns for diabetes, heart health, and Lyme disease
Maternal & Infant Health	Maternal health services including ultrasounds and prenatal lab work
Access to Care	Coffee with a Doc, WIC at Farmers Market, BP clinics, newsletters, community health worker, homebound labs & vaccinations



Source: Coshocton Regional Medical Center Website

Appendices

1. Community Health Summit Brainstorming
2. Focus Group Summary
3. Health Status Trended Data
4. Community Asset Inventory

1. Community Health Summit Brainstorming

Once the stakeholders prioritized the most significant health issues, the table groups discussed what might be done to improve the health issue. Below are notes from the brainstorming. We encourage other community organizations to use this list when deciding on projects and initiatives.

Significant Health Need 1: Mental health

Goal 1: Find qualified professionals willing to live and work in Coshocton

Action 1 - Partner with colleges, universities, and provide internships that could result in employment.

Resources/collaborators needed: Universities, colleges, mental health board, Coshocton C.A.R.E.S., managed care organizations

Action 2 - Increase health literacy, including mental health

Resource/collaborators needed: Employers' Human Resource Departments

Goal 2: Provide crisis care (immediate care)

Action 1 - Add acute care capacity

Resources/collaborators needed: Mental health board

Action 2 - Promote 988 (call or text) National suicide and crisis lifeline

Resources/collaborators needed: Workplaces, new hire paperwork, Schools, social media, radio

Significant Health Need 2: Chronic disease management

Goal 1: Provide education on diseases

Action 1 - Offer a variety of classes in a variety of times

Resources/collaborators needed: high traffic areas, senior centers, Kids America, Library to hold classes. Offer classes throughout the community different times of the day.

Action 2 - Enable agencies to access patients' histories for better coordination of care

Resources/collaborators needed: Insurance, hospitals, primary care providers, Epic system EMR access.

Goal 2: Ensure local agency collaboration

Action 1 - List all resources available, "how to navigate your healthcare".

Action 2 - Expand use of care navigators

Significant Health Need 3: Access to care

Goal 1: Increase awareness of resources provided

Action 1 - Produce a list of resources available to all via web application, hot line, paper version, etc.

Resources/collaborators needed: all existing providers - CRMC, Genesis, MVHC, Mental health, dentists

Action 2 - Determine best means of sharing information

Goal 2: Increase number of community resources and providers

Action 1 - Attract additional providers

Resources/collaborators needed: Telehealth

Action 2 - Increase services available locally

Significant Health Need 4: Socioeconomics/jobs

Goal 1: Increase high school completion rate

Action 1 - Have collaborative discussions with schools to answer why people do not complete high school and then find out ways to help

Resources/collaborators needed: School districts, career center, COTC - GED program, Ohio Means Jobs

Goal 2: Identify resources needed to support workers

Action 1 - Create a workgroup to delve into the resources

Action 2 - Determine why people aren't working - physically unable, doesn't pay them to work (would have to pay for childcare), don't want to work (figure out why)

Resources/collaborators needed: Community workgroup, Ohio Means Jobs, manufacturers, child care providers, Chamber of Commerce, educators, schools

Additional comments: This is a huge issue, and one topic pulls in other topics or leads to an obstacle. Want to figure out a way to have higher high school completion, maybe through online learning, but then run into the broadband issue for example.

Significant Health Need 5: Substance use disorder

Goal 1: Increase education on the dangers of vaping and THC use

Action 1 - Implement vaping education in all the county schools

Resources/collaborators needed: school curriculum director, health department, area hospitals

Action 2 - Implement a county-wide educational campaign for vaping and THC risks and dangers

Resources/collaborators needed: Social media, health department, schools, send communication in backpacks, area hospitals

Goal 2: Increase sobriety support

Action 1 - Increase sober support groups, addiction specific, activities that are free and accessible.

Resources/collaborators: CBHC

Action 2 - Hold family friendly sober activities

Resources/collaborators: community partners

Significant Health Need 6: Knowledge of resources

Goal1: Create a centralized resource guide

Action 1 - Create an app, a physical guide, create a grassroots marketing effort

Resources/collaborators needed: CRMC, health department, JFS, United Way, OH Extension, CCGMS

Action 2 - Build infrastructure to support action 1 - acquire funding and management of the process and staff

Resources/collaborators needed: CRMC, Coshocton Foundation Grants

Goal 2: Provide a resource navigator

Action 1 - Create the resource navigator role in collaboration with community agencies

Resources/collaborators needed: Retired volunteers, FCFC, CCEMS (paramedicine program)

Action 2 - Build infrastructure to support action 1 - funding and management of the role, determine location

Resources/collaborators needed: Grants, community partners

Additional comments: Relink.org is a resource used by the Sheriff's Department. It began in the recovery community but has spread due to its ease of use.

Some people may not qualify for some resources but will qualify for others. Help figure it out.

2. Focus Group Results

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in focus groups on May 8, 2025, for their input into the community's health. Below is a summary of the focus groups.

1. How do you define health?
 - Mind, body, spirit
 - Physical, mental, emotional, spiritual, and social wellbeing
 - Many factors impact health – housing, transportation, socioeconomics
 - Not only medical statistics, but family and collaboration
 - Mental health
 - Nutrition, lifestyle, environmental
 - Addiction
 - Socioeconomics
 - Education – early childhood development
 - Keeps you going every day
 - Growth, openness to learning and new ideas, accomplishing goals
2. For the purposes of this CHNA, the community is Coshocton County, generally, how would you describe the community's health?
 - It depends on ...
 - Varies – economics
 - Depends on who you compared to
 - Depends on social determinants of health
 - Depends on socioeconomic status
 - Mediocre, fair, average
 - Many are in poor health. Since COVID we've seen just how low we are mentally and physically. COVID made everything so much worse
3. What are the biggest health needs, concerns or issues for the community today?
 - Mental health II
 - Mental health in kids, some are born into addiction and has an impact
 - Mental health services: staff shortages, need more counsellors and space. There's financial stress providing mental health, seeing more self-referrals to mental health
 - Mental health wait lists for care, yearlong, shortage of providers
 - The number of suicides is staggering
 - Trauma
 - Family dynamics impact mental health
 - Substance use disorder
 - Marijuana is legal
 - Drug addiction
 - Healthy Eating
 - Obesity which leads to diabetes and cardiovascular disease
 - Sugar addiction – obesity, diabetes
 - A 300 lb. patient is a daily occurrence for EMS
 - The culture of easy, convenient, processed foods
 - Food costs are high, and the less expensive food isn't good for you, but has calories, increases obesity
 - Fruits and vegetables are more expensive; people don't know how to prepare food
 - Transportation
 - Transportation – to and from doctors for the elderly. They don't understand the process

- Transportation – CPT is better, but has some capacity issues; can't take family with you to doctors' appointments
- Lack of knowledge about resources
 - Losses of resources like the Hope Clinic are available but people don't know
 - Lots of hoops to find resources; need a face in the community to link services
- Social Determinants of Health
 - Socioeconomics
 - Homelessness
 - Lack of education
 - Resilience – do you have it in you?
 - Economic status – retired from large employers and retirement didn't keep up with inflation
 - Limited resources II
 - Education levels and the information we have access to and seek out
- Access and affordability of care
 - Affordability of care
 - High-deductible plans to see local doctors but doesn't pay as well for medications
 - There's a waiting list for dentists
 - Access to care
- Local community culture
 - Culture
 - Bonds denied on May 6 the election for Coshocton City schools to construct a new high/middle school and the Coshocton County Job and Family Services for foster care bond. CJFS will be cutting services, laying people off
 - The aging population isn't changing as quickly as thought it might
 - Decrease in spiritual involvement which is the foundation of a community
 - Lack of hope, desire to do better; kids have no faith, don't understand that dead is dead
 - Distrust of providers – don't share their issues with others
 - Income, being in Appalachia
 - Cultural factors – way of life
- Potential environmental issues/cancer
 - Cancer rate seems higher, incidence
 - AEP former employees are dying of cancers
- Others
 - There are 85 kids in school who don't have a home who couch surf
 - Shortage of affordable housing
 - Domestic violence
 - Noncompliance
 - Motivation
 - Technology and access to entertainment
 - Cell service and Internet coverage is spotty
 - Have opportunities – Lake Park, Kids America but hear there's nothing to do. What are people willing to engage in; do you have the means to do some of these activities
 - Good intentions

4. What are the most important health issues facing various populations?

- a) Low-income populations, medically underserved?
 - Mental health – just surviving day to day
 - Mental health – family stress, mental load of low income or single parent households
 - Access to and continuity of care and insurance
 - No insurance
 - Underinsured

- Getting vision care and glasses
 - Not getting well checks, prevention
 - Use ED as a family doctor, no continuity of care
 - Dental care
 - Not a dentist in the county who takes Medicaid
 - Misinformed, need so much more attention because see so many providers
 - Kids who need specialty care are medically neglected can't get to specialists
 - Healthy eating
 - Not able to afford healthy food, don't know how to prepare fresh food
 - Diabetes increasing
 - Others
 - Addiction
 - Tobacco use
 - Health literacy
 - For lower income, what is their motivation? Where's their support to help mom's go out and walk
 - Financial literacy
 - People try to get by during the day without thinking about or knowing the long-term impact
- b) Minority populations?
- Translation services, Hispanic population
 - Language barriers, translation Vietnamese family who doesn't speak English
 - Culture, how they access healthcare
 - If they are here illegally, they're not going to get the help they need
 - Amish culture
 - Amish communities have different culture and philosophies
 - Amish and Hemophilia
 - Sickle cell – didn't know anything about it until met someone with it
 - LGBTQ and mental health. They struggle with feeling safe and supported in the community. It is hard to express yourself and connect with others, feel alone
- c) Children/youth?
- Decreased availability in same day appointments for pediatricians so people are using urgent care
 - Vaping – seven vape stores in town
 - 25% of kids in Coshocton city schools have an individualized education plan which is above the state
 - ADHD and autism are so much more prevalent than in the past. Now there is a spectrum of diagnoses. Trauma can look a lot like autism.
 - Prenatal substance use - how much ADHD is coming from that?
 - Kids need extra help but don't have funds
 - Mental health
 - Abuse and neglect
 - Nutrition
- d) Seniors?
- Transportation to get to appointments
 - Raising grandkids
 - Aging population in the county that have to keep working
 - Anxiety, depression
 - Isolation
 - Most kids have to leave to get a good job and their parents are here by themselves
 - Parents with no children or who live out of town
 - Can't cook for themselves

- Falls
 - Dying alone in their home
 - Meals on wheels is really like a welfare check
 - Medication management; health literacy
 - Lack of coordination of care
 - Insurance not covering local providers
 - Prescription costs
 - Feel like we take good care of them, but also there are some in isolation who don't have any family, having to travel for specialists, on a fixed income, losing a spouse.
 - Use of technology is a problem as they're not tech savvy, having so much online creates anxiety. Tech resources are scarce
5. What progress has been made on the 2022 priorities?
- a) Increase education on healthy eating/active living
- McWane Ductile walking trail
 - Hall park
 - There have been great strides in infrastructure
 - Boxes of fruit at the senior center
 - The OSU Extension and hospital have classes, but some are poorly attended
 - Nutrition Fair was well attended
 - HEAL still a problem but the community is doing a lot to put in walking, biking paths
 - Coupons for Farmer's Markets, but may not know how to prepare a zucchini
 - Eating healthy isn't cheap and access to fresh produce may be an issue, it goes bad
 - Making time to have dinner with people being so busy
 - Food Deserts
 - Even prepackaged food is being served for breakfast at schools
- b. Access and education regarding chronic diseases
- McWane increased wellness initiatives, but have seen an uptick in the diseases
 - Some people have good insurance but don't use it; don't have a primary care provider
 - Businesses are doing a lot with the hospital to bring health fairs onsite
 - Why do young people think, "it will never happen to them?" Hypothesis at first super man complex, nothing can happen to me; then they don't want to know; then they realize they need to know.
 - School-based clinic really helps kids – been there for 3 years and have behavioral health therapist there who is fully booked
 - Coffee with a Doc program
 - County holds monthly health meetings and has low attendance
 - People aren't motivated
- c. Substance use/mental health
- Mental health is still a huge issue - as is substance use, people have overdosed at work
 - There is a huge lack of mental health and substance use resources
 - Heroin, Meth, synthetic drugs you can get at a vape store, Kratom
 - No one is seeking help for substance abuse unless it is mandated. They will seek mental health care on their own. They're in denial or they don't want anyone to know they're addicted, they'll lose their job, kids, reputation. They want to go far out of town.
 - Terrible, worse
 - Mental health impacting the homeless
 - Some are getting substance use treatment if it is mandated, some shop providers because they don't like what they hear
 - Seeing younger people needing treatment
6. What environmental factors have the biggest impact on community health?

- Water quality may be an issue as we don't have county water yet
- AEP environmental concerns – what are the long-term effects of pumping chemicals into the ground? If our water is safe, prove it. We're a poor county so feel like we get dumped on sometimes or ignored.
- People who worked at the plant in Conesville get sick with cancer and cirrhosis
- There's been a general increase in cancer and seeing them younger now.
- High lead levels for 5 and under population above the state levels
- Have some parks, but wouldn't want kids to go, not safe
- Technology and social media are impacting kids' health. Participation in sports is at an all time low because kids don't have a supportive family
- Trying to revive a mentoring program identifying intermediate school kids
- Home maintenance - maintain a roof, pests, mold
- We adapt to our environment – food we have available, so busy, few healthy options in town
- Not a lot of stability in the environment – single parents, low to middle income, have a low tax base, ruralness, financial struggling areas.
- We want to progress and be better but don't want to grow; hard to find balance

7. What do you think the barriers will be to improve health in the communities?

- Funding, money
- Insurance companies are killing people. If you retire with the state plan, can't go to Coshocton Regional. They're forcing people to leave town. Insurance companies are 100% profit driven and don't care about people
- Medicaid cuts coming
- Poor payer mix in the county
- Have a lot of working poor and poor retirees
- Mindset
- Job skills
- Participation
- Literacy
- Instant gratification mindset; don't want to do the least bit to help themselves
- Resiliency lacking – once they hit a barrier, can't problem solve
- 473 kids are home schooled. Don't know their curriculum. Declining enrollment in schools. Need to teach health and financial literacy

8. What community assets support health and wellbeing?

- Outdoors/parks
 - River Walk trail
 - Bike trail working on a grant
 - Clary Gardens – teaches about outdoors in afterschool programs.
 - Lake Park
 - Rural Atmosphere outdoor opportunities, hunting
 - Handicapped accessible playgrounds
 - Kids America – great for kids, hold lots of tournaments
- Healthcare
 - Health fairs
 - Hope Clinic for the working poor
 - Healthcare
 - Have specialized mental health providers and treatment available here
- People
 - Loyal people
 - Caring community that rallies around people in the community
- Not-for-profits, social services, government programs

- Library system provides connectivity for some people
- Churches growing
- Senior Center – meals, Silver Sneakers
- OSU Extension teaches how to prepare food
- Schools
 - Career Center
 - Schools providing lunch in the summer
 - Ridgewood and Coshocton Schools after school programs with snacks
 - City schools have started summer camps
- Others
 - Transportation has gotten much better
 - Large employers have wellness programs
 - History – Roscoe Village, wine trail
 - Stable manufacturing base
 - CareSource Medicaid will pay for transportation for the entire family

9. If you had a magic wand, what improvement activities should be a priority for the counties to improve health?

- Competitive wages
 - Pay reasonable reimbursement rates for providers
 - Have competitive wages
 - Pay higher wages for licensed providers
 - Trades making higher wages here
- Increase access to mental/behavioral health services
 - More outpatient mental health care
 - Start with kids getting help at CBHC
 - Reach the parents of the kids; they go untreated too
 - Build mental health capacity hire staff
 - Flood the county with mental health providers
 - Mobile response stabilization exists in the state. Support this. Need boots on the ground in Coshocton
 - High rates of autism 0-3 program, otherwise it is a 2 year wait to get evaluated and no local services
 - Erase trauma
- Increase access to physical health care services
 - More specialized services; Be able to birth a kid in the county
 - Restart the community paramedic program (previous program lost funding)
 - Extending access to care out into the county
 - Work with other organizations to get healthcare out into the county especially for seniors
 - Get more specialists, difficult to recruit specialists to rural communities
 - More pharmacies or pharmacists
- Increase access to substance use disorder treatment
 - Have medically assisted treatment in jails
 - Build an inpatient rehab with outpatient care
 - More recovery houses
- Increase services to seniors
 - Visit people in long-term care. Many don't have people to visit them, even in nice communities
 - Add senior centers out in the county
- Educate and improve parents/families
 - Teach parents to be parents
 - Give parents help on how to parent – hygiene, washing, cooking
 - Figure out how to make a difference in families
 - Figure out how to fix generational problems

- Ensure kids don't go hungry especially during the summer – how can this be happening in our community
 - More knowledgeable adults watching kids who have issues
- Schools and kids' education
 - Fix the hygiene of these kids. They just don't know what they're supposed to do
 - Start teaching life skills at a young age
 - Education – need basic life skills
 - Have college educated people come back here
 - Update, renovate the schools
- Others
 - One local hotline for resource coordination to help with jobs, rent, help someone who knows local resources
 - Renovate Selby on Main St. provide services healthy lunch counter, benefit to community
 - What are other counties around us doing? Different mindset and culture here in the county Appalachia
 - Change bus schedule
 - Better economy

3. Health Status Data Trended

Rankings and Comparisons of Health Status

In most of the following graphs, Coshocton County will be blue, OH will be orange, U.S. will be red and the 90th percentile of counties in the U.S. will be gold.

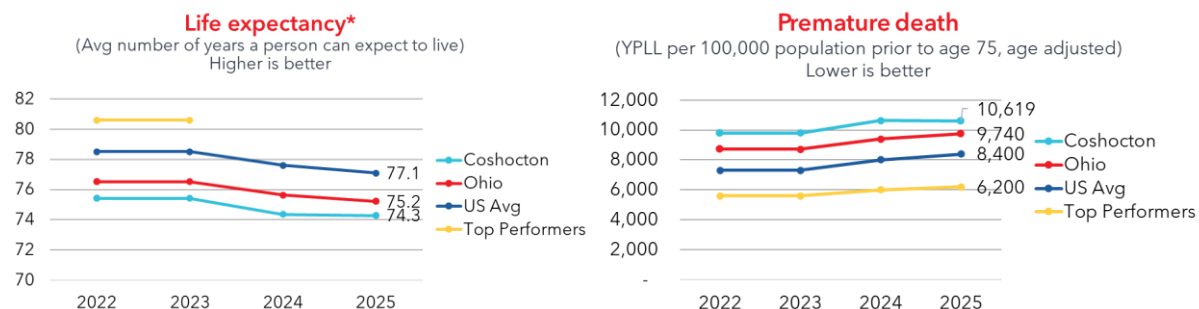
Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures.

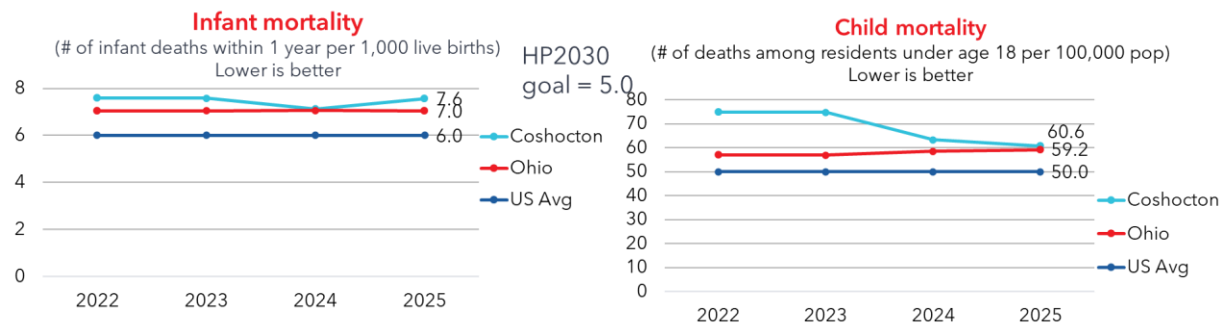
Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75; here, lower is better. For example, a 25-year-old killed in an accident equates to 50 years of potential life lost prior to age 75. Coshocton County lost 10,619 years of potential life per 100,000 population which was higher than OH and the U.S.

Coshocton County residents can expect to live 2.8 years less than the average U.S. resident.



Source: County Health Rankings; National Center for Health Statistics – Mortality File 2020-2022



Source: CHR; National Center for Health Statistics – Natality & Mortality File 2016-2022
Child Mortality: CHR; National Center for Health Statistics – Mortality files; Census 2019-2022

Leading Causes of Death: Crude Death Rates per 100,000 Population

Cause of Death	Coshocton	OH	US
Heart Disease	235.3	251.4	207.9
Cancer	253.5	211.0	182.7
Accidents (Unintentional injuries)	75.4	82.1	67.5
COVID-19	129.0	84.3	65.3
Cerebrovascular Diseases	75.4	61.1	49.1
Chronic Lower Respiratory Disease	73.6	55.6	43.5
Alzheimer's Disease	35.4	41.8	35.4
Diabetes	75.4	36.2	30.0
Influenza & Pneumonia	18.2	15.1	13.2

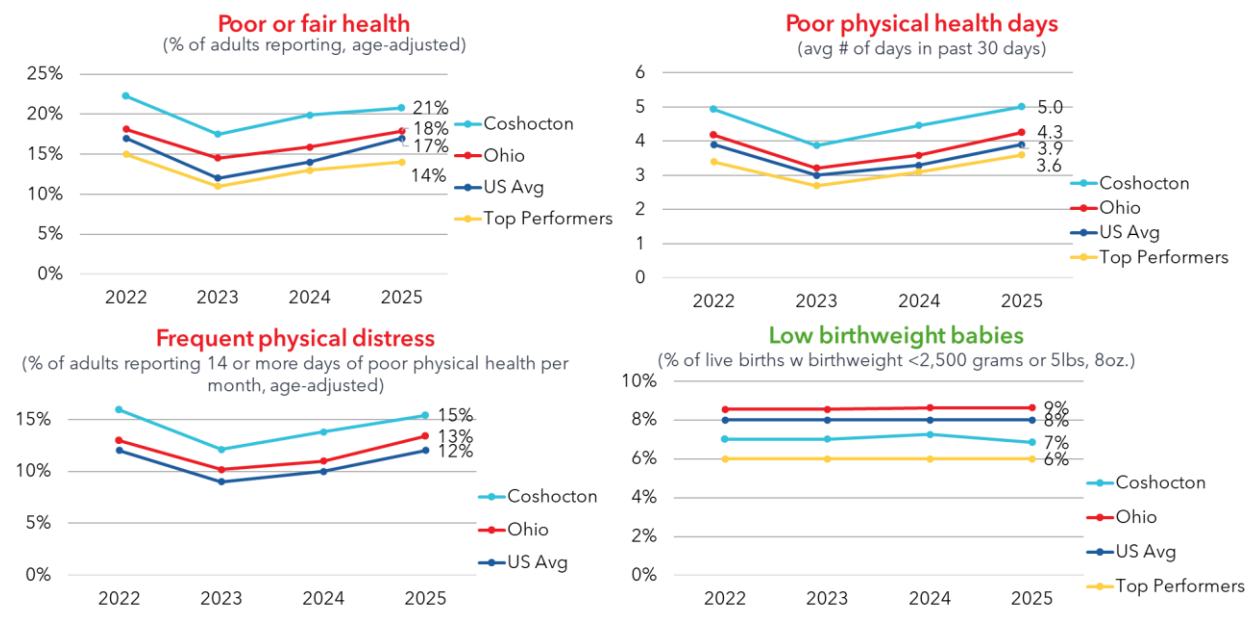
Rates in red had death rates higher than OH. The leading causes of death in Coshocton County were heart disease, cancer, accidents, COVID-19, followed by respiratory diseases and Alzheimer's Disease.

Source: Wonder CDC.gov (2021-2023) Crude rates per 100,000 population.

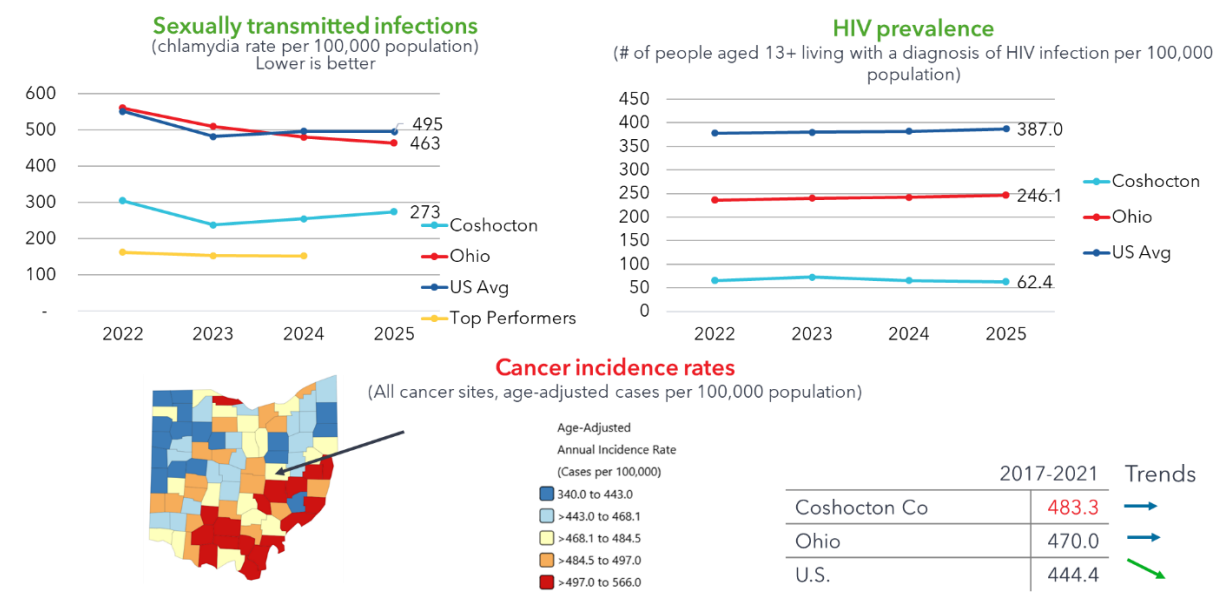
Quality of Life

Physical Health

Quality of life was measured by % reporting fair or poor health, the average number of poor physical health days, frequent physical distress, and low birthweight babies.



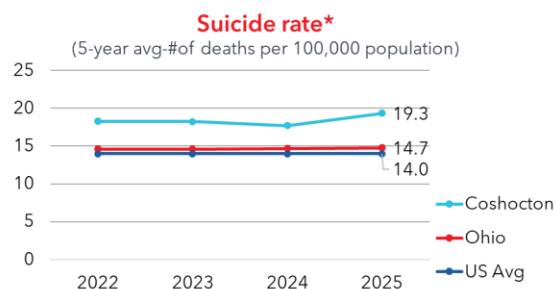
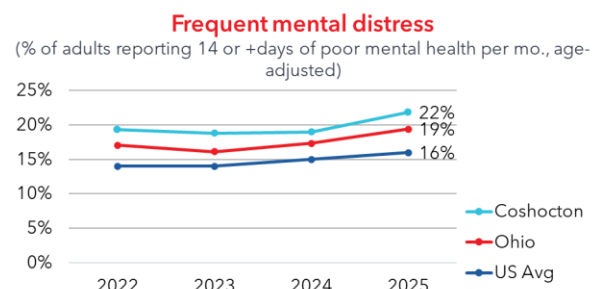
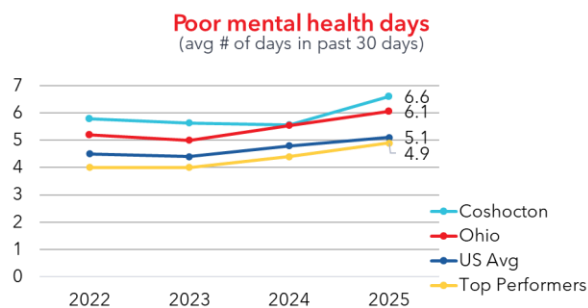
Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2022
Source: County Health Rankings; National Center for Health Statistics – Natality files (2017-2022)



Source: STIs - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2022
HIV Prevalence - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2022
Cancer incidence rates – NIH, CDC State Cancer Profiles, 2017-2021

Mental Health

Quality of life was measured by poor mental health days, frequent mental distress, suicide rate, and feelings of loneliness.



Feelings of loneliness
(% of adults reporting they always, usually or sometimes feel lonely)

Coshocton Co	33%
Ohio	34%
U.S.	33%

Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2022
Source: County Health Rankings; National Center for Health Statistics – Mortality files (2018-2022)

Mental Health Youth

Adverse Childhood Experiences (% reporting yes)

	Coshocton Co.	Ohio
Physical abuse	20.3%	19.6%
Emotional Abuse	58.0%	61.1%
Witnessed domestic violence	17.9%	14.2%
HH mental illness	33.9%	31.5%
HH substance abuse	28.6%	24.1%
Incarcerated HH members	21.1%	15.3%
Physical neglect	4.3%	7.1%

County N = 487
Ohio N = 40,229

Adverse Childhood Experiences (% reporting # in a lifetime)

# of ACEs	Coshocton Co.	Ohio
0	28.0%	26.2%
1	26.1%	28.6%
2	14.4%	18.0%
3	12.1%	11.6%
4 or more	19.3%	15.6%
Total	100.0%	100.0%

Contemplated Suicide
(% reporting in the past 12 months, they seriously considered attempting suicide)

Coshocton Co	14.1%
Ohio	14.0%

Source: OH Yes! Youth Survey, 2022-2023

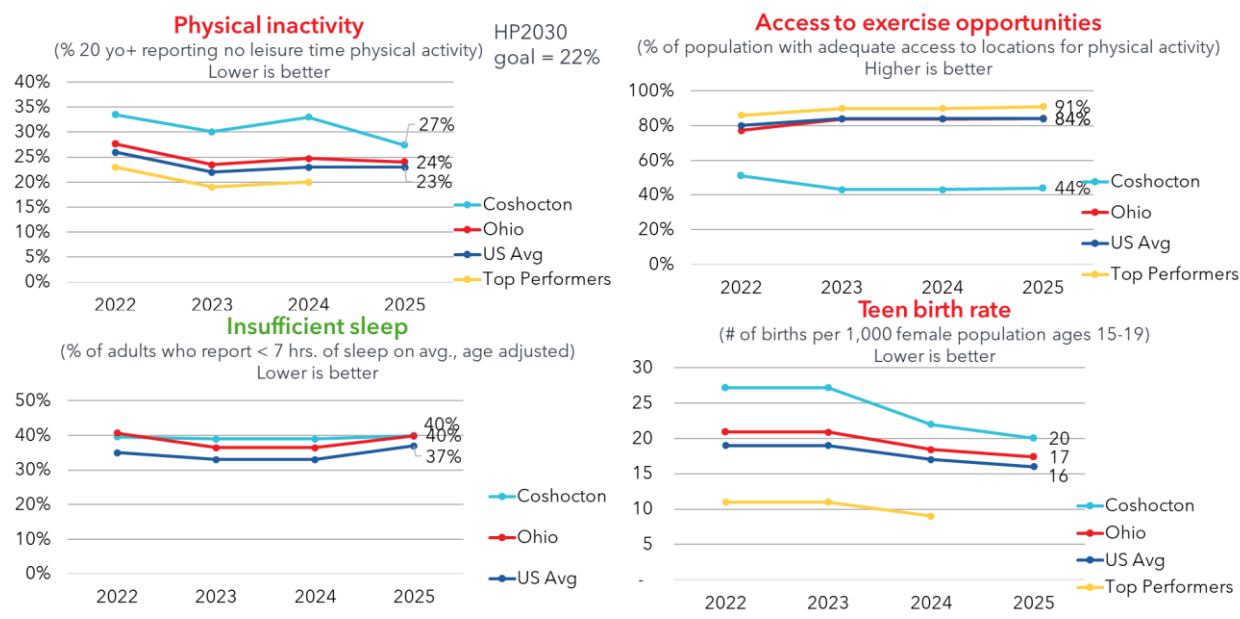
Community Conditions

Community conditions include the social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship and age. Community conditions are also referred to as the social determinants of health. (CHR, 2025)

Health Infrastructure

Health infrastructure is comprised of prevention, healthy eating, and active living, substance misuse, and clinical care.

Healthy Living

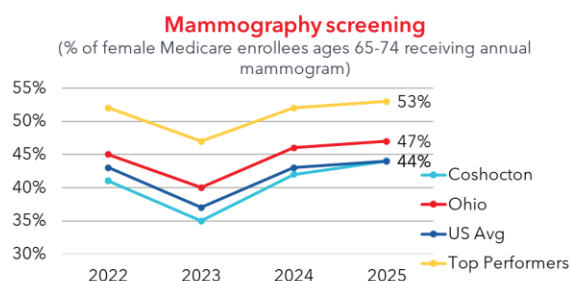


Source: Physical Inactivity – CHR, Behavioral Risk Factor Surveillance System, 2022

Source: Access to exercise opportunities – CHR, ArcGIS Business Analyst, YMCA, & US Census Tigerline Files, 2024, 2021 and 2020. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools based on SIC codes)

Source: Insufficient sleep – CHR, Behavioral Risk Factor Surveillance System (BRFSS), 2022

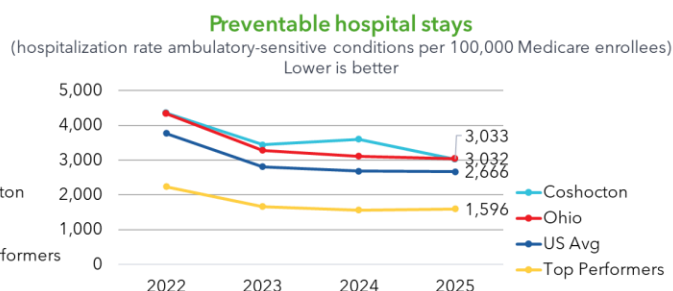
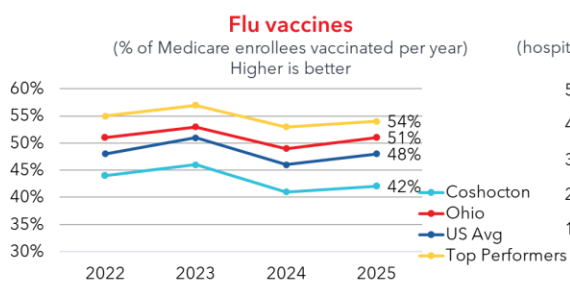
Source: Teen birth rate – CHR, National Center for Health Statistics-Nativity Files; Census Population, 2017-2023



COVID vaccines
(% of fully vaccinated recipients age >11)
Higher is better

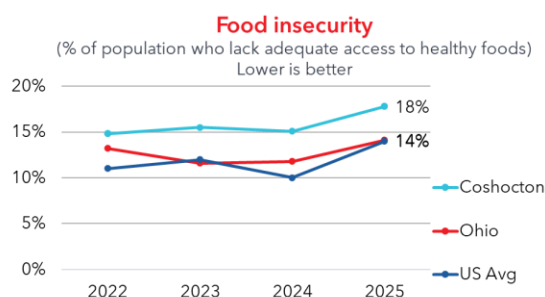
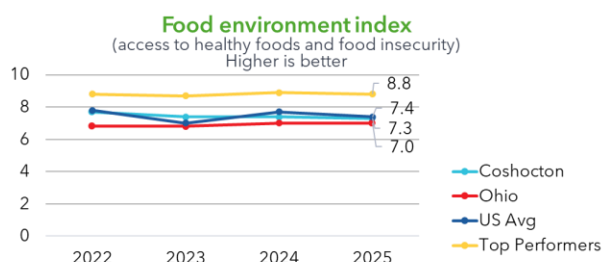
Coshocton Co	OH	U.S.
40%	61%	70%

As of May 2023



Source: Preventable hospital stays, mammography screening, flu vaccinations – CHR, CMS Mapping Medicare Disparities Tool, 2022
Source: COVID-19 Vaccinations – CDC May 2023

Access to Healthy Foods



Limited access to healthy foods
(% of pop who are low-income and do not live close to a grocery store)
Lower is better

2019	Coshocton Co	OH	U.S.
Limited Access to Healthy Foods	3%	7%	6%

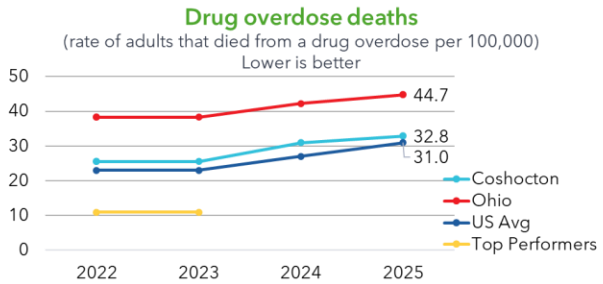
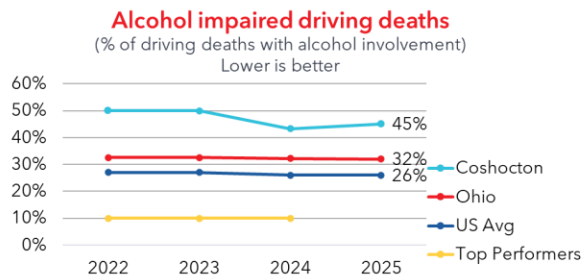
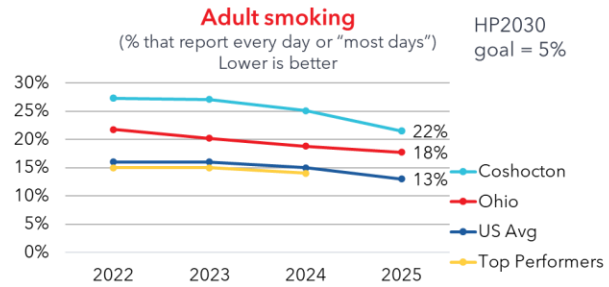
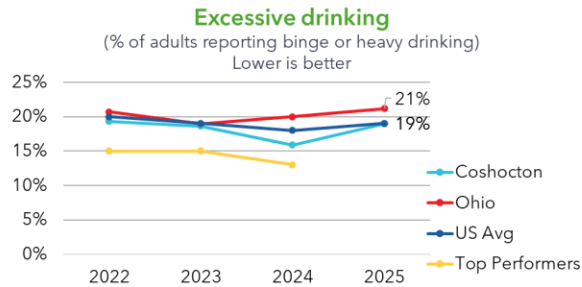
The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.

Source: Food environment: CHR; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019 & 2022

Source: Food insecurity – Map the Meal Gap, 2022

Source: Limited access to healthy foods – USDA Food Environment Atlas, 2019

Substance Misuse



Source: Excessive drinking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2022

Source: Smoking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2022

Source: Alcohol-impaired driving deaths - CHR; Fatality Analysis Reporting System, 2018-2022

Source: Drug overdose deaths – National Center for Health Statistics – Mortality Files, Census Population, 2020 - 2022

Vaping
(% who have ever vaped)
Lower is better

Coshocton Co	17.7%
Ohio	17.8%

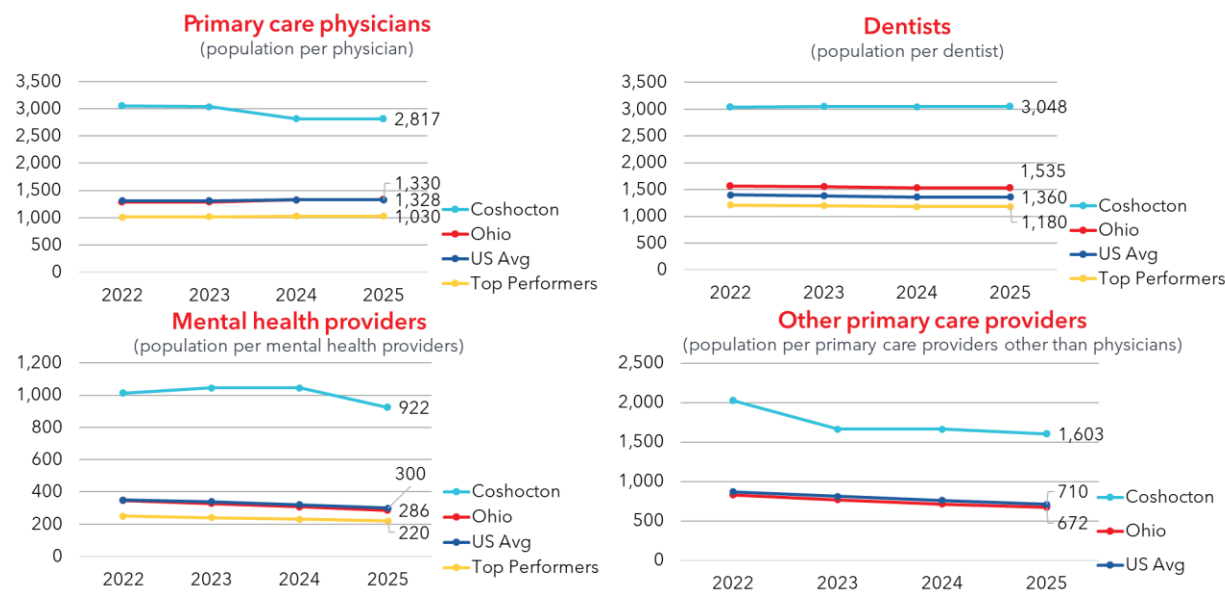
Vaping
(% who vaped 3 or more days in the past 30 days)
Lower is better

Coshocton Co	7.9%
Ohio	6.4%

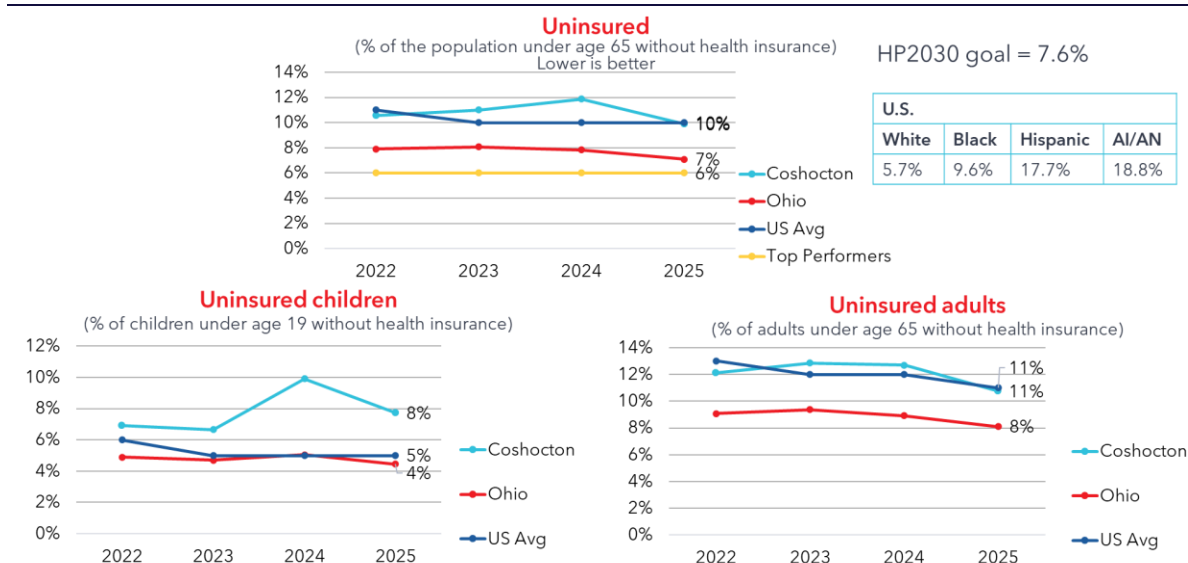
Source: OH Yes! Youth Survey, 2022-2023

Clinical Care

Clinical care metrics are made up of population per primary care physicians, dentists, mental health providers and other primary care providers.



Source: Pop to PCP - CHR; Area Health Resource File/American Medical Association, 2021
 Source: Pop to Dentists - CHR; Area Health Resource File/National Provider Identification file, 2022
 Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) CMS, National Provider Identifier File, 2022
 Source: Population to other primary care providers - CHR; CMS, National Provider Identification, 2024
 Source: Diabetes prevalence – Behavioral Risk Factor Surveillance System, 2019

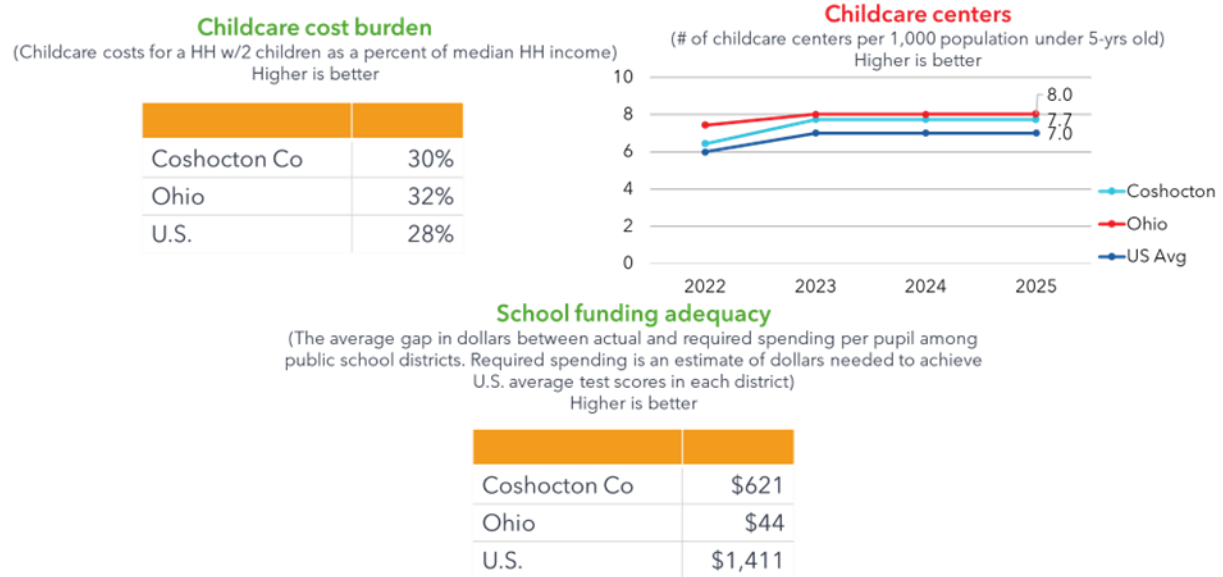


Source: Uninsured - CHR; Small Area Health Insurance Estimates, 2022
 Source: Preventable hospital stays, mammography screening, flu vaccinations – CHR, CMS Mapping Medicare Disparities Tool, 2019

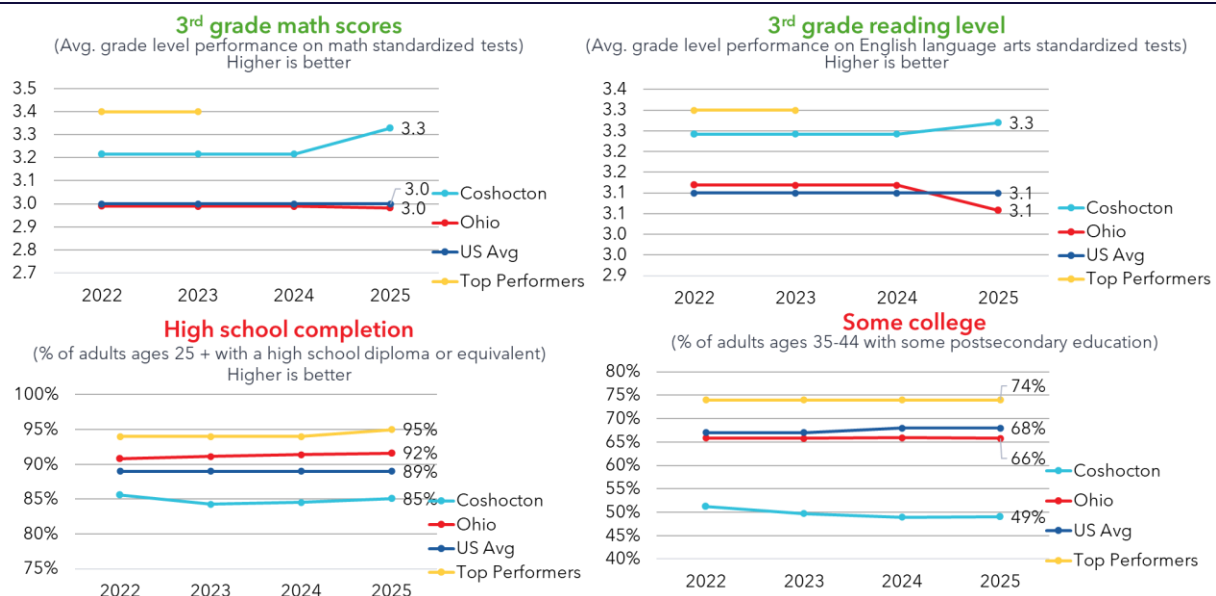
Social and Economic Factors

Social and economic factors are comprised of education, income, employment and wealth, social support, and safety.

Education

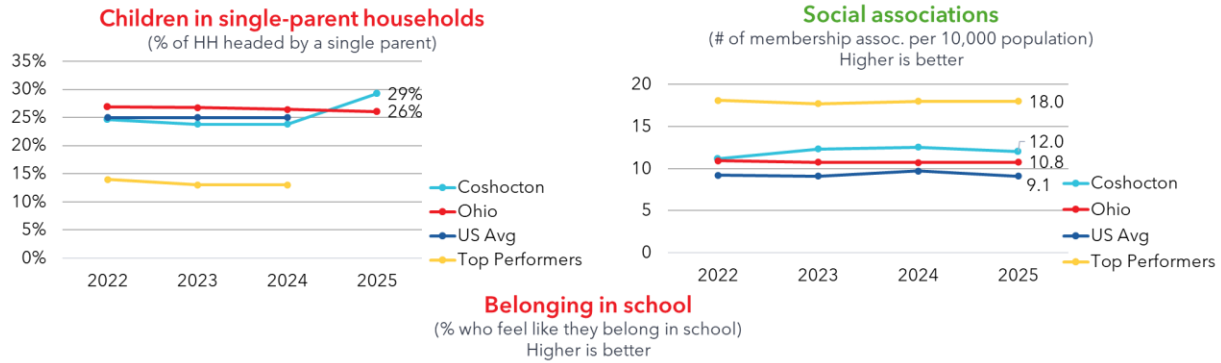


Source: School funding adequacy – CHR; School Finance Indicators Database, 2022
Source: Childcare Cost Burden – The Living Wage Institute; Small Area Income and Poverty Estimate, 2024
Source: Childcare centers – CHR; Homeland Infrastructure Foundation-Level Data, 2010-2022



Source: Reading and Math scores – CHR Stanford Education Data Archive, 2019
Source: High school completion– CHR, American Community Survey, 5-yr estimates, 2019-2023
Source: Some college CHR; American Community Survey, 5-year estimates, 2019-2022
Source: Children in poverty - CHR; U.S. Census, Small area Income and Poverty Estimates, 2020

Social Support



	Coshocton Co	Ohio
Strongly disagree	12.1	7.4
Disagree	11.6	11.0
Neutral	27.2	32.9
Agree	30.9	36.0
Strongly agree	19.1	15.4

Source: Children in single-parent households - CHR; American Community Survey, 5-yr. est., 2016-2020

Sources: Social associations – CHR-County Business Patterns, 2022

Source: Belonging in School – OH Yes! Youth Survey, 2022-2023

Census participation
(% of HH that self-responded to the 2020 census)
Higher is better

Coshocton Co	66.5%
U.S.	65.2%

Lack of social and emotional support
(% of adults reporting they sometimes, rarely, or never get the social & emotional support they need)
Lower is better

Coshocton Co	22%
Ohio	24%
U.S.	25%

Voter turnout
(% of citizen pop aged 18+ who voted in the 2020 U.S. Presidential election)
Higher is better

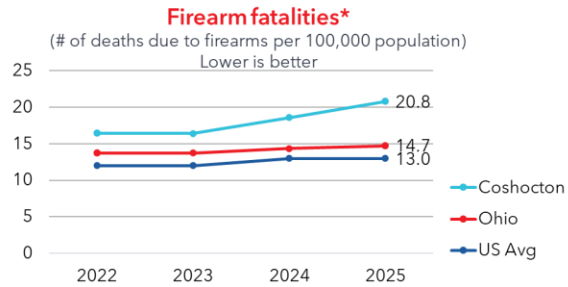
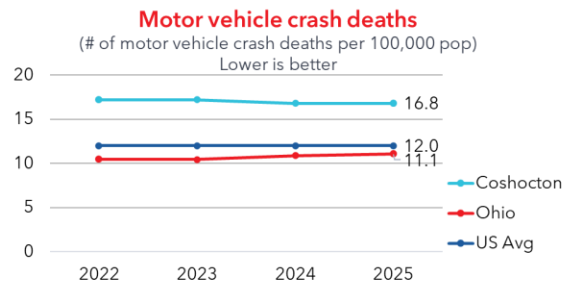
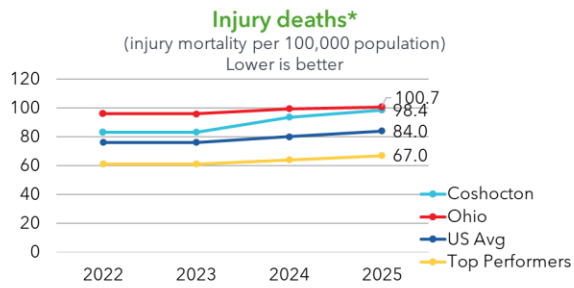
Coshocton Co	60.0%
Ohio	66.9%
U.S.	67.9%

Source: Census participation - CHR; Census Operational Quality Metrics, 2020

Sources: Lack of social & emotional support – CHR, Behavioral Risk Factor Surveillance System, 2022

Source: Voter turnout – CHR, MIT Election Data & Science Lab; American Community Survey, 5-yr. est., 2020 & 2016-2020

Community Safety



Neighborhood Violence
(% who have seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood)
Lower is better

Coshocton Co	15.2%
Ohio	15.6%

Source: Homicide rate & Firarm fatalities- CHR; National Center for Health Statistics – Mortality files; Census population, 2016-2022

Source: Neighborhood violence – OH Yes! Youth Survey, 2022-2023

Source: Injury deaths - CHR; National Center for Health Statistics – Mortality files; Census population, 2018-2022

Source: Motor vehicle crash deaths – CHR, National Center for Health Statistics – Mortality Files, Census population, 2016-2022

Physical Environment

Physical environment contains housing and transportation, air, water, and land, civic and community resources.

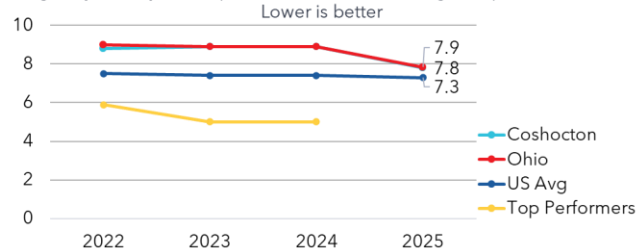
Drinking water violations

(indicator of the presence of health-related drinking water violations)

	2021	2022	2023
Coshocton Co.	No	No	No

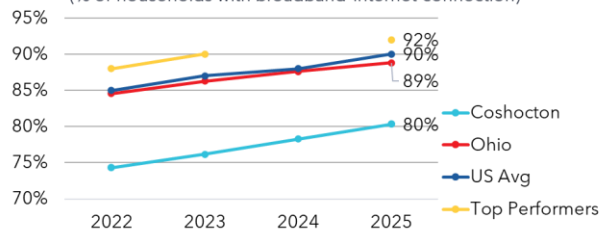
Air pollution particulate matter

(avg daily density of fine particulate matter in micrograms per cubic meter)



Broadband access

(% of households with broadband internet connection)



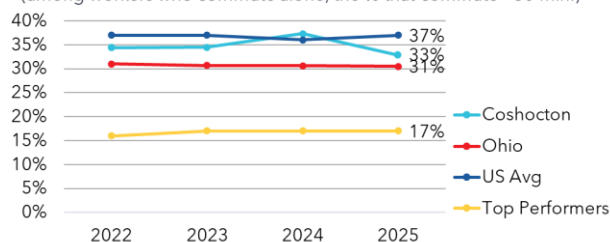
Library access

(Library visits per person living w/in the library service area per year)

Coshocton Co	3
Ohio	3
U.S.	2

Long commute-driving alone

(among workers who commute alone, the % that commute >30 min.)



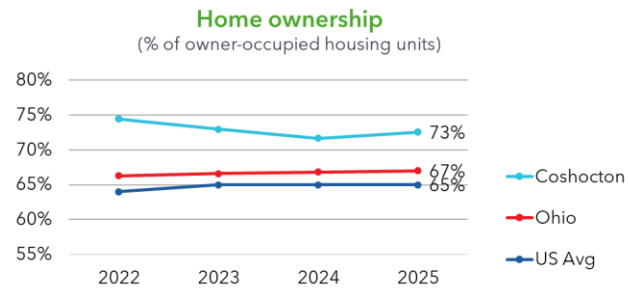
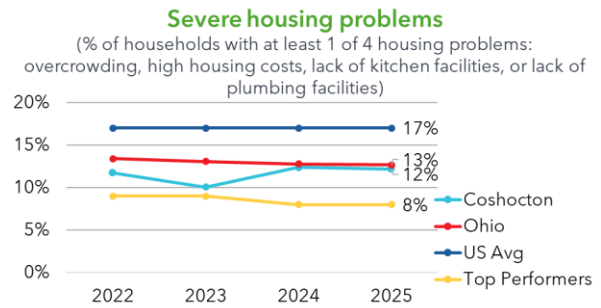
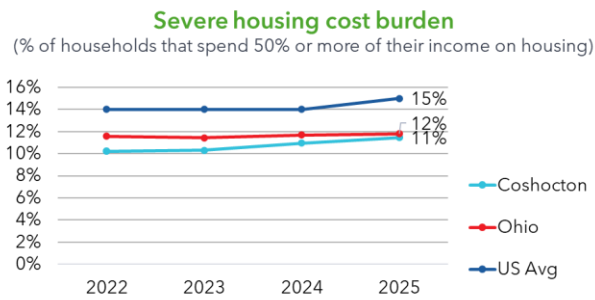
Source: Drinking water violations – CHR; EPA, Safe Drinking Water Information System, 2023

Source: Air pollution – CHR; CDC National Environmental Public Health Tracking Network, 2020

Source: Broadband access – CHR; American Community Survey, 5-yr estimates, 2019-2023

Source: Driving alone to work and long commute – CHR- American Community Survey, 5-year estimates, 2019-2023

Housing



Source: Severe housing cost burden & home ownership— CHR; American Community Survey, five-year estimates, 2019-2023

Source: Severe housing problems — CHR; HUD Comprehensive Housing Affordability Strategy data, 2017-2021.

4. Community Asset Inventory

The section contains a list of community assets and resources that can help improve the health of the community and assist with implementation of the plan that accompanies this document. This asset inventory is not exhaustive and may have inadvertently omitted community resources. There are instructions for making changes after the inventory. The focus group also identified community resources to improve health, which are listed on page 43 of the Community Health Needs Assessment.

Coshocton County Resource Guide

Mental Health		
Coshocton Behavioral Health Choices	https://www.coshoctonbhc.org/	740-622-0033
Mid-Ohio Behavioral Health	https://midohiobh.com/	740-201-2324
Allwell Behavioral Health Services	https://www.allwell.org/	740-622-4470
Aligned Counseling & Wellness	https://alignedcounselingwellness.com/	740-202-9754
Ohio Family Counseling & Consultation, LLC	http://www.ohiofamilycounseling.org/	740-291-3737
MSW Solution, LLC	https://www.mswsolutions.org/	740-502-3047
National Alliance on Mental Illness (NAMI)		740-647-9617
Ohio Department of Mental Health & Addiction Services	https://mha.ohio.gov/	877-275-6364
Chronic Disease Management		
Coshocton Regional Medical Center	https://coshoctonhospital.org/	740-622-6411
Coshocton Public Health District	https://www.coshoctoncounty.net/health/	740-622-2999
Interim HealthCare of Coshocton	https://www.interimhealthcare.com/location/coshocton-oh	740-623-2949
2nd Family Home Care & Support Services	https://2ndfamily.com/location/oh/east-central-ohio/#	443-609-3640
Access to Care		
Coshocton Regional Medical Center	https://coshoctonhospital.org/	740-622-6411
Coshocton Public Health District	https://www.coshoctoncounty.net/health/	740-622-2999
Genesis Coshocton Medical Center	https://www.genesishcs.org/coshocton	740-722-9555
Interim HealthCare of Coshocton	https://www.interimhealthcare.com/location/coshocton-oh	740-623-2949
2nd Family Home Care & Support Services	https://2ndfamily.com/location/oh/east-central-ohio/#	443-609-3640
Coshocton Regional Medical Center Urgent Care	https://www.coshoctonrmcurgentcare.com/	740-291-3004
MVHC Coshocton	https://www.mvhccares.org/	740-295-3331
MVHC Coshocton Urgent Care	https://www.mvhccares.org/	888-454-5157
Family Urgent Care	https://www.family-urgentcare.com/	740-295-9177
Hope Clinic of Coshocton	-	740-622-6223
Kno-Ho-Co-Coshocton	https://knohoco.org/	740-622-9801
Ohio Benefits	https://benefits.ohio.gov/	
Socioeconomics/jobs		
Coshocton Jobs and Family Services	https://coshoctonjfs.org/	740-622-1020
Ohio Means Jobs	https://coshoctonjfs.org/ohio-means-jobs/	740-622-1020

Coshocton County Career Center	https://www.coshoctoncareers.org/	740-622-0211
Central Ohio Technical College (COTC)	https://www.cotc.edu/coshocton-campus	740-622-1408
Substance Use Disorder		
<i>see mental health services</i>		
SperoHealth	https://sperohealth.com/	740-217-3046
Suicide & Crisis Lifeline	-	*988
Knowledge of Resources		
Coshocton County Resource Guide	https://www.mvesc.org/wp-content/uploads/2022/05/Coshocton-county-resource-guide_complete_4_7_2022.pdf	
United Way of Coshocton County	https://coshoctonunitedway.org/	740-622-4567
Child Abuse/Neglect		
Coshocton County Jobs and Family Services Child Protective Services	https://coshoctonjfs.org/	740-622-1020
Coshocton County Sheriff's Department	https://www.coshoctoncounty.net/sheriff/	740-622-2411
First Step Family Violence Intervention Services	-	740-622-8504
Ohio Domestic Violence Network	https://www.odvn.org/	800-934-9840
Coshocton County Family and Children First Council	https://www.coshoctoncounty.net/family/	740-295-7311

Change Form

To update or add information, please complete the form below.

Name of Organization

Contact Name

Phone #

Fax #

Email

Web Page

Mailing Address

List Services

Service 1

Service 2

Service 3

Service 4

Organization Description

Please describe your organization's purpose, services, etc.

Submit Updated Information To:

Recipient

Coshocton Regional Medical Center – Marketing Department
Coshocton County Public Health District

Contact Information

kandrews3@primehealthcare.com
stephanieslifko@coshoctoncounty.net

Community Health Needs Assessment for Coshocton County

Completed in partnership with:



Coshocton Regional
Medical Center



StrategyHealth