



# GUERNSEY COUNTY

## Community Health Assessment

June 2020



ILLUMINOLOGY



 THE OHIO STATE UNIVERSITY  
COLLEGE OF PUBLIC HEALTH

Guernsey County's 2020 Community Health Assessment (CHA) is the result of a collaborative effort coordinated by the Cambridge-Guernsey County Health Department. It is intended to help community stakeholders better understand the health needs and priorities of Guernsey County residents.

We acknowledge and thank the many community organizations that shared their time and expertise with this collaborative effort, including:

- Cambridge-Guernsey County Health Department
- Your Radio Place AVC Communications
- Farm Bureau
- Guernsey County Prosecuting Attorney Office
- Guernsey County Township Trustee Representative
- SEORMC
- Area Agency on Aging
- Allwell
- Cambridge Area Chamber of Commerce
- Guernsey County Children Services
- Department of Job and Family Services
- Guernsey County Coroner
- Guernsey County Land Lord Association
- Cedar Ridge Behavioral Health Solutions
- Guernsey County Juvenile Court
- Guernsey County Sheriff's Office
- Guernsey Health Choices
- Cambridge City Schools
- Mental Health and Recovery Services Board
- Guernsey County Senior Citizens Center

Characterizing and understanding the prevalence of acute and chronic health conditions, access to care barriers, health disparities, and other health issues can help direct community resources to where they will have the biggest impact. The Cambridge-Guernsey County Health Department will begin using the data reported in the [Guernsey County 2020 Community Health Assessment](#) to inform the development and implementation of strategic plans to meet the community's health needs.

We hope the [Guernsey County 2020 Community Health Assessment](#) serves as a guide to target and prioritize limited resources, a vehicle for strengthening community relationships, and a source of information that contributes to keeping people healthy.

## **About the Community Health Assessment Process**

The process followed by the Guernsey County 2020 Community Health Assessment reflected an adapted version of Robert Wood Johnson Foundation's County Health Rankings and Roadmaps: Assess Needs and Resources process.<sup>1</sup> This process is designed to help stakeholders "understand current community strengths, resources, needs, and gaps," so that they can better focus their efforts and collaboration.

The Cambridge-Guernsey County Health Department contracted with Illuminology, an Ohio based research firm, and the Center for Public Health Practice within The Ohio State University College of Public Health, to assist with this work. The primary phases of the Assess Needs and Resources process, as adapted for use in Guernsey County, included the following steps.

**(1) Prepare to assess / generate questions.** Community partners were closely involved with the Guernsey County 2020 Community Health Assessment. On November 18<sup>th</sup>, 2019, 32 community leaders, stakeholders, and employees from participating organizations gathered to discuss their perspectives on emerging health issues in Guernsey County. Facilitated by Illuminology, this session provided an opportunity for community members to better understand the upcoming community health assessment process, to participate in conversation with one another about the current state of health in the county, and to suggest indicators to be considered in the community health assessment. Both small group discussions and large group "report-outs" occurred during this session.

Illuminology used the information from this session and additional feedback from the Cambridge-Guernsey County Health Department to identify which indicators could be assessed via secondary sources and which indicators needed to be included as part of the primary data collection efforts.

**(2) Collect secondary data.** Secondary data for this health assessment came from national sources (e.g., U.S. Department of Health and Human Services: *Healthy People 2020*; U.S. Census Bureau), state sources (e.g., Ohio Department of Health's Data Warehouse), and local sources (e.g., Southeastern Med). Rates and / or percentages were calculated when necessary. The Center for Public Health Practice located and recorded this information into a

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

secondary data repository. All data sources are identified in the References section at the end of the report.

To ensure community stakeholders are able to use this report to make well-informed decisions, only the most recent data available at the time of report preparation are presented. To be considered for inclusion in the Guernsey County 2020 Community Health Assessment, secondary data must have been collected or published in 2016 or later.

**(3) Collect and analyze primary data from adult residents.** A representative survey of Guernsey County adult residents was conducted (i.e., Guernsey County Health Survey). Fielded in multiple waves from February 8, 2020 through April 24, 2020, residents completed a self-administered questionnaire, either on paper or online; see Appendix A.

A total of 3,100 addresses were randomly selected from the universe of residential addresses in Guernsey County. A notification letter was sent to each household, asking the adult in the household who most recently had a birthday to complete the survey online. About a month after the initial mailing, a hard copy of the survey was sent to households that had not yet completed the survey online. Each mailing included a cover letter and a Business Reply Mail envelope so respondents could complete the survey and mail it back at no cost to them. Some also included a \$1 bill to encourage the household's participation.

In total, 680 Guernsey County adult residents completed the survey, or 22% of the total number of addresses that were invited to participate. With a random sample of this size, the margin of error is  $\pm 3.7\%$  at the 95% confidence level. (See the map of selected and completed households on the next page.)

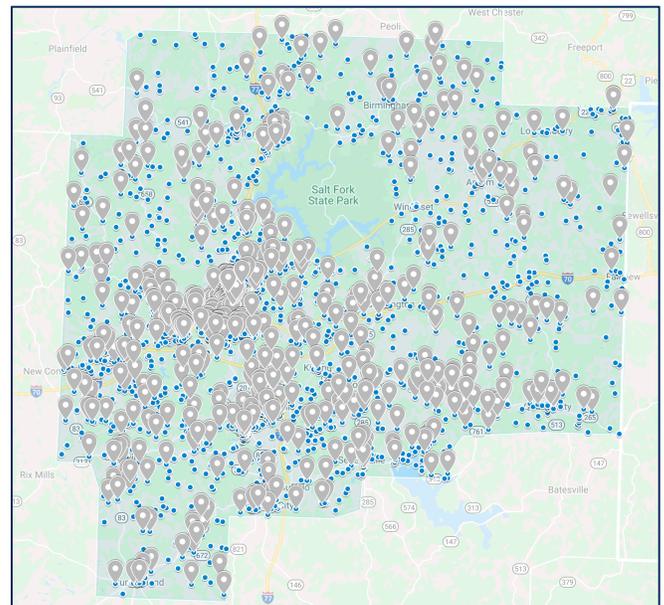
Before analyzing responses to the survey, survey weights were computed; this step allows researchers to produce more accurate statistical estimates at the overall county level. First, a base weight was created that adjusted for unequal probabilities of selection into the survey (i.e., compensating for the number of adults in the household). Then, this base weight was adjusted so that respondents' demographic characteristics (i.e., age, gender, educational attainment, presence of children in the household, household income, and Cambridge v. outside Cambridge residence) aligned with population benchmarks for Guernsey County. These population benchmarks were obtained from the U.S. Census Bureau's American Community Survey. This adjusted base weight was calculated via an iterative proportional

fitting procedure within the STATA v15 software package; analyses of weighted data were conducted using complex survey [svy] commands within STATA v15.

**(4) Share results with the community.** This report presents the analysis and synthesis of all secondary and primary data collected during this effort. This report will be posted on the Cambridge-Guernsey County Health Department website ([www.guernseycountyhealthdepartment.org/](http://www.guernseycountyhealthdepartment.org/)), will be used in subsequent community prioritization and planning efforts, and will be widely distributed to organizations that serve and represent residents in the county.

**Guernsey County Health Survey Households**

( ● = randomly selected; 📍 = completed)



## How to Read This Report

**Key findings and *Healthy People 2020*.** As shown on page 11, the Guernsey County 2020 Community Health Assessment is organized into multiple, distinct sections. Each section begins with a "story box" that highlights and summarizes the key research findings from the researchers' perspectives. For some indicators, Guernsey County is compared to the U.S. Department of Health and Human Services *Healthy People 2020* goal, indicated by dashed boxes containing the Guernsey County outline in light blue.

**Comparison to the Guernsey County 2017 Community Health Assessment.** Where possible, results were compared to data from the Guernsey County 2017 Community Health Assessment, denoted by a clock symbol: 🕒. In addition, a table comparing 2017 data to 2020 is on page 53. The following differences between 2017 and 2020 data were noted.

Areas of improvement from 2017 to 2020. In 2020 compared to 2017:

- Fewer respondents saw drug / alcohol abuse or addiction; cancer; or obesity, poor diet, or lack of exercise as the most important health issue in Guernsey County.
- Fewer respondents delayed medical care because they couldn't schedule an appointment soon enough or because they didn't have transportation.

- Fewer respondents reported knowing someone with a heroin problem.
- Fewer respondents have been diagnosed with a depressive or anxiety disorder.
- More respondents said their health was excellent or very good.
- Fewer respondents were diagnosed with high blood pressure or asthma.

Areas of decline from 2017 to 2020. In 2020 compared to 2017:

- Fewer women 18 or older had a Pap test within the past 3 years.

**Health disparities between populations or areas in the community.** Many efforts were made to detect and understand "*the existence and extent of health disparities between and among specific populations in the community or areas in the community*" (the Public Health Accreditation Board (PHAB) standard 1.1.2.1c). Analyses explored statistically significant differences in results based on demographic factors such as age, gender, educational attainment, income, presence of children in the household, and Cambridge v. outside of Cambridge residence. When these analyses suggested the presence of significant differences among specific populations, the report tables display a lightbulb symbol: . The following disparities were noted.

Disparities by Household Income. The relationship between lower household income and poorer health outcomes and behaviors is striking:

- Those with less than \$50,000 household income were more likely to have been diagnosed with a depressive disorder (29.2% v. 16.0%).
- Those with less than \$50,000 household income were more likely to have been diagnosed with an anxiety disorder (24.0% v. 17.0%).
- Those with less than \$25,000 household income had more poor mental health days (6.5 v. 3.5 days in past 30 days, on average).
- Those with \$25,000 or higher household income were more likely to say their health is excellent or very good (61.8% v. 29.6%).
- The number of poor physical health days decreases as household income increases (7.6 days in past 30 days for household income less than \$25,000, 4.0 days for household income between \$25,000 and \$99,999, and 1.6 days for household income \$100,000 or more).
- As household income increases, respondents are less likely to have diabetes (28.7% for household income less than \$25,000, 12.9% for household income between \$25,000 and \$99,999, and 7.2% for household income \$100,000 or more). Those with less than \$25,000 household income were more likely to have had a heart attack (15.7% v. 3.3%), have coronary heart disease (13.3% v. 5.1%), and have C.O.P.D. or

emphysema (20.2% v. 3.9%).

- Those with less than \$50,000 household income were more likely to have smoked at least 100 cigarettes in their lives (50.6% v. 33.8%).
- Those with less than \$50,000 household income drank more juice (2.9 v. 1.6 times in past 7 days) and more soda or pop (3.6 v. 2.1 times in past 7 days).
- Women with \$25,000 or higher household income were more likely to have had a Pap test within the past 3 years (81.0% v. 55.9%).

Disparities by Educational Attainment. There are also several examples of the relationship between lower education and poorer health outcomes and behaviors:

- Those with only a high school diploma or GED had more poor mental health days (5.7 v. 3.1 days in past 30 days, on average).
- Those with some college or less education had more poor physical health days (4.8 v. 2.9 days in past 30 days, on average).
- Those with a high school diploma or GED only are more likely to use other tobacco or nicotine products (16.2% v. 3.9%).
- Engagement with strengthening exercises increased with education (1.1 days in past 7 for those with a high school degree / GED or less, 1.4 days in past 7 days for those with some college, and 1.7 days in past 7 for those with a bachelor's degree or higher, on average).
- Those with some college or more education ate more fruit (5.6 v. 4.6 times in past 7 days).

Disparities by Age. As expected, older adults tended to have poorer health outcomes such as poor physical health days and chronic disease prevalence (as measured in the survey).

- Adults 45 and older had more poor physical health days (5.5 v. 3.1 days in past 30 days, on average).
- Adults 45 and older are more likely to have been diagnosed with high blood pressure (55.2% v. 13.9%), high cholesterol (49.0% v. 12.6%), and diabetes (25.4% v. 5.4%). No one under 45 reported having a heart attack.
- Adults 65 and older are more likely to have been diagnosed with coronary heart disease (25.9% v. 3.0%) and C.O.P.D. or emphysema (25.0% v. 4.9%).

Disparities by location (Cambridge v. outside Cambridge residence). Those living outside Cambridge had more poor mental and physical health days and they also rated their general health lower than those living in Cambridge.

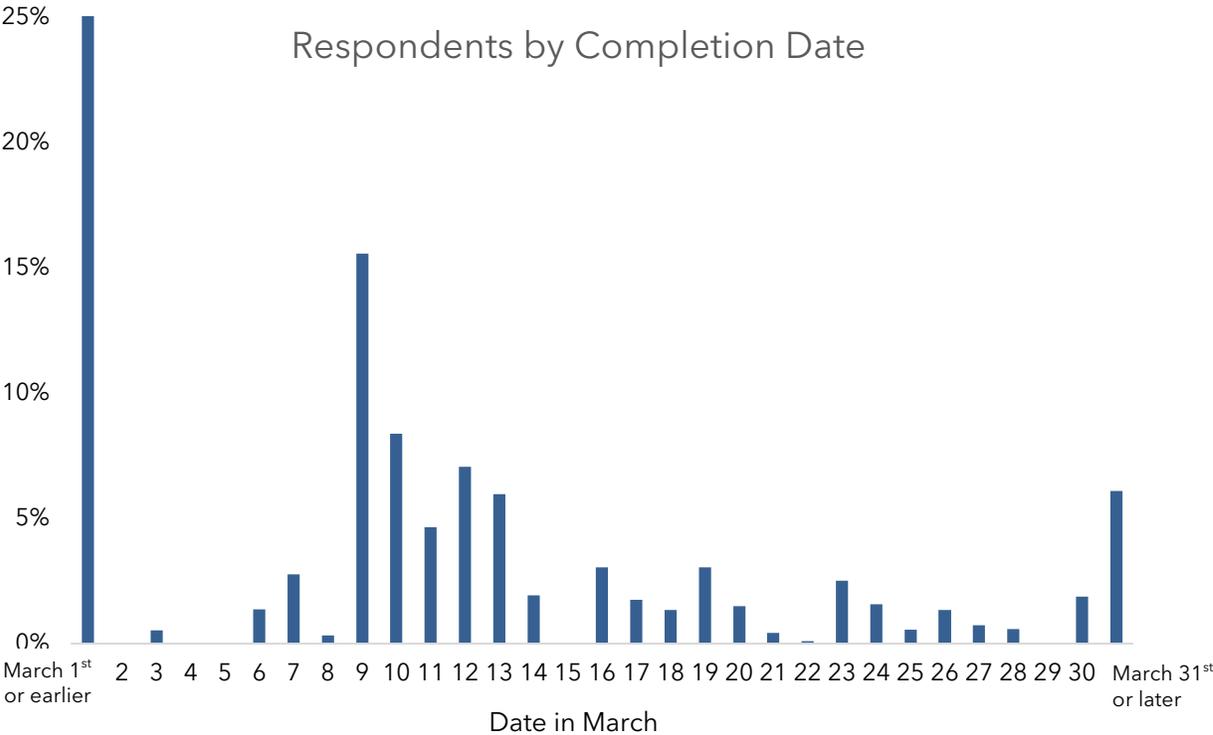
- Those living outside of Cambridge had more poor mental health days (4.9 v. 3.5 days in the past 30, on average) and more poor physical health days (5.1 v. 4.1 in past 30, on average).
- Those living in Cambridge were more likely to say their health is excellent or very good (55.4% v. 48.7%).

**The contributing causes of health challenges.** Lastly, it is worth noting that the Guernsey County community is also very interested in understanding "*the contributing causes of health challenges, for example, behavioral risk factors, environmental factors (including the built environment), socioeconomic factors, policies (e.g., zoning, taxation, education, transportation, insurance status, etc.), injury, maternal and child health issues, infectious and chronic disease, resource distribution (e.g., grocery stores), and the unique characteristics of the community that impact on health status. Multiple determinants of health, especially social determinants, must be included...*" (i.e., PHAB standard 1.1.2.1d). This standard is addressed in multiple waves throughout the report, and especially in the following sections: Social Determinants of Health, Behavioral Risk Factors, Maternal and Infant Health, Mental and Social Health, and Death, Illness, and Injury.

Overall, the following contributing causes seem to be worthy of future discussion and action. Among the community at large:

- Many are not meeting the *Healthy People 2020* goals for smoking, binge drinking, or obesity.
- Many are traveling outside the county for health care, which could be due to low ratios of medical health professionals to residents.
- Cost was also cited several times as a factor influencing the lack or quality of health care.

**Effects of the COVID-19 pandemic.** The COVID-19 pandemic reached the United States in January 2020, and the first case was confirmed in Ohio on March 9<sup>th</sup>, 2020. The Ohio State of Emergency was declared on March 9<sup>th</sup> and a Stay at Home Order went into effect on March 23<sup>rd</sup>. Because the survey ran from February 8<sup>th</sup> through April 24<sup>th</sup>, it's possible that COVID-19 had an effect on responses to the survey. The graph on the next page shows the percent of respondents who completed the survey on each date.



To explore potential effects of COVID-19 on responses, analyses were conducted to detect whether responses differed based on survey completion date for key indicators. The two survey completion date cutoffs were March 10<sup>th</sup>, the first full day of the Ohio State of Emergency, and March 23<sup>rd</sup>, the first full day of the Ohio Stay at Home Order. Although only 15% of respondents completed the survey on March 23<sup>rd</sup> or later, those 100 respondents are enough respondents to detect statistically significant differences compared to those who completed the survey earlier. The indicators tested include substance use (cigarettes, e-cigarettes, other tobacco, alcohol); nutrition; physical activity; average daily hours spent on TV, Internet, and sleep; diagnoses of mental health conditions; suicidal thoughts; poor mental health days in the past 30 days; poor physical health days in the past 30 days; and general perceptions of health. Overall, there were few significant effects, and they had alternate explanations, suggesting that COVID-19 did not likely cause the differences in responses.

- Poor mental health days and diagnoses of depressive disorder. There was a significant increase in poor mental health days in the 30 days leading up to the survey among those who completed the survey on March 23<sup>rd</sup> or later (6.3 v. 3.9 days, on average). There was also a significant increase in those diagnosed with a

depressive disorder (35.6% v. 20.8%). Not surprising, those with a depressive disorder diagnosis had significantly more poor mental health days in the 30 days leading up to the survey (11.6 v. 2.0, on average). Given that it's unlikely that a significant number of respondents would have received a depressive disorder diagnosis in the weeks since the survey was deployed and March 23<sup>rd</sup> (suggesting that COVID-19 may have been the cause of these differences), an alternative explanation is those with a depressive disorder and more poor mental health days may have chosen to complete the survey later than those without a depressive disorder / with fewer poor mental health days.

- *Physical activity and strength training.* Those who completed the survey at a later date (on March 10<sup>th</sup> or later) engaged in physical activity more than those who completed the survey at an earlier date (4.5 v. 3.7 days in past 7 days, on average). However, those who completed the survey on March 23<sup>rd</sup> or later engaged in strength training on fewer days of the week than those who completed the survey on an earlier date (1.0 v. 1.3 days in past 7 days, on average). The increase in physical activity and decrease in strength training could have occurred because respondents' routines changed because of COVID-19, or it could have occurred because the weather improved, making outdoor physical activity more appealing and replacing indoor strength training with outdoor physical activity.

Another way to explore whether COVID-19 impacted 2020 responses is to compare responses to 2017 data. No notable differences between 2017 and 2020 occurred that would suggest that COVID-19 affected 2020 responses.

Finally, only 4.9% of respondents chose COVID-19 as the most important health issue affecting Guernsey County, suggesting that survey respondents did not see it as a large threat (at least at the time of survey completion).

**References.** Sources for all secondary data included in this document are marked by an endnote and described in the report's References section. Caution should be used in drawing conclusions in cases where data are sparse (e.g., counts less than ten).

Primary data (e.g., from the Guernsey County Health Survey) are marked by the following symbol: §. In some tables, the percentages may not sum to 100% due to rounding error.

## Table of Contents

For Information About...	...See Page
<b>Community Profile</b>	12
<i>Statistical data about the population of Guernsey County, including age, gender, race, and household information</i>	
<b>Perceived Health Issues</b>	16
<i>Most important health issues facing residents, as perceived by residents</i>	
<b>Social Determinants of Health</b>	17
<i>Socio-economic factors that can affect one's health</i>	
<b>Behavioral Risk Factors</b>	30
<i>Behaviors that affect health, including alcohol and tobacco use, drug abuse, nutrition, and physical activity</i>	
<b>Mental and Social Health</b>	39
<i>Mental health issues, suicide, and abuse</i>	
<b>Maternal and Infant Health</b>	43
<i>Births and infant mortality</i>	
<b>Overall Health</b>	44
<i>Residents' perceptions of general and physical health</i>	
<b>Death, Illness, and Injury</b>	46
<i>Leading causes of death, hospital admissions, and injuries; incidence rates of cancer, infectious diseases, and chronic conditions</i>	
<b>Trends over Time</b>	53
<b>Summary</b>	54
<b>Appendix A: Guernsey County Survey Questionnaire</b>	55
<b>Appendix B: Community Assets and Resources</b>	60
<b>References</b>	66

**Community Profile**

This section describes the demographic and household characteristics of the population in Guernsey County, located in eastern Ohio.



It was founded about 210 years ago and covers 528 square miles. Cambridge is the seat of this county.

**Resident Demographics<sup>1</sup>**

		Guernsey County	Ohio
<b>Total Population</b>	Total population	39,274	11,689,442
<b>Gender</b>	Male	49.7%	49.0%
	Female	50.3%	51.0%
<b>Age</b>	Under 5 years	6.0%	5.9%
	5-19 years	18.7%	19.0%
	20-64 years	56.7%	58.0%
	65 years and over	18.7%	17.1%
<b>Race</b>	White	95.2%	81.0%
	Black / African American	1.2%	12.4%
	American Indian / Alaskan Native	0.2%	0.2%
	Asian	0.4%	2.3%
	Native Hawaiian / Other Pacific Islander	0.0%	0.0%
	Some other race	0.8%	1.0%
	Two or more races	2.2%	3.1%
<b>Ethnicity</b>	Hispanic / Latino (any race)	1.2%	3.9%
	Not Hispanic / Latino (White alone)	94.3%	78.6%
<b>Marital Status</b>	Never married	26.2%	33.2%
	Now married (not currently separated)	48.6%	46.8%
	Divorced or separated	17.6%	13.8%
	Widowed	7.6%	6.2%

**Residents - Disability Information<sup>1</sup>**

		Guernsey County	Ohio
<b>Disability Status</b>	Total with a disability	17.7%	14.1%
	Under 18 years	5.6%	4.9%
	18 to 64 years	15.8%	12.1%
	65 years and over	38.7%	34.1%
<b>Disability by Type</b>	Ambulatory difficulty	10.8%	7.5%
	Independent living difficulty	7.7%	6.3%
	Cognitive difficulty	6.8%	5.9%
	Hearing difficulty	5.0%	3.8%
	Self-care difficulty	3.9%	2.7%
	Vision difficulty	3.1%	2.4%

**Resident Households<sup>1</sup>**

		Guernsey County	Ohio
<b>Total Households</b>	Number of households	16, 098	4,685,447
<b>Household Type</b>	Households with one or more people under 18 years	27.7%	28.6%
	Households with one or more people 60 years and over	43.5%	40.5%
<b>Family Households</b>	Total family households	63.6%	62.4%
	Married-couple family household	72.2%*	72.2%*
	Male householder, no wife present, family household	7.1%*	7.8%*
	Female householder, no husband present, family household	20.7%*	20.0%*
<b>Non-Family Households</b>	Non-family households	36.4%	37.6%
<b>Household Size</b>	Average household size	2.4	2.4
	Average family size	3.0	3.1
<b>Household Income</b>	Less than \$10,000	9.0%	7.0%
	\$10,000 - \$14,999	6.7%	4.7%
	\$15,000 - \$24,999	12.3%	9.8%
	\$25,000 - \$34,999	11.7%	9.8%
	\$35,000 - \$49,999	16.1%	13.5%
	\$50,000 - \$74,999	19.7%	18.3%
	\$75,000 - \$99,999	11.3%	12.9%
	\$100,000 - \$149,999	9.5%	14.1%
	\$150,000 - \$199,999	1.8%	5.1%
\$200,000 or more	1.8%	4.8%	
<b>Transportation</b>	Households without a vehicle	8.1%	8.0%

<sup>1</sup>Denominator is total family households

A statistical portrait of the adult respondents who completed the 2020 Guernsey County Health Survey is shown below. These percentages have been weighted to match population benchmarks for age, gender, educational attainment, household income, presence of children in the household, and Cambridge residence.

**2020 Health Survey: Adult Respondent Profiles<sup>s</sup>**

		Guernsey County
<b>Gender</b>	Male	(n=667) 49.1%
	Female	50.9%
<b>Age</b>	18-34	(n=675) 25.0%
	35-44	14.3%
	45-54	17.8%
	55-64	19.0%
	65+	24.0%
<b>Education</b>	High school diploma / GED or less	(n=675) 58.2%
	Associate's degree / some college	28.5%
	Bachelor's degree or more	13.3%
<b>Household Size</b>	Average household size	(n=680) 2.6*
<b>Household Income</b>	Less than \$25,000	(n=653) 28.0%
	\$25,000 - \$49,999	27.8%
	\$50,000 - \$74,999	19.7%
	\$75,000 - \$99,999	11.3%
	\$100,000 or more	13.1%
<b>Children Under 18 (In Household)</b>	0 children	(n=680) 72.3%
	1-2 children	18.6%
	3 or more children	9.1%
<b>Cambridge Residence</b>	Cambridge resident	(n=680) 50.0%
	Non-Cambridge resident	50.0%

<sup>s</sup>Winsorized; outlying values greater than 2 standard deviations from the mean are replaced with the largest non-outlying value

**Perceived Health Issues**

This section presents the county’s most important health issues according to survey respondents.

**Key Findings**

Almost half of Guernsey County respondents perceive drug and alcohol abuse as the most important health issue facing the county. The cost of health care, obesity / poor diet / lack of exercise, and cancer are the next most important health issues, chosen by about 10% of respondents.

Open-ended responses from respondents of the 2020 Guernsey County Health Survey were coded by a researcher and grouped into categories, presented below. Blank and “don’t know” responses were not included in the analysis.

**Most Important Health Issues Affecting the Community<sup>S\*</sup>**

	Guernsey County (n=497)
Drug / alcohol abuse or addiction	48.2%
Cost of health insurance or health care	12.8%
Obesity / poor diet / lack of exercise	10.6%
Cancer	10.2%
Access to doctors or quality health care	7.8%
Depression / mental health	5.1%
COVID-19	4.9%
Low income / poverty / homelessness	3.9%
Heart disease / high blood pressure / high cholesterol	3.5%
Pollution / water or air quality	3.1%
Flu**	2.6%
Other	13.6%



*\*Multiple responses were accepted, so the total percentage may be greater than 100% \*\*Some respondents may have been referring to COVID-19 when they mentioned the flu*



In 2017, 55.4% perceived drug or alcohol abuse or addiction as the most important health issue. Cancer was chosen by 14.9%, and obesity, poor diet, or lack of exercise was chosen by 12.2%.

## Social Determinants of Health

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This section combines statistics on social and economic characteristics with insight from community members about how these characteristics influence community health. Health and health care, education, and economic stability are frequently assessed social determinants categories (per *Healthy People 2020*).

### Key Findings

#### Health & Health Care

Most Guernsey County residents currently have health insurance, with about 44% receiving public health coverage.

In the past year, about a fifth of residents delayed medical care.

About 40% of residents traveled outside Guernsey County for health care, suggesting potential health care access issues exist.

#### Education

About 58% of Guernsey County residents have a high school education or less (somewhat higher than the state's overall rate of 42% of Ohio residents with a high school education or less).

#### Economic Stability

34% of children fall below the federal poverty level. 16% of residents are classified as food insecure. 17% of households receive food stamps.

## Health Insurance

As shown in the table below, most Guernsey County adults have health insurance.

### Health Insurance Coverage by Age<sup>2</sup>

		Guernsey County	Ohio
<b>With Health Insurance Coverage</b>	<b>Total with insurance</b>	92.4%	93.5%
	Age 18 and under	94.5%	95.2%
	Working-age (19-64) persons	89.1%	91.2%
	Under age 65	90.7%	92.3%
	Age 65+	100.0%	99.5%
<b>Without Health Insurance Coverage</b>	<b>Total without insurance</b>	7.6%	6.5%
	Age 18 and under	5.5%	4.8%
	Working-age (19-64) persons	10.9%	8.8%
	Under age 65	9.3%	7.7%
	Age 65+	0.0%	0.5%



## Social Determinants of Health, continued

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

### Private Health Insurance Coverage<sup>2</sup>

	Guernsey County	Ohio
<b>Total with private health insurance</b>	62.4%	68.6%
<b>Private health insurance alone</b>	47.0%	54.5%
Employment-based health insurance	51.4%	58.6%
Employment-based health insurance alone	41.9%	49.4%
Direct-purchase health insurance	12.4%	12.0%
Direct-purchase health insurance alone	4.6%	4.6%
TRICARE / military health coverage	1.9%	1.6%
TRICARE / military health coverage alone	0.5%	0.5%

### Public Health Insurance Coverage<sup>2</sup>

	Guernsey County	Ohio
<b>Total with public health insurance</b>	44.1%	37.5%
<b>Public health insurance alone</b>	26.1%	22.4%
Medicare coverage	21.3%	18.9%
Medicare coverage alone	5.9%	6.1%
Medicaid / means-tested public coverage	25.3%	20.8%
Medicaid / means-tested public coverage alone	19.5%	16.0%
VA health care	4.1%	2.4%
VA health care alone	0.7%	0.3%

**Health Care**

The ratio of Guernsey County physicians (both MDs and DOs) is 1 to every 614 Guernsey County residents. This is much lower than the 1 to 185 ratio in the state of Ohio as a whole. The ratio of licensed psychologists in Guernsey County (1:13,091) is exceedingly low; this may negatively impact access to mental health treatment.

**Licensed Practitioners**

	Guernsey County		Ohio	
	Count	Ratio*	Count	Ratio**
Licensed physicians: MDs & DOs <sup>3</sup>	64	1:614	63,219	1:185
Licensed dentists <sup>4</sup>	16	1:2,455	5,571	1:2,098
Licensed social workers <sup>4</sup>	77	1:510	24,855	1:470
Licensed chemical dependency counselors <sup>5</sup>	4	1:9,819	11,583	1:1,009
Licensed psychiatrists <sup>3</sup>	***	***	2,357****	1:4,959
Licensed psychologists <sup>6</sup>	3	1:13,091	3,229	1:3,620

*\*Ratio of practitioners to Guernsey County residents \*\*Ratio of practitioners to Ohio residents \*\*\*Not available \*\*\*\*Doctors are not required to disclose their specialty, so the number of psychiatrists is self-disclosed and not exhaustive*

## Women's Health

The American Cancer Society recommends that women should start having annual mammograms at age 45 and may opt to have mammograms every other year starting at age 55.<sup>7</sup> The next table displays the amount of time since having the last mammogram for women 45 and older who completed the survey. A majority of these women have had a mammogram within the past year; only six percent of them have never had a mammogram.

### Amount Of Time Since Having Last Mammogram (Women 45 Or Older)<sup>§</sup>

	Guernsey County (n=193)	
Within the past year	62.1%	
Within the past 2 years	11.2%	
Within the past 3 years	2.9%	
Within the past 5 years	3.9%	
5 or more years ago	14.0%	
Never	5.8%	

 In 2017, 76.4% of women 40 or older had a mammogram within the past 2 years (compared to 71.2% in 2020).

According to the Mayo Clinic, normally doctors recommend Pap tests every three years for women age 21 to 65.<sup>8</sup> The next table displays the amount of time since having the last test for women age 21 to 65 who completed the survey. About a fourth of these women haven't had a Pap test within the past three years, but 94% had at least one Pap test in their lifetime.

### Amount Of Time Since Having Last Pap Test (Women 21 To 65)<sup>§</sup>

	Guernsey County (n=257)	
Within the past year	49.6%	
Within the past 2 years	15.7%	
Within the past 3 years	8.3%	
Within the past 5 years	4.6%	
5 or more years ago	15.7%	
Never	6.1%	



Women with \$25,000 or higher household income were more likely than women with less than \$25,000 household income to have had a Pap test within the past 3 years (81.0% v. 55.9%).



In 2017, 72.3% of women 18 or older had a Pap test within the past 3 years (compared to 64.5% in 2020).

### Delayed Health Care

The next two pages review a series of indicators that suggest county residents are not getting the healthcare they need. First, about 20% of respondents delayed medical care within the past 12 months, mainly because of cost.

#### Reasons Respondents Delayed Medical Care<sup>S\*</sup>

	Guernsey County (n=680)
Didn't have insurance	7.6%
Could not afford the co-pay	6.8%
Couldn't schedule an appointment soon enough	2.8%
Didn't have transportation	1.7%
Couldn't schedule an appointment at all	0.4%
Other	5.4%
Not applicable (i.e., didn't delay medical care)	79.5%



\*Multiple responses were accepted, so the total percentage may be greater than 100%

Several respondents who chose "Other" described that they delayed medical care due to something related to the cost or difficulties fitting health care into their schedules.



In 2017, 10.3% of respondents delayed medical care because they had insurance but could not afford the copay, 12.6% delayed care because they couldn't schedule an appointment soon enough, and 5.7% delayed care because they didn't have transportation.

Nearly 10% of respondents reported they needed prescriptions but did not fill them. As shown in the table on the next page, cost of medication was the most common reason.

**Reasons Respondents Didn't Fill Prescriptions<sup>S\*</sup>**

	Guernsey County (n=680)
Could not afford the co-pay	4.8%
Didn't have insurance	1.5%
Didn't have transportation	0.2%
Other	2.7%
Not applicable (i.e. prescriptions were filled if needed)	91.4%

*\*Multiple responses were accepted, so the total percentage may be greater than 100%*

Only about a third (32.1%) of respondents reported getting a flu shot or flu vaccine that was sprayed in the nose in the 12 months leading up to the survey.



Those with a bachelor's degree or higher education were more likely than those with some college or less education to have received a flu shot or vaccine that was sprayed in the nose (46.5% v. 29.9%).



In 2017, 34.7% of respondents reported getting a flu shot or flu vaccine that was sprayed in the nose in the 12 months leading up to the survey.

Over a third (38.0%) of respondents reported traveling outside of the county at least once in the past year to receive medical care. As shown in the table below, they most often sought specialists. Among respondents who listed specific locations where they traveled for medical care, locations in Muskingum County were the most popular.

**Reasons Respondents Traveled Outside of Guernsey County To Receive Medical Care<sup>S\*</sup>**

		Guernsey County (n=245)
<b>Types of Specialty Care</b>	Primary care	13.3%
	Vision / dental	14.7%
	Cardiovascular / respiratory system	14.3%
	Bone & tissue / rheumatology	13.2%
	Women’s health / OB-GYN	9.5%
	Dermatologist	7.2%
	Mental health care	6.4%
	Endocrine system / diabetic care	5.1%
	Cancer	4.7%

*\*Some respondents only provided an open-ended response describing a different type of care besides those listed above and/or a location where they received care; those responses are not represented in the rows of the table above.*

**Education**

Educational attainment and literacy affect health by shaping people’s employment opportunities, ultimately affecting their economic stability. Education can also positively impact psychological wellbeing. As reviewed below, Guernsey County residents have lower formal education levels than Ohioans as a whole: More than half (58%) of Guernsey County residents have a high school education or less compared to 42% in Ohio. About 15% of Guernsey County residents have a bachelor’s degree or higher, compared to nearly 30% in Ohio as a whole.

**Educational Attainment<sup>2</sup>**

	Guernsey County	Ohio
Less than 9 <sup>th</sup> grade	3.1%	2.7%
9 <sup>th</sup> to 12 <sup>th</sup> grade (no diploma)	11.1%	6.6%
High school graduate / GED	44.1%	32.7%
Some college (no degree)	18.4%	20.4%
Associate’s degree	9.3%	8.6%
Bachelor’s degree	8.8%	17.8%
Graduate or professional degree	5.4%	11.1%

## Social Determinants of Health, continued

The current average four-year high school graduation rate in Cambridge City is 86.5% and in East Guernsey is 92.0%. The Guernsey County average overall is 88.3%\*, which is higher than the Ohio average of 85.9%.<sup>9\*</sup>

### Four Year High School Graduation Rates<sup>9\*</sup>

	Guernsey County Total	Guernsey County Average Rate
Cambridge City	135	86.5%
East Guernsey	69	92.0%

*\*Data for private schools, charter schools, and other community schools are unavailable*

Regarding young children preparing to enter kindergarten in Guernsey County, 68% are considered to have “demonstrated readiness” or to be “approaching readiness,” meaning they entered with “sufficient skills, knowledge and abilities to engage with kindergarten-level instruction” or “needed supports to be able to engage with kindergarten-level instruction”, respectively. This is lower than 77% in Ohio as a whole. In 2018, all Guernsey County third graders met the threshold needed in reading proficiency to move to fourth grade.

### Kindergarten Readiness<sup>10</sup>

	Guernsey County	Ohio
Demonstrated or approaching readiness	67.6%	77.3%

### Third Graders with Reading Proficiency<sup>11</sup>

	Guernsey County		Ohio	
	Count	Rate	Count	Rate
Reading proficiency - third graders who met threshold to move to fourth grade	198	100.0%	108,312	95.0%

**School Enrollment<sup>12\*</sup>**

	Guernsey County
Preschool	160
Kindergarten	228
Grades 1-2	435
Grades 3-5	685
Grades 6-8	682
Grades 9-12	756

\*These data represent a headcount of students in attendance during the first full week of classes in October 2018

**Economic Stability**

Economic stability plays an important role in health, with at least one study on this topic showing that during the study period, those with greater income had greater life expectancy (Chetty et al., 2016).<sup>13</sup>

In Guernsey County, 34% of children are below the 100% federal poverty level (FPL), which is a higher percentage than the state of Ohio (20% of children are below FPL).

**Income and Poverty<sup>2</sup>**

		Guernsey County	Ohio
<b>Annual Household Income</b>	Per capita income	\$23,599	\$31,293
	Median household income	\$43,975	\$56,111
	Mean household income	\$56,201	\$76,151
<b>Poverty Status of Individuals</b>	Total persons below FPL	20.2%	13.9%
	Below 100% FPL	16.0%	9.7%
<b>Poverty Status of Families</b>	At 100% - 199% FPL	17.4%	14.3%
	At 200% - 399% FPL	38.7%	30.8%
	At or over 400% FPL	27.9%	45.2%
<b>Poverty Status of Those &lt;18 Years Old</b>	Below 100% FPL	33.8%	19.5%
	100% - 199% FPL	21.4%	21.1%
	At or above 200% FPL	44.8%	59.4%

## Social Determinants of Health, continued

Economic stability is linked to food insecurity. People who are food insecure do not get adequate food or have disrupted eating patterns due to lack of money and other resources.<sup>14</sup> In Guernsey County, 16% of all residents are food insecure; however, 25% of children in Guernsey County are estimated to be food insecure, which is higher than Ohio as a whole (20%).

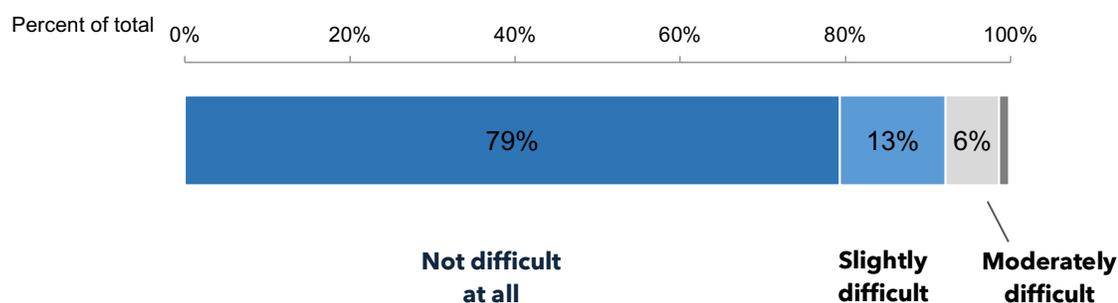
### Food Access

		Guernsey County	Ohio
<b>Food Insecure Persons<sup>15</sup></b>	Total residents	15.5%	14.5%
	Children	25.0%	19.6%
<b>Food Stamp Households<sup>2</sup></b>	Total households	17.3%	12.3%
	With one or more people 60 years and over	32.8%*	33.3%*
	With children under 18 years	42.1%*	45.3%*

\*Denominator is total households receiving food stamps

### Fruit and Vegetable Access<sup>§</sup>

Fruit and vegetable access doesn't appear to be a major issue in Guernsey County. Only 6% of respondents feel that it's moderately difficult to access fruits and vegetables, only 1% feel that it's very difficult, and none feel that it's extremely difficult.



Relatedly, some researchers use the food environment index when assessing access to nutritious foods. This index of factors that contribute to a healthy food environment ranges from 0 (worst) to 10 (best). Guernsey County's food environment index score is 7.3, slightly higher than Ohio's score (6.7).<sup>16</sup>

Another economic indicator that may influence the health of the community is the unemployment rate. The unemployment rate in Guernsey County in 2018 was 7.0%, higher

## Social Determinants of Health, continued

than Ohio (4.9%), using the Ohio Department of Job and Family Services' unemployment definition as those people, 16 years of age and over, who were "actively seeking work, waiting to be called back to a job from which they were laid off, or waiting to report within 30 days to a new payroll job." Those who have stopped looking for a new job (and who therefore removed themselves from the civilian labor force) are not included in this statistic.

### Employment Status<sup>2</sup>

		Guernsey County	Ohio
<b>Unemployment Rate*</b>	Annual average unemployment rate	7.0%	4.9%
	<b>In labor force**</b>	57.0%	63.1%
	<i>Civilian labor force***</i>	99.7%	99.9%
<b>Employment Rate of Labor Force</b>	Employed*	93.0%	95.1%
	Unemployed*	7.0%	4.9%
	<i>Armed forces***</i>	0.3%	0.1%
	<b>Not in labor force**</b>	43.0%	36.9%

\*Denominator is civilian labor force \*\*Denominator is total area population 16 years and over \*\*\*Denominator is total labor force

The leading industry in Guernsey County is management, business, science, and arts, with 28% employed in that industry. This is still a lower percentage than Ohio (37%). Guernsey County has a higher percentage of people than Ohio employed in natural resources, construction, and maintenance (13% v. 8%) and production, transportation, and material moving (20% v. 17%).

### Leading Industries in Guernsey County<sup>2</sup>

		Guernsey County	Ohio
<b>Employment Occupations</b>	Management, business, science, and arts	27.7%	37.3%
	Service	18.2%	17.1%
	Sales and office	20.5%	21.3%
	Natural resources, construction, and maintenance	13.4%	7.5%
	Production, transportation, and material moving	20.2%	16.9%

Readers who wish to learn more about the current state of jobs and public assistance (veterans' services, SNAP, etc.) in this county are encouraged to access the Ohio Department of Job and Family Services' "QuickView" report, at <http://jfs.ohio.gov/County/QuickView/Index.stm>.

## Neighborhood & Built Environment

Neighborhood and built environment refer to what extent individuals feel safe in their community and how the environment influences their quality of life. Crime is one aspect of this, while housing, recreation, and transportation are other important factors.

### Crime

	Guernsey County		Ohio	
	Count	Rate*	Count	Rate*
Violent crime <sup>17</sup>	8	**	32,872	3.0
Homicides <sup>18</sup>	2	**	761	6.9
Property crime <sup>17</sup>	472	35.7	259,158	23.9

\*Rate per 1,000 population \*\*Rates based on counts of less than 10 are considered unreliable

This section describes behaviors of Guernsey County residents that may impact their health outcomes: substance use, nutrition, and physical activity.

**Key Findings**

**Substance Use**

About a fifth of Guernsey County respondents are current smokers. A quarter are former smokers.

Nearly a third of respondents report binge drinking in the past month.

Almost half of respondents personally know someone in their community who has a drug abuse or addiction problem with heroin, methamphetamines, or prescription pain medicine.

**Nutrition & Physical Activity**

45% of Guernsey County respondents are obese.

On average, respondents eat the equivalent of one serving of vegetables per day.

Respondents reported doing physical activity four times in the seven days leading up to the survey, on average.

**Substance Use**

Almost half (43.0%) of Guernsey County respondents have smoked at least 100 cigarettes in their lives. About 20% of respondents reported being current smokers (smoking every day or some days). Only about 5% of respondents reported using e-cigarettes and about 10% reported using other tobacco / nicotine products every day or some days. A quarter were former smokers (adults who had smoked at least 100 cigarettes in their lifetime but do not smoke currently).

## Behavioral Risk Factors, continued

Overall, 29% of Guernsey County respondents reported binge drinking (i.e. five or more drinks on one occasion for men, four or more drinks on one occasion for women) at least once in the past month; among those who binge drank, the average number of days on which they reported binge drinking was 4.8 days.

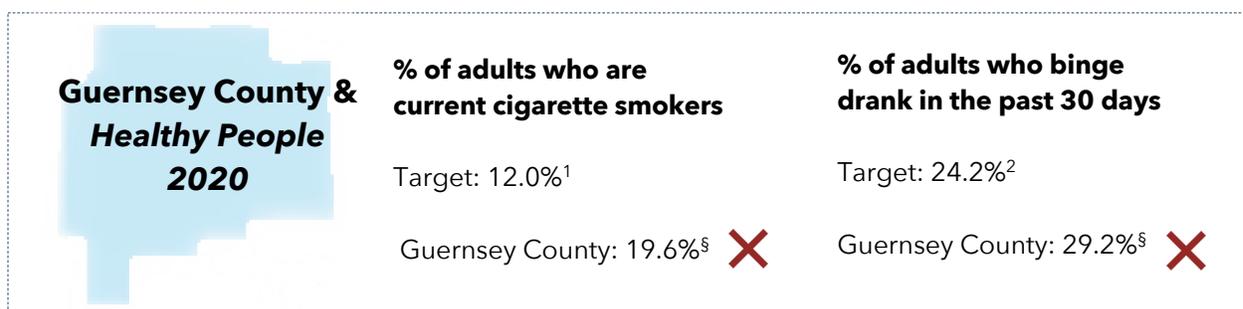
### Tobacco And Alcohol Use<sup>s</sup>

		Guernsey County (average n=629)	
<b>Tobacco Use (Every Day Or Some Days)</b>	Cigarettes	19.6%	🕒
	E-cigarettes (e.g., Juul)	4.2%	💡
	Other tobacco / nicotine product(s)	10.8%	
<b>Alcohol Use</b>	Binge drinkers	29.2%	

💡 Those with less than \$50,000 household income were more likely than those with \$50,000 or higher household income to have smoked at least 100 cigarettes in their lives (50.6% v. 33.8%). Men are more likely than women to use other tobacco or nicotine products (20.2% v. 1.1%). Those with a high school diploma or GED only are more likely than those with some college or more education to use other tobacco or nicotine products (16.2% v. 3.9%).

💡 Respondents under age 65 were more likely than respondents age 65 or higher to have binge drank at least once in the past month (35.0% v. 11.4%).

🕒 In 2017, 20.5% of respondents reported smoking cigarettes every day or some days. 29.3% reported binge drinking.



The table on the next page shows the counts and rates of fatal motor vehicle crashes.

**Fatal Motor Vehicle Crashes<sup>3</sup>**

	Guernsey County		Ohio	
	Count	Rate	Count	Rate
Total fatal motor vehicle deaths	10	24.5	1,179	10.4
Alcohol-related fatal motor vehicle deaths	3	7.4*	314	2.8

\*Rates based on counts of less than 10 are considered unreliable

Low percentages (around 7%) of Guernsey County respondents reported using marijuana for medical or recreational purposes in the past 30 days.

**Self-Reported Marijuana Use<sup>§</sup>**

	Guernsey County (average n=666)
Have used in the past 30 days - medical	4.3%
Have used in the past 30 days - recreational	5.6%



In 2017, 8.5% used marijuana in the past 6 months. Note that this cannot be compared directly to the 2020 percentages.

In terms of drug abuse or addiction, nearly half (48%) of respondents know someone in their community who has a problem with heroin, methamphetamines, or prescription pain medicine. 42% of respondents know someone with an alcohol abuse or addiction problem.

**Know Anyone With A Drug Abuse Or Addiction Problem<sup>§</sup>**

	Guernsey County (average n=644)
Heroin	11.8%
Methamphetamines	16.4%
Prescription pain medicine	24.7%
At least one of the above	47.5%



Those with some college or more education were more likely than those with only a high school degree / GED to know someone with a heroin (17.6% v. 7.6%), methamphetamine (23.0% v. 11.5%), or prescription pain medicine (34.4% v. 17.5%) abuse or addiction problem. Those with at least one child in the household were more

### ***Behavioral Risk Factors, continued***

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likely than those without children in the household to know someone with an alcohol abuse or addiction problem (54.7% v. 37.2%).

In 2017, 17.2% reported knowing someone with a heroin problem, 15.7% reported knowing someone with a methamphetamine problem, and 27.1% reported knowing someone with a prescription pain medicine abuse or addiction problem.

Misuse of prescription medication (using prescription medication that was not prescribed to the respondent or taking more medicine than was prescribed to feel good, high, more active, or more alert) was reported by only 2.0% in the past 30 days; this may be due in part to a desire to not admit to engaging in such behaviors on these self-administered questionnaires.

Guernsey County has low counts of deaths from unintentional drug overdose from opiates, fentanyl and analogues, prescription opiates, and other synthetic narcotics, as seen on the next page. Note that these statistics do not indicate the overall prevalence of illicit drug use or abuse among adults in Guernsey County; rather, it only measures the extent to which such use results in death.

**Deaths from Unintentional Drug Overdose<sup>4</sup>**

	Guernsey County		Ohio	
	Count	Rate*	Count	Rate*
Opiates	5	**	3,150	28.9
Heroin	2	**	714	6.5
Fentanyl and analogues	4	**	2,733	25.2
Benzodiazepines	1	**	403	3.7
Cocaine	0	**	1,092	9.7
Alcohol (all types)	0	**	442	3.9
Methadone	0	**	65	0.6
Hallucinogens	1	**	60	0.5
Barbiturates	0	**	12	0.1
Other opiates	0	**	471	4.1
Other narcotics	0	**	65	0.6
Prescription opiates	5	**	3,026	27.8
Other synthetic narcotics	5	**	2,737	25.3
Other unspecified drugs	5	**	2,204	20.0
Psychostimulants	4	**	564	5.3

*\*Rate per 100,000 population, age-adjusted \*\*Rates based on counts of less than 10 are considered unreliable.*

EMS providers administered Naloxone (Narcan) 123 times in Guernsey County and 44,469 times in Ohio in 2017.<sup>5</sup> Only 72% of transporting Ohio EMS Agencies reported Naloxone administrations; the actual counts are likely higher than reported here.

## Nutrition and Physical Activity

In terms of body weight, according to Body Mass Index (BMI) measurements, about 75% of respondents are overweight (31%) or obese (45%) in Guernsey County.

### Body Mass Index<sup>§</sup>

	Guernsey County 2020 (n=668)	Guernsey County 2017 (n=547)
Underweight (BMI < 18.5)	1.7%	1.6%
Normal weight (BMI = 18.5 - 24.9)	22.5%	24.2%
Overweight (BMI= 25 - 29.9)	30.8%	29.3%
Obese (BMI > 29.9)	45.0%	44.9%



BMI is just one measure of physical health. Age, sex, ethnicity, and muscle mass can influence the way BMI correlates with actual levels of body fat.<sup>7</sup> For example, a trained athlete may have a higher BMI due to increased muscle mass and may be deemed healthy by other measurements. Other ways to measure health are shown next, in the form of diet and physical activity.

Guernsey County adults reported eating fruit (i.e., fresh, frozen, or canned fruit, but excluding fruit juice) 5 times in the 7 days leading up to the survey and vegetables 7 times in the 7 days leading up to the survey. The U.S. Department of Health recommends a daily serving of 2.5 cup-equivalents of vegetables and 2 cup-equivalents of fruit.<sup>8</sup>

**Nutrition<sup>§\*</sup>**

	Guernsey County (average n=653)	
	Average times in past 7 days	Percentage at least once in past 7 days
Drinking 100% fruit juice	2.3	54.9%
Eating fruit	5.0	82.7%
Eating vegetables	7.1	95.4%
Drinking a can, bottle, or glass of soda or pop	2.9	56.2%
Getting food from a fast food restaurant	1.7	72.1%



*\*Winsorized; outlying values greater than 2 standard deviations from the mean are replaced with the largest non-outlying value*



Those with less than \$50,000 household income drank more juice than those with \$50,000 or higher household income (2.9 v. 1.6 times in past 7 days). Those 55 and older ate more fruit than those younger than 55 (5.5 v. 4.7 times in past 7 days). Those with some college or more education ate more fruit than those with only a high school degree / GED (5.6 v. 4.6 times in past 7 days). Males drank more soda or pop than females (3.2 v. 2.5 times in past 7 days). Those with less than \$50,000 household income drank more soda or pop than those with \$50,000 or higher household income (3.6 v. 2.1 times in past 7 days).

More than three quarters (87.7%) of Guernsey County respondents said they participated in physical activity for at least 30 minutes per day on at least one day during the past 7 days; 34.2% of Guernsey County respondents did exercises to strengthen and tone their muscles during the past 7 days. Guernsey County adults participated in physical activity for at least 30 minutes per day on 4.1 days of the past 7 days, on average. For comparison, the U.S. Department of Health recommends adults spend at least 2 and a half hours per week (about 10 hours a month) doing moderate-intensity aerobic activity.<sup>9</sup>

**Physical Activity in Past 7 Days<sup>§</sup>**

	Guernsey County (average n=643)
On how many of past 7 days engaged in physical activity for a total of at least 30 minutes (average)	4.1
On how many of past 7 days did exercises to strengthen or tone muscles (average)	1.2





Males engaged in physical activity on more days than females: 4.5 days versus 3.8 days in past 7 days. Those who completed the survey at a later date (on March 10<sup>th</sup> or later) engaged in physical activity on more days than those who completed the survey at an earlier date (4.5 v. 3.7 days in past 7 days). However, those who completed the survey on March 23<sup>rd</sup> or later engaged in strength training on fewer days than those who completed the survey on an earlier date (1.0 v. 1.3 in past 7 days). This increase could have occurred because respondents' routines changed because of COVID-19, or it could have occurred because the weather improved, making outdoor physical activity more appealing and replacing indoor strength training with outdoor physical activity.

Engagement with strengthening exercises increased with education (1.1 days in the past 7 among those with a high school degree / GED or less, 1.4 in the past 7 among those with some college, and 1.7 in the past 7 among those with a bachelor's degree or higher education).



In 2017, respondents reported engaging in physical activity 4 times *in the last 30 days*, on average, for a total of 1 hour. This was far less physical activity than was reported in 2020.

**Guernsey County & Healthy People 2020**

**% of adults performing muscle-strengthening activities on 2 or more days of the week**

Target: 24.1%<sup>10</sup>

Guernsey County: 30.3%<sup>§</sup> ✓

The 2020 Guernsey County survey also measured how community members spend their time (see below).

**Average Daily Hours Spent on TV, Internet, and Sleep<sup>§</sup>**

	Guernsey County (average n=642)
Average hours per day watching television	3.1
Average hours per day on the Internet	2.5
Average hours of sleep each night	6.9



<sup>§</sup>Winsorized; outlying values greater than 2 standard deviations from the mean are replaced with the largest non-outlying value



Those age 55 or older watch more television than those younger than 55 (4.2 v. 2.2 hours per day, on average). Those who live in Cambridge watch more television than those who live outside of Cambridge (3.4 v. 2.7 hours per day, on average). Those younger than 55 use the Internet more than those 55 or older (3.0 v. 1.9 hours per day, on average). Those with some college or more education use the Internet more than those with only a high school degree / GED (3.3 v. 1.9 hours per day, on average). Those who live in Cambridge use the Internet more than those who live outside of Cambridge (2.8 v. 2.3 hours per day, on average).

The 2020 Community Health Assessment also explored mental and social health.

### Key Findings

About one in four respondents have been diagnosed with a depressive disorder and about one in five respondents have been diagnosed with an anxiety disorder.

A little over a third of respondents experienced at least one poor mental health day within the 30 days leading up to the survey.

As measured by the survey, 23% of Guernsey County respondents have been diagnosed with a depressive disorder and 21% have been diagnosed with an anxiety disorder.

**Diagnoses Of Mental Health Conditions<sup>s</sup>**

		Guernsey County 2020 (n=679)	Guernsey County 2017 (average n=569)
<b>Ever Been Told That You Had...</b>	A depressive disorder (including depression or dysthymia)*	23.0%	30.0%
	An anxiety disorder (including acute stress disorder, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, posttraumatic stress disorder, or social anxiety disorder)	20.9%	29.6%



Those with less than \$50,000 household income were more likely than those with \$50,000 or higher household income to have been diagnosed with a depressive disorder (29.2% v. 16.0%). Females were more likely than males to have been diagnosed with an anxiety disorder (27.5% v. 13.3%). Those with less than \$50,000 household income were more likely than those with \$50,000 or higher household income to have been diagnosed with an anxiety disorder (24.0% v. 17.0%).

**Poor Mental Health Days in The Past 30 Days<sup>s</sup>**

	Guernsey County (average n=673)	
<b>Percent</b> having at least 1 poor mental health day	37.0%	
<b>Days</b> poor mental health (average)*	4.2	
<b>Percent</b> for whom mental health affected activity levels	22.7%	
<b>Days</b> activity levels were affected (average)	2.3	



Those with only a high school diploma or GED had more poor mental health days than those with some college or higher education (5.7 v. 3.1 days in the past 30, on average). Those with less than \$25,000 household income had more poor mental health days than those with \$25,000 or more household income (6.5 v. 3.5 days in the past 30, on average). Those living outside of Cambridge had more poor mental health days than those living in Cambridge (4.9 v. 3.5 days in the past 30, on average).



In 2017, the percentage of respondents with at least a half day when mental health affected activity levels in the past 30 days was 39.5%. The average days activity levels were affected was 4.5.

\* As mentioned earlier, there was a significant increase in poor mental health days in the 30 days leading up to the survey among those who completed the survey on March 23<sup>rd</sup> or later compared to those who completed the survey before March 23<sup>rd</sup> (6.3 v. 3.9 days in the past 30). There was also a significant increase in those diagnosed with a depressive disorder (35.6% v. 20.8%). Those with a depressive disorder diagnosis had significantly more poor mental health days (11.6 v. 2.0 days in the past 30). Given that it's unlikely that a significant number of respondents would have received a depressive disorder diagnosis in the weeks since the survey was deployed and March 23<sup>rd</sup> (suggesting that COVID-19 may have been the cause of these differences), an alternative explanation is those with a depressive disorder and more poor mental health days may have chosen to complete the survey later than those without a depressive disorder / with fewer poor mental health days.

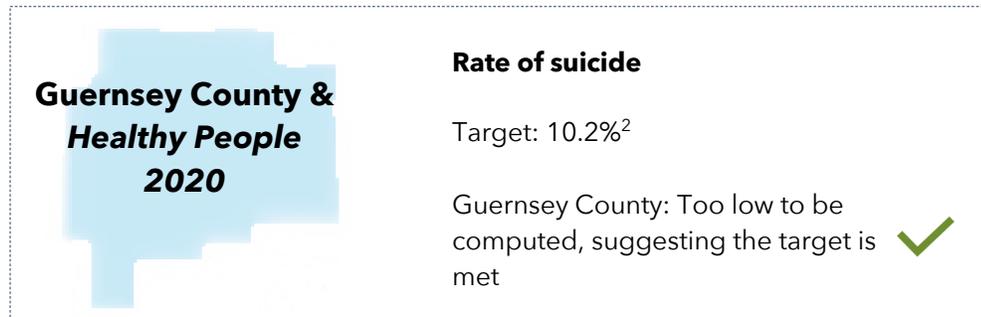
Only 1.5% of Guernsey County respondents reported seriously considering attempting suicide during the past 12 months.

Guernsey County had a low count of suicides in 2018.

**Suicides<sup>1\*</sup>**

	Guernsey County		Ohio	
	Count	Rate	Count	Rate**
<b>Suicides</b>	7	***	1,836	15.2

*\*Data are from 2018 \*\*Rate per 100,000 population, age-adjusted \*\*\*Rates based on counts less than 10 are unreliable*



The table below shows the counts of domestic violence for Guernsey County and Ohio.

**Domestic Violence<sup>3</sup>**

	Guernsey County		Ohio	
	Count	Rate	Count	Rate
Domestic violence incidents	170	N/A	75,466	N/A

*N/A= not available or cannot be calculated*

**Mental and Social Health, continued**

The following table presents the number of child abuse reports in 2018. Note: this may not be accurate to the total counts of child abuse, which may be underreported for the stigma that sticks with families after perpetrators are convicted.

**Child Abuse<sup>4</sup>**

		Guernsey County		Ohio	
		Count	Percent*	Count	Percent*
<b>Total child abuse reports</b>		<b>565</b>		<b>101,243</b>	
	Physical abuse	120	40.6%	30,264	29.9%
	Neglect	140	19.1%	25,827	25.5%
	Sexual abuse	43	10.4%	9,137	9.0%
<b>Child Abuse</b>	Emotional maltreatment	1	0.5%	1,203	1.2%
	Family in need of other services; dependency and other	169	18.4%	17,001	16.8%
	Multiple allegations of abuse / neglect	92	10.9%	17,861	17.6%

\*Denominator is total child abuse reports

**Key Findings**

Guernsey County is currently close to meeting the *Healthy People 2020* goal for percent of babies born preterm.

**Guernsey County & Healthy People 2020**

**% preterm live births**

Target: 9.4%<sup>1</sup>

Guernsey County: 10.1%<sup>§</sup> **X**

**Maternal and Infant Health**

		Guernsey County		Ohio	
		Count		Count	
<b>Total Births<sup>2</sup></b>		435		135,220	
		Count	Rate*	Count	Rate*
Total		17	12.6	2,944	7.2
White		16	12.3	1,713	5.5
Black		1	**	1,092	14.9
American Indian		0	**	4	**
Asian or Other Pacific Islander		0	**	56	4.0
Hispanic		0	**	153	6.9
Non-Hispanic		17	12.6	2,790	7.2
		Count	Percent	Count	Percent
<b>Low Birth Weight<sup>2</sup></b>					
Low birth weight babies (<2500 grams)		30	6.9%	9,485	7.0%
Very low birth weight babies (<1500 grams)		9	2.1%	1,996	1.5%
<b>Preterm Births<sup>2</sup></b>					
Preterm births (<37 weeks)		44	10.1%	13,860	10.3%
<b>Tobacco Use<sup>4</sup></b>					
Mothers smoked during 3 <sup>rd</sup> trimester		77	17.3%	12,882	9.6%

\*Rate per 1,000 live births \*\*Rates are unreliable

**Overall Health**

This section reviews how residents perceive their overall health and physical health.

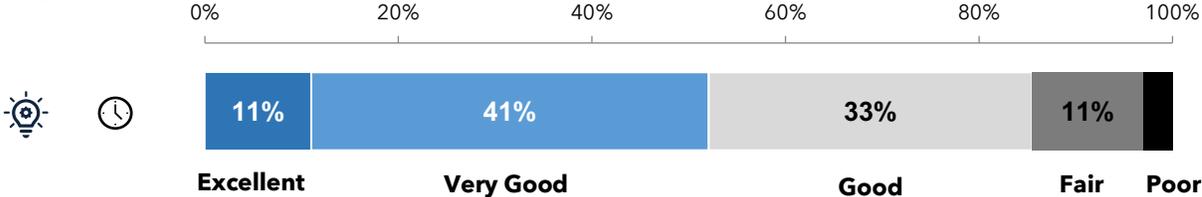
**Key Findings**

Almost all respondents reported that their health is excellent, very good, or good, but nearly half of respondents had at least one poor physical health day in the 30 days leading up to the survey.

Those with lower household income were far less likely to say their health is excellent or very good.

The majority of respondents report that in general their health is “very good” or “excellent.”

**Perceptions of Health Status<sup>s</sup>**



 Respondents younger than 45 were more likely than those 45 or older to say their health is excellent or very good (69.2% v. 41.2%). Those with \$25,000 or higher household income were more likely than those with less than \$25,000 household income to say their health is excellent or very good (61.8% v. 29.6%). Those living in Cambridge were more likely than those living outside of Cambridge to say their health is excellent or very good (55.4% v. 48.7%).

 In 2017, 8% reported their health was excellent, 31% reported very good, 36% reported good, 19% reported fair, and 5% reported poor. Perceptions of health status were significantly better in 2020.

**Overall Health, continued**

Almost half of respondents reported having at least one poor physical health day in the 30 days leading up to the survey.

**Poor Physical Health Days in The Past 30 Days<sup>s</sup>**

	Guernsey County (average n = 670)	
<b>Percent</b> having at least 1 poor physical health day	47.0%	
<b>Days</b> poor physical health (average)	4.6	
<b>Percent</b> had activity levels affected at least 1 day	32.9%	
<b>Days</b> activity levels were affected (average)	3.2	

 Respondents 45 and older had more poor physical health days than those younger than 45 (5.5 v. 3.1, on average). Those with some college or less education had more poor physical health days than those with only a high school degree / GED (4.8 v. 2.9, on average). The number of poor physical health days decreased as household income increased (7.6 days in past 30 for household income less than \$25,000, 4.0 days in past 30 for household income between \$25,000 and \$99,999, and 1.6 days in past 30 for household income \$100,000 or more). Those living outside of Cambridge had more poor physical health days than those living in Cambridge (5.1 v. 4.1 in past 30, on average).

This section presents the leading causes of death, illness, and injury for residents of Guernsey County.

### Key Findings

Heart disease is the leading cause of mortality in Guernsey County, followed by Alzheimer's.

Among cancer diagnoses, prostate, lung and bronchus, and breast have the highest incidence rates.

More than a third (39%) of respondents have been diagnosed with high blood pressure, 35% with high cholesterol, and 17% with diabetes.

The following tables and information reflect data from Southeastern Med. In 2019, there were 20,895 visits to the emergency department. It is unclear how many of these visits were made by Guernsey County residents.

The following **diagnoses** (description followed by primary diagnosis code) were most common among individuals admitted to the emergency department of Southeastern Med in 2019:<sup>1</sup>

- Acute upper respiratory infection, unspecified (J06.9)
- Urinary tract infection, site not specified (N39.0)
- Chest pain, unspecified (R07.9)
- Unspecified injury of head, initial encounter (S09.90XA)
- Unspecified abdominal pain (R10.9)
- Acute bronchitis, unspecified (J20.9)
- Other chest pain (R07.89)
- Pneumonia, unspecified organism (J18.9)
- Acute pharyngitis, unspecified (J02.9)
- Noninfective gastroenteritis and colitis, unspecified (K52.9)
- Nausea with vomiting, unspecified (R11.2)
- Streptococcal pharyngitis (J02.0)
- Constipation, unspecified (K59.00)
- Low back pain (M54.5)
- Headache (R51)
- Dizziness and giddiness (R42)
- Anxiety disorder, unspecified (F41.9)

## ***Death, Illness, and Injury, continued***

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- Bronchitis, not specified as acute or chronic (J40)
- Strain of muscle, fascia and tendon of lower back, initial encounter (S39.012A)
- Syncope and collapse (R55)

The following **inpatient diagnoses including OB patients** (description followed by primary diagnosis code) were most common among individuals admitted to the emergency department of Southeastern Med in 2019:<sup>1</sup>

- Single liveborn infant, delivered vaginally (Z38.00)
- Sepsis, unspecified organism (A41.9)
- Pneumonia, unspecified organism (J18.9)
- Other specified diseases and conditions complicating pregnancy, childbirth, and the puerperium (O99.89)
- Chest pain, unspecified (R07.9)
- Single liveborn infant, delivered by cesarean (Z38.01)
- Chronic obstructive pulmonary disease with (acute) exacerbation (J44.1)
- Urinary tract infection, site not specified (N39.0)
- Acute kidney failure, unspecified (N17.9)
- Hypertensive heart disease with heart failure (I11.0)
- Encounter for supervision of other normal pregnancy, third trimester (Z34.83)
- Other chest pain (R07.89)
- False labor before 37 completed weeks of gestation, third trimester (O47.03)
- Hypertensive heart and chronic kidney disease with heart failure and with stage 1 through 4 chronic kidney disease, or unspecified chronic kidney disease (I13.0)
- Post-term pregnancy (O48.0)
- Paroxysmal atrial fibrillation (I48.0)
- Precordial pain (R07.2)
- Chronic obstructive pulmonary disease with acute lower respiratory infection (J44.0)
- Decreased fetal movements, third trimester, not applicable or unspecified (O36.8130)
- Encounter for supervision of normal first pregnancy, third trimester (Z34.03)

The following **inpatient diagnoses excluding OB patients** (description followed by primary diagnosis code) were most common among individuals admitted to the emergency department of Southeastern Med in 2019:<sup>1</sup>

- Sepsis, unspecified organism (A41.9)
- Pneumonia, unspecified organism (J18.9)
- Chest pain, unspecified (R07.9)
- Chronic obstructive pulmonary disease with (acute) exacerbation (J44.1)

## ***Death, Illness, and Injury, continued***

---

- Urinary tract infection, site not specified (N39.0)
- Acute kidney failure, unspecified (N17.9)
- Hypertensive heart disease with heart failure (I11.0)
- Other chest pain (R07.89)
- Hypertensive heart and chronic kidney disease with heart failure and with stage 1 through 4 chronic kidney disease, or unspecified chronic kidney disease (I13.0)
- Paroxysmal atrial fibrillation (I48.0)
- Precordial pain (R07.2)
- Chronic obstructive pulmonary disease with acute lower respiratory infection (J44.0)
- Non-ST elevation (NSTEMI) myocardial infarction (I21.4)
- Acute and chronic respiratory failure with hypoxia (J96.21)
- Syncope and collapse (R55)
- Noninfective gastroenteritis and colitis, unspecified (K52.9)
- Lobar pneumonia, unspecified organism (J18.1)
- Other pulmonary embolism without acute cor pulmonale (I26.99)
- Diverticulitis of large intestine without perforation or abscess without bleeding (K57.32)
- Unilateral primary osteoarthritis, right knee (M17.11)

The following **mechanisms of injury** were most common among individuals admitted to Southeastern Med in 2019:<sup>1</sup>

- Motor Vehicle Traffic (MVT) occupant
- Struck by or against
- Transport - other
- Cut / pierce
- MVT motorcyclist
- MVT other
- MVT unspecified
- Natural / environmental - other
- Fire / flame
- Hot Object / substance

## Death, Illness, and Injury, continued

Turning to the top causes of death in Guernsey County, atherosclerotic heart disease and Alzheimer's disease are most common.

### Mortality - Leading Causes<sup>2\*</sup>

Description (Diagnosis-related group)	Guernsey County		Ohio	
	Count	Rate**	Count	Rate**
Total	478	891.3	124,264	838.4
Atherosclerotic heart disease (I25.1)	33	58.0	7,479	48.4
Alzheimer's disease, unspecified (G30.9)	23	42.5	5,181	33.5
Bronchus or lung, unspecified - malignant neoplasms (C34.9)	25	39.5	6,582	42.3
Acute myocardial infarction, unspecified (I21.9)	18	***	4,309	28.2
Atherosclerotic cardiovascular disease (I25.0)	18	***	2,488	16.6
Pneumonia, unspecified (J18.9)	15	***	1,710	11.1
Chronic obstructive pulmonary disease, unspecified (J44.9)	19	***	5,856	38.0
Unspecified dementia (F03)	***	***	4,782	30.7
Accidental poisoning by and exposure to narcotics and psychodysleptics (X42)	***	***	2,295	20.7
Congestive heart failure (I50.0)	***	***	2,810	18.0
Stroke (I64)	***	***	2,291	14.8

\*The first ten of these causes are sorted in order of age-adjusted rate in Guernsey County, and the bottom cause is a top 10 leading cause of death in the state of Ohio. \*\*Rate per 100,000 population, age-adjusted \*\*\*Rates or counts are unreliable

## Death, Illness, and Injury, continued

With regard to cancer incidence rates, lung and bronchus cancer had the greatest incidence in Guernsey County, followed by female breast cancer.

### Cancer Incidence Rates - Top Cancers<sup>3\*</sup>

	Guernsey County		Ohio	
	Count*	Rate**	Count*	Rate**
Prostate	24	90.1	N/A	103
Lung & bronchus	46	83.8	N/A	68.5
Breast (female)	23	82.5	N/A	127.4
Colon and rectum	31	60.0	N/A	41.5
Uterus	12	39.6	N/A	29.7
Non-Hodgkin lymphoma	12	24.3	N/A	19.1
Bladder	12	22.8	N/A	22

\*Average annual number \*\*Rate per 100,000 population, age-adjusted; Rates are sex specific for cancer of the breast and prostate  
N/A=comparable data are not available

Considering only cancer-related deaths, lung and bronchus cancers have the highest mortality rate in Guernsey County.

### Cancer Mortality Rates - Top Cancers<sup>3\*</sup>

	Guernsey County		Ohio	
	Count*	Rate**	Count	Rate**
Lung and Bronchus	37	67.4	N/A	50.3
Colon and rectum	12	22.2	N/A	15.7
Breast (female)	5	18.1	N/A	22.4
Prostate	3	16.4	N/A	19.0
Pancreas	6	11.8	N/A	11.6

\*Average annual numbers \*\*Rate per 100,000 population, age-adjusted; Rates are sex specific for cancer of the breast and prostate  
N/A=comparable data are not available

The most common infectious disease diagnosis in Guernsey County is chlamydia. The next most common is gonorrhea. Note that rates calculated based on counts of less than ten are likely unstable and therefore should be interpreted with caution.

**Incidence of Infectious Disease**

	Guernsey County		Ohio	
	Cases	Rate*	Cases	Rate*
Chlamydia <sup>4</sup>	201	514.2	63,414	543.9
Syphilis <sup>5</sup>	5	12.8	1,915	16.4
AIDS / HIV (persons living with a diagnosis of HIV infection) <sup>6</sup>	29	79.4	24,130	206.4
Gonorrhea <sup>7</sup>	50	127.9	25,242	216.5
Influenza-associated hospitalization <sup>8</sup>	31	79.4	14,438	123.5
Hepatitis A (acute) <sup>8</sup>	3	7.7	1,838	15.7
Hepatitis B (acute) <sup>9</sup>	3	7.7	309	2.7
Hepatitis B (total) <sup>9</sup>	7	17.9	2,672	23.0
Hepatitis C (acute) <sup>10</sup>	2	5.1	468	4.0
Hepatitis C (total) <sup>10</sup>	73	186.7	18,500	158.7

\*Rate per 100,000 population

Turning to chronic health conditions, 39% of Guernsey County respondents have at some point been told by a health professional that they have high blood pressure and 35% have been diagnosed with high cholesterol. Both of these statistics are greater than the prevalence for Ohio, overall.

**Diagnoses of Chronic Health Conditions<sup>§</sup>**

	Guernsey County (average n=643)
High blood pressure	38.8%
High blood cholesterol	34.5%
Diabetes	17.4%
Asthma	11.6%
C.O.P.D. or emphysema	9.3%
Coronary heart disease	8.2%
Heart attack	7.2%

**Ever Been Told That You Had...**





Respondents 45 and older are more likely than those younger than 45 to have been diagnosed with high blood pressure (55.2% v. 13.9%), high cholesterol (49.0% v. 12.6%), and diabetes (25.4% v. 5.4%). No one under 45 reported having a heart attack. Respondents 65 and older are more likely than those younger than 65 to have been diagnosed with coronary heart disease (25.9% v. 3.0%) and C.O.P.D. or emphysema (25.0% v. 4.9%). As household income increases, respondents are less likely to have been diagnosed with diabetes (28.7% less than \$25,000, 12.9% between \$25,000 and \$99,999, and 7.2% \$100,000 or more). Those with less than \$25,000 household income are more likely than those with \$25,000 or higher household income to have had a heart attack (15.7% v. 3.3%), and have been diagnosed with coronary heart disease (13.3% v. 5.1%) and C.O.P.D. or emphysema (20.2% v. 3.9%). Males are more likely than females to have been diagnosed with coronary heart disease (13.3% v. 3.6%) and to have had a heart attack (15.7% v. 3.3%).



In 2017, 46.8% had been diagnosed with high blood pressure, 37.5% had been diagnosed with high blood cholesterol, 18.9% had been diagnosed with diabetes, and 17.6% had been diagnosed with asthma.

## Trends over Time

This section of this report presents an overview of changes in health indicators over time in Guernsey County. The health indicator cell is green if health improved over time<sup>1</sup>, white if there was little change in health<sup>2</sup>, and orange if health declined<sup>3</sup>.

Health Indicator	2017	2020
Most important health issues: drug / alcohol abuse or addiction	55.4%	48.2%
Most important health issues: cancer	14.9%	10.2%
Most important health issues: obesity, poor diet, or lack of exercise	12.2%	10.6%
Women 40 or older who had a mammogram within the past 2 years	76.4%	71.2%
Women 18 or older who had a Pap test within the past 3 years	72.3%	64.5%
Respondents who delayed medical care because they couldn't schedule an appointment soon enough	12.6%	2.8%
Respondents who delayed medical care because they didn't have transportation	5.7%	1.7%
Respondents who had a flu shot or vaccine that was sprayed in the nose in past 12 months	34.7%	32.1%
Current smokers	20.5%	19.6%
Binge drinkers	29.3%	29.2%
Respondents who know someone with a heroin problem	17.2%	11.8%
Respondents who know someone with a methamphetamine problem	15.7%	16.4%
Respondents who know someone with a prescription pain medicine abuse or addiction problem	27.1%	24.7%
Percent overweight or obese	74.2%	75.8%
Respondents who have been diagnosed with a depressive disorder	30.0%	23.0%
Respondents who have been diagnosed with an anxiety disorder	29.6%	20.9%
Respondents who said their health was excellent or very good	39.7%	52.1%
Respondents who have been diagnosed with high blood pressure	46.8%	38.8%
Respondents who have been diagnosed with high blood cholesterol	37.5%	34.5%
Respondents who have been diagnosed with diabetes	18.9%	17.4%
Respondents who have been diagnosed with asthma	17.6%	11.6%

<sup>1</sup> When the magnitude of the difference between the baseline and the current data is at least |10%| and the direction of this difference suggests a more healthy population. For example, consider "Most important health issues: drug / alcohol abuse or addiction":  $|((.554 - .482)/.554)*100| = 13\%$ .

<sup>2</sup> When the magnitude of the difference between the baseline and the current data is less than |10%| or when the baseline value was  $\leq 5\%$ .

<sup>3</sup> When the magnitude of the difference between the baseline and the current data is at least |10%| and the direction of this difference suggests a less healthy population.

## Summary

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The Guernsey County 2020 Community Health Assessment provides a comprehensive overview of the community's health status, illuminating areas of strength as well as areas in which there could be improvement.

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

Subsequent planning documents and reports will be shared with community stakeholders and with the public. For example, Appendix B of this report includes a preliminary list of community assets and resources that could possibly be mobilized and leveraged to address the priority health issues identified by this process. This list will be reviewed and (if necessary) revised by the Cambridge-Guernsey County Health Department and its partners after the health department's Community Health Improvement Plan is formulated.

The Guernsey County Health Partners will provide annual updates to this assessment as new data becomes available. Users of the Guernsey County 2020 Community Health Assessment are encouraged to send feedback and comments that can help improve the usefulness of this information when future editions are developed. Questions and comments about the Guernsey County 2020 Community Health Assessment may be directed to:

**Rose Ball**, Cambridge-Guernsey County Health Department

740-439-3577 ext. 7252 | [rball@guernseycountyhd.org](mailto:rball@guernseycountyhd.org)

**Orie Kristel**, PhD, Illuminology

614-447-3176 | [orie@illuminology.net](mailto:orie@illuminology.net)

**Kelly Bragg**, MPH, The Ohio State University's Center for Public Health Practice

614-292-1893 | [bragg.99@osu.edu](mailto:bragg.99@osu.edu)

## **Appendix A: Guernsey County Survey Questionnaire**

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The following pages show a hard copy version of the survey questionnaire.

<replace with adult survey>

<replace with adult survey>

<replace with adult survey>

<replace with adult survey>

## Appendix B: Community Assets and Resources

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Rose, these came from the 2018 CHIP. Do any of them need to be updated?

### Primary Care Services

Comm. Care Center  
Dr. Kollengoode's Office  
Cambridge-Guernsey  
County Health Dept.  
Genesis Health Care of Cambridge  
Work Pro (Sports and Work Physicals)  
Veterans Administration Clinic

### Adult Care Homes

Greystone Health & Rehabilitation  
Cambridge Health & Rehab Center  
Cardinal Place  
Country View Assisted Living  
Red Carpet Health Care(upper) Astoria Place (lower)

### Geriatric Services

Area Agency on Aging Region 9  
Guernsey Co. Senior Citizens Center  
Robert T. Secrest Senior Center

### Child Care Facilities

All For Kids  
Certified Daycare Providers  
Wee Cherish Preschool

### Maternal Care Services

GRADS Program  
Guernsey Co Health Dept Pregnancy Related Services  
SEORMC Childbirth Center  
OB/GYN Spec. of Southeastern Ohio, Inc.

### Preventive and Primary Care Services for Children

Bright Beginnings  
OVESC  
GMN Head Start

### Reproductive Health Services

Cambridge-Guernsey County Health Dept.  
Southeastern Ohio OB/GYN Specialist

### Home Health

Cambridge Home Health  
Foster Bridge

## **Appendix B: Community Assets and Resources, continued**

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Hospice of Guernsey  
Interim Healthcare  
Quality Of Life Home Care

### EMS

County Wide 911 Service  
United Ambulance

### Drug & Alcohol Services of Guernsey County

Alcohol and Drug Services of Guernsey Co.

### Social Services

Cambridge Church of Christ  
Assembly of God (1<sup>st</sup> and 3<sup>rd</sup> Thursday of every month 12:00 pm-1:00 pm)  
Feed My People (Balanced hot meal 6 days a week. 9:00 am - 1:00 pm (lunch 11:15 am - 12:30 pm)  
First Church of the Nazarene (Food Pantry 2<sup>nd</sup> & 4<sup>th</sup> Thursday of month 10:00 am - 11:30 am)  
Food Stamp Program  
GRACE Pantry (4<sup>th</sup> Friday of each month 11:00 am - 1:30 pm & 4:00 pm - 6:00 pm Satellite  
Distribution) (2<sup>nd</sup> Friday of each month 10:00 am - 11:30 am at Center United Methodist Church on  
Cadiz Rd.)  
Guernsey Co. Senior Citizens Center (Home Delivery)  
Living Waters  
Fellowship (1<sup>st</sup> & 3<sup>rd</sup> Thurs. 12:00 pm-2:00 pm) Emergency Only (740) 679-3101  
Robert T. Secrest Senior Center  
Salvation Army (Share & Care 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> Thursday) for Produce @ 1:00 pm or Call after 10:00 am

### Housing / Shelter Assistance Programs

Aspen Greene Apartments  
Berwick Apartments  
Byesville Gardens  
Cambridge Heights Apartments  
Cambridge Metropolitan Housing Authority  
Cambridge Village  
Coventry Heights Apartments  
Heritage Court Apartments  
The Homes of Huston Hills  
Cambridge Guernsey Co Health Dept. BCMH  
Financial Assistance  
SEORMC  
Social Security Office  
County Veterans Services  
Maple Heights Apartments

### Transport Services Special Needs Population

Department of Jobs and Family Services  
SEAT Bus

## **Appendix B: Community Assets and Resources, continued**

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Guernsey County Senior Transportation  
Vans for Veterans / Veterans Service Office

### Health Promotion / Prevention Nutritional Services Health Screenings Laboratory

Community Health Link  
Guernsey Co. Family & Children 1<sup>st</sup> Council

### Housing

Lakeview Terrace  
Laughlin Woods Apartments  
Maple Arms Apartments  
Mayor Estates Apartments  
Meadow Park Village  
Pine Knoll Apartment Community  
Salvation Army (Share & Care)  
Skyview East Apartments  
Wills Creek Valley Apartments  
The Village at Sky Meadows

### Assistance Programs

Department of Job and Family Services  
GMN/CAC (HEAP)  
Salvation Army  
Community Outreach Education Office  
Guernsey Co. Children Services Board  
Guernsey Co. Health Dept WIC (Lab)  
Help Me Grow  
OSU Extension Guernsey Co.  
Wellness Resource Center SEORMC  
SEORMC Lab

### General Practitioners

Community Care Center Dr. Kollengoode's Office  
Conaway, Ed, MD  
Nau, Melissa, MD  
Bryan, Lindsey, NP  
Lall, Shobha, MD  
Pritchett, Erika, MD  
Muskingum Valley Health Center  
Schubert, Sandra MD  
Hack, Hillary, MD  
Simmerman, Angela

### OB/GYN

Binkiewicz, Joseph, MD, Wright, Paul, MD  
Pavlik, Vickie, MD (GYN only)

### Internal Medicine Primary Care, Cardiology Gastroenterology

## **Appendix B: Community Assets and Resources, continued**

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Colby, Ed, MD  
Mahayri, Eyad, MD  
Medical Associates: Goggin, Mark, MD  
Goggin, Pat, MD  
Odejedelae, K., MD  
Rush, Doug, MD  
Shashi, Vora, MD  
Durant, Stephen, MD  
OSU Cardiology of Cambridge  
Pain Management Clinic / M. Sayegh, MD  
Rass, Amjad, MD  
Ray, David, DO  
Schubert, Sandra, MD  
Hack, Hillary, MD  
Simmerman, Angela  
Muskingum Valley Health Center

### Optometrists / Ophthalmologist

Eye Surgery of Eastern Ohio  
Antalis, John, MD  
(Surgery by referral only)  
Cambridge Family Eyecare  
Luminous Eye Care  
The Eye Site  
Wal-Mart Vision Center

### Urgent Care

SEORMC Fast Track  
Genesis Health Center  
Urgent Care

### Urology

Maximo, Cliff, MD

### E.N.T.

Southeastern Ohio E.N.T.

### Nurse Practitioners

Tammy Lawson, WHCNP

### Chiropractic Services

Advanced Spinal Care  
Cox, Rick, D.C.  
Dollison, Carl, D.C.  
Doudna, Stephen, D.C.  
Fall, Bryan, D.C.  
Jefferies Chiropractic & Wellness

## **Appendix B: Community Assets and Resources, continued**

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### Dental Health Providers

Ohio Smiles  
DuBois, C., D.D.S.  
Duff, Gary, D.D.S  
Muskingum Valley Oral Surgery  
Fanti, Joseph, D.D.S.  
Farahay Family Dental Care  
Fender, W., D.D.S.  
Gardinsky, George / John / Karen, D.D.S.  
Jones, B. K., II, D.D.S.  
Woodlawn Dental Center  
Wakefield, Darcy, D.D.S.

### Education

Cambridge High School  
Cambridge Middle School  
Central Elementary School  
North Elementary School  
South Elementary School  
Meadowbrook High School  
Meadowbrook Middle School  
Brook Intermediate School  
Byesville Elementary School  
Secrest Elementary School  
Buckeye Trail High / Middle School  
Buckeye Trail Elementary School  
Pike Elementary School  
St. Benedict School  
Buffalo Campus  
Foxfire School

### Media

The Daily Jeffersonian  
Your Radio Place.com (KC105, 96FM, 97.7 FM, 93BNV)  
WHIZ Media Group  
Zanesville Times Recorder  
WTOV 9 - TV  
WTRF - TV

### Government

Guernsey County Soil & Water  
Guernsey County Veterans Services  
Guernsey County Engineer  
Guernsey County Auto Title  
Guernsey County Juvenile Court  
Guernsey County Adult Probation Department

## ***Appendix B: Community Assets and Resources, continued***

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Guernsey County Highway Department  
Cambridge Municipal Court  
Guernsey County Commissioners  
Guernsey County Auditor  
Board of Elections  
Guernsey County Treasurer  
Probate Court  
Recorder

### Law Enforcement

Guernsey Co. Sheriff's Office  
Cambridge Police Department  
Ohio State Highway Patrol -Cambridge Patrol Post  
Cambridge Fire - EMS Department  
Kimbolton Fire-EMS Department  
Senecaville Fire- EMS Department  
Byesville Fire - EMS Department  
Cumberland Fire - EMS Department  
Fairview Fire - EMS Department  
Old Washington Fire - EMS Department  
Pleasant City Fire - EMS Department  
Quaker City Fire -EMS Department  
Lore City Fire - EMS Department

### Arts & Culture

Hoag Art Center  
Guernsey County Library  
Crossroads Library

## References

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### Community Profile

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### Social Determinants of Health

<sup>1</sup> Healthy People 2020 objective AHS-1.1, U.S. Department of Health

<sup>2</sup> U.S. Census Bureau, American Community Survey 1 Year Estimates (Ohio) / 5 Year Estimates (Guernsey County) (2018)

<sup>3</sup> Medical Board of Ohio, Active License Roster (2019)

<sup>4</sup> Ohio Department of Administrative Services (2019)

<sup>5</sup> Ohio Chemical Dependency Professionals Board (2019)

<sup>6</sup> Ohio Board of Psychology (2019)

<sup>7</sup> American Cancer Society (2017) "Breast Cancer Screening Guidelines"

<sup>8</sup> Mayo Clinic Staff (2019) "Pap smear: Overview"

<sup>9</sup> Ohio Department of Education, District Graduation Rates (2017)

<sup>10</sup> Ohio Department of Education, Kindergarten Readiness Assessment (2017)

<sup>11</sup> Ohio Department of Education, Third Grade Reading Guarantee (2018)

<sup>12</sup> Ohio Department of Education, October Headcounts 2018

<sup>13</sup> Chetty, R., Stepner, M., Abraham, S., Lin, S., Scuderi, B., Turner, N., Bergeron, A. & Cutler, D. (2016). The association between income and life expectancy in the United States, 2001-2014. *Jama*, 315(16), 1750-1766.

<sup>14</sup> Nord, M., Coleman-Jensen, A., Andrews, M., & Carlson, S. (2010). Household Food Security in the United States. ERR-108, USDA. *Economic Research Service*.

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<sup>17</sup> Office of Criminal Justice Services, Crime Statistics and Crime Reports (2017)

<sup>18</sup> Ohio Department of Health, Ohio Public Health Information Warehouse (2018)

### Behavioral Risk Factors

<sup>1</sup> Healthy People 2020 objective TU-1.1, U.S. Department of Health

<sup>2</sup> Healthy People 2020 objective SA-14.3, U.S. Department of Health

<sup>3</sup> Ohio Department of Public Safety, 2017 Crash Facts for All Counties

<sup>4</sup> Ohio Department of Public Health, Ohio Public Health Information Warehouse (2018)

<sup>5</sup> Naloxone Administration by Ohio EMS Providers by County, Ohio, 2017

<sup>6</sup> Healthy People 2020 objective NWS-9, U.S. Department of Health

<sup>7</sup> Centers for Disease Control "Body Mass Index: Considerations for Practitioners" (2011).

<sup>8</sup> U.S. Department of Health and Human Services and U.S. Department of Agriculture, 2015-2020 Dietary Guidelines for Americans 8<sup>th</sup> Edition (2015).

<sup>9</sup> U.S. Department of Health, Physical Activity Guidelines for Americans 2nd Edition (2018).

<sup>10</sup> Healthy People 2020 objective PA-2.3, U.S. Department of Health

**Mental and Social Health**

- <sup>1</sup> Ohio Department of Health, Ohio Public Health Information Warehouse (2018)
- <sup>2</sup> Healthy People 2020 objective MHMD-1, U.S. Department of Health
- <sup>3</sup> Domestic Violence Report, Ohio Bureau of Criminal Identification and Investigation (2018)
- <sup>4</sup> Public Children Services Association of Ohio, 2019 Factbook, Guernsey County Profile

**Maternal and Infant Health**

- <sup>1</sup> Healthy People 2020 objective MICH-9.1, U.S. Department of Health
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- <sup>3</sup> Ohio Department of Health, Ohio Public Health Information Warehouse (2016 - 2018)
- <sup>4</sup> Ohio Department of Health: Center for Public Health Statistics and Informatics (2019)

**Death, Illness, and Injury**

- <sup>1</sup> Southeastern Med (2019)
- <sup>2</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2018 on CDC WONDER Online Database
- <sup>3</sup> Guernsey County Cancer Profile, Ohio Department of Health (2012 - 2016)
- <sup>4</sup> Ohio Chlamydia Cases, Ohio Department of Health
- <sup>5</sup> Ohio Total Syphilis Cases, Ohio Department of Health
- <sup>6</sup> Ohio HIV Surveillance Data Tables, Ohio Department of Health (2018)
- <sup>7</sup> Ohio Gonorrhea Cases, Ohio Department of Health (2018)
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