GALLIA COUNTY

2022 Community Health Assessment

March 2023

ILLUMINOLOGY

About the Community Health Assessment Process

The process for creating the *Gallia County 2022 Community Health Assessment* reflects an adapted version of the Robert Wood Johnson Foundation's County Health Rankings and Roadmaps: Assess Needs and Resources process.[1] This process is designed to help stakeholders "understand current community strengths, resources, needs, and gaps," so that they can better focus their efforts and collaboration.

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

(1) Prepare to assess / generate questions. The questions included in the 2022 Gallia County Community Health Survey were selected by the Gallia County Health Department in collaboration with other county health departments in southeastern Ohio, creating shared measures to track health in their communities.

(2) Collect secondary data. Secondary data for this health assessment came from national sources (e.g., U.S. Department of Health and Human Services: *Healthy People 2030*; U.S. Census Bureau), and state sources (e.g., Ohio Department of Health's Data Warehouse). The Gallia County Health Department, in collaboration with Illuminology, located and recorded this information into a secondary data repository. All data sources are identified in the References section at the end of this report. To ensure community stakeholders are able to use this report to make well-informed decisions, only the most recent and reliable data available at the time of report preparation are presented. To be considered for inclusion in the *Gallia County 2022 Community Health Assessment*, secondary data must have been collected or published in 2017 or later.

Because of concerns about the reliability of secondary data for the year 2020, many of the secondary data estimates reported in this document are from the 2015 to 2019 period. For example, data collection difficulties due to COVID-19 resulted in the Census Bureau's 2020 Census experiencing larger than normal non-response biases. This, along with other effects of COVID-19 on health during that period, led the researchers to avoid presenting estimates that were "cautioned" for use by the Census Bureau.

(3) Collect and analyze primary data from adult residents. The survey of Gallia County adult residents was fielded through convenience sampling from June 2nd, 2022, to November 1st, 2022. Respondents completed a self-administered questionnaire on paper or online (see Appendix C).

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

During analysis, survey results were not weighted and tests of significance were not conducted because of the inability to exclude non-response bias from the sample. For example, fewer males responded to the community survey than expected, considering Census data. Caution should be taken when interpreting survey results, as these may be skewed by demographic characteristics that arise more or less frequently in the survey sample compared to the county overall.

(4) Collect and analyze community outreach data. Community input in the form of qualitative information was solicitated through community leader interviews.

The Gallia County Health Department worked with Illuminology to design a community leader interview guide that covered a wide range of topics, including health care access, poverty, transportation, substance abuse, COVID-19, as well as the county's overall health. Illuminology completed 9 one-on-one interviews with community members who work for/lead local health care organizations, health and social service organizations, and schools. Researchers conducted thematic analysis by grouping interview responses by topic and sentiment before integrating them into the report. The interview guide used for these interviews can be found in Appendix D.

(5) Share results with the community. This report presents the analysis and synthesis of all secondary, primary, and community outreach data collected during this effort. It will be posted on the Gallia County Health Department website (https://www.galliacohealth.org).

How to Read This Report

Key findings and *Healthy People 2030*. As shown on page 5, the *Gallia County 2022 Community Health Assessment* is organized into multiple, distinct sections. Each section begins with story boxes that highlight and summarize the key research findings from the researchers' perspectives. For some indicators, Gallia County is compared to the U.S. Department of Health and Human Services *Healthy People 2030* target, indicated by dark blue boxes containing the Gallia County outline in light blue. A ✓ icon inside the box indicates that the goal has been met, and an ✗ icon indicates that the goal has not been met.

Community Voices. Community outreach data from interviews is included in several sections. These sections are indicated by the title "**Community Voices**" and indented quotes with an orange border. The end of these sections is marked with a symbol: ❖.

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

Adult primary data (i.e., from the Gallia County Community Health Survey) are marked by the following endnote symbol: §. In some tables, the percentages may not sum to 100% due to rounding and/or because multiple responses were accepted.

Acknowledgements

The *Gallia County 2022 Community Health Assessment* is the result of a collaborative effort coordinated by the Gallia County Health Department and many other local public health system partners. We acknowledge and thank the following organizations for their contributions to this effort:

Holzer Health System

Gallia Local Schools

Gallipolis City Schools

Family Children First Council

Field of Hope

Gallia County Council on Aging

Gallia, Jackson, and Meigs ADAMH Board

Survivor Services

Gallia County Sheriff's Office

Jackson County Health Department

Meigs County Health Department

Vinton County Health Department

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Community Profile

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

Gallia County was founded about 219 years ago and its land area covers nearly 467 square miles. Gallipolis is the seat of this county.

Resident Demographics

		Gallia County	Ohio
Total Population[1]	Total population	29,220	11,799,448
	Change since 2010	-5.5%	2.3%
Gender[2]	Male	49.3%	49.0%
	Female	50.7%	51.0%
Age[2]	Under 5 years	6.4%	6.0%
	Under 18 years	23.0%	22.4%
	18 years and over	77.0%	77.6%
	65 years and over	18.5%	16.7%
Race[2]	***One race***	97.9%	97.1%
	White	93.8%	81.3%
	Black/African American	2.2%	12.4%
	Asian	0.8%	2.2%
	American Indian/Alaskan Native	0.4%	0.2%
	Native Hawaiian/Other Pacific Islander	0.1%	0.0%
	Some other race	0.6%	1.0%
	Two or more races	2.1%	2.9%
Ethnicity[2]	Hispanic/Latino (any race)	1.4%	3.8%
	Not Hispanic/Latino (White alone)	98.6%	96.2%
Languages Spoken at Home[3]	English only	96.4%	92.8%
	Other Indo-European	2.7%	2.6%
	Spanish	0.4%	2.3%
	Asian/PI	0.4%	1.2%
	Other	0.1%	1.0%
Disability Status[3]	Total non-institutionalized population with a disability	19.8%	14.0%

Data are from 2015-2019. Percentages may not sum to 100% due to rounding.

A statistical portrait of the adult respondents who completed the 2022 Gallia County Community Health Survey is shown on the following pages.

2022 Health Survey: Respondent Profiles[§]

		Gallia County
Gender		(n=244)
	Male	30.3%
	Female	69.3%
	Prefer not to identify	0.4%
Sexuality		(n=245)
	Heterosexual or straight	95.1%
	Gay, lesbian, or homosexual	1.6%
	Bisexual	1.2%
	Something else	0.8%
	Prefer not to identify	1.2%
Age		(n=245)
	18-34	27.8%
	35-44	28.6%
	45-54	19.2%
	55-64	15.5%
	65+	9.0%
	Mean	*44*
Education		(n=245)
	Less than high school degree	4.5%
	High school diploma / GED	24.5%
	Some college (no degree)	13.9%
	Associate degree	12.7%
	Bachelor's degree	19.2%
	Master's degree or higher	25.3%

Additional Respondent Household Information[§]

		Gallia County
Household Income		(n=240)
	Less than $10,000	7.1%
	$10,000-$19,000	13.3%
	$20,000-$29,000	10.0%
	$30,000-$39,000	7.5%
	$40,000-$49,999	6.7%
	$50,000 - $59,000	8.3%
	$60,000 - $74,999	9.6%
	$75,000-$99,999	11.7%
	$100,000 or more	25.8%
Home Type		(n=244)
	Single family home	75.4%
	Apartment building	7.8%
	Mobile home	16.4%
	RV, van, camper, boat, or other	0.4%
Owns or Rents Home		(n=245)
	Owns home	74.7%
	Rents home	25.3%
Household Size		(n=245)
	Average household size	3.2
Zip Codes		(n=247)
	45631	49.4%
	45614	16.2%
	45658	7.7%
	45686	6.5%
	45623	6.1%
	45685	5.3%
	45674	4.1%
	45620	3.2%
	45656	0.8%

Making a Healthy Community: Residents' Priorities

This section contains responses from Gallia County's 2022 Community Health Survey and community interviews about the most important health issues facing the community. The effects of COVID-19 on Gallia County residents are also presented here, due to the wide impact of the pandemic on residents' health as well as health and social service program delivery. Finally, we hear from community leaders about the pathways they envision to a healthier community.

Key Findings

Most Important Health Issues p. 10	Substance use and addiction are commonly viewed by survey respondents and community leaders as the most pressing health issues in Gallia County.
Effects of COVID-19 p. 12	Half of survey respondents reported worsened depression or anxiety due to the pandemic. Community leaders think COVID-19 also had a major impact on the mental and social health of the community's youth.
Improving Health Outcomes in Gallia County p. 14	Leaders overwhelmingly desire increased collaboration between organizations working to improve community health. While the community is already successful at collaborating, they state that competition between organizations can threaten progress on this point.

Perception of Most Important Health Issues in Gallia County

Nearly a third (32%) of 2022 survey respondents felt that issues of substance use and addiction are the most important health issues in Gallia County. The next most common responses pertained to mental health (14%) and obesity (14%). "Other" responses were collapsed due to less than 2% of respondents commenting about each of the following issues: lifestyle attitudes, environmental issues, housing access, and specific health issues to older adults. This category also includes unspecified responses that could not be accurately categorized.

Resident Perception of Most Important Health Issues[§*]

	Gallia County (n=243)
Substance use / Addiction	32.1%
Mental health	14.0%
Obesity	13.6%
Access to health care	7.8%
COVID-19	7.4%
Chronic Diseases	6.2%
Cancer	5.4%
Reproductive health	4.5%
Poverty	4.1%
Dental health	2.9%
Nutrition	2.5%
Other	7.4%

Cost of health care (5.8%)
Availability of health care (1.7%)

Heart issues (2.5%)
Diabetes (2.0%)

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

Community Leaders - Most Important Health Issues

Aligning with community members' perceptions, community leaders commonly mentioned substance abuse and mental health as the most important health issues facing Gallia County. They explained how addiction not only leads to overdoses and deaths, but also causes a drain on public safety resources and childhood trauma for the community's youth.

> Substance abuse. Vaping. It's very common among young people.

> I would say that vaping is at the top of the list as far as kids' [health].
>
> Addiction is huge, whether people are acknowledging it or not, [whether people] are being treated for it. We have a high rate of addiction.
>
> I see it everywhere. Kids need help, parents need help. It's overwhelming people. And there's not a lot of places to go…It's so overwhelming that all the organizations are full or there are very long waits to get in to see somebody for mental health.
>
> Well, I think drug and alcohol addiction, just all kinds of things with addiction, whether it's the breakdown of the family, the mental health impacts that are the effects of addiction, [or] suicide that is sometimes involved in that. Kids battling depression because of their situation, because of drugs and alcohol that are in their homes and their families.

As far as the most important physical health issues, community leaders commonly brought up cancer, heart conditions, diabetes, as well as obesity and nutrition. One community leader mentioned COVID.

> Probably obesity, and CHF would be the two that are the most prevalent, closely followed by diabetes. And all of those obviously go hand in hand with food sources and with activity.
>
> Cancer rates in our county, and I would say diabetes is probably one of our top health concerns in our county, which goes along with our heart [issues], obesity, and lack of physical health in general.
>
> Cancer, that's what seems to be very prevalent in our area.
>
> I think nutrition. [If] people have proper nutrition, I think their health situation improves. As they get older, they lose their appetite, and they're more apt to just find something quick to satisfy the appetite.
>
> Definitely obesity, diabetes, we see that a lot. You know, just a lot of unhealthy eating practices…We do try to teach healthy eating practices. I think part of that problem is that a lot of the habits due to culture are already established with children very young.
>
> I'm going to have to go with COVID right now, because it's my understanding that Gallia County is second in the state right now, for COVID cases per capita…We like to think we're kind of moving out of the COVID threat, and I understand maybe the seriousness of the sickness is not as bad, there's not as many hospitalizations, but we're still dealing with COVID.

❖

Major Issues Caused by COVID-19

Half of 2022 survey respondents reported that COVID-19 worsened their levels of anxiety and/or depression. Nearly a third said that COVID-19 negatively impacted their relationships, and over a quarter reported negative impacts on their physical health in terms of nutrition and exercise habits. Only 16% of residents surveyed reported no negative impacts from COVID-19. "Other" responses included health effects from contracting COVID-19, "education," and other unspecific responses.

Negatively Impacted by COVID-19[§*]

	Gallia County (n=247)
Level of anxiety/depression	50.6%
Relationship(s) with other people	32.0%
Nutrition habits	27.5%
Exercise habits	25.9%
Financial stability	24.3%
Use of preventative health care screenings/visits	21.9%
Social media habits	19.8%
Television or gaming habits	9.3%
Other	4.9%

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

Community Leaders – Effects of COVID-19

Community leaders are particularly concerned about the effect of COVID-19 on youth's mental and social health, as well as education. Grief and negative relationship effects were also pointed out for the community in general.

> When we talk about mental health, students have been isolated...And then we bring them back together, and they're struggling socially. And it's such a dramatic change, that we've seen an increase in negative behaviors, which we anticipated to some degree.
>
> We have kids who are like a year behind academically, which poses a problem in our schools. I think right now we're seeing the effects of what happens when kids stay home without supervision or proper instruction. Like for kids who need that teacher in the classroom, to not only supervise them, but also really instruct them because they can't do it on their own.
>
> The effect that it has had on our youth and being able to build the necessary social skills to deal with life.

> I think the isolation that COVID created was very hard on people emotionally and affected their mental health. Whether it's adults or kids, some people were either isolated, separated from people, but then some people were isolated with people that it was not good for them to be isolated together.
>
> I would have to say the biggest one is the loss of life that was experienced by it. I don't think any community was immune from that. When you lose a family member, it has to rank up there as number one in my opinion.

Schools had difficulty providing services to improve their students' quality of life during the pandemic and are concerned about how to rebuild relationships of trust with families in the community.

> The problem with COVID is it prevents us from being able to monitor our students to make sure their needs are met, giving them access to food, mental health counseling, and, obviously, education. But we're also able to keep tabs on our students, as far as suspected abuse and things like that. When we don't see our kids and we don't have contact with our kids they're very vulnerable, and we can't be there to help them.
>
> Throughout my whole career, we wanted our community to be a part of our schools, because you got to have that community involvement and establish trust. Now with COVID, we pushed everybody out, and you can't come in the building, and so now we have a disconnect with our families. We're trying to reconnect with those families as they're coming back in, but now you're starting over trying to reestablish that sense of trust and relationship with those families, which makes it very hard to get everybody on the same page working together.

As far as concrete areas of focus for Gallia County's leaders to alleviate the effects of COVID-19, one community leader mentioned how increased broadband access could improve employment opportunities that were lost during the pandemic.

> Community leaders need to be concerned with things that obviously make the community go round. So being able to provide a good tax base, so public services from fire to EMS to law enforcement to clean water have a way to fund themselves. So we have to understand that there are certain things in today's society that we need access to. High speed internet would be a good example of that. That is going to allow employers to continue to put out products or services that are going to keep that tax base up, that's also going to provide income and [help] people remain employed.

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Improving Health Outcomes in Gallia County

Community leaders were asked to give their perspective on the actions that could improve the county's health outcomes. Their responses commonly expressed a desire for increased and more effective collaboration between health care organizations, social service organizations, and schools. They also underlined the importance of community engagement.

Community Leaders – Collaboration Between Organizations

Leaders of health and social service organizations think feelings of competition might impede organizations from creating effective strategic plans, and that communication and resource sharing could be improved to help organizations maximize their reach.

> We'll have to come together and sit at tables and discuss [these health issues]. But ultimately, the people that are representing those entities at their tables are not necessarily the financial people and the decision makers. And so they may take it back all day long. But until each organization really comes out of their silo in regard to, 'we're number one, and we have to look out for number one,' and really let go of some of that…and really come at it from a collective overview and looking at, okay, here's where our gaps are. 'This agency is really good at this, you guys let go of that, and let them be the expert in that'…but nobody's willing to do that at this point. And I think that goes for behavioral health and physical health.
>
> It comes back to us really collectively looking at the problems and trying to maximize resources and capability. When we can sit in meetings and leverage resources from each entity that will make a project or a resource go further…because what's available to us is not available to somebody else. So leveraging resources through communication and collaboration, effort. And we've been very good at it over the years. And I think we have the capability to continue to be good at it and to improve from where we may have even been a few years ago.

❖

Social and Community Context

This section presents important context for health outcomes in Gallia County, outlining income and education levels, as well as providing insight into how Gallia County residents fare when it comes to nutrition and physical activity access.

Key Findings

Economic Stability and Education p. 16	• Nearly a third of Gallia County residents under the age of 18 live below the federal poverty level. • Community leaders see a lack of living wage employment in the community. Educational barriers and the risk of losing benefits for people seeking employment are also regarded as factors keeping the community in poverty. • Leaders think the community could benefit from increased trade employment as well as increased education about health for the general public.

Access to Nutrition and Physical Activity p. 19	• Nearly one in five Gallia County residents is food insecure. • Community leaders say healthy food choices are very outnumbered in the community, and access could be better. However, cultural attitudes around nutrition also prevent residents from increasing their intake of healthy foods. • While most 2022 survey respondents get at least some physical activity within a month, many survey respondents feel that they simply don't have enough time to meet physical activity goals with work and family obligations.

Economic Stability and Education

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

In Gallia County, 29% of children are living below 100% federal poverty level (FPL), which is higher than the state of Ohio percentage (20%). The median household income of Gallia County is also lower than the state of Ohio, and a higher percentage of individuals have an income that is below 100% of the FPL.

Income and Poverty[1]

	Gallia County	Ohio
Median Household Income[2]	$44,858	$56,602
Poverty Status Selected Groups		
Poverty level children (under age 18)[3]	29.4%	19.9%
Poverty level seniors (age 65+)[3]	10.7%	8.1%
Families with female householder and children under 18[4]	46.2%	40.4%
Ratio of Income to Poverty Level[3]		
Individuals with income below 100% FPL	20.7%	14.0%
Individuals with income below 200% FPL	39.0%	31.2%

Data are from 2015-2019

Almost a quarter of households (24%) in Gallia County spend more than the recommended amount of their monthly income on housing costs.

Cost-Burdened Households[5]

	Gallia County	Ohio
>30% of income spent on housing costs	24.0%	26.7%

Data are from 2015-2019

Another economic indicator that may influence the health of the community is the unemployment rate. The unemployment rate in Gallia County in 2019 (4.2%) was lower than the unemployment rate in Ohio (5.3%), using the Ohio Department of Job and Family Services' unemployment definition as those people, 16 years of age and over, who were "actively seeking work, waiting to be called back to a job from which they were laid off, or waiting to report within 30 days to a new payroll job." Those who have stopped looking for a new job (and who have therefore removed themselves from the civilian labor force) are not included in this statistic.

Employment Status[2]

		Gallia County		Ohio	
		Count	Rate	Count	Rate
Unemployed*		532	4.2%	314,483	5.3%
Employment Rate of Labor Force**	In labor force	12,742	53.2%	5,918,471	63.1%
	Not in labor force	11,227	46.8%	3,438,113	36.6%

*Data are from 2015-2019 *Denominator is civilian labor force **Denominator is total area population 16 years and over*

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

Community Leaders - Poverty and Employment

Community leaders spoke about barriers to accessing living wage employment in Gallia County.

> I'm speculating that there's not as many high paying jobs, that to get a higher paying job you might have to travel a pretty good distance.
>
> We have a fantastic trade school here. There's so much opportunity. However, we have to be willing to let businesses come here, they have to be open to factoring and giving permits, giving tax breaks.
>
> People [who] just physically or emotionally are not capable of being employed and maintaining a constant income. I think we've just got people who are struggling with factors in their emotional life or physical health that are preventing them from maintaining employment.

Leaders also hear that families worry about losing benefits and subsidies when they increase their employment, especially if the jobs they feel are available to them do not have wages that offset their full living expenses. Community leaders believe other factors, like generational mindsets about work/finances, and retired grandparents being primary caregivers for children also keep community members in poverty.

Community leaders see encouraging employment and education early in life as well as making youth aware of all the pathways available to them as solutions to alleviate poverty in the community.

> I feel like at schools we have a responsibility to try to change that culture, to try to change the expectations in life, and try to create some pride in individuals. So, I think that education is a big piece of trying to change the community.
>
> Nothing's worse than a kid going to school, getting in major debt from college, and then realizing they don't even want to do that job. And now they've got to pay back $50,000-$75,000 in student loans. So I think these internship/job shadowing type opportunities will help with that. It's always the goal, to point out the different pathways for people to be successful, and to have opportunity in the future. And so the more that we can do from that standpoint, the better off we are.

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As shown in the following table, a lower percentage of Gallia County residents get any formal education past high school compared to Ohio overall.

Educational Attainment[6]

	Gallia County	Ohio
Less than 9th grade	4.9%	2.8%
9th to 12th grade (no diploma)	11.1%	6.8%
High school graduate or higher	***84%***	***90.4%***
High school graduate / GED	41.2%	33.0%
Some college (no degree)	16.4%	20.4%
Associate degree	10.5%	8.7%
Bachelor's degree or higher	***15.9%***	***28.3%***
Bachelor's degree	9.9%	17.6%
Graduate / professional degree	6.0%	10.7%

Data are from 2015-2019

Community Leaders – Health Education

For many individuals, the only exposure to health education they have is in their early childhood. Community leaders said that more resources are needed to educate youth effectively about health.

> The health department will come in and do some trainings on Narcan, smoking, and nutrition...I think sometimes when they come in and do that some of our clients have never heard that information...I wish we had more resources and funding for ourselves in order to be able to go into the schools and teach more on those things, because we're

> limited to whatever grants or monies the school has, in order for us to do that. And when we lack in that, I think the youth suffers for that.

❖

Access to Nutrition and Physical Activity

People who are food insecure do not get adequate food or have disrupted eating patterns due to lack of money and other resources. In Gallia County, 18% of all residents are food insecure, and 23% of children are estimated to be food insecure. These percentages are higher than the percentages for Ohio overall.

Food Insecurity

		Gallia County	Ohio
Food Insecure Persons*[7]	Total residents	17.6%	13.2%
	Children	23.3%	17.4%
Free and Reduced Meals[8]**	Students eligible	65.3%	45.9%

**Data are from 2019 **Data are from 2019-2020*

A majority of 2022 survey respondents buy their food from grocery stores like Kroger, Aldi, or Sam's Cub, or from Walmart.

Where Residents Buy Most of Their Food[§]

	Gallia County (n=247)
Grocery store	44.9%
Walmart	44.5%
Fast food restaurants	5.7%
Dollar store	2.8%
Convenience store	1.2%
Gas station	0.4%
Farmer's market	0.0%
Grocery stand	0.0%
Other	0.4%

Nearly all 2022 survey respondents reported to have a clean water supply for drinking and cooking (97%).

Community Leaders – Access to Nutrition

Many community leaders do not believe that the current level of access to nutritious food options is enough to make a healthy community. They point to the expense of nutritious options and the prevalence of unhealthy options making eating healthy inconvenient for Gallia County residents.

> Somewhere where the resources are strong, like in a metropolitan area, there are choices, and you have the peer pressure to eat better.
>
> So we don't have a lot of food choices, like out to eat food choices that support a gluten free diet, or different, healthier choices. We have a lot of fast-food places. And then also restaurants that probably have quite a bit of high-calorie options.
>
> It comes down to two things. Typically cost, because it's not cheap to eat healthy, and inconvenience. It's just too convenient to eat bad. So I can't even really think of like, a health food store. Like a chain of some kind. Your heart disease type places that you're going to see down here, [they are] the ones that thrive. So yeah, we don't have a whole lot of access to that.
>
> I think we have continually talked about the cost of healthy and nutritious foods. It's not as accessible for those who are living in poverty or even middle class at this point.

Ensuring nutrition goals are met is especially difficult when it comes to youth, who have little control over the food habits of their families, and older adults who have economic and physical limitations on what they can comfortably consume.

> Students can't control what's in their cupboard. I think oftentimes, it's starchy, sugary foods that they're leaning heavily on, and let's be honest, those foods are cheaper for families, and so they rely heavily on them.
>
> For the most part, our schools are trying to train people to eat properly. Hopefully it stays with them, but then we only have them for 12 years. So they're going to live to be 70, they're going to learn to make do with the amount of money they have. And maybe eat processed foods more than they should, because they are cheaper. And then for the elderly, their tastes change. What they probably would have eaten younger, they won't eat it, because now they have dental issues. And it's just tough all around for them.

Community leaders also pointed to the impact of culture on nutrition habits, speaking about a lack of education and concern about protective health behaviors, as well as financial habits and priorities.

> I don't really see having access to the food as being an issue, it's just food choices. And habit, I think is a big thing. When it comes to families who are struggling, carbs go a lot further than healthy foods oftentimes. And then maybe there's a lack of education there among the parents. We try to do parent engagement, to help families with that, [but] I think there's a vein of culture there.
>
> It's probably just under-education. And I believe there's an unwillingness to learn from the undereducated population. So, you know, it's easier to just go do what you've always done than really focus on long term health issues.
>
> With poverty comes, maybe a disregard for things, from a prevention standpoint. So, you know, making sure that you're having, fruits and vegetables with meals and that kind of thing. And it's acceptable here not to have those things, and not to even like those things.

❖

The vast majority (83%) of respondents to the 2022 survey said they participated in physical activity such as running, calisthenics, golf, gardening, or walking at least once during the past month. For these adults, the average number of times they were physically active was 11 times. Of all Gallia County adults surveyed, under half were physically active at least 7 times in the past month (45%). These statistics may reflect physical activity during work hours or leisure time.

In a 2017 survey measuring leisure time physical activity, 33% of adults aged 20 and older in Gallia County were reported to be sedentary compared to 26% in Ohio overall.[9]

Physical Activity in Past Month[§]

	Gallia County
Was physically active at least 1 time in past month	(n=236) 83.1%
Average number of times physically active	(n=196) 11
Was physically active at least 7 times in past month	(n=236) 44.5%

53% of Gallia County residents are considered to have adequate access to exercise opportunities (as defined by living reasonably close to a location for physical activity: within a half mile of a park or within 3 miles of a recreational facility) compared to 84% of Ohioans overall.[10] It should be noted that this measure does not represent perceived or actual access to exercise opportunities based on residents' experiences.

In the 2022 Gallia County Community Health Survey, 89% of respondents answered that the community needs more safe places for children to play outside.

Overall, 75% of 2022 survey respondents reported at least one barrier they have to physical activity. A majority of those with a barrier reported that this had to do with a lack of time due to work schedules, family obligations, and young children. A majority of "other" responses related to fearing judgement from others and comments about weather.

Barriers to Physical Activity[§]

	Gallia County (n=186)
Lack time	60.2%
Have a limiting health issue	22.6%
Lack motivation	9.1%
Lack energy	5.4%
Resources are too far away	5.4%
Cost issue	5.4%
Other	4.3%

Community Leaders – Physical Activity

Community leaders feel that the county has resources to foster physical activity, but that taking advantage of these resources depends on modeled behaviors, access to transportation, and the perceived safety of the community's resources. Community leaders also think it is difficult for youth to build habits around physical activity if a lack of transportation is a barrier to participating in school extracurriculars.

> I think there's a lot of people who are not active, although we've got six local gyms…we've got multiple parks and a downtown park…I think there's a lot of people who just maybe don't see the value, or maybe there's a sense of hopelessness in trying to improve personal health. And I think there's a pattern of behavior, that becomes generational, and they're just not as likely to be active.
>
> There are opportunities to be out and about and do things. We have a bike path that was funded, and very well developed. But it's the overall consensus in the community that it's unsafe. We have a good number of homeless that live along the bike path. So people have felt that it's an unsafe area for them to go and walk or bike…I feel like if we could develop something to first of all, house the homeless, that would be nice. But second, even just increased lighting or something that's going to make people feel safer about being there. Those are big factors.

❖

Neighborhood and Built Environment

This chapter gives insight into aspects of the environment: housing, transportation, and internet access that affect Gallia County residents' health and quality of life.

Key Findings

Housing p. 24	Community leaders say that Gallia County lacks needed supportive housing for individuals with mental and behavioral health issues. Older adults also face restrictions and waitlists for spots in nursing homes, which leaves some adults needing round-the-clock care in their homes and reliant on home health care services.
Transportation p. 26	Gallia County suffers from a lack of public transportation, which community leaders say could help individuals travel to work and take better advantage of health resources.
Broadband Access p. 27	Many Gallia County households (70%) lack access to high-speed internet of 25/3 Mbps. This negatively impacts children in their education, residents who could benefit from telehealth care, and rural households when it comes to planning for emergencies.

Housing

The next table displays relevant statistics about household types and characteristics.

Housing Characteristics

		Gallia County	Ohio
Type of Housing[1]	Households	11,588	4,676,358
	Housing Units	13,896	5,202,304
	Owner occupied	8,631	3,089,046
	Renter occupied	2,957	1,587,312
	Vacant	2,308	525,946
Notable Household Demographics[2]	Family households with children under 18	19.7%	19.2%
	Female head of household with own children under 18	3.5%	5.6%
	Seniors 65 and over living alone	13.8%	12.0%
Inadequate Housing[1]	Lacking complete plumbing facilities	0.9%	0.3%
	Lacking complete kitchen facilities	1.8%	1.0%

Data are from 2015-2019

Community Leaders – Housing

Community leaders say there is a lack of housing for people who need a supportive environment, particularly individuals with mental health issues.

> One of our major deficits in the behavioral health system is supported housing. You know, sometimes people just really don't know or cannot live on their own. They need a group home, or they need supportive housing.
>
> There is one developmental disability group home that I'm aware of in Gallia County. There are other supportive housing type options from what I understand from the DD system. But mental health wise, we have a crisis unit that is just a behavioral health crisis unit. So it's not meant for long-term living. Now, that's a huge deficit for us.
>
> There's no facility in Gallia County that will take a mental health senior citizen long term…A lot of times they end up remaining in their homes…[they've] scoured the state to try to find a place or to find a relative or somebody that would be responsible. So that is an issue as well.

Gallia County leaders see a need for more low and moderate-income housing options.

> If we have anything that's somewhat nice, it's really $1,000 a month in little Gallia County where there's barely industry.
>
> We need more low-income housing for those individuals that are elderly, but even those that are not. So a lot of the low-income housing won't take you if you have a felony. So that's an extra barrier for us.
>
> It appears to me that from a low-income housing perspective, that our numbers are probably pretty good. But that next step out of poverty to bring people to that lower middle-class, to get them into kind of a working-class society, there's not anything here for that. So you have people trapped in their own socio-economic divide. And I find that sad because we're going to continue the cycle we're in because we're not giving people those long-term options. We're basically satisfying it with short-term measures.

Leaders talked about the difficulty of ensuring that housing meets standards of quality.

> So they might have fleas in the home. Some of them have roaches, or bedbugs. Just like less than comfortable or peaceful or, like the home is your sanctuary is not always true for others…some of them live in campers that are too small to accommodate a large family. We have a few rental [agencies] and they seem to think that it's okay for people to live in squalor: 'They can have roaches and bed bugs, and I don't have to put any restrictions on them keeping the property clean or picking up trash.'
>
> It seems like a lot of the older homes that a lot of our families are occupying are old and rundown. Even some of the governmental housing that was established at one time seems rundown, doors oftentimes are tore off…houses that they're occupying [that] are privately owned by individuals and different real estate agents, I think if they tried to fix them up then they have to raise the rent, and it no longer makes it affordable.

Leaders also spoke about the difficulty of helping unhoused individuals when there is a refusal of services or a lack of trust in the services available.

> There is a capacity issue and there is also a human rights issue. There are a number of those individuals who have been offered services over and over and they just refuse to accept them. They prefer to live that way.
>
> I think it's a trust factor, getting the outreach to them and building that level of trust that's necessary. Not enough outreach really, to go out and really meet them where they are.

❖

Transportation

Compared to Ohioans overall, Gallia County residents travel longer to work. A higher percentage also drive alone to work, which is considered to be more costly, dangerous, and environmentally harmful than carpooling.

Work Travel Times

	Gallia County	Ohio
Travel time to work: minutes (mean)[3]	29.1	23.7
Workers who drive alone[3]	87.8%	82.9%
Solo drivers who commute over 30 minutes[4]	39.2%	31.1%

Data are from 2015-2019

Community Leaders – Transportation

Community leaders say the community suffers from a lack of public transportation, since many people cannot afford a car.

> If you wanted a cab, you couldn't get one, I don't know that we even have Uber here. So, it's kind of archaic, in that aspect. We don't have any public transit or anything like that to get from one place to the other. A lot of people's transportation, as opposed to a car is a bike.
>
> Most people can't afford a car, right, let alone the gasoline and the insurance and all the other things that go with that. A lot of our families don't even have a driver's license.

Community leaders spoke to the need for public transportation to help people get to work.

> We have On The Go and Need A Lift, but they only transport to medical services, they will not transport to work, or anywhere unless it's a medical facility.
>
> It'd be nice if we had some public transportation that could get people to work. That's a huge barrier.
>
> We don't get paid for taking all of our clients to work...If it's during our business hours, we do help with that. Otherwise, if it's after hours, they'll need to get transportation for somebody that's approved or walk. You see people walking all the time in town, walking up and down the road to work.

Even the medical transportation services available may not be accessible enough to community members. Community leaders see transportation as a major influence on health outcomes.

> We do have Medicaid providers who provide transportation through Medicaid. But sometimes parents might be encouraged to access that but they might have multiple children to have to take to an appointment with them and that's not always allowed.
>
> It attributes to a lot of reasons why we have health issues. People can't get access to health care, mental health services, different things like that.

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Broadband Access

The internet is an important resource for accessing information about health issues, accessing medical care through virtual telehealth visits with providers, and accessing online resources for education.

Less than half of Gallia County residents (37%) have non-mobile broadband internet access, and over half of households lack access to high-speed internet.

Households' Internet Access Availability[1]

	Gallia County	Ohio
Households without access to 25/3 Mbps[5]*	69.9%	N/A
Households without access to 10/1 Mbps[5]*	51.3%	N/A
Terrestrial broadband internet coverage[6]	36.8%	89.3%

*[Households] Data are from 2020-2021; Broadband Now data are from 2022 * Denominator is total number of households*

Community Leaders – Broadband Internet

Community leaders explained how lacking internet access affects health care access, education, as well as safety planning.

> We continually discuss our lack of internet service in our county, especially in the past years with the pandemic and having to have children try to learn virtually and trying to do telehealth. In those cases where people can't make it to town or to their clinic appointment, at least telehealth is available, but not to someone who doesn't have an internet connection. So broadband and all of those things are huge.
>
> Technology has helped out a lot, you know, such as this meeting here, and it helped our students, but we're talking about a population of students that half the kids don't have

> internet. Now we might go to post assignments on Google Classroom, and then maybe when they go to their aunt's house in town or something, they all of a sudden get internet access, and they can access the curriculum. So internet connection has been a problem and a barrier for our teachers to deliver instruction.
>
> Not everybody in our county has access to cell service or internet.. It's unbelievable. It's 2022…clients who are safety planning because of the violence in their home can't call 911. Their safety planning might be run to the nearest neighbor, which might be a mile away.

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Health Care Access

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

Key Findings

Health Care Affordability p. 30	Around 10% of Gallia County residents do not have health insurance. Even with health insurance, cost and inability to take/afford time off work led 27% of 2022 survey respondents to delay seeking health care in the past year.
Health Care Utilization p. 31	A majority of 2022 survey respondents visited a doctor for a routine checkup within the past two years (82%). However, community leaders see issues of trust impacting utilization of hospitals and specialty care.
Health Resource Availability p. 33	While ratios of Gallia County primary care physicians and mental health care providers to residents are lower than these ratios for Ohio overall, sufficient access to dentists, behavioral health care providers, and case managers is lacking in the county.

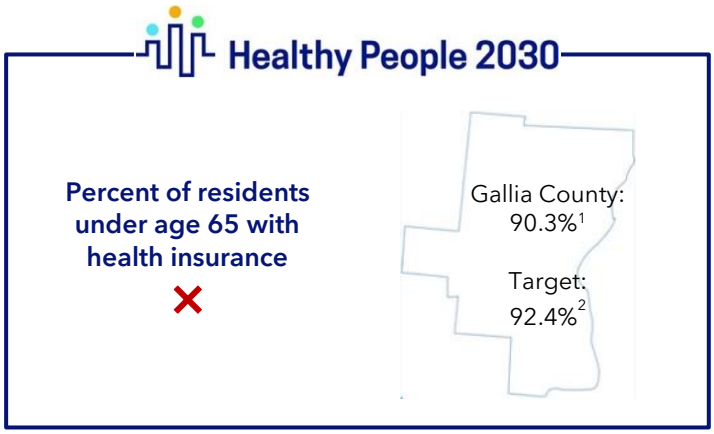
Health Care Affordability

Affordability of health care is a major determinant of an individual's willingness and ability to receive care necessary to the maintenance or improvement of their health. One factor of this affordability is the ability to utilize health insurance. Most Gallia County residents have health insurance, though around 10% do not, higher than the percentage of Ohio overall (6%).

Health Insurance Coverage[1]

		Gallia County	Ohio
With Health Insurance Coverage	**Total with health insurance**	90.3%	93.9%
	Age 18 and under	89.2%	95.6%
	Adults age 19 to 64	87.8%	91.6%

Data are from 2015-2019



Community Leaders - Health Care Affordability

Community leaders say that even with health insurance coverage, individuals are still hesitant to seek medical care because of after-insurance costs. Barriers to affordable health insurance, as well as the compounding cost of care for complex health issues also preclude access.

> The cost of health care, of prescriptions and things like that, I really see that driving an older workforce still in the workforce…so many people that would be eligible or are eligible to retire won't retire now because it's the cost of health care…cost of health insurance.
>
> We have a lot of folks who make too much to get Medicaid and too little to afford health care.

> …her traditional Medicare had gotten so expensive, that she basically was using all the money that she was getting from Social Security to pay for her Medicare, and her drug supplemental. And so I feel like she was forced into a managed Medicare plan to save money upfront. But it was so complicated in getting her into a program, they put so many options on the table, that it's just super confusing to the elderly.

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Health Care Utilization

54% of all 2022 survey respondents delayed getting some sort of necessary health care in the past year. A majority of these respondents selected concern about COVID-19 as the reason they delayed care. However, if grouping the overall cost of health care, inability to take/afford time off work, and lack of applicable insurance, 42% of respondents felt they could not afford to get health care in the past year. The next table gives insight into all the reasons Gallia County residents may delay health care.

Reasons for Delaying Needed Health Care in Past Year[§]

	Gallia County (n=247)
Concern about COVID-19	18.6%
The cost was too high (deductible, co-pay, lab costs, prescriptions)	16.2%
Unable to take or afford time off work	10.9%
Did not have insurance	9.3%
Doctor's office did not accept health insurance	5.3%
I had a slow or no internet connection (for virtual visits)	5.3%
The office wasn't accepting new patients	4.9%
Unable to find transportation	4.5%
Other reason	3.2%
Unable to afford transportation	3.2%
The service needed was too far too access	2.4%
Unable to find childcare	2.4%

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

"Other" responses included COVID restrictions/unwillingness to wear a mask, anxiety about doctors, anxiety about car rides, and doctor retiring.

A majority of 2022 survey respondents (64%) visited a doctor for a routine checkup within the past year of taking the survey.

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

	Gallia County (n= 247)
Within the past year	64.4%
Within the past 2 years	17.8%
Within the past 5 years	9.3%
5 or more years ago	8.5%

Community Leaders – Other Health Care Utilization Factors

In Gallia County, community leaders perceive a lot of mistrust in the health care system. They spoke about fear of being misdiagnosed or overcharged leading community members to put off needed health care. However, community leaders say health care providers have been successful at forging trust with some members of the population by linking to other social services, like the local shelter.

Leaders say that modeling that preventative health care is important may be lacking in some families.

> I think we face a lot of generational habits is what I call them. I think if someone grows up in a family where a big focus has not been put on preventative care, they're going to maintain that generally.

Community leaders imagine a potential solution to getting children the care they need is by bringing telehealth visits into schools.

> I would really like to see a focus from a kid's perspective on championing healthcare inside of school systems. And that would be where kids that don't have access could be treated remotely at the schools, and we're working on that right now through a telehealth grant that we got through the federal government. My vision for this would be ultimately, that we're getting parents to buy in and being able to participate remotely in the visit.
>
> I think we have a lot of grandparents raising grandchildren who maybe don't know what's available to them or don't know how to refer or when to refer or what it looks like.

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Over half of 2022 survey respondents (60%) visited a dentist within the past year of taking the survey; over one in four (26%) have not visited the dentist within the past 2 years.

Amount of Time Since Last Visiting Dentist for any Reason[§]

	Gallia County (n=247)
Within the past year	59.5%
Within the past 2 years	14.2%
Within the past 5 years	10.5%
5 or more years ago	15.8%

Health Resource Availability

Health care access is also dependent on the availability of local health care practitioners. In Gallia County, the ratio of primary care physicians is 1 to every 1,070 county residents. This is better than the ratio for Ohio overall, but it should be noted that the ratio of all MDs and DOs to residents may be worse in Gallia County. Gallia County has much fewer dentists per resident compared to Ohio overall, and in community interviews it was mentioned that many residents may travel outside the county for this care.

Licensed Practitioners

	Gallia County		Ohio	
	Count	Ratio	Count	Ratio
Primary care physicians[3*]	28	1,070:1	8,969	1,300:1
Licensed dentists[4]	10	2,990:1	7,503	1,560:1
Mental health providers[5**]	109	270:1	30,532	380:1

*Data are from 2018 (primary care physicians), 2020 (licensed dentists), and 2019 (mental health providers) *Includes active Primary Care M.D. employed by federal government or non-federal industry. Primary Care includes General Family Medicine, General Practice, General Internal Medicine and General Pediatrics. Subspecialties within these specialties are excluded. This measure does not include nurse practitioners, physician assistants, or other practitioners available for primary care services. **Mental health providers includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care.*

A majority of 2022 survey respondents said they do have someone they consider a personal health care provider.

Residents with a Personal Doctor or Health Care Provider[§]

	Gallia County (n=247)
Has at least one person they consider a personal health care provider	85.4%
Does not have anyone they consider a personal health care provider	14.6%

Community Leaders – Staffing in Health Care

Community leaders say staffing is particularly an issue for behavioral health care and case management. Wages in these fields are commonly seen as reasons for low staffing levels, however community leaders also theorize that the low confidence practitioners may have in their abilities to deal with complex mental and behavioral issues might also contribute to staff turnover and burnout.

> In Gallia County, we are specifically struggling with having enough behavioral health providers. We don't have enough counselors, we don't have enough medical staff to support the Medic Unit or the medication assisted treatment, whether it be for substance use and or psychiatry. Case managers in the schools, the schools are begging for them. And we don't have people to fill those positions.

Leaders say that trusted health practitioners in the community don't have the scope to deal with some health issues, and people that need care at an institution like Cleveland Clinic or OSU have limited options to get transportation for this.

> We have one hospital, one health system in our county and we have some smaller, kind of like private practices and nurse practitioners in the area. And people really favor them, they're really wonderful and they're affordable, and one is actually at the health department. So that's kind of the upside, that they are affordable, accessible, and have a really good reputation. But of course, they're limited because they are nurse practitioners. So, they have to refer out when it's beyond their scope.

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In the 2022 survey, residents were asked how long it would take for them to get to a hospital, health center or clinic, urgent care, or emergency room if they were seriously injured. The average time reported by respondents was 17 minutes. 17% of respondents said it would take 30 minutes or longer.

Behavioral Health

This section outlines Gallia County residents' perceptions and behaviors related to substance use and mental and social health.

Key Findings

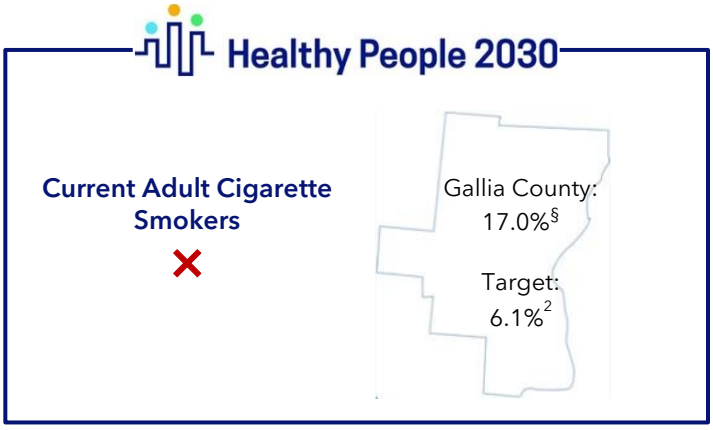
Substance Use p. 36	• 25% of 2022 survey respondents report smoking at least 100 cigarettes in their lifetime, and 14% report currently smoking every day, though this percentage is expected to be influenced by the gender distribution of respondents. • Gallia County continues to have a mortality rate for unintentional drug overdose that is much higher than the state overall (69.6 compared to 39.4). • Community leaders are highly concerned about youth substance use, specifically use of nicotine and THC vapes.
Mental and Social Health p. 38	• Gallia County has a higher rate of suicide compared to Ohio overall (25.5 compared to 14.6) and is far from the national target rate of 12.8. • Community leaders point to trauma, poverty, and substance use as major causes of poor mental health. • 2022 survey respondents consider mental health stigma to be one of the biggest barriers keeping people from seeking treatment.
Spotlight on Older Adults' Mental and Social Health p. 43	• Community leaders feel COVID-19 concerns are still affecting socialization for older adults. • Increasing services to help older adults in their homes, as well as better prevention and management of financial exploitation were pointed out by community leaders as opportunities to improve older adults' quality of life.

Substance Use

In Gallia County, 25% of 2022 survey respondents reported smoking at least 100 cigarettes in their lives. Among them, 38% are former smokers – they currently do not smoke cigarettes at all. At the time of the survey, 13% of respondents reported smoking cigarettes every day. Studies show that males, who are underrepresented in 2022 survey respondents, smoke cigarettes at a higher rate compared to females[1], so these percentages should be interpreted with caution.

Cigarette Smoking Frequency[§]

	Gallia County (n= 247)
Every day	13.4%
Some days	3.6%
Not at all	83.0%



Few respondents to the 2022 community health survey reported using e-cigarette products.

E-Cigarette/Vaping Product Smoking Frequency[§]

	Gallia County (n= 247)
Every day	4.1%
Some days	3.6%
Not at all	92.3%

However, community leaders perceive use to be prevalent among the county's youth.

Community Leaders – Most Serious Substance Abuse Issues: Youth

Community leaders point to concerning trends in vaping nicotine and THC.

> Vaping is very concerning to me with these young people. So that's concerning to me that students would think it was okay to have it at school, and that they're using it in order to cope with problems…And I really believe that kids are using it to cope with anxiety. I think they see it as a coping tool.
>
> I think in our schools right now, we have a lot of kids who start at a very young age with vaping. Like it seems so harmless to kids, but yet it is so dangerous. I feel like the vaping and the access that these kids at an early age have to vapes is very serious and dangerous…And then of course, marijuana. I say that last because it's like, "Oh, it's just marijuana," type thing. I think that's a general consensus of a lot of kids.

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Gallia County has a very high rate of mortality for unintentional overdose compared to Ohio overall. Note that the following statistics do not indicate the overall prevalence of drug use or abuse among adults in Gallia County; rather, it only measures the extent to which such use results in death.

Unintentional Drug Overdoses

	Gallia County		Ohio	
Mortality rate[3]*	69.6		39.4	
	Number	Rate**	Number	Rate**
ER visits for suspected overdose[4]	112	101.8	N/A	N/A

**Rate per 100,000 deaths **Rate per 10,000 visits*

Community Leaders – Most Serious Substance Abuse Issues: Adults

Leaders say that methamphetamine is currently trending up in the community, but other substances like opioids, heroin, and fentanyl are also top of mind when it comes to the most serious substance abuse issues for the overall population.

> I would say that prescription drugs, along with methamphetamine, or heroin. I know, that's kind of just prevalent in southeast Ohio. But I think it's definitely part of the culture here.

> There's been an increase of methamphetamine use, but we still see a lot of overdose and opiate addiction due to it being laced with fentanyl. Everything's laced with fentanyl.
>
> Things fluctuate. So as regulation in one area kicks in, we see an uptick in another. So right now, meth is coming back… It's so cheap right now, it then drives everyone to that. So then, when that gets addressed, we may see oxys kicked back up, so supply, demand, and cost really kind of drive whatever those substances are.

❖

Mental and Social Health

Community Leaders – Causes of Poor Mental Health

Conversations with community leaders about the causes of poor mental health focused a lot on the experiences of youth in the community.

> I think there's definitely a sense of hopelessness with a lot of students, in their situations, in their environment…feeling like, 'I'm just going to be repeating the same cycle that I've been raised in.'
>
> They're resentful of others, because they don't have access or don't have certain things…it comes from a sense of hopelessness in their current situation. And although there are all kinds of great community groups and different supports put in place, there's still at the end of the day, that unfairness of life that separates people based on what they have or may not.
>
> I think it's just a trauma thing…that causes depression, that causes anxiety, that causes the feeling of neglect. And because we have all these broken homes – we have lots of broken homes and absent parents. And so that's hard for young people to deal with. The absence of a father who provides for his family, that's an example of how to provide for a family or how a healthy family looks. And I feel like they don't have that. So when they grew up and had children, they had kind of a void.
>
> The reality of grandparents raising grandchildren and great grandchildren. Just the absence of strong parental guidance and homes generationally, I feel like that has been a real hindrance to the success and wellbeing of our youth.
>
> I think that there's a lot of things that kids battle today. Trauma is one of them, whether it's domestic violence in their home, or witness to domestic violence outside of their home, or having to be removed from their home for some reason…

Community leaders spoke to substance use causing or worsening mental health issues for individuals as well as whole families.

> We have a lot of families that need mental health services, not just because we're in the COVID era, but also because I think we have our fair share of families who are dependent on prescription drugs, doing things like that. And so we have lots of kids living with other family members, and just a lot of crisis situations.
>
> Meth is causing a lot of mental health [issues]… Anxiety, depression, that's very common with everybody we treat for mental health.

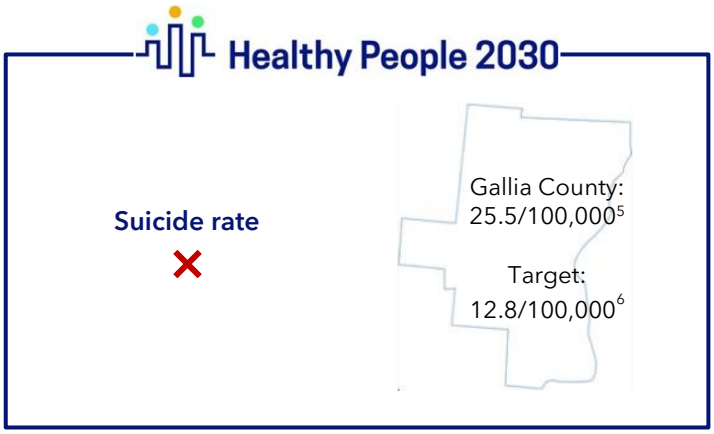
❖

Gallia County has a higher suicide rate than the state of Ohio overall. Gallia County does not meet the Healthy People 2030 target for suicide rate (12.8/100,000)[6].

Suicide[5]

	Gallia County	Ohio
Suicide	25.5	14.6

*Data are from 2015-2019 *Rate per 100,000 population, age-adjusted five-year average*



Community Leaders – Mental Health and Social Media

Many community leaders point to unchecked social media consumption as a barrier to mental and social wellness for youth.

> I see a lot of anxiety with students…I think a lot of that has to do with what they experience with society, what they're experiencing at home. Access to internet at a very early age seems to be a problem, oftentimes using social media as a babysitter for students, which is

a lack of engagement. So they don't really necessarily always have the social skills that they need.

Our children are being exposed to things that children shouldn't be exposed to via social media, via video games. And these young minds are being saturated with all kinds of things coming from different areas that honestly their minds are in such a development stage. And they find it very difficult, especially with social media these days, to be able to deal with bullying, harassment, and peer pressure at a level that most of us adults have never experienced. In constant stimulus with no resting. The brain is no different than any muscle in the body, it needs to shut down and it needs to rest.

I don't think we have enough education around what social media does to kids, responsibilities of parents around social media, those kinds of things. I think there's a belief that 'the internet is safe for my kid,' that 'my kid's a good kid who wouldn't do this or that.' And so, I think there's a bit of naivete there and I think that we, over the next decade, will probably see a real spike in depression and anxiety and I think social media is a big driver of that.

❖

2022 survey respondents reported that stigma is the major barrier to seeking help for mental health issues, followed closely by individuals not believing their issue needs help.

Primary Reason Residents May Avoid Seeking Help for Mental Health Issues[§]

	Gallia County (n=247)
Worry that others will find out about the issue and/or treatment	28.3%
Most people who need treatment do not believe they have a problem	27.1%
People don't know how or where to get this type of treatment	19.8%
Cost of treatment is too high	13.4%
Treatment is not available/too far away	11.3%

Community Leaders – Stigma and Other Barriers to Treatment

Community leaders spoke about how stigma operates to prevent community members from seeking beneficial mental health care. They also discussed how certain mental health issues like PTSD may be misdiagnosed, leading to insufficient treatment. Long waiting lists to

receive an appointment for mental health care services and transportation barriers also prevent community members from getting the health care they need.

> It's hard for people in Appalachia to wrap their mind around mental stability. And if you ask for help, you're weak. And if you don't ask for help, then you're just the crazy kid or the crazy person that has mental health issues. I don't know that the way that we're treating mental health right now makes sense. I mean, it's probably got to be a little more mainstream, and it probably needs a little higher education resource, then just someone that says, "Oh, well, you have food insecurity in your family. Let me try to fix that." Because I think mental health is beyond just social determinants.
>
> I feel like there's still a stigma that people think, 'I'm not crazy. I don't need to talk to somebody,' and what will people say about them, if they do go? I think that because our town is so small, everybody knows everything. And if somebody finds out you're going, what are they going to think about you? And that goes with physical things too, if somebody's being seen for something that's a little sensitive, your nurse might be the person you go to church with.
>
> With the drug epidemic, we have a lot of parents in jails and grandparents raising kids, or aunts, uncles, other people stepping in. And sometimes they're not sure what to do. They don't have maybe the official documents to take the kids to see mental health, or to the doctor, or they don't want to disclose what's going on. So out of embarrassment, or 'we don't talk about that.' Especially when it comes to the kids going in seeking help for mental health. Parents and grandparents are scared that something might be disclosed.
>
> Some of the faith community doesn't acknowledge mental health. It's seen as a spiritual issue, rather than biological or psychological.

Community Leaders – Effects of Mental Health on Community

Community leaders brought up the impact of poor mental health on family dynamics, financial and physical health, as well as the use of public safety resources for mental health response.

> I think when someone is struggling with their depression, it's very difficult to get up and go to work. If people were better treated, better able to manage those symptoms, I expect we'd have higher employment rates and productivity rates. I think family functioning overall would be improved. We've got parents who are struggling with depression and addiction that are not parenting, we've got children being neglected. We've got children who are depressed, that are causing their teachers to be depressed because they're unmanageable in the schools. It's just kind of a vicious cycle, unfortunately.

> Depression, I feel like that robs from people a quality of life and the ability to be present. Especially like, parents who are depressed, whether it's just chemical depression, or situational depression. I feel like it robs them the ability to be present with their kids and engage.
>
> When someone is depressed or has a behavioral health issue, they're more likely to have physical health conditions that go hand in hand. That's our big push for integrating care, because the rate of death is higher for someone who has a mental health condition and behavioral health condition, because they're not caring for their physical health needs. So, less likely to attend to things that are going on and take care of themselves.

❖

Another impact of poor mental and social health on the community is the rate of violent crime. For context, the rate of violent crime in Ohio is shown along with Gallia County, although comparisons between geographies are not recommended.

Violent Crime[7]

	Gallia County		Ohio	
	Count	Rate*	Count	Rate*
Total violent crime	43	145.0	32,509	293.2

*Data are from 2019. *Rates are per 100,000 of the population. Note: State and county rates are calculated based on populations covered by law enforcement agencies who provided data to the FBI. Rates are not comparable to previous years due to varying levels of participation.*

Spotlight on Older Adults' Mental and Social Health

For older adults, unique influences impact their mental and social health. As residents age, they have less access to opportunities for socialization, and health issues can lead to living in unsafe environments which in turn impact mental and social health. Finally, this section gives attention to the issue of elder fraud and financial exploitation.

Community Leaders – Major Issues Facing Older Adults

Community leaders detailed how programs that help older adults care for themselves and their home while providing needed socialization face limitations, and a portion of the community who could benefit from these services is missing out.

> I think there could be in home programs, that someone could be hired to go in and attempt to educate these people. But again, if they don't know you, sometimes they don't want you in their home. But I think just good people coming in and talking to them and telling them about the benefits of nutrition and cleanliness. They [could] go back once a month to help them with keeping clean.

Additionally, older adults may not fully recognize or accept their home is in an unsafe condition, and fear what taking advantage of home help programs could mean for their future.

> They don't feel they have a problem. Or they're in fear of losing their property. If they own their property, they're afraid the more people they bring in there to help them, they're going to lose it.

Programs that try to provide opportunities for older adults to socialize are struggling to fill themselves, due to continuing fear of COVID-19, coupled with other barriers like transportation.

> Because they're becoming somewhat reclusive, they're not getting the proper exercise, they're not getting the proper social socialization. And then, in some cases, the people are developing Alzheimer's and have things like that at a faster rate than they used to...the older they get, it seems like the more reclusive they want to be to feel safer. Heaven knows after COVID they felt like they couldn't get out or shouldn't get out.

Community leaders also spoke about the risk of financial exploitation for older adults, and how there are many barriers when working with financial institutions to resolve this.

❖

Mortality and Selected Factors

This section details the leading causes of mortality in Gallia County, as well as selected risk factors relating to infant health and infectious disease.

Key Findings

Mortality p. 45	• Heart disease is the leading cause of death in Gallia County. • The death rate of cancer in Gallia County does not meet the national target (205.7 compared to 122.7).
Infant Health Factors p. 46	• The rate of infant mortality in Gallia County does not meet the national target (7.0 compared to 5.0). • A higher percentage of infants in Gallia County are born with a low birth weight compared to Ohio overall (9.7% compared to 8.6%).
Infectious Disease p. 47	• Rates of HIV, Chlamydia, and Gonorrhea are all lower in Gallia County compared to Ohio overall. • Uptake of COVID-19 vaccines currently hovers at 50% of Gallia County residents. However, over 1,000 residents who have started a multi-dose vaccine series have not completed all recommended vaccines.

Mortality

Based on data from 2017-2019, the years of potential life lost before age 75 (YPLL) per 100,000 of the population in Gallia County is 12,800 compared to 8,500 in Ohio overall.[1]

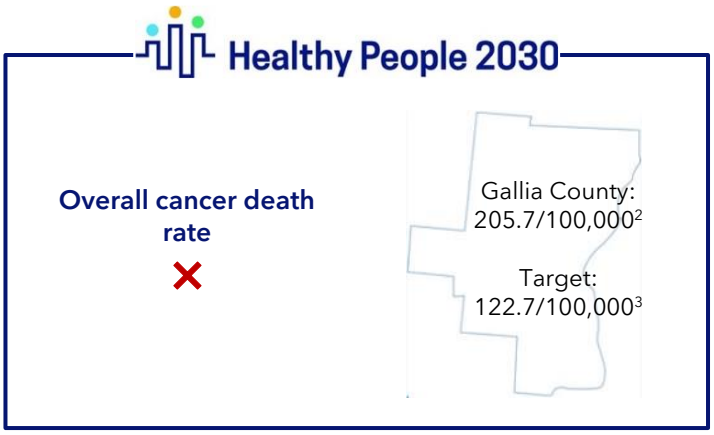
Heart disease is the leading cause of death in Gallia County, followed by cancer. The rates of these causes of death for the state of Ohio are included for comparison in the next table, though the actual order of leading causes of death differs slightly for the state overall.

Mortality – Leading Causes[2]

Description	Gallia County Rate*	Ohio Rate*
Heart Disease	229.3	188.5
Cancer	205.7	169.5
Ischemic Heart Disease	141.9	103.2
Chronic lower respiratory Disease	76.8	48.1
Drug overdose	69.6	39.4
Stroke	61.4	41.8
Suicide	25.5	14.6

*Data is from 2015-2019 *Rate per 100,000 population, age-adjusted five-year average*

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

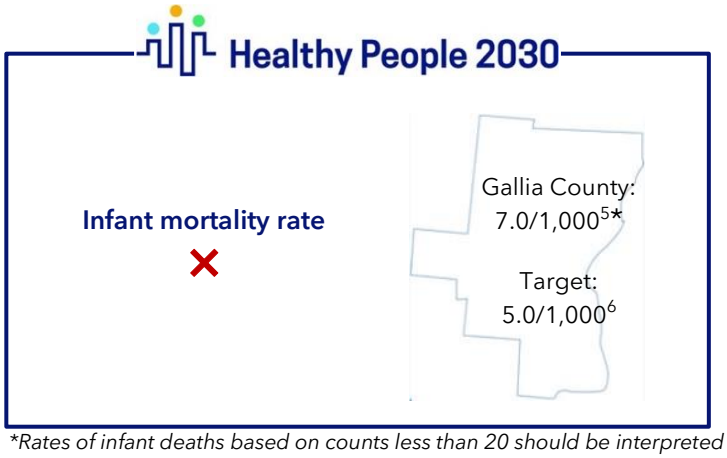


As of March 24th, 2022 in Gallia County, the COVID-19 mortality rate per 1,000 persons was 4.2.[2] Between January 1st, 2020 and March 24th, 2022 127 deaths occurred due to COVID-19.[4]

Infant Health Factors

In Gallia County, the five-year rate of infant mortality between 2014 and 2018 was 7.0. However, this rate should be interpreted with caution as it is based on less than 20 infant deaths. The rate of infant mortality in Ohio for this time period was 7.1.[5] More recent rates of infant mortality in Gallia County were not available at the time of this report.

The rate of infant mortality from 2014-2018 does not meet the Healthy People 2030 target rate of 5.0.[6]



**Rates of infant deaths based on counts less than 20 should be interpreted with caution*

The next table displays the percentage of infants in Gallia County with a low birth weight.

Low birth weight[7]

	Gallia County	Ohio
<2,500 grams at birth	9.7%	8.6%

Data are from 2015-2019

The next page displays information about infectious disease in Gallia County.

Infectious Disease

Rates of infectious diseases: HIV, chlamydia, and gonorrhea are lower in Gallia County, compared to Ohio overall.

Infectious Disease Incidence

Description	Gallia County Rate*	Ohio Rate*
HIV[8]	67.1	214.6
Chlamydia[9]	201.7	531.6
Gonorrhea[9]	36.1	217.0

*Data are from 2020 *Rate per 100,000 population*

Half of Gallia County residents (50%) have received at least one dose of a COVID-19 vaccine (see next table: "vaccine started"). However, fewer individuals have received a complete series of a COVID-19 vaccine, which includes one dose of a single-dose vaccine, or all required doses in a multi-dose vaccine ("vaccine completed"). The next table provides counts and percentages for COVID-19 vaccines administered in Gallia County and Ohio overall.

COVID-19 Vaccines of December 1st, 2022[10]

	Gallia County		Ohio	
	Count	%	Count	%
Vaccines started	14,951	50.0%	7,534,093	64.5%
Vaccines completed	13,807	46.2%	6,983, 586	59.7%

In 2018, 46% of Gallia County Medicare enrollees received an annual flu vaccination, compared to 51% in Ohio overall.[11]

Summary

The *Gallia County 2022 Community Health Assessment* provides a comprehensive overview of the community's health status and is intended to help community stakeholders better understand health needs and priorities of Gallia County residents.

Characterizing and understanding the prevalence of acute and chronic health conditions, access to care barriers, health disparities, and other health issues can help direct community resources to where they will have the biggest impact.

Consistent with Public Health Accreditation Board requirements, the Gallia 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.

Users of the *Gallia County 2022 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 *Gallia County 2022 Community Health Assessment* may be directed to:

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Appendix A: Community Resources and Assets

The following is a list of resources and assets that address community health needs.

Recreation and Fitness

- Wellness Center
- Bossard Memorial Library Bikes
- Bike Trail – Gallia
- Raccoon Creek County Park
- University of Rio Grande Recreation Center
- Bossard Memorial Library – free yoga, art
- Gallipolis City Park
- Walk with a Doc
- Gallipolis City Pool
- CrossFit

Transportation

- Private Transportation Companies ("Need a lift")
- Senior Citizens Agency
- Paved Roads
- Gas Vouchers – Holzer

Education

- PSO/CCP
- Gallipolis City Schools
- Gallia County Local Schools
- Buckeye Hills/Adult Ed/Vocational
- University of Rio Grande
- Bossard Memorial Library
- Ohio Valley Christian School
- Guiding Hand School

Economy

- Community is Behind Attracting Employers to Open Businesses
- Chamber of Commerce
- City Councils
- Community Reinvestment Act
- Tourism/Visitors Center

Appendix A: Community Resources and Assets

Food/Nutrition

- Local Food Banks
- Farmers Markets
- Church Pantries
- School Backpack Programs
- AAA7 Meals on Wheels
- God's Hands at Work
- Senior Center

Maternal and Child Care

- OB/Peds Department at Holzer
- WIC
- Help Me Grow
- Holzer Prenatal Classes
- Gallia County Health Department
- VFC (vaccinations)

Health Care

- AAA7 – Area Agency on Aging
- Holzer Health System
- Gallia County Health Department (Primary Care Clinic)
- Community Health Screenings
- Gallia County Family and Children First Council
- Local Private Physician and Nurse Practitioner Offices
- Health Services Advisory Group

Substance Abuse

- Hopewell Clinic
- Integrated Services
- Decrease Opioid Prescription Initiative – Statewide
- Holzer Behavioral Health and Recovery
- Cardinal Recovery
- Gallia CPR
- ADAMHS board
- Field of Hope
- Holzer Opioid Committee
- Harm Reduction Program

- Health Recovery Services

Health Promotion

- Elder Services – AAA7
- Help Me Grow
- Health Screenings
- Diabetic Classes
- Prevention and Promotion Education
- Health Fairs
- Gallia County Health Department

Mental Health

- Hopewell Crisis Units
- Integrated Services
- Gallia CPR
- Health Recovery Services
- ADAMHS Board
- Suicide Prevention Walks – Rio Grande
- Suicide Hotline
- Private Psychiatrists
- School Counselors

Appendix B: References

Community Profile

[1] U.S. Census Bureau, U.S. Decennial Census, 2010-2020. https://www.census.gov/library/visualizations/interactive/2020-population-and-housing-state-data.html
[2] U.S. Census Bureau, American Community Survey 5 Year Estimates: 2015-2019, DP05. http://data.census.gov/
[3] U.S. Census Bureau, American Community Survey 5 Year Estimates: 2015-2019, DP02.

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[1] 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.
[2] U.S. Census Bureau, American Community Survey 5 Year Estimates: 2015-2019, DP03.
[3] U.S. Census Bureau, American Community Survey 5 Year Estimates: 2015-2019, S1701.
[4] U.S. Census Bureau, American Community Survey 5 Year Estimates: 2015-2019, S1702.
[5] U.S. Census Bureau, American Community Survey 5 Year Estimates: 2015-2019, DP04.
[6] U.S. Census Bureau, American Community Survey 5 Year Estimates: 2015-2019, S1501.
[7] Feeding America, Map the Meal Gap, 2019.
[8] Ohio Department of Education, 2019-2020. Data for Free and Reduced Price Meal Eligibility.
[9] U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 2017.
[10] County Health Rankings, 2021 ranking: Access to Exercise Opportunities, 2010 and 2019 combined data.

Neighborhood and Built Environment

[1] U.S. Census Bureau, American Community Survey 5 Year Estimates: 2015-2019, DP04.
[2] U.S. Census Bureau, American Community Survey 5 Year Estimates: 2015-2019, DP02.
[3] U.S. Census Bureau, American Community Survey 5 Year Estimates: 2015-2019, S0801.
[4] U.S. Census Bureau, American Community Survey 5 Year Estimates: 2015-2019, S0802.
[5] Ohio Department of Development, Broadband Ohio County Profiles: Gallia, February 2020 through August 2021.
[6] Broadband Now, 2022 via *Holzer 2022 Secondary Data Report*.

Health Care Access

[1] U.S. Census Bureau, American Community Survey 5 Year Estimates: 2015-2019, DP03.
[2] Healthy People 2030 Objective AHS-01, U.S. Department of Health and Human Services.
[3] County Health Rankings, using 2018 counts from Area Health Resource File/National Provider Identification file.
[4] County Health Rankings, using 2020 counts from Area Health Resource File/National Provider Identification file.

Appendix B: References

[5] County Health Rankings, using 2019 counts from CMS, National Provider Identification file.

Behavioral Health

[1] Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. Current Cigarette Smoking Among Adults in the United States. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.ht

[2] Healthy People 2030 Objective TU-02, U.S. Department of Health and Human Services

[3] U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2016-2020.

[4] Ohio Department of Health, Violence and Injury Prevention Section, 2020.

[5] U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

[6] Healthy People 2030 Objective MHMD-01, U.S. Department of Health and Human Services

[7] U.S. FBI UCR program, Crime Data Explorer, 2019. https://crime-data-explorer.fr.cloud.gov/

Mortality and Selected Factors

[1] County Health Rankings, 2021 ranking: Premature Death using 2017-2019 data

[2] Vital Statistics, Mortality public-use data 2015-2019, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

[3] Healthy People 2030 Objective C-01, U.S. Department of Health and Human Services

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[5] Ohio Department of Health, 2018 Infant Mortality Report.

[6] Healthy People 2030 Objective MICH-02, U.S. Department of Health and Human Services

[7] Ohio Department of Health, Public Health Information Warehouse, 2015-2019.

[8] Ohio Department of Health, Persons Living with Diagnosed HIV Infection Reported in Ohio as of June 30th, 2022.

[9] Ohio Department of Health, Sexually Transmitted Disease Surveillance, 2016-2020 Status Reports.

[10] Ohio Department of Health, COVID-19 dashboard. https://coronavirus.ohio.gov/dashboards/covid-19-vaccine/covid-19-vaccination-dashboard

[11] U.S. Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, via CountyHealthRankings.org

Appendix C: Gallia County Adult Survey Questionnaire

The next pages contain the survey questionnaire answered by Gallia County adults.

Public Health
Prevent. Promote. Protect.
Gallia County Health Department

2022 Community Health Assessment

ABOUT YOUR COMMUNITY

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

2. **Do you think children in your community need more safe places to play outside, or do you not think that?** □ More safe places are needed □ Do not think that

3. **Some people choose not to seek help for mental health issues. What do you think is the primary reason people in your community might avoid getting help for mental health issues?** *[Select ONE]*
   □ Treatment is not available or is too far away
   □ The cost of treatment is too high
   □ People worry that others will find out about the issue and/or treatment
   □ Most people who need treatment do not believe they have a problem
   □ People don't know how or where to get this type of treatment

ABOUT YOUR HEALTH

4. **In a typical month, where do you buy <u>most</u> of your food?** *[Select ONE]*
   □ Convenience store □ Dollar store □ Farmer's market □ Fast food restaurants
   □ Gas station □ Grocery stand □ Grocery store □ Walmart □ Other

5. **Does your home have a clean water supply for drinking and cooking, or does it not have that?**
   □ Has clean water □ Does not have that

6. **During the past month, other than your regular job, how many times did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?** _____ times

7. **What barriers to exercising do you face?** *[Please write your answer below]*

8. **In the past 12 months, which of the following has been negatively affected by the COVID-19 pandemic?** *[Select all that apply]*
   □ Your level of anxiety and/or depression
   □ Your television or gaming habits
   □ Your social media habits
   □ Your exercise habits
   □ Your relationship(s) with other people
   □ Your financial stability
   □ Your use of preventative health care (screenings, well visits)
   □ Your nutrition habits
   □ Other *[Please specify]*:
   □ No negative effects

9. **Have you smoked at least 100 cigarettes in your entire life?**
   □ Yes □ No *[Please skip to Question 12]*

10. **Do you now smoke cigarettes every day, some days, or not at all?**
    □ Every day □ Some days □ Not at all

11. **Do you now use e-cigarettes (e.g., Juul) or other electronic vaping products every day, some days, or not at all?**
    □ Every day □ Some days □ Not at all

HEALTH CARE ACCESS

12. **If you were seriously injured, how many minutes would it take for you to get from your home to a hospital, health center/clinic, urgent care, or emergency room for treatment? ____** minutes

13. **Do you have at least one person you think of as your personal doctor(s) or health care provider(s), or do you not have anyone like that?**
    □ Have at least one person □ Do not have anyone like that

14. **About how long has it been since you last visited <u>a doctor for a routine checkup</u>? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.**
    □ Within the past year (anytime less than 12 months ago)
    □ Within the past 2 years (at least 1 year but less than 2 years ago)
    □ Within the past 5 years (at least 2 years but less than 5 years ago)
    □ 5 or more years ago

15. **About how long has it been since you last visited <u>a dentist or dental clinic for any reason</u>? Include visits to dental specialists, such as orthodontists.**
    □ Within the past year (anytime less than 12 months ago)
    □ Within the past 2 years (at least 1 year but less than 2 years ago)
    □ Within the past 5 years (at least 2 years but less than 5 years ago)
    □ 5 or more years ago

16. **During the past 12 months, did any of the following issues prevent you from getting health care when you needed it, or did nothing prevent you from getting health care when you needed it?** *[Select all that apply]*
    □ I did not have health insurance
    □ The doctor's office wouldn't accept my health insurance
    □ I had a slow or no internet connection (for virtual visits)
    □ Concern about getting COVID-19
    □ The doctor's office wasn't accepting new patients
    □ I was unable to find transportation
    □ I was unable to afford transportation
    □ I was unable to take or afford time off from work
    □ I was unable to find necessary childcare
    □ The service you needed was too far to access
    □ The cost was too high (insurance deductible, co-pay, lab costs, prescriptions)
    □ Other *[please specify]*:
    □ Nothing prevented me from accessing health care when I needed it

OTHER QUESTIONS

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

17. In what county do you live?

□ Gallia □ Jackson □ Meigs □ Vinton □ Other *[Please specify]*:

18. What is your zip code? _____

19. Do you (or a member of your household) currently own or rent your home?

□ Own □ Rent

20. Which best describes the home where you currently live?

□ A one-family house □ A building with 2 or more apartments □ A mobile home
□ A boat, RV, van, camper, etc.

21. Including yourself, how many people live in your household? ____ people

22. What is your age? ____ years old

23. Were you born male or female, or would you prefer not to identify?

□ Male □ Female □ Prefer not to identify

24. Which of the following best describes you?

□ Heterosexual or straight □ Gay, lesbian, or homosexual □ Bisexual
□ Something not listed here: _____ □ Prefer not to identify

25. What is your highest level of education?

□ Less than high school □ High school diploma/GED □ Some college (no degree)
□ Associate degree □ Bachelor's degree □ Master's degree or higher

26. Which of the following categories includes the total income of everyone living in your home in 2021, before taxes?

□ Less than $10,000 □ $10,000 - $19,999 □ $20,000 - $29,999 □ $30,000 - $39,999
□ $40,000 - $49,999 □ $50,000 - $59,999 □ $60,000 - $74,999 □ $75,000 - $99,999
□ $100,000 or more

27. Is there anything else you'd like to tell your local health department? If so, please write your response in the space below.

28. If you would like someone from the health department to answer any questions for you, or if you would like to participate in future community health research, please print your name, phone number, and email address in the space below.

Name: _____
Phone Number: _____ Email:_____

Thank you!

Appendix D: Gallia County Community Leader Interview Guide

The next pages contain the interview guide used in conversations with community leaders.

Gallia County Community Health Assessment
Community Interview Guide

This is a conversational roadmap, not a script to be followed word for word. The interviewer will ask questions as applicable, taking into account the amount of time remaining.

When the interviewee's role in the community makes them well-suited to speaking about specific populations of interest (e.g., low-income families, youth, individuals with disabilities, Non-English speaking populations), broad questions about health of the community can be shifted to focus on the population of interest when applicable.
Example: Based on what you've seen or heard, what mental health issues are present for the community's youth population?

GALLIA COUNTY: CONTEXT

1. Do Gallia County residents have any attitudes or beliefs about health, wellness, or medical care that might hold them back from being healthier? (If yes) Tell me more about that.
    a. Probe on physical, emotional, and mental/social health
2. Are there any social or behavioral norms that might hold the community back from being healthier? (If yes) Tell me more about that.
3. Are there any social issues or dynamics in Gallia County that might contribute to residents' health issues? (If yes) Tell me more about that.
4. Health issues can be caused or affected by 1: individuals themselves, and 2: external factors that are beyond an individual's control. How do you see external factors, such as infrastructure, resources, policies, or cultural beliefs, causing or affecting health issues in the county?

MOST IMPORTANT HEALTH ISSUES

5. What do you think are the most important health issues in Gallia County?
    a. Why?
6. Based on what you've seen or heard, what are the most serious environmental health issues present in the community? (Probe on air, water, trash, plumbing if necessary)

OVERALL PHYSICAL AND MENTAL HEALTH

7. Based on what you've seen or heard, what are the **most serious physical health issues** present in the community?
    a. What chronic physical conditions do you see as problematic in the community?
8. Based on what you've seen or heard, what are the **most serious mental health issues** present in the community?
    a. What effects do mental health conditions have on people or the community?

SUBSTANCE ABUSE/ADDICTION

9. Based on what you've seen or heard, what are the **most serious substance abuse issues** present in the community?
    a. What effects do substance abuse issues have on people or the community?

b. ONLY ASK BEHAVIORAL HEALTH INTERVIEWEES: (Probe on issues with staffing skilled people to fill positions for substance abuse treatment, staff burnout)

HEALTH CARE ACCESS AND SERVICES

10. Based on what you've seen or heard, what are the **most serious health care access issues** that affect people in the community?
    a. What are causes for residents delaying or not seeking health care?
    b. Do community members commonly seek health care outside of Gallia County?
        i. Why?
        ii. What type of care do they seek?
        iii. Where do they go?
11. What can community leaders do to motivate residents to participate in available services?
12. What gaps in services exist?

[IF TIME ALLOWS]

13. Are there access issues with…
    a. emergency treatment, urgent care?
    b. pharmacies, testing/lab work?
    c. first responders (sheriff's department, fire, & EMS)?

[Skip D and E for school leaders]

    d. rehab / inpatient care facilities?
    e. psychiatric stabilization facilities / beds?

[IF INTERVIEWEE REPRESENTS ADAMH, Holzer, Hopewell**]**

14. How can care coordination be improved?

POVERTY AND LACK OF TRANSPORTATION

15. Based on what you've seen or heard, what are the primary causes of poverty in the community?
16. What barriers to transportation exist in the community?
17. What issues do you see with housing access and quality in the community?

HEALTH EDUCATION

18. Based on what you've seen or heard, what issues with health education are present in the community? Tell me more about that.
19. Based on what you've seen or heard, what issues with health knowledge are present in the community? Tell me more about that.

COVID-19

20. Based on what you've seen or heard, what are the biggest issues COVID-19 has caused among the community?
21. Looking to the near and far future, what are the major issues caused by COVID-19 that community leaders should focus on addressing?

SUMMARY/IMPROVEMENT/CLOSURE

22. What suggestions do you have for how the local health department can communicate more effectively to residents?
    a. Are there issues with comprehension, channels used, trust?
23. (Briefly summarize key issues discussed.) What ideas do you have for how leaders in Gallia County can improve the health of the community, or reduce the impact of some of these issues? (Probe until no more ideas)
24. Given everything we've discussed today, what else do you think I should know?

IF INTERVIEWEE REPRESENTS AN ORGANIZATION THAT SERVES OLDER ADULTS:

25. Based on what you've seen or heard, what are the most serious issues affecting the health of the community's elderly population?

IF TIME ALLOWS:

NUTRITION AND PHYSICAL ACTIVITY

26. Based on what you've seen or heard, what nutritional issues are present in the community?
    a. How much of a problem is access to healthy foods in the community?
    b. From your perspective, what factors keep some people in the community from eating adequate amounts of fruit and vegetables?
    c. What nutritional issues do you see with children, specifically?
27. Based on what you've seen or heard, what issues with physical activity are present in the community?