Fairfield County Health Department

2025

Fairfield County Community Health Assessment

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Presented By: Moxley PUBLIC HEALTH

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A NOTE FROM
FAIRFIELD COUNTY HEALTH DEPARTMENT

Every 3 years the Fairfield County Health Department, along with our community partners from healthcare, mental health, social services, education, local government, grant funders, and more, conducts a Community Health Assessment (CHA).

FCHD continuously monitors health factors including the leading causes of death, as well as communicable and chronic disease rates. The CHA allows us to look at trends over the past 3 years and identify changes, both positive and negative, in the health of our residents. It also allows us to compare Fairfield County's health to other counties, the state of Ohio, and national rates.

Social Determinants of Health, community conditions that impact the health of our population, are also assessed during the CHA, including statistical data and community opinions collected through surveys. Social determinants include factors such as economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community support. Examples of priorities identified during surveys include transportation, healthcare access and affordability, and housing.

The CHA helps identify our community health needs and areas where Fairfield County is behind compared to our peers. We are then able to use that information to work with our public health system partner organizations to develop a Community Health Improvement Plan (CHIP) for the county.

This Community Health Improvement Plan will be developed in early 2026. It will help us work collectively to identify priorities for funding and program development over the next 3 years.

Conducting the CHA and publishing this report relies on the participation of many individuals in our community who committed to participating in interviews and focus groups and completing our community member survey. We are grateful for those individuals and organizations who are committed to promoting the health of the community, just as we are, and who take the time to share their health concerns and ideas for improvement.

Sincerely,

R. Joseph Ebel

R. Joseph Ebel, MS, MBA, REHS
Health Commissioner
Fairfield County Health Department

ACKNOWLEDGEMENTS

This Community Health Assessment (CHA) was made possible thanks to the collaborative efforts of Fairfield County, community partners, local stakeholders, non-profit partners, and community residents. Their contributions, expertise, time, and resources played a critical part in the completion of this assessment.

FAIRFIELD COUNTY WOULD LIKE TO RECOGNIZE THE FOLLOWING ORGANIZATIONS FOR THEIR CONTRIBUTIONS TO THIS REPORT:

COMMUNITY PARTNERS

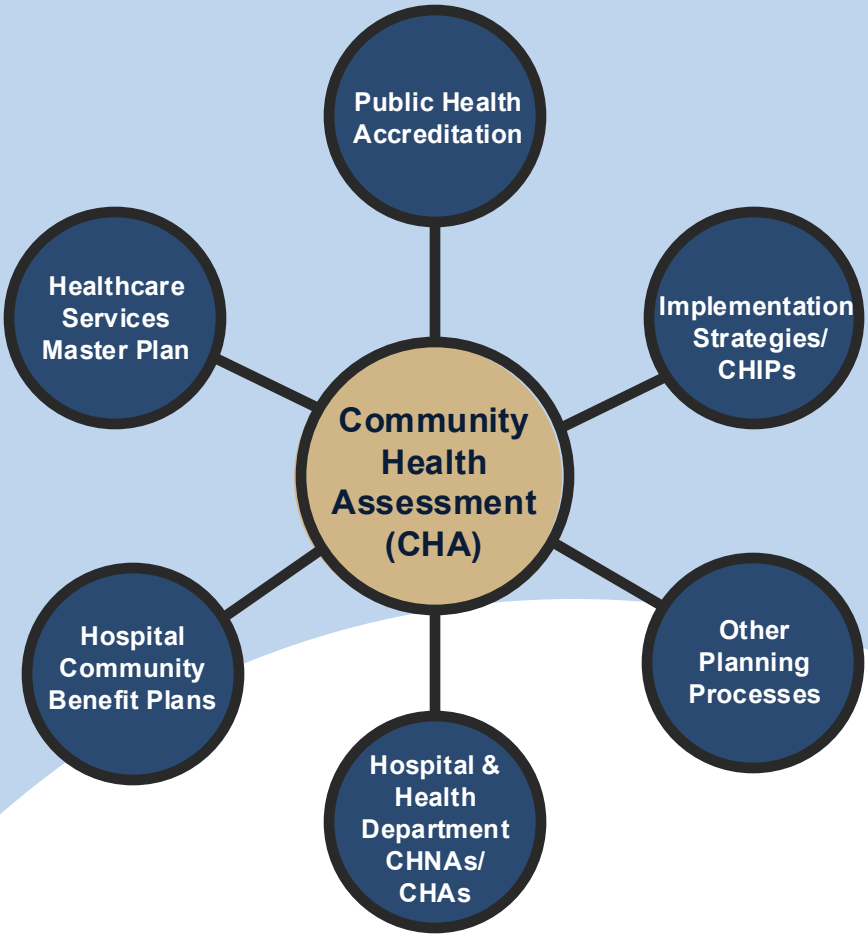
Agency
211 Fairfield County
Bloom-Carroll Local School District
City of Lancaster
Fairfield Community Health Center
Fairfield County
Fairfield County 211
Fairfield County ADAMH Board
Fairfield County Board of Commissioners
Fairfield County Board of Health
Fairfield County EMA/Healthcare Coalition
Fairfield County Emergency Management
Fairfield County Family and Children First Council
Fairfield County Foundation
Fairfield County Health Department
Fairfield County Job and Family Services
Fairfield County Library
Fairfield County Protective Services
Fairfield County Educational Service Center
Fairfield Medical Center
Juvenile Court
Lancaster City
Lancaster City Schools
Lancaster Fire Department
Lancaster-Fairfield Chamber of Commerce
Lancaster-Fairfield Community Action Agency
Lutheran Social Services
Major Crimes Unit
Mount Carmel Health System
New Horizons
OhioGuidestone
OhioHealth Pickerington Methodist Hospital
OSU Extension Office
Park National Bank
Pickerington Local School District
Southeastern Ohio Center for Independent Living
The Senior Hub/Meals on Wheels
United Way of Fairfield County
Violet Township Fire Department

FUNDING PARTNERS

Fairfield County Health Department
Fairfield Medical Center
Fairfield Community Health Center
Fairfield County ADAMH Board

INTRODUCTION

WHAT IS A COMMUNITY HEALTH ASSESSMENT?



A **COMMUNITY HEALTH ASSESSMENT (CHA)** is a tool that is used to guide community health improvement activities and for several other purposes. For health departments, it is used to identify and address key health needs and supports the requirements for accreditation through the Public Health Accreditation Board (PHAB). The data from a CHA is also used to inform community decision-making: the prioritization of health needs and the development, implementation, and evaluation of an Improvement Plan (CHIP).

A CHA is an important piece in the development of a CHIP, because it helps the community to understand the health-related issues that need to be addressed. To identify and address the critical health needs of the service area, Fairfield County Health Department (FCHD) utilized the most current and reliable information from existing sources, in addition to collecting new data through interviews and surveys with community residents and leaders.

Fairfield County Health Department

OVERVIEW OF THE PROCESS

In order to produce a comprehensive Community Health Assessment (CHA), Fairfield County Health Department (FCHD) followed a process that included the following steps:

STEP 1: Plan and prepare for the assessment.

STEP 2: Define the community.

STEP 3: Identify data that describes the health and needs of the community.

STEP 4: Understand and interpret the data.

STEP 5: Define and validate priorities.

STEP 6: Document and communicate results.

Affordable Care Act Requirements

Enacted on March 23, 2010, the Affordable Care Act (ACA) provided guidance at a national level for CHAs for the first time. Federal requirements included in the ACA stipulate that hospital organizations under 501(c)(3) status must adhere to new 501(r) regulations, one of which is conducting a Community Health Assessment (CHA) and Implementation Strategy every three years.

Accreditation Requirements

The Public Health Accreditation Board (PHAB) Standards & Measures serves as the official guidance for PHAB national public health department accreditation and includes requirements for the completion of Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) for local health departments.

Ohio Department of Health Requirements

The Ohio Department of Health (ODH) is required by state law to provide guidance to hospitals and local health departments on Community Health (Needs) Assessments (CHNAs/CHAs) and Implementation Strategies/Improvement Plans (CHIPs). In July 2016, HB 390 (ORC 3701.981) was enacted by Ohio in order to improve population health planning in the state by identifying health needs and priorities by conducting a CHNA/CHA and subsequently developing an Implementation Strategy/CHIP to address those needs in the community.

THE 2025 FAIRFIELD COUNTY CHA MEETS ALL OHIO DEPARTMENT OF HEALTH AND FEDERAL REGULATIONS.

OVERVIEW
OF THE PROCESS (CONTINUED)

Ohio Department of Health (ODH) Requirements

The following image shows the framework from ODH that this report followed while also adhering to federal requirements and the community's needs.

Figure 1: Ohio State Health Improvement Plan (SHIP) Framework

Optimization

Health optimization is achieved when all people in a community have access to affordable, inclusive, and quality infrastructure and services that, despite historical and contemporary injustices, allow them to reach their full health potential.

Priorities

The State Health Improvement Plan (SHIP) identifies three priority factors (community conditions/social determinants or drivers of health) and three priority health outcomes that affect the overall health and well-being of children, families, and adults of all ages.

What shapes our health and well-being?
Many factors, including these **3 SHIP priority factors***:

Community Conditions
- Housing affordability and quality
- Poverty
- K-12 student success
- Adverse childhood experiences

Health Behaviors
- Tobacco/nicotine use
- Nutrition
- Physical activity

Access to Care
- Health insurance coverage
- Local access to healthcare providers
- Unmet need for mental healthcare

How will we know if health is improving in Ohio?
The SHIP is designed to track and improve these **3 SHIP priority health outcomes**:

Mental Health & Addiction
- Depression
- Suicide
- Youth drug use
- Drug overdose deaths

Chronic Disease
- Heart disease
- Diabetes
- Childhood conditions (asthma, lead exposure)

Maternal, Infant & Child Health
- Preterm births
- Infant mortality
- Maternal morbidity

All Ohioans achieve their full health potential
- Improved health status
- Reduced premature death

Vision:
Ohio is a model of health, well-being, and economic vitality

Strategies

The SHIP provides state and local partners with a menu of effective policies and programs to improve performance on these priorities.

** These factors are sometimes referred to as the social determinants of health or the social drivers of health.*

STEP 1

PLAN AND PREPARE FOR THE ASSESSMENT

In this step, Fairfield County Health Department:

- ✓ Determined who would participate in the needs assessment process
- ✓ Planned for community engagement
- ✓ Engaged health department
- ✓ Determined how the community health assessment would be conducted
- ✓ Developed a preliminary timeline

Fairfield County Health Department

PLAN AND PREPARE

Fairfield County Health Department began planning for the 2025 Fairfield County Community Health Assessment in January 2025. They involved health board leadership, kept partnership members informed of the assessment activities, allocated funds to the process, and most importantly, engaged the community through various established relationships with leaders of organizations and people populations, in collaboration with Moxley Public Health.

The assessment team worked together to formulate the multistep process of planning and conducting a CHA. They then formed a timeline for the process.

> ***Community Health Assessments (CHAs) are the foundation for improving and promoting the health of community members. The role of a community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors.***
>
> - Catholic Health Association

PREVIOUS COMMUNITY HEALTH ASSESSMENT (CHA) & COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

PREVIOUS CHA (2022) AND CHIP

In 2022, Fairfield County Health Department (FCHD) and Fairfield Medical Center conducted its previous CHA. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHA. The Implementation Strategy/CHIP associated with the 2022 Fairfield County CHA addressed access to care and chronic disease.

The previous CHA and CHIP were made available to the public on the following website:

Fairfield County Health Department: https://www.fairfieldhealth.org/FDH-Community-Health-Assessment.html
(Written comments on this report were solicited on the website where the report was posted.)

IMPACT/PROCESS EVALUATION OF 2023-2025 STRATEGIES

In collaboration with community partners, FCHD developed and approved a CHIP report for 2023-2025 to address the significant health needs that were identified in the 2022 Fairfield County CHA (access to care and chronic disease). **Appendix A** describes the evaluation of the strategies that were planned in the 2023-2025 CHIP.

STEP 2

Defining The Fairfield County Service Area

In this step, Fairfield County Health Department:

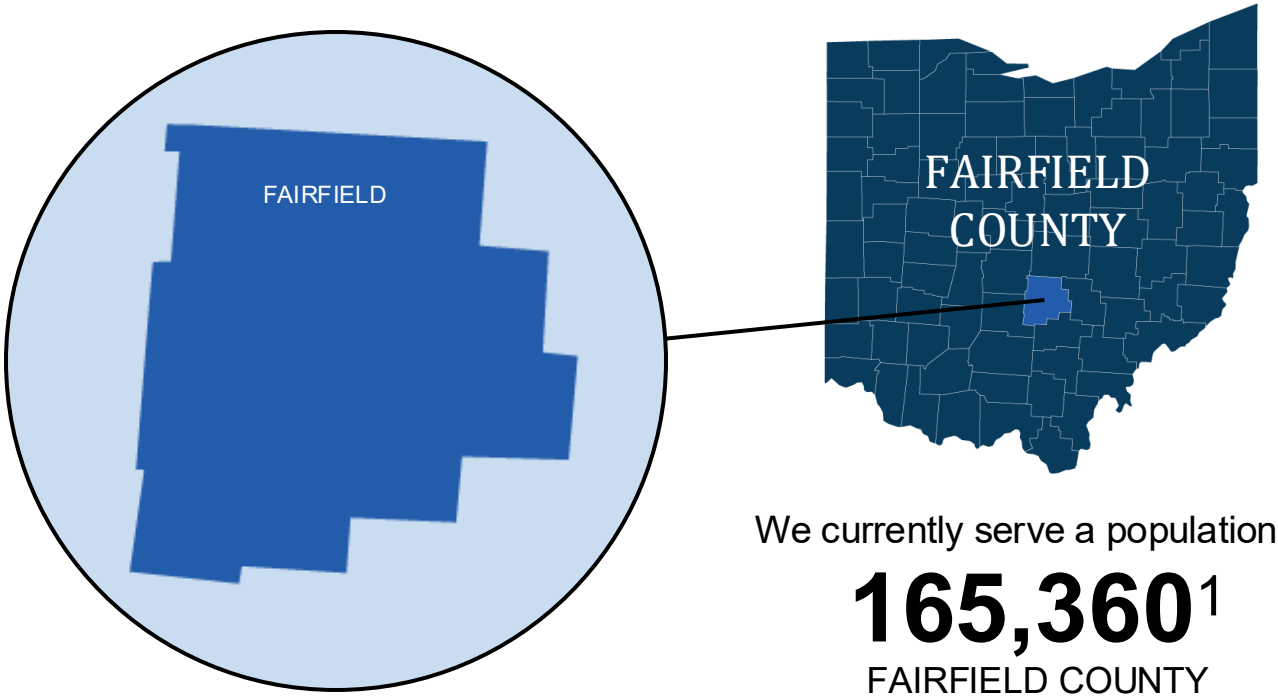
✓ Described Fairfield County's service area

✓ Determined the purpose of the needs assessment

Fairfield County Health Department

DEFINING THE FAIRFIELD COUNTY
SERVICE AREA

For the purposes of this report, Fairfield County Health Department defines their primary service area as being made up of Fairfield County, Ohio.



We currently serve a population of

165,360[1]

FAIRFIELD COUNTY

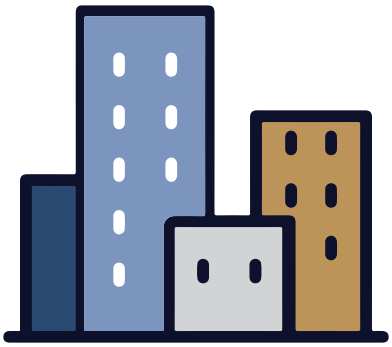
FAIRFIELD COUNTY HEALTH ASSESSMENT AREA[1]		
GEOGRAPHIC AREA	**POPULATION**	**PERCENT OF POPULATION**
Lancaster	41,422	25.0%
Pickerington	25,155	15.2%
Portions of Columbus, Reynoldsburg, and Canal Winchester	14,242	8.6%
12 Villages & 12 Townships	84,541	51.1%

FAIRFIELD COUNTY
AT-A-GLANCE

Fairfield County's population is **165, 360**. The population of Fairfield County has **slightly increased** while Ohio's **remained relatively the same** in the past 3 years.[1]

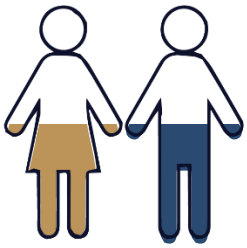
+3.3%
FAIRFIELD COUNTY

-0.1%
OHIO



Fairfield County ranked **14th of 88** ranked counties in Ohio in Health factors, according to social, economic, and health factors (with 1 being the best), placing it in the **top 10%** of the all the state's counties.[2]

The percentage of males are **equal** to females.[3]



50% **50%**

7%

of Fairfield County residents are **veterans**, slightly lower than the state rate.[4]

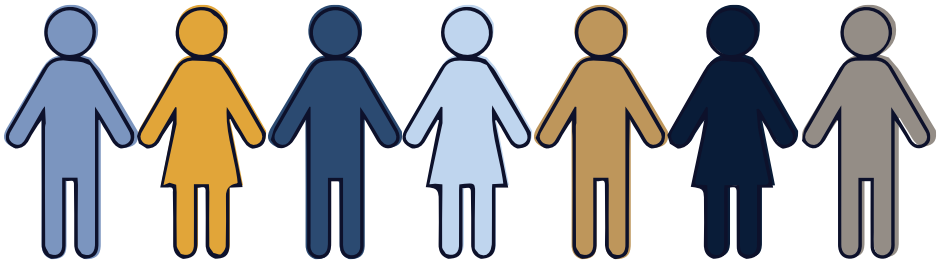
Youth, ages 0-18, and seniors 65+ make up

40% of the population

In Fairfield County, **nearly 1 in 6 residents (16%) are age 65+.**[3]

95% of the population in Fairfield County **speaks only English. 4% are foreign-born.**[4,5]

The **majority (82%)** of the population in Fairfield County identifies as **White** as their only race.[3]



82% WHITE RESIDENTS

2.7% HISPANIC OR LATINO RESIDENTS

8.9% BLACK/ AFRICAN AMERICAN RESIDENTS

0.0% AMERICAN INDIAN/ ALASKA NATIVE RESIDENTS

2.6% ASIAN RESIDENTS

0.1% NATIVE HAWAIIAN/ PACIFIC ISLANDER RESIDENTS

3.6% MULTI-RACIAL/ OTHER RESIDENTS

The life expectancy in Fairfield County of **76.4 years is 1.2 years longer** than it is for the state of Ohio.[2]

1 in 244

Fairfield County residents will **die prematurely**, which is lower than the Ohio state rate.[2]

STEPS 3, 4 & 5

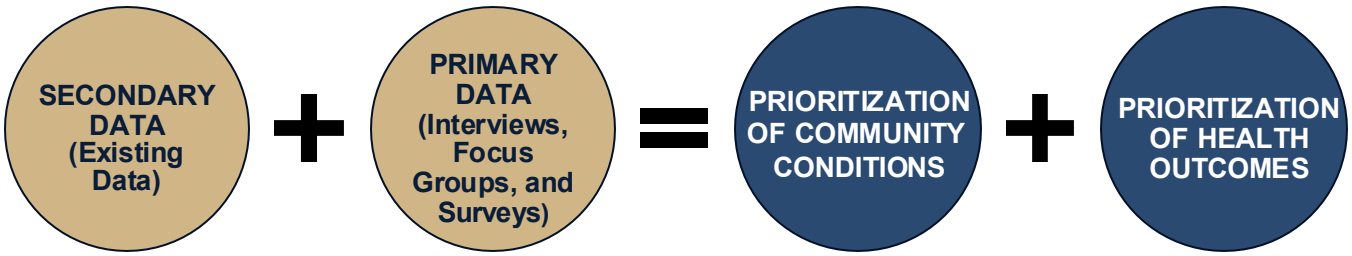
Identify, Understand, And Interpret The Data And Prioritize Health Needs

In this step, Fairfield County Health Department:

- ✓Reviewed secondary data for initial priority health needs
- ✓Collected primary data through interviews, focus groups, and a community member survey
- ✓Collected community input and feedback
- ✓Reviewed prior assessments and reports
- ✓Analyzed and interpreted the data
- ✓Identified disparities and current assets
- ✓Identified barriers or social determinants of health
- ✓Identified and understood causal factors
- ✓Established criteria for setting priorities
- ✓Validated priorities
- ✓Identified available resources
- ✓Determined resource opportunities

Fairfield County Health Department

UNDERSTANDING
PRIORITIZATION OF HEALTH NEEDS



COMMUNITY CONDITIONS (OR SOCIAL DETERMINANTS OF HEALTH OR BARRIERS TO HEALTH) are components of someone's environment, policies, behaviors, and healthcare that affect the health outcomes of residents of a community. (Examples include housing, crime/violence, access to healthcare, transportation, access to childcare, nutrition and access to healthy foods, economic stability, etc.).

HEALTH OUTCOMES are health results, diseases or changes in the human body. (Examples include chronic diseases, mental health, suicide, injury, and maternal/infant health).

In order to align with the Ohio Department of Health's initiative to improve health, well-being, and economic vitality, Fairfield County Health Department included the state's priority factors and health outcomes when assessing the community.

PRIMARY & SECONDARY DATA
DATA COLLECTION

ASSESSING HEALTH NEEDS THROUGH COMMUNITY DATA COLLECTION

Health needs were assessed through a review and analysis of the secondary (existing) health data, interviews with community leaders, focus groups with priority populations, and a community survey (primary data collection). Priority health needs were identified using the following criteria.

Criteria for Identification of Priority Health Needs:

1. The ranking of the problem using data from the community survey, focus groups, and interviews with residents.
2. The seriousness of the problem as indicated from secondary data.
3. The identification of how the health need affects sub-populations within the community.

Furthermore, the health need indicators of the Fairfield County Service Area identified in the secondary data were measured against benchmark data, specifically state rates, national rates and/or Healthy People (HP) 2030 objectives (HP 2030 benchmark data can be seen in **Appendix B**).

The health needs were assessed through the primary data collection – key informant interviews, focus groups, and a community member survey. The information and data from both the secondary and primary data collection informs this CHA report and the decisions on health needs that Fairfield County Health Department will address in its Improvement Plan (CHIP).

The data collection process was designed to comprehensively identify the priority issues in the community that affect health, solicit information on disparities among subpopulations, ascertain community assets to address needs, and uncover gaps in resources.

REVIEW OF PRIOR CHA DATA

In order to build upon the work that was initiated previously, the prior 2022 CHA was reviewed. When making final decisions for the 2026-2028 CHIP, previous efforts will be assessed and analyzed.

SECONDARY DATA DEFINITIONS

Behavioral Risk Factor Surveillance System (BRFSS)

Region 8: Fairfield County is a part of BRFSS Region 8, which also includes Licking, Franklin, Madison, and Pickaway counties.

2025 HEALTH NEEDS TO BE ASSESSED:

- Access to healthcare (primary, dental/oral, and mental)
- Chronic diseases (asthma, cancer, diabetes, heart disease, stroke, etc.)
- Community conditions (housing, education, income/poverty, internet access, transportation, adverse childhood experiences, crime and violence, access to childcare, food insecurity, etc.)
- Environmental conditions (air and water quality, vector-borne diseases, etc.)
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Injury
- Leading causes of death
- Maternal, infant, and child health (infant mortality, maternal morbidity and mortality, etc.)
- Mental health (depression and suicide, etc.)
- Nutrition and physical health (overweight and obesity population, etc.)
- Preventive care and practices (vaccines/immunizations, screenings, mammograms/pap smears, etc.)
- Substance use (alcohol and drugs, etc.)
- Tobacco and nicotine use

The secondary and primary data collection will ultimately inform the decisions on health needs that Fairfield County Health Department will address in the CHIP.

This report will focus on presenting data at the county level where available. The geography for each indicator will be specified where county-level data is not available.

Secondary data was collected for the Community Health Assessment (CHA) in Fall 2025. The most up-to-date data available at the time was collected and included in the CHA report. Please refer to individual sources in the References section for more information on years and methodology.

PRIMARY DATA COLLECTION

KEY INFORMANT INTERVIEWS

Key informant interviews were used to gather information and opinions from persons who represent the broad interests of the community. We spoke with **22 experts** from various organizations serving the community, including leaders and representatives of medically underserved, low-income, minority populations, and leaders from local health or other departments or agencies (a complete list of participants can be seen in **Appendix C**). The interview questions asked can be seen below.

KEY INFORMANT INTERVIEW QUESTIONS:
Broad questions asked at the beginning of the interview:
What are some of the major health issues affecting individuals in the community?
What are the most important socioeconomic, behavioral, or environment factors that impact health in the area?
Who are some of the populations in the area who are not regularly accessing healthcare and social services? Why?
Questions asked for each health need:
What are the issues/challenges/barriers faced for the health need?
Are there specific sub-populations and areas in the community that are most affected by this need?
Where do community residents go to receive help or obtain information for this health need? (resources, programs, and/or community efforts)

THINGS PEOPLE LOVE ABOUT THE COMMUNITY **FROM INTERVIEWS**

"My favorite part of the community is how collaborative we are amongst organizations."

- Community Member Interview from Fairfield County

"I love how we try and support each other and help out when it matters."

- Community Member Interview from Fairfield County

"I just love how focused we are on community events and the focus on connectedness."

- Community Member Interview from Fairfield County

"What I love is that it's such a diverse community with natural sites while also close to a metropolitan area. It's the best of both worlds."

- Community Member Interview from Fairfield County

"It seems like everyone comes together to get things accomplished, and there is a sense of belonging and responsibility."

- Community Member Interview from Fairfield County

"We have a very active housing coalition in Fairfield County, where they are actively working on a strategic plan to address some of the gaps in services."

- Community Member Interview from Fairfield County

"It's a small town, but its close enough to a larger urban setting. There is plenty of things to do!"

- Community Member Interview from Fairfield County

"I'm thankful we have transit services to be able to get seniors to appointments."

- Community Member Interview from Fairfield County

TOP PRIORITY HEALTH NEEDS
FROM INTERVIEWS

FROM COMMUNITY INTERVIEWS:

Major health issues impacting community:
1. Access to care
2. Homelessness/housing insecurity
3. Substance use/drug addiction
4. Lack of specialists/specialty care
5. Aging population/geriatric care

How health concerns are impacting community:
1. Access to healthcare
2. Lack of affordable/low-income housing
3. Lack of affordable childcare

"In our community it stinks to try to find a doctor. Let alone a doctor who takes Medicare patients. So, I think the shortage of positions within our community, the time lag or needing a specialist and that type of thing. Our seniors find a lot of times that they're needing to go to Columbus for care which causes a problem, then for transportation. It's more costly."

- Community Member Interview from Fairfield County

"Our community is impacted by all chronic diseases, and I think that healthcare specialists are limited to help treat some of those people,. I also think that some of those conditions could be addressed by improving access to healthy food."

- Community Member Interview from Fairfield County

"Even for those who work, there are high-deductible health plans that they cannot afford and then are forced to delay the care they need."

- Community Member Interview from Fairfield County

"Individuals that are on a fixed income have a very difficult time affording rent right now."

- Community Member Interview from Fairfield County

"People need to have at least two incomes to afford a house and car, let alone childcare."

- Community Member Interview from Fairfield County

"Vaping has been increasing in youth, because it's been marketed for them to use."

- Community Member Interview from Fairfield County

"The seniors with limited mobility face a lot of barriers in getting care."

- Community Member Interview from Fairfield County

TOP PRIORITY GROUPS & RESOURCES
FROM INTERVIEWS

FROM COMMUNITY INTERVIEWS:

Sub-populations in the area that face barriers to accessing healthcare and social services:
1. Elderly/aging population
2. Children/youth
3. Rural population

Resources people use in the community to address their health needs:
1. Fairfield Medical Center
2. Fairfield County Health department

Top resources that are lacking in the community:
1. Access to healthcare
2. Affordable childcare
3. Low-income housing

"There's a huge childcare desert in the county, especially high-quality, early learning centers."

- Community Member Interview from Fairfield County

"We need more youth mental health services in the county and ways to assess how they are doing."

- Community Member Interview from Fairfield County

"Services that help seniors remain independent are essential. Having access to transportation and help getting to appointments is needed."

- Community Member Interview from Fairfield County

"Mental health plays a large role in crime for our community. Many people I see have mental illness."

- Community Member Interview from Fairfield County

"Substance use has an impact on the rise of crime on the smaller communities in the county."

- Community Member Interview from Fairfield County

"We need more educational support in place to teach people how to eat better, shop better, and how to make their dollars count to getting healthier foods."

- Community Member Interview from Fairfield County

PRIMARY DATA COLLECTION
COMMUNITY MEMBER SURVEY

The health department, hospitals, and community partners shared the online community survey link with clients, patients, and others who live and/or work in the community. Additionally, other methods were used to distribute the survey to the community such as each key informant interview participant was asked to complete it. The survey was available in English and Spanish. This resulted in **654 responses** to the community survey. The results of how the health needs were ranked in the survey for Fairfield County are found in the tables below, separated by community conditions (including social determinants of health, health behaviors, and access to care) and health outcomes. More details about the survey, questions, and demographics can be found in **Appendix E**.

COMMUNITY CONDITIONS RANKING FROM COMMUNITY MEMBER SURVEY
#1 Housing and homelessness
#2 Access to healthcare (e.g. doctors, hospitals, specialists, medical appointments, health insurance coverage, mental healthcare, oral/dental care, vision care, health literacy, etc.)
#3 Substance misuse (alcohol and drugs)
#4 Income/poverty and employment
#5 Food insecurity (e.g. not being able to access and/or afford healthy food)
#6 Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma, etc.)
#7 Nutrition and physical health/ exercise (includes overweight and obesity)
#8 Crime and violence
#9 Transportation (e.g. public transit, cars, cycling, walking)
#10 Education (e.g. early childhood education, elementary school, post-secondary education, etc.)
#11 Access to childcare
#12 Preventive care and practices (e.g. screenings, mammograms, vaccinations)
#13 Tobacco and nicotine use (e.g. smoking and vaping)
#14 Environmental conditions (e.g. air and water quality, vector-borne diseases, etc.)
#15 Internet/Wi-Fi access

HEALTH OUTCOMES RANKING FROM COMMUNITY MEMBER SURVEY
#1 Mental health
#2 Chronic diseases (heart disease/stroke, high blood pressure/cholesterol, diabetes, cancer, asthma, arthritis, kidney disease, cognitive decline, etc.)
#3 Maternal, infant, and child health (e.g. pre-term births, infant mortality, maternal mortality and morbidity)
#4 Injuries
#5 HIV/AIDS and Sexually Transmitted Infections (STIs)

HEALTH NEEDS

Community Conditions

Health Needs: Community Conditions

The following pages rank the community conditions category of health needs, which include the social determinants of health, health behaviors, and access to care. They are ranked and ordered according to the community member survey as seen on page 21 (note that not every health need has its own section and some health needs have been combined to form larger categories, such as access to healthcare). Each health need section includes a combination of different data sources collected from our community: secondary (existing) data, and primary (new) data – from the community member survey and key informant interviews with community leaders. Priority populations who are most affected by each health need and experience health disparities are also shown. Finally, where applicable, Healthy People 2030 Goals are highlighted, including the performance of Fairfield County and the state compared to the benchmark goal.

#1 Health Need: HOUSING & HOMELESSNESS

Housing and homelessness is a concern in terms of quality and affordability, which has only increased during the COVID-19 pandemic. **45%** of community survey respondents ranked **housing and homelessness** as a priority health need, while **67%** of community member survey respondents report **affordable housing** as a resource that is lacking in the community.

Affordable housing was the #1 reported resource needed in Fairfield County.

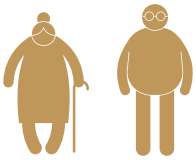
11% of households in Fairfield County—compared with 13% statewide in Ohio—experience severe housing problems, defined as having at least one of the following issues: overcrowding, high housing costs, or inadequate kitchen or plumbing facilities.[2]

IN OUR COMMUNITY

Freddie Mac estimates that the vacancy rate should be 13% in a well-functioning housing market. There was a **5% vacancy rate** in Fairfield County in 2023.[4,22]

25% of Fairfield County households are "cost burdened" (spend more than 35% of their income on housing), vs. 24% for Ohio.[3]

In 2024, there were 134 **people experiencing homelessness** in Fairfield County, out of 3,564 in Ohio.[24]



Data shows that **10% of Fairfield County and 13% Ohio households are seniors who live alone**. Seniors living alone may be isolated and lack adequate support systems.[4]

The number of **affordable and available units per 100 very-low-income renters** (<50% of area median income) in Fairfield County was **35** vs. 44 for Ohio. This puts renters at risk for rent burden, eviction, and homelessness.[23]

COMMUNITY FEEDBACK

"Individuals that are on a fixed income have a very difficult time affording rent right now."

- Community Member Interview from Fairfield County

"I think housing is a huge issue in our community. And, because of the lack of affordable low-income housing, the homeless population grow to the point where our shelters are overflowing, and we don't have enough shelter beds in the community."

- Community Member Interview from Fairfield County

#1 Health Need: HOUSING & HOMELESSNESS

COMMUNITY FEEDBACK

"I think generally, not just here in this community, but in Ohio, and perhaps other places across the country, housing affordability has become a significant issue."

- Community Member Interview from Fairfield County

"We have no inventory of affordable housing, not even affordable housing, low income, affordable housing. Once a unit is vacated that was once considered low income or affordable low-income housing landlords are raising the rent to reflect market rate value, and that is creating more homelessness in our community."

- Community Member Interview from Fairfield County

"Well, issues with homelessness, sadly, go back to mental health and drug abuse—they're seeing that with the people coming in."

- Community Member Interview from Fairfield County

Top issues/barriers for housing and homelessness (from interviews):

1. Housing shortage
2. Homelessness
3. Affordability
4. Shelter issues

Sub-populations most affected by housing and homelessness (from interviews):

1. Homeless population
2. Elderly/seniors
3. Individuals with mental health/substance issues

Top resources, services, programs, and/or community efforts for housing and homelessness:

1. Local shelters
2. Lutheran Social Services

PRIORITY POPULATIONS

HOUSING & HOMELESSNESS

While **housing and homelessness** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

According to the Ohio Balance of State Continuum of Care, nearly 23% of the Fairfield County homeless population lives with **mental illness**, 14% had **chronic substance abuse challenges**, 10% were **survivors of domestic violence**, 7% were **youth and young adults** (ages 18-24), and 5% were **veterans.**[26]

According to the community survey, **76%** of **residents aged 35-44** felt that affordable housing resources were lacking.

Residents in **Lancaster (**43130**)** and **Pickerington (**43147**)** ranked housing and homelessness as a top concern in the community survey, significantly more than residents in any other zip code.

In the community survey, 74% of residents with a household income of **$50,000 to $74,999** felt that affordable housing resources were lacking, more than other income groups.

Housing was reported as a top health need in **48% of females** in the Fairfield County community survey, while **32% of men** felt the same.

#2 Health Need: ACCESS TO HEALTHCARE

According to the Health Resources & Service Administration, Fairfield County has **less access to primary care and dental care providers** than Ohio overall, based on the ratios of population to providers.

Fairfield County is considered both a **primary care provider** and **dental health professional shortage area.**[13]

IN OUR COMMUNITY

18% of community survey respondents say that **primary healthcare access is lacking** in the community, while **42%** ranked it as a priority.

FAIRFIELD COUNTY	OHIO
*1,790:1[2]	*1,328:1[2]

*residents : primary care providers

12% of community survey respondents say that **dental healthcare access is lacking** in the community.

Fairfield COUNTY	OHIO
**2,011:1[2]	**1,535:1[2]

**residents : dental care providers

23% of community survey respondents say that **specialist healthcare access is lacking** in the community.

BARRIERS TO CARE

35% of community survey respondents **could not obtain a necessary prescription** in the past year.

12% of community survey respondents have **delayed or went without medical care** due to being unable to get an appointment.

8% of survey respondents **delayed or went without medical care** due to the not having health insurance.

19% of community survey respondents had to travel outside of the county to access primary care.

25% of community survey respondents' **went outside of Fairfield County for specialty services.**

24% of community survey respondents reported they have not been to a dentist in the past year, because they **do not have enough money to pay for the visit.**

Nearly 2 in 10 (15%)

Community survey respondents **did not have enough money to pay for the cost of health care** in the past year.

Nearly 1 in 4 (23%)

Community survey respondents **did not have a routine checkup** in the prior year.

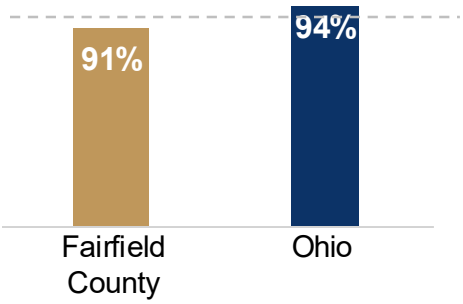
More than 1 in 4 (30%)

Survey respondents **have either never been to the dentist for a checkup or have not been in over a year.**

#2 Health Need:
ACCESS TO HEALTHCARE

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HEALTH INSURANCE COVERAGE



HP 2030 TARGET: 92%

DESIRED DIRECTION: ⬆

✖ Fairfield County does not yet meet the target.[14]

COMMUNITY FEEDBACK

"Well, we've got plenty of specialists. I think we have lots of specialists in Lancaster, but if your insurance doesn't cover it, then you're going to be forced to go to Columbus. That is difficult if you don't have the transportation to."

- Community Member Interview from Fairfield County

"There is the typical lack of access to care especially as you get more rural. A lot of people don't have an ongoing relationship with a primary care provider."

- Community Member Interview from Fairfield County

"In our community it stinks to try to find a doctor. Let alone a doctor who takes Medicare patients. So, I think the shortage of positions within our community, the time lag or needing a specialist and that type of thing. Our seniors find a lot of times that they're needing to go to Columbus for care which causes a problem, then for transportation. It's more costly."

- Community Member Interview from Fairfield County

PRIORITY POPULATIONS

ACCESS TO HEALTHCARE

While **access to healthcare** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

9% of **adults** and 4% of **children** in the Fairfield County are uninsured.[2]

According to the community survey, individuals **ages 45-54** in Fairfield County were more likely than other age groups to indicate access to primary healthcare as a high concern (22%).

Of all age groups surveyed, **adults 18-34** (47%) were most likely to report denying medical care due to having no insurance.

Top issues/barriers for access to healthcare (from interviews):

1. Transportation barriers
2. Insurance barriers
3. Healthcare provider shortage

Sub-populations most affected by housing and homelessness (from interviews):

1. Low-income population
2. Agricultural/Rural communities
3. Homeless population

Top resources, services, programs, and/or community efforts for access to healthcare:

1. Fairfield Medical Center
2. Fairfield Community Health Canter
3. Fairfield County Health Department
4. Fairfield County Job and Family Services

#3 Health Need: SUBSTANCE MISUSE

IN OUR COMMUNITY

In the community member survey, **more than one third (36%)** of respondents reported **substance misuse** as one of their top health concerns, while **18%** say that **services are lacking in the community.**

18% of Fairfield County twelfth graders surveyed through YBS have **used marijuana at least once** in the **past 30 days.**[36]

67% of Fairfield County twelfth graders rated their ease of access to marijuana.[36]

In the community survey, **28%** of residents ages 18+ said they have **used marijuana one or more times** in the past 30 days.

40% of **motor vehicle crash deaths in** Fairfield County involve **alcohol**, compared to 32% for Ohio.[2]

2% of community survey respondents reported that, in the past 30 days, they **used prescription medication that was not prescribed for them.**

The Fairfield County Health Department (FCHD) conducted **53 tobacco retailer compliance checks** from February 2025-April 2025 using an underage purchaser. **6** out of the **53** retailers sold.[54]

From February to April 2025, nearly one in nine **(11%)** tobacco retailers checked for compliance in Fairfield County unlawfully sold a tobacco product to a person under age 21.[54]

Fairfield County tobacco retail clerks who did **not** ask an underage purchaser to present ID sold tobacco products **100% of the time**.[54]

Clerks who **did** ask for identification **refused the sale 92% of the time** (47 out of 51).[54]

20% of Fairfield County adults reported binge or heavy drinking within the past month, vs. 21% for the state of Ohio.[2] On the community survey, **59%** of respondents reported drinking in the past month.

COMMUNITY FEEDBACK

"There is definitely a lack of available substance use treatment on an inpatient basis."

- Community Member Interview from Fairfield County

"I think we've kind of shifted from having an opioid epidemic to now a little less opioids, with more people turning to different drugs."

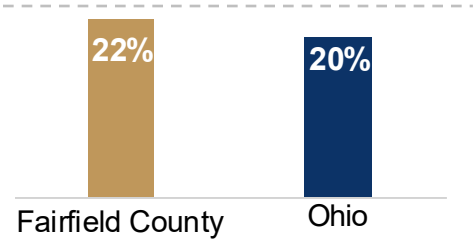
- Community Member Interview from Fairfield County

ACCORDING TO THE FAIRFIELD COUNTY YOUTH BEHAVIOR SURVEY (YBS)[36]:	
22%	of Fairfield County twelfth graders have **frequently used alcohol in the past month.**
75%	of Fairfield County twelfth graders rated their ease of access to alcohol.
15.0	Years old is the average age of first use of alcohol for twelfth graders in Fairfield County

#3 Health Need: SUBSTANCE MISUSE

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

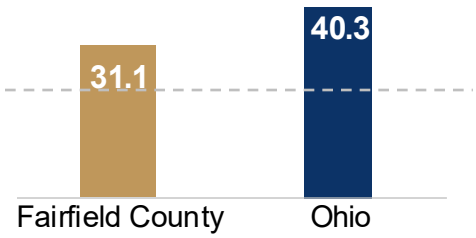
ADULT BINGE OR HEAVY DRINKING



HP 2030 TARGET: 25%
DESIRED DIRECTION: ↓

✓ Fairfield County exceeds the target.[2]

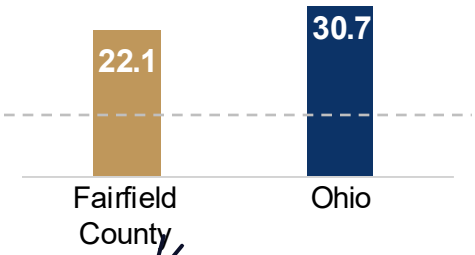
UNINTENTIONAL DRUG OVERDOSE DEATHS PER 100,000



HP 2030 TARGET: 20.7 per 100,000
DESIRED DIRECTION: ↓

✗ Fairfield County does not yet meet the target. Note that only crude rates were available.[41]

OPIOID OVERDOSE DEATHS PER 100,000



HP 2030 TARGET: 13.1 per 100,000
DESIRED DIRECTION: ↓

✗ Fairfield County does not yet meet the target.[41]

COMMUNITY FEEDBACK

"We do not have the resources in this county for treatment programs or programs where we're serving kids with significant mental health and addiction issues."

- Community Member Interview from Fairfield County

"When I talk to people in law enforcement, many times drug use is part of the reason someone ends up in the legal system."

- Community Member Interview from Fairfield County

PRIORITY POPULATIONS

SUBSTANCE MISUSE

While **substance use** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

In the community survey, more **Rushville (43150)** residents (60%) rated substance use as a top concern than residents of other areas.

According to research, **boys** were more likely than girls to try drinking alcohol at a younger age.[10]

State binge drinking rates are highest among **men**, **adults ages 25-39**, **White people**, and **higher income households.**[14]

According to the community survey, more residents **under 18** (57%) feel substance use is a top health concern in the community than residents of other ages.

Youth are more impacted by substance use due to their developing brains.[10]

Top issues/barriers for substance use (from interviews):
1. Treatment access
2. Maternal and infant health
3. Mental health

Sub-populations most affected by substance use (from interviews):
1. Homeless
2. Pregnant women
3. Youth

Top resources, services, programs, and/or community efforts for access to healthcare:
1. ADAMHS Board
2. Starlight Center

#4 Health Need:
INCOME/POVERTY & EMPLOYMENT

Economic stability includes **income**, **employment**, **education,** and many of the most important social factors that impact the community's health. **28% of community survey respondents ranked income/poverty and employment as a priority health need.**

4% of Fairfield County teens 16-19 are at risk because they are **not in school or are unemployed**, which is lower than the 6% seen statewide.[2]

3% of Fairfield County vs. 4% of Ohio **adults are unemployed.**[2]

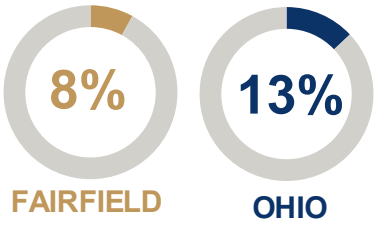
IN OUR COMMUNITY

The median household income in **Fairfield County** is **higher** than the state average.[2]

9% of low-income Fairfield County adults utilize food stamps, vs. **12%** for Ohio.[7]

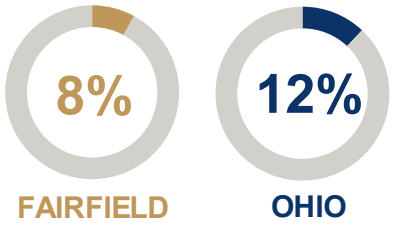
FAIRFIELD COUNTY: $84,700
OHIO: $67,900

POVERTY RATE



Poverty rates are **higher** for Fairfield County than for Ohio.[6]

LOW-INCOME RATE



Low-income rates are **higher** for Fairfield County families than for Ohio.[7]

According to the U.S. Census Bureau

2%
of both Fairfield County and Ohio residents receive public assistance.[7]

5%
of Fairfield County residents receive Supplemental Security Income (SSI), vs. 6% for Ohio.[7]

#4 Health Need: INCOME/POVERTY & EMPLOYMENT

COMMUNITY FEEDBACK

"I feel like we have a population that wants to work, and we have employers that have jobs available. But, for some reason, they're not making a connection."

- Community Member Interview from Fairfield County

"Employment for veterans is oftentimes a challenge."

- Community Member Interview from Fairfield County

"We're right on the edge of Appalachia, if not part of our region is in Appalachia. So, I think that just comes with struggles to find decent employment and high paying jobs."

- Community Member Interview from Fairfield County

"People that can't get jobs, or, you know, want a job that don't have education or low income are funneled into these lower income jobs. Lower salary jobs oftentimes have to figure out how to get there."

- Community Member Interview from Fairfield County

Top issues/barriers for income/poverty and employment (from interviews):

1. Childcare barrier
2. Lack of employment in the area
3. Not having transportation

Sub-populations most affected by income/poverty and employment (from interviews):

1. Low-income population
2. Homeless population
3. Minimum wage workers

Top resources, services, programs, and/or community efforts for income/poverty and employment:

1. 2-1-1
2. Fairfield County Workforce Development Center

PRIORITY POPULATIONS

INCOME/POVERTY & EMPLOYMENT

While **income/poverty and employment** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

10% of **children**, 8% of **seniors**, and 23% of **female heads-of-household** (HoH-live with minors) live in poverty.[6,9]

13% of Fairfield County **65+ year-old** community survey respondents earn a relatively low household income of $20,000-$34,000 per year, a significantly higher percentage than 55-64-year-olds.

In the community member survey, those with **a high school degree** (28%) were more likely to rank employment as a top concern.

According to research, **people who are immigrants and/or experience language barriers** may have additional challenges with accessing employment, education, and health and social services.[2]

Research suggests that people with **disabilities** may experience additional challenges obtaining and maintaining employment.[2]

#5 Health Need: FOOD INSECURITY

11% of Fairfield County residents and 14% of Ohio residents experience food insecurity.[19]

When asked what resources were lacking in the community survey, **32%** of respondents answered **affordable food,** while **23%** of survey respondents ranked **access to healthy food** as a top health concern.

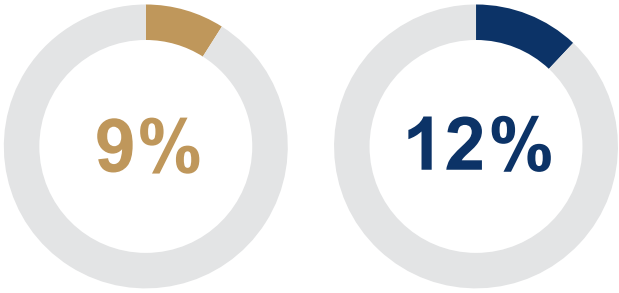
IN OUR COMMUNITY

Children experience the highest food insecurity rate in Fairfield County (16%), which is lower than the food insecurity rate for Ohio children (20%).[20]

9% of Fairfield County households receive food stamps, **29%** of single moms with children receiving food stamps, and **39%** senior households receive food stamps.[8,20]

37% of students in Fairfield County are eligible for the **National School Lunch Program** (NSLP) Free & Reduced Price Meals, which is higher than the states 35**%** average.[21]

Fairfield County households access SNAP benefits at a **lower rate** than the state average.[8]



8.2/10

The Fairfield County **food environment rating** out of 10 (0 being worst and 10 being best) is **8.2/10**, slightly higher than Ohio at 7.0.[2]

**Supplemental Nutrition Assistance Program*

#5 Health Need: FOOD INSECURITY

COMMUNITY FEEDBACK

"The problem isn't the fact that people don't have food, it's that they don't have access to that healthy food or perishable items or things that lead to healthy, active lifestyles."

- Community Member Interview from Fairfield County

"I hear stories about kids who are shoving extra breakfast into their book bags after the free breakfast that they're getting at the school. And likely that is a result of not having food in the evenings or on the weekends when they're not in school."

- Community Member Interview from Fairfield County

"I think if we had a more expansive food pantry network, it would help address it. I think if we had food delivery options from food pantries, it would be amazing."

- Community Member Interview from Fairfield County

"The elderly population in our community is significantly impacted. Those who qualify for SNAP EBT at about $16 a month doesn't get them far at the grocery store."

- Community Member Interview from Fairfield County

Top issues/barriers for food insecurity (from interviews):

1. Access to healthy foods
2. Food assistance programs

Sub-populations most affected by food insecurity (from interviews):

1. Children
2. Elderly/Seniors
3. Low-income

Top resources, services, programs and/or community efforts for food insecurity:

1. Food pantries
2. Meals on wheels
3. SNAP Education Program
4. Seniors Farmers Market

PRIORITY POPULATIONS

FOOD INSECURITY

While **food insecurity** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

According to Feeding America, food insecurity among **Black or Latino** individuals is higher than White individuals in 99% of American counties. 9 out of 10 high food insecurity counties are **rural.**[25]

According to the community survey, 60% of **Millersport (43046)** respondents feel that access to healthy foods needs to be addressed in Fairfield County, more than other areas.

Based on the community survey, Fairfield County residents with **autism** (36%) were more likely to rank access to healthy foods as a community health concern.

Community survey respondents **35-44 years old** felt that affordable food resources (47%) were more lacking in the community than other age groups.

Food insecurity was reported as a top health need in 26% of **females** in the Fairfield County community survey, while 11% of males reported the same.

#6 Health Need: ADVERSE CHILDHOOD EXPERIENCES

Adverse childhood experiences (ACEs), including abuse, neglect, mental illness, substance abuse, divorce/separation, witnessing violence, and having an incarcerated relative, can have lifelong impacts.[11]

5 of the top 10 leading causes of death in the U.S. are associated with ACEs.[16]

IN OUR COMMUNITY

22% of survey respondents said that **ACEs** are a top concern in the community.

FAIRFIELD COUNTY	100.5
OHIO	77.6

Fairfield County has a higher rate of substantiated child abuse reports per 1,000 children than the state of Ohio.[17]

PCSAO reports that in 2023, the **primary reasons for child removals in Fairfield County** were[39]:

- Neglect (34%)
- Physical abuse (23%)
- Parental substance abuse (10%)
- Sexual abuse (7%)

*Public Children Services Association of Ohio (PCSAO)

Research shows that **youth with the most assets are more likely to**:[16]

- do well in school
- be civically engaged
- value diversity

Research shows that **youth with the most assets are less likely to engage in**:[16]

- alcohol use
- violence
- sexual activity

COMMUNITY FEEDBACK

"We have more kids with more issues than we've ever had. A lot of issues are linked to poverty and abuse and neglect issues with children"

- Community Member Interview from Fairfield County

PRIORITY POPULATIONS

ADVERSE CHILDHOOD EXPERIENCES

While **adverse childhood experiences are** a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Girls were more likely than boys to report adverse events at the Ohio state level.[11]

Children with the following **risk factors**:[18]

- Lower income
- Precarious housing/homelessness
- Parents have mental health and/or substance use challenges
- Witnessing violence/incarceration
- Parents are divorced/separated
- Lack of connection to trusted adults

Significantly more **Millersport (43046)** residents (60%) than residents from other geographical areas ranked ACEs as a top health concern in the community survey.

Top issues/barriers for ACEs (from interviews):

1. Abuse and trauma in children
2. Institutional and system issues

Sub-populations most affected by ACEs (from interviews):

1. Children in foster care
2. Families

Top resources, services, programs and/or community efforts for ACEs:

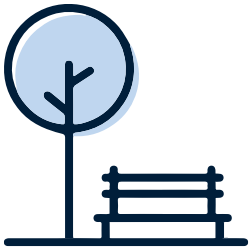
1. Harkham House
2. Fairfield County Job and Family Services

#7 Health Need: NUTRITION & PHYSICAL HEALTH

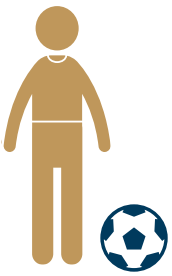
19% of community survey respondents ranked nutrition as a priority health need.

IN OUR COMMUNITY

42% of community survey respondents rated their physical health as **"good"**, 33% rated it as "very good", and 15% rated it as "fair".

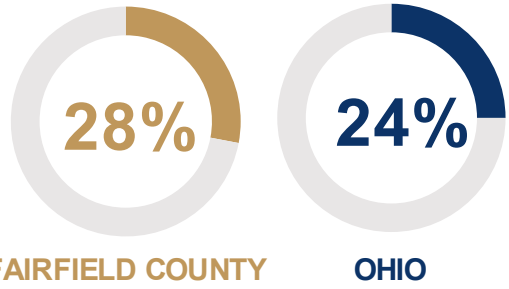


39% of Fairfield County residents are obese, slightly higher than the state rate of 38%.[2]



In 2018, Fairfield County high school students reported low levels of healthy behaviors, with only 25% meeting the recommended 60 minutes of daily physical activity.[36]

27% of community survey respondents **say that recreational spaces are lacking**.



According to the 2025 County Health Rankings program, **more Fairfield County than Ohio adults are sedentary** (did not participate in leisure time physical activity in the past month).[2]

In Fairfield County, **30%** of high school students **eat at least one serving of vegetables daily,** compared with just **2%** of high school students statewide in Ohio.[36]

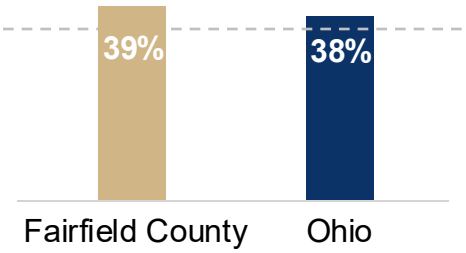
#7 Health Need: NUTRITION & PHYSICAL HEALTH

According to the community survey, **7%** of Fairfield County residents feel that there is a **lack of gyms or fitness centers to go to near them**.

In the community survey, **22%** of residents from Fairfield County feel that **convenience (eating out is easier)** is a barrier to them getting healthier or in better shape. While another **10%** reported **not liking to cook** as a barrier.

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT OBESITY



HP 2030 TARGET: 36%

DESIRED DIRECTION

✕ Fairfield County does not yet meet the target.[2]

PRIORITY POPULATIONS

NUTRITION & PHYSICAL HEALTH

While **nutrition and physical health** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

According to data, **teen girls** are much more likely than boys to report trying to lose weight, regardless of BMI.[10]

Among all races/ethnicities surveyed, **Asians, American Indians and Alaskan Natives, and Native Hawaiian and Pacific Islanders** in Ohio are the most likely to report being ”inactive”.[13]

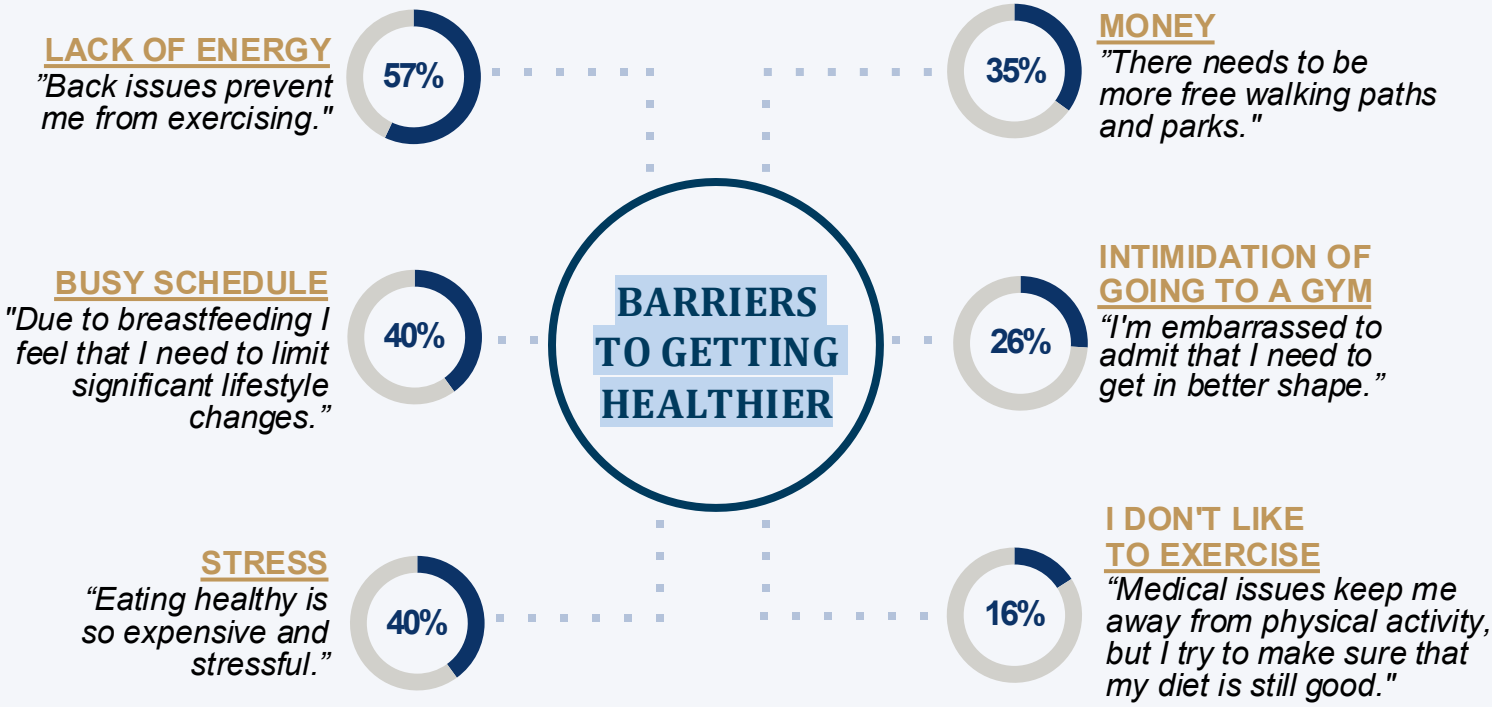
According to research**, lower income individuals, males, and older adults** in the United States are more likely to be overweight or obese, not exercise, and not eat enough fruits and vegetables.[13]

Young adults ages 18-24 are at risk for being inactive.[10]

67% of **Canal Winchester (43110)** survey respondents feel that their busy schedule (not having time to cook or exercise) impacts their ability to get healthier and in better shape, more than respondents from other zip codes in Fairfield County.

19% of **Stockport (43787)** community survey respondents indicated not enjoying exercise as a barrier to getting in shape, more than other county respondents.

#7 Health Need: NUTRITION & PHYSICAL HEALTH



Barriers reported in community member survey, and quotes from key informant interviews and community survey.

COMMUNITY FEEDBACK

"You can get a gym membership for $10 a month. But $10 a month is kind of pricey for some people who can't determine whether or not they should pay their electric bill or buy food."

- Community Member Interview from Fairfield County

"But when we get outside, where there's there's no walking paths, there's no parks. You might have a little bit more challenge to the student, for to adults, and youth being active."

- Community Member Interview from Fairfield County

Top issues/ barriers for nutrition & physical health (from interviews):

1. Limited options/resources

Sub-populations most affected by nutrition & physical health (from interviews):

1. Elderly/seniors
2. Low-income population

Top resources, services, programs, and/or community efforts for nutrition & physical health:

1. Parks/trails/bike paths
2. Y.M.C.A.

#8 Health Need: CRIME & VIOLENCE

16% of community survey respondents feel that **crime and violence is a top issue** of concern in the community.

IN OUR COMMUNITY

Fairfield County's 2024 property and violent crime rates are much lower than the state of Ohio overall.[29]

PROPERTY CRIME RATES PER 100,000[29]

VIOLENT CRIME RATES PER 100,000[29]

COMMUNITY FEEDBACK

"We see a lot of mental health and substance use folk that are getting in trouble with the law."

- Community Member Interview from Fairfield County

"More and more you hear about shootings and violent crimes."

- Community Member Interview from Fairfield County

PRIORITY POPULATIONS

CRIME & VIOLENCE

While **crime and violence** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

According to the community survey, 14% of **Pleasantville (43148)** respondents ranked crime and violence as a top concern, significantly more than other community survey respondents.

In the community survey, **16% of women and men** felt that crime and violence was a top concern.

Top issues/barriers for crime and violence (from interviews):

1. Violent crime
2. Drug-related crime

Sub-populations most affected by crime and violence (from interviews):

1. Homeless
2. Individuals with mental health/substance issues

Top resources, services, programs and/or community efforts for crime and violence:

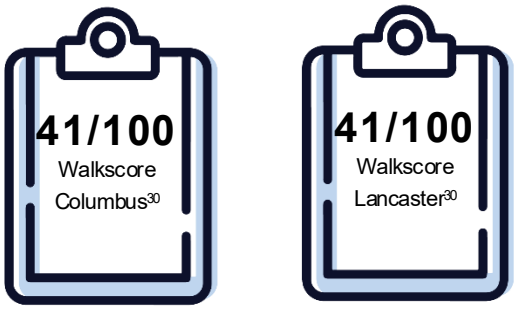
1. Lancaster Police Department
2. 2-1-1

#9 Health Need: TRANSPORTATION

Transportation has a major influence on health and access to services (for example, attending routine and urgent appointments, as well as running essential errands that support daily life). **15% of community survey respondents reported transportation as a top health need in Fairfield County.**

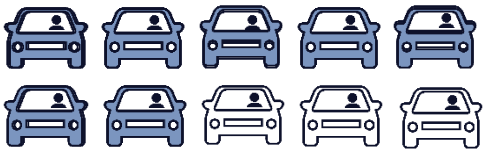
IN OUR COMMUNITY

18% of community survey respondents say that **transportation is lacking** in Fairfield County.



When analyzing a few of the communities in Fairfield County, according to *Walkscore.com*, four of the communities were identified as Car Dependent'.[30]

According to the **American Community Survey**:[31]



70% of all workers in Fairfield County **drive alone to work**, compared to 77% for Ohio.[4]

2% of Fairfield County residents **use methods such as public transportation, walking, or biking to get to work.**[31]

Fairfield County workers spend an average of **28 minutes per day commuting** to work, vs. 24 minutes for Ohio workers.[31]

#9 Health Need: TRANSPORTATION

COMMUNITY FEEDBACK

"I think it stinks that when people get discharged from the emergency room or the hospital, and they don't have transportation. There's really nothing that we can offer them to get them to someplace safe, or to get them home or get them to a homeless shelter. That's a concern."

- Community Member Interview from Fairfield County

"I also think that transportation is a huge problem in this county. So, if you're a family or a person who does not own a car, and you need to access childcare or other resources in the community, it is very difficult to to get access."

- Community Member Interview from Fairfield County

"I also think when you talk about some of that private transportation cost is a factor. We have a a group here that does private transportation, and depending on where you're going, it can be a little pricey."

- Community Member Interview from Fairfield County

"I think we need to do a better job of connecting older folks with transportation and where they can go to be for the day."

- Community Member Interview from Fairfield County

Top issues/barriers for transportation (from interviews):

1. Lack of public transportation
2. Barriers to utilizing public transportation

Sub-populations most affected by transportation (from interviews):

1. Elderly/senior populations
2. Agricultural/Rural populations
3. Homeless

Top resources, services, programs and/or community efforts for transportation:

1. Fairfield County Transit
2. Fun bus

PRIORITY POPULATIONS

TRANSPORTATION

While **transportation** is a major issue for the entire community, some groups are more likely to be affected by this health need, based on data we collected from our community...

Residents of rural areas have less access to public transit and must travel farther to access essential services.[30]

40% of both **Amanda (43102) and Millersport (43046)** survey respondents feel that transportation is lacking, more than other areas.

26% of surveyed community members with a **mobility-related disability** ranked transportation as a top concern.

Transportation was most reported as a top concern in the Fairfield County community survey by residents that are **Hispanic/Latino/a** (38%).

According to the community survey, 19% of residents that are **female** feel that transportation is lacking in the area, while 14% males felt that transportation was a top concern.

19% of surveyed community members aged **18-24** ranked transportation as a top concern, more than other age groups.

#10 Health Need: EDUCATION

Educational attainment is a key driver of health; **14% of community survey respondents reported education and literacy as a top health need.**

IN OUR COMMUNITY

According to census data, **6% of Fairfield County residents did not graduate high school, vs. 8% for Ohio.**[2]

67% of Fairfield County residents have at least some college education (vs. 66% for Ohio).[2]

35% of 3- and 4-year-olds in Fairfield County are enrolled in preschool. This is lower (and worse) than the overall Ohio rate of 43%.[33]

Preschool enrollment can improve short- and long-term socioeconomic and health outcomes, particularly for disadvantaged children.[34]

Fairfield County and Ohio both have an **87%** 4-year high school graduation rate.[2]

COMMUNITY FEEDBACK

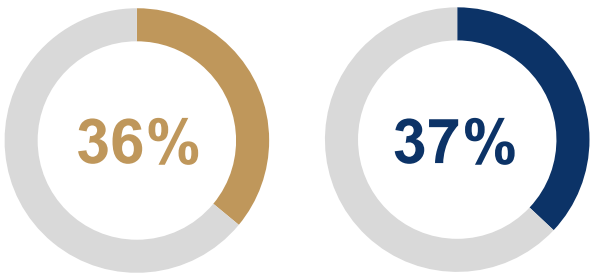
"When they had needed special services or special education in the schools, I do believe that sometimes those services might be a little hard to get, or the appropriate services might be hard to get. And that's probably because the of the rise."

- Community Member Interview from Fairfield County

"I think that probably one of the things that we could work on better as a community is working on truancy and trying to figure out, why students truant, and how can we help them?"

- Community Member Interview from Fairfield County

KINDERGARTEN READINESS[32]

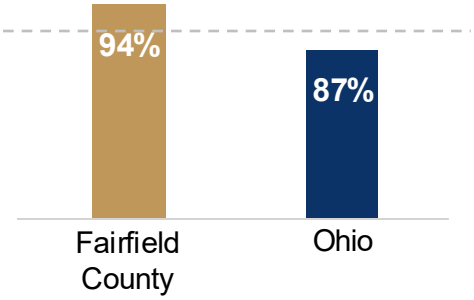


The average Kindergarten readiness rate for Fairfield County schools was lower than Ohio for 2022-2023.[32]

#10 Health Need: EDUCATION

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HIGH SCHOOL GRADUATION RATE



HP 2030 TARGET: 91% DESIRED DIRECTION: ↑

✓ Fairfield County meets the target.[2]

In 2023-2024, **Fairfield County** had a high school chronic absenteeism rate of (20%), vs 24% for Ohio overall.[35]

*Chronic absenteeism = missing 10% or more of school days in an academic year for any reason (excused or unexcused).

COMMUNITY FEEDBACK

"I know that preschool is difficult for some families, particularly because some schools or districts offer only half day or part day preschool, they don't offer full day."

- Community Member Interview from Fairfield County

"We have children that are not getting in [head start] because we don't have enough resources to deal with everyone who wants in."

- Community Member Focus Group from Fairfield County

"I think we are seeing more preschool age kids and families wanting them to go to school. So preschools are kind of busting at the seams right now, with so many kids registering for preschool."

- Community Member Interview from Fairfield County

PRIORITY POPULATIONS

EDUCATION

While **education** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

20% of community members surveyed reported having a **high school degree or less.**

According to the community survey, **females (17%)** were more likely than males (10%) to have a high school education only.

The community survey found that those **ages 65+** were more likely to have completed higher education compared to other age groups.

Education that meets the needs of **people with developmental disabilities** and the d**eaf population** were priorities raised in focus groups with these populations.

Top issues/barriers for education (from interviews):

1. Lack of childcare/preschool
2. Truancy and attendance issues

Sub-populations most affected by education (from interviews):

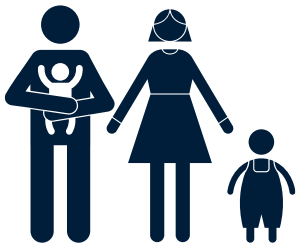
1. Low-income population
2. Agricultural/Rural communities

Top resources, services, programs, and/or community efforts for education:

1. Fairfield County Workforce Development Center
2. After school programs

#11 Health Need: ACCESS TO CHILDCARE

IN OUR COMMUNITY

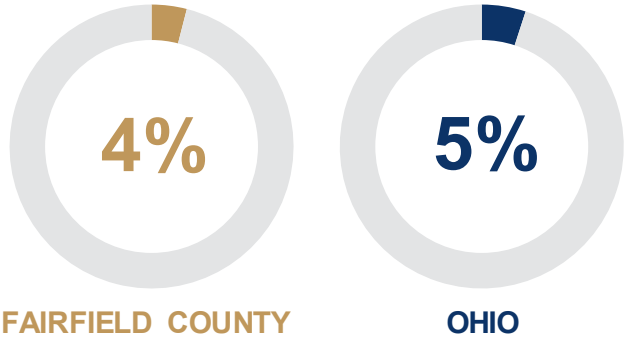


The average **two-child Fairfield County household spends 33% of its income on childcare**, with the state average being 32%.[2]

CHILDCARE AVAILABILITY

Both Fairfield County and Ohio have an average of **8 daycare centers per 1,000 children under 5 years old as of 2025**.[2]

CHILDREN IN PUBLICLY FUNDED CHILDCARE



The 2023 Fairfield County rate is **4%**, **below** the state average of 5%.[10]

According to the 2024 Ohio Childcare Resource & Referral Association Annual Report, the average cost of childcare in Ohio ranges from **$7,958** per year (for school-aged children cared for outside of school hours) to **$13, 859** per year (for infants under one year of age).[11]

14% of Fairfield County community members surveyed reported that **access to childcare** is an issue of concern in their community, while **28%** say that it is a resource that is lacking.

73% of Ohioans surveyed say that quality childcare is expensive where they live.[12]

According to the Groundwork Ohio statewide survey, **49% of working parents** stated that they have had to **cut back on working hours to care for their children.**[12]

#11 Health Need: ACCESS TO CHILDCARE

COMMUNITY FEEDBACK

"Daycare is a huge need, and we are at a deficit here in our our county and our community. Not enough and not affordable."

- Community Member Interview from Fairfield County

"I think the cost of childcare, like lots of things, keeps going up which creates barriers, especially for those who aren't working."

- Community Member Interview from Fairfield County

"Even those that have the ability to pay for it sometimes aren't able to find it. The childcare that meets their needs, or even are there even enough openings."

- Community Member Interview from Fairfield County

"So you find those folks who are are living on one income staying at home because they can't afford to work until their kids are school age."

- Community Member Interview from Fairfield County

PRIORITY POPULATIONS

ACCESS TO CHILDCARE

While **access to childcare** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Lower-income residents may have challenges affording childcare.

25% of **Hispanic/Latino/a** residents who responded to the community survey rated access to childcare as a top concern, more than other racial groups.

Single parents who lack social support may have a greater need for childcare.[11]

According to the community survey, Fairfield County residents **ages 25-34** (22%) were significantly more likely to report childcare access among their top health concerns than residents of other ages.

Top issues/barriers for access to childcare (from interviews):

1. Affordability
2. Limited childcare/daycare facilities
3. Limited hours for second/third shift employees

Sub-populations most affected by access to childcare (from interviews):

1. Low-income population
2. Parents

Top resources, services, programs and/or community efforts for access to childcare:

1. Fairfield County Job & Family Services (JFS)

#12 Health Need: PREVENTIVE CARE & PRACTICES

Access to preventive care has been found to significantly increase life expectancy, and can help prevent and manage chronic conditions, which are the most common negative health outcomes.[2]

IN OUR COMMUNITY

10% of community survey respondents said that addressing **preventive care and practices** is a top concern.

Childhood immunization rates entering kindergarten in Ohio **slightly lag behind** U.S. rates for all required vaccines, ranging from 89% for chickenpox to 93% for Hepatitis B.[37]

53%

Just over half (53%) of Fairfield County Medicare enrollees received a flu vaccine in 2025.[2]

1 in 4 (26%) Fairfield County women ages 50-74 have not had a mammogram in the past two years.[15]

1 in 3 (33%) Fairfield County adults ages 50-75 do not meet colorectal screening guidelines.[15]

1 in 5 (21%) Fairfield County women ages 21-65 have not had a pap test in the past three years.[15]

COMMUNITY FEEDBACK

"I think better communication about mammograms and when the mobile clinic is doing them or more outreach would be a benefit to everyone."

- Community Member Interview from Fairfield County

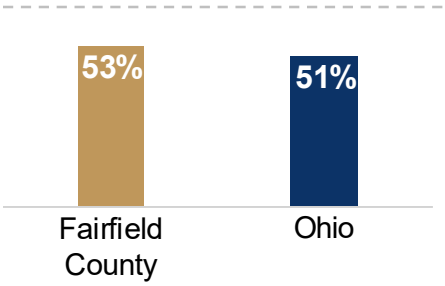
"Parents are choosing not to have their children immunized, due to false information that gets put out there and that can lead to a public health issue. If there's outbreaks, we haven't seen it in our in our location, however, in other parts of the country that is happening because of unvaccinated children."

- Community Member Interview from Fairfield County

#12 Health Need:
PREVENTIVE CARE & PRACTICES

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

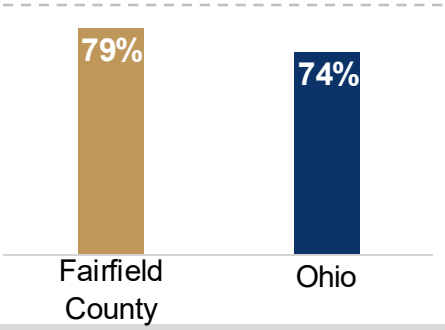
MEDICARE ENROLLEE ANNUAL FLU VACCINATION



HP 2030 TARGET: 70%
DESIRED DIRECTION: ↑

✕ Fairfield County does not yet meet the target.[2]

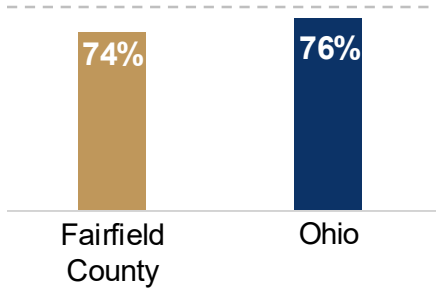
WOMEN 21-65 WITH PAP SMEAR IN PAST 3 YEARS



HP 2030 TARGET: 84%
DESIRED DIRECTION: ↑

✕ Fairfield County does not yet meet the target.[44]

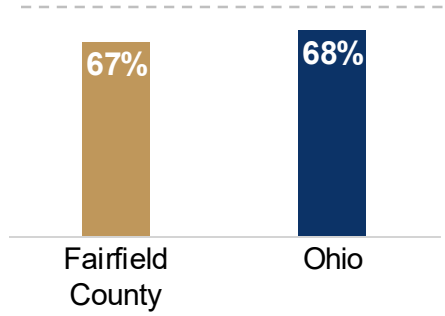
WOMEN 50-74 WITH MAMMOGRAM IN PAST 2 YEARS



HP 2030 TARGET: 77%
DESIRED DIRECTION: ↑

✕ Fairfield County does not meet the target.[44]

ADULTS 50-75 WHO MEET COLORECTAL SCREENING GUIDELINES



HP 2030 TARGET: 74%
DESIRED DIRECTION: ↑

✕ Fairfield County does not yet meet the target.[44]

PRIORITY POPULATIONS
PREVENTIVE CARE & PRACTICES

While **preventive care** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Data shows that Ohioans are less likely to engage in preventive care the **less educated they are, the less money they have, the younger they are, and if they are men.**[15]

Residents who **lack health insurance** and/or have **difficulties affording care.**[15]

According to the community survey, residents **ages 65+** (14%) were more likely to rank preventive practices as a top concern.

Top issues/barriers for preventive care and practices (from interviews):

1. Lack of health education
2. Vaccination issues
3. Health misinformation

Top resources, services, programs and/or community efforts for preventive care and practices:

1. Fairfield County Health Department
2. Fairfield County Community Health Center
3. Fairfield Medical Center

#13 Health Need: TOBACCO & NICOTINE USE

10% of community survey respondents indicated that **tobacco and nicotine use** were top concerns.

IN OUR COMMUNITY

The leading chronic disease causes of death in Fairfield County are:[40]
#1 Cancer
#2 Heart Disease
#3 Ischemic heart disease
Smoking is a risk factor for all these chronic diseases.

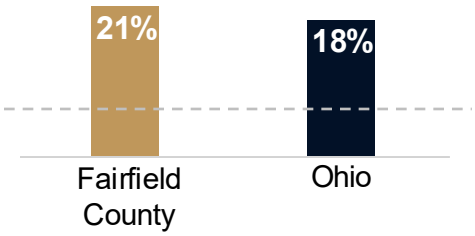
20% of Fairfield County adults are current cigarette smokers (vs. 18% for Ohio). **9%** of BRFSS Region 8** and **8%** of state adults **use e-cigarettes.**[2,42]

7% of community survey respondents reported that they smoked cigarettes **every day**, while the rate was **5%** for vaping and **2%** for other tobacco or other nicotine products.

#13 Health Need: TOBACCO & NICOTINE USE

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT CIGARETTE SMOKING



HP 2030 TARGET: 5%

DESIRED DIRECTION: ↓

✕ Fairfield County does not yet meet the target.[2]

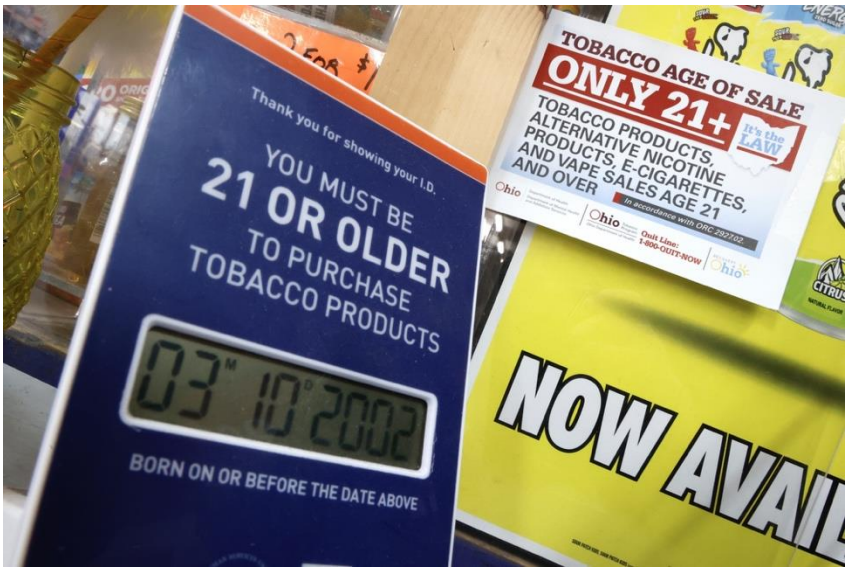
COMMUNITY FEEDBACK

"We see vaping more in the younger population, because it's cooler with all the flavors."

- Community Member Interview from Fairfield County

"We see smoking and obesity in the more rural, underserved populations."

- Community Member Interview from Fairfield County



PRIORITY POPULATIONS

TOBACCO & NICOTINE USE

While **tobacco and nicotine use** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

In the survey, residents with **less than a high school diploma** were most likely to rank tobacco and nicotine use as a top concern (56%).

According to Ohio data, the smoking rate is highest in **Multiracial people, women, people ages 35-44, LQBTQ+ people, people with disabilities**, and **lower income and less educated people.**[45]

At the Ohio level, vaping rates are highest in **ages 18-24, men, Hispanic people, people with disabilities**, and **lower income and less educated people.**[45]

29% of survey respondents **18-24** said that they have used vapes or e-cigarettes **daily** in the last 30 days.

Top issues/barriers for tobacco & nicotine use (from interviews):

1. Vaping

Sub-populations most affected by tobacco & nicotine use (from interviews):

1. Youth

Top resources, services, programs, and/or community efforts for tobacco & nicotine use:

1. Health department programs

#14 Health Need: ENVIRONMENTAL CONDITIONS

9% of community survey respondents reported **environmental conditions** as a top community health need.

IN OUR COMMUNITY

FAIRFIELD COUNTY | OHIO

In 2020, Fairfield County **had a better air quality** measurement (number of micrograms of particulate matter per cubic meter of air, with lower being better) than Ohio overall.[2]

In 2025, Fairfield County had 0 **community water systems report a health-based drinking water violation**.[38]

4 mosquito traps in Fairfield County tested **positive for West Nile Virus** in 2024.[54]

In contrast, **35** traps tested positive in 2025, indicating a significant increase in local mosquito activity and potential transmission risk.[54]

COMMUNITY FEEDBACK

"I think in our community, we need to continue to focus on pure air, pure water, and keep reaching for that makes a big difference on persons overall health and wellness."

- Community Member Interview from Fairfield County

PRIORITY POPULATIONS
ENVIRONMENTAL CONDITIONS

While **environmental conditions** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Children, particularly young children, are more vulnerable to air pollution than adults, including long-term physical, cognitive, and behavioral health effects.[2]

23% of **Pickerington (43147)** survey respondents feel that environmental conditions are a top concern to address in Fairfield County, higher than residents of other areas.

14% of survey respondents **ages 65+** environmental conditions as a top concern, higher than other age groups.

Top issues/barriers for environmental conditions (from interviews):
1. Air and water quality

Sub-populations most affected by environmental conditions (from interviews):
1. Elderly/seniors

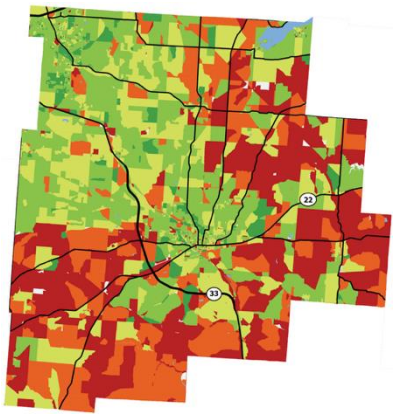
Top resources, services, programs, and/or community efforts for environmental conditions:
1. Fairfield County health department

#15 Health Need: INTERNET/WIFI ACCESS

Ohio ranks 30th out of the 50 U.S. States in Broad band Now's 2024 rankings of internet coverage, speed, and availability (with 1 being better coverage).[27] **3%** of community survey respondents ranked internet access as a **priority health need.**

IN OUR COMMUNITY

The map to the right shows **broadband internet access** across Fairfield County (**red** areas have the least access to internet while **green** areas have the most access).[28]



Key: Internet Speeds*

- 0–9 Mbps
- 10–24 Mbps
- 25–49 Mbps
- 50–100 Mbps
- 100+ Mbps

*megabits per second

of households in Fairfield County lack access to broadband internet (25/3 mbps*– standard internet speed).[28]

of households in Fairfield County without access to broadband internet have low internet speeds (10/1 mbps* of less).[28]

PRIORITY POPULATIONS

INTERNET ACCESS

While **internet access** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Lower income people have a lower likelihood of having internet access, according to research.[27]

According to the community survey, residents **ages under 18** (14%) were most likely to rank internet as a top concern in Fairfield County.

COMMUNITY FEEDBACK

"I recently moved to a more rural area and couldn't work from home for my job, because the Internet that I had went out anytime it rained.."

- Community Member Interview from Fairfield County

"I think for older folks it is just either not interested or not knowing how to access and utilize the internet."

- Community Member Interview from Fairfield County

Top issues/barriers to internet access (from interviews):

1. Lack of coverage in rural areas
2. No fiber optics/broadband coverage

Sub-populations most affected by internet access (from interviews):

1. Low-income population
2. Rural areas

Top resources, services, programs, and/or community efforts for internet access:

1. Library

HEALTH NEEDS

Health Outcomes

Health Needs: Health Outcomes

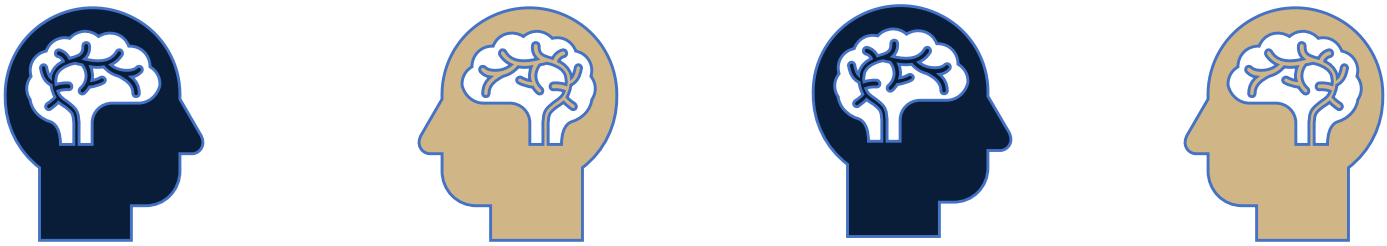
The following pages rank the health outcomes category of health needs. They are ranked and ordered according to the community member survey as seen on page 24 (note that not every health need has its own section and some health needs have been combined to form larger categories, such as mental health). Each health need section includes a combination of different data sources collected from our community: secondary (existing) data, and primary (new) data – from the community member survey, key informant interviews with community leaders, and focus groups with community members. Priority populations who are most affected by each health need and experience health disparities are also shown. Finally, where applicable, Healthy People 2030 Goals are highlighted, including the performance of Fairfield County and the state compared to the benchmark goal.

#1 Health Need: MENTAL HEALTH

Mental health and access to mental healthcare was the **#1 ranked health outcome** in the community survey, with **over 95% of respondents selecting this option**.

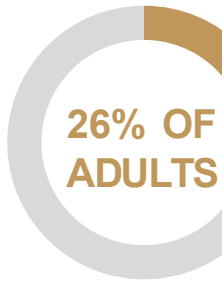
38% of survey respondents say that **mental healthcare access is lacking** in the community. The top reasons for not accessing care include **unsure what is available/not knowing where to go (13%), cost (12%), and lack of availability (10%).**

5.9 **mentally unhealthy days per month** are reported by Fairfield County adults compared to 6.1 for Ohio.[2]

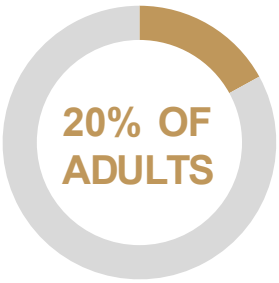


IN OUR COMMUNITY

5% of respondents to the community member survey had **thoughts of suicide** in the last year.



in Fairfield County have been diagnosed with **depression** by a mental health professional, compared to 22% for Ohio.[15]



in Fairfield County experienced **frequent mental distress** (2+ weeks/month in the past month), the same for Ohio.[2]

FAIRFIELD COUNTY **494:1**

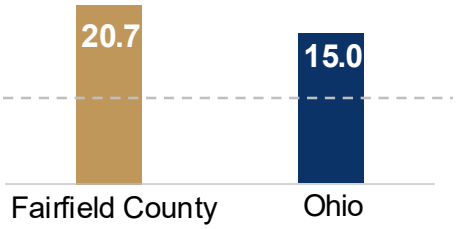
OHIO **286:1**

The 2025 County Health Rankings found that Fairfield County has **fewer mental health providers** relative to its population when comparing the ratio to Ohio. Fairfield County is considered a **mental health professional shortage area.**[2,13]

#1 Health Need: MENTAL HEALTH

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

SUICIDE RATE



HP 2030 TARGET:
12.8 PER 100,000
DESIRED DIRECTION: ⬇

✕ Fairfield County does not yet meet the target.[43]

COMMUNITY FEEDBACK

"We have more kids with suicidal thoughts because we have not taught them how to cope and overcome adversity. Sometimes getting access to care in a timely manner is difficult."

- Community Member Interview from Fairfield County

"If you're not getting treated for your mental health that keeps you from following through with your care, taking your prescriptions, going to the doctor's appointments, eating the right diet, you know all that. Because if you're depressed and lonely, you're going to eat whatever And then you're back in the hospital."

- Community Member Interview from Fairfield County

"We continue to have issues that people continue to struggle with depression, anxiety, and substance use. And we saw that increase a bit during Covid, and we're continuing, especially in our youth population, to see that."

- Community Member Interview from Fairfield County

PRIORITY POPULATIONS

MENTAL HEALTH

While **mental health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

13% of residents from **Fairfield County** were more likely to say that they did not know where to go for mental/ behavioral health services in the community survey.

25–34 year-olds were most likely to rank their mental health as a top concern in the community survey.

Top issues/barriers for mental health (from interviews):

1. Youth mental health issues
2. Lack of mental healthcare services/resources
3. Lack of/not enough providers

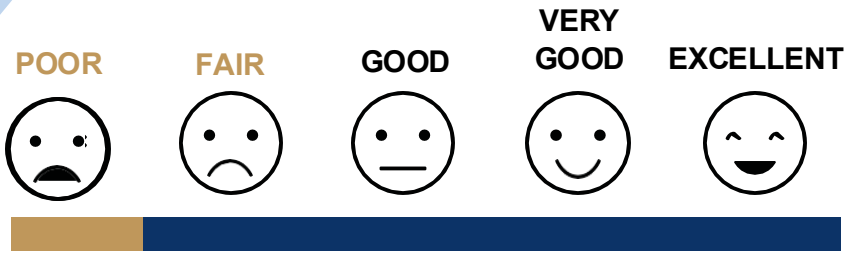
Sub-populations most affected by mental health (from interviews):

1. Elderly population
2. Homeless population

#2 Health Need: CHRONIC DISEASES

The most prevalent chronic conditions in Fairfield County are **arthritis, diabetes, asthma, COPD, cancer, and heart disease.**[42,44]

IN OUR COMMUNITY



19% of Fairfield County adults rate their health as **fair or poor** (vs. 18% for Ohio), while the other 79% rank it as excellent, very good, or good.[2]

COMMUNITY FEEDBACK

"As far as chronic disease when working with seniors, we see chronic mobility issues and chronic pain. Arthritis and mental acuity isn't as sharp as it once was."

- Community Member Interview from Fairfield County

"Diabetes is the biggest, along with high blood pressure, which they kind of go hand in hand. I think that's what we see the most of with the chronic conditions."

- Community Member Interview from Fairfield County

"There's a lot of obesity, hypertension, and respiratory issues. These are all related to smoking, genetics, not eating or exercising right."

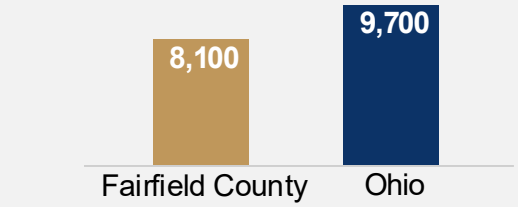
- Community Member Interview from Fairfield County

"I think our community is impacted by all chronic diseases. I think that healthcare specialists are limited to help treat some of those people, and I also think that some of those conditions could be addressed by improving access to healthy food."

- Community Member Interview from Fairfield County

The prevalence of diabetes among adults in Fairfield County is 13%, compared to 11% for Ohio.[19]

86% of community survey respondents chose **chronic diseases** as a top community health need. The most frequently mentioned chronic diseases of concern were **diabetes, cancer, and heart disease.**



There were an average of **8,100 (age-adjusted) years of potential life lost** among Fairfield County residents under age 75 per 100,000 people, vs. 9,700 for Ohio.[2]

Top issues/barriers for chronic diseases (from interviews):

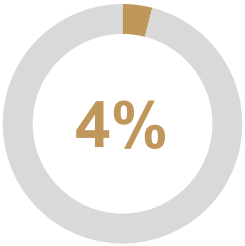
1. Diabetes
2. Heart disease
3. Issues with nutrition and diet

**Behavioral Risk Factor Surveillance System; Fairfield County is a part of BRFSS Region 8.*

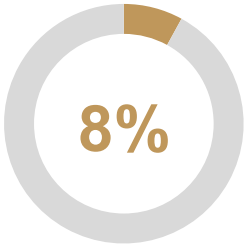
#2 Health Need: CHRONIC DISEASES

Cancer is the **leading cause of death** in Fairfield County.[40]

HEART DISEASE & STROKE

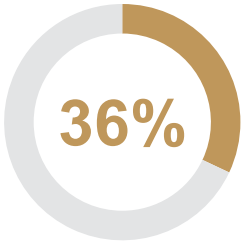


of both Fairfield County and Ohio adults reported that they have had a **stroke.**[19]

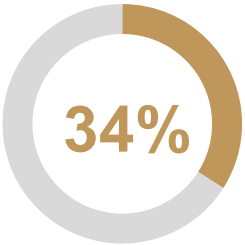


of Fairfield County and Ohio adults reported having had a **heart attack, angina, or coronary heart disease**.[19]

HYPERTENSION & HIGH CHOLESTEROL



of Fairfield County adults have **hypertension**, vs. 35% for Ohio.[19]



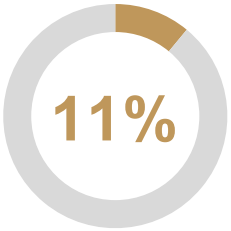
of Fairfield County adults have **high cholesterol**, compared to 36% for Ohio.[19]

DIABETES

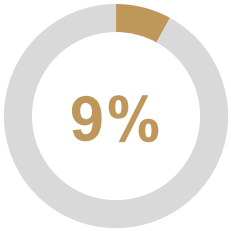
13% of Fairfield County adults have diabetes, vs. 11% of Ohio adults.[19]

Diabetes prevalence rises with age and is also highly impacted by income and level of education.[42]

ASTHMA & COPD



of Fairfield County and Ohio adults have **asthma.**[19]



of Fairfield County adults have COPD, vs. **10%** for Ohio.[19]

Many hospital admissions due to chronic obstructive pulmonary disease (COPD) and asthma **may be preventable** each year through access to primary care.[42]

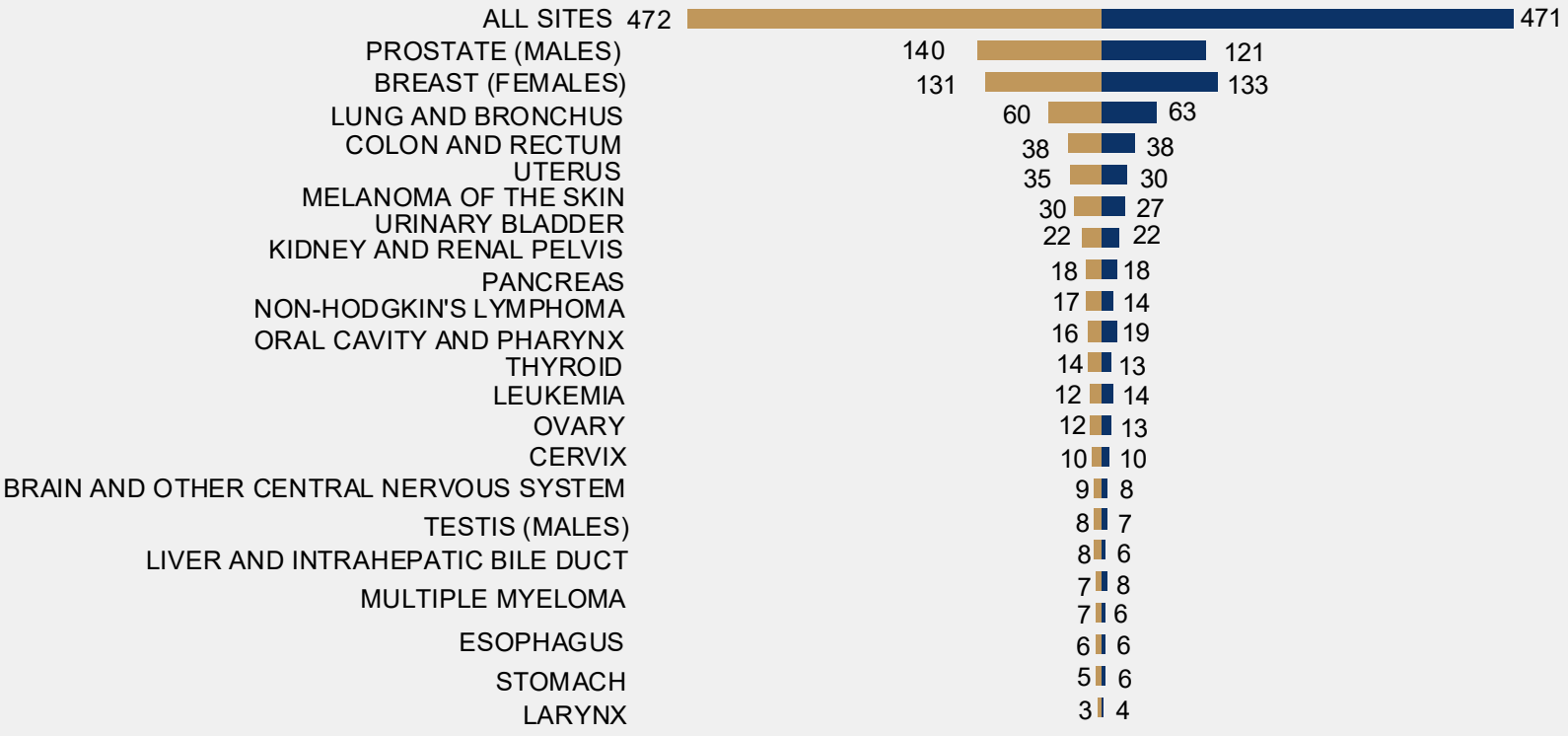
#2 Health Need: CHRONIC DISEASES

According to DataOhio, cancer is the **leading cause of death** in Fairfield County. Fairfield County has a **lower overall incidence of cancer** per 100,000 than Ohio.[44]

458
FAIRFIELD COUNTY[44]

465
OHIO[44]

Prostate (Males), Uterus, Melanoma of the skin, Oral cavity and pharynx, Brain and other CNS, Cervix, Hodgkins Lymphoma, Ovary, Pancreas, and Testis (Males) cancers had higher incidence rates in Fairfield County than Ohio.[44]



**Age-adjusted rates per 100,000, 2016-2020 average*

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

Fairfield County does not yet meet the Healthy People 2030 target for lung, colorectal, and overall cancer mortality rates, while it meets the target for breast and prostate cancer.[40]

#2 Health Need: CHRONIC DISEASES

PRIORITY POPULATIONS

CHRONIC DISEASES

While chronic diseases are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

- Residents **ages 25-34** that responded to the community survey were more likely to rank chronic diseases (such as heart disease, diabetes, cancer, asthma) among their top health concerns than residents ages 55-64.
- **Thornville (43076), Bremen (43107), and Sugar Grove (43155)** survey respondents were more likely to rate chronic diseases as top concerns to address in the community.
- **Male** residents (90%) were more likely to rank chronic diseases as top concerns to address than female residents (86%) on the community survey.
- **Multiracial** (100%) community survey respondents were the most likely to rank chronic diseases as a top concern.
- **Lower-income** people are at a higher risk of developing many chronic conditions.[42]
- Chronic conditions are more common in **older adults.**[42]
- People with **high exposure to air pollution.**[42]
- People who **smoke.**[42]
- People with **challenges with physical activity and nutrition.**[42]

#3 Health Need: MATERNAL, INFANT & CHILD HEALTH

52% of community survey respondents say that addressing **maternal and child health** in the community is a top concern. **9%** of survey respondents say that maternal, infant, and child healthcare **resources are lacking** in the community.

IN OUR COMMUNITY

Fairfield County has a **teenage birth rate** for ages 15-19 (13 per 1,000 females) is **lower** than that of Ohio's (17 per 1,000 females).[2]

8%

Fairfield County has a **low-birth-weight (LBW) rate** of 8%, vs. 9% for Ohio.[2]

*LBW = A baby born weighing less than 2,500 grams (5 lbs 8 oz)

Within Fairfield County, **7 ZIP Codes** were identified as high risk for elevated blood lead levels (43076, 43107, 43113, 43130, 43148, 43150, and 43155).[46,47]

Severe maternal morbidities (SMM) are unexpected outcomes of childbirth that result in significant health consequences. In Ohio, **59% of all SMM from 2016 to 2019 were blood transfusions**. The rate of SMM in Ohio is 71 per 10,000 deliveries.[48]

The pregnancy-related maternal mortality rate in Ohio is 15 per 100,000 live births. The leading causes are:[49]
#1 Mental health conditions (47%)
#2 Infections (11%)
#3 Cardiovascular conditions (8%)
#4 Embolisms (8%)
#5 Hemorrhage (6%)
More than half (57%) of these deaths may be preventable[49]

COMMUNITY FEEDBACK

" if you have state sponsored insurance, there's not one OBGYN that's taking new patients that accepts that insurance in our community. So, folks must find transportation to other counties or cities to be able to get access to that care."

- Community Member Interview from Fairfield County

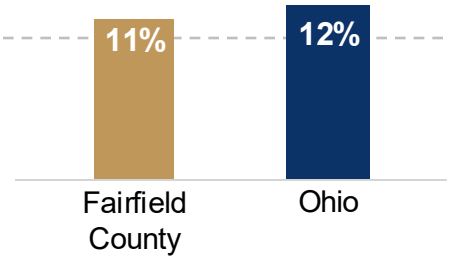
"There's limited providers who will take on a pregnant mom that has substance abuse issues. Getting them care has its challenges."

- Community Member Interview from Fairfield County

#3 Health Need: MATERNAL, INFANT & CHILD HEALTH

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

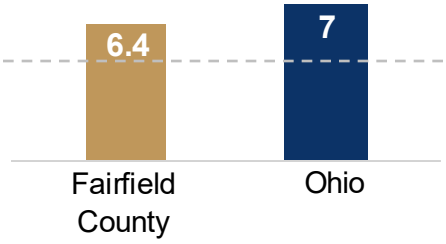
PRETERM BIRTH RATE



HP 2030 TARGET: 9%
DESIRED DIRECTION: ↓

✗ Fairfield County does not yet meet the target.[50]

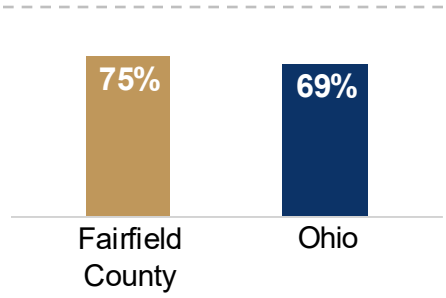
INFANT MORTALITY RATE PER 1,000



HP 2030 TARGET: 5 PER 1,000
DESIRED DIRECTION: ↓

✗ Fairfield County does not yet meet the target.[50]

ON-TIME PRENATAL CARE



HP 2030 TARGET: 95%
DESIRED DIRECTION: ↑

✗ Fairfield County does not yet meet the target.[50]

COMMUNITY FEEDBACK

"I would say, that probably the biggest one that comes to mind would be like for prenatal care again, especially for those expectant moms that are on Medicaid. We are very limited on our providers for expecting moms who are on Medicaid."

- Community Member Interview from Fairfield County

PRIORITY POPULATIONS

MATERNAL, INFANT & CHILD HEALTH

While **maternal, infant & child health** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

65% of community survey respondents in **Pickerington (**43147**)** ranked maternal and child health as a top concern in Fairfield County, higher than other geographical areas.

In Ohio, as in the nation, rates of severe maternal morbidity are much higher among **non-Hispanic Black women** compared to white women.[49]

Research data shows that the severe maternal morbidity (SMM) rate for **Asian women in rural Ohio counties** was 2.6 times greater than Asian women in suburban Ohio counties.[48]

Top issues/barriers for maternal, infant, and child health (from interviews):

1. Substance use in pregnancy
2. Access to providers/services
3. Prenatal care access

Top resources, services, programs and/or community efforts for maternal, infant, and child health:

1. Plans of safe care
2. Fairfield Community Health Center

#4 Health Need: INJURIES

The unintentional injury death rate in Fairfield County (74.0 per 100,000 population) is **lower** than that of Ohio (76.9 per 100,000).[40]

IN OUR COMMUNITY

29% of Ohio adults ages 65+ fell at least once in the past year.[51]

Fairfield County had a significantly higher unintentional fall death rate in adults 65+ (116.3 per 100,000) than Ohio (74.5 per 100,000).[40]

22% of community survey respondents feel that **injuries of any kind** are a top concern.

COMMUNITY FEEDBACK

"I think sometimes we're seeing issues with people not driving safely, and accidents are a result of this."

- Community Member Interview from Fairfield County

"I think some of our homeless individuals end up being in unsafe situations by trying to walk along major roadways to get where they need to go."

- Community Member Interview from Fairfield County

PRIORITY POPULATIONS

INJURIES

While **injuries** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

According to the community survey, **44%** of **Rushville (43150)** residents ranked injuries as a top concern, the highest of all Fairfield County.

43% of Fairfield residents **under 18** ranked injuries as a top health need in the community survey, followed by residents ages 65+ (27%).

Individuals who work in jobs with a higher risk of occupational injury, such as **manufacturing, construction, agriculture, transportation, trades,** and **frontline workers.**[42]

Older residents are at a higher risk of falling and getting injuries from falling.[42]

Top issues/barriers for injuries (from interviews):

1. Car/traffic accidents
2. Workplace injuries

Sub-populations most affected by injuries (from interviews):

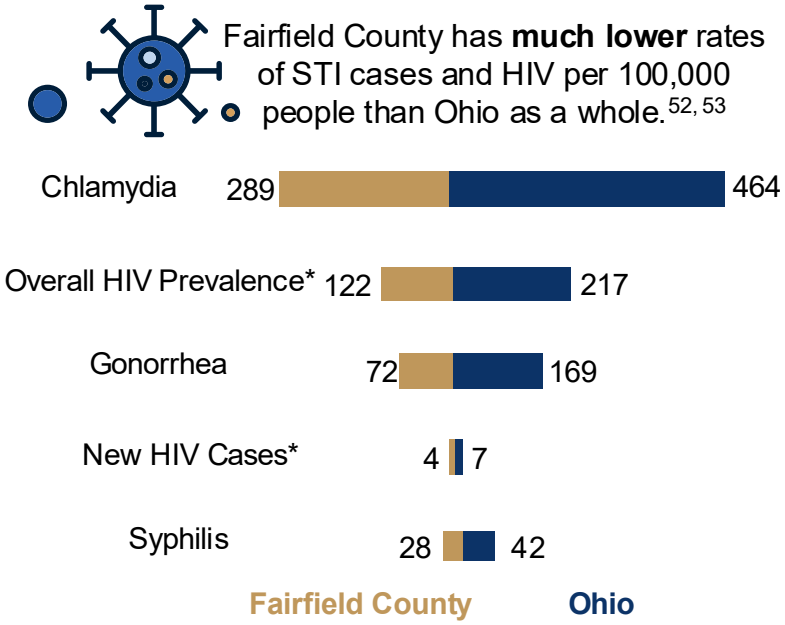
1. Elderly/seniors population
2. Homeless population

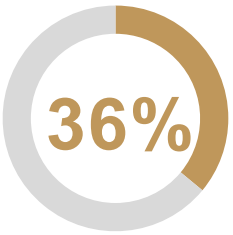
#5 Health Need: HIV & STIs

The COVID-19 pandemic may have impacted the testing and diagnosis rates for HIV & Sexually Transmitted Infections (STIs).[52] 1% of community survey respondents feel that HIV/AIDS and Sexually Transmitted Infections (STIs) are a top concern.

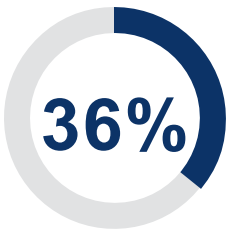
IN OUR COMMUNITY

Fairfield County has **much lower** rates of STI cases and HIV per 100,000 people than Ohio as a whole.[52, 53]





BRFSS* REGION 8[32]



OHIO[32]

The same proportion of adults in BRFSS Region 8** and Ohio have ever been **tested for HIV**.[42]

***Behavioral Risk Factor Surveillance System; Fairfield County is a part of BRFSS Region 8.*

PRIORITY POPULATIONS

HIV & STIs

While **HIV and STIs** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Women have higher rates of chlamydia, particularly those ages 20-24.[52]

Men have higher rates of syphilis and gonorrhea.[52]

COMMUNITY FEEDBACK

"We have a family health care services which is similar to a planned parenthood but doesn't have the same range of services that offer free STI screenings and supports."

- Community Member Interview from Fairfield County

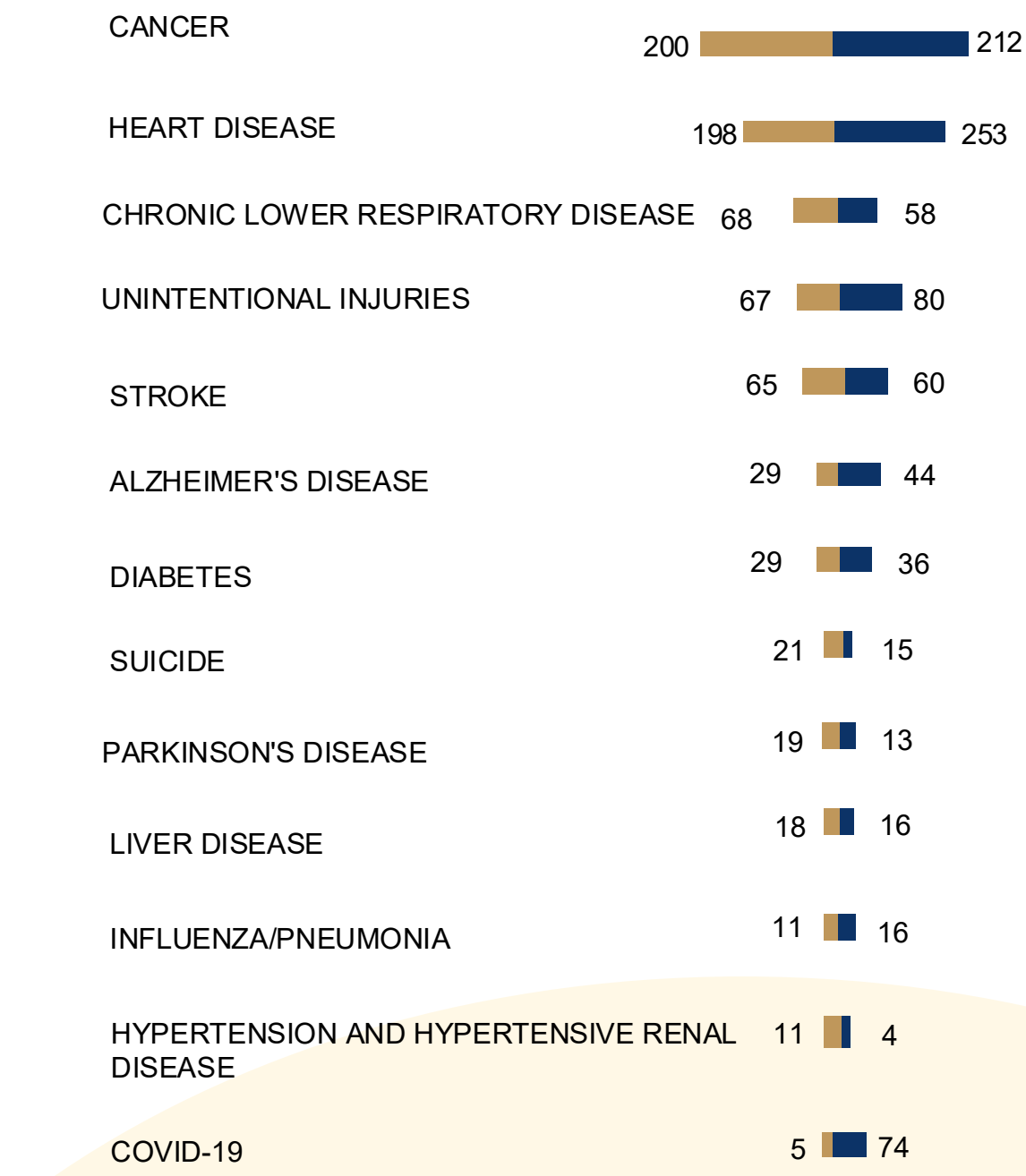
"I'm not sure where screening resources are. We used to have some programs, but I think they have been discontinued."

- Community Member Interview from Fairfield County

"We see some hepatitis and STD issues in the transit community."

- Community Member Interview from Fairfield County

LEADING CAUSES **OF DEATH**



The top two leading causes of death in Fairfield County were cancer and heart disease in 2024.[40] Fairfield County's overall death rate was lower than the state average. However, rates for chronic lower respiratory disease, stroke, Parkinson's disease, liver disease, and suicide were slightly higher than those observed statewide.[6]

	FAIRFIELD COUNTY	OHIO
ALL CAUSES	1,020	1,160

IDEAS FOR CHANGE
FROM OUR COMMUNITY

These are ***ideas*** that we heard from community leaders and community members for potential suggestions to support community health.

EDUCATION
- Expand childcare capacity and affordability through partnerships with state legislators.
- Provide evening childcare for working parents and adult education programs.
- Address truancy through parent education classes and support systems.

ENVIRONMENTAL CONDITIONS
- Continue focus on maintaining pure air and water quality standards.

FOOD INSECURITY
- Expand food delivery services.
- Partner with Department of Agriculture on senior farmers market programs.
- Reduce stigma around food assistance programs.

HOUSING & HOMELESSNESS
- Continue development of affordable housing projects.
- Expand family shelter capacities.
- Create transitional housing for veterans.

INJURIES
- Expand in-home fall prevention programs.
- Conduct traffic pattern analysis to reduce accident rates.

MATERNAL/INFANT/CHILD HEALTH
- Address OB-GYN provide shortages.
- Expand prenatal care access.

MENTAL HEALTH
- Reduce mental health provider turnover.
- Expand crisis mental services.
- Reduce stigma around mental health services.
- Improve insurance coverage for mental health services.

NUTRITION/PHYSICAL HEALTH
- Enhance existing food pantries.
- Expand senior meal programs.
- Connect nutrition education with chronic disease management programs.
- Encourage employers to offer gym memberships as employee benefits.

PREVENTIVE PRACTICES
- Increase preventive education efforts.
- Address vaccine hesitancy through improved parent education programs.
- Expand mobile health screening services.

SUBSTANCE USE
- Establish a local detox center.
- Expand support groups for recovery.
- Increase Narcan distribution and overdose prevention education.

TRANSPORTATION
- Expand country public transit system beyond its current limitations.
- Develop referral pathways to connect patients with transportation resources.

TOBACCO/NICOTINE USE
- Create an in-school curriculum on vaping.
- Address generational smoking patterns through family-based interventions.

OTHER OPPORTUNITES
- Create more socialization programs and spaces for the aging population.
- Improve coordination between agencies to reduce service gaps.

CURRENT RESOURCES
ADDRESSING PRIORITY HEALTH NEEDS
FAIRFIELD COUNTY

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Access to Healthcare
Central Ohio Primary Care
CVS Pharmacy
Fairfield Community Health Center
Fairfield County Health Department
Fairfield County Job and Family Services
Fairfield Medical Center
Family Health Services of East Central Ohio
Lancaster Veteran Outpatient Clinic
Mount Carmel Hospital
Nationwide Children's Hospital
Ohio Department of Medicaid
Ohio's Best Rx
OSU Mobile Clinic
Single Care

Community & Social Services
911
Afterschool Programs of Lancaster
AHA! A Hands-on Adventure-Children's Museum
Big Brother, Big Sisters of Southeastern Ohio
Bottoms Up Diaper Bank
Central Ohio Area Agency On Aging (COAAA)
Connexion West-Community Center
Crisis Hotline/Text Line
Fairfield County 2-1-1
Fairfield County Board of Developmental Disabilities
Fairfield County Domestic Relations Court
Fairfield County Job and Family Services
Fairfield County Juvenile Court
Fairfield County Veterans Service Commission

Community & Social Services (continued)
Harcum House-Child Advocacy Center
National Suicide Prevention Lifeline
Ohio Legal Help
Ohio Kinship and Adoption Navigator (Ohio KAN)
Olivedale Senior Citizens of Fairfield County
Opportunities for Ohioans with Disabilities (OOD)
Relink.org
Safe at Home Program
Silver Sneakers Program
Southeastern Ohio Legal Services (LASCO)
Southeastern Ohio Center for Independent Living (SOCIL)
The Lighthouse
The Samaritan Center
The Senior Hub
Victims Services of East Central Ohio
YMCA of Lancaster and Fairfield County

Education
Eastland-Fairfield Career and Technical Schools
Faith Early Learning Academy
Fairfield County District Library
Fairfield County Foundation
Fairfield County Literacy Council
Hocking College
Muskingum Valley Educational Service Center (MVESC)
Ohio University Lancaster Branch
Pickerington Eary Childhood Center
Pickerington Public Library

Employment
Acloche
Fairfield County Board of Developmental Disabilities
Fairfield County Job and Family Services
Lancaster-Fairfield Community Action Agency

Employment (continued)
Ohio Department of Job and Family Services
Ohio Means Jobs
Surge Staffing

Environmental
Fairfield County Health Department
Fairfield County Master Gardeners
Fairfield County Soil & Water Conservation District
Lancaster Fairfield Community Action

Food Insecurity
Deal Hunters Alliance
Fairfield County Health Department WIC
Fairfield County Hunger Coalition
Fairfield County Job and Family Services SNAP
First Methodist Church
Hunger Alliance
Keller Market House
Maple Street United Methodist Church
Meals on Wheels
PB & Joy Project
Salvation Army

Housing & Homelessness
Fairfield County Job and Family Services
Fairfield Metropolitan Housing Authority
Habitat for Humanity of Southeast Ohio
Lancaster Community Development
Lancaster-Fairfield Community Action Agency
Lancaster-Fairfield County Community Action Emergency Homeless Shelter
Lutheran Social Services
Maywood Mission
Project House Call

CURRENT RESOURCES
ADDRESSING PRIORITY HEALTH NEEDS
FAIRFIELD COUNTY

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Housing & Homelessness (continued)
Southeastern Ohio Center for Independent Living (SOCIL)
The Foundation Shelters
The Lighthouse
Veterans Services and Supportive Services for Veteran Families

Mental Health & Addiction
Bridge to Success
BrightView-Lancaster Addiction Treatment Center
Charlie Health
Crisis Hotline/Text Line
Fairfield Center of Hope
Fairfield County Alcohol, Drug Addiction and Mental Health (ADAMH) Board
Fairfield County Suicide Prevention Coalition
Fairfield Healthcare Professionals Psychiatry
Integrated Behavioral Health
Kaleidoscope
Lancaster Area Recovery Services
Lancaster-Fairfield Community Action Agency Teen Programs
Lancaster VA Clinic
Mental Health America of Ohio
Mid-Ohio Psychological Services
Mount Carmel Behavioral Health Center
National Alliance on Mental Illness (NAMI)
National Runaway Safe line
National Suicide Prevention Lifeline
New Horizons Mental Health Services
Ohio Guidestone
PATH Behavioral Health
Pearl House
Project FORT

Mental Health & Addiction (continued)
Spero Health
Starlight Center
The Recovery Center
Trevor Project Crisis Line
Veterans Crisis Hotline

Nutrition & Physical Health
Arms of Faith Free Store
Center of Hope
Fairfield County Health Department
Foundation Dinners
Maple Street Church
Meals on Wheels
YMCA of Lancaster and Fairfield County

Transportation
Fairfield Center for Independence
Lancaster Public Transit
Mobility Management
Senior Transportation-Canal Winchester
Veteran Service commission

STEP 6

Document, Adopt/Post And Communicate Results

In this step, Fairfield County Health Department:

- Wrote an easily understandable community health assessment (cha) report
- Adopted and approved cha report
- Disseminated the results so that it was widely available to the public

Fairfield County Health Department

DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS

Fairfield County Health Department (FCHD) worked with Moxley Public Health to pool expertise and resources to conduct the 2025 Fairfield County Community Health Assessment (CHA). By gathering secondary (existing) data and conducting new primary research as a team (through interviews with community leaders, focus groups with subpopulations and priority groups, and a community member survey), the stakeholders will be able to understand the community's perception of health needs. Additionally, FCHD will be able to prioritize health needs with an understanding of how each need compares against benchmarks and is ranked in importance by service area residents.

The 2025 Fairfield County CHA, which builds upon the prior assessment completed in 2022, meets all Internal Revenue Service (IRS), Public Health Accreditation Board (PHAB), and Ohio state requirements.

REPORT ADOPTION, AVAILABILITY AND COMMENTS

This CHA report was adopted by FCHD leadership and made widely available on the FCHD website in December 2025.

Fairfield County Health Department: https://www.fairfieldhealth.org/FDH-Community-Health-Assessment.html

Written comments on this report are welcomed and can be made on the following website: https://www.fairfieldhealth.org/questions-comments.html

Conclusion & **Next Steps**

The next steps will be:

- Develop improvement plan (chip) for 2025-2027
- Select priority health needs
- Choose indicators to view for impact change for 2025-2027 priority health needs
- Develop smart objectives for chip
- Select evidence-based and promising strategies to address priority health needs

CONCLUSION

NEXT STEPS FOR FAIRFIELD COUNTY HEALTH DEPARTMENT (FCHD)

- Monitor community comments on the CHA report (ongoing) to the provided FCHD contacts.
- Select a final list of priority health needs to address using a set of criteria that is recommended by Moxley Public Health, MAPP 2.0 and PHAB (Public Health Accreditation Board), and approved by FCHD. (The identification process to decide the priority health needs that are going to be addressed will be transparent to the public. The information on why certain needs were identified as priorities and why other needs will not be addressed will also be public knowledge).
- Community partners (including the hospital, health departments, and many other organizations throughout the service area) will select strategies to address priority health needs and priority populations. (We will use, but not be limited by, information from community members and stakeholders and evidence-based strategies recommended by the Ohio Department of Health).
- The 2026-2028 Improvement Plan (CHIP) (that includes indicators and SMART objectives to successfully monitor and evaluate the improvement plan) draft will be reviewed by the public prior to final approval by the Board of Health. Once approved, the final draft will be publicly posted and made widely available to the community.

APPENDIX A

Impact and Process Evaluation

Impact and Process Evaluation

The following tables indicate the priority health needs selected from the 2022 Fairfield County Community Health Assessment (CHA) and the impact of the 2023-2025 Community Health Improvement Plan (CHIP) on these priority health needs (based on the most recent available data from 2024). The tables that follow are not exhaustive of these activities but highlight what has been achieved in the service area since the previous CHA. The impact data (indicators of each priority health need to show if it is getting better or worse) and process data (to show whether the strategies are happening or not) will be reported and measured in an evaluation plan. That data will be reported annually and in the next CHA.

APPENDIX A:
IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPROVEMENT PLAN (2023-2025)

PRIORITY #1: SUBSTANCE USE TREATMENT AND PREVENTION AND MENTAL HEALTH CARE ACCESS					
Goal 1.a.: Increase understanding/awareness of community-wide resources for mental health and substance use and decrease stigma toward mental health and substance use.					
OBJECTIVES IMPACT	**MEASURE**	**ACTION STEPS**	**TIMEFRAME**	**LEAD**	**STATUS**
Objective 1.a.1: By January 2024, complete 6 outreach activities to increase awareness of mental health and substance use resources among local leaders and other local parties (e.g., schools, law enforcement/police and fire chiefs, village trustees, Meals on Wheels, utility companies), and via methods such as mayors' meetings and festivals, with the goal of reaching individuals who may be hard to reach (e.g., rural populations, older adults, and children)	Baseline: Some previous outreach via Meals on Wheels and using utility bills Target: Present and/or set up booth at 3 or more events Have direct contact with at least 3 community leaders to provide information	• Research meetings and events at which to have booth and/or presentations about mental health and substance use resources • Research other ways to distribute mental health and substance use resource information (e.g., agencies providing information to their constituencies, public utilities providing information on utility bills) • Contact local leaders to provide and/or discuss mental health and substance use resources • Follow through to provide information based on research/contacts	Start: January 2023 End: Ongoing (meet target by January 2024)	Fairfield County Health Department and the Behavioral Health Community Navigator	**Complete.** FCHD and partners completed 10 outreach activities through social media campaigns, community events, public meetings and presentations at targeted population agencies

APPENDIX A:
IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPROVEMENT PLAN (2023-2025)

PRIORITY #1: SUBSTANCE USE TREATMENT AND PREVENTION AND MENTAL HEALTH CARE ACCESS					
Goal 1.a.: Increase understanding/awareness of community-wide resources for mental health and substance use and decrease stigma toward mental health and substance use.					
OBJECTIVES IMPACT	**MEASURE**	**ACTION STEPS**	**TIMEFRAME**	**LEAD**	**STATUS**
Objective 1.a.2: By January 2024, have at least 3 meetings to explore planning and funding for mental health and/or substance use peer support groups or coaching	Baseline: Mental health and/or substance use peer support groups or coaching not planned Target: At least 3 planning meetings	• Explore benefits of peer support and coaching • Discuss funding options for creating the groups or coaching sessions • Establish details about how the groups or coaching sessions will be conducted	Start: January 2023 End: January 2024	Fairfield County Health Department, Fairfield Community Health Center, Fairfield Medical Center	**Complete.** Mental Health America (MHA) has support groups and The Prevention, Advocacy, Recovery and Treatment (P.A.R.T.) Coalition monthly meetings

PRIORITY #1: SUBSTANCE USE TREATMENT AND PREVENTION AND MENTAL HEALTH CARE ACCESS					
Goal 1.b.: Increase the number of mental health and substance use professionals in Fairfield County.					
OBJECTIVES IMPACT	**MEASURE**	**ACTION STEPS**	**TIMEFRAME**	**LEAD**	**STATUS**
Objective 1.b.1: By December 2025, increase behavioral health patients treated by the Fairfield Community Health Center by 50%.	Baseline: x.x # of behavioral health patients treated each month by FCHC Target: Increase behavioral health patients treated each month by FCHC by 50%	• Establish FCHC's psychiatric nurse practitioner as a preceptor • Attract nurse practitioners who are trained in mental health to complete preceptorships at FCHC who will treat behavioral health patients as part of their preceptorships	Start: After FCHC completes center expansion End: Ongoing but target complete by December 2025	Fairfield Community Health Center	**In progress.** A new counselor at Fairfield Community Health Center (FCHC) was hired in 2024, hoping to regain momentum in 2025 after losing two counselors in 2023. FCHC also has a psychiatric nurse practitioner that works one day a week but has not started precepting.

APPENDIX A:

IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPROVEMENT PLAN (2023-2025)

PRIORITY #1: SUBSTANCE USE TREATMENT AND PREVENTION AND MENTAL HEALTH CARE ACCESS					
Goal 1.b.: Increase the number of mental health and substance use professionals in Fairfield County.					
OBJECTIVES IMPACT	**MEASURE**	**ACTION STEPS**	**TIMEFRAME**	**LEAD**	**STATUS**
Objective 1.b.2: By January 2024, have at least 3 meetings to explore funding and planning for a program to incentivize nurse practitioners to add a mental health specialty	Baseline: Program to incentivize nurse practitioners for adding a mental health specialty not planned Target: At least 3 meetings to explore planning a program that incentivizes nurse practitioners to add a mental health specialty	• Explore similar programs that have been implemented in other communities • Explore potential funding options for programs • Discuss details regarding how this type of program might be implemented in Fairfield County	Start: January 2023 End: January 2024	Fairfield County Health Department, Fairfield Community Health Center, ADAMH	**Completed**. The Fairfield County Alcohol, Drug Addiction and Mental Health (ADAMH) Board established a social services workforce development committee that meets monthly. ADAMH also provides funds to organizations to pay salaries to behavioral health professionals

APPENDIX A:
IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPROVEMENT PLAN (2023-2025)

PRIORITY #1: SUBSTANCE USE TREATMENT AND PREVENTION AND MENTAL HEALTH CARE ACCESS					
Goal 1.c.: Decrease the suicide rate in Fairfield County.					
OBJECTIVES IMPACT	**MEASURE**	**ACTION STEPS**	**TIMEFRAME**	**LEAD**	**STATUS**
Objective 1.c.1: By December 2025, decrease the suicide count to 21.47 or less	Baseline: In 2021, the suicide rate was 19.3 and the count was 30. Target: Suicide rate of 12.8 and death count of 21.47	• Suicide Prevention Coalition will establish 9-8-8 suicide hotline • Suicide Prevention Coalition will conduct outreach to increase awareness of 9-8-8 suicide hotline • ADAMH to conduct training on mental health first aid - how to talk to people considering suicide	Start: January 2023. End: Ongoing (meet target by December 2025).	Suicide Prevention Coalition, ADAMH, potential other partners.	**In progress.** To make the target more realistic, the measure has been changed from suicide rate to count. Utilizing the Healthy People 2030 suicide rate of 12.8 and the 2024 Vintage Census Bureau population estimate for Fairfield County; the target death count is 21.47. The 2024 preliminary suicide death count is 33, compared to 27 in 2023 and 22 in 2022. Efforts remain focused on reducing suicide deaths in 2025.

APPENDIX A:
IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPROVEMENT PLAN (2023-2025)

PRIORITY #1: SUBSTANCE USE TREATMENT AND PREVENTION AND MENTAL HEALTH CARE ACCESS					
Goal 1.d.: Decrease the rate of drug overdose deaths in Fairfield County.					
OBJECTIVES IMPACT	**MEASURE**	**ACTION STEPS**	**TIMEFRAME**	**LEAD**	**STATUS**
Objective 1.d.1: By December 2025, decrease the drug overdose death rate to 20.7 deaths per 100,000	Baseline: In 2021, the drug overdose death rate was 40.3 Target: Drug overdose death rate of 20.7	• Project DAWN will conduct overdose education and Naloxone distribution • F.O.R.T. (Fairfield County Overdose Response Team) will provide services for those who have overdosed, those at risk for overdosing, and their families	Start: January 2023 End: Ongoing (meet target by December 2025)	Project DAWN, F.O.R.T., Overdose Prevention Fairfield County PA.R.T. Coalition, and potential other agencies.	**In progress.** The 2024 preliminary drug overdose death rate is 22.5, showing continued improvement from 40.3 in 2021. While early 2025 data currently shows a rate of 7.4 as of July 8, this data is preliminary and subject to change. The county has seen a significant decline in overdose rates over the past several years, and efforts remain focused on meeting the 20.7 per 100,000 target by December 2025

APPENDIX A:
IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPROVEMENT PLAN (2023-2025)

PRIORITY #2: COMMUNITY OUTREACH					
Goal 2.a.: Increase awareness of health resources and events in the community.					
OBJECTIVES IMPACT	**MEASURE**	**ACTION STEPS**	**TIMEFRAME**	**LEAD**	**STATUS**
Objective 2.a.1: By January 2024, create a shared calendar between health organizations in the county and distribute resources to all organizations with the goal of increasing knowledge of health events and resources between organizations and within the wider public	Baseline: Current health resource directory awareness – estimated not to be widespread. No collaborative event calendar currently exists Target: Health resource directory is distributed to each health organization each time it's updated, and event calendar is created	• Create a process by which health organizations can add their events to an online calendar. • Distribute health resource directory to health organizations from FCHD email list • Health organizations share the health resource directory and the event calendar via their social media channels or via physical methods with clients of health services and wider public	Start: January 2023 End: Ongoing (Meet target by January 2024)	Fairfield County Health Department	**Completed.** The full calendar is maintained and housed at Fairfield County Family and Children First Council (FCFC). A calendar is also available with events on the FCHD website, where known events from other organizations are added (https://www.fairfieldhealth.org/fdh-event-calendar.html).
Objective 2.a.2: By January 2024, schedule or increase awareness of 3 events to foster collaboration between health organizations, such as luncheons and other scheduled activities where local leaders in health and other areas can learn about each others' capabilities and resources	Baseline: Current amount of health organization networking events - estimated to be limited Target: Share information about existing networking events and/or schedule at least 3 events	• Distribute information about existing county networking events via current email list. • Explore scheduling additional networking events to give health organizations an opportunity to collaborate and share information.	Start: January 2023 End: Ongoing (Meet target by January 2024)	Fairfield County Health Department	**Completed.** Healthcare Coalition (HCC) and FCFC meetings have satisfied this. SPC did a resource fair for agencies. FCHD had a Listen and Learn scheduled on 4/1/2025 at the county commissioners meeting

APPENDIX A:
IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPROVEMENT PLAN (2023-2025)

PRIORITY #2: COMMUNITY OUTREACH					
Goal 2.b: Increase awareness, access, and use of prenatal care.					
OBJECTIVES IMPACT	**MEASURE**	**ACTION STEPS**	**TIMEFRAME**	**LEAD**	**STATUS**
Objective 2.b.1: By January 2024, understand potential methods to increase community awareness, access, and use of prenatal care	Baseline: Limited conversations to learn about funding opportunities and methods to increase prenatal care Target: At least 3 meetings to explore funding opportunities and methods to increase awareness, access, and use of prenatal care	• Conduct research and have conversations to learn about funding opportunities (United Way & Fairfield County Health Department) • Conduct research on evidence-based methods to increase utilization of prenatal health resources	Start: January 2023 End: Ongoing (meet target by January 2024)	United Way / Fairfield County Health Department	**Completed.** FCHD presented to and met with United Way, ADAMH & Foundation and received money to start the Newborn Home Visit program
Goal 2.c: Increase use of parks for improving health. Promote the adoption of modifiable risk behaviors including tobacco use, poor eating habits, and lack of physical activity, which contribute to the development of chronic disease.					
Objective 2.c.1: By January 2024, increase opportunities for outdoor physical activity and increase awareness of these resources within the community	Baseline: Existing scheduled outdoor activities hosted by parks. Target: Create a resource detailing current and potential outdoor activity clubs and activities (e.g., weekly hikes) and share this with the community	• Parks host weekly hikes for community to meet and utilize parks • Parks share information about hiking clubs • Parks share information about other outdoor activity clubs • Parks consider other ideas for increasing outdoor physical activity	Start: January 2023 End: Ongoing (weekly hikes target by fall 2023)	Park District	**Completed.** The park district started hosting weekly hikes. There is a calendar on their website and promote events on social media.

APPENDIX A:
IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPROVEMENT PLAN (2023-2025)

PRIORITY #2: COMMUNITY OUTREACH					
Goal 2.c: Increase use of parks for improving health. Promote the adoption of modifiable risk behaviors including tobacco use, poor eating habits, and lack of physical activity, which contribute to the development of chronic disease.					
OBJECTIVES IMPACT	**MEASURE**	**ACTION STEPS**	**TIMEFRAME**	**LEAD**	**STATUS**
Objective 2.c.2: By December 2025, increase health knowledge, access to screenings/health care by providing community members the opportunity to access information and screenings at community parks.	Baseline: No explicit collaboration between Park District and the medical community. Target: Have at least three events featuring cardiac arrest training and CPR training in area parks. Place AEDs in three community parks. Have at least two other events scheduled where community members can receive health education or services at local parks.	• Contact medical professionals and determine interest in collaborating • Determine appropriateness of park venues to facilitate health information education/ health service delivery and determine what is needed to make venues appropriate • Schedule events at parks where medical professionals provide services • Plan and schedule times for Community Heart Watch to host their mobile CPR/AED training unit at local parks	Start: January 2023 End: Ongoing (Meet first two targets by January 2024. Meet third target by 2025)	Park District and Community Heart Watch	In progress. The first two targets have been completed. Smeck Park in Baltimore, Stebelton Park at Rock Mill and Mambourg Park in Lancaster all received AEDS. Trainings have taken place with the first happening at Harvest Celebration at Smeck Park in 2023, a second during Milling Day at Rock Mill, in 2023, and the third at Mambourg park in 2024.
Goal 2.d: Increase access to paramedicine in Fairfield County.					
Objective 2.d.1: By December 2025, increase the number of hours spent providing paramedical care in Fairfield County	Baseline: Existing time spent on paramedicine in Fairfield County Target: TBD	• Explore funding for additional paramedics in the county • Explore changes in training or staffing to increase paramedical care	Start: January 2023 End: December 2025	Violet Township Fire Department and potential other partners.	In progress. Time has increased in both Lancaster and Violet Township Fire Department (VTFD). Lancaster has a community paramedic program. The FCHD team is currently discussing a target as it is currently listed as TBD.

APPENDIX A:
IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPROVEMENT PLAN (2023-2025)

PRIORITY #3: TRANSPORTATION ACCESS					
Goal 3.a.: For people in the community have affordable access to get to go where they want, when they want (e.g., food pantries, grocery stores, jobs, medical appointments, community events, social/personal needs).					
OBJECTIVES IMPACT	**MEASURE**	**ACTION STEPS**	**TIMEFRAME**	**LEAD**	**STATUS**
Objective 3.a.1: By December 2025, have broad community agency collaboration for transportation and mobility funding, with inclusion of funding for bicyclists and pedestrian options.	Baseline: Many local agencies are applying for funding separately and are unaware of what funding exists. Target: All county agencies who are interested in/have a need for transportation funding are able to provide input if wanted and understand the sources of transportation funding.	• Learn about current transportation and mobility funding in the county. • Reach out to County Commissioners to discuss funding. • Research other local agencies to determine what they are doing and getting them involved. • Identify partnerships for funding opportunities and eliminate duplication. • Search ways to fund bike path improvements along with other walkways.	Start: January 2023 End: December 2025	Lancaster Fairfield Public Transit and Fairfield County Health Department	**Complete.** A mobility manager has been hired by 211.
Objective 3.a.2: By December 2025, increase the activity of the Transportation Advisory Committee (more members, more meetings, and greater awareness).	Baseline: Current state of committee: some county agencies are unaware of the committee. Target: Meetings and membership of the Transportation Advisory Committee increase by 10%. Agencies involved with transportation in the county are aware of the committee.	• Re-engage current members • Invite and recruit new members • Determine a set schedule for meetings • Include additional pedestrian/bike topics into the committee • Use maps to identify gaps in service • Create maps for public use • Address rural plan for transportation	Start: January 2023 End: Ongoing (target by December 2025)	Fairfield County 2-1-1 Mobility Manager and Lancaster Fairfield Public Transit	**Complete**. FCHD conducted walk and bike path audits through AARP. The transit advisory committee meets monthly. Regional planning active transportation committee meets monthly. Fairfield County acquired Lancaster Fairfield Public Transit.

APPENDIX B

Benchmark Comparisons

Benchmark Comparisons

The following table compares Fairfield County Service Area rates of the identified health needs to national goals called **Healthy People 2030 Objectives**. These benchmarks show how the service area compares to national goals for the same health need. This appendix is useful for monitoring and evaluation purposes in order to track the impact of our Improvement Plan (CHIP) to address priority health needs.

Fairfield County Health Department

APPENDIX B:
HEALTHY PEOPLE OBJECTIVES & BENCHMARK COMPARISONS

Where data were available, Fairfield County health and social indicators were compared to the Healthy People 2030 objectives. The **black** indicators are Healthy People 2030 objectives that did not meet established benchmarks, and the **blue** items met or exceeded the objectives. Certain indicators were not reported, marked as N/R. Healthy People Objectives are released by the U.S. Department of Health and Human Services every decade to identify science-based objectives with targets to monitor progress, motivate and focus action.

BENCHMARK COMPARISONS			
INDICATORS	**DESIRED DIRECTION**	**FAIRFIELD COUNTY**	**HEALTHY PEOPLE 2030 OBJECTIVES**
High school graduation rate[2]	↑	**93.5%**	**90.7%**
Child health insurance rate[16]	↑	**96.1%**	**92.1%**
Adult health insurance rate[16]	↑	**91.1%**	**92.1%**
Ischemic heart disease deaths[40]	↓	**197.9***	**71.1 per 100,000 persons**
Cancer deaths[40]	↓	**200.4***	**122.7 per 100,000 persons**
Colon/rectum cancer deaths[40]	↓	**11.5***	**8.9 per 100,000 persons**
Lung cancer deaths[40]	↓	**37.8***	**25.1 per 100,000 persons**
Female breast cancer deaths[40]	↓	20.9*	15.3 per 100,000 persons
Prostate cancer deaths[40]	↓	17.1*	**16.9 per 100,000 persons**
Stroke deaths[40]	↓	**64.5***	**33.4 per 100,000 persons**
Unintentional injury deaths[40]	↓	**67.0***	**43.2 per 100,000 persons**
Suicides[40]	↓	**20.7***	**12.8 per 100,000 persons**
Liver disease (cirrhosis) deaths[40]	↓	**18.2***	**10.9 per 100,000 persons**
Unintentional fall deaths, adults 65+[40]	↓	**116.3**	**63.4 per 100,000 persons ages 65+**
Unintentional drug-overdose deaths[40]	↓	**31.1***	**20.7 per 100,000 persons**
Overdose deaths involving opioids[41]	↓	**22.9**	**13.1 per 100,000 persons**
On-time (first trimester) prenatal care (HP2020 Goal)[50]	↑	**75.0%**	**84.8% (HP2020 Goal)**
Preterm births, babies born before 37 weeks of gestation (%)[50]	↓	**11.1%**	**9.0%**
Infant death rate[2]	↓	**6.4**	**5.0 per 1,000 live births**
Adults, ages 20+, obese[2]	↓	**39.0%**	**36.0%, adults ages 20+**
Adults engaging in binge drinking[2]	↓	**21.7%**	**25.4%**
Cigarette smoking by adults[2]	↓	**21.1%**	**5.0%**
Pap smears, ages 21-65, screened in the past 3 years[44]	↑	**78.8%**	**84.3%**
Mammograms, ages 50-74, screened in the past 2 years[44]	↑	**74.1%**	**77.1%**
Colorectal cancer screenings, ages 50-75, per guidelines[44]	↑	**66.7%**	**74.4%**
Medicare enrollee annual influenza vaccinations[2]	↑	**53.0%**	**70.0%, all adults**
Food insecure households[21]	↓	**12.8%**	**6.0%**

**Crude rates per 100,000, 2019-2023 average (only crude rates are available starting in 2021)*

APPENDIX C

Key Informant Interview Participants

Key Informant Interview Participants

Listed on the following page are the names of **22** leaders, representatives, and members of the community who were consulted for their expertise on the needs of the community. The following individuals were identified by the Community Health Assessment (CHA) team as leaders based on their professional expertise and knowledge of various target groups throughout the service area.

Fairfield County Health Department

APPENDIX C:
KEY INFORMANT INTERVIEW PARTICIPANTS
FAIRFIELD COUNTY

INTERVIEW PARTICIPANTS		
NAME(S)	**ROLE**	**ORGANIZATION**
1. Anna Tobin	Director	The Senior Hub/Meals on Wheels
2. Aundrea Cordle	Administrator	Fairfield County
3. Carrie Woody	Service Director	Lancaster City
4. Corey Clark	Director	Fairfield County Job and Family Services
5. Courtney VanDyke	Planning and Development Director	Lancaster Fairfield Community Action Agency
6. David Uhl	Superintendent	Fairfield County Board of Developmental Disabilities
7. Heather O'Keefe	Assistant Director	Fairfield County Job and Family Services
8. Jack Janoso	CEO	Fairfield Medical Center
9. JD Postage	Community Paramedic	Violet Township Fire Department
10. Jeanette Curtis	Executive Director	Fairfield County 211
11. Jeff Schmelzer	Mobility Manager	Fairfield County 211
12. Kacie Funk	SNAP/Ed Program Assistant	OSU Extension Office
13. Lisa Evangelista	CEO	Fairfield Community Health Center
14. Marcy Fields	Executive Director	Fairfield County ADAMH Board
15. Marie Ward	Superintendent	Fairfield ESC
16. Mayor Don McDaniel	Mayor	City of Lancaster

APPENDIX C:
KEY INFORMANT INTERVIEW PARTICIPANTS
FAIRFIELD COUNTY

INTERVIEW PARTICIPANTS		
NAME(S)	**ROLE**	**ORGANIZATION**
17. Melissa Hills	Early Childhood Health and Nutrition Coordinator	Lancaster Fairfield Community Action Head Start
18. Scott Duff	Project Director	Major Crimes Unit
19. Teri Watson	Community Outreach Coordinator	Fairfield Medical Center
20. Tiffany Wilson	Coordinator	Fairfield County Family and Children First Council
21. Tim Hubbell	Outreach Coordinator	Lutheran Social Services
22. Travis Markwood	President	Lancaster Fairfield Chamber of Commerce

APPENDIX D

Community Member Survey

Community Member Survey

On the following pages are the questions and demographics from the community member survey that was distributed to Fairfield County residents get their perspectives and experiences on the health assets and needs of the community they call home. **726 responses** were received.

Fairfield County Health Department

APPENDIX D:
COMMUNITY MEMBER SURVEY

Welcome!
Fairfield County is conducting a Community Health Assessment to identify and assess the health needs of the community. We are asking community members (those who live and/or work in these counties) to complete this 15-20 minute survey. This information will help guide us as we consider services, programs, and policies that will benefit the community.

Be assured that this process is completely anonymous - we cannot access your name or any other identifying information. Your individual responses will be kept strictly confidential and the information will only be presented in aggregate (as a group). Your participation in this survey is entirely voluntary and you are free to leave any of the questions unanswered/skip questions you prefer not to answer (so only answer the questions you want to answer!). Thank you for helping us to better serve our community!

Demographics

1. Where do you live or reside? (choose ONE)
- 43130
- 43147
- 43110
- 43076
- 43105
- 43112
- 43102
- 43046
- 43154
- 43107
- 43155
- 43148
- 43150
- 43136
- 43163
- 43157
- Prefer not to answer
- None of the above, I primarily live in the following ZIP Code:

2. Where do you work? (choose ONE)
- 43130
- 43147
- 43110
- 43076
- 43105
- 43112
- 43102
- 43046
- 43154
- 43107
- 43155
- 43148
- 43150
- 43136
- 43163
- 43157
- Prefer not to answer
- None of the above, I do not work or work in a ZIP Code outside the county (optional: share the ZIP code below)

3. Which of the following best describes your age?
- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to answer

4. What is your gender? (select all that apply)
- Woman
- Man
- Transgender/Trans woman (person who identifies as a woman)
- Transgender/Trans man (person who identifies as a man)
- Non-binary/non-conforming
- Prefer not to answer
- Not Listed (feel free to specify)

5. What is your sexual orientation? (select all that apply)
- Heterosexual or Straight
- Gay
- Lesbian
- Bisexual
- Asexual
- Prefer not to answer
- Not Listed (feel free to specify)

6. What is your race and/or ethnicity? (select all that apply)
- American Indian/Alaskan Native
- Asian Indian
- Black/African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Hispanic/Latino/a
- Japanese
- Korean
- Multiracial/More than one race
- Native Hawaiian
- Other Asian
- Other Pacific Islander
- Samoan
- Vietnamese
- White
- Prefer not to answer
- Other/Not Listed (feel free to specify)

7. What is your current living situation? (choose ALL that apply)
- I have a steady place to live
- I have a place to live today, but I am worried
- about losing it in the future
- I do not have a steady place to live (I am
- temporarily staying with others)
- I am staying in a shelter
- I am living outside
- I am living in a car
- I am living elsewhere
- Prefer not to answer
- Other/Not Listed (feel free to specify)

APPENDIX D:
COMMUNITY MEMBER SURVEY

8. Are you currently employed?
- Yes, full-time (30 hours per week or more)
- Yes, part-time (less than 30 hours per week)
- Not employed - but looking for work
- Not employed - not actively looking for work
- Student
- Retired
- Disabled
- Prefer not to answer
- Other/Not Listed (feel free to specify)

9. What is your annual household income?
- Less than $20,000
- $20,000-$34,999
- $35,000-$49,999
- $50,000-$74,999
- $75,000-$99,999
- Over $100,000
- Prefer not to answer
- Other/Not Listed (feel free to specify)

10. What is the highest level of education you have completed?
- Less than a High School diploma
- High School degree or equivalent
- Some college but no degree
- Trade School or Vocational Certificate
- Associate's degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Graduate degree (e.g. MA, MS, PhD, EdD, MD)
- Prefer not to answer
- Other/Not Listed (feel free to specify)

11. Do you have any of the following disabilities or chronic conditions? (choose ALL that apply)

- Attention deficit
- Autism
- Blind or visually impaired
- Cancer
- Chronic Liver
- Disease/Cirrhosis
- Chronic Obstructive
- Pulmonary Disease (COPD)
- Deaf or hard of hearing
- Mental health condition
- Mobility-related disability
- Parkinson's disease
- Speech-related disability
- Dementia (e.g. Alzheimer's
- and other worsening confusion
- and cognitive decline)
- Diabetes
- Health-related disability
- Heart disease and/or stroke
- Hypertension
- Kidney disease
- Learning disability
- Substance use disorder
- None
- Prefer not to answer
- Other/Not Listed (feel free to specify or tell us more)

Ranking Health Needs

12. While it can be hard to choose, do your best to select what you feel are the TOP 3 COMMUNITY CONDITIONS/SOCIAL DETERMINANTS OF HEALTH of concern in your community? (please check your TOP 3)

- Access to childcare
- Access to healthcare (e.g. doctors, hospitals, specialists, mental healthcare, dental/oral care, vision care, medical appointments, health insurance coverage, health literacy, etc.)
- Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma, etc.)
- Crime and violence
- Education (e.g. early childhood education, elementary school, post-secondary education, etc.)
- Substance misuse (alcohol and drugs)
- Tobacco and nicotine use/smoking/vaping
- Transportation (e.g. public transit, cars, cycling, walking)
- Environmental conditions (e.g. air and water quality, vector-borne diseases, etc.)
- Food insecurity (e.g. not being able to access and/or afford healthy food)
- Housing and homelessness
- Income/poverty and employment
- Internet/wifi access
- Nutrition and physical health/exercise (includes overweight and obesity)
- Preventive care and practices (e.g. screenings, mammograms, pap tests, vaccinations)
- Other/Not Listed (feel free to specify)

13. While it can be hard to choose, do your best to select what you feel are the TOP 3 HEALTH OUTCOMES (e.g. impacts, diseases, conditions, etc.) of concern in your community? (please check your TOP 3)

- Chronic diseases (e.g. heart disease, hypertension, diabetes, cancer, asthma, etc.) - Please specify which chronic disease(s) you feel is the biggest issue in the community in the 'Other' box below.
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Injuries (workplace injuries, car accidents, falls, etc.)
- Maternal, infant and child health (e.g. pre-term births, infant mortality, maternal morbidity and mortality)
- Mental health (e.g. depression, anxiety, suicide, etc.)
- Other/Not Listed (feel free to specify)

Overall Health

14. Overall, my physical health is:

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know/not sure
- Prefer not to answer

15. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health NOT good?

- 0
- 1-2
- 3-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-29
- 30

APPENDIX D:
COMMUNITY MEMBER SURVEY

16. Has a doctor, nurse, or other health professional EVER told you that you had... (choose ALL that apply)

- Asthma
- Arthritis
- Coronary heart disease
- Heart attack
- Diabetes
- Other/Not Listed (feel free to specify)
- High blood pressure
- High blood cholesterol
- Anxiety disorder
- Depressive disorder
- None of these

17. During the past 12 months, why did you NOT get a prescription from your doctor filled? (choose ALL that apply)

- I had all my prescriptions filled
- My doctor did not prescribe me any medications
- I have no insurance
- I am taking too many medications
- Too expensive
- There was no generic equivalent of what was prescribed
- I stretched my current prescription by taking less than what was prescribed
- Transportation
- Side effects
- Fear of addiction
- I did not think I needed it
- Other/Not Listed (feel free to specify)

18. During the past 12 months, have you delayed getting needed medical care for any of the following reasons? (choose ALL that apply)

- Did not have insurance
- Could not afford the co-pay
- Did not have transportation
- Were unable to schedule an appointment
- Could not schedule an appointment soon enough
- Could not access telehealth care
- Did not delay getting needed care
- Other/Not Listed (feel free to specify)

Mental Health

19. During the past 12 months, have you delayed getting needed medical care for any of the following reasons? (choose ALL that apply)

- 0
- 1-2
- 3-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-29
- 30

20. During the past 30 days, for about how many days did poor mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- 0
- 1-2
- 3-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-29
- 30

21. During the past 12 months, did you ever seriously consider attempting suicide? (choose ONE)

- Yes
- No
- Prefer not to answer

22. During the past 12 months, how many times did you actually attempt suicide? (choose ONE)

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

23. During the past 12 months, have you delayed getting needed mental health care or services for any of the following reasons? (choose ALL that apply)

- Unsure what services were available/Not knowing where to go
- Couldn't afford the care
- Feared admitting a mental health issue/Stigma of mental health issues
- Distrust/Fear of discrimination
- Difficulty finding a provider with availability
- Could not get an appointment quickly enough/too long of a wait for an appointment
- Office hours of provider didn't work with my schedule
- Language barriers
- Lack of transportation to the appointment
- Technology barriers with virtual visits/telehealth services
- Did not delay getting needed care
- Do not need mental health care or services
- Other/Not Listed (feel free to specify)

Health Care Access

24. In the past 12 months, have you had any of the following problems when you needed health care (or to go to the doctor)? (choose ALL that apply)

- My healthcare plan does not allow me to see any doctors in Fairfield County
- I did not have enough money to pay for health care (the cost)
- I could not find a doctor to take me as a patient
- I could not find a doctor that I am comfortable with
- I could not get appointments when I wanted
- I did not get health services because of discrimination
- I did not get health services because I was concerned about my confidentiality
- I did not have transportation
- I did not have anyone to take care of my children
- I was too busy to get the health care that I needed
- I was too embarrassed to see help
- I had another problem that kept me from getting health care
- I have not had any of these problems in the past 12 months
- Other/Not Listed (feel free to specify)

25. Has a doctor, nurse, or other health professional EVER told you that you had any type of cancer? (choose ONE)

- Yes
- No

APPENDIX D:
COMMUNITY MEMBER SURVEY

Cancer

26. About how many months passed from the time you first thought something might be wrong until you first saw a health care provider about it?

- Less than a month
- 1-3 months
- 4-6 months
- 7-12 months
- More than a year
- I have not seen a health care provider about it

27. If you waited more than 3 months before you saw a health care provider for your cancer, what were the reasons for this? (choose ALL that apply)

- My healthcare plan does not allow me to see any doctors in Fairfield County
- I did not have enough money to pay for health care (the cost)
- I could not find a doctor to take me as a patient
- I could not find a doctor that I am comfortable with
- I could not get appointments when I wanted
- I did not get health services because of discrimination
- I did not get health services because I was concerned about my confidentiality
- I did not have transportation
- I did not have anyone to take care of my children
- I was too busy to get the health care that I needed
- I was too embarrassed to see help
- I had another problem that kept me from getting health care
- I have not had any of these problems in the past 12 months
- Other/Not Listed (feel free to specify)

28. Which of the following would you have liked help with during your illness? (choose ALL that apply)

- Help with understanding my diagnosis and/or treatment options
- Help with applying for any benefits I might be eligible for
- Help arranging care services at my home
- Help with my insurance/billing paperwork
- Help with childcare
- None
- Other/Not Listed (feel free to specify)

29. About how long has it been since you have been to the doctor to get a routine checkup when you were well (not because you were already sick)? (choose ONE)

- Within the past year (anytime less than 12 months ago)
- 1-2 years ago (at least 1 year but less than 2 years ago)
- 3-5 years ago (at least 2 years but less than 5 years ago)
- 5 or more years ago
- I have never been to a doctor for a checkup
- Other/Not Listed (feel free to specify)

30. About how long has it been since you have been to the dentist or dental clinic for any reason? Include visits to dental specialists, such as orthodontists or oral surgeon, etc. (choose ONE)

- Within the last year (anytime less than 12 months ago) (SKIP next question)
- 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
- I have never been to the dentist
- Other/Not Listed (feel free to specify)

31. In the past 12 months, what have been your reasons for not visiting a dentist or dental clinic? (choose ALL that apply)

- My healthcare plan does not allow me to see any dentists in Fairfield County
- I did not have enough money to pay for dental/oral care (the cost)
- I could not find a dentist to take me as a patient
- I could not find a dentist that I am comfortable with
- I could not get appointments when I wanted
- I did not get dental/oral services because of discrimination
- I did not get dental/oral services because I was concerned about my confidentiality
- I did not have transportation
- I did not have anyone to take care of my children
- I was too busy to get the dental/oral care that I needed
- I was too embarrassed to see help
- I'm afraid of going to the dentist
- I had another problem that kept me from getting dental/oral care
- I have not had any of these problems in the past 12 months
- I have visited a dentist or dental clinic in the past 12 months
- Other/Not Listed (feel free to specify)

32. During the past 12 months, how many times has the child in your household (aged 0-18, who most recently celebrated a birthday) visited a doctor, nurse, or other healthcare professional for an annual physical, sports physical, or well visit? (choose ONE)

- 0 times
- 1 time
- 2 or more times
- Do not have children that are 0-18
- Other/Not Listed (feel free to specify)

33. In the past 12 months, have you gone outside of Fairfield County for any of the following healthcare services? (choose ALL that apply)

- I did not use any healthcare services outside of Fairfield County
- Specialty care
- Primary care (family doctor)
- Dental services
- Cardiac care
- Orthopedic care
- Cancer care
- Mental healthcare/counseling services
- Hospice/palliative care
- Pediatric primary care
- Pediatric specialists
- Pediatric therapies (e.g. physical therapy, occupational therapy, speech therapy, etc.)
- Obstetrics/gynecology
- Addiction services
- Female health services
- Dermatological (skin) care
- Podiatry (foot/ankle) care
- Bariatric (obesity) care
- Ear, nose, and throat care
- Skilled nursing rehabilitation
- I did not go outside of Fairfield County for any of these healthcare services
- Other/Not Listed (feel free to specify)

APPENDIX D:
COMMUNITY MEMBER SURVEY

34. [NOTE: If you are 44 years of age or younger, SKIP THIS QUESTION] How long has it been since you had a sigmoidoscopy or colonoscopy? This does not include a colorectal screening done at home. (choose ONE)
This question is about colorectal cancer screening. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems.

- Have never had a sigmoidoscopy or colonoscopy
- Not recommended by my doctor/healthcare professional to get a sigmoidoscopy or colonoscopy
- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 3 years (2 years but less than 3 years ago)
- Within the past 5 years (3 years less than 5 years ago)
- Within the past 10 years (5 years but less than 10 years ago)
- Never
- Don't know
- Other/Not Listed (feel free to specify)

35. [NOTE: If you are male, SKIP THIS QUESTION] How long has it been since you had your last Pap test? (choose ONE) A Pap test is a test for cancer of the cervix.

- Have never had a Pap test
- Not recommended by my doctor/healthcare professional to get a Pap test
- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (at least 1 year but less than 2 years ago)
- Within the past 3 years (at least 2 years but less than 3 years ago)
- Within the past 5 years (at least 3 years but less than 5 years ago)
- 5 or more years ago
- Don't know
- Other/Not Listed (feel free to specify)

36. [NOTE: If you are male OR younger than 45 years old, SKIP THIS QUESTION] How long has it been since you had your last mammogram? (choose ONE) A mammogram is an x-ray of each breast to look for breast cancer.

- Have never had a mammogram
- Not recommended by my doctor/healthcare professional to get a mammogram
- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (at least 1 year but less than 2 years ago)
- Within the past 3 years (at least 2 years but less than 3 years ago)
- Within the past 5 years (at least 3 years but less than 5 years ago)
- 5 or more years ago
- Breasts were removed
- Don't know
- Other/Not Listed (feel free to specify)

Health Information Resources

37. Which of the following sources would you trust to provide accurate information about health or prevention? (choose ALL that apply)

- Fairfield County Health Department
- The Ohio Department of Health
- The CDC (Centers for Disease Control and Prevention)
- Family member or friend
- My doctor or healthcare provider/professional
- Newspaper articles or radio/television news stories
- Faith-based community/church
- The internet
- Advertising or mailings
- Social media medical community (Facebook,
- Twitter, Instagram)
- Billboards
- Texts on cell phone
- In-person education/classes
- Podcasts/webinars
- Other/Not Listed (feel free to specify)

Environmental Health

38. The following issues are sometimes associated with poor health. During the past 12 months, which of the following issues have been present in or around your household? (choose ALL that apply)

- Lead paint
- Rodents (mice or rats)
- Lice
- Unsafe water supply/wells
- Plumbing problems
- Sewage/waste water problems
- Air quality
- Temperature regulation (heating and air conditioning)
- Agricultural chemicals (pesticides, insecticides, fertilizers)
- Mold
- Asbestos
- Moisture issues
- Radon
- Bedbugs
- Other insects (flies, roaches, mosquitoes, etc.)
- Litter/trash/sanitation issues
- None of these
- Other/Not Listed (feel free to specify)

Nutrition/Physical Activity

39. If you want to improve your health and fitness, what challenges or obstacles are currently preventing you from doing so? (choose ALL that apply)

- Stress
- Lack of energy
- My busy schedule (I don't have time to cook or exercise)
- Lack of support from friends
- Lack of support from family
- I feel intimidated or awkward going to a gym or fitness center
- Money (gyms and healthy foods are too expensive)
- Lack of gyms or fitness centers to go to near me
- Food and fitness is too confusing
- Convenience (eating out is easier)
- Childcare concerns
- I don't like to cook
- I don't like to exercise
- I don't feel motivated to be healthier
- None of the above. (I'm in good shape or don't want to be in better shape)
- Other/Not Listed (feel free to specify)

APPENDIX D:
COMMUNITY MEMBER SURVEY

40. What types of facilities or spaces would you like to have more of for physical activity and/or leisure activities in the area where you live? (choose ALL that apply)

- More sidewalks
- More bike paths
- More walking paths
- More parks
- More places for kids to play
- More places to play sports like basketball, tennis, or pickleball
- More indoor facilities (gyms and/or fitness
- centers)
- None
- Other/Not Listed (feel free to specify)

41. During the past month, other than your regular job, how many times did you participate in any physical activities or exercises (such as running, weight training, golf, gardening, or walking for exercise)? (choose ONE)

- 0
- 1-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-29
- 30 or more

42. On average, how many hours of sleep do you get in a 24-hour period? (choose ONE)

- 0
- 1-3
- 4-6
- 7-9
- 10-12
- 13 or more
- Other/Not Listed (feel free to specify)

43. How difficult is it for you to regularly access and purchase fresh fruits and vegetables?

- Extremely difficult
- Very difficult
- Somewhat difficult
- Slightly difficult
- Not difficult at all
- Other/Not Listed (feel free to specify)

44. In a typical week, how many times do you eat fast food? (choose ONE)

- 0
- 1-2
- 3-4
- 5-6
- 7 or more

Tobacco/Nicotine

45. How often do you…

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

Other/Not Listed (feel free to specify)

46. Considering all types of alcoholic beverages, how many did you have during the past 30 days? (choose ONE) One drink is equal to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

- 0
- 1-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-29
- 30 or more

47. Do you personally know anyone in Fairfield County who has a drug abuse or addiction problem with... (choose ALL that apply)

- Heroin
- Methamphetamines
- Prescription pain medicine
- Alcohol
- Don't know anyone
- Other/Not Listed (feel free to specify)

48. In the past 30 days, have you used prescription medication in a way that was not prescribed to you (such as taking someone else's medication or using more than prescribed)?

- Yes
- No
- Prefer not to answer

49. During the past 30 days, on how many days did you use marijuana or cannabis?

- 0
- 1-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-29
- 30 or more

50. On average, how many hours per day do you spend on the internet, computer, or cell phone (outside of work or school activities)? This includes browsing the web on a desktop, laptop, or cell phone, using apps on a cell phone, checking email, social media usage, etc. (choose ONE)

- 0
- 1-3
- 4-6
- 7-9
- 10-12
- 13 or more
- Other/Not Listed (feel free to specify)

APPENDIX D:
COMMUNITY MEMBER SURVEY

Child Health

51. If you have a child/children living in your household, what would you say are your child(ren)'s biggest challenges in school? (choose ALL that apply)

- Bullying
- Substances, including Juuls, tobacco products, drugs or alcohol
- Doesn't take it seriously
- Behavior
- Academics – Literacy
- Academics – Math
- Limited English Proficiency
- Teen pregnancy
- Stress/mental health
- Pressure to have sex
- Peer pressure in general
- Access to special healthcare needs assessments
- Experienced bullying due to race or ethnicity
- Felt isolated or left out due to race or ethnicity
- Not applicable
- Prefer not to answer
- Other/Not Listed (feel free to specify)

Transportation

52. In the past 12 months, has lack of reliable transportation kept you from going to (choose ALL that apply):

- Medical appointments (for yourself or another member of your family)
- Work/meetings
- School (for yourself or another member of your family)
- Childcare
- Buying food/groceries
- Physical activity opportunities/the gym
- Getting other things for daily living
- Not applicable
- Other/Not Listed (feel free to specify)

Community Resources

53. What resources are lacking within your community? (choose ALL that apply)

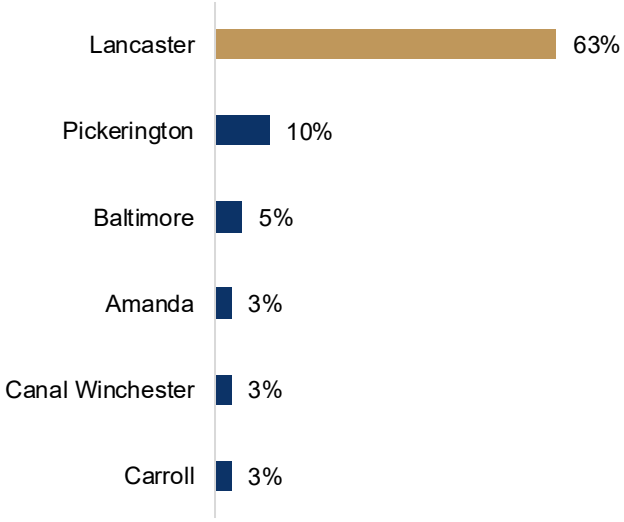
- Affordable food
- Affordable housing
- Childcare
- Dental/oral healthcare access
- Hospital/acute and emergency healthcare
- Maternal, infant, and child healthcare (e.g.
- OB/GYN, midwives, doulas, pediatricians, etc.)
- Mental healthcare access
- Primary healthcare access
- Recreational spaces (e.g. parks, walking paths, community centers, gyms/workout facilities, etc.)
- Specialist healthcare (e.g. oncologist/cancer care, cardiologist/heart care, nephrologist/kidney care, physical therapy, dietitian, etc.)
- Substance use treatment/harm reduction services
- Transportation
- Vision healthcare access
- There is no lack of resources in my community
- I don't know what resources are lacking in my community
- Other/Not Listed (feel free to specify)

Final Comments

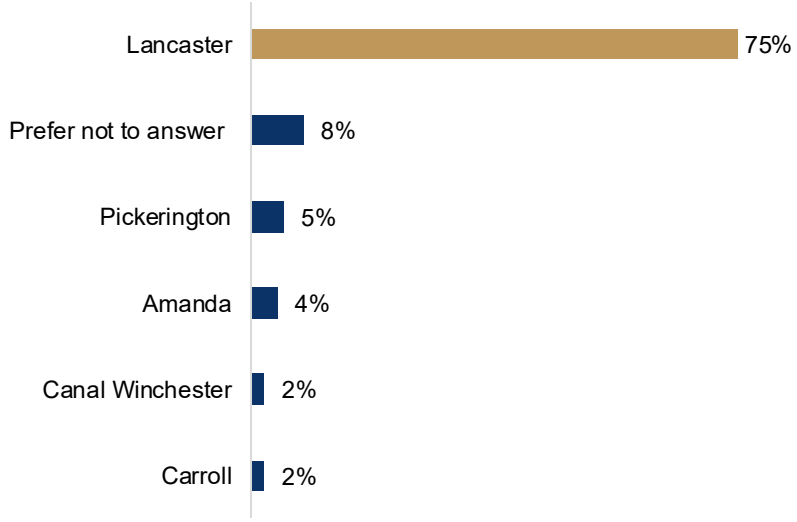
54. Do you have any other feedback or comments to share with us?

APPENDIX D:
COMMUNITY MEMBER SURVEY DEMOGRAPHICS

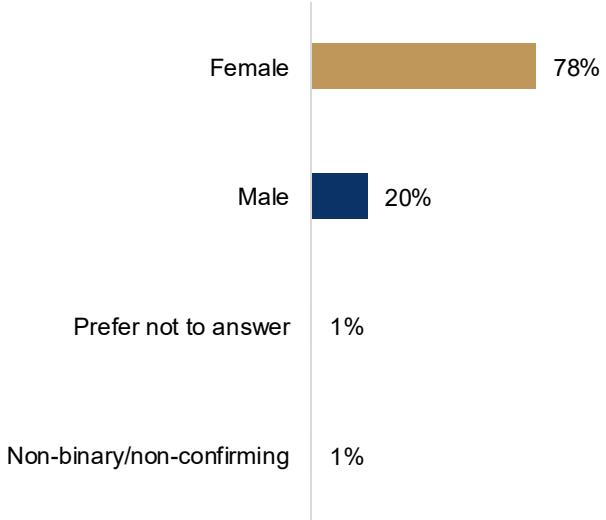
The majority of survey respondents live in **Lancaster (43130),** while there was representation from Pickerington (43147), Baltimore (43105), and Amanda (43102).



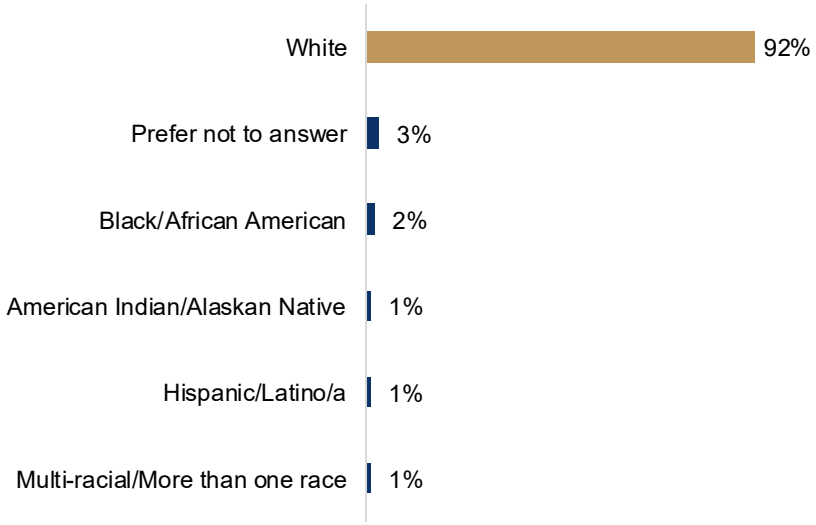
The majority of respondents work in **Lancaster (43130)**, while there was representation from Pickerington (43147), Amanda (43102), and Canal Winchester (43110).



The majority of respondents were **female** (males were underrepresented).

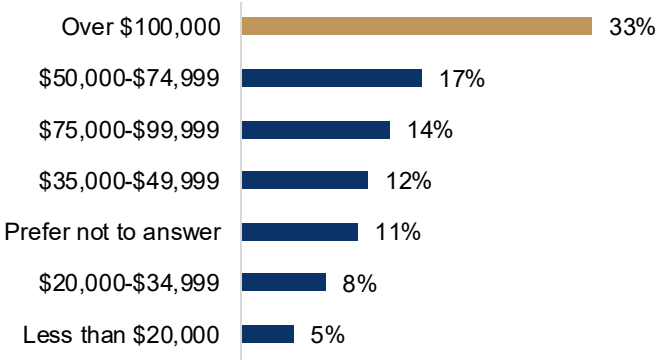


The majority of respondents were **White**, consistent with the composition of the service area. The representation from other racial groups was also similar to the service area as a whole.



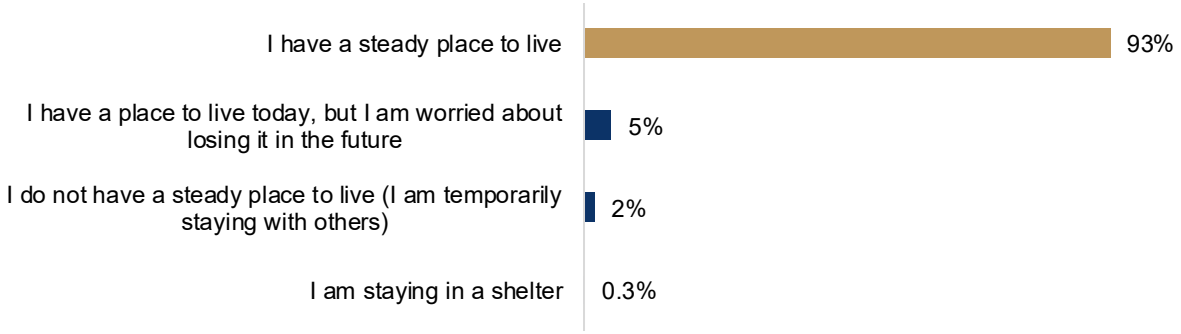
APPENDIX D:
COMMUNITY MEMBER SURVEY DEMOGRAPHICS

Respondents were generally **higher income**, with one-third having an annual household income of $100,000 or more. This representation is similar to the service area as a whole.

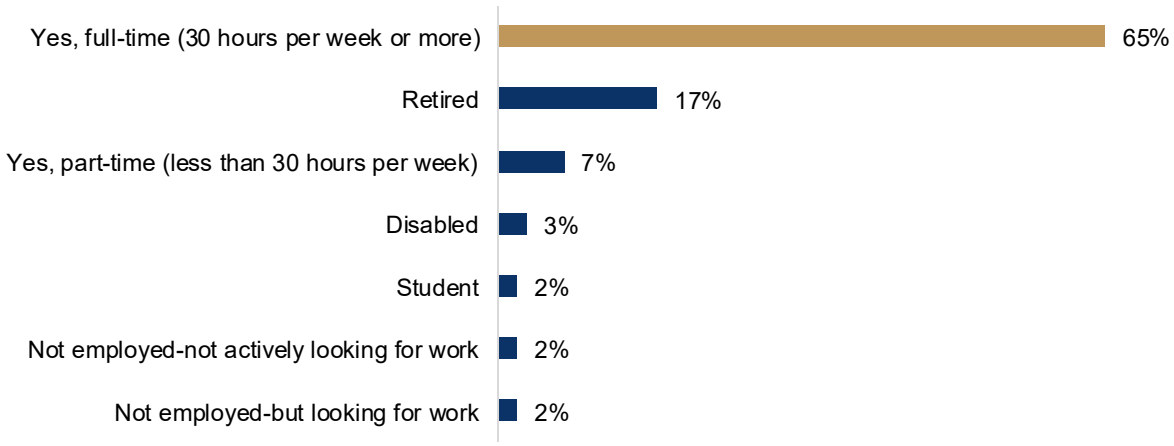


100% of respondents reported that their primary language spoken at home was **English.**

The majority of respondents have a **steady place to live**, while some are worried about losing it in the future.

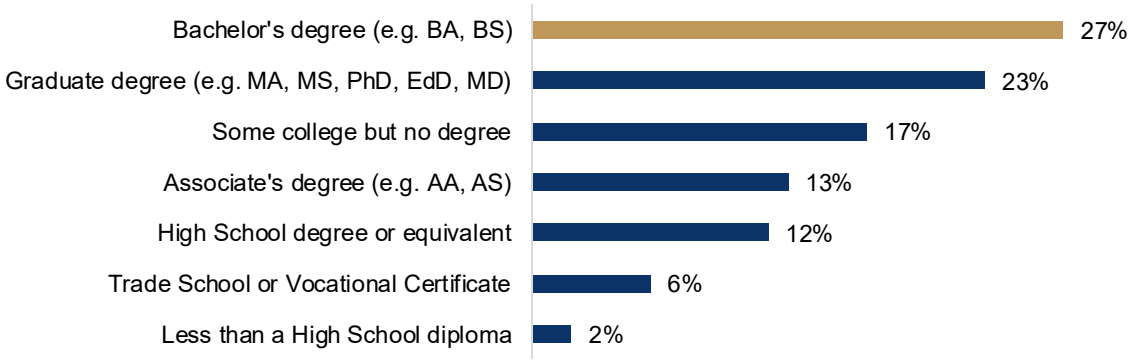


The majority of respondents are **employed full-time**, while significant proportions are retired, employed part-time, have disabilities, or are unemployed.

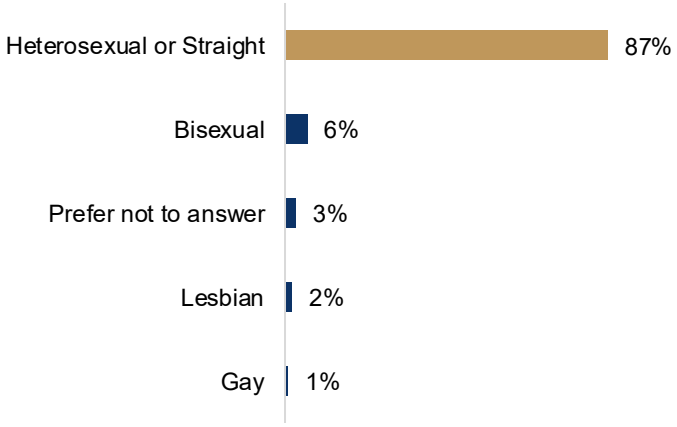


APPENDIX D:
COMMUNITY MEMBER SURVEY DEMOGRAPHICS

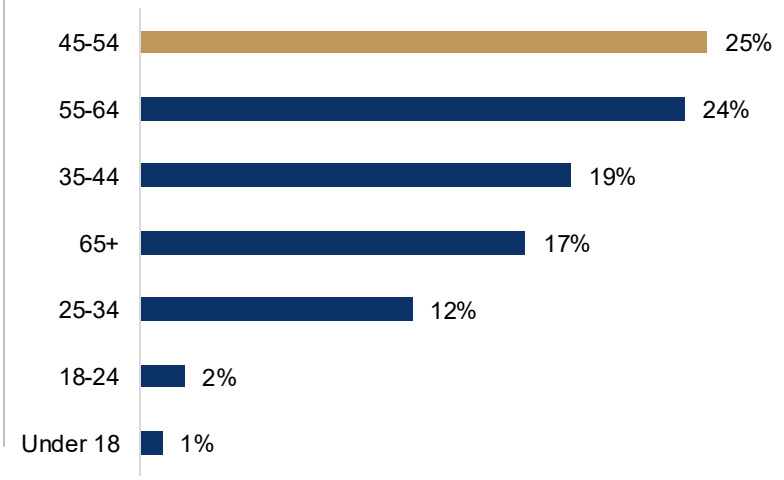
The majority of respondents have at least a **high school degree or equivalent, with a significant number having a Graduate or Bachelor's degree.**



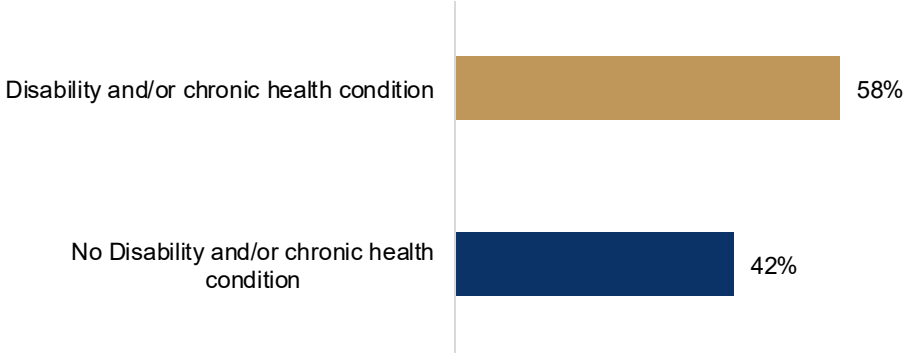
The majority of respondents reported their sexual orientation as **heterosexual or straight**, while there was some LGBTQ+ representation.



There was a greater proportion of survey responses from **middle-aged and older** rather than younger adults, particularly from the 45-54, 55-64, 35-44, 65+ year-old age groups.



The majority of respondents reported having a **disability and/or chronic health condition**, while 42% did not.



APPENDIX E

Public Health Accreditation Board (PHAB) Checklist: Community Health Assessment

Meeting The PHAB Requirements For Community Health Assessment

The Public Health Accreditation Board (PHAB) Standards & Measures serves as the official guidance for PHAB national public health department accreditation and includes requirements for the completion of Community Health Assessments (CHAs) for local health departments. The following page demonstrates how this CHA meets the PHAB requirements.

Fairfield County Health Department

APPENDIX E:

PHAB CHA REQUIREMENTS CHECKLIST

PUBLIC HEALTH ACCREDITATION BOARD REQUIREMENTS FOR COMMUNITY HEALTH ASSESSMENTS			
YES	**PAGE #**	**PHAB REQUIREMENTS CHECKLIST**	**NOTES/ RECOMMENDATIONS**
✓	4	a. A list of participating partners involved in the CHA process. Participation must include: i. At least 2 organizations representing sectors other than governmental public health. ii. At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes.	Integrated throughout the report Community member survey included a question that asked respondents to select their top community health needs and rate the importance of addressing each health need.
✓	5–10	b. The process for how partners collaborated in developing the CHA.	
✓	13, 18-64	c. Comprehensive, broad-based data. Data must include: i. Primary data. ii. Secondary data from two or more different sources.	Primary and secondary data is integrated together throughout the report
✓	13	d. A description of the demographics of the population served by the health department, which must, at minimum, include: i. The percent of the population by race and ethnicity. ii. Languages spoken within the jurisdiction. iii. Other demographic characteristics, as appropriate for the jurisdiction.	
✓	13, 18-64	e. A description of health challenges experienced by the population served by the health department, based on data listed in required element (c) above, which must include an examination of disparities between subpopulations or sub-geographic areas in terms of each of the following: i. Health status ii. Health behaviors.	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	13, 18-64	f. A description of inequities in the factors that contribute to health challenges (required element e), which must, include social determinants of health or built environment.	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	62-64	g. Community assets or resources beyond healthcare and the health department that can be mobilized to address health challenges. The CHA must address the jurisdiction as described in the description of Standard 1.1.	

APPENDIX F

References

Fairfield County Health Department

APPENDIX F:
REFERENCES

The following reference list provides the sources for the secondary data that was collected for the Community Health Assessment (CHA) in Fall 2025. The most up-to-date data available at the time was collected and included in the CHA report. Please refer to individual sources for more information on years and methodology.

[1]Ohio Department of Development, Office of Research. 2023 Population Estimates: Cities, Villages, and Townships by County. Prepared with data from the U.S. Census Bureau, Population Estimates Division. https://dam.assets.ohio.gov/image/upload/development.ohio.gov/research/population/2023_Pop_Est_-_TwpPlaces_By_County.pdf

[2]County Health Rankings & Roadmaps, 2025 Data Set, http://www.Countyhealthrankings.org/

[3]U.S. Census Bureau, American Community Survey, Dp05, 2018-2022 5-Year Estimate. Http://Data.Census.Gov/

[4]U.S. Census Bureau, American Community Survey, Dp02, 2018- 2022 5-Year Estimate. Http://Data.Census.Gov/

[5]U.S. Census Bureau, Decennial Census, S1601 American Community Survey, 2018-2022 5-Year Estimate.Http://Data.Census.Gov/

[6]U.S. Census Bureau, American Community Survey, 2018-2022, S1701. Http://Data.Census.Gov/

[7]U.S. Census Bureau, American Community Survey, 2018-2022, Dp03. Http://Data.Census.Gov/

[8]The Center for Applied Research and Engagement Systems (CARES) Map Room. Education and poverty levels from U.S. Census Bureau's American Community Survey, 2017-2021. https://engagementnetwork.org/map-room/?action=tool_map&tool=footprint

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