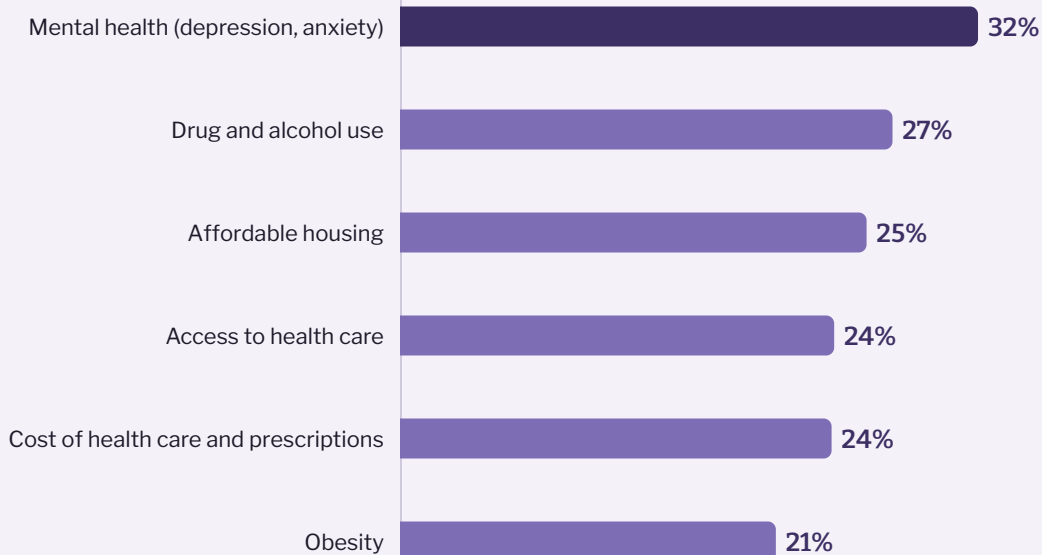


Community Survey Results Brief

What 1,412 residents told us about health, access to care and living conditions in Wexley County

Most common health concerns, percent of respondents



1,412 respondents

Online (1,099) and paper (313), in English and Spanish

March 4 to May 16, 2025

Shared through clinics, libraries, faith communities, senior centers and social media

Convenience sample

Results are weighted by age and gender, and limits are described on page 8

Summary of findings

The 2025 community survey asked county adults about their health, their community and the barriers they face when they need care. These are the main results. Each finding is described in more detail on the pages that follow.

Mental health is the top concern.

About one in three respondents (31.6%) named depression and anxiety as a top health concern. The share rises to 35.0% after weighting, because younger adults chose it most often and they are underrepresented in the sample.

Concerns change with age.

Adults under 45 named mental health (38.5%) and affordable housing (31.4%) most often, while adults 65 and older named aging problems such as memory loss and falls (36.5%) most often.

Cost is the most common barrier, and it falls hardest on lower-income households.

Among respondents with household incomes under \$50,000, 43.4% said cost kept them from getting care in the past year, compared with 14.6% of respondents with incomes of \$100,000 or more.

Some concerns differ by race and ethnicity.

Black respondents named diabetes (23.1%) and heart disease and stroke (24.2%) more often than White respondents (15.4% and 17.0%). Hispanic or Latino respondents named access to health care (38.2%) more often than White (23.4%) or Black (19.4%) respondents.

Four other concerns follow closely.

Drug and alcohol use (26.9%), affordable housing (25.5%), access to health care (23.7%) and the cost of care and prescriptions (23.6%) were the next most common concerns.

Rural residents have a harder time getting care close to home.

Only 16.3% of North Rural and 13.2% of South Rural respondents agreed they can get medical care close to home, compared with about half of respondents in City Center (48.4%) and East Suburbs (52.0%). About one in four rural respondents reported transportation as a barrier.

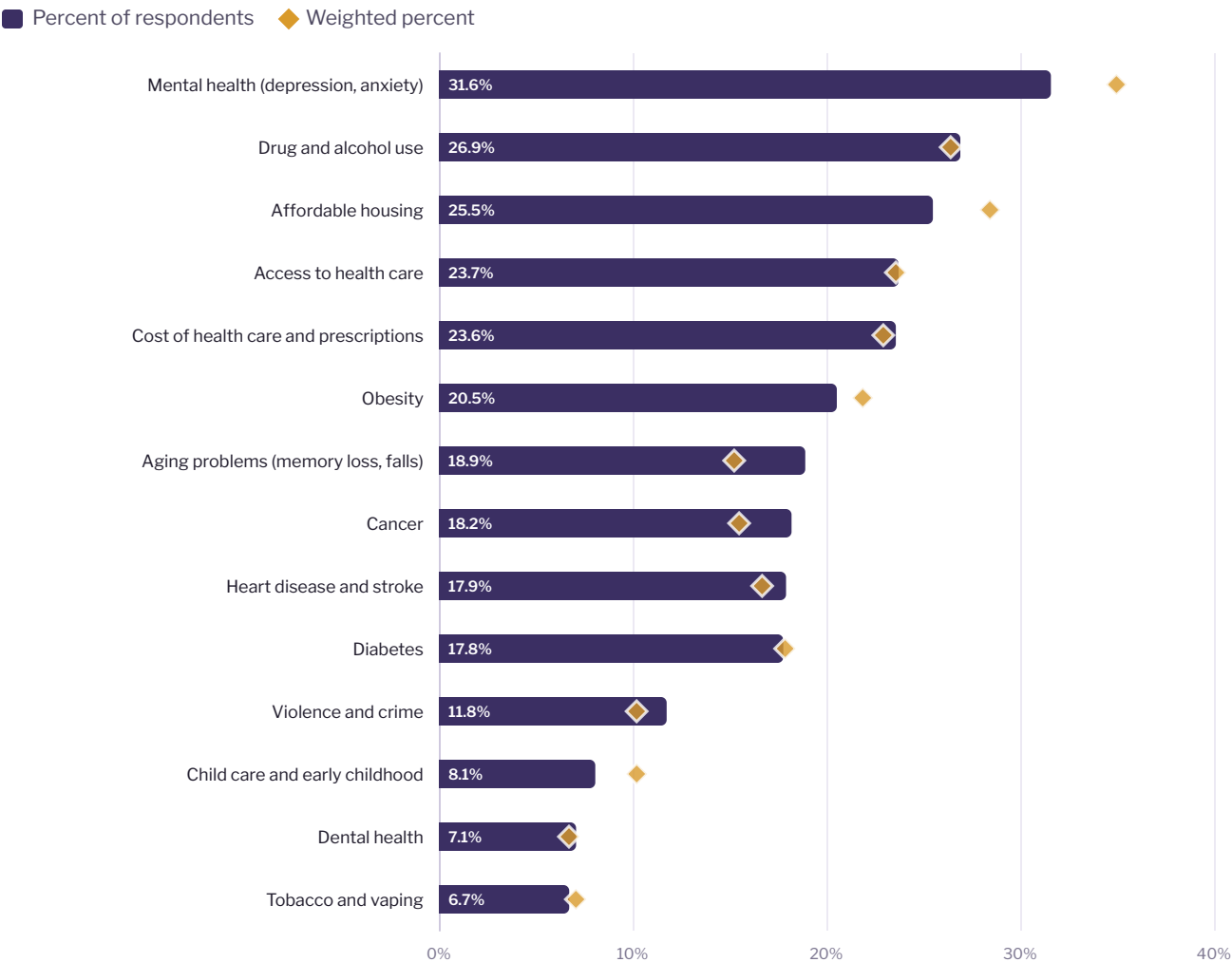
Housing, wages and mental health care get the lowest ratings.

Few respondents agreed that housing is affordable (15.5%), that jobs pay a living wage (16.7%) or that they can get mental health care when they need it (13.7%). About two thirds agreed that the county is a good place to raise children and that they feel safe in their neighborhood (67.0% each).

23.7% rated their own health as fair or poor (21.2% weighted)	14.7% needed medical care in the past year but did not get it	842 wrote in what would most improve health in the county
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Top health concerns

Respondents could choose up to three health concerns from a list of fourteen. The bars show the percent of all 1,412 respondents who chose each concern, and the diamonds show the weighted percent, which adjusts the results to match the county's adult population by age and gender.

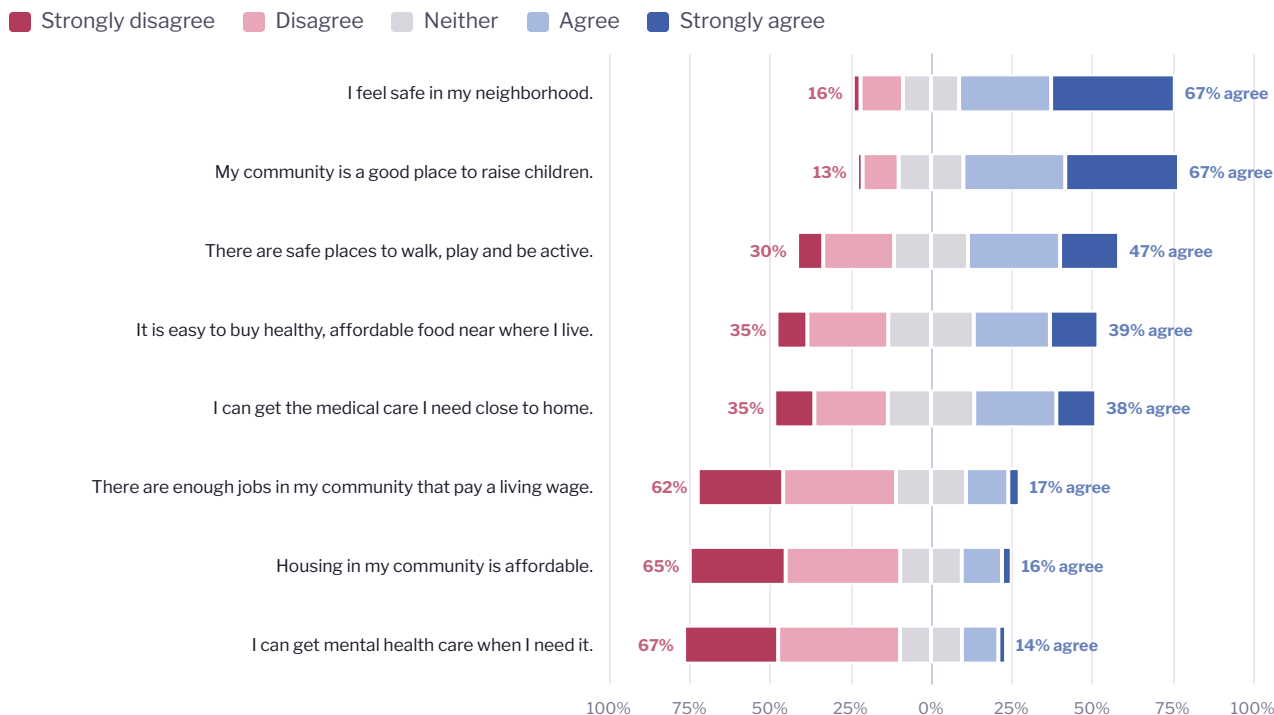


Reading the weighted results

Weighting moves mental health up by about three points and affordable housing up by about three points, because adults under 35 chose these concerns most often and responded at less than half their share of the population. Aging problems and cancer move down by about three points for the opposite reason. The same five concerns stay at the top with or without weights, although affordable housing moves ahead of drug and alcohol use once the weights are applied.

Community conditions

Respondents rated eight statements about their community from strongly disagree to strongly agree. Bars to the right of the center line show agreement and bars to the left show disagreement. Neutral answers are split evenly across the center line. Statements are ordered from most to least agreement.

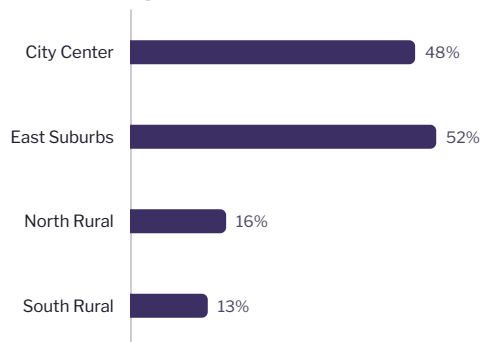


Agreement differs most by area

The widest gap is on getting medical care close to home. About half of respondents in City Center and East Suburbs agreed, compared with 16.3% in North Rural and 13.2% in South Rural. City Center respondents were the least likely to agree that housing is affordable (8.3%) or that they feel safe in their neighborhood (41.8%).

South Rural respondents were the least likely to agree that healthy, affordable food is easy to buy (19.3%).

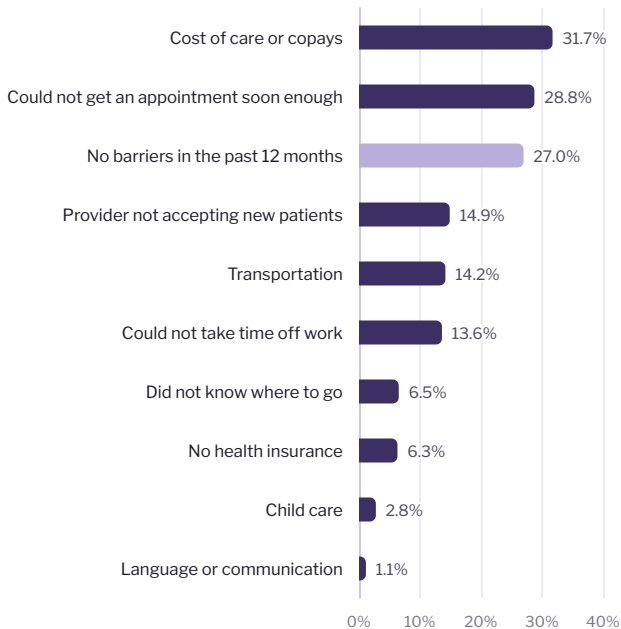
Agree they can get medical care close to home, by area



Access to care

Respondents were asked whether anything kept them from getting health care in the past 12 months and could choose all that applied. Overall, 14.7% said there was a time they needed medical care but did not get it.

Barriers to care in the past 12 months, percent of respondents



Cost and wait times lead the list

Cost of care or copays (31.7%) and not being able to get an appointment soon enough (28.8%) were the most common barriers. About one in four respondents (27.0%) reported no barriers at all.

Rural respondents reported transportation (24.4% in North Rural and 25.2% in South Rural) and providers not accepting new patients (22.1% and 18.4%) far more often than respondents in City Center and East Suburbs.

Language was a barrier for 13.5% of Hispanic or Latino respondents, and all of them took the survey in Spanish.

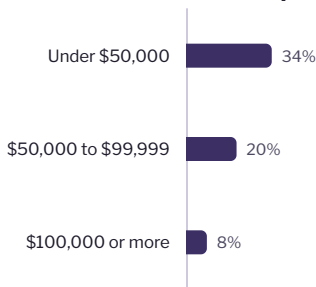
Cost, health status and access by household income

Percent of respondents in each income group. Respondents who did not report income are not shown.

Cost was a barrier to care



Rate their health as fair or poor



Can get medical care close to home



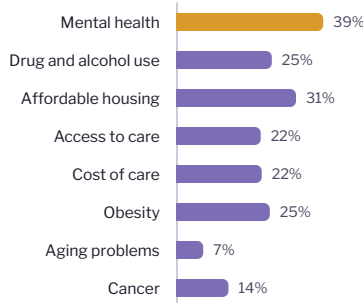
The pattern is consistent across all three measures. Respondents with household incomes under \$50,000 were about three times as likely as those earning \$100,000 or more to report cost as a barrier (43.4% compared with 14.6%) and about four times as likely to rate their health as fair or poor (33.8% compared with 8.2%).

Differences by group

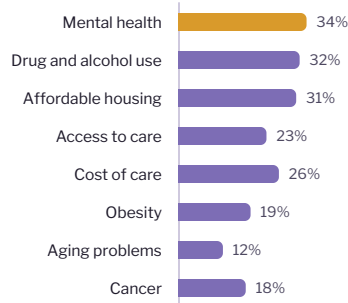
The charts below show the eight most common concerns for each group, using the same scale in every panel so the bars can be compared across groups. The highlighted bar marks each group's most common concern.

By age group

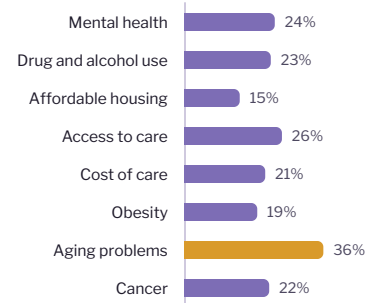
18 to 44 (379)



45 to 64 (553)

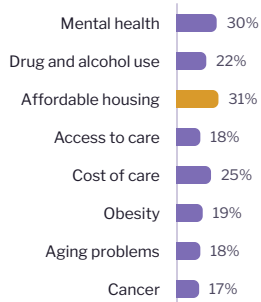


65 and older (480)

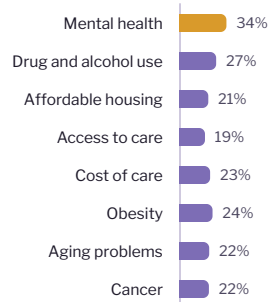


By area of residence

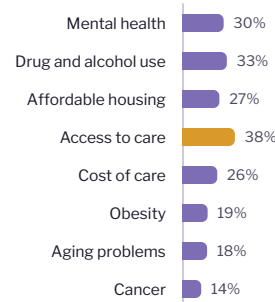
City Center (464)



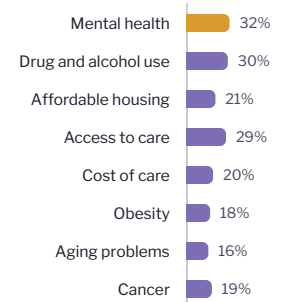
East Suburbs (456)



North Rural (258)

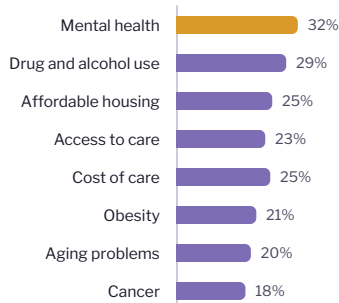


South Rural (234)

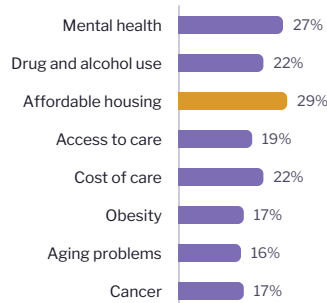


By race and ethnicity

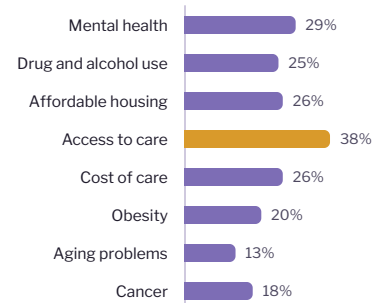
White (985)



Black (273)



Hispanic or Latino (89)

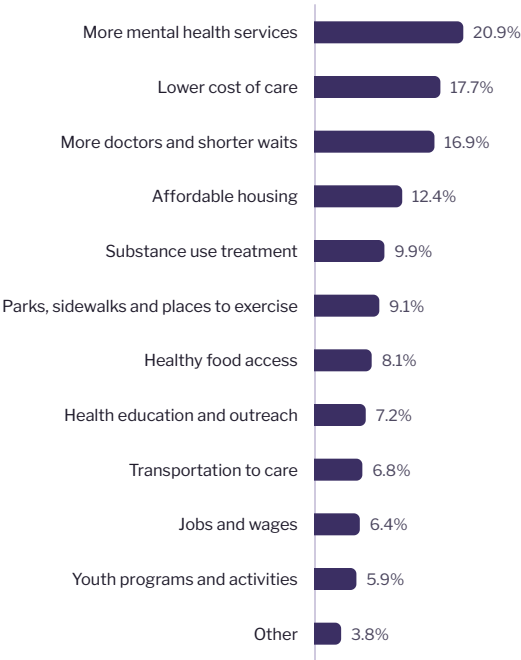


Group sizes: ages 18 to 44 (379), 45 to 64 (553), 65 and older (480); City Center (464), East Suburbs (456), North Rural (258), South Rural (234); White (985), Black (273), Hispanic or Latino (89). Results for Hispanic or Latino respondents rest on a small group and should be read with care.

What residents said

The survey ended with one open-ended question: "What is the one thing that would most improve health in your community?" Of the 1,412 respondents, 842 wrote an answer. Each answer was read and coded into up to two themes using a shared codebook.

Themes, percent of those who answered



Percentages add to more than 100% because some answers were coded to two themes.

In their own words

More mental health services

- A crisis center so people don't end up in the ER or jail.
- Mental health support for seniors who live alone.

More doctors and shorter waits

- Shorter waits at the health department.
- Doctors who are accepting new patients.

Substance use treatment

- Do something about the drugs in our neighborhoods.
- Treatment beds for people addicted to opioids.

What residents asked for

The most common requests were more mental health services (20.9%), lower costs for care and prescriptions (17.7%) and more doctors with shorter waits (16.9%). These requests match the closed-ended results, where mental health was the top concern and cost and wait times were the top barriers.

North Rural respondents were the most likely to ask for transportation to care (13.3% of those who answered), and South Rural respondents were the most likely to ask for a grocery store or better access to healthy food (14.4%).

Lower cost of care

- A sliding scale clinic for people who make too much for Medicaid.
- Cheaper copays. Even with insurance I can't afford to go.

Affordable housing

- Repairs for older homes so they are safe to live in.
- Help for people who are homeless or about to lose their home.

Parks, sidewalks and places to exercise

- Safer parks for kids to play.
- Sidewalks and lighting so we can walk safely.

Methods and limitations

How the survey was done

The 2025 Wexley County Community Health Survey had 21 questions covering health status, community conditions, top health concerns, barriers to care and demographics. It was available online and on paper, in English and Spanish, from March 4 to May 16, 2025. Partner organizations shared it through clinics, libraries, faith communities, senior centers, food pantries and social media.

After duplicate and test entries were removed, 1,412 responses remained. Percentages are based on the respondents who answered each question. Open-ended answers were coded into twelve themes, and an answer could receive up to two.

Weighting

Each respondent was given a weight so that the weighted results match the county's adult population by age group and gender. Weights ranged from 0.56 for women ages 55 to 64 to 4.51 for men ages 18 to 34, who responded at about one fifth of their population share. Respondents who did not identify as a woman or a man kept a weight of 1.0.

Limitations

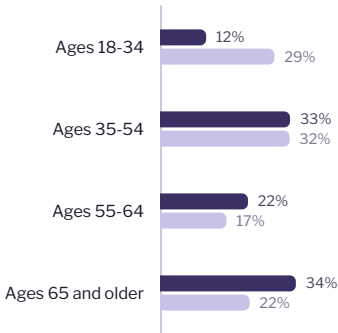
- This is a convenience sample. People chose to take the survey, so the results describe the people who responded and cannot be treated as a random sample of county adults. No margin of error is reported for that reason.
- Women, older adults and White residents are overrepresented, and adults under 35 and Hispanic or Latino residents are underrepresented, as the chart on this page shows.
- Weighting adjusts for age and gender only. It does not adjust for race, income or area, and it cannot correct for differences between people who chose to respond and people who did not.
- Large weights for young men mean that 44 respondents carry a large share of the weighted results, so weighted and unweighted results are shown side by side.
- Some groups are small, including Hispanic or Latino respondents (89), Asian respondents (34) and adults ages 18 to 24 (37). Results for these groups are shown for completeness and should not be used alone to set priorities.
- Survey answers should be read together with secondary data, focus groups and interviews with community partners.

Who responded compared with the county

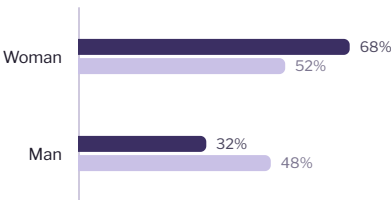
Percent of respondents compared with the county adult population (fictional population figures).

■ Survey respondents ■ County adults

Age group



Gender



Race and ethnicity

