

Columbiana County



**2016 Community Health
Needs Assessment**



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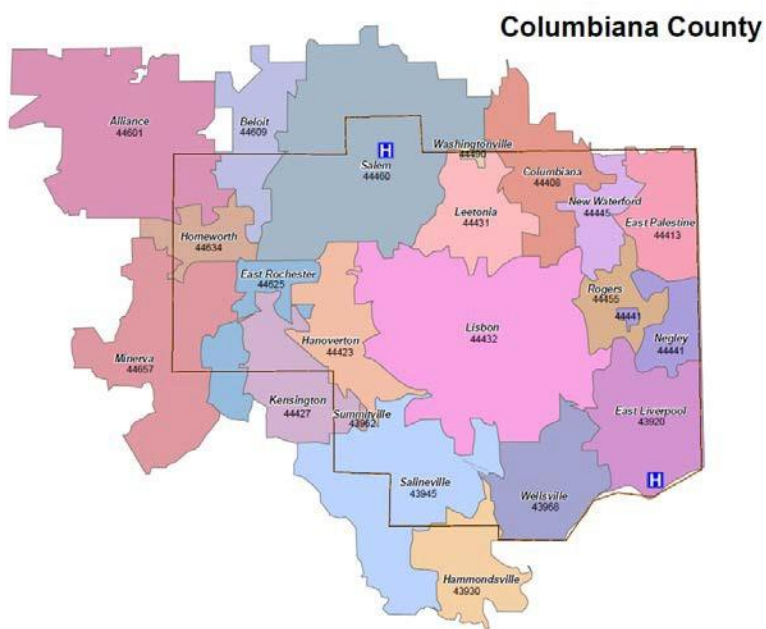
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ACKNOWLEDGEMENTS

The Columbiana County Community Health Needs Assessment (CHNA) was developed with partial support of Strategy Solutions, Inc. (SSI), the consulting group engaged by Columbiana County Health Partners to assist with the assessment. Representatives from the Columbiana County Health Partners and SSI worked collaboratively to guide and conduct the assessment; however the findings report was developed by the steering committee. A steering committee made up of senior representatives of East Liverpool City Hospital and Salem Regional Medical Center, as well as representatives from local health departments, leading health and social service organizations, local area school districts and county government provided additional input. The combined expertise, input and knowledge of the members of the steering committee was vital to the project. This group deserves special recognition for their tireless oversight and support of the CHNA process.

During this CHNA project, seventeen individuals were interviewed by the Steering Committee and forty-nine individuals participated in focus groups, including representatives from health and social service agencies, city officials, and school district personnel. SSI also conducted a community survey with 417 surveys completed.

These information-gathering efforts allowed the project team and Steering Committee to gain a better understanding of the health status, health needs, service gaps and barriers to accessing care for those living in Ohio's Columbiana County; which represents the shared primary service area of East Liverpool City Hospital (East Liverpool) and Salem Regional Medical Center (Salem). The Administration of both Hospitals would like to thank all of those who were involved in this project, particularly those who participated in interviews, survey efforts, focus groups and information gathering.



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MESSAGE TO THE COMMUNITY

The Columbiana County Health Partners are proud to present the 2016 Community Health Needs Assessment (CHNA) Report for Columbiana County, Ohio; which was developed as a multi-sector partnership that supports shared ownership of the phases of community health improvement; including assessment, planning, implementation and evaluation.

Collaboration among the partners was essential to align interests and coordinate resources with the goal of effectively promoting better health outcomes in Columbiana County by leveraging multiple perspectives, community relationships and areas of expertise.

This report was designed to assess the health status and needs of the community; identify factors that affect population health; determine the availability of existing resources that can be mobilized to improve health status; and facilitate the development of evidence-based, population-wide interventions and measurable outcomes. The full report is also offered as a resource to individuals and groups, who are interested in using the information to become better informed regarding health care and community agency decision-making.

Background

As tax-exempt organizations, not-for-profit hospitals have long been required to provide community benefits to the populations that they serve. Recent changes in legislation require that charitable hospitals explicitly demonstrate community benefit by conducting a community health needs assessment (CHNA), and adopting an implementation strategy to meet the identified community health needs.

Section 9007 of the Patient Protection and Affordable Care Act, Public Law 111-148 (the "Affordable Care Act"), created section 501(r) of the Code adding new requirements beginning with the first tax year on or after March 23, 2012; which state that 501(c)(3) hospitals must conduct a CHNA at least once every three years in order to assess community need and annually file information by means of Schedule H (Form 990), regarding progress toward addressing identified needs.

Strong connections between health care providers, public health departments and community-based prevention organizations are critical for improving population health. In December 2013, to foster integrated population health planning activities, the Public Health Accreditation Board (PHAB) published its "Standards & Measures," requiring local health departments to complete a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) at least every five years via collaborative community partnerships. In 2016, Ohio enacted additional reporting requirements for tax-exempt hospitals and local health departments to submit their assessments and plans to the state by 2017; and further requires local health departments to

apply for PHAB accreditation in 2018, which includes the submission of a community-driven CHA and CHIP.

In compliance with these requirements, a community health data collection and assessment process was performed in partnership with Columbiana County's major health providers, public health entities, and health-focused coalitions. The quantitative data collected through the process was supplemented with a community asset review, as well as qualitative data gathered through key informant interviews, community survey responses from the broad community and focus groups.

Improving the health of the community and region is a top priority of the Columbiana County Health Partners. Beyond the education, health services and community benefit interventions provided by Columbiana County hospitals, area providers and the public health system; we hope the information presented is not only a useful community resource, but also encourages additional activities and collaborative efforts to build community engagement that serves as a catalyst for strategic planning, priority setting and improved population health outcomes.

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1. Columbiana County Health Needs Assessment: EXECUTIVE SUMMARY

Purpose: The 2016 Columbiana County Community Health Needs Assessment (CHNA) was conducted to: identify significant health issues and needs, prioritize those health needs and identify potential resources with the goal of making a positive impact on the health status of Columbiana County residents. The results will help community members to work together and more strategically establish priorities, develop interventions and direct resources to improve the health of people living in the region.



Definition of “Community:” Columbiana County, Ohio

Columbiana County is located in northeastern Ohio, and is one of Ohio's 32 Appalachian counties. It is bordered on the north by Mahoning County; on the east by Pennsylvania; on the south by the Ohio River and West Virginia; and on the west by Jefferson, Carroll and Stark Counties. Over half of the county's total population of 105,686 lives in unincorporated rural areas, with villages and towns some distance apart.



The county has two major geographic concentrations of development and population. The northern corridor between the cities of Salem and East Palestine, (including the villages of Washingtonville, Leetonia, Columbiana and New Waterford and the four townships of Perry, Salem, Fairfield and Unity); extend along a 20-mile distance bordering Mahoning County to the north, and contain almost 48% of the county's population. The southern corridor extends for about 10 miles from the Village of Wellsville to East Liverpool, (including St. Clair Township) and contains 11% of the county's total population.

Collaboration and Partnership: To assist with the CHNA process, the Columbiana County Health Partners formed a collaborative working group, composed of the following organizations:

- Columbiana County Educational Service Center
- Columbiana County General Health District
- Columbiana County Mental Health and Recovery Services Board
- Community Action Agency of Columbiana County
- East Liverpool City Health Department
- East Liverpool City Hospital
- RiverValley Physicians, Affiliated with East Liverpool City Hospital
- Salem City Health Department
- Salem Regional Medical Center

The collaborative working group retained Strategy Solutions, Inc. (SSI), Erie, PA; a planning and research firm whose mission is to create healthy communities, to conduct the CHNA study. It should be noted that Strategy Solutions provided only partial assistance with the development of the Executive Summary and full report of findings, which were completed and finalized by the steering committee members.

Methodology and Sources of Data Collection: Secondary public health data regarding disease incidence and mortality, as well as behavioral risk factors, was gathered from numerous sources, including the Healthy Communities Institute, Ohio Department of Health, the Centers for Disease Control (CDC), Healthy People 2020, County Health Rankings, and a number of other reports and publications. Data specific to Columbiana County was collected whenever possible, although some selected national data was included where local/regional data was not available. Demographic data was collected from the Nielsen/Claritas demographic database and from the Ohio Development Services Agency.



Primary qualitative data to reflect input from the broad community and vulnerable populations was collected specifically for this assessment and included a total of seventeen in-depth stakeholder interviews, four focus groups reflecting 49 participants, and 417 surveys completed by individuals representing diverse constituent groups. In addition to gathering input from focus groups and stakeholder interviews, input and guidance also came from the

community representatives, who served on the Columbiana County Health Partners Steering Committee.

Table 1: Focus Group Interviews (Conducted January-March 2016)

Date Conducted	Group	Total # Participants
January 6, 2016	River Valley Physicians	12
January 12, 2016	ADAPT Coalition of Columbiana County	9
February 24, 2016	School Nurses	7
March 8, 2016	Village Mayors and Commissioners	21
		49

Table 2: Stakeholder Interviews (Conducted January-April 2016)

Date Conducted	Name	Organization	Title
January 21, 2016	Nancy Francis	Wellsville Local School District	Board Member
January 22, 2016	Betsy Williams	Salem Regional Medical Center	Assistant Director of Case Management
January 22, 2016	Amy Frampton	East Liverpool City Hospital	LISW
January 25, 2016	Judy Gold	Catholic Charities	Coordinator
January 27, 2016	Dane Walton	Juvenile Court of Columbiana County	Court Administrator
January 28, 2016	Tim Weigle	Columbiana County Board of County Commissioners	County Commissioner, Chairman of Health District Advisory Council
February 1, 2016	Denise Taylor	East Liverpool Community Resource Center	Executive Director
February 2, 2016	Deborah Locke	OVHHS	Director of Clinical Services
February 2, 2016	Vicki Hopper	The Way Station	Executive Director
February 4, 2016	John Berlin	City of Salem	Mayor
February 4, 2016	Luann Dunham	Columbiana CDJFS	Administrator
February 5, 2016	Thelma Rist	Columbiana County Mental Health and Recovery	Chairperson
February 5, 2016	Bill Crawford	Team Mojo Foundation	Founder and Executive Director

Date Conducted	Name	Organization	Title
February 9, 2016	Susan Yoder	Salem Area Visiting Nurses Association	Executive Director
February 10, 2016	Linda Eells	NAMI of Columbiana County	President
March 17, 2016	Deborah McCulloch	A.I.D. of Salem	Board President and Volunteer
April 4, 2016	Sr. Mary Ann McFadden	Hispanic Ministry at St. Paul's Church	Hispanic Ministry

Data Assessment: The data assessment model followed best practices as outlined by the Association of Community Health Improvement. The assessment was also designed to ensure compliance with current Internal Revenue Service (IRS) guidelines for charitable 501(c)(3) tax-exempt hospitals and National Public Health Department accreditation prerequisites. This CHNA and its supplemental resource data, located in the appendices document, include a detailed examination of the following areas:

- Broad Community Input
- Demographics & Socio-Economic Indicators
- Social Determinants of Health
- Access to Quality Health Care
- Chronic Disease
- Healthy Environment
- Healthy Mothers, Babies and Children
- Infectious Disease
- Mental Health and Substance Abuse
- Physical Activity and Nutrition
- Tobacco Use
- Injury
- Description of Assets to Address Health Issues
- Evaluation of 2013 Columbiana County Health Partners' CHNA

Summary of Findings

- **Key Findings Related to Secondary/Demographic Data:** Columbiana County is ranked 60th out of 88 counties for Personal per Capital Income. As of July 2015, the per capita Income was \$21,790; which is 81% of Ohio's per capita income of \$26,856. More than half (56.7%) of

county households have incomes at or below 200% of poverty. In 2013, the Total Transfer Payments as a Percentage of Income for Columbiana County was 27.3% compared to Ohio's at 19.7%. (Examples of transfer payments include unemployment benefits, social security benefits, the value of Food Stamps, etc.) This indicator shows that over one-fourth, which is a significant percentage of Columbiana County's population, depends on government assistance and/or retirement income.

In addition, as of 2014, the Ohio Development Services Agency reported:

- Over one-third (37.3%) of the population is between the ages of 25 and 54.
- 21% of the population is aged 65+. By 2030, this group's population share is projected to grow to 35.1%, outnumbering youth under 20 years old.
- The population distribution is predominantly white at 94.4%.
- Just over half (50.9%) of the adult population is married.
- One in five (22.0%) have received an Associate Degree or higher educational attainment, while 12.8% of adults have not graduated high school.

- **Key Findings Related to Secondary/Public Health Data:** This assessment reviewed a number of indicators at the county level from the statewide Behavioral Risk Factor Survey (BRFSS), as well as disease incidence and mortality indicators. For this analysis, Columbiana County service area data was compared to state and national data benchmarks whenever possible.



Data from the Healthy Communities Institute and the Robert Wood Johnson County Health Rankings indicated that the regional health outcomes, health behaviors and social/economic/environmental rates that were worse than Ohio benchmarks included: Higher rates of premature death/years of potential life lost before age 75, higher adult obesity rates combined with lower physical activity rates, high percentage of people who report their physical health as fair or poor, lower mammogram screening compliance, lower high school graduation and post-secondary rates, more children living in poverty, higher teen birth rates, greater number of deaths due to injury, higher rates of alcohol-impaired driving and higher indicators of air pollution.

The public health data within Columbiana County Health Partners' service area also reflects increasing rates of chronic diseases when compared to Ohio in several areas: bronchus and lung cancer, colorectal cancer, prostate cancer, COPD mortality, and kidney disease mortality. Data related to barriers in accessing clinical care indicated higher ratios of the population to primary care physicians, mental health providers and dental health providers; reflecting health professional shortages in these categories.

-Key Findings Related to Primary Research/Community Input/Determinants of Health: A total of seventeen stakeholder interviews and four focus groups composed of 49 participants were conducted throughout the region. Stakeholders and focus group participants were identified as experts in a particular field related to their background, experience or professional position; and/or someone who understood the needs of a particular under-represented group or vulnerable population. In addition, 417 anonymous surveys were completed to reflect broad community input. Following is a summary of the findings obtained via broad community input as obtained from the community survey respondents regarding barriers to accessing quality health care (Table 3), top health needs (Table 4), and top health priorities (Table 5); along with a combined summary of the top health needs as identified by each respective community group (Table 6).

Table 3: Access to Quality Health Care

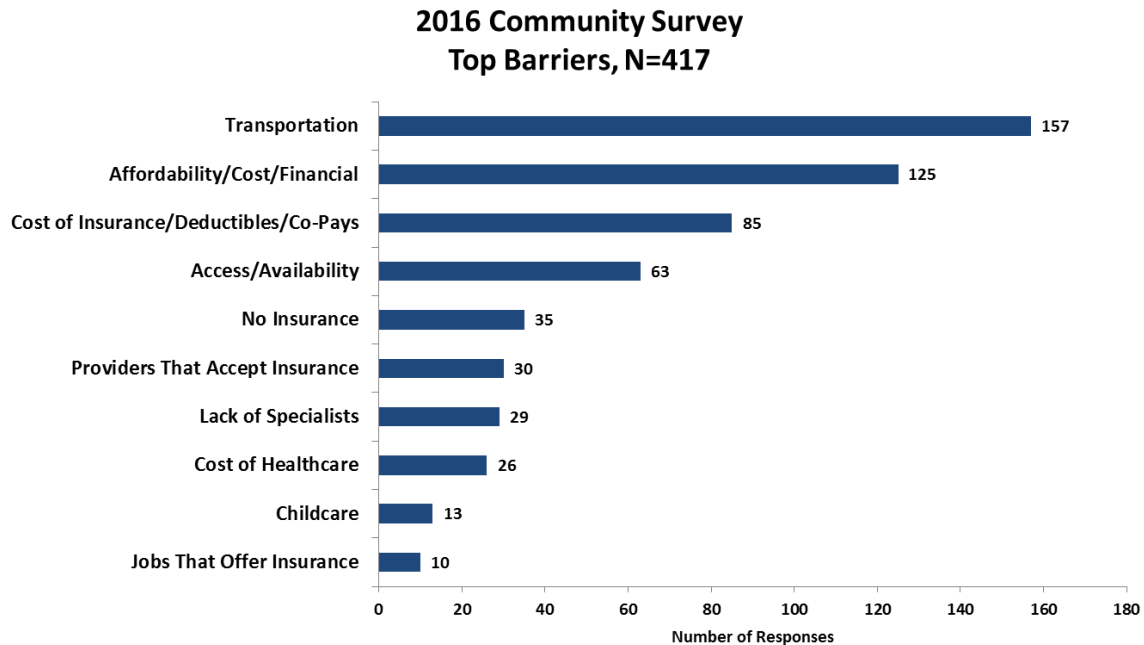


Table 4: Community Survey Top 10 Needs

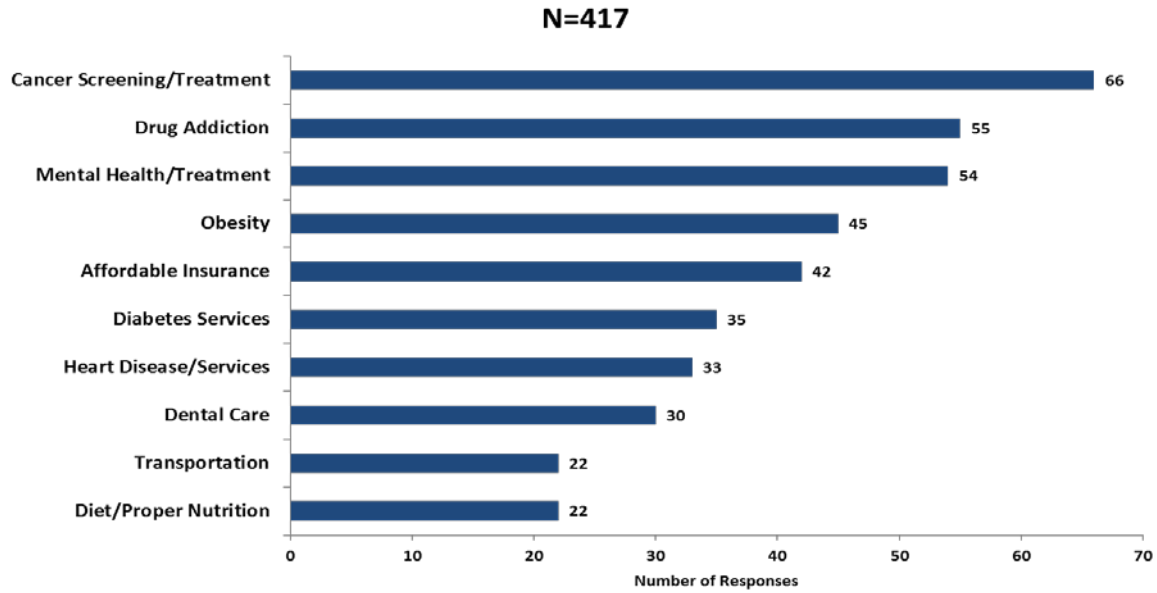


Table 5: 2016 Community Survey Top Priorities (N=417)

1	More affordable health insurance
2	More access to preventative health/wellness
3	More affordable medical care
4	More support services for the homebound and frail/elderly
5	More access to physical activity/recreational opportunities
6	More low cost mental health/counseling services
7	More affordable dental care
8	More efforts to have a cleaner environment
9	Improved public transportation options

Table 6: Summary of Top Community Needs by Community Group

Top Community Needs Identified	Community Survey	Focus Groups	Stakeholder Interviews
Obesity	X	X	X
Mental Health Services/Providers	X	X	X
Alcohol Abuse/Substance Abuse	X	X	X
Nutrition Awareness	X	X	X
Cancer Screening/Treatment	X	X	
Diabetes	X	X	
Dental Services	X	X	
Transportation	X		X

Top Community Needs Identified	Community Survey	Focus Groups	Stakeholder Interviews
Healthy Food Options	X		X
Smoking Cessation		X	X
Heart Disease Services	X		
Affordable Insurance	X		
Care for Children		X	
Access/Follow Up on Vaccinations		X	
Food Insecurity		X	
Emergency Services		X	
Home Healthcare		X	
STDs			X
Healthcare for Seniors			X
Access to Addiction Services			X
Health Education			X
Health Impact Economic Deprivation			X

Forces of Change: Findings from the primary data indicated that there were “forces of change,” defined as external trends, events and factors that positively or negatively are or will be impacting the health of Columbiana County residents including:

- Unknown impact of health reform, accountable care, and value-based payment models
- Engrained Appalachian cultural beliefs and lack of personal accountability for health outcomes
- Increased demand for accessible services due to an aging population with higher rates of chronic disease
- Rising rate of prescription and non-prescription substance abuse
- Growing incidence of acute mental illness
- Increased language barriers and disparate access issues related to a growing “undocumented” Hispanic population in the northern part of Columbiana County
- Positive Impact: Strong collaborative infrastructure of health providers and engaged community organizations is already established

Prioritization Process: After all primary (individual survey input, stakeholder interviews and focus groups) and secondary data were reviewed and analyzed by the Steering Committee, the data suggested a total of 52 distinct issues, needs and possible priority areas for potential interventions by the Columbiana County Health Partners. Members of the Columbiana County Health Partners’ CHNA Work Group met on May 2, 2016 to review the final priorities (see Table 7) selected by the Steering Committee. The Steering Committee used the following

methodology of looking at the four prioritization criteria of: (i) accountable role of major health care providers, (ii) magnitude of the problem, (iii) impact on other health outcomes, and (iv) capacity (systems and resources); to rank order the final priorities.

During the May 2, 2016 Columbiana County Health Partners’ CHNA Work Group meeting, the participants agreed that the 2016 CHNA initiatives should focus on three major priority categories as selected from the Prioritization Survey’s 52 options, which were sorted and ranked by the prioritization criteria of “Magnitude and Impact.” The three major priority categories selected include: Obesity, Mental Health/Substance Abuse, and Tobacco Use/Cancer Prevention. Table 7 lists 20 of the top 25 prioritized health needs that fall within each priority category, along with a comparison to the top 10 Ohio Health Priorities (explained in more detail below). Note that all 52 prioritization options are discussed in the full report, along with a more in-depth description of the four prioritization criteria.

Table 7: Columbiana County Health Partners’ CHNA Major Priority Categories

CHNA Major Priority Category	Corresponding Prioritization Criteria (Summary Table Reflects Only Top 25 of 52*)	Prioritization Criteria Ranking	Corresponding Ohio Health Priority
Obesity	-Chronic Disease: Obesity	1	Obesity
	-Chronic Disease: Diabetes	2	Diabetes
	-Chronic Disease: Heart	3	Heart Disease
	-Physical Activity/Nutrition: Diet/Proper Nutrition	4	Physical Activity, Nutrition
	-Chronic Disease: Stroke	15	Heart Disease
	-Physical Activity/Nutrition: Affordable Fitness/Wellness Programs & Facilities	18	Physical Activity
Mental Health/ Substance Abuse (MH/SA)	-MH/SA: Drug Addiction/Abuse	5	Substance Abuse
	-MH/SA: Prescription Drug Addiction/Abuse	6	Substance Abuse
	-MH/SA: Substance Abuse Rehab	7	Substance Abuse
	-MH/SA: Youth Risk Factors	9	Mental Health, Substance Abuse
	-Social Environment: Health Impact of Economic Deprivation	10	Mental Health, Substance Abuse
	-Social Environment: Poverty/Lack of Jobs/Unemployment	16	Mental Health, Substance Abuse
	-MH/SA: Mental Health Treatment	19	Mental Health
	-MH/SA: Low Cost Mental Health/Counseling Services	21	Mental Health
Tobacco Use/Cancer Prevention	-Chronic Disease: Mammogram Screenings	8	Cancer
	-Tobacco Use: Smoking	11	Tobacco Use
	-Chronic Disease: Lung Cancer	20	Tobacco Use, Cancer
	-Chronic Disease: Breast Cancer	23	Cancer
	-Chronic Disease: Colo-Rectal Cancer	24	Cancer
	-Healthy Mothers, Babies & Children: Smoking During Pregnancy	25	Tobacco Use

Future Strategy Development

- **Focus on Ohio's Health Priorities and Population Health Outcomes:** Over the past few decades, Ohio's performance on achieving improved population health outcomes has steadily declined relative to other states. According to the Health Policy Institute of Ohio (HPIO), Ohio ranked 39 out of 50 states in America's Health Rankings for 2015, and 40 of 50 for population health outcomes.



Ohio also has significant disparities for many health outcomes by race, income and geography, and spends more on health care than most other states. On January 11, 2016, HPIO published a report entitled "Improving Population Health Planning in Ohio." This report was an outcome of funding received from the federal Centers for Medicare and Medicaid Innovation (CMMI) and awarded to Ohio in December 2014. This four-year \$75 million State Innovation Model (SIM) test grant was awarded to Ohio for implementation of episode-based payments and rollout of a state-wide patient-centered medical home model over a four-year period.

Ohio is also in the process of developing a population health plan, and the state health needs assessment is to be completed in July 2016.

The top ten health priorities identified by HPIO are listed in Table 8 and indicate the types of health issues that statewide collaboratives and local communities recognize as being most important to address in order to improve population health in Ohio. The Columbiana County Health Partners' Work Group specifically considered these top ten population health priorities when reviewing and determining which significant needs would be part of the 2016 CHNA, so that the county's strategic initiatives and evidenced-based interventions for improving population health will more closely align with those identified for Ohio. As seen in Tables 7 and 8, the Columbiana County Health Partners Work Group is addressing nine out of the top ten Ohio health priorities identified by HPIO in its implementation strategy, rather than just two as is suggested by PHAB and HPIO in the recommendations listed in Table 9; as well as working towards alignment with the state's priorities during the current CHNA cycle, rather than deferring alignment until the 2019 CHNA cycle.

Table 8. Top Ten Population Health Priorities for Ohio

Health priority	Percent of documents that include health priority (state-level, local health department, and hospital documents weighted equally)
1. Obesity	56.0%
2. Physical activity	49.5%
3. Nutrition	47.0%
4. Substance abuse treatment/prevention	44.7%/33.5%
5. Infant mortality	39.9%
6. Tobacco use	38.1%
7. Mental health	37.2%
8. Diabetes	32.9%
9. Cancer	32.0%
10. Heart disease	29.4%

Source: HPIO and Ohio Research Association for Public Health Improvement (RAPHI) analysis of 290 state and local-level population health planning documents.



- **Alignment with Ohio’s Population Health Planning Infrastructure:** Ohio’s population health improvement plan will include a shift from volume of health services provided to a greater focus on their value as measured by return on investment; to encourage health care providers to assume more risk for the health and health care costs of the population served. In September 2015, Ohio’s Department of Medicaid and Department of Health contracted with HPIO to provide guidance on improving health planning and aligning population health priority areas, measures, objectives and evidence-based strategies. Following in Table 9, is a summary of

recommendations for Ohio’s population planning infrastructure, which incorporates core metrics for each state-assessed health priority and suggests the use of evidence-based interventions to yield measurable outcomes.

Table 9: Ohio’s Infrastructure Recommendations for Population Health Planning

Figure ES.5. Summary of recommendations for population health planning infrastructure

Recommendation 1. State health assessment (SHA) and state health improvement plan (SHIP) and local level (local health department and hospital) assessment and plan alignment	
1a. Health priorities	<p>State issues guidance encouraging local health departments and tax-exempt hospitals to address at least two health priorities in their plans from a menu of priorities identified in the SHIP (referred to hereinafter as SHIP-aligned priorities).</p> <p>Guidance issued by July 2016</p>
1b. Measures	<p>State issues guidance encouraging local health departments and tax-exempt hospitals to include at least one core metric from the SHA and SHIP in their assessments and plans for each SHIP-aligned priority.</p> <p>Guidance issued by July 2016</p>
1c. Evidence-based strategies	<p>State issues guidance encouraging local health departments and tax-exempt hospitals to select evidence-based strategies from a menu of strategies in the SHIP to address SHIP-aligned priorities.</p> <p>Guidance issued by July 2016</p>
Recommendation 2. Hospital and local health department alignment	
2a. Collaboration on assessments and plans	<p>State issues guidance encouraging local health departments and tax-exempt hospitals in the same counties or with shared populations to partner on assessments and plans through a common:</p> <ul style="list-style-type: none"> • Conceptual framework • Process template or checklist • Set of metrics (including metrics tracking racial and ethnic disparities) • Health prioritization criteria • Set of health priorities • Set of objectives • Set of evidence-based strategies that can be implemented in community-based and clinical settings • Evaluation framework • Accountability plan • Exchange of data and information <p>Guidance issued by July 2016</p>
2b. Timeline	<p>State requires local health departments and tax-exempt hospitals to align with a three-year timeline for assessments and plans. Local health department and hospital plans covering years 2020-2022 and their related assessments must be submitted to the state in 2020 and every three years thereafter (in 2023, 2026, etc.).</p> <p>Requirement issued by July 2016, effective in 2020 per subsequent guidance</p>
Recommendation 3. Funding	
3a. State funding for county-level assessments and plans	<p>To defray the cost of transitioning to a three-year assessment and planning cycle, the state will seek additional funding for local health departments that choose to collaborate on one county-level assessment and plan. Local health departments can pool together this additional funding to support development of multi-county collaborative assessments and plans.</p> <p>Funding and disbursement methodology identified by July 2016</p>
3b. Hospital community benefit	<p>State issues guidance encouraging tax-exempt hospitals to allocate a minimum portion of their total community benefit expenditures to activities that most directly support community health planning objectives, including community health improvement services and cash and in-kind contributions.</p> <p>Guidance issued by July 2016</p>
Recommendation 4. Transparency and accessibility	
4a. Assessments and plans	<ul style="list-style-type: none"> • State requires local health departments and tax-exempt hospitals submit their assessments and plans to the state. • State provides online repository of all assessments and plans. <p>Requirement issued by July 2016, effective in 2017 and every three years thereafter</p>
4b. Schedule H	<ul style="list-style-type: none"> • State requires tax-exempt hospitals to submit to the state their Schedule H and corresponding attachments, including reporting on each category of expenditures in Part I, Line 7(a)-(k) and Part II of the Schedule H on an annual basis. (Government hospitals with "dual status" as a 501(c)(3) must submit equivalent information). • State provides online repository of Schedule H and equivalent information. <p>Requirement issued by July 1, 2016, effective in 2017</p>

Note: Tax-exempt hospitals refers to all nonprofit and government-owned hospitals that are recognized as a tax-exempt charitable organization under §501(c)(3) of the Internal Revenue Code and that are required to comply with the Internal Revenue Service community health needs assessment requirements; 79 Fed. Reg. 78954 (Dec. 31, 2014).

(Source: “Improving Population Health Planning in Ohio,” Published by HPIO, January 2016)

- **Alignment of Population Health Planning Efforts at the Local Level:** It is important to note in this CHNA how the Columbiana County Health Partners have already been working towards the creation of a strong and collaborative population health planning infrastructure; in addition to promoting comprehensive community-driven assessment, which aligns with Ohio’s state-issued recommendations in Table 9 as follows:

- **Recommendation 1:** State health assessment (SHA) and state health improvement plan (SHIP) and local level (local health department and hospital) assessment and plan alignment
- **Recommendation 2:** Hospital and local health department alignment
- **Recommendation 3:** Funding

East Liverpool City Hospital, Salem Regional Center and the Columbiana County General Health Districts have been collaborating on their county-wide CHNA/CHA planning efforts since 2013, and have addressed at least two of Ohio’s health priorities in each planning cycle. In addition, the local health departments and hospitals have aligned with a three-year timeline for conducting assessments and planning, beginning in 2013 and continuing into the 2016 CHNA planning cycle.

Columbiana County’s existing population health planning infrastructure will continue to collaborate on the development of future strategies to be determined by the Columbiana County Health Partners as a result of this CHNA, including identifying enhanced opportunities to:

- Determine priorities, objectives, implementation strategies, ongoing evaluation and a communication plan
- Standardize assessment timelines and provide an integrated definition of community
- Efficiently collect and share population-level and clinical data
- Pursue collaborative partnerships for implementing evidence-based, community health improvement activities
- Define standards for tracking progress and evaluating the impact of implemented activities

Evaluation of 2013 CHNA Impact: Collaboration is essential to success in order to leverage limited assets and coordinate the use of resources, leadership and action to work towards the common goal of improving population health. The community benefit initiatives and population health improvement activities conducted in response to the 2013 CHNA’s findings by the organizations identified previously as the Columbiana County Health Partners, have directly supported community-based population health planning objectives and community engagement; and were designed to address community issues (i.e. substance abuse), critical health issues and chronic disease (i.e. cancer, mental health, obesity, etc.), health care equity (i.e. barriers to access, health disparities), and community health improvement services.

A comprehensive evaluation of these activities is included in the full CHNA report. The key outcomes from these collaborative efforts have included interventions to address a wide range of health determinants including access to healthcare, personal health behaviors, socioeconomic factors, and environmental factors; and the collaborative working group has begun to strengthen its foundation for the future development of planning strategies to incorporate evidence-based interventions.

A summary of county-wide activities conducted since 2013 as listed by their CHNA intervention strategies have included, but are not limited to:

- Increasing the number of community-based cancer screenings
- Providing community educational opportunities and screenings regarding chronic disease management for heart disease, stroke and diabetes
- Offering increased opportunities for physical fitness and healthy nutrition as obesity and chronic disease prevention tools
- Improving prenatal and pediatric care through tobacco cessation education
- Proactively identifying youth risk behaviors and protective assets, and developing targeted interventions
- Reducing exposure to vaccine-preventable diseases
- Increasing community access to health care via reducing barriers for vulnerable populations

Asset Resource Inventory: The Steering Committee identified existing health care facilities and resources within the primary service area of Columbiana County and the region, which are available to respond to the significant health needs of the community. This information was compiled from resource directories currently utilized by area case managers and social service organizations, and includes a listing of community and hospital-based services.

- | | |
|---|------------------------------------|
| • Assistance Programs | • Housing Assistance |
| • Assisted Living | • Medical and Dental Care Services |
| • Children's Services | • Nutrition |
| • Counseling and Mental Health Services | • Recreation |
| • Drug and Alcohol Services | • Senior Services |
| • Emergency Assistance | • Shelters |
| • Food Banks, Pantries and Programs | • Support Groups |
| • Free or Low-Cost Clinics | • Transportation |
| • Home Care | • Women's Health |
| • Hospice | |

2. Introduction to Report

In 2010, Congress enacted the Patient Protection and Affordable Care Act (The Affordable Care Act), which puts in place comprehensive health insurance reform to enhance the quality of health care for all Americans. In an effort to enhance the quality of health care, the Affordable Care Act also requires non-profit hospitals to conduct a community health needs assessment and adopt an implementation strategy, which is a plan describing how a hospital will address the needs identified, every three years.

Section 9007 of the Patient Protection and Affordable Care Act, Public Law 111-148 (the "Affordable Care Act"), created section 501(r) of the Code adding new requirements beginning with the first tax year on or after March 23, 2012; which state that 501(c)(3) hospitals must conduct a CHNA at least once every 3 years in order to assess community need and annually file information by means of Schedule H (Form 990), regarding progress toward addressing these needs.

Response to Section 9007 of Patient Protection and Affordable Care Act:
- July 2011 CHNA Process Began
- June 2013 CHNA Approved
- December 2015 Current CHNA Process Began
- June 2016 CHNA Completed

Strong connections between health care providers, public health departments and community-based prevention organizations are critical for improving population health. In December 2013, the Public Health Accreditation Board (PHAB) published its "Standards & Measures," requiring local health departments to complete a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) at least every five years via collaborative community partnerships. In 2016, Ohio enacted additional reporting requirements for tax-exempt hospitals and local health departments to submit their assessments and plans to the state by 2017; and further requires local health departments to apply for PHAB accreditation in 2018, which includes the submission of a community-driven CHA and CHIP.

In compliance with these requirements and in order to guide this assessment, East Liverpool City Hospital's and Salem Regional Medical Center's leadership teams formed a Steering Committee and Project Coordination Workgroup ("Workgroup"), which consisted of hospital, health department, health provider and community leaders; who represent the broad health interests and major health organizations of Columbiana County. Organizations represented in the collaborative Steering Committee and Workgroup included:

- Columbiana County Educational Service Center
- Columbiana County General Health District
- Columbiana County Mental Health and Recovery Services Board
- Community Action Agency of Columbiana County
- East Liverpool City Health Department
- East Liverpool City Hospital
- RiverValley Physicians, Affiliated with East Liverpool City Hospital

- Salem City Health Department
- Salem Regional Medical Center

Members of the Project Coordination workgroup and Steering Committee are listed in the Executive Summary. Strategy Solutions, Inc. (SSI), Erie, PA; a planning and research firm whose mission is to create healthy communities; was retained to help conduct the collaborative study.

The collaborating organizations identified above have a long-standing commitment to the residents of Columbiana County, and have worked in partnership for over a decade to develop comprehensive community needs assessments for Columbiana County, as the commonly held service area. As each triennial needs assessment was conducted, the participating organizations have identified the greatest health needs for Columbiana County, enabling Columbiana County Health Partners to help ensure that resources are appropriately directed toward outreach, prevention, education and wellness opportunities where the greatest impact can be realized.

The Steering Committee and Workgroup oversaw the community health data collection and assessment process, which was performed in partnership with Columbiana County's major health providers, public health entities and health-focused coalitions. The quantitative data collected through the process was supplemented with a community asset review, as well as qualitative data gathered through key informant interviews, community survey responses from the broad community and focus groups.

The Project Coordination Workgroup met 13 times from December 2015 to June 2016, to provide guidance in achieving these requirements. The larger Columbiana County Health Partners' Steering Committee met two times between December 2015 and April 2016 to provide insight into the various components of the CHNA, as well as assist with the prioritization process of the identified needs.

Adoption: The CHNA was adopted by the Salem Regional Medical Center's Board of Directors on June 16, 2016; and is to be presented for adoption to the Board of Directors for East Liverpool City Hospital on August 31, 2016. Following Board adoption, the CHNA will be posted on each organization's website as follows:

East Liverpool City Hospital: Website: <http://www.elch.org>

Salem Regional Medical Center: Website: <http://salemregional.com>

3. Description of Process and Methods

3.A. Purpose of the CHNA:

CHNAs seek to identify priority health status and access issues for particular geographic areas and populations by focusing on the following questions:

- Who in the community is most vulnerable in terms of health status or access to care?
- What are the unique health status and/or access needs for these populations?
- Where do these people live in the community?
- Why are these problems present?

The 2016 Columbiana County Community Health Needs Assessment (CHNA) was conducted to: identify significant health issues and needs, prioritize those health needs and identify potential resources with the goal of making a positive impact on the health status of Columbiana County residents. The results will help community members to work together and more strategically establish priorities, develop interventions and direct resources to improve the health of people living in the region.

3.B. Definition of “Community:” Columbiana County, Ohio

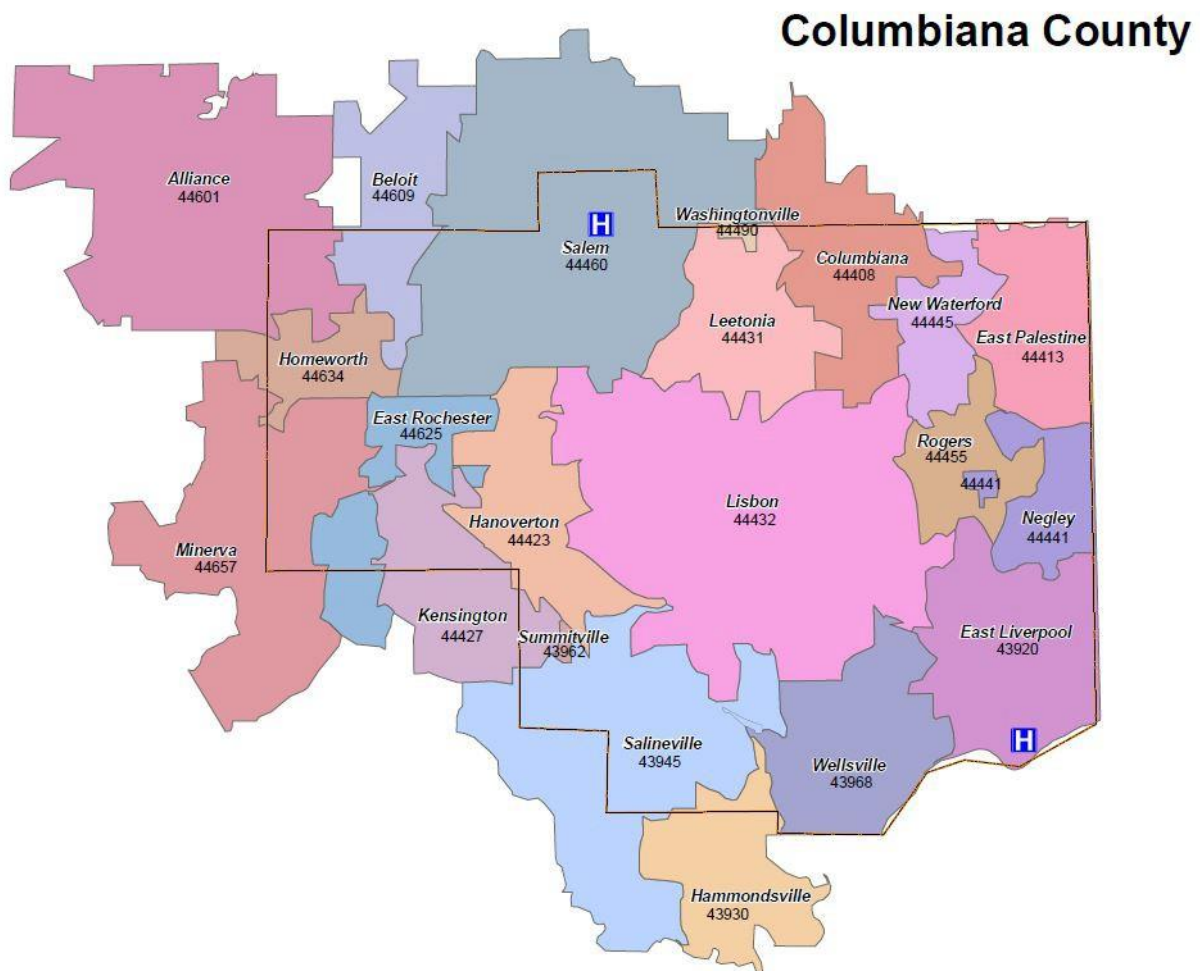
Consistent with IRS guidelines at the time of data collection, the project partners defined the CHNA’s “community” by geographic location based on the shared primary service area of the Columbiana County Health Partners. The common geography of the Columbiana County Health Partners’ region includes the zip codes below and is illustrated in Figure 3-B.

Located in northeastern Ohio, Columbiana County is one of Ohio's 32 Appalachian counties. At 523.5 square miles, over 93% of the land is covered as follows: forest (56.3%), cropland (24.9%) and pastures (12.59%). The county is bordered on the north by Mahoning County; on the east by Pennsylvania; on the south by the Ohio River and West Virginia; and on the west by Jefferson, Carroll and Stark Counties.

Columbiana County zip codes include:	44432- Lisbon
43920- East Liverpool	44441- Negley
43945- Salineville	44445- New Waterford
43962- Summitville	44455- Rogers
43968- Wellsville	44460- Salem
44408- Columbiana	44490- Washingtonville
44413- East Palestine	44492- West Point
44415- Elkton	44493- Winona
44423- Hanoverton	44625- East Rochester
44427- Kensington	44634- Homeworth
44431- Leetonia	44665- North Georgetown

Over half of the county's total population of 105,686 lives in unincorporated rural areas, with villages and towns some distance apart. The county has two major geographic concentrations of development and population. The northern 20-mile corridor between the cities of Salem and East Palestine, (including the villages of Washingtonville, Leetonia, Columbiana and New Waterford and the four townships of Perry, Salem, Fairfield and Unity); border Mahoning County to the north, and contain almost 48% of the county's population. The southern corridor extends for about 10 miles from the Village of Wellsville to East Liverpool, (including St. Clair Township), and contains 11% of the county's total population.

Figure 3-B: Columbiana County Overall Service Area



4. Introduction to Data Analysis

In an effort to examine the health related needs of the residents and to meet current IRS guidelines and requirements, the methodology employed both qualitative and quantitative data collection and analysis methods. The Steering Committee members and consulting team made significant efforts to try to ensure that the all representative socio-demographic groups and all potential needs, issues and underrepresented populations were considered in the assessment to the extent possible, given the resource constraints of the project.

The CHNA analyzed both primary and secondary data to draw conclusions regarding the priority health needs of the population within Columbiana County.

4.A. Primary Data: From January to May 2016, Columbiana County Health Partners' solicited the input of individuals who represent the broad interests of the community, as well as those with public health expertise and individuals in leadership who understand the needs and issues related to various underrepresented groups, including medically underserved and vulnerable populations, low-income persons, minority groups and youth. There were three main sources of primary data collected.

4.A.1. Stakeholder Interviews: Seventeen stakeholder interviews were conducted from January 21- April 16, 2016 by members of the Steering Committee. Refer to Appendix G (pages 268-271) of the Supplemental Data Resource for a copy of the interview guide. Stakeholders interviewed included individuals with expertise in the following disciplines and/or organizational affiliations. (See Table 4.A.1. for a complete listing of all of the stakeholders interviewed.)

Stakeholders Interviewed:

- School Districts
- Case Management at each hospital
- Catholic Charities
- Juvenile Justice System
- Local Government/ County Commissioners
- Community Resource Center
- Health and Human Service Providers
- Food Pantry
- Mental Health and Recovery
- Youth Services
- Visiting Nurses Association
- Faith-Based Organizations Providing Assistance
- Hispanic Community

Table 4-A.1. Columbiana County Stakeholder Interviews

Date Conducted	Name	Organization	Title
January 21, 2016	Nancy Francis	Wellsville Local School District	Board Member
January 22, 2016	Betsy Williams	Salem Regional Medical Center	Assistant Director of Case Management
January 22, 2016	Amy Frampton	East Liverpool City Hospital	LISW
January 25, 2016	Judy Gold	Catholic Charities	Coordinator
January 27, 2016	Dane Walton	Juvenile Court of Columbiana County	Court Administrator
January 28, 2016	Tim Weigle	Columbiana County Board of County Commissioners	County Commissioner, Chairman of Health District Advisory Council
February 1, 2016	Denise Taylor	East Liverpool Community Resource Center	Executive Director
February 2, 2016	Deborah Locke	OVHHS	Director of Clinical Services
February 2, 2016	Vicki Hopper	The Way Station	Executive Director
February 4, 2016	John Berlin	City of Salem	Mayor
February 4, 2016	Luann Dunham	Columbiana CDJFS	Administrator
February 5, 2016	Thelma Rist	Columbiana County Mental Health and Recovery	Chairperson
February 5, 2016	Bill Crawford	Team Mojo Foundation	Founder and Executive Director
February 9, 2016	Susan Yoder	Salem Area Visiting Nurses Association	Executive Director
February 10, 2016	Linda Eells	NAMI of Columbiana County	President
March 17, 2016	Deborah McCulloch	A.I.D. of Salem	Board President and Volunteer
April 16, 2016	Sr. Mary Ann McFadden	St. Paul's Church Hispanic Ministry	Baptismal preparation, Hispanic Ministry, R.C.I.A.

4.A.2. Focus Groups: Focus groups were conducted with four different groups from January 6, 2016 through March 8, 2016; representing the following sub-groups of the population as seen in Table IV-B. Refer to Appendices H and I (pages 272-277) of the Supplemental Data Resource for copies of the focus group questions used.

Table 4.A.2. Columbiana County Focus Groups Conducted

Date Conducted	Group	Total # Participants
January 6, 2016	River Valley Physicians	12
January 12, 2016	ADAPT Coalition of Columbiana County	9
February 24, 2016	School Nurses	7
March 8, 2016	Village Mayors and Commissioners	21
		49

Interviews and focus groups captured personal perspectives from community members, providers, and leaders; with insight and expertise into the health of a specific population group or issue, a specific community or the county overall.

4.A.3. Community Survey- Broad Community Input

A community survey was also conducted between February 25- March 25, 2016 for the Columbiana County Health Partners’ service area, in the form of an on-line survey, as well as paper copies distributed throughout community agencies. A total of 417 community surveys were received. Refer to Appendix F (pages 260-267) of the Supplemental Data Resource for copies of the community survey questions used.

4.B. Secondary Data: The secondary quantitative data collection process included demographic and socio-economic data obtained from Nielsen/Claritas (answers.nielsen.com); disease incidence and prevalence data obtained from the Ohio Department of Public Health; Behavioral Risk Factor Surveillance Survey (BRFSS) data collected by the Centers for Disease Control and Prevention; Healthy Communities Institute; American Community Survey and the Healthy People 2020 goals from www.healthyPeople.gov. In addition, various health and health-related data from the following sources were also utilized for the assessment: the Search Institute, the Ohio Department of Education, the Ohio Department of Development, and the 2016 Robert Wood Johnson County Health Rankings (www.countyhealthrankings.org). Selected data was also included from the 2014 PRC National Child & Adolescent Health Survey. Data presented is the most recently published by the source at the time of the data collection.

In addition, the CHNA process included public health participation and input, through extensive use of Healthy Communities Institute, Ohio Department of Health and Centers for Disease Control data; and public health department participation on the Steering Committee. Discharge data from the Ohio Hospital Association and each participating hospital was also used to describe hospital admission and Emergency Department utilization patterns.

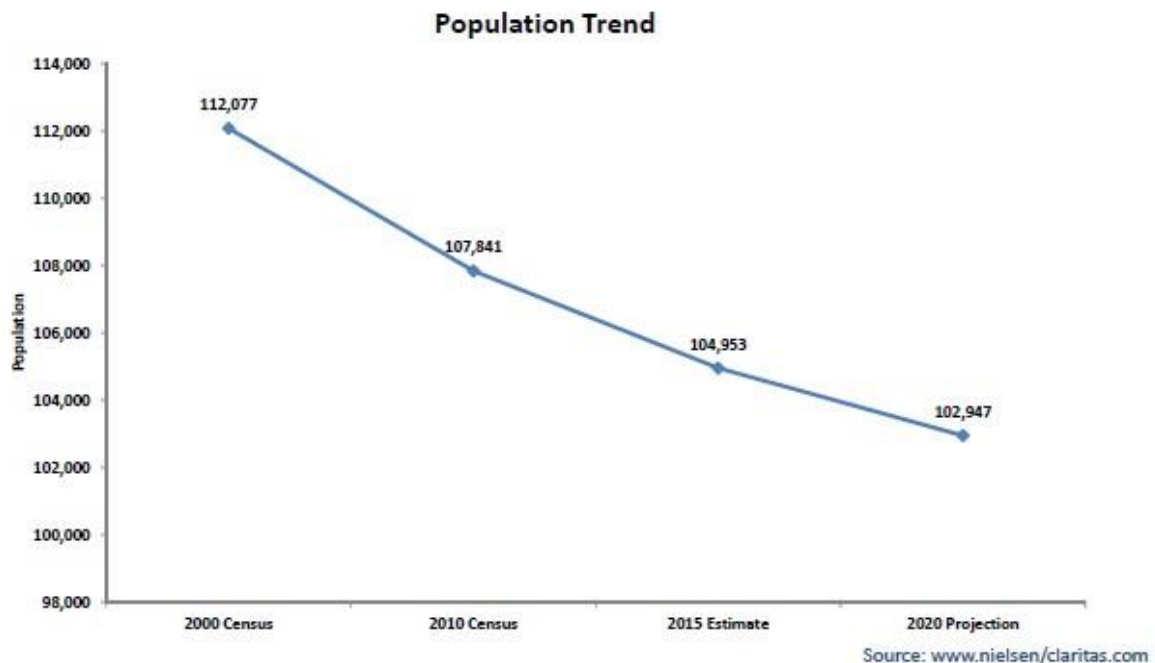
4.B.1. Demographic Characteristics of Columbiana County

Demographic data was obtained from Nielsen/Claritas and the U.S. Census Bureau – American Family Survey in order to report on the areas of: population, sex, race, age, marital status, educational status, household income, employment and poverty status, and travel time to work. Below are the Demographic conclusions from this data. For a more in-depth review of the Demographic data, see Appendix A₁ (pages 1-14) of the CHNA’s Supplemental Data Resource.

Demographic Conclusions

- **Population Decline:** The service area population residing in Columbiana County’s 21 zip codes has been steadily declining and is projected to continue to decline from 104, 953 in 2015 to 102,947 in 2020.

Figure 4.B.1. Columbiana County’s Population Trend

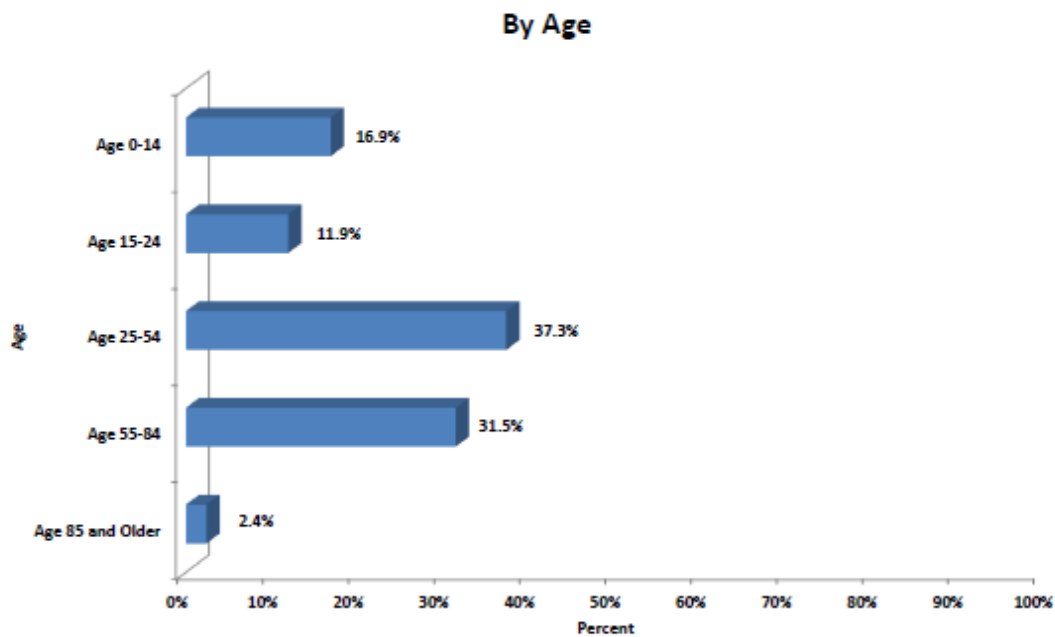


- **Ageing Population:** As of 2014, the Ohio Development Services Agency reported:

- Over one-third (37.3%) of the population is between the ages of 25 and 54.

- 21% of the population is aged 65+. By 2030, this group’s population share is projected to grow to 35.1%, outnumbering youth under 20 years old.
- The mean resident age in Columbiana County is 42.0 years, compared to Ohio’s at 38.0 years.

Figure 4.B.2. Columbiana County’s Population by Age Group



Source: www.nielsen/claritas.com

- **Population by Race:** The population distribution is predominantly white at 94.4%. According to the Ohio Department of Development, minorities are represented by African-Americans at 2.3% and Hispanics at 1.3%. However, stakeholder interviews and community leader input indicate that the number of undocumented Hispanics is considerably higher and growing in the northern portion of Columbiana County than is recorded by U.S. census data.

- **Other Demographic Findings:** There are slightly more males (50.4%) than females (49.6%), and just over half (50.9%) of the adult population is married. A little over one tenth (12.8%) of residents have not graduated from high school.

5. Summary of Findings

5.A. Primary Data: Key Findings

A total of seventeen stakeholder interviews, four focus groups representing 49 participants and 417 community surveys representing input from the broad community were conducted throughout the region. Stakeholders and focus group participants were identified as experts in a particular field related to their background, experience or professional position and/or someone who understood the needs of a particular underrepresented group or constituency.

While the interviews and focus groups were conducted across the region with various community constituencies, they were conducted using a convenience sample and thus are not necessarily representative of the entire population. The results reported herein are qualitative in nature and reflect the perceptions and experiences of interview, survey and focus group participants.

5.A.1. Forces of Change: Findings from the primary data indicated that there were “forces of change,” defined as external trends, events and factors that positively or negatively are or will be impacting the health of Columbiana County residents including:

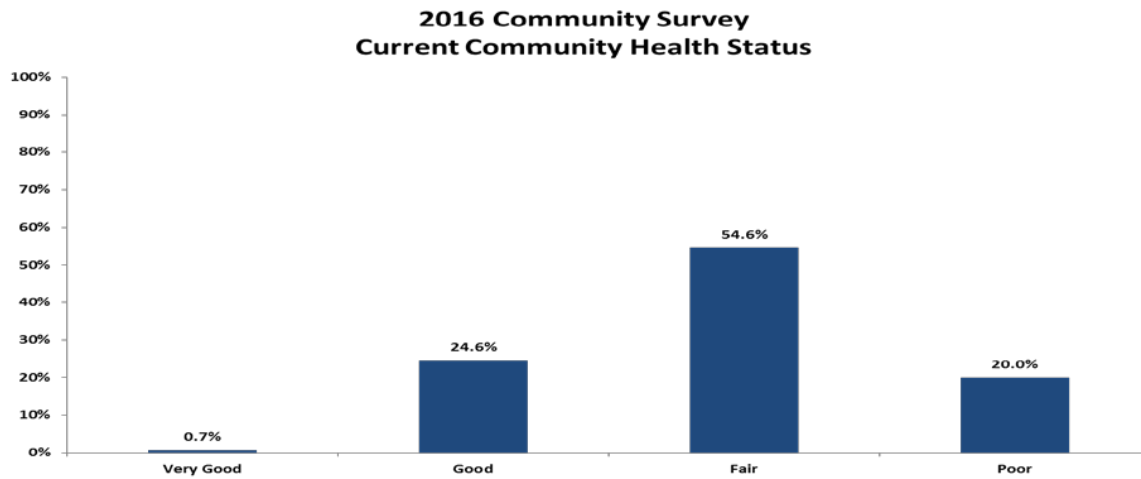
- Unknown impact of health reform, accountable care, and value-based payment models
- Engrained Appalachian cultural beliefs and lack of personal accountability for health outcomes
- Increased demand for accessible services due to an aging population with higher rates of chronic disease
- Rising rate of prescription and non-prescription substance abuse
- Growing incidence of acute mental illness
- Increased language barriers and disparate access issues related to a growing “undocumented” Hispanic population in the northern part of Columbiana County
- Positive Impact: Strong collaborative infrastructure of health providers and engaged community organizations is already established

5.A.2. Overall Community Health Status

Community Survey: A little over one-fifth (23.1%) responded that they had one to two days where they were too sick physically or emotionally to work or carry on usual activities. Almost two-thirds (64.6%) reported having none.

As seen in Figure 5.A.2, almost three-quarters of the community survey respondents (74.6%) rated the health status of the community as “Fair” or “Poor,” while approximately one-fourth of the respondents (24.6%) rated the health status of the community as “Good.”

Figure 5.A.2. Community Survey – Community Health Status



Source: 2016 Columbiana CHNA Community Survey

Focus Groups: Participants were asked to rate the health status of their community. 35 of the 49 participants rated community health as “Fair” or “Poor,” with comments received including:

- Student health rated as “Fair” based on the health needs observed by school nurses.
- Social and emotional needs are more pronounced than in the past.
- The health status varies based on where someone lives in the community

5.A.3. Factors Impacting Community Health Status

Focus Groups: When asked to identify factors/barriers that impact the health of the community, focus group respondents indicated that a variety of things impact health including:

- Families unable to access services (due to language barriers, undocumented status)
- Lack of reliable transportation
- Cost of healthcare
- Lack of resources to access providers – especially specialists outside the county
- Lack of education on health issues
- Financial barriers for residents and service providers
- Increasing costs of medications
- High deductibles
- Health literacy
- Stigma when accessing services
- Lack of youth programs
- Lack of accountability/personal motivation

Stakeholders: When asked to identify factors/barriers that impact the health of the community, stakeholders interviewed indicated that a variety of things impact health including:

- Lack of transportation/expense of transportation
- For most health plans have very specific authorization criteria/people do not know where they can go for care
- Lack of available information
- Language barriers
- People can't afford insurance/health care
- Lack of resources
- Lack of public education and awareness
- Wait is too long for services

5.A.4. Identified Community Needs

Focus Groups: Respondents identified the following community needs:

- More EMS service in central and southwestern county to increase response time
- More health services for seniors to stay home
- More local drug rehab facilities and programs for county residence
- Full time surgery coverage
- Urologist coverage when urologist is away (Southern Col. Cty. area)
- OB services (Southern Col. Cty. area)
- Neurology and tele-neurology (Southern Col. Cty. area)
- Full orthopedic coverage (Southern Col. Cty. area)
- Comprehensive breast cancer program
- Pain management services
- Enhanced cardiac rehab program
- Full time cardiologists in the community
- School based clinics
- Educate EMT's on where to take patients in labor (Southern Col. Cty. area)
- Active drug task force
- Commissioner's utilizing pilot treatment program at county jail
- Patient education (prevention, using primary care not ER, medications)
- Services/resources are available people are not using them (need to increase access/utilization)
- Increase social connections to reduce isolation
- Education on drugs
- Low cost, easily accessible health foods
- More free general/public access to fitness facilities and recreational opportunities
- Incentive providers to help patients achieve healthier outcome
- Shift funding towards preventing substance abuse

- Social work intern available in schools
- Offer school-based vaccinations

Stakeholders: Identified Community Needs:

- Increased school involvement
- Increased awareness
- Address drug problem – drug dogs, war on drugs, more discussion (in church, home, schools)
- Greater police presence
- Parenting classes
- Promote family values and health – family functions
- Trades taught in high school
- Appropriate housing and employment for those recovering from mental illness or addiction
- Increased availability of multilingual health care providers
- Enforcement of rabies vaccine for pets
- More economic opportunities
- More reproductive education for young women
- Broader acceptance of insurance plans
- Additional funding for expansion of services
- Education on available resources
- Low cost, easily accessible health foods
- More free general/public access to fitness facilities and recreational opportunities
- Incentive providers to help patients achieve healthier outcome
- Shift funding towards preventing substance abuse
- Social work intern available in schools
- Offer school-based vaccinations
- Increased availability of multilingual health care providers
- Enforcement of rabies vaccine for pets
- More economic opportunities
- More reproductive education for young women
- Broader acceptance of insurance plans
- Additional funding for expansion of services
- Education on available resources

Table 5.A.4a. Community Survey Top 10 Needs

N=417

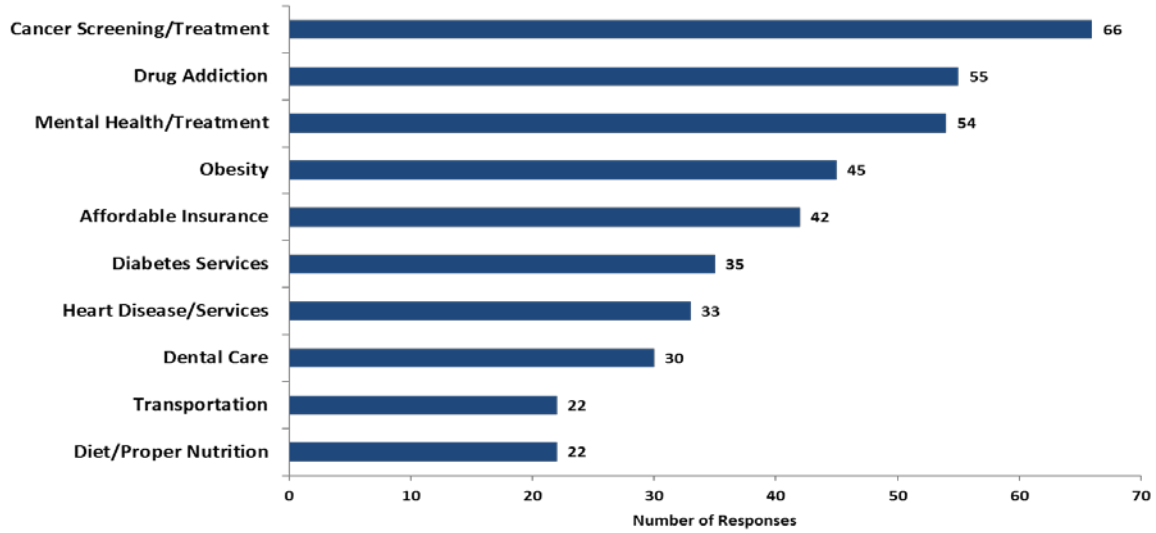


Table 5.A.4b: 2016 Community Survey Top Priorities (N=417)

1	More affordable health insurance
2	More access to preventative health/wellness
3	More affordable medical care
4	More support services for the homebound and frail/elderly
5	More access to physical activity/recreational opportunities
6	More low cost mental health/counseling services
7	More affordable dental care
8	More efforts to have a cleaner environment
9	Improved public transportation options

Table 5.A.4c: Summary of Top Community Needs by Community Group

Top Community Needs Identified	Community Survey	Focus Groups	Stakeholder Interviews
Obesity	X	X	X
Mental Health Services/Providers	X	X	X
Alcohol Abuse/Substance Abuse	X	X	X
Nutrition Awareness	X	X	X
Cancer Screening/Treatment	X	X	
Diabetes	X	X	
Dental Services	X	X	
Transportation	X		X
Healthy Food Options	X		X
Smoking Cessation		X	X

Top Community Needs Identified	Community Survey	Focus Groups	Stakeholder Interviews
Heart Disease Services	X		
Affordable Insurance	X		
Care for Children		X	
Access/Follow Up on Vaccinations		X	
Food Insecurity		X	
Emergency Services		X	
Home Healthcare		X	
STDs			X
Healthcare for Seniors			X
Access to Addiction Services			X
Health Education			X
Health Impact Economic Deprivation			X

5.A.5. Community Health Improvement Initiatives Currently Underway

During the interview process, stakeholders were asked to identify initiatives that are already underway to address the health needs of the community. The initiatives included:

- Mercy Health provides Dental Services via a mobile dental clinic called “The Dental Van.”
- A Hispanic couple in the community started a taxi service a year ago.
- St. Paul’s offers classes to learn speak English however they are not well attended because the Hispanics work 6 to 7 days a week.
- Lisbon Health Clinic Card- Qualifies individuals for outpatient services at a cost of \$50.
- New Senior Levy funding should help strengthen community resources, but we are not sure where the money will be spent yet.
- YMCA
- East Liverpool Programs
- East Liverpool Health Department Programs
- County Agency Programs
- Chester Lunch/Backpack Programs
- Special Drug/Substance Abuse Programs for the Schools
- Sophie’s Center – new prenatal center in Salem
- Family Recovery Center – provides counseling and rehab
- Columbiana County Mental Health Center – provides counseling and rehab
- Salem Community Food Pantry
- The Banquet in Salem – provides hot meals
- Salvation Army – provides hot lunches and a summer Canteen Program

- Salem Community Center – provides various wellness programs for all ages
- Salem Area Visiting Nurses Association
- CARTS
- Mobile Meals
- Easter Seals
- Information and Referral
- Support Groups
- Treatment Services
- Education
- Local Interpreters
- Local Retailers Providing Cultural Sensitive Products
- Located-Enacted Rules to Reduce Companion Animal Health Threats
- Community Action Health Center – addressing integration
- Flu Shot Clinics
- Free Health Screenings
- Mammogram Screenings
- Ohio State Extension Nutrition and Cooking Classes
- Outreach Activities for Medical Coverage
- Catholic Charities – runs the following programs:
 - Senior Center
 - Emergency Financial Assistance for Crisis
 - First Step Program
 - Christina House in Lisbon (domestic violence)
 - Housing Counseling – assists with mortgage and credit counseling
- ADAPT Coalition
- Student Mentoring – improve self-esteem and learning environments
- Shining Reflection Center
- Help Hotline
- Ohio Valley Health and Human Services Health Fairs
- Voices for Food
- Second Harvest Food Bank

(See Section 9: “Asset Resource Mapping” for a listing of resources within Columbiana County to meet identified community needs.)

5.B. Secondary Data: Key Findings

Health indicators, such as causes of death, breast cancer rates and obesity, can be used to describe the health of a population, health disparities within a population or to determine if goals for health improvement are being met.

This assessment reviewed a number of indicators at the county level from the statewide Behavioral Risk Factor Survey (BRFSS), as well as disease incidence and mortality indicators. For this analysis, the county's service area data was compared to state and national data where possible, since U.S. comparisons and Healthy People 2020 targets put the data into context. (See tables on next page regarding Columbiana County's 2016 Health Rankings.)

In Ohio, the leading causes of death in 2014 were heart disease and cancer, although the mortality rate for both these conditions decreased from 2009 to 2014. Lung and bronchus cancer killed more Ohioans than any other form of cancer, followed by cancers of the colon and rectum, breast and pancreas. The unintentional injury death rate, which includes drug overdoses, increased 30 percent during that time period, emerging as Ohio's third leading cause of death.

For Columbiana County in 2014, heart disease was the number one cause of death at 194.3/100,000; followed by all cancers at 157.6/100,000, chronic lower respiratory diseases at 55.9/100,000, stroke at 47/100,000, unintentional injury at 37.5/100,000, and Alzheimer's disease at 31.3/100,000.

As outlined in the following tables 5.B.1 and 5.B.2., when looking at the county health rankings from the Healthy Communities Institute and County Health Rankings related to Columbiana County, the regional rates that were worse than Ohio include the percentage of people who report their physical health as fair or poor, lower mammogram screenings, obese adults, teen pregnancy, physical inactivity and lack of access to recreational opportunities.

The public health data within Columbiana County's service area has increasing rates of chronic diseases when compared to the state in several areas: bronchus and lung cancer, colorectal cancer, prostate cancer, COPD mortality, and kidney disease mortality. It is also ranked near the bottom of Ohio's counties for environmental pollution rates.

For the selected indicators within Infectious Disease and Injury, Columbiana County's service area has increasing rates of auto accident mortality, suicide mortality, intentional injury mortality and accidental poisoning mortality.

Table 5.B.1.

2016 County Health Rankings Data			
<small>(Source: countyhealthrankings.org)</small>			
Indicator ("Red" indicates Columbiana County indicator below Ohio or U.S.)	U.S.	Ohio	Columbiana County
Premature Death: Years of potential life lost before age 75/100,000 (2013)	6,600	7,534	8,404
Obesity: Percent of adults with BMI ≥ 30 (2012)	27%	30%	32%
Tobacco Use: % adults who are smokers (2014)	17%	21%	21%
Physical Activity: % adults aged 20+ no leisure-time physical activity (2012)	23%	26%	31%
Active Living Environment: % population with adequate access to locations for physical activity (2014)	84%	83%	72%
Drug & Alcohol Abuse Injury- Alcohol Impaired Driving (2014)	31%	35%	36%
Sexual & Reproductive Health: Teen birth rate per 1,000 female population ages 15-19 (2013)	35	34	38
Coverage & Affordability: % pop. under age 65 without health insurance (2013)	17%	13%	15%
Access to health care/medical care: Ratio of pop. to primary care physicians (2013)	1320:1	1296:1	1858:1
Access to Dental Care: Ratio of pop. to dentists (2014)	1540:1	1713:1	4404:1
Access to Behavioral Health Care: Ratio of pop. to mental health providers (2015)	490:1	642:1	1187:1
Diabetes: % diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring (2013)	85%	85%	87%
Cancer: % female Medicare enrollees ages 67-69 that receive mammography screening (2013)	63%	60%	59%

Table 5.B.2.

2016 County Health Rankings Data			
<small>(Source: countyhealthrankings.org)</small>			
Indicator ("Red" indicates Columbiana County indicator below Ohio or U.S.)	U.S.	Ohio	Columbiana County
Education- High School Graduation: % ninth grade cohort that graduates in four years (2013)	82%	83%	80%
Education- Some College: % adults ages 25-44 with some post-secondary education (2014)	64%	60%	49.2%
Employment, Poverty & Income- Unemployment: % pop. ages 16+ unemployed & seeking work (2014)	6.2%	5.7%	6.4%
Employment, Poverty & Income-Children : % of children <18 in poverty (2014)	22%	23%	24%
Injury: Number deaths due to injury per 100,000 (2013)	60	63	72
Air, Water, Toxic Substances- Air Pollution: Average daily density of fine particulate matter in micrograms per cubic meter	11.4	13.5	14.1
Air, Water, Toxic Substances- Drinking Water: Presence of drinking water violations (2014)	--	--	Yes
Housing: % households with at least 1 of 4 housing problems- overcrowding, high housing cost, lack of kitchen or plumbing facilities (2012)	19%	15%	13%
Transportation- Driving Alone: % of workforce that drives alone to work (2014)	76%	84%	85%
Transportation- Long Commute: % of workers driving alone, commute greater than 30 mins. (2014)	31%	29%	34%

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5.C. Other Data: Hospital Utilization Rates

As seen in Table 5.C.1., from 2013 through September 2015, hospital ER discharges for ambulatory care sensitive conditions for East Liverpool City Hospital (ELCH) increased for: dental conditions, dehydration, angina, COPD, CHF, diabetes with ketoacidosis, diabetes with other conditions, grand mal and other epileptic and hypertension.

For the same time period, hospital ER and inpatient discharges for mental health for ELCH, as seen in Table 5.C.2. show upward trends: alcohol related visits to the ER, drug related visits to the ER, other chronic organic psych, schizophrenia, ER manic disorder, depressions, bi-polar, ER paranoia psychosis, anxiety, inpatient phobias, inpatient sexual deviations, inpatient sleep disorders, eating disorders, inpatient stress related, adjustment related, inpatient conduct/social disturbances, inpatient emotional-youth, and inpatient mental retardation.

Table 5.C.3. shows that from 2013 through September 2015, hospital DRG conditions for ELCH increased for: hypertension, alcohol/drug abuse , CHF, bronchitis and COPD.

Table 5.C.1. ELCH Liverpool Ambulatory Care Sensitive Conditions – ER Only

Ambulatory Care Sensitive Conditions- ER Only			
Preventable Conditions	2013	2014	2015 (Jan-Sept)
Dental Conditions	766	939	756
Vaccine Preventable Cond	8	5	4
Iron Deficiency Anemias	7	7	6
Acute Conditions	2013	2014	2015 (Jan-Sept)
Bacterial Pneumonia	118	131	81
Cellulitis	846	929	674
Convulsions	53	73	49
Dehydration	162	122	173
Gastroenteritis	459	380	408
Hypoglycemia	13	7	4
Kidney/Urinary Infection	787	934	721
Pelvic Inflammatory Dis	19	21	16
Severe ENT Infections	2053	1898	1232
Skin Grafts with Cellulitis	1	0	0
Angina	13	19	15
Chronic Conditions	2013	2014	2015 (Jan-Sept)
Asthma	288	249	218
COPD	191	203	201
CHF	23	26	26
Diabetes with ketoacidosis	9	9	10
Diabetes with other conditions	30	61	43

Chronic Conditions	2013	2014	2015 (Jan-Sept)
Diabetes without other conditions	56	61	41
Grand Mal and other Epileptic	74	75	85
Hypertension	136	98	104

Table 5.C.2. ELCH Mental Health ICD-9 Codes

Mental Health ICD-9 File						
Code	2013 ER	2013 IN	2014 ER	2014 IN	Jan - Sept	
					2015 ER	2015 IN
Dementia	6	23	2	13	2	17
Alcohol Related	162	239	243	246	177	235
Drug Related	808	915	6226	1303	5671	1254
Transient Organic Psychotic	9	31	5	30	7	21
Other Chronic Organic Psych	6	81	21	203	27	130
Schizophrenia	37	41	125	73	150	112
Manic Disorder	0	0	0	0	1	0
Depressions	19	63	33	300	49	373
Bi Polar	91	111	913	213	908	217
Paranoia Psychosis	53	251	85	185	109	151
Anxiety	485	773	1009	1072	1591	857
Phobias	0	5	0	2	1	7
Personality Disorders	103	127	914	235	910	240
Sexual Deviations	1	0	0	0	0	2
Psychogenic Disorders	27	1	22	2	13	1
Sleep Disorders	0	1	1	5	1	0
Eating Disorders	0	1	0	0	1	0
Stress Related	79	12	117	8	42	13
Adjustment Related	37	32	74	47	159	73
Conduct/Social Disturbances	27	4	19	9	24	9
Emotional – Youth	1	1	16	0	4	0
Mental Retardation	6	17	11	15	6	22

Table 5.C.3. ELCH Diagnosis Related Groups

DRG File			
DRG File	2013	2014	2015 (Jan-Sept)
Hypertension	9	14	13
CHF	186	142	148
Breast Cancer	1	3	2
Cancer	8	13	5

DRG File	2013	2014	2015 (Jan-Sept)
Pneumonia	181	137	104
Complications Baby	11	4	0
Bronchitis/Asthma < 18	1	0	1
Bronchitis/Asthma >18	48	48	40
Alcohol/Drug Abuse	13	237	671
COPD	322	301	296
Fracture	8	16	11
Reproductive Disorder	3	0	1

As seen in Table 5.C.4., from 2012-2014, hospital ER discharges for ambulatory care sensitive conditions for Salem Regional Medical Center (SRMC) increased for dental conditions, hypoglycemia, kidney/urinary infection, severe ENT infections, and CHF. For the same time period, hospital ER and inpatient discharges for mental health for SRMC, (see Table 5.C.5), increased for: dementia, alcohol-related/ drug-related for inpatient, transient organic psychotic inpatient, schizophrenia, depression for inpatient, bi-polar, paranoia psychosis for inpatient, personality disorders, inpatient psychogenic disorders, ER sleep disorders, inpatient stress-related, adjustment-related, ER conduct/social disturbances, and inpatient mental retardation.

Table 5.C.6. shows that from 2012 to 2014, hospital DRG conditions for SRMC increased for: hypertension, breast cancer, cancer, pneumonia, complications baby, bronchitis/asthma for children under the age of 18 as well as those over 18, and COPD.

Table 5.C.4. SRMC Ambulatory Care Sensitive Conditions – ER Only

Ambulatory Care Sensitive Conditions- ER Only			
Preventable Conditions	2012	2013	2014
Failure to Thrive	0	1	0
Dental Conditions	400	396	435
Vaccine Preventable Cond	6	6	2
Iron Deficiency Anemias	47	18	17
Nutritional Deficiencies	3	2	0
Acute Conditions	2012	2013	2014
Bacterial Pneumonia	174	120	122
Cellulitis	1	2	4
Gastroenteritis	145	170	165
Hypoglycemia	8	27	39
Kidney/Urinary Infection	328	365	419
Severe ENT Infections	412	359	419
Angina	8	10	5

Chronic Conditions	2012	2013	2014
Asthma	0	0	0
COPD	118	93	62
CHF	0	0	1
Diabetes	146	102	123
Grand Mal and other Epileptic	0	0	0
Hypertension	111	94	99

Table 5.C.5. SRMC Mental Health ICD-9 Codes

Mental Health ICD-9 File						
Code	2012 ER	2012 IN	2013 ER	2013 IN	2014 ER	2014 IN
Dementia	0	0	1	2	1	3
Alcohol Related	28	35	31	39	37	43
Drug Related	5570	470	3835	468	2773	564
Transient Organic Psychotic	5	6	5	3	2	8
Other Chronic Organic Psyc	1	100	1	102	2	31
Schizophrenia	5	0	9	1	20	1
Manic Disorder	0	0	1	0	0	0
Depressions	796	434	675	450	600	439
Bi Polar	16	11	48	5	51	14
Paranoia Psychosis	540	56	252	43	169	74
Anxiety	101	25	73	29	68	9
Phobias	3	2	6	1	1	1
Personality Disorders	20	6	23	6	34	7
Psychogenic Disorders	53	0	21	1	32	2
Sleep Disorders	0	0	0	1	2	0
Eating Disorders	1	1	0	1	1	1
Stress Related	43	4	32	14	38	11
Adjustment Related	42	13	40	15	70	19
Conduct/Social Disturbances	9	1	9	1	11	1
Emotional- Youth	3	0	2	0	2	0
Mental Retardation	54	33	26	33	59	44

Table 5.C.6. SRMC Diagnosis Related Groups

DRG File			
DRG File	2012	2013	2014
Hypertension	1	10	12
CHF	1	1	1
Breast Cancer	5	8	6
Cancer	22	22	25

DRG File	2012	2013	2014
Pneumonia	227	228	252
Complications Baby	20	12	25
Reproductive Disorder	2	1	1
Bronchitis/Asthma < 18	8	6	17
Bronchitis/Asthma >18	31	41	44
Alcohol/Drug Abuse	21	20	14
COPD	195	198	220
Fracture	24	21	22

6. Data Gaps

Where available, the most current and up-to-date data was used to determine the health needs of the community. Although the data set available is rich with information and more information is available today when compared to the needs assessment conducted three years ago, data gaps still exist.

- Chronic disease data and social determinants of health such as health insurance coverage data and cancer screening, incidence and mortality rates are not available by zip code areas
- Data is not available on topics to evaluate health needs within each race/ethnicity by age-gender specific subgroups.
- Some information about the population-level prevalence of health conditions and related risk factors is derived from health surveys, such as the Behavioral Risk Factor Surveillance System, which are estimates based upon samples of Ohioans.
- Most of the secondary data is from publicly-available sources, in which there is typically a data lag of 1-3 years between the time this information is collected and released.
- Healthy People targets are not available for many metrics.
- Health risk behaviors that increase the risk for developing chronic diseases, like diabetes, are difficult to measure accurately in subpopulations, especially the Hispanic/Latino populations due to disparities arising from undocumented status, communication barriers or cultural beliefs.
- There is no existing, universal data infrastructure or health information exchange for sharing information between Columbiana County providers.

7. Topic Conclusions

7.A. Access to Health Care: General access to services and affordable health care coverage are important for the achievement of health equity and improving the quality of life. Columbiana County is identified as an underserved area with disparities related to being an Appalachian county, with a high ratio of the population to primary care physicians, dentists and mental health providers; indicating the potential for greater access to care challenges. For a more in-depth review of the Access to Quality Health Care data, please see pages 15-51 of the CHNA Supplemental Data Resource, Appendix B.



Barriers to health care access at the level of the individual and community were identified consistently across the CHNA process. For individuals, these barriers included deficits in income, education, lack of health insurance, lack of providers and lack of transportation. The community also faces barriers to access, including economic factors and provider shortages.

There are a number of observations and conclusions that can be derived from the data related to Access to Quality Health Care, which include:

Focus Groups: Focus group participants identified the need for reliable transportation, cost of health care and lack of resources to access providers, particularly specialists outside of the county; as factors impacting the health of the community. Additional perceptions from the focus groups included that some families are unable to access services due to language barriers and undocumented status, and health status varies based on where someone lives in the community. Participants were also asked to identify barriers to accessing health care. Responses included:

- Lack of Reliable Transportation
- Lack of Education on Health Issues
- Financial Barriers for Residents and Service Providers
- Increasing Costs of Medications
- High Deductibles
- Health Literacy
- Stigma When Accessing Services
- Lack of Youth Programs
- Lack of Accountability/Personal Motivation

Stakeholder Interviews: These participants listed factors impacting the health of the community as the lack of transportation/expense of transportation, that most health plans

have very specific authorization criteria and people do not know where they can go for care, a lack of available information, language barriers, people can't afford insurance/health care, lack of resources, lack of public education and long wait time for services.

Community Survey: It should be noted that while paper surveys were available in the community, the Community Survey document was primarily completed through the internet, and the survey respondents in general represented a higher income segment of the population. The majority of Community Survey respondents did not have significant access issues related to health insurance, with 96.2% having health insurance, three-quarters having dental insurance (76.5%), and a little over two-thirds (69.8%) reported having vision insurance. A small percentage (3.4%) of respondents reported having no health insurance. Most respondents had a private insurance provider (77.6%). A little over one-tenth (12.0%) had Medicare and a little less than one-tenth (8.7%) had Medicaid.

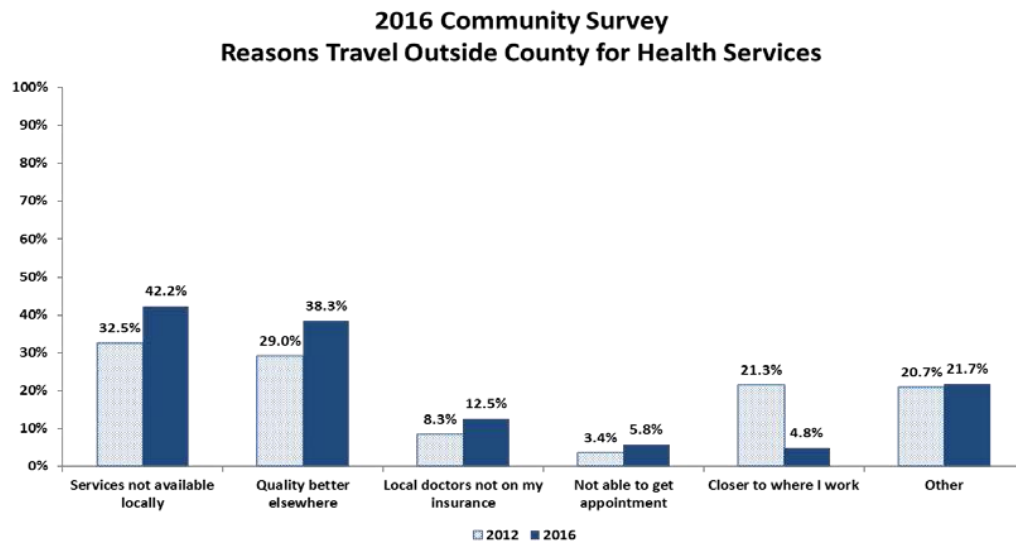
In 2016, the majority (88.7%) of community survey respondents said that they go to a physician's office for routine health care, compared to 60.6% in 2012. Fewer people are going to the emergency room or community clinic for non-emergent care in 2016 than reported in 2012. The majority of respondents (75.7%) said that they always are able to visit the doctor when needed, almost a quarter higher than the respondents in 2012 (52.3%). The majority of individuals (80.8%) had seen the doctor for a routine visit within the last 12 months.

Respondents to the community survey also received a variety of preventative services in the past 12 months: blood pressure check, dental cleaning cholesterol screening, vision screening, blood sugar check, pap smear, mammogram, glaucoma test, skin cancer screening, depression screening, colon/rectal exam, hearing screening, prostate cancer screening and STD screening.

The cities where people most likely choose to go to get regular check-ups were East Liverpool (34.5%), Columbiana (17.1%), and Salem (16.9%). The cities where people most likely go to get specialty care were Boardman (19.0%), Salem (18.6%), and East Liverpool (17.6%).

Community Survey respondents were asked to list the reasons for travelling outside of Columbiana County for health services, since over half of the respondents (61.4%) travel sometimes, usually or always outside of the area for these services. (See Table 7.A. on next page)

Table 7.A. Community Survey – Travel Outside Columbiana County for Care



The number of respondents who always have to travel outside of Columbiana County for health services decreased in 2016 (6.8%) from 2012 (17.1%), but the number of respondents who had to sometimes travel outside of Columbiana County for health services increased in 2016 (54.9%) from 2012 (31.4%). During both survey years, respondents listed services not available locally and that the quality is better elsewhere as their reasons for traveling outside of the county for health services. The responses in both of these categories increased from 2012 to 2016, with services not available locally increasing from 32.5% in 2012 to 42.2% in 2016, and quality better elsewhere increasing from 29.0% in 2012, to 38.3% in 2016. Additional reasons why 2016 Community Survey respondents travel outside of Columbiana County for healthcare included personal preference (33.3%), doctor referral (21.1%), and doctor out of town (21.1%).

Community Survey participants identified Transportation, Affordability/Cost/Financial, and Cost of Insurance/Deductibles/Co-Pays as being the top barriers in regards to access to quality health care. All of the barriers to access saw a decrease in 2016 when compared to 2012. The most cited problems when seeking medical/dental care were that health care is too expensive (34.5%), finding an office or clinic that is open when I’m not working (30.3%), and the ability to take off work when I/my family is sick without losing pay (25.0%).

Secondary data findings from the County Health Rankings data related to access also showed that Columbiana County faces a significant barrier to access as indicated by the county’s ratio of the population to primary care providers (1,858:1) being higher than Ohio (1,296:1); and the county’s ratio of dentists (4,404:1) being considerably higher than Ohio (1,713:1).

Lack of insurance is also a barrier to access and the rate of uninsured adults in Columbiana County as compared to the state is reflected in the map below, (Figure 7.B).

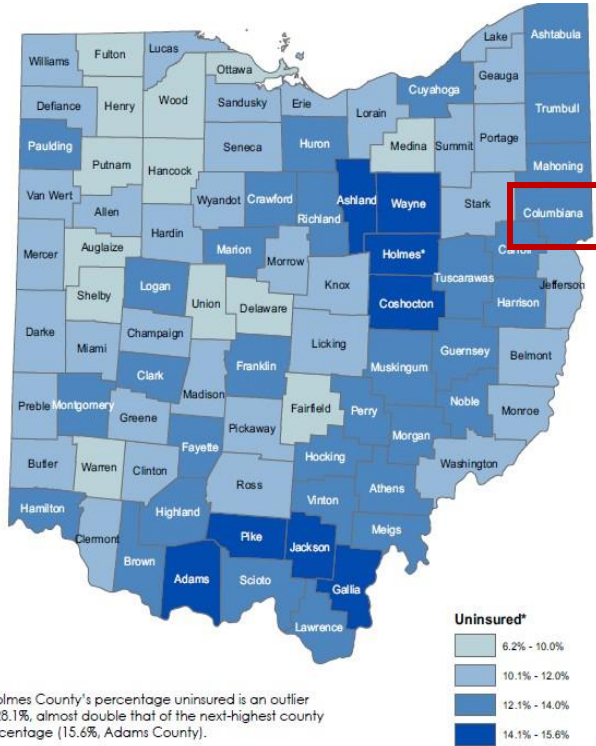


Figure 7.B:
Uninsured Adults by County
2014: Percent Adults 18-64
Uninsured
 (Source: Small Area Health Insurance Estimates, U.S. Census Bureau)

* Holmes County's percentage uninsured is an outlier at 28.1%, almost double that of the next-highest county percentage (15.6%, Adams County).

- **Colorectal Cancer:** The incidence rate in the county has been decreasing over the past few years. In 2012, the rate in the county (45.8/100,000) was higher than Ohio (37.3/100,000) but lower than the nation (46.1/100,000). The county and nation exceed the Healthy People 2020 Goal (38.6/100,000). Between 2008-2012, the colorectal cancer mortality rate for the county (15.3/100,000) was lower than the state (16.1/100,000) and nation (18.1/100,000), but above the Healthy People 2020 Goal of 14.5/100,000.

- **Prostate Cancer:** The incidence rate has been decreasing in the county, with the 2012 rate (122.3/100,000) higher than Ohio (103.3/100,000), but lower when compared to the nation (128.3/100,000). Prostate Cancer mortality has fluctuated over the past several years, with the most recent rate (20.1/100,000) being slightly higher when compared to the state (19.3/100,000), and slightly lower than the nation (20.8/100,000). All of the rates fall just short of the Healthy People 2020 Goal of 21.8/100,000.

- **Cancer Screenings:** According to the Columbiana County Health Department Cancer Detection Clinic, over the past three years there has been a decrease in the number of patients seen, as well as abnormal results from colorectal screenings, mammograms, pap tests and skin cancer screenings. While there has been a decrease in the number of PSA screenings, there has been an increase in the number of abnormal results.

- **Heart Disease:** The coronary heart disease mortality rate has remained fairly steady in the county during the past few years. In 2013, the rate (137.2/100,000) was lower compared to Ohio (187.3/100,000) and higher than the nation (108.9/100,000). All rates are well above the Healthy People 2020 Goal of 103.4/100,000.
- **COPD:** The county's mortality rate has increased slightly in recent years, and in 2012 was 53.5/100,000, compared to 55.9/100,000 in 2013. This is higher than Ohio (51.1/100,000) and the nation (40.8/100,000). Rates are lower than the Healthy People goal of 102.6/100,000.
- **Diabetes:** The percentage of adults with diabetes in Columbiana County has been decreasing for the years 2014 and 2015, but in 2015 at 12.0%, was higher than Ohio (11.0%). Columbiana County met the Healthy People 2020 goal of 12.0% for 2014 and 2015. The diabetes mortality rate has fluctuated over the past several years. In 2013, the county rate (22.3/100,000) was lower when compared to Ohio (26.1/100,000), and lower than the Healthy People goal of 66.6/100,000.
- **Alzheimer's Disease:** For 2013, the county rate (21.0/100,000) is lower than the state (26.0/100,000) and nation (26.8/100,000).
- **Kidney Disease:** The mortality rate for the county has fluctuated over the past several years, with an increase in most recent years (18.0/100,000 in 2012 to 19.5/100,000 in 2013). The rate for 2013 is lower than Ohio (26.0/100,000).

2016 County Health Rankings Data			
<small>(Source: countyhealthrankings.org)</small>			
Indicator ("Red" indicates Columbiana County indicator below Ohio or U.S.)	U.S.	Ohio	Columbiana County
Premature Death: Years of potential life lost before age 75/100,000 (2013)	6,600	7,534	8,404
Obesity: Percent of adults with BMI \geq 30 (2012)	27%	30%	32%
Tobacco Use: % adults who are smokers (2014)	17%	21%	21%
Physical Activity: % adults aged 20+ no leisure-time physical activity (2012)	23%	26%	31%
Active Living Environment: % population with adequate access to locations for physical activity (2014)	84%	83%	72%
Drug & Alcohol Abuse Injury- Alcohol Impaired Driving (2014)	31%	35%	36%
Sexual & Reproductive Health: Teen birth rate per 1,000 female population ages 15-19 (2013)	35	34	38
Coverage & Affordability: % pop. under age 65 without health insurance (2013)	17%	13%	15%
Access to health care/medical care: Ratio of pop. to primary care physicians (2013)	1320:1	1296:1	1858:1
Access to Dental Care: Ratio of pop. to dentists (2014)	1540:1	1713:1	4404:1
Access to Behavioral Health Care: Ratio of pop. to mental health providers (2015)	490:1	642:1	1187:1
Diabetes: % diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring (2013)	85%	85%	87%
Cancer: % female Medicare enrollees ages 67-69 that receive mammography screening (2013)	63%	60%	59%

2016 County Health Rankings Data			
<small>(Source: countyhealthrankings.org)</small>			
Indicator ("Red" indicates Columbiana County indicator below Ohio or U.S.)	U.S.	Ohio	Columbiana County
Education- High School Graduation: % ninth grade cohort that graduates in four years (2013)	82%	83%	80%
Education- Some College: % adults ages 25-44 with some post-secondary education (2014)	64%	60%	49.2%
Employment, Poverty & Income- Unemployment: % pop. ages 16+ unemployed & seeking work (2014)	6.2%	5.7%	6.4%
Employment, Poverty & Income-Children : % of children <18 in poverty (2014)	22%	23%	24%
Injury: Number deaths due to injury per 100,000 (2013)	60	63	72
Air, Water, Toxic Substances- Air Pollution: Average daily density of fine particulate matter in micrograms per cubic meter	11.4	13.5	14.1
Air, Water, Toxic Substances- Drinking Water: Presence of drinking water violations (2014)	--	--	Yes
Housing: % households with at least 1 of 4 housing problems- overcrowding, high housing cost, lack of kitchen or plumbing facilities (2012)	19%	15%	13%
Transportation- Driving Alone: % of workforce that drives alone to work (2014)	76%	84%	85%
Transportation- Long Commute: % of workers driving alone, commute greater than 30 mins. (2014)	31%	29%	34%

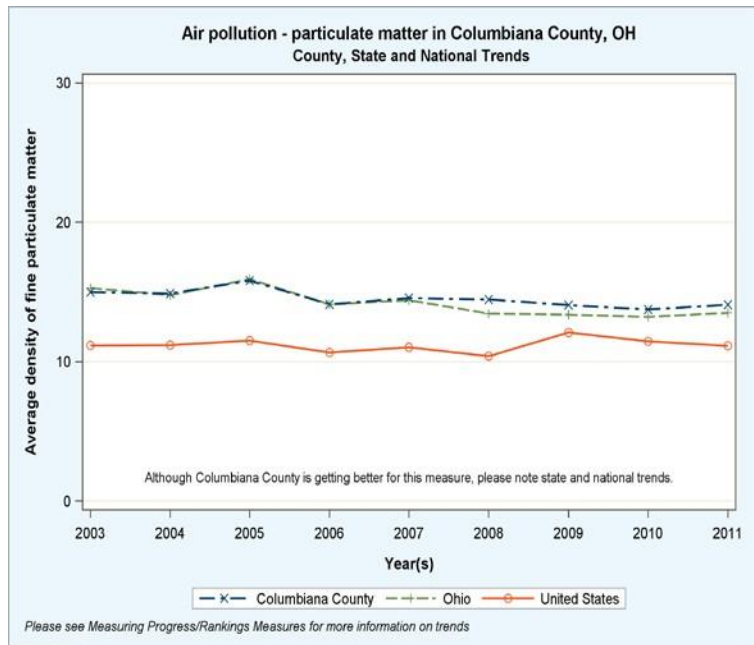
7.C. Healthy Environment

Environmental quality is a general term which refers to characteristics that relate to the natural environment, such as air and water quality, pollution and noise; as well as the potential effects they have on physical and mental health. In addition, several social determinants of health also fall into the category of contributing to a healthy environment. For a more in-depth review of the Healthy Environment data, please see pages 76-104 of the CHNA Supplemental Data Resource, Appendix B.

7.C.1. Physical Environment: According to the 2016 County Health Rankings, Columbiana County ranks 87 out of 88 Ohio counties in the physical environment category, with a disparity noted for outdoor air quality. Air pollution rates, measured in year-round particulate pollution, are at 14.1, with Ohio at 13.5. (Graph Source: 2016 County Health Rankings & Roadmap)

High rates of air pollution place many people at greater health risk because of their age or because they have asthma or other chronic lung disease, cardiovascular disease or diabetes.

Figure 7.C.1.



People with lower incomes also face greater risk from air pollution, and often live closer to the sources of pollution; with particularly high levels of air pollution noted along the Ohio River and areas bordering West Virginia. In addition, the county is rated as having significant drinking water violations, and this also has been the subject of several recent local news reports where public water supplies have been contaminated with lead and are deemed unsafe.

7.C.2. Healthy Environment: Social Determinants of Health

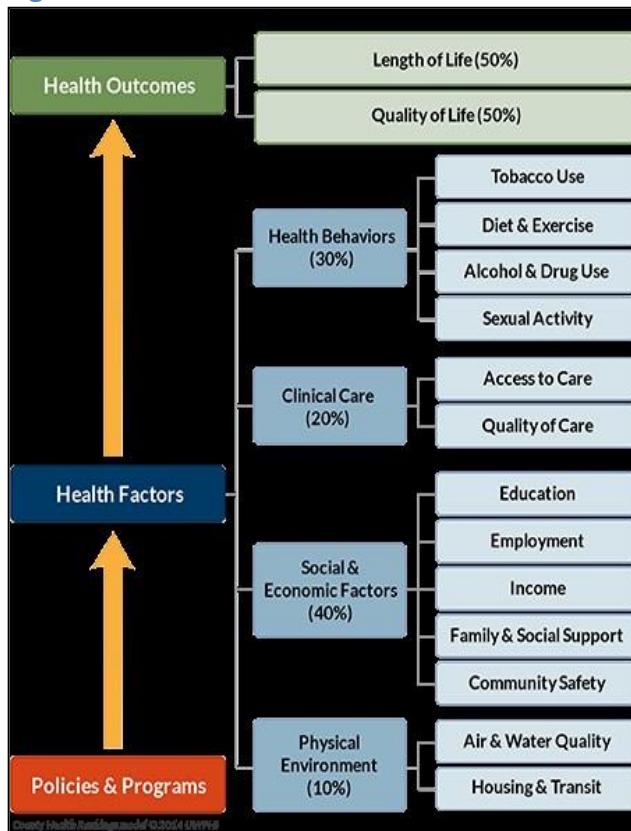
Access to high-quality, affordable health care plays a significant role in the health of individuals. However, clinical care cannot address all the factors that shape both health behaviors and health outcomes.

Stakeholder Interviews: Participants identified the following social determinants as negatively impacting their environment: poverty/generational poverty; ignorance/complacency/lack of motivation; unemployment/lack of job opportunities; lack of housing (low income, seniors,

mental health); lack of parenting; low educational attainment and aging population. Physical environmental concerns were also expressed by stakeholders regarding pollutions/toxins in the air, water and soil contributing to increased rates of cancer and other disease; and having older wells and septic systems, which impact the health of the community.

Focus Groups: Participants identified low income, lack of motivation to work, low educational attainment, poor health literacy, and increasing drug activity as social determinants contributing to community health needs.

Figure 7.C.2

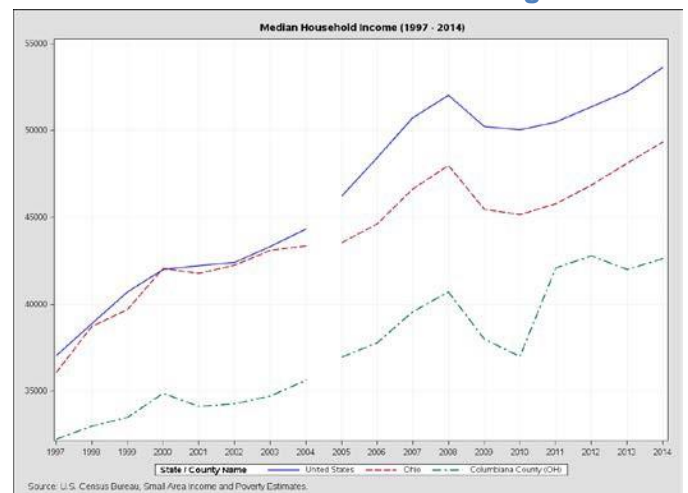


Data Findings: Understanding social determinants of health, such as economics, education and violence; can also lead to improvements in health outcomes and reductions in health disparities. The population health model published by the Robert Wood Johnson Foundation (left), in the 2016 “County Health Rankings and Roadmap,” emphasizes the factors that can help improve overall health outcomes.

According to these 2016 health rankings, Columbiana County ranks 57th out of Ohio’s 88 counties for overall health outcomes, with length of life ranking 64th and quality of life ranking 52nd. Health factors are ranked 67th, with health behaviors at 56th, clinical care at 66th, social and economic factors at 66th, and physical environment at 87th.

Figure 7.C.3.

- **Poverty and Dependence on Financial Assistance:** Columbiana County is ranked 60th out of 88 counties for Personal per Capital Income.
 - Over half (52.1%) of households have annual incomes less than \$50,000, and according to the U.S. Census Bureau, the Median Household Income is well below the state and national averages as indicated in the graph to the right.



- More than half (56.7%) of county households have incomes at or below 200% of poverty.
- The percentage of children living in poverty in the county increased between 2014 (24.9%) and 2015 (27.4%), and is higher than the state (22.9%).
- According to the 2016 Ohio State Health Assessment, over 40% of children living below the



Of every 20 children in Columbiana County, **11** are economically disadvantaged, including **6** living in poverty

(Source: Early Childhood Advisory Council)

federal poverty level have experienced two or more adverse childhood experiences.

- Over the past two years the unemployment rate in the county has remained consistent, and in 2015 (8.1%) was higher when compared to the state (4.9%).

- In 2013, the dependency ratio (percent of income to total transfer payments) for Columbiana County was 27.3% compared to Ohio's at 19.7%. (Examples of transfer payments include unemployment benefits, social security benefits, the value of Food

Stamps, etc.) This indicator shows that over one-fourth of Columbiana County's population depends on government assistance and/or retirement income.

- **Single Parent Households:** The percentage of children in the county who live in single parent households has increased between 2014 (32.0%) and 2015 (32.9%), but is lower when compared to the state (38.5%), and nation (35.5%).

- **Education:** Higher education levels and high school graduation rates also have an impact on the health and well-being of an individual, and there is a health disparity associated with lower educational levels attained. Those who do not finish high school are also more likely to lack the basic skills required to function in an increasingly advanced job market and society than those who graduate from high school. In addition, adults with limited education levels are more likely to be unemployed, on government assistance, or involved in crime (Healthy Communities Institute, 2014).

Columbiana County's high school graduation rate increased slightly between 2014 (78.6%) and 2015 (79.3%), and was lower than Ohio's (81.8%), which are both lower than the Healthy People 2020 Goal (82.4%). The percentage of adults, ages 25-44, with some post-secondary education, is much lower in Columbiana County (24%), compared to Ohio (60%), and the U.S. (64%).

- **Youth Risk Factors and Protective Assets:** In 2015, over 2,300 Columbiana County adolescents enrolled in grades 7, 9 and 10 participated in the *Search Institute's Profiles of Student Life: Attitudes and Behaviors' Survey* to assess the impact of 40 identified internal and external assets which measure thriving indicators and risk-taking behaviors. Research has shown that the more assets a young person has, the less likely he/she will engage in harmful behaviors and

be more likely to do well in school and become a productive adult. (See Appendix B, pages 95-101, for more on the Search Institute and Ohio Youth Risk Behaviors Survey results.)

According to the Developmental Assets 2015 Youth Survey Report for 10 of 11 school districts in Columbiana County, risk factors for youth include:

- 15% of youth have shoplifted in the past 12 months, 13% have vandalized property and 16% have been in trouble with the police in the past 12 months
- 28% of youth have engaged in 3 or more acts of fighting, hitting/injuring, carrying a weapon, and/or threatening physical harm in the last 12 months

According to the Ohio Youth Risk Behaviors Survey:

- 14.2% of students have carried a weapon in the past 30 days
- 5.1% have stayed home from school because they did not feel safe
- 7.5% have had sexual intercourse when they did not want to
- 7.2% have been forced to do something sexual by the person they are dating
- 20.8% have been bullied at school in the past year
- 15.1% have been electronically bullied

7.D. Healthy Mothers, Babies and Children

The well-being of children determines the health of the next generation and can help predict future public health challenges for families, communities and the health care delivery system. The healthy mothers, babies and children topic area addresses a wide range of conditions, health behaviors, and health indicators that can affect the health, wellness, and quality of life for the entire community. For a more in-depth review of the Healthy Mothers, Babies and Children data, please see pages 106-115 of the CHNA Supplemental Data Resource, Appendix B.

Stakeholder Interviews: Stakeholders recognized the need for more pre- and post-natal care services, as well as the need for parenting classes and education for young women on their reproductive options. This topic was not addressed by the focus groups.

There are a number of observations and conclusions that can be derived from the data related to Healthy Mothers, Babies and Children. They include:

- **Teen Pregnancy:** Columbiana County faces some disparities related to teen pregnancy and birth rates. According to Ohio's 2016 State Health Assessment Plan, the teen birth rate in Ohio fell 15.8% from 2012-2014. Between 2008 and 2010, the teenage pregnancy rate in Columbiana County decreased as well; although in 2012, teen pregnancies in Columbiana County were 57/100,000, which is still higher when compared to the state (55.3/100,000). The teenage birth

rate has been decreasing over the past three years, and in 2015 was 39.5 per 1,000 females ages 15-19 in Columbiana County, which is higher when compared to the state (36.0/1,000).

- **Prenatal Care:** The percent of mothers receiving prenatal care during the first trimester for the Akron Region (which includes Columbiana County) has increased from 79.8% in 2006-2007 to 85.6% in 2009-2011, and is above the state rate of 83.7% for the same 2009-2011 period.

- **Smoking During Pregnancy:** The percentage of pregnant women who report not smoking during pregnancy increased in the county between 2009 and 2010; although in 2010 at 73.8%, it was still lower than the state (82.2%). The county, state and nation all fall below the Healthy People 2020 Goal of 98.6%.

- **Low Birth Weight:** The percent of low birth weight babies born in the county increased slightly between 2014 (7.7%) and 2015 (7.9%), but was less than the state (8.6%) and fell just short of meeting the Healthy People 2020 Goal of 7.8%.

- **Infant Mortality:** In 2012 the county rate (4.5/100,000) was lower than the nation (6.1/100,000). The county meets the Healthy People 2020 Goal of (6.0/100,000).

7.E. Infectious Disease

Pathogenic microorganisms, such as bacteria, viruses, parasites or fungi, cause infectious diseases, which can be spread, directly or indirectly, from one person to another. These diseases can be grouped in three categories: diseases which cause high levels of mortality; diseases which place on populations heavy burdens of disability; and diseases which owing to the rapid and unexpected nature of their spread can have serious global repercussions (World Health Organization). For a more in-depth review of the Infectious Disease data, please see pages 117-122 of the CHNA Supplemental Data Resource, Appendix B.

Although the topic was not identified or discussed during the Focus Groups or Stakeholder Interviews, there are a number of observations and conclusions that can be derived from the data related to Infectious Disease. They include:

- **Influenza/Pneumonia:** Influenza and pneumonia mortality has fluctuated in the county over the past several years, with an increase in the most recent years where data is available. During the timeframe of 2011-2013, the county rate (21.0/100,000) was higher when compared to both the state (16.6/100,000) and nation (15.1/100,000).

- **Sexually Transmitted Diseases:** Since 2012, the chlamydia rate has been decreasing in the county and was 163/100,000 in 2014, which was much lower than the state (460.3/100,000). HIV/AIDS prevalence has been increasing from 63.4/100,000 in 2013 to 68.1/100,000 in 2014, but remains lower than the state and nation. The gonorrhea incidence rate has also increased from 31.2/100,000 in 2013 to 42.5/100,000 in 2014.

7.F. Mental Health and Substance Abuse

Mental Health refers to a broad array of activities related to the mental well-being component included in the World Health Organization's (WHO) definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease." Mental health is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

According to the WHO, substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome – a cluster of behavioral, cognitive and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

Mental health is strongly linked to socioeconomic factors relevant to Columbiana County. Shortages of mental health workers as indicated by population ratios, as well as a lack of treatment options especially related to inpatient management; were identified in the CHNA process as significant limitations in addressing the county's mental health issues. Another underlying theme that emerged was related to behavioral health issues concerning mental health and addiction. The opiate epidemic is having an increasingly negative impact on Ohio and Columbiana County, especially related to unintentional injury deaths and higher causes of premature death.

For a more in-depth review of the Mental Health and Substance Abuse data, please see pages 123-146 of the CHNA Supplemental Data Resource, Appendix B.

Impact of Mental illness: When mental health services are inaccessible to those in need, the impact is felt in all areas of the economy and society. Ohio's impact is measured as follows:

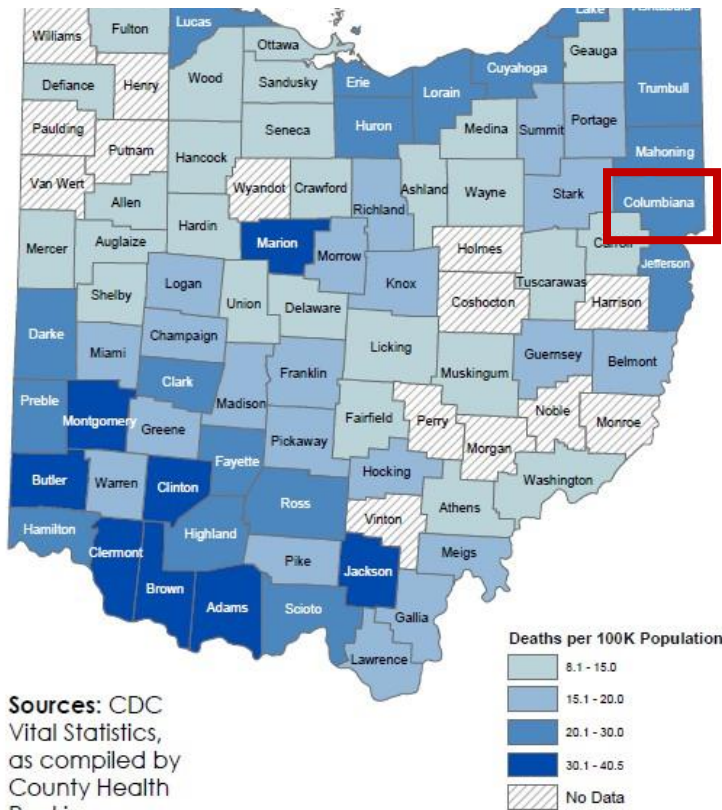
- Missed educational opportunities and failure in school (58% of children with mental illness do not graduate from high school.)
- Lost productivity and unemployment (Employees who are depressed are twice as likely to miss work and seven times more likely to be less productive on the job.)
- Increased crime and incarceration (More than half of Ohio's inmates have some type of mental illness; 12% are diagnosed with a severe mental illness. Most youth in juvenile justice facilities have a diagnosable mental disorder.)
- Inappropriate use of hospital emergency departments
- Premature death (In Ohio, more than 1,300 lives are lost to suicide each year.)

Stakeholder Interviews: Participants identified substance use and the lack of mental health providers as the top community needs and as key factors impacting the health of the community. **Focus Group** participants identified drug use, possible drug use at home and youth substance abuse as issues impacting community health.

There are a number of observations and conclusions that can be derived from the data related to Mental Health and Substance Abuse. They include:

- **Mental Health:** On average, adults in the county report having 3.7 days in the past 30 days, when their mental health was not good, which is comparable to the state at 3.8 days. According to Columbiana County’s Health Rankings, the population to mental health provider ratio is much higher in Columbiana County at 1187:1, compared to Ohio at 642:1, and the U.S. at 490:1; which indicates significant disparities and barriers to accessing mental health services.
- **Substance Abuse:** According to 2014 opioid overdose data published by the Kaiser Family Foundation, Ohio ranks first in the nation in total opioid overdose deaths at 2,106.

Figure 7.F.1.:
Drug Overdose Deaths by County per 100,000 (2012-2014)



- Data from the CDC indicates that in 2010, drug poisoning/overdose deaths in Columbiana County were 13/100,000; and that there has been a 102% increase in drug overdose deaths in Columbiana County from 1999-2010. In addition for the age group of 25-64, the number of deaths from overdose is greater than motor vehicle deaths.
- 2014 Data from the Mental Health and Recovery Services Board indicates there were 19 drug-related deaths in 2014, compared to initial data of 27 deaths (to be officially confirmed 2016).
- In 2010, over 776 million doses of opiates were prescribed in Ohio. That equals 67 doses for every man, woman, and child in the state. (Ohio Automated Rx Reporting System)
- Prescription painkillers accounted for nearly 37% of unintentional overdose deaths in Ohio in 2008. (Ohio Department of Health)
- In 2014, the Columbiana County prosecutor's office estimated 85 percent of all crimes were drug related, whether it be homicides, assaults, burglaries, thefts and other property crimes.
- The percentage of adults who report drinking excessively in the county has remained fairly consistent and in 2015 (14.9%) was lower when compared to the state (17.5%). However, in 2014, alcohol impaired driving in Columbiana County (36%), was higher than Ohio (35%) and the nation (31%).

According to the Columbiana County Developmental Assets 2015 Survey Report, following is a summary of mental health and substance abuse risk-taking behaviors trended from 2011-2015.

Table 7.F.1: Youth Risk Behaviors

	YEAR	2015	2013	2011
	NUMBER of RESPONDENTS	2309	2306	1768
Eating Disorder	Has engaged in bulimic or anorexic behavior	18%	17%	20%
Depression	Felt sad or depressed most or all of the time in the last month	19%	17%	20%
Attempted Suicide	Has attempted suicide one or more times	17%	16%	16%
Alcohol	Used alcohol once or more in the last 30 days	21%	23%	25%
	Got drunk once or more in the last two weeks	14%	14%	20%
Tobacco	Smoked cigarettes once or more in the last 30 days	9%	11%	13%
	Used smokeless tobacco once or more in the last 12 months	11%	15%	16%
Inhalants	Sniffed or inhaled substances to get high once or more in the last 12 months	7%	8%	9%
Marijuana	Used marijuana once or more in the last 12 months	9%	10%	19%
Other Drug Use	Used other illicit drugs once or more in the last 12 months.*2015-Used heroin or other narcotics once or more in the last 12 months.	*2%	3%	6%
Driving and Alcohol	Drove after drinking once or more in the last 12 months	4%	5%	6%
	Rode with a driver who had been drinking once or more in the last 12 months	30%	33%	33%

According to the Ohio Youth Risk Behaviors Survey:

- 17.4% of students have ridden in a car with a driver who had been drinking in the past 30 days
- 2.6% have personally driven after drinking
- 25.8% have felt sad or hopeless almost every day for two weeks
- 14.3% have considered suicide during the past year
- 11.1% made a plan of how to attempt suicide, with 6.2% attempting suicide in the past year
- 12.7% of students have tried alcohol before the age of 13
- 29.5% had at least one drink in the past 30 days, 16.1% had 5 or more drinks in one occasion
- 35.7% have used marijuana, 20.7% have used marijuana in the past 30 days
- 7.4% have used some form of cocaine
- 2% have used heroin
- 2.7% have taken steroid shots or pills without a prescription
- 2.2% have used a needle to inject a drug into their body
- 19.9% have been offered or given drugs on school property

7.G. Physical Activity and Nutrition

Regular physical activity reduces the risk for many diseases, helps control weight, and strengthens muscles, bones and joints. It also helps to prevent or manage conditions such as obesity, diabetes, hypertension, cancer and mental illness. Physical activity and nutrition data explored included: levels of physical activity, availability of fast or fresh food, and utilization of free and reduced-price lunches for school aged children. For a more in-depth review of the Physical Activity and Nutrition data, please see pages 148-159 of the CHNA Supplemental Data Resource, Appendix B.

Stakeholder Interviews: Participants identified lack of physical activity and poor nutrition as the top community health needs. **Focus Group** participants noted poor diet, and lack of affordable and accessible recreation opportunities as factors impacting the health of the community.

There are a number of observations and conclusions that can be derived from the data related to Physical Activity and Nutrition. These include:

- **Physical Activity:** In 2015, a higher percentage of adults in the county (31.5%) report being inactive compared to the state (26.2%), and the nation (23%). The percentage of adults reporting limited access to recreational opportunities decreased between 2014 (39.9%) and 2015 (29.4%), which is still higher compared to the state (17.1%).
- According to the PRC National Child & Adolescent Health Survey, just under half (43.2%) of children in the United States are physically active seven days a week, and over half (59.9%) of children in the United States spend more than 1 hour/day playing video games or watching TV. Over half (58.1%) of the children in the Midwest Region are spending over three hours on “screen time,” which is lower than the United States (63.8%).

- **Nutrition:** According to City-Data.com. 47.4% of Columbiana County residents report that their diet is generally healthy. People eat an average of 3.3 meals (breakfasts, lunches or dinners) per week that were prepared away from home in places such as restaurants, fast food places, food stands, grocery stores or from vending machines, and two of these meals are considered fast food.

- Ohio's 2016 State Health Assessment Plan found that 42% of Ohioans reported that they did not consume fruits on a daily basis, and 26% reported not eating vegetables on a daily basis in 2013.

- The percentage of students in the county eligible for free lunch has decreased slightly in recent years. During the 2013-2014 school year, fewer students in the county (40.4%) were eligible for the program compared to the state (43.6%).

7.H. Tobacco Use

Tobacco use is an important public health indicator as it relates to a number of chronic disease issues and conditions, and is a major cause of heart disease and cancer, the two leading causes of death in Columbiana County and in Ohio. For a more in-depth review of the Tobacco Use data, please see pages 160-164 of the CHNA Supplemental Data Resource, Appendix B.

Columbiana County residents have a higher disparity related to tobacco use, especially related to higher rates of adult smoking and exposure to second-hand smoke. In addition, adult women have a higher rate of smoking during pregnancy than the state and national averages. There are a number of observations and conclusions that can be derived from the data related to Tobacco Use. These include:

- The percentage of adults smoking in Columbiana County has remained consistent over the past few years with approximately one in five (21.6%) adults smoking, which is comparable to the state (21.2%) and nation (20.0%), but well above the Healthy People 2020 Goal of 12.0%.
- According to the Ohio Youth Risk Behaviors Survey, 15% of youth surveyed have smoked within the past 30 days.
- The study also found that just under 10% of youth also report having used some form of smokeless tobacco in the past 30 days.

7.I. Unintentional and Intentional Injury

The topic of injury relates to any intentional or unintentional injuries that can be suffered by individuals. Injury topics explored include: auto accident mortality, suicide, fall mortality, firearm mortality, burns, head injuries and domestic violence. For a more in-depth review of the Demographic data, please see pages 167-174 of the CHNA Supplemental Data Resource, Appendix B.

There are a number of observations and conclusions that can be derived from the data related to Unintentional and Intentional Injury, although the topic was not identified or discussed in stakeholder or focus group interviews. These include:

- Auto accident mortality has been increasing in Columbiana County since 2009, with the recent rate of 14.5/100,000 significantly higher when compared to the state (8.7/100,000), nation (10.7/100,000), and Healthy People 2020 Goal (12.4/100,000).
- Suicide mortality has been increasing in Columbiana County since 2009, with the recent rate from 2011-2013 at 18.6/100,000, which is higher when compared to the state (12.9/100,000), nation (4.5/100,000), and Healthy People 2020 Goal (10.2/100,000)
- Unintentional injury mortality has been increasing since 2008; and in 2010-2012, the county rate of 49.5/100,000 was higher when compared to the state (41.6/100,000).
- Accidental poisoning mortality (when a person taking or giving too much of a substance did not mean to cause harm) has been increasing since 2007, with a rate in 2011-2013 (23.0/100,000) higher when compared to the state (20.8/100,000)

8. Prioritization Process

On April 5, 2016, the Columbiana County Health Partners' Steering Committee met to review the primary and secondary data collected through the needs assessment process and discussed needs and issues present in the county and region. The team from SSI, including Kathy Roach, Project Manager/Research Analyst and Jacqui Catrabone, Director of Nonprofit and Community Services; presented the data to the Columbiana County Health Partners' Steering Committee.

During this process, the Steering Committee provided input into the prioritization of significant health needs and reviewed: demographics of Columbiana County, socioeconomic issues facing the county (e.g., poverty, unemployment); community issues (e.g., environmental concerns, rising drug use), health status indicators (e.g., morbidity rates for various diseases and conditions, and mortality rates for leading causes of death); health access indicators (e.g., uninsured rates, ambulatory care sensitive (ACS) discharges, and use of emergency departments); health disparities indicators; cultural sensitivities; and availability of health care facilities and resources. After all primary (individual survey input, stakeholder interviews and focus groups) and secondary data were reviewed and analyzed by the Steering Committee, the data suggested a total of 52 distinct issues, needs and possible priority areas for potential interventions by the Columbiana County Health Partners.

A summary of the top needs and priorities identified by the broad community for each constituent group follows.

Figure 8.a. 2016 Columbiana County CHNA Community Survey Top Ten Needs

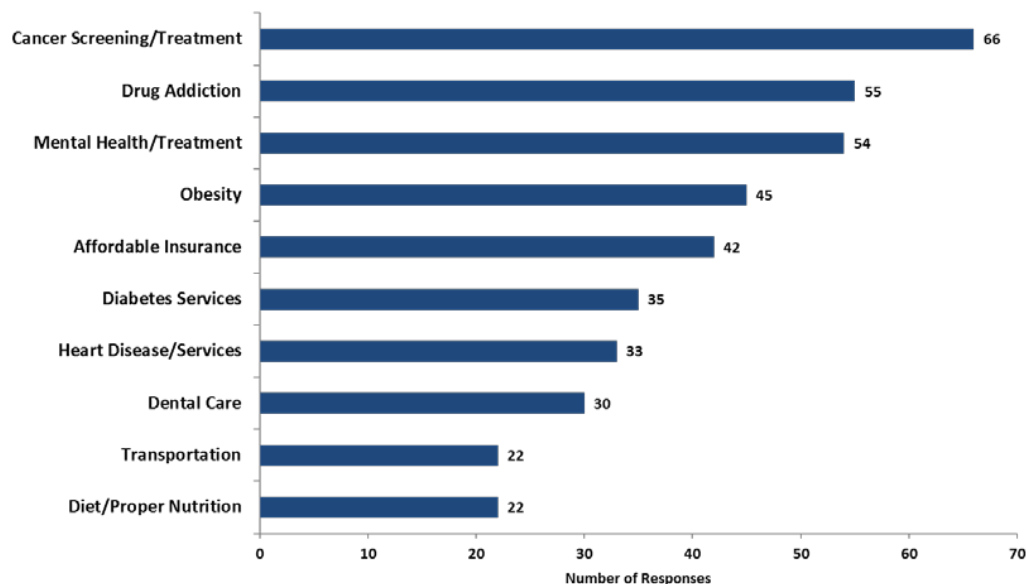


Table 8.b. 2016 Community Survey Top Priorities (N=417)

1. More affordable health insurance
2. More access to preventative health/wellness
3. More affordable medical care
4. More support services for the homebound and frail/elderly
5. More access to physical activity/recreational opportunities
6. More low cost mental health/counseling services
7. More affordable dental care
8. More efforts to have a cleaner environment
9. Improved public transportation options

Table 8.c. Top Community Needs by Respective Constituent Group

Top Community Needs Identified	Community Survey	Focus Groups	Stakeholder Interviews
Obesity	X	X	X
Mental Health Services/Providers	X	X	X
Drug and Alcohol Abuse/Substance Abuse	X	X	X
Nutrition Awareness	X	X	X
Cancer Screening/Treatment	X	X	
Diabetes	X	X	
Dental Services	X	X	
Transportation	X		X
Healthy Food Options	X		X
Smoking Cessation		X	X
Heart Disease Services	X		
Affordable Insurance	X		
Care for Children		X	
Access/Follow Through on Vaccinations		X	
Food Insecurity		X	
Emergency Services		X	
Home Healthcare		X	
STDs			X
Healthcare for Seniors			X
Access to Addiction Services			X
Health Education			X
Health Impact of Economic Deprivation			X

8.A. Prioritization Steps: After all primary data (individual survey input, stakeholder interviews and focus groups) and secondary data were reviewed by the Steering Committee, a total of 52 distinct issues and potential priority areas were identified. The list below categorized these top priorities into topic areas.

8.A.1.a. Overall Top Priorities by CHNA Topic Area

Access:

1. Transportation
2. Health Insurance Coverage/Cost/Deductibles/Co-pays/Authorizations
3. Language Barriers
4. Lack of Resources to Access Providers-Specialists
5. Lack of resources to Access Providers-Office/Clinic Open Late/Weekends
6. Lack of Education on Health Issues
7. Increasing Cost of Medication
8. Health Literacy
9. Lack of Youth Programs
10. Stigma of Accessing Services
11. Affordable/Accessible Dental Care
12. Homebound and Frail Elderly
13. Access to Preventative Health/Wellness Services
14. Veteran's Services
15. Access to Physical Activity/Recreational Opportunities
16. Meal Providers
17. Pain Management Services
18. School-Based Clinics
19. EMT Education on Where to Take Patients in Labor
20. Increase in Emergency Services Coverage
21. Lack of Youth Programs

Chronic Disease:

22. Obesity
23. Breast Cancer
24. Mammogram Screenings
25. Lung Cancer
26. Colo-Rectal Cancer
27. Prostate Cancer
28. Heart
29. COPD/Chronic Bronchitis
30. Cerebrovascular (Stroke)
31. Diabetes

Healthy Mothers/Children:

- 32. Teenage Pregnancy/Birth Rate
- 33. Smoking During Pregnancy
- 34. Women and Children Pre- and Postnatal Care

Infectious Diseases:

- 35. Influenza and Pneumonia
- 36. HIV/AIDS

Mental Health/Substance Abuse:

- 37. Mental Health/Treatment
- 38. Low Cost Mental Health/Counseling Services
- 39. Drug Addiction/Abuse
- 40. Prescription Drug Addiction/Abuse
- 41. Youth Risk Behaviors
- 42. Substance Abuse Rehab

Physical Activity and Nutrition:

- 43. Diet/Proper Nutrition
- 44. Affordable Fitness/Wellness Programs and Facilities
- 45. Food Insecurity

Tobacco Use:

- 46. Smoking

Injury:

- 47. Auto Accidents
- 48. Suicides
- 49. Falls
- 50. Unintentional Poisoning

Social Determinants of Health:

- 51. Health Impact of Economic Deprivation
- 52. Poverty/Lack of Jobs/Unemployment

- **Prioritization Methodology:** The Steering Committee used four prioritization criteria to rank order the potential priority areas, as defined in Table 8.1.b.: (i) accountable role of major health care providers, (ii) magnitude of the problem, (iii) impact on other health outcomes, and (iv) capacity (systems and resources). In addition, the Steering Committee members were provided with a list of Ohio’s top ten health priorities, (Table 8.1.c.), as identified in January 2016 by the Health Policy Institute of Ohio. These state priorities were provided to the Committee for consideration during the prioritization process, so that county prioritization outcomes could potentially align with and help to leverage the state’s population health improvement efforts.

Table 8.A.1.b. Prioritization Criteria

Item	Definition	Scoring		
		Low (1)	Medium	High (10)
Accountable Role	The extent to which the issue is an important priority to address in this action planning effort for either the health system or the community	This is an important priority for the community to address	This is important but is not for this action planning effort	This is an important priority for the health system(s)
Magnitude of the problem	The degree to which the problem leads to death, disability or impaired quality of life and/or could be an epidemic based on the rate or % of population that is impacted by the issue	Low numbers of people affected; no risk for epidemic	Moderate numbers/ % of people affected and/or moderate risk	High numbers/ % of people affected and/or risk for epidemic
Impact on other health outcomes	The extent to which the issue impacts health outcomes and/or is a driver of other conditions	Little impact on health outcomes or other conditions	Some impact on health outcomes or other conditions	Great impact on health outcomes and other conditions
Capacity (systems and resources) to implement evidence based solutions	This would include the capacity to and ease of implementing evidence based solutions	There is little or no capacity (systems and resources) to implement evidence based solutions	Some capacity (system and resources) exist to implement evidence based solutions	There is solid capacity (system and resources) to implement evidence based solutions in this area

Table 8.A.1.c. Top Ten Population Health Priorities for Ohio

Health priority	Percent of documents that include health priority <small>(state-level, local health department, and hospital documents weighted equally)</small>
1. Obesity	56.0%
2. Physical activity	49.5%
3. Nutrition	47.0%
4. Substance abuse treatment/prevention	44.7%/33.5%
5. Infant mortality	39.9%
6. Tobacco use	38.1%
7. Mental health	37.2%
8. Diabetes	32.9%
9. Cancer	32.0%
10. Heart disease	29.4%

Source: HPIO and Ohio Research Association for Public Health Improvement (RAPHI) analysis of 290 state and local-level population health planning documents.

During the two week time period following the April 5th meeting, Steering Committee members completed the prioritization evaluation process, using a Survey Monkey Internet survey tool to rate each of the potential priority areas on a one to ten scale for each of the selected prioritization criteria. Fourteen Steering Committee members participated in the prioritization exercise. The consulting team analyzed the data from the prioritization exercise and rank ordered the results by “Magnitude and Impact,” reflecting the scores of all criteria in Table 8.1.d. Note that the Committee chose to focus on the criteria of Magnitude and Impact as having the potential to most meaningfully impact community health.

Table 8.A.1.d. Prioritization of Findings by Magnitude and Impact Criteria

Answer Options	Magnitude (M)	Impact (I)	Total M+I	Ranking	HPIO Top 10
Chronic Disease: Obesity			18.78	1	1
Chronic Disease: Diabetes	9.00	9.45	18.45	2	8
Chronic Disease: Heart	9.00	9.27	18.27	3	10
Physical Activity/Nutrition: Diet/Proper Nutrition	8.27	8.55	16.82	4	3
Mental Health/Substance Abuse: Drug Addiction/Abuse	7.73	8.82	16.55	5	4
Mental Health/Substance Abuse: Prescription Drug Addiction/Abuse	7.64	8.73	16.37	6	4
Mental Health/Substance Abuse: Substance Abuse Rehab	7.70	8.40	16.10	7	4
Chronic Disease: Mammogram Screenings	7.55	8.18	15.73	8	9

Answer Options	Magnitude (M)	Impact (I)	Total M+I	Ranking	HPIO Top 10
Mental Health/Substance Abuse: Youth Risk Behaviors	7.58	8.09	15.67	9	
Social Environment: Health Impact of Economic Deprivation	6.50	9.00	15.50	10	
Tobacco Use: Smoking	6.92	8.55	15.47	11	6
Healthy Mothers, Babies & Children: Women and Children Pre and Postnatal Care	6.91	8.55	15.46	12	5
Chronic Disease: COPD/Chronic Bronchitis	7.18	8.27	15.45	13	
Access to Quality Health Services: Lack of Education on Health Issues	7.91	7.45	15.36	14	
Chronic Disease: Cerebrovascular (Stroke)	7.08	8.18	15.26	15	10
Social Environment: Poverty/Lack of Jobs/Unemployment	6.09	9.09	15.18	16	
Access to Quality Health Services: Increasing Cost of Medication	7.33	7.82	15.15	17	
Physical Activity/Nutrition: Affordable Fitness/Wellness Programs and Facilities	7.75	7.36	15.11	18	2
Mental Health/Substance Abuse: Mental Health/Treatment	7.09	8.00	15.09	19	7
Chronic Disease: Lung Cancer	7.17	7.91	15.08	20	9
Mental Health/Substance Abuse: Low Cost Mental Health/Counseling Services	6.89	8.00	14.89	21	7
Access to Quality Health Services: Health Insurance Coverage/Cost/Deductibles/Co-Pays/Authorizations	6.75	8.09	14.84	22	
Chronic Disease: Breast Cancer	6.67	7.91	14.58	23	9
Chronic Disease: Colo-Rectal Cancer	6.50	7.91	14.41	24	9
Healthy Mothers, Babies & Children: Smoking During Pregnancy	6.67	7.73	14.40	25	5
Physical Activity/Nutrition: Food Insecurity	6.33	7.91	14.24	26	3
Access to Quality Health Services: Health Literacy	7.08	6.91	13.99	27	
Chronic Disease: Prostate Cancer	6.00	7.36	13.36	28	9
Healthy Mothers, Babies & Children: Teenage Pregnancy/Birth Rate	6.08	7.18	13.26	29	5
Infectious Disease: Influenza and Pneumonia	6.17	6.91	13.08	30	
Access to Quality Health Services: Access to Preventative Health/Wellness Services	6.50	6.55	13.05	31	2,3
Injury: Falls	5.82	6.90	12.72	32	
Access to Quality Health Services: Homebound and Frail Elderly	6.75	5.91	12.66	33	
Access to Quality Health Services: Lack of Youth Programs	6.42	6.18	12.60	34	

Answer Options	Magnitude (M)	Impact (I)	Total M+I	Ranking	HPIO Top 10
Access to Quality Health Services: Affordable/Accessible Dental Care	6.25	5.82	12.07	35	
Access to Quality Health Services: Lack of Resources to Access Providers - Office/Clinic Open Late/Weekends	6.25	5.73	11.98	36	
Access to Quality Health Services: School-Based Clinics	6.25	5.70	11.95	37	
Injury: Suicides	5.33	6.45	11.78	38	
Access to Quality Health Services: Access to Physical Activity/Recreational Opportunities	5.91	5.82	11.73	39	2
Access to Quality Health Services: Meal Providers	5.70	5.82	11.52	40	3
Injury: Unintentional Poisoning (taking too much of a substance without intending to do harm)	5.08	6.36	11.44	41	
Access to Quality Health Services: Pain Management Services	5.80	5.27	11.07	42	
Injury: Auto Accidents	4.82	5.91	10.73	43	
Access to Quality Health Services: Transportation	5.08	5.55	10.63	44	
Access to Quality Health Services: Lack of Resources to Access Providers - Specialists	4.92	5.45	10.37	45	
Access to Quality Health Services: Veteran's Services	4.92	5.27	10.19	46	
Social Environment: Exploitation of Minority Groups	4.00	6.00	10.00	47	
Infectious Disease: HIV/AIDS	3.75	6.00	9.75	48	
Access to Quality Health Services: Stigma of Accessing Services	4.80	4.36	9.16	49	7
Access to Quality Health Services: Increase in Emergency Services Coverage	3.83	5.00	8.83	50	
Access to Quality Health Services: Language Barriers	3.33	4.36	7.69	51	
Access to Quality Health Services: EMT Education on Where to Take Patients in Labor	3.33	4.10	7.43	52	

8.B. Prioritization Findings: On May 2, 2016, the Columbiana County Health Partners' Work Group met again to discuss the prioritization results, with the goal of categorizing the priorities into target areas of focus and aligning the results with Ohio's top health priorities. The prioritization findings were developed in a systematic and community-integrated manner, so that the CHNA may serve as a catalyst going forward to develop community partnerships and implement evidence-based strategic interventions that address priority health needs as identified by the county and state.

During the meeting, the participants determined that the 2016 CHNA initiatives should have a more targeted focus on three major priority categories as selected from the Prioritization Survey's 52 options. The three major priority categories selected for targeted interventions include: Obesity, Mental Health/Substance Abuse, and Tobacco Use/Cancer Prevention. Table 8.2.a. lists 20 of the top 25 prioritized health needs that fall within each major priority category, along with a comparison to the top ten Ohio Health Priorities.

Table 8.B.1. Columbiana County Health Partners CHNA Major Priority Categories

CHNA Major Priority Category	Corresponding Prioritization Criteria (Summary Table Reflects Only Top 25 of 52*)	Prioritization Criteria Ranking	Corresponding Ohio Health Priority
Obesity	-Chronic Disease: Obesity	1	Obesity
	-Chronic Disease: Diabetes	2	Diabetes
	-Chronic Disease: Heart	3	Heart Disease
	-Physical Activity/Nutrition: Diet/Proper Nutrition	4	Physical Activity, Nutrition
	-Chronic Disease: Stroke	15	Heart Disease
	-Physical Activity/Nutrition: Affordable Fitness/Wellness Programs & Facilities	18	Physical Activity
Mental Health/ Substance Abuse (MH/SA)	-MH/SA: Drug Addiction/Abuse	5	Substance Abuse
	-MH/SA: Prescription Drug Addiction/Abuse	6	Substance Abuse
	-MH/SA: Substance Abuse Rehab	7	Substance Abuse
	-MH/SA: Youth Risk Factors	9	Mental Health, Sub. Abuse
	-Social Environment: Health Impact of Economic Deprivation	10	Mental Health, Sub. Abuse
	-Social Environment: Poverty/Lack of Jobs/Unemployment	16	Mental Health, Sub. Abuse
	-MH/SA: Mental Health Treatment	19	Mental Health
	-MH/SA: Low Cost Mental Health/Counseling Services	21	Mental Health
Tobacco Use/Cancer Prevention	-Chronic Disease: Mammogram Screenings	8	Cancer
	-Tobacco Use: Smoking	11	Tobacco Use
	-Chronic Disease: Lung Cancer	20	Tobacco Use, Cancer
	-Chronic Disease: Breast Cancer	23	Cancer
	-Chronic Disease: Colo-Rectal Cancer	24	Cancer
	-Healthy Mothers, Babies & Children: Smoking During Pregnancy	25	Tobacco Use

8.C. Prioritization Alignment with Ohio's Population Health Planning Infrastructure

Columbiana County Health Partners recognize that Ohio's State Innovation Model project will require the state to develop a population health plan to be released in the summer of 2016, with the intent of providing guidance on improving population health planning. Since the county's CHNA will be completed before the final release of the state report, the Steering Committee chose to incorporate preliminary findings from the 2016 state health assessment.

To more closely align with Ohio's future population health initiatives, the Steering Committee referenced the 2016 report, "Improving Population Health Planning in Ohio," as released by the Governor's Office of Health Transformation; to shape the development of our 2016 CHNA and help improve the region's health planning Infrastructure. The Committee noted that the report provided a template for state agencies and local health providers to use in conducting related health assessments, community health improvement plans and implementation plans; which are required for local health departments undergoing public health accreditation and hospitals to meet tax-exempt requirements under Section 501(c)(3) of the Internal Revenue Code (IRC).

Collaboration between local health departments, county hospitals, major health providers, and community partners beyond the health sector; was a key underpinning in developing the 2016 CHNA findings, with the consensus that the county's population health priority areas should be aligned with Ohio's recommended evidence-based strategies and quality measures whenever possible. The following excerpt from page 8 of the 2016 "Improving Population Health Planning in Ohio," report (labeled as Figure ES.5), provides a summary of recommendations for Ohio's population planning infrastructure, which will be used as a foundational element to align county-wide population health planning efforts going forward.

Figure ES.5. Summary of recommendations for population health planning infrastructure

Recommendation 1. State health assessment (SHA) and state health improvement plan (SHIP) and local level (local health department and hospital) assessment and plan alignment	
1a. Health priorities	<p>State issues guidance encouraging local health departments and tax-exempt hospitals to address at least two health priorities in their plans from a menu of priorities identified in the SHIP (referred to hereinafter as SHIP-aligned priorities).</p> <p><i>Guidance issued by July 2016</i></p>
1b. Measures	<p>State issues guidance encouraging local health departments and tax-exempt hospitals to include at least one core metric from the SHA and SHIP in their assessments and plans for each SHIP-aligned priority.</p> <p><i>Guidance issued by July 2016</i></p>
1c. Evidence-based strategies	<p>State issues guidance encouraging local health departments and tax-exempt hospitals to select evidence-based strategies from a menu of strategies in the SHIP to address SHIP-aligned priorities.</p> <p><i>Guidance issued by July 2016</i></p>
Recommendation 2. Hospital and local health department alignment	
2a. Collaboration on assessments and plans	<p>State issues guidance encouraging local health departments and tax-exempt hospitals in the same counties or with shared populations to partner on assessments and plans through a common:</p> <ul style="list-style-type: none"> • Conceptual framework • Process template or checklist • Set of metrics (including metrics tracking racial and ethnic disparities) • Health prioritization criteria • Set of health priorities • Set of objectives • Set of evidence-based strategies that can be implemented in community-based and clinical settings • Evaluation framework • Accountability plan • Exchange of data and information <p><i>Guidance issued by July 2016</i></p>
2b. Timeline	<p>State requires local health departments and tax-exempt hospitals to align with a three-year timeline for assessments and plans. Local health department and hospital plans covering years 2020-2022 and their related assessments must be submitted to the state in 2020 and every three years thereafter (in 2023, 2026, etc.).</p> <p><i>Requirement issued by July 2016, effective in 2020 per subsequent guidance</i></p>
Recommendation 3. Funding	
3a. State funding for county-level assessments and plans	<p>To defray the cost of transitioning to a three-year assessment and planning cycle, the state will seek additional funding for local health departments that choose to collaborate on one county-level assessment and plan. Local health departments can pool together this additional funding to support development of multi-county collaborative assessments and plans.</p> <p><i>Funding and disbursement methodology identified by July 2016</i></p>
3b. Hospital community benefit	<p>State issues guidance encouraging tax-exempt hospitals to allocate a minimum portion of their total community benefit expenditures to activities that most directly support community health planning objectives, including community health improvement services and cash and in-kind contributions.</p> <p><i>Guidance issued by July 2016</i></p>
Recommendation 4. Transparency and accessibility	
4a. Assessments and plans	<ul style="list-style-type: none"> • State requires local health departments and tax-exempt hospitals submit their assessments and plans to the state. • State provides online repository of all assessments and plans. <p><i>Requirement issued by July 2016, effective in 2017 and every three years thereafter</i></p>
4b. Schedule H	<ul style="list-style-type: none"> • State requires tax-exempt hospitals to submit to the state their Schedule H and corresponding attachments, including reporting on each category of expenditures in Part I, Line 7(a)-(k) and Part II of the Schedule H on an annual basis. (Government hospitals with "dual status" as a 501(c)(3) must submit equivalent information). • State provides online repository of Schedule H and equivalent information. <p><i>Requirement issued by July 1, 2016, effective in 2017</i></p>

Note: Tax-exempt hospitals refers to all nonprofit and government-owned hospitals that are recognized as a tax-exempt charitable organization under §501(c)(3) of the Internal Revenue Code and that are required to comply with the Internal Revenue Service community health needs assessment requirements; 79 Fed. Reg. 78954 (Dec. 31, 2014).

It should also be noted that Ohio’s population health improvement plan will include a shift from volume of health services provided to a greater focus on their value as measured by return on

investment; to encourage health care providers to assume more risk for the health and health care costs of the population served.

As Ohio's 2016 State Health Assessment Plan is rolled out, Columbiana County will review the recommended core metrics for state-assessed health priorities and evidence-based interventions, and attempt to integrate these tools into county-wide population health interventions, with the goal of yielding measurable outcomes whenever possible. The implementation strategies selected by each of the Columbiana County Health Partners' respective organizations will address the county's most significant needs through a variety of evidence-based implementation strategies, which will be published in separate, organization-specific documents.

9. Asset Inventory and Resource Mapping

Resources within the county and surrounding areas can be leveraged for population health improvement projects. Identifying and utilizing these assets that are already in the community can allow stakeholders to come together to build on their resources, skills and experiences to address identified needs,

The Steering Committee identified existing health care facilities and resources within the primary service area and the region overall, which are available to respond to the significant health needs of the community. Resource directories currently utilized by the hospital's case management and social service departments were compiled. (See Table 9.A. next page for community resource listings)

Table 9.A. Columbiana County Community Resources

Agency	Address	City	State	Zip	Phone Number
Assistance Programs					
A.I.D., Inc. (Action, Information, Direction)		Salem	OH	44460	330-332-1373
Catholic Charities Regional Agency Emergency Assistance	319 West Rayen Avenue	Youngstown	OH	44502	330-744-3320 800-670-6089
Columbiana County Department of Job & Family Services	7989 Dickey Drive Suite 2	Lisbon	OH	44432	330-424-1471
Columbiana Meals on Wheels	865 East Park	Columbiana	OH	44408	330-482-0366
Community Action Agency of Columbiana County	7880 Lincole Place	Lisbon	OH	44432	330-424-7221
Family & Community Services, Inc.	705 Oakwood Street Suite 221	Ravenna	OH	44266	330-297-7027
Mahoning-Youngstown Community Action Partnership (MYCAP)	1325 5th Avenue	Youngstown	OH	44504	330-747-7921
Making Kids Count	7178 West Boulevard Suite E	Youngstown	OH	44512	330-758-3434
WIC (Women, Infants, Children) Columbiana County	7876 Lincole Place	Lisbon	OH	44432	330-424-7293
Assisted Living					
Copeland Oaks	800 South 15th Street	Sebring	OH	44672	330-938-1093
Crossroads at Beaver Creek	13280 Echo Dell Road	East Liverpool	OH	43920	330-385-2211
Grace Woods Senior Living, LLC	730 Youngstown Warren Road	Niles	OH	44446	330-652-4177
Grace Woods Senior Living of Salem, LLC	1166 Benton Road	Salem	OH	44460	330-332-1104
Senior Center of Mahoning County	1110 5th Avenue	Sebring	OH	44672	330-744-5071
Whispering Pines Village	937 East Park Avenue	Columbiana	OH	44408	844-305-8813
Children's Services					
Akron Children's Hospital Beeghly Campus	6505 Market Street	Boardman	OH	44512	330-746-8100
Akron Children's Hospital Pediatrics Lisbon	330 North Market Street	Lisbon	OH	44432	330-424-9866
Alta Behavioral Healthcare Early Childhood Mental Health	711 Belmont Avenue	Youngstown	OH	44502	330-793-2487
Alta Head Start	142 Javit Court	Austintown	OH	44515	330-736-0071
Belmont Pines Hospital Children's Behavioral Health Hospital and Residential Treatment Center	615 Churchill-Hubbard Road	Youngstown	OH	44505	330-759-2700 800-423-5666
Boy Scouts of America Buckeye Council	2301 13th Street NW	Canton	OH	44708	330-580-4272 800-589-9812
Camp Fire Tayanoka		East Liverpool	OH	43920	330-385-0645
Columbiana County Department of Job & Family Services	7989 Dickey Drive Suite 2	Lisbon	OH	44432	330-424-1471
Columbiana County Help Me Grow Ohio Department of Health	34947 State Route 172	Lisbon	OH	44432	330-424-0288
Columbiana County Juvenile Court Charles A. Pike Center	260 West Lincoln Way	Lisbon	OH	44432	330-424-4071
Community Action Agency of Columbiana County	7880 Lincole Place	Lisbon	OH	44432	330-424-7221

Agency	Address	City	State	Zip	Phone Number
Community Action Agency of Columbiana County Community Health Center-East Liverpool	16687 Saint Clair Avenue Suite 203	East Liverpool	OH	43920	330-386-7777
Community Action Agency of Columbiana County Community Health Center-Lisbon	7880 Lincole Place	Lisbon	OH	44432	330-424-5686
Community Action Agency of Columbiana County Salineville Community Health Center at Melhorn	103 West Main Street	Salineville	OH	43945	330-679-2640
Community Resource Center	940 Pennsylvania Avenue	East Liverpool	OH	43920	330-385-1301
Counseling Center of Columbiana County	40722 State Route 154	Lisbon	OH	44432	330-424-9573
Counseling Center of Columbiana County East Liverpool Branch Office	15613 Pineview Drive Suite A	East Liverpool	OH	43920	330-386-9004
Counseling Center of Columbiana County Salem Branch Office	188 North Lincoln Avenue	Salem	OH	44460	330-332-1514
Easter Seals of Mahoning, Trumbull, and Columbiana	299 Edwards Street	Youngstown	OH	44502	330-743-1168
Girl Scouts of North East Ohio Youngstown	8580 South Avenue	Youngstown	OH	44514	330-652-5876 800-852-4474
Louis Tobin Attention Center	8363 County Home Road	Lisbon	OH	44432	330-424-9809
Making Kids Count	7178 West Boulevard Suite E	Youngstown	OH	44512	330-758-3434
Salem City Health District	230 North Lincoln Avenue #104	Salem	OH	44460	330-332-1618
Salem Regional Medical Center Salem Comprehensive Pediatric Health Center	1076 East State Street	Salem	OH	44460	330-332-2710
Second Harvest Food Bank of Mahoning Valley BackPack food program		Youngstown	OH	44509	330-792-5522
United Way Services of Northern Columbiana County	713 East State Street	Salem	OH	44460	330-337-0310
United Way Services of Northern Columbiana County FamilyWize-Discount Drug Program	713 East State Street	Salem	OH	44460	330-337-0310
Counseling and Mental Health Services					
Alta Behavioral Healthcare	711 Belmont Avenue	Youngstown	OH	44502	330-793-2487
Belmont Pines Hospital Children's Behavioral Health Hospital and Residential Treatment Center	615 Churchill-Hubbard Road	Youngstown	OH	44505	330-759-2700 800-423-5666
Belmont Pines Hospital Children's Behavioral Health Hospital and Residential Treatment Center	615 Churchill-Hubbard Road	Youngstown	OH	44505	330-759-2700 800-423-5666
Catholic Charities Regional Agency	319 West Rayen Avenue	Youngstown	OH	44502	330-744-3320 800-670-6089
Catholic Charities Regional Agency Christina Center	115 East Washington Street	East Liverpool	OH	44432	330-420-0845
Catholic Charities Regional Agency Christina House (undisclosed domestic violence shelter)					24 hr Crisis Line: 330-420-0037

Agency	Address	City	State	Zip	Phone Number
Cleveland Clinic Akron General Acute Care In-Patient Psychiatric Treatment	1 Akron General Avenue	Akron	OH	44307	330-344-6000
Columbiana County Mental Health and Recovery Services Board	27 Vista Drive	Lisbon	OH	44432	330-424-0195
Counseling Center of Columbiana County	40722 State Route 154	Lisbon	OH	44432	330-424-9573
Counseling Center of Columbiana County East Liverpool Branch Office	15613 Pineview Drive Suite A	East Liverpool	OH	43920	330-386-9004
Counseling Center of Columbiana County Salem Branch Office	188 North Lincoln Avenue	Salem	OH	44460	330-332-1514
East Liverpool City Hospital Behavioral Health Inpatient Center	425 West 5th Street	East Liverpool	OH	43920	330-386-3590
Family Recovery Center Administrative, Counseling & Criminal Justice Office	964 North Market Street	Lisbon	OH	44432	330-424-1468
Family Recovery Center East Liverpool Office	416 Jackson Street	East Liverpool	OH	43920	330-424-1468
Family Recovery Center Fleming House	1300 Rose Drive	Lisbon	OH	44432	330-420-3760
Family Recovery Center Oxford House	320 Benton Road	Salem	OH	44460	330-337-7501
Family Recovery Center Prevention Office	966 North Market Street Lower Level	Lisbon	OH	44432	330-424-0531
Family Recovery Center Renaissance House	855 Newgarden Road	Salem	OH	44460	234-567-4746
Help Hotline Crisis Center, Inc.		Youngstown	OH	44501	330-424-7767 800-427-3606
Louis Stokes Cleveland VA Medical Center East Liverpool/Calcutta Multi-Specialty Outpatient Clinic	5655 State Route 170 Suite A	Calcutta	OH	43920	330-386-4303
National Alliance on Mental Illness (NAMI) of Columbiana County	42549 North Avenue	Lisbon	OH	44432	330-424-5772
Neil Kennedy Recovery Clinic	2151 Rush Boulevard	Youngstown	OH	44507	330-744-1181 800-228-8287
Salem Regional Medical Center Behavioral Medicine and Wellness Center Intensive Outpatient Mental Health Services	2020 East State Street Suite J	Salem	OH	44460	330-337-4935
St. Elizabeth Youngstown Hospital Acute Care In-Patient Psychiatric Treatment	1044 Belmont Avenue	Youngstown	OH	44501	Main Number: 330-746-7211
Summa St. Thomas Hospital Behavioral Health Services Acute Care In-Patient Psychiatric Treatment	444 North Main Street	Akron	OH	44310	330-379-9841
Drug and Alcohol Services					
Counseling Center of Columbiana County	40722 State Route 154	Lisbon	OH	44432	330-424-9573
Counseling Center of Columbiana County East Liverpool Branch Office	15613 Pineview Drive Suite A	East Liverpool	OH	43920	330-386-9004
Counseling Center of Columbiana County Salem Branch Office	188 North Lincoln Avenue	Salem	OH	44460	330-332-1514

Agency	Address	City	State	Zip	Phone Number
Crisis Intervention and Recovery Center, Inc. Crisis Intervention Center Detoxification Unit	832 McKinley Avenue NW	Canton	OH	44703	Crisis Hotline: 330-452-6000
Crisis Intervention and Recovery Center, Inc. Recovery Center	2421 13th Street NW	Canton	OH	44708	330-452-9812 800-956-6630
East Liverpool City Hospital Drug & Alcohol Medical Stabilization New Vision	425 West 5th Street	East Liverpool	OH	43920	330-386-3193 800-939-2273
Family Recovery Center Administrative, Counseling & Criminal Justice Office	964 North Market Street	Lisbon	OH	44432	330-424-1468
Family Recovery Center East Liverpool Office	416 Jackson Street	East Liverpool	OH	43920	330-424-1468
Family Recovery Center Fleming House	1300 Rose Drive	Lisbon	OH	44432	330-420-3760
Family Recovery Center Oxford House	320 Benton Road	Salem	OH	44460	330-337-7501
Family Recovery Center Prevention Office	966 North Market Street Lower Level	Lisbon	OH	44432	330-424-0531
Family Recovery Center Renaissance House	855 Newgarden Road	Salem	OH	44460	234-567-4746
Louis Stokes Cleveland VA Medical Center East Liverpool/Calcutta Multi-Specialty Outpatient Clinic	5655 State Route 170 Suite A	Calcutta	OH	43920	330-386-4303
Neil Kennedy Recovery Clinic	2151 Rush Boulevard	Youngstown	OH	44507	330-744-1181 800-228-8287
New Start Treatment Center St. Joseph Warren Hospital	1296 Tod Avenue NW Suite 205	Warren	OH	44485	330-306-5010
Trinity Health System Behavioral Medical Center Drug and Alcohol Rehabilitation Center	380 Summit Avenue	Steubenville	OH	43952	740-283-7024
Emergency Assistance					
American Red Cross of Lake to River	3530 Belmont Avenue Suite 7	Youngstown	OH	44505	330-392-2551
Catholic Charities Regional Agency Emergency Assistance	319 West Rayen Avenue	Youngstown	OH	44502	330-744-3320 800-670-6089
Christians' Concern of Leetonia	764 Columbia Street	Leetonia	OH	44431	330-427-6827
Salvation Army East Liverpool Corps	413 East 4th Street	East Liverpool	OH	43920	330-385-2086
Salvation Army Salem	1249 North Ellsworth Avenue	Salem	OH	44460	330-332-5624
Food Banks, Pantries, and Programs					
Farmers and Hunters Feeding the Hungry Northeast Ohio Chapter					330-424-7221
Making Kids Count	7178 West Boulevard Suite E	Youngstown	OH	44512	330-758-3434
Salem Community Pantry	794 East 3rd Street	Salem	OH	44460	330-332-5166
Second Harvest Food Bank Food Assistance Columbiana County					330-747-2696 330-424-7767

Agency	Address	City	State	Zip	Phone Number
Second Harvest Food Bank of Mahoning Valley BackPack food program		Youngstown	OH	44509	330-792-5522
Second Harvest Food Bank of Mahoning Valley Mobile Pantry Program Fellowship of the Beloved	13696 Bethesda Road	Hanoverton	OH	44423	
Salvation Army East Liverpool Corps	413 East 4th Street	East Liverpool	OH	43920	330-385-2086
Salvation Army Salem	1249 North Ellsworth Avenue	Salem	OH	44460	330-332-5624
Free or Low-Cost Clinics					
Community Action Agency of Columbiana County Community Health Center-East Liverpool	16687 Saint Clair Avenue Suite 203	East Liverpool	OH	43920	330-386-7777
Community Action Agency of Columbiana County Community Health Center-Lisbon	7880 Lincole Place	Lisbon	OH	44432	330-424-5686
Community Action Agency of Columbiana County Lisbon Community Dental Center	38722 Saltwell Road #B	Lisbon	OH	44432	330-424-4192
Community Action Agency of Columbiana County Salineville Community Health Center at Melhorn	103 West Main Street	Salineville	OH	43945	330-679-2640
The Dental Van East Liverpool Department of Health (at the Community Resource Center twice a month)	940 Pennsylvania Avenue	East Liverpool	OH	43920	Call for Appointment: 330-385-1301
Quota Club International of Salem, Inc. Salem Area Speech and Hearing Clinic		Salem	OH	44460	330-337-8136
Home Care					
Community Caregivers	888 Boardman-Canfield Road Suite D	Boardman	OH	44512	330-533-3427
Home Care Advantage, Inc.	718 East 3rd Street Suite C	Salem	OH	44460	330-337-HOME (4663)
mvi HomeCare & mvi Hospice Care (Salem)	2350 East State Street	Salem	OH	44460	330-332-1272
mvi HomeCare (Youngstown)	4891 Belmont Avenue	Youngstown	OH	44505	330-759-9487 800-449-4684
Salem Area Visiting Nurse Association	718 East 3rd Street Suite A	Salem	OH	44460	330-332-9986 800-879-6070
Hospice					
All Caring Hospice	6715 Tippecanoe Road Suite B-101	Canfield	OH	44406	330-286-3435 855-286-3435
Grace Hospice Ohio	7206 Market Street	Youngstown	OH	44512	330-729-2924
Hospice of the Valley Columbiana County	2388-B Southeast Boulevard	Salem	OH	44460	330-337-3182
Hospice of the Valley The Hospice House	9803 Sharrott Road	Poland	OH	44514	330-549-5850
mvi HomeCare & mvi Hospice Care (Salem)	2350 East State Street	Salem	OH	44460	330-332-1272

Agency	Address	City	State	Zip	Phone Number
Hospitals					
Akron Children's Hospital in Boardman	6505 Market Street	Boardman	OH	44512	330-746-8040
Alliance Community Hospital	200 East State Street	Alliance	OH	44601	330-596-6000
East Liverpool City Hospital	425 W 5 th Street	East Liverpool	OH	43920	330-385-7200
Mercy Health- Boardman	8401 Market Street	Boardman	OH	44512	330-729-2929
Mercy Health- Youngstown	1044 Belmont Avenue	Youngstown	OH	44501	330-746-7211
Salem Regional Medical Center	1995 East State Street	Salem	OH	44460	330-332-1551
The Surgical Hospital at Southwoods	7630 Southern Blvd.	Boardman	OH	44512	330-729-8000
Valley Care Health System of Ohio-Northside	500 Gypsy Lane	Youngstown	OH	44501	330-884-1000
Hotline Numbers					
AIDS National Hotline					800-342-2437
AIDS Treatment Information Services					800-448-0440
Alcoholics Anonymous Youngstown Area Intergroup	3373 Canfield Road	Youngstown	OH	44511	330-270-3000
Al-Anon Family Group Headquarters, Inc.					800-356-9996
Al-Anon/Alateen Hotline					800-344-2666
Alzheimer's Association					800-272-3900
American Cancer Society					800-227-2345
American Lung Association					800-548-8252
American Red Cross of Lake to River	3530 Belmont Avenue Suite 7	Youngstown	OH	44505	330-392-2551
Autism Society					800-328-8476
Gay & Lesbian National Hotline					888-843-4564
Gay, Lesbian, Bisexual, and Transgender (GLBT) Youth Support Line					800-850-8078
National Adolescent Suicide Hotline					800-621-4000
National Alcoholism and Substance Abuse Information Center					800-784-6776
National Child Abuse Hotline					800-4-A-CHILD
National Cocaine Hotline					800-COCAINE
National Domestic Violence Hotline					800-799-7233 TTY: 800-787-3224
National Heroin Hotline					800-9-HEROIN
National Runaway Hotline					800-621-4000
National Suicide Prevention Lifeline					800-273-8255
National Teen Dating Abuse Hotline					866-331-9474
National Youth Crisis Hotline					800-HIT-HOME
Panic Disorder Information Hotline					800-64-PANIC
Poison Control					800-222-1222
Substance Abuse and Mental Health Services Administration National Helpline					800-784-6776
Vet2Vet Veteran's Crisis Line					877-838-2838
Veterans Crisis Line					800-273-8255 and Press 1
Housing Assistance					
Catholic Charities Regional Agency Housing Counseling	319 West Rayen Avenue	Youngstown	OH	44502	330-744-3320 800-670-6089

Agency	Address	City	State	Zip	Phone Number
Community Action Agency of Columbiana County	7880 Lincole Place	Lisbon	OH	44432	330-424-7221
Family & Community Services, Inc.	705 Oakwood Street Suite 221	Ravenna	OH	44266	330-297-7027
Habitat for Humanity of Northern Columbiana County	468 Prospect Street	Salem	OH	44460	330-337-1003
Medical and Dental Care Services					
Akron Children's Hospital Beeghly Campus	6505 Market Street	Boardman	OH	44512	330-746-8100
Akron Children's Hospital Pediatrics Lisbon	330 North Market Street	Lisbon	OH	44432	330-424-9866
American Cancer Society Reach to Recovery	525 North Broad Street	Canfield	OH	44406	Regional Office: 888-227-6446 National Cancer Information Center: 800-227-2345
American Heart Association Great Rivers Affiliate: Youngstown Metro	840 Southwestern Run	Youngstown	OH	44514	330-965-9230
Arthritis Foundation, Great Lakes Region, Northeastern Ohio Chapter	4630 Richmond Road Suite 240,	Cleveland	OH	44128	800-245-2275 Ext. 114
Belmont Pines Hospital Children's Behavioral Health Hospital and Residential Treatment Center	615 Churchill-Hubbard Road	Youngstown	OH	44505	330-759-2700 800-423-5666
Columbiana County General Health District	7360 State Route 45	Lisbon	OH	44432	330-424-0272
Columbiana County General Health District Cancer Detection Clinic	7360 State Route 45	Lisbon	OH	44432	330-424-0272
Columbiana Family Care Center affiliated with Salem Regional Medical Center	750 East Park Avenue	Columbiana	OH	44408	330-482-3871
Community Action Agency of Columbiana County Community Health Center-East Liverpool	16687 Saint Clair Avenue Suite 203	East Liverpool	OH	43920	330-386-7777
Community Action Agency of Columbiana County Community Health Center-Lisbon	7880 Lincole Place	Lisbon	OH	44432	330-424-5686
Community Action Agency of Columbiana County Lisbon Community Dental Center	38722 Saltwell Road #B	Lisbon	OH	44432	330-424-4192
Community Action Agency of Columbiana County Salineville Community Health Center at Melhorn	103 West Main Street	Salineville	OH	43945	330-679-2640
Community Caregivers	888 Boardman-Canfield Road Suite D	Boardman	OH	44512	330-533-3427
Easter Seals of Mahoning, Trumbull, and Columbiana	299 Edwards Street	Youngstown	OH	44502	330-743-1168
Easter Seals of Mahoning, Trumbull, and Columbiana J. Ford Crandall Rehabilitation Center	299 Edwards Street	Youngstown	OH	44502	330-743-1168

Agency	Address	City	State	Zip	Phone Number
Easter Seals of Mahoning, Trumbull, and Columbiana Youngstown Hearing and Speech Center	6614 Southern Boulevard	Boardman	OH	44512	330-743-1168
East Liverpool City Health Nursing Department	126 West 6th Street	East Liverpool	OH	43920	330-385-5123
East Liverpool City Hospital	425 West 5th Street	East Liverpool	OH	43920	330-385-7200
Family Health Care of Columbiana County Lisbon Office	356 East Lincoln Way	Lisbon	OH	44432	330-424-1404
Family Health Care of Columbiana County Salem Office	166 Vine Avenue	Salem	OH	44460	330-337-3500
Healthy Start & Healthy Families Columbiana Columbiana County Department of Jobs & Family Services	7989 Dickey Drive Suite 2	Lisbon	OH	44432	330-424-1471
Salem City Health District	230 North Lincoln Avenue #104	Salem	OH	44460	330-332-1618
Salem Regional Medical Center	1995 East State Street	Salem	OH	44460	330-332-1551
Louis Stokes Cleveland VA Medical Center East Liverpool/Calcutta Multi-Specialty Outpatient Clinic	5655 State Route 170 Suite A	Calcutta	OH	43920	330-386-4303
Salem Area Visiting Nurse Association	718 East 3rd Street Suite A	Salem	OH	44460	330-332-9986 800-879-6070
United Way Services of Northern Columbiana County FamilyWise-Discount Drug Program	713 East State Street	Salem	OH	44460	330-337-0310
Nutrition					
Community Action Agency of Columbiana County Elderly Nutrition Program	7880 Lincole Place	Lisbon	OH	44432	330-424-7221
Community Resource Center	940 Pennsylvania Avenue	East Liverpool	OH	43920	330-385-1301
Recreation					
Boy Scouts of America Buckeye Council	2301 13th Street NW	Canton	OH	44708	330-580-4272 800-589-9812
Camp Fire Tayanoka		East Liverpool	OH	43920	330-385-0645
The Firestone Pool	338 East Park Avenue	Columbiana	OH	44408	330-482-1026
Girl Scouts of North East Ohio Youngstown	8580 South Avenue	Youngstown	OH	44514	330-652-5876 800-852-4474
Salem Community Center	1098 North Ellsworth Avenue	Salem	OH	44460	330-332-5885
Salem Worlds War Memorial Building	785 East State Street	Salem	OH	44460	330-332-5512
Senior Services					
Area Agency on Aging 11	5555 Youngstown Warren Road Suite 2685	Niles	OH	44446	800-686-7367
Catholic Charities Senior Center	600 East 4th Street	East Liverpool	OH	43920	330-385-4732
Ceramic City Senior Center	600 East 4th Street	East Liverpool	OH	43920	330-385-4732
Community Action Agency of Columbiana County Elderly Nutrition Program	7880 Lincole Place	Lisbon	OH	44432	330-424-7221
Columbiana County Department of Job & Family Services	7989 Dickey Drive Suite 2	Lisbon	OH	44432	330-424-1471

Agency	Address	City	State	Zip	Phone Number
Columbiana Meals on Wheels	865 East Park	Columbiana	OH	44408	330-482-0366
Columbiana Metropolitan Housing Authority	325 Moore Street	East Liverpool	OH	43920	330-386-5970
Community Caregivers	888 Boardman-Canfield Road Suite D	Boardman	OH	44512	330-533-3427
Community Resource Center	940 Pennsylvania Avenue	East Liverpool	OH	43920	330-385-1301
Counseling Center of Columbiana County	40722 State Route 154	Lisbon	OH	44432	330-424-9573
Counseling Center of Columbiana County East Liverpool Branch Office	15613 Pineview Drive Suite A	East Liverpool	OH	43920	330-386-9004
Counseling Center of Columbiana County Salem Branch Office	188 North Lincoln Avenue	Salem	OH	44460	330-332-1514
Family & Community Services, Inc. Medication Assistance Program (MAP)	705 Oakwood Street Suite 221	Ravenna	OH	44266	330-297-7027
Family & Community Services, Inc. R.S.V.P. (Retired Senior Volunteer Program)		Lisbon	OH	44432	330-424-7877
Home Care Advantage, Inc.	718 East 3rd Street Suite C	Salem	OH	44460	330-337-HOME (4663)
Mobile Meals of Salem, Inc.	1995 East State Street	Salem	OH	44460	330-332-2160
mvi HomeCare & mvi Hospice Care (Salem)	2350 East State Street	Salem	OH	44460	330-332-1272
mvi HomeCare (Youngstown)	4891 Belmont Avenue	Youngstown	OH	44505	330-759-9487 800-449-4684
Quota Club International of Salem, Inc. Salem Area Speech and Hearing Clinic		Salem	OH	44460	330-337-8136
Salem Area Adult Daycare Center Salem Area Visiting Nurse Association	718 East 3rd Street Suite B	Salem	OH	44460	330-332-9986 800-879-6070
Salem Area Visiting Nurse Association	718 East 3rd Street Suite A	Salem	OH	44460	330-332-9986 800-879-6070
Salem Community Center Silver & Fit	1098 North Ellsworth Avenue	Salem	OH	44460	330-332-5885
Salem Worlds War Memorial Building	785 East State Street	Salem	OH	44460	330-332-5512
Senior Center of Mahoning County	1110 5th Avenue	Sebring	OH	44672	330-744-5071
Social Security Office East Liverpool	120 East 4th Street	East Liverpool	OH	43920	800-772-1213
Wellsville Area Resource Center	1335 Main Street	Wellsville	OH	43968	330-532-4507
Shelters					
Catholic Charities Regional Agency Christina House (undisclosed domestic violence shelter)					24 hr Crisis Line: 330-420-0037
Community Action Agency of Columbiana County Homeless Prevention Program	7880 Lincole Place	Lisbon	OH	44432	330-424-5686
Support Groups					
Autism Support Group East Liverpool City Hospital	425 West 5th Street	East Liverpool	OH	43920	330-386-2054
CAUSE (Connection, Autism, Understanding, Support, & Education) Salem Public Library-Quaker Meeting Room	821 East State Street	Salem	OH	44460	330-337-6193

Agency	Address	City	State	Zip	Phone Number
Coping With Cancer SRMC Behavioral Medicine & Wellness Center	2020 East State Street Suite J	Salem	OH	44460	330-337-4935
Families Coping With Cancer SRMC Behavioral Medicine & Wellness Center	2020 East State Street Suite J	Salem	OH	44460	330-337-4935
HIV Support Group Counseling Center of Columbiana County	260 West Lincoln Way	Lisbon	OH	44432	330-424-0604
National Alliance on Mental Illness (NAMI) of Columbiana County	42549 North Avenue	Lisbon	OH	44432	330-424-5772
Survivors of Suicide Support Group Meets at Columbiana County Counseling Center	40722 State Route 154	Lisbon	OH	44432	330-747-5111
Transportation					
CARTS (Community Action Rural Transit System)	7880 Lincole Place	Lisbon	OH	44432	330-424-4015
Women's Health					
The Center for Women	4139 Boardman-Canfield Road	Canfield	OH	44406	330-702-1281
Community Action Agency of Columbiana County Community Health Center-East Liverpool	16687 Saint Clair Avenue Suite 203	East Liverpool	OH	43920	330-386-7777
Community Action Agency of Columbiana County Community Health Center-Lisbon	7880 Lincole Place	Lisbon	OH	44432	330-424-5686
Community Action Agency of Columbiana County Salineville Community Health Center at Melhorn	103 West Main Street	Salineville	OH	43945	330-679-2640
East Liverpool City Hospital Center for Breast Care	425 West 5th Street	East Liverpool	OH	43920	330-385-7200
East Liverpool City Hospital OB/GYN Dr. Roxanna Torres	16761 Saint Claire Avenue #2	East Liverpool	OH	43920	330-385-9670
East Liverpool City Hospital Gynecologist-Calcutta Office Dr. Wright	48462 Bell School Road	Calcutta	OH	43920	330-385-6654
Louis Stokes Cleveland VA Medical Center East Liverpool/Calcutta Multi-Specialty Outpatient Clinic	5655 State Route 170 Suite A	Calcutta	OH	43920	330-386-4303
Salem Women's Health Partners SRMC Professional Services Building (also known as Salem Medical Center)	2094 East State Street Suite B	Salem	OH	44460	330-332-1939
Salem Women's Health Partners Columbiana Medical Center First Floor	750 East Park Avenue	Columbiana	OH	44408	330-332-1939

The information included in the following map includes a listing of community and hospital services:

Community Resources:

Assistance Programs	Hotline Numbers
Assisted Living	Housing Assistance
Children’s Services	Medical and Dental Care Services
Counseling and Mental Health Services	Nutrition
Drug and Alcohol Services	Recreation
Emergency Assistance	Senior Services
Food Banks, Pantries, and Programs	Shelters
Free or Low-Cost Clinics	Support Groups
Home Care	Transportation
Hospice	Women’s Health

Hospital Resources – Salem Regional Medical Center

Aquatic Therapy	Outreach Services
Behavioral Medicine and Wellness Center	Pain Clinic
Cancer & Infusion Center	Pediatric Care Center of Columbiana
Cardiopulmonary Services	Physical Therapy
Columbiana Family Care Center	Project HELLO
Emergency Department	Project Welcome Home
Endoscopy, Colonoscopy and Bronchoscopy Services	Rehabilitation Services
Enterostomal Therapy	Salem Comprehensive Pediatric Health Center
Family Healthcare of Columbiana County	Salem Ear, Nose and Throat
Gastroenterology Center	Salem General Surgery
Inpatient Care	Salem Home Medical
Laboratory	Salem Orthopaedic Surgery
Medical Imaging	Salem Pediatric Care Center
Neurology Center of Salem	Salem Women’s Health Partners
New Beginnings Family Care Center	Skilled Nursing Facility
Occupational Therapy	Sleep Laboratory
Outpatient Surgery	Specialty Physician Clinics
	Speech Therapy
	The Wound Healing Center

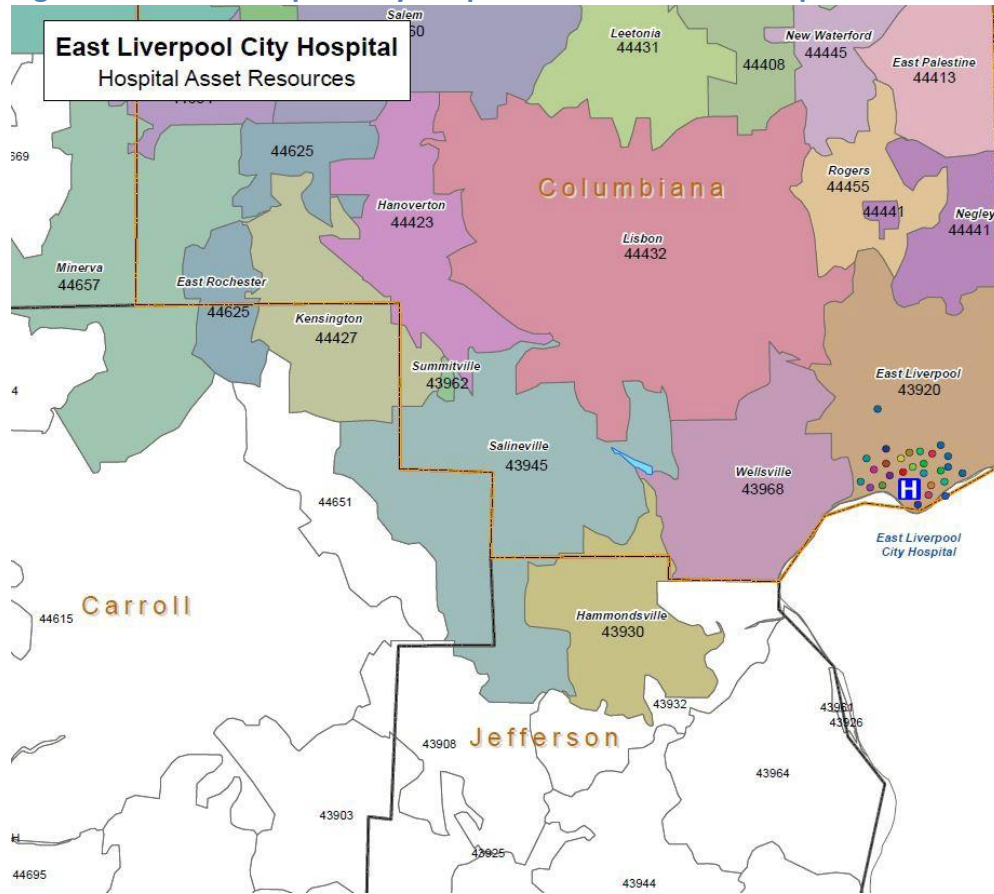
Hospital Resources - East Liverpool:

- Admitting and Registration
- Athletic Trainers Schools
- Auxiliary Organization
- Aquatic Therapy
- Behavioral Health (Seniors)
- Blood Bank
- Bronchoscopy
- Business Office
- Cardiac Care Unit
- Cardiac Rehab Services
- Cardiopulmonary Services
- Case Management
- Chemotherapy
- CT Imaging
- Diabetic Education
- Emergency Services
- Family Medicine
- Flu Brigade
- Food Services
- GI Procedures
- Family Medicine Residency
- Flu Brigade
- Food/Nutritional Services
- Impact Testing (Concussions)
- Infection Control
- Infectious Disease
- Inpatient Care
- Intensive Care
- Internal Medicine Residency Center (free care)
- Interventional Radiology
- Lifeline Services
- Medical Education
- Medical Imaging
- Medical Records
- MRI Imaging
- New Vision Medical Stabilization Program (Substance Dependency)
- Occupational Therapy
- Orthotics & Prosthetics
- Outpatient Blood Transfusions
- Outreach Services
- Pastoral Care
- Patient Experience Coordinator
- Prime Healthcare Foundation
- Rehabilitative Services
- River Valley Physicians
 - *ENT, Allergies
 - *Audiology
 - *Family Medicine
 - *Internal Medicine
 - *General Surgery
 - *Orthopedics
 - *Sports Medicine
 - *Women's Health
 - *Urology
- Smoking Cessation
- Specialized Breast Care
- Speech Therapy
- Valet Parking
- Vocal Cord Therapy
- Volunteers
- Women's Breast Center
 - *Digital Mammography
- Wound Care Center
 - *Hyperbaric Chambers
- Wound Care, Inpatient

Community Asset Resources

- Assistance Programs
- Assisted Living
- Children's Services
- Counseling and Mental Health Services
- Drug and Alcohol Services
- Emergency Assistance
- Food Banks, Pantries and Programs
- Free or Low-Cost Clinics
- Home Care
- Hospice
- Housing Assistance
- Medical and Dental Care Services
- Nutrition
- Recreation
- Senior Services
- Shelters
- Support Groups
- Transportation
- Women's Health

Figure 9.C. East Liverpool City Hospital Asset Resources Map



- Auxiliary
- Behavioral Health for Adults
- Cardiology
- Clinic
- Dietary
- Drug & Alcohol
- Emergency Services
- Infectious Disease Prevention
- Laboratory Testing
- Lifeline
- Medical Evaluation
- Nursing
- Pastoral Care
- Pharmacy
- Protecting Yourself from the Flu
- Respiratory
- Surgical Services
- The Therapy Center
- Therapy & Rehabilitation
- Women and Children
- Wound Care

10. EVALUATION OF 2013 COLUMBIANA COUNTY HEALTH PARTNERS' IMPLEMENTATION STRATEGIES

Columbiana County Health Partners conducted a thorough evaluation of the implementation strategies undertaken since the completion of the 2013 CHNA. Although the measureable population health outcomes for most county level indicators did not move substantially, it is clear that the partners are collaboratively working to improve the health of the community and that ongoing health improvements will be positively impacted over an extended period of time.

In reviewing the status of the priority areas related to increasing awareness of the chronic disease health issues associated with cancer, heart disease, stroke, and diabetes; Columbiana County Health Partners reported the following:

2013 Action Plan: Increase the number of community-based cancer screenings related to skin, prostate and colorectal cancers by continuing to provide low-cost lung cancer screening opportunities and developing a mechanism for financially disadvantaged to receive free/low-cost breast cancer screening.

- East Liverpool City Health Department (ELCHD) conducted a Lifeline Screening clinic for stroke, heart disease, diabetes and aneurysm, along with scheduling screenings for colorectal cancer, lung disease and prostate cancer.
- The Community Action Agency (CAA) reported that in 2013, 54% of their female patients were up-to-date on their Pap tests and 31% of eligible patients had colon cancer screenings. For 2014, the CAA reported that 53% of female patients were up-to-date on their Pap tests and 37% (up 6% from 2013) of eligible patients had colon cancer screenings.
- East Liverpool City Hospital (ELCH) provided free cancer screening clinics through breast exams, skin cancer screening, PSA, hemocult, pulmonary function, Pulse Ox, and offered education on cancer prevention and smoking cessation. ELCH also provided breast cancer education during Dessert with a Doc program and breast self-exams and community and wellness events.
- Columbiana County Health Department (CCHD) provided referrals to Trinity Health's BCC (breast and cervical cancer) program (part of the Susan B. Komen fund). CCHD referred 44 patients in 2014 and 23 patients in 2015 to Trinity Health. In 2015, 24 non-English cancer information sheets were provided by a CCHD nurse to the medically underserved Guatemalan community.
- Salem Regional Medical Center (SRMC) reported that over 125 patients were screened for lung cancer with approximately 5% having positive findings. The hospital developed a low-cost screening program to meet Medicare's informed consent guidelines and promoted this screening process through brochures that were delivered to PCPs and

surgeons, along with educational materials to the public. SRMC also hosted a skin cancer screening and had 28 people participate. The hospital also conducted physician-led community presentations regarding skin care and lung cancer education.

2013 Action Plan: Provide increased community education regarding chronic disease management for heart disease, stroke and diabetes by conducting disease-specific screenings, expanding disease management opportunities, increasing community-based opportunities for blood pressure and blood sugar screenings and having an increasing presence of certified heart failure and diabetes educators as community resources.

- Columbiana County Mental Health and Recovery Services Board (CCMHRS) conducted a smoking cessation presentation at an Annual Recovery Conference where 70 adults with severe and persistent mental illness attended.
- ELCHD conducted the following community engagement programs:
 - Heart Healthy Event and Luncheon where a cardiologist, a doctor of nutrition, a dentist, and other health care professionals spoke to a group of 100 regarding how to be heart healthy. BMI and blood pressure were checked at this event, along with healthy cooking demonstrations and recipes, tobacco cessation information, and vouchers for free cholesterol screening at ELCH.
 - Healthy and Smart Grocery Shopper Program was offered where a Health Coach and Nutritionist met with participants at a local grocery store for a 90-minute program which taught consumers to make healthy choices, learn to read food labels, and tips on incorporating different healthy foods in their diet as they grocery shop through the store.
 - Master Gardening Class, a free 90-minute gardening workshop for the public, was held at Randy's Raisings to encourage people to plant vegetables by helping beginner gardeners understand basic successful gardening tips. Eric Barrett, a Mahoning County Ohio State University Extension educator, assistant professor and director of its food and agriculture marketing team, spoke on a variety of topics including weed control, trellising, planting, proper soil conditions, community gardens, herb gardening and use of herbs. Randy Delposen also offered gardening tips. The workshop was designed to help people learn to be successful vegetable gardeners and to promote eating more vegetables and less processed foods. 30 people attended.
 - An Evening of Nutrition, Wellness, and Healthy Cooking Program was offered. This program consisted of a presentation by Dr. Shayesteh, a board-certified nutritionist, registered dietician, and diabetes educator. Topics included nutrition, obesity, diabetes, heart disease and wellness. Chefs conducted cooking demonstrations and samples were passed out with recipes. 270 participants attended this event.

- Homework Diner Program was offered to children and their families where a free nutritious dinner was served and tutors were available to help with homework. Nutrition lessons were taught to parents while their children were helped with homework. The children were recommended from their teachers. Approximately 20 children and their families participated.
- CAA reported that in 2013, 97% of already diagnosed patients were on lipid therapy and 80% of patients with Coronary Artery Disease were on an aspirin or antithrombotic regiment. In 2014, CAA reported that 84% of already diagnosed patients were on lipid therapy and 74% of patients with Coronary Artery Disease were on an aspirin or antithrombotic regiment.
- ELCH provided community education through
 - A dietitian provided free nutrition and diabetes education to those collecting and distributing food at community food banks and provided free nutrition education to East Liverpool City Schools cafeteria cooks.
 - In collaboration with community partners, provided free wellness education & screenings, including diabetes, nutrition, portion size, blood glucose, A1C, exercise, body mass index, blood pressure, cardiac rhythm strip, smoking cessation, pulse ox, and pulmonary function test.
 - Provided Smoking Cessation education e-mail to 100% of physician office patients (6,745).
 - Provided a free diabetes screening clinic for A1C and foot checks.
 - Provided free community diabetes management classes.
 - Provided free smoking cessation classes, although participation declined past two years.
 - Provided free Personal Health Navigator services at community and wellness events.
 - Provided diabetes management through physician offices as data showed that 51% of diabetics have A1Cs at or below 7%.
 - Provided through physician offices smoking cessation assistance. Of the 4,452 smokers, 31% were interested/ready to quit, a total of 97 were prescribed meds and 72 were given specific smoking cessation education materials.
 - Provided free diabetes and blood pressure screening clinic at community & wellness events.
- CCHD continued their free walk-in blood pressure screenings and information. CCHD information was added to their website. CCHD's Medical Director added 'easy to read' Chronic Disease information to its website with a front page link. Chronic Disease messaging is posted periodically on the exterior electronic sign at street level and on the front page of the website under "immediate health information."
- SRMC continued their semi-annual post-acute care provider collaborative meetings to target readmissions, which included a workgroup of 60 post-acute providers. SRMC's

reduced readmissions rate now qualified them as a top 10% hospital in the nation, with no readmission penalty in each of the three years. The post-acute workgroup also targeted identification and timely treatment of sepsis, CHF, COPD, Pneumonia, Hospital-acquired infections, etc. resulting in improved disease management in the acute and post-acute care setting. SRMC also re-launched its diabetes education program with certified diabetes educators. This program is offered to SRMC patients. The hospital also added a free diabetes support group that is available to community members. SRMC also provided free and reduced cost screenings at health fairs, corporations and at multi-phasic screenings that were available to the community. The hospital also provided a physician community program that addressed peripheral artery disease, two programs that addressed stroke, and two programs that addressed heart disease. Attendance at these programs averaged 25-35 participants.

2013 Action Plan: Regarding obesity and physical activity, provide increased opportunities for community education about the importance of:

-Physical activity as disease prevention tool: conduct community-wide campaigns to promote physical activity in collaboration with community partners, i.e. hosting “Walk With a Doc” programs in regional communities and participating in collaborative sponsorship of other local walking/running programs, and assist in the creation of or enhanced access to places for physical activity combined with informational outreach activities.

- Healthy nutrition as disease prevention tool: increase nutrition education for and support of local food banks and/or access to healthy meal preparation classes for vulnerable populations, increase presence of nutrition educators as community resources, encourage access to community-based gardens in collaboration with Kent State University, and encourage access to fruits and vegetables in partnership with area farm markets.

- Regarding obesity prevention, increase physician education to the community to create awareness regarding obesity prevention strategies, increase public education via print and social media to create awareness regarding the importance of obesity prevention, and enhance school-based programs by promoting nutrition and physical activity in collaboration with the Coordinated Action for School Health (CASH) Coalition.

- Shining Reflections, a CCMHRS contract provider, had 12 active participants in Pound Pounders.
- ELCHD sponsored the following community engagement programs:
 - Doc Walk- this was a nine-week, twice a week program where a doctor or medical professional met with participants at the park. Each outing consisted of an educational and walking piece. Each participant received a pedometer.

- Fit and Healthy Kids Program and Challenge- this challenge was for third and fourth graders at East Liverpool Elementary schools. The students participated in this 10-week program sponsored by Akron’s Children Hospital through a grant from Kohls. This program helps kids make smart decisions about food and physical activity. The students who participated engaged in progressive goals focused on walking or jumping rope. Each participating student received a pedometer and tracked their daily steps accomplished on a log card.
- Local Food Bank program-a Health Coach and Nutritionist taught shoppers how to read food labels and make healthy choices.
- Farmer’s Market-A farmer’s market was held at the front of Thompson Park on Saturdays from 11am-2pm from late June through the first of October. Several local farmers with fresh local produce participated. Other items available at the Farmer’s Market included locally made honey, flowers, homemade soap, homemade muffins, and quilts. A local artist and musicians also participated. Vendors were limited to homegrown and homemade items.
- Food Council and a Community Garden Task Force was formed to begin creating community gardens and offer nutrition classes and gardening classes to promote healthy eating.
- SCHD held discussions with the new superintendent to insure that the Salem City School System is making and offering healthy food choices. SCHD also has been in contact with the two farmers markets that operate within the city limits to address any and all state regulatory issues and to promote the procurement of locally grown/locally produced products so that the children of the community are receiving fresh and wholesome products.
- In 2013, the CAA offered BMI assessment and counseling at visits and had registered dietitians available with 31% of children and adolescent receiving BMI assessments and the offer of counseling where warranted. CAA also had 70% of adults had their BMI charted and received a follow-up plan that was documented. For 2014, 29% of children and adolescents and 69% of adults had a BMI assessment.
- ELCH offered community education for physical activity, nutrition, and obesity prevention. An ELCH dietitian provided free nutrition and diabetes education to those collecting and distributing food at community food banks, provided free nutrition education to East Liverpool City Schools’ cafeteria cooks. The hospital, in collaboration with community partners, provided free wellness education and screenings, including exercise, body mass index, nutrition, portion control, and healthy food choices. ELCH also provided physician speakers for community wellness talks regarding obesity prevention and emailed childhood obesity education material to 100% of physician office patients (6,745). The hospital also provided nutrition and exercise education to middle school girls in collaboration with area schools during the “Girls Night Out” program. ELCH also conducted community campaigns (in collaboration with the City Health Department) by providing the Walk with a Doc program and participating in the

American Heart Association Heart Walk. The hospital also provided American Heart Association education on keeping a healthy heart. ELCH provided funds to CASH coalition for school-based obesity prevention programs.

- CASH Coalition awarded 7 school health mini-grants that focused on increased physical activity and improved nutrition. The total number of local students engaged in obesity prevention projects funded by the Coalition was 1,011. Participating schools were Joshua Dixon Elementary (Columbiana), East Palestine Elementary, East Palestine Middle School, Lisbon David Anderson Junior/Senior High School, Southern Local Elementary, United Local Elementary, and United Local Junior/Senior High School.
- The CCHD business process analysis team explored numerous obesity program options, but none were determined economically sustainable. The CCHD Medical Director did add 'easy to read' Chronic Disease information to their website with a front page link. Chronic Disease messaging is posted periodically on the exterior electronic sign at the street and on the front page of the website under "immediate health information". CCHD has been a CASH Coalition member that annually sponsors numerous exercise and nutrition based mini-grants.
- SRMC provided community outreach for:
 - Underserved areas with obesity prevention and nutrition education and printed materials featured at multiple community events (i.e., Columbiana County Fair, Supernats, Fall Festivals, etc.) with an average outreach of 30,000 a year; as well as to organizations and vulnerable populations, including nutrition education presented to Hispanic residents at St. Paul's Church (25 in attendance), also included production and distribution of nutrition resources in Spanish.
 - Four, free cooking healthy classes provided in partnership with the United Way with approximately 100 participants.
 - Sponsored four regional free "Banquets" per year to reduce food insecurity (2 in Salem, 1 in Lisbon, and 1 in Sebring), with an average total annual attendance of 570-600 people.
 - Provided a food preparation and nutrition site for Salem Area Meals on Wheels, serving 500 meals annually.
 - Held two physician education programs targeting diabetes.
 - Provided financial sponsorships for an average of 20 community races/walks/physical activity events per year in northern Columbiana County.
 - Provided weekly donated food items to Greenford Christian Church's Food Pantry.
 - SRMC employees annually collected food drive items for area food pantries.
 - Annually fund \$2,500-4,000 in school health mini-grants through the CASH Coalition to target specific obesity- prevention activities.
 - Collaborated with Kent State University-Salem to create a community food garden in 2014.

2013 Action Plan: Improve prenatal care by impacting the rates of women who use tobacco products during pregnancy and helping to keep them off tobacco after giving birth; and improve pediatric care by reducing tobacco use initiation by children and adolescents by partnering with physicians and area health care providers to provide tobacco cessation education.

- SCHD was unable to set up a survey questionnaire concerning smoking that would lead to referrals to existing programs such as the Quit Line. This initiative has been tabled to the 2016 CHNA.
- CAA reported that in 100% of adults were screened for tobacco use with 46% of those adults were given smoking cessation advice or medication, while in 2014, only 81% of adults screened were given smoking cessation advice or medication.
- ELCH provided tobacco cessation education to parents during prenatal classes, Breast Feeding Support classes and expectant and new moms. ELCH also had a 100% screening of expectant mothers for tobacco use and referred mothers where appropriate. The hospital also provided tobacco prevention education to third graders. ELCH provided free smoking cessation classes to 6,745 patients, although in the last two years, participation declined. The hospital also provided prenatal care through physician offices and 90% of OB patients received care in the first trimester of pregnancy.
- CCHD annually convened the Child Fatality Review Board with community partners to review each infant death. In 2014 and 2015, CCHD distributed a summary memo to providers, care givers and social services staff about pregnancy and smoking. Fact sheets were posted to the website and messaging added to agency exterior sign at the street. Information was also added to CCHD annual report.
- SRMC provided patient education materials regarding smoking cessation through the SCH Professional Corporation, which employs five pediatricians and five OB/GYNs. Also, SRMC offered childbirth education classes at least two to three times per year.

2013 Action Plan: Collaborate with community partners to develop parenting education and interventions, which have the potential to affect a variety of adolescent risk behaviors and associated health outcomes.

- Columbiana County Family and Children First Council offered a program entitled “Strengthening Families,” a group-based program designed to increase protective factors within families that are correlated with a reduction in adolescent risk behaviors. This program had 29 adults and 41 children participate.
- Family Recovery Center, a contractor of CCMHRS, had 22 women in recovery from addiction, and 31 of their children participated in parent education and family enrichment programming designed to support recovery and abstinence and to address the specific risk factors of children who have lived with parents with addictions. The

Family Recovery Center also had 429 parents receive education through the “Aiming High” program, which uses the “Too Good for Drugs and Violence” evidence-based, school-centered curriculum. The program is designed to promote assets and reduce risks, including use of harmful drugs. They also had 200 parents receive education through the “Start Talking” Initiative developed by the Ohio Department of Mental Health and Addiction Services, which provides parents with specific, ongoing guidance on communicating regularly with their children about substance abuse.

- SCHD set up a referral service for those existing programs addressing parent education and intervention.
- In 2015, CAA employed one OB/GYN physician, one OB/GYN nurse practitioner, one pediatrician, one counselor and two psychologists.
- ELCH provided tobacco prevention and sexually transmitted disease prevention education to the community, along with smoking cessation classes. ELCH also provided childhood immunizations with 95% of physician office patients age 2 having up-to-date immunizations. The hospital also provided medication take back events in over 20 locations with over 380 participants. ELCH also provided bicycle helmets at community wellness events.
- CCHD partnered with local pediatricians and family practices to conduct AFIX in office consultations and conduct MOBI trainings. CCHD annually convenes the Child Fatality Review Board to review each child death. In 2014 and 2015, CCHD distributed a summary memo to providers, care givers and social services staff about the importance of teen driving safety, farm equipment safety and ATV operation. CCHD supported the re-establishment of Safe Kids Mahoning Valley and promoted bike helmet safety distributing a total of 193 bike helmets (2013-140, 2014-53, 2015-60) in partnership with the American Academy of Pediatrics and the Lisbon Kiwanis Club. Non-English vaccine information sheets were provided to our Guatemalan patients’ families to increase vaccine rates and understanding in a vulnerable population (2013-0, 2014-12, 2015-4).
- SRMC offered significant financial and human resource efforts that are directed toward improving prenatal and pediatric medical care and access through the SCH Professional Corporation, which employs five pediatricians and five OB/GYNs. SRMC absorbs all subsidized costs for uncompensated services.

2013 Action Plan: Increasing community demand for adult vaccinations, enhancing access to vaccinations and offering provider-based interventions and reducing the exposure to vaccine-preventable diseases.

- SCHD has been working for years to increase adult vaccination rates, especially for seasonal flu and childhood immunizations.
- The CAA reported that in 2013, 84% of children and in 2014, 91% of children received age-appropriate vaccinations by their third birthday. CAA also offers vaccinations for adults.

- ELCH provided influenza education emails to 100% of physician office patients (6,745), a drive through flu vaccine clinic, a free flu vaccination to all employees and students and distributed 865 flue and HPV vaccinations through physician offices. ELCH also provided education to care providers on flu and pneumonia vaccination and provided flu and pneumonia vaccination screenings on inpatients. The hospital also offered standing orders for flu and pneumonia vaccinations for inpatients.
- CCHD provided adult influenza vaccine fact sheets and information were posted to the website, news releases distributed and messaging added to agency exterior sign at the street. Adult influenza vaccine information was also added to CCHD annual report for distribution to 100 elected officials and county residents. The annual report is also posted on the agency's web site. Adult vaccine was offered daily as walk-in patients and off site at 4 or 5 locations in the county in partnership with local churches and community organizations where 274 adult vaccines were administered (2013-120, 2014-82, 2015-72). An additional 12 free vaccines were administered at these clinics (2013-9, 2014-1, 2015-2) to those who could not pay.
- SRMC offered all inpatients free pneumococcal and/or flu vaccine at the time of admission for those who hadn't received one.

2013 Action Plan: Increase community access to health care by:

(a) reducing structural barriers for vulnerable populations to reduce racial and ethnic disparities;

(b) reducing costs related to preventative and primary care health services through programs and advocacy for the uninsured/underinsured; and

(c) improving provider delivery and/or referral networks to increase the number of practicing primary care providers and/or community resources to remove barriers to access.

- CCMHRS partnered with the ADAPT Coalition, including Drug Take Back efforts, to provide funding for the Coalition, as well as funding to promote the DEA Take Back events.
- SCHD worked closely with the Hispanic community to reduce barriers for this vulnerable population and provided referral services for needs that SCHD cannot address directly.
- CAA has CARTS to help with public transportation and offers extended hours to make appointments more available to patients. CAA has an agreement with Walgreens in Salem for 340B plan to provide medications at a decreased cost for the uninsured and offers a sliding scale; and has an agreement with SRMC to offer a sliding scale for imaging
- ELCH provided assistance at admitting to self-pay patients to evaluate eligibility for medical assistance and provided cultural and sensitivity training to 100% of hospital care providers. ELCH, in collaboration with community partners, offered free screenings (blood glucose, A1C, body mass index, blood pressure, cardiac rhythm strip, Pulse Ox, pulmonary function test, breast exam, skin cancer, PSA, hemocult and provided referral information to Trinity Health Breast and Cervical Cancer Project. ELCH also provided

care to 2,460 patients through the Internal Medicine Resident's clinic and to 1,000 New Vision patients. ELCH also provided inpatient behavioral health services to over 880 patients and provided free personal health navigator service at community and wellness events. The hospital provided depression education emails to 100% of physician office patients (6,745), provided Pap test through physician offices (53% of eligible females received this test), and provided medication take back events in over 20 locations with over 380 participants.

- CCHD increased access to care for the uninsured and underinsured, reduced barriers and reduced costs through the Bureau for Children with Medical Handicaps. See 2012-2013 data sheet for increases in 2013-2015. MAC (Medicaid Administrative Claiming program) data, State subcommittee testimony to re-establish state GFR vaccine funding Adult vaccine was offered daily as walk-in patients and off site at four or five locations in the county in partnership with local churches and community organizations where 274 adult vaccines were administered (2013-120, 2014-82, 2015-72). An additional 12 free vaccines were administered at these clinics (2013-9, 2014-1, 2015-2) to those who could not pay. Non-English health information sheets were provided to our Guatemalan families to reduce barriers and increase understanding in a vulnerable population (2013-0, 2014-12, 2015-28). MAC activities (see below) 0.79 FTE in 2013, 1.08 FTE in 2014, 1.55 FTE in 2015. CCHD staff from multiple disciplines participated in MAC activities in 2013, 2014 and 2015. As calculated using MAC data, CCHD conducted MAC qualifying time totaling 0.79 FTEs in 2013, 1.08 FTEs in 2014 and 1.55 FTEs in 2015 (FTE = Full Time Employee equivalent, 1.0 FTE = 2,080 hours annually).
- SRMC employed a full-time case manager devoted to the Emergency Department to improve access to community resources for high-risk patients. The hospital developed an internal workgroup to help eliminate health disparities, including addressing through point of service data collection using the electronic medical record and improving house-wide signage. SRMC offered a Language Line telephone and video screen access program for improved translation and communication, and recruited an additional Family Practice physician, two OB/GYNs, Gastroenterologist, General Surgeon and Orthopedic Surgeon to expand patient access to care. The hospital opened a new 87-bed private patient room bed tower for improved access to inpatient care (opened in February 2014), and opened a new Cancer and Infusion Center, Bone and Joint Center and Outpatient Procedures Department for improved local access to oncology services, infusion therapy, orthopedic services and outpatient care. SRMC also continued to provide behavioral medicine and wellness center for access to intensive outpatient mental health treatment (includes free depression screenings at community events). In addition, SRMC partners with the ADAPT Coalition, including hosting Drug Take Back efforts and promoting these events.