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## Foreword

On behalf of the Columbiana County Health Partners (CCHP), we are pleased to present the 2019-2022 Columbiana County Community Health Needs Assessment. This community health needs assessment was conducted by the Columbiana County Health Partners and their contractor, The Hospital Council of Northwest Ohio (HCNO). HCNO has provided assistance with the development of the CHNA's primary data findings related to the 2018 Community Survey and the integration of some related secondary data sources into the final report. The Columbiana County Health Partners have provided assistance with the development of primary data findings from key stakeholders and focus groups (including vulnerable populations), and the collection and integration of additional secondary data to address data gaps into the final report, including identifying key data findings. The final report was written in collaboration with various social service organizations, hospitals and health departments within Columbiana County. The purpose of this endeavor was to collect data to illuminate the health and health behaviors of Columbiana County residents and then identify their health needs.

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. The members of the CCHP plan will use this data dynamically and over a continuum of the next three years to better serve the individuals within Columbiana County. 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.

The Columbiana County Health Needs Assessment would not have been possible without the help of all of the organizations who contributed financially and with in-kind support to complete this assessment. In addition, the possibility of this report relies heavily on the participation of individuals in our community, adults and youth; who committed to honestly responding to the surveys they have received each year from our various organizations. We are grateful for those individuals who are committed to the health of the community and take the time to share their health behaviors. Together, we can make a difference and achieve a healthier Columbiana County.

Sincerely,

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- Columbiana County Community Action Agency
- Columbiana County Mental Health & Recovery Services Board
- City of East Liverpool Health District
- City of Salem Health District
- The Ohio State University- Extension
- Ohio Department of Health (grant support)

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**The 2018 Columbiana County Health Assessment is available on the following websites:**

**Columbiana County Health District**  
<http://www.columbiana-health.org>

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

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

## Columbiana County Health Needs Assessment: EXECUTIVE SUMMARY

**PURPOSE:** The 2019 Columbiana County Community Health Needs Assessment (CHNA) was conducted by the Columbiana County Health Partners (“Partners”) workgroup as a data-driven approach to describing the health status of Columbiana County residents, identifying contributing factors that impact health outcomes and prioritizing opportunities for health improvement.

This CHNA report is designed to help community members make informed decisions as they collaborate in the development and implementation of strategic initiatives and shared resources to improve the health of Columbiana County residents, including interventions designed to address social determinants of health, access and equity. The findings will also be used by the Partners as the foundation for developing and implementing a Community Health Improvement Plan (CHIP), which will include specific action plans for improving the community’s health over the next three years from 2019-2022.

**COLLABORATION & PARTNERSHIP:** Members of the Columbiana County Health Partners have a proven history of collaborating to address community health needs, and have jointly completed three CHNAs together in 2010, 2013 and 2016. With the completion of Columbiana County’s 2016 CHNA and CHIP, the workgroup moved into alignment with the state of Ohio’s mandate by law (ORC3701.981) that all hospitals must collaborate with their local health departments on community health assessments and community health improvements plans. Compliance with this state mandate has continued into the completion of this 2019 CHNA and will be carried forward into the development of the 2019 CHIP.

In addition, hospitals and health departments are required to align with the Ohio State Health Assessment (SHA), including alignment of the CHNA process and timeline, by 2020. This alignment with Ohio’s SHA was first achieved by the Partners during the completion of the 2016 Columbiana County CHNA and again in the 2019 CHNA.

**- Columbiana County Health Partners’ Membership:** The 2019 Columbiana County Health Partners’ collaborative workgroup is composed of the following organizations:

Akron Children’s Hospital	East Liverpool City Health Department
Columbiana County Education Service Center	East Liverpool City Hospital
Columbiana County General Health District	Family and Children First Council
Columbiana County Mental Health and Recovery Services Board	Salem City Health Department
Community Action Agency of Columbiana County	Salem Regional Medical Center
Coordinated Action for School Health (CASH) Coalition	The Ohio State University- Extension

**- Contractors/Vendors:** The Columbiana County Health Partners contracted with the Hospital Council of Northwest Ohio (HCNO) to conduct the CHNA. HCNO has provided guidance with the health assessment process and assistance with the development of the CHNA’s primary data findings related to the 2018 Community Survey and the integration of some related secondary data sources into the final report. The Columbiana County Health Partners have provided assistance with the development of primary data findings from key stakeholders and focus groups (including vulnerable populations), and the collection and integration of additional secondary data to address data gaps and provide decision-support for identifying key data findings.

### COMPLIANCE WITH REQUIRED ELEMENTS

**- Patient Protection and Affordable Care Act Requirements for Hospitals:** The Patient Protection and Affordable Care Act, Public Law 111-148 (the “Affordable Care Act” or ACA), created section 501(r) requirements in Part V, Section B, 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. Each hospital is then required to adopt an implementation strategy at least once every three years, based on the findings of the CHNA.

The Internal Revenue Service (IRS) is charged with enforcing these new requirements, and has issued guidance for hospitals to follow, which states that a CHNA report should include:

- The community served and how it was defined.
- The process and methods used to conduct the assessment, including the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs.
- The information gaps that impact the ability to assess health needs.
- Collaborating hospitals and vendors used while conducting the CHNA.
- How input was received from persons who have expertise in public health and from persons who represent the broad interests of the community, including a description of when and how these persons were consulted.
- The prioritized community health needs, including a description of the process and criteria used in prioritizing the health needs.
- Existing health care facilities and other resources within the community available to meet the prioritized community health needs.

Note: This report will fulfill the CHNA requirements established by the ACA for the hospitals listed.

**- Public Health Accreditation Board (PHAB) Requirements for Public Health Departments:** 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, which includes the submission of a community-driven CHA and CHIP.

PHAB standards require that a CHA include:

- The collaborative process used to identify and collect data and information.
- Description of the demographics of the population.
- Description of health issues and specific population groups with particular health issues and health disparities or inequities.
- Description of factors that contribute to the population's health challenges.
- Description of existing assets or resources to address health issues.
- Opportunity for the population at large to review drafts and contribute to the CHA.

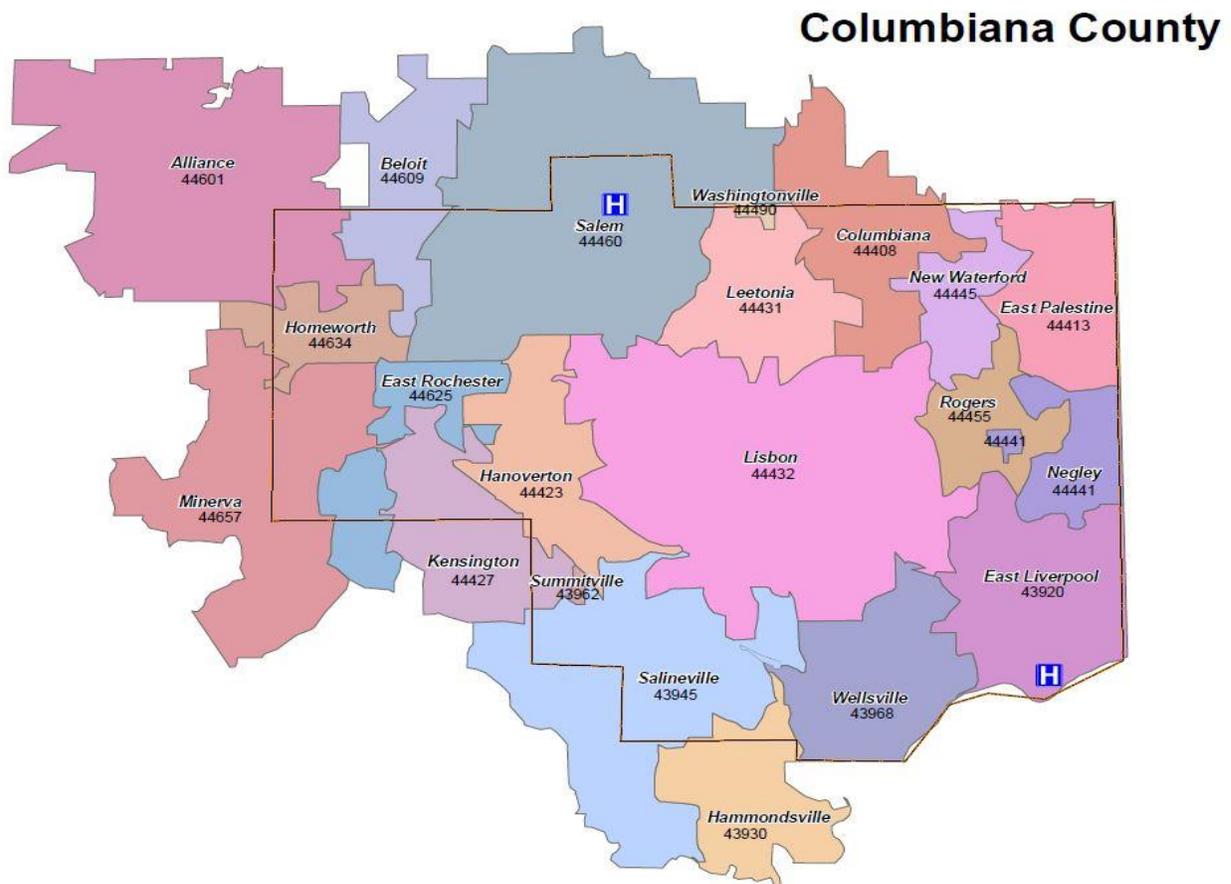
In addition, PHAB highly recommends that national models of methodology are utilized in compiling CHAs. The 2019 Columbiana County CHNA/CHA was completed using the National Association of County and City Health Officials (NACCHO) Mobilizing Action through Partnerships and Planning (MAPP) process. MAPP is a community-driven planning process for improving community health. The prioritization phase of this process was facilitated by HCNO, in collaboration with the Columbiana County Health Partners.

Note: This report fulfills the PHAB requirements for the public health departments listed.

## DEFINITION OF “COMMUNITY” & SERVICE AREA DETERMINATION: Columbiana County, Ohio

In accordance with IRS and Public Health Accreditation Board (PHAB) guidelines, the Columbiana County Health Partners’ workgroup defined the CHNA’s “community” as Columbiana County, Ohio; by geographic location based on the shared primary service area of the workgroup. Columbiana County includes the zip codes listed in the following table and as illustrated in the following map.

43920	East Liverpool	44413	East Palestine	44432	Lisbon	44460	Salem
43945	Salineville	44423	Hanoverton	44441	Negley	44490	Washingtonville
43968	Wellsville	44427	Kensington	44445	New Waterford	44625	East Rochester
44408	Columbiana	44431	Leetonia	44455	Rogers	44634	Homeworth



♦ **Columbiana County Profile:** Located in northeastern Ohio, Columbiana County is one of Ohio's 32 Appalachian counties. Over half of the county's total population of 103,077 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 city of Salem and village of East Palestine, (including the villages of Washingtonville, Leetonia, Columbiana and New Waterford and the four townships of Perry, Salem, Fairfield and Unity); extends along a 20-mile distance bordering Mahoning County to the north, and contains almost 48% of the county's population. The southern corridor extends for about 10 miles from the village of Wellsville to the city of East Liverpool, (including St. Clair Township) and contains 11% of the county's total population. The county shares an eastern border with Pennsylvania and a southern border with West Virginia.

- **Age/Disability:** Since 2010, the County's population has decreased slightly by over 4 percent. Compared to the State of Ohio, Columbiana County has a smaller proportion of children (under 18 years

old=20.5% vs. Ohio=22.3%) and a higher proportion of older adults (65 years and older=28.2% vs. Ohio=16.7%). The overall disability status of the County's civilian, non-institutionalized population is 16.5%, of which 6.2% of those under 18 years and 74.5% of those 65 years and over have a disability.

**- Race/Ethnicity:** According to the U.S. Census Bureau's 2017 ACE 1-year estimates, the County's percentage of the non-White population (4.8%) is significantly lower than Ohio's at 23.4%. However, the County has experienced a significant increase in residents, who do not speak English as their primary language. The 2017 U.S. Census estimates that there are 3,148 African Americans (3.1%) and 1,769 Hispanic or Latinos of any race (1.7%); however local workforce, social service and faith-based organizations estimate that there has been a 30% county population growth rate over the last 10 years for this respective ethnic group. Sampling estimates obtained from a third-party source through the Ohio Rural Immigrant Worker Project (IWP) indicate that the approximate amount is about 3,464 Hispanics, with a 775% growth rate projected from the past 10 years. Based on these estimates, Hispanics represent between 3-4% of the county's population and are identified as a rapidly growing and medically vulnerable population.

**- Education/Income:** The educational attainment of a high school diploma or higher is higher in Columbiana County (93%) compared to the State of Ohio at 85%; however, there is a significant disparity between those in the County having some college education (51%) compared to Ohio at 65%. Similarly, annual per capita income in the County (\$24,758) is significantly lower than the State of Ohio (\$31,117); and the percentage of Columbiana County residents living in poverty is 15.8%, compared to 15.4% in the State of Ohio. There is also a significant correlation between poverty and educational attainment in that Columbiana County residents with less than a high school education have a much higher poverty rate at 25.72%, compared to those with a high school education at 12.23%.

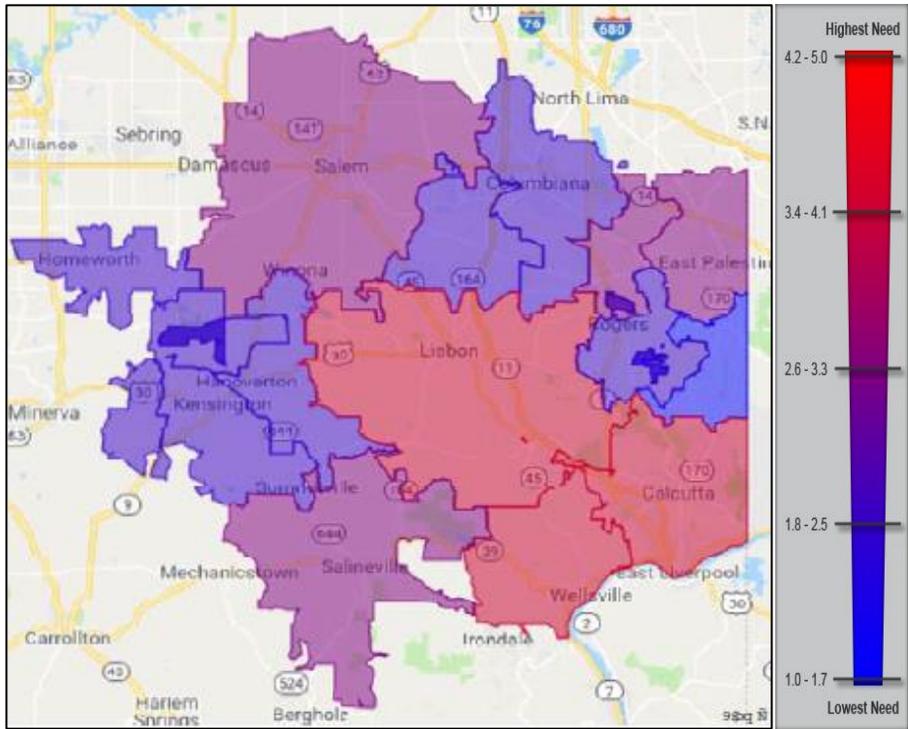
Because of these significant socioeconomic disadvantages, Columbiana County residents living in poverty have also been identified as a vulnerable population, and the 2018 community survey data has been broken down by income (less than \$25,000 and greater than \$25,000) to reflect this disparity. *(Demographic Data Source: U.S. Census Bureau, population estimate July 1, 2017)*

**VULNERABLE POPULATIONS:** According to the National Institutes of Health, vulnerable populations include those who are racial or ethnic minorities, children, elderly, socioeconomically disadvantaged, underinsured or those with certain medical conditions. Members of vulnerable populations often have health conditions that are exacerbated by unnecessarily inadequate health care.

Based on the demographics of Columbiana County's population and for the purposes of this CHNA, the Partners' workgroup has identified the vulnerable populations as being those living in poverty/socioeconomically disadvantaged, the Appalachian culture, children/youth, the elderly and those facing ethnic and literacy barriers.

**- Community Need, Access and Vulnerable Populations:** Dignity Health, a California-based hospital system, developed and published a Community Need Index™ (CNI) that measures barriers to health care access. The index is based on five social and economic indicators, which are typically experienced by vulnerable populations at higher levels and may contribute to increased health disparities and inequities:

- **Income Barrier:** The percentage of elders, children and single parents living in poverty
- **Cultural Barrier:** The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White
- **Education Barrier:** The percentage of the population without a high school diploma
- **Insurance Barrier:** The percentage of uninsured and unemployed residents
- **Housing Barrier:** The percentage of the population renting houses



A CNI score is calculated for each ZIP code. Scores range from "Lowest Need" (1.0-1.7) to "Highest Need" (4.2-5.0).

- **Columbiana County's overall CNI weighted average score is 2.8.**

- **Three of the 16 ZIP codes in Columbiana County scored in the second "highest need" category as follows:**  
**44432-Lisbon**  
**43920-East Liverpool**  
**43968-Wellsville**

(Source: <http://cni.chw-interactive.org>)

**SUMMARY OF PROCESS & METHODS**

The Columbiana County Health Partners followed the process outlined by the National Association of County Health Officials (NACCHO)'s Mobilizing for Action through Planning and Partnerships (MAPP) to conduct the needs assessment and prioritize findings. MAPP is a community-driven strategic planning process for improving community health that helps prioritize public health issues and identify resources to address them. The following four MAPP phases were addressed in the development of the 2019-2022 CHNA as follows:

**- MAPP Phase 1 (Organizing the Planning Process & Developing the Planning Partnership)**

The Columbiana County Health Partners contracted with the Hospital Council of Northwest Ohio (HCNO) to provide overall project management and collect and analyze primary and secondary data. In addition, the Partners conducted primary and secondary data collection and analysis independent from HCNO, to more fully capture the needs of vulnerable populations and the broad community, and help fill identified data gaps to support informed decision-making.

**- MAPP Phase 2 (Visioning and Values)**

The Partners undertook a collaborative process to determine a shared mission and vision to guide the assessment and prioritization processes.

- **2019-2022 Mission:** To create a healthy place for all to live, work, and play by preventing disease in the community through partnership, encouraging people to make better choices, and promoting overall health and wellness.
- **2019-2022 CHNA Vision:** A safe community of healthy people.

### - MAPP Phase 3 (Collecting & Analyzing Data)

The data assessment model followed best practices as outlined by the Association of Community Health Improvement and was also designed to ensure compliance with current Internal Revenue Service guidelines for charitable 501(c)(3) tax-exempt hospitals and National Public Health Department accreditation prerequisites.

- **Primary Data:** Primary qualitative data to reflect input from the broad community and vulnerable populations was collected through 377 written community surveys completed by individuals representing diverse constituent groups with this data gathered and analyzed by HCNO; and 34 stakeholder and focus group interviews, reflecting input from 115 participants with this data gathered and analyzed by the Partners' workgroup.

- **Community Survey:** As a first step in the community survey design process, health education researchers from the University of Toledo and staff members from HCNO chose to derive the majority of the community survey items from the Behavioral Risk factor Surveillance System (BRFSS), due to the ability to compare local data with state and national data. The project coordinator from HCNO met with the Partners' workgroup to review banks of potential survey questions from the BRFSS survey and define the content, scope, and sequence of the survey.

The sampling frame for the community survey consisted of adults ages 19 and over living in Columbiana County, with the target sample size of 382 adults needed to ensure a 95% confidence level, with a corresponding margin of error of 5%. Findings from the community survey responses are reflected within each respective topic area of the CHNA, and in the "Findings from Significant Data Indicators by Key Issue & Population At Risk" on pages 6-8.

- **Focus Groups and Stakeholder Interviews:** Community leaders and key stakeholders were identified by the Partners as experts in a particular field related to their background experience or professional position; and/or those who understand the needs of a particular community/geographic region or under-represented group, including the medically underserved and vulnerable populations defined in the CHNA.

The Association for Community Health Improvement's Toolkit was used as a best-practice guide for developing community-based participatory research through a collaborative approach to reflect the experiences and opinions of community stakeholders. A standardized interview question guide was then developed from a template utilized by other HCNO clients, and then used by the workgroup to conduct the interviews and facilitate focus group interviews with 115 participants from October-December 2018.

Community participants represented in the focus group and stakeholder interviews included:

- School Districts and Youth Services
- Hospital Case Managers
- Juvenile Justice System
- Local Government Officials/ County Commissioners
- Community Resource Centers
- Health and Human Service Providers
- Food Pantries
- Mental Health and Recovery Service Providers
- Senior Services & Home Health Providers
- Faith-Based Organizations Providing Assistance
- Hispanic Community Members & Service Providers

An analysis was conducted on the notes and transcripts of stakeholder interviews and community focus groups to identify and quantify themes that consistently emerged. Findings from this source of primary data were obtained regarding factors impacting social determinants of health, top health care issues and priorities, community strengths and resources, opportunities to increase access to health care resources, and how to improve community supports. Findings from the focus groups and stakeholder interviews are reflected within each respective topic area of the

CHNA, and in the “Findings from Significant Data Indicators by Key Issue & Population At Risk” on pages 6-8.

In addition to collecting and analyzing data from focus groups and stakeholder interviews, primary data input and synthesis of conclusions were also performed by the community representatives, who served on the Columbiana County Health Partners’ workgroup.

- **Secondary Data:** HCNO collected secondary data from multiple websites, including county-level data, whenever possible. HCNO utilized sites such as the Behavioral Risk Factor Surveillance System (BRFSS), numerous CDC sites, U.S. Census data, and Healthy People 2020, among other national and local sources. The Partners collected additional epidemiological and population data to help establish benchmarks for health indicators and conditions at the county, state and national levels; representing a wide range of factors that impact community health, such as mortality rates, environmental factors and health care access issues. Data sources included the County Health Rankings, Association for Community Health Improvement’s Community Health Assessment Toolkit, Truven Health Analytics’ Community Need Index, etc. (See Appendix: “Health Assessment Information Sources”)
- **Data Gaps/Limitations:** As with any assessment, it is important to consider the findings in light of possible limitations. This CHNA relies on multiple data sources and community input gathered between the summer of 2018 and April 2019. A number of data limitations should be recognized when interpreting results, such as some data only exists at a county-wide or state level, which does not allow for assessing needs at a more granular level. In addition, secondary data measures community health in prior years and may not reflect current conditions. The impacts of recent public policy developments, changes in the economy and/or other community developments are not reflected in those data sets.

The sampling frame for the adult community survey consisted of adults ages 19 and over living in Columbiana County, and the investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level, with a corresponding margin of error of 5%. A sample size of at least 382 adults was needed to ensure this level of confidence; however, the final survey results were compiled from 377 completed surveys, which reflected a high response rate but reduced the level of power and broadened the confidence interval to  $\pm 5.04\%$ . It should be noted that if any important differences existed between the respondents and non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the entire County’s adult population). It is also important to note that although several questions were asked using the same wording as the Centers for Disease Control and Prevention (CDC) questionnaire, the data collection method differed. The CDC data was collected using a set of questions from the total question bank, and participants were asked the questions over the telephone rather than a mailed survey. Lastly, caution should be used when interpreting sub-group results, as the margin of error for any sub-group is higher than that of the overall survey sample.

- **Findings from Other Needs Assessments:** Findings from other health needs assessments that were conducted in the region and in the state of Ohio were also reviewed by the Partners to help inform the development of this CHNA, including:
  - The 2013-2016 CHNA conducted by the Columbiana County Health Partners’ workgroup.
  - The 2016 Akron General Medical Center CHNA, the Akron Children’s Hospital CHNA and 2016 Mercy Health- Youngstown CHNA (all conducted by Kent State University); and the 2016 Aultman Hospital CHNA conducted by the Center for Marketing & Opinion Research.
  - Ohio’s 2017-2019 State Health Improvement Plan (SHIP), as informed by the 2016 State Health Assessment (SHA). Ohio’s 2016 SHA includes over 140 metrics, organized into data profiles, as

well as information gathered through five regional forums, a review of local health department and hospital assessments and plans and key informant interviews. Following is a summary of the top 10 health issues identified locally, regionally and by key informants through Ohio's SHA forums, as identified on page 104-105 of Ohio's 2016 SHA.

The interconnectedness of Ohio's greatest health challenges, along with the overall consistency of health priorities identified in this assessment, indicates many opportunities for collaboration between a wide variety of partners at and between the state and local level, including physical and behavioral health organizations and sectors beyond health. To view the 2016 Ohio State Health Assessment, please visit: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship/media/ohio-2016-state-health-assessment>

### Top Ten Health Issues Identified in Ohio's 2016 State Health Assessment

	Top 10 health Issues	
	Identified in local health department and hospital assessments/plans	Identified in SHA regional forums
<b>Mental health and addiction</b>		
Mental health	X	X
Drug and alcohol abuse	X	X
<b>Chronic disease</b>		
Obesity	X	X
Cardiovascular disease	X	X
Diabetes	X	X
Cancer	X	
Chronic disease (unspecified)	X	
<b>Maternal and infant health</b>		
Maternal and infant health	X	
<b>Health behaviors</b>		
Tobacco	X	
Nutrition		X
<b>Access to care</b>		
Access to health care/medical care	X	
Access to behavioral health care		X
Access to dental care		X
<b>Social determinants of health</b>		
Employment, poverty and income		X
Equity/disparities		X

#### Ohio's Universal Health Issues (2016):

According to the 2016 SHA, the following issues emerged in all regions of Ohio, including urban, suburban, Appalachian and non-Appalachian rural counties:

- Obesity
- Mental health
- Access to health care/medical care
- Drug and alcohol abuse

- **Findings from Significant Data Indicators:** Following is a summary of significant data indicators by key issue or concern, and the identified population at risk. An indicator is considered significant if it was found to vary materially from a benchmark statistic, such as an average value for the State of Ohio or the U.S.

Findings from Significant Data Indicators by Key Issue & Population At Risk	
Access to Care	Pop. At Risk
Ratio of the population to primary care providers (2015) <i>(Source: 2018 County Health Rankings)</i>	2,250:1
Ratio of the population to dentists (2016) <i>(Source: 2018 County Health Rankings)</i>	4,120:1
Ratio of the population to mental health providers (2017) <i>(Source: 2018 County Health Rankings)</i>	1,160:1

Adults who were uninsured <i>(Source: 2018 Columbiana County CHNA)</i>	10% Age: 19-29 (38%)
One of the most significant barriers to access involved the lack of transportation to local providers and even greater problems finding transportation to providers outside of the County <i>(Source: 2018 Columbiana County Stakeholders &amp; Focus Groups)</i>	Vulnerable populations
The workforce shortage and local availability of providers, especially specialists, OB/GYNs, dental care and mental health providers; resulted in the need/choice to travel outside of Columbiana County; along with not having a local maternity unit and only very limited inpatient psychiatric services in the County. This access issue was identified across all forums by community survey participants, focus groups and key stakeholders <i>(Source: 2018 Columbiana Cty. Stakeholders &amp; Focus Groups)</i>	Vulnerable populations
Stakeholder, focus groups and social service providers identified access barriers for certain ethnic groups, such as among the Hispanic (Guatemalan, Mexican) population; with more outreach, bi-lingual services and cultural competency needed by providers and social service organizations <i>(Source: 2018 Columbiana County Stakeholders &amp; Focus Groups)</i>	Vulnerable populations
<b>Obesity</b>	<b>Pop. At Risk</b>
Adults who were overweight or obese <i>(Source: 2019 Columbiana County CHNA)</i>	76%
Columbiana County 3 <sup>rd</sup> grade students classified as obese or overweight <i>(Source: 2016 Akron Children's Hospital Mahoning Valley Community Health Needs Assessment)</i>	35.8%
Ohio is 11 <sup>th</sup> highest in nation for overweight & obese adults, 16 <sup>th</sup> highest in nation 10-18-year olds <i>(Source: "The State of Obesity")</i>	All
<b>Mental Health (Depression/Suicide)</b>	<b>Pop. At Risk</b>
Suicide mortality averaged about 19 suicide deaths per year during the past 10 years <i>(Source: Ohio Department of Health, Ohio Public Health Data Warehouse)</i>	All
Youth who attempted suicide one or more times <i>(Source: 2018 Columbiana County Profiles of Student Life: Attitudes and Behaviors Survey)</i>	20% Youth
Youth who felt depressed most or all the time within last month <i>(Source: 2018 Col. Cty. Profiles of Student Life: Attitudes &amp; Beh. Survey)</i>	26% Youth
Focus groups and stakeholders also identified concerns about the growing incidence of mental health issues among youth and the potential impact on family and community health status, especially related to a lack of mental health providers and limited youth mental health treatment options <i>(Source: 2018 Columbiana County Stakeholder and Focus Group Interviews)</i>	Youth/All
<b>Drug Dependency/Use</b>	<b>Pop. At Risk</b>
From 2014-2017, unintentional drug-related deaths more than doubled in Columbiana Cty. <i>(Source: Col. Cty. 2018 Coroner's Report)</i>	All
Heroin, methamphetamine and cocaine use have been steadily rising in the County as reported by law enforcement officials health and social service providers <i>(Source: 2018 Columbiana County Stakeholder and Focus Group Interviews)</i>	All
An overwhelming majority of focus group, stakeholder and community survey participants indicated that the need to address drug abuse issues is the single most significant community need; and drug addiction and substance abuse are key factors impacting the health and safety of Columbiana County residents <i>(Source: 2018 Columbiana County Stakeholders &amp; Focus Groups)</i>	All
Accidental drug overdose deaths involving an opioid (2017) <i>(Source: Col. Cty. 2018 Coroner's Report)</i>	49.5%
There is growing concern expressed about the increasing perception among youth that vaping and marijuana use is a less risky behavior than smoking or other types of drug use <i>(Source: 2018 Columbiana County Stakeholder and Focus Group Interviews)</i>	Youth
Columbiana County average age-adjusted unintentional drug overdose death rate per 100,000 from 2012-2017 <i>(Source: Ohio Department of Health, 2017 Ohio Drug Overdose Data: General Findings)</i>	30.8
Number of felony drug cases in Columbiana County from January to June 2016 <i>(Source: Ohio State Highway Patrol, Felony Cases and Drug Arrests)</i>	34

<b>Tobacco Use/Vaping</b>	<b>Pop. At Risk</b>
Current smokers diagnosed with asthma <i>(Source: 2019 Columbiana County CHNA)</i>	22%
Percentage of adults who are current smokers (2016) <i>(Source: 2018 County Health Rankings)</i>	22%
From 2014-2017, the number of premature deaths because of smoking mothers has increased <i>(Source: Child Fatality Review Board)</i>	Infants
Columbiana County age-adjusted mortality rates for lung and bronchus cancer <i>(Source: Ohio Public Health Data Warehouse, 2015-2017)</i>	47.0/100,000 Males (59.0/100,000)
Columbiana County age-adjusted mortality rate for chronic lower respiratory disease <i>(Source: Ohio Pub. Health Data Warehouse, 2015-17)</i>	56.0/100,000
<b>Cardiovascular Disease</b>	<b>Pop. At Risk</b>
Myocardial Infarction is the number one leading cause of death in Columbiana County <i>(Source: 2018 Columbiana Cty. Coroner's Report)</i>	All
Male heart disease mortality is higher than female mortality in the County, based off age adjusted data, as well as coroner's reporting <i>(Source: 2018 Columbiana County Coroner Data)</i>	Adult Males
Diagnosed with angina or coronary heart disease <i>(Source: 2019 Columbiana County CHNA)</i>	2% Age: 65+ (8%)
Diagnosed with high blood pressure <i>(Source: 2019 Columbiana County CHNA)</i>	37% Age: 65+ (58%); Income: <\$25K (43%)
Diagnosed with high blood cholesterol <i>(Source: 2019 Columbiana County CHNA)</i>	41% Age: 65+ (61%); Income: <\$25K (53%)
<b>Cancer</b>	<b>Pop. At Risk</b>
Incidence of lung and bronchus cancer <i>(Source: Ohio Cancer Incidence, Ohio Department of Health Public Health Data Warehouse, 2011-2015)</i>	506 cases
Incidence of breast cancer <i>(Source: Ohio Cancer Incidence, Ohio Department of Health Public Health Data Warehouse, 2011-2015)</i>	399 cases
Incidence of colon and rectum cancer <i>(Source: Ohio Cancer Incidence, Ohio Department of Health Public Health Data Warehouse, 2011-2015)</i>	335 cases
Incidence of prostate cancer <i>(Source: Ohio Cancer Incidence, Ohio Department of Health Public Health Data Warehouse, 2011-2015)</i>	333 cases
Columbiana County age-adjusted mortality rate for all cancers <i>(Source: Ohio Public Health Data Warehouse, 2015-2017)</i>	176.0/100,000
<b>Diabetes</b>	<b>Pop. At Risk</b>
Adults diagnosed with diabetes <i>(Source: 2019 Columbiana County CHNA)</i>	13% Income <\$25K (26%)
Columbiana County adults diagnosed with diabetes were also: obese or overweight (86%), diagnosed with high blood cholesterol (72%), diagnosed with high blood pressure (68%) <i>(Source: 2019 Columbiana County CHNA)</i>	All
Obesity, high blood pressure, and high cholesterol are all considered major health concerns within the county and contribute to the diagnosis of diabetes and other chronic health conditions <i>(Source: 2019 Columbiana County Stakeholders &amp; Focus Groups)</i>	All
<b>Trauma/Adverse Childhood Experiences (ACEs)</b>	<b>Pop. At Risk</b>
Adults who experienced four or more ACEs (Adverse Childhood Experiences) in their lifetime <i>(Source: 2019 Columbiana County CHNA)</i>	13% Income: <\$25K (18%)

Youth who reported they were physically abused <i>(Source: 2018 Col. Cty. Profiles of Student Life: Attitudes &amp; Behaviors Survey)</i>	29%
<b>Preventive Medicine</b>	<b>Pop. At Risk</b>
Adults who had a flu vaccine in the past 12 months <i>(Source: 2019 Columbiana County CHNA)</i>	53% Age: 65+ (71%)
Adults who had a pneumonia vaccine in their lifetime <i>(Source: 2019 Columbiana County CHNA)</i>	33% Age: 65+ (73%)
Adults who had colorectal cancer screening in the past 5 years <i>(Source: 2019 Columbiana County CHNA)</i>	33%
Adults who had lung cancer screening in the past 3 years <i>(Source: 2019 Columbiana County CHNA)</i>	3%
Men who had a prostate-specific antigen (PSA) test in the past two years (age 40 and older) <i>(Source: 2019 Columbiana County CHNA)</i>	58%
Women who had a mammogram within the past two years (age 40 and older) <i>(Source: 2019 Columbiana County CHNA)</i>	73%
Women who had a Pap smear in past three years (age 21-65) <i>(Source: 2019 Columbiana County CHNA)</i>	69%
<b>Intentional/Unintentional Injury</b>	<b>Pop. At Risk</b>
The unintentional injury rate is higher for Columbiana County youth in terms of falls, vehicle-related injuries and overexertion/strenuous injuries <i>(Source: 2016 Akron Children's Hospital Mahoning Valley Community Health Needs Assessment)</i>	Youth
Columbiana County ranked 10th highest of 88 counties in 2016 for motor vehicle crash deaths <i>(Source: 2017 County Health Rankings)</i>	All
<b>Asthma</b>	<b>Pop. At Risk</b>
Adults diagnosed with asthma <i>(Source: 2019 Columbiana County CHNA)</i>	13% Income <\$25K (23%)
Children diagnosed with asthma <i>(Source: 2016 Akron Children's Hospital Mahoning Valley Community Health Needs Assessment)</i>	19.9%
Columbiana County youth have a higher incidence of asthma than surrounding communities and the state of Ohio <i>(Source: 2016 Akron Children's Hospital Mahoning Valley CHNA)</i>	Youth

(See Appendix: "Process and Methodology" for detail regarding the data collection and analysis process.)

**- MAPP Phase 4 (Identifying & Prioritizing Issues):** The Partners used the data findings by key issue to identify, develop and prioritize a list of strategic health-related issues facing the community. This process included the development of a list of the most significant health issues identified during the CHNA process, which was used during a nominal objective voting process by workgroup members.

The Partners then completed a ranking exercise for each issue identified, giving a score to the three prioritization criteria of: (i) magnitude of problem, (ii) seriousness of consequence, and (iii) feasibility of correcting. Scores for each issue were compiled to yield an average score, which was used to rank order the final priorities. Based on the highest scores, the top eight CHNA issues were prioritized as:

<b>Prioritization of Key CHNA Issues</b>	<b>Average Score</b>
<b>1. Chronic disease</b>	<b>26.4</b>
<b>2. Mental health/trauma</b>	<b>24.0</b>
<b>3. Drug dependency/abuse</b>	<b>23.7</b>
<b>4. Obesity</b>	<b>23.3</b>
<b>5. Preventive medicine</b>	<b>23.3</b>
<b>6. Access to care</b>	<b>22.4</b>
<b>7. Tobacco use/vaping</b>	<b>21.6</b>
<b>8. Youth unintentional/intentional injury</b>	<b>21.0</b>

Following a discussion of the top eight 2019 CHNA issues, the Workgroup reviewed again the priority topics identified in Ohio's 2016 State Health Improvement Plan (SHIP), and noted that local community health improvement efforts need to align with at least two of the three following SHIP priority topics and their related health outcomes listed within each respective topic area:

<b>2016 Ohio's State Health Improvement Plan Priority Health Topics and Outcomes</b>		
<b>Mental Health and Addiction</b> - Depression - Suicide - Drug dependency/abuse - Drug overdose deaths	<b>Chronic Disease</b> - Heart disease - Diabetes - Child asthma	<b>Maternal and Infant Health</b> - Preterm births - Low birthweight - Infant mortality
<b>Ohio's SHIP also calls for strategies focused on the cross-cutting factors of:</b> - Social determinants of health - Public health system, prevention & health behaviors - Healthcare system and access - Equity strategies to decrease disparities for priority populations		

The Workgroup members then selected the top three CHNA priority topics to best align locally with the findings from the 2019 Columbiana County CHNA and Ohio's 2016 SHIP. Both the 2019 CHNA and SHIP identify access to health care, health disparities and equity issues as priorities; and focus on mental health and addiction and chronic disease as ways to improve community health. In addition, both highlight healthcare workforce needs as important to improving access to services.

Columbiana County's 2019-2022 Health Improvement Plan, to be developed by November 2019, will align with the two SHIP priority topics of: Mental Health and Addiction and Chronic Disease (with Obesity identified as a contributing factor to Chronic Disease), as follows:

<b>Columbiana County 2019-2022 Columbiana County Health Needs Assessment's Three Priority Topics</b>	<b>Alignment with Ohio's 2016 SHIP Priority Topics</b>
<b>1. Chronic Disease/Obesity</b> (includes heart disease, asthma, diabetes and cancer)	<b>X</b>
<b>2. Mental Health and Addiction/Substance Use</b> (includes trauma, suicide, depression, drug-related deaths & youth perception of drug use)	<b>X</b>
<b>3. Access to Health Care</b> (includes health screenings, vaccination, provider availability, transportation and insurance coverage)	<b>X- Alignment with 2016 SHIP's Cross-Cutting Factors</b>

**COMMUNICATION OF PRELIMINARY FINDINGS:** During April-May 2019, the Partners' workgroup shared the preliminary findings about the CHNA's 2019-2022 priority topics through several communication activities, including but not limited to: posting on Partner organizations' FaceBook pages and inviting public comment, presenting findings at a county-wide social service and education provider symposium on April 9, 2019, and presenting to the East Liverpool City Hospital's and Salem Regional Medical Center's managers and governing bodies for discussion and input.

**EVALUATION OF 2016-2019 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 2016 CHNA's findings by the respective Columbiana County Health Partners' organizations, 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, tobacco use, etc.), and health care equity (i.e. barriers to access, health disparities).

A comprehensive evaluation of these activities will be included in 2016-2019 Community Health Improvement Plan's (CHIP) overall evaluation 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 workgroup has strengthened its foundation for the future development of planning strategies to incorporate evidence-based interventions.

A summary of county-wide activities conducted since 2016 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 breastfeeding and 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

**WRITTEN COMMENTS FROM 2016-2019:** There were no written comments received for the prior CHNA dated 2016-2019.

**ASSET RESOURCE INVENTORY:** The Partners 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. Resources included: assistance programs, assisted living, children's services, counseling and mental health services, drug and alcohol services, emergency assistance, food banks/pantries, free/low-cost clinics, home care, hospice, housing assistance, medical and dental care services, nutrition, recreation, senior services, shelters, support groups, transportation and women's health. This information was compiled from resource directories currently utilized by area case managers, social service organizations and the respective Partners' organizations; and includes a listing of community and hospital-based services. (The full asset resource inventory is located in the Appendix.)