Columbiana County

2019-2022 Community Health Improvement Plan

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Executive Summary

Introduction

The Public Health Accreditation Board (PHAB) defines a community health improvement plan (CHIP) as a community-driven, long-term, systematic plan to address issues identified in a community health needs assessment (CHNA). The purpose of the CHIP is to describe how hospitals, health departments, and other community stakeholders will work to improve the health of the county. A CHIP is designed to set priorities, direct the use of resources, and develop and implement projects, programs, and policies. The CHIP is more comprehensive than the roles and responsibilities of health organizations alone, and the plan's development must include participation of a broad set of community stakeholders and partners. This CHIP reflects the results of a collaborative planning process that includes significant involvement by a variety of community sectors.

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 improvement plans. Compliance with this state mandate has continued into the completion of the 2019-2022 CHNA and 2019-2022 CHIP.

The Columbiana County General Health District contracted with the Hospital Council of Northwest Ohio (HCNO), a neutral, regional, nonprofit hospital association, to facilitate the CHA and CHIP. The Columbiana County General Health District then invited various community stakeholders to participate in the community health improvement process.

The Columbiana County CHNA was utilized as a vital tool for creating the County's CHIP. Data from the most recent CHNA were carefully considered and categorized into community priorities with accompanying strategies. This was done using the National Association of County and City Health Officials' (NACCHO) national framework, Mobilizing for Action through Planning and Partnerships (MAPP). Over the next three years, these priorities and strategies will be implemented at the county-level with the hope to improve population health and create lasting, sustainable change. It is the hope of The Columbiana County Health Partners that each agency in the county will tie their internal strategic plan to at least one strategy in the CHIP.

Hospital Requirements

Internal Revenue Services (IRS)

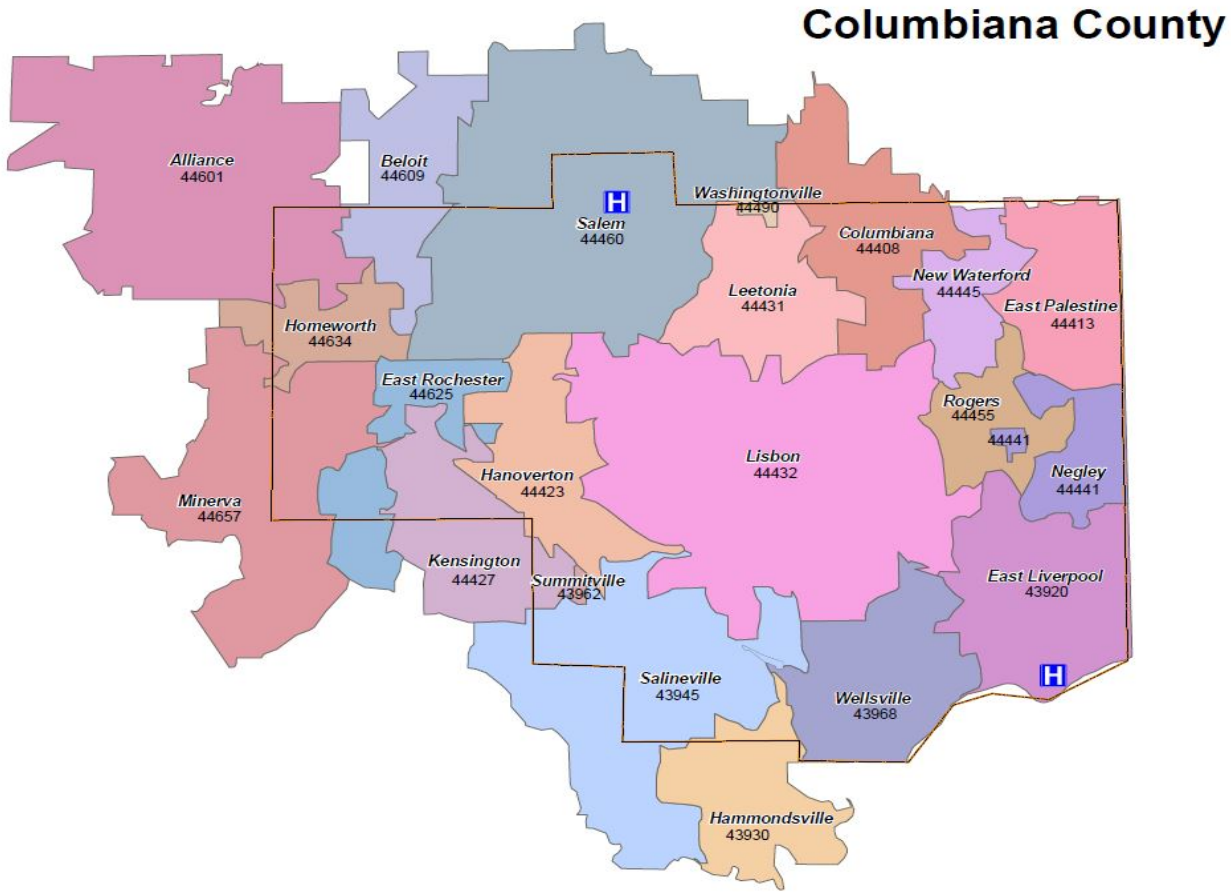
The Columbiana County CHNA fulfills national mandated requirements for hospitals in the county. The Patient Protection and Affordable Care Act, Public Law 111-148 (the "Affordable Care Act" or ACA), created

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 implementation strategies in a written plan at least once every three years, based on the findings of the most recent CHNA. Selected strategies recommended in the Columbiana County 2019-2022 CHIP will be incorporated into each hospital's respective Implementation Plan.

Definition of "Community" and Service Area Determination

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



Public Health Accreditation Board (PHAB) Requirements

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.

In addition, PHAB highly recommends that national models of methodology are utilized in compiling CHAs and CHIPs. The 2019 Columbiana County CHNA/CHA and CHIP were 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.

Inclusion of Vulnerable Populations (Health Disparities)

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.

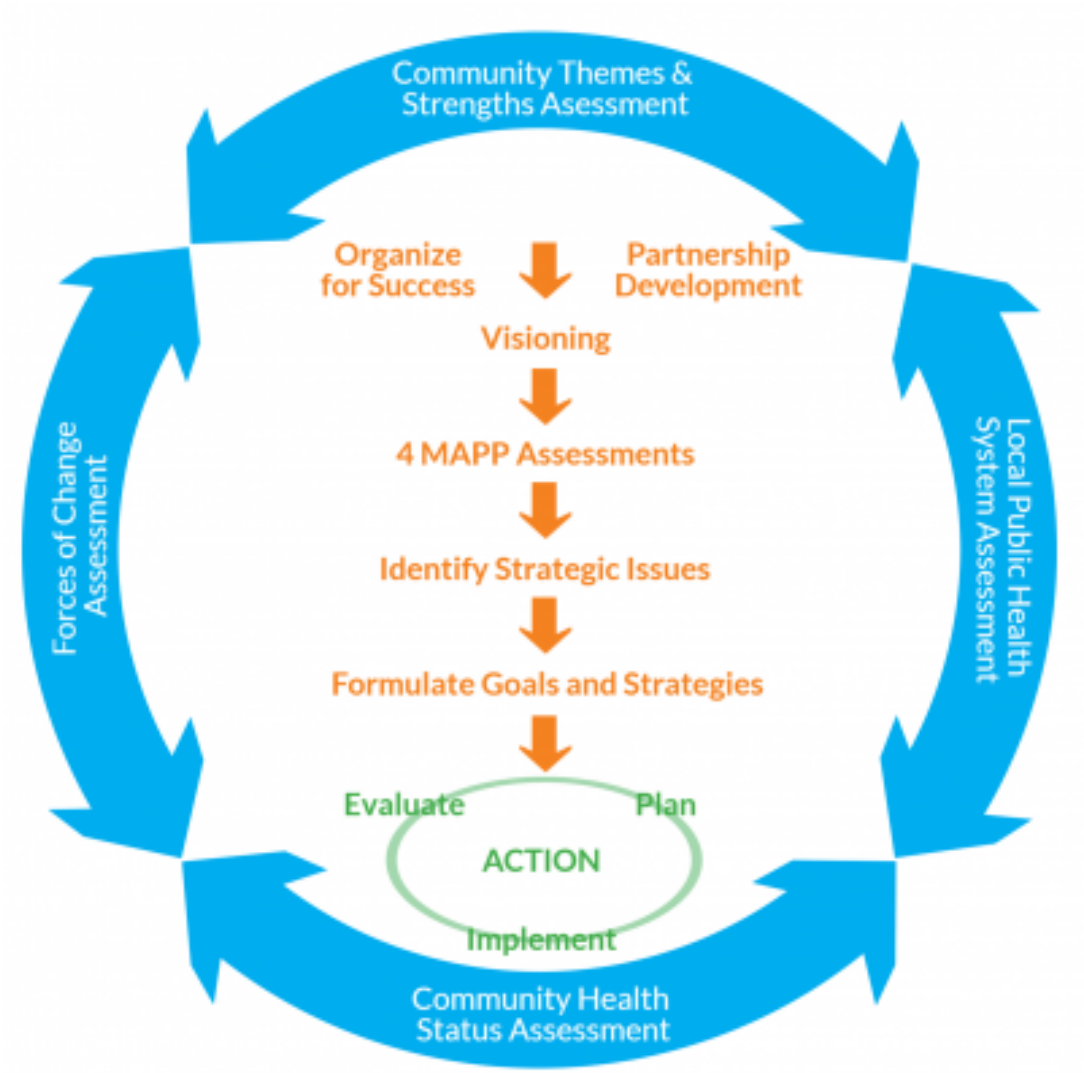
Mobilizing for Action through Planning and Partnerships (MAPP)

NACCHO's strategic planning tool, MAPP, guided this community health improvement process. The MAPP framework includes six phases which are listed below:

1. Organizing for success and partnership development
2. Visioning
3. The four assessments
4. Identifying strategic issues
5. Formulating goals and strategies
6. Action cycle

The MAPP process includes four assessments: community themes and strengths, forces of change, local public health system assessment, and the community health status assessment. These four assessments were used by the Columbiana County Health Partners to prioritize specific health issues and population groups which are the foundation of this plan. Figure 1.1 illustrates how each of the four assessments contributes to the MAPP process.

Figure 1.1 The MAPP model


Community Themes & Strengths Assessment
Organize for Success
Partnership Development
Visioning
4 MAPP Assessments
Identify Strategic Issues
Formulate Goals and Strategies
Evaluate
Plan
ACTION
Implement
Community Health Status Assessment
Forces of Change Assessment
Local Public Health System Assessment

Alignment with National and State Standards

The 2019-2022 Columbiana County CHIP priorities align with state and national priorities. The Columbiana County Health Partners will be addressing the following priorities: **Chronic Disease/Obesity**, **Mental Health and Addiction/Substance Use**, and **Access to Health Care**.

Ohio State Health Improvement Plan (SHIP)

Note: This symbol will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2017-2019 SHIP.

SHIP Overview

The 2017-2019 State Health Improvement Plan (SHIP) serves as a strategic menu of priorities, objectives, and evidence-based strategies to be implemented by state agencies, local health departments, hospitals and other community partners and sectors beyond health including education, housing, employers, and regional planning.

The SHIP includes a strategic set of measurable outcomes that the state will monitor on an annual basis. Given that the overall goal of the SHIP is to improve health and wellbeing, the state will track the following health indicators:

- Self-reported health status (reduce the percent of Ohio adults who report fair or poor health)
- Premature death (reduce the rate of deaths before age 75)

SHIP Priorities

In addition to tracking progress on overall health outcomes, the SHIP will focus on three priority topics:

1. Mental Health and Addiction (includes emotional wellbeing, mental illness conditions and substance abuse disorders)
2. Chronic Disease (includes conditions such as heart disease, diabetes and asthma, and related clinical risk factors-obesity, hypertension and high cholesterol, as well as behaviors closely associated with these conditions and risk factors- nutrition, physical activity and tobacco use)
3. Maternal and Infant Health (includes infant and maternal mortality, birth outcomes and related risk and protective factors impacting preconception, pregnancy and infancy, including family and community contexts)

Cross-cutting Factors

The SHIP also takes a comprehensive approach to improving Ohio's greatest health priorities by identifying cross-cutting factors that impact multiple outcomes. Rather than focus only on disease-specific programs, the SHIP highlights powerful underlying drivers of wellbeing, such as student success, housing affordability and

tobacco prevention. This approach is built upon the understanding that access to quality health care is necessary, but not sufficient, for good health. The SHIP is designed to prompt state and local stakeholders to implement strategies that address the Social determinants of health and health behaviors, as well as approaches that strengthen connections between the clinical healthcare system, public health, community-based organizations and sectors beyond health.

SHIP planners drew upon this framework to ensure that the SHIP includes outcomes and strategies that address the following cross-cutting factors:

- **Health equity**: Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.
- **Social determinants of health**: Conditions in the social, economic and physical environments that affect health and quality of life.
- **Public health system, prevention and health behaviors**:
    - The public health system is comprised of government agencies at the federal, state, and local levels, as well as nongovernmental organizations, which are working to promote health and prevent disease and injury within entire communities or population groups.
    - Prevention addresses health problems before they occur, rather than after people have shown signs of disease, injury or disability.
    - Health behaviors are actions that people take to keep themselves healthy (such as eating nutritious food and being physically active) or actions people take that harm their health or the health of others (such as smoking). These behaviors are often influenced by family, community and the broader social, economic and physical environment.
- **Healthcare system and access**: Health care refers to the system that pays for and delivers clinical health care services to meet the needs of patients. Access to health care means having timely use of comprehensive, integrated and appropriate health services to achieve the best health outcomes.

CHIP Alignment with the 2017-2019 SHIP

The 2019-2022 Columbiana County CHIP is required to select at least 2 priority topics, 1 priority outcome indicator, 1 cross cutting strategy and 1 cross-cutting outcome indicator to align with the 2017-2019 SHIP.

Columbiana County's 2019-2022 Health Improvement Plan aligns with the two SHIP priority topics of: Mental Health and Addiction and Chronic Disease (with Obesity identified as a contributing factor to Chronic Disease); and the cross-cutting factor of Access to Health Care as follows:

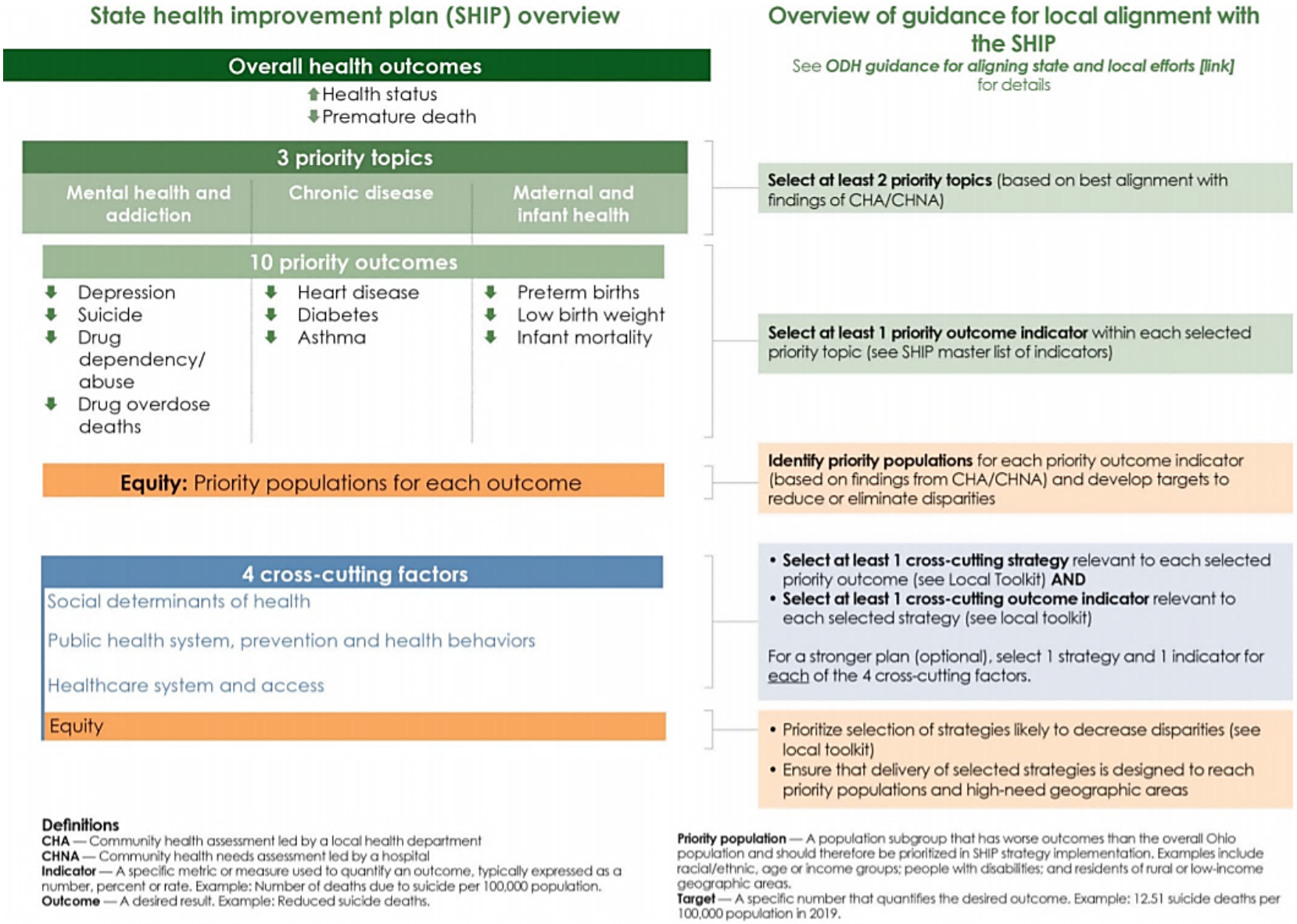
Columbiana County 2019-2022 Columbiana County Health Needs Assessment's Three Priority Topics	Alignment with Ohio's 2016 SHIP Priority Topics
1. Chronic Disease/Obesity (includes heart disease, reactive airway, diabetes and cancer)	X
2. Mental Health and Addiction/Substance Use (includes trauma, suicide,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

U.S. Department of Health and Human Services National Prevention Strategies

The Columbiana County CHIP also aligns with five of the National Prevention Priorities for the U.S. population: tobacco free living, preventing drug abuse, healthy eating, active living, and mental and emotional well-being. For more information on the national prevention priorities, please go to surgeongeneral.gov.

Alignment with National and State Standards, continued

Figure 1.4 2017-2019 State Health Improvement Plan (SHIP) Overview



Action Steps

To work toward decreasing **chronic disease and obesity**, the following action steps are recommended:

1. Reduce the percentage of food insecure households
2. Increase awareness of diabetes prevention and self-management
3. Increase fruit and vegetable consumption through school-based nutrition education
4. Increase healthy eating and physical activity through school-based healthy choices campaign
5. Increase physical activity through community-based, family activities

To work toward **increasing mental health and decreasing substance abuse**, the following actions steps are recommended:

1. Decrease drug overdose deaths via increased awareness of free naloxone distribution sites
2. Decrease drug dependency or abuse through community awareness campaigns
3. Educate community members on substance use issues and trends
4. Improve mental health outcomes and awareness of trauma-informed care
5. Reduce mental health stigma through Mental Health First Aid training
6. Integrate depression and suicide screening and treatment through provider knowledge
7. Decrease suicide deaths by screening for clinical depression using a standardized tool
8. Increase suicide awareness through school-based education
9. Implement school-based social and emotional instruction to improve youth social competence, behavior and resiliency

To work toward **improving access to health care,** the following actions steps are recommended:

1. Increase awareness of transportation options
2. Increase vaccination rates through specific information at all health promotion events
3. Increase awareness and access to existing health care services for preventive care

To develop **cross-cutting strategies that address multiple priorities**, the following action steps are recommended:

1. Initiate mass-reach communications to reduce tobacco use and vaping
2. Increase cultural understanding and skills through cultural competence training for providers
3. Increase health insurance enrollment and outreach
4. Expand awareness and education of early childhood education opportunities
5. Increase kindergarten readiness through early childhood home visitation programs

MAPP Visioning Process

The Partners undertook a collaborative process to determine a shared mission and vision to guide the CHNA and CHIP assessment, prioritization and community health improvement 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.

Community Partners

The CHIP was planned by a collaborative workgroup of various agencies and service-providers within Columbiana County, organized as the Columbiana County Health Partners. From April 2019 to June 2019, the Columbiana County Health Partners reviewed many data sources concerning the health and social challenges that Columbiana County residents are facing, including reviewing the findings from the 2019-2022 CHNA; and completing the remaining MAPP assessments of Community Themes & Strengths, Forces of Change and the Local Public Health System. They determined priority issues which, if addressed, could improve future outcomes; determined gaps in current programming, policies and community resources; examined best practices and evidence-based solutions; and determined specific strategies to address the identified priority issues. We would like to recognize these individuals and thank them for their dedication to this process:

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Salem City Health District

Kim Powell
Columbiana County Health District

The community health improvement process was facilitated by Tessa Elliott, Community Health Improvement Coordinator, from HCNO.

Community Health Improvement Process

Beginning in April 2019, The Columbiana County Health Partners met four (4) times and completed the following planning steps:

1. Initial Meeting
    - Review the process and timeline
    - Finalize committee members
    - Create or review vision
2. Choose Priorities
    - Use of quantitative and qualitative data to prioritize target impact areas
3. Rank Priorities
    - Rank health problems based on magnitude, seriousness of consequences, and feasibility of correcting
4. Community Themes and Strengths Assessment
    - Open-ended questions for committee on community themes and strengths
5. Forces of Change Assessment
    - Open-ended questions for committee on forces of change
6. Local Public Health Assessment
    - Review the Local Public Health System Assessment with committee
7. Gap Analysis
    - Determine discrepancies between community needs and viable community resources to address local priorities
    - Identify strengths, weaknesses, and evaluation strategies
8. Quality of Life Survey
    - Review results of the Quality of Life Survey with committee
9. Strategic Action Identification
    - Identification of evidence-based strategies to address health priorities
10. Best Practices
    - Review of best practices, proven strategies, evidence continuum, and feasibility continuum
11. Resource Assessment
    - Determine existing programs, services, and activities in the community that address specific strategies
12. Draft Plan
    - Review of all steps taken
    - Action step recommendations based on one or more of the following: enhancing existing efforts, implementing new programs or services, building infrastructure, implementing evidence-based practices, and feasibility of implementation

MAPP Assessments: Community Health Status Assessment

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 "Key Issues & Population At Risk" on pages 20-22.

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

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 "Key Issues & Population At Risk" on pages 20-22.

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 2019 CHNA Appendix: "Health Assessment Information Sources")

Data Gaps/Limitations: As with any assessment, it is important to consider the findings in light of possible limitations. The 2019 CHNA relied 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 ± 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 the 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 the 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
Mental health and addiction		
Mental health	X	X
Drug and alcohol abuse	X	X
Chronic disease		
Obesity	X	X
Cardiovascular disease	X	X
Diabetes	X	X
Cancer	X	
Chronic disease (unspecified)	X	
Maternal and infant health		
Maternal and infant health	X	
Health behaviors		
Tobacco	X	
Nutrition		X
Access to care		
Access to health care/ medical care	X	
Access to behavioral health care		X
Access to dental care		X
Social determinants of health		
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**

Key Issues

The Columbiana County Health Partners reviewed the 2019 Columbiana County Community Health Needs Assessment to identify key issues and the populations potentially impacted. The detailed primary and secondary data for each individual priority area can be found in the respective CHNA section it corresponds to. Each organization then completed an "Identifying Key Issues and Concerns" worksheet. The following tables summarized results by topic category.

Key Issue or Concern	Population at Risk
Access to Care (8 votes)	
Ratio of the population to primary care providers (2015) *(Source: 2018 County Health Rankings)*	2,250:1
Ratio of the population to dentists (2016) *(Source: 2018 County Health Rankings)*	4,120:1
Ratio of the population to mental health providers (2017) *(Source: 2018 County Health Rankings)*	1,160:1
Adults who were uninsured *(Source: 2018 Columbiana County CHNA)*	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 *(Source: 2018 Columbiana County Stakeholders & Focus Groups)*	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 *(Source: 2018 Columbiana County Stakeholders & Focus Groups)*	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 *(Source: 2018 Columbiana County Stakeholders & Focus Groups)*	Vulnerable populations
Obesity (8 votes)	
Adults who were overweight or obese *(Source: 2019 Columbiana County CHNA)*	76%
Columbiana County 3rd grade students classified as obese or overweight *(Source: 2016 Akron Children's Hospital Mahoning Valley Community Health Needs Assessment)*	35.8%
Ohio is 11th highest in nation for overweight & obese adults, 16th highest in nation 10-18-year old's *(Source: "The State of Obesity")*	All
Mental Health (Depression/Suicide) (8 votes)	
Suicide mortality averaged about 19 suicide deaths per year during the past 10 years *(Source: Ohio Department of Health, Ohio Public Health Data Warehouse)*	All
Youth who attempted suicide one or more times *(Source: 2018 Columbiana County Profiles of Student Life: Attitudes and Behaviors Survey)*	20% Youth

Youth who felt depressed most or all the time within last month *(Source: 2018 Columbiana County Profiles of Student Life: Attitudes & Behavioral Survey)*	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 *(Source: 2018 Columbiana County Stakeholder and Focus Group Interviews)*	Youth/All

Key Issue or Concern	Population at Risk
Drug Dependency/Use (7 votes)	
From 2014-2017, unintentional drug-related deaths more than doubled in Columbiana County *(Source: Columbiana County 2018 Coroner's Report)*	All
Heroin, methamphetamine and cocaine use have been steadily rising in the County as reported by law enforcement officials health and social service providers *(Source: 2018 Columbiana County Stakeholder and Focus Group Interviews)*	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 *(Source: 2018 Columbiana County Stakeholders & Focus Groups)*	All
Accidental drug overdose deaths involving an opioid (2017) *(Source: Columbiana County 2018 Coroner's Report)*	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 *(Source: 2018 Columbiana County Stakeholder and Focus Group Interviews)*	Youth
Columbiana County average age-adjusted unintentional drug overdose death rate per 100,000 from 2012-2017 *(Source: Ohio Department of Health, 2017 Ohio Drug Overdose Data: General Findings)*	30.8
Number of felony drug cases in Columbiana County from January to June 2016 *(Source: Ohio State Highway Patrol, Felony Cases and Drug Arrests)*	34
Tobacco Use/Vaping (6 votes)	
Current smokers diagnosed with asthma *(Source: 2019 Columbiana County CHNA)*	22%
Percentage of adults who are current smokers (2016) *(Source: 2018 County Health Rankings)*	22%
From 2014-2017, the number of premature deaths because of smoking mothers has increased *(Source: Child Fatality Review Board)*	Infants
Columbiana County age-adjusted mortality rates for lung and bronchus cancer *(Source: Ohio Public Health Data Warehouse, 2015-2017)*	47.0/100,000 Males (59.0/100,000)
Columbiana County age-adjusted mortality rate for chronic lower respiratory disease *(Source: Ohio Public Health Data Warehouse, 2015-2017)*	56.0/100,000
Cardiovascular Disease (6 votes)	
Myocardial Infarction is the number one leading cause of death in Columbiana County *(Source: 2018 Columbiana County Coroner's Report)*	All
Male heart disease mortality is higher than female mortality in the County, based off age adjusted data, as well as coroner's reporting *(Source: 2018 Columbiana County Coroner Data)*	Adult Males
Diagnosed with angina or coronary heart disease *(Source: 2019 Columbiana County CHNA)*	2% Age: 65+ (8%)
Diagnosed with high blood pressure *(Source: 2019 Columbiana County CHNA)*	37% Age: 65+ (58%) Income: <$25K (43%)
Diagnosed with high blood cholesterol *(Source: 2019 Columbiana County CHNA)*	41% Age: 65+ (61%) Income: <$25K (53%)
Diabetes (3 votes)	

Adults diagnosed with diabetes *(Source: 2019 Columbiana County CHNA)*	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%) *(Source: 2019 Columbiana County CHNA)*	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 *(Source: 2019 Columbiana County Stakeholders& Focus Groups)*	All

Key Issue or Concern	Population at Risk
Cancer (3 votes)	
Incidence of lung and bronchus cancer *(Source: Ohio Cancer Incidence, Ohio Department of Health Public Health Data Warehouse, 2011-2015)*	506 cases
Incidence of breast cancer *(Source: Ohio Cancer Incidence, Ohio Department of Health Public Health Data Warehouse, 2011-2015)*	399 cases
Incidence of colon and rectum cancer *(Source: Ohio Cancer Incidence, Ohio Department of Health Public Health Data Warehouse, 2011-2015)*	335 cases
Incidence of prostate cancer *(Source: Ohio Cancer Incidence, Ohio Department of Health Public Health Data Warehouse, 2011-2015)*	333 cases
Columbiana County age-adjusted mortality rate for all cancers *(Source: Ohio Public Health Data Warehouse, 2015-2017)*	176.0/100,000
Trauma/Adverse Childhood Experiences (ACEs) (2 votes)	
Adults who experienced four or more ACEs (Adverse Childhood Experiences) in their lifetime *(Source: 2019 Columbiana County CHNA)*	13% Income <$25K (18%)
Youth who reported they were physically abused *(Source: 2018 Columbiana County Profiles of Student Life: Attitudes & Behaviors Survey)*	29%
Preventive Medicine (1 vote)	
Adults who had a flu vaccine in the past 12 months *(Source: 2019 Columbiana County CHNA)*	53% Age: 65+ (71%)
Adults who had a pneumonia vaccine in their lifetime *(Source: 2019 Columbiana County CHNA)*	33% Age: 65+ (73%)
Adults who had a colorectal cancer screening in the past 5 years *(Source: 2019 Columbiana County CHNA)*	33%
Adults who had a lung cancer screening in the past 3 years *(Source: 2019 Columbiana County CHNA)*	3%
Men who had a prostate-specific antigen (PSA) test in the past two years (age 40 and older) *(Source: 2019 Columbiana County CHNA)*	58%
Women who had a mammogram within the past two years (age 40 and older) *(Source: 2019 Columbiana County CHNA)*	73%
Women who had a Pap smear in the past three years (age 21-65) *(Source: 2019 Columbiana County CHNA)*	69%
Intentional/Unintentional Injury (1 vote)	
The unintentional injury rate is higher for Columbiana County youth in terms of falls,	Youth

vehicle-related injuries and overexertion/strenuous injuries *(Source: 2016 Akron Children's Hospital Mahoning Valley Community Health Needs Assessment)*	
Columbiana County ranked 10th highest of 88 counties in 2016 for motor vehicle crash deaths (Source: 2017 County Health Rankings)	All
Asthma (1 vote)	
Adults diagnosed with asthma *(Source: 2019 Columbiana County CHNA)*	13% Income <$25K (23%)
Children diagnosed with asthma *(Source: 2016 Akron Children's Hospital Mahoning Valley Community Health Needs Assessment)*	19.9%
Columbiana County youth have a higher incidence of asthma than surrounding communities and the state of Ohio *(Source: 2016 Akron Children's Hospital Mahoning Valley Community Health Needs Assessment)*	Youth

Priorities Chosen

Based on the 2019 Columbiana County Community Health Needs Assessment, key issues were identified for adults, youth and children. Committee members then completed a ranking exercise, giving a score for magnitude, seriousness of the consequence and feasibility of correcting, resulting in an average score for each issue identified. Committee members' rankings were then combined to give an average score for the issue.

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

Columbiana County will focus on the following three priority areas from 2019-2022:

1. Chronic disease/obesity *(includes heart disease, reactive airway disease [COPD, emphysema, asthma], diabetes and cancer)*
2. Mental health and addiction/substance use *(includes trauma, suicide, depression, drug-related deaths and youth perception of drug use)*
3. Access to health care *(includes health screenings, vaccination, provider availability, transportation and insurance coverage)*

MAPP Assessments: Community Themes and Strengths Assessment (CTSA)

The Community Themes and Strengths Assessment (CTSA) provides a deep understanding of the issues that residents felt were important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" The CTSA consisted of two parts: open-ended questions to the Columbiana County Health Partners workgroup and the Quality of Life Survey to community members. Below are the results:

Open-ended Questions to the Committee

1. What do you believe are the 2-3 most important characteristics of a healthy community?

    - Overall access
    - Continuum of services
    - No gaps in care
    - Cooperation among health care organizations/hospitals
    - Community members are resilient
    - County pride
    - Knowledge of existing services
    - Dedicated people
    - The community values good health

2. What makes you most proud of our community?

    - Collaboration and cooperation
    - Sharing resources
    - Strategically placed resources
    - Communication
    - Abundant resources
    - Family-oriented community

3. What are some specific examples of people or groups working together to improve the health and quality of life in our community?

    - Columbiana County Health Partners
    - Faith-based groups
    - Faith-based collaboration with mental health board
    - Schools and partnerships with organizations for services

4. What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?

    - Communicating the available resources to community members
    - Transportation
    - Provide research-based materials to community members
    - Community engagement
    - Getting people into the work-force
    - Provider shortage (dental, mental health, etc.)

5. What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?

    - Transportation
    - Lack of providers
    - Culture and stigma surrounding health issues
    - Awareness of cultural values (high poverty, Appalachian, Guatemalan population)
    - Lack of resources (i.e., lack of maternal/neonatal care unit in county)

6. What actions, policy, or funding priorities would you support to build a healthier community?

    - Writing grants (funding)
    - Loan forgiveness
    - Work-force development (incentives, etc.)
    - Funding for transportation

7. What would excite you enough to become involved (or more involved) in improving our community?

    - Walmart clinic
    - County receiving grant funding for transportation
    - More participation in organized meetings/programs
    - Overall increase in community engagement
    - More participation with volunteers to lessen work loads
    - Collaboration with Rogers Community Auction to provide health fairs, etc.

Quality of Life Survey

During Spring 2019, the Columbiana County Health Partners urged community members to fill out a short Quality of Life Survey via SurveyMonkey. There were 433 Columbiana County community members who completed the survey. The chart below shows the Likert scale average response for Columbiana County compared to the Likert scale average response of demographically similar counties who also participated in the Quality of Life survey. The anchored Likert scale responses were converted to numeric values ranging from 1 to 5, with 1 being lowest and 5 being highest. For example, an anchored Likert scale of "Very Satisfied" = 5, "Satisfied" = 4, "Neither Satisfied or Dissatisfied" = 3, "Dissatisfied" = 2, and "Very Dissatisfied" = 1. For all responses of "Don't Know," or when a respondent left a response blank, the choice was a non-response and was assigned a value of 0 (zero). The non-response was not used in averaging response or calculating descriptive statistics.

Quality of Life Questions	2016 (n=393)	2019 (n=433)	Average Likert Scale Survey Response 2018-19
1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.) [IOM, 1997]	2.98	3.57	3.88
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.17	3.51	3.38
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	3.07	3.49	3.98
4. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)	3.04	3.45	3.68
5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	2.40	2.78	3.29
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?)	3.22	3.46	3.89
7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, or organizations) during times of stress and need?	3.28	3.51	3.76
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.22	3.41	3.59

9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	2.83	3.10	3.33
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	2.89	3.12	3.35
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	2.98	3.20	3.41
12. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments? (Are citizens working towards the betterment of their community to improve life for all citizens?)	2.90	3.05	3.37

MAPP Assessments: Forces of Change Assessment

The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This assessment answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" In April 2019, the Columbiana County Health Partners were asked to identify positive and negative forces which could impact community health improvement and overall health of this community over the next three years. This group discussion covered many local, state, and national issues and change agents which could be factors in Columbiana County in the future. The table below summarizes the forces of change agent and its potential impacts:

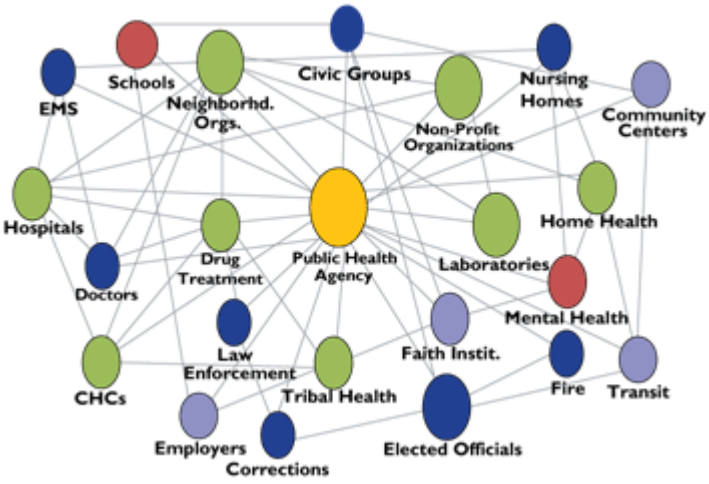
Force of Change (Trend, Events, Factors)	Potential Impact
1. Large dairy production	• Higher suicide rates • Declining agricultural community • Unwilling or unable younger generations to assist in farming process • Liability of families being able to run the dairy farms/concern among the production
2. Increase in mental health issues and suicide rates	• None noted
3. Dependency on technology	• Increase in technology usage can lead to personal isolation and an increase in obesity rates
4. Growing distrust in the system among the Appalachian and Guatemalan population	• Among the Guatemalan population, English is their second language and communication can be difficult. • Undocumented growth rate among the Guatemalan population (i.e., ICE raids) • Use of false name, false addresses and social security numbers, etc.
5. Affordable Care Act (ACA)	• Medicaid not being reimbursed (West Virginia, Pennsylvania) or minimum reimbursement
6. Vaping/legalization of marijuana	• Perception that vaping is healthier than smoking tobacco • Perception that marijuana for medicinal purposes is healthier than recreational marijuana

7. Lack of parenting and living skills	• Home Economics not being taught in schools anymore. • People lack basic food preparation knowledge and utensil skills
8. 2020 presidential election	• Whoever is elected as the next U.S. president could have a positive or negative on job prospects throughout not only the country, but the county as well • Depending on who is elected (Republican or Democrat) we could potentially see loss of industry
9. Increased drug addiction and substance abuse	• Drug use normalized • Lack of rehab space in the county
10. Increased trauma	• Displacement of kids • Family breakdowns • Drug use/addiction • Increased poverty • Behavioral issues among kids • Lack of tools to combat poverty (lack of life skills, homelessness, etc.)
11. Increased school services and initiatives	• Increased work load on teachers and administration • Students can become easily overwhelmed with the school curriculum and extracurricular activities
12. Living wage	• Building of fracking plant and the natural gas plant have brought/will bring jobs into the county.
13. First Energy claimed bankruptcy	• Plant possibly being shut down possibly in next 5 years which could lead to a loss of jobs, and increase in poverty, and residents moving out of county

MAPP Assessments: Local Public Health System Assessment

The Local Public Health System

Public health systems are commonly defined as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction." This concept ensures that all entities' contributions to the health and well-being of the community or state are recognized in assessing the provision of public health services.



The public health system includes:

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations

The 10 Essential Public Health Services

The 10 Essential Public Health Services describe the public health activities that all communities should undertake and serve as the framework for the NPHPS instruments.

Public health systems should:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

10. Research for new insights and innovative solutions to health problems.

(Source: **Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services**)

The Local Public Health System Assessment (LPHSA)

The LPHSA answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

This assessment involves the use of a nationally recognized tool called the **National Public Health Performance Standards Local Instrument.**

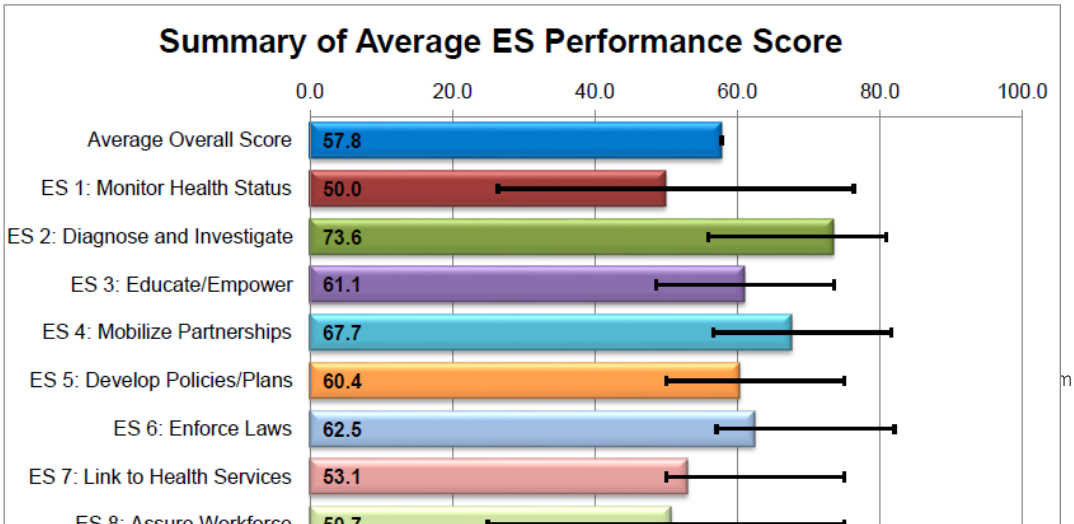
Members of The Columbiana County Health Partners completed the performance measures instrument in May 2019. The LPHSA results were then presented to the full CHIP committee for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model standard was discussed and the group came to a consensus on responses for all questions. The challenges and opportunities that were discussed were used in the action planning process.

As part of minimum standards, local health departments are required to complete this assessment at least once every five years.

The figure below displays the average score for each Essential Service, along with an overall average assessment score across all ten Essential Services. Scores can range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels).

To view the full results of the LPHSA, please contact Wesley Vins from the Columbiana County General Health District at **WVins@columbiana-health.org**.

Columbiana County Local Public Health System Assessment 2019 Summary



Note: The black bars identify the range of reported performance score responses within each Essential Service

Gap Analysis, Strategy Selection, Evidence-Based Practices, and Resources

Gaps Analysis

A **gap** is an area where the community needs to expand its efforts to reduce a risk, enhance an effort, or address another target for change. A **strategy** is an action the community will take to fill the gap. **Evidence** is information that supports the linkages between a strategy, outcome, and targeted impact area. The Columbiana County Health Partners were asked to determine gaps in relation to each priority area, consider potential or existing resources, and brainstorm potential evidence-based strategies that could address those gaps. To view the completed gap analysis exercise, please view Appendix I.

Strategy Selection

Based on the chosen priorities, the Columbiana County Health Partners were asked to identify strategies for each priority area. Considering all previous assessments, including but not limited to the CHA, CTSA, quality of life survey and gap analysis, committee members determined strategies that best suited the needs of their community. Members referenced a list a of evidence-based strategies recommended by the Ohio SHIP, as well as brainstormed for other impactful strategies. Each resource inventory can be found with its corresponding priority area.

Evidence-Based Practices

As part of the gap analysis and strategy selection, the Columbiana County Health Partners considered a wide range of evidence-based practices, including best practices. An **evidence-based practice** has compelling evidence of effectiveness. Participant success can be attributed to the program itself and have evidence that the approach will work for others in a different environment. A **best practice** is a program that has been implemented and evaluation has been conducted. While the data supporting the program is promising, its scientific rigor is insufficient. Each evidence-based practice can be found with its corresponding strategy.

Resource Inventory

Based on the chosen priorities, the Columbiana County Health Partners were asked to identify resources for each strategy. The resource inventory allowed the committee to identify existing community resources, such as programs, policies, services, and more. * The committee was then asked to determine whether a policy, program or service was evidence-based, a best practice, or had no evidence indicated. Each resource inventory can be found with its corresponding strategy.
(*Note that a comprehensive list of community resources can be referenced in the 2019 CHNA's Appendix IX: Columbiana County Community Resources)

Priority #1: Chronic Disease/Obesity

Strategic Plan of Action

To work toward improving chronic disease/obesity outcomes, the following strategies are recommended:

Priority #1: Chronic Disease/Obesity				
Strategy 1: Food insecurity screening and referral				
Goal: Reduce the percentage of food insecure households				
Objective: Implement a food insecurity screening tool or model in at least one location by July 1, 2022.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Research the **2-item Food Insecurity (FI) Screening Tool**, or another screening tool, and determine the feasibility of implementing a food insecurity screening and referral program. Educate health care organizations on food insecurity, its impact on health, and the importance of screening and referral. Address food insecurity as part of routine medical visits on an individual and systems-based level. Implement the screening model in at least one location with accompanying evaluation measures.	July 1, 2020	Adult, youth	Food insecurity: Percent of households that are food insecure (Baseline: 14%, Feeding America Map the Meal Gap, 2017)	**Wesley Vins** Columbiana County Health District **Yvette Graham** Ohio State University **Sandy Gruzeski** Columbiana County Community Action Agency East

Year 2: Continue efforts of year 1. Educate participating locations on existing community resources such as 2-1-1, WIC, SNAP, school nutrition programs, food pantries, and other resources. Encourage local food pantries to offer more fresh, healthy food (vs shelf stable foods).	July 1, 2021			
Year 3: Increase the number of locations offering food insecurity screening and referrals by 50%.	July 1, 2022			
Type of Strategy: ○ Social determinants of health ○ Public health system, prevention and health behaviors ⊗ Healthcare system and access ○ Not SHIP Identified				
Strategy identified as likely to decrease disparities? ○ Yes ⊗ No ○ Not SHIP Identified				
Resources to address strategy: 2-1-1, local food pantries				

Priority #1: Chronic Disease/Obesity				
Strategy 2: Diabetes Prevention Program (DPP) and prediabetes screening and referral				
Goal: Increase awareness of diabetes prevention and self-management.				
Objective: By July 1, 2022, increase enrollment in diabetes education program by 5%.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to implement diabetes education programs. Create an inventory of current diabetes education programs in the county. Consider developing a marketing plan to increase program participation. Determine the baseline number of organizations in the county that currently screen for prediabetes. Raise awareness of prediabetes screening, identification and referral through dissemination of the	July 1, 2020	Adult	1. Diabetes: Percent of adults who have been told by a health professional that they have diabetes (BRFSS Baseline: 13%, 2019 CHNA) 2. Prediabetes screening: Number of patients screened	**Wesley Vins** Columbiana County Health District **Carol Cowan** East Liverpool City Health Department **Lynle Hayes** Salem City Health District

Prediabetes Risk Assessment (or a similar assessment) and/or the **Prevent Diabetes STAT Toolkit**.			for prediabetes - Not currently available via SHIP 2. Obesity: Percent of adults that report BMI greater than or equal to 30 (BRFSS Baseline: 38%. 2019 CHNA)	**Lauren McIntosh** East Liverpool City Hospital **Debbie Pietrzak** Salem Regional Medical Center
Year 2: Continue efforts from years 1. Increase enrollment in diabetes education programs by 5%. Partner with local organizations to administer the screening and/or raise awareness of prediabetes. Promote and market free/reduced cost screening events within the county (ex: health fairs, hospital screening events, etc.).	July 1, 2021			
Year 3: Continue efforts from years 1 and 2. Increase awareness of prediabetes screening, identification and referral. Increase the number of individuals within Columbiana County that are screened for diabetes. If needed, increase the number of organizations that screen for prediabetes.	July 1, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

Resources to address strategy: None noted.

Priority #1: Chronic Disease/Obesity

Strategy 3: School-based nutrition education programs

Goal: Increase fruit and vegetable consumption.

Objective: By July 1, 2022, all school districts will utilize the Serving Up MyPlate frame work.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Assess Columbiana County schools to determine which schools are currently utilizing the **Serving Up MyPlate** frame work. Expand current programming to additional districts and grade levels. Evaluate effectiveness of the program annually via data collected by OSU. Promote the MyPlate program. Designate a staff member at each school to implement and oversee the MyPlate program. Promote summer feeding programs in community-based settings.	July 1, 2020	Youth	Columbiana County 3rd grade students classified as obese or overweight (baseline: 35.8%, 2016 Akron Children's Hospital Mahoning Valley Community Health Needs Assessment)	**Yvette Graham** Ohio State University
Year 2: Continue efforts from year 1. Enroll additional students and grades in the MyPlate program.	July 1, 2021			
Year 3: Offer programming to all school districts. Continue efforts from years 1 and 2.	July 1, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

Resources to address strategy: OSU Extension staff/materials, summer feeding programs

Priority #1: Chronic Disease/Obesity				
Strategy 4: Healthy choices campaign				
Goal: Increase healthy eating and physical activity.				
Objective: By July 1, 2022, all school districts will implement at least one healthy choice priority.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to introduce the following to Columbiana County schools and other youth-based organizations: • Healthier snack "extra choices" offered during school lunches • Healthier fundraising foods • Healthier choices in vending machines • Increased opportunities for physical activity before, during and after school • Increased instruction of group games, dance, and life time exercise habits (walking, hiking, yoga, disc golf, etc.) Encourage districts to select at least one new initiative to implement in their school(s). Search for additional grants and funding opportunities to support efforts (i.e., CASH Coalition).	July 1, 2020	Youth	Columbiana County 3rd grade students classified as obese or overweight (baseline: 35.8%, 2016 Akron Children's Hospital Mahoning Valley Community Health Needs Assessment)	**Melissa Mellon** Columbiana County Educational Service Center/CASH Coalition **Wesley Vins** Columbiana County Health District
Year 2: Increase funding by 5%.	July 1, 2021			
Year 3: Continue efforts from years 1 and 2.	July 1, 2022			

Type of Strategy:	
○ Social determinants of health	○ Healthcare system and access
○ Public health system, prevention and health behaviors	⊗ Not SHIP Identified
Strategy identified as likely to decrease disparities?	
○ Yes ○ No ⊗ Not SHIP Identified	
Resources to address strategy: None noted.	

Priority #1: Chronic Disease/Obesity				
Strategy 5: Community physical activities for children and families				
Goal: Increase physical activity.				
Objective: By July 1, 2022, at least three races and/or other organized activities will have a child, family or senior component.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to promote races and other organized physical activities in Columbiana County. Encourage the integration of child, family and senior components into current and future races and other organized physical activities within the county.	July 1, 2020	Adult, Youth	1. Obesity: Percent of adults that report BMI greater than or equal to 30 (BRFSS Baseline: 38%. 2019 CHNA) 2. Columbiana County 3rd grade students classified as obese or	**Lauren McIntosh** East Liverpool City Hospital **Debbie Pietrzak** Salem Regional Medical Center
Year 2: Increase child, family and senior participation at organized physical activity events by 5%.	July 1, 2021			
Year 3: Increase child, family and senior participation at organized physical activity events by 10%.	July 1, 2022			

			overweight (baseline: 35.8%, 2016 Akron Children's Hospital Mahoning Valley Community Health Needs Assessment)	

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ⊗ Not SHIP Identified

Resources to address strategy: None noted.

Priority #2: Mental Health and Addiction/Substance Use

Strategic Plan of Action

To work toward improving mental health and addiction/substance use outcomes, the following strategies are recommended:

Addiction/Substance Use Strategies

Priority #2: Mental Health and Addiction/Substance Use				
Strategy 1: Naloxone access				
Goal: Decrease drug overdose deaths.				
Objective: Increase awareness of free naloxone distribution sites by July 1, 2022.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to provide/distribute naloxone to law enforcement. Increase awareness of free naloxone distribution for lay responders. Increase efforts of Project Dawn.	July 1, 2020	Adult	Naloxone community distribution sites: Number of Naloxone community distribution sites (Project DAWN)	**Marcy Patton** Columbiana County Mental Health & Recovery Services Board **Wesley Vins** Columbiana County Health District
Year 2: Continue efforts from year 1.	July 1, 2021			
Year 3: Continue efforts from years 1 and 2.	July 1, 2022			
Type of Strategy: ○ Social determinants of health ○ Public health system, prevention and health behaviors ⊗ Healthcare system and access ○ Not SHIP Identified				
Strategy identified as likely to decrease disparities? ○ Yes ⊗ No ○ Not SHIP Identified				
Resources to address strategy: None noted.				

Priority #2: Mental Health and Addiction/Substance Use				
Strategy 2: Medication Assisted Treatment (MAT)				
Goal: Decrease drug dependence or abuse.				
Objective: Develop a community awareness campaign about recognizing the signs of substance abuse and where to find treatment.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Research current available treatment options in the county. Explore partnerships with local mental health providers, drug court, hospitals and the health departments to establish a referral system for treatment. Continue to provide vivitrol (naltrexone) and suboxone (buprenorphine) in the county. Determine the feasibility of offering methadone within the county. Explore other treatment options for detox, recovery housing, etc.	July 1, 2020	Adult	1. Drug dependence or abuse: Percent of persons age 12+ who report part-year illicit drug dependence or abuse 2. Unintentional drug overdose deaths: Number of deaths due to unintentional drug overdoses per 100,000 population (age-adjusted) (baseline: 49.8 for Columbiana County, 2017 ODH Data Warehouse) 3. Accidental drug overdose deaths involving an opioid (baseline: 49.5% (2017), Columbiana County 2018 Coroner's Report)	**Marcy Patton** Columbiana County Mental Health & Recovery Services Board
Year 2: Continue efforts from year 1. Plan and implement a community awareness campaign that will increase awareness of substance abuse and the availability of treatment options. Target lawyers, judges, community members, businesses, stakeholders, etc.	July 1, 2021			

Integrate information about drug use, dependence screening and treatment in primary care curriculum.				
Year 3: Continue efforts of years 1 and 2.	July 1, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

Resources to address strategy: Community Action Agency, Family Recovery, Counseling Center, On Demand

Priority #2: Mental Health and Addiction/Substance Use

Strategy 3: Community awareness and education of risky behaviors and substance use issues and trends

Goal: Educate community members on substance use issues and trends.

Objective: By July 1, 2022, develop at least three awareness programs and/or workshops focusing on "hot topics", risky behaviors, and substance use issues and trends.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Plan a community awareness campaign to increase education and awareness of risky behaviors and substance use issues and trends. Include information on e-cigarettes, vaping, alcohol use, prescription drug abuse, marijuana use, heroin use and other illegal drug use. Determine best ways to educate community and parents about substance use issues, trends, treatment options and treatment availability (social media, newspaper, school websites or newsletters, television, church bulletins, etc.).	July 1, 2020	Adult, youth	1. Drug dependence or abuse: Percent of persons age 12+ who report part-year illicit drug dependence or abuse 2. Unintentional drug overdose deaths: Number of deaths due to unintentional drug overdoses per	**Marcy Patton** Columbiana County Mental Health & Recovery Services Board **Yvette Graham** Ohio State University

Continue to promote community prevention activities.			100,000 population (age-adjusted) (baseline: 49.8 for Columbiana County, 2017 ODH Data Warehouse)	
Year 2: Plan awareness programs and/or workshops focusing on different "hot topics", risky behaviors, and substance use issues and trends. Consider implementing the *In Plain Sight* program. Attain media coverage for all programs and/or workshops.	July 1, 2021			
Year 3: Continue efforts of years 1 and 2.	July 1, 2022			
Type of Strategy: ○ Social determinants of health ○ Public health system, prevention and health behaviors ○ Healthcare system and access ⊗ Not SHIP Identified				
Strategy identified as likely to decrease disparities? ○ Yes ○ No ⊗ Not SHIP Identified				
Resources to address strategy: Family Recovery				

Mental Health Strategies

Priority #2: Mental Health and Addiction/Substance Use				
Strategy 4: Trauma Informed Care				
Goal: Improve mental health outcomes.				
Objective: Facilitate an assessment on awareness and understanding of trauma-informed health care at least once a year.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to administer trainings to increase education, understanding and awareness of the following: • Trauma informed care • Toxic stress	July 1, 2020	Adult, youth	1. Suicide deaths: Number of deaths due to suicide per 100,000 populations (age-adjusted) (baseline: 17.8 for Columbiana	**Marcy Patton** Columbiana County Mental Health & Recovery Services Board

• ACEs and what the ACE scores mean Assess interest in the showing of the **Resilience Film** in schools, faith-based organizations, and other local organizations.			County, 2017 ODH Data Warehouse) 2. Suicide ideation (adult): Percent of adults who report that they ever seriously considered attempting suicide within the past 12 months (baseline: 4%, 2019 CHNA) 3. Youth who attempted suicide one or more times (baseline: 20%, 2018 Columbiana County Profiles of Student Life: Attitudes and Behavioral Survey) 4. Youth who felt depressed most or all of the time within the last month (baseline: 26%, 2018 Columbiana County Profiles of Student Life: Attitudes and Behavioral Survey)	**Lori ~~Colian~~** Columbiana County Family and Children First Council
Year 2: Continue efforts from year 1. Research existing trauma screening tools. Determine the feasibility of implementing a trauma screening tool for social service agencies and/or faith-based organizations who work with at-risk adults and youth. Market and educate organizations on the importance of the trauma screening tool. Develop a 1-page handout defining trauma and where to find help. Distribute to at-risk populations. Determine interest and potential organizations to implement the trauma screening tool. Provide technical assistance where necessary.	July 1, 2021			
Year 3: Continue efforts from years 1 and 2. Implement the trauma screening tool.	July 1, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

- ○ Yes
- ⊗ No
- ○ Not SHIP Identified

Resources to address strategy: Columbiana County schools, FCFC

Priority #2: Mental Health and Addiction/Substance Use

Strategy 5: Mental Health First Aid

Goal: Reduce mental health stigma				
Objective: By July 1, 2022, Columbiana County will have provided at least three MHFA trainings annually.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Expand and promote mental health first aid (MHFA) trainings throughout Columbiana County. Market the training to local churches, schools, rotary clubs, law enforcement, chambers of commerce, city councils, college students, etc. Continue to recruit and train MHFA instructors. Provide at least two MHFA trainings.	July 1, 2020	Adult, youth	1. Suicide deaths: Number of deaths due to suicide per 100,000 populations (age-adjusted) (baseline: 17.8 for Columbiana County, 2017 ODH Data Warehouse) 2. Youth who attempted suicide one or more times (baseline: 20%, 2018 Columbiana County Profiles of Student Life: Attitudes and Behavioral Survey) 3. Youth who felt depressed most or all of the time within the last month (baseline: 26%, 2018 Columbiana County Profiles of Student Life: Attitudes and Behavioral Survey)	**Marcy Patton** Columbiana County Mental Health & Recovery Services Board **Lori ~~Colian~~** Columbiana County Family and Children First Council
Year 2: Continue efforts from year 1. Provide at least three additional trainings and continue marketing the training.	July 1, 2021			
Year 3: Continue efforts from years 1 and 2.	July 1, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

- ○ Yes
- ○ No
- ⊗ Not SHIP Identified

Resources to address strategy: FCFC

Priority #2: Mental Health and Addiction/Substance Use				
Strategy 6: Integrate information about depression and suicide screening and treatment in primary care curriculum				
Goal: Increase provider knowledge regarding mental health issues.				
Objective: By July 1, 2022 at least 75% of Columbiana County providers will have attended a training on how to provider better care for their patients with mental health issues.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Work with ER, primary care providers, or office staff to assess what information and/or materials they are lacking to provide better care for patients with mental health issues.	July 1, 2020	Adult, youth	1. Suicide deaths: Number of deaths due to suicide per 100,000 populations (age-adjusted) (baseline: 17.8 for Columbiana County, 2017 ODH Data Warehouse) 2. Suicide ideation (adult): Percent of adults who report that they ever seriously considered attempting suicide within the past 12 months (baseline: 4%, 2019 CHNA) 3. Youth who attempted suicide one or more times (baseline: 20%, 2018 Columbiana County Profiles of Student Life: Attitudes and Behavioral Survey) 4. Youth who felt depressed most or all of the time within the last month (baseline: 26%, 2018 Columbiana County Profiles of Student Life: Attitudes and Behavioral Survey)	**Lauren McIntosh** East Liverpool City Hospital **Debbie Pietrzak** Salem Regional Medical Center
Year 2: Begin offering depression and suicide specific trainings and/or education for ER, primary care physicians, and office staff to provide better care for patients and/or clients with mental health issues. Enlist at least 10 primary care providers to be trained.	July 1, 2021			

Year 3: Offer additional trainings to reach at least 75% of providers in Columbiana County.	July 1, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

Resources to address strategy: None noted.

Priority #2: Mental Health and Addiction/Substance Use

Strategy 7: Screen for clinical depression for all patients using a standardized tool

Goal: Decrease suicide deaths.

Objective: By July 1, 2022, Columbiana County will implement an evidence-based depression screening tool in at least one new setting.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Evaluate and select a tool for implementation of a depression screening. Consider the **Patient Health Questionnaire (PHQ-9)**, or another screening tool.	July 1, 2020	Adult, youth	1. Suicide deaths: Number of deaths due to suicide per 100,000 populations (age-adjusted) (baseline: 17.8 for Columbiana County, 2017 ODH Data Warehouse) 2. Youth who attempted suicide one or more times (baseline: 20%, 2018 Columbiana County	**Wesley Vins** Columbiana County Health District **Carol Cowan** East Liverpool City Health Department **Lynle Hayes** Salem City Health District
Year 2: Continue efforts from year 1. Integrate the screening tool into existing clinics within the health department(s).	July 1, 2021			

Develop a protocol and procedure for the screening tool. Create a resource referral list.			Profiles of Student Life: Attitudes and Behavioral Survey) 3. Youth who felt depressed most or all of the time within the last month (baseline: 26%, 2018 Columbiana County Profiles of Student Life: Attitudes and Behavioral Survey)	
Year 3: Continue efforts from years 1 and 2.	July 1, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ⊗ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

Resources to address strategy: Community Action Agency, East Liverpool City Hospital, Salem Regional Medical Center, Mental Health and Recovery Services Board

Priority #2: Mental Health and Addiction/Substance Use
Strategy 8: Universal school-based suicide awareness and education programs
Goal: Increase awareness of suicide among youth.
Objective: By July 1, 2022 all school districts will have at least one school-based suicide awareness and education program.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency

Year 1: Continue to promote and implement the following programs in Columbiana County schools: • **Signs of Suicide (SOS)** • **QPR (Question, Persuade, Refer)** • **Red Flags** If applicable, expand current programming to additional districts or grade levels.	July 1, 2020	Youth	1. Suicide deaths: Number of deaths due to suicide per 100,000 populations (age-adjusted) (baseline: 17.8 for Columbiana County, 2017 ODH Data Warehouse) 2. Youth who attempted suicide one or more times (baseline: 20%, 2018 Columbiana County Profiles of Student Life: Attitudes and Behavioral Survey) 3. Youth who felt depressed most or all of the time within the last month (baseline: 26%, 2018 Columbiana County Profiles of Student Life: Attitudes and Behavioral Survey)	**Marcy Patton** Columbiana County Mental Health & Recovery Services Board **Melissa Mellon** Columbiana County Educational Service Center/CASH Coalition
Year 2: Continue efforts from years 1.	July 1, 2021			
Year 3: Continue efforts from years 1 and 2. Expand program service area where necessary.	July 1, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ⊗ No ○ Not SHIP Identified

Resources to address strategy: None noted.

Priority #2: Mental Health and Addiction/Substance Use

Strategy 9: Implement school-based social and emotional instruction

Goal: Improve social competence, behavior, and resiliency in youth.

Objective: Increase the number of Columbiana County School Districts trained and implementing the PAX Good Behavior Game in 3 additional buildings by July 1, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to implement **The PAX Good Behavior Game**, in Columbiana County school districts. Increase the number of school staff trained in PAX GBG, while improving fidelity in classrooms currently trained.	July 1, 2020	Youth	Number of school personnel trained, students reached and participating partners. Baseline: 2018-2019 School year; 120 School personnel trained in PAX GBG. Reaching 1,245 students in 65 classrooms. 3 school buildings implementing PAX (Crestview, North, LaCroft). 26 teachers trained in PAX Heroes (Tier 2 and 3 strategies), 3 external PAX partners, 3 Community Educators able to facilitate trainings in PAX Tools. 63 community members trained in the PAX Tools Program (2018-2019 PAX data)	**Melissa Mellon** Columbiana County Educational Service Center/CASH Coalition and PAX program manager
Year 2: Continue efforts from year 1. Identify groups that want to be trained in PAX tools, such as support staff, coaches, and parents. Increase number of internal PAX Partners within districts for sustainability and improved fidelity.	July 1, 2021			
Year 3: Continue efforts from years 1 and 2. Expand PAX Tools to community members/ professionals (i.e., faith-based, day care centers, parents etc.)	July 1, 2022			

Type of Strategy:

- ○ Social determinants of health
- ⊗ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ○ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes	⊗ No	○ Not SHIP Identified
Resources to address strategy: Columbiana County schools		

Priority #3: Access to Health Care

Strategic Plan of Action

To work toward improving access to health care, the following strategies are recommended:

Priority #3: Access to Health Care				
Strategy 1: Awareness of transportation opportunities				
Goal: Increase awareness of transportation opportunities.				
Objective: Create an informational brochure or online guide on available transportation options by July 1, 2022.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Conduct an environmental scan of all transportation opportunities, including public, regional, and private. Collect information regarding eligibility of services, cost, and other relevant information. Work with the Columbiana County mobility manager to identify transportation options available in the county. Create an informational brochure or online guide detailing transportation options that are available to County residents.	July 1, 2020	Adult	Percent of adults who had transportation issues (baseline: 13% for Columbiana County, 2019 CHNA)	**Deb Hill** Columbiana County Community Action Agency East
Year 2: Disseminate information regarding transportation opportunities in the County. Target businesses and agencies that serve at-risk populations, as well as seniors. Collaborate with neighboring counties to discuss the plausibility of shared transportation services.	July 1, 2021			
Year 3: Continue efforts from years 1 and 2. Update the transportation guide on an annual basis.	July 1, 2022			

Type of Strategy:

- ○ Social determinants of health
- ○ Public health system, prevention and health behaviors
- ○ Healthcare system and access
- ⊗ Not SHIP Identified

Strategy identified as likely to decrease disparities?

○ Yes ○ No ⊗ Not SHIP Identified

Resources to address strategy: None noted.

Priority #3: Access to Health Care

Strategy 2: County-wide vaccination campaign

Goal: Increase vaccination rates.

Objective: Vaccine specific information to be administered at all health promotion and awareness events.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collaborate with local schools, health care providers, churches, and other organizations to create a county-wide vaccination campaign. Plan a community awareness campaign to address misinformation; increase awareness and education of vaccines; and where to obtain vaccines.	July 1, 2020	Adult, youth, child	Flu Vaccine: Adults who had a flu vaccine in the past 12 months (BRFSS Baseline: 53%, 2019 CHNA) Pneumonia Vaccine: Adults who had a pneumonia vaccine in their lifetime (BRFSS Baseline: 33%, 2019 CHNA)	**Wesley Vins** Columbiana County Health District **Carol Cowan** East Liverpool City Health Department **Lynle Hayes** Salem City Health District
Year 2: Continue raising awareness of the importance of vaccinations at community event throughout the county.	July 1, 2021			
Year 3: Continue efforts from years 1 and 2.	July 1, 2022			

Type of Strategy:	
○ Social determinants of health	○ Healthcare system and access
○ Public health system, prevention and health behaviors	⊗ Not SHIP Identified
Strategy identified as likely to decrease disparities?	
○ Yes ○ No ⊗ Not SHIP Identified	
Resources to address strategy: Columbiana County schools, East Liverpool City Hospital, Salem Regional Medical Center, Ohio Department of Health	

Priority #3: Access to Health Care				
Strategy 3: Awareness and access of existing health care services on preventive care				
Goal: Increase awareness of health care services				
Objective: By July 1, 2022, one new community outreach initiative will be implemented to increase awareness and access of existing health care services.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Coordinate efforts between the hospitals, health departments and other community organizations to increase community outreach and education on available preventive health services (many of which are free or at a reduced cost). Promote cancer screenings at the hospital(s) and other health care organizations (lung/bronchus, colorectal, etc.).	July 1, 2020	Adult	Colorectal cancer screening: Adults who had a colorectal cancer screening in the past 5 years (BRFSS Baseline: 33%, 2019 CHNA)	The Columbiana County Health Partners

Increase community education on the importance of preventive health care, awareness of health care services, cancer prevention and tobacco use. Include information on what accounts for preventive care.			Lung cancer screening: Adults who had a lung cancer screening in the past 3 years (BRFSS Baseline: 3%. 2019 CHNA)	
Year 2: Continue community outreach efforts.	July 1, 2021			
Year 3: Increase efforts from years 1 and 2.	July 1, 2022			
Type of Strategy: ○ Social determinants of health ○ Public health system, prevention and health behaviors ○ Healthcare system and access ⊗ Not SHIP Identified				
Strategy identified as likely to decrease disparities? ○ Yes ○ No ⊗ Not SHIP Identified				
Resources to address strategy: None noted.				

Cross-Cutting Strategies (Strategies that Address Multiple Priorities)

Cross-Cutting Factor: Public Health System, Prevention and Health Behaviors

Cross-Cutting Factor: Public Health System, Prevention and Health Behaviors				
Strategy 1: Mass-reach communications				
Goal: Reduce tobacco use and vaping.				
Objective: By July 1, 2022, Columbiana County will implement at least two mass-reach communication campaigns.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Consider implementing the following **Mass-reach communication** strategies: • Share messages and engage audiences on social networking sites like Facebook and Twitter. • Deliver messages through different websites and stakeholders communications. • Generate free press through public service announcements. • Pay to place adds on TV, radio, billboards, online platforms and/or print media. The **strategies** should focus on motivating tobacco users to quit, protecting people from the harm of secondhand smoke exposure, and preventing tobacco use and vaping initiation.	July 1, 2020	Adult, youth, child	Percentage of adults who are current smokers (2016) (CHR) (Baseline: 22% 2019 CHR)	**Wesley Vins** Columbiana County Health District **Carol Cowan** East Liverpool City Health Department **Lynle Hayes** Salem City Health District **Lauren McIntosh** East Liverpool City Hospital **Debbie Pietrzak** Salem Regional Medical Center
Year 2: Continue efforts from year 1. Promote and raise awareness of the **Ohio Tobacco Quit Line**. Promote the available cessation services and programs in the county.	July 1, 2021			
Year 3: Continue efforts from years 1 and 2.	July 1, 2022			

Implement one mass-reach communication strategy.				
Priority area(s) the strategy addresses: ⊗ Mental Health and Addiction ⊗ Chronic Disease				
Strategy identified as likely to decrease disparities? ○ Yes ⊗ No ○ Not SHIP Identified				
Resources to address strategy: Family Recovery Center				

Cross-Cutting Factor: Healthcare System and Access

Cross-Cutting Factor: Healthcare System and Access				
Strategy 2: Cultural competence training for healthcare professionals				
Goal: Increase cultural understanding and skills				
Objective: Enlist 2 organizations to adopt culturally competent principles, policies and/or practices within their organization by July 1, 2022				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Assess county data related to demographics, determinants of health and health equity, measures of mortality, health behaviors, etc. Research evidence-based cultural competency training opportunities such as Bridges Out of Poverty.	July 1, 2020	Adult	Cultural understanding and skills: Not currently available via SHIP The number of health care professionals trained in Bridges Out of Poverty. 2018 number trained as baseline.	The Columbiana County Health Partners
Year 2: Educate two health care providers and/or health care organizations on county demographics and the importance of becoming culturally competent (focuses may include: **culture, language and health literacy**). Encourage organizations to adopt culturally competent principles, policies and/or practices within their organization.	July 1, 2021			

Consider developing and providing cultural competency trainings.				
Year 3: Continue efforts from years 1 and 2.	July 1, 2022			
Priority area(s) the strategy addresses: ⊗ Mental Health and Addiction ⊗ Chronic Disease				
Strategy identified as likely to decrease disparities? ⊗ Yes ○ No ○ Not SHIP Identified				
Resources to address strategy: None noted.				

Cross-Cutting Factor: Healthcare System and Access				
Strategy 3: Health insurance enrollment and outreach				
Goal: Increase health insurance enrollment.				
Objective: Develop a written strategy for a community-wide effort to increase insurance enrollment by July 1, 2022.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Coordinate with community agencies to identify uninsured residents. Refer the uninsured resident and enroll them in the Health Insurance Marketplace, Medicaid, or another health insurance option. Consider developing a written strategy for community-wide effort to increase insurance enrollment. Continue educating and enrolling consumers.	July 1, 2020	Adult	Uninsured adults: Percent of adults who are uninsured (BRFSS Baseline: 10%, 2019 CHNA) CC-JFS Data – number of clients served	**Sandy Gruzeski** Columbiana County Community Action Agency East

Year 2: Continue efforts from year 1.	July 1, 2021			
Year 3: Continue efforts from years 1 and 2.	July 1, 2022			
Priority area(s) the strategy addresses: ⊗ Mental Health and Addiction ⊗ Chronic Disease				
Strategy identified as likely to decrease disparities? ⊗ Yes ○ No ○ Not SHIP Identified				
Resources to address strategy: Columbiana County Health District (MAC)				

Cross-Cutting Factor: Social Determinants of Health

Cross-Cutting Factor: Social Determinants of Health				
Strategy 4: Early childhood education (ECE) opportunities				
Goal: Expand awareness and education of early childhood education opportunities within Columbiana County.				
Objective: By July 1, 2022, Columbiana County will increase the number of children enrolled in an early intervention program by 10% from baseline.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Conduct an environmental scan of all early childhood education (ECE) opportunities that are available in the County, including school-based ECE, program-based ECE, universal preschool, Head Start, and others.	July 1, 2020	Children	Kindergarten readiness: Percent of kindergarten students demonstrating readiness (entered kindergarten with	**Lori ~~Colian~~** Columbiana County Family and Children First Council

Collect information regarding eligibility and cost. Gather baseline data on the number of children enrolled in a Head Start, Early Head Start or pre-kindergarten education program. Increase public awareness access to early intervention programs.			sufficient skills, knowledge and abilities to engage with kindergarten-level instruction)	**Melissa Mellon** Columbiana County Educational Service Center/CASH Coalition
Year 2: Continue efforts from year 1. If there is a need for additional ECE opportunities in the County, apply for an **early childhood education grant** through the Ohio Department of Education (ODE). Increase the number of children enrolled in an early intervention program by 5% from baseline.	July 1, 2021			
Year 3: Continue efforts from years 1 and 2. Increase the number of children enrolled in an early intervention program by 10% from baseline.	July 1, 2022			
Priority area(s) the strategy addresses: ⊗ Mental Health and Addiction ⊗ Chronic Disease				
Strategy identified as likely to decrease disparities? ⊗ Yes ○ No ○ Not SHIP Identified				
Resources to address strategy: None noted.				

Cross-Cutting Factor: Social Determinants of Health				
Strategy 5: Early childhood home visiting program				
Goal: To promote child comprehensive health and development.				
Objective: Continue to promote and monitor the Help Me Grow program.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency

Year 1: Continue to offer the **Help Me Grow Home Visiting program** in Columbiana County. Evaluate effectiveness of the program by using the following measures: • Improvement in meeting the developmental stages/milestones • Meet the social-emotional milestones • Meet immunization requirements • Complete Maternal depression screenings • Complete self-sufficiency matrix • Promote positive parent/child interactions through screening Explore ways to collaborate with Early Head Start program to determine process, goals, strategies once implemented in Columbiana County	July 1, 2020	Children	Kindergarten readiness: Percent of kindergarten students demonstrating readiness (entered kindergarten with sufficient skills, knowledge and abilities to engage with kindergarten-level instruction) Promotion of child comprehensive health and development: Increase the percentage of children demonstrating/meeting the measures listed in year 1.	**Lori ~~Colian~~** Columbiana County Family and Children First Council
Year 2: Continue to monitor and promote the Help Me Grow home visiting program. Collaborate with Early Head Start to broaden and add specific strategies of implementation of program within Columbiana County.	July 1, 2021			
Year 3: Continue efforts from years 1 and 2.	July 1, 2022			
Priority area(s) the strategy addresses: ⊗ Mental Health and Addiction ⊗ Chronic Disease				
Strategy identified as likely to decrease disparities? ⊗ Yes ○ No ○ Not SHIP Identified				
Resources to address strategy: None noted.				

Progress and Measuring Outcomes

Progress will be monitored with measurable indicators identified for each strategy by the Columbiana County Health Partners. Most indicators align directly with the SHIP. The individuals or agencies that are working on strategies will meet on an as-needed basis. The full workgroup will initially meet quarterly; and depending on progress, may then meet bi-annually to report out progress. The committee will create a plan to disseminate the CHIP to the community. Strategies, responsible agencies, and timelines will be reviewed at the end of each year by the workgroup. As this CHIP is a living document, edits and revisions will be made accordingly.

The Columbiana County Health Partners will continue facilitating a CHA every three years to collect data for determining community needs and trends. Primary data will be collected for adults using national sets of questions to not only compare trends in Columbiana County, but also be able to compare to the state and nation. This data will serve as measurable outcomes for each priority area. Indicators have already been defined throughout this report and are identified with the icon.

In addition to outcome evaluation, process evaluation will also be used on a continuous basis to focus on the success of the strategies. Areas of process evaluation that the CHIP workgroup will monitor include the following: number of participants, location(s) where services are provided, number of policies implemented, economic status and racial/ethnic background of those receiving services (when applicable), and intervention delivery (quantity and fidelity).

Furthermore, all strategies have been incorporated into a "Progress Report" template that can be completed at all future Columbiana County Health Partners' meetings, keeping the workgroup on task and accountable. This progress report may also serve as meeting minutes.

Contact Us

For more information about any of the agencies, programs, and services described in this report, please contact:

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Columbiana County General Health District
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Lisbon, Ohio 44432
Phone: 330-424-0272
E-mail: WVins@columbiana-health.org

Appendix I: Gaps and Strategies

The following tables indicate mental health and addiction/substance use, chronic disease/obesity, and access to health care gaps with potential strategies that were compiled by the Columbiana County Health Partners.

Chronic Disease/Obesity Gaps

Gaps	Potential Strategies
1. Diabetes specific education	• Focus on the nutrition education • Community based education • Consider implementing a program or campaign on developing cooking skills • Consider the National Diabetes Prevention Program (DPP)
2. Compliance is an issue among people with chronic disease(s) (i.e., high blood pressure, high blood cholesterol, obesity, diabetes)	• Focus on the nutrition education • Community based education • Consider implementing a program or campaign on developing cooking skills
3. Asthma readmission for chronic obstructive pulmonary disease (COPD) in the aging population	• Asthma prevention education
4. Lack of access to healthy foods	• Research ways to incorporate healthy, fresh foods in local food pantries (rather than shelf-stable foods) • Determine the feasibility of getting farmers markets to accept SNAP/EBT
5. Low usage of WIC (Women, Infants, and Children Program) vouchers	• Increase more opportunities to use vouchers for healthier foods including cheese, yogurt and milk
6. Decrease in health screenings among Men	• Education for cancer prevention (lung/bronchus and colorectal cancer) • Offer free services or screenings
7. Misconception surrounding the signs and symptoms of heart disease among the elderly, women and diabetics	• Consider developing messaging to educate the public on the signs and symptoms of heart disease
8. Lack of exercise/motivation	• Increase sidewalks

	• Consider implementing a county-wide safe streets program • School walking programs • Address the cultural of being active – make it normal to exercise and participate in physical activity

Mental Health and Addiction Gaps/Substance Use

Gaps	Potential Strategies
1. Access to mental health providers	• Change funding policies • Increase recruitment for providers who accept Medicaid patients
2. Stigma/community perception of substance use and mental health	• Continue to implement Mental Health First Aid (MHFA) trainings throughout the county • Continue to implement Project Dawn • Peer supporter training - *See something, say something* • Continue to market and promote the Run Away from Drugs 5K
3. Parent education/parental skills and life skills	• Community educational seminars and classes
4. Lack of residential treatment facilities, specifically among youth	• Determine the feasibility of increasing the number of detox facilities in county • Gateway currently Ohio Medicaid (detox and residential) • Mental health crisis destabilization
5. Trauma education	• Pax Good Behavior Game – currently rolling out PAX tools and have three community educators • Consider developing Trauma Informed Care brochures or 1-page handouts defining trauma and where to find help

Access to Health Care Gaps

Gaps	Potential Strategies
1. Transportation	• Work with the mobility manager in the county • Look at what other communities (with similar demographics of Columbiana) have done to improve public transportation within their community (i.e. use of buses in West Virginia)
2. Provider location and availability	• Consider adapting hours so they are more suitable for patients' needs/more convenient hours
3. Lack of prenatal care and family planning	• Continue to work with Community Action Agency (CAA) • Increase family planning efforts and community engagement and outreach • Increase access to OB/GYNs (currently 2 OBGYN's in county) • Consider recruiting advanced practice providers (i.e., nurse practitioners)
4. Insurance coverage	• Increase education on how to obtain insurance • Increase community outreach and bring services to the uninsured
5. Education on available vaccines	• Send home updated CDC vaccination schedule in the book bag to parents • Update community and encourage adults to educate themselves on new recommendations for

	vaccines like Tdap, HPV (human papillomavirus), flu, etc.

Appendix II: Links to Websites

Title of Link	Website URL
Bridges Out of Poverty	https://nonprofnetwork.org/bridges
Culture, language and health literacy	www.hrsa.gov/cultural-competence/index.html
Early childhood learning	http://education.ohio.gov/Topics/Early-Learning
Food insecurity assessment tool and resource list	www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Resources/InstantDownloads/FoodInsecurityAssessTool.pdf
Health communications in tobacco prevention and control	www.cdc.gov/tobacco/stateandcommunity/bp-health-communications/pdfs/health-communications-508.pdf
Healthy food initiatives at food banks	www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/healthy-food-initiatives-in-food-banks
Help Me Grow	https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/help-me-grow/help-me-grow
Hidden in Plain Sight	http://powertotheparent.org/be-aware/hidden-in-plain-sight/
Home Improvement Loans and Grants	www.cdc.gov/policy/hst/hi5/homeimprovement/index.html
NAMI Be Present Campaign	www.curestigma.org/
National Suicide Prevention Lifeline	https://suicidepreventionlifeline.org
OARRS	www.ohiopmp.gov/
PAX Good Behavior Game	www.goodbehaviorgame.org/
PHQ-9	www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf
Prevent Diabetes STAT	https://preventdiabetesstat.org/index.html
QPR	https://qprinstitute.com/
Red Flags	/www.redflags.org/
Resilience Film	https://kpjrfilms.co/resilience/about-the-film/
Serving Up MyPlate: A Yummy Curriculum	www.fns.usda.gov/tn/serving-myplate-yummy-curriculum
SOS	http://mindwise.wpengine.com/what-we-offer/suicide-prevention-programs/
Tobacco Control Interventions	www.cdc.gov/policy/hst/hi5/tobaccointerventions/index.html
Type 2 Diabetes Risk Test	www.diabetes.org/are-you-at-risk/diabetes-risk-test/

Zero Suicide	https://zerosuicide.sprc.org