

Columbiana County



2022 - 2025
Community Health
Needs Assessment

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Foreward

On behalf of the Columbiana County Health Partners (CCHP), we are pleased to present the 2022-2025 Columbiana County Community Health Needs Assessment (CHNA/CHA). This community health needs assessment was conducted by the Columbiana County Health Partners and their contractor, the Lake County General Health District, which has provided assistance with the development of the CHNA's primary data findings related to the 2021 Community Survey; primary data analysis from key stakeholders and focus groups; and the collection and integration of some related secondary data sources into the final report. The Columbiana County Health Partners have gathered the primary data elements from key stakeholders and focus groups (including vulnerable populations), and the collection and integration of additional secondary data to address data gaps into the final report, including identifying key data findings. The final report was written in collaboration with various social service organizations, hospitals and health departments within Columbiana County. The purpose of this endeavor was to collect data to illuminate the health and health behaviors of Columbiana County residents and then identify their health needs.

Collaboration among the partners was essential to align interests and coordinate resources with the goal of effectively promoting better health outcomes in Columbiana County by leveraging multiple perspectives, community relationships and areas of expertise. The members of the CCHP plan will use this data dynamically and over a continuum of the next three years to better serve the individuals within Columbiana County. This report was designed to assess the health status and needs of the community; identify factors that affect population health; determine the availability of existing resources that can be mobilized to improve health status; and facilitate the development of evidence-based, population-wide interventions and measurable outcomes. The full report is also offered as a resource to individuals and groups, who are interested in using the information to become better informed regarding health care and community agency decision-making.

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

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- Coordinated Action for School Health (CASH)
- Columbiana County Community Action Agency
- Columbiana County Educational Service Center
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- Columbiana County Health District
- Columbiana County Mental Health & Recovery Services Board
- East Liverpool City Health District
- East Liverpool City Hospital
- Ohio Department of Health
- Salem City Health District
- Salem Regional Medical Center
- The Ohio State University Extension

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The 2022-2025 Columbiana County Health Assessment was completed in June 2022 and is available on the following websites:

Columbiana County Health District

<http://www.columbiana-health.org>

Salem Regional Medical Center

<http://www.salemregional.com>

East Liverpool City Hospital

<http://www.elch.org/>

East Liverpool City Health District

Eastliverpool.com/city-department/health-district

Salem City Health District

www.Salemcityhealthdistrict.org

2022-2025 Columbiana County Health Needs Assessment

PURPOSE: The 2022-2025 Columbiana County Community Health Needs Assessment (CHA/CHNA) was conducted by the Columbiana County Health Partners ("Partners") workgroup as a data-driven approach to describing the health status of Columbiana County residents, identifying contributing factors that impact health outcomes and prioritizing opportunities for health improvement.

This CHA/CHNA report is designed to help community members make informed decisions as they collaborate in the development and implementation of strategic initiatives and shared resources to improve the health of Columbiana County residents, including interventions designed to address social determinants of health, access and equity. The findings will also be used by the Partners as the foundation for developing and implementing a Community Health Improvement Plan (CHIP), with specific action plans for improving the community's health over the next three years from 2022-2025.

COLLABORATION & PARTNERSHIP: Members of the Columbiana County Health Partners have a proven history of collaborating to address community health needs, and have jointly completed four CHA/CHNAs together in 2010, 2013, 2016 and 2019. With the completion of Columbiana County's 2016 CHNA and CHIP, the workgroup moved into alignment with the state of Ohio's mandate by law (ORC3701.981) that all hospitals must collaborate with their local health departments on community health assessments and community health improvements plans. Compliance with this state mandate has continued into the completion of this 2022 CHA/CHNA and will be carried forward into the development of the 2022 CHIP.

In addition, hospitals and health departments are required to align with the Ohio State Health Assessment (SHA), including alignment of the CHNA process and timeline, by 2020. This alignment with Ohio's SHA was first achieved by the Partners during the completion of the 2016 Columbiana County CHNA and again in the 2019 and 2022 CHA/CHNA.

- Columbiana County Health Partners' Membership: The 2022 Columbiana County Health Partners' collaborative workgroup is composed of the following organizations:

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

- Contractors/Vendors: The Columbiana County Health Partners contracted with the Lake County General Health District and graduate students from the University of Alabama to conduct the CHA/CHNA. The Lake County General Health District and the University of Alabama graduate students have provided assistance with the development of the CHA/CHNA's primary data findings related to the 2021 Community Survey; the development of primary data findings from key stakeholders and focus groups (including vulnerable populations); and the collection and integration of additional secondary data to address data gaps and provide decision-support for identifying key data findings.

COMPLIANCE WITH REQUIRED ELEMENTS

- Patient Protection and Affordable Care Act Requirements for Hospitals: The Patient Protection and Affordable Care Act, Public Law 111-148 (the "Affordable Care Act" or ACA), created section 501(r) requirements in Part V, Section B, adding new requirements beginning with the first tax year on or after March 23, 2012; which state that 501(c)(3) hospitals must conduct a CHNA at least once every three years in order to assess community need and annually file information by means of Schedule H (Form 990), regarding progress toward addressing identified needs. Each hospital is then required to adopt an implementation strategy at least once every three years, based on the findings of the CHNA.

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

- The community served and how it was defined.

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

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

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

PHAB standards require that a CHA include:

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

In addition, PHAB highly recommends that national models of methodology are utilized in compiling CHAs. The 2022 Columbiana County CHA/CHNA was completed using the National Association of County and City Health Officials (NACCHO) Mobilizing Action through Partnerships and Planning (MAPP) process. MAPP is a community-driven planning process for improving community health. The prioritization phase of this process was done in collaboration with the Columbiana County Health Partners.

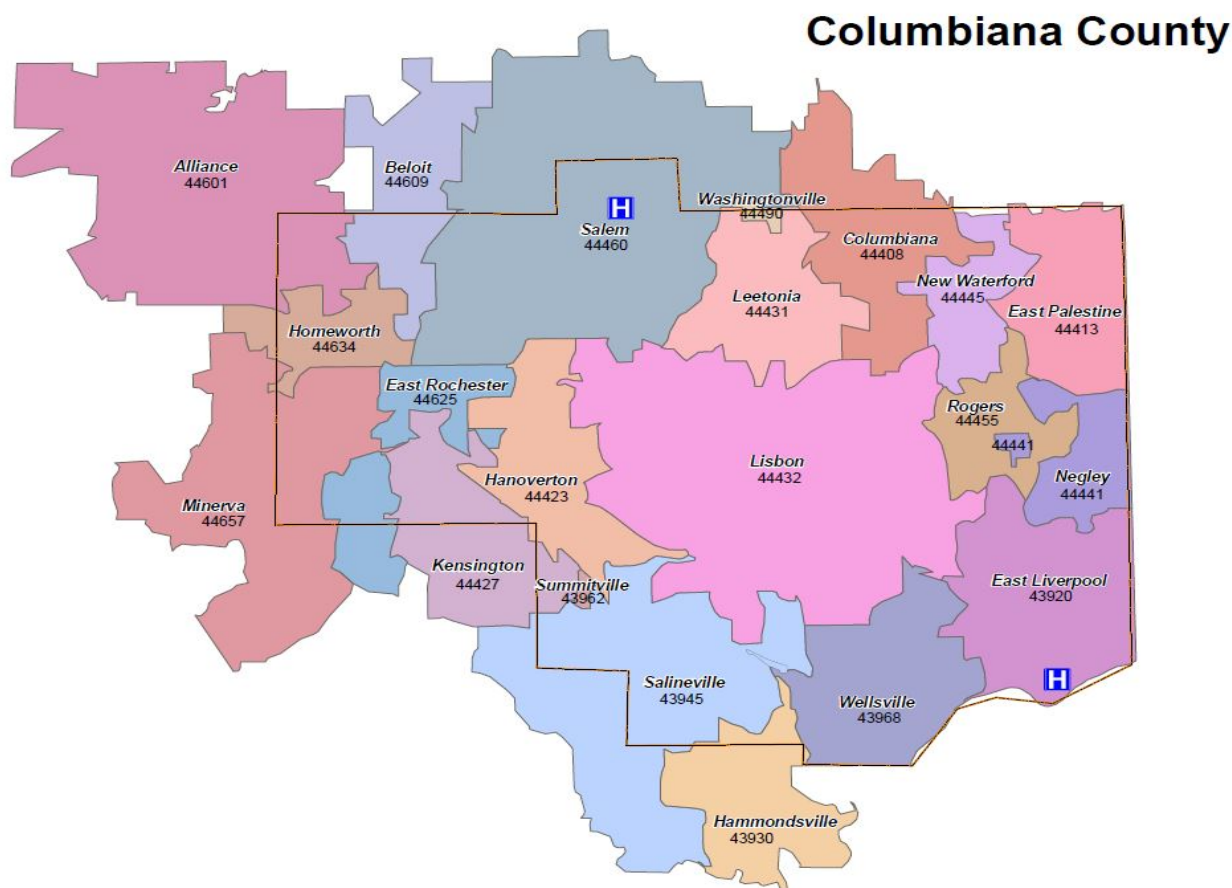
Note: This report fulfills the PHAB requirements for the public health departments listed.

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

In accordance with IRS and PHAB guidelines, the Columbiana County Health Partners' workgroup defined the CHA/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.

Table 1 and Figure 1: Service Area Determination

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



Note that zip code and census tract specific data were identified when feasible for the East Liverpool City Health District (jurisdiction within the city limits and includes a portion of the 43920 zip code), Salem City Health District (jurisdiction within the city limits and includes a portion of the 44460 zip code) and the Columbiana County General Health District (all other geographic areas in Columbiana County). In most cases, the variability of the data amongst Columbiana County residents is minimal; therefore is not mentioned with specific findings attributable to Salem City and East Liverpool unless noted. In addition, there were many times where no city level data was available.

Columbiana County Profile & Definition of “Community”: Located in northeastern Ohio, Columbiana County is one of Ohio's 32 Appalachian counties. Over half of the county's total population of 101,877 lives in unincorporated rural areas, with villages and towns some distance apart. The county has two, major geographic concentrations of development and population. The northern corridor between the city of Salem and village of East Palestine, (including the villages of Washingtonville, Leetonia, Columbiana and New Waterford and the four townships of Perry, Salem, Fairfield and Unity); extends along a 20-mile distance bordering Mahoning County to the north, and contains almost one-half of the county's population. The southern corridor extends for about 10 miles from the village of Wellsville to the city of East Liverpool, (including St. Clair Township) and contains a little over 10% of the county's total population. The county shares an eastern border with Pennsylvania and a southern border with West Virginia.

- **Age/Disability:** Since 2000, the County's population has decreased slightly each year. Columbiana County is ranked 27 out of 88 counties for population, and 13 out of 88 for highest median age. Compared to the State of Ohio, Columbiana County has a smaller proportion of children (under 18 years old=20.5% vs. Ohio=22.4%) and a higher proportion of older adults (65 years and older=19.8% vs. Ohio=17.5%). The overall disability status of the County's civilian, non-institutionalized population is 15.96%.

- **Race/Ethnicity:** According to the U.S. Census Bureau's 2019 ACE 1-year estimates, the County's percentage of the non-White population at 6.1% is significantly lower than Ohio's at 20.2%. However, the County has experienced a significant increase in residents, who do not speak English as their primary language. The 2017 U.S. Census estimates that there are 2.0% African Americans, 1.8%, Hispanic or Latinos of any race and 0.8% Asian population. Note that local workforce, social service and faith-based organizations estimate that there has been a 30% county population growth rate over the last 10 years for the Hispanic/Latino ethnic group. Sampling estimates obtained approximately 5 years ago from a third-party source through the Ohio Rural Immigrant Worker Project (IWP) indicate that the approximate amount is about 3,464 Hispanics, with a 775% growth rate projected from the past 10 years. Based on these estimates, Hispanics represent between 3-4% of the county's population and are identified as a rapidly growing and medically vulnerable population.

- **Language:** The primary language spoken in Columbiana County is English, followed by German (Pennsylvania Dutch), a Guatemalan dialect of Spanish (especially within the Salem City Health District) and Korean. In addition, the Amish represent a significant but non-quantifiable sub-set of this population.

- **Education/Income:** The educational attainment of a high school diploma or higher is similar in Columbiana County (89.3%) compared to the State of Ohio (90%); however, there is a significant disparity between those in the County having some college education (52%) compared to Ohio (66%). Similarly, annual per capita income in the County (\$26,468) is significantly lower than the State of Ohio (\$31,552); and the percentage of Columbiana County families living at or below the poverty level is 13.9%, compared to 9.9% in the State of Ohio. Children living in poverty are 18% vs. Ohio at 10%. Median household income is \$52,700 compared to Ohio at \$72,900.

Table 2: Poverty Indicators in Columbiana County

Poverty Indicators	Ohio	Columbiana County
Median household income (2021)	\$58,700	\$52,700
Children eligible for free or reduced price lunch (2021)	36%	48%
Poverty rate (2019)	14.0%	14.3%

(Sources: RWJF County Health Rankings-2021, U.S. Census 2019 ACES 5-YEAR Survey)

VULNERABLE POPULATIONS

According to the National Institutes of Health, vulnerable populations include those who are racial or ethnic minorities, children, the 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 CHA/CHNA, the Partners' workgroup has identified the vulnerable populations as being those living in poverty/socioeconomically disadvantaged, the Appalachian culture, children/youth, the elderly, disabled, veterans, Amish and those facing ethnic and literacy barriers.

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

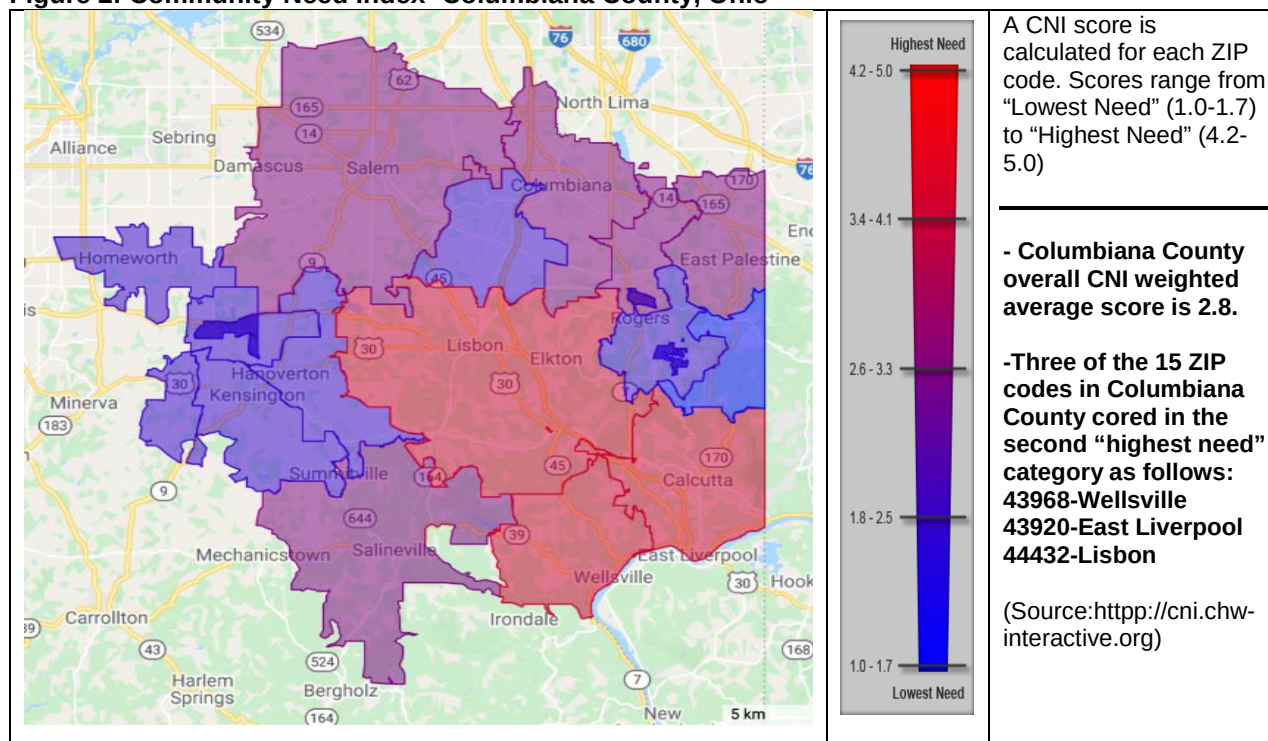
- **Income Barrier:** The percentage of elders, children and single parents living in poverty
- **Cultural Barrier:** The percentage of the population over the age 25 with limited English proficiency, and the percentage of the population that is non-White
- **Education Barrier:** The percentage of the population over age 25 without a high school diploma
- **Insurance Barrier:** The percentage of uninsured and unemployed residents over age 16
- **Housing Barrier:** The percentage of the population renting houses

Table 3: Top 10 Highest Need Areas in Columbiana County, OH (2020 Community Need Index Data)

City/Region	Associated Zip Code	CNI Score (1.0 to 5.0)
Wellsville	43968	3.8
East Liverpool	43920	3.4
Lisbon	44432	3.4
Salineville	43945	3
New Waterford	44445	2.8
Salem	44460	2.8
Columbiana	44408	2.6
East Palestine	44413	2.6
Washingtonville	44490	2.6
Kensington	44427	2.2

(Source: Dignity Health (2020). Community Needs Index Interactive Map. Retrieved October 2021 from <http://cni.dignityhealth.org>)

Figure 2: Community Need Index- Columbiana County, Ohio



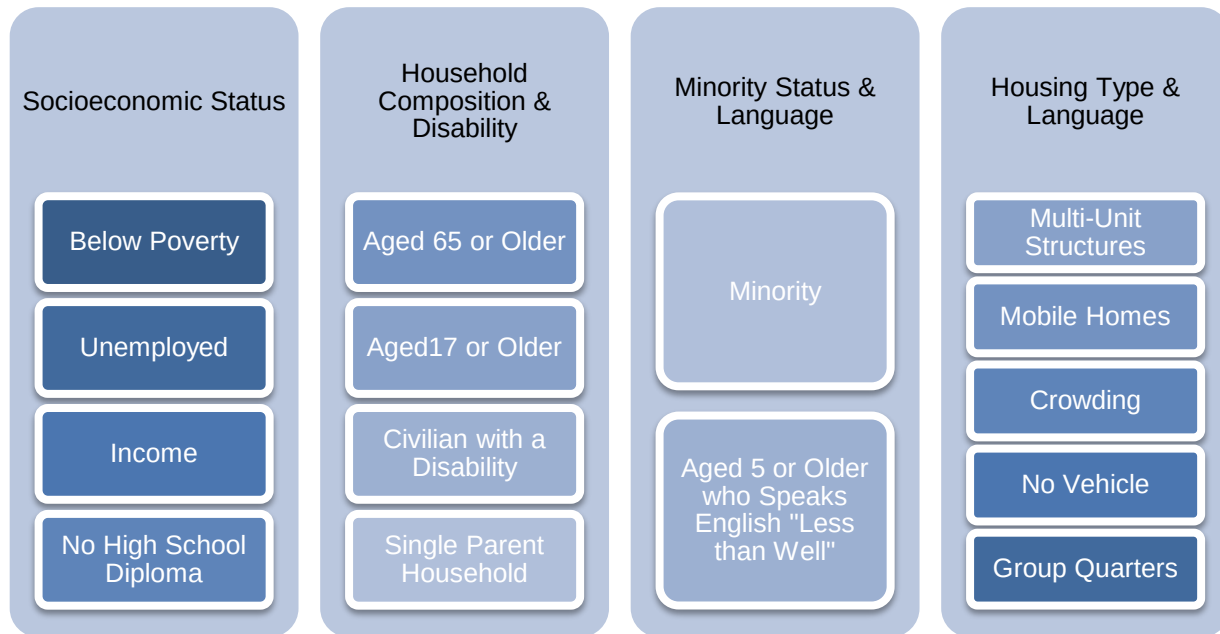
(Source: Dignity Health (2020). Community Needs Index Interactive Map. Retrieved October 2021 from <http://cni.dignityhealth.org>)

- Social Vulnerability Index (SVI)

The CDC's social vulnerability index shows the relative vulnerability for every U.S. Census tract by ranking each tract on 15 different social factors. These 15 factors are condensed and scored into four major themes: socioeconomic status, household composition & disability, minority status & language, and housing type & transportation (ATSDR, 2020), with an overall SVI score provided for the tract.

Tract rankings are based on percentiles, and values range from 0 to 1, with higher values demonstrating greater vulnerability.

Figure 3: Social Factors Used to Establish Overall Vulnerability Score in Social Vulnerability Index



(Source: Agency for Toxic Substances and Diseases (2020). *CDC SVI 2018 Documentation – 1/31/2020*. Retrieved October 2021. https://www.atsdr.cdc.gov/placeandhealth/svi/documentation/SVI_documentation_2018.html)

Table 4: Top 10 Highest-Need Areas in Columbiana County, OH (2018 Social Vulnerability Index Data)

Census Tract Number	Associated Zip Code(s)	Overall SVI Score (0 to 1)
9523	43920	0.9424
9518	43968	0.8799
9511	44460, 44432	0.8186
9522	43920	0.704
9506	44460	0.6971
9521	43920	0.6637
9515	44413	0.5953
9520	43920	0.5913
9514	44432, 44455	0.5804
9519	43920, 43968	0.5689

(Source: Agency for Toxic Substances and Disease Registry (2018). *CDC's Social Vulnerability Index. SVI Interactive Map*. Retrieved October 2021. <https://svi.cdc.gov/map.html>)

Findings for Vulnerable Populations

In continuation of the vulnerability report for the community health assessment, the Columbiana County Health District in accordance with the Health Partners wanted to analyze secondary data through the lens of health equity, and highlighting vulnerable, underrepresented populations. The main priorities of analyzing the CNI and SVI data were to confirm that the secondary data supports the defined and specified vulnerable groups. These groups included children/youth, elderly, disabled, veterans, racial/ethnic minorities such as African Americans and Hispanics, the Amish population, and people who do not speak English. Most of these groups are accounted for within the dataset, however, there are some gaps such as lack of data for the Amish or specific groups such as the Guatemalans.

In terms of socioeconomics, the secondary data provided the percentages of female-led households and families below poverty with children. For access to health care and health insurance, the dataset provided a breakdown of the population who have a specific insurance (i.e., Medicare alone) or no insurance. Tables 5 and 6 provide a list of additional factors that were not considered in the initial vulnerability report, from socioeconomics to housing, due to a lack of data that demonstrates disparities. (See Appendix 6 for the Summary of Vulnerable Populations)

Table 5: Initial Issues Identified in 2021 Secondary Data Collected for Columbiana County, OH

Factors	Columbiana County, OH	Ashtabula County, OH (Comparison)	State of Ohio
Minorities			
Percentage of African Americans (Non-Hispanic Black)	2.3%	3.5%	12.7%
Percentage of Hispanic Origin	1.9%	4.4%	4.0%
Percentage of Asian	0.3%	0.5%	2.5%
Language Barrier			
Percentage of non-fluent English speakers	0%	1%	1%
Age			
Percentage of population under the age of 18	20.2%	22.3%	22.1%
Percentage of population ages 65 or older	21.2%	19.6%	17.5%
Social Vulnerability Index			
Mean SVI score	0.49	0.79	0.44
Disability			
Percentage of population with a disability	15.96%	16.57%	13.98%
Estimated percentage of population with a disability	16%	16.6%	14.0%
Estimated percent of persons with a hearing difficulty	4.5%	5.0%	3.8%
Estimated percent of persons with a vision difficulty	2.9%	3.0%	2.4%
Estimated percent of persons with a cognitive difficulty	6.1%	6.6%	5.8%
Estimated percent with an ambulatory difficulty	8.7%	8.5%	7.5%
Estimated percent of persons with a self-care difficulty	2.6%	3.0%	2.8%
Estimated percent with independent living difficulty	6.6%	7.5%	6.3%

(Source: Columbiana County CHNA Data Collection Measures (2021). Retrieved March 2022 data set)

Table 6: Additional Issues Identified (2021 Secondary Data Collected for Columbiana Cty., OH)

Factor	Columbiana County, OH	Ashtabula Cty, OH	State of Ohio
Socioeconomic			
Children below 100% of Federal Poverty Level	18%	27%	18%
% of Female-headed households below poverty level with children under 18 years of age	44.8%	45.9%	39.3%
% Female-headed households below poverty level with children 5 to 17 years of age	36.2%	35.0%	31.6%
% Female-headed households below poverty level with children under 5 years of age	70.3%	43.4%	46.5%
% Female-headed households below poverty level	30.7%	36.1%	29.2%
% Families below poverty level with children < 18 years old	17.6%	25.1%	16.1%
% Families below poverty level with children 5 to 17 years old	14.3%	20.4%	13.3%
% Families below poverty level with children < 5 years old	19.1%	20.2%	17.1%
% Families below poverty level	10.1%	14.9%	9.6%
Income Inequality	4.1	4.7	4.7
Young people not in school and not working (Disconnected youth)	8%	16%	6%
Housing			
Severe Housing Problems	12%	15%	14%
Housing Cost Burden	9%	13%	12%

% Renters paying 35% or more of household income on rent	36.1%	41.1%	35.6%
% Children in Single Parent Households	24%	23%	27%
Access to Healthcare and Insurance			
Mammography Screening	41%	40%	43%
Population ratio to mental health provider	890 to 1	570 to 1	380 to 1
Population ratio to physician	2,500 to 1	3,050 to 1	1,300 to 1
% Population on Medicare Coverage Alone	8.0%	6.7%	6.1%
% Population Medicaid/Means Tested Coverage Alone	17.0%	20.1%	15.8%
% Population on VA Health Care Coverage Alone	0.2%	0.4%	0.3%
% Population on Public Health Insurance Coverage Alone	25.2%	27.2%	22.1%
% Persons <19 old without health insurance	5%	7%	5%
% Persons < 65 years of age without health insurance	0.3%	0.1%	0.5%
% "Non-institutionalized" population 19 to 64 years of age without health insurance	10%	11%	9%
Civilian noninstitutionalized population 19-64 years, in labor force, employed with no health insurance	8.2%	9.3%	7.5%

(Source: Columbiana County CHNA Data Collection Measures (2021). Retrieved March 2022)

COMMUNITY PERSPECTIVES & HEALTH OUTCOMES OF CONCERN

Qualitative data collected through surveys, focus groups and community meetings was utilized to gather information about how Columbiana County leaders and residents experience the health outcomes and community conditions that affect quality of life. This information can give additional context to quantitative data, identify key health outcomes of concern and help to strategically inform improvements.

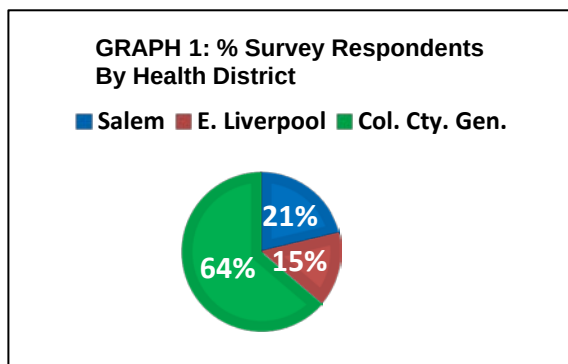
Input from the broad community and vulnerable populations was collected through 599 written community surveys completed by individuals representing diverse constituent groups and 32 stakeholder and focus group interviews reflecting input from 106 participants. Demographics were not collected for the stakeholder/community leader interviews, which were determined by area of expertise and organization of representation.

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

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

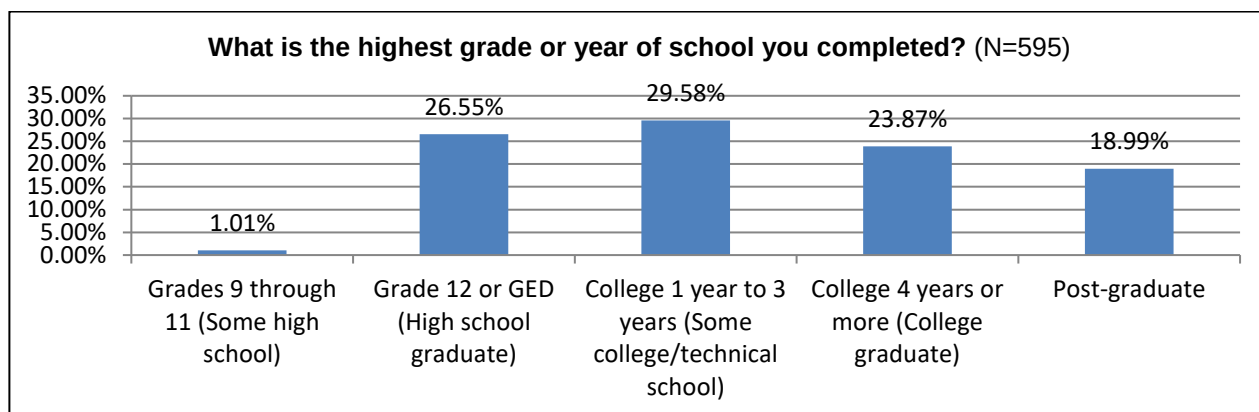
The sampling frame for the community survey consisted of adults ages 19 and over living in Columbiana County, with the target sample size of 383 adults needed to ensure a 95% confidence level, with a corresponding margin of error of 5%. In addition, target sampling sizes of 96 surveys were identified for the Salem zip code and East Liverpool zip code, with Salem receiving 128 and East Liverpool receiving 91. Note: In most cases, the variability of the data amongst Columbiana County residents is minimal; therefore is not mentioned with specific findings attributable to Salem City and East Liverpool City Health Districts unless noted.

2021 Community Survey Demographics

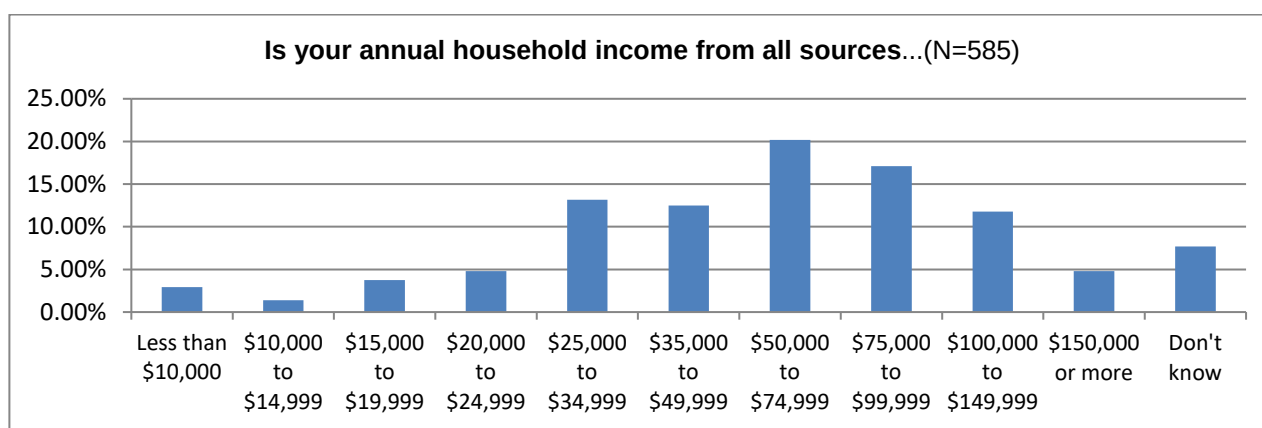


- **Sex at Birth:** 28.4% identified as Male at birth, 71.6% identified as Female at birth
- **Age:** Between 10-30=6.62%, Between 31-49=21.03%, Between 50-64=25.5%, 65 & Over=46.85%
- **Race:** 98.10% of respondents identified as White, 0.51% identified as Hispanic/Latino/a
- **Marital Status:** Married (68.13%), Divorced (11.13%), Widowed (8.26%), Single (9.61%), Other (3.87%)
- **Military Duty:** 8.57% of respondents have served active duty on the U.S. Armed Forces

Graph 2: Educational Attainment for Community Survey Respondents



Graph 3: Annual Household Income for Community Survey Respondents



Key Findings: Health & Safety Concerns- Stakeholder Interviews

Graph 4: Most Important Health and Safety Concerns (N=45 Stakeholder Interviews)

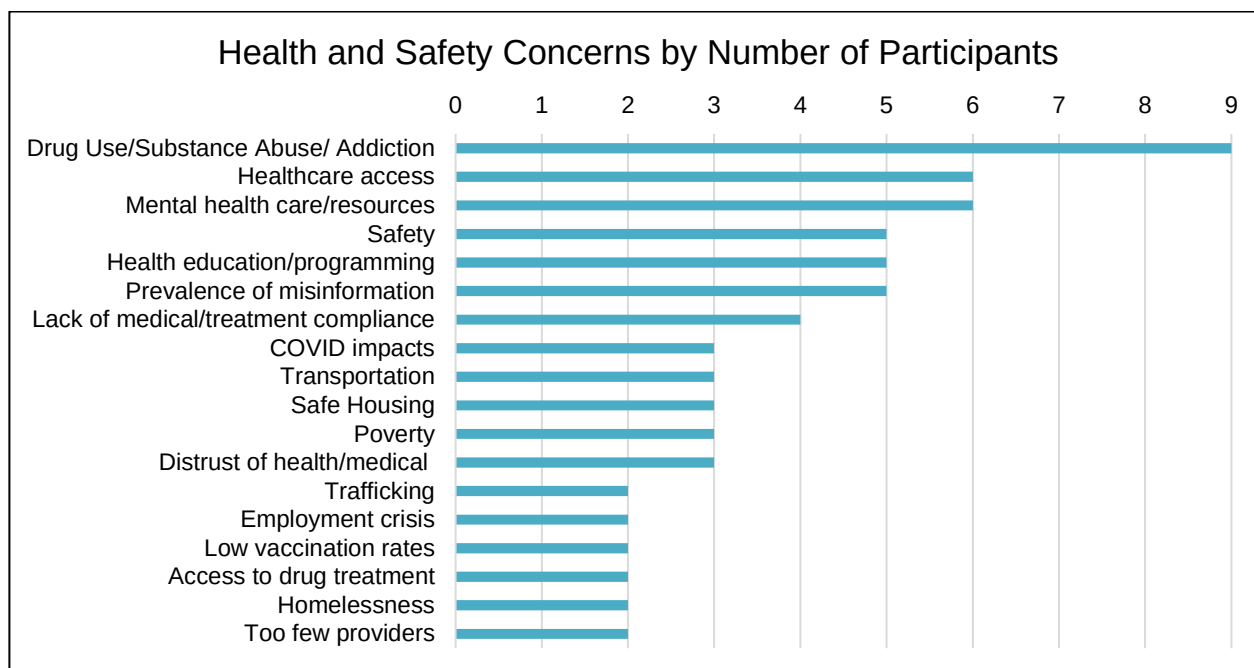


Table 7: Top Three Health Topics & Priorities for Columbiana County (N=39 Stakeholder Interviews)

Comparative Summary of Top Health Topics & Top Priorities Identified by Stakeholders and Focus Group Participants	Top Health Topics	Top Health Priorities
Drug Use/ Substance Abuse/ Addiction	X	X
Obesity/ Weight Loss	X	X
Mental Health Concerns	X	X
Nutrition/ Diet/ Eating Habits/ Healthy Food Preparation	X	X
Tobacco/ Vaping	X	X
Health Education Programs	X	X
COVID-19	X	
Vaccines	X	
Diabetes	X	X
Access to Physical Activity	X	
Access to Care (Transportation)	X	X
Access to Mental Health Services	X	
Chronic Disease Management	X	
Exercise/ Physical Activity (Behavior)		X
Preventive Care/ Screening		X

Table 8: Community Strengths and Resources for Columbiana County (N=39 Stakeholder Interviews)

Comparative Summary of Top Strengths and Resources Identified by Stakeholders and Focus Group Participants	Top Strengths	Top Resources
Food Banks/ Access/ Distribution	X	X
Access to Healthcare	X	
Sense of Community/ Support/ Social Networks	X	
Safety/ Low Crime Rate	X	
Parks and Recreation Opportunities	X	
Community Partnerships for Programs	X	
Local Health Department	X	
School Role in Health	X	
Options for Mental Health/ Addiction Treatment	X	
Chronic Disease Management	X	X
Exercise/ Physical Activity Programs	X	X
Faith-Based Community/ Activities	X	
Connecting to Resources		X
Clothing		X
Senior-Focused Programming		X
Family Recovery		X

Key Findings: Access, Personal Health & Prevention

“Physical, overall wellbeing and mental health; the connection...It’s important to treat the whole person.” ~Stakeholder Quote

Columbiana County is identified as having disparities related to being an Appalachian county, with a high ratio of the population to primary care physicians, dentists and mental health providers. Significant barriers to health care access were identified consistently across the CHNA process, with environmental factors affecting Appalachian counties to a greater extent than they do in non-rural counties.

According to the community survey, approximately 9 out of 10 residents have a personal doctor or healthcare provider(s). Approximately 95% have some type of healthcare coverage, which is an improvement of 5% from the 2019 community survey results. A comparative metric is seen in Figure 4-B, regarding the population with no health insurance.



Life Expectancy
National Median: 77.5 years

Figure 4 A & B: US News & World Report, May 2022

The lack of health insurance coverage is a significant barrier to accessing needed health care. The uninsured are much less likely to have primary care providers than the insured, and they also are less likely to receive preventive care, dental care, chronic disease management and behavioral health services. In addition, those without insurance are often diagnosed at later and less treatable disease stages than those with insurance; and so they experience health disparities through worse health outcomes, lower quality of life and higher mortality rates.

Barriers to accessing and using health services lead to unmet health needs, delays in receiving appropriate care, inability to get preventive services, financial burdens and preventable hospitalizations.

One of the most significant barriers to access and the most frequently cited by focus groups and key stakeholders involved the lack of transportation to local providers and even greater difficulty finding transportation to providers outside of Columbiana County. The lack of transportation was also noted as negatively impacting access to prenatal care, especially since there is no maternity unit in Columbiana County and very limited access to OB/GYN providers within the County.

About two-fifths (40%) of the stakeholder interviews and focus group participants identified accessible/reliable transportation as a barrier to participating in programming or accessing community resources. About one-third (32%) of the participants also felt that a lack of awareness of programs/resources available, cost (18%), lack of time (14%) and a lack of interest (12%) were significant barriers. Other repeatedly identified barriers mentioned in fewer than 10% of the responses were stigma/judgement associated with accessing services, convenience of service hours and location offerings, lack of service coordination by providers, concerns about COVID-19, social isolation, lack of access to internet/technology for services provided online or virtually, lack of volunteers to sustain programs, competing work demands, and cultural or religious views.

“In Columbiana County, we must account for multiple social determinants affecting the families. We have a large amount of children living in poverty, living with abuse/addiction in the home, and who have parents who may need more education on certain subjects than the majority of parents in a more affluent area.”

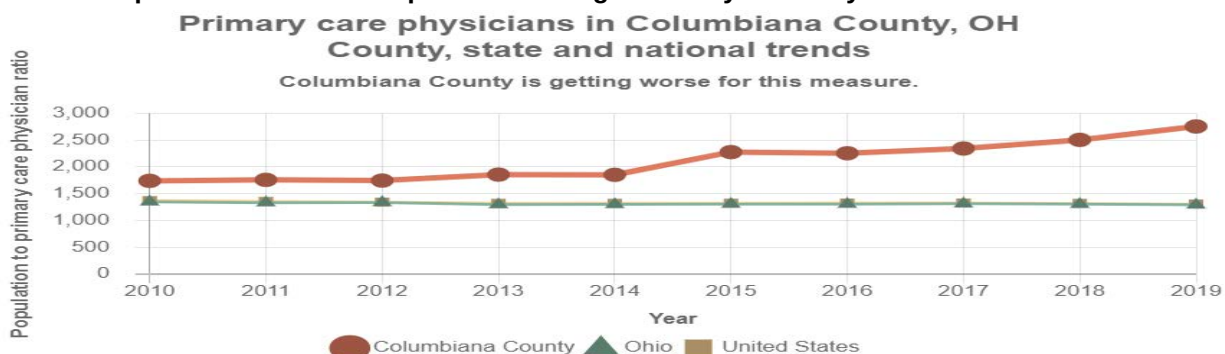
~Stakeholder Quote

In addition, about 10% of residents have modified their medication intake due to cost in 2021, while 7.82% have cut the size of their meals compared to 16% who experienced at least one issue related to hunger/food insecurity in 2019.

Table 9: Community Survey Respondent Provider and Health Care Coverage Status (N=715)

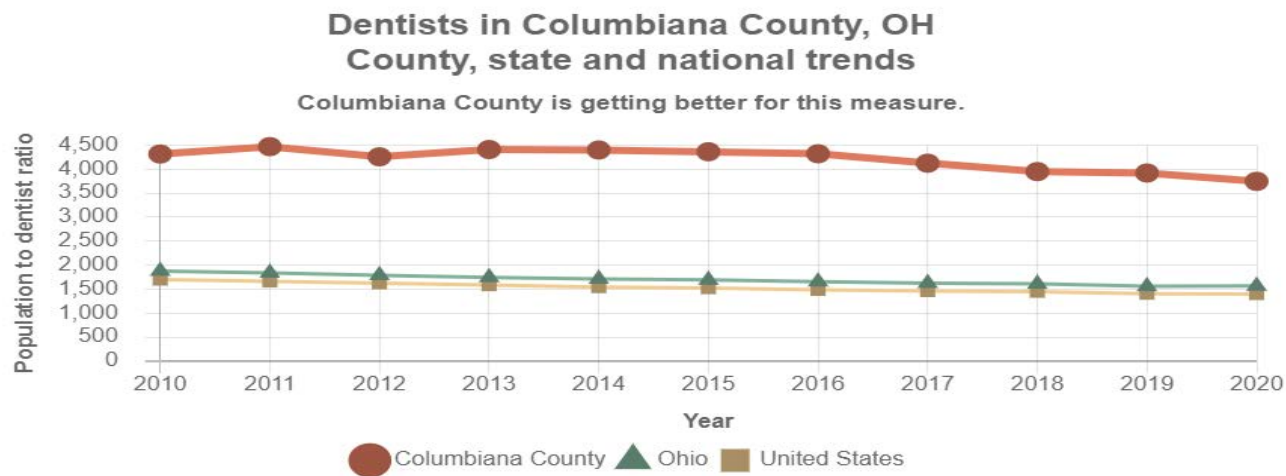
Respondents with 1 or more health care provider	89.23%
Respondents visiting a provider in past year for routine check-up	81.78%
Respondents with some kind of health care coverage. Approx. 40% are covered by Medicare and 33% by their employer	95.05%
Respondents visiting a dentist/dental clinic within past 2 years	75.8%

Graph 5-A: Comparative Metric for Population to Single Primary Care Physician



(Source: 2022 County Health Rankings)

Graph 5-B: Comparative Metric for Population to Single Dentist



(Source: 2022 County Health Rankings)

Graph 6: Personal Health (Community Survey Respondents=760)

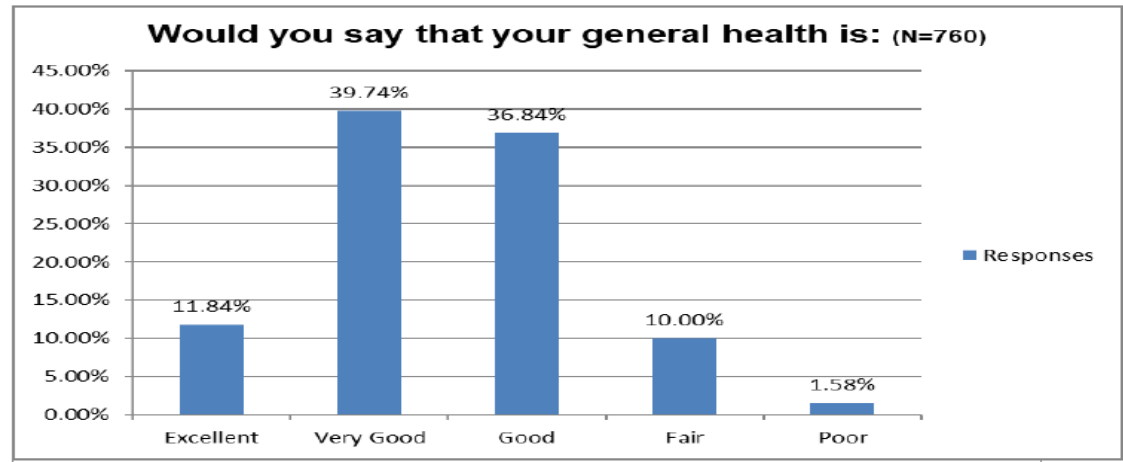


Table 10: Metric Comparison- Personal Health

Metric Comparison	Columbiana County	US	Peer Group	Ohio
Adults in Poor or Fair General Health	17.5%	17.2%	19.8%	17.6%

(Source: US News & World Report- May 2022)

Graph 7: Self-Reported Personal Experiences (Community Survey Respondents N=627)

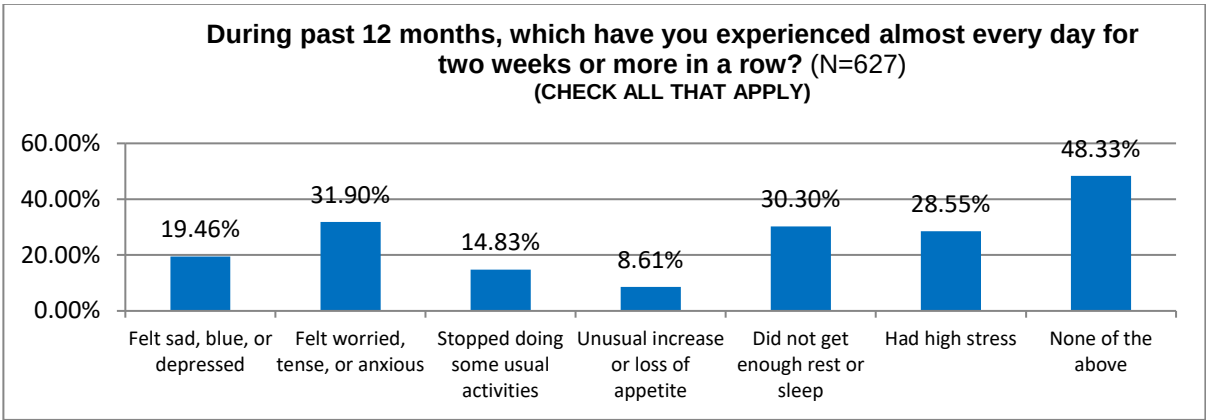


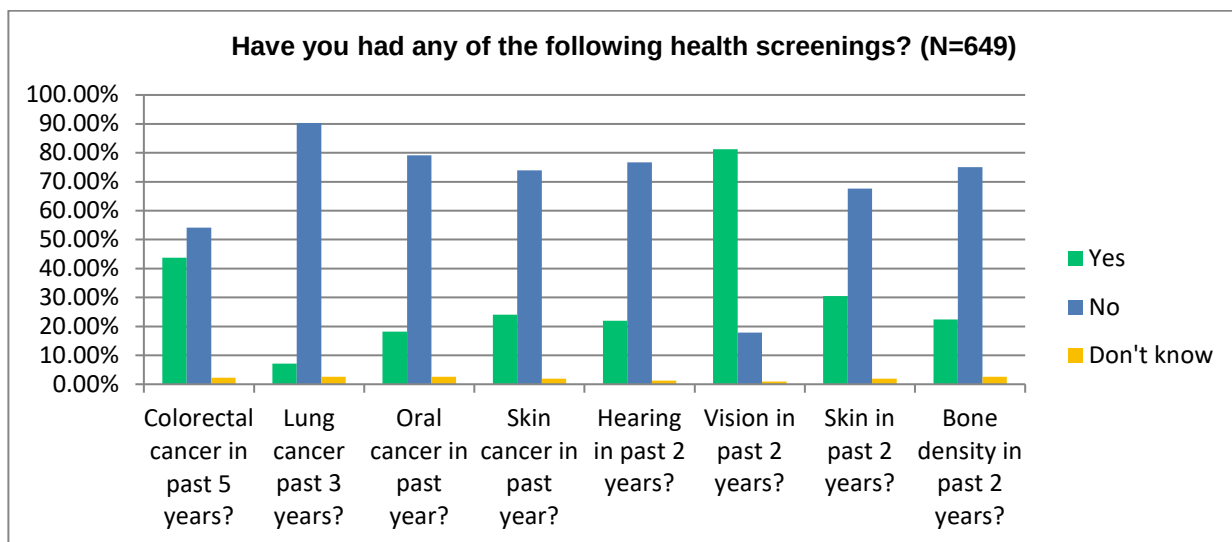
Table 11: Metric Comparison- Mental Distress

Metric Comparison	Columbiana County	US	Peer Group	Ohio
Adults With Frequent Mental Distress	17.1%	15.1%	16.3%	15.4%

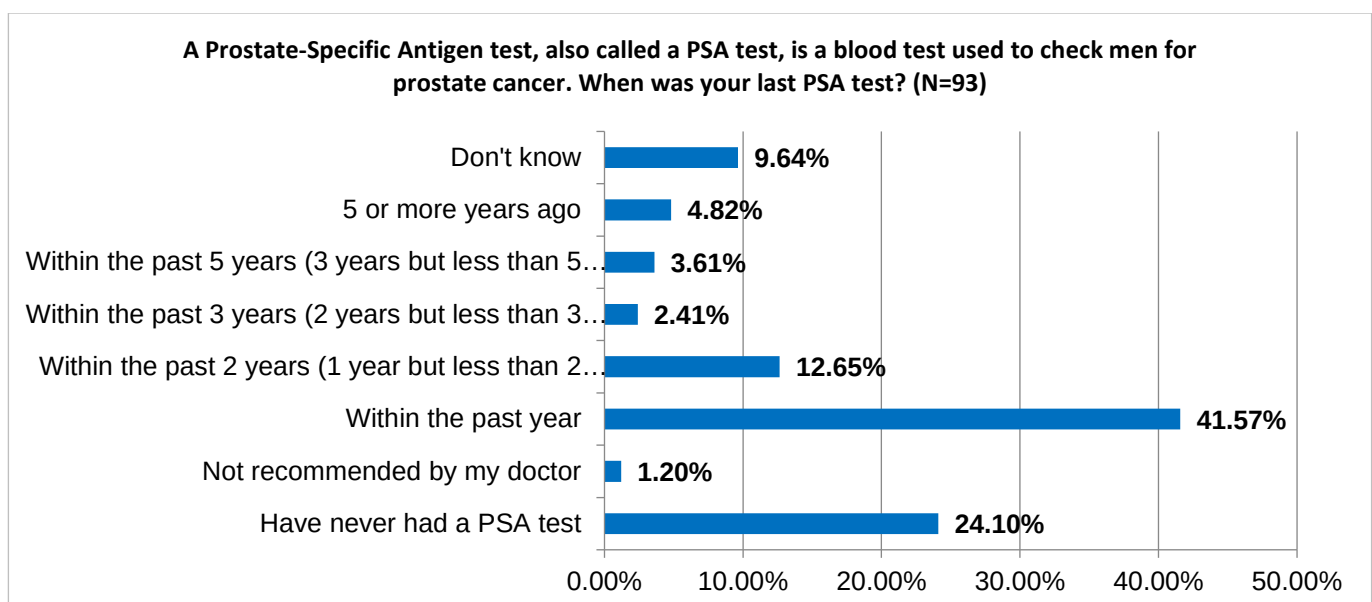
(Source: US News & World Report- May 2022)

- **Preventive Medicine:** The goal of preventive medicine is primarily concerned with disease prevention, and to maintain health and well-being to prevent disease, disability and death. Healthy behaviors, such as cancer screenings and access to dental care can help reduce adverse health conditions that can result in premature death, but these healthy behaviors are often lower in vulnerable populations within Columbiana County. It should be noted that the Columbiana County Health Partners identified survey data gaps in preventative medicine where survey findings may not reflect actual screening activity of vulnerable populations due to concerns of limited survey responses from these populations.

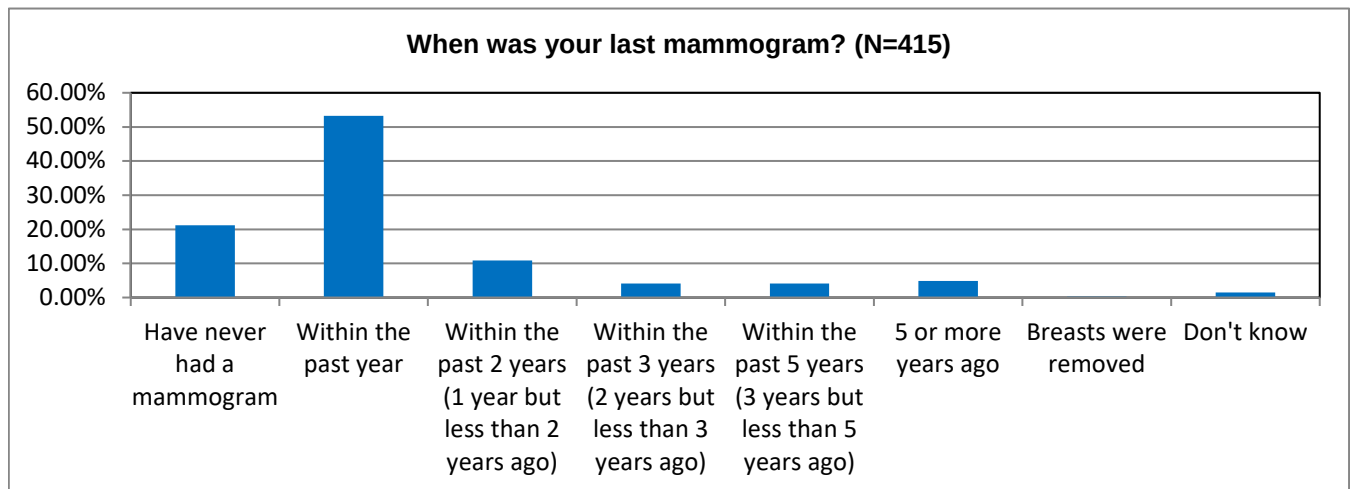
Graph 8: General Preventative Screenings (Community Surveys N=649)



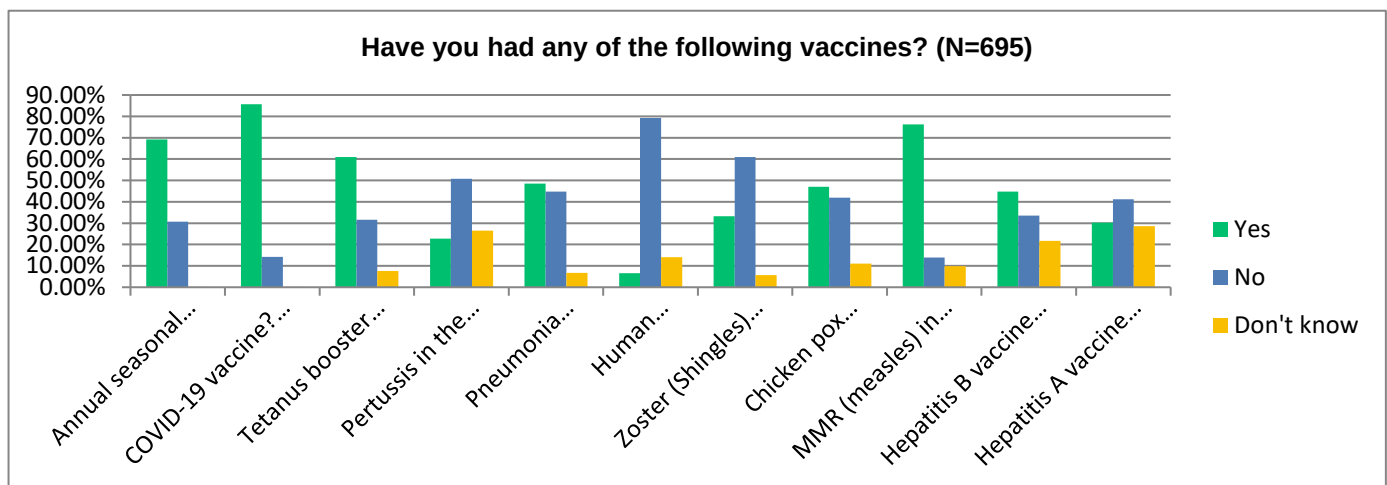
Graph 9: Preventative Screenings- PSA (Community Surveys N=93)



Graph 10: Preventative Screenings- Mammograms (Community Surveys N=415)



Graph 11: Vaccines (Community Surveys N=695)



(See “Forces of Change” for more information regarding the COVID-19 vaccination rates for Columbiana County.)

- **Chronic diseases** are types of diseases that a person can live with for a prolonged period of time. Those with a chronic disease usually need to see their doctors on a regular basis in order to monitor the disease progression and receive treatment. Chronic diseases identified as significant health needs in Columbiana County include: cardiovascular health (heart disease and stroke, high blood pressure and high cholesterol), cancer, arthritis, asthma and diabetes. Over half of all deaths in Columbiana County are attributable to chronic disease.

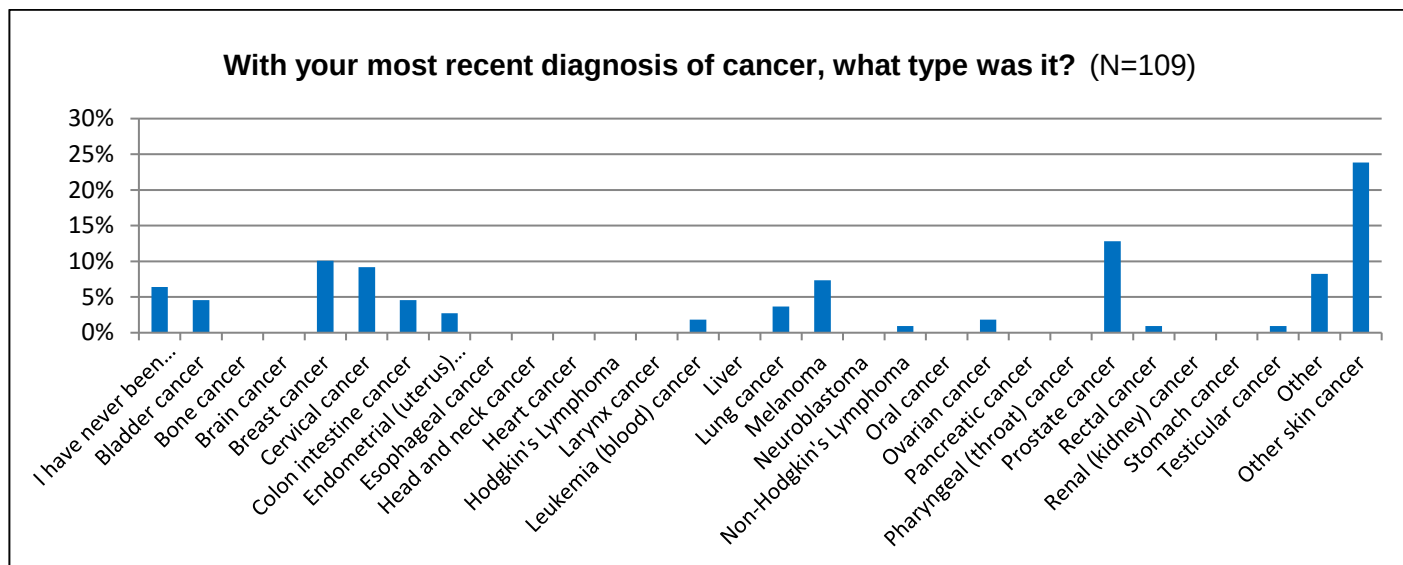
Table 12 A-B: Incidence of Type of Self-Reported Chronic Disease (Community Survey) & Metric Comparison

Chronic Disease Type	% Yes 2019	% Yes 2022
Cancer (N=682) See Graph 11 Below	19%	17.01%
High Blood Pressure (N=704)	37%	40.77%
Diabetes (N=705)	13.6%	15.46%

Metric Comparison	Columbiana County	US	Peer Group	Ohio
Cancer Incidence Rate/100K	442.6	456.0	469.5	465.3
Heart Disease Prevalence	7.3%	6.7%	7.2%	6.7%
Diabetes Prevalence	11.1%	10.5%	Unavailable	Unavailable

(Source: US News & World Report –May 2022)

Graph 12: Type of Cancer (Community Survey N=109)



Maternal, Infant, Child and Adolescent Health

Health behaviors and indicators for children from birth to 18 years of age can affect the present and future health, wellness, and quality of life for Columbiana County residents.

- **Maternal and infant health data indicators** were sourced from the County Health Rankings, Akron Children's Hospital's (ACH) 2019 CHNA and Search Institute's Profile of Student Life 2021 Survey. (See Appendix XIII.)

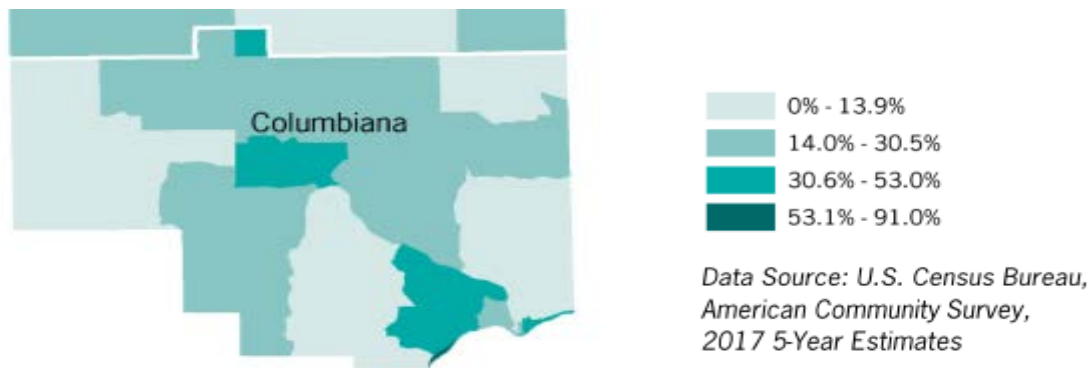
- The teen birth rate is 27 births/1,000 females, which is higher than Ohio's at 21/1,000.
- About one-third of 10th graders have reported early sexual intercourse, which is an increase since 2019.
- The percent of Columbiana County infants with a low birth weight (below 5 pounds, 8 oz.) equalled 7.4%, which is significantly lower than 9% of infants in Ohio. Note that the 7-7.5% low birth weight rate range has held constant for many years.
- Columbiana County's infant death rate (infants who die before their first birth day) is 5/1,000, which is lower than Mahoning County's at 8.4/1,000.

- Adverse Childhood Experiences (ACEs)

ACEs include all types of abuse, neglect and other potentially traumatic experiences that happen to people under the age of 18. According to the 2019 ACH Community Health Assessment, 28% of children in Columbiana County have experienced 2 or more ACEs, which is higher than the state of Ohio. According to the 2021 Columbiana County Search Institute's Profiles of Student Life results, it should be noted that 26% of youth in 7th, 9th and 10th grade have reported being physically harmed by someone in their family or home.

Child poverty rates are also an indicator for ACEs related to household challenges, since children living in high-poverty areas are more likely to have an ACE related to not having enough income to meet their needs.

Figure 5: Percent Columbiana Cty. Children Under Age 18 Living Below Poverty Threshold by Census Tract



Many Columbiana County children also experience the adverse condition of living with someone who uses drugs or has been directly exposed to the loss of a loved one due to a drug overdose death. Opioid use has increased dramatically in the adult population and this addiction impacts children's health. In addition, reported cases of mental health diagnoses are typically highest for these children. For example, the reported cases of mental health diagnoses for Columbiana County children (excluding suicide ideation and attempts) was 179 in 2016 and 204 in 2017.

Participants in the stakeholder and focus group interviews and within the Workgroup expressed that they felt the lack of OB/GYN providers and no "local" birthing center in the county had a negative impact on access to prenatal care; especially in relationship to transportation being identified as one of the most significant barriers to accessing health care services. In addition, the lack of parenting skills among young families was noted and the need for parenting classes was identified. Many participants also mentioned their observation of increasingly non-traditional family structures related to children being raised by grandparents and/or extended family members due to parental substance use.

"Most of the parents follow various social media outlets. They often believe most of what they see on the internet, regardless of the source. We can provide sources of good information to help parents by putting more education into social media." ~ Stakeholder Quote

- Youth Risk Factors and Protective Assets: Over the past 20 years, the Search Institute has surveyed over three million youth across the nation and developed a research-based framework of 40 developmental assets that are basic building blocks for human development. In 2021, the survey was anonymously administered to 1,528 Columbiana County adolescents in grades 7, 9 and 10 (representing 9 of 11 school districts within the County), with excerpts of significant findings shown in the figures below and throughout the remaining sections of the CHNA/CHA. (See Appendix XIII- Search Institute's Profile of Student Life 2021 Survey Results for more findings).

Search Institute's research has shown that the more assets a young person has, the less likely he/she will engage in harmful behaviors and be more likely to become a healthy and productive adults. Findings from the 2021 survey showed that 15% of Columbiana County youth possess 0-10 assets, versus 6% having 31-40 assets. For comparison in 2018, 12% of Columbiana County youth possessed 0-10 assets, versus 8% having 31-40 assets.

Developmental deficits are the negative influences that interfere with the ability to develop into a healthy, successful adult. The percentage of Columbiana County youth surveyed report the following developmental deficits and thriving indicators as shown in the excerpts below from Appendix XIII- 2021 Search Institute Report for Columbiana County- Labelled as Table 11 and 12.

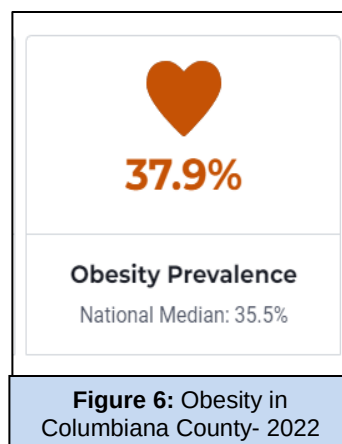
Table 11. Percent of Youth Reporting Developmental Deficits											
Deficit	Definition	Total Sample	Gender		Grade						
			M	F	6	7	8	9	10	11	12
Alone at Home	Spends two hours or more alone per school day	41	39	42	36			41	47		
TV Overexposure	Watches TV or videos three or more hours per school day	39	38	38	39			37	40		
Physical Abuse	Reports once or more, "Have you ever been physically harmed (that is, where someone caused you to have a scar, black & blue marks, welts, bleeding, or a broken bone) by someone in your family or someone living with you?"	26	26	25	32			22	26		
Victim of Violence	Reports once or more, "How many times in the last 2 years have you been the victim of physical violence where someone caused you physical pain or injury?"	27	27	25	32			24	24		
Drinking Parties	Reports attending one or more parties in the last year "where other kids your age were drinking."	24	22	26	14			26	34		

Table 12. Percentages of Eight Thriving Indicators in Your Youth											
Thriving Indicator	Definition	Total Sample	Gender		Grade						
			M	F	6	7	8	9	10	11	12
Succeeds in School	Gets mostly As on report card	33	27	40	33			35	30		
Helps Others	Helps friends or neighbors one or more hours per week	78	77	80	81			76	77		
Values Diversity	Places high importance on getting to know people of other racial/ethnic groups	64	55	74	62			65	65		
Maintains Good Health	Pays attention to healthy nutrition and exercise	46	48	47	47			46	46		
Exhibits Leadership	Has been a leader of a group or organization in the last 12 months	57	57	58	60			56	55		
Resists Danger	Avoids doing things that are dangerous	20	19	22	25			18	18		
Delays Gratification	Saves money for something special rather than spending it all right away	47	49	46	45			46	52		
Overcomes Adversity	Does not give up when things get difficult	58	64	52	56			61	57		

Table 13: Trends in Youth Risk-Taking Behaviors

Youth Risk-Taking Behaviors- Comparison from 2018 to 2021	2018 (N=2,,314)	2021 (N=1,528)
Engaged in bulimic or anorexic behavior	24%	30%
Felt sad or depressed most or all of the time	26%	31%
Attempted suicide one or more times	20%	23%
Used alcohol one or more times in last 30 days	21%	18%
Smoked cigarettes once or more in last 30 days	6%	4%
Used marijuana once or more in last 12 months	7%	10%

Key Findings: Obesity & Nutrition



According to the CDC's *"The Health Effects of Overweight and Obesity,"* those who have obesity, compared to those with a normal or healthy weight, are at increased risk for many serious diseases and health conditions, including all causes of death (mortality); high blood pressure (hypertension); high LDL cholesterol, low HDL cholesterol, or high levels of triglycerides; type 2 diabetes; coronary heart disease; stroke; gallbladder disease; osteoarthritis; sleep apnea and breathing problems; some cancers (endometrial, breast, colon, kidney, gallbladder, and liver); low quality of life; mental illness; body pain and difficulty with physical functioning. Obesity, poor nutrition, and physical inactivity disproportionately affect minority and low-income citizens.

Adult obesity rates are measured by the percentage of the adult population who reports a body mass index (BMI) greater or equal to 30kg/m². In Columbiana County, obesity rates have been gradually increasing over the past three years as measured at 32.0% in the 2016-2019 Columbiana County Needs Assessment, 34% in the 2019 County Health Rankings, 36% in the 2021 County Health Rankings and 37.9% in Figure 5 from The US News and World Report – May 2022.

in the 2019 County Health Rankings, 36% in the 2021 County Health Rankings and 37.9% in Figure 5 from The US News and World Report – May 2022.

"With a sedentary job and fast food, obesity is on my mind."~ Stakeholder Quote

Regular physical activity reduces the risk for many diseases, helps to manage chronic conditions, helps control weight and strengthens muscles, bones and joints. According to the Search Institute Profiles of Student Life 2021 Survey, an average of 46% of youth report paying attention to healthy nutrition and exercise.

Table 14: Metric Comparison- No Leisure Time Physical Activity

Metric Comparison	Col. Cty.	US	Peer Group	Ohio
Adults with No Leisure Time Physical Activity	28.1%	26.5%	29.1%	25.8%

(Source: US News and World Report-May 2022)

- **Food Environment:** The availability of healthy, affordable foods contributes to a person's diet and reduces the risk of related chronic diseases. Conversely, a diet that's high in calories, lacking in fruits and vegetables, full of fast food, and laden with high-calorie beverages and oversized portions contributes to weight gain.

Graph 14: Food Choices (Community Survey N=622)

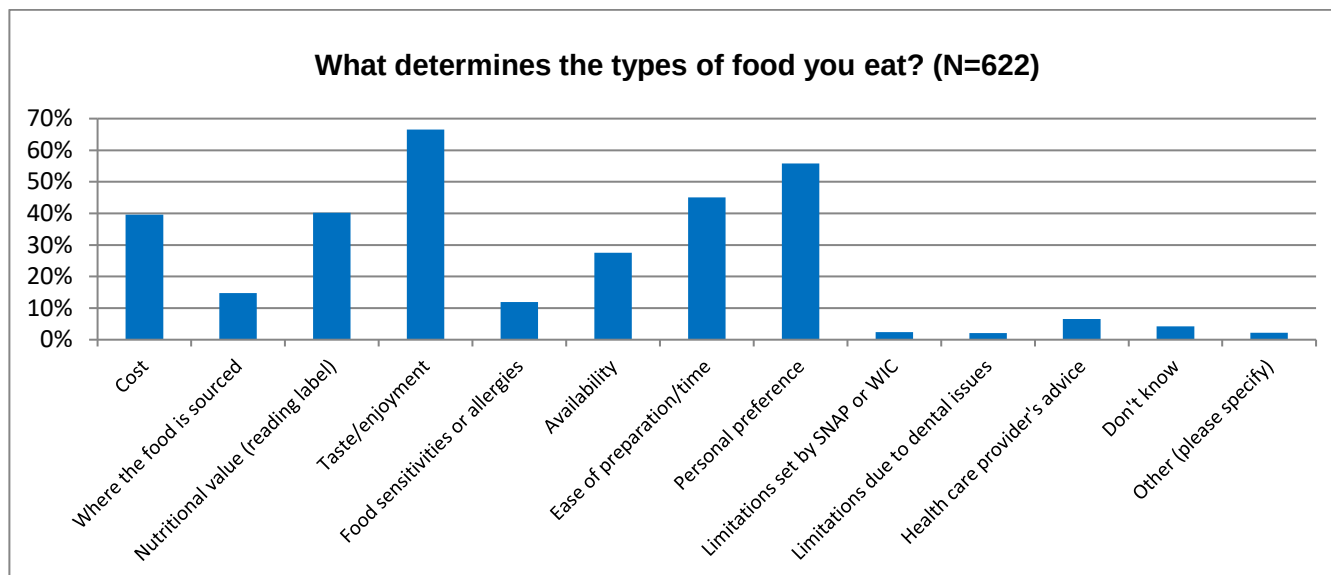


Table 14: Food Insecurity (Community Survey N=614)

Did you ever cut size/skip meals because not enough money?	Avg. County - All Areas	Col. Co. Health District	Salem City HD	East Liverpool City HD
Yes	7.82%	7.55%	6.15%	9.89%
No	91.37%	91.91%	92.31%	90.11%

About 10% of residents have modified their food or medication intake due to cost in 2021, compared to 16% who experienced at least one issue related to hunger/food insecurity in 2019. Survey variance is noted as highlighted.

Key Findings: Tobacco & Other Substance Use

- Tobacco: Tobacco use is a major cause of heart disease and cancer, which are the two leading causes of death in Columbiana County. According to the CDC, tobacco use is estimated to cause more than 30 percent of all cancer deaths in the U.S., including 80 percent of lung cancer deaths among men and women. The use of tobacco is also the leading cause of preventable disease, disability, and death in the United States; and therefore the leading cause of preventable disease, disability and death in Columbiana County. Smokers are more likely than nonsmokers to develop heart disease, stroke, and lung cancer. Smoking causes diminished overall health, increased absenteeism from work, and increased health care utilization and cost.

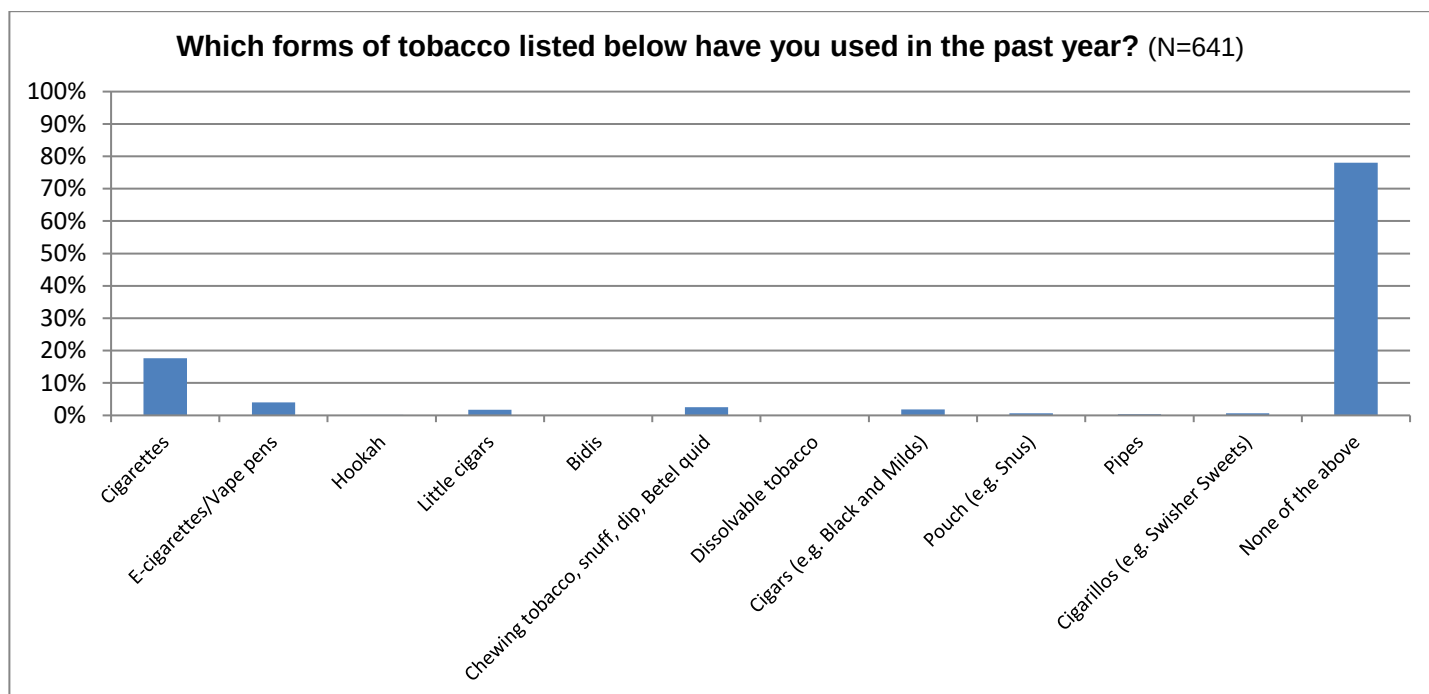
Secondhand smoke exposure contributes to approximately 41,000 deaths among non-smoking adults and 400 deaths in infants each year. Secondhand smoke causes stroke, lung cancer, and coronary heart disease in adults. Children who are exposed to secondhand smoke are at increased risk for sudden infant death syndrome, acute respiratory infections, middle ear disease, more severe asthma, respiratory symptoms, and slowed lung growth.

Table 15: Self-Reported Incidence of Smoking (Community Survey N=651)

Do you smoke cigarettes?	County Wide Avg.	Col. Cty. HD	Salem City HD	East Liverpool City HD
Everyday	10.45%	9.41%	9.52%	16.13%
Some days	2.92%	2.42%	1.59%	2.15%
Not at all	86.64%	88.17%	88.89%	81.72%

Over one-third (39%) of the respondents had smoked at least 100 cigarettes in their entire life, 17.63% had used cigarettes in the last year, followed by 4.06% who had used e-cigarettes/vape and 2.5% who used chewing tobacco/snuff/dip. (N=641). It should be noted that 6% self-reported using e-cigarettes/vape in 2019. One in five adults self-reported as current smokers in 2019.

Graph 15: Self-Reported Tobacco Use (Community Survey N=641)



In addition, according to the Search Institute Profile of Student Life 2021 Survey Results, an average of 4% of Columbiana County 7th, 9th and 10th grade students smoked cigarettes once or more in the last 30 days, which has decreased from 6% in 2018. However, 21% report vaping or marijuana use once or more in the last 30 days.

Drug & Alcohol Use: According to the World Health Organization, substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs, accidental/unintentional injury deaths, higher causes of premature death, increased crime and social determinants of health.

Drug use is having an increasingly negative impact on Ohio and Columbiana County. According to the Search Institute Profile of Student Life 2021 Survey Results, an average of 10% of Columbiana County 7th, 9th and 10th grade students have used marijuana or hashish once or more in the last 12 months and 2% have used other illicit drugs. According to the Ohio Department of Health, unintentional drug poisoning has become the leading cause of injury death in Ohio, surpassing motor vehicle crashes. Drug use is also dramatically impacting the welfare of area families.

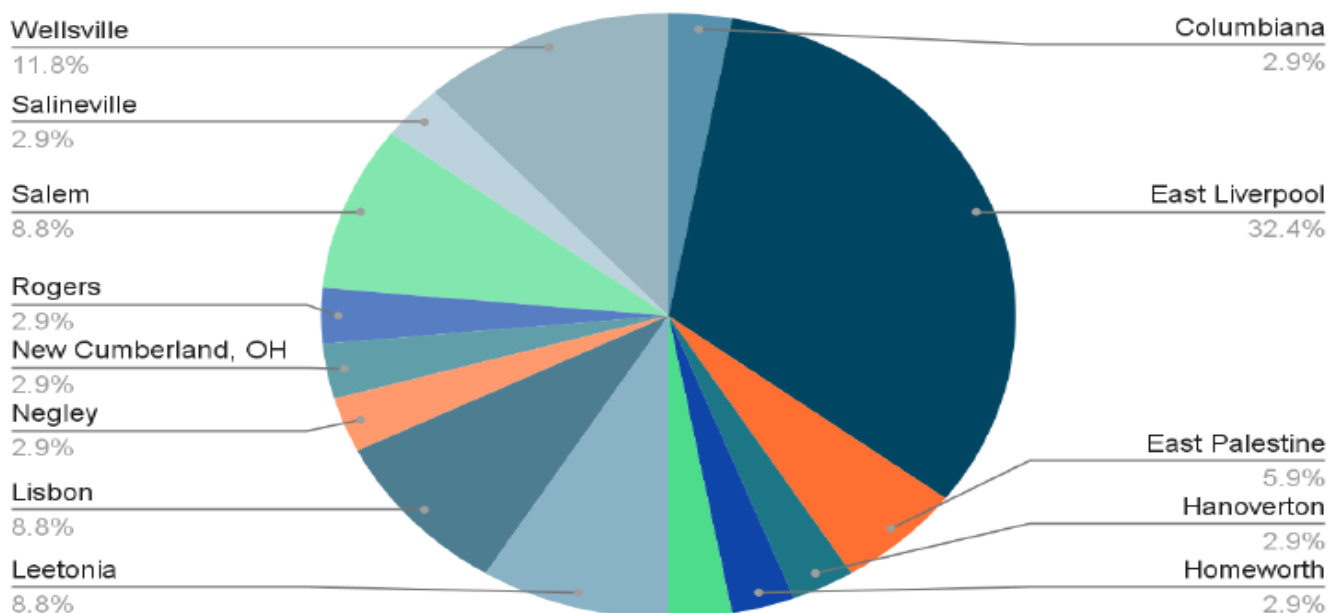
Based on the 2020 Columbiana County Coroner's Report, 34 of 140 of accidental deaths (63%) in the county were determined to be drug-related, compared to 73.2% in 2017. Trends noted since the 2017 Columbiana County Coroner's Report showed that in 2019 and 2020, the number of drug associated deaths reported was the same. However, in 2020, the top death-associated drugs changed as follows:

Table 16: Comparison of Prominent Death-Associated Drug 2017 vs. 2020)

2017 Prominent Death-Associated Drug	Occurrence	2020 Prominent Death-Associated Drug	Occurrence
Cocaine	18	Fentanyl	24
Fentanyl	17	Amphetamines/Methamphetamines	18
Morphine	14	Benzodiazepines	16
Gabapentin	13	Cocaine	11
THC	12	Morphine	9

Graph 16: 2020 Drug Deaths by Hometown

Home town/City of Drug Death Individuals



(Source: 2020 Columbiana County Coroner's Report)

Table 17: Drug & Alcohol Use (Community Survey)

Concern about mental health or alcohol/drug use of yourself/loved one in past year	23.1% (N=645)
Have used a mental health or alcohol/drug use program or did seek services	10.82% (N=610)

Variance: Concern about mental health or alcohol/drug use of yourself/loved one in past year	County Wide Avg.	Col. Co. Gen. HD	Salem City HD	East Liverpool City HD
Yes	23.10%	23.99%	19.69%	28.26%
No	76.90%	76.01%	80.31%	71.74%

Survey variance is noted as highlighted above.

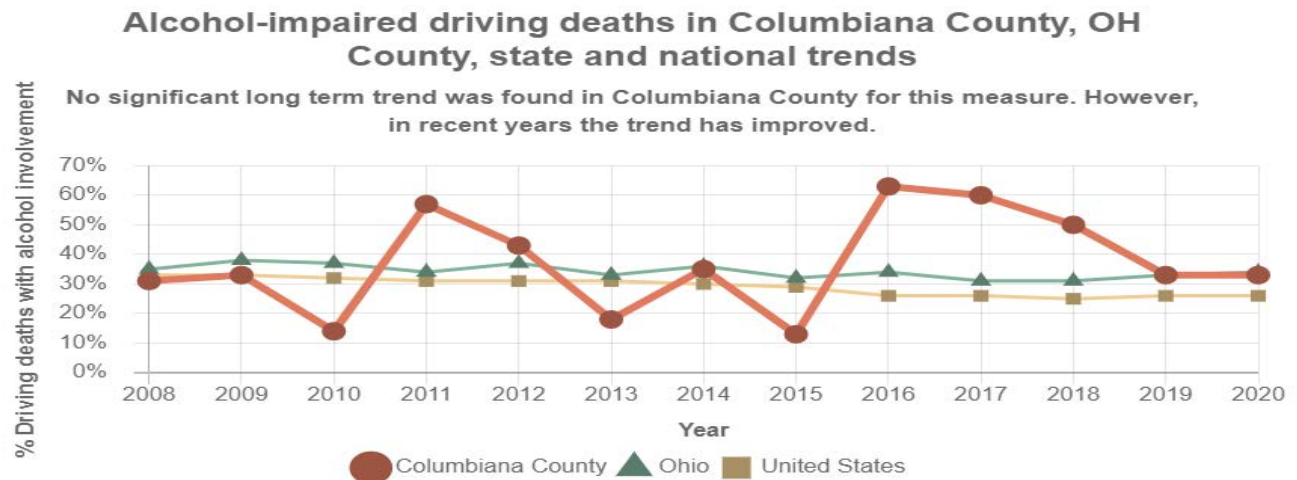
Table 18: As a result of using drugs or alcohol, have you or a family member: (Community Survey: N=633)

Regularly failed to fulfill obligations at work or home	3.48%
Been placed in dangerous situations	3.63%
Overdosed and required hospitalization/EMS	2.53%
Administered Narcan or nasal Naloxone	0.79%
Received Narcan or nasal Naloxone	2.21%
Had legal problems	5.53%

According to the National Institutes of Health, there is a close relationship between drug abuse and crime. However, the 2020 Columbiana County Coroner's Report indicated that 2020 yielded the lowest amount of homicides since 2009.

- **Alcohol Use:** Among 7th, 9th and 10th grade students, an average of 18% have used alcohol once or more in the last 30 days, and 11% have gotten drunk once or more in the last 2 weeks. The percentage of adults reporting binge or heavy drinking has remained relatively the same since the 2019-2022 County Needs Assessment and is currently at 19%. Alcohol-impaired driving deaths have also remained fairly similar from 2019 to 2020; however, the trend has improved in recent years.

Graph 17: 2020 Alcohol-Impaired Driving Deaths



(Source: 2022 County Health Rankings)

Key Findings: Mental Health

Mental health is strongly linked to socioeconomic factors relevant to Columbiana County and youth and adults are self-reporting increased rates of depression and suicide-attempts. Patients with anxiety, mood disorders and substance abuse are among East Liverpool City Hospital’s and Salem Regional Medical Center’s highest Emergency Department service users, and both Emergency Departments are observing an increase in the number of patients seeking treatment, who have suicide ideation. However, there are data gaps concerning an accurate reporting of suicide attempts among youth and adults, because many patients have co-morbidities and/or other complicating conditions, such as anxiety, mental illness or substance abuse.

Table 19: Comparison of Mentally Unhealthy Days

Cty. Health Rankings Avg. Number Mentally Unhealthy Days in Past 30 Days (2019 vs. 2022 CHA/CHNA)			
	Columbiana County	Ohio	US Top Performer
2016 Data	4.2 Days	4.3 Days	3.1 Days
2018 Data	5.3 Days	4.8 Days	3.8 Days

(Source: County Health Rankings for Columbiana County, Ohio and US Data)

“There is a lack of local resources and services for mental health.”
“Psychiatric treatment – accessible and locally based vs. extreme difficulty in referring/ discharging patients for psych services.” ~ Stakeholder Quotes

Columbiana County continues to experience shortages of mental health workers, as indicated by the population ratios below, as well as a lack of treatment options especially related to inpatient management. However, there is a significant variance in the Columbiana County Health Rankings data from 2016 to 2018 related to the population ratio of mental health providers. It should be noted that the County has not directly experienced an increase in the number of mental health providers, and that numerous Columbiana County stakeholders and focus group members expressed that there are not enough mental health providers to meet the demand for these services.

Table 20: Comparison of Population Ratio of Mental Health Providers

Cty. Health Rankings Population Ratio of Mental Health Providers (2019 vs. 2022 CHA/CHNA Data)			
	Columbiana County	Ohio	US Top Performer
2016 Data	1160:1	470:1	490:1
2018 Data	860:1 (857:1 in 2021)	350:1	250:1

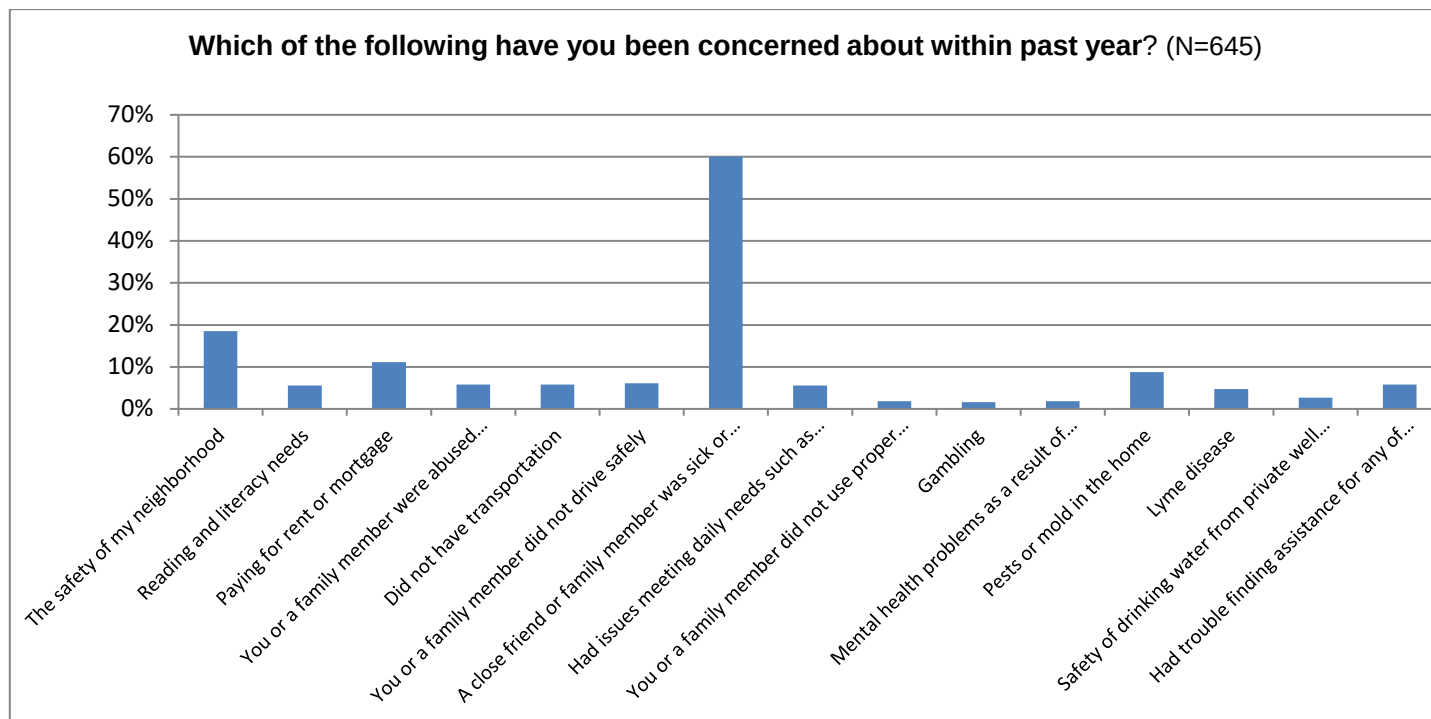
(Source: County Health Rankings for Columbiana County, Ohio and US Data)

Table 21: Self- Reported Mental Health Issues (Community Surveys)

Have considered attempting suicide during past year	- 2.95% (N=627)
Reported causes of anxiety, stress or depression: (N= 624)	- 26.6% Job/work - 20.83% Finances - 18.75% Death of a close family member/friend

According to the Search Institute Profile of Student Life 2021 Survey Results, an average of 23% of Columbiana County 7th, 9th and 10th grade students have attempted suicide, with females at 28% and males at 16%. Almost one-third of the students feel sad all or most of the time, and 30% of youth have reported engaging in anorexic or bulimic eating disorders.

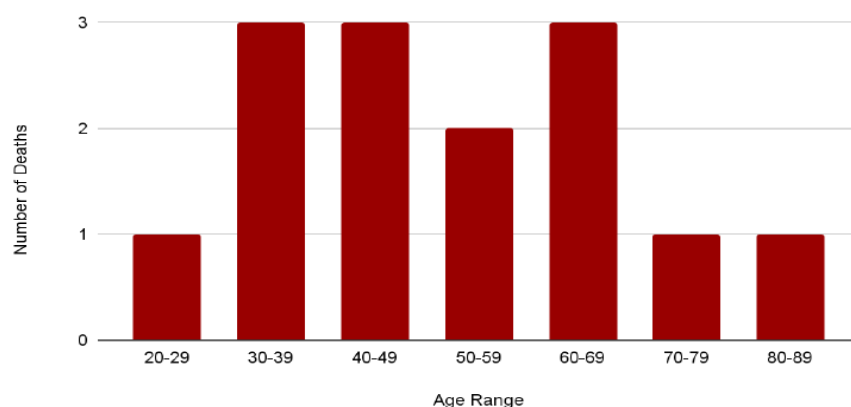
Graph 18: Mental Health Concerns (Community Survey N=645)



The rate of suicide is increasing in the U.S., claiming more lives than traffic accidents and more than twice as many as homicides. In Columbiana County, there were 14 suicide cases for 2020, with the cause of death indicated in the graph. Note that the suicide cases were down in 2020 from 19 in 2019 to 14 in 2020; however, during this same time, the percentage of drug-related suicides rose from 10.5% in 2019 of total suicide cases to 21.4% in 2020.

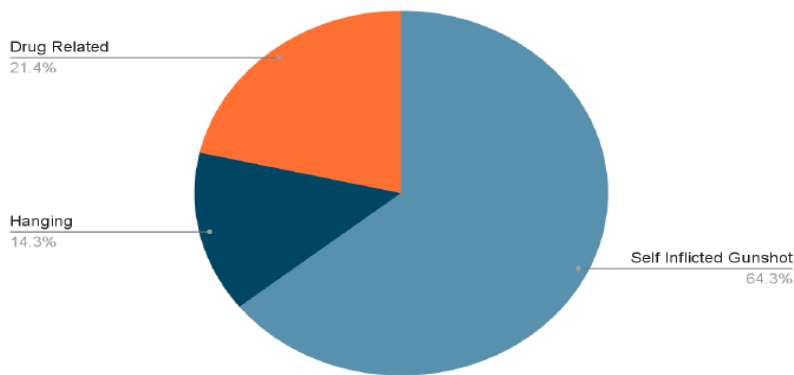
Graphs 19 A & B: 2020 Suicide Deaths by Age Range & Type (Source: 2020 Columbiana County Coroner's Report)

Age Range of Suicide Deaths



Suicides

Suicide Cases



SUMMARY OF MAPP PROCESS & METHODS

The Columbiana County Health Partners followed the process outlined by the National Association of County Health Officials (NACCHO)'s Mobilizing for Action through Planning and Partnerships (MAPP) to conduct the needs assessment and prioritize findings. MAPP is a community-driven strategic planning process for improving community health that helps prioritize public health issues and identify resources to address them. It should be noted that when feasible, the Workgroup incorporated MAPP's proposed, revised guiding values regarding Equity, Inclusion, Trusted Relationships, Community Power, Strategic Collaboration and Alignment, Data and Community Informed Action, Full Spectrum Actions, Flexible and Continuous Improvement into its process. (<https://www.naccho.org/uploads/full-width-images/MAPP-Evolution-Blueprint-Executive-Summary-V3-FINAL.pdf>)

The following four MAPP phases were addressed in the development of the 2022-2025 CHA/CHNA as follows:

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

The Columbiana County Health Partners contracted with the Lake County Health Department and two graduate students from the University of Alabama at Birmingham to collect and analyze primary and secondary data. In addition, the Partners independently conducted primary and secondary data collection and analysis to more fully capture the needs of vulnerable populations and the broad community, and help fill identified data gaps to support informed decision-making.

- MAPP Phase 2 (Visioning & Values)

The Partners undertook a collaborative process to determine a shared mission and vision to guide the assessment and prioritization processes. It should be noted that the Partners voted to continue pursuit of the mission and vision adopted in 2019.

- **2022-2025 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.
- **2022-2025 CHNA Vision:** A safe community of healthy people.

- MAPP Phase 3 (Collecting & Analyzing Data)

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

- Primary Data: Primary qualitative data to reflect input from the broad community and vulnerable populations was collected through 599 written community surveys completed by individuals representing diverse constituent groups with this data gathered by a University of Alabama graduate student and analyzed by the Lake County Health Department. Thirty-two stakeholder and focus group interviews were conducted, reflecting input from 106 participants, with this data gathered by the Partners' workgroup and analyzed by the Lake County Health Department.

-- **Community Survey:** The majority of the community survey items were derived from the Behavioral Risk Factor Surveillance System (BRFSS), due to the ability to compare local data with state and national data. The graduate students from the University of Alabama at Birmingham collaborated 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.

Findings from the community survey responses are reflected within the "Community Perceptions & Issues of Concern" section of the CHA/CHNA, and in Appendix VII.

-- **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 CHA/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. For comparative purposes, a standardized interview question guide was then developed from the 2019 interview guide, and then used by the workgroup to conduct the interviews and facilitate focus group interviews with 106 participants from December 2021-January 2022.

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 the "Community Perceptions & Issues of Concern" section of the CHA/CHNA, and in Appendix VIII.

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.

-- **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.

"Countywide we have excellent collaboration amongst agencies."

"Strong infrastructure of services and supporting partnerships." ~Stakeholder Quotes

Part 1: In March of 2022, 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 and their potential impacts.

Part 1, Table 22: Forces of Change Assessment Findings

Force of Change (Trend, Events, Factors)	Potential Impact
Staff shortages at the Ohio Dept. of Health and healthcare facilities including local health districts.	Limited support for providing healthcare and public health services to the community.
Medical equipment supply-chain issues, such as needles, Personal Protective Equipment (PPE) & ventilators.	Limited resources being distributed. Distribution based on allocation and not on need can result in poor patient care.

Community suspicion of healthcare workers. Combative and resistant patients. Loss of trust.	Safety risks to healthcare workers and reduction in healthcare effectiveness resulting in more frequent and serious patients. Increased need for mental health support (patients & workers).
Resistance to all vaccines	Increase of disease occurrence and outbreaks.
Increase of misinformation	Reduction in effective healthcare, loss of trust.
Reducing patient loyalty to provider. Increase use of drive through healthcare.	Loss of personalized (whole patient) healthcare and follow-up care resulting in an overall degradation of patient health.
Increased legislation to control and limit healthcare and public health.	Reduction in healthcare effectiveness and increase in administrative costs.
Increase of substance use and suicide.	Increase demands on limited funding and mental health providers.
Efforts to consolidate services.	Reduction of access to services, particularly in small communities with already limited options to access providers.

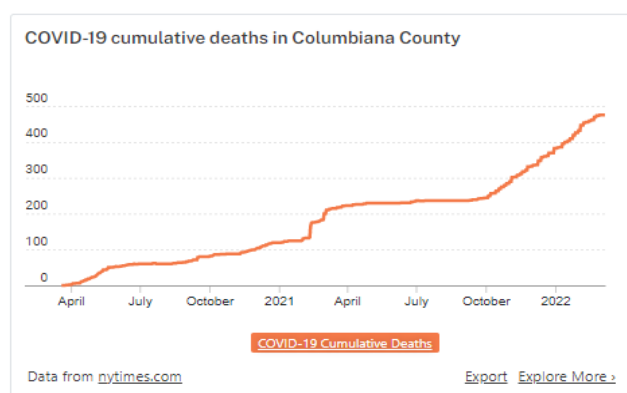
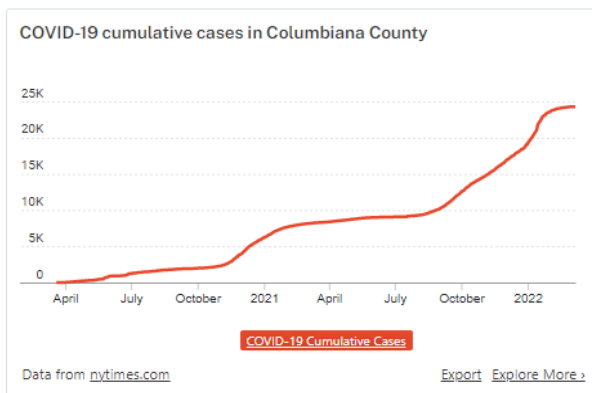
Part 2: Forces of Change Assessment- Impact of COVID -19 (SARS-CoV-2)

In addition to the traditional “Forces of Change” assessment, the Workgroup also discussed the impact of the COVID-19 epidemic as a significant factor affecting the context in which the community and its public health system operate, especially related to the politicization of public health. The evolution of the CHA/CHNA was significantly impacted by COVID-19 and its foot print on the health care delivery system and Columbiana County residents. Virtually every sector of the community was affected, including all available resources for education, prevention and treatment and residents’ perceptions of these interventions became more divided as the pandemic progressed.

The COVID-19 virus (SARS-CoV-2) was originally detected in Asia in late 2019 and first identified in March of 2020 in Columbiana County. Initially, the County’s overall resource capacity to provide testing and treatment for COVID-19 patients was dramatically impacted in March and April of 2020, by the nation’s first outbreak at a federal prison, which is located within the County and houses 2400 inmates.

In the 24-month period up to March 15, 2022, approximately one-fourth (24,322) of Columbiana County residents tested positive for COVID-19, and the first county resident died on March 26, 2020. An additional 475 residents would die, (including 9 federal prison inmates) after testing positive for COVID-19 and 1,060 COVID-19 positive patients would be hospitalized.

Part 2, Graph 20 A-B: COVID Cases and Deaths in Columbiana County

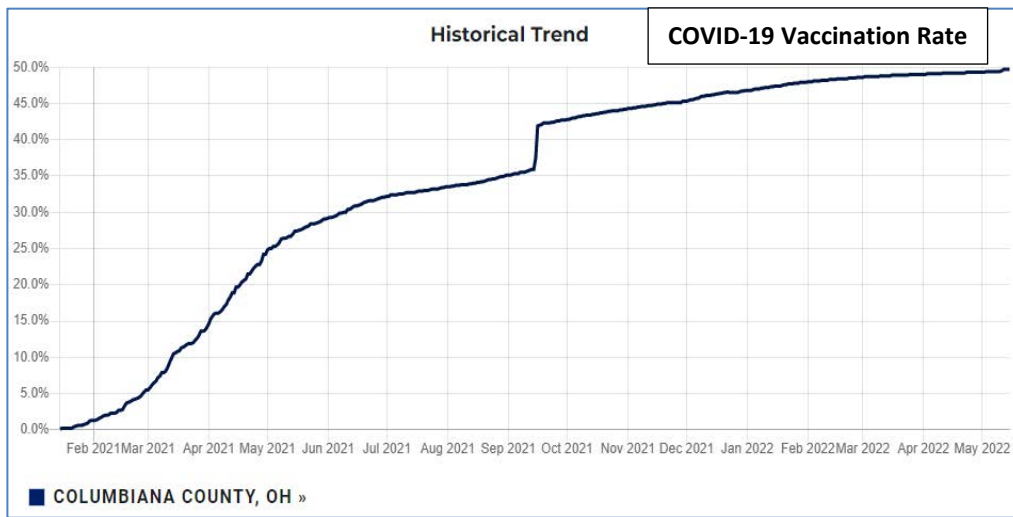


(Data Table Source: Datacommons.org)

Table 23: COVID-19 Cases and Deaths By Health District (1/1/20- 5/21/22)

	Cases	Deaths
Col. Cty. Health District	19,896	380
East Liverpool City Health District	2,623	116
Salem City Health District	3,093	166

Graph 21: COVID-19 Vaccination Rate February 2021 to May 2022



(Source: US News & World Report- May 2022)

COVID-19 presented a unique challenge for rural, communicable disease staff beginning in 2020, as case counts quickly increased. The intensity escalated due to resources needed for interviewing positive cases, initiating isolation and quarantine, answering relevant questions concerning area residents, and providing guidance to educational systems, employers, community partners and healthcare facilities.

For an extended period of time, the surge in case counts also stressed the resources of area hospital systems and health care providers (including long-term care facilities and congregate care settings), and presented further complications due to limited testing supplies and personal protective equipment (PPE) as a result of national supply chain shortages, which were eventually overcome by local, private entities; as well as Ohio's use of the strategic national stockpile (SNS). The availability and subsequent utilization of home test kits dramatically increased testing capacity and provided rapid results.

A vaccine to combat the virus first became available in December of 2020 with very limited supplies. This extremely valuable resource was prioritized initially for healthcare workers and those 85 years and older. As more vaccine became available, younger age groups became eligible. The vaccines were made available to the broad community by hospitals, health districts, FQHC's, pharmacies and other healthcare providers in the County using walk-in appointments, onsite congregate care facility clinics (including group homes, jails and home bound residents), drive-up options and drive-through distribution sites, including the new mass vaccination complex at the County fairgrounds.

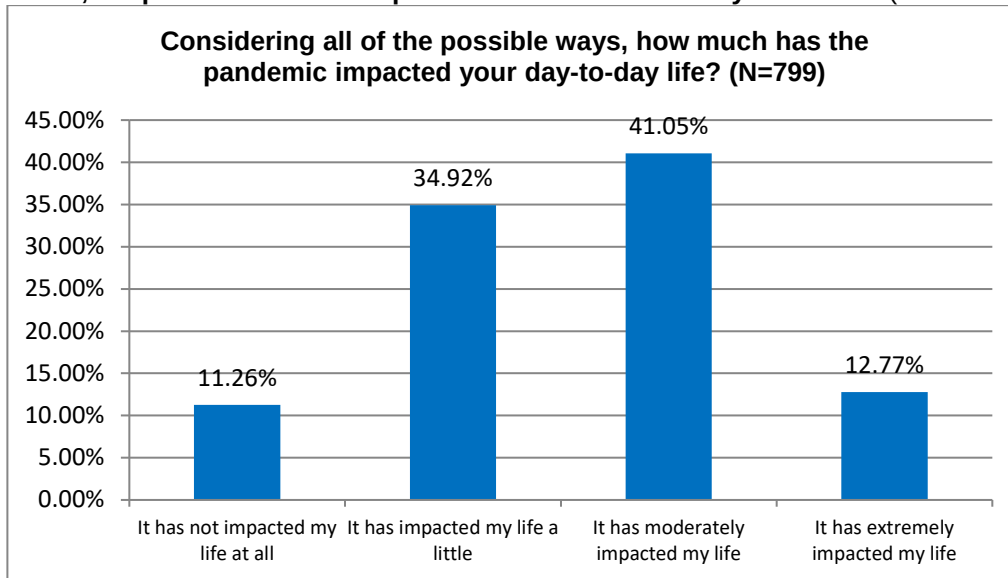
Optimum utilization of County provider resources for the vaccination effort was efficiently coordinated by the County's General Health District with weekly Mass Vaccination Task Force meetings of participating healthcare partners; including mental health organizations, senior service programs, hospitals, local pharmacies, schools and the county Department of Disabilities. The partners collectively offered all vaccine supplies available including Moderna, Pfizer, and Janssen vaccines. Due to vaccine availability and demand, 90% of the vaccine administered to Columbiana County was Moderna vaccine. The vaccination distribution effort was maximized through this community partnership and resulted in 48.9% of the County receiving at least one dose, 45.2% receiving 2 doses and 23,000 residents receiving an additional booster (as of March 15, 2022). It should be noted that the Mass Vaccination Task Force faced significant cultural and health literacy barriers regarding vaccine hesitancy, and provided extensive outreach and community education regarding vaccine efficacy and safety. Due to the impact of political polarization surrounding the vaccines, public health interventions and perspectives became extremely complicated and more divided, and appear to be an ongoing force of change for the healthcare delivery system to overcome.

It should also be noted that findings from the 2021 community survey showed a decline in the percentage of residents receiving preventive screenings, such as mammograms and PSAs from 2020-2021, compared to pre-pandemic levels in 2019.

COVID-19 Healthcare and Community Challenges Experienced:

- Large influx of positive COVID-19 patients were difficult to test, treat and track
- Limited PPE raised concerns for healthcare worker exposures
- PCR (polymerase chain reaction) testing results were delayed
- Available healthcare resources impacted the overall healthcare system delivery capacity
- A significant number of residents' mental health was adversely affected by the pandemic
- A significant number of residents were resistant to testing, quarantine and vaccination and developed a mistrust of health care in general
- The politicization of a public health event will have long-lasting effects on the community's perceptions of the overall healthcare delivery systems

Part 2, Graph 22: Pandemic Impact on Columbiana County Residents (Community Survey N=799)



COVID-19 Healthcare and Community Assets:

- Excellent communication, collaboration and assistance among County healthcare partners
- Pre-pandemic planning and training was very valuable, along with an established and trusted platform for community providers to accomplish community health initiatives
- Home test kits provided increasing testing availability
- Dedicated healthcare providers and public health staff working long hours
- Numerous vaccination locations and cooperative, well-coordinated effort
- Strong infrastructure from which to launch future community health improvement initiatives

-- **Community Themes & Strengths Assessment:** The Community Themes and Strengths Assessment (CTSA) provides an 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.

Part 1: Below are the results from the March 2022 Workgroup committee's CTSA, with community-specific findings noted for Salem and East Liverpool where indicated.

1. What do you believe are the 2-3 most important characteristics of a healthy community?
 - Access to care- capacity
 - Social support
 - Health education – cultural/linguistically inclusive – **SALEM only**
 - Healthy eating – access to health foods
 - Coordinated health services
 - Strong economy and education system
 - Healthy and safe environment & living conditions

2. What makes you most proud of our community?
 - Caring people
 - Collaboration of community partners
 - Resilience
3. What are some specific examples of people or groups working together to improve the health and quality of life in our community?
 - COVID-19 response
 - Family and Children's First Council, Emergency Flexible Funding
 - Crisis assistance
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?
 - Housing/security – **EAST LIVERPOOL only**
 - Food security – accessing healthy foods
 - Drugs & substance use
 - Improve economy
 - Increase mental health treatment capacity
5. What do you believe is keeping our community from doing what needs to be done to improve health and quality of life? Capacity of workforce due to limitations
 - Infrastructure
 - Resources – workforce, economy
 - Pride - cultural values (high poverty, Appalachian, Guatemalan population)
 - Transportation
 - Lack of education

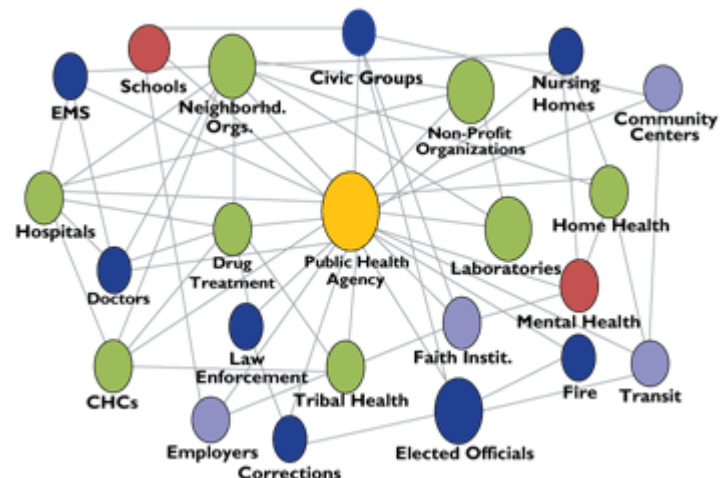
Part 2: Quality of Life Survey

Following are the summarized Quality of Life responses for the CTSA, based on the on-line survey responses from 480 adults regarding their perceptions of life in Columbiana County. On a scale of 1 to 5 (low to high), the average rating was between 3 and 4 for each question regarding the overall satisfaction with the quality of life in the community, satisfaction with the healthcare system, available opportunities, safety, networks of support, community assets, collaborative activities and trust. (See full results in Appendix IX)

Local Public Health System Assessment (LPHSA)

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 describe the public health activities that all communities should undertake and serve as the framework for the NPHPS instruments, as defined below:

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.

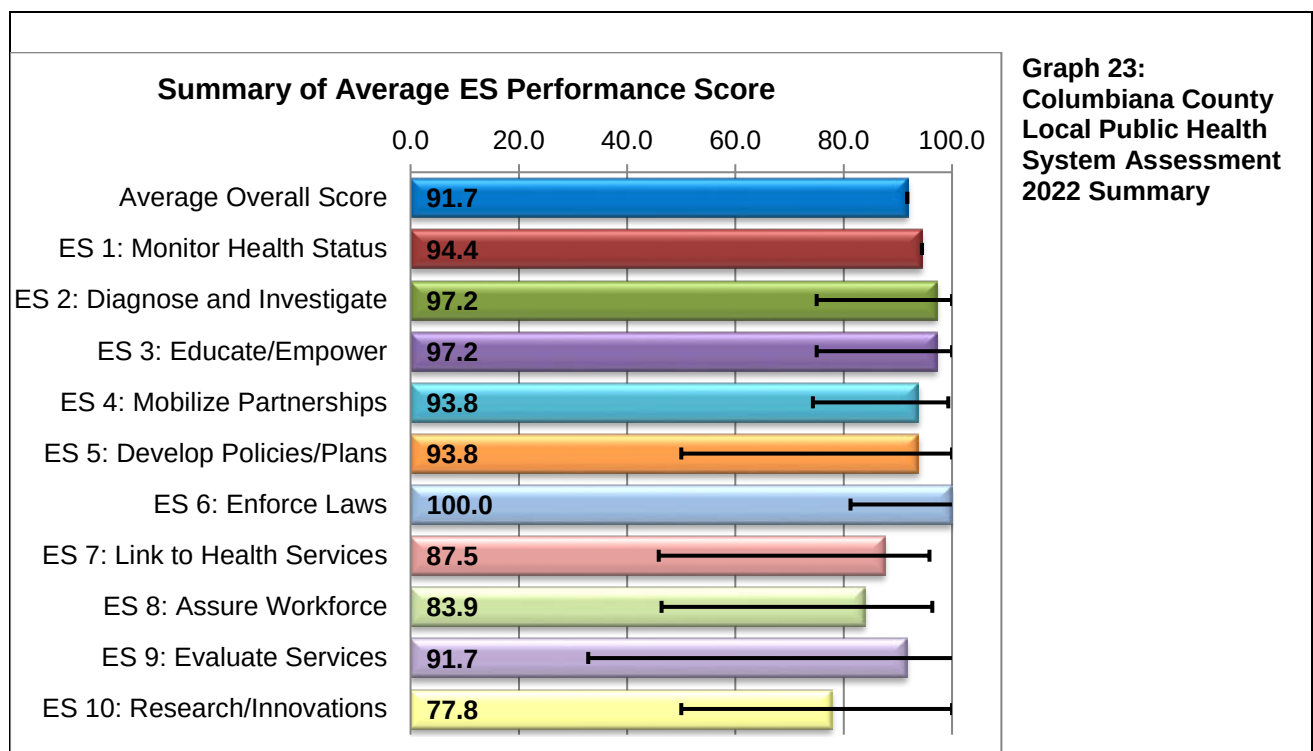
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and 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)

Using the nationally recognized National Public Health Performance Standards Local Instrument, 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?"

A designated workgroup from the county's public health organizations completed the performance measures instrument in March 2022. As part of minimum standards, local health departments are required to complete this assessment at least once every five years. The LPHSA results were then presented to the full Workgroup 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. Challenges and opportunities will be used in the action planning process.

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.



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

- Secondary Data: The Lake County Health Department collected secondary data from multiple websites, including county-level data, whenever possible. Sites, such as the Behavioral Risk Factor Surveillance System (BRFSS), numerous CDC sites, U.S. Census data and Healthy People 2030 were utilized, 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, the Social Vulnerability Index, etc. (See Appendix: "Health Assessment Information Sources")

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

Table 24: Findings from Significant Data Indicators by Key Issue & Population At Risk

Access to Care	Pop. At Risk
Ratio of the population to primary care providers (2021) (Source: 2022 County Health Rankings)	2,500 to 1
Ratio of the population to dentists (2021) (Source: 2022 County Health Rankings)	3,920:1
Ratio of the population to mental health providers (2021) (Source: 2022 County Health Rankings)	890:1
Adults who were uninsured (2021) (Source: 2022 County Health Rankings)	9%
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: 2021 Columbiana County Stakeholders & Focus Groups)	Vulnerable populations
Reliable and convenient transportation was identified as a barrier for many residents accessing care. (Source: 2021 Columbiana County Stakeholder and Focus Group Interviews)	All
Obesity	Pop. At Risk
Adults who were overweight or obese (Source: 2022 County Health Rankings)	36%
Ohio is 14 th highest in nation for overweight & obese adults, 32 th highest in nation 10-17-year olds (Source: "2021 The State of Obesity")	All
Education and healthy eating are the top recommendations for county agencies to help promote health within the community. (Source: 2021 Columbiana County Stakeholders & Focus Groups)	All
Mental Health (Depression/Suicide)	Pop. At Risk
Suicide mortality rate in 2019 (Source: Ohio Department of Health, Ohio Public Health Data Warehouse, 2022)	20.6/100,000
Youth who attempted suicide one or more times (Source: 2021 Columbiana County Profiles of Student Life: Attitudes and Behaviors Survey)	23% Youth
Youth who felt depressed most or all the time within last month (Source: 2021 Columbiana County Profiles of Student Life: Attitudes & Behaviors Survey)	31% 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: 2021 Columbiana County Stakeholder and Focus Group Interviews)	Youth/All
Drug Dependency/Use	Pop. At Risk
An overwhelming majority of focus group, stakeholder and community survey participants indicated that the need to address drug abuse issues is the single most important help topic; 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
Columbiana County average age-adjusted unintentional drug overdose death rate per 100,000 from 2014-2019 (Source: Ohio Department of Health, 2019 Ohio Drug Overdose Data: General Findings)	36.7
Number of felony drug cases in Columbiana County in 2018 (Source: Ohio State Highway Patrol, Felony Cases and Drug Arrests)	61
Tobacco Use/Vaping	Pop. At Risk
Percentage of adults who are current smokers (2021) (Source: 2022 County Health Rankings)	27%
Premature deaths were again identified as the top preventable death caused by mothers smoking while pregnant (Source: 2022 Child Fatality Review Board)	Infants
Columbiana County age-adjusted mortality rates for lung and bronchus cancer 2014-2018 (Source: Columbiana County Cancer Profile, 2021)	46.5/100,000

Columbiana County age-adjusted mortality rate for chronic lower respiratory disease 2019 (Source: Ohio Pub. Health Data Warehouse, 2022)	53.0/100,000
Cardiovascular Disease	Pop. At Risk
Diagnosed with angina or coronary heart disease (Source: 2021 Columbiana County CHNA Community Survey)	3.3%
Diagnosed with high blood pressure (Source: 2021 Columbiana County CHNA Community Survey)	40.77%
Cancer	Pop. At Risk
Incidence of lung and bronchus cancer 2017 (Source: Ohio Annual Cancer Report 2020)	94 cases Rate 58.8
Incidence of breast cancer 2017 (Source: Ohio Annual Cancer Report 2020)	84 cases Rate 121.8
Incidence of colon and rectum cancer 2017 (Source: Ohio Annual Cancer Report 2020)	65 cases Rate 49.3
Incidence of prostate cancer 2017 (Source: Ohio Annual Cancer Report 2020)	59 cases Rate 74.9
Columbiana County age-adjusted mortality rate for all cancers 2017 (Source: Ohio Annual Cancer Report 2020)	179.8/100,000
Diabetes	Pop. At Risk
Adults diagnosed with diabetes (Source: 2022 County Health Rankings)	17%
Exercise programs, health education programs and chronic disease management were identified as important health needs that Columbiana County should address. (Source: 2021 Columbiana County Stakeholder and Focus Group Interviews)	All
Trauma/Adverse Childhood Experiences (ACEs)	Pop. At Risk
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: 2021 Columbiana County Profiles of Student Life: Attitudes & Behaviors Survey)	26%
Preventive Medicine	Pop. At Risk
Adults who had a flu vaccine in past 12 months (Source: 2021 Columbiana County Community Survey)	69.15%
Adults who had pneumonia vaccine in lifetime (Source: 2021 Columbiana County Community Survey)	48.58%
Adults who had colorectal cancer screening in past 5 years (Source: 2021 Columbiana County Community Survey)	43.69%
Adults who had lung cancer screening in the past 3 years (Source: 2021 Columbiana County CHNA Community Survey)	7.13%
Men who had a prostate-specific antigen (PSA) test in the past (Source: 2021 Columbiana County CHNA Community Survey)	41.57%
Women who had a mammogram within the past two years (Source: 2021 Columbiana County CHNA Community Survey)	53.25%
Women who had a Pap smear in past (Source: 2021 Columbiana County CHNA Community Survey)	28.06%
Intentional/Unintentional Injury	Pop. At Risk
Columbiana County ranked 13th highest of 88 counties in 2021 for motor vehicle crash deaths (Source: 2022 County Health Rankings)	All
Asthma	Pop. At Risk
Adults diagnosed with asthma (Source: 2021 Columbiana County CHNA Community Survey)	15.87%
Children diagnosed with asthma (Source: 2019 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: 2021 Akron Children's Hospital Mahoning Valley CHNA)	Youth

- Data Gaps/Limitations: As with any assessment, it is important to consider the findings in light of possible limitations. This CHNA relies on multiple data sources and community input gathered between the summer of 2021 and April 2022. 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.

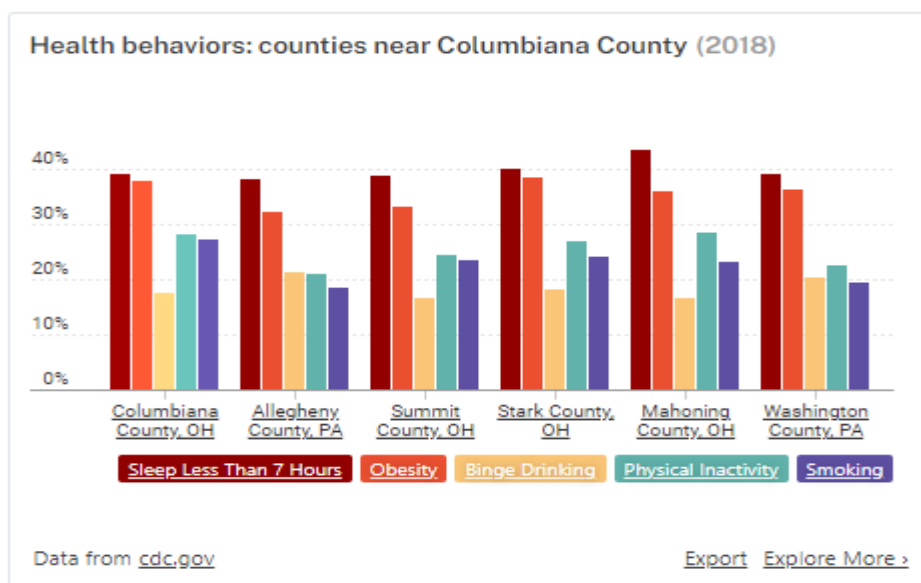
The sampling frame for the adult community survey consisted of adults ages 19 and over living in Columbiana County, and the investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level, with a corresponding margin of error of 5%. Every attempt was made to obtain a 95% confidence level for the Salem and East Liverpool subsets. 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). 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. In addition, there is very limited data regarding the Amish and undocumented Hispanics, which is a gap that shows these groups are under-represented in the findings.

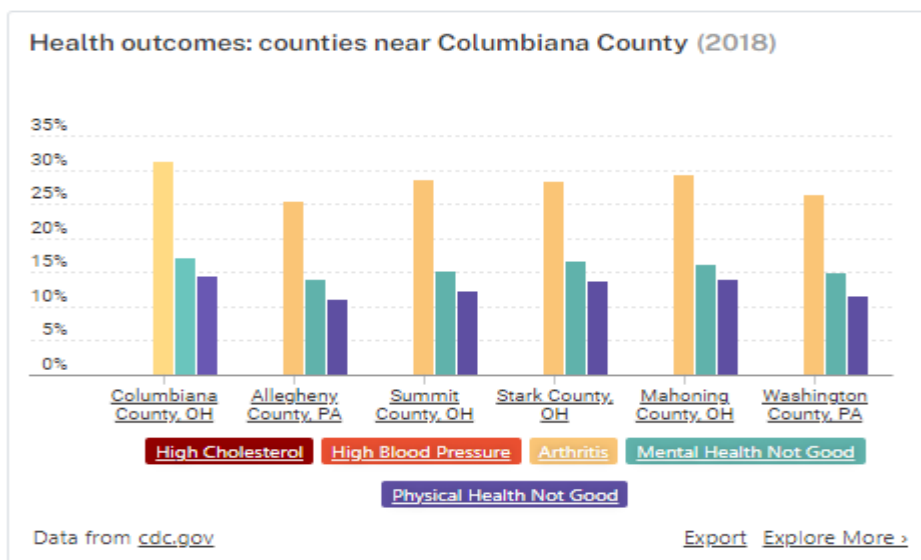
- Findings from Other Needs Assessments: Findings from other health needs assessments that were conducted in the region and in the state of Ohio were also reviewed by the Partners to help inform the development of this CHNA, including:

- The 2019-2022 CHNA conducted by the Columbiana County Health Partners' workgroup.
- The 2019 Akron Children's Hospital CHNA and 2019 Mercy Health- Youngstown CHNA (conducted by Kent State University); and the 2019 Aultman Hospital CHNA conducted by the Center for Marketing & Opinion Research. (See examples of data findings below)

When compared to other regional assessments, the overall wellbeing for Columbiana County residents has declined, and unhealthy behaviors and outcomes have increased. Trends in obesity, physical inactivity and mental health have increased; and overall health status indicates that the health of County residents has worsened. However, multi-sector collaboration to improve health has continued to remain strong within the County, as evidenced by the collaborative response to the COVID-19 pandemic and repurposing of scarce community resources. (See example below).

Graph 24 A-B: Comparative Health Behaviors by County (Source: Datacommons.org)





- Findings from the Ohio 2019 State Health Assessment and 2020-2022 Health Improvement Plan

The interconnectedness of Ohio's greatest health challenges, along with the overall consistency of health priorities identified in this assessment, indicate many opportunities for collaboration between a wide variety of partners at and between the state and local levels, including physical and behavioral health organizations and sectors beyond health. To view the 2019 Ohio State Health Assessment, please visit: [2019 Online State Health Assessment | Ohio Department of Health](#)

Ohio's Universal Health Issues: According to the 2019 Ohio 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

- MAPP Phase 4 (Identifying & Prioritizing Issues): The Partners collected and analyzed the data findings from each assessment phase to identify significant health needs and prioritize strategic health-related issues facing the community. This process included the development of a comprehensive list of the most significant health issues identified by the respective data source during the CHA/CHNA process, as shown below.

Table 25: Health Priority Identified by Data Source

	Stakeholder/Focus Groups		Community Survey	State Health Assessment	Secondary Data	Institute Youth Survey	Public Health Assessment	Forces of Change	Health Rankings	Fatality Data (all reports)
HEALTH PRIORITY	Health Topic	Health Priority	Health Priority	Health Priority	Health Priority	Health Priority	Health Priority	Health Priority	Health Priority	Health Priority
Drug Use/Substance Abuse/Addiction	X	X	X	X	X	X		X	X	X
Obesity/Weight loss	X	X		X	X	X			X	
Mental Health Concerns	X	X	X		X	X		X	X	X
Nutrition/Diet/Eating Habits/Healthy Food Preparation	X	X	X	X		X		X	X	X
Tobacco/Vaping	X	X	X		X	X	X	X	X	X
Health Education Programs	X	X	X				X			
COVID-19	X						X			X
Vaccines	X				X		X	X		
Diabetes	X			X	X		X	X	X	
Access to Physical Activity	X					X				
Access to Care (transportation, specialty provider, healthcare coverage)	X		X				X	X	X	
Access to Mental Health Services	X		X	X	X	X		X	X	
Chronic Disease Management	X			X			X	X		
Exercise/Physical Activity (Behavior)		X	X			X	X	X	X	
Preventive Care/Screening		X			X		X	X	X	X
Cancer		X		X	X			X	X	X
Education on Health Behavior Benefits, Risks of Unhealthy Behavior		X	X			X	X			X
Transportation		X					X	X	X	
Housing/Built Environment		X		X		X	X		X	X
Mother/Child healthcare				X			X			
Child safety						X	X			X

Using a nominal objective voting process, the Workgroup Partners then completed a ranking exercise for each issue identified, based upon the prioritization criteria of: (i) magnitude of problem, (ii) seriousness of consequence, and (iii) feasibility of correcting. The top four CHA/CHNA issues receiving the highest scores were prioritized as:

Table 26: Prioritization of Key CHNA Issues

Prioritization of Key CHNA Issues
1. Chronic disease (including cancer, diabetes, cardiac disease, asthma, etc.)
2. Mental health (including trauma, Adverse Childhood Experiences, depression, suicide, etc.)
3. Substance Use (including tobacco, alcohol and drug use and youth perceptions)
4. Obesity (including nutrition and physical activity)

- Cross-Cutting Factors: The Workgroup also found that underlying drivers of health must be addressed in order to improve health outcomes, including transportation, access to healthcare providers and financial resources, poverty/income, culturally-driven beliefs, stigmas, lack of health education/and awareness, barriers arising from unresolved health equity and health literacy issues.

Following a discussion of the top four 2022 CHA/CHNA issues, the Workgroup again reviewed the priority topics identified in Ohio's 2020-2022 State Health Improvement Plan (SHIP), and noted that local community health improvement efforts must align with at least one of the three SHIP priority topics and their related health outcomes. In addition, the SHIP framework is based on the premise that underlying drivers of inequity, such as poverty, racism, discrimination, trauma, violence and toxic stress; must be reduced for all people in a community to have access to affordable, inclusive and quality infrastructure and services that, despite historical and contemporary injustices, allow them to reach their full health potential.

Note: Both the 2022-2024 CHA/CHNA and 2020-2022 SHIP identify access to health care, health disparities and equity issues as priorities. In addition, both highlight healthcare workforce needs as important to improving access to services.

Table 27: Alignment of 2022 CHA/CHNA Priorities with Ohio's 2019 State Health Improvement Plan

2019 Ohio's State Health Improvement Plan Priority Health Topics and Outcomes			
SHIP Priority Factors	Alignment with 2022 CHA/CHNA Priorities	SHIP Priority Health Outcomes	Alignment with 2022 CHA/CHNA Priorities
Community Conditions	X	Mental Health and Addiction	X
- Housing affordability and quality		- Depression	X
- Poverty		- Suicide	X
- K-12 Student success	X	- Youth drug use	X
- Adverse childhood experiences	X	- Drug overdose deaths	X
Health Behaviors	X	Chronic Disease	X
- Tobacco/nicotine use	X	- Heart disease	X
- Nutrition	X	-Diabetes	X
- Physical activity	X	- Childhood conditions (asthma, lead)	
Access to Care	X	Maternal and Infant Health	
- Health insurance coverage		- Preterm births	
- Local access to healthcare providers	X	- Infant mortality	
- Unmet need for mental health care	X	- Maternal morbidity	

COMMUNICATION OF PRELIMINARY FINDINGS: During May-June 2022, the Partners' workgroup shared the preliminary findings about the CHA/CHNA's 2022-2025 priority topics through several communication activities, including but not limited to: posting on Partner organizations' Facebook pages and distributing the findings via newsreleases and inviting public comment, and presenting to the East Liverpool City Hospital's and Salem Regional Medical Center's managers and governing bodies for discussion and input.

EVALUATION OF 2019-2022 CHA/CHNA IMPACT: Collaboration is essential to success in order to leverage limited assets and coordinate the use of resources, leadership and action to work towards the common goal of improving population health. The community benefit initiatives and population health improvement activities conducted in response to the 2019-2022 CHA/CHNA's findings by the respective Columbiana County Health

Partners' organizations, have directly supported community-based population health planning objectives and community engagement; and were designed to address community issues (i.e. substance abuse), critical health issues and chronic disease (i.e. cancer, mental health, obesity, tobacco use, etc.), and health care equity (i.e. barriers to access, health disparities).

A comprehensive evaluation of these activities will be included in 2019-2022 Community Health Improvement Plan's (CHIP) overall evaluation report. The key outcomes from these collaborative efforts have included interventions to address a wide range of health determinants including access to healthcare, personal health behaviors, socioeconomic factors, and environmental factors; and the collaborative workgroup has strengthened its foundation for the future development of planning strategies to incorporate evidence-based interventions.

A summary of county-wide activities conducted since 2019 have included, but are not limited to:

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

Note: The implementation of strategies originally developed through the 2019-2022 CHIP was dramatically impacted by COVID-19 and its limiting effect upon the County's scarce resources, services and staffing. However, community health improvement efforts were repurposed and optimized through expanded partner collaboration to address the emergent and ongoing need for health education, virus prevention, diagnosis and treatment.

WRITTEN COMMENTS FROM PRIOR 2019-2022 CHA/CHNA: There were no written comments received for the prior CHA/CHNA dated 2019-2022.

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

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
Akron Children's Hospital CHNA (2019)	Illness and Injury in Children	https://www.akronchildrens.org/pages/Community_Health_Needs_Assessment.html
American Diabetes Association, 2022	Diabetes Indicators	http://www.diabetes.org
American Heart Association	Heart Attack and Stroke Indicators	https://www.heart.org/en/about-us/heart-attack-and-stroke-symptoms
Arthritis Foundation	Arthritis Conditions & Incidence	https://www.arthritis.org/
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	2013-2020 Adult Ohio and U.S. Correlating Statistics	www.cdc.gov
CDC's National Center for Health Statistics	U.S. comparison statistics	https://www.cdc.gov/nchs
CDC's "The Health Effects of Overweight and Obesity"	Overweight and Obesity Indicators	https://www.cdc.gov/obesity/index.html
CDC Wonder, About Underlying Cause of Death, 2018-2020	U.S. comparison statistics	https://wonder.cdc.gov/
Columbiana County Coroner's Report (2020)	- Suicide Rates 2008-2017 - Unintentional Drug Overdose Deaths 2014-2017 - Homicide Deaths	www.columbianacounty.org/Coroner
County Health Rankings, 2022	- County Demographics - Food Environment Index - Health Factors & Health Outcomes	http://countyhealthrankings.org
Dignity Health- Community Need Index	Community Need Index for Columbiana County	http://cni.dignityhealth.org/
Healthy People 2030: U.S. Department of Health & Human Services	All Healthy People 2030 Objectives	https://health.gov/healthypeople/objectives-and-data/browse-objectives
National Cancer Institute, 2022	Cancer Indicators	https://www.cancer.gov/
National Heart, Lung, and Blood Institute, 2022	Reactive Airway Disease & Asthma	https://www.nhlbi.nih.gov/
Ohio and Columbiana County Child Fatality Review Boards	Unintentional and Intentional Injuries	https://odh.ohio.gov/know-our-programs/child-fatality-review/child-fatality-review
Ohio Department of Health	2019 Ohio Drug Overdose Data: General Finding	https://odh.ohio.gov/know-our-programs/violence-injury-prevention-program/drug-overdose/
Ohio Department of Health, Public Health Data Warehouse	- Leading Causes of Death - Age-Adjusted Mortality Rates - Incidence of Cancer - Prescription Opiate Related Drug Overdose - Unintentional Drug Overdose Deaths - Suicide Mortality Rate	http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality
Ohio Department of Health, STD Surveillance	- Chlamydia Annualized Disease Rates and Cases - Gonorrhea Annualized Disease Rates and Cases	https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/std-surveillance/data-and-statistics/sexually-transmitted-diseases-data-and-statistics
Ohio Department of Public Safety	2021 Columbiana County and Ohio Crash Facts	https://ohtrafficdata.dps.ohio.gov/crashstatistics/home

Ohio Development Services Agency	Ohio Poverty Report, 2020	https://development.ohio.gov/static/community/redevelopment/The-Ohio_Poverty-Report-June2020.pdf
Ohio Automated Rx Reporting System (OARRS), 2021	- Opiate and Pain Reliever Doses Per Capita - Opiate and Pain Reliever Doses Per Patient - Ohio Automated Rx Reporting System (OARRS)	www.ohiopmp.gov/County.aspx
Ohio EPA	Environmental Indicators	https://epa.ohio.gov/home
Ohio State Highway Patrol	- Felony Drug Cases & Arrests-2018 - Seat Belt Enforcement	https://www.statepatrol.ohio.gov
Ohio's "Rural Health Care Access: Research Report" (January 2019)	Environmental factors affecting health care access	https://www.ohio.edu/chsp/0-1
Search Institute's Profiles of Student Life: Attitudes and Behaviors' Survey (2021 Columbiana County Aggregate Report)	2021 Executive Summary, Complete report- Columbiana County	www.searchinstitute.org .
The State of Obesity (2021)	Ohio State Obesity Rates	https://www.stateofobesity.org/states/oh
US National Library of Medicine National Institutes of Health	Multiple Health Behaviors: Overview & Implications	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3284863/

Appendix II: Acronyms and Terms

AHS	Access to Health Services , Topic of Healthy People 2030 objectives
Adult	Defined as 19 years of age and older.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Adult Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
AOCBC	Arthritis, Osteoporosis, and Chronic Back Conditions
BMI	Body Mass Index is defined as the contrasting measurement/relationship of weight to height.
BRFSS	Behavior Risk Factor Surveillance System , an adult survey conducted by the CDC.
CDC	Centers for Disease Control and Prevention .
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
HCNO	Hospital Council of Northwest Ohio
HDS	Heart Disease and Stroke , Topic of Healthy People 2020 objectives
HP 2030	Healthy People 2030 , a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic ≥ 140 and Diastolic ≥ 90
IID	Immunizations and Infectious Diseases , Topic of Healthy People 2020 objectives
N/A	Data is not available.
ODH	Ohio Department of Health
OSHP	Ohio State Highway Patrol
Race/Ethnicity	Census 2020: U.S. Census data consider race and Hispanic origin separately. Census 2020 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as “a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.” Data are presented as “Hispanic or Latino” and “Not Hispanic or Latino.” Census 2020 reported five standard race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. A sixth category, Some Other Race, was used for people who do not identify with any of the categories. Data reported, “White alone” or “Black alone”, means the respondents reported only one race.

Appendix III: Columbiana County Sample Demographic Profile*

Adult Variable	2021 Columbiana County Adult Survey Sample	Columbiana County Census 2019 (1-year estimate)	Ohio Census 2020
Age			
18-30 (20-29)	6.62%	(11.0%)	(13.3%)
31-49 (30-49)	21.03%	(23.6%)	(24.6%)
50-64 (50-59)	25.50%	(14.9%)	(13.6%)
65 plus (60+)	46.85%	(28%)	(23.8%)
Race/Ethnicity			
White	98.01%	93.4%	78.3%
Black or African American	0.83%	2.1%	12.2%
American Indian and Alaska Native	0.5%	0.1%	0.1%
Asian	0.0%	0.2%	2.3%
Other	0.66%	4.1%	7.1%
Marital Status†			
Married Couple	68.13%	50.8%	49.2%
Never been married/member of an unmarried couple	9.61%	27.2%	32.7%
Divorced/Separated	11.47%	13.6%	12.0%
Widowed	8.26%	8.45%	6.25%
Education†			
Less than High School Diploma	1.01%	10.8%	9.2%
High School Diploma	26.55%	44.8%	32.8%
Some college/ College graduate	72.44%	44.5%	58%
Income (Families)			
\$14,999 and less	4.28%		
\$15,000 to \$24,999	8.55%		
\$25,000 to \$49,999 (under 50k)	25.64%	(50.6%)	(43.3%)
\$50,000 to \$74,999 (50-100k)	20.17%	(33%)	(31.5%)
\$75,000 or more (over 100k)	33.67%	(16.4%)	(25.2%)

* The percent reported here are the actual percentage within each category who responded to the survey. The data contained within the report however are based on weighted data (weighted by age, race, sex, and income). Percentage may not add to 100% due to missing data (non-responses).

† The Ohio and Columbiana County Census percentages are slightly different than the percent who responded to the survey. Marital status is calculated for those individuals 15 years and older. Education is calculated for those 25 years and older.

Appendix IV: Columbiana County Demographics and Household Information

COLUMBIANA COUNTY PROFILE

General Demographic Characteristics

	Number	Percent (%)
Total Population		
2020 Total Population	101,877	100%
Largest City – Salem City		
2020 Total Population	11,915	100%
Household by Type		
Total households	41,632	100%
Total families	26,468	63.6%
Households with children <18 years	10,095	24.2%
Married-couple family household	19,656	47.2%
Married-couple family household with children <18 years	6,762	16.2%
Female householder, no husband present	4,104	9.9%
Female householder, no husband present with children <18 years	1,962	4.7%
Nonfamily household (single person)	12,650	30.4%
Households with one or more people <18 years	27.6%	
Households with one or more people <60 years	46.2%	
Average household size	2.6 people	
Average family size	3.4 people	

Housing Occupancy		
Median value of owner-occupied units	\$105,500	N/A
Median housing units with a mortgage	\$987	N/A
Median housing units without a mortgage	\$384	N/A
Median value of occupied units paying rent	\$648	N/A
Median rooms per total housing unit	5.9	N/A
Total occupied housing units	41,632	100%
No telephone service available	611	1.5%
Lacking complete kitchen facilities	330	0.8%
Lacking complete plumbing facilities	32	0.1%

Selected Social Characteristics

School Enrollment		
Population 3 years and over enrolled in school	20,445	100%
Nursery & preschool	1,199	5.9%
Kindergarten	1,061	5.2%
Elementary School (Grades 1-8)	9,598	47%
High School (Grades 9-12)	4,916	24%
College or Graduate School	3,671	17.9%
Educational Attainment		
Population 25 years and over	73,908	100%
< 9 th grade education	2,060	2.8%
9 th to 12 th grade, no diploma	5,886	8.0%
High school graduate (includes equivalency)	33,081	44.8%
Some college, no degree	14,605	19.8%
Associate degree	7,533	10.2%
Bachelor's degree	7,041	9.5%
Graduate or professional degree	3,702	5.0%
Percent high school graduate or higher	89.3%	

Percent Bachelor's degree or higher	14.5%	
Marital Status		
Population 15 years and over	85,379	
Never married	27.2%	
Now married, excluding separated	49.2%	
Separated	1.6%	
Widowed	8.4%	
Widowed females	13.4%	
Divorced	13.6%	
Divorced females	13.1%	
Veteran Status		
Civilian population 18 years and over	81,677	100%
Veterans 18 years and over	8,458	10.4%
Income in the past 12 months at or below poverty*	518	6.4%
With any disability*	2,878	36.0%

* 7,990 of a veteran population where this status is determined
(Source: U.S. Census Bureau, 2020)

Selected Economic Characteristics

Employment Status		
Population 16 years and over	84,220	100%
16 years and over in labor force	48,634	57.7%
16 years and over not in labor force	35,586	42.3%
Females 16 years and over	41,735	100%
Females 16 years and over in labor force	22,884	54.8%
Population living with own children <6 years	5,981	100%
All parents in family in labor force	4,334	72.5%
Class of Worker		
Civilian employed population 16 years and over	45,715	100%
Private wage and salary workers	38,768	84.8%
Government workers	4,383	9.6%
Self-employed workers in own not incorporated business	2,494	5.5%
Unpaid family workers	70	0.15%
Occupations		
Employed civilian population 16 years and over	45,715	100%
Management, business, science, and arts occupations	12,555	27.5%
Service occupations	9,381	20.5%
Sales and office occupations	8,534	18.7%
Natural resources, construction, and maintenance occupations	4,982	10.9%
Production, transportation, and material moving occupations	10,263	22.4%
Leading Industries		
Employed civilian population 16 years and over	45,715	100%
Agriculture, forestry, fishing and hunting, and mining	806	1.8%
Construction	3,079	6.7%
Manufacturing	8,365	18.3%
Wholesale trade	738	1.6%
Retail trade	4,365	9.5%
Transportation and warehousing, and utilities	3,732	8.2%
Information	683	1.5%
Finance and insurance, and real estate and rental and leasing	1,517	3.3%
Professional, scientific, and management, and administrative and waste management services	2,891	6.3%

Educational services, and health care and social assistance	11,170	24.4%
Arts, entertainment, and recreation, and accommodation and food services	4,879	10.7%
Other services, except public administration	2,309	5.1%
Public administration	1,181	2.6%

Selected Economic Characteristics, Continued

Income in 2020	
Households	41,632
< \$10,000	5.7%
\$10,000 to \$14,999	5.4%
\$15,000 to \$24,999	13.2%
\$25,000 to \$34,999	12.5%
\$35,000 to \$49,999	13.8%
\$50,000 to \$74,999	18.5%
\$75,000 to \$99,999	14.5%
\$100,000 to \$149,999	11.7%
\$150,000 to \$199,999	2.9%
\$200,000 or more	1.8%
Median household income	\$49,407
Income in 2020	
Families	26,468
< \$10,000	3.7%
\$10,000 to \$14,999	3.2%
\$15,000 to \$24,999	7.4%
\$25,000 to \$34,999	9.3%
\$35,000 to \$49,999	13.3%
\$50,000 to \$74,999	21.3%
\$75,000 to \$99,999	19.9%
\$100,000 to \$149,999	15.7%
\$150,000 to \$199,999	4.0%
\$200,000 or more	2.1%
Median family income	\$65,673

Bureau of Economic Analysis (BEA) Per Capita Personal Income (PCPI) Figures

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2020	42,771	71 st of 88 counties
BEA Per Capita Personal Income 2019	39,387	70 th of 88 counties
BEA Per Capita Personal Income 2018	38,282	70 th of 88 counties
BEA Per Capita Personal Income 2017	36,142	73 rd of 88 counties
BEA Per Capita Personal Income 2016	35,353	68 th of 88 counties
BEA Per Capita Personal Income 2015	35,513	63 rd of 88 counties
BEA Per Capita Personal Income 2014	34,478	63 rd of 88 counties
BEA Per Capita Personal Income 2013	33,106	65 th of 88 counties

(BEA PCPI figures are greater than Census figures for comparable years due to deductions for retirement, Medicaid, Medicare payments, and the value of food stamps, among other things)

Poverty Rates, 2014-2018 averages

Category	Columbiana County	Ohio
Population in poverty	14.6%	14.5%
< 125% FPL (%)	20.0%	18.8%
< 150% FPL (%)	25.8%	23.0%
< 200% FPL (%)	36.7%	32.0%

(Source: *The Ohio Poverty Report*, Ohio Development Services Agency, June 2020, https://development.ohio.gov/static/community/redevelopment/The-Ohio_Poverty-Report-June2020.pdf)

Employment Statistics

Category	Columbiana County	Ohio
Labor Force	46,600	5,741,900
Employed	44,100	5,469,100
Unemployed	2,500	272,900
Unemployment Rate* in December 2018	5.4	4.8
Unemployment Rate* in November 2018	4.6	4.1
Unemployment Rate* in December 2017	5.2	4.5

Note: Rate equals unemployment divided by labor force

(Source: Ohio Department of Job and Family Services, August 2018, <http://ohiolmi.com/laus/OhioCivilianLaborForceEstimates.pdf>)

Estimated Poverty Status in 2020

Age Groups	Number	Percent
Columbiana County		
All ages in poverty	13,512	13.9%
Ages 0-17 in poverty	3,813	19.2%
Ages 5-17 in families in poverty	2,701	18.4%
Median household income	\$49,342	
Ohio		
All ages in poverty	1,428,219	12.6%
Ages 0-17 in poverty	417,333	16.6%
Ages 5-17 in families in poverty	281,878	15.3%
Median household income	\$60,360	
United States		
All ages in poverty	38,371,394	11.9%
Ages 0-17 in poverty	11,204,423	15.7%
Ages 5-17 in families in poverty	7,798,566	14.9%
Median household income	\$67,340	

(Source: U.S. Census Bureau, 2020 Poverty and Median Income Estimates, <https://www.census.gov/data/datasets/2020/demo/saie/2020-state-and-county.html>)

Federal Poverty Thresholds in 2021 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$14,097					
1 Person 65 and >	\$12,996					
2 people Householder < 65 years	\$18,145	\$18,677				
2 People Householder 65 and >	\$16,379	\$18,606				
3 People	\$21,196	\$21,811	\$21,831			
4 People	\$27,949	\$28,406	\$27,479	\$27,575		
5 People	\$33,705	\$34,195	\$33,148	\$32,338	\$31,843	
6 People	\$38,767	\$38,921	\$38,119	\$37,350	\$36,207	\$35,529
7 People	\$44,606	\$44,885	\$40,705	\$43,255	\$42,009	\$40,554
8 People	\$49,888	\$50,329	\$45,800	\$48,629	\$47,503	\$46,073
9 People or >	\$60,012	\$60,303	\$55,140	\$58,828	\$56,201	\$56,201

(Source: U.S. Census Bureau, Poverty Thresholds 2021,
<https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>)

Appendix V: County Health Rankings

	Columbiana County	Ohio	U.S. Top Performer
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2017-2019)	8,500	8,700	5,400
Overall health. Percentage of adults reporting fair or poor health (age-adjusted) (2018)	21%	18%	14%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2018)	4.5	4.1	3.4
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2018)	5.3	4.8	3.8
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2013-2019)	7%	9%	6%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2018)	27%	21%	16%
Obesity. Percentage of adults that report a BMI of 30 or more (2017)	36%	34%	26%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2015 & 2018)	7.3	6.8	8.7
Physical inactivity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2017)	30%	26%	19%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2019)	77%	84%	91%
Alcohol abuse. Percentage of adults reporting binge or heavy drinking (2018)	17%	18%	15%
Alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2015-2019)	42%	32%	11%
Sexually Transmitted Infections. Number of newly diagnosed chlamydia cases per 100,000 population (2018)	261.9	542.3	161.2
Teen Birth. Teen birth rate per 1,000 female population, ages 15-19 (2013-2019)	29	22	12

(Source: 2021 County Health Rankings for Columbiana County, Ohio, and U.S. data)

	Columbiana County	Ohio	U.S. Top Performer
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2018)	9%	8%	6%
Access to health care/medical care. Ratio of population to primary care physicians (2018)	2,500:1	1,300:1	1,030:1
Access to dental care. Ratio of population to dentists (2019)	3,920:1	1,560:1	1,210:1
Access to behavioral health care. Ratio of population to mental health providers (2020)	890:1	380:1	270:1
Hospital utilization. Rate of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2018)	5,578	4,901	2,565
Diabetes. Percentage of adults aged 20 and above with diagnoses diabetes (2017)	17%	12%	N/A
Cancer. Percentage of female Medicare enrollees ages 67-74 that receive an annual mammography screening (2018)	36%	43%	51%
Social and Economic Environment			
Education. Percentage of adults 25 and over with a high school diploma or equivalent (2015-2019)	89%	90%	94%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2015-2019)	52%	66%	75%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2019)	4.8%	4.1%	2.6%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2019)	18%	18%	10%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2015-2019)	4.1	4.7	3.7
Family and social support. Percentage of children that live in a household headed by single parent (2015-2019)	24%	27%	14%
Family and social support. Number of membership associations per 10,000 population (2018)	16.2	11	18.2
Violence. Number of reported violent crime offenses per 100,000 population (2014 & 2016)	58	293	63
Injury. Number of deaths due to injury per 100,000 population (2015-2019)	86	91	59

(Source: 2021 County Health Rankings for Columbiana County, Ohio, and U.S. data)

	Columbiana County	Ohio	U.S. Top Performer
Physical Environment			
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2016)	10.0	9.0	5.2
Air, water, and toxic substances. Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation (2019)	No	N/A	N/A
Housing. Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (2013-2017)	12%	14%	9%
Transportation. Percentage of the workforce that drives alone to work (2015-2019)	86%	83%	72%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2015-2019)	36%	31%	16%

N/A – Data is not available

(Source: 2021 County Health Rankings for Columbiana County, Ohio, and U.S. data)

Appendix VI: Summary of Vulnerable Populations

The Columbiana County Health District in accordance with the Health Partners wanted to not only focus on vulnerability according to geographical locations, but specific groups within the county that are considered vulnerable. Going with the definition provided by the NIH, vulnerable populations include racial/ethnic minorities, children/youth, elderly, and the socioeconomically disadvantaged (Columbiana County, n.d.). Some of these groups, such as the elderly, veterans, and families with children, can primarily be reached through focus groups, questionnaires for individuals who can read and write English and interviews as well. In addition to these groups being under the umbrella of “vulnerable populations,” we wanted to pay closer attention to groups who face language and literacy barriers, minorities, and hard to reach populations such as the Amish since the strategies for reaching these groups may require more creativity and intentionality. One thing to note is that the Health Partners considered the Mennonite population due to their similarities with the Amish, however it was determined that they were not vulnerable due to their inclusiveness of modern medicine and cooperation.

Amish Population:

The Amish community is well-known for being difficult to reach for data collection due to a myriad of reasons from length of time needed to develop a trusting relationship to their belief in separation from the modern world. In previous studies conducted, sending out questionnaires to this community has not always gone well with some never being returned. It is believed that if surveys or interviews are to be conducted for the purposes of developing demographic data then it is best to be both creative and focus on health studies (Coyler, 2017). There are however other potential methods of finding information where surveys or interviews may not be feasible.

According to Donnermeyer, a professor at Ohio State University known for his group's study to develop county-by-county datasets for Amish, there are three newspaper outlets that can be referenced, and directories can be referenced as well (Donnermeyer, 2013). Of the three, the one that comes out of Ohio is *The Budget*, and includes periodic reports from scribes about births, deaths, marriages, the community and even the weather. In a yearly winter issue, scribes will report the statistics for a particular settlement from the previous year, and this was used by Donnermeyer when estimating population settlements whenever directory information was lacking (Donnermeyer, 2013). Another potential resource is *The New American Almanac* which includes information by county and settlement on most church districts.

All things considered, a tentative strategy for collecting demographic data from the Amish and including them in a survey for the CHA could be to leverage existing members in the health field that already have a good rapport to speak about health studies. Conducting interviews with bishops or community stakeholders could also provide necessary information on the community's well-being in Columbiana County. Along with attempting to conduct surveys and interviews, a search through newspapers could potentially provide extra information, along with asking about directories.

Language and Literacy Barriers:

Within Columbiana County there are several languages spoken, the majority being English, German (Pennsylvanian Dutch), a Guatemalan dialect of Spanish, and Korean. The exact number of households that speak Korean is not known as the numbers for the total Asian population are roughly 0.3% of the total population, but we felt that it would be best to include the language as it is representative of this population. Aside from the Amish, the largest language group aside from those who speak English would be those who speak Spanish, in particular the Guatemalans as their dialects are different from what could be considered “general Spanish.”

Guatemalan Spanish is a variant of Spanish developed due to many Guatemalans not speaking Spanish as their first language. In Guatemala there are 25 known languages/dialects due to the Mayan heritage and history, so considering this, the key to reaching this population during the needs assessment phase and in future programs to be implemented will be to get an understanding of which dialects are present, as well as how many Guatemalans make up the Hispanic population within Columbiana County. This information is not readily available, but what is known is that according to the U.S. Census Bureau, the

2019 estimate for Hispanic or Latinos living in Columbiana County is 1.9% of the total population (U.S. Census Bureau, n.d.).

According to a literature review completed to synthesize methodological recommendations for cross-language qualitative research, simply having an interpreter and a translator does not equate to successful and credible research (Squires, 2008). We must consider the actual culture of this population, and the translator and interpreters must not only be objective but have credentials as well demonstrating their professionalism. It is suggested that when conducting interviews, questions should be provided in the most basic, and clearest form to then be translated, piloted, and included in the actual study (Squires, 2008). This will require training to make sure that interpreters understand what we are looking to understand from our interviews, and it would be preferred if an interpreter could be someone who speaks Spanish, English and one of the main dialects as well. Also, it may be necessary to do audio recordings in these environments so that translators can develop a transcript for which common themes and codes can be derived from to help guide the CHIP process (Garcia, 2012).

Racial/Ethnic Minorities:

Within Columbiana County, there are several minorities, ranging from African Americans who make up only 2.5% of the county's population, to Hispanic or Latino who make up 1.9% of the county (U.S. Census Bureau, n.d.). Considering that the numbers are quite small (and even smaller for other races such as Asians and American Indians) and according to secondary data in the nation, the disparities between races, especially African Americans and Whites is so large, it is important to point out these minority groups particularly during the needs assessment. The key to reaching these groups is not only to develop a trusting relationship, but to also demonstrate cultural competency as well. According to the Centers for Disease Control and Prevention, the definition of cultural competence can be simplified into integration of knowledge of people and groups into specific standards and policies that will lead to increased quality of services and better overall care (CDC, 2021). An example of this could be to hire members of these communities to participate in the health assessment, be it in the interviews, data analysis, or in program development and implementation stages, or engaging with community members, (CDC, 2021).

As with other vulnerable populations, when focusing on African Americans, one of the strategies for data collection and developing an idea of common themes and needs will be the inclusion of interviews and focus groups alongside the usage of surveys. In a qualitative study completed at the University of Alabama at Birmingham, several focus groups were conducted consisting of seven or eight African Americans from urban and rural low-income communities to ask questions about COVID-19 (Bateman, 2020). What was resulted was an inclusive study that provided insight into these community members' experiences, medical mistrust, issues with coping and other issues as well. A similar tactic may work not only for the African American population, but other minority groups as well within Columbiana County.

Vulnerability Indexes and Geographics

Community Needs Index (CNI):

The first option for indexes that focus on vulnerability is the Community Needs Index (CNI) provided by Dignity Health, which was used by the Health Partners in the 2017-2019 Community Health Assessment. This index was created and used by Dignity Health, and it gives a score between 1.0 (lowest need) to 4.0 (highest need) by averaging the scores from five different barriers (IBM Watson Health, 2020):

Income Barrier:

- Percentage of households below the poverty line whose head is age 65 or older
- Percentage of families with children under the age of 18 that are below the poverty line
- Percentage of single female-headed families with children under 18 below poverty line

Cultural Barrier:

- Percentage of population that is minority (including Hispanic ethnicities)
- Percentage of population over the age of 5 that speak English poorly or not at all

Education Barrier:

- Percentage of the population over the age of 25 without a high school diploma

Insurance Barrier:

- Percentage of the population age 16 or older in the workforce, without employment

Housing Barrier:

- Percentage of households that are renting their homes

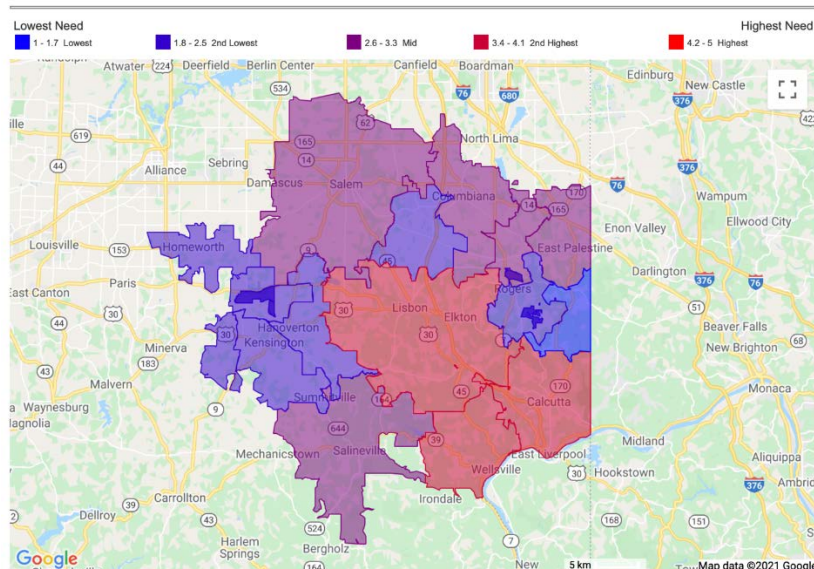
Although the CNI scores are specific for each zip code and can be accessed through an interactive map, the focus is on the overall CNI score and does not readily provide a look at the individual scores per barrier. A thorough breakdown would help us to see which population/statistic is of most need for each zip code according to the CNI. Despite this limitation, the community needs index is still a useful tool that allows for us to see which zip codes are most at risk of. Provided in table 1 are the top ten highest need areas according to CNI data for Columbiana County. There is also a CNI map taken from the last community health assessment to provide a visual for the zip codes and cities that are at risk.

Table 1: Top 10 Highest Need Areas in Columbiana County, OH According to 2020 Community Need Index Data

City/Region	Associated Zip Code	CNI Score (1.0 to 5.0)
Wellsville	43968	3.8
East Liverpool	43920	3.4
Lisbon	44432	3.4
Salineville	43945	3
New Waterford	44445	2.8
Salem	44460	2.8
Columbiana	44408	2.6
East Palestine	44413	2.6
Washingtonville	44490	2.6
Kensington	44427	2.2

Data Source: Dignity Health (2020). Community Needs Index Interactive Map. Retrieved October 2021 from <http://cni.dignityhealth.org>

Figure 1: 2020 Community Needs Index Map for Columbiana County, OH

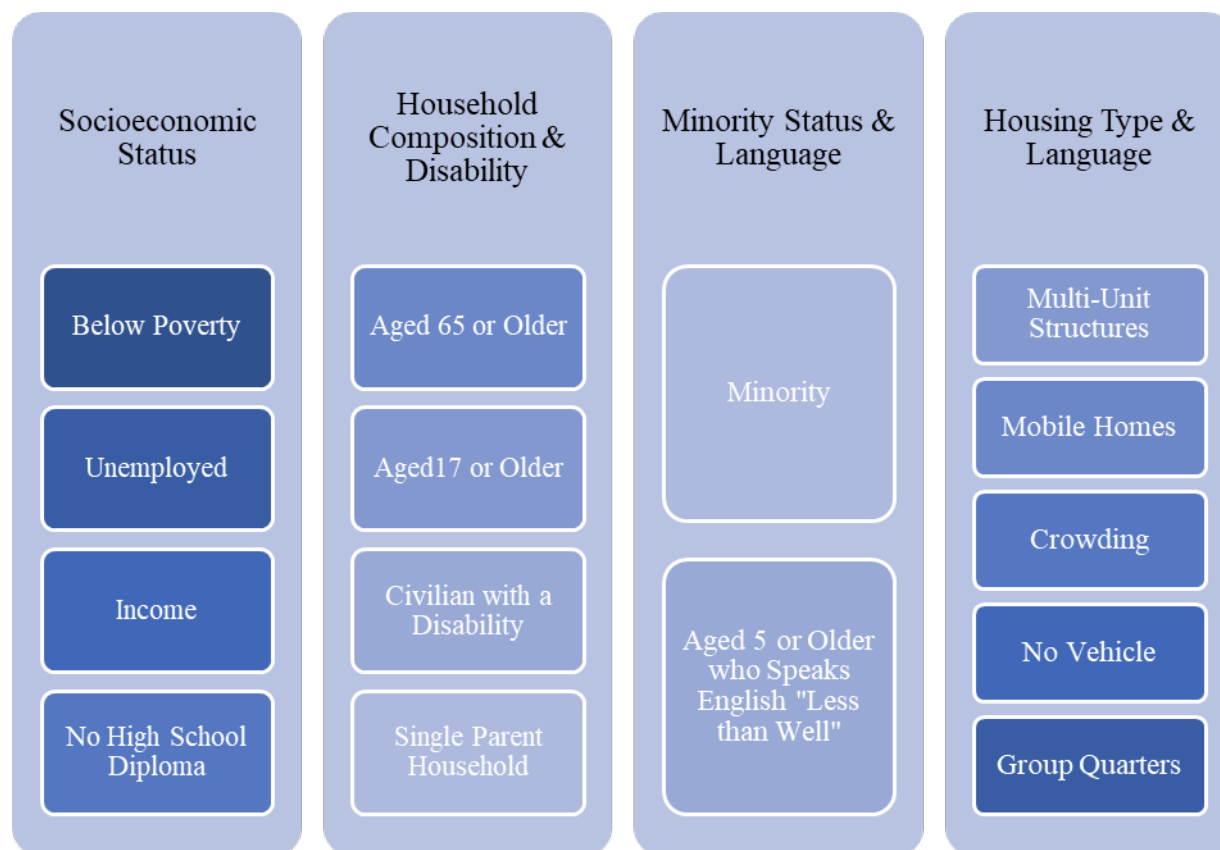


Source: Dignity Health (2020). Community Needs Index Interactive Map. Retrieved October 2021 from <http://cni.dignityhealth.org>

Social Vulnerability Index (SVI):

The second standout dataset or tool that focuses on vulnerable populations is the Social Vulnerability Index (SVI) provided by the Centers for Disease Control and Prevention (CDC). The SVI shows the relative vulnerability for every U.S. Census tract, and it does this by ranking each tract on 15 different social factors. From there those 15 factors are condensed into four major groups or themes: socioeconomic status, household composition & disability, minority status & language, and housing type & transportation (ATSDR, 2020). Once the four themes have been scored, an overall SVI score is provided for the tract.

Figure 2: Social Factors Used to Establish Overall Vulnerability Score in Social Vulnerability Index



Source: Agency for Toxic Substances and Diseases (2020). *CDC SVI 2018 Documentation – 1/31/2020*. Retrieved October 2021.

https://www.atsdr.cdc.gov/placeandhealth/svi/documentation/SVI_documentation_2018.html

This ranking system has helped with the development of their mapping system and analysis of relative vulnerability, as tract rankings are based on percentiles, and values range from 0 to 1 with higher values demonstrating greater vulnerability. Through the CDC's interactive 2018 SVI Mapping System it was possible to see not only the overall score for each census tract in Columbiana County, but it was also possible to see the scores for each of the four themes (ATSDR, 2018). When using the mapping system, we can also change the legend from the overall score to one that focuses on one of the four themes specifically and get an understanding of which tract has higher need for each theme, with the color darkening for higher needs. More work needs to be done to see if we can find the scores for each of the individual 15 factors that make up the four themes, such as unemployment, age 5 or older who speak English "Less Than Well", etc.

Table 1.2 Top 10 Highest-Need Areas in Columbiana County, OH According to 2018 Social Vulnerability Index Data

Census Tract Number	Associated Zip Code(s)	Overall SVI Score (0 to 1)
9523	43920	0.9424
9518	43968	0.8799
9511	44460, 44432	0.8186
9522	43920	0.704
9506	44460	0.6971
9521	43920	0.6637
9515	44413	0.5953
9520	43920	0.5913
9514	44432, 44455	0.5804
9519	43920, 43968	0.5689

Data Source: Agency for Toxic Substances and Disease Registry (2018). CDC's Social Vulnerability Index. *SVI Interactive Map*. Retrieved October 2021. <https://svi.cdc.gov/map.html>

Gaps in Data and Recommendations

Despite the secondary data providing additional context around the initial vulnerable populations discussed, there are some gaps in the data. One of the main groups of focus that the Health Partners wants to collect data for the assessment on is the Amish population. Considering that they tend to be hard to reach, it is not surprising that there is no data in this set on that group; however, considering that the Amish are both difficult to survey, and there is no data in this set, this is a gap that further shows they are underrepresented. Another gap can be seen in the lack of specification for which language(s) are spoken within the percentage of people who do not speak English within Columbiana County. Within the socioeconomic section of the dataset there is no information on the percentage of households who have people ages 65 or older that might be below the poverty level. Lastly, there is no mention of health disparities across races or other variables within the secondary data provided. Overall, although the secondary data has not only supported our initial findings and provided additional populations and factors that depict vulnerable groups, there are also gaps that need to be filled by other means.

To fill the gaps, as well as delve deeper to develop themes and continue assessing the needs of the vulnerable populations, there are a couple of recommendations that can be given. The first would be to use the information from the secondary data to produce questions and guide the conduction of focus groups and stakeholder interviews. This will particularly help in overcoming language or literacy barriers, reaching hard to reach populations, and allow for more detailed responses and experiences. Another recommendation is to contact the data collectors for confirmation of a few of the items, such as the "percentage of female led households below poverty with children under the age of 5" being sixty percent. By reviewing the data with collectors, this may help to confirm the accuracy of some items, as well as see if there is data available that would close the gaps. Lastly, in terms of future community assessments, it may be of benefit to the Health Partners to utilize the information collection on vulnerable populations to guide the question development stage of future surveys and focus groups.

Vulnerability References:

- Bateman, L.B., Schoenberger, Y.M., Hansen, B., et al. 2021. Confronting COVID-19 in under-resourced, African American neighborhoods: A qualitative study examining community member and stakeholders' perceptions. *Ethnicity & Health* 2021, 26(1) ;49–67.
<https://doi.org/10.1080/13557858.2021.1873250>
- Centers for Disease Control and Prevention (2021). *Cultural Competence in Health and Human Services*. National Prevention Information Network. Retrieved October 2021 from
<https://npin.cdc.gov/pages/cultural-competence>
- Centers for Disease Control and Prevention (2021). *Using a Health Equity Lens*. Gateway to Health Communication. Retrieved October 2021 from
https://www.cdc.gov/healthcommunication/Health_Equity_Lens.html
- Colyer, C., Anderson, C., Stein, R., Donnermeyer, J., and Wasao, S. 2017. “Reviving the demographic study of the Amish.” *Journal of Amish and Plain Anabaptist Studies* 5(1):96-119.
- Donnermeyer, J.F., Anderson, C., Cooksey, E.C. 2013. “The Amish population: County estimates and settlement patterns.” *Journal of Amish and Plain Anabaptist Studies* 1(1):72-109.
- Garcia, K., Morrison, B., & Kilanowski, J. (2012). Focus group with Guatemalan traditional midwives about postpartum hemorrhage. *Online Journal of Cultural Competence in Nursing and Healthcare*, 2(2), 1-10. Doi: 10.9730/ojccnh.org/v2n2a1
- IBM Watson Health. 2020 *Community Need Index Methodology and Source Notes*. Dignity Health. Retrieved October 2021 from <http://cni.dignityhealth.org/Watson-Health-2020-Community-Need-Index-Source-Notes.pdf>
- Squires, A. 2008. “Language barriers and qualitative nursing research: methodological considerations.” *International Nursing Review* 55(3): 265-273. doi: [10.1111/j.1466-7657.2008.00652.x](https://doi.org/10.1111/j.1466-7657.2008.00652.x)
- United States Census Bureau (n.d.). *Quick Facts Columbiana County, Ohio*. Retrieved October 2021 from
<https://www.census.gov/quickfacts/fact/table/columbianacountyohio/POP010220#POP010220>

Appendix VII: Summary of the Columbiana County Health Partners Community Survey

Methodology

A community survey was developed utilizing questions from the previous community health survey conducted in 2018. Discussions were held with Columbiana County Health Partners to determine which questions should be included in the final survey. Over several meetings and revisions, the consensus among the group was to keep the survey as brief as possible to encourage participation and limit survey fatigue among respondents. The core of the survey utilizes Behavioral Risk Factor Surveillance System (BRFSS) questions used in the 2018 survey to allow for comparisons against state and national data. Columbiana County Health Partners also identified questions critical to their own goals to be included in the community health survey.

The survey was distributed in two formats – one being an online format utilizing SurveyMonkey and the other being a paper version of the survey. Skip logic was incorporated in the online survey to allow respondents to pass over questions that did not pertain to them as well as reduce survey time. Measures to direct respondents past questions were also added to the paper format, but adherence to these instructions was more sporadic. Paper surveys were manually entered into a collector through SurveyMonkey to be analyzed with the online responses.

Encouraging participation in the community health survey was accomplished by way of a press release, promotion on agency websites and social media, and through Columbiana County Health Partners. A newspaper insert containing a QR code with instructions and information regarding the purpose of the online survey and importance of community involvement was also created. A total of 10,826 inserts were printed for 3 newspaper titles distributed in Columbiana County.

Results

A total of 863 respondents accessed the survey either online or with a paper copy. Of the 863 responses, 15 were found to be from the following zip codes and removed from the survey:

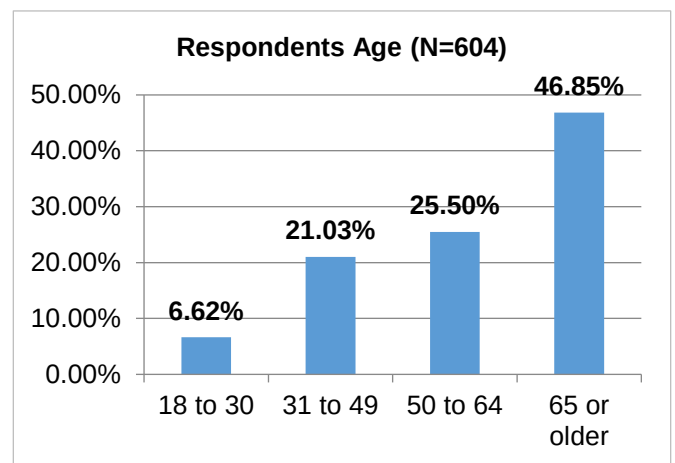
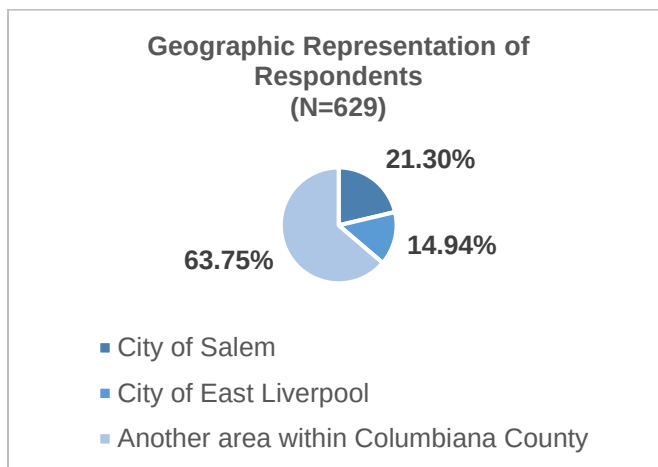
Carroll	Jefferson	Mahoning	Trumbull
44607 44615	43952	44512 44511 44406 44505 44442	44425 44430

Adult residents of Columbiana County 18 years of age or older were considered as the target population for the survey. To ensure a 95% confidence interval with a 5% margin of error, 383 respondents were needed to complete the community survey. Using the filter tools given in SurveyMonkey to remove incomplete responses, conservative estimates were determined for total respondents as well as the subpopulations of the two cities and the area outside of the cities. An additional 24 responses from the manual data entry were incorrectly categorized as complete, so these responses had to be subtracted from the totals as well before evaluating confidence intervals.

The confidence interval for the overall survey was met with 599 complete responses. The subpopulation of Salem also met the 95% confidence interval with a 10% margin of error with 128 complete responses. The subpopulation of East Liverpool fell short of the confidence interval with 91 complete responses, changing the margin of error from the goal of 10% to 10.24%. The subpopulation contained in Columbiana County outside of the two cities of Salem and East Liverpool also did not meet the confidence interval goal with 364 complete responses, changing the margin of error from 5% to 5.13%.

Population Group	2018 Community Survey (All Responses)	2021 Community Survey (All Responses)	2021 City of Salem	2021 City of East Liverpool	2021 Other area within Columbiana County
Confidence Interval Goal	382	383 (95% CI with 5% margin of error)	96 (95% CI with 10% margin of error)	96 (95% CI with 10% margin of error)	383 (95% CI with 5% margin of error)
Total Complete Responses	377	599	128	91	364

While the numbers above reflect the confidence intervals for the total population and subpopulations across the entire survey, each individual question also reports the number of answering respondents. As a result, incomplete surveys were left in the analysis to capture as much data as possible per question. One should note that the confidence interval figures are more narrowed and reflect complete survey responses. The data present in the city comparison documents also reflects only those respondents who answered survey question 44 (Which best describes where you live in Columbiana County?), while all the response documents include every respondent.



Data Gaps/Limitations

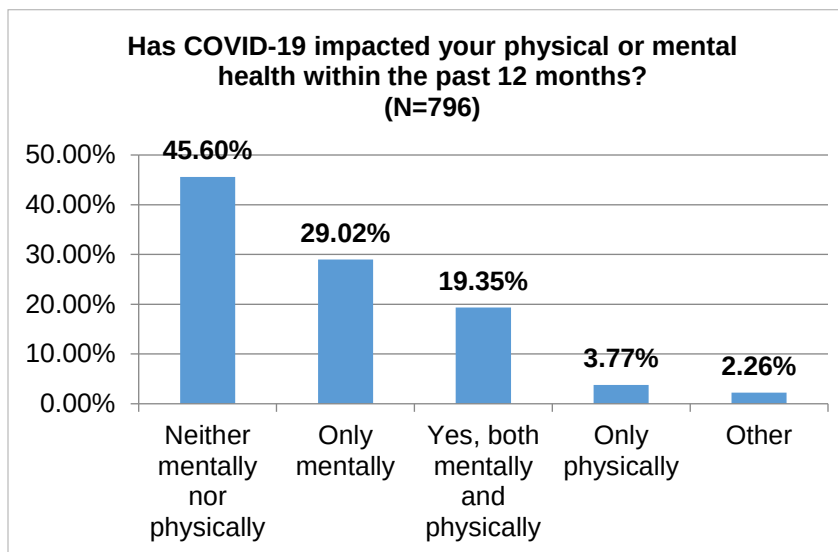
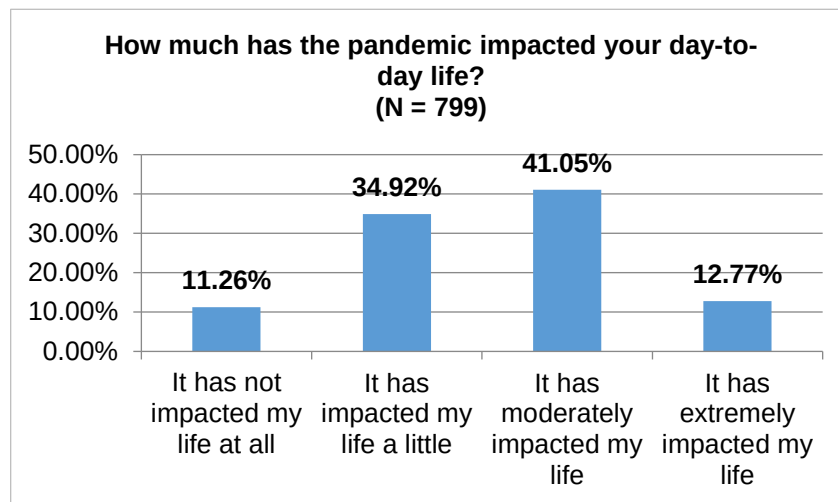
As mentioned above, not all of the confidence intervals were met, which expanded the margin of error when evaluating those subpopulations. The survey also did not excel in capturing the views of younger participants, with only 6.62% of respondents reporting their age between 18 and 30. Over 98% of respondents reported their ethnicity as white, which indicates the low data available in the survey pertaining to other ethnic groups. Nearly 72% of respondents indicated female at birth as well, which presents another instance of low response among male participants.

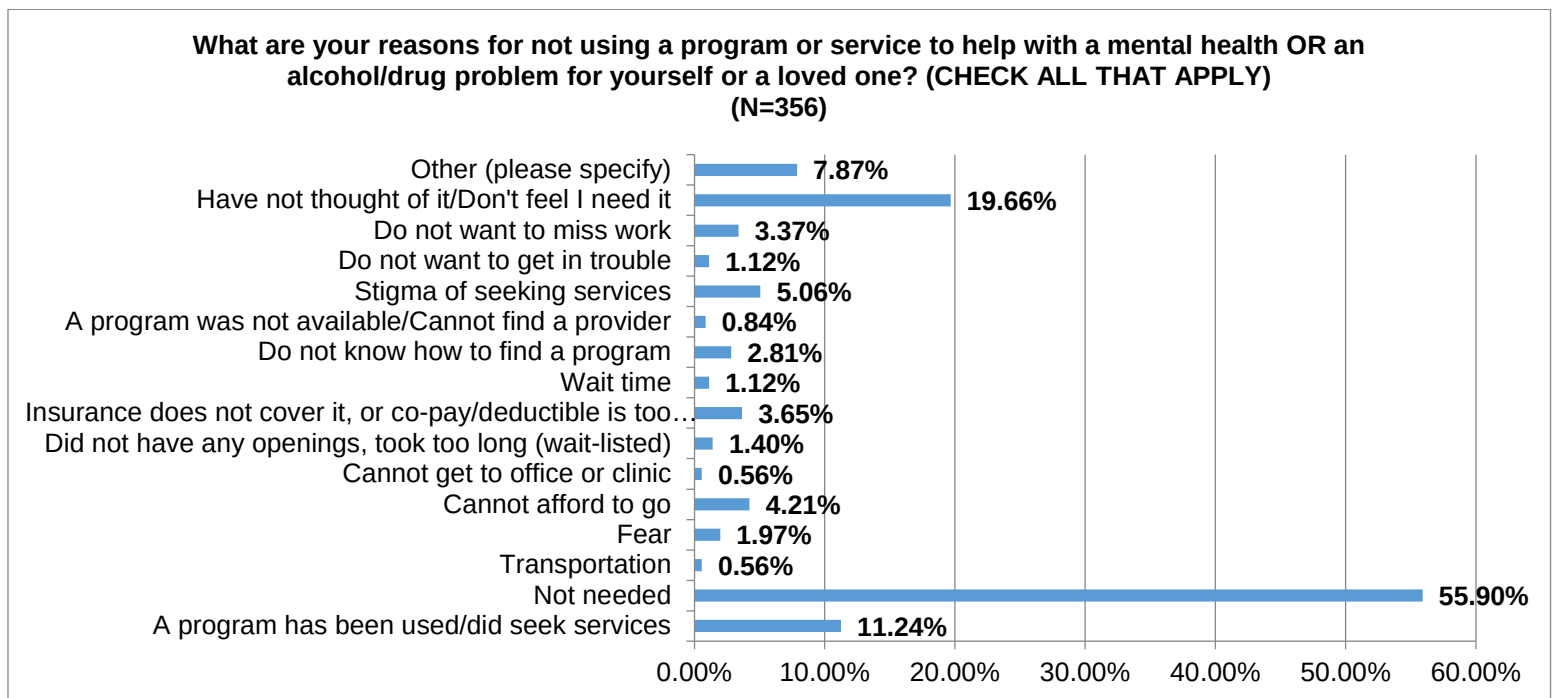
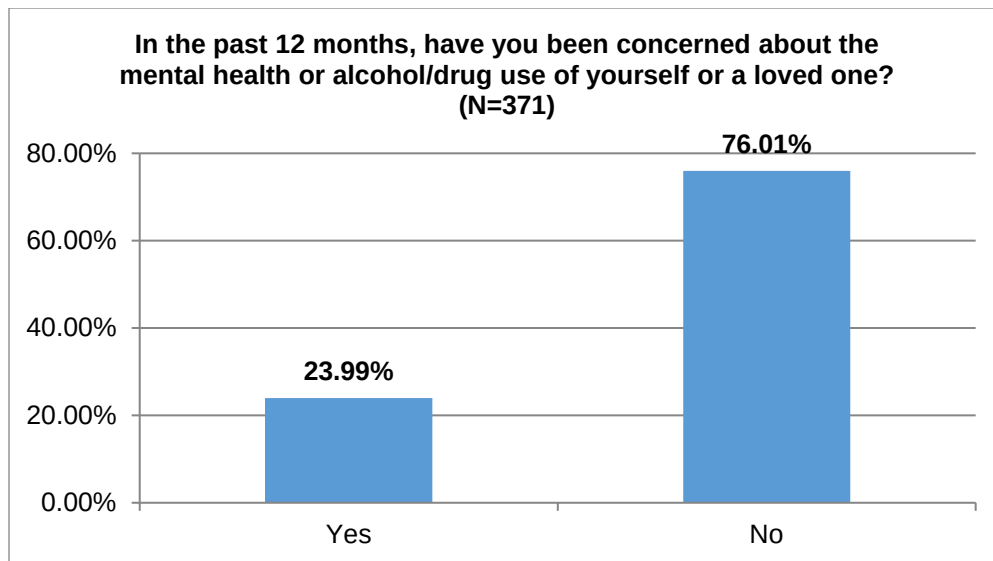
Another gap was identified between the online and paper survey formats. The majority of paper surveys were distributed among those present at COVID-19 vaccination booster clinics. Paper surveys comprised roughly 34% of total survey responses, with a total of 292 paper surveys. As a result, the overall survey results may be skewed towards an older population with underlying health issues represented through the paper surveys collected at the booster clinics. Some key instances of this issue are outlined in the table below.

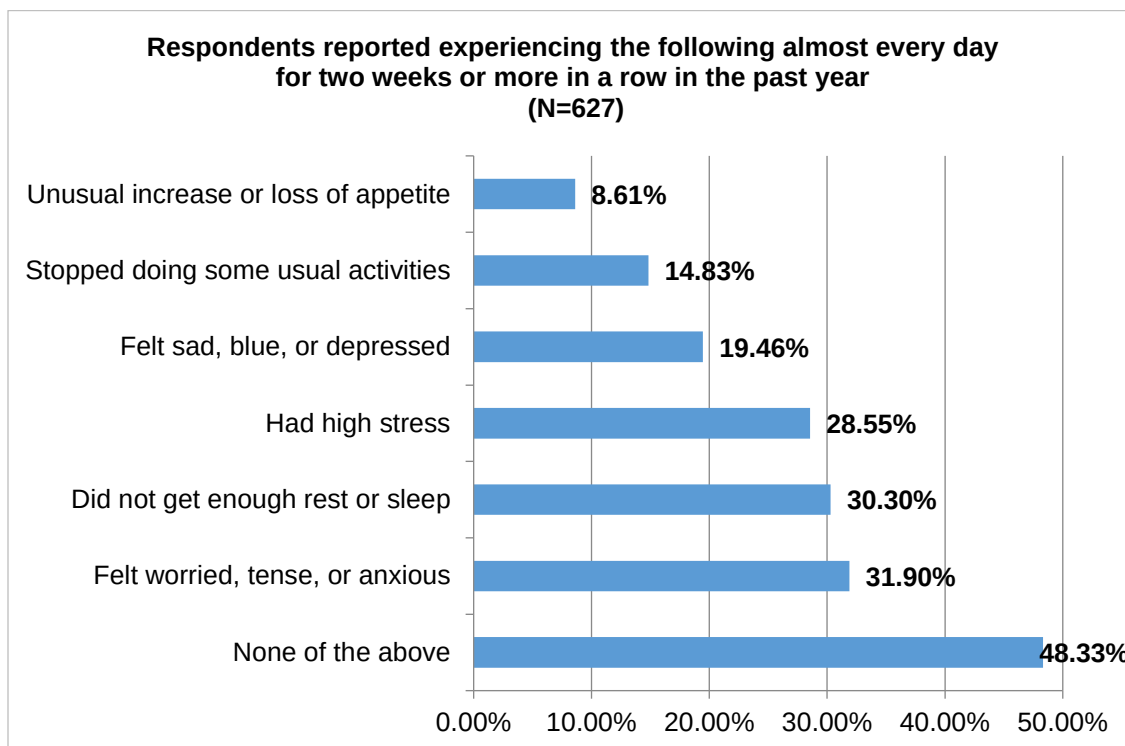
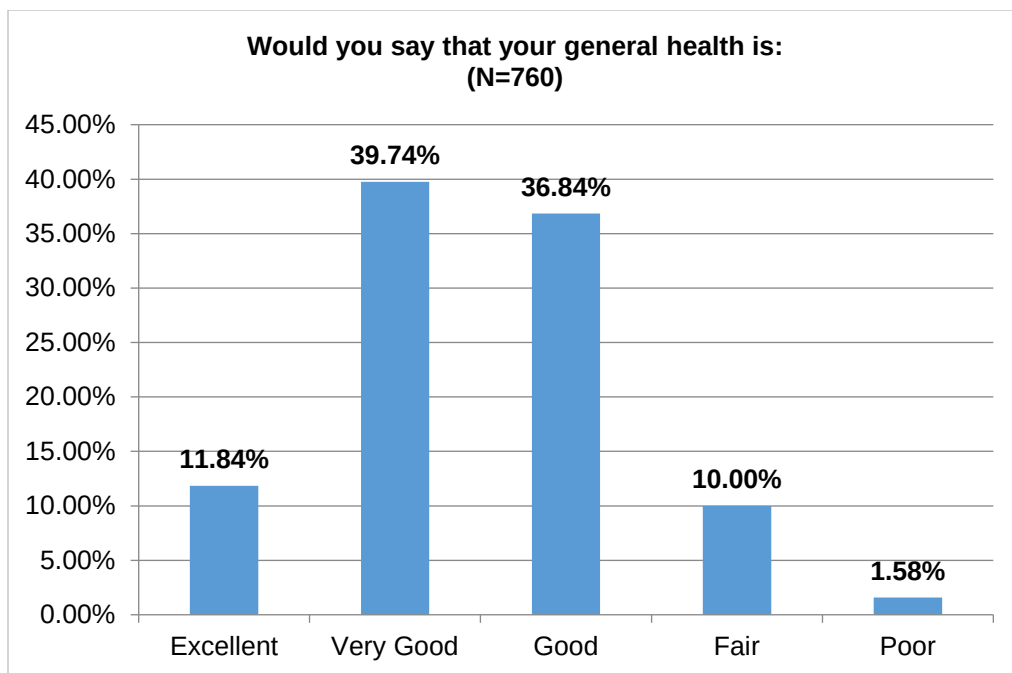
	Respondents Self-Reporting Medicare as Primary Source of Health Care Coverage	Respondents Self-Reporting Having Been Vaccinated for COVID-19	Respondents Self-Reporting Ever Being Diagnosed with Cancer	Respondents Self-Reporting Age as 65 or Older
Paper Survey	72.37%	100.00%	26.61%	84.58%
Online Survey	24.57%	77.55%	12.03%	28.04%

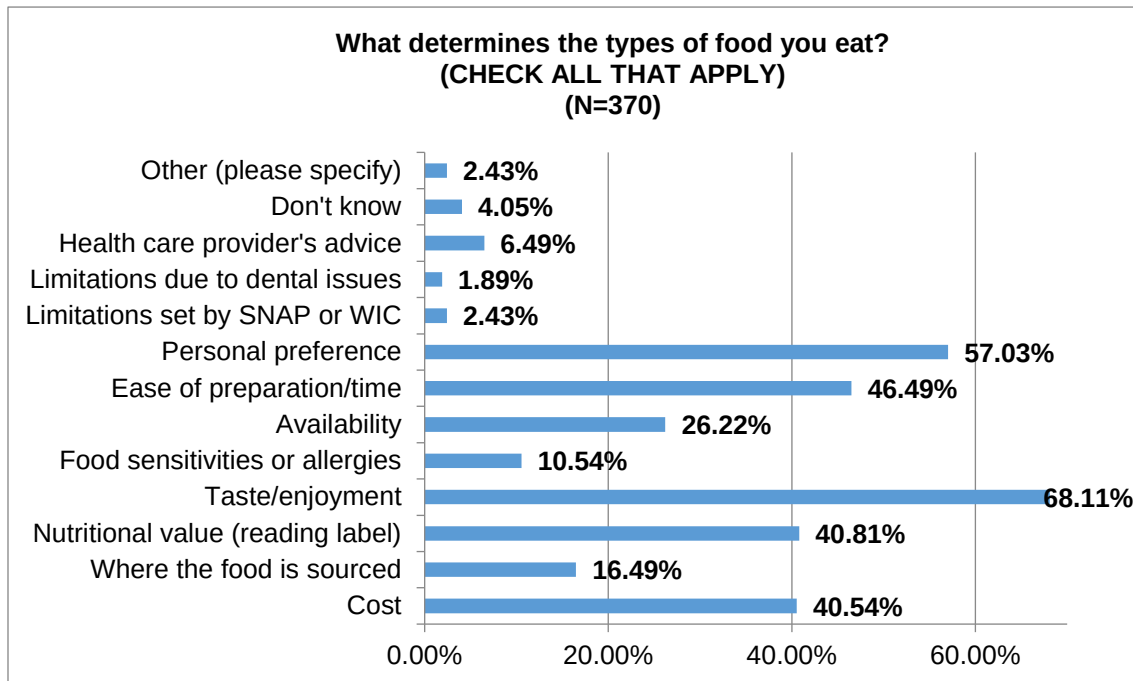
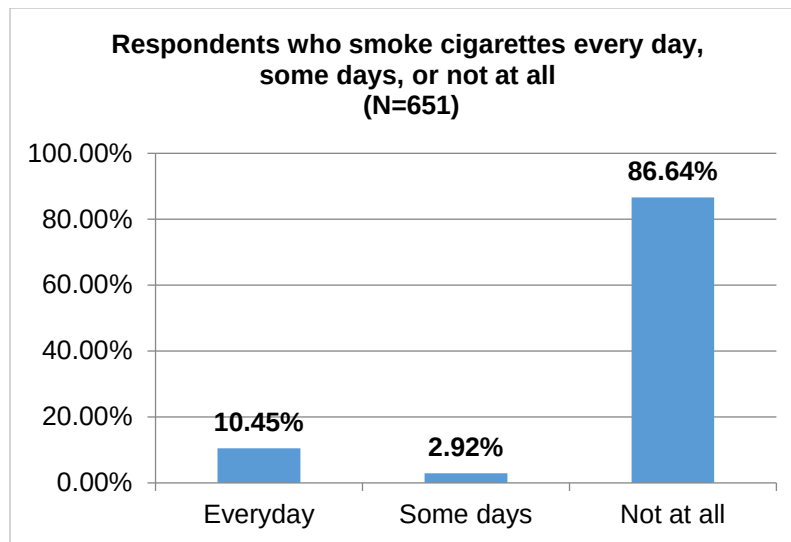
Findings

Key survey findings, shown in the graphs below, included the impact of Covid-19, personal and mental health status, tobacco use and substance use, socio and economic determinants of health, women's and men's health status.

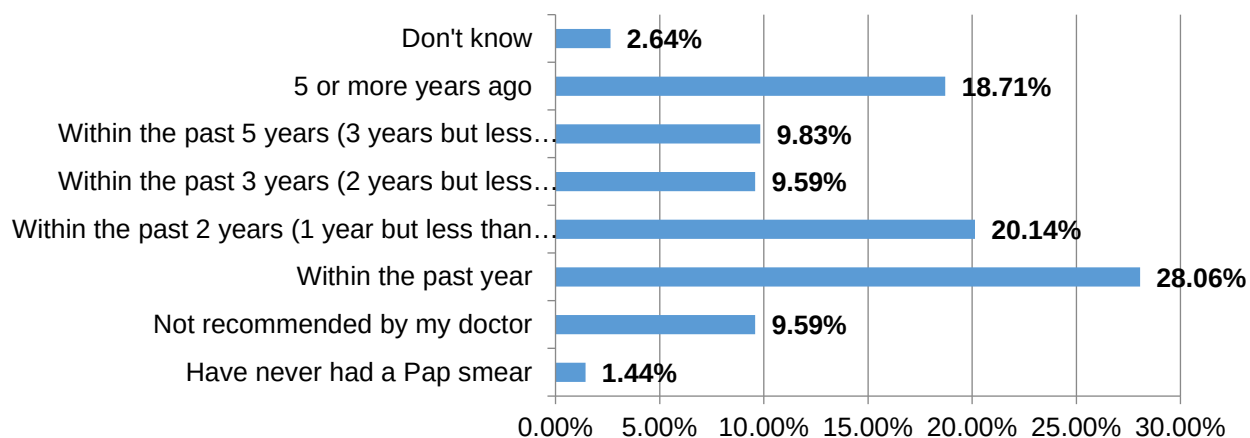




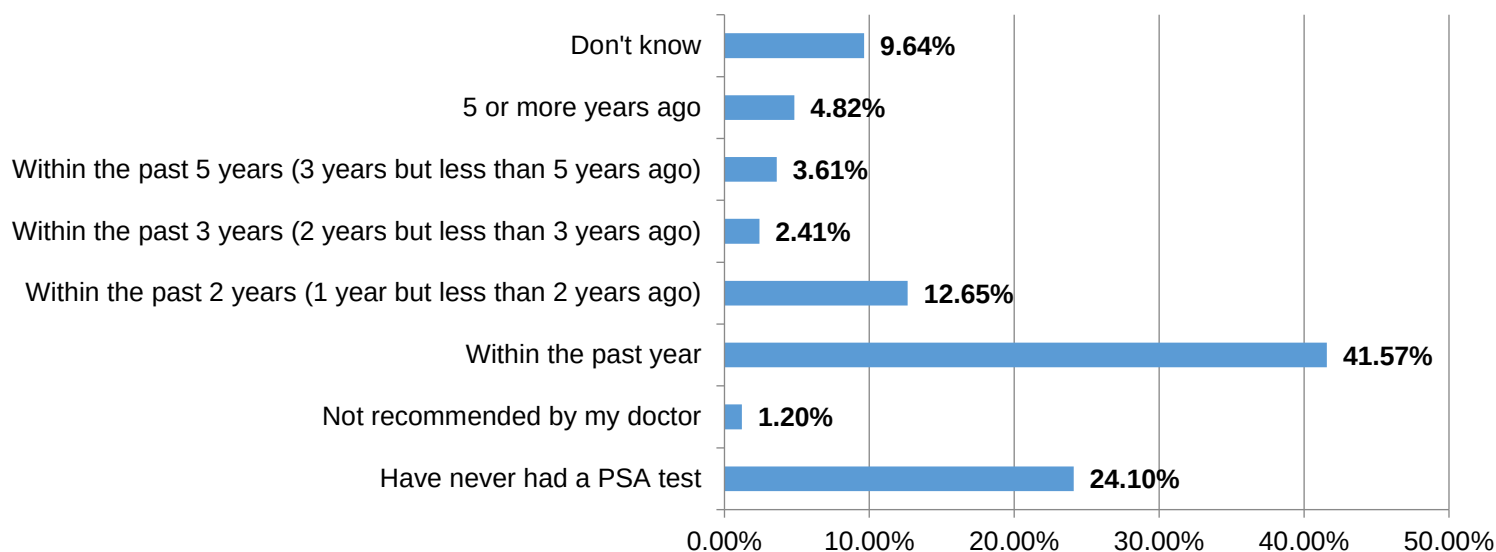




**For female respondents, length of time since last Pap smear
(N=417)**



A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. When was your last PSA test? (N=93)



Appendix VIII: Summary of Community Input from Stakeholder Interviews and Focus Groups

Thirty-one stakeholder and focus group interviews, reflecting input from more than 106 participants, were conducted by the Columbiana County Health Partners December 2021- January 2022, as part of the CHNA primary data gathering process. Participants were identified 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 medically underserved and vulnerable populations.

Participants represented in this data collection of broad community input included:

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

Type	Organization/Stakeholder	Participants
Focus Group	ADAPT Coalition	13
	Akron Children's Hospital Pediatrics Lisbon and East Liverpool	4
	Columbiana County Board of Developmental Disabilities	4
	Columbiana County Mental Health & Recovery Services Board	6
	Columbiana County Superintendents	12
	Guatemalan Residents	10
	East Liverpool City Hospital Internal/Family Medicine and Social Work	10
	Lisbon CAA Health Center Board of Directors	4
	Peer Resource and Recovery Center	6
	Salvation Army Salem Corps	2
	School Nurses	4
	Students	4
	Veterans	4
	Youth Mental Health – The Counseling Center	5
Stakeholder Interview	Amish Population Liaison - Rudy Sacchet	18
	CAA Medication Assistance Therapy Group	
	City of Salem Mayor - John Berlin	
	Columbiana County Department of Jobs & Family Services - Senior Services - Sherry Smith	
	Columbiana County Juvenile Court - Dane Walton	
	Columbiana One Stop - Jack Hile	
	Congregate/Longer Care Representative - John Saullitis	
	East Liverpool Community Resource Center - Denise Taylor	
	East Liverpool Mayor - Gregory Bricker	
	East Liverpool Police Department - Chief John Lane	
	Health District Advisory Council Chair/Township Trustee - Jordan Williams	
	Salem Area Visiting Nurse Association - Brenda Kays, RN, Executive Director	
	Salem Area Visiting Nurse Association - Dr. Graves	
	Salem Regional Medical Center - President/CEO Anita Hackstedde, MD	
	St. Paul's Church Hispanic Ministry - Sister Rene Weeks	
	Village of Salineville - Mayor Linda Smith	
	Waystation - Executive Director Tammy Blackburn	

Community input was obtained from these participants regarding factors impacting social determinants of health (1), top health care issues and priorities (Table A), community strengths and resources (Table B), opportunities to increase access to health care resources (2), and how to improve community support (4). A copy of the summary of results for each question is also included below.

1. Factors Impacting Social Determinants of Health & Community Health Status

A. Social and Economic Conditions: Stakeholder and focus group respondents identified six major social and economic factors that influence the health of the community:

- Poverty/generational poverty
- Drug addiction
- Lack of transportation
- Education/health literacy
- Appalachian culture
- Language barriers

B. Top 10 Community Concerns/Issues Related to Health and Safety

- Drug Use/Substance Abuse/Addiction
- Healthcare access
- Mental health care/resources
- Safety
- Health education/programming
- Prevalence of misinformation
- Lack of medical/treatment compliance
- COVID-19 impacts (tie)
- Transportation (tie)
- Safe Housing (tie)
- Poverty (tie)
- Distrust of health/medical professionals (tie)

Other issues mentioned repeatedly, but with less frequency included trafficking, the employment crisis, low vaccination rates (COVID and otherwise), access to drug treatment, homelessness, and shortage of providers.

Table A: Top Two Health Topics to Address and Top Three Health Priorities

When asked in separate questions to identify the two most important health topics and the three most important priorities to address/prevent, the top responses included:

Comparative Summary of “Top Health Topics” & “Top Priorities” Identified by Stakeholders and Focus Group Participants (N=106)	Top Health “Topics”	Top Health “Priorities”
Drug Use/ Substance Abuse/Addiction	X	X
Obesity/weight loss	X	X
Mental health concerns	X	X
Nutrition/ Diet/Eating Habits/Healthy Food Preparation	X	X
Tobacco/Vaping	X	X
Health Education Programs	X	X
COVID-19	X	
Vaccines	X	
Diabetes	X	
Access to Physical Activity	X	
Access to Care (Transportation)	X	
Access to Mental Health Services	X	
Chronic Disease Management	X	
Exercise/Physical Activity (Behavior)		X
Preventive Care/Screening		X

Diabetes		X
Education on health behavior benefits, risks of unhealthy behavior		X
Transportation		X

Table B: Community Strengths and Resources

When asked in two separate questions to identify community strengths and the programs/resources available to community members, the top responses included:

Comparative Summary of Top Strengths/Resources Identified by Stakeholders and Focus Group Participants	Top “Strengths”	Top “Resources”
Food Banks/Access/Distribution	X	X
Access to Healthcare	X	
Sense of Community/Support/Social Networks	X	
Safety/Low Crime Rate	X	
Parks and Recreation Opportunities	X	
Community Partnerships for Programs	X	
Local Health Department	X	
School Role in Health	X	
Options for Mental Health/Addiction Treatment	X	
Chronic Disease Management	X	X
Exercise/Physical Activity Programs	X	X
Faith-Based Community/Activities	X	
Connecting to Resources		X
Clothing		X
Senior Focused Programming		X
Family Recovery		X

2. Overcoming Barriers to Access and Program Participation

Nearly half of Interview/Focus Group documents reviewed (40%) identified accessible/reliable transportation as a barrier to participating in programming or accessing community resources. Participants also felt that a lack of awareness of programs/resources available (32%), cost (18%), lack of time (14%), and a lack of interest (12%) were significant barriers. Other repeatedly identified barriers mentioned in fewer than 10% of interviews/focus groups were stigma/judgement associated with accessing services, convenience of time and location offerings, lack of service coordination by providers, concerns about COVID-19, social isolation, lack of access to internet/technology for services provided online or virtually, lack of volunteers to sustain programs, competing work demands, and cultural or religious views.

The top four suggestions for overcoming barriers and increasing participation included:

1. Greater promotion/marketing/outreach to raise awareness of available programs/services/resources
2. Provide reliable/accessible transportation
3. Educate people on the importance/benefits of participation
4. Offer convenient/rotating locations and times

Other suggestions included increasing funding to sustain programs, educating people to help reduce stigma associated with programs/services or participation, leveraging social media, offering programs during or after school, offering virtual options, and somehow centralizing where services are available or somehow making connections to services.

3. Strategies to Improve Participation

When asked in a separate, but related question about what area organizations could do to increase participation and/or help area residents improve their health, the top responses included:

1. Promote and disseminate information
2. Educate people about the importance of participation (health benefits, risks)

3. Take services to where people are rather than trying to draw them
4. Provide or organize (e.g., carpool) transportation
5. Target marketing/outreach efforts to those who need the services
6. Build trust over time through programs/outreach
7. Partner with already established programs/activities
8. Ask the public/participants for feedback
9. Leverage word of mouth
10. Use social media
11. Offer incentives
12. Identify champions to spread the word
13. Leverage schools to offer programs

4. Improving Community Support

Stakeholders and focus group participants generated an extensive list of suggestions for how “the community” can provide more support to its community members. The top 9 suggestions, grouped by category and frequency of response among reviewed documents, included:

1. Ensure better communication/awareness
2. Encourage involvement
3. Offer more support groups
4. Provide outreach via social media
5. Provide education
6. Offer incentives of some sort – monetary, or nominal “rewards”
7. Raise money/identify funding to sustain programs
8. Provide/organize/ensure accessible transportation
9. Maintain an updated resource hub/site

Appendix IX: Summary of the Quality of Life Survey

During Spring 2022, the Columbiana County Health Partners urged community members to fill out a short Quality of Life Survey via SurveyMonkey and on paper surveys (manually entered into survey monkey prior to analysis). There were 122 Columbiana County community members who completed the survey. The chart below shows the Likert scale average response for Columbiana County. 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)	2022 (n=122)	Average Likert Scale Survey Response 2016-2022
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	4	3.51
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	3.23
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	3.07	3.49	4	3.52
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	4	3.5
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	2.73
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	4	3.56
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	4	3.6
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	4	3.54
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	2.83	3.10	3	2.98
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	3.00
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	3.06
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	2.98

Appendix X: Summary of the 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?"
"What specific threats or opportunities are generated by these occurrences?"

In March of 2022, 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. Staff shortages at ODH and healthcare facilities including local health districts.	Limited support for providing healthcare and public health services to the community.
2. Medical equipment supply-chain problems, such as needles, PPE and ventilators.	Limited resources being distributed. Distribution based on allocation and not on need can result in poor patient care.
3. Community suspicion of healthcare workers. Combative and resistant patients. Loss of trust.	Safety risks to healthcare workers and reduction in healthcare effectiveness resulting in more frequent and serious patients. Increased need for behavioral health support (patient and worker).
4. Resistance to all vaccines	Increase of disease occurrence and outbreaks.
5. Increase of misinformation	Reduction in effective healthcare, loss of trust.
6. Reducing patient loyalty to provider. Increase use of drive through healthcare.	Loss of personalized (whole patient) healthcare and follow-up care resulting in an overall degradation of patient health.
7. Increased legislation to control and limit healthcare and public health.	Reduction in healthcare effectiveness and increase in administrative costs.
8. Increase of substance use and suicide	Increased demands on limited funding and mental health providers.
9. Efforts to consolidate services	Reduction of access to services, particularly in small communities with already limited options to access providers

Appendix XI: Summary of 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.

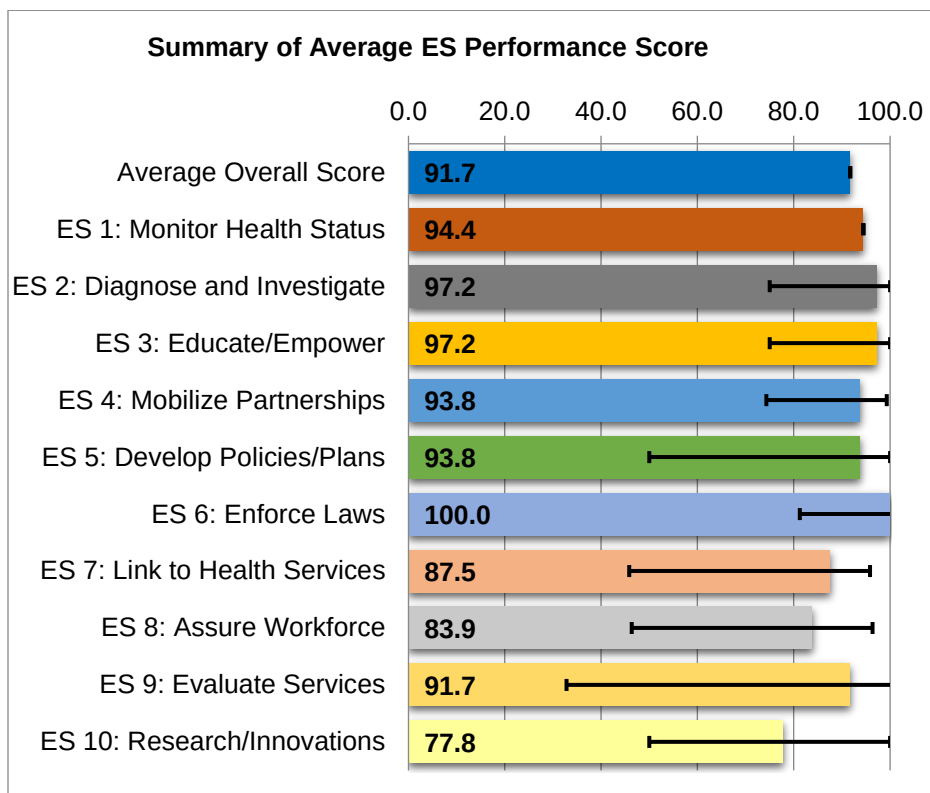
Health Commissioners from Columbiana County completed the performance measures instrument in March 2022. The LPHSA results were then presented in the April Columbiana County Health Partners meeting for discussion. The 10 Essential Public Health Services and how they are being provided within the community 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 2022 Summary



Appendix XII: Summary of the Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) completed by the Columbiana County Health Partners in March 2022, 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?"

"What assets do we have that can be used to improve community health?"

Below are the results from the group assessment:

Open-ended Questions to the Columbiana County Health Partners-

1. What do you believe are the 2-3 most important characteristics of a healthy community?
 - Access to care - capacity
 - Social support
 - Health education – cultural/linguistically inclusive – **SALEM**
 - Healthy eating – access to health foods
 - Coordinated health services
 - Strong economy and education system
 - Healthy and safe environment & living conditions
2. What makes you most proud of our community?
 - People care
 - Collaboration of community partners
 - Resilience
3. What are some specific examples of people or groups working together to improve the health and quality of life in our community?
 - COVID-19 response
 - Family and Children's First Council, Emergency Flexible Funding
 - Crisis assistance
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?
 - Housing/security – **EAST LIVERPOOL**
 - Food security – accessing healthy foods
 - Drugs & substance use
 - Improve economy
 - Increase mental health treatment capacity
5. What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?
 - Capacity of workforce due to limitations
 - Infrastructure
 - Resources – workforce, economy
 - Pride - cultural values (high poverty, Appalachian, Guatemalan population)
 - Transportation
 - Lack of education
6. What actions, policy, or funding priorities would you support to build a healthier community?
 - Public transportation

- Enforce tobacco code - **SALEM**
- Health education and workforce development
- Safe and healthy housing

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

- Funding
- Public support
- Good planning
- Reduced bureaucracy

Appendix XIII: Search Institute's Profile of Student Life 2021 Survey Results

Methodology

Youth data presented in this report is from the Search Institute's Profiles of Student Life, Attitudes and Behaviors: Developmental Asset Survey. The survey is administered to 7th, 9th, and 10th grade students in 9 out of the 11 public school districts in Columbiana County. To ensure complete anonymity, no names or identifying numbers were used. Parents were notified of the survey administration and given the option of withdrawing their student (s). The survey is conducted every two years (even years, with the exception of 2021 secondary to COVID-19 barriers). The data set displayed in this report is from the most recent findings (spring, 2021) through the Search Institute, Minneapolis MN. Total sample of youth surveyed for the 2021 Developmental Asset Survey was n= 1,528. A total of 537- 7th grade, 557- 9th grade, and 428- 10th grade students. To create the final data set, multiple careful reviews were made of individual survey responses. For the 2021 Columbiana County survey report, 240 surveys were eliminated due to missing data, filling in long patterns of responses rather than answering questions thoughtfully, reporting a grade level other than those intended to be surveyed. The number of surveys discarded represents 14% of the total number of surveys received by the Search Institute. Typically, for online surveys, between 15-25% of surveys are discarded for the above reasons. If the percentage of discarded surveys was greater than 25%, caution should be used in interpreting the results as survey bias may be present.

The students are administered an anonymous online survey of 160 questions during the school day at their respective school districts. Participating school districts receive individual district data as well as a county aggregate report. The information portrayed in the CHNA is representative of our county aggregate report. Comparison data has been compiled from previously conducted Developmental Asset surveys in Columbiana County.

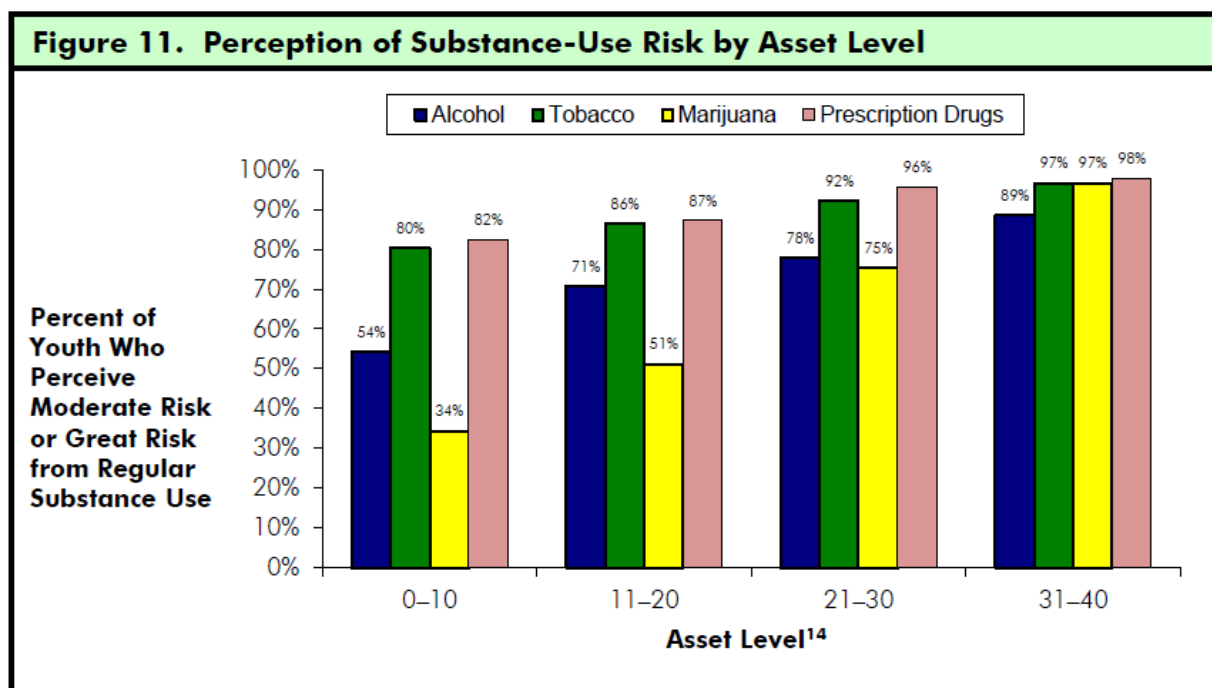
Search Institute research has shown that the more assets a young person has, the less likely he/she will engage in harmful behaviors and be more likely to do well in school and become a productive adult. Each of the 9 of 11 participating Columbiana County school districts was given a district-specific report for their youth in 7th, 9th, and 10th grade. The information that follows is extracted from the County's aggregate report:

Developmental Deficits in Youth Assets form part of the developmental foundation upon which healthy lives are built. Although Search Institute advocates positive, community-based efforts to promote Developmental Assets in young people, communities must also focus attention on preventing the developmental deficits measured through the survey. Developmental deficits are the negative influences that can interfere with the ability to develop into a healthy, successful adult. These influences limit a young person's access to external assets, block their development of internal assets, and ease the way into risky behavioral choices. Five developmental deficit conditions were evaluated in this survey, including being home alone two or more hours per school day; exposure to TV and video programming three or more hours per day; victimization by household physical abuse; victimization by violence outside the home; and exposure to tobacco, alcohol, marijuana and other substance use at parties. The percentage of Columbiana County surveyed youth reporting each of these five developmental deficits is shown for the total sample, gender and grade level. Each deficit is correlated here with a high-risk behavior.

Table 11. Percent of Youth Reporting Developmental Deficits											
Deficit	Definition	Total Sample	Gender		Grade						
			M	F	6	7	8	9	10	11	12
Alone at Home	Spends two hours or more alone per school day	41	39	42	36			41	47		
TV Overexposure	Watches TV or videos three or more hours per school day	39	38	38	39			37	40		
Physical Abuse	Reports once or more, "Have you ever been physically harmed (that is, where someone caused you to have a scar, black & blue marks, welts, bleeding, or a broken bone) by someone in your family or someone living with you?"	26	26	25	32			22	26		
Victim of Violence	Reports once or more, "How many times in the last 2 years have you been the victim of physical violence where someone caused you physical pain or injury?"	27	27	25	32			24	24		
Drinking Parties	Reports attending one or more parties in the last year "where other kids your age were drinking."	24	22	26	14			26	34		

Source: Search Institute Profiles of Student Life: Attitudes and Behaviors, 2021. (Columbiana County Aggregate report) Table 11, pg. 3-11

Figure 11 shows youth perception of the risks involved in substance use compared across asset levels.



Source: Search Institute Profiles of Student Life: Attitudes and Behaviors, 2021. (Columbiana County Aggregate report) Figure 11, pg. 6-3

Key Findings:

- Youth perception of marijuana use is perceived to be at a much lower risk as compared to alcohol, tobacco, and prescription drug use in the asset categories of 0-10, 11-20, and 21-30.
- Youth perception of regular alcohol use is reported at a much lower risk as compared to tobacco or prescription drug use.
- Youth who possess 31-40 assets perceive alcohol, tobacco, marijuana, and prescription drug use to be at a moderate to high risk.

Table 12 presents the percentages of your youth who report each of eight thriving indicators, including valuing diversity, succeeding in school, helping others, maintaining good health, showing leadership, resisting danger, delaying gratification, and overcoming adversity. The table defines thriving indicators and presents percentages for each by total sample, gender, and grade level.

Table 12. Percentages of Eight Thriving Indicators in Your Youth											
Thriving Indicator	Definition	Total Sample	Gender		Grade						
			M	F	6	7	8	9	10	11	12
Succeeds in School	Gets mostly As on report card	33	27	40	33			35	30		
Helps Others	Helps friends or neighbors one or more hours per week	78	77	80	81			76	77		
Values Diversity	Places high importance on getting to know people of other racial/ethnic groups	64	55	74	62			65	65		
Maintains Good Health	Pays attention to healthy nutrition and exercise	46	48	47	47			46	46		
Exhibits Leadership	Has been a leader of a group or organization in the last 12 months	57	57	58	60			56	55		
Resists Danger	Avoids doing things that are dangerous	20	19	22	25			18	18		
Delays Gratification	Saves money for something special rather than spending it all right away	47	49	46	45			46	52		
Overcomes Adversity	Does not give up when things get difficult	58	64	52	56			61	57		

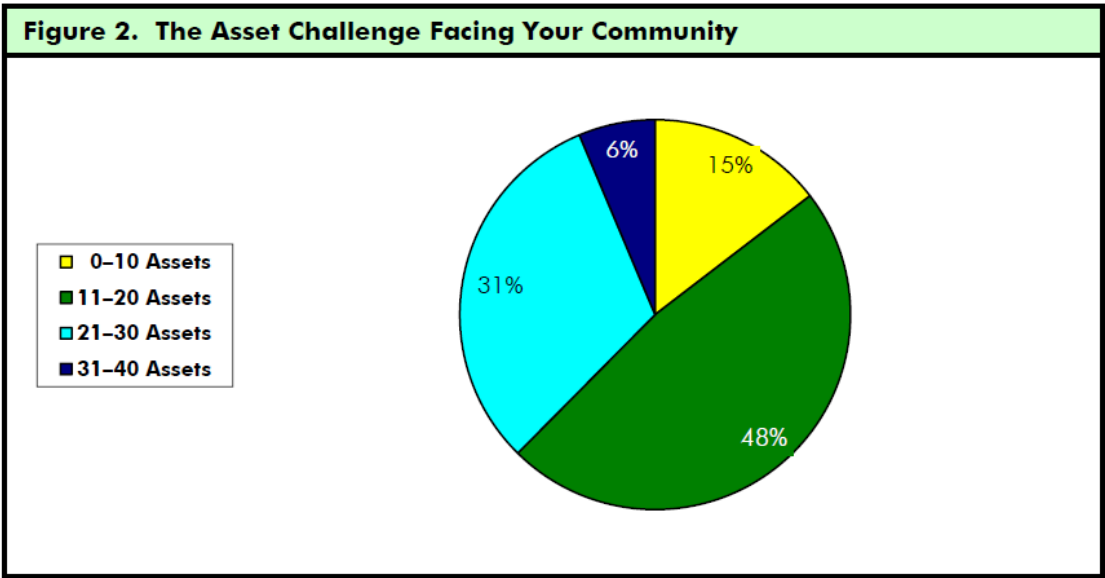
Source: Search Institute Profiles of Student Life: Attitudes and Behaviors, 2021. (Columbiana County Aggregate report) Table 12, pg. 4-2

Key Findings:

- 46% of youth report paying attention to healthy nutrition and exercise. 48% of male reporting compared to 47% of female reporting.
- A decreased percentage of 20% of youth report avoiding doing things that are dangerous. 19% of male reporting compared to 22% of female reporting.
- An increased percentage of youth report they help others at 78%.
- A decreased percentage of 52% females report they overcome adversity.
- Percentages of youth reporting they resist danger decreases in 9th and 10th grades.

The Search Institute has surveyed over three million youth across the nation and developed a research-based framework of 40 developmental assets that are basic building blocks for human development. The 40 assets are organized into two primary categories with sub-groups as follows: External Assets (Support, Empowerment,

Boundaries and Expectations and Constructive Use of Time) and Internal Assets (Commitment to Learning, Positive Values, Social Competencies and Positive Identity). The Search Institute’s Profiles of Student Life: Attitudes and Behaviors’ Survey to assess the impact of 40 identified internal and external assets, which measure thriving indicators and risk-taking behaviors. It was found that 94% of youth in Columbiana County report having less than 30 assets.



Graph and Table Source: Search Institute Profiles of Student Life: Attitudes and Behaviors, 2021. (Columbiana County Aggregate report) Figure 2 pg. 1-8

Key Findings from Assets Reported by Columbiana County Youth:

- Columbiana County youth report a decreased percentage (14%) of spending time throughout the week in creative activities.
- A notable low percentage (30%) of youth report parent(s) or other adults’ model positive, responsible behavior.
- 42% of youth report they feel safe at home, school, and in the neighborhood. 58% of male reporting compared to 27% female reporting (as demonstrated in the *Search Institute Profiles of Student Life: Attitudes and Behaviors*, 2021. (Columbiana County Aggregate report).
- 27% of youth report that school provides a caring, encouraging environment.
- A decreased rate for positive family communication is reported by youth at 30% stating that they communicate positively and seek advice or counsel from a parent.
- 18% of youth report their perception of adults in their community value youth.
- 14% of youth report reading for pleasure under the commitment to learning category.
- In the category of Social Competencies, 28% of youth report they know how to plan ahead and make choices.
- Only 40% of youth report they resist negative peer pressure and avoid dangerous situations.
- A low percentage of youth (29%) report they feel as though they have a sense of personal power.
- A reportedly low percentage of youth (32%) provide an account of high self-esteem.

The following table shows a summary of mental health and substance abuse risk-taking behavior trends from 2012- 2021, as shown in the Columbiana County Developmental Assets 2021 Survey Report.

	Survey Year	2021	2018	2016	2014	2012
	Number of Respondents	(n=1528)	(n=2314)	(n=2296)	(n=2309)	(n=2306)
Alcohol	Used alcohol once or more in the last 30 days	18%	21%	20%	21%	23%
	Got drunk once or more in the last two weeks	11%	12%	12%	14%	14%
Tobacco	Smoked cigarettes once or more in the last 30 days	4%	6%	6%	9%	11%
	Used smokeless tobacco once or more in the last 12 months	5%	9%	11%	11%	15%
Vaping	Vaped tobacco, nicotine, or marijuana once or more in the last 30 days	*21%	N/A	N/A	N/A	N/A
Marijuana	Used marijuana or hashish once or more in the last 12 months	*10%	7%	7%	9%	10%
Other Drug Use	Used other illicit drugs once or more in the last 12 months	2%	2%	2%	*2%	3%
Driving and Alcohol	Drive after drinking once or more in the last 12 months	3%	3%	3%	4%	5%
	Rode with a driver who had been drinking once or more in the last 12 months	23%	24%	26%	30%	33%

(Source: Columbiana County Developmental Assets 2021 Survey Report)

The Search Institute also identified mental health indicators in Columbiana County youth which is a barometer not only for the current mental health status of the county but also informs the need for mental health providers in the future.

Key Findings Related to Mental Health Issues:

- 23% of Columbiana County youth have reported attempted suicide. Specifically, a higher percentage of female youth (28%) as compared to male youth (16%). The rate of reporting suicide attempts has shown an increase from 7th grade to 10th grade.
- Reports of depression are significantly higher in youth females as compared to males. 31% of youth report feeling sad all or most of the time.
- 30% of youth reporting having engaged in anorexic or bulimic eating disorders between male and female reporting.
- A high percentage of youth of 26% have reported carrying a weapon for protection once or more in the last 12 months
- 27% of Columbiana County youth have threatened someone with physical harm in the last month. Violence indicators show a greater disparity among male students.

Appendix XIV: Columbiana County Community Resources

Agency	Address	City	State	Zip	Phone Number
Assistance Programs					
A.I.D., Inc. (Action, Information, Direction)		Salem	OH	44460	330-332-1373
Catholic Charities Regional Agency Emergency Assistance	319 West Rayen Avenue	Youngstown	OH	44502	330-744-3320 800-670-6089
Columbiana County Department of Job & Family Services	7989 Dickey Drive Suite 2	Lisbon	OH	44432	330-424-1471
Columbiana County Veteran's Service Commission	7989 Dickey Drive Suite 1	Lisbon	OH	44432	330-424-7214
Columbiana Meals on Wheels	865 East Park	Columbiana	OH	44408	330-482-0366
Community Action Agency of Columbiana County	7880 Lincole Place	Lisbon	OH	44432	330-424-7221
Family & Community Services, Inc.	705 Oakwood Street Suite 221	Ravenna	OH	44266	330-297-7027
Mahoning-Youngstown Community Action Partnership (MYCAP)	1325 5th Avenue	Youngstown	OH	44504	330-747-7921
Making Kids Count	7178 West Boulevard Suite E	Youngstown	OH	44512	330-758-3434
United Way Services of Northern Columbiana County FamilyWize-Discount Drug Program	713 East State Street	Salem	OH	44460	330-337-0310
WIC (Women, Infants, Children) Columbiana County	7876 Lincole Place	Lisbon	OH	44432	330-424-7293
Assisted Living					
Copeland Oaks	800 South 15th Street	Sebring	OH	44672	330-938-1093
Crossroads at Beaver Creek	13280 Echo Dell Road	East Liverpool	OH	43920	330-385-2211
Grace Woods Senior Living, LLC	730 Youngstown Warren Road	Niles	OH	44446	330-652-4177
Grace Woods Senior Living of Salem, LLC	1166 Benton Road	Salem	OH	44460	330-332-1104
Senior Center of Mahoning County	1110 5th Avenue	Sebring	OH	44672	330-744-5071
Whispering Pines Village	937 East Park Avenue	Columbiana	OH	44408	844-305-8813
Children's Services					
Akron Children's Hospital Beeghly Campus	6505 Market Street	Boardman	OH	44512	330-746-8100
Akron Children's Hospital Pediatrics Lisbon	330 North Market Street	Lisbon	OH	44432	330-424-9866
Alta Behavioral Healthcare Early Childhood Mental Health	711 Belmont Avenue	Youngstown	OH	44502	330-793-2487
Alta Head Start	142 Javit Court	Austintown	OH	44515	330-736-0071
Belmont Pines Hospital Children's Behavioral Health Hospital and Residential Treatment Center	615 Churchill-Hubbard Road	Youngstown	OH	44505	330-759-2700 800-423-5666

Agency	Address	City	State	Zip	Phone Number
Boy Scouts of America Buckeye Council	2301 13th Street NW	Canton	OH	44708	330-580-4272 800-589-9812
Camp Fire Tayanoka		East Liverpool	OH	43920	330-385-0645
Columbiana County Department of Job & Family Services	7989 Dickey Drive Suite 2	Lisbon	OH	44432	330-424-1471
Columbiana County Educational Service Center	38720 Saltwell Road	Liston	OH	44432	330-424-9591
Columbiana County Help Me Grow- Columbiana County Board of Developmental Disabilities	34947 State Route 172	Lisbon	OH	44432	330-424-0288
Columbiana County Juvenile Court Charles A. Pike Center	260 West Lincoln Way	Lisbon	OH	44432	330-424-4071
Community Action Agency of Columbiana County	7880 Lincole Place	Lisbon	OH	44432	330-424-7221
Community Action Agency of Columbiana County Community Health Center-East Liverpool	16687 Saint Clair Avenue Suite 203	East Liverpool	OH	43920	330-386-7777
Community Action Agency of Columbiana County Community Health Center-Lisbon	7880 Lincole Place	Lisbon	OH	44432	330-424-5686
Community Action Agency of Columbiana County Salineville Community Health Center at Melhorn	103 West Main Street	Salineville	OH	43945	330-679-2640
Community Resource Center	940 Pennsylvania Avenue	East Liverpool	OH	43920	330-385-1301
Counseling Center of Columbiana County	40722 State Route 154	Lisbon	OH	44432	330-424-9573
Counseling Center of Columbiana County East Liverpool Branch Office	15613 Pineview Drive Suite A	East Liverpool	OH	43920	330-386-9004
Counseling Center of Columbiana County Salem Branch Office	166 Vine Ave	Salem	OH	44460	330-332-1514
Easter Seals of Mahoning, Trumbull, and Columbiana	299 Edwards Street	Youngstown	OH	44502	330-743-1168
Family & Children First of Columbiana County	38720 Saltwell Rd	Lisbon	OH	44432	330-424-9591
Girl Scouts of North East Ohio Youngstown	8580 South Avenue	Youngstown	OH	44514	330-652-5876 800-852-4474
Louis Tobin Attention Center	8363 County Home Road	Lisbon	OH	44432	330-424-9809
Making Kids Count	7178 West Boulevard Suite E	Youngstown	OH	44512	330-758-3434
Salem City Health District	230 North Lincoln Avenue #104	Salem	OH	44460	330-332-1618
Salem Comprehensive Pediatric Health Center	1076 East State Street	Salem	OH	44460	330-332-2710
Second Harvest Food Bank of Mahoning Valley BackPack food program		Youngstown	OH	44509	330-792-5522

Agency	Address	City	State	Zip	Phone Number
United Way Services of Northern Columbiana County	713 East State Street	Salem	OH	44460	330-337-0310
United Way Services of Northern Columbiana County FamilyWize-Discount Drug Program	713 East State Street	Salem	OH	44460	330-337-0310
Counseling and Mental Health Services					
Alta Behavioral Healthcare	711 Belmont Avenue	Youngstown	OH	44502	330-793-2487
Belmont Pines Hospital Children's Behavioral Health Hospital and Residential Treatment Center	615 Churchill-Hubbard Road	Youngstown	OH	44505	330-759-2700 800-423-5666
Community Action Agency Health & Behavioral Health Center at Lisbon	7880 Lincole Place	Lisbon	OH	44432	330-424-5686
Community Action Agency East Liverpool Campus Building #1	16480 St. Clair Ave.	East Liverpool	OH	44432	330-386-7777
Community Action Agency East Liverpool Campus Building #2	16494 St. Clair Ave	East Liverpool	OH	44432	330-386-7870
Catholic Charities Regional Agency	319 West Rayen Avenue	Youngstown	OH	44502	330-744-3320 800-670-6089
Catholic Charities Regional Agency Christina Center	115 East Washington Street	East Liverpool	OH	44432	330-420-0845
Catholic Charities Regional Agency Christina House (undisclosed domestic violence shelter)					24 hr Crisis Line: 330-420-0037
Cleveland Clinic Akron General Acute Care In-Patient Psychiatric Treatment	1 Akron General Avenue	Akron	OH	44307	330-344-6000
Columbiana County Mental Health and Recovery Services Board	27 Vista Drive	Lisbon	OH	44432	330-424-0195
Comprehensive Behavioral Health Association, Inc.- Austintown	104 Javit Ct.	Austintown	OH	44515	330-797-4050 866-900-5590
Comprehensive Behavioral Health Association, Inc.- East Liverpool	321 W. 5 TH St.	E. Liverpool	OH	43920	330-385-8800 866-899-8318
Counseling Center of Columbiana County	40722 State Route 154	Lisbon	OH	44432	330-424-9573
Counseling Center of Columbiana County East Liverpool Branch Office	15613 Pineview Drive Suite A	East Liverpool	OH	43920	330-386-9004
Counseling Center of Columbiana County Salem Branch Office	188 North Lincoln Avenue	Salem	OH	44460	330-332-1514
East Liverpool City Hospital Behavioral Health Inpatient Center	425 West 5th Street	East Liverpool	OH	43920	330-386-3590
Family Recovery Center Administrative, Counseling & Criminal Justice Office	964 North Market Street	Lisbon	OH	44432	330-424-1468
Family Recovery Center Fleming House	1300 Rose Drive	Lisbon	OH	44432	330-420-3760

Agency	Address	City	State	Zip	Phone Number
Family Recovery Center Oxford House	320 Benton Road	Salem	OH	44460	330-337-7501
Family Recovery Center Prevention Office	966 North Market Street Lower Level	Lisbon	OH	44432	330-424-0531
Family Recovery Center Renaissance House	855 Newgarden Road	Salem	OH	44460	234-567-4746
HelpNetworkNEO		Youngstown	OH	44501	330-424-7767 800-427-3606
Insight Counseling & Wellness- Canfield	3685 Stutz Dr, Ste 103	Canfield	OH	44406	330-286-3558
Insight Counseling & Wellness- East Liverpool	45875 Bell School Rd, Ste B	E. Liverpool	OH	43920	234-254-5656
Insight Counseling & Wellness- East Palestine	678 E. Taggart St, Ste 105	E. Palestine	OH	44413	330-932-2095
Insight Counseling & Wellness- Salem	2400 Southeast Blvd. Ste B	Salem	OH	44460	234-567-4660
Insight Counseling & Wellness- Wintersville	115 Main St.	Wintersville	OH	43953	740-996-3376
Louis Stokes Cleveland VA Medical Center East Liverpool/Calcutta Multi-Specialty Outpatient Clinic	5655 State Route 170 Suite A	Calcutta	OH	43920	330-386-4303
Neil Kennedy Recovery Clinic	2151 Rush Boulevard	Youngstown	OH	44507	330-744-1181 800-228-8287
New Day Counseling & Psychiatric Services	Beldon Village Glass Tower- 4450 Beldon Village St NW, Ste 606	Canton	OH	44718	330-305-9696
On Demand Counseling- Austintown	5760 Patriot Dr.	Austintown	OH	44515	330-270-8610
On Demand Counseling- East Liverpool	658 Walnut St., Ste 3	E. Liverpool	OH	43920	330-932-0157
Behavioral Medicine and Wellness Center Intensive Outpatient Mental Health Services	Salem Regional Medical Center 2020 East State Street Suite J	Salem	OH	44460	330-337-4935
St. Elizabeth Youngstown Hospital Acute Care In-Patient Psychiatric Treatment	1044 Belmont Avenue	Youngstown	OH	44501	Main Number: 330-746-7211
Dr. Katherine Stutzman, Ph.D.	425 West Fifth Street	East Liverpool	OH	43920	330-386-2047
Summa St. Thomas Hospital Behavioral Health Services Acute Care In-Patient Psychiatric Treatment	444 North Main Street	Akron	OH	44310	330-379-9841
Drug and Alcohol Services					
Broadway Recovery Services	725 Boardman Canfield Rd, Ste C4	Youngstown	OH	44512	855-292-9778
Broadway Recovery House	1184 Third St.	Salem	OH	44460	

Agency	Address	City	State	Zip	Phone Number
Community Action Agency East Liverpool Campus Building #1	16480 St. Clair Ave.	East Liverpool	OH	44432	330-386-7777
Counseling Center of Columbiana County	40722 State Route 154	Lisbon	OH	44432	330-424-9573
Counseling Center of Columbiana County East Liverpool Branch Office	15613 Pineview Drive Suite A	East Liverpool	OH	43920	330-386-9004
Counseling Center of Columbiana County Salem Branch Office	188 North Lincoln Avenue	Salem	OH	44460	330-332-1514
Coleman Crisis Services	2421 13th Street NW	Canton	OH	44708	330-452-9812 800-956-6630
East Liverpool City Hospital Drug & Alcohol Medical Stabilization New Vision	425 West 5th Street	East Liverpool	OH	43920	330-386-3193 800-939-2273
Family Care Ministries	119 W. 6 th Street	East Liverpool	OH	43920	330-368-0725
Family Recovery Center Administrative, Counseling & Criminal Justice Office	964 North Market Street	Lisbon	OH	44432	330-424-1468
Family Recovery Center Fleming House	7300 Rose Drive	Lisbon	OH	44432	330-420-3760
Family Recovery Center Oxford House	320 Benton Road	Salem	OH	44460	330-337-7501
Family Recovery Center Prevention Office	966 North Market Street Lower Level	Lisbon	OH	44432	330-424-0531
Family Recovery Center Renaissance House	855 Newgarden Road	Salem	OH	44460	234-567-4746
Louis Stokes Cleveland VA Medical Center East Liverpool/Calcutta Multi-Specialty Outpatient Clinic	5655 State Route 170 Suite A	Calcutta	OH	43920	330-386-4303
Neil Kennedy Recovery Clinic	2151 Rush Boulevard	Youngstown	OH	44507	330-744-1181 800-228-8287
New Start Treatment Center St. Joseph Warren Hospital	1296 Tod Avenue NW Suite 205	Warren	OH	44485	330-306-5010
Trinity Health System Behavioral Medical Center Drug and Alcohol Rehabilitation Center	380 Summit Avenue	Steubenville	OH	43952	740-283-7024
Emergency Assistance					
American Red Cross of Lake to River	3530 Belmont Avenue Suite 7	Youngstown	OH	44505	330-392-2551
Catholic Charities Regional Agency Emergency Assistance	319 West Rayen Avenue	Youngstown	OH	44502	330-744-3320 800-670-6089
Christians' Concern of Leetonia	764 Columbia Street	Leetonia	OH	44431	330-427-6827
Salvation Army East Liverpool Corps	413 East 4th Street	East Liverpool	OH	43920	330-385-2086

Agency	Address	City	State	Zip	Phone Number
Salvation Army Salem	1249 North Ellsworth Avenue	Salem	OH	44460	330-332-5624
Food Banks, Pantries, and Programs					
Community Action Agency of Columbiana County	7880 Lincole Place	Lisbon	OH	44432	330-424-7221
Farmers and Hunters Feeding the Hungry Northeast Ohio Chapter					330-424-7221
Making Kids Count	7178 West Boulevard Suite E	Youngstown	OH	44512	330-758-3434
Salem Community Pantry	794 East 3rd Street	Salem	OH	44460	330-332-5166
Second Harvest Food Bank Food Assistance Columbiana County					330-747-2696 330-424-7767
Second Harvest Food Bank of Mahoning Valley BackPack food program		Youngstown	OH	44509	330-792-5522
Second Harvest Food Bank of Mahoning Valley Mobile Pantry Program Fellowship of the Beloved	13696 Bethesda Road	Hanoverton	OH	44423	
Salvation Army East Liverpool Corps	413 East 4th Street	East Liverpool	OH	43920	330-385-2086
Salvation Army Salem	1249 North Ellsworth Avenue	Salem	OH	44460	330-332-5624
Waystation	125 W. 5 th Street	East Liverpool	OH	43920	330-932-0353
Free or Low-Cost Clinics					
Columbiana County Health District	7360 State Route 45	Lisbon	OH	44432	330-424-0272
Community Action Agency East Liverpool Campus Building #1	16480 St. Clair Ave.	East Liverpool	OH	43920	330-386-7777
Community Action Agency East Liverpool Campus Building #2	16494 St. Clair Ave.	East Liverpool	OH	44432	330-386-7870
Community Action Agency Health & Behavioral Health Center at Lisbon	7880 Lincole Place	Lisbon	OH	44432	330-424-5686
Community Action Agency Dental Center at Lisbon	38722 Saltwell Road	Lisbon	OH	44432	330-424-4192
Community Action Agency Health and Dental Center at Melhorn, Salineville	103 West Main Street	Salineville	OH	43945	330-679-2640
The Dental Van East Liverpool Department of Health (at the Community Resource Center twice a month)	940 Pennsylvania Avenue	East Liverpool	OH	43920	Call for Appointment: 330-385-1301
Quota Club International of Salem, Inc. Salem Area Speech and Hearing Clinic		Salem	OH	44460	330-337-8136
Home Care					
Columbiana County Senior Services Levy Board	7989 Dickey Drive	Lisbon	OH	44432	330-420-6695

Agency	Address	City	State	Zip	Phone Number
Community Caregivers	888 Boardman-Canfield Road Suite D	Boardman	OH	44512	330-533-3427
OVHH- Katie Hughes, Director of Home Health Services	15549 State Route 170, Suite 7	East Liverpool	OH	43920	330-385-2333
Home Care Advantage, Inc.	718 East 3rd Street Suite C	Salem	OH	44460	330-337-HOME (4663)
mvi HomeCare & mvi Hospice Care (Salem)	2350 East State Street	Salem	OH	44460	330-332-1272
mvi HomeCare (Youngstown)	4891 Belmont Avenue	Youngstown	OH	44505	330-759-9487 800-449-4684
Salem Area Visiting Nurse Association	718 East 3rd Street Suite A	Salem	OH	44460	330-332-9986 800-879-6070
Hospice					
All Caring Hospice	6715 Tippecanoe Road Suite B-101	Canfield	OH	44406	330-286-3435 855-286-3435
Grace Hospice Ohio	7206 Market Street	Youngstown	OH	44512	330-729-2924
Hospice of the Valley Columbiana County	2388-B Southeast Boulevard	Salem	OH	44460	330-337-3182
Hospice of the Valley The Hospice House	9803 Sharrott Road	Poland	OH	44514	330-549-5850
mvi HomeCare & mvi Hospice Care (Salem)	2350 East State Street	Salem	OH	44460	330-332-1272
Hospitals					
Akron Children's Hospital in Boardman	6505 Market Street	Boardman	OH	44512	330-746-8040
Aultman Alliance Community Hospital	200 East State Street	Alliance	OH	44601	330-596-6000
East Liverpool City Hospital	425 W 5 th Street	East Liverpool	OH	43920	330-385-7200
Mercy Health- Boardman	8401 Market Street	Boardman	OH	44512	330-729-2929
Mercy Health- Youngstown	1044 Belmont Avenue	Youngstown	OH	44501	330-746-7211
Salem Regional Medical Center	1995 East State Street	Salem	OH	44460	330-332-1551
The Surgical Hospital at Southwoods	7630 Southern Blvd.	Boardman	OH	44512	330-729-8000
Hotline & Resource Numbers					
AIDS National Hotline					800-342-2437
AIDS Treatment Information Services					800-448-0440
Alcoholics Anonymous Youngstown Area Intergroup	3373 Canfield Road	Youngstown	OH	44511	330-270-3000
Al-Anon Family Group Headquarters, Inc.					800-356-9996
Al-Anon/Alateen Hotline					800-344-2666
Alzheimer's Association					800-272-3900
American Cancer Society					800-227-2345
American Lung Association					800-548-8252
American Red Cross of Lake to River	3530 Belmont Avenue Suite 7	Youngstown	OH	44505	330-392-2551
Autism Society					800-328-8476
Gay & Lesbian National Hotline					888-843-4564

Agency	Address	City	State	Zip	Phone Number
Gay, Lesbian, Bisexual, and Transgender (GLBT) Youth Support Line					800-850-8078
HelpNetworkNEO					*211
National Adolescent Suicide Hotline					800-621-4000
National Alcoholism and Substance Abuse Information Center					800-784-6776
National Child Abuse Hotline					800-4-A-CHILD
National Cocaine Hotline					800-COCAINE
National Domestic Violence Hotline					800-799-7233 TTY: 800-787-3224
National Heroin Hotline					800-9-HEROIN
National Runaway Hotline					800-621-4000
National Suicide Prevention Lifeline					800-273-8255
National Teen Dating Abuse Hotline					866-331-9474
National Youth Crisis Hotline					800-HIT-HOME
Panic Disorder Information Hotline					800-64-PANIC
Poison Control					800-222-1222
Substance Abuse and Mental Health Services Administration National Helpline					800-784-6776
Suicide Hotline Community Resources Information					330-424-7767 1-800-427-3606 or *211
Vet2Vet Veteran's Crisis Line					877-838-2838
Veterans Crisis Line					800-273-8255 and Press 1
Warmline- Columbiana County					330-385-7000 hours M-F 8A-4P
Housing Assistance					
Catholic Charities Regional Agency Housing Counseling	319 West Rayen Avenue	Youngstown	OH	44502	330-744-3320 800-670-6089
Community Action Agency of Columbiana County	7880 Lincole Place	Lisbon	OH	44432	330-424-7221
Family & Community Services, Inc.	705 Oakwood Street Suite 221	Ravenna	OH	44266	330-297-7027
Habitat for Humanity of Northern Columbiana County	468 Prospect Street	Salem	OH	44460	330-337-1003
Medical and Dental Care Services					
Adult Endocrinology-Saira Mammen, M.D.	St. Clair Ave. Suite 2	East Liverpool	OH	43920	330-385-9670
Akron Children's Hospital Beeghly Campus	6505 Market Street	Boardman	OH	44512	330-746-8100
Akron Children's Hospital Pediatrics East Liverpool	15655 State Route 170	East Liverpool	OH	43920	330-385-1477

Agency	Address	City	State	Zip	Phone Number
Akron Children's Hospital Pediatrics Lisbon	330 North Market Street	Lisbon	OH	44432	330-424-9866
American Cancer Society Reach to Recovery	525 North Broad Street	Canfield	OH	44406	Regional Office: 888-227-6446 National Cancer Information Center: 800-227-2345
American Heart Association Great Rivers Affiliate: Youngstown Metro	840 Southwestern Run	Youngstown	OH	44514	330-965-9230
Arthritis Foundation, Great Lakes Region, Northeastern Ohio Chapter	4630 Richmond Road Suite 240,	Cleveland	OH	44128	800-245-2275 Ext. 114
Belmont Pines Hospital Children's Behavioral Health Hospital and Residential Treatment Center	615 Churchill-Hubbard Road	Youngstown	OH	44505	330-759-2700 800-423-5666
Community Action Agency East Liverpool Campus Building #1	16480 St. Clair Ave.	East Liverpool	OH	43920	330-386-7777
Community Action Agency East Liverpool Campus Building #2	16494 St. Clair Ave.	East Liverpool	OH	44432	330-386-7870
Community Action Agency Health & Behavioral Health Center at Lisbon	7880 Lincole Place	Lisbon	OH	44432	330-424-5686
Community Action Agency Dental Center at Lisbon	38722 Saltwell Road	Lisbon	OH	44432	330-424-4192
Community Action Agency Health and Dental Center, Melhorn, Salineville	103 West Main Street	Salineville	OH	43945	330-679-2640
Columbiana County General Health District	7360 State Route 45	Lisbon	OH	44432	330-424-0272
Columbiana County General Health District Cancer Detection Clinic	7360 State Route 45	Lisbon	OH	44432	330-424-0272
Columbiana Medical Center affiliated with Salem Regional Medical Center	750 East Park Avenue	Columbiana	OH	44408	330-482-3871
Easter Seals of Mahoning, Trumbull, and Columbiana - J. Ford Crandall Rehabilitation Center - Youngstown Hearing and Speech Center	299 Edwards Street	Youngstown	OH	44502	330-743-1168
East Liverpool City Health District	126 West 6th Street	East Liverpool	OH	43920	330-385-5123
East Liverpool City Hospital (See website for a full list of services: http://www.elch.org)	425 West 5th Street	East Liverpool	OH	43920	330-385-7200
Family Practice- Dr. Rikita Sharma, M.D.	TBA	East Liverpool	OH	43920	
Healthy Start & Healthy Families Columbiana Columbiana County Department of Jobs & Family Services	7989 Dickey Drive Suite 2	Lisbon	OH	44432	330-424-1471
Salem City Health District	230 North Lincoln Avenue #104	Salem	OH	44460	330-332-1618

Agency	Address	City	State	Zip	Phone Number
Salem Regional Medical Center (See website for a full list of services: www.salemregional.com)	1995 E. State Street	Salem	OH	44460	330-332-1551
Louis Stokes Cleveland VA Medical Center East Liverpool/Calcutta Multi-Specialty Outpatient Clinic	5655 State Route 170 Suite A	Calcutta	OH	43920	330-386-4303
Premier Health-Alliance	22792 Harrisburg Westville Rd	Alliance	OH	44601	330-823-4000
Premier Health-Sebring	116 South 15 TH St	Sebring	OH	44672	330-938-9920
Salem Area Visiting Nurse Association	718 East 3rd Street Suite A	Salem	OH	44460	330-332-9986 800-879-6070
Sleep Clinic-Dr. Aziz	16218 St. Clair Ave.	East Liverpool	OH	43920	330-382-9355
SRMC at Firestone Farms	116 Carriage Drive Town Center at Firestone Farms	Columbiana	OH	44408	330-482-3871
SRMC Primary Care-Lisbon	38506 Saltwell Road	Lisbon	OH	44432	330-424-1404
SRMC Primary Care-Damascus	28885 US 62	Damascus	OH	44619	330-537-4661
Wound Healing Center	Salem Regional Medical Center 1995 East State Street	Salem	OH	44460	330-332-7415
Wound Care Clinic	425 West 5 th Street	East Liverpool	OH	43920	330-386-5870
Nutrition					
Community Action Agency of Columbiana County Elderly Nutrition Program	7880 Lincole Place	Lisbon	OH	44432	330-424-7221
Community Resource Center	940 Pennsylvania Avenue	East Liverpool	OH	43920	330-385-1301
East Liverpool City Hospital Dietician- Debra Wick, RD	425 West Fifth Street	East Liverpool	OH	43920	330-386-2079
Recreation					
Beaver Creek State Park	12021 Echo Dell Rd.	East Liverpool	OH	43920	330-385-3091
Boy Scouts of America Buckeye Council	2301 13th Street NW	Canton	OH	44708	330-580-4272 800-589-9812
Camp Fire Tayanoka		East Liverpool	OH	43920	330-385-0645
The Firestone Pool	338 East Park Avenue	Columbiana	OH	44408	330-482-1026
Girl Scouts of North East Ohio Youngstown	8580 South Avenue	Youngstown	OH	44514	330-652-5876 800-852-4474
Salem Community Center	1098 North Ellsworth Avenue	Salem	OH	44460	330-332-5885
Salem Worlds War Memorial Building	785 East State Street	Salem	OH	44460	330-332-5512
Scenic Vista Park	11523 Township Hwy 764	Lisbon	OH	44460	330-424-9078
Thompson Park	2626 Park Way	East Liverpool	OH	44460	330-385-2255
Senior Services					

Agency	Address	City	State	Zip	Phone Number
Area Agency on Aging 11	5555 Youngstown Warren Road Suite 2685	Niles	OH	44446	800-686-7367
Catholic Charities Senior Center	600 East 4th Street	East Liverpool	OH	43920	330-385-4732
Ceramic City Senior Center	600 East 4th Street	East Liverpool	OH	43920	330-385-4732
Community Action Agency of Columbiana County Elderly Nutrition Program	7880 Lincole Place	Lisbon	OH	44432	330-424-7221
Columbiana County Senior Services Levy Board	7989 Dickey Drive	Lisbon	OH	44432	330-420-6695
Columbiana County Department of Job & Family Services	7989 Dickey Drive Suite 2	Lisbon	OH	44432	330-424-1471
Columbiana Meals on Wheels	865 East Park	Columbiana	OH	44408	330-482-0366
Columbiana Metropolitan Housing Authority	325 Moore Street	East Liverpool	OH	43920	330-386-5970
Community Caregivers	888 Boardman-Canfield Road Suite D	Boardman	OH	44512	330-533-3427
Community Resource Center	940 Pennsylvania Avenue	East Liverpool	OH	43920	330-385-1301
Counseling Center of Columbiana County	40722 State Route 154	Lisbon	OH	44432	330-424-9573
Counseling Center of Columbiana County- East Liverpool Branch Office	15613 Pineview Drive Suite A	East Liverpool	OH	43920	330-386-9004
Counseling Center of Columbiana County Salem Branch Office	188 North Lincoln Avenue	Salem	OH	44460	330-332-1514
Direction Home of Northeast Ohio	1030 N. Meridian Rd	Youngstown	OH	44509	330-505-2300 800-686-7367
Family & Community Services, Inc. Medication Assistance Program (MAP)	705 Oakwood Street Suite 221	Ravenna	OH	44266	330-297-7027
Family & Community Services, Inc. R.S.V.P. (Retired Senior Volunteer Program)		Lisbon	OH	44432	330-424-7877
Home Care Advantage, Inc.	718 East 3rd Street Suite C	Salem	OH	44460	330-337-HOME (4663)
Lifeline- East Liverpool City Hospital Women's Auxiliary	425 West Fifth Street	East Liverpool	OH	43920	330-386-2003
Mobile Meals of Salem, Inc.	1995 East State Street	Salem	OH	44460	330-332-2160
mvi HomeCare & mvi Hospice Care (Salem)	2350 East State Street	Salem	OH	44460	330-332-1272
mvi HomeCare (Youngstown)	4891 Belmont Avenue	Youngstown	OH	44505	330-759-9487 800-449-4684
Quota Club International of Salem, Inc. Salem Area Speech and Hearing Clinic		Salem	OH	44460	330-337-8136
Salem Area Adult Daycare Center Salem Area Visiting Nurse Association	718 East 3rd Street Suite B	Salem	OH	44460	330-332-9986 800-879-6070
Salem Area Visiting Nurse Association	718 East 3rd Street Suite A	Salem	OH	44460	330-332-9986 800-879-6070

Agency	Address	City	State	Zip	Phone Number
Salem Community Center Silver & Fit	1098 North Ellsworth Avenue	Salem	OH	44460	330-332-5885
Salem Worlds War Memorial Building	785 East State Street	Salem	OH	44460	330-332-5512
Senior Center of Mahoning County	1110 5th Avenue	Sebring	OH	44672	330-744-5071
Senior Link Adult Day Services	16351 State Route 267	East Liverpool	OH	43920	330-385-5111
Social Security Office East Liverpool	120 East 4th Street	East Liverpool	OH	43920	800-772-1213
Wellsville Area Resource Center	1335 Main Street	Wellsville	OH	43968	330-532-4507
Shelters					
Catholic Charities Regional Agency Christina House (undisclosed domestic violence shelter)					24 hr Crisis Line: 330-420-0037
Community Action Agency of Columbiana County Homeless Prevention Program	7880 Lincole Place	Lisbon	OH	44432	330-424-5686
Support Groups					
Autism Support Group East Liverpool City Hospital	425 West 5th Street	East Liverpool	OH	43920	330-386-2054
CAUSE (Connection, Autism, Understanding, Support, & Education) Salem Public Library-Quaker Meeting Room	821 East State Street	Salem	OH	44460	330-337-6193
Coping With Cancer SRMC Behavioral Medicine & Wellness Center	2020 East State Street Suite J	Salem	OH	44460	330-337-4935
Families Coping With Cancer SRMC Behavioral Medicine & Wellness Center	2020 East State Street Suite J	Salem	OH	44460	330-337-4935
Heroes & Halos	P.O. Box 392	Columbiana	OH	44408	
HIV Support Group Counseling Center of Columbiana County	260 West Lincoln Way	Lisbon	OH	44432	330-424-0604
Support Meeting- Salem Methodist Church	244 South Broadway Ave.	Salem	OH	44460	
Survivors of Suicide Support Group Meets at Columbiana County Counseling Center	40722 State Route 154	Lisbon	OH	44432	330-747-5111
Transportation					
Ambulance Service Inc. Ambulette Service	231 Webber Way	East Liverpool	OH	43920	330-385-4903
CARTS (Community Action Rural Transit System)	7880 Lincole Place	Lisbon	OH	44432	330-424-4015
Life Team EMS Ambulette Services	740 Dresden Ave.	East Liverpool	OH	43920	330-396-5505
Women's Health					
The Center for Women	4139 Boardman- Canfield Road	Canfield	OH	44406	330-702-1281

Agency	Address	City	State	Zip	Phone Number
Columbiana County Health District- Cancer Detection Clinic (screenings)	7360 State Route 45	Lisbon	OH	44432	330-424-0272
Community Action Agency of Columbiana County Community Health Center-East Liverpool	16687 Saint Clair Avenue Suite 203	East Liverpool	OH	43920	330-386-7777
Community Action Agency of Columbiana County Community Health Center-Lisbon	7880 Lincole Place	Lisbon	OH	44432	330-424-5686
Community Action Agency of Columbiana County Salineville Community Health Center at Melhorn	103 West Main Street	Salineville	OH	43945	330-679-2640
East Liverpool City Hospital OB/GYN Heather Hissom, WHNP,OB/GYN	16761 St. Clair Avenue Suite #2	East Liverpool	OH	43920	330-385-9670
Gynecology- Constantine G. Economus, M.D.	2020 East State Street, Suite G	Salem	OH	44460	330-884-2400
Louis Stokes Cleveland VA Medical Center East Liverpool/Calcutta Multi-Specialty Outpatient Clinic	5655 State Route 170 Suite A	Calcutta	OH	43920	330-386-4303