Columbiana County Health Needs Assessment

2025-2028

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On behalf of the Columbiana County Health Partners, we are pleased to present the 2025- 2028 Columbiana County Health Assessment/Community Health Needs Assessment (CHA/CHNA). This community health needs assessment was conducted by the Columbiana County Health Partners (Partners) and their contractor, the Lake County General Health District, which has provided assistance with the development of the CHA/CHNA's primary data findings related to the 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 Partners have gathered the primary data elements from key stakeholders and focus groups (including vulnerable populations), and collected and integrated additional secondary data to address data gaps in the final report, including identifying key data findings. The final report was written by the Partners 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. Unless otherwise noted, the East Liverpool City Health District's and Salem City Health District's data closely resembles the findings reported for Columbiana County.

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 Partners will use this data dynamically and over a continuum of the next three years to better serve the broad community 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 and community agency decision-making.

The Columbiana County Health Needs Assessment would not have been possible without the support of all the participating organizations listed below. In addition, the creation of this report relied heavily on the participation of individuals from the broad community, who took the time to share their health behaviors and perceptions about the County's health status. Together, we can make a difference and achieve a healthier Columbiana County.

Francine McBride
Lauren Trohman, MPH
Akron Children's Hospital

Rachel Ketterman- **Columbiana County Job & Family Services**

Jim Stitt
Family Recovery Center

Marie Williams
Columbiana County Educational Service Center

Sandy Gruszecki, RN
Jenn Wonner
Community Action Agency of Columbiana County

Kayla Crowl, BS, REHA
Brooke Crockett
Salem City Health Department

Steve Ullom, MBA, LSW **Columbiana County Family & Children First Council**

Melissa Galbreath, BSPH, OCPS
Coordinated Action for School Health

Deborah Pietrzak, MBA
Salem Regional Medical Center

Wesley J. Vins, DPA
Laura Fauss, REHS, BS
Kim Powell
Columbiana County Health District

Carol Cowan, BS, REHS
Darlene Kinsey
Mary Beth Jones, RN
East Liverpool City Health District

Yvette Graham, MSW, LISW-S
The Ohio State University

Lori Colian, MSSA, LISW-S Marcy Patton, M.S.ED, LPCC/S, LICDC-CS
Columbiana Cty. Mental Health & Recovery Services Bd.

Brenda Arcuragi
Dr. Gretchen Nickell, CMO, FACOI
Valerie Sharp
East Liverpool City Hospital

Acknowledgements

Contact Information:

Columbiana County Health District
PO Box 309
Lisbon, OH 44432
330-424-0272
CCHD@columbiana-health.org

East Liverpool City Hospital
425 W. Fifth Street
East Liverpool, OH 43920
330-385-7200
www.elch.org

Salem Regional Medical Center
1995 East State Street
Salem, OH 44460
330-332-7152
www.salemregional.com

East Liverpool City Health District
126 West 6th Street
East Liverpool, OH 43920
330-385-7900
www.eastliverpool.com

Salem City Health District
230 N. Lincoln Avenue, Suite 104
Salem, OH 44460
330-332-1618
healthdepartment@cityofsalemohio.org

Data Analysis:

Lake County General Health District
Matthew Nichols, PhD, MPH, MBA

The 2025-2028 Columbiana County Health Assessment was completed in June 2025, and is available on the following websites:

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

East Liverpool City Health District
www. Eastliverpool.com/city-department/health-district

Salem Regional Medical Center
http://www.salemregional.com

Salem City Health District
www.Salemcityhealthdistrict.org

East Liverpool City Hospital
http://www.elch.org

2025-2028 Columbiana County Health Needs Assessment

PURPOSE AND COLLABORATION

PURPOSE: The 2025-2028 Columbiana County Community Health/Health Needs Assessment (CHA/CHNA) was conducted by the Columbiana County Health Partners ("Partners") workgroup as a data-driven approach for assessing 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 2025-2028.

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, 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 2025-2028 Columbiana County CHA/CHNA was completed using the National Association of County and City Health Officials (NACCHO) Mobilizing Action through Partnerships and Planning's MAPP 2.0 process. This updated framework, released in July 2023, builds on the Partners' successful use of the original MAPP in 2022.

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

MAPP 2.0 OVERVIEW

MAPP 2.0 occurs in three phases:
- **Phase I:** Building the community health improvement foundation
- **Phase II:** Telling the community's story through 3 assessments: Community Partner Assessment (CPA), Community Status Assessment (CSA) and Community Context Assessment (CCA)
- **Phase III:** Continuously improving the community

The MAPP 2.0 model emphasizes community engagement, data-driven assessments and health equity; and is founded on results achieved by conducting the three phases as shown in Figure 1. By implementing MAPP 2.0, the Partners aimed to build on previous successes, produce actionable insights and foster sustainable improvements in community health outcomes based on the MAPP 1.0 foundation generated in the 2022-2025 CHA/CHNA.
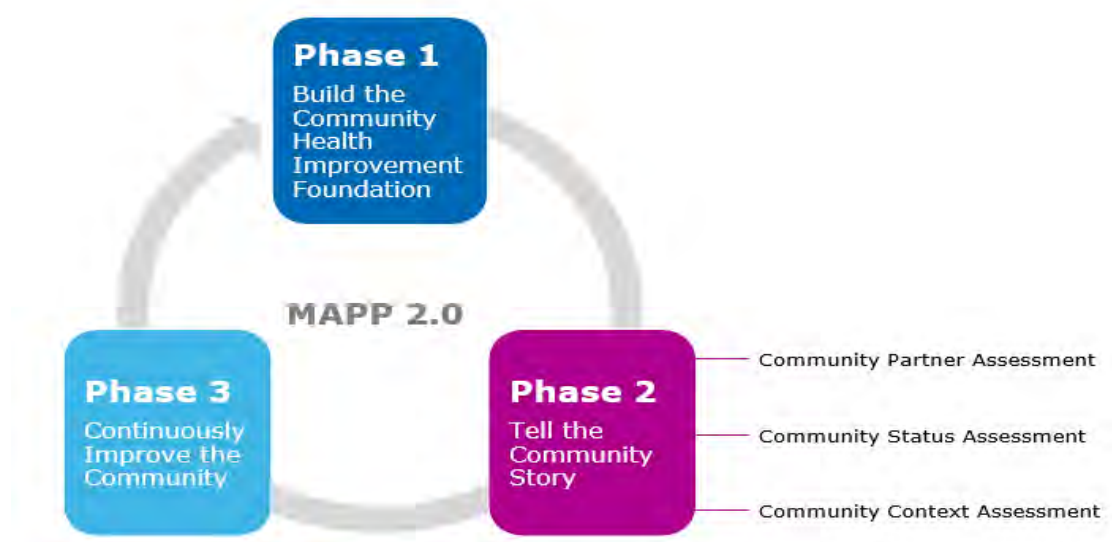
(Figure 1- Source: MAPP 2.0 User's Handbook)

PHASE 1 PROCESS: Build the Community Health Improvement Foundation

This phase includes guidance to build strategic relationships based on: a Stakeholder and Power Analysis, a Starting Point Assessment to inventory resources and set goals for process improvement, and the cultivation of a shared mission and vision for MAPP.

This assessment answers the questions:
1. *What individual systems, processes, and capacities exist in our community?*
2. *What is our collective capacity as a network of community partners to address health inequities?*

Partners' Methodology for Executing Phase 1

For more than two decades, the Columbiana County Health Partners have collaboratively addressed shared community health goals and worked together to improve health outcomes county-wide. The Partners met in the summer of 2024 to begin collaboration on the completion of a CHA/CHNA for the benefit of the residents of Columbiana County. At this meeting, consensus was achieved among all

Partners to initiate the planning process immediately and establish a target completion date of May 2025. The group also elected to utilize NACCHO's MAPP 2.0 process to conduct the CHA/CHNA.

A preliminary stakeholder analysis of the potential Partners' Workgroup members was conducted to ensure the Partners adequately represented the community and appropriate organizations county-wide. A more comprehensive Stakeholder and Power Assessment was later completed during the formal MAPP 2.0 Phase I process to validate the group's configuration (See Stakeholder and Power Assessment Table 1 and Figure 2.).

During this phase, the Partners conducted a Starting Point Assessment and Power Analysis as prescribed by MAPP 2.0 and collaboratively developed the mission, vision and values to guide the assessment efforts.

- Mission and Vision Statements
The Partners reflected on the current applicability of the 2022- 2025 CHA/CHNA Mission and Vision Statements and by consensus chose to revise the mission statement and retain the community vision for the 2025- 2028 CHA/CHNA.

Mission Statement
To create a healthy place for all to live, work and play by preventing disease in the community through partnership and supporting people to make good choices. (Approved Fall 2024)

Community Vision:
A Safe Community of Healthy People (Reviewed Fall 2024)

- Stakeholder and Power Analysis
A comprehensive Stakeholder and Power Assessment among the Health Partners' Workgroup (Table 1- Part A) was completed through a facilitated brainstorming exercise to determine a table of stakeholders and populations that were to be considered as CHA/CHNA stakeholders. Potential vulnerable populations that were identified through previous CHA/CHNAs or Health Partners' experiences are also included in this assessment, such as the growing number of non-English speaking residents in the Salem area, people experiencing homelessness in the East Liverpool area, a growing number of Amish/Mennonite residents within the County, East Palestine residents impacted by the February 2023 train derailment, seniors, veterans, children, residents with disabilities, etc.

The Partners then assessed each stakeholder's knowledge and power to determine a Level of Influence and Impact of Change/Engagement score ranging from 1 to 10 as shown in Table 1- Part A. These scores were then graphed in Figure 2- Part B for visual representation and consideration to determine the applicable level of involvement in the CHA/CHNA process.

Table 1. Stakeholder and Power Assessment- Part A			
	Stakeholder	**Engagement**	**Influence**
	Salem Regional Medical Center	9	8
	East Liverpool City Hospital	9	8
	Community Action Agency	7	7
	Mental Health and Recovery Services Board	8	7
	Col. Co. Job and Family Services	6	7

	Col. Co. Education Service Center	8	7
	Col. Co. Family and Children's First Council	8	5
	Local Law Enforcement	3	3
	Local Fire and EMS	4	5
	City of East Liverpool Health Dept.	8	6
	City of Salem Health Dept.	8	8
	Col. Co. Health District	8	9
	People Experiencing Homelessness	2	1
	Amish/Mennonite	4	4
	East Palestine Area Residents Near Derailment	7	7
	Township Officials	2	7
	City/County Elected Officials	1	9
	Seniors	5	6
	Veterans	7	4
	Non-English-Speaking Residents	1	2
	Schools/Academia	6	4
	LGTBQ+	4	3
	Children	1	1
	Residents with Disabilities	7	3
	State of Ohio Offices/Agencies	4	4

Figure 2. Stakeholder and Power Analysis Assessment- Part B
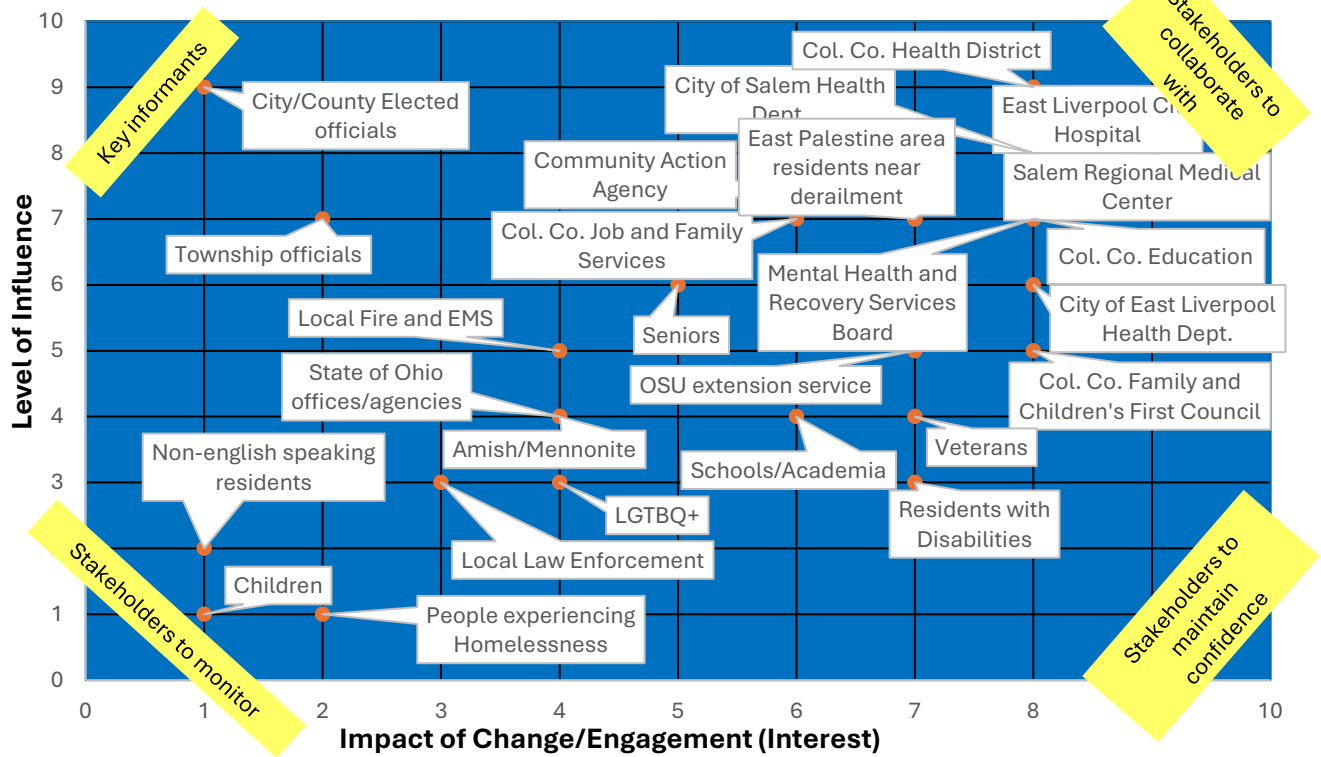
Stakeholders from the 'Stakeholders to collaborate with' sector of Figure 2 were identified as Primary Stakeholders and included as active Health Partners, who participated in development of the CHA/CHNA. These Primary Stakeholders were determined to have specialized knowledge of the community and possess the ability to contribute resources and programs to address health outcomes. Secondary Stakeholders identified from the 'Stakeholders to maintain confidence' and 'Stakeholders to monitor' sectors of Figure 2 were engaged in the CHA/CHNA process through Focus Group meetings and respective primary and secondary data. The Secondary Stakeholders were most likely to be impacted by the CHA/CHNA's health outcomes and activities and may have an influence on the community's health outcomes or the programs that support CHA/CHNA activities. This group of stakeholders includes potential 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 expanded 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.

The Key Stakeholders were represented by the stakeholders identified in Figure 2 as 'Key Informants' who have a higher level of influence, but may not have the capacity to engage in programming or activities that impact health outcomes. These stakeholders were offered the opportunity to contribute information and participate through stakeholder interviews and in other aspects of primary data collection.

The review of the Stakeholder and Power Assessment process is supported by Table 1 and Figure 2, which validates the configuration and level of involvement of the community's stakeholders. The process also demonstrates that with the recent addition of the Columbiana County Department of Job and Family Services (DJFS), all necessary Primary Stakeholders were represented by the participating Partners Workgroup.

- Evolution of Past Cycles of the Planning Process

The evolution of the CHA/CHIP planning process over the past two decades was considered for continuous quality improvement purposes, with the most notable benchmarks and Partner additions and/or planning modifications reflected in Table 2.

Table 2. Evolution of CHA/CHNA Planning Process in Columbiana County					
	2013	**2016**	**2019**	**2022**	**2025**
Expand Partners	x	x	x	x	x
Expand Focus Groups	x	x	x	x	x
Expand Stakeholder Interviews	x	x	x	x	x
Add Online Community Survey Tool	x	x	x	x	x
Add County Health Rankings Data		x	x	x	x
Follow the MAPP Process		x	x	x	x
Add ESC and FCFC Partners			x	x	x
Add Youth Search Inst. Survey			x	x	x

Incorporate City Health Districts			x	x	x
Utilize Lake County General Health District. for Data Analysis				x	x
Add City Level Data Review				x	x
Apply MAPP 1.0 with 2.0					x
Conduct Root Cause Analyses					x
Addition of Col. Co. JFS					x

- Review of Findings from 2022-2025 CHA/CHNA and 2022-2025 CHIP

As an additional starting point for the CHA/CHNA, the Partners reflected on the most recent Needs Assessment completed in 2022 as summarized in Table 3, and the ongoing initiatives identified in the 2022- 2025 Community Health Improvement Plan (CHIP) as summarized in Table 4.

Table 3. Review of Summarized Priority Health Needs From 2022- 2025 CHA/CHNA	
2022-2025 CHA/CHNA Health Priorities	**Chronic Disease** (including cancer, diabetes, cardiac disease, asthma, etc.
	Mental Health (including trauma, Adverse Childhood Experiences, depression, suicide, etc.
	Substance Use (including tobacco, alcohol and drug use and youth perceptions)
	Obesity (including nutrition and physical activity

Table 4. Review of 2022- 2025 Ongoing CHIP Health Initiatives	
Community Conditions	K-12 Student Success: Chronic Absenteeism
	Adverse Childhood Experiences (ACE's) Children 0-17 Experiencing Two or More ACEs
Health Behaviors	Chronic Disease
	Youth Fruit and Vegetable Consumption
Mental Health & Addiction	Youth Suicide Deaths
	Adult Suicide Deaths
	Unintentional Drug Overdose Deaths

MAPP 2.0 PHASE 2 PROCESS: Tell the Community Story

Phase 2 results in a comprehensive community assessment of health and wellbeing based upon findings from three assessment tools: the Community Partner Assessment, Community Status Assessment and the Community Context Assessment.

A. Community Partner Assessment (CPA)- Assessment of partnerships and organizational capacities designed to answer the following:

1. *What individual systems, processes, and capacities exist in our community?*
2. *What is our collective capacity as a network of community partners to address health inequities?*

B. Community Status Assessment (CSA)- Quantitative data about the community, including demographics, health status, social determinants of health (SDOH) and health equity indicators designed to answer the following:

> 1. *How healthy are our residents?*
> 2. *Are there gaps or issues of concern or inequity in the available data?*

C. Community Context Assessment (CCA)- Qualitative data about community strengths and assets, built environment, and current and historical forces of change designed to answer the following*:*

> 1. *What are our community strengths and assets?*
> 2. *What is our built environment like?*
> 3. *What forces of change are at work in our community?*

Partners' Methodology for Executing Phase 2

The Partners were responsible for determining the necessary data to be collected and the methods for gathering this information so that the three required assessments would capture a comprehensive and accurate picture of the defined community's health needs. In addition, the targeted geographic areas were identified within the defined service area, and included the specific communities of the Cities of Salem and East Liverpool and the Village of East Palestine.

In addition, the Partners contributed to the design of the assessment instruments through a series of collaborative discussions to identify key metrics and data sources yielding insights. The Partners also played a vital role in strategizing the dissemination of the surveys and assessments, including leveraging their networks to ensure broad participation and distribution across diverse communities and vulnerable populations.

A. Community Partner Assessment (CPA)- Summary of Findings

As summarized in the MAPP 2.0 Community Partner Assessment tool: "The CPA allows community partners involved in the MAPP 2.0 process to look critically at their (1) individual systems, processes and capacities and (2) collective capacity as a network of community partners to address health inequities."

- Administrative Structure & Resources

Workgroup Structure: The Columbiana County Health District (CCHD) volunteered to facilitate and administer the CHA/CHNA activities and serve as a central location for communications and documentation. Because the majority of the Partners' organizations were non-profits, they agreed to work collaboratively to conduct the CHA/CHNA and avoid additional expenses incurred from potential contractor or consultant costs. Through the look-back process, which also included a quality improvement focus, the Partners determined that external, proven expertise was needed to execute the data assessment for collecting key primary and secondary data metrics and analyzing the community survey results. By unanimous consent of the Partners, the non-profit Lake County General Health District was chosen for this role since they satisfactorily assisted the Partners in the completion of the CHA/CHNA in 2022- 2025.

To maximize collaboration and minimize survey fatigue among community members, community leaders were identified through existing partnerships and a comprehensive stakeholder analysis, ensuring broad and effective community engagement. By fostering these collaborations, the Partners created a Workgroup tasked with overseeing the assessment efforts, from design to implementation. The Workgroup was comprised of 24 members and included representatives from 14 organizations.

Organizational assessments and summaries were completed by the Health Partners and are included in the Partner profiles found in Appendix 1. The previously completed Stakeholder and Power Analysis considerations helped guide discussions regarding organizational capacities, programming, mission, scope of practice and organizational service areas.

Budget: The cost of Partner participation was covered by in-kind match, where each organization was responsible for its own staff's time (and associated costs), including the Columbiana County Health District, which received no compensation from the Partner' for administrative support.

The three local health districts, equally and collectively, utilized state grant funding to cover the costs of primary and secondary data analyses provided by the Lake County General Health District. The CHA/CHNA community survey was powered by SurveyMonkey under a subscription paid by the Columbiana County Health District. In addition, the Columbiana County Mental Health and Recovery Services Board provided its Google Survey tool for the Partners to conduct a Quality-of-Life survey. No other direct costs associated with the CHA/CHNA were identified or incurred, beyond in-kind time and support provided by the Health Partners.

Incorporation of Local Public Health System Assessment: Although the CPA is designed to replace the Local Public Health System Assessment (LPHSA), the Health Partners valued the LPHSA legacy tool utilized during many previous Community Health Assessment efforts and findings from the 2025 LPHSA, as conducted by the local Health Departments/Health District, were integrated into the more comprehensive CPA. (Appendix 2).

B. Community Status Assessment (CSA)- Summary of Findings

- Geographic Profile and Service Area Definition: Columbiana County

As an element of MAPP 2, Phase 1 and in accordance with IRS and Public Health Accreditation Board (PHAB) guidelines, the 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 membership and upon consideration of available County-specific data. Columbiana County includes the zip codes listed in the following table and as illustrated in the following map.

Table 5- Service Area Zip Codes and Figure 3- Map: 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

Figure 3: Service Area

Columbiana County
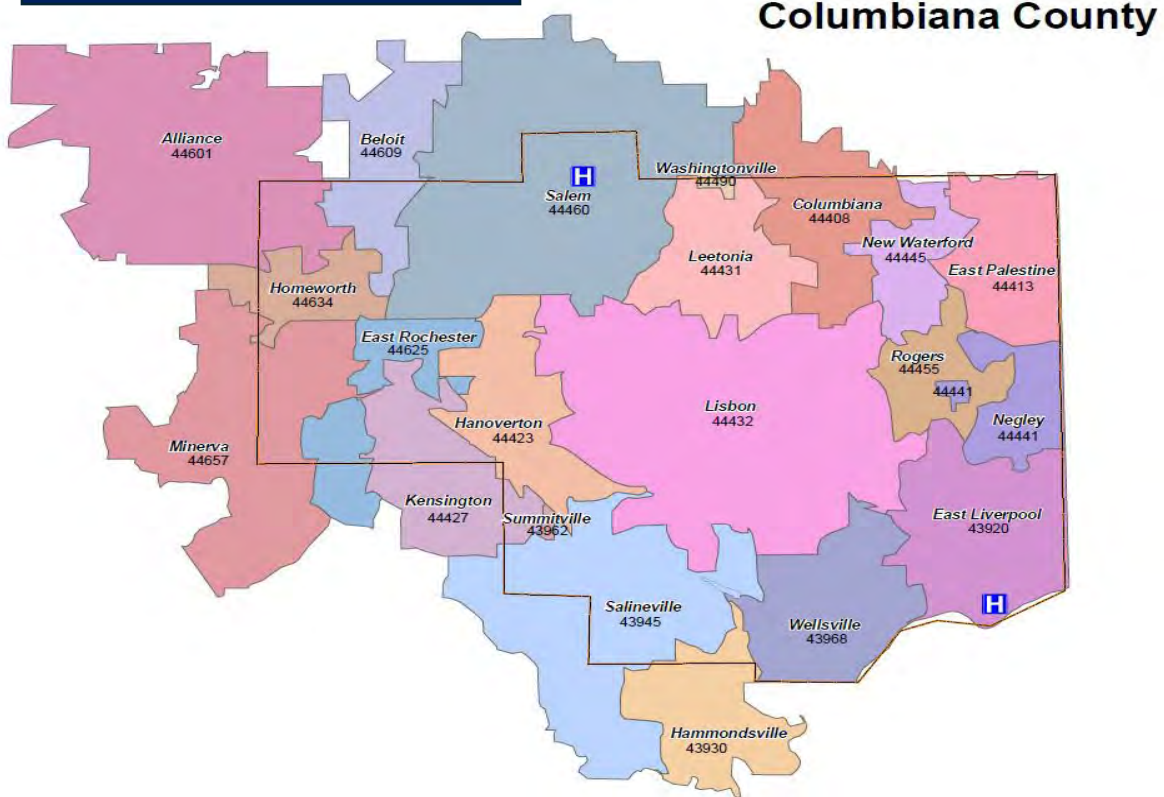
Note that zip code and census tract specific data were identified when feasible for the East Liverpool City Health District (jurisdiction within the city limits and includes a portion of the 43920 zip code), Salem City Health District (jurisdiction within the city limits and includes a portion of the 44460 zip code), the Columbiana County General Health District (all other geographic areas in Columbiana County) and East Palestine (zip code 44413), as a targeted community affected by the train derailment of February 2023.

Figure 4: City of East Liverpool, Ohio Service Area

Census Tracts: 9521, 9522 and 9523
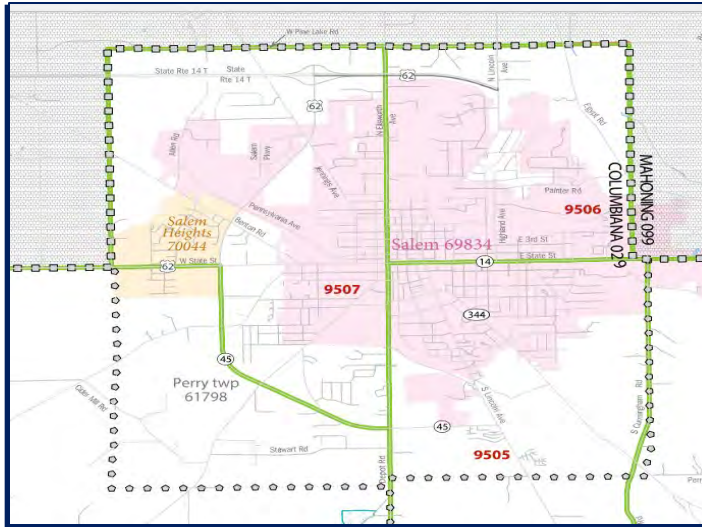
Figure 5: City of Salem, Ohio Service Area

Census Tracts: 9505, 9506 and 9507
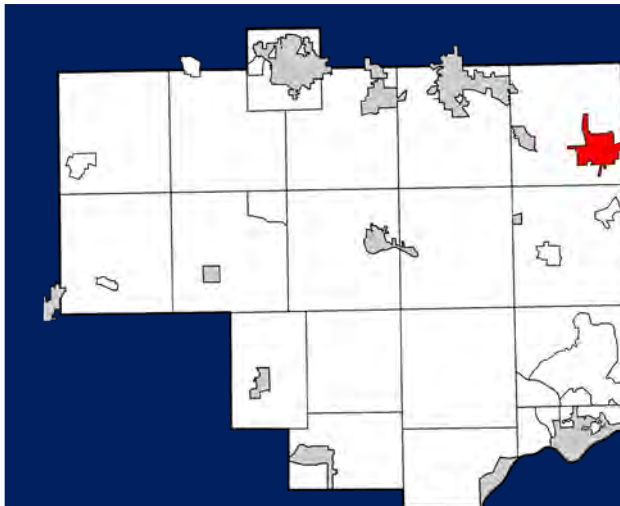
Figure 6: Village of East Palestine, Ohio

Zip Code: 44413

Train Derailment: February 3, 2023

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 100,182 lives in unincorporated rural areas, with villages and towns some distance apart. Positioned at the intersection of Appalachian influences and Rust Belt industrial decline, the County grapples with economic stagnation, limited access to healthcare and disparities in educational resources. These challenges are further compounded by the ongoing opioid crisis, which has disproportionately impacted local families and communities.

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. The southern corridor extends for about 10 miles from the village of Wellsville to the city of East Liverpool, (including St. Clair Township). According to the 2023 American Community Survey, the population for the target communities identified

are estimated to be: City of Salem= 11,805; City of East Liverpool= 9,869 and the Village of East Palestine= 4,699.

Columbiana County CSA Profile- Methodology

As part of the CSA, the Lake County General Health Department collected secondary data from multiple websites, including county-level data, whenever possible. Sites, such as the Behavioral Risk Factor Surveillance System (BRFSS), Robwert Wood Johnson County Health Rankings & Roadmaps and numerous CDC sites and U.S. Census data were accessed; along with 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, the Social Vulnerability Index, etc. (See Appendix 3: "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. For a more in-depth comparison, see Appendix 3.

Demographics- Table 6 (See Appendix 4-A)

2023 Population	2023 Median Age	2023 Poverty Rate*	2023 Median HH Income*	2023 Median Property Value*	2023 Employed
101,203	44.7	13.9%	$58,474	$139.100	46,031
0.51% 1-Yr. Decline	0.45% 1-Yr. Increase	5.08% 1-Yr. Increase	5.41% 1-Yr. Growth	11.8% 1-Yr. Growth	0.69% 1-Yr. Decline

* The rate of increase for this indicator from 2023 to 2024 was greater than 5%.

Population: The County's overall population in 2023 at 100,182 has decreased by 1% over the past 2 years. Proportionately, the current population of the City of Salem represents 11,805 (12% of the total population) and reflects a corresponding decrease of 1%; the City of East Liverpool at 9,869 (10% of the total) reflects a 1.8% decrease and the Village of East Palestine 4,699 (5% of total) has decreased by 0.8%; however, it should be noted that the 2023 population totals were obtained before the recognition of the impact of the East Palestine train derailment in February 2023. Approximately 55.5% of the County's population resides in rural areas, compared to 23.7% of Ohio's population. According to the most recent U.S. Census Bureau estimates, Columbiana County is home to a predominantly white population at approximately 95%.

Age: The median age in Columbiana County is 44.7 years. This is approximately 10% higher than the state of Ohio and about 20% higher than the U.S. The largest age group is 55 to 59 years, with a population of 8,009 (7.87%). The smallest age group is 80 to 84 years, with a population of 2,310 (2.27%).

Summary of Age, Sex, Race/Ethnicity (Table 7) (Source: 2025 County Health Rankings & Roadmaps- RWJF)

Indicator	Columbiana County	Ohio
% Below 18 Years	20.1%	21.8%
% 65 and Older	22.1%	18.4%

% Non-Hispanic White	93.3%	77.3%
% Hispanic	2.1%	4.5%
% Non-Hispanic Black	2.4%	12.9%
Female	49.0%	50.6%

The County has experienced a significant increase in residents, who do not speak English as their primary language. 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 10 years ago from a third-party source through the Ohio Rural Immigrant Worker Project (IWP) indicate that there has been an approximate 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: The educational attainment of a high school diploma or higher is similar in Columbiana County (90%) compared to the State of Ohio (92%); however, there is a significant disparity between those in the County having some college education (52%) compared to Ohio (66%). Those having a Bachelor's degree or higher (14.3%) represent about two-fifths of Ohio's rate at 32%. In the City of East Liverpool, those graduating from high school are about 5% less than the County's rate, and East Liverpool has lower rates of those achieving higher education.

- Income: The median household income in Columbiana County is $58,474 and represents about 80% of Ohio's. From 2021 to 2023, the most significant shifts have occurred in the $100,000 and above income brackets, which have increased by 8%; while there has been a 6% decline in the income brackets of $50,000-$99,999. Disparities exist between the northern and southern ends of the County in that the median income is lower in the city of East Liverpool ($37,262) and Salem city's median income is significantly higher ($50,250).

- Poverty: Columbiana County has a higher percentage of residents below the poverty level (13.9%) and a slightly lower percentage of children living in poverty at 27%, compared to Ohio at 29%. Note that the childhood poverty rate is reflected differently in different data sources. According to DataCents, 24.3% of children under 18 in the County live in poverty, compared to the national average of 16.9%.

- Medicaid: Approximately 26% of the County's residents receive health coverage through Medicaid and 5,940 adults are enrolled in Medicaid Expansion. Figure 7 (right) shows Medicaid coverage by age cohort. (Source: commsols.com/MedicaidFactSheets2025).

Medicaid Coverage: Figure 7

48.5% 1 in 2 children 18 and younger

22.8% 1 in 4 working age adults (19-64)

12.0% 1 in 10 older adults (65+)

Other notable demographic trends include:

-The overall number of total households has increased by 3.3% since 2021, specifically related to households with children <18 has increased by 4.7% and married-couple family households have increased by 8.6%.

- There has been a considerable increase in the median value of owner-occupied units, rising from $117,200 in 2021 to $139,100 in 2023.
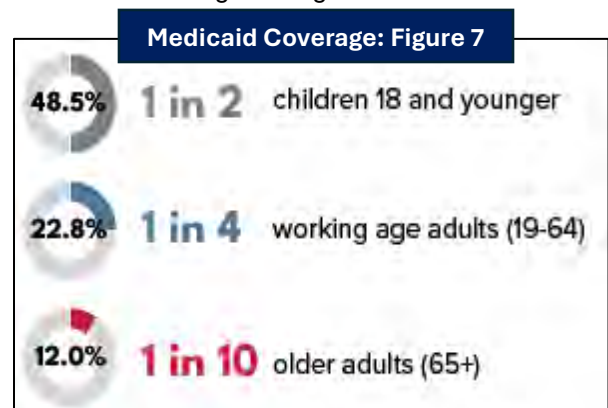
The percentage of disabled adults in Columbiana County (35%) is also higher than Ohio's (31%) and the US (29%).

Source: Census Reporter and Robert Wood Johnson Foundation (RWJF) 2024 County Health Ranking Profiles.

Social Vulnerability Index (SVI)

The Social Vulnerability Index (SVI) refers to the susceptibility of a community to harm based on social and economic conditions like poverty, lack of access to a vehicle, overcrowded living situations, physical disability, or language barriers. These characteristics can significantly hinder a community's ability to both prevent and recover from economic and human losses during disaster situations. (See Appendix 4-D)

For comparative purposes, it should be noted that for the 2022- 2025 CHA/CHNA, Dignity Health's Community Need Index (CNI) was used to measure similar categories to those shown below; however the CNI information has been discontinued and is no longer available.

The SVI was developed by the Agency for Toxic Substances and Disease Registry's (ATSDR) Geospatial Research, Analysis and Services Program (GRASP) and the Centers for Disease Control and Prevention's (CDC) as a tool designed to assist public health officials and emergency responders in identifying communities at greatest risk during a hazardous event to inform where resources are needed most during disaster response and recovery. The SVI evaluates every census tract in the United States according to 16 socioeconomic characteristics organized into four thematic categories: socioeconomic status, household characteristics, racial and ethnic minority status, and housing type and transportation (Table 8).

Shown following the SVI Index Categories in Table 8 and Figure 8 (next page) is Columbiana County's Socioeconomic Index by Census Tract. The SEI measure is derived from a mix of variables from ESRI's Updated Demographics and the American Community Survey (ACS), which considers factors such as income and poverty, employment and occupation, educational attainment, and household characteristics to highlight disparities in social position. The SEI ranges from 0 to 100, where larger values, as indicated by darker colors on the map, indicate higher socioeconomic status.

Table 8. *Social Vulnerability Index Thematic Categories and Measures*

Overall Vulnerability	Socioeconomic Status	Below 150% Poverty
		Unemployed
		Housing Burden Cost
		No High School Diploma
		No Health Insurance
	Household Characteristics	Aged 65 and Older
		Aged 17 and Younger
		Civilian with a Disability
		Single-parent Households
		English Language Proficiency
	Racial and Ethnic Minority Status	Race and Ethnicity
	Housing Type and Transportation	Multi-unit Structures
		Mobile Homes
		Crowding
		No Vehicle
		Group Quarters

Figure 8: ESRI 2024 Socioeconomic Status (SES) Index by Census Tract

2024 Socioeconomic Status Index by Census Tracts

- 54.7 to 60.8
- 48.4 to 54.6
- 43.1 to 48.3
- 37.3 to 43
- 32.9 to 37.2
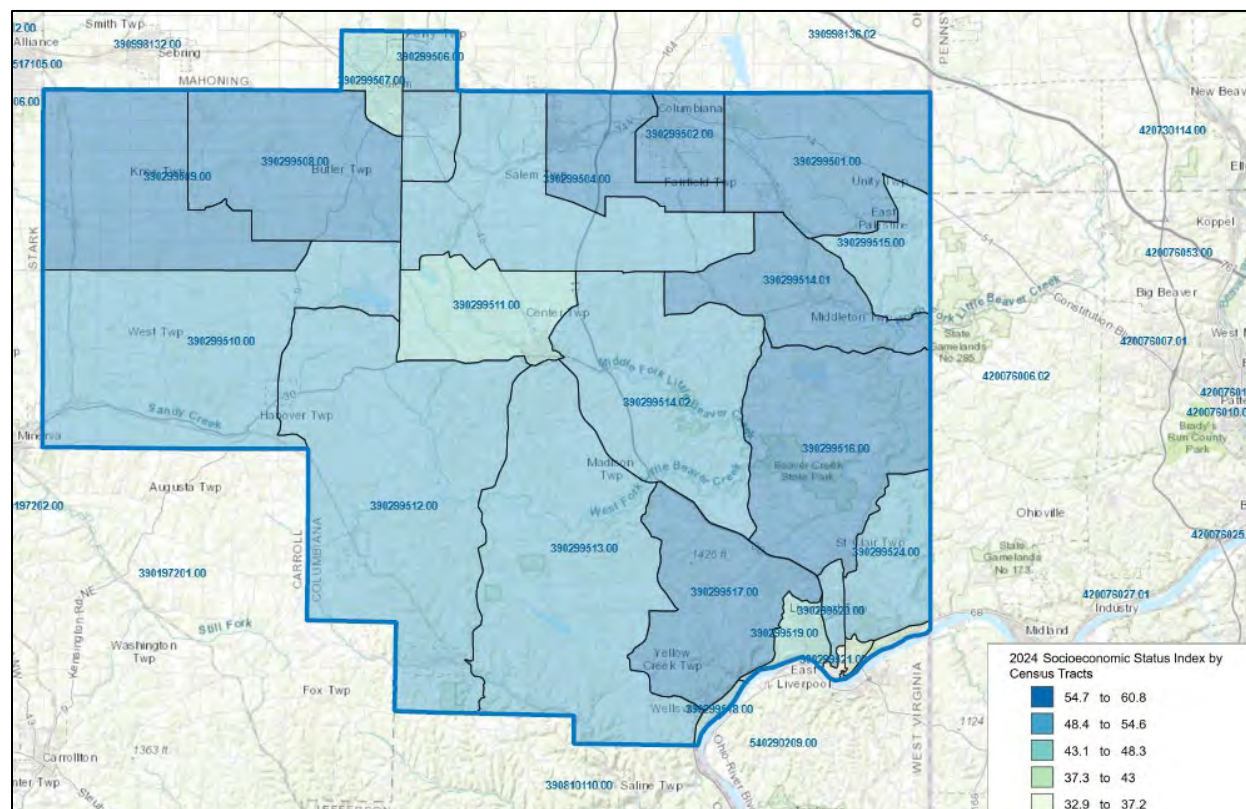
East Palestine Train Derailment

On February 3, 2023, the village of East Palestine qualified for the SVI definition of a vulnerable community under the definition used to assist public health officials and emergency responders when identifying communities at greatest risk during a hazardous event.

On that date, during the derailment of the Norfolk Southern freight train and shortly thereafter, it was found that about 50 cars were affected by the derailment; and of those, twenty of the affected cars contained 1.1 million pounds of hazardous materials, including vinyl chloride, ethylene glycol, ethylhexyl acrylate, butyl acrylate and isobutylene.

According to the Environmental Protection Agency (EPA), some cars caught fire while others spilled their loads into an adjacent ditch that fed into Sulphur Run, which leads to a stream that eventually empties into the Ohio River. As of April 2025, sediment and surface water monitoring by the EPA continue to show evidence of the derailment's contamination and visible sheen on the adjacent waterway. The fire and spill have raised significant concerns about long-term health consequences for residents and the environment, which are being monitored over time.

In addition, the East Palestine Health Impact Monitoring Act has been introduced as proposed 2025 federal legislation aimed at addressing the long-term health effects of the train derailment and subsequent burning of chemicals. The act, if passed by the House and Senate, authorizes funding for a public health impact study to be appropriated for fiscal years 2025 through 2029.Because of these factors, East Palestine has been identified by the Partners as a target community to be monitored through the 2025-2028 Community Health Improvement Plan.

Population Health & Well-being (See Appendix 4-B)

Health Outcomes measure length and quality of life. According to the Robert Wood Johnson Foundation (RWJF), *Length of Life* is defined in terms of premature death (years of potential life lost before age 75). *Quality of Life* is measured in terms of self-reported health status and percentage of low birthweight newborns.

Health Factors represent community conditions that can be changed to improve health as shown below. Community Conditions include social and economic factors, physical environment and the infrastructure in which people are born, live, learn work, play, worship and age.

Overall, Columbiana County is faring about the same as the average county in Ohio; however, there are significant variances in specific health indicators.

According to the RWJF's 2024 County Health Ranking Profiles, Columbiana County is significantly higher than state and national averages in terms of premature death. Other Quality of Life indicators, including Poor or Fair Health, Life Expectancy and Premature Mortality, indicate similar high averages, especially with increases in these measures during the past 3 years; however, Columbiana County's infant and child mortality remain lower than the state and nation.

Health Factors & Community Conditions

Table 9. *County Health Rankings – Health Outcomes*				
	Columbiana County		Ohio	United States
Health Outcomes				
Length of Life	2021	2024	2024	2024
Premature Death Years of potential life lost before age 75 per 100,000 population (age-adjusted; 2017-2019; 2019-2021)	8,500	10,300	9,400	8,000
Quality of Life	2021	2024	2024	2024
Poor or Fair Health Percentage of adults reporting fair or poor health (age-adjusted; 2018; 2021)	21%	18%	16%	14%
Poor Physical Health Days Average number of physically unhealthy days reported in past 30 days (age-adjusted; 2018; 2021)	4.5	4.1	3.6	3.3
Poor Mental Health Days Average number of mentally unhealthy days reported in past 30 days (age-adjusted; 2018; 2021)	5.3	5.7	5.5	4.8
Additional Health Outcomes	2021	2024	2024	2024
Low Birthweight Percentage of live births with low birthweight (< 2,500 grams; 2013-2019; 2016-2022)	7%	8%	9%	8%
Life Expectancy Average number of years people are expected to live (2017-2019; 2019-2021)	76.4	74.5	75.6	77.6
Premature Mortality Number of deaths among residents under age 75 per 100,000 population (age-adjusted; 2017-2019; 2019-2021)	425	510	450	390
Child Mortality Deaths among residents under age 20 per 100,000 population (2016-2019; 2018-2021)	43	40	60	50
Infant Mortality Number of infant deaths (within 1 year) per 1,000 live births (2013-2019; 2015-2021)	5	6	7	6
Frequent Physical Distress Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted; 2018; 2021)	14%	13%	11%	10%

According to the RWJF, **Health Factors** represent community conditions that can be changed to improve health as shown below. Community Conditions include social and economic factors, physical environment and the infrastructure in which people are born, live, learn work, play, worship and age.

The built environment of Columbiana County was analyzed by the Health Partners during the Community Context Assessment using the community assets lists of resources created by the Health Partners found in Appendix IV-F and the 2025 County Health Rankings provided by the University of Wisconsin's Population Health Institute.

Some of these Community Conditions are also referred to as the social determinants of health (SDOH), which are non-medical factors that affect health/ healthcare outcomes generally pertaining to populations and which are frequently identified as root causes of disparities. According to the Centers for Medicare and Medicaid (CMS), there are five SDOH domains:

- *Economic Stability*
- *Education Access and Quality*
- *Health Care Access and Quality*
- *Neighborhood and Built Environment*
- *Social and Community Context*

The 2025 Health Rankings provided by the RWJF and the University of Wisconsin indicate that the County is faring slightly worse than the average county in Ohio for Community Conditions, and slightly worse than the average county in the nation.

Table 10: 2025 County Health Rankings Community Conditions			
Physical environment	Col. Cty.	Ohio	US
Severe Housing Problems	10%	13%	17%
Driving Alone to Work	81%	77%	70%
Air Pollution: Particulate Matter	8.5%	7.9%	7.3%
Broadband Access	86%	89%	90%
Library Access	1	3	2
Social and economic factors			
Income Inequality	4.6	4.6	4.9
Children in Poverty	20%	18%	16%
Injury Deaths/100,000	103	101	84
Social Associations	14.6	10.8	9.1
Child Care Cost Burden	31%	32%	28%
Children Eligible Free/Reduced Lunches	44%	35%	55%
Homicides/100/000	3	7	7
Motor Vehicle Crash Deaths	13	11	12
Firearm Fatalities/100,000	15	15	13
Disconnected Youth	6%	6%	7%
Lack of Social and Emotional Support	23%		10%

According to Crimegrade.org, Columbiana County's overall crime grade is a B, which indicates that the rate of crime is slightly lower than the average US county and ranks at 64% for safety. The crime rate is 26.01 crimes/1,000 residents in the typical year. However, the County's grade for violent crime is B- and considered safer than 60% of counties in the US.

Other secondary data findings from the US News and World Report- 2023 for Columbiana County as compared to the entire State of Ohio, rate the County at 49 of 100 indicators, which are summarized below in Figure 9. These environmental and socioeconomic factors influence the County's infrastructure, cultural fabric and capacity for change.

Figure 9: Overview of Columbiana County, OH
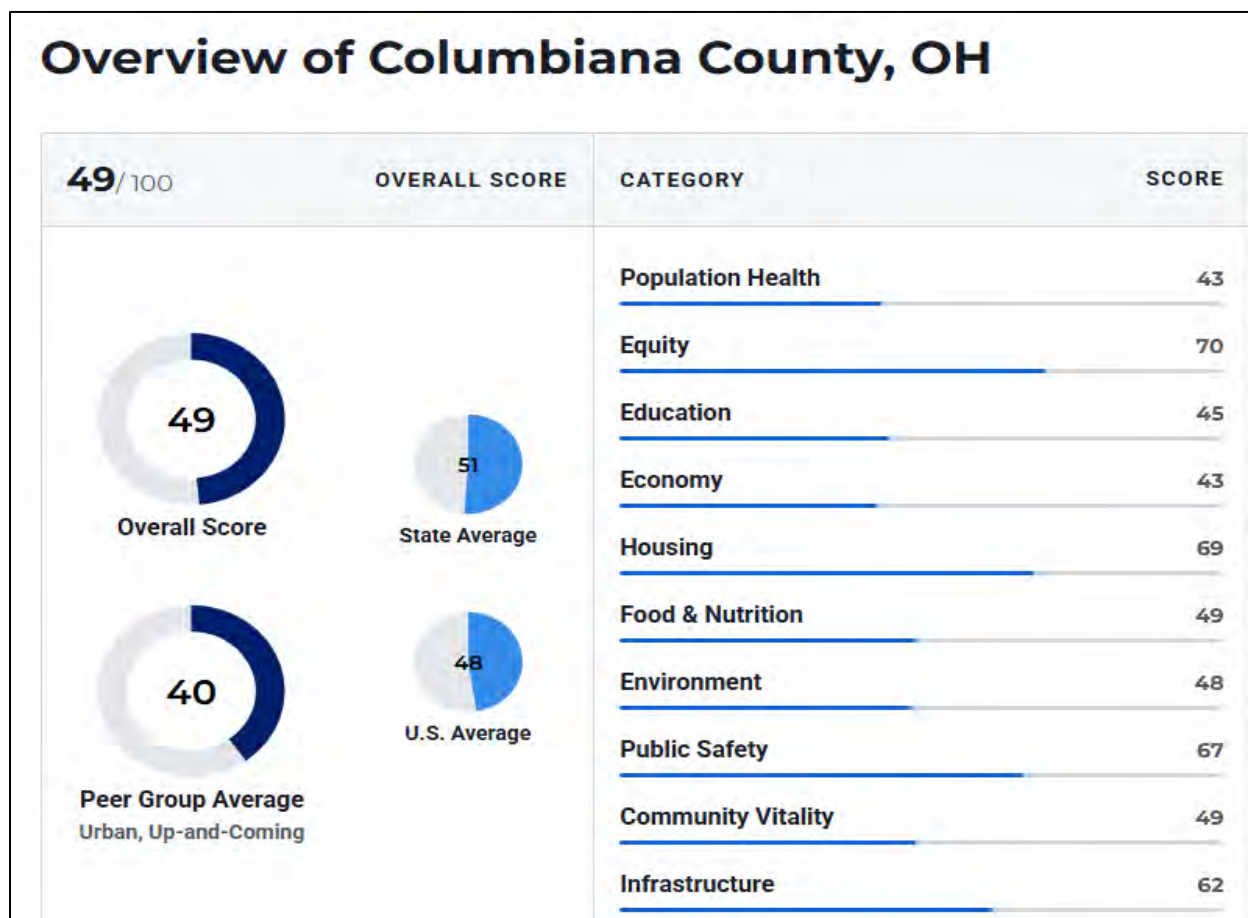
Additional secondary data findings shown in Table 11 are not county-specific and reflect more broadly the state of Ohio. These factors impact health behaviors and outcomes in Columbiana County, as sourced from America's Health 2023 Rankings and include:

Table 11: Category	Ohio Ranking vs US	Category	Ohio Ranking vs US
Drug Deaths	43	Multiple Chronic Conditions	40
Premature Deaths	37	High Blood Pressure Risk	37
High Stress Status	32	Smoking	38
Obesity	38	Food Insecurity	36
Physical Inactivity	38	Public Health Funding	37

Secondary data disease-related findings for the State of Ohio as sourced from the National Center for Health Statistics 2022 and as shown in Table 12, reflect negative outcomes in the bottom quartile of the country for the following indicators:

Table 12: Category	Ohio Ranking vs US	Category	Ohio Ranking vs US
Heart Disease Mortality	193.9/100,000= 40/100,000	Stroke	46/100,000=43/100,000
Cancer Mortality	155.5/100,000= 39/100,000	Chronic Lower Resp. Disease	42.6/100,000=37/100,000
Environment/Pollution	41 of 50	Diabetes Mortality	27.6/100,000=37/100,000

C. Community Context Assessment

The Community Context Assessment (CCA) is designed to collect and assess qualitative data to gain "…the insights, expertise and views of people and communities affected by social systems to improve the functioning and impact of those systems." (NACCHO MAPP 2.0 Community Context Assessment, 2022). To fulfill this goal, primary data was collected utilizing a community survey tool and input from focus groups and key stakeholder interviews, which gathered information about individuals' health and the health of the community.

Key Findings Part 1- Focus Groups & Stakeholder Interviews (See Lake County General Health District- Appx IV-E for Full Summary of Qualitative Data)

In October 2024, 16 focus groups and 15 stakeholder interviews were conducted by the Partners to gain firsthand understanding of the health concerns expressed within the community.

Community participants represented in the focus group and stakeholder interviews included:
- School Districts and Youth Services
- Community Resource Centers
- Food Pantries
- Senior Services & Home Health Providers
- Hispanic Community Members & Service Providers
- Local Government Officials from E. Liverpool, E. Palestine, Salem & Salineville
- Juvenile Justice System Representatives
- Healthcare and Human Service Providers
- Mental Health and Recovery Service Providers
- Faith-Based Organizations Providing Assistance

Focus Group and Key Stakeholder Analysis

A thematic analysis was conducted on the feedback received from the focus groups and key stakeholder interviews according to the methodology documented by Kiger and Varpio (2020), followed by the identification and refinement of themes that emerge from recurring coding patterns. Overall, the thematic analysis revealed four principal areas of concern central to Columbiana County's health and well-being. These themes emerged consistently across both the focus groups and key stakeholder interviews.

Table 13. *Focus Group and Key Stakeholder Qualitative Themes*			
Focus Groups	**N=16**	**Key Stakeholder Interviews**	**N=15**
Lack of Access to Services- Personal transportation issues and barriers and an ineffective current community transportation service,	14	**Mental and Behavioral Health Issues-**	11

coupled with the lack of adequate accessible local healthcare services.		Greater focus on mental health services and existing substance abuse issues needed.	
Mental and Behavioral Health- Mental health and substance use concerns, which underscore the need for more available mental health services and addiction treatment programming.	12	**Health and Wellness-** Concerns regarding the management of obesity, nutrition, and chronic disease.	8
Health and Wellness- The increased prevalence of obesity, poor nutritional literacy and habits, and the need for improved chronic disease management, with an overarching focus on overall physical health and diet-related concerns.	8	**Public Safety and Welfare-** Highlighted concerns relative to safety, security, and prevalent poverty throughout the community.	7
Public Safety and Welfare- Concerns about community safety, security, and poverty were identified, in conjunction with concerns regarding general community safety and economic stability.	6	**Access to Services-** Concerns centralized around the availability of transportation options and sufficient healthcare services.	6
Community Support and Engagement- Need to focus on the importance of community-based support systems and engagement initiatives that leverage trusted voices.	1	**Community Support & Engagement-** Focus on fostering community support for and active engagement in available health and welfare programming.	3

These qualitative themes were then summarized into four key areas of concern. Note that a summary of Community Strengths identified by the focus groups and key community stakeholders can be found in Appendix IV-E.

Table 14. Summary of Focus Group & Stakeholder Key Concerns	
Behavioral Health & Substance Use	The continued concern over mental health and drug use demands urgent attention to expanding treatment facilities and services.
Access to Services	Challenges related to healthcare accessibility, especially in rural areas, and the need for more comprehensive transportation solutions.
Health & Wellness	Obesity, poor nutrition, and chronic disease management were prominent topics, with many stakeholders expressing the need for better dietary education and programs to manage health conditions effectively.
Public Safety & Welfare	Safety and economic stability were recurrent concerns. Growing anxieties relative to crime and poverty highlight a need for community-based safety programs and economic development initiatives.

- Key Findings- Community Survey Summary of Results (See Lake County General Health District- Appx IV-E for Full Summary of Qualitative Data)

The Partners also conducted a qualitative survey to gather primary data from the broad community. The

survey was developed using evidence-based questions identified through an extensive literature review of community-wide surveys, including the Behavioral Risk Factor Surveillance System (BRFSS). After input from the Partners to finalize the questions, the resulting survey comprised 65 questions covering demographics, community perceptions, access to care, child health and wellbeing, personal health and wellbeing, adverse childhood experiences, etc. The survey was available in both online and paper format to the broad community and distributed in September and October 2024.

The Partners assisted in the distribution of the surveys through their respective organizations and played a vital role in strategizing the distribution of the surveys and assessments, including leveraging their networks to ensure broad and diverse participation among their respective client bases. Lastly, the availability of the survey to the broad community was announced through local media and social media channels.

In order to statistically generalize community resident survey results for the Columbiana County community with a Confidence Interval of 95%, a total of 383 resident responses were required (Source: Qualitrics 2023). With the intent of promoting broad accessibility while also reducing survey distribution costs, a web-based, mixed mode survey design was employed. To ensure representativeness of the survey sample, statistical weights for education, sex, age, income, race, and ethnicity were created based on 2023 American Community Survey 1-year estimates and used for analysis purposes.

A total of 584 Columbiana County residents completed the 2024 Columbiana County Community Resident Survey. Total resident responses from the City of Salem (161), East Liverpool (80), and the Village of East Palestine (26) were insufficient to generalize community-specific feedback with a 5% margin of error. However, the summary results for these target areas were discussed in depth by the Partners for further exploration and insight, following the collection of the survey results. Respondent zip codes included 44460 (31%), 43920 (16%), 44432 (8%), 44408 (5%), 44413 (4%), 43968 (3%), 43945 (3%), 44445 (3%), 44490 (0.3%), and 44427 (0.2%); nearly one-third of respondents indicated "Other" (10%), "Don't know/not sure" (1%), or did not provide a corresponding zip code (16%).

Graph 1: Survey Respondent By Geographic Area (N=584)
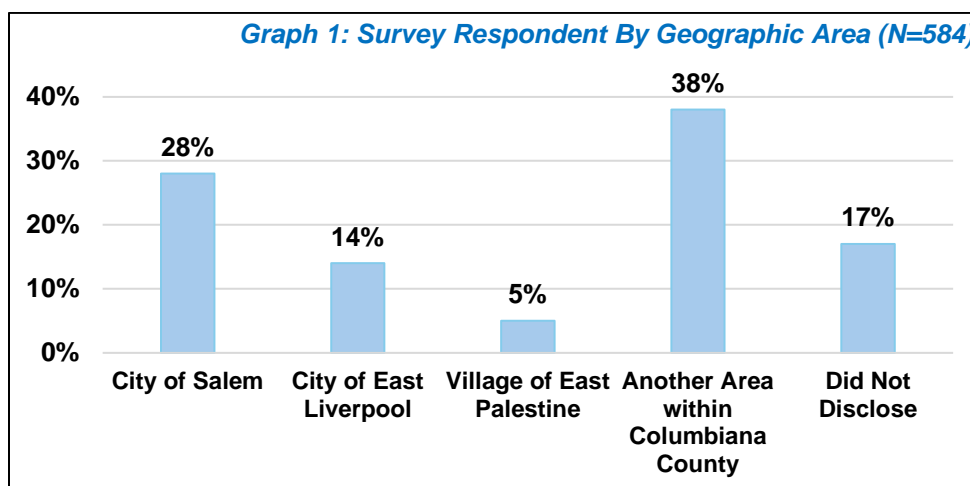
Unweighted survey respondents were primarily female (80%), Caucasian (81%), married (62%), between 50 and 64 years of age (39%), not of Hispanic, Latino/a, or Spanish origin (98%), had some college or technical schooling (38%), and reported an annual household income of $50,000 to $74,999 (19%). It should be noted that the average age of the 2025 survey respondents was younger than in 2022, and the

2025 income level and educational level was higher for those with some college/technical school, which impacts direct comparison of the 2022 and 2025 CHA/CHNA findings.

Respondents predominately characterized their health as "Good" (42%) or "Very Good" (29%), currently had health insurance (86%), received routine care from their doctor (76%) and dentist (59%) in the past year, and described the availability of comprehensive vision services as "easily accessible and readily available" (58%). Two-thirds of the respondents did not report having diabetes (64%), a little less than half reported having high blood pressure (47%), and almost half were characterized with a BMI of $\geq$30 (44%).

Upon review, the Partners noted that many concerns raised by the community in the survey data highlight and parallel several of the themes identified in the focus groups and stakeholder interviews.

Key Findings: Personal Health, Access to Care

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

Transportation: The most significant barrier to access cited by 14 of 15 focus groups and almost half of key stakeholders involved the lack of transportation to local providers and even greater difficulty finding transportation to providers outside of Columbiana County. This 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.

> *"Transportation is a big issue and some transportation service providers are difficult to use... They are not always available; you have to wait for them... They don't cross county lines, so if your doctor is in another county or you have to go to a specialist, they can't help you." ~ Stakeholder Quotes*

Provider Access: According to the community survey, access to a healthcare provider was not identified as a barrier, with approximately 85% of residents having 1 or more personal doctor(s) or healthcare provider(s). Approximately 76% of survey respondents have seen a doctor in the past year, 97% in the past 5 years, and 59% have seen a dentist within the past year.

However, Columbiana County's ratio of primary care physicians (PCPs) to the population and the ratio of dentists to the population as determined by RWJF **do not** correspond with the most current community survey findings as shown in Table 15. In addition, there are wide disparities between the PCP ratio for the city of East Liverpool (2,490:1) and the city of Salem (677:1). This range of objective data is significant because PCPs are one of the most influential gatekeepers impacting access to improved community health outcomes.

Table 15: Source: 2021 RWJF	Col. Cty.	Ohio	US
Ratio Primary Care Physicians (PCPs) to Population	**3,380:1**	**1,330:1**	**1,330:1**
Ratio Dentists to Pop.	**3,720:1**	**1,530:1**	**1,361:1**

It should also be noted that Columbiana County's population to primary care physician ratio has continued to rise according to the most current 2021 RWJF graph below, while the ratio of dentists has increased slightly. (Graph 2)

Primary Care Physicians in Columbiana County, OH
Columbiana County is getting worse for this measure.
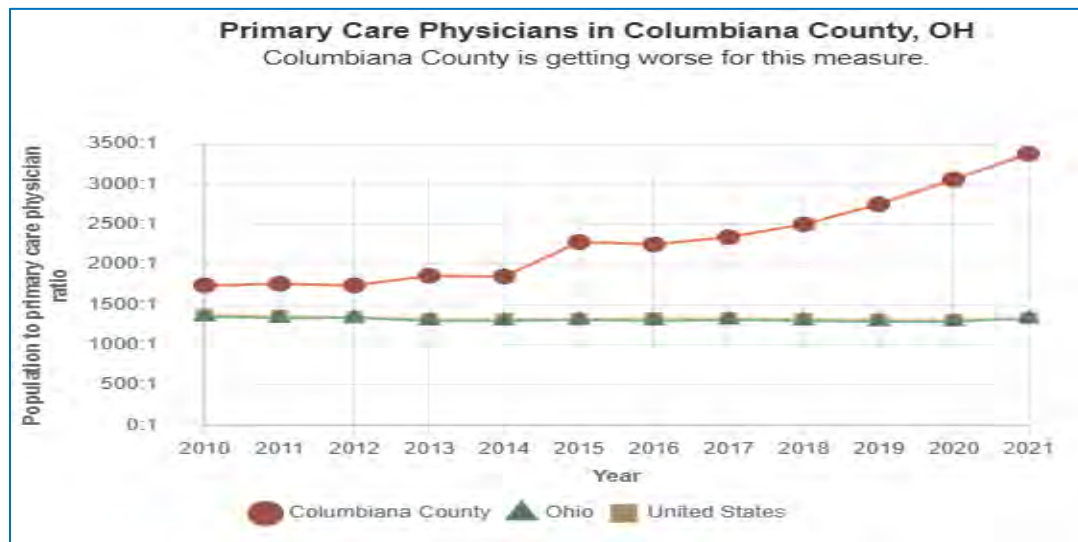
Insurance Coverage/ Financial Barriers: Approximately 93% of the survey respondents have some type of healthcare coverage, which is a decrease of 2% from the 2022 community survey results. It should be noted that these findings showing those without any insurance coverage are similar to the County (9%) and State (8%) rates and also reflect the target communities of Salem at 6.25% and East Liverpool at 11.9% without insurance coverage.

In addition, lack of financial resources, especially related to the costs of medication, also impacted compliance with pursuing health care interventions, such as prescription compliance. For example, one-fifth (20.9%) of community survey respondents (N=105) have not taken their medication as prescribed in order to make their medication last longer. (Graph 3)

Graph 3: Due to the cost of medication, have you ever not taken your medication as prescribed in order to make medicaiton last longer?

21%

79%

■ Yes ■ No
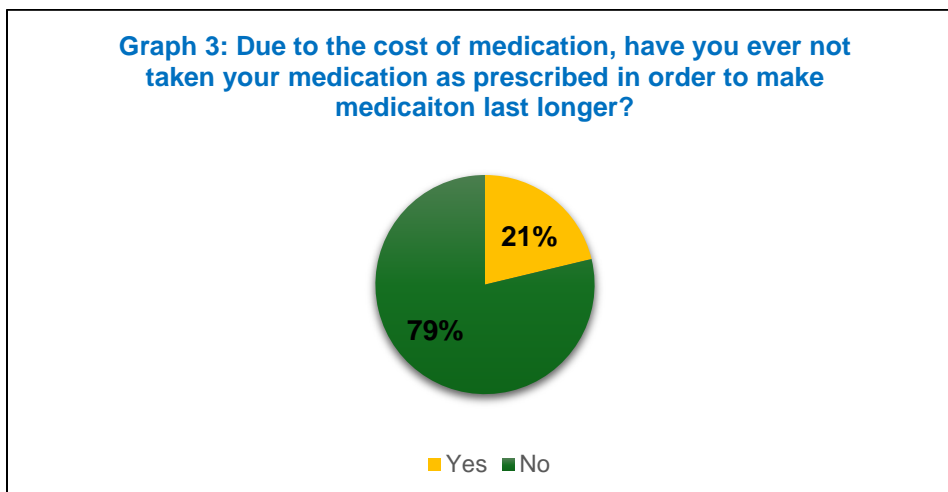
"The lack of concern for the importance of having a health provider and follow-up on testing and/or procedures is a big worry. Habits start at home and if they were never taught about the importance of these visits it becomes hereditary." ~ Stakeholder Quote

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 proactive healthy behaviors are often at lower rates in more vulnerable populations within Columbiana County.

Findings from the most current RWJF data indicate that the overall quality of life has improved from 2021 to 2024 for physical health and decreased for mental health.

Table 16: Personal Health & Quality of Life Indicators (Source: RWJF 2024)	Col. Cty.		Ohio	U.S.
	2021	2024	2024	2024
Adults Reporting Poor or Fair Health	21%	18%	16%	14%
Poor Physical Health Days in Past 30 Days	4.5	4.1	3.6	3.3
Poor Mental Health Days in Past 30 Days	5.3	5.7	5.5	4.8
Frequent Mental Distress 14 or more days/month	14%	18%	17%	15%

Two-thirds of the survey respondents did not report having diabetes (64%), a little less than half reported having high blood pressure (47%), and almost half were characterized by a Body Mass Index (BMI) of 30 or greater (44%). As measured by RWJF indicators, there was a data variance for some chronic diseases, specifically for diabetes prevalence, in which 17% of residents self-reported having been diagnosed with diabetes in 2021 and 11% in 2024.

Sexually transmitted infections as measured by RWJF's data for newly diagnosed chlamydia cases/100,000 showed a decline from 2021 (261.9) to 2024 (213.2). These trends also showed a significant decline in Salem and East Liverpool.

Table 17: In past year, has a health professional talked to you about... (Comm. Survey)			
Depression or emotional problems	Yes	N=251	47.72
Tobacco use	Yes	N=105	20%
Alcohol use	Yes	N=80	15.24%
Safe use of opiate-based pain medication	Yes	N=41	7.82%
Safe use of prescription medication	Yes	N=41	7.82%
Illicit drug use	Yes	N=38	7.28%
Safe use of prescription medication	Yes	N=41	7.82%
Firearm safety	Yes	N=36	6.88%

It should be noted that the 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. It should also be noted that the city of Salem's screening participation had a higher data variance than what was reported by the generalized community survey participants, i.e. colorectal screening- Salem survey participants (83.6%) vs. 45.8% for total survey participants.

Table 18: Have you had any of the following health screenings? (Comm. Survey)			
Vision in the past 2 years	Yes	N=429	81.40%
Colorectal cancer in the past 5 years	Yes	N=238	45.77%
Skin cancer in the past year	Yes	N=130	25.44%
Hearing in the past 2 years	Yes	N=121	23.54%
Oral cancer in the past year	Yes	N=111	21.76%
Bone density in the past 2 years	Yes	N=109	21.08%
Lung cancer in the past 3 years	Yes	N=43	8.43%

Table 19: Have you had any of the following vaccines? (Comm. Survey)			
Annual seasonal flu in past year	Yes	N=289	45.77%
MMR in lifetime	Yes	N=356	37.52%
Pneumonia in lifetime	Yes	N=173	32.95%
COVID-19 in past year	Yes	N=157	29.9%
Shingles in lifetime	Yes	N=151	28.76%
RSV in lifetime	Yes	N=70	13.33%
HPV in lifetime	Yes	N=47	8.95%

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 are documented in many secondary data sources as disproportionately affecting minority and low-income citizens.

> *"Many stakeholders expressed the need for better dietary education and programs to manage health conditions effectively, especially related to obesity, poor nutrition, and chronic disease management."*
> *~ Focus group participant*

Adult obesity rates are measured by the percentage of the adult population who self-report a body mass index (BMI) greater or equal to 30kg/m2. In Columbiana County, obesity rates have been significantly increasing over the past 10 years as measured by BMI at 32.0% in 2016, 36% in 2021 and 45% in 2024. (Source: 2024 RWJF County Health Rankings).

Physical inactivity, a contributing factor to obesity, has remained relatively stable at 30% in 2021 and 29% in 2024. The percentage of the population with access to exercise opportunities remained constant at 29% (2024) vs. 30% (2021).

According to the US News & World Report-2023, 29.2% of adults in Columbiana County have no leisure time physical activity vs. 26.7% in the US. Other findings from the survey indicate that more than half of the participants have experienced some level of provider involvement with their weight control, physical activity and nutrition as shown in Table 20.

Table 20: In past year, has a doctor/other health professional talked to you about: (Comm. Survey)		
Weight control (diet, physical activity)	Yes (N=296)	56.17%

- 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.

Table 21: What determines the type of food you eat (check all)? (Comm. Survey)		
Taste/enjoyment	N=333	66.4%
Ease of preparation/time	N=246	48.33%
Nutritional value (reading label)	N=193	37.92%
Cost/ not enough money to buy	N=168	33.01%
Availability	N=162	31.83%
Food sensitivities or allergies	N=69	13.6%
Where the food is sourced	N+63	12.38%
Health care provider's advice	N=40	7.86%
Limitations set by SNAP or WIC	N=20	3.93%
Limitations due to dental issues	N=16	3.93%

Food Insecurity

Table 22: Cut size/skip meals because not enough money? (Comm. Survey)	Yes (N=111)	21.98%

Note that in 2021, 7.82% of Columbiana County residents self-reported skipping and/or cutting meals, so the current rate has almost tripled and reflects a significant increase (14.16%) from 2021- 2024. It should also be noted that the current community survey respondents reflected a somewhat younger survey base.

Table 23: Percent of population lacking adequate access to food (Source: RWJF)	14% (2021)	13% (2024)	12% Ohio (2024)

According to the US News & World Report-2023, there are 3.9 local food outlets in Columbiana County as compared to the national average of 5.9/100,000. The US Department of Agriculture defines local food outlets as food sold directly to consumers through community supported agriculture, farmers markets, etc. The food insecurity rate in Columbiana County is 12.9% compared to the national rate of 11.5%.

Key Findings: Maternal, Infant , Child & 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 RWJF County Health Rankings and Search Institute's Profile of Student Life Survey's County aggregate reports.
-- The 2024 teen birth rate is 22 births/1,000 females, which is lower than the 2021 birth rate of 29. It is still higher than Ohio's at 18/1,000 and the US rate of 17/1,000. (Source: RWJF 2024)

- The percentage of live births with low birthweight (<2,500 grams) is comparable to the state and nation at 8%. Child mortality, defined as deaths among residents under age 20/100,000 has decreased slightly from 43 in 2021 to 40 in 2025, and is significantly lower when compared to Ohio's rate of 60 and the US rate of 50. (Source: RWJF 2024)
-- According to the County Health Rankings, the percentage of Columbiana County children <18 living in poverty has increased from 18% (2021) to 22% (2024). However, the childhood poverty rates vary across other secondary data sources.

Youth Risk Factors and Protective Assets: For more than 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 contribute to the basic building blocks for human development. In January 2025, the Search Institute survey was anonymously administered to 2,205 Columbiana County adolescents in grades 7, 9, and 10 (from all 11 school districts within the County), with excerpts of significant findings shown in the figures below and remaining sections of the CHNA/CHA. (Appendix V.)

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 healthy and productive adults. Findings from the 2025 survey showed that 13% of Columbiana County youth possess 0-10 assets (15% in 2021), versus 7% having 31-40 assets (6% in 2021).

Figure 10. Percent of Youth Reporting Each of 20 Internal Assets

Commitment to Learning
- Achievement motivation: 72%
- School engagement: 78%
- Homework: 20%
- Bonding to school: 61%
- Reading for pleasure: 18%

Positive Values
- Caring: 60%
- Equality and social justice: 63%
- Integrity: 68%
- Honesty: 70%
- Responsibility: 71%
- Restraint: 65%

Social Competencies
- Planning and decision-making: 27%
- Interpersonal competence: 39%
- Cultural competence: 42%
- Resistance skills: 41%
- Peaceful conflict resolution: 45%

Positive Identity
- Personal power: 30%
- Self-esteem: 31%
- Sense of purpose: 48%
- Positive view of personal future: 63%

Figure 11 | Percent of Youth Reporting Each of 20 Internal Assets

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- School engagement — 78%
- Homework — 20%
- Bonding to school — 61%
- Reading for pleasure — 18%

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- Honesty — 70%
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- Resistance skills — 41%
- Peaceful conflict resolution — 45%

Positive Identity
- Personal power — 30%
- Self-esteem — 31%
- Sense of purpose — 48%
- Positive view of personal future — 63%

(x-axis: 0%, 20%, 40%, 60%, 80%, 100%)

2012-2024 Data Analysis (DataCents Analytics)

A longitudinal data analysis for the Attitudes and Behaviors survey years 2012-2024 (DataCents Analytics) provides valuable insights into the health behaviors, needs and concerns of young people in the community. Key findings display levers that have the most impact in decreasing risk-taking behaviors. These variables include: "feeling important to your family, feeling like your parents support you, feeling like you matter in the community, having used alcohol by 10th grade, and using a weapon to take from others." Additional findings include that 3/4 of youth in 7th, 9th, and 10th grade report no activities outside of school. However, 80% of teens report that they help friends and neighbors, while 53% report that they volunteer. These findings highlight the importance of targeted interventions, youth-centered programming, and increased community engagement and opportunities to address the specific health needs of this population and promote overall well-being.

Other findings from the Search Institute Survey include:
-- 29% of youth report having an eating disorder, and 26% report feeling sad or depressed most or all of the time, with the reports of depression higher in females.

-- 26% of youth in 7th, 9th, and 10th grade collectively report being physically harmed by someone in their family or home.
-- A notable low percentage (33%) of youth report having parents or other adults model positive, responsible behavior.

Youth Substance Use (Vaping, Marijuana, Alcohol)

The data regarding youth high-risk behaviors (vaping, marijuana, and alcohol) is currently inconclusive due to differences in sample size from survey year to survey year, inconsistent reporting from youth focus groups, and increased concerns from school officials across relevant indicators, as well as state and national trends. While some trends suggest potential concerns, such as increased reports of substance use with vaping, marijuana, and alcohol use; these findings lack sufficient consistency to draw definitive conclusions. Further investigation is necessary to accurately assess the prevalence and nature of high-risk behaviors among youth to display the true status of the community.

Key Findings: Behavioral Health and Substance Use

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 most frequent Emergency Department service users. However, there are data gaps concerning an accurate reporting of suicide attempts among youth and adults, because many people seeking treatment have co-morbidities and/or other complicating conditions. It should also be noted that frequent mental distress within the County has increased in the past 3 years, along with suicide rates as measured by other County-specific data sources, such as the Coroner's Report. (See Appendix VIII)

Table 24: Frequent Mental Distress (Source RWJF 2024)	Col. Cty.		Ohio	U.S.
	2021	2024	2024	2024
Percent of adults reporting >14 or more days of poor mental health/month	14%	18%	17%	15%
Avg. number mentally healthy days/month	5.3	5.7	5.5	4.8

Graph 4: During the past 12 months, which of the following have you experienced almost every day for two weeks or more in a row?
(Community Survey)

Category	Number of Respondents
None of the above	205
Had high stress	196
Did not get enough rest or sleep	208
Unusual increase or loss of appetite	64
Stopped doing some usual activities	81
Felt worried, tense, or anxious	187
Felt sad, blue, or depressed	108

Number of Respondents

According to the 2023 Columbiana County Coroner's Report, there were 11 suicides and 34 drug-related deaths in the County. Preliminary results for 2024 indicate that there were 14 suicides; and 2025 YTD data indicates that 8 deaths are attributed to traumatic deaths. It should be noted there are significant disparities between the city of Salem and East Liverpool in that East Liverpool had 350/100,000 population drug poisoning deaths from 2019-2021, which is 7.3 times higher than Columbiana County's overall rate of 48/100,000 during the same time period. In addition, the number of deaths due to suicide per 100,000 in Columbiana County from 2017-2021 was 18; while East Liverpool's was 130 during the same period. Conversely, there were 2 suicides reported for the City of Salem in 2024, and 4 drug-related deaths.

According to the community survey, 14% of the respondents attempted to commit suicide in the past year. According to the Search Institute Profiles Survey, 18% of youth surveyed have attempted suicide one or more times. Specifically, a higher percentage of female youth (23%) have attempted suicide as compared to males (12%).

Graph 5: During the past 12 months, did you attempt suicide?
(Community Survey)

14%
86%

■ Yes ■ No

Graph 6: In the past 12 months, have you been concerned about your mental health or your alcohol/drug use?
(Community Survey)

NUMBER OF RESPONDENTS

- Yes: 128
- No: 394
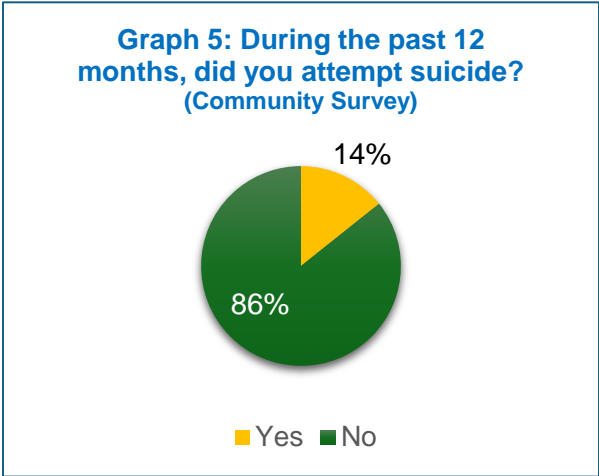
Table 25: Alcohol & Tobacco Use (RWJF)	Col. Cty.		Ohio	U.S.
	2021	2024	2024	2024
Percent of adults reporting heavy drinking/binge drinking	17%	16%	20%	18%
Alcohol-Impaired driving deaths	42%	45%	32%	26%

According to the US News & World Report, the smoking rate in Columbiana County is 22.5% vs. the national average of 19%.

Graph 7: Do you currently smoke cigarettes every day, some days, or not at all?

- 11%
- 3%
- 86%

■ Everyday ■ Some days ■ Not at all
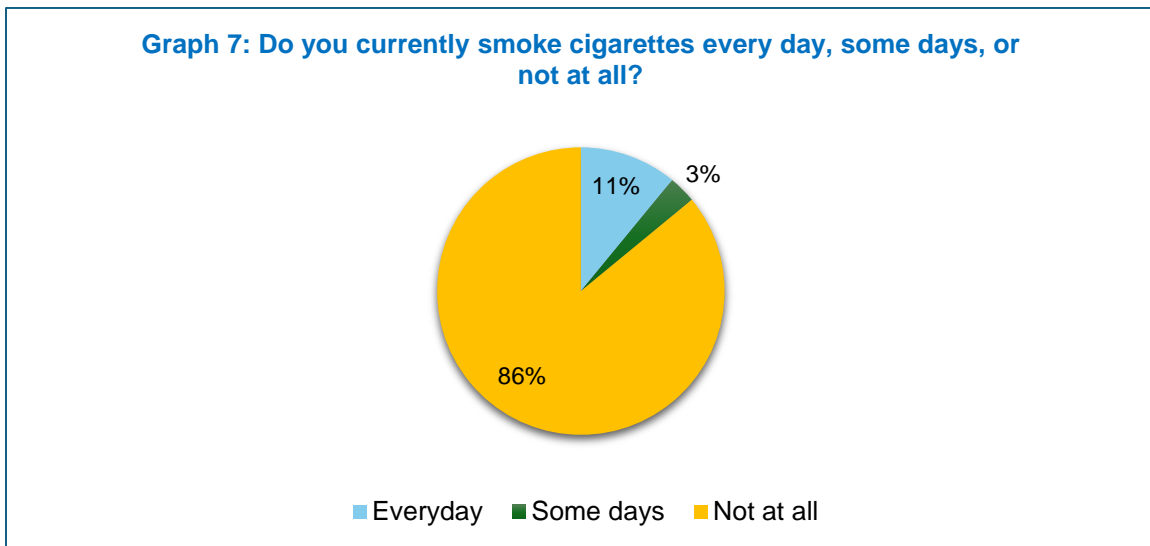
Figure 12, as excerpted from the Search Institute Profiles of Student Life Columbiana County Aggregate Report, shows the percentage of youth who reported nine risk-taking behaviors related specifically to substance use; including alcohol, tobacco and/or other illicit drug use. Percentages are reported for each risk behavior by total sample, gender and grade level.

Figure 12 — **Percent of Youth Who Report Nine Risk-Taking Behaviors Related to Substance Use**

Category	Definition	Total Sample	M	F	6	7	8	9	10	11	12
Alcohol	Used alcohol once or more in the last 30 days	13	14	12			7		15	16	
	Got drunk once or more in the last two weeks	8	8	7			5		9	9	
Tobacco	Smoked cigarettes once or more in the last 30 days	3	3	3			2		3	3	
	Used smokeless tobacco once or more in the last 12 months	2	3	1			2		2	3	
Vaping	Vaped tobacco, nicotine, or marijuana once or more in the last 30 days	12	10	14			7		15	14	
Marijuana	Used marijuana or hashish once or more in the last 30 days	6	6	7			2		8	9	
Other Drug Use	Used heroin or other narcotics once or more in the last 12 months	1	1	1			1		2	1	
Driving and Alcohol	Drove after drinking once or more in the last 12 months	1	2	1			1		1	2	
	Rode (once or more in the last 12 months) with a driver who had been drinking	25	21	30			26		26	23	

Header note: Total | Gender (M, F) | Grade (6, 7, 8, 9, 10, 11, 12)

> "There is still a lot of opioid use and misuse in the community... Mental health is an issue. The stigma of mental health issues and counseling prevents people from reaching out to receive services."
>
> "The continued concern over mental health and drug use demands urgent attention to expanding treatment facilities and services."
>
> ~ Stakeholder Quotes

Access to Mental Health Providers: Columbiana County continues to experience shortages of mental health workers, as indicated by the population to mental health providers ratio below; as well as a lack of treatment options especially related to inpatient management. Numerous Columbiana County stakeholders and focus group members also expressed that there are not enough mental health providers to meet the demand for these services.

Table 26: Access to Mental Health Providers (RWJF)	Col. Cty.	Ohio	US
Mental health providers per 100,000	600:1	290:1	300:1

> - "High volume of drug use, poor neighborhood housing conditions, lack of education on how to live better and too much apathy and not caring are worries."
>
> - "Safety and economic stability were recurrent current concerns...Growing anxieties relative to crime and poverty highlight a need for community-based safety programs and economic development initiatives"
> ~ Stakeholder Quotes

Chronic diseases are types of diseases that a person can live with for a prolonged period of time, and sometimes indefinitely. Those with a chronic disease usually need to see their doctors on a regular basis to monitor the disease progression and receive or regulate treatment. Chronic diseases identified as significant health concerns in Columbiana County include: cardiovascular disease (heart disease, stroke, high blood pressure and high cholesterol), cancer, arthritis, asthma and diabetes. According to secondary data sources, over half of all deaths in Columbiana County are attributable to a chronic disease(s).

Table 27: Incidence of Type of Self-Reported Chronic Disease (Community Survey)

Percent of respondents told by a health provider that they have:	
Heart attack or myocardial infarction	2.67%
Angina or coronary artery disease	2.14%
Stroke	3.56%
Congestive heart failure	2.14%
High blood pressure	36.12%
Pre-hypertensive/Borderline high blood pressure	6.41%
Some form of cancer	14.72%

According to the US News & World Report- 2023, the percent of chronic health conditions and other conditions/100,000 population in Columbiana County as compared to the nation are:

Table 28: Health Condition	Columbiana County	US Average
Diabetes Prevalence	10.8%	10.6%
Cancer Prevalence	6.6%	6.2%
Heart Disease Prevalence	6.4%	5.9%
Covid-19, Influenza & Pneumonia Mortality per 100,000	125.3	98
Preventable Hospital Admissions Among Medicare Beneficiaries	3,226	2,777
Life Expectancy	74.5 years	75.8

Note that secondary data from RWJF's County Health Rankings shows a more significant variance related to years of potential life lost before age 75/100,000 population at 10,300 years (Co. Cty.- 2024) vs. 9,400 years (Ohio) and 8,000 years (US).

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) provides a deeper 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 posed to the Partners' workgroup and distribution of the Quality of Life Survey to community members.

A.) Heath Partners Community Themes and Strengths Assessment, Completed October 23, 2024:

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

➢ Access to care – capacity and transportation
➢ Willingness of residents to communicate or engage in healthy behaviors

➢ Health education, professional training – cultural/linguistically inclusive
➢ Healthy eating – access to health foods, food security
➢ Coordinated health services
➢ Strong economy and education system
➢ Healthy and safe environment & living conditions (housing & safety services)

2. What makes you most proud of our community?

➢ People care
➢ Collaboration of community partners – community image
➢ Resilience

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

➢ Beautification efforts
➢ Food/clothing giveaways
➢ Share resources/maximize minimal resources/It's personal

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?

➢ Living conditions and housing/security
➢ Awareness & navigation of services
➢ Transportation
➢ More local connections
➢ Drug &substance use / 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?

➢ Money and resources
➢ Pride - cultural values (high poverty, Appalachian, Guatemalan population)
➢ Transportation

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

➢ Funding and resources
➢ Overall community support
➢ Less red tape/reduce bureaucracy

7. What actions, policy or funding priorities would you support?

➢ Support without eligibility criteria
➢ Health education & workforce development

B.) Quality of Life Survey

During Winter 2024, the Columbiana County Health Partners urged community members to complete a short Quality of Life Survey via Google Forms. There were 226 Columbiana County community members who completed the survey. Table 32 shows the Likert scale responses for Columbiana County. Note that 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.

The data collected can be evaluated against previous CHA/CHNA Quality of Life Survey data that assisted the Health Partners in analyzing trends relating to the community's perceived Quality of Life. Overall, participants shared the perspective that the Quality of Life has improved within the County from 2016 to 2024.

Table 29: Quality of Life Questions	2016 (n=393)	2019 (n=433)	2022 (n=122)	2024 (n=226)
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	3.85
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	3.10
Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	3.07	3.49	4	3.80
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	3.65
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	2.97
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	3.96
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	3.59
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
Do all residents perceive that they — individually and collectively— can make the community a better place to live?	2.83	3.10	3	3.99
Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	2.89	3.12	3	3.43
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	3.32
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	3.33

Triangulation and Prioritization of Issues

The Health Partners assembled the data collected from the findings of the Community Partner, Community Context and Community Status Assessments, which included community surveys, focus group and stakeholder interviews, secondary data sources and associated reports, the needs of vulnerable populations and numerous organizational and infrastructure assessments. To undertake the complex task of translating the data into meaningful health priorities, the group chose a Triangulation Strategy, as recommended by MAPP 2.0.

Triangulation is a mixed method evaluation of data from a variety of collection methods that allows for a functional analysis of both qualitative and quantitative data; to identify and further define health issues that were presented within a complex set of data and sources.

Process: A collective synthesis of data and sources was provided to each member of the group for individual and independent review beyond the structure and time constraints of CHA/CHNA Partner meetings. This independent review process enabled each Partner to review the information critically without the potential bias of group think over a two-week period. The group then collaboratively evaluated the individual Partner data reviews; which led to a comprehensive list of health issues identified for prioritization.

Prioritization Process Through Nominal Voting

The Partners engaged in an issue prioritization initiative in round one using a nominal voting process, which utilized SurveyMonkey to objectively faclitiate the Nominal Group Technique. This process involved a structured, group discussion in which every participant was provided an opportunity to participate equally. A voting process to rank the results of the group's discussion was then undertaken.

A survey with the group's initially identified health priorities was distributed and the Partners were asked to rank the priorities as well as identify any additional priorities not included in the survey, along with their data sources. The results of the first round of voting to establish health priorities is shown in Graph 8.

Workgroup's Discussion Of Priorities

GRAPH 8: HEALTH PRIORITIZATION ROUND 1
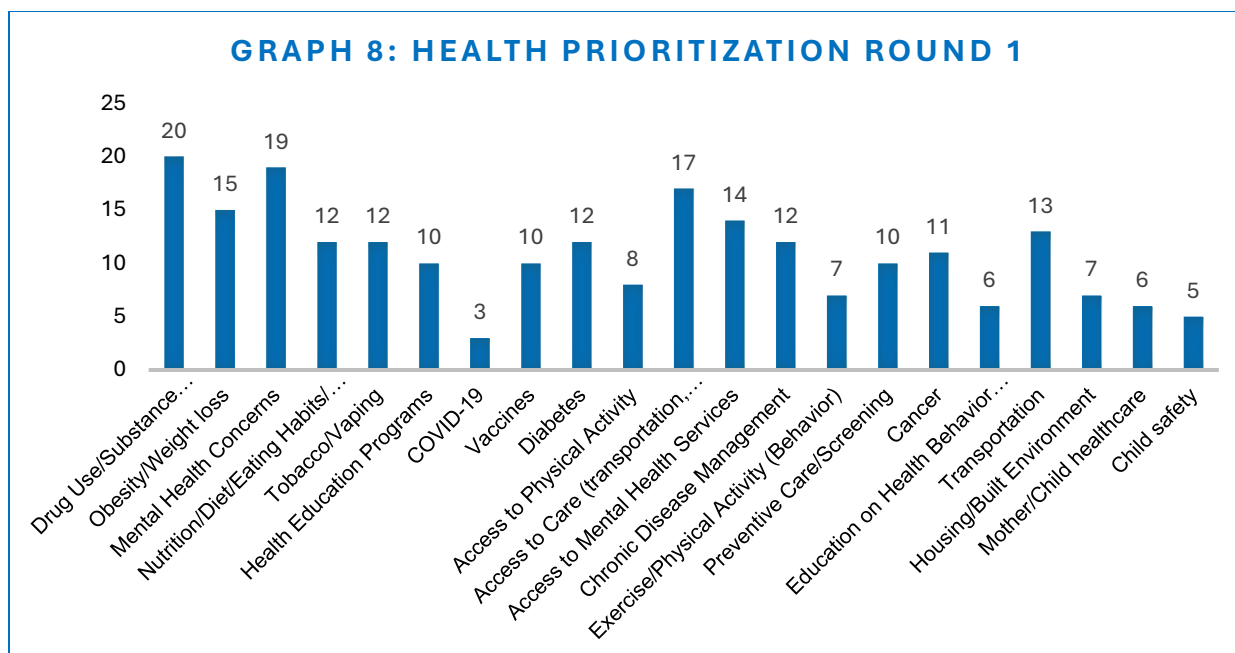
After group discussion of the top ten health priorities identified in Round 1, two additional health priorities (Suicide and the East Palestine Derailment Health Effects) were identified. These new priorities were added to the top ten health priorities selected from Round 1 and included in Round 2 of the nominal voting process. The results of the second round of voting are shown in Graph 9.

GRAPH 9: HEALTH PRIORITIZATION ROUND 2
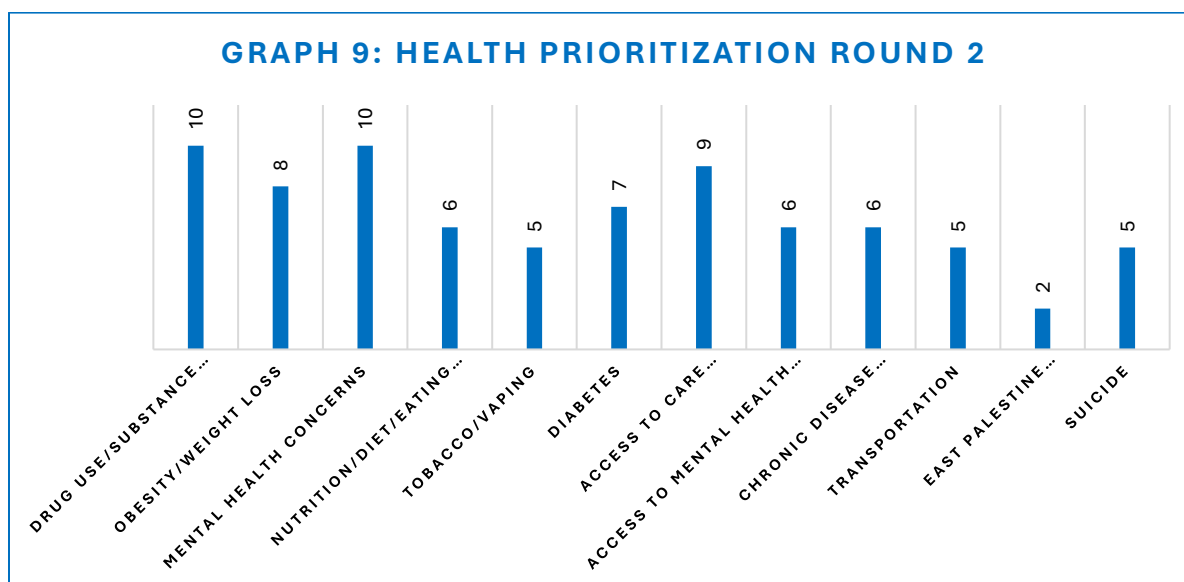
Following a comprehensive group discussion of the results of the two rounds of nominal voting, the Partners' synthesized and condensed the results into the top three health priorities for the 2025- 2028 CHA/CHNA as follows:

Table 30: Prioritization of Key CHA/CHNA Issues
1. Behavioral Health (including mental health, substance use, depression, suicide, etc.)
2. Obesity (including nutrition and physical activity)
3. Chronic Disease (including cancer, cardiac disease, diabetes, etc.)

Cross-Cutting Themes

The Workgroup also determined that underlying drivers of health should be identified as cross-cutting themes to consider when developing the issue statements and performing the root cause analyses; including transportation, access to healthcare providers and financial resources, poverty/income, culturally-driven beliefs, stigmas, lack of health education and awareness, and barriers arising from unresolved health equity and health literacy issues. These cross-cutting themes will also be carried into the 2025-2028 CHIP.

Development of Issue Statements, Profiles and Root Cause Analyses

The Workgroup developed Issue Statements and Profiles to identify and summarize why and how the issue occurs for each of the respective health priorities, along with the issue's significance, magnitude, outcomes and impacts. From there, a root cause analysis was conducted for each issue using the Six Sigma, evidence-based Ishikawa fishbone diagram, also known as a cause-and-effect diagram, to help explore the potential root causes of a particular issue. (Source: Retrieved 2023 www.6sigma.us/etc/what-is-ishikawa-fishbone-diagram)

Obesity

Obesity Issue Statement; Columbiana County obesity rates continue to increase and exceed the state and national averages.

Obesity Issue Profile; Obesity affects almost half (46%) of the general population in the county and 15% of county residents experience food insecurities. Obesity rates have significantly increased by 9% from 2021 to 2024 and may impact all residents of all geographic areas, including the cities of Salem and East Liverpool and the village of East Palestine. From an equity perspective, obesity, poor nutrition and physical inactivity disproportionately affect minority and low-income citizens.

Root Cause Analysis: The Root Cause analysis conducted individually and collectively by the Health Partners identified the following causes of the Obesity issue: lack of adequate nutrition, unhealthy eating habits, SNAP timing, selling SNAP benefits to pay for other things, food deserts, increase in use of electronics and decrease in physical activity, literacy issue (cannot read food labels), aging metabolism, stigma associated with gyms and workout facilities, lack of knowledge about food preparations, cultural preferences, medication side effects, lack of healthy options in food pantry, increasing food costs, lack of motivation, lack of priority, more fast food options than grocery stores, eating is tied to comfort/emotion, unhealthy school lunches, excess alcohol consumption, etc. (See Figure 13, next page: Root Cause Analysis- Obesity.)

Figure 13: Root Cause Analysis- Obesity

Root Cause Analysis

Health Priority Issue:
Obesity

Issue Statement:
Columbiana County obesity rates continue to increase and exceed the state and national averages.

Health Equity	Health Behaviors	Community/Org. Capacity	Social Determinants
families and children living in poverty	other non-health related priorities	lack of low-cost community options	families and children living in poverty
lack of health literacy	culture periods of inactivity	limited affordable food access points	limited transporation options and avialability
lack of info on healthy eating	w/technology use reward or comfort	food bank limitations	social pressure selling of SNAP
language	eating	lack of physical exercise options/facilies	benefits
culture	cultural preference/ family eating habits		
medication side-effects	limited breast feeding		
	stress		

Issue Profile:

Affects 46% of the general population in the county, 15% of county residents experience food insecurities. May include all residents, all areas, all geographic areas with specific attention to the cities of Salem and East Liverpool, the village of East Palestine.

Obesity

EFFECT

Causes defined individually & discussed collectively by health partners

Material Resource	People/organizations	Processes	Structure, Framework
advertising	generational family norms - genetics	food assistance doesn't last all month	convenience of less healthy foods
lack of home equipment to prepare foods	lack of support groups	lack of knowledge about benefit availability and use	processed, less health foods are cheaper and more available
food bank limitation of time, location, foods	lack of time to prepare healthy foods	strict elgibility requirements for services	
competing demands	competing demands		peer group pressure rural environment - distances
	Body shaming/stygma		lack of workplace supports
food deserts			
financial concerns	lack of peer support		food deserts

Behavioral Health

Behavioral Health Issue Statement; Behavioral Health is inclusive of mental health and substance use, which may impact any resident from young children to adults in Columbiana County, and is strongly linked to socioeconomic factors.

Behavioral Health Issue Profile; Behavioral Health including mental health and substance use, may impact almost all county residents from young children to adults through increased rates of substance abuse, anxiety, mood disorders, depression and suicide-attempts in all geographic areas; with specific attention to the cities of Salem and East Liverpool, the village of East Palestine and the LGBTQIA+ community.

Root Cause Analysis: The Root Cause analysis conducted individually and collectively by the Partners identified the following causes of the Behavioral Health issue: Culture, genetics, social isolation, religious/social stigma, lack of funding, no "good "sober communities/strong supports, hierarchy of needs, lack of safe and affordable childcare, burn-out, compassion fatigue, cost of access to care services, Appalachian culture, LGBTQIA+ community, generational poverty, familial and social pressures and unequal distribution of assets/resources. (See Figure 14, next page: Root Cause Analysis- Behavioral Health.)

Figure 14: Root Cause Analysis- Behavioral Health

Root Cause Analysis

Health Priority Issue:
Behavioral Health

Issue Statement:
Behavioral Health is inclusive of mental health and substance use which may impact any resident of Columbiana County.

Health Equity	Health Behaviors	Community/Org. Capacity	Social Determinants	Issue Profile:
families and children living in poverty	other non-health related priorities	lack of low-cost community services	families and children living in poverty	Behavioral Health including mental health and substance use may impact all county residents in all geographic areas with specific attention to the cities of Salem and East Liverpool, the village of East Palestine and the LGBTQIA+ community.
lack of health literacy	culture	low attendance at community clinics	limited transporation options and avialability	
lack of health insurance coverage	undiagnosed conditions	limited healthcare access points, specialties		
language	depression	lack of providers	social isolation	
culture	not getting screened	lack of 3rd space for kids	social pressure	
religion	stress	limited provider diversity to connect		**Behavioral Health**
	trauma			

EFFECT

Causes defined individually and discussed collectively by health partners

cost of treatment/prevention/management	genetics/family norms	cost of treatment/prevention/ disease management	limited healthcare access points, specialties	
financial concerns	lack of support groups	healthcare system does not diagnosis or focus	convenience of alcohol and drugs	
competing demands		strict elgibility requirements for services		
	lack of peer support		peer group	
caregiver fatigue	competing demands	law enforcement	easy access/presence of drugs and alcohol	
no child care	no family support		no sense of community	
			rural environment - distances	
	stygma LGBTQ+ community		law enforcement	

Material Resource	People/organizations	Processes	Structure, Framework

44

Chronic Disease

Chronic Disease Issue Statement; Over half of all deaths in Columbiana County are attributable to chronic disease, which impacts county residents through premature death and/or quality of life and impacts all populations across the county.

Chronic Disease Issue Profile; As stated in the previous section, a significant number of residents in Columbiana County experience obesity and are among the higher risk population for chronic disease. The chronic disease issue includes residents of all populations from all geographic areas with specific attention to the cities of Salem and East Liverpool, and ongoing monitoring related to the potential for chronic disease in the village of East Palestine. In addition, those who are obese, compared to those with a normal or healthy weight, are at increased risk for many serious chronic 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, poor mobility, etc.

Root Cause Analysis: The Root Cause analysis conducted individually and collectively by the Partners identified the following causes of Chronic Disease: Limited access to care, limited social awareness/support, limited screening options, cost of disease management, lack of low-cost services, easier to pay for pills/medications than actively participate in gym memberships/ self-accountability, too many demands (disease model vs. health model), lack of education in a medical setting, don't want label/stigma, the philosophy of "that's what medicine is for," and impact of depression that may go with chronic disease. Other potential and/or related causes include chemical exposures, East Palestine train derailment, lifestyle, poverty, lack of access to specialists, increased pressures put on hospitals by bigger entities and lack of access and/or resources for long-term care/home health. (See Figure 15, next page: Root Cause Analysis- Chronic Disease.)

Figure 15: Root Cause Analysis- Chronic Disease

Root Cause Analysis

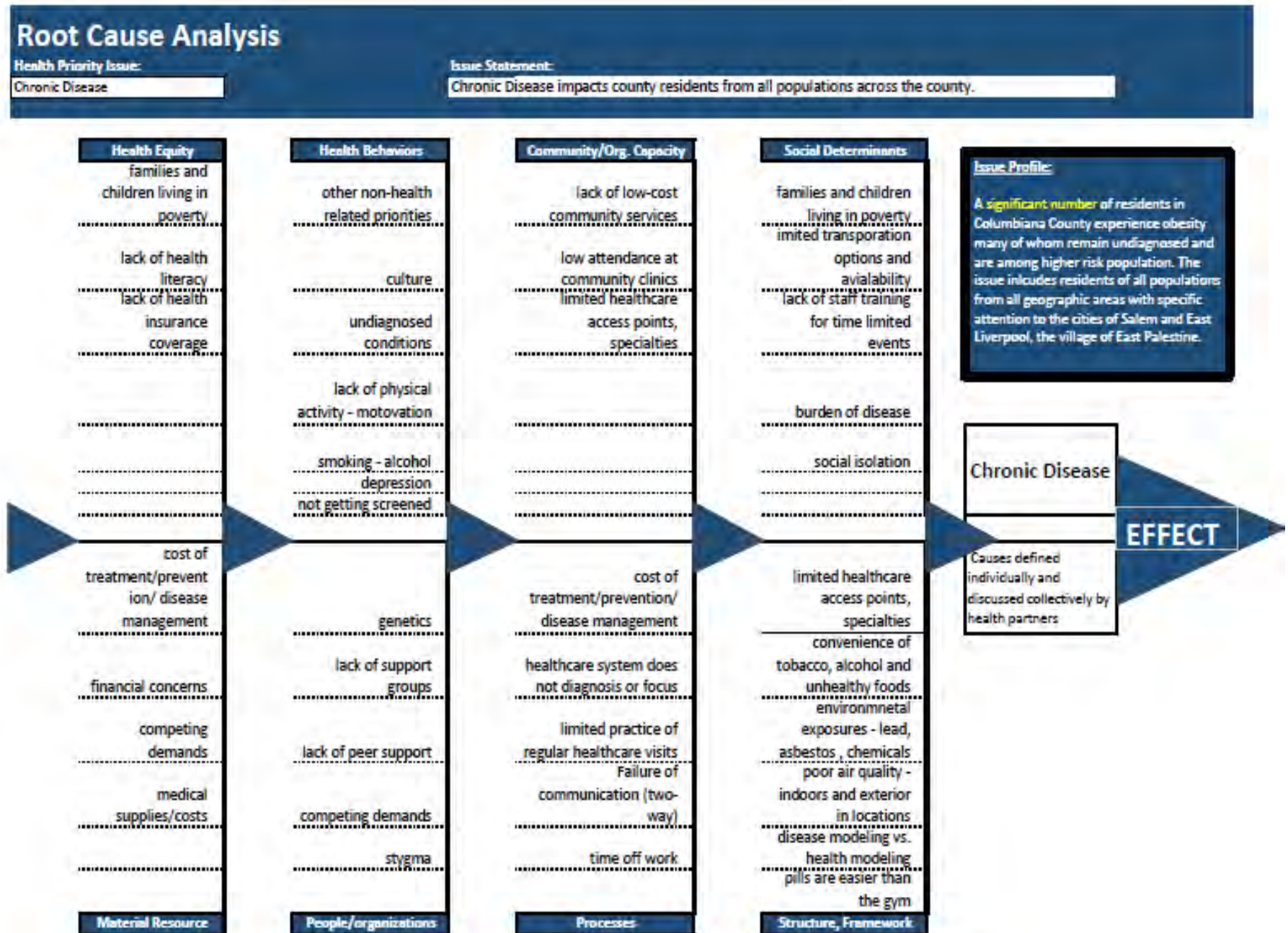**Health Priority Issue:**
Chronic Disease

Issue Statement:
Chronic Disease impacts county residents from all populations across the county.

Health Equity	Health Behaviors	Community/Org. Capacity	Social Determinants
families and children living in poverty	other non-health related priorities	lack of low-cost community services	families and children living in poverty
lack of health literacy	culture	low attendance at community clinics	imited transporation options and avialability
lack of health insurance coverage	undiagnosed conditions	limited healthcare access points, specialties	lack of staff training for time limited events
	lack of physical activity - motovation		burden of disease
	smoking - alcohol depression		social isolation
	not getting screened		

Issue Profile:

A significant number of residents in Columbiana County experience obesity many of whom remain undiagnosed and are among higher risk population. The issue inlcudes residents of all populations from all geographic areas with specific attention to the cities of Salem and East Liverpool, the village of East Palestine.

Chronic Disease

Causes defined individually and discussed collectively by health partners

EFFECT

Material Resource	People/organizations	Processes	Structure, Framework
cost of treatment/prevention/ disease management	genetics	cost of treatment/prevention/ disease management	limited healthcare access points, specialties
financial concerns	lack of support groups	healthcare system does not diagnosis or focus	convenience of tobacco, alcohol and unhealthy foods
competing demands	lack of peer support	limited practice of regular healthcare visits	environmnetal exposures - lead, asbestos , chemicals
medical supplies/costs	competing demands	Failure of communication (two-way)	poor air quality - indoors and exterior in locations
	stygma	time off work	disease modeling vs. health modeling
			pills are easier than the gym

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Workgroup Discussion Of Root Cause Analyses

The Workgroup also reviewed the Ohio Department of Health's requirement that ongoing, local community health improvement efforts must align with at least one of the three of Ohio's 2020- 2022 SHIP priority topics and related health outcomes. The Columbiana County Health Partners cross-referenced the locally identified health priority issues of Obesity, Behavioral Health and Chronic Disease with the most recent State Health Assessment (SHA 2019) and State Health Improvement Plan (SHIP 2020- 2022), which identified the state's top health priorities of Mental Health and Addiction, Chronic Disease and Maternal and Infant Health. The locally identified priority issues of Behavioral Health and Chronic Disease Priorities were in alignment with the state top priorities along with the cross-cutting factors of poverty, physical activity and nutrition, transportation, and access to care.

Note: Both the 2025- 2028 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 31: Alignment of 2025-2028 CHA/CHNA Priorities with Ohio's State Health Improvement Plan

Table 31: 2019 Ohio's State Health Improvement Plan Priority Health Topics and Outcomes			
SHIP Priority Factors	**Alignment with 2025 CHA/CHNA Priorities**	**SHIP Priority Health Outcomes**	**Alignment with 2025 CHA/CHNA Priorities**
Community Conditions	**X**	**Mental Health and Addiction**	**X**
- Housing affordability and quality	**Cross-cutting factor**	- Depression	**X**
- Poverty	**Cross-cutting factor**	- Suicide	**X**
- K-12 Student success	**X**	- Youth drug use	**X**
- Adverse childhood experiences		- 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	

Following the final steps of the health issue prioritization and root cause analyses processes, the Health Partners completed Phase II of MAPP 2.0, with the findings used to support Phase III of MAPP 2.0, and the goal of improving the health of the community.

MAPP 2.0 Phase 3: Continuously Improve the Community

This phase includes steps to address the social determinants of health and health equity through transformational strategies. It encourages strategic partnerships for sustained action through Partner profiles and a Power Analysis that best positions Partners to address inequity as it relates to the yet to be developed 2025- 2028 Community Health Improvement Plan's (CHIP) goals. This phase also employs methods of continuous quality improvement and rapid cycle improvement to promote sustained, data-driven actions. Phase 3 will be addressed more in depth during the development of the 2025- 2028 CHIP.

COMMUNICATION OF PRELIMINARY FINDINGS: In June 2025, the Partners' workgroup shared the preliminary findings about the CHA/CHNA's 2025- 2028 priority topics through several communication activities, including but not limited to: posting on Partner organizations' social media pages and websites, distributing preliminary findings via newsreleases and inviting public comment, and presenting to the East Liverpool City Hospital's and Salem Regional Medical Center's governing bodies for review and input.

WRITTEN COMMENTS FROM 2022-2025: There were no written comments received for the prior CHA/CHNA dated 2022- 2025.

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