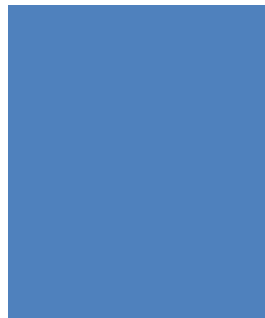


**Columbiana County  
Community Health  
Needs Assessment  
Supplemental Data  
Resource 2016**



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# **Appendix A**

## **Definition of the Community/Demographics**

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## Definition of the Community/Demographics

For purposes of this assessment, the Columbiana County Health Partners service area geography is defined as Columbiana County in Ohio.

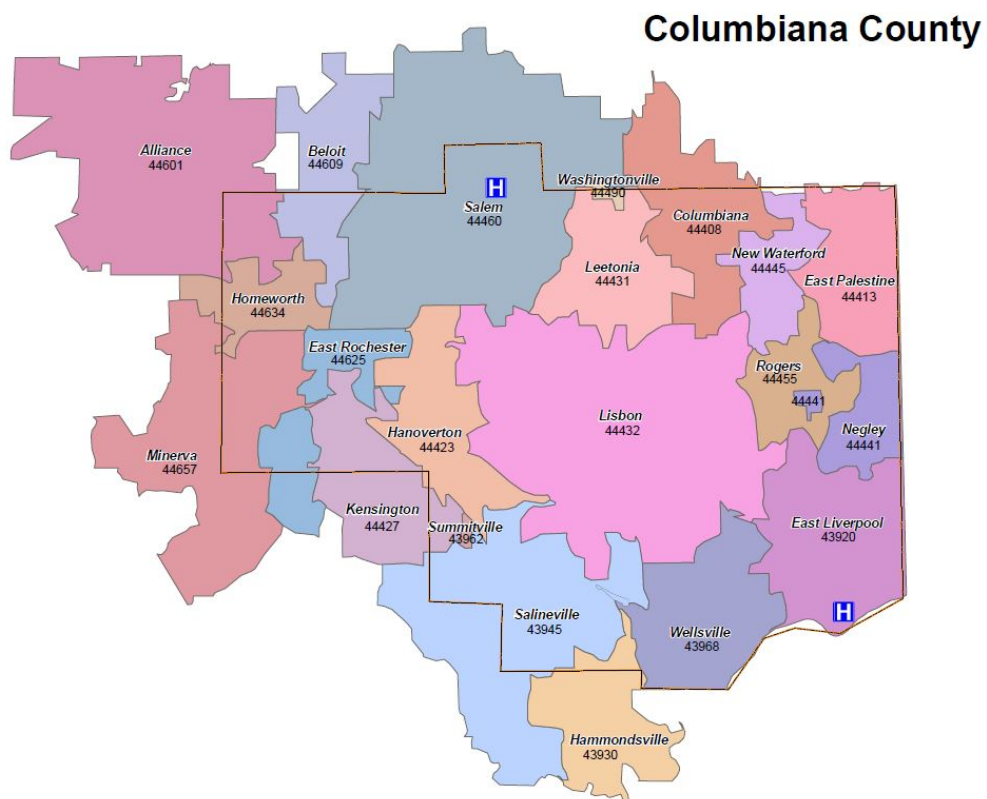
**Definition of “Community:”** Columbiana County, Ohio Columbiana County is located in northeastern Ohio, and is one of Ohio's 32 Appalachian counties. It is bordered on the north by Mahoning County; on the east by Pennsylvania; on the south by the Ohio River and West Virginia; and on the west by Jefferson,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

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

The above listed service area was used to pull Demographic data from Nielsen/Claritas and the U.S. Census Bureau – American Family Survey in order to report on the areas of: population, sex, race, age, marital status, educational status, household income, employment and poverty status, and travel time to work.



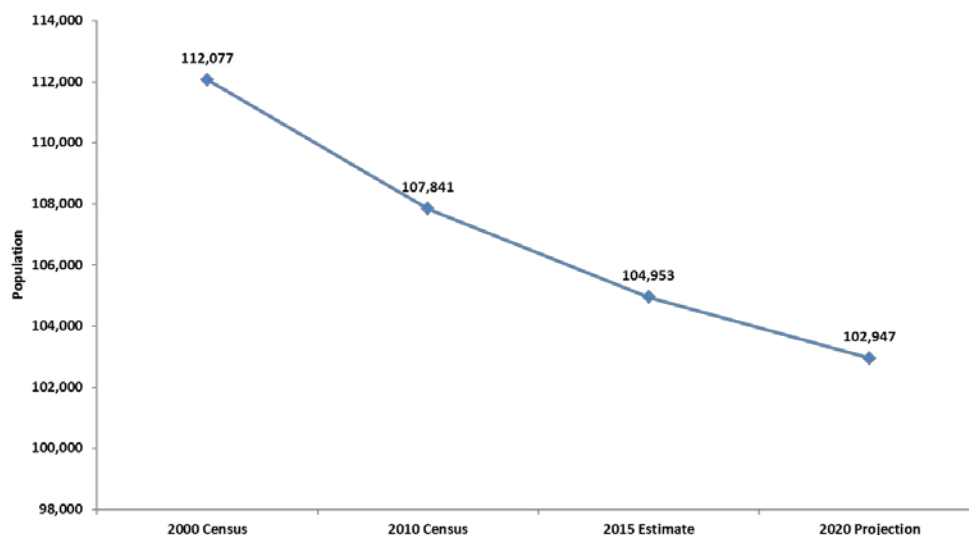
**Figure 1. Columbiana County Service Area**



## Population – Columbiana County Service Area

**Figure 2** illustrates the Columbiana County Service Area Population from the 2000 and 2010 Census, as well as the 2015 Estimate and 2020 Projection. The Columbiana County service area population has been steadily declining and is projected to continue to decline from 104,953 in 2015 to 102,947 in 2020.

**Figure 2. Columbiana County Service Area Population Trend**

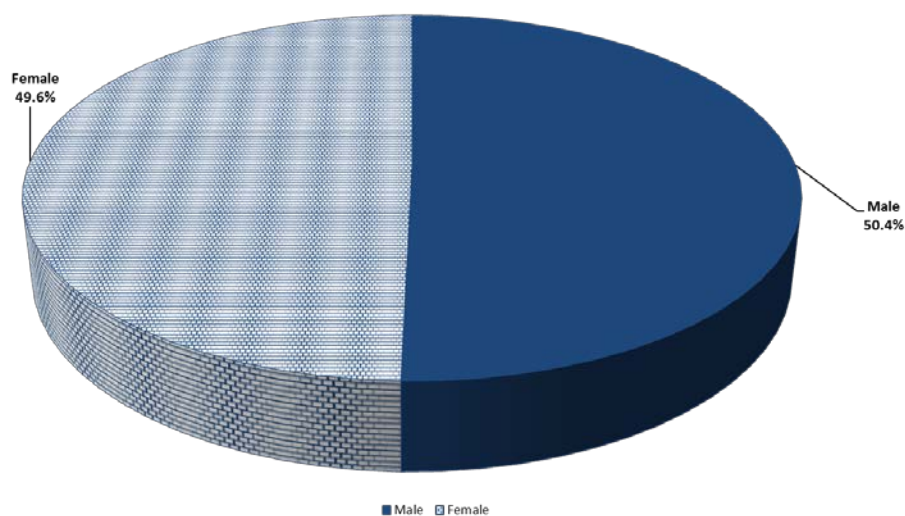


Source: [www.nielsen/claritas.com](http://www.nielsen/claritas.com)

### Gender – Columbiana County Service Area

**Figure 3** illustrates the Columbiana County Service Area by Gender. There are slightly more males (50.4%) than females (49.6%).

**Figure 3. Columbiana County Service Area by Gender**



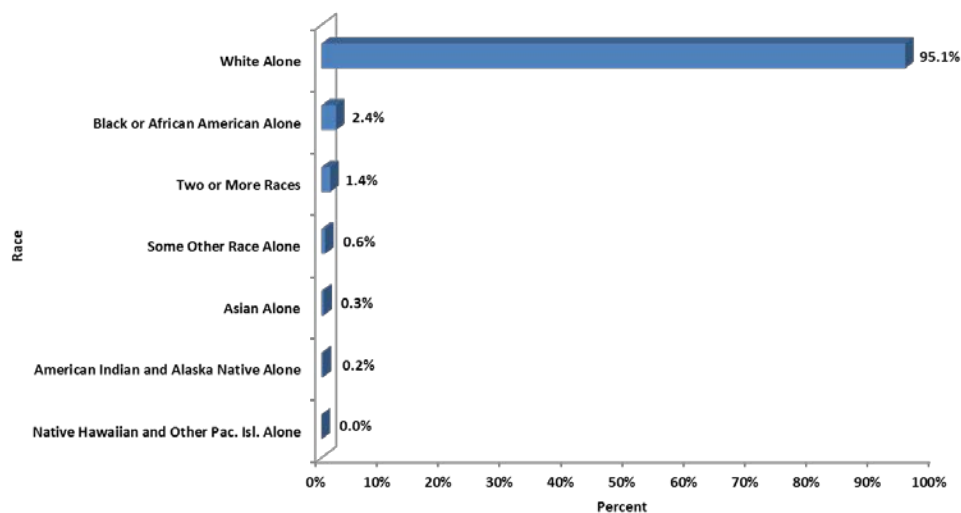
Source: [www.nielsen/claritas.com](http://www.nielsen/claritas.com)



### Race – Columbiana County Service Area

**Figure 4** illustrates the ethnicity breakdown of the service area of Columbiana County. Almost all of the residents in the service area are White (95.1%).

**Figure 4. Columbiana County Service Area by Race**

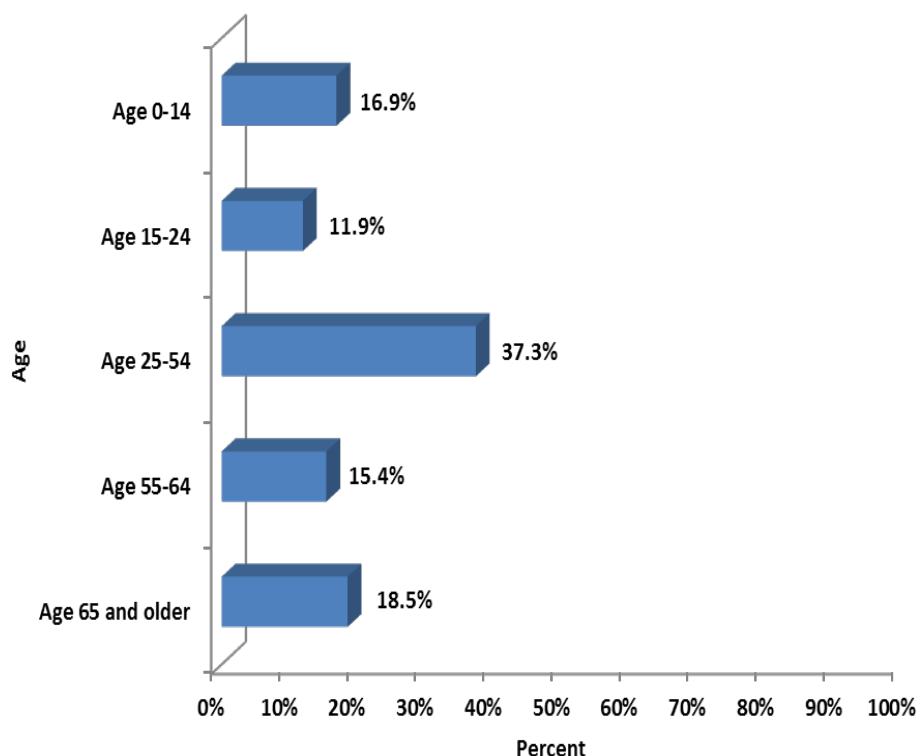


Source: [www.nielsen/claritas.com](http://www.nielsen/claritas.com)

### Age – Columbiana County Service Area

**Figure 5** illustrates the age breakdown for the service area of Columbiana County. Over one-third (37.3%) of the population is between the ages of 25 and 54. Almost one-fifth (18.5%) of the population is age 65 and older.

**Figure 5. Columbiana County Service Area by Age**

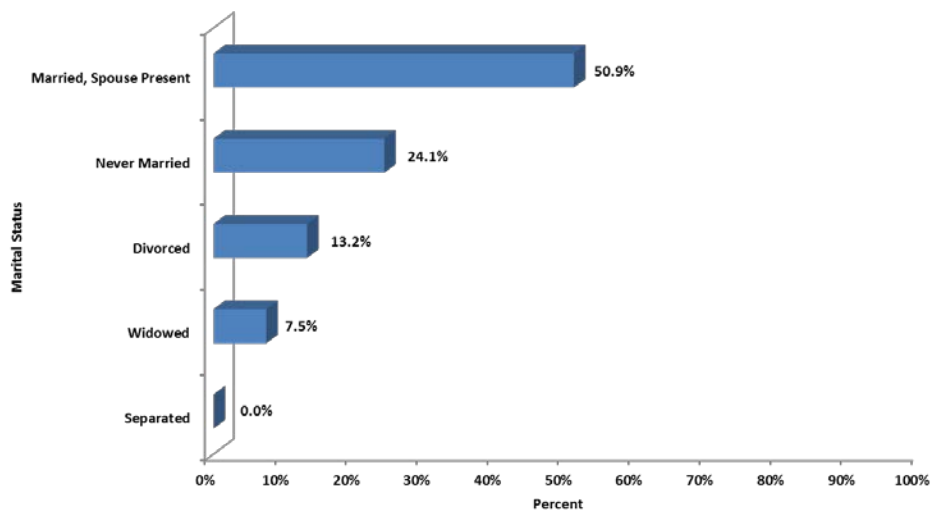


Source: [www.nielsen/claritas.com](http://www.nielsen/claritas.com)

### Marital Status – Columbiana County Service Area

**Figure 6** illustrates the service area by Marital Status for Columbiana County. Just over half (50.9%) of the population is married.

**Figure 6. Columbiana County Service Area by Marital Status**

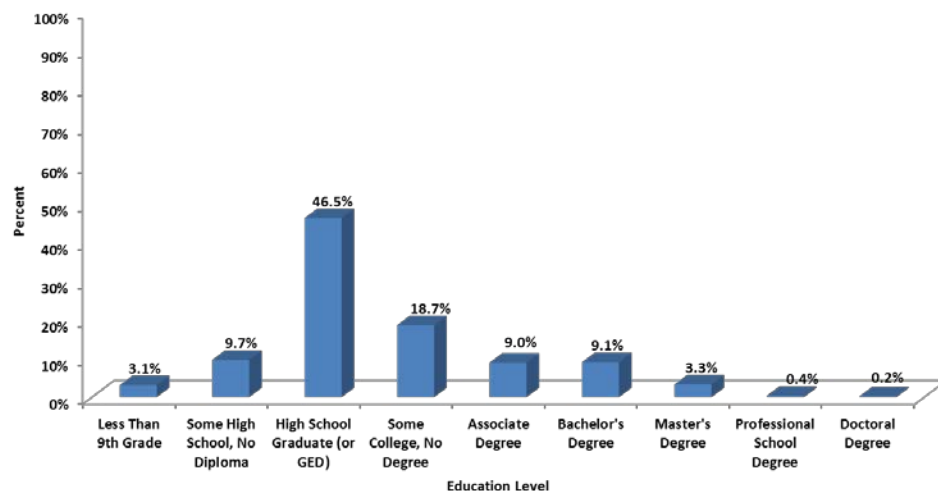


Source: [www.nielsen/claritas.com](http://www.nielsen/claritas.com)

### Education – Columbiana County Service Area

**Figure 7** illustrates the level of education for the service area of Columbiana County. One in five (22.0%) have received an Associate Degree or higher educational attainment. A little over one in ten (12.8%) residents have not graduated from high school.

**Figure 7. Columbiana County Service Area by Education**

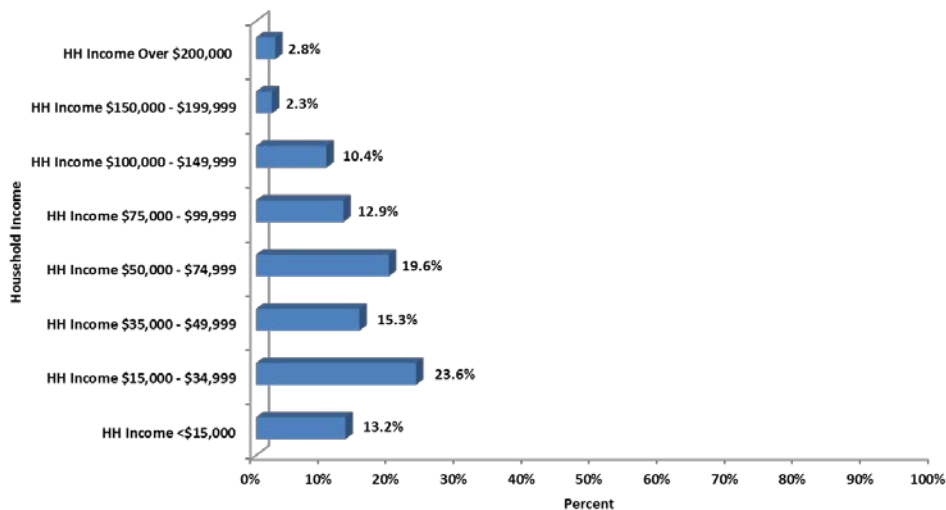


Source: [www.nielsen/claritas.com](http://www.nielsen/claritas.com)

### Household Income – Columbiana County Service Area

**Figure 8** illustrates the Household Income for the service area of Columbiana County. Just over one in ten households (13.2%) have an annual income of \$15,000 or less. Over half (52.1%) have annual incomes less than \$50,000.

**Figure 8. Columbiana County Service Area by Household Income**

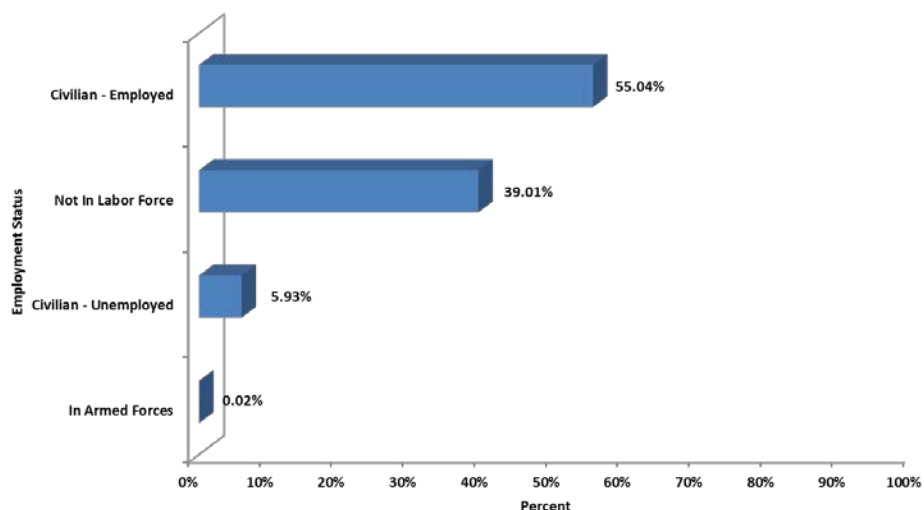


Source: [www.nielsen/claritas.com](http://www.nielsen/claritas.com)

### Employment Status – Columbiana County Service Area

**Figure 9** illustrates the Employment Status for the service area of Columbiana County. Just over half of the population (55.0%) is currently employed. Very few (5.9%) residents are currently unemployed.

**Figure 9. Columbiana County Service Area by Employment Status**



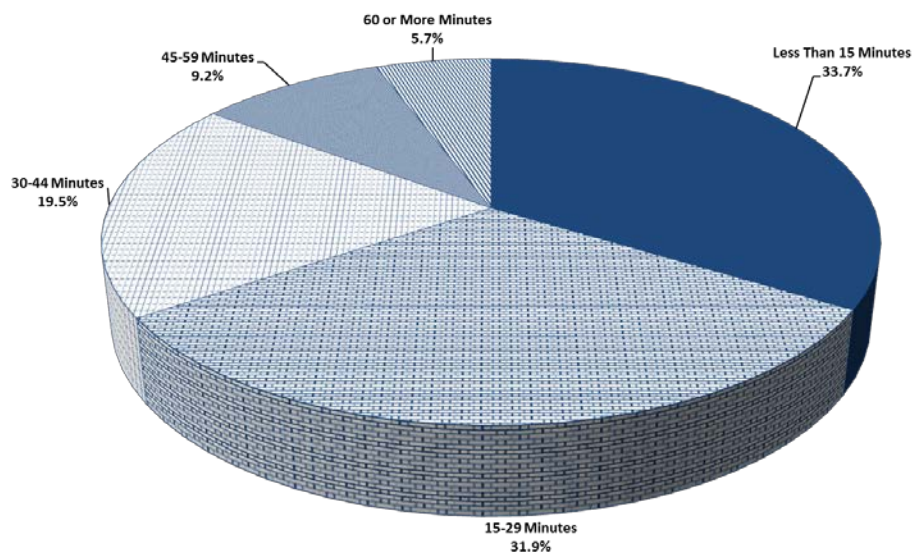
Source: [www.nielsen/claritas.com](http://www.nielsen/claritas.com)



### Travel Time to Work – Columbiana County Service Area

**Figure 10** illustrates the estimated average Travel Time to Work for the service area of Columbiana County. About two-thirds of those employed (65.6%) travel less than 30 minutes to work.

**Figure 10. Columbiana County Service Area by Travel Time to Work**



Source: [www.nielsen/claritas.com](http://www.nielsen/claritas.com)

## Demographic Conclusions

- The Columbiana County service area population has been steadily declining and is projected to continue to decline from 104, 953 in 2015 to 102,947 in 2020.
- There are slightly more males (50.4%) than females (49.6%).
- Almost all of the residents in the service area are White (95.1%).
- Over one-third (37.3%) of the population is between the ages of 25 and 54. Almost one-fifth (18.5%) of the population is age 65 and older and are the highest users of health services.
- Just over half (50.9%) of the population is married.
- One in five (22.0%) have received an Associate Degree or higher educational attainment. A little over one in ten (12.8%) residents have not graduated high school.
- Just over one in ten households (13.2%) have an annual income of \$15,000 or less. Over half (52.1%) have annual incomes less than \$50,000.
- Just over half of the population (55.0%) is currently employed. Very few (5.9%) residents are currently unemployed.
- About two-thirds of those employed (65.6%) travel less than 30 minutes to work.

## **Appendix B**

### **Supplemental Data Resource by Topic Area**

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### **Supplemental Data Resource by Topic Area: Access**

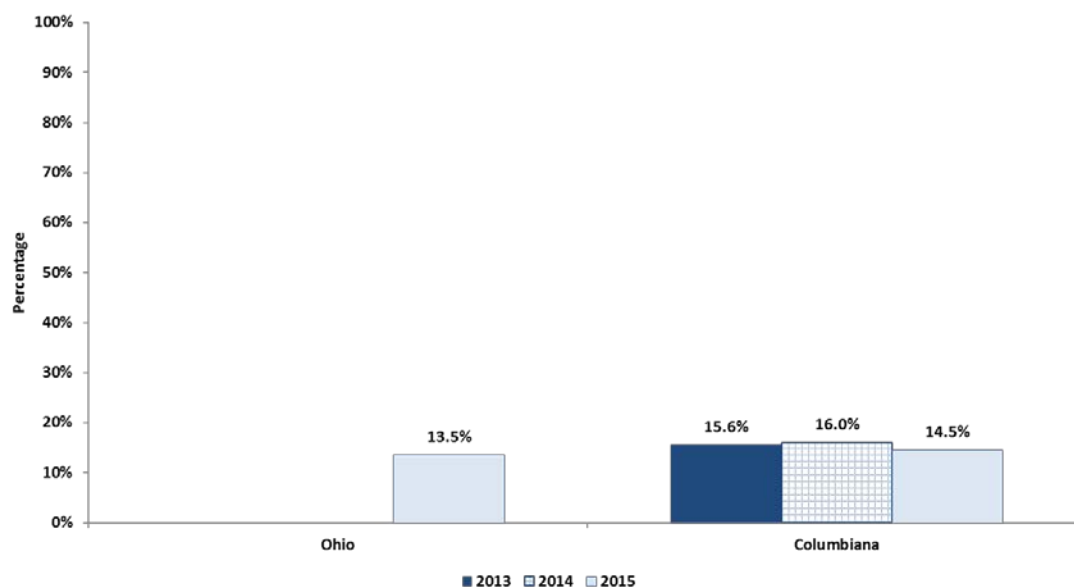
Access to comprehensive, quality healthcare is important for the achievement of health equity and for increasing the quality of life for everyone in the community. Issues related to a need for access to specialists in the area rather than travelling outside of the coverage area for care, an aging population, and a lack of psychiatric care in the area were identified in focus groups as factors impacting the health of the community.

## General Health Status

### No Health Insurance

**Figure 11** illustrates the percentage of uninsured adults in the Ohio and Columbiana County for the years 2013 through 2015, where data is available. In 2015, more adults were uninsured in Columbiana County (14.5%) than the state (13.5%).

**Figure 11. Uninsured Adults**

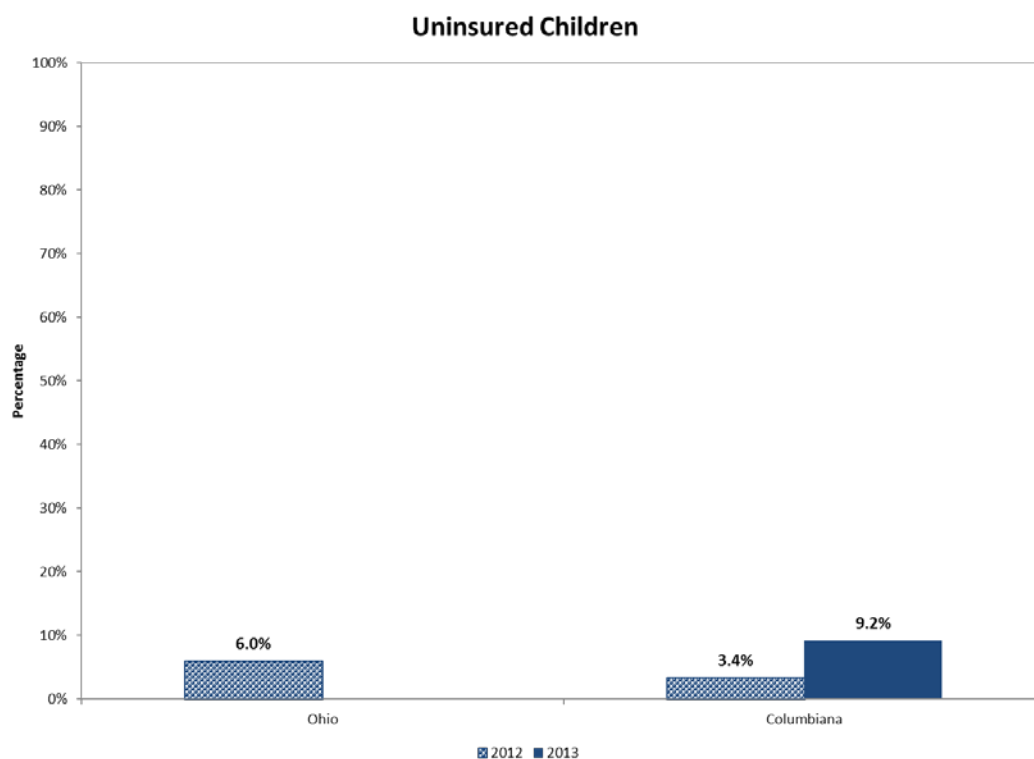


Source: Healthy Communities Institute, County Health Rankings



**Figure 12** illustrates the percentage of uninsured children in the Ohio and Columbiana County for the years 2012 through 2014, where data is available. Only 3.4% of children were uninsured in Columbiana County in 2012, which was less than the state (6.0%). In 2013, the number of uninsured children in Columbiana County rose to 9.2%.

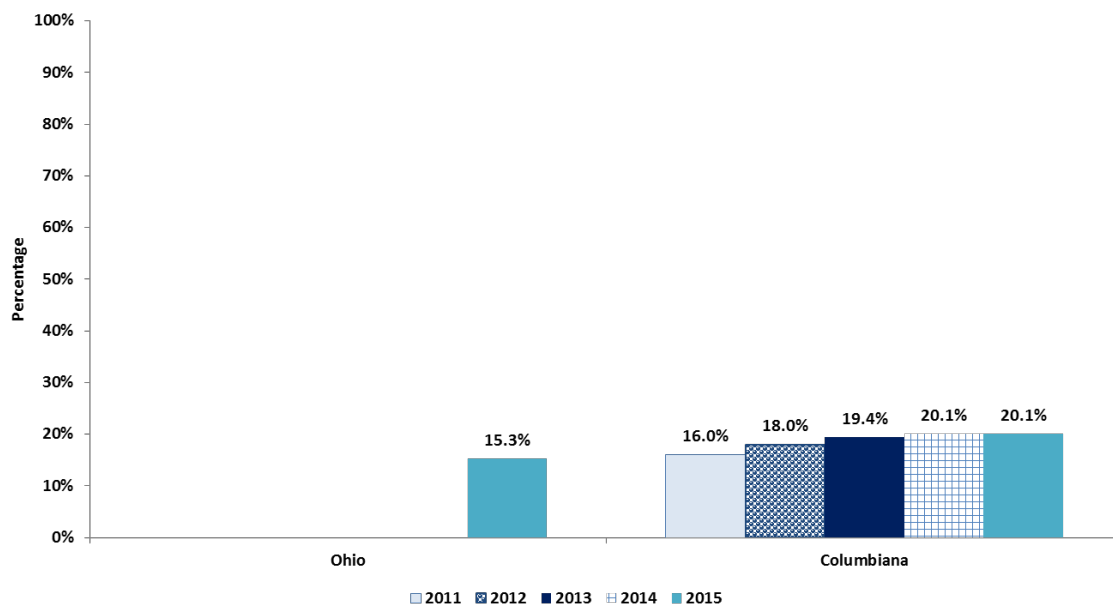
**Figure 12. Uninsured Children**



Source: Healthy Communities Institute, County Health Rankings

**Figure 13** displays the percentage of adults who reported their health as “fair” or “poor” in Ohio and Columbiana County for the years 2011 through 2015, where data is available. Adults in Columbiana County are more likely than average to rate their health status as fair or poor, compared to the state.

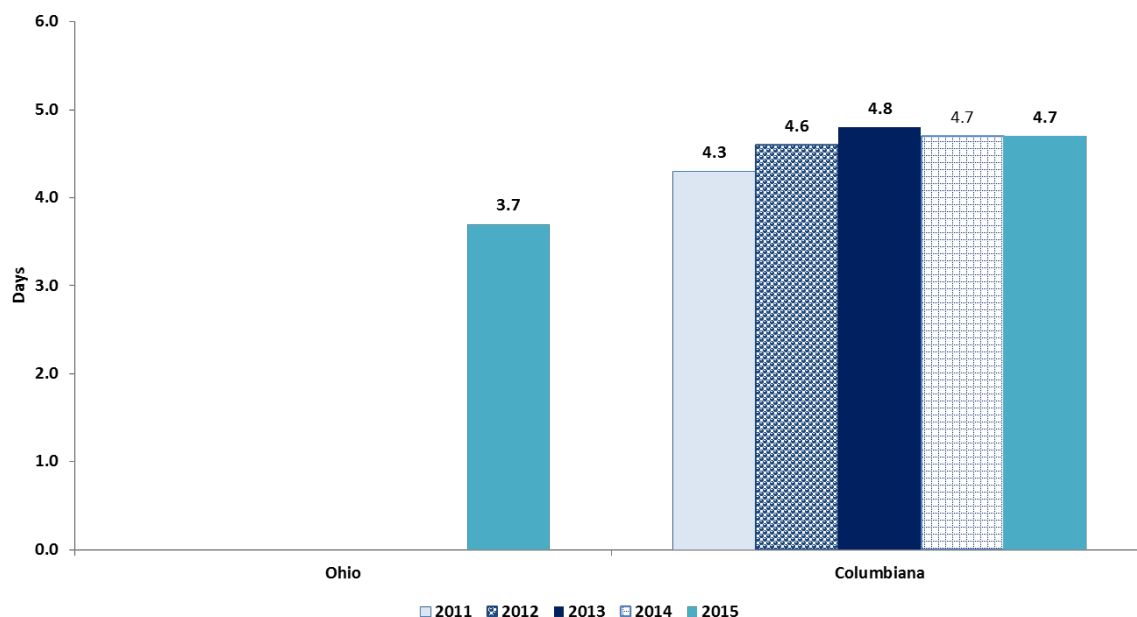
**Figure 13. Adults Who Reported Health as Fair or Poor**



Source: Healthy Communities Institute, County Health Rankings

**Figure 14** displays the percentage of adults who reported the average number of days adults report poor physical health in Ohio and Columbiana County for the years 2011 through 2015, where data is available. The average number of days that adults reported poor physical health was higher in Columbiana County (4.7) when compared to the state (3.7).

**Figure 14. Average Number of Days Adults Report Poor Physical Health**

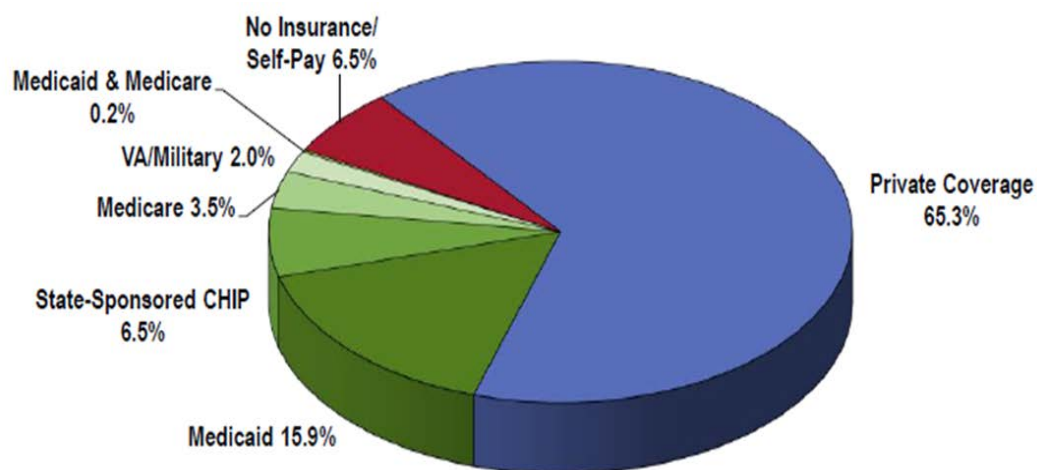


Source: Healthy Communities Institute, County Health Rankings

### PRC National Child & Adolescent Health Survey, 2014

**Figure 15.** shows that according to the PRC 2014 National Child & Adolescent Health Survey, 6.5% of the children in the United States either have no insurance or are self-pay.

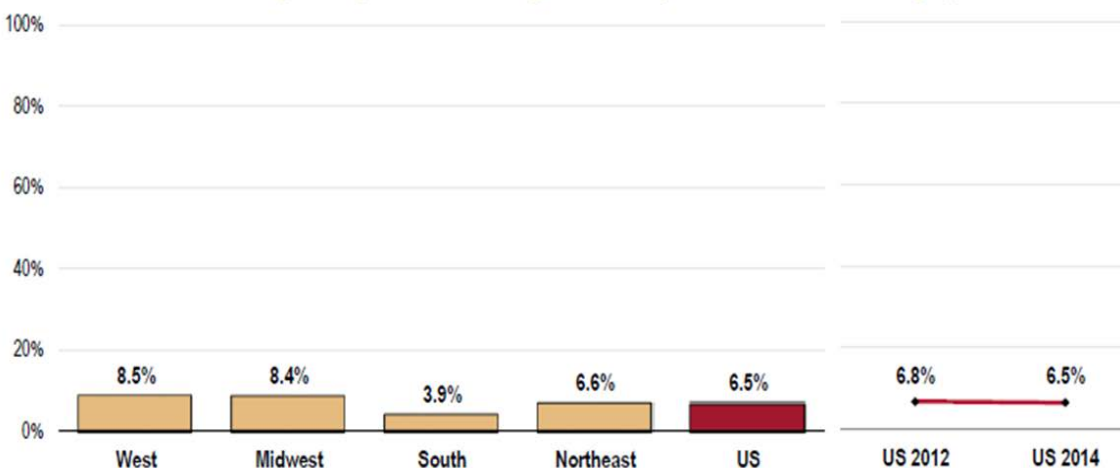
**Figure 15. PRC Survey – Healthcare Insurance Coverage for Child**



Source: PRC National Child & Adolescent Health Survey, 2014

According to the PRC 2014 National Child & Adolescent Health Survey, almost one-tenth (8.4%) of children lack health insurance in the Midwest, which higher than United States (6.5%) as seen in **Figure 16**. All regions and nation are above the Healthy People 2020 Goal of 100% insured.

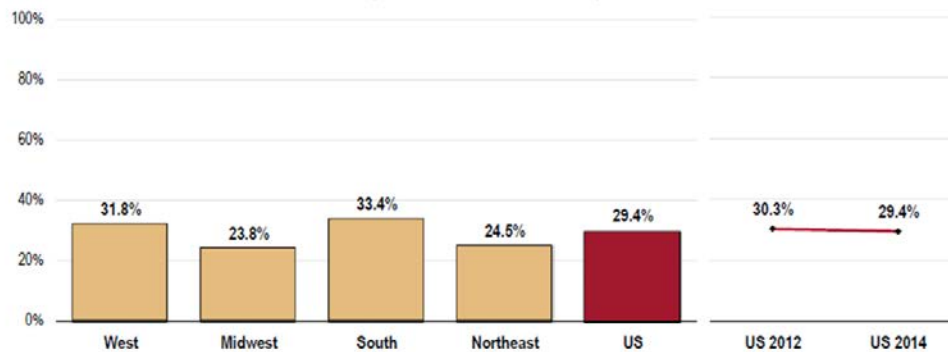
**Figure 16. PRC Survey – Lack of Healthcare Insurance Coverage for Child**  
**Healthy People 2020 Target = 0% (Universal Coverage)**



Source: PRC National Child & Adolescent Health Survey, 2014, U.S. Department of Health and Human Services, Healthy People 2010

According to the PRC 2014 National Child & Adolescent Health Survey, about one in four children (23.8%) in the Midwest Region experienced a barrier or delay in accessing the care they needed, which is lower than the United States (29.4%) as seen in **Figure 17**.

**Figure 17. PRC Survey– Experienced Difficulties or Delays in Receiving Child’s Needed Healthcare in the Past Year (United States, 2014)**



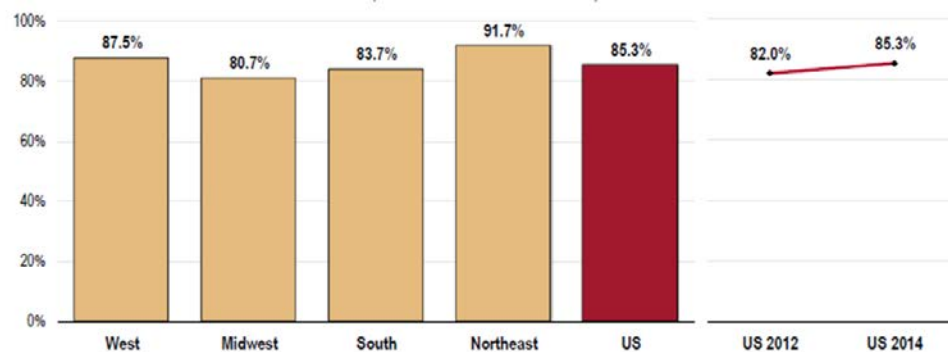
Sources: • PRC National Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 176]  
Notes: • Asked of all respondents about a randomly selected child in the household.  
• Represents the percentage of respondents experiencing one or more barriers to accessing their child's healthcare in the past 12 months.

Source: PRC National Child & Adolescent Health Survey, 2014



**Figure 18** shows that according to the PRC 2014 National Child & Adolescent Health Survey, 80.7% of children in the Midwest Region had a routine physician visit in the past year, which is lower when compared to the United States (85.3%).

**Figure 18. PRC Survey – Child Visited a Physician for a Routine Checkup in the Past Year (United States, 2014)**

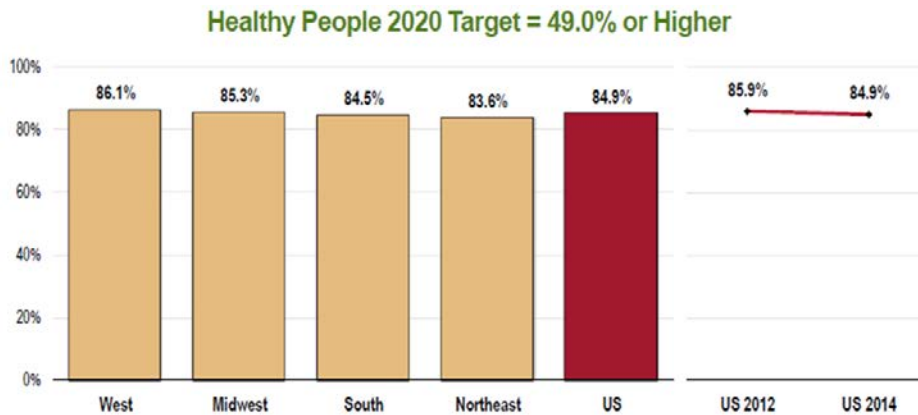


Sources: • PRC National Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 29]  
Notes: • Asked of all respondents about a randomly selected child in the household.

Source: PRC National Child & Adolescent Health Survey, 2014

The PRC 2014 National Child & Adolescent Health Survey found that 85.3% of children in the Midwest Region had an annual routine dental check-up, which is slightly higher than the United States (84.9%) as shown in **Figure 19**. The Midwest Region is above the Healthy People 2020 Goal of 49.0%.

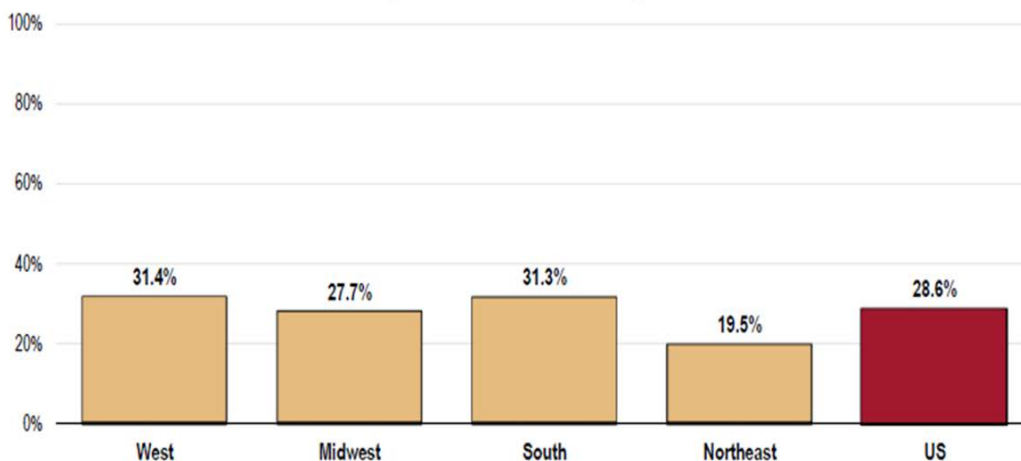
**Figure 19. PRC Survey – Child Visited a Dentist or Dental Clinic within the Past Year**



Source: PRC National Child & Adolescent Health Survey, 2014, U.S. Department of Health and Human Services, Healthy People 2020

**Figure 20** shows the Midwest Region (27.7%) had slightly fewer children accessing healthcare through an urgent care center when compared to the other regions and the United States (28.6%).

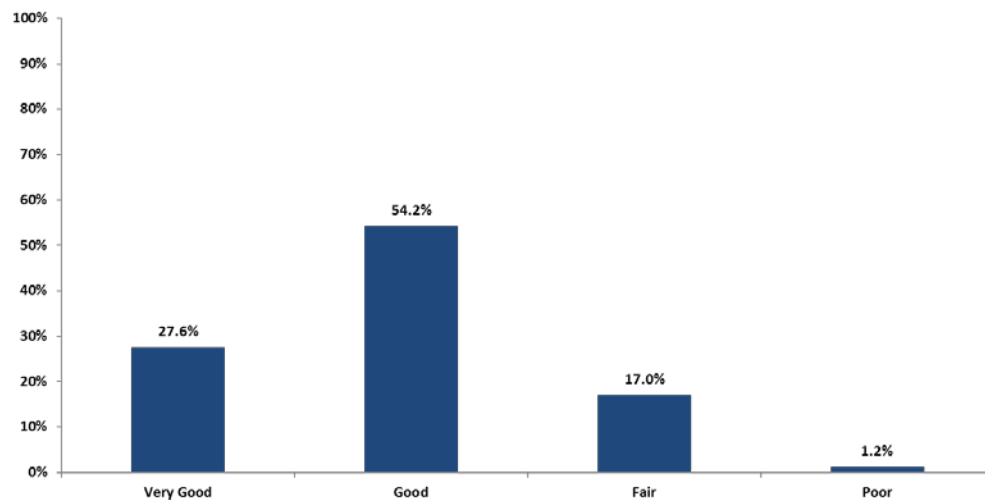
**Figure 20. PRC Survey– Child Used an Urgent Care Center, QuickCare Clinic, or Other Walk-in Clinic in the Past Year**



Source: PRC National Child & Adolescent Health Survey, 2014

**Figure 21** illustrates the percentage of 2016 Community Survey respondents who rated their current personal health status. Almost one-fifth (18.2%) of community survey respondents rated their personal health status as fair or poor.

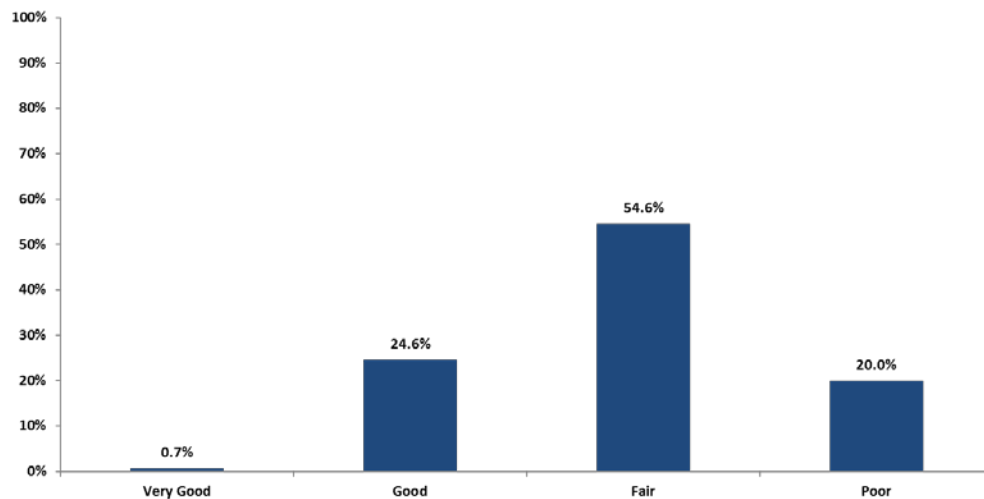
**Figure 21. 2016 Community Survey – Personal Health Status**



Source: Columbiana County CHNA Community Survey, 2016

**Figure 22** illustrates the percentage of 2016 Community Survey respondents who rated the current health status of their community. The majority of community survey (74.6%) rated the health status of the community as fair or poor.

**Figure 22. 2016 Community Survey – Current Community Health Status**



Source: Columbiana County CHNA Community Survey, 2016

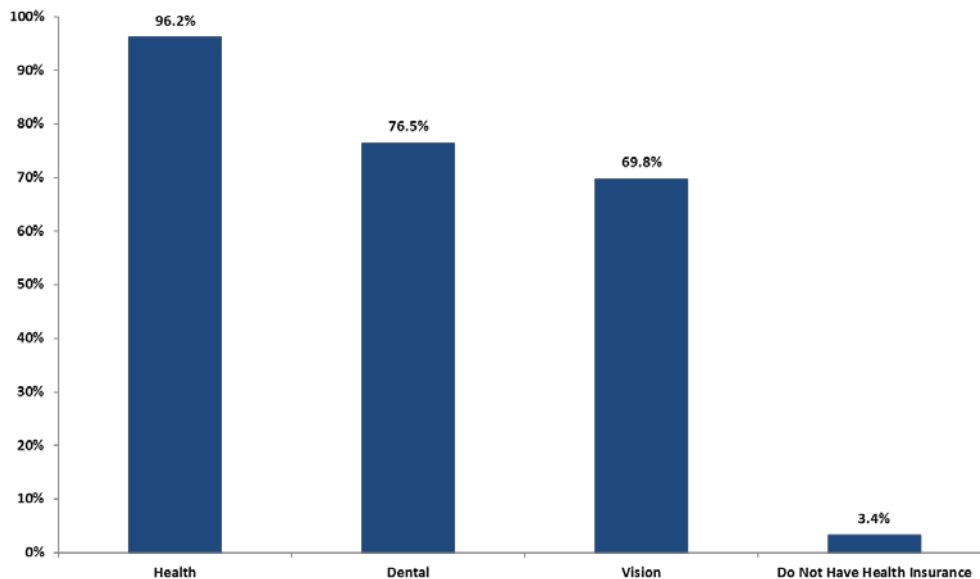
## **Focus Groups**

The Focus Group participants rated Community Health as follows:

- School nurses rated student health as ‘fair’ but noted that social and emotional needs are more pronounced than in the past when rating community health.
- Health status varies based on where someone lives in the community, based on results from focus group participants.
- Some families are unable to access services due to language barriers and undocumented status, according to the focus group.
- Focus group participants noted lack of reliable transportation, cost of healthcare and lack of resources to access providers, particularly to specialists outside of the county as factors impacting the health of the community.

**Figure 23** illustrates what types of insurance the 2016 Community Survey respondents have throughout Columbiana County. The majority of Community Survey respondents had health insurance (96.2%), three-quarters had dental (76.5%), and a little over two-thirds (69.8%) reported having vision insurance. 3.4% of respondents reported having no health insurance.

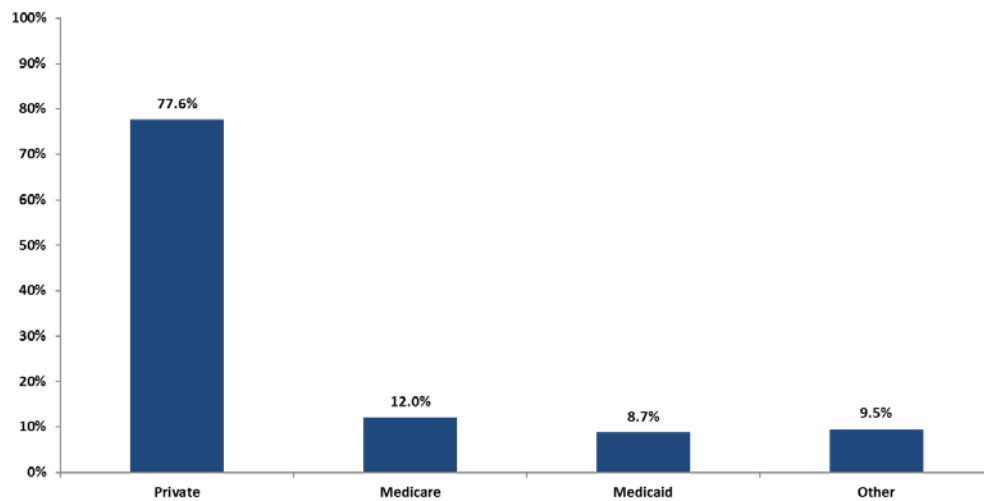
**Figure 23. 2016 Community Survey – Type of Insurance**



Source: Columbiana County CHNA Community Survey, 2016

**Figure 24** illustrates the insurance providers 2016 Community Survey respondents have. Most respondents had a private insurance provider (77.6%). A little over one-tenth (12.0%) had Medicare and a little less than one-tenth (8.7%) had Medicaid.

**Figure 24. 2016 Community Survey – Insurance Provider**

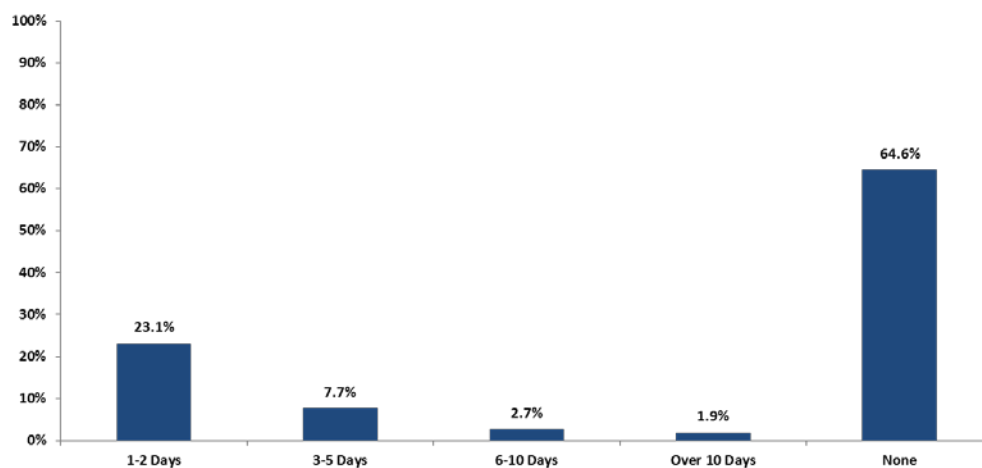


Source: Columbiana County CHNA Community Survey, 2016



**Figure 25** illustrates the number of days that the 2016 Community Survey Respondents were too sick physically or emotionally to work or carry on usual activities in the past 30 days. A little over one-fifth (23.1%) responded that they had one to two days where they were too sick physically or emotionally to work or carry on usual activities. Almost two-thirds (64.6%) reported having none.

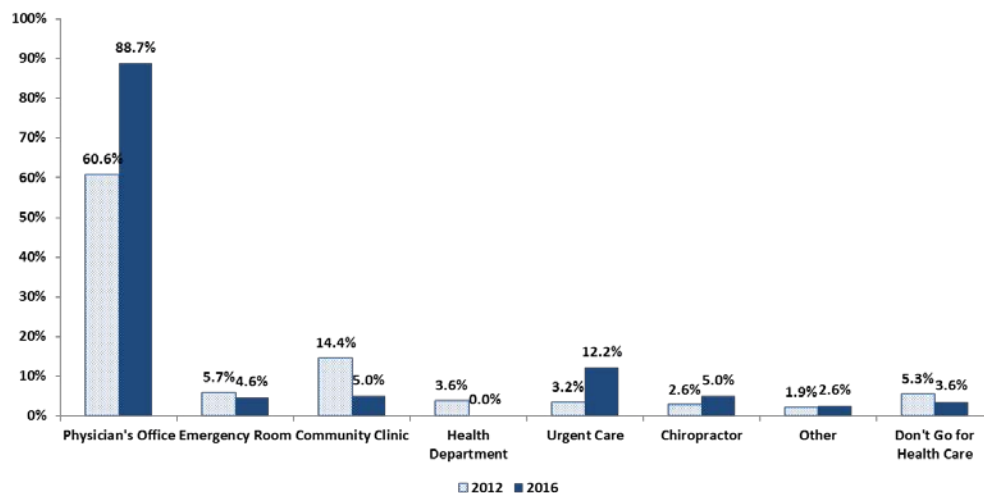
**Figure 25. 2016 Community Survey – Number of Days too Sick Physically or Emotionally to Work or Carry on Usual Activities, Past 30 Days**



Source: Columbiana County CHNA Community Survey, 2016

**Figure 26** illustrates where 2016 Community Survey respondents go for routine healthcare. The majority (88.7%) of community survey respondents said that they go to the Physician's office for routine healthcare, compared to 60.6% in 2012. Fewer people are going to the emergency room or community clinic in 2016 than they were in 2012.

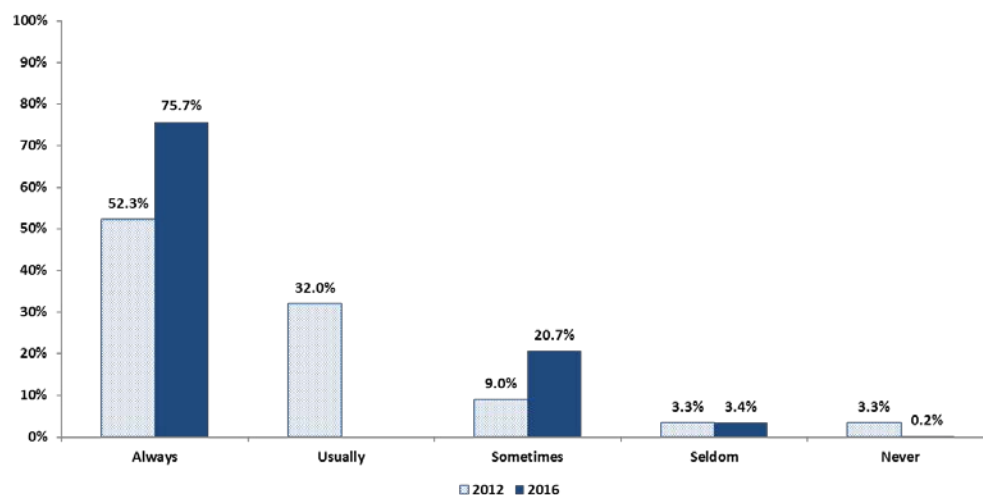
**Figure 26. 2016 Community Survey – Where Respondents Go for Routine Healthcare**



Source: Columbiana County CHNA Community Survey, 2016

**Figure 27** illustrates the percentage of 2016 Community Survey respondents who said that they always are able to visit the doctor when needed. The majority of respondents (75.7%) said that they always are able to visit the doctor when needed, almost a quarter higher than the respondents in 2012 (52.3%).

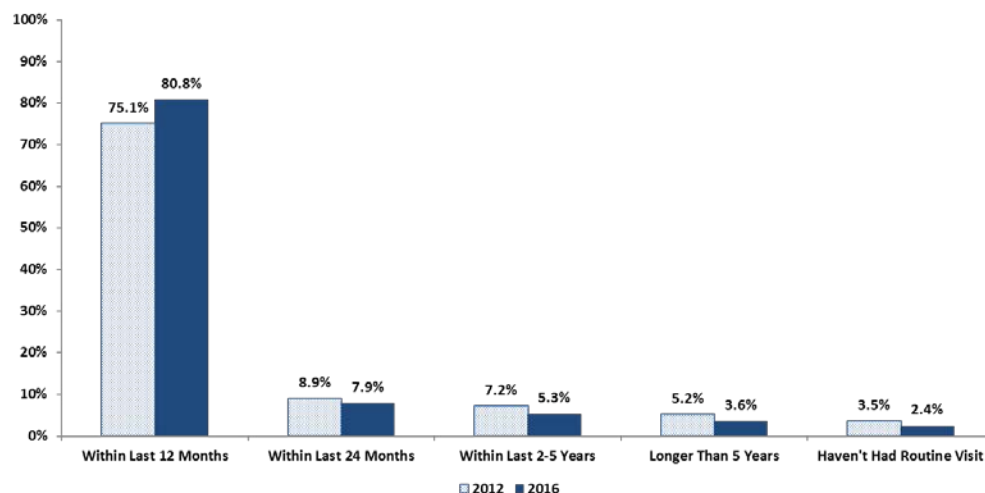
**Figure 27. 2016 Community Survey – Respondents Able to Visit Doctor When Needed**



Source: Columbiana County CHNA Community Survey, 2016

**Figure 28** illustrates the length of time it had been since 2016 Community Survey respondents were able to visit the doctor. The majority of individuals (80.8%) had seen the doctor for a routine visit within the last 12 months.

**Figure 28. 2016 Community Survey – Length of Time since Last Routine Doctor's Visit**



Source: Columbiana County CHNA Community Survey, 2016

**Table 1** illustrates the cities from which 2016 Community Survey respondents were going to for their regular check-ups. The cities which respondents went to most often included East Liverpool (34.5%), Columbiana (17.1%) and Salem (16.9%).

**Table 1. 2016 Community Survey –City in which Respondents went to for Regular Checkups**

City for Regular Checkup	Number	Percent	City for Regular Checkup	Number	Percent
Alliance	3	0.7%	Hanoverton	7	1.7%
Austintown	2	0.5%	Lebanon, PA	1	0.2%
Beaver, PA	1	0.2%	Lisbon	21	5.2%
Boardman	12	3.0%	Louisville	3	0.7%
Calcutta	24	6.0%	Minerva	2	0.5%
Canfield	7	1.7%	New Middletown	1	0.2%
Canton	4	1.0%	North Lima	1	0.2%
Chester, WV	1	0.2%	Poland	13	3.2%
Cleveland	1	0.2%	Salem	68	16.9%
Columbiana	69	17.1%	Salineville	2	0.5%
Damascus	2	0.5%	Warren	1	0.2%
Dayton	1	0.2%	Wellsville	4	1.0%
East Liverpool	139	34.5%	Wintersville	1	0.2%
East Palestine	5	1.2%	Youngstown	7	1.7%

Source: Columbiana County CHNA Community Survey, 2016

**Table 2** illustrates the cities from which 2016 Community Survey respondents were going to for specialty care. These most often included Boardman (19.0%), Salem (18.6%), and East Liverpool (17.6%).

**Table 2. 2016 Community Survey – The City Which Respondents Went To For Specialty Care**

City for Specialty Care	Number	Percent	City for Specialty Care	Number	Percent
Akron	5	2.4%	Lisbon	2	1.0%
Aliquippa	1	0.5%	Monaca, PA	1	0.5%
Alliance	2	1.0%	Pittsburgh	12	5.7%
Beaver, PA	13	6.2%	Poland	4	1.9%
Beloit	6	2.9%	Salem	39	18.6%
Boardman	40	19.0%	Sewickley, PA	1	0.5%
Calcutta	3	1.4%	Solon	1	0.5%
Canfield	5	2.4%	Steubenville	2	1.0%
Canton	7	3.3%	Warren	1	0.5%
Chippewa	1	0.5%	Weirton	4	1.9%
Cleveland	13	6.2%	Wellsville	1	0.5%
Cuyahoga Falls	1	0.5%	Wintersville	1	0.5%
East Liverpool	37	17.6%	Youngstown	6	2.9%
Hanoverton	1	0.5%			

Source: Columbiana County CHNA Community Survey, 2016

**Table 3** shows the problems 2016 Community Survey respondents encountered when seeking medical or dental care. The most cited problems when seeking medical/dental care from respondents to the community survey were that healthcare is too expensive (34.5%), finding an office or clinic that is open when I'm not working (30.3%), and the ability to take of work when I/my family is sick without losing pay (25.0%)

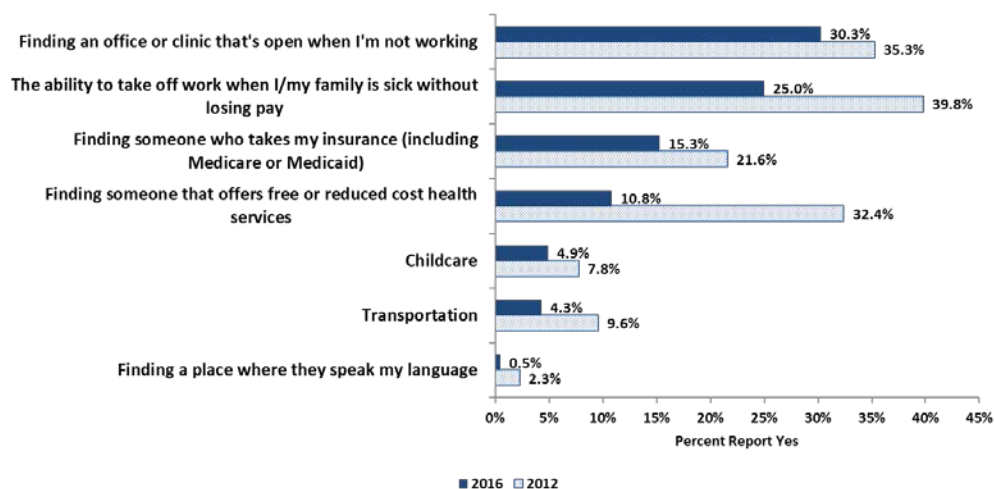
**Table 3. 2016 Community Survey – Problems When Seeking Medical/Dental Care**

Problems When Seeking Medical/Dental Care	Yes	No
Childcare	4.9%	95.1%
Transportation	4.3%	95.7%
Finding a place where they speak my language	0.5%	99.5%
Finding someone who takes my insurance (including Medicare or Medicaid)	15.3%	84.7%
Finding someone that offers free or reduced cost health services	10.8%	89.2%
Finding an office or clinic that's open when I'm not working	30.3%	69.7%
The ability to take off work when I/my family is sick without losing pay	25.0%	75.0%
No insurance	3.6%	96.4%
Health care is too expensive	34.5%	65.5%
Couldn't get an appointment	10.3%	89.7%
Other	6.8%	93.2%

Source: Columbiana County CHNA Community Survey, 2016

**Figure 29** shows the barriers 2016 Community Survey respondents encountered when seeking medical or dental care compared to their responses in 2012. All of the barriers saw a decrease in 2016 when compared to 2012, but finding an office or clinic that's open when respondents are not working and having the ability to take off work when the participant or their family is sick without losing pay were still the top two barriers to accessing medical/dental care.

**Figure 29. 2016 Community Survey – Barriers to Accessing Medical/Dental Care**

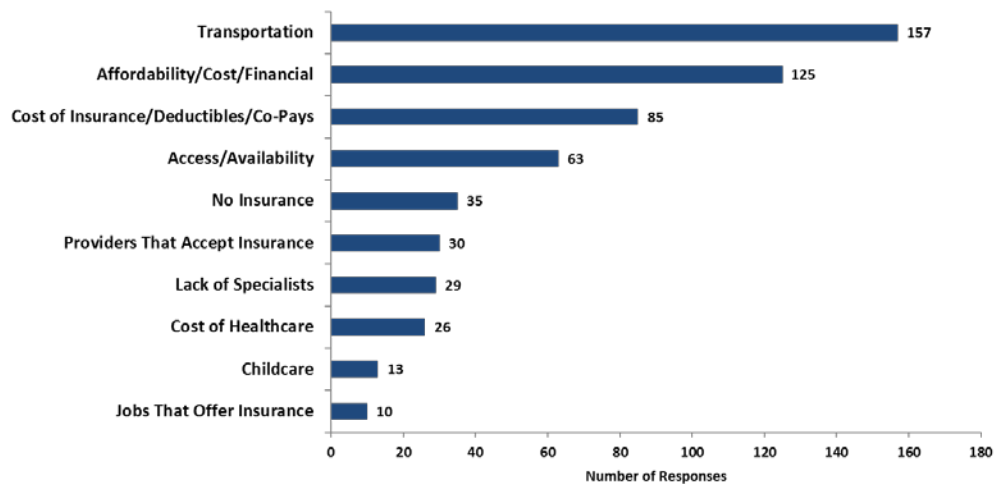


Source: Columbiana County CHNA Community Survey, 2016



**Figure 30** shows the top barriers 2016 Community Survey respondents encountered when accessing quality healthcare. Community Survey participants identified Transportation, Affordability/ Cost/Financial, and Cost of Insurance/Deductibles/Co-Pays as being the top barriers in regards to access to quality healthcare.

**Figure 30. 2016 Community Survey – Top Barriers When Accessing Quality Healthcare**



Source: Columbiana County CHNA Community Survey, 2016

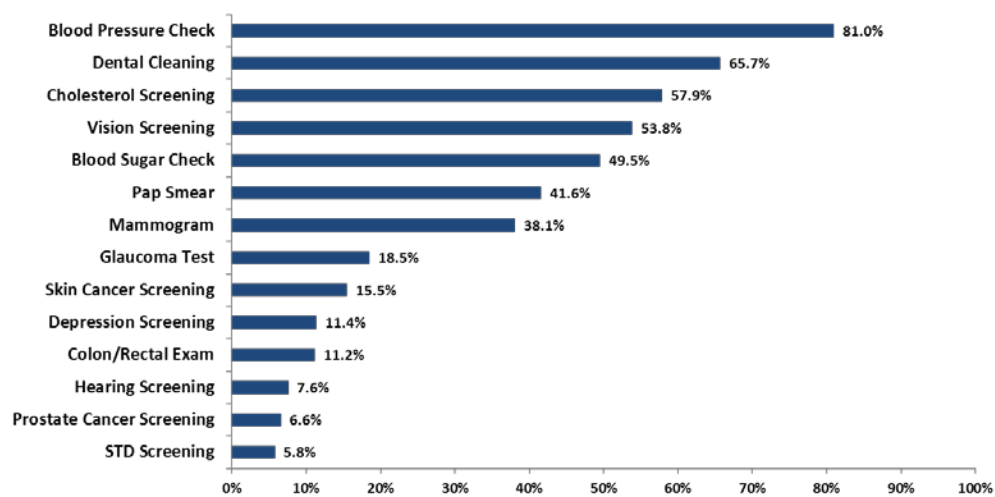
## **Focus Groups**

Focus Group participants identified the following barriers to healthcare:

- Lack of reliable transportation
- Lack of education on health issues
- Financial barriers for residents and service providers
- Increasing costs of medications
- High deductibles
- Health literacy
- Stigma when accessing services
- Lack of youth programs
- Lack of accountability/personal motivation

**Figure 31** illustrates the percentage of 2016 Community Survey respondents who have had preventative services in the past 12 months. Respondents to the community survey had received the following preventative services in the past 12 months: blood pressure check, dental cleaning cholesterol screening, vision screening, blood sugar check, pap smear, mammogram, glaucoma test, skin cancer screening, depression screening, colon/rectal exam, hearing screening, prostate cancer screening and STD screening.

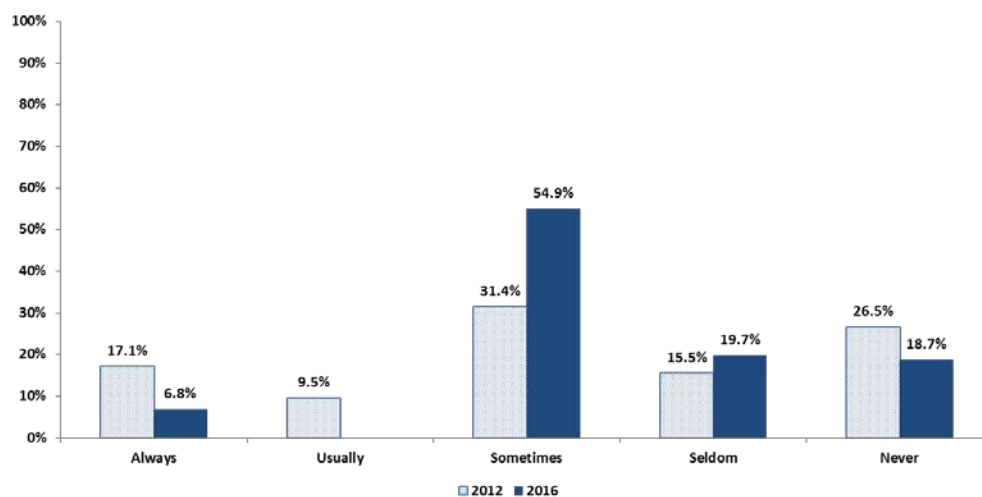
**Figure 31. 2016 Community Survey – Preventative Services, Past 12 Months**



Source: Columbiana County CHNA Community Survey, 2016

**Figure 32** illustrates the percentage of 2016 Community Survey respondents who have had to travel outside of Columbiana County for Health Service and compared responses to the 2012 survey. The number of respondents who always have to travel outside of Columbiana County decreased in 2016 (6.8%) from 2012 (17.1%), but the number of respondents who had to sometimes travel outside of Columbiana County for health services increased in 2016 (54.9%) from 2012 (31.4%).

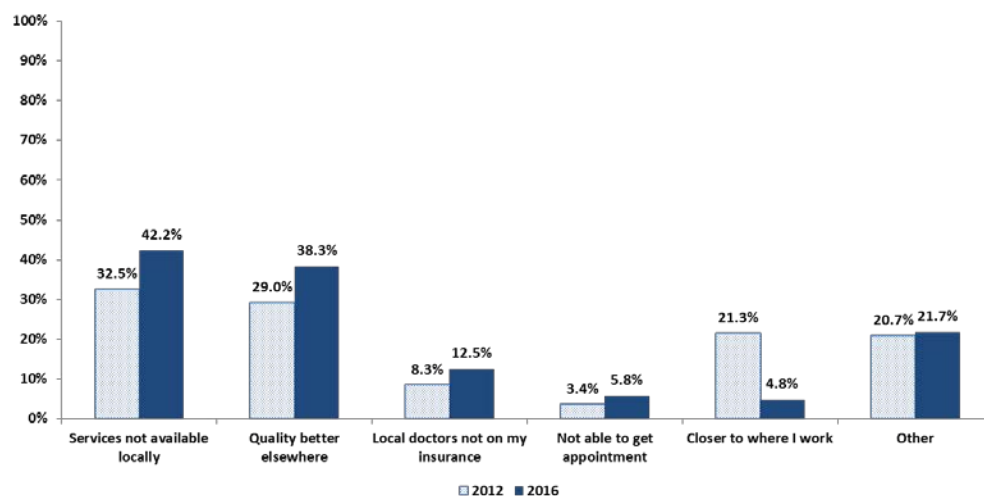
**Figure 32. 2016 Community Survey – Travel Outside of Columbiana County for Health Services**



Source: Columbiana County CHNA Community Survey, 2016

**Figure 33** illustrates the reasons why 2016 Community Survey respondents travel outside of Columbiana County for Health Services and compared these responses to the 2012 survey. During both years respondents listed services not available locally and that the quality is better elsewhere as their reasons for traveling outside of the county for health services. Both of these also increased in 2016 from 2012, with services not available locally increasing from 32.5% to 42.2% and quality better elsewhere increasing from 29.0% to 38.3%.

**Figure 33. 2016 Community Survey – Reasons Travel Outside of County for Health Services**



Source: Columbiana County CHNA Community Survey, 2016

**Table 4** illustrates the additional reasons why 2016 Community Survey respondents travel outside of Columbiana County for Healthcare. The top reasons included personal preference (33.3%), doctor referral (21.1%), and doctor out of town (21.1%).

**Table 4. 2016 Community Survey – Additional Reasons Travel Outside of County for Healthcare**

Reason Travel for Healthcare	Number	Percent
Doctor moved	3	5.3%
Doctor referral	12	21.1%
Doctor out of town	12	21.1%
Personal preference	19	33.3%
Service not available locally	8	14.0%
Accepts insurance	3	5.3%

Source: Columbiana County CHNA Community Survey, 2016

### **Stakeholder Interviews**

Stakeholder Interview participants listed the following as factors impacting the health of the community:

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

## Access to Quality Healthcare Conclusions

There are a number of observations and conclusions that can be derived from the data related to Access to Quality Healthcare. They include:

### From the Secondary Data:

- In 2015, more adults were uninsured in Columbiana County (14.5%) than the state (13.5%).
- Only 3.4% of children were uninsured in Columbiana County in 2012 which was less than the state (6.0%). In 2013, the percentage of uninsured children in Columbiana County rose to 9.2%.
- Adults in Columbiana County (20.1%) are more likely than average to rate their health status as fair or poor, compared to the state (15.3%).
- The average number of day that adults reported poor physical health was higher in Columbiana County when (4.7) compared to the state (3.7).
- According to the PRC National Child & Adolescent Health Survey, 6.5% of children have no insurance or are self-pay.
- The same study also found that almost one in ten (8.4%) children lack health insurance in the Midwest, which is higher than the United States (6.5%).
- According to the PRC National Child & Adolescent Health Survey, almost one in four children (23.8%) in the Midwest Region experienced a barrier or delay in accessing the care they needed, which is lower than the United States (29.4%).
- According to the PRC National Child & Adolescent Health Survey, 80.7% of children in the Midwest Region had a routine physician visit in the past year, which is lower when compared to the United States (85.3%).
- The study also found that 85.3% of children in the Midwest region had an annual routine dental check-up, which is slightly higher than the United States (84.9%).
- The Midwest region (27.7%) had slightly fewer children accessing healthcare through an urgent care center when compared to the other regions and the United States (28.6%).
- Almost one-fifth (18.2%) of community survey respondents rated their personal health status as fair or poor. The majority of community survey (74.6%) respondents rated the health status of the community as fair or poor.



**From the Focus Groups:**

- School nurses rated student health as ‘fair’ but noted that social and emotional needs are more pronounced than in the past when rating community health.
- Health status varies based on where someone lives in the community, based on results from focus group participants.
- Some families are unable to access services due to language barriers and undocumented status, according to the focus group.
- Focus group participants noted lack of reliable transportation, cost of healthcare and lack of resources to access providers, particularly to specialists outside of the county as factors impacting the health of the community.
- Focus Group participants also identified the following barriers to healthcare: lack of reliable transportation, lack of education on health issues, financial barriers for residents and service providers, increasing costs of medications, high deductible, health literacy, stigma when accessing services, lack of youth programs and lack of accountability/personal motivation.

**From the Community Survey:**

- The majority of Community Survey respondents had health insurance (96.2%), three-quarters had dental (76.5%), and a little over two-thirds (69.8%) reported having vision insurance. Only 3.4% of respondents reported having no health insurance.
- Most respondents had a private insurance provider (77.6%). A little over one-tenth (12.0%) had Medicare and a little less than one-tenth (8.7%) had Medicaid.
- A little over one-fifth (23.1%) responded that they had one to two days where they were too sick physically or emotionally to work or carry on usual activities. Almost two-thirds (64.6%) reported having none.
- In 2016, the majority (88.7%) of community survey respondents said that they go to the Physician’s office for routine healthcare, compared to 60.6% in 2012. Fewer people are going to the emergency room or community clinic in 2016 than they were in 2012.
- The majority of respondents (75.7%) said that they always are able to visit the doctor when needed, almost a quarter higher than the respondents in 2012 (52.3%).
- The majority of individuals (80.8%) had seen the doctor for a routine visit within the last 12 months.

- The cities from which people were going to get regular check-ups were East Liverpool (34.5%), Columbiana (17.1%), and Salem (16.9%).
- The cities from which people were going to get specialty care were Boardman (19.0%), Salem (18.6%), and East Liverpool (17.6%).
- The most cited problems when seeking medical/dental care from community survey respondents were that healthcare is too expensive (34.5%), finding an office or clinic that is open when I'm not working (30.3%), and the ability to take off work when I/my family is sick without losing pay (25.0%)
- Community Survey participants identified Transportation, Affordability/Cost/Financial, and Cost of Insurance/Deductibles/Co-Pays as being the top barriers regarding access to quality healthcare.
- All of the barriers saw a decrease in 2016 when compared to 2012. However, finding an office or clinic that's open when respondents are not working and having the ability to take off work when the participant or their family is sick without losing pay were still the top two barriers to accessing medical/dental care.
- Respondents to the community survey had received the following preventative services in the past 12 months: blood pressure check, dental cleaning cholesterol screening, vision screening, blood sugar check, pap smear, mammogram, glaucoma test, skin cancer screening, depression screening, colon/rectal exam, hearing screening, prostate cancer screening and STD screening.
- The number of respondents who always have to travel outside of Columbiana County decreased in 2016 (6.8%) from 2012 (17.1%), but the number of respondents who had to sometimes travel outside of Columbiana County for health services increased in 2016 (54.9%) from 2012 (31.4%).
- In both recent surveys, respondents listed services not available locally and that the quality is better elsewhere as their reasons for traveling outside of the county for health services. Both of these also increased in 2016 from 2012, with services not available locally increasing from 32.5% to 42.2% and quality better elsewhere increasing from 29.0% to 38.3%.
- The additional reasons why 2016 Community Survey respondents travel outside of Columbiana County for Healthcare included personal preference (33.3%), doctor referral (21.1%), and doctor out of town (21.1%).

**From the Stakeholder Interviews:**

- Stakeholder Interview participants listed the following as factors impacting the health of the community including the lack of

transportation/expense of transportation, that most health plans have very specific authorization criteria/people do not know where they can go for care, the lack of available information, language barriers, people can't afford insurance/healthcare, the lack of resources, the lack of public education and the wait being too long for services.



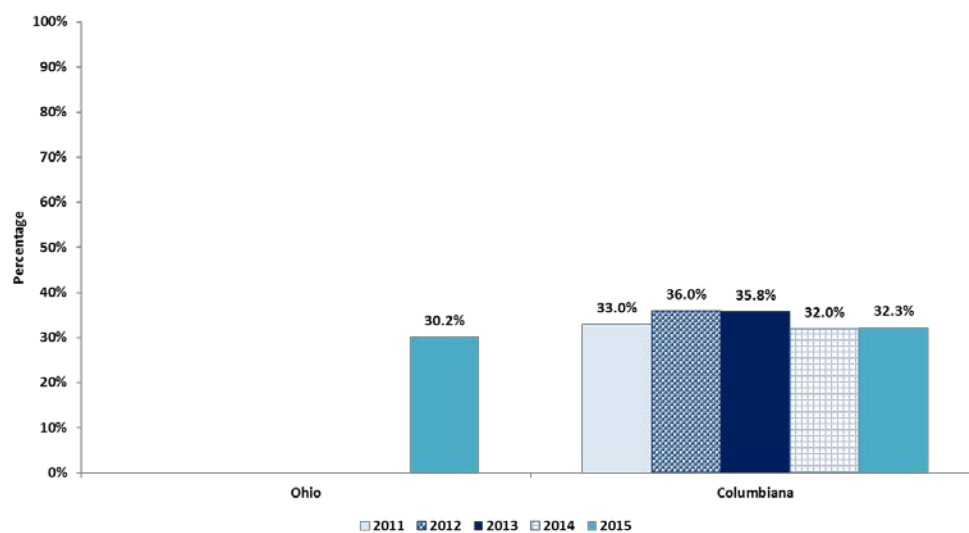
### **Supplemental Data Resource by Topic Area: Chronic Disease**

Conditions that are long-lasting, relapse, have remission and continued persistence are categorized as chronic diseases. The issues of obesity, hypertension/high blood pressure, high cholesterol and a high cancer rate were identified as major concerns in the focus groups and participants commented that it is the root of many other health problems.

## Obesity

**Figure 34** illustrates the percentage of obese adults in Ohio and Columbiana County for 2011 through 2015, where data is available. Adult obesity in Columbiana County decreased from 35.8% in 2013, but has remained steady over the past two years around 32.0%. When compared to the state in 2015 (30.2%), a slightly higher percentage of adults in the county (32.3%) were considered obese.

**Figure 34. Adult Obesity (BMI 30-99)**

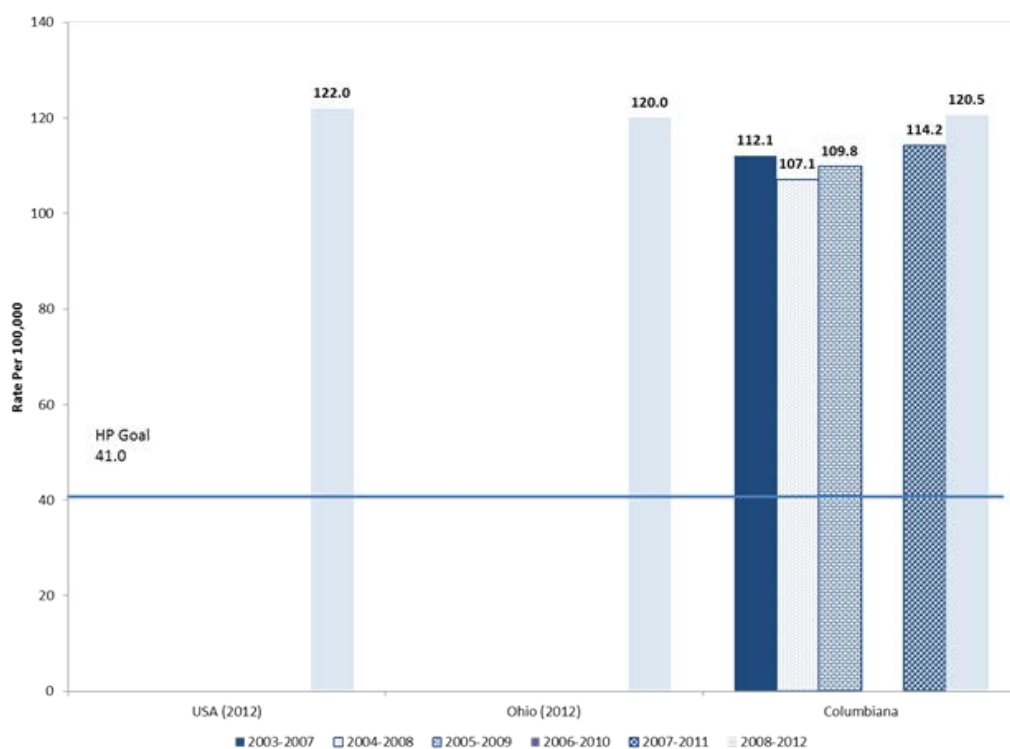


Source: Healthy Communities Institute, County Health Rankings

## Cancer

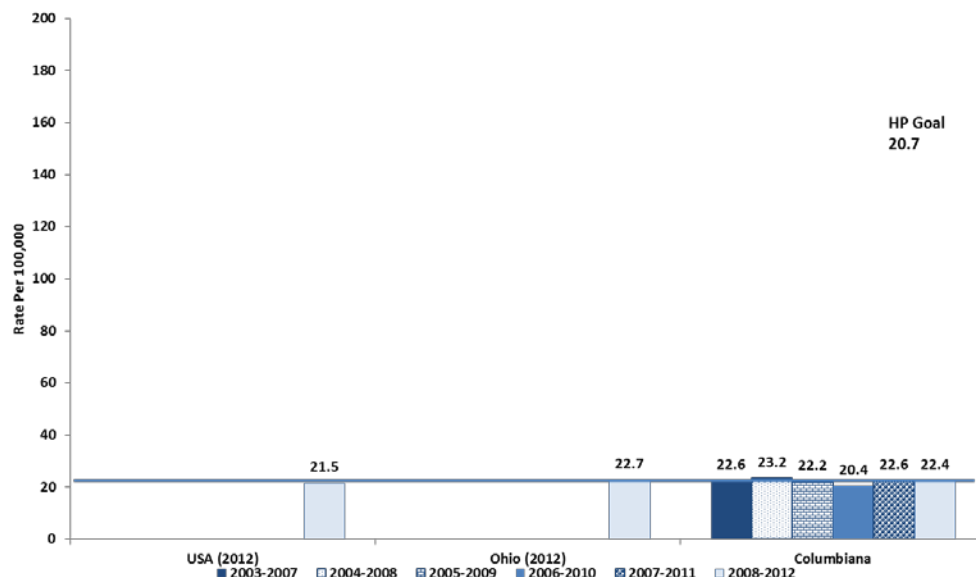
**Figure 35** illustrates the Breast Cancer Incidence rates for Columbiana County, Ohio and the US. The Columbiana County rate has been increasing over the past 5 periods since 2003. For the years 2008-2012, the Columbiana County rate (120.5) is slightly higher than the state rate (120.0) and the US (122.2). All rates are above the Healthy People 2020 goal of 41.0.

**Figure 35. Breast Cancer Incidence Rates**



**Figure 36** illustrates the breast cancer mortality rate for the United States and Ohio for 2012, and Columbiana County for the years 2003-2007 through 2008-2012. The breast cancer mortality rate has fluctuated over the past several years and between the years 2008-2012 (22.4) was comparable to the state (22.7) and slightly higher than the nation (21.5). The county, state and nation all fall just short of the Healthy People 2020 goal of 20.7.

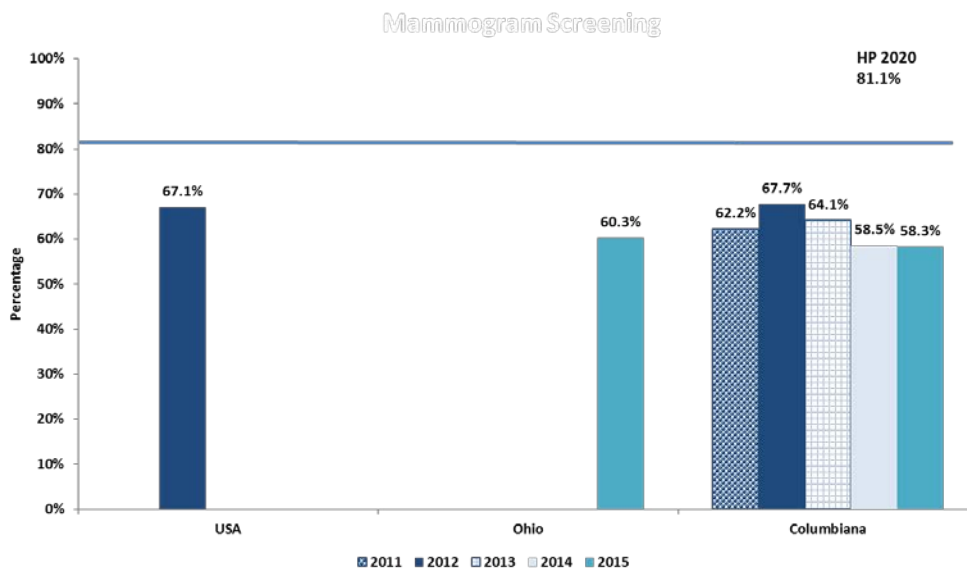
**Figure 36. Breast Cancer Mortality**



Source: Healthy Communities Institute, OH Department of Health, National Cancer Institute, Healthy People 2020

**Figure 37** illustrates the percentage of women having a mammogram in the United States, Ohio and Columbiana County for the years 2011 through 2015, where data is available. Mammogram screening rates in 2015 are lower in Columbiana County (58.3%) than the rest of the state (60.3%), and fall short of the Healthy People Goal 2020 goal of 81.1%. They have been declining for the last three years as well.

**Figure 37. Mammogram Screening**

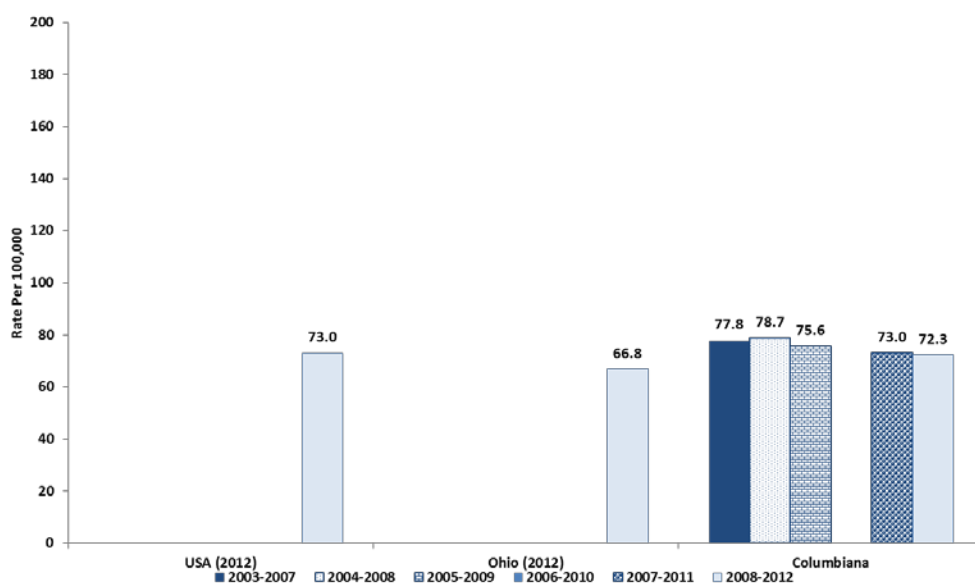


Source: Healthy Communities Institute, County Health Rankings,  
Healthy People 2020



**Figure 38** illustrates the bronchus and lung cancer incidence rates for the United States and Ohio in 2012, and Columbiana County for the years 2003-2007 through 2008-2012, where data is available. The bronchus and lung cancer incidence rate has been steadily decreasing in the county since 2004-2008. When compared to the state for the time period of 2008-2012, the county rate (72.3) was higher than the state in 2012 (66.8) and just below the nation (73.0) for the same year.

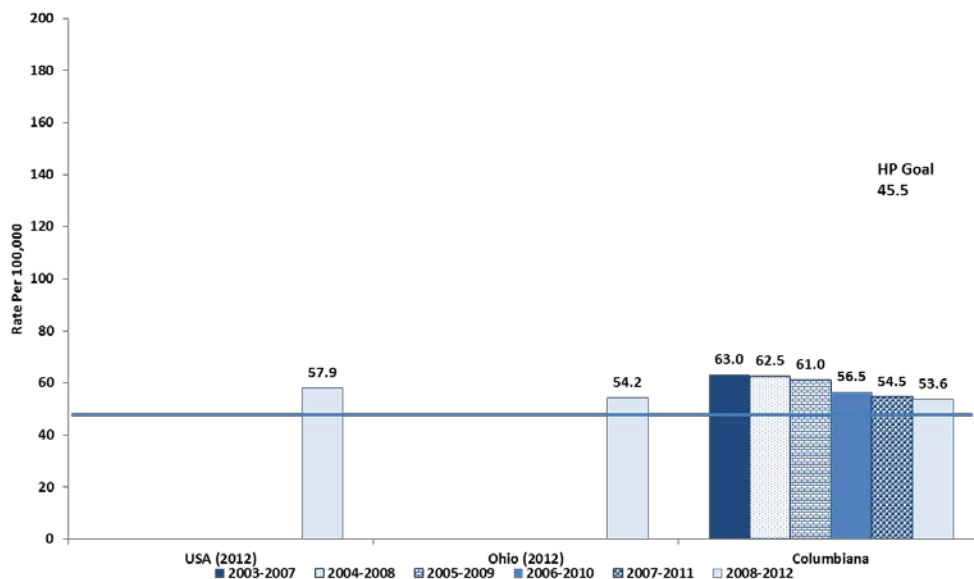
**Figure 38. Bronchus and Lung Cancer Incidence Rates**



Source: Healthy Communities Institute, OH Department of Health, National Cancer Institute

**Figure 39** illustrates the bronchus and lung cancer mortality rates for the United States and Ohio in 2012, and Columbiana County for the years 2003-2007 through 2008-2012. The bronchus and lung cancer mortality rate has been decreasing since 2003-2007. During 2008-2012, the rate for the county (53.6) was lower than the state (54.2) and nation (57.9). All of the rates fall above the Health People 2020 Goal of 45.5.

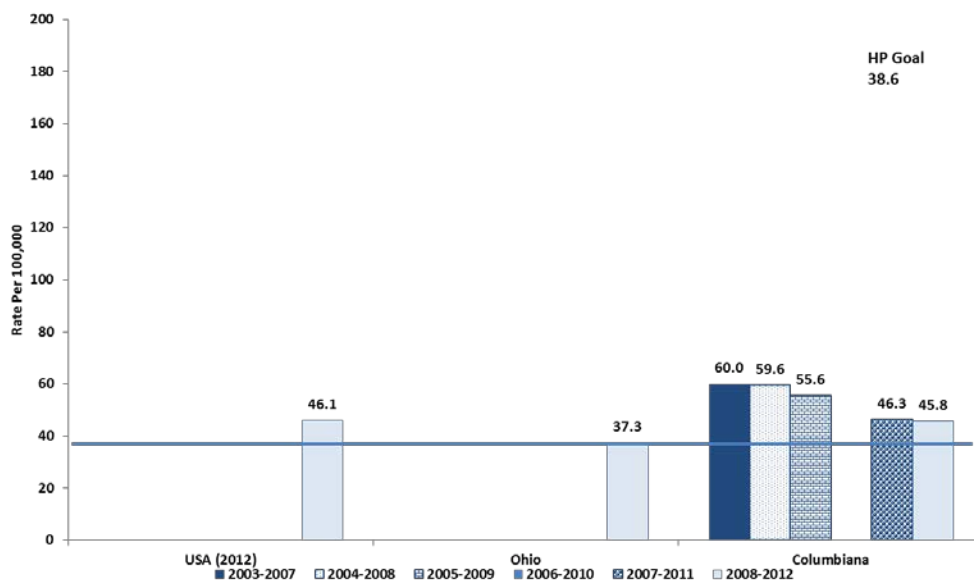
**Figure 39. Bronchus and Lung Cancer Mortality Rates**



Source: Healthy Communities Institute, OH Department of Health, National Cancer Institute, Healthy People 2020

**Figure 40** illustrates the colorectal cancer incidence rate for the United States for 2012, and Ohio and Columbiana County for the years 2003-2007 through 2008-2012, where data is available. The colorectal cancer incidence rate in the county has been decreasing since 2003-2007. For the most recent year (2008-2012) the rate in the county (45.8) was higher than the state (37.3) but lower than the nation (46.1). The county and nation exceed the Healthy People 2020 Goal (38.6), while the state meets the goal.

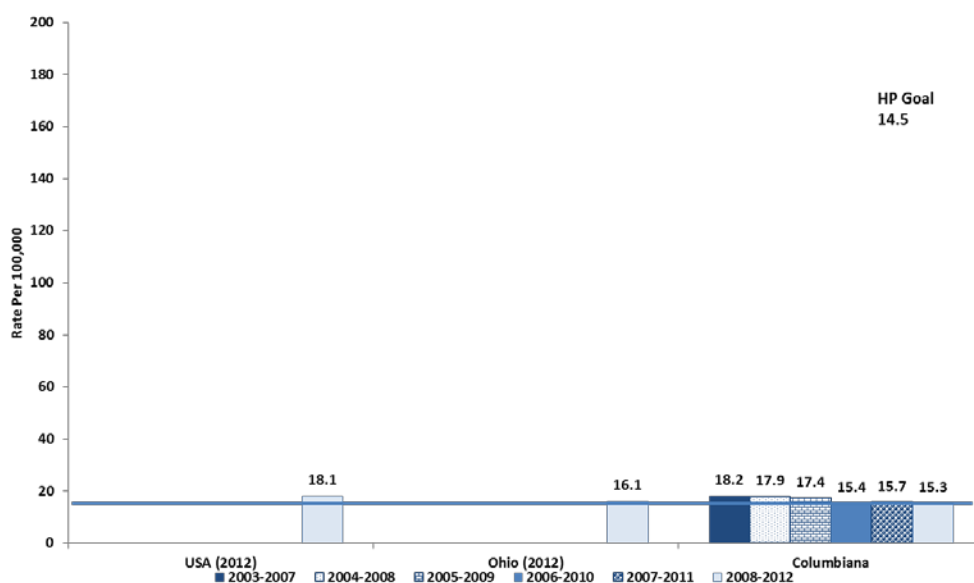
**Figure 40. Colorectal Cancer Incidence Rates**



Source: Healthy Communities Institute, OH Department of Health, National Cancer Institute, Healthy People 2020

**Figure 41** illustrates the colorectal cancer mortality rate for the United States and Ohio for 2012, and Columbiana County for the years 2003-2007 through 2008-2012. The colorectal cancer mortality rate for the county has fluctuated over the past several years, but did decrease slightly between 2007-2011 (15.7) and 2008-2012 (15.3). Between 2008-2012, the colorectal cancer mortality rate for the county (15.3) was lower than the state (16.1) and nation (18.1) but above the Healthy People 2020 Goal of 14.5.

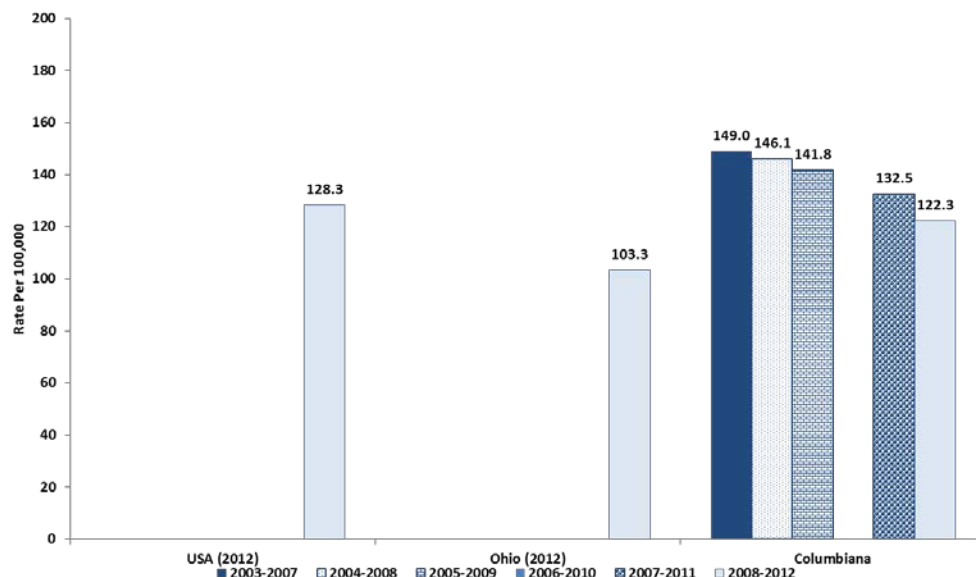
**Figure 41. Colorectal Cancer Mortality Rates**



Source: Healthy Communities Institute, OH Department of Health, National Cancer Institute, Healthy People 2020

**Figure 42** illustrates the prostate cancer incidence rate for the United States and Ohio for 2012, and Columbiana County for the years 2003-2007 through 2008-2012, where data is available. The prostate cancer incidence rate has been decreasing in the county since 2003-2007, with the most recent rate (2008-2012) for the county (122.3) higher when compared to the state (103.3), but lower when compared to the nation (128.3).

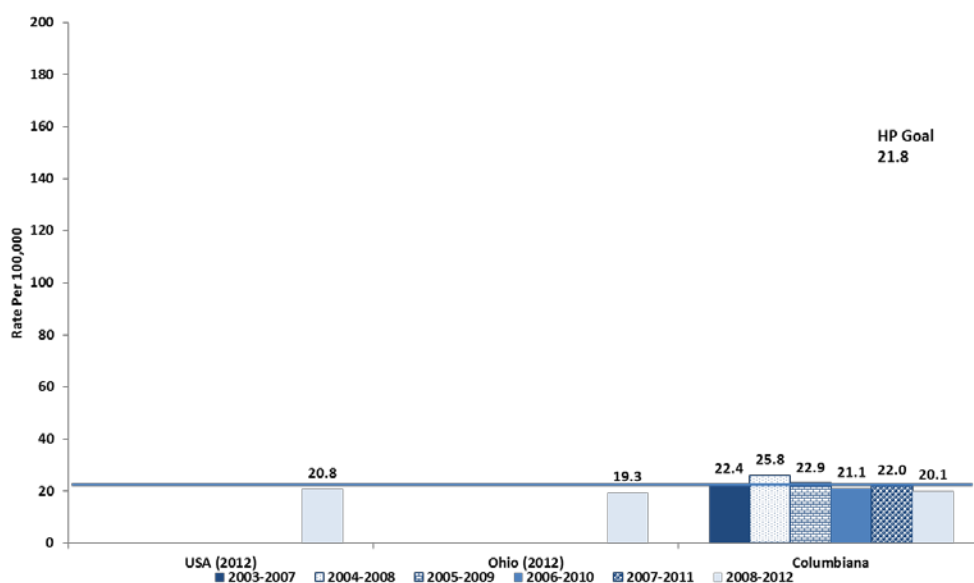
**Figure 42. Prostate Cancer Incidence Rates**



Source: Healthy Communities Institute, OH Department of Health, National Cancer Institute

**Figure 43** illustrates the prostate cancer mortality rate for the United States and Ohio for 2012, and Columbiana County for the years 2003-2007 through 2008-2012. Prostate Cancer mortality has fluctuated over the past several years, but did decrease between 2007-2011 (22.0) and 2008-2012 (20.1). The most recent rate (20.1) was slightly higher when compared to the state (19.3) and slightly lower than the nation (20.8). All of the rates fall just under the Healthy People 2020 Goal of 21.8.

**Figure 43. Prostate Cancer Mortality Rates**



Source: Healthy Communities Institute, OH Department of Health, National Cancer Institute, Healthy People 2020

2016 Columbiana County  
Community Health Needs Assessment Report Supplemental Data Resource  
Appendix B – Supplemental Data Resource by Topic Area

**Table 5** illustrates the results from the Columbiana County Health Department’s Cancer Detection Clinic for the years 2013 through 2015. Over the past three years there has been a decrease in the number of patients seen, as well as abnormal results from colorectal screenings, mammograms, pap tests and skin cancer screenings. While there has been a positive decrease in the number of PSA screenings, the number of abnormal results has increased.

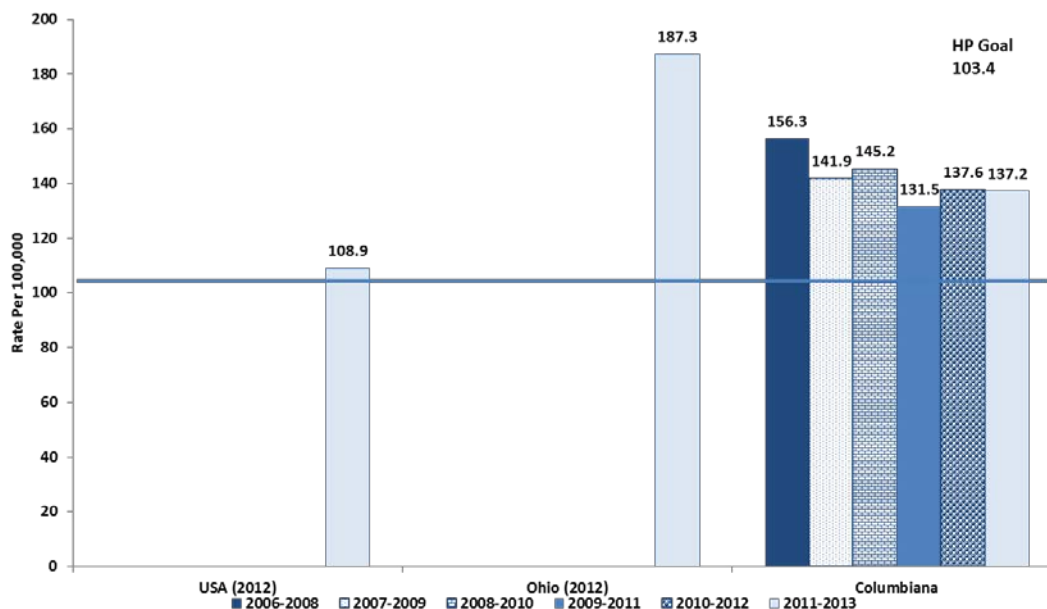
**Table 5. Columbiana County Health Department’s Cancer Detection Clinic**

	2013	2014	2015	3-Year Trend
TOTAL PATIENTS SEEN	734	499	395	↓
COLORECTAL SCREENINGS	208	137	103	↓
ABNORMAL RESULTS	15	11	2	↓
SCREENING MAMMOGRAMS	450	329	250	↓
ABNORMAL RESULTS	33	10	4	↓
PAP TESTS	272	156	62	↓
ABNORMAL RESULTS	10	1	4	↓
SKIN CANCER SCREENING	117	45	52	↓
ABNORMAL RESULTS	31	8	14	↓
PROSTATE SPECIFIC ANTIGEN SCREENING (PSA)	106	100	81	↓
ABNORMAL RESULTS	8	15	12	↑
ALL PATIENTS WITH ABNORMAL RESULTS WERE REFERRED FOR FOLLOW UP TO THEIR PRIMARY CARE AND/OR PHYSICIAN SPECIALIST. REFERRALS FOR FOLLOW UP ARE MADE AND PATIENTS ARE ASSISTED BY THE CLINIC RN, A PATIENT NAVIGATOR.				

Source: Columbiana County Health Department

**Figure 44** illustrates the coronary heart disease mortality rate for the United States and Ohio for 2012, and Columbiana County for the years 2006-2008 through 2011-2013, where data is available. The coronary heart disease mortality rate has fluctuated in the county, but has remained steady the past few years. In 2011-2013, the county rate (137.2) was lower compared to the state (187.3) and higher than the nation (108.9). All rates fall well above the Healthy People 2020 Goal of 103.4.

**Figure 44. Coronary Heart Disease Mortality Rates**

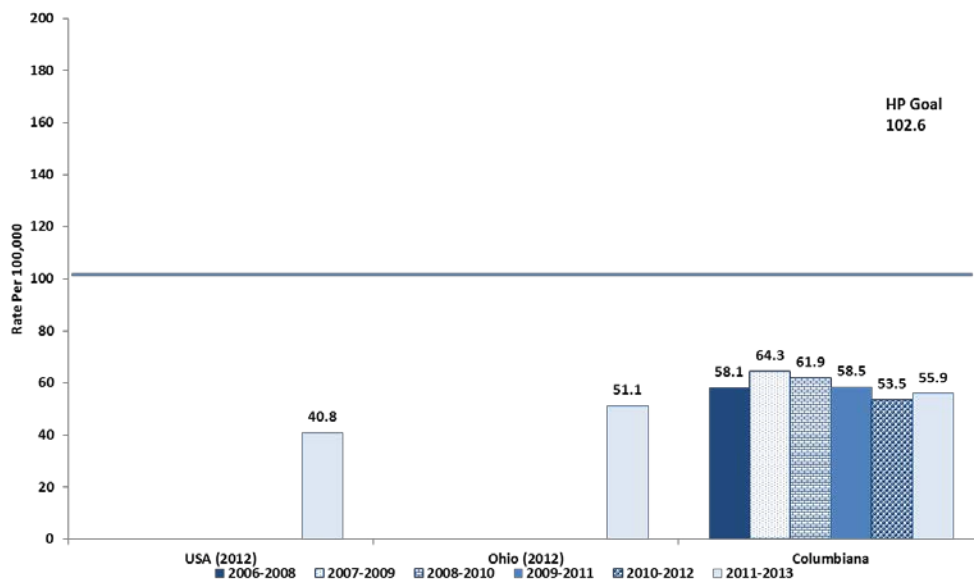


Source: Healthy Communities Institute, OH Department of Health, Healthy People 2020



**Figure 45** illustrates the Chronic Lower Respiratory Disease (COPD) mortality rate for the United States and Ohio for 2012, and Columbiana County for the years 2006-2008 through 2011-2013, where data is available. The COPD mortality rate had been decreasing in the county since 2007-2009, but increased slightly in recent years, 2010-2012 (53.5) compared to 55.9 in 2011-2013. The most recent rate (55.9) is higher when compared to both the state (51.1) and nation (40.8). All of the rates meet the Healthy People 2020 Goal of 102.6

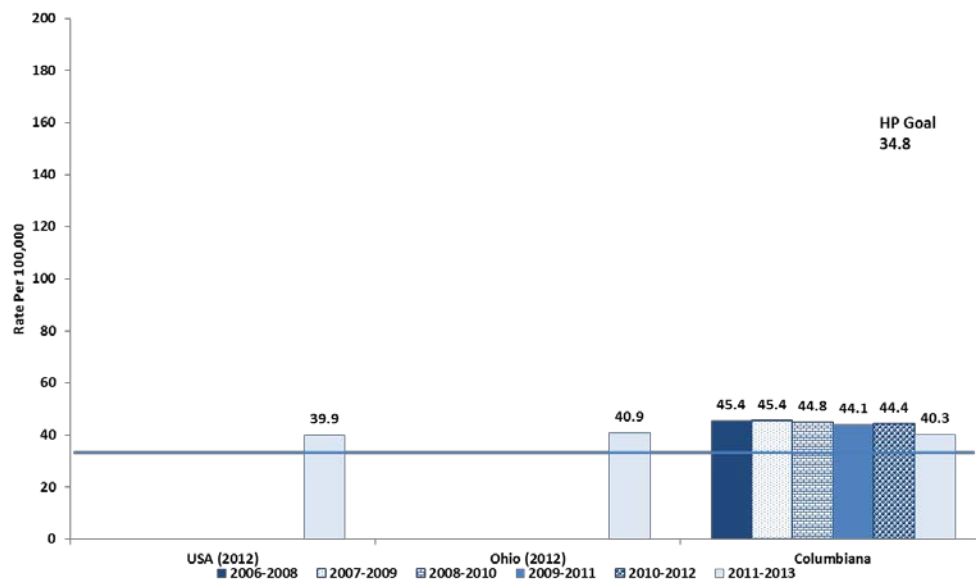
**Figure 45. Chronic Lower Respiratory Disease (COPD) Mortality Rates**



Source: Healthy Communities Institute, OH Department of Health, Healthy People 2020

**Figure 46** illustrates the cerebrovascular disease mortality rate for the United States and Ohio for 2012, and Columbiana County for the years 2006-2008 through 2011-2013. The cerebrovascular mortality rate has fluctuated over the past several years, but has decreased in the most recent years. The rate for 2011-2013 (40.3) is just below that of the state (40.9) but higher than the nation (39.9). All rates fall above the Healthy People Goal of 34.8.

**Figure 46. Cerebrovascular Disease Mortality Rates**

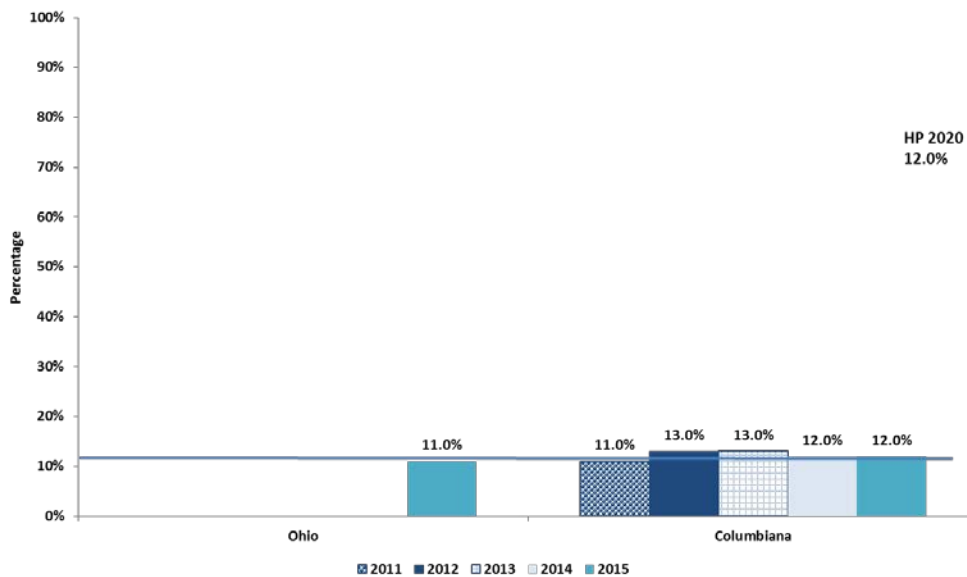


Source: Healthy Communities Institute, OH Department of Health, Healthy People 2020

## Diabetes

**Figure 47** illustrates the percentage of adults with diabetes in Ohio and Columbiana County for the years 2011 through 2015, where data is available. The percentage of adults with diabetes in Columbiana County decreased between 2014 and 2015, but in 2015 Columbiana County (12.0%) was higher than the state (11.0%). Columbiana County met the Healthy People 2020 goal of 12.0%.

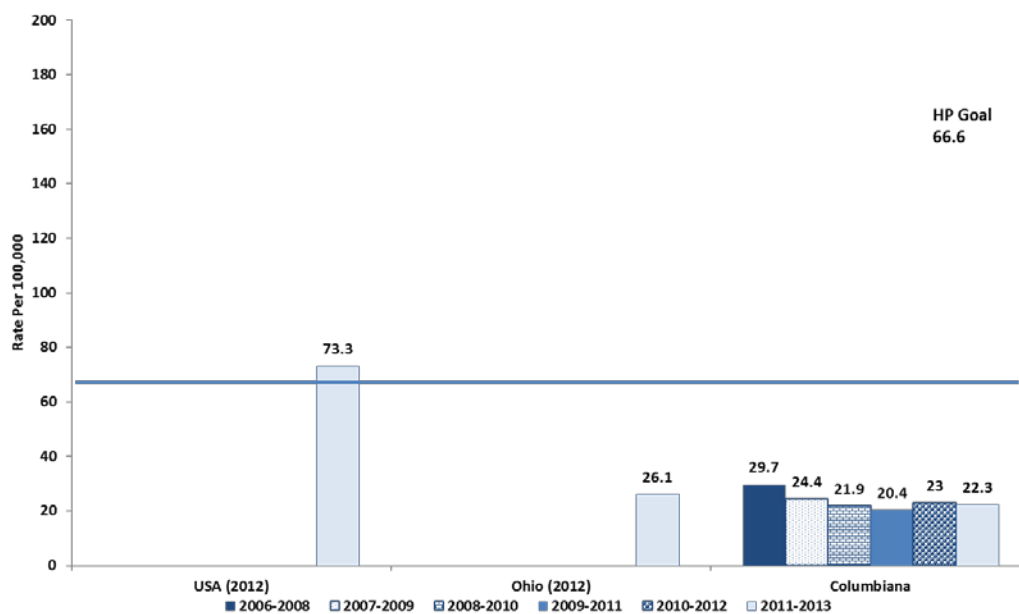
**Figure 47. Adults with Diabetes**



Source: PA Department of Health, Center for Disease Control,  
Healthy People 2020

**Figure 48** illustrates the diabetes mortality rate for the United States and Ohio for 2012, and Columbiana County for the years 2006-2008 through 2011-2013. The diabetes mortality rate has fluctuated over the past several years, with a slight decrease shown in most recent years. When compared to the state (26.1) in 2011-2013, the county rate (22.3) is lower. Both the county and state are below the nation (73.3) as well as meet the Healthy People 2020 Goal of 66.6.

**Figure 48. Diabetes Mortality Rates**

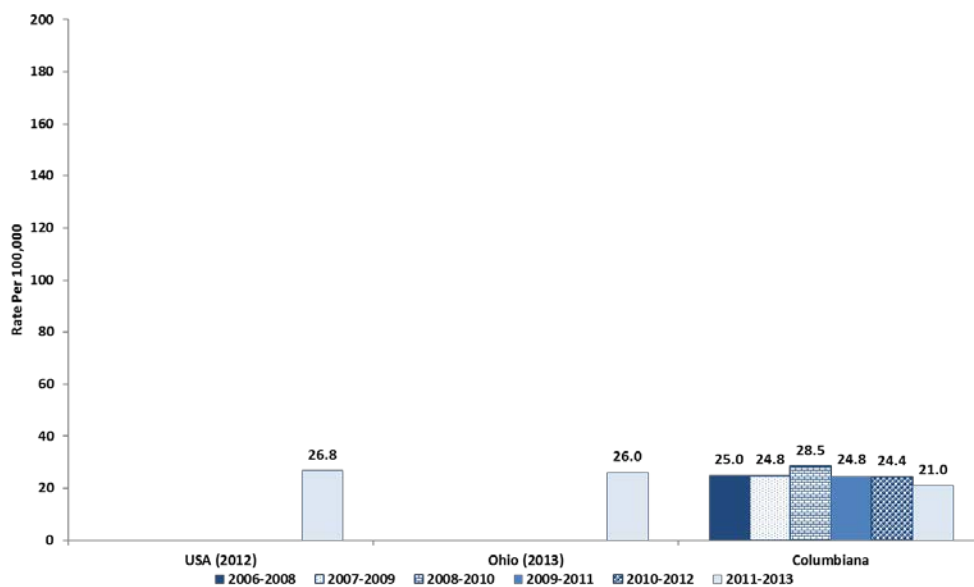


Source: Healthy Communities Institute, OH Department of Health,  
Healthy People 2020

## Alzheimer's Disease

**Figure 49** illustrates the Alzheimer mortality rate for the United States in 2012, Ohio for 2013, and Columbiana County for the years 2006-2008 through 2011-2013. The Alzheimer's disease mortality rate has fluctuated in the county, with a decrease in most recent years. For 2011-2013, the county rate (21.0) is lower than the state (26.0) and nation (26.8).

**Figure 49. Alzheimer's Disease Mortality Rates**

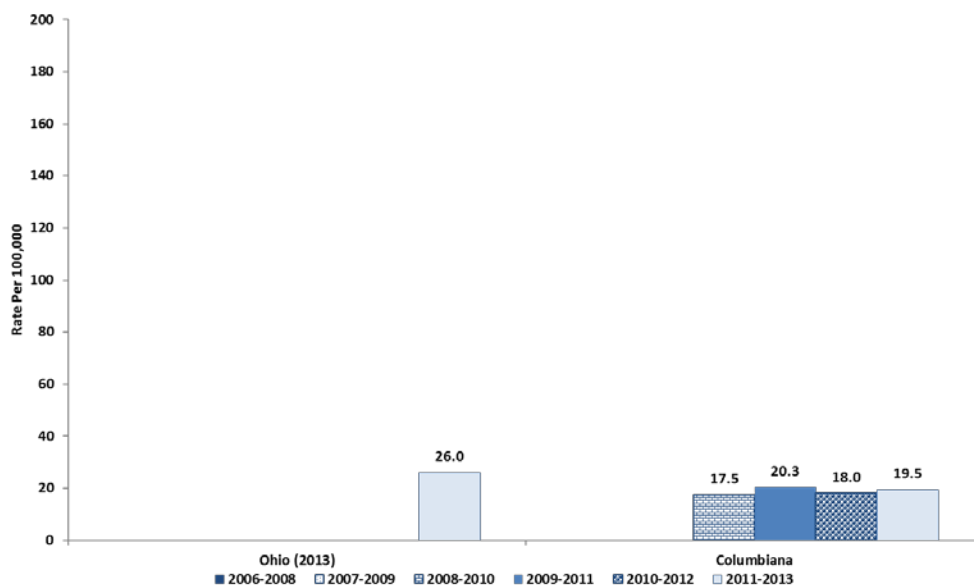


Source: Healthy Communities Institute, OH Department of Health

## Kidney Disease

**Figure 50** illustrates the Kidney disease mortality rate for Ohio in 2013 and Columbiana for the years 2006-2008 through 2011-2013, where data is available. The kidney disease mortality rate for the county has fluctuated over the past several years, with an increase in most recent years (18.0 in 2010-2012 to 19.5 in 2011-2013). The rate for 2011-2013 (19.5) is lower than the state (26.0).

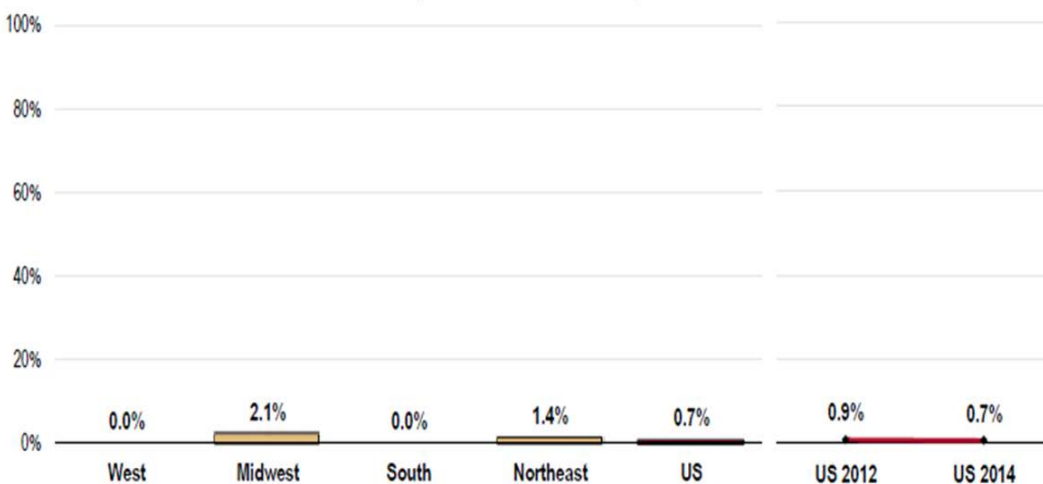
**Figure 50. Kidney Disease Mortality Rates**



Source: Healthy Communities Institute, OH Department of Health

**Figure 51** illustrates that according to the PRC National Child & Adolescent Health Survey, less than 1% of children have diabetes. For children living in the Midwest Region, 2.1% have diabetes.

**Figure 51. PRC Survey– Child Has Diabetes**



Source: PRC National Child & Adolescent Health Survey, 2014

## Focus Groups

Focus group participants identified a high incidence of cancer in some communities as a factor impacting the overall health of the county.

## Chronic Disease Conclusions

There are a number of observations and conclusions that can be derived from the data related to Chronic Disease. They include:

### From the Secondary Data:

- Adult obesity in Columbiana County decreased from 35.8% in 2013, but has remained steady over the past two years around 32.0%. When compared to the state in 2015 (30.2%), a slightly higher percentage of adults in the county (32.3%) were considered obese.
- Breast Cancer incidence rates across all five counties are below the US (122.0) rate, but are above the Healthy People 2020 Goal of 41.0.
- The breast cancer mortality rate has fluctuated over the past several years and between 2008-2012 (22.4) was comparable to the state (22.7) and slightly higher than the nation (21.5). The county, state and nation all fall just short of the Healthy People 2020 goal of 20.7.
- Mammogram screening rates in 2015 are lower in Columbiana County (58.3%) than the rest of the state (60.3%), and fall short of the Healthy People Goal 2020 goal of 81.1%. They have been declining for the last three years as well.
- The bronchus and lung cancer incidence rate has decreased in the county since 2004-2008. When compared to the state for the time period of 2008-2012, the county rate (72.3) was higher than the state in 2012 (66.8) and just below the nation (73.0) for the same year.
- The bronchus and lung cancer mortality rate has been steadily decreasing since 2003-2007. During 2008-2012, the rate for the county (53.6) was lower than the state (54.2) and nation (57.9). All of the rates fall above the Health People 2020 Goal of 45.5.
- The colorectal cancer incidence rate in the county has been decreasing since 2003-2007. For the most recent year (2008-2012) the rate in the county (45.8) was higher than the state (37.3) but lower than the nation (46.1). The county and nation exceed the Healthy People 2020 Goal (38.6), while the state meets the goal.
- The colorectal cancer mortality rate for the county has fluctuated over the past several years, but did decrease slightly between 2007-2011 (15.7) and 2008-2012 (15.3). Between 2008-2012, the colorectal



cancer mortality rate for the county (15.3) was lower than the state (16.1) and nation (18.1) but above the Healthy People 2020 Goal of 14.5.

- The prostate cancer incidence rate has been decreasing in the county since 2003-2007, with the most recent rate (2008-2012) for the county (122.3) higher when compared to the state (103.3), but lower when compared to the nation (128.3).
- Prostate Cancer mortality has fluctuated over the past several years, but did decrease between 2007-2011 (22.0) and 2008-2012 (20.1). The most recent rate (20.1) was slightly higher when compared to the state (19.3) and slightly lower than the nation (20.8). All of the rates fall just short of the Healthy People 2020 Goal of 21.8.
- According to the Columbiana County Health Department Cancer Detection Clinic, over the past three years there has been a decrease in the number of patients seen, as well as in abnormal results from colorectal screenings, mammograms, pap tests and skin cancer screenings. While there has been a decrease in the number of PSA screenings, there has been an increase in the number of abnormal results.
- The coronary heart disease mortality rate has fluctuated in the county, but has remained steady the past few years. In 2011-2013, the rate (137.2) was lower compared to the state (187.3) and higher than the nation (108.9). All rates fall well above the Healthy People 2020 Goal of 103.4.
- The COPD mortality rate had been decreasing in the county since 2007-2009, but increased slightly in recent years, 2010-2012 (53.5) compared to 55.9 in 2011-2013. The most recent rate (55.9) is higher when compared to both the state (51.1) and nation (40.8). All of the rates are below the Healthy People 2020 Goal of 102.6.
- The cerebrovascular mortality rate has fluctuated over the past several years, but has decreased in the most recent period. The rate for 2011-2013 (40.3) is just below that of the state (40.9) but higher than the nation (39.9). All rates fall above the Healthy People Goal of 34.8.
- The percentage of adults with diabetes in Columbiana County has decreased between 2014 and 2015, but in 2015 Columbiana County (12.0%) was higher than the state (11.0%). Columbiana County met the Healthy People 2020 goal of 12.0% for 2014 and 2015.
- The diabetes mortality rate has fluctuated over the past several years, with a slight decrease show in in most recent years. When compared to the state (26.1) in 2011-2013, the county rate (22.3) is lower. Both

the county and state are below the nation (73.3) as well as meet the Healthy People 2020 Goal of 66.6.

- Alzheimer mortality rate has fluctuated in the county, with a decrease in most recent years. For 2011-2013, the county rate (21.0) is lower than the state (26.0) and nation (26.8).
- The kidney disease mortality rate for the county has fluctuated over the past several years, with an increase in most recent years (18.0 in 2010-2012 to 19.5 in 2011-2013). The rate for 2011-2013 (19.5) is lower than the state (26.0).
- According to the PRC National Child and Adolescent Health Survey, less than 1% of children have diabetes. For children living in the Midwest Region, 2.1% have diabetes.

**From the Focus Groups:**

- Focus group participants identified a high incidence of cancer in some communities as a factor impacting the overall health of the county.

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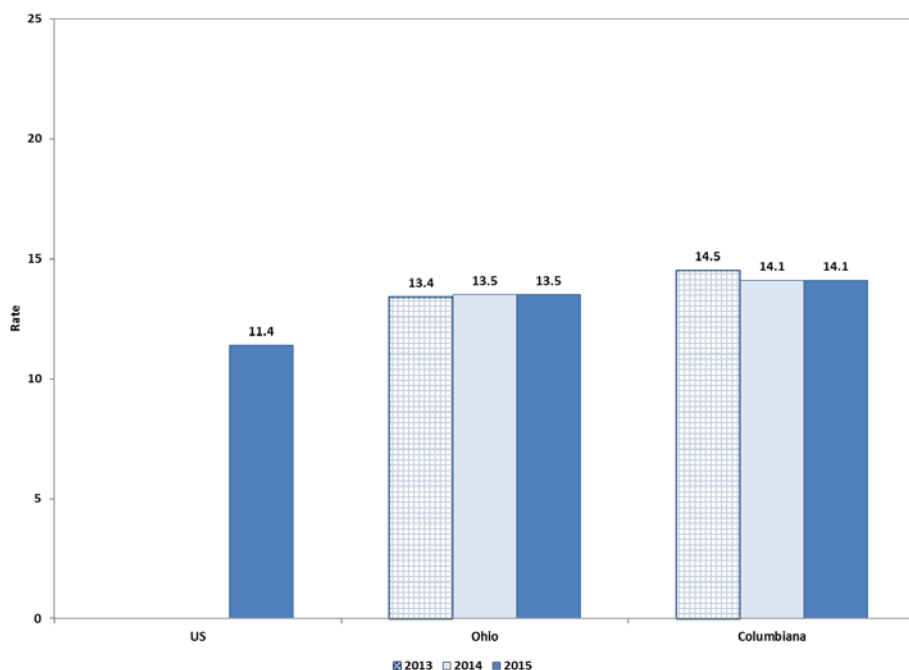


### **Supplemental Data Resource by Topic Area: Physical Environment**

The physical environment is an important determinant of health influencing the prospects of health in many ways. Air quality affects people's health and especially that of people with respiratory disease. Infectious disease may be transmitted through water. Quality of housing affects many aspects of people's health. The attractiveness of the environment influences people's readiness to be physically active and to socialize with their neighbors. Toxic materials in the environment can cause disease and interfere with development. Road design and transport systems affect the risk of accidents. Access to green space is good for mental health.

**Figure 52** shows the rate of air pollution for Columbiana County, the state and nation for the years 2013 through 2015, where data is available. Columbiana County is showing a downward trend for the three years, from an air pollution rate of 14.5 in 2013 to 14.1 in both 2014 and 2015. Although the county trend for air pollution is decreasing, the Columbiana County air pollution rate is still higher than both the state and nation.

**Figure 52. Air, Water and Toxic Substances: Air Pollution**



*Sources: County Health Rankings, Centers for Disease Control*

Focus group and stakeholder interview participants did not comment on these topics.

### **Physical Environment Conclusions**

There are a number of observations and conclusions that can be derived from the data related to the physical environment. They include:

#### **From the Secondary Data:**

- Columbiana County is showing a downward trend for the three years, from an air pollution rate of 14.5 in 2013 to 14.1 in both 2014 and 2015. Although the county trend for air pollution is decreasing, the Columbiana County air pollution rate is still higher than both the state and nation.





### **Supplemental Data Resource by Topic Area: Healthy Environment**

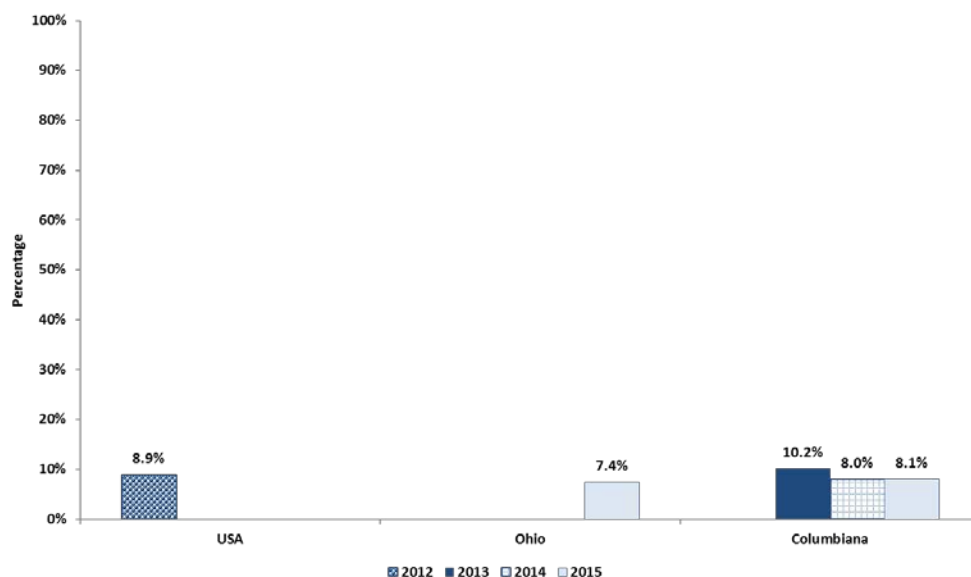
Environmental quality is a general term which refers to varied characteristics that relate to the natural environment such as air and water quality, pollution and noise, weather as well as the potential effects such characteristics have on physical and mental health. In addition, environmental quality also refers to the socio-economic characteristics of a given community or area, including economic status, education, crime and geographic information.



## Unemployment

**Figure 53** illustrates the unemployment rates in the United States, Ohio, and Columbiana County for the years 2012 through 2015, where data is available. Over the past two years the unemployment rate in the county has remained consistent and in 2015 (8.1%) was higher when compared to the state (7.4%).

**Figure 53. Unemployment Rates**

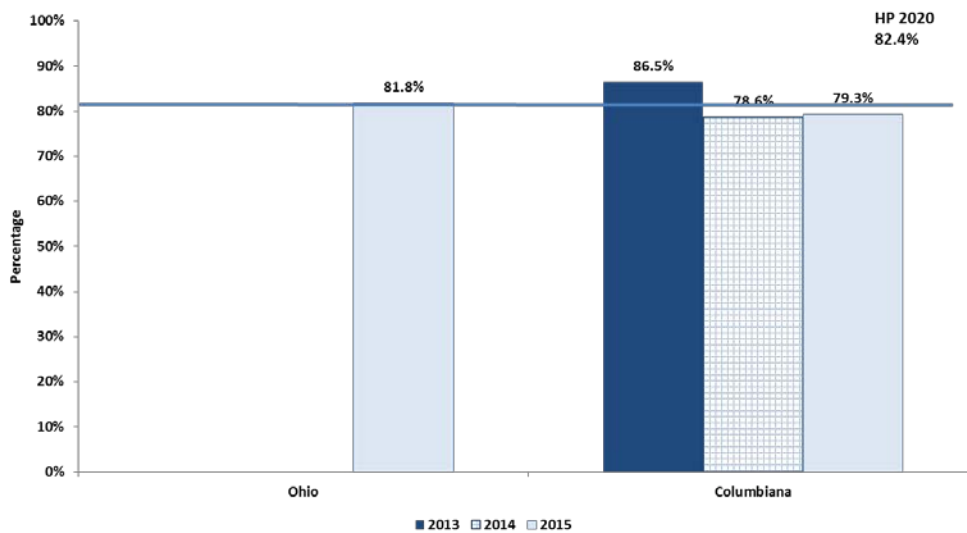


Source: Healthy Communities Institute, County Health Rankings

## Education

**Figure 54** displays high school graduation rates for Ohio and Columbiana County for the years 2013 through 2015, where data is available. The high school graduation rate increased slightly between 2014 (78.6%) and 2015 (79.3%). The rate for the county in 2015 (79.3%) was lower than the state (81.8%). Both the county and state are below the Healthy People 2020 Goal (82.4%).

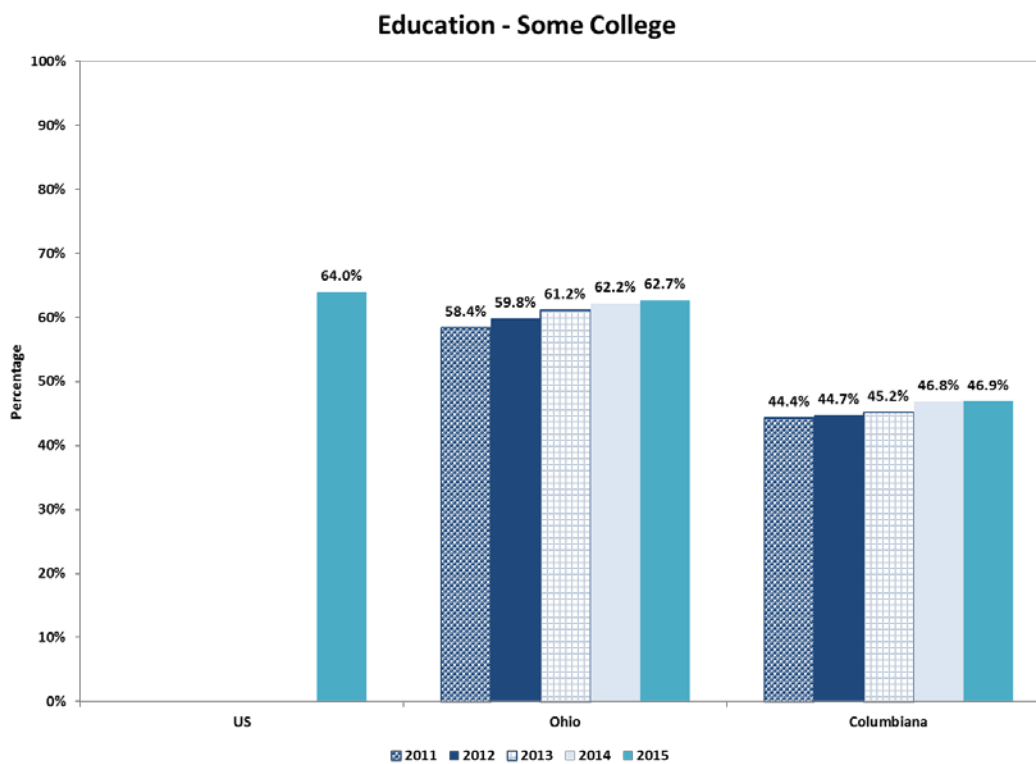
**Figure 54. High School Graduation Rates**



Source: Healthy Communities Institute, County Health Rankings, Healthy People 2020

**Figure 55** displays those individuals who have received some college education for the nation, Ohio and Columbiana County for the years 2011 through 2015, where data is available. The percent of those individuals who have received some college education in Columbiana County has increased slightly for the five years shown, from 44.4% in 2011 to 46.9% in 2015. When comparing Columbiana County to the state and national percentages, one can see that the county is well below Ohio and the US rates.

**Figure 55. Education – Some College**

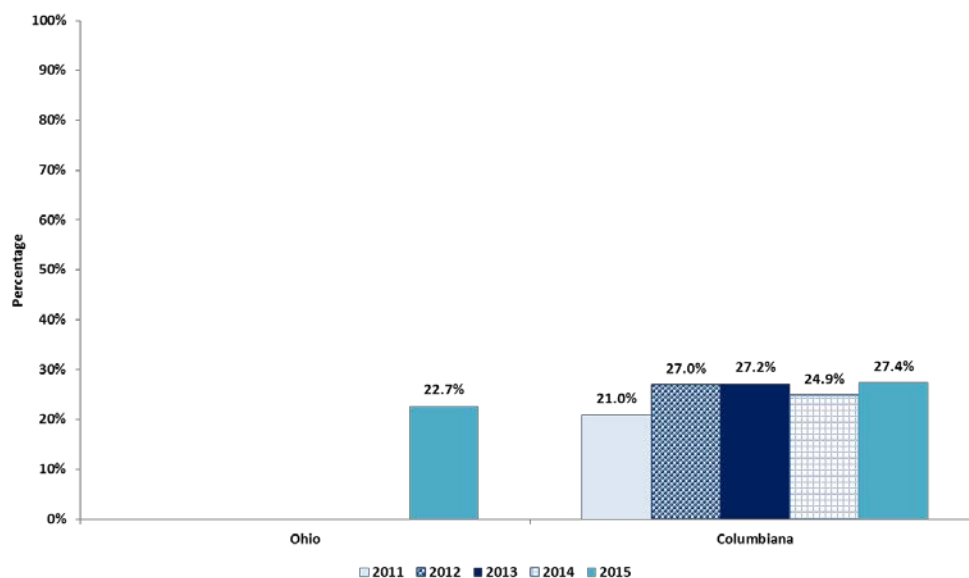


Source: County Health Rankings, Centers for Disease Control

## Poverty

**Figure 56** illustrates the percentage of children living in poverty for Ohio and Columbiana County for the years 2011 through 2015, where data is available. The percentage of children living in poverty in the county increased between 2014 (24.9%) and 2015 (27.4%). Compared to the state in 2015, the county (27.4%) had a higher percentage of children living in poverty when compared to the state (22.7%)

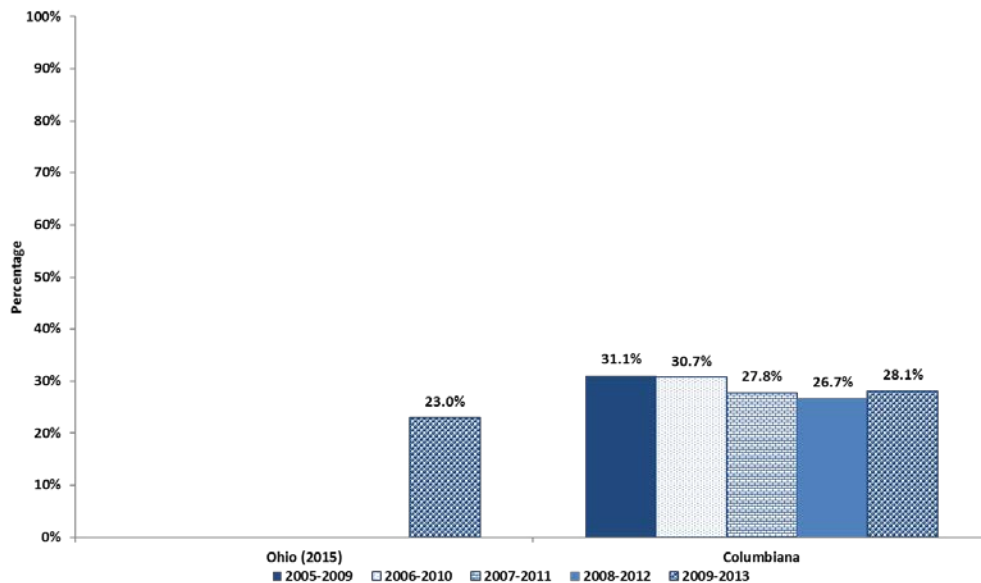
**Figure 56. Children Living in Poverty**



Source: Healthy Communities Institute, County Health Rankings

**Figure 57** illustrates the percentage of young children living below the poverty level for Ohio in 2015 and Columbiana County for the years 2005-2009 through 2009-2013. The percentage of children living below the poverty level also increased between 2008-2012 (26.7%) and 2009-2013 (28.1%), which was higher than the state (23.0%).

**Figure 57. Young Children Living Below the Poverty Level**

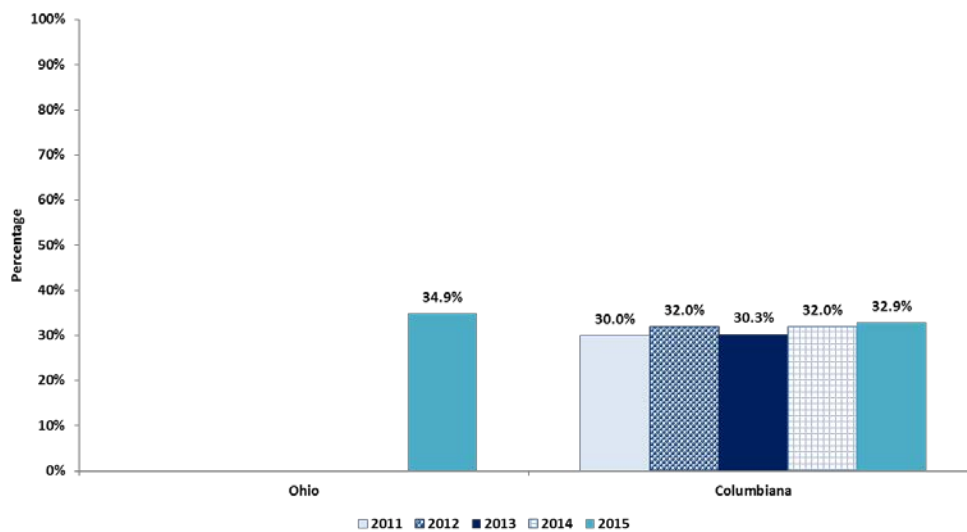


Source: Healthy Communities Institute, OH Department of Health

## Household Composition

**Figure 58** illustrates the percentage of children living in single parent households for Ohio and Columbiana County for the years 2011 through 2015, where data is available. The percentage of children in the county who live in single parent households has increased between 2014 (32.0%) and 2015 (32.9%). In 2015, the county had a lower percentage of children living in single parent households when compared to the state (34.9%).

**Figure 58. Children Living in Single Parent Households**

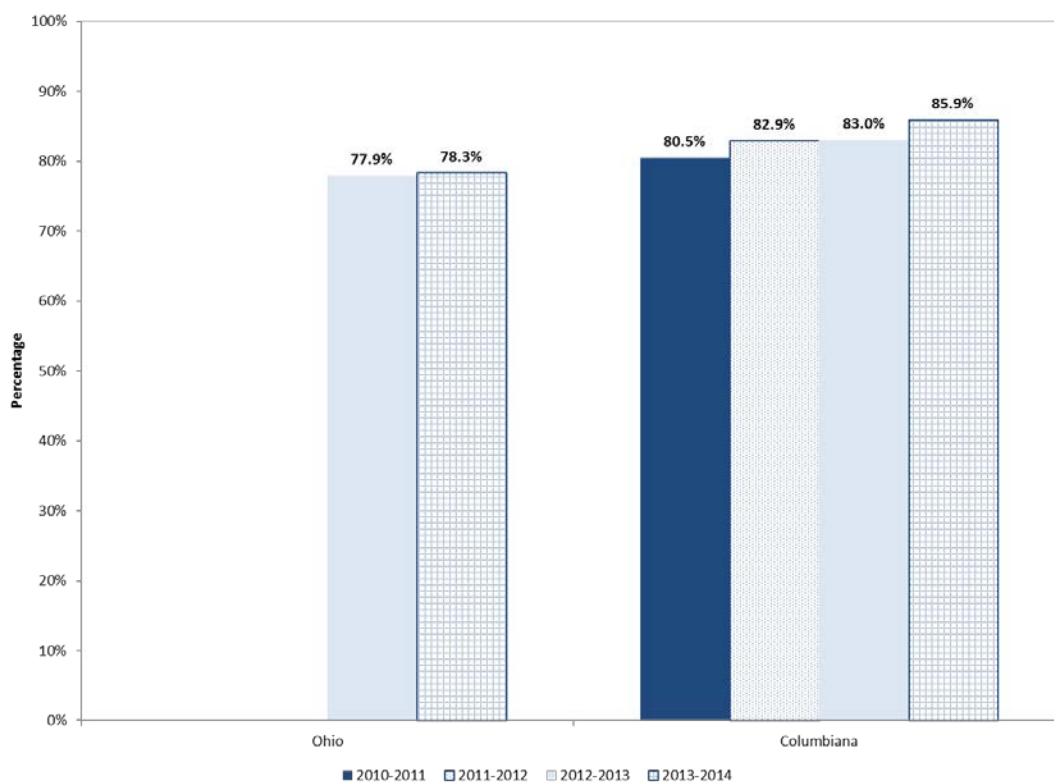


Source: Healthy Communities Institute, County Health Rankings

## School Performance

**Figure 59** illustrates the percentage of 4<sup>th</sup> grade students who are proficient in math for Ohio and Columbiana County during the years 2010-2011 through 2013-2014, where data is available. The percentage of 4th grade students who are proficient in math has been increasing since the 2010-2011 school year. For the 2013-2014 school year, the county (85.9%) had a higher percentage of proficient students compared to the state (78.3%).

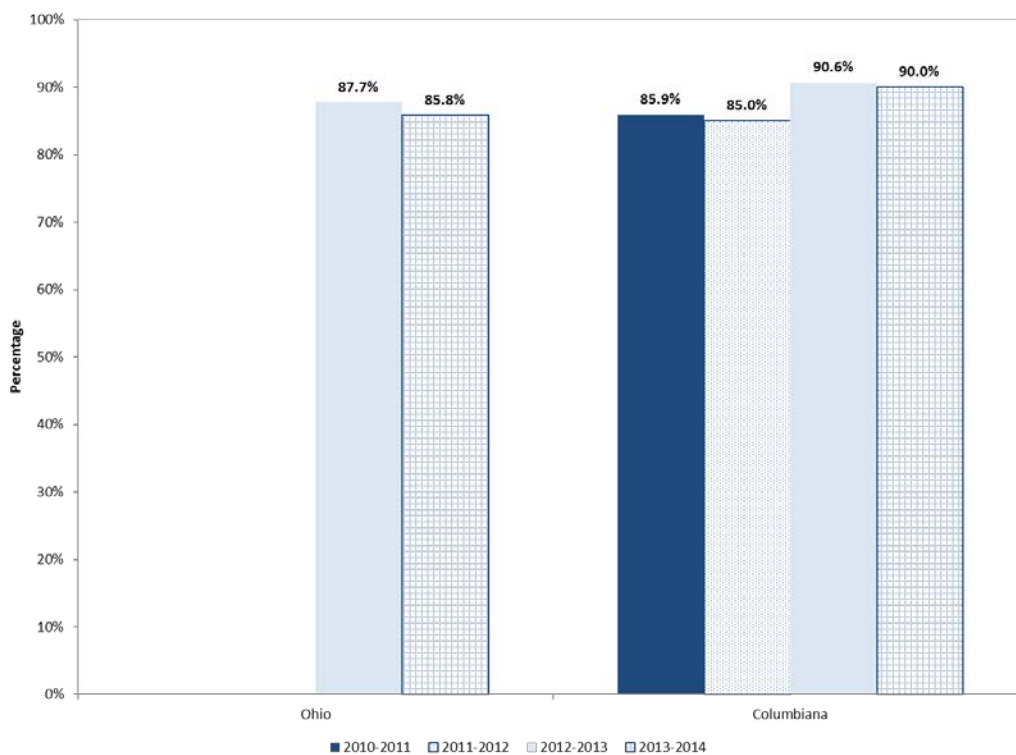
**Figure 59. 4<sup>th</sup> Grade Students Proficient in Math**



Source: Healthy Communities Institute, OH Department of Education

**Figure 60** illustrates the percentage of 4<sup>th</sup> grade students who are proficient in reading for Ohio and Columbiana County during the years 2010-2011 through 2013-2014, where data is available. The percentage of 4th grade students in the county who are proficient in reading has fluctuated in recent school years although for the 2013-2014 school year (90.0%) was above the state (85.8%).

**Figure 60. 4<sup>th</sup> Grade Students Proficient in Reading**

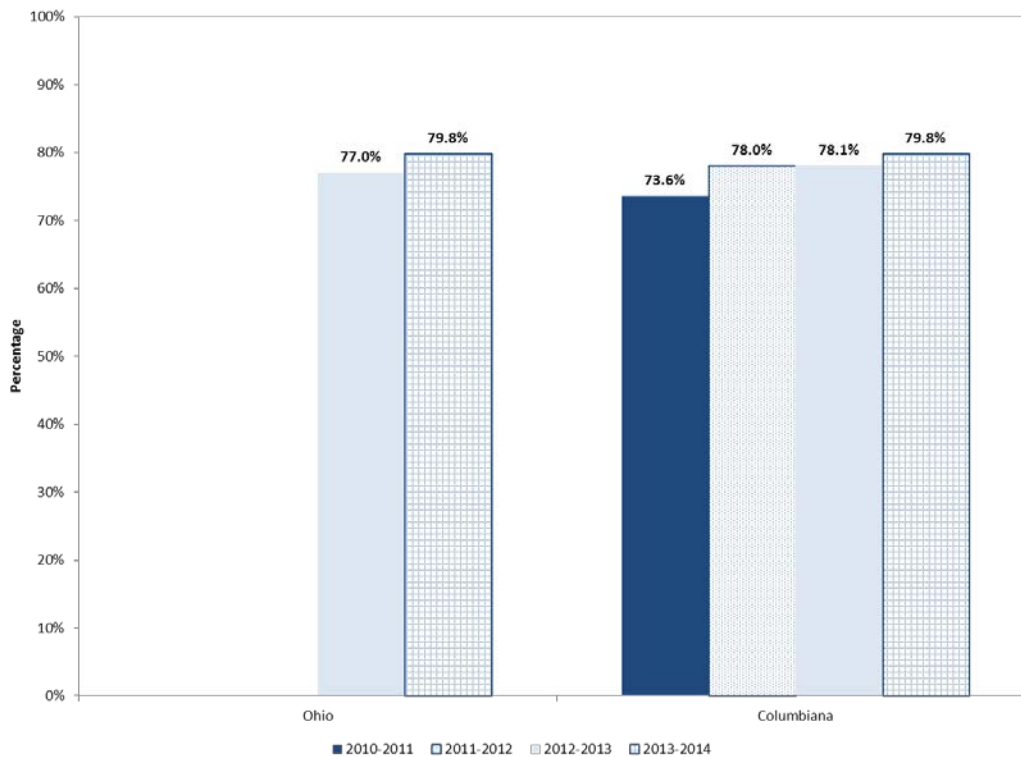


Source: Healthy Communities Institute, OH Department of Education



**Figure 61** illustrates the percentage of 8<sup>th</sup> grade students who are proficient in math for Ohio and Columbiana County during the years 2010-2011 through 2013-2014, where data is available. The percentage of 8th grade students who are proficient in math increased slightly in the most recent school years. During the 2013-2014 school year, the county's rate was comparable to the state (79.8%).

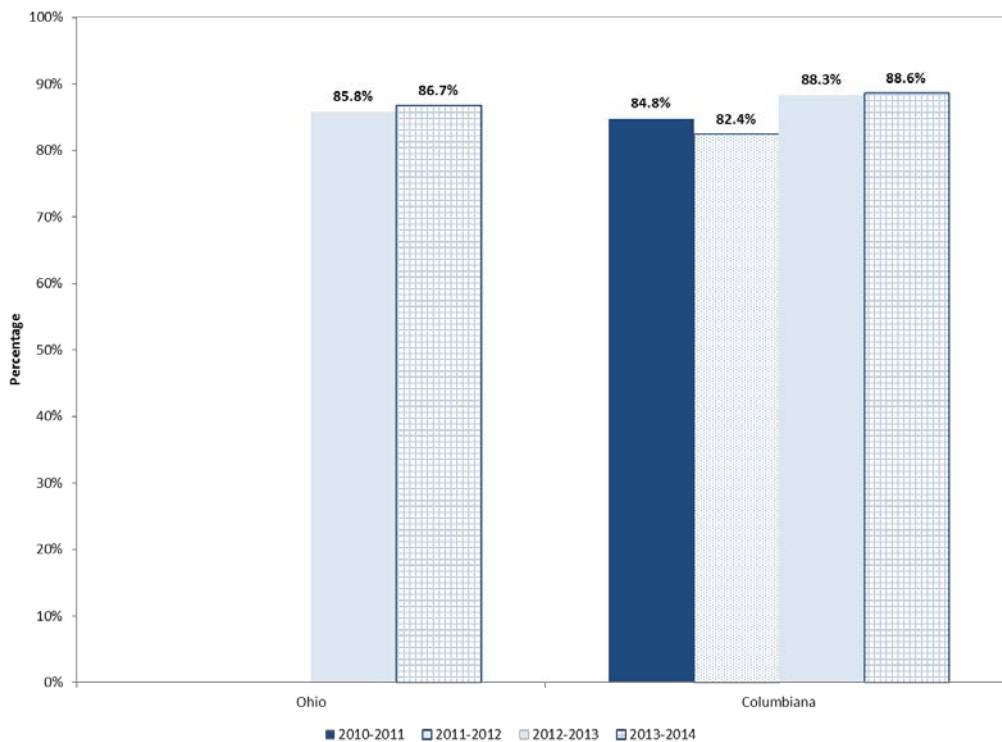
**Figure 61. 8<sup>th</sup> Grade Students Proficient in Math**



Source: Healthy Communities Institute, OH Department of Education

**Figure 62** illustrates the percentage of 8<sup>th</sup> grade students who are proficient in reading for Ohio and Columbiana County during the years 2010-2011 through 2013-2014, where data is available. The percentage of 8<sup>th</sup> grade students who are proficient in reading fluctuated over the most recent school years; although for 2013-2014 the rate (88.6%) was slightly higher than the state (86.7%).

**Figure 62. 8<sup>th</sup> Grade Students Proficient in Reading**

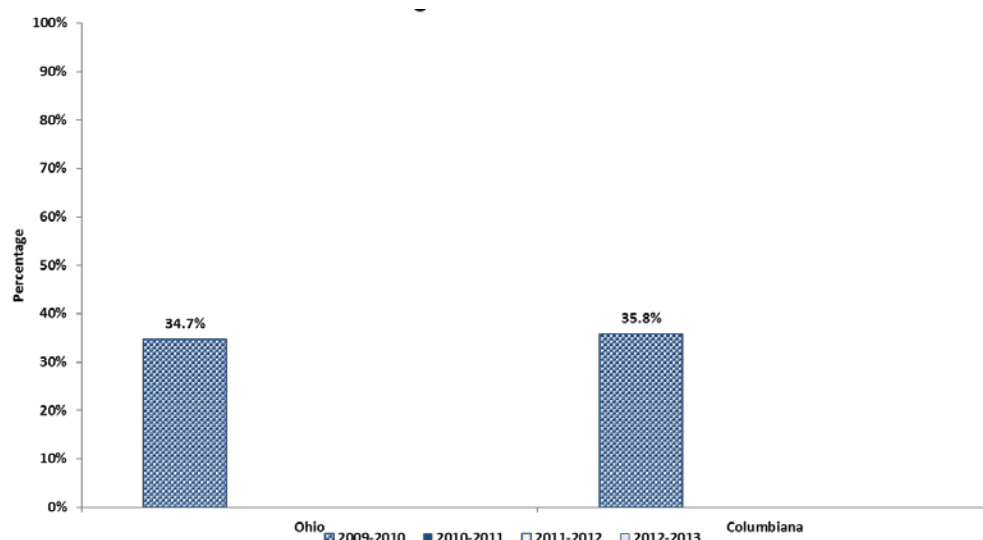


Source: Healthy Communities Institute, OH Department of Education

## Child Obesity

**Figure 63** illustrates the percentage of 3rd grade students who are overweight or obese for Ohio and Columbiana County during the years 2009-2010 through 2012-2013, where data is available. For the 2009-2010 school year, a third (35.8%) of the 3rd grade students in the county were considered overweight or obese, which was higher than the state (34.7%).

**Figure 63. Overweight or Obese 3<sup>rd</sup> Grade Students**

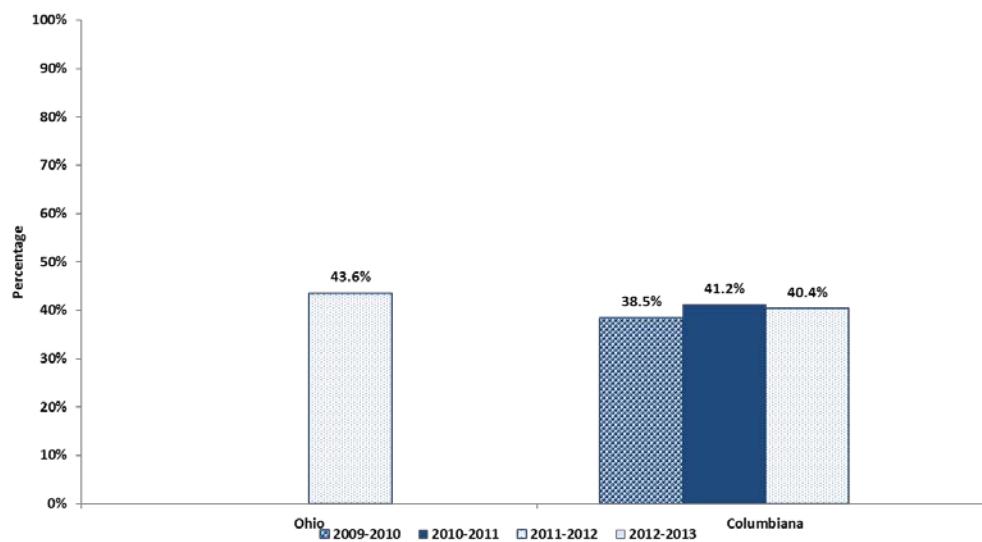


Source: Healthy Communities Institute, OH Department of Education

## Free Lunch Program

**Figure 64** illustrates the percentage of students who are eligible for the free lunch program in Ohio and Columbiana County during the years 2009-2010 through 2012-2013, where data is available. The percentage of students in the county eligible for free lunch decreased slightly in recent years. During the 2013-2014 school year, a smaller percentage of students in the county (40.4%) were eligible for the program compared to the state (43.6%).

**Figure 64. Students Eligible for Free Lunch Program**

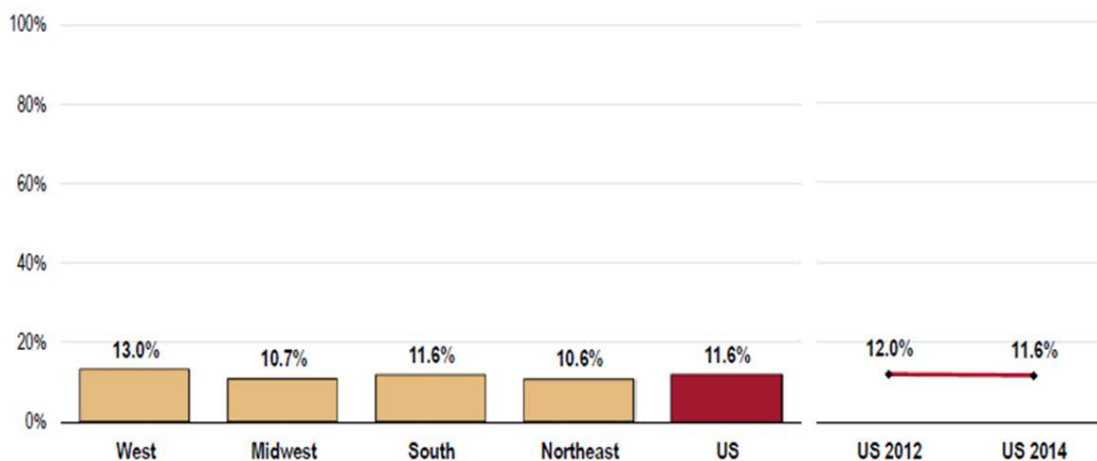


Source: Healthy Communities Institute, OH Department of Education

## Asthma

**Figure 65** shows that according to the PRC National Child & Adolescent Health Survey, one in ten children (10.7%) in the Midwest Region have Asthma, which is slightly lower when compared to the United States (11.6%).

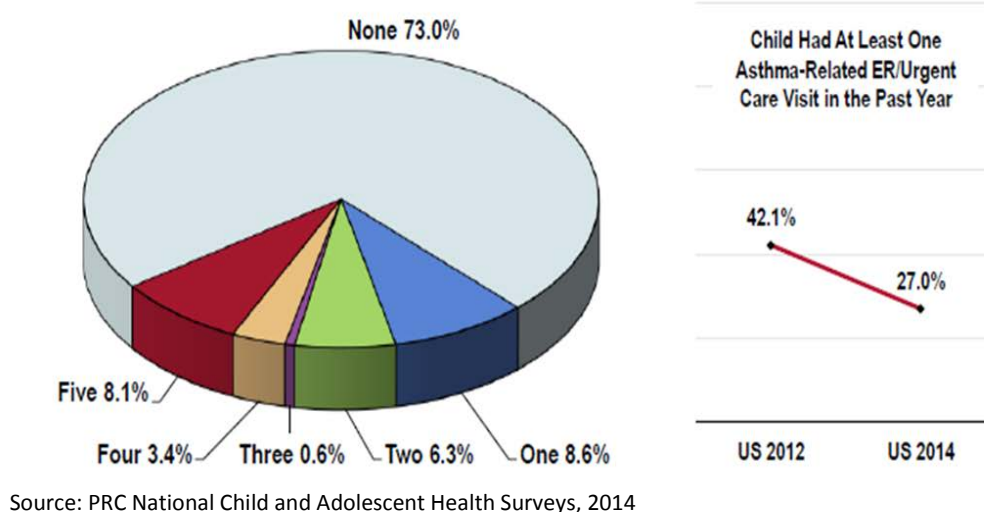
**Figure 65. PRC Survey– Child Currently Has Asthma (US 2014)**



Source: PRC National Child and Adolescent Health Surveys, 2014

**Figure 66** illustrates that slightly more than one in four (27.0%) children in the United States had an Asthma-related visit to the Emergency Room or Urgent Care Facility in 2014. According to the survey, the trend for children having an Asthma-related visit to the Emergency Room or Urgent Care is on the decline between the years 2012 and 2014.

**Figure 66. PRC Survey – Number of Asthma-Related ER/Urgent Care Visits in the Past Year (US 2014)**



## Youth Risky Behaviors

### Developmental Assets Report

**Table 6** illustrates youth risky behaviors that relate to healthy environment as reported in the developmental assets report. The report found the following:

- 22% of youth report having sexual intercourse, with more males reporting having sexual intercourse than females; 10<sup>th</sup> graders were also more likely to report having sexual intercourse (37%)
- 15% of youth have shoplifted in the past 12 months, 13% have vandalized property and 16% have been in trouble with the police in the past 12 months
- 31% of youth surveyed have hit someone in the past 12 months, with 15% physically hurting the individual
- 28% of students have skipped school one or more times in past four weeks

**Table 6. Developmental Assets Report, Percent of Youth Reporting 15 Additional Risk-Taking Behaviors**

Risk-Taking Behavior		Total	Gender		Grade							
Category	Definition	Sample	M	F	6	7	8	9	10	11	12	
Sexual Intercourse	Has had sexual intercourse one or more times	22	26	18		7		22	37			
Anti-Social Behavior	Shoplifted once or more in the last 12 months	15	18	11		11		16	17			
	Committed vandalism once or more in the last 12 months	13	18	7		11		15	14			
	Got into trouble with police once or more in the last 12 months	16	21	10		14		17	16			
Violence	Hit someone once or more in the last 12 months	31	40	20		29		31	31			
	Physically hurt someone once or more in the last 12 months	15	21	8		14		16	15			
	Used a weapon to get something from a person once or more in the last 12 months	3	5	1		2		4	4			
	Been in a group fight once or more in the last 12 months	17	21	13		20		16	16			
	Carried a weapon for protection once or more in the last 12 months	22	31	13		22		23	22			
	Threatened physical harm to someone once or more in the last 12 months	28	32	23		23		31	29			
School Truancy	Skipped school once or more in the last four weeks	28	28	27		23		26	34			
Gambling	Gambled once or more in the last 12 months	16	24	8		14		16	18			

Source: Developmental Assets Report, Search Institute Survey, 2015

## Ohio Youth Risk Behaviors Survey

**Tables 7-12** illustrates youth risky behaviors related to healthy environment as reported in the Ohio Youth Risk Behaviors Survey

**Table 7** illustrates how many times respondents to the Ohio Youth Risk Behaviors Survey carried a weapon such as a gun, knife, or club in the past 30 days. 14.2% of students surveyed said that they had carried a weapon in the past 30 days.

**Table 7. Ohio Youth Risk Behaviors Survey – Carried a Weapon in the Past 30 days**

Q13: During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?

Total		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/Latino	White*	All other races	Multiple races
0 days	%	85.8	86.5	85.0	87.3	84.4	87.1	86.8	86.0	89.3	-	85.6	-	-
	N	1,256	421	671	161	346	309	356	241	289	85	757	38	67
1 day	%	3.1	3.8	3.2	1.7	4.7	2.4	2.4	2.3	2.4	-	3.1	-	-
	N	47	17	26	4	18	9	13	6	10	6	27	2	1
2 or 3 days	%	3.0	3.6	2.9	2.2	3.8	2.5	3.2	2.2	3.0	-	3.1	-	-
	N	41	19	19	3	17	9	8	6	9	2	26	1	3
4 or 5 days	%	2.1	1.4	2.7	1.4	1.8	2.9	1.5	2.1	1.1	-	2.3	-	-
	N	27	8	16	3	8	8	6	5	7	1	15	1	0
6 or more days	%	6.0	4.7	6.4	7.5	5.3	5.1	6.2	7.4	4.2	-	6.0	-	-
	N	79	20	44	15	22	13	22	21	15	4	47	3	10
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,450	485	776	186	411	348	405	279	330	98	872	45	81

Source: Ohio Youth Risk Behaviors Survey, 2013



2016 Columbiana County  
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**Table 8** illustrates how many respondents to the Ohio Youth Risk Behaviors Survey did not go to school because they felt unsafe at school or on their way to and from school. 5.1% of respondents indicated that they stayed home from school at least one day in the past 30 because they did not feel safe.

**Table 8. Ohio Youth Risk Behaviors Survey – Did Not Go to School in the Last 30 Days Due to Feeling Unsafe**

Q16: During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?

Total		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/Latino	White*	All other races	Multiple races
0 days	%	94.9	94.9	95.6	93.5	93.7	95.6	96.3	94.7	90.5	-	96.3	-	-
	N	1,336	445	723	167	368	325	380	258	288	82	832	43	73
1 day	%	2.5	1.7	2.5	3.9	2.5	1.8	2.7	2.8	2.8	-	2.3	-	-
	N	50	7	31	11	9	10	19	11	16	8	22	0	2
2 or 3 days	%	1.1	1.5	0.7	1.7	1.5	1.1	0.7	1.1	2.4	-	0.6	-	-
	N	24	14	7	3	12	5	3	4	9	2	7	1	3
4 or 5 days	%	0.7	1.0	0.5	0.6	0.6	1.1	0.0	0.4	1.5	-	0.3	-	-
	N	10	5	4	1	5	3	0	1	5	2	2	0	1
6 or more days	%	0.8	0.9	0.7	0.2	1.7	0.3	0.3	0.9	2.8	-	0.4	-	-
	N	16	6	8	1	8	3	1	4	7	2	4	1	2
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,436	477	773	183	402	346	403	278	325	96	867	45	81

Source: Ohio Youth Risk Behaviors Survey, 2013

**Table 9** illustrates the number or respondents who were forced to have sexual intercourse when they did not want to according to the Ohio Youth Risk Behaviors Survey. 7.5% of respondents said that they had had sexual intercourse when they did not want to.

**Table 9. Ohio Youth Risk Behaviors Survey – Physically Forced to Have Sexual Intercourse When They Did Not Want To**

Q21: Have you ever been physically forced to have sexual intercourse when you did not want to?

Total	Age				Grade				Race/Ethnicity					
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/ Latino	White*	All other races	Multiple races
Yes	%	7.5	6.2	7.5	9.9	6.5	5.0	8.1	9.8	8.8	-	7.2	-	-
	N	112	31	62	19	29	19	34	29	32	11	60	3	3
No	%	92.5	93.8	92.5	90.1	93.5	95.0	91.9	90.2	91.2	-	92.8	-	-
	N	1,212	381	666	162	318	284	361	243	284	81	720	38	69
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,324	412	728	181	347	303	395	272	316	92	780	41	72

Source: Ohio Youth Risk Behaviors Survey, 2013

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**Table 10** illustrates the number of times respondents to the Ohio Youth Risk Behaviors Survey had been forced by someone they were dating or going out with to do sexual things they did not want to over the last 12 months. 7.2% of respondents said that they had been forced to do something sexual by the person they were dating.

**Table 10. Ohio Youth Risk Behaviors Survey – Forced to do Something Sexual by the Person they are Dating, Last 12 Months**

Q23: During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do?

Total		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/Latino	White*	All other races	Multiple races
I did not date the past 12 months	%	25.8	30.4	23.7	24.5	27.6	32.9	20.8	22.6	22.2	-	25.9	-	-
	N	347	132	172	42	105	97	83	61	74	22	206	17	22
0 times	%	67.0	64.5	68.2	67.2	66.7	62.1	71.2	67.8	70.8	-	67.3	-	-
	N	884	260	495	127	220	192	277	190	221	60	519	22	48
1 time	%	3.0	2.0	3.5	3.2	2.5	1.6	3.0	4.8	1.5	-	3.3	-	-
	N	39	10	26	3	11	5	13	10	7	5	24	0	2
2 or 3 times	%	1.9	1.2	2.3	1.5	0.8	1.9	2.8	1.4	1.8	-	1.7	-	-
	N	32	5	23	4	4	8	13	6	7	5	17	2	0
4 or 5 times	%	0.5	0.6	0.6	0.0	0.8	0.3	0.0	0.9	0.1	-	0.5	-	-
	N	5	3	2	0	3	1	0	1	1	1	3	0	0
6 or more times	%	1.8	1.3	1.6	3.5	1.5	1.2	2.2	2.4	3.6	-	1.4	-	-
	N	26	5	15	6	7	3	9	7	9	1	12	0	2
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,333	415	733	182	350	306	395	275	319	94	781	41	74

Source: Ohio Youth Risk Behaviors Survey, 2013

**Table 11** illustrates the number of respondents to the Ohio Youth Risk Behaviors Survey who have ever been bullied on school property in the last 12 months. 20.8% of respondents said that they had been bullied on school property in the last year.

**Table 11. Ohio Youth Risk Behaviors Survey – Ever Been Bullied on School Property, Last 12 Months**

Q24: During the past 12 months, have you ever been bullied on school property?

Total		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/Latino	White*	All other races	Multiple races
Yes	%	20.8	29.8	17.9	12.8	29.4	19.5	17.7	16.1	9.8	-	22.8	-	-
	N	282	131	130	21	113	65	66	38	32	25	195	1	25
No	%	79.2	70.2	82.1	87.2	70.6	80.5	82.3	83.9	90.2	-	77.2	-	-
	N	1,155	350	639	163	293	282	335	239	292	71	672	44	56
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,437	481	769	184	406	347	401	277	324	96	867	45	81

Source: Ohio Youth Risk Behaviors Survey, 2013

**Table 12** illustrates the number of respondents in the Ohio Youth Risk Behaviors Survey who have been electronically bullied in the last year. 15.1% of respondents said that they had been electronically bullied in the last 12 months.

**Table 12. Ohio Youth Risk Behaviors Survey – Ever Been Electronically Bullied, Last 12 Months**

Q25: During the past 12 months, have you ever been electronically bullied?

Total		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/Latino	White*	All other races	Multiple races
Yes	%	15.1	17.0	16.3	7.2	16.8	15.3	15.2	12.7	8.6	-	16.2	-	-
	N	212	80	119	13	68	54	59	30	25	22	146	6	9
No	%	84.9	83.0	83.7	92.8	83.2	84.7	84.8	87.3	91.4	-	83.8	-	-
	N	1,230	399	655	173	336	294	346	249	302	74	724	39	72
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,442	479	774	186	404	348	405	279	327	96	870	45	81

Source: Ohio Youth Risk Behaviors Survey, 2013

## Focus Groups

Focus group participants noted that low income and lack of motivation to work as factors impacting the health of the community.

## Stakeholder Interviews

Stakeholders who were interviewed identified the following as key factors impacting the health of the community:

- Poverty/Generational Poverty
- Ignorance/Complacency/Lack Motivation
- Unemployment/Lack of Job Opportunities
- Lack of Housing (Low Income, Seniors, Mental Health)
- Lack of Parenting
- Low Educational Attainment
- Aging Population
- Pollution/Toxin in Air, Water, and Soil Contribute to Increased Rates of Cancer and Other Diseases
- Older Wells and Septic Systems

## Healthy Environment Conclusions

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

### From the Secondary Data:

- Over the past two years the unemployment rate in the county has remained consistent and in 2015 (8.1%) was higher when compared to the state (7.4%).
- The high school graduation rate increased slightly between 2014 (78.6%) and 2015 (79.3%). The rate for the county in 2015 (79.3%) was lower than the state (81.8%). Both the county and state are below the Healthy People 2020 Goal (82.4%).
- The percent of those individuals who have received some college education in Columbiana County has increased slightly for the five years shown, from 44.4% in 2011 to 46.9% in 2015. When comparing Columbiana County to the state and national percentages, the county is well below Ohio and the US rates.
- The percentage of children living in poverty in the county increased between 2014 (24.9%) and 2015 (27.4%). Compared to the state in 2015, the county (27.4%) had a higher percentage of children living in poverty when compared to the state (22.7%).
- The percentage of young children living below the poverty level also increased between 2008-2012 (26.7%) and 2009-2013 (28.1%), which was higher than the state (23.0%).
- The percentage of children in the county who live in single parent households has increased between 2014 (32.0%) and 2015 (32.9%). In 2015, the county had a lower percentage of children living in single parent households when compared to the state (34.9%).
- The percentage of 4th grade students who are proficient in math has been increasing since the 2010-2011 school year. For the 2013-2014 school year, the county (85.9%) had a higher percentage compared to the state (78.3%).
- Fourth (4<sup>th</sup>) grade students in the county who are proficient in reading decreased in recent school years; although for the 2013-2014 school year (90.0%) was above the state (85.8%).
- 8th grade students who are proficient in math increased slightly in the most recent school years. During the 2013-2014 school year, the county (79.8%) had a rate comparable to the state.

- The percentage of 8th grade students who are proficient in reading decreased slightly between the recent school years; although for 2013-2014 (88.6%) was slightly higher than the state (86.7%).
- For the 2009-2010 school year, a third (35.8%) of the 3rd grade students in the county were considered overweight or obese, which was higher than the state (34.7%).
- The percentage of students in the county eligible for free lunch decreased slightly in recent years. During the 2013-2014 school year, a smaller percentage of students in the county (40.4%) were eligible for the program compared to the state (43.6%).
- According to the PRC National Child and Adolescent Health Survey, in 2014, 11.6% of the children in the United States had Asthma compared to 10.7% in the Midwest Region. The study also found that just over one in four (27.0%) of the children with Asthma in the United States had been to the ER or Urgent Care as a result of their asthma.
- According to the Developmental Assets Report:
  - 22% of youth report having sexual intercourse, with more males reporting having sexual intercourse than females
  - 15% of youth have shoplifted in the past 12 months, 13% have vandalized property and 16% have been in trouble with the police in the past 12 months
  - 31% of youth surveyed have hit someone in the past 12 months, with 15% physically hurting the individual
  - 28% of students have skipped school one or more times in past four weeks.
- According the Ohio Youth Risk Behaviors Survey
  - 14.2% of students have carried a weapon in the past 30 days
  - 5.1% have stayed home from school because they did not feel safe at least one day in the past 30
  - 7.5% have had sexual intercourse when they did not want to
  - 7.2% have been forced to do something sexual by the person they are dating
  - 20.8% have been bullied at school in the past year
  - 15.1% have been electronically bullied.

**From the Focus Groups:**

- Low income and lack of motivation to work were noted by focus group participants as factors impacting the health of the community.

**From the Stakeholder Interviews:**

- Stakeholders who were interviewed identified Poverty/Generational Poverty, Ignorance/Complacency/Lack Motivation, Unemployment/Lack of Job Opportunities, Lack of housing (Low Income, Seniors, Mental Health), Lack of Parenting, Low Educational Attainment, Aging Population, Pollutants/Toxins in Air, Water and Soil Contribute to Increased Rates of Cancer and Other Diseases and Having Older Wells and Septic Systems as key factors impacting the health of the community.



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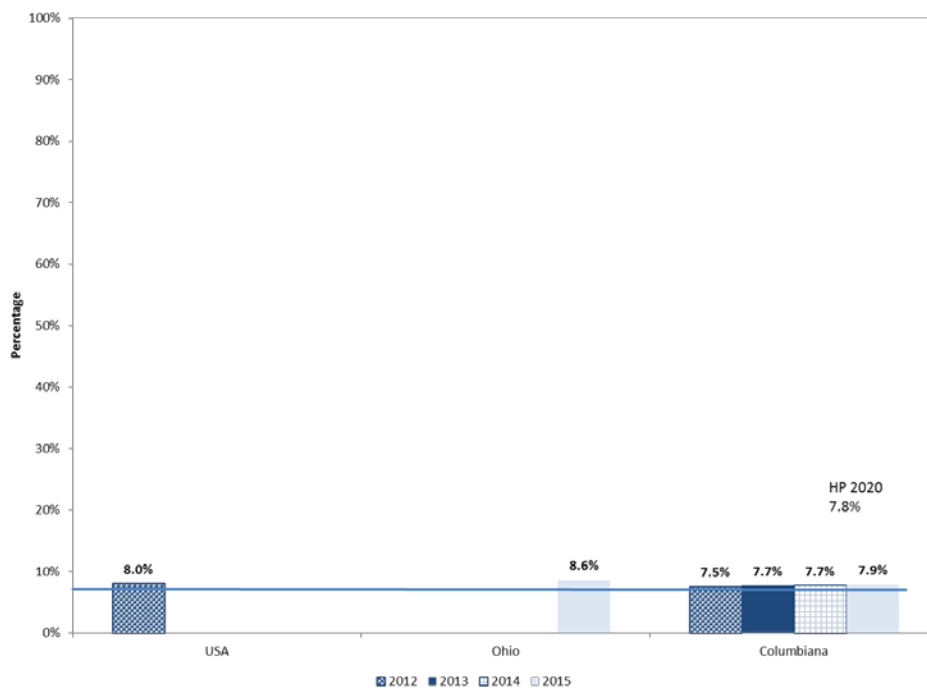
### **Supplemental Data Resource by Topic Area: Healthy Mothers, Babies and Children**

Improving the well-being of mothers, babies and children is a critical and necessary component of community health. The well-being of children determines the health of the next generation and can help predict future public health challenges for families, communities and the healthcare system. The healthy mothers, babies and children topic area addresses a wide range of conditions, health behaviors and health systems indicators that affect the health, wellness and quality of life for the entire community

## Low Birth Weight

**Figure 67** illustrates the percentage of low birth weight babies born in the United States, Ohio and Columbiana County for the years 2012 through 2015, where data is available. The percent of low birth weight babies born in the county increased slightly between 2014 (7.7%) and 2015 (7.9%). In 2015, the county had fewer low birth weight babies compared to the state (8.6%) and fell just short of meeting the Healthy People 2020 Goal of 7.8%, which had been met the past two years.

**Figure 67. Low Birth Weight Babies Born**

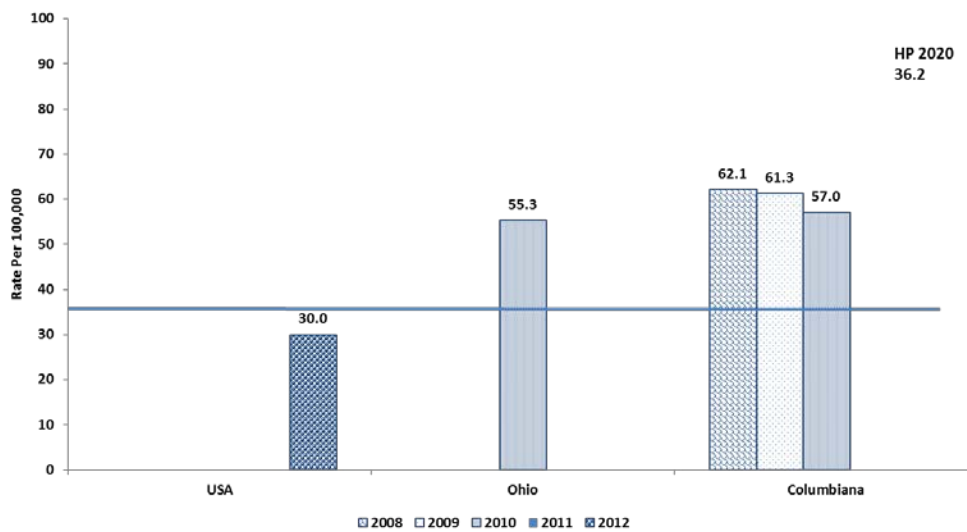


Source: Healthy Communities Institute, County Health Rankings,  
OH Department of Health, Healthy People 2020

## Teen Pregnancy

**Figure 68** illustrates the teenage pregnancy rate in the United States, Ohio and Columbiana County for the years 2008 through 2012, where data is available. Between 2008 and 2010 the teenage pregnancy rate in the county has been decreasing, although in 2012 (57.0) was still higher when compared to the state (55.3). The state and county rates are above the Healthy People 2020 Goal of 36.2.

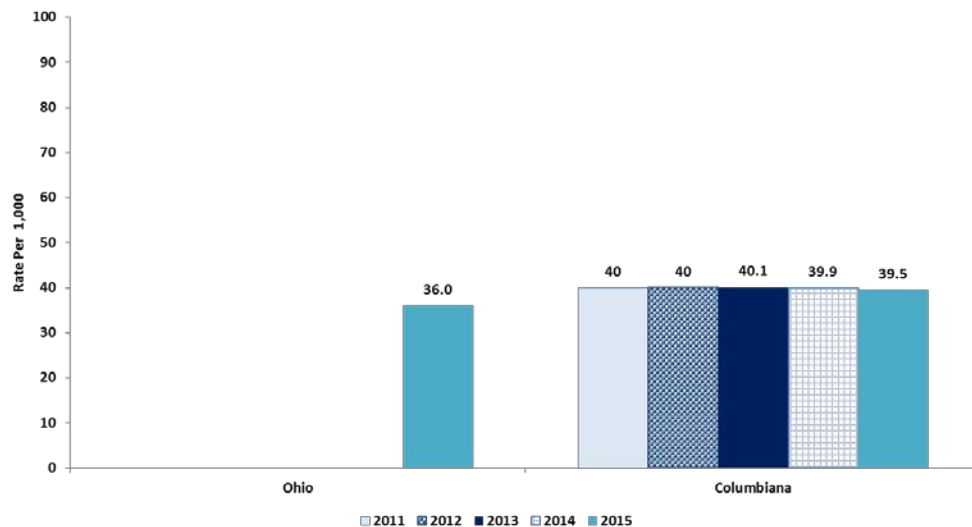
**Figure 68. Teenage Pregnancy Rate (Ages 15-19)**



Source: Healthy Communities Institute, OH Department of Health, Healthy People 2020

**Figure 69** illustrates the teenage birth rate in the Ohio and Columbiana County for the years 2011 through 2015, where data is available. The teenage birth rate has been decreasing slightly over the past three years, and in 2015 (39.5) was higher when compared to the state (36.0).

**Figure 69. Teenage Birth Rate (Ages 15-19)**

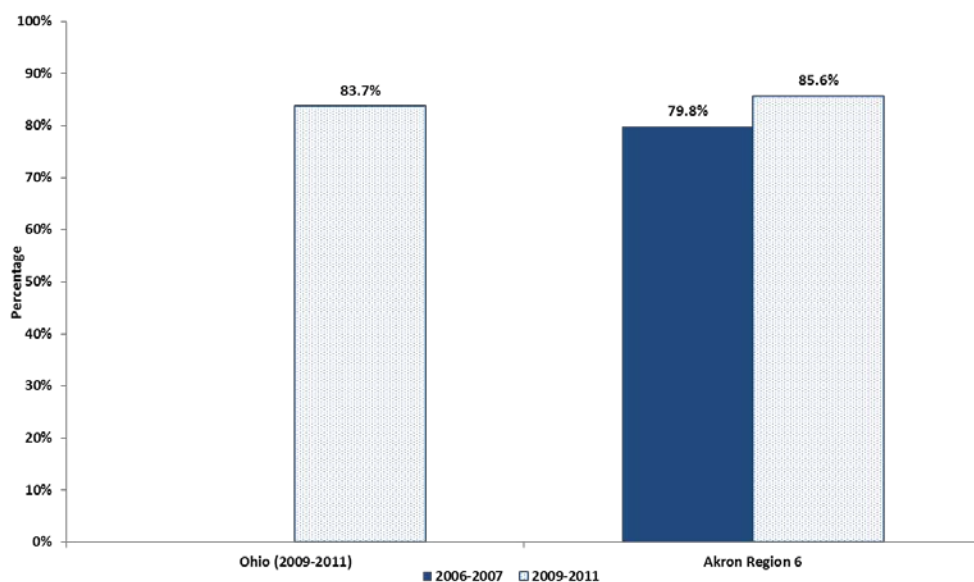


Source: Healthy Communities Institute, County Health Rankings, OH Department of Health

## Prenatal Care

**Figure 70** illustrates the percentage of mothers receiving prenatal care during their first trimester in Ohio and Akron Region 6 during the years 2006-2007 and 2009-2011, where data is available. The percent of mothers receiving prenatal care during the first trimester for the Akron Region (which region includes Columbiana County) has increased from 79.8% in 2006-2007 to 85.6% in 2009-2011, and is above the state rate of 83.7% for the same 2009-2011 period.

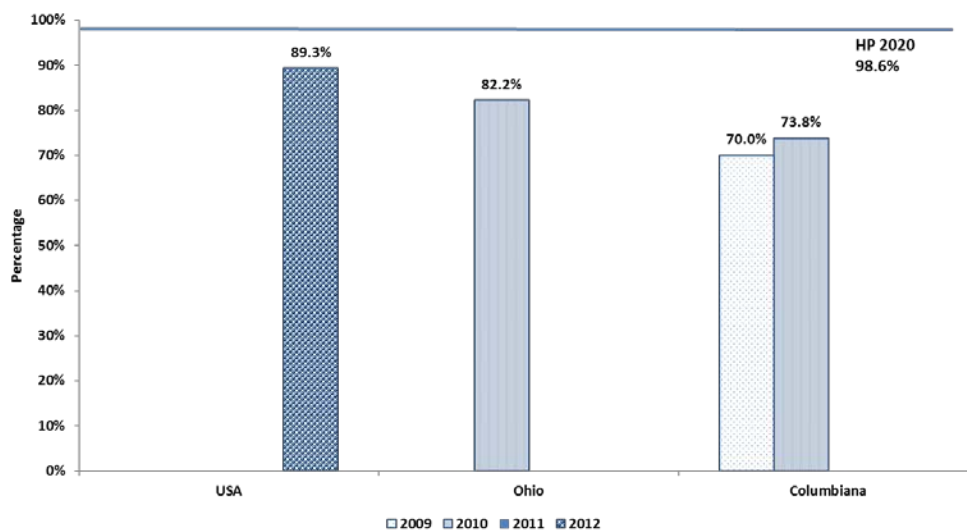
**Figure 70. Prenatal Care, First Trimester**



Source: Ohio PRAMS Regional Data-OH Department of Health

**Figure 71** illustrates the percentage of nonsmoking mothers during pregnancy in the United States, Ohio and Columbiana County in 2009 through 2012, where data is available. The percentage of pregnant women who report not smoking during pregnancy increased in the county between 2009 and 2010; although in 2010 (73.8%) was still lower than the state (82.2%). The county, state and nation all fall below the Healthy People 2020 Goal of 98.6%.

**Figure 71. Non-Smoking Mother During Pregnancy**

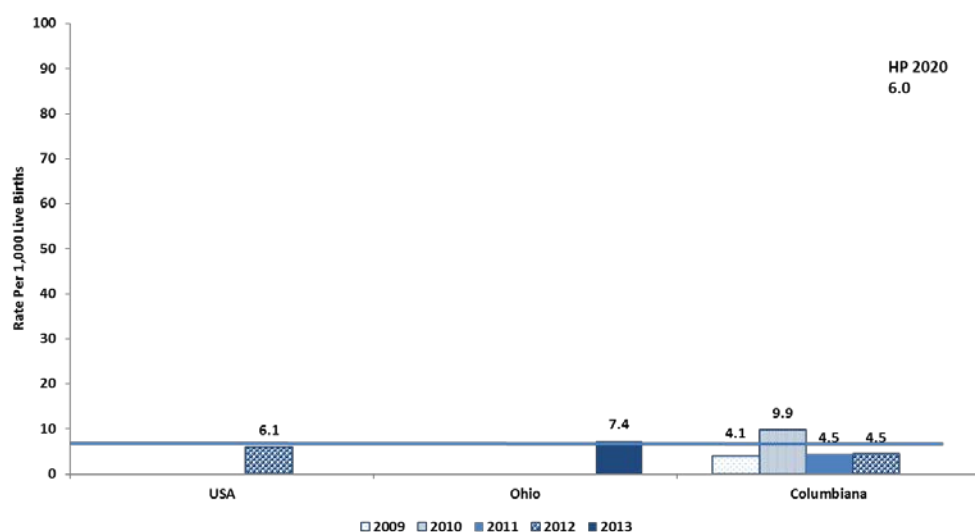


Source: Healthy Communities Institute, OH Department of Health, Healthy People 2020

## Infant Mortality

**Figure 72** illustrates the infant mortality rate in the United States, Ohio and Columbiana County for the years 2009 through 2013, where data is available. Infant mortality has remained consistent for the most recent years data is available. In 2012 the county rate (4.5) was lower than the nation (6.1). The county meets the Healthy People 2020 Goal of (6.0).

**Figure 72. Infant Mortality Rate**



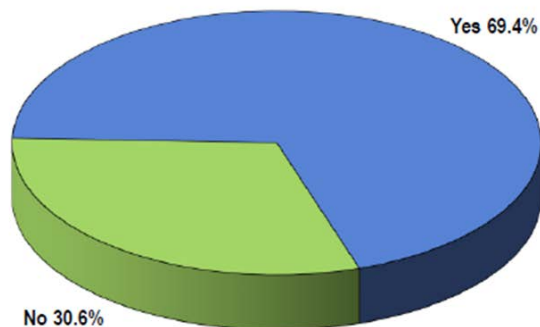
Source: Healthy Communities Institute, OH Department of Health, Healthy People 2020



## Breastfeeding

**Figure 73** illustrates the percentage of children in the United States in 2014 that had ever been fed breast milk according to the PRC National Child and Adolescent Survey. Over half (69.4%) of the children in the United States had been fed breast milk, which falls below the Healthy People 2020 Goal of 81.9%.

**Figure 73. PRC Survey– Child was Ever Fed Breast Milk**  
Healthy People 2020 Target = 81.9% or Higher



Source: PRC National Child and Adolescent Health Survey, 2014, U.S. Department of Health and Human Services, Healthy People 2020

**Figure 74** illustrates the percentage of children in the United States in 2014 that were exclusively breastfed for at least 6 months from the PRC Survey. Approximately one in four (28.0%) children in the Midwest Region was exclusively breastfed for at least 6 months, which is slightly higher than the nation (27.2%).

**Figure 74. PRC Survey– Child Exclusively Breastfed for at Least Six Months**



Source: PRC National Child and Adolescent Health Survey, 2014, U.S. Department of Health and Human Services, Healthy People 2020

### Stakeholder Interviews

Stakeholder interview participants recognized the following as factors impacting the health of the community when it came to Healthy Mothers, Babies and Children:

- The need for more pre and post-natal services
- Education for young women on their reproductive options
- Parenting classes

Focus group participants did not comment on these topics.

## Healthy Mothers, Babies and Children Conclusions

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

### From the Secondary Data:

- The percent of low birth weight babies born in the county increased slightly between 2014 (7.7%) and 2015 (7.9%). In 2015, the county had fewer low birth weight babies compared to the state (8.6%) and fell just short of meeting the Healthy People 2020 Goal of 7.8%, which had been met the past two years.
- Between 2008 and 2010 the teenage pregnancy rate in the county had been decreasing, although in 2012 (57.0) was still higher when compared to the state (55.3). The state, county and nation are higher than the Healthy People 2020 Goal of 36.2.
- The teenage birth rate has been decreasing slightly over the past three years, and in 2015 (39.5) was higher when compared to the state (36.0).
- The percent of mothers receiving prenatal care during the first trimester for the Akron Region (which region includes Columbiana County) has increased from 79.8% in 2006-2007 to 85.6% in 2009-2011, and is above the state rate of 83.7% for the same 2009-2011 period.
- The percentage of pregnant women who report not smoking during pregnancy increased in the county between 2009 and 2010; although in 2010 (73.8%) was still lower than the state (82.2%). The county, state and nation all fall below the Healthy People 2020 Goal of 98.6%.
- Infant mortality has remained consistent for the most recent years data is available. In 2012 the county rate (4.5) was lower than the nation (6.1). The county meets the Healthy People 2020 Goal of (6.0).
- According to the PRC National Child & Adolescent Health Survey, over half (69.4%) of children in the United States were fed breast milk. More than one in four (28.0%) children in the Midwest Region were exclusively breastfed for the first six months, which is slightly more when compared to the United States (27.2%).

### From the Stakeholder Interviews:

- Stakeholders recognize the need for more pre and postnatal care services, as well as the need for parenting classes and education for young women on their reproductive options as community needs.

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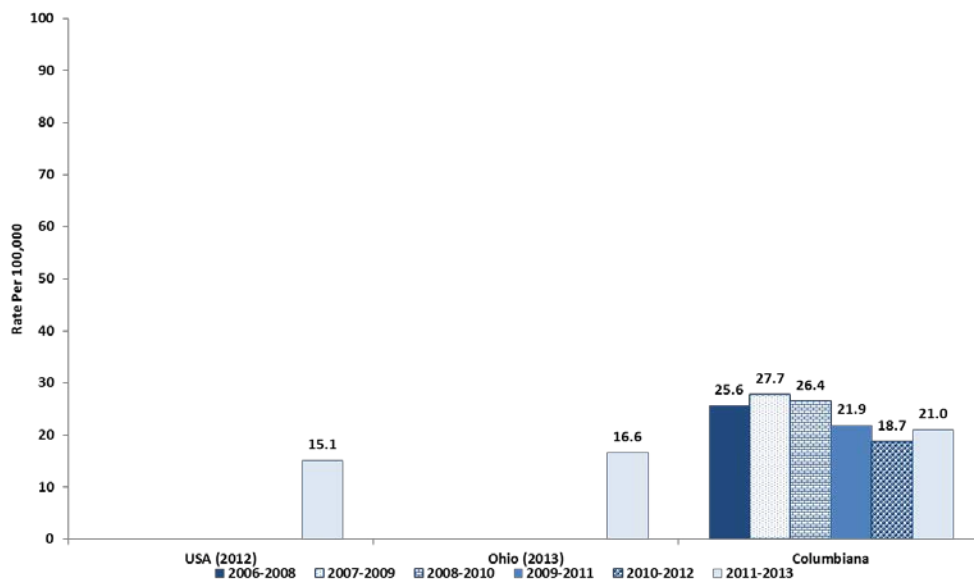


### **Supplemental Data Resource by Topic Area: Infectious Disease**

Pathogenic microorganisms, such as bacteria, viruses, parasites or fungi, cause infectious diseases; these diseases can be spread, directly or indirectly, from one person to another. These diseases can be grouped in three categories: diseases which cause high levels of mortality; diseases which place on populations heavy burdens of disability; and diseases which owing to the rapid and unexpected nature of their spread can have serious global repercussions (World Health Organization).

**Figure 75** illustrates influenza and pneumonia mortality rates for the United States in 2012, Ohio in 2013 and Columbiana County in the years 2006-2008 through 2011-2013. Influenza and pneumonia mortality has fluctuated in the county over the past several years, where data is available. During the timeframe of 2011-2013 the county rate (21.0) was higher when compared to both the state (16.6) and nation (15.1).

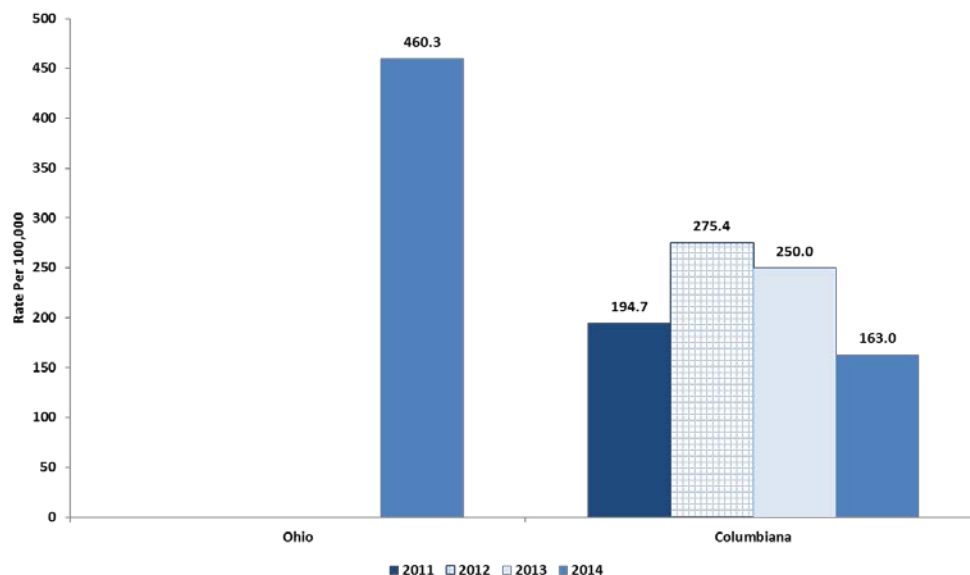
**Figure 75. Influenza and Pneumonia Mortality Rates**



Source: Healthy Communities Institute, OH Department of Health, Center for Disease Control

**Figure 76** illustrates the Chlamydia rate for Ohio and Columbiana County during the years 2011 through 2014, where data is available. Since 2012, the chlamydia rate has been decreasing in the county, and was much lower than the state (460.3) in 2014 (163.0).

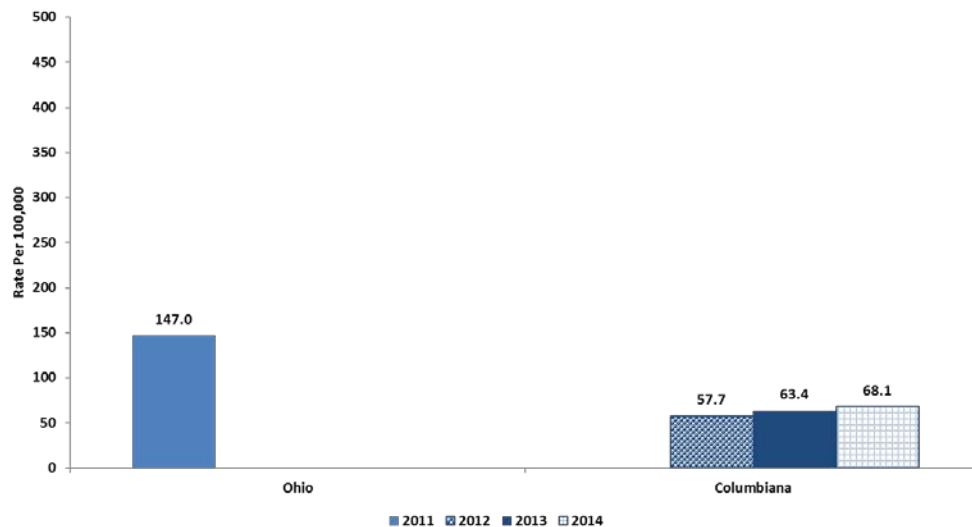
**Figure 76. Chlamydia Rates**



Source: Healthy Communities Institute, OH Department of Health, Center for Disease Control

**Figure 77** illustrates the prevalence of HIV/AIDS in Ohio and Columbiana County during the years 2011 through 2014, where data is available. The county HIV/AIDS prevalence has been increasing since 2012, but remains lower than the state.

**Figure 77. HIV/AIDS Prevalence Rate**

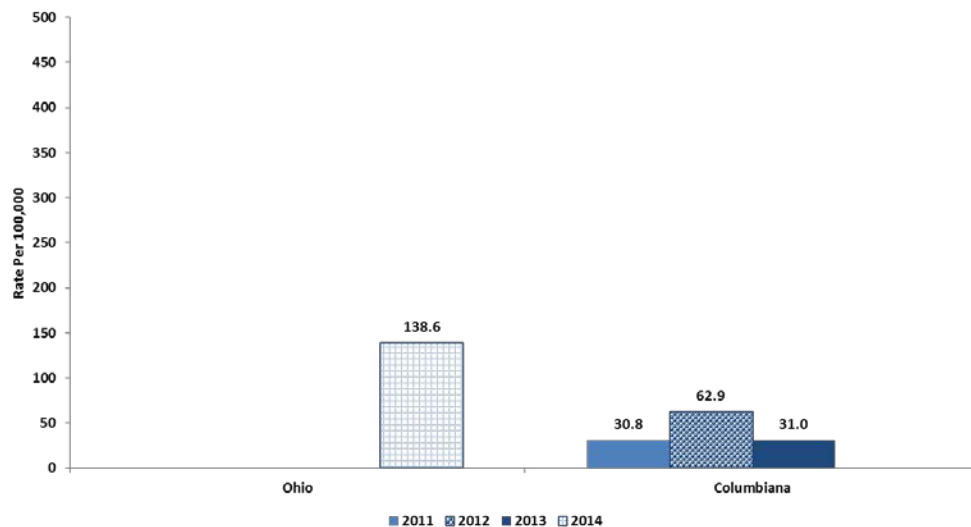


Source: Healthy Communities Institute, OH Department of Health, Center for Disease Control



**Figure 78** illustrates the prevalence of Gonorrhea in Ohio and Columbiana County during the years 2011 through 2014, where data is available. Between 2012 and 2013 the gonorrhea rate increased then decreased in the county, but remains lower than the state rate.

**Figure 78. Gonorrhea Prevalence Rates**



Source: Healthy Communities Institute, OH Department of Health, Center for Disease Control

Focus group and stakeholder interview participants did not comment on these topics.

## Infectious Disease Conclusions

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

### From the Secondary Data:

- Influenza and pneumonia mortality rates have fluctuated in the county over the past several years, where data is available. During the timeframe of 2011-2013 the county rate (21.0) was higher when compared to both the state (16.6) and nation (15.1).
- Since 2012, the chlamydia rate has been decreasing in the county, and was much lower than the state (460.3) in 2014 (163.0).
- HIV/AIDS prevalence has been increasing since 2012, but remains lower than the state.
- Overall between 2012 and 2014 the gonorrhea rate decreased slightly in the county, although the rate increased in 2013.



### **Supplemental Data Resource by Topic Area: Mental Health and Substance Abuse**

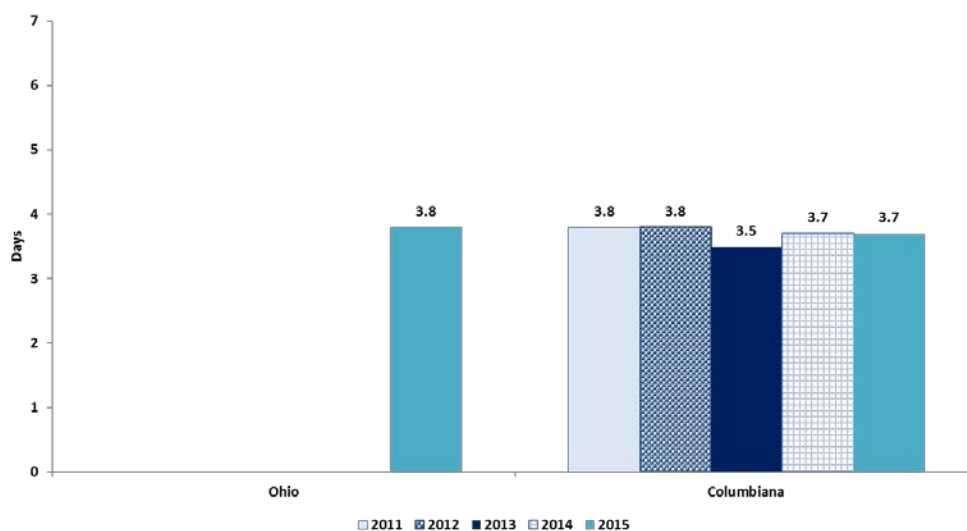
Mental Health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the World Health Organization's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease." Mental health is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

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

## Mental Health

**Figure 79** illustrates the average number of days that adults reported having poor mental health in the past 30 days in Ohio and Columbiana County for 2011 through 2015, where data is available. On average, adults in the county report having 3.7 days in the past 30 where their mental health was not good, which is comparable to the state (3.8).

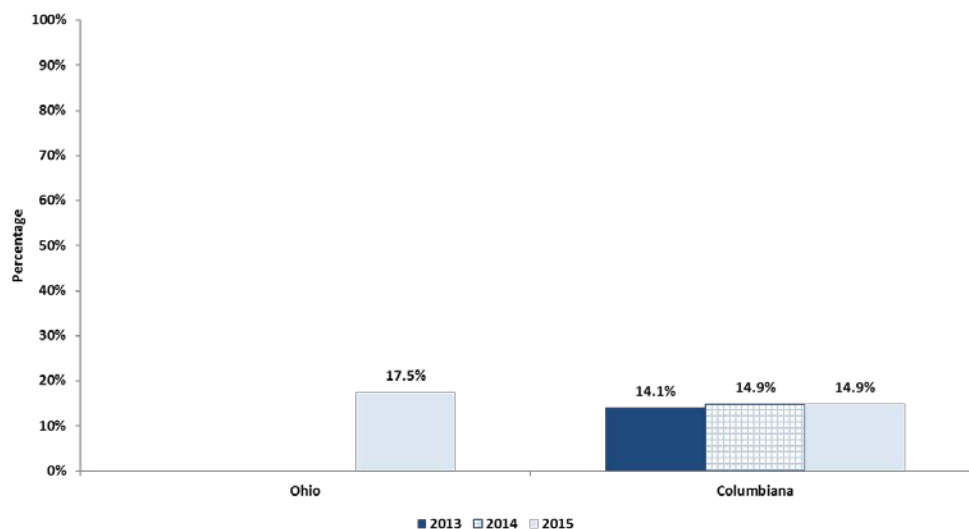
**Figure 79. Average Number of Days Adults Report Poor Mental Health, Last 30 Days**



Source: Healthy Communities Institute, County Health Rankings

**Figure 80** illustrates the percentage of adults who report excessive drinking in Ohio and Columbiana County for 2013 through 2015, where data is available. The percentage of adults who report drinking excessively in the county has remained fairly consistent and in 2015 (14.9%) was lower when compared to the state (17.5%).

**Figure 80. Adults who Report Excessive Drinking**



Source: Healthy Communities Institute, County Health Rankings

## Youth Substance Abuse and Risk-Taking Behavior

### Developmental Assets Report

**Table 13** illustrates youth risky behaviors relating to mental health and substance abuse as reported in the developmental assets report. The report found the following:

- 21% of youth in the county have used alcohol once or more in the past 30 days
- 14% have gotten drunk once or more in the last two weeks
- 9% have used marijuana once or more in the past 30 days
- 2% have used heron or other narcotics in the past year
- 30% have rode in a car with a driver who had been drinking
- 19% felt sad or depressed most of the time in the past month
- 17% have attempted suicide.

**Table 13. Developmental Assets Report – Percent of Youth Reporting Additional Risk-Taking Behaviors Related to Substance Abuse**

Risk-Taking Behavior		Total	Gender		Grade							
Category	Definition	Sample	M	F	6	7	8	9	10	11	12	
Alcohol	Used alcohol once or more in the last 30 days	21	22	19	10		23		30			
	Got drunk once or more in the last two weeks	14	16	11	5		15		21			
Tobacco	Smoked cigarettes once or more in the last 30 days	9	9	8	4		10		13			
	Used smokeless tobacco once or more in the last 12 months	11	19	3	5		13		16			
Inhalants	Sniffed or inhaled substances to get high once or more in the last 30 days	7	8	6	7		8		6			
Marijuana	Used marijuana or hashish once or more in the last 30 days	9	10	7	3		11		12			
Other Drug Use	Used heroin or other narcotics once or more in the last 12 months	2	2	2	1		3		3			
Driving and Alcohol	Drove after drinking once or more in the last 12 months	4	6	2	1		5		7			
	Rode (once or more in the last 12 months) with a driver who had been drinking	30	30	29	27		33		29			

**Table 14** illustrates youth risky behaviors relating to mental health and substance abuse as reported in the developmental assets report looking at the 15 additional risk-taking behaviors. The report found the following:

- 18% of youth have engaged in an eating disorder with 21% of those with the disorder being female.
- 19% of youth felt sad or depressed most or all of the time in the last month; 25% of those youth were females.
- 17% of youth has attempted suicide one or more times; 20% of those youth were females.

**Table 14. Developmental Assets Report – Percent of Youth Reporting 15 Additional Risk-Taking Behaviors**

Risk-Taking Behavior		Total	Gender		Grade						
Category	Definition	Sample	M	F	6	7	8	9	10	11	12
Eating Disorder	Has engaged in bulimic or anorexic behavior	18	15	21	16			18	20		
Depression	Felt sad or depressed most or all of the time in the last month	19	12	25	14			22	20		
Attempted Suicide	Has attempted suicide one or more times	17	12	20	13			19	18		

Source: Developmental Assets Report, Search Institute Survey, 2015

### Ohio Youth Risk Behaviors Survey

**Tables 15-30** illustrate youth risky behaviors relating to mental health and substance abuse as reported in the Ohio Youth Risk Behaviors Survey.

**Table 15** illustrates the percentage of respondents to the Ohio Youth Risk behaviors Survey who had rode in a car or vehicle by someone who had been drinking alcohol. 17.4% of students responded that they had ridden in a car with a driver who had been drinking in the past 30 days.

**Table 15. Ohio Youth Risk Behaviors Survey – Rode in a Car of Other Vehicle Driven by Someone Who Had Been Drinking, Past 30 Days**

Q10: During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

Total		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/Latino	White*	All other races	Multiple races
0 times	%	82.6	80.8	83.1	84.0	81.7	83.4	81.0	84.2	72.5	-	84.5	-	-
	N	1,172	381	639	149	322	288	328	229	244	73	733	37	64
1 time	%	7.2	7.1	7.0	8.2	7.0	7.0	7.9	7.0	10.2	-	6.5	-	-
	N	111	39	54	18	33	22	34	22	31	10	57	4	9
2 or 3 times	%	6.1	6.8	6.2	4.6	5.6	5.4	7.3	6.4	10.1	-	6.0	-	-
	N	87	32	45	10	27	17	26	17	27	1	52	0	5
4 or 5 times	%	1.3	1.1	1.1	2.5	1.3	1.1	1.7	1.2	1.6	-	1.1	-	-
	N	24	8	12	4	7	5	8	4	8	5	9	1	1
6 or more times	%	2.8	4.2	2.6	0.7	4.4	3.2	2.1	1.3	5.6	-	1.9	-	-
	N	57	24	29	4	22	16	10	8	22	10	20	2	2
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,451	484	779	185	411	348	406	280	332	99	871	44	81

Source: Ohio Youth Risk Behaviors Survey, 2013



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**Table 16** illustrates the number of times respondents to the Ohio Youth Risk Behaviors Survey had driven a car or other vehicle while drinking alcohol. 2.6% of those answering the survey have personally driven after drinking.

**Table 16. Ohio Youth Risk Behaviors Survey – Drove a Car or Other Vehicle when Drinking, Past 30 Days**

Q11: During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

Total		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/ Latino	White*	All other races	Multiple races
I did not drive the past 30 days	%	33.2	64.9	20.9	11.3	67.8	29.0	18.8	13.7	49.1	-	29.5	-	-
	N	522	294	194	33	255	112	100	52	162	38	263	14	37
0 times	%	64.2	34.1	77.2	79.6	30.8	70.7	78.8	79.4	47.6	-	68.1	-	-
	N	798	149	523	125	119	209	273	194	131	44	547	24	40
1 time	%	1.6	0.6	1.3	4.7	0.7	0.3	1.6	4.0	1.9	-	1.6	-	-
	N	20	3	10	7	3	1	5	11	6	1	12	1	0
2 or 3 times	%	0.6	0.0	0.3	2.6	0.0	0.0	0.3	2.0	1.3	-	0.4	-	-
	N	7	0	3	4	0	0	2	5	1	1	4	1	0
4 or 5 times	%	0.3	0.0	0.2	1.2	0.0	0.0	0.5	0.7	0.0	-	0.3	-	-
	N	3	0	1	2	0	0	1	2	0	0	2	1	0
6 or more times	%	0.2	0.3	0.0	0.7	0.7	0.0	0.0	0.1	0.2	-	0.1	-	-
	N	4	1	0	3	3	0	0	1	1	1	1	0	1
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,354	447	731	174	380	322	381	265	301	85	829	41	78

Source: Ohio Youth Risk Behaviors Survey, 2013

**Table 17** illustrates the respondents to the Ohio Youth Risk Behaviors Survey who had felt sad or hopeless almost every day for two weeks. Over a quarter (25.8%) of those respondents indicated that had felt sad or hopeless almost every day for two weeks.

**Table 17. Ohio Youth Risk Behaviors Survey – Felt Sad or Hopeless Almost Every Day for Two Weeks, Past 12 Months**

Q26: During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

Total		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/ Latino	White*	All other races	Multiple races
Yes	%	25.8	26.4	25.5	26.0	25.9	25.5	25.4	25.8	28.1	-	24.4	-	-
	N	410	144	215	51	124	103	107	73	105	37	220	13	27
No	%	74.2	73.6	74.5	74.0	74.1	74.5	74.6	74.2	71.9	-	75.6	-	-
	N	1,024	334	554	133	279	244	293	204	218	62	646	31	53
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,434	478	769	184	403	347	400	277	323	99	866	44	80

Source: Ohio Youth Risk Behaviors Survey, 2013

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According to **Table 18**, 14.3% of respondents to the Ohio Youth Risk Behaviors Survey had seriously considered attempting suicide during the past 12 months.

**Table 18. Ohio Youth Risk Behaviors Survey – Seriously Considered Attempting Suicide, Past 12 Months**

Q27: During the past 12 months, did you ever seriously consider attempting suicide?

Total		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/ Latino	White*	All other races	Multiple races
Yes	%	14.3	14.8	14.1	14.3	14.0	15.1	14.3	13.3	13.4	-	13.8	-	-
	N	229	77	122	30	66	58	62	40	50	28	123	8	15
No	%	85.7	85.2	85.9	85.7	86.0	84.9	85.7	86.7	86.6	-	86.2	-	-
	N	1,199	400	645	151	335	289	337	235	271	71	736	37	65
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,428	477	767	181	401	347	399	275	321	99	859	45	80

Source: Ohio Youth Risk Behaviors Survey, 2013

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**Table 19** illustrates that 11.1% of respondents to the Ohio Youth Risk Behaviors Survey have made a plan about how they would attempt suicide.

**Table 19. Ohio Youth Risk Behaviors Survey – Made a Plan About How They Would Attempt Suicide, Past 12 Months**

Q28: During the past 12 months, did you make a plan about how you would attempt suicide?

Total		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/Latino	White*	All other races	Multiple races
Yes	%	11.1	12.9	10.6	9.6	13.1	11.8	10.1	9.1	11.4	-	10.3	-	-
	N	184	69	93	22	62	47	45	29	38	21	98	8	14
No	%	88.9	87.1	89.4	90.4	86.9	88.2	89.9	90.9	88.6	-	89.7	-	-
	N	1,261	413	682	163	345	301	360	250	291	77	772	37	67
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,445	482	775	185	407	348	405	279	329	98	870	45	81

Source: Ohio Youth Risk Behaviors Survey, 2013

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According to **Table 20**, 6.2% of respondents to the Ohio Youth Risk Behaviors Survey indicated that they have attempted suicide in the last year.

**Table 20. Ohio Youth Risk Behaviors Survey – How Many Times They Attempted Suicide, Past 12 Months**

Q29: During the past 12 months, how many times did you actually attempt suicide?

Total	Age				Grade				Race/Ethnicity					
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/ Latino	White*	All other races	Multiple races
0 times	%	93.8	93.3	93.7	95.1	91.5	95.2	94.0	95.1	91.8	-	94.8	-	-
	N	1,198	397	643	155	328	290	336	239	258	70	745	38	71
1 time	%	3.9	3.7	4.2	3.1	4.8	3.7	3.3	3.7	4.9	-	3.3	-	-
	N	56	20	30	6	21	12	13	10	9	6	31	1	5
2 or 3 times	%	1.5	1.8	1.5	1.2	2.3	1.1	1.5	0.9	2.2	-	1.3	-	-
	N	26	8	15	3	10	6	6	3	9	4	11	1	0
4 or 5 times	%	0.3	0.1	0.4	0.0	0.1	0.0	0.9	0.0	0.6	-	0.2	-	-
	N	6	2	4	0	2	0	4	0	2	0	3	0	0
6 or more times	%	0.5	1.0	0.2	0.6	1.2	0.0	0.3	0.4	0.6	-	0.4	-	-
	N	8	3	3	2	4	0	2	2	2	2	3	0	1
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,294	430	695	166	365	308	361	254	280	82	793	40	77

Source: Ohio Youth Risk Behaviors Survey, 2013

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**Table 21** illustrates how old students were when they first tried alcohol according to the Ohio Youth Risk behaviors Survey. Slightly more than one in ten (12.7%) of respondents had tried alcohol before the age of 13.

**Table 21. Ohio Youth Risk Behaviors Survey – How Old Were You When You First Tried Alcohol Other than a Few Sips**

Q42: How old were you when you had your first drink of alcohol other than a few sips?

Total		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/Latino	White*	All other races	Multiple races
Never drank alcohol	%	41.8	54.1	37.5	30.7	56.1	42.0	33.6	33.9	41.2	-	41.9	-	-
	N	602	253	290	56	218	143	144	93	133	39	366	21	36
8 years old or younger	%	3.4	4.3	2.9	3.2	4.8	3.1	3.3	2.3	5.4	-	2.8	-	-
	N	50	21	22	7	21	11	12	6	13	7	22	1	5
9 or 10 years old	%	4.5	4.6	4.7	3.9	3.9	6.1	4.0	3.7	5.4	-	4.2	-	-
	N	66	21	37	8	17	20	17	11	18	5	34	2	5
11 or 12 years old	%	4.8	5.3	5.0	3.0	5.5	4.5	5.0	4.0	7.4	-	4.0	-	-
	N	91	39	45	7	31	24	25	11	27	12	41	8	3
13 or 14 years old	%	19.5	23.5	19.9	10.4	23.1	20.9	21.6	12.2	18.7	-	20.4	-	-
	N	274	104	152	18	86	71	82	34	62	17	174	0	18
15 or 16 years old	%	21.5	8.2	27.9	26.8	6.5	23.4	29.6	28.2	15.6	-	22.7	-	-
	N	296	39	210	47	31	79	110	76	54	18	196	11	10
17 years old or older	%	4.4	0.0	2.1	21.8	0.0	0.0	3.0	15.7	6.3	-	4.1	-	-
	N	57	0	17	40	0	0	12	45	18	0	32	2	2
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,436	477	773	183	404	348	402	276	325	98	865	45	79

Source: Ohio Youth Risk Behaviors Survey, 2013

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**Table 22** illustrates the number of students who had had at least one drink in the last 30 days according to the Ohio Youth Risk Behaviors Survey. Almost a third (29.5%) responded that they had had at least on drink in the past 30 days.

**Table 22. Ohio Youth Risk Behaviors Survey – Had at Least One Drink, Past 30 Days**

Q43: During the past 30 days, on how many days did you have at least one drink of alcohol?

Total		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/Latino	White*	All other races	Multiple races
0 days	%	70.5	79.6	68.2	59.5	78.5	78.3	64.0	59.9	70.9	-	70.3	-	-
	N	953	356	500	95	292	252	251	153	208	51	591	35	57
1 or 2 days	%	15.0	12.4	15.6	18.4	12.2	11.4	16.6	20.3	18.4	-	14.5	-	-
	N	207	55	116	36	47	41	61	58	54	14	121	4	11
3 to 5 days	%	8.3	3.7	9.5	13.5	4.5	6.4	9.9	13.0	4.5	-	8.8	-	-
	N	100	16	65	19	17	19	34	30	11	12	68	0	5
6 to 9 days	%	3.1	2.7	2.8	4.8	2.3	2.1	4.5	3.5	2.0	-	3.4	-	-
	N	42	12	22	8	8	8	15	10	7	3	29	2	1
10 to 19 days	%	1.7	0.7	2.0	2.3	0.9	0.9	3.3	1.8	1.3	-	1.9	-	-
	N	20	3	14	3	3	3	10	4	2	0	17	1	0
20 to 29 days	%	0.7	0.0	1.1	0.8	0.0	0.9	0.8	1.1	1.7	-	0.4	-	-
	N	9	0	7	2	0	3	4	2	2	1	4	1	0
All 30 days	%	0.8	0.9	0.8	0.7	1.7	0.0	1.0	0.5	1.3	-	0.6	-	-
	N	10	3	4	3	6	0	2	2	3	2	4	0	1
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,341	445	728	166	373	326	377	259	287	83	834	43	75

Source: Ohio Youth Risk Behaviors Survey, 2013

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**Table 23** illustrates the respondents to the Ohio Youth Risk Behaviors Survey who had 5 or more drinks in a row (within a couple of hours) during the past 30 days. 16.1% of respondents said that they had had 5 or more drinks in a row.

**Table 23. Ohio Youth Risk Behaviors Survey – How Many Days Did They Have 5 or More Drinks in a Row, Past 30 Days**

Q44: During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

Total		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/Latino	White*	All other races	Multiple races
0 days	%	83.9	90.6	81.8	77.2	89.0	91.0	77.9	77.0	87.2	-	83.4	-	-
	N	1,205	431	633	139	357	313	317	213	283	79	720	39	68
1 day	%	6.5	4.9	6.1	11.1	5.0	3.5	7.5	9.7	5.9	-	6.1	-	-
	N	88	23	46	19	20	13	27	27	19	6	52	1	4
2 days	%	3.9	1.2	5.1	5.4	1.9	2.4	5.8	5.8	2.4	-	4.2	-	-
	N	49	6	36	7	8	8	20	13	5	1	35	2	5
3 to 5 days	%	3.4	1.6	4.5	2.8	1.6	2.5	5.3	4.2	0.7	-	4.1	-	-
	N	41	7	29	5	5	7	17	11	2	5	33	0	1
6 to 9 days	%	1.1	0.8	1.0	2.2	0.9	0.3	1.2	2.1	1.9	-	1.1	-	-
	N	12	3	6	3	3	1	4	4	2	0	10	0	0
10 to 19 days	%	0.6	0.0	0.9	0.7	0.0	0.3	1.2	1.1	0.5	-	0.5	-	-
	N	8	0	7	1	0	1	4	3	1	0	5	2	0
20 or more days	%	0.7	0.8	0.7	0.6	1.6	0.0	1.1	0.1	1.4	-	0.5	-	-
	N	9	2	4	3	5	0	3	1	3	2	3	0	1
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,412	472	761	177	398	343	392	272	315	93	858	44	79

Source: Ohio Youth Risk Behaviors Survey, 2013



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**Table 24** illustrates the respondents to the Ohio Youth Risk Behaviors Survey who had used marijuana in their lifetime. Over a third (35.7%) of respondents said that they have used marijuana in their lifetime.

**Table 24. Ohio Youth Risk Behaviors Survey – Have Used Marijuana in Their Lifetime**

Q47: During your life, how many times have you used marijuana?

Total		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/Latino	White*	All other races	Multiple races
0 times	%	64.3	76.6	61.0	50.3	75.4	72.5	56.9	51.1	45.8	-	68.3	-	-
	N	881	348	447	84	283	240	223	131	149	50	590	30	50
1 or 2 times	%	6.8	6.2	6.8	8.1	7.2	4.5	6.5	9.2	9.3	-	5.9	-	-
	N	104	29	61	14	30	21	29	24	31	6	52	4	7
3 to 9 times	%	7.1	4.9	8.8	6.2	4.8	6.3	8.0	9.8	15.6	-	5.5	-	-
	N	111	27	70	14	21	26	33	31	42	10	51	2	6
10 to 19 times	%	3.8	3.7	4.0	3.5	2.3	5.1	4.2	3.5	4.5	-	3.6	-	-
	N	61	20	32	9	12	16	19	13	20	7	28	2	3
20 to 39 times	%	3.7	0.8	4.2	7.1	1.3	1.8	6.8	5.3	4.7	-	3.4	-	-
	N	54	6	36	11	6	6	28	14	13	5	30	1	4
40 to 99 times	%	3.9	2.8	4.4	4.7	3.6	2.5	5.7	3.9	3.9	-	3.8	-	-
	N	52	9	32	11	10	8	22	12	8	5	33	1	1
100 or more times	%	10.4	5.0	10.8	20.0	5.4	7.4	11.8	17.1	16.2	-	9.4	-	-
	N	140	24	81	35	24	26	42	46	46	11	71	4	8
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,403	463	759	178	386	343	396	271	309	94	855	44	79

Source: Ohio Youth Risk Behaviors Survey, 2013

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**Table 25** illustrates the number of times respondents to the Ohio Youth Risk Behaviors Survey had used Marijuana in the past 30 days. Two in ten (20.7%) of respondents said that they had used marijuana within the last 30 days.

**Table 25. Ohio Youth Risk Behaviors Survey – How Many Times They Used Marijuana, Past 30 Days**

Q49: During the past 30 days, how many times did you use marijuana?

Total		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/Latino	White*	All other races	Multiple races
0 times	%	79.3	86.6	78.4	68.0	85.8	84.1	75.6	71.5	66.4	-	81.6	-	-
	N	1,131	413	600	116	341	292	308	186	220	73	716	35	68
1 or 2 times	%	6.4	5.2	7.2	6.5	5.7	5.3	8.8	6.2	8.8	-	6.0	-	-
	N	99	25	59	15	22	19	36	22	32	7	52	5	2
3 to 9 times	%	5.0	3.1	5.5	6.2	3.1	5.7	5.1	5.9	6.9	-	4.6	-	-
	N	67	13	39	14	10	17	20	19	17	7	37	2	3
10 to 19 times	%	2.2	1.3	2.5	2.9	1.6	0.6	2.6	4.1	3.8	-	2.0	-	-
	N	31	6	19	6	7	4	8	12	11	1	16	0	2
20 to 39 times	%	2.4	0.5	2.6	5.3	0.6	1.2	3.3	4.1	4.7	-	1.9	-	-
	N	32	3	19	10	4	5	12	10	13	2	14	0	2
40 or more times	%	4.7	3.2	3.8	11.0	3.2	3.1	4.7	8.2	9.3	-	3.9	-	-
	N	68	15	32	21	14	11	18	24	27	5	30	3	3
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,428	475	768	182	398	348	402	273	320	95	865	45	80

Source: Ohio Youth Risk Behaviors Survey, 2013

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**Table 26** illustrates whether or not respondents to the Ohio Youth Risk Behaviors Survey had ever used any form of cocaine (including powder, crack or freebase) in their lifetime. A small percentage (4.0%) responded that they have used cocaine in their lifetime.

**Table 26. Ohio Youth Risk Behaviors Survey – Have Used Cocaine in Any Form in Their Lifetime**

Q50: During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?

Total		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/Latino	White*	All other races	Multiple races
0 times	%	96.2	96.6	96.3	94.8	96.5	97.7	95.6	95.3	95.9	-	96.5	-	-
	N	1,383	464	742	174	387	340	386	264	314	91	837	42	77
1 or 2 times	%	1.5	1.2	1.6	1.7	0.5	2.0	1.6	1.2	0.4	-	1.3	-	-
	N	21	6	12	3	4	6	6	4	3	3	12	2	1
3 to 9 times	%	1.3	0.6	1.4	2.4	0.8	0.3	1.2	3.0	2.7	-	1.1	-	-
	N	17	4	9	4	5	1	5	6	6	1	9	0	1
10 to 19 times	%	0.4	0.8	0.0	0.6	1.0	0.0	0.0	0.4	0.2	-	0.4	-	-
	N	5	4	0	1	4	0	0	1	1	0	3	0	0
20 to 39 times	%	0.1	0.0	0.1	0.0	0.0	0.0	0.3	0.0	0.0	-	0.1	-	-
	N	1	0	1	0	0	0	1	0	0	0	1	0	0
40 or more times	%	0.7	0.8	0.7	0.5	1.2	0.1	1.3	0.1	0.9	-	0.6	-	-
	N	11	2	7	2	4	1	5	1	1	1	6	1	2
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,438	480	771	184	404	348	403	276	325	96	868	45	81

Source: Ohio Youth Risk Behaviors Survey, 2013

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**Table 27** illustrates whether or not respondents to the Ohio Youth Risk Behaviors Survey had used heroin within their lifetime. 2.0% of respondents said that yes, they had used heroin in their lifetime.

**Table 27. Ohio Youth Risk Behaviors Survey – How Many Times They Used Heroin in Their Lifetime**

Q52: During your life, how many times have you used heroin (also called smack, junk, or China White)?

Total		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/Latino	White*	All other races	Multiple races
0 times	%	98.0	98.6	97.7	97.8	98.1	99.3	97.3	97.3	97.3	-	98.2	-	-
	N	1,413	474	758	178	395	347	392	272	318	96	854	44	80
1 or 2 times	%	0.8	0.1	1.6	0.0	0.2	0.7	1.0	1.6	2.2	-	0.7	-	-
	N	10	1	9	0	2	1	4	3	5	0	5	0	0
3 to 9 times	%	0.2	0.5	0.1	0.0	0.4	0.0	0.3	0.2	0.0	-	0.2	-	-
	N	4	3	1	0	2	0	1	1	0	2	2	0	0
10 to 19 times	%	0.4	0.3	0.0	1.7	0.4	0.0	0.2	0.8	0.5	-	0.4	-	-
	N	6	3	0	3	3	0	1	2	3	0	3	0	0
20 to 39 times	%	0.2	0.0	0.3	0.0	0.0	0.0	0.6	0.0	0.0	-	0.2	-	-
	N	3	0	3	0	0	0	3	0	0	0	2	1	0
40 or more times	%	0.4	0.5	0.3	0.5	0.8	0.0	0.6	0.0	0.0	-	0.4	-	-
	N	6	2	2	2	4	0	2	0	0	1	3	0	1
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,442	483	773	183	406	348	403	278	326	99	869	45	81

Source: Ohio Youth Risk Behaviors Survey, 2013

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**Table 28** illustrates whether or not respondents to the Ohio Youth Risk Behaviors Survey had taken steroid shots or pills without a prescription within their lifetime. 2.7% of respondents had taken steroid shots or pills without a prescription in their lifetime.

**Table 28. Ohio Youth Risk Behaviors Survey – Taken Steroid Shots or Pills without a Prescription in Their Lifetime**

Q55: During your life, how many times have you taken steroid pills or shots without a doctor's prescription?

Total		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/Latino	White*	All other races	Multiple races
0 times	%	97.3	96.7	97.6	97.3	95.6	99.6	97.1	96.8	94.2	-	97.9	-	-
	N	1,404	468	755	178	388	346	393	270	316	93	851	45	79
1 or 2 times	%	1.3	1.3	1.2	1.5	1.5	0.4	1.3	2.0	2.7	-	0.9	-	-
	N	18	7	9	2	7	3	4	4	6	3	7	0	0
3 to 9 times	%	0.4	0.6	0.3	0.6	0.7	0.0	0.6	0.4	0.1	-	0.5	-	-
	N	6	3	2	1	3	0	2	1	1	0	4	0	1
10 to 19 times	%	0.3	0.6	0.3	0.0	0.8	0.0	0.2	0.4	1.0	-	0.3	-	-
	N	5	2	3	0	3	0	1	1	2	0	3	0	0
20 to 39 times	%	0.2	0.0	0.3	0.0	0.1	0.0	0.2	0.4	0.9	-	0.0	-	-
	N	3	0	3	0	1	0	1	1	2	1	0	0	0
40 or more times	%	0.5	0.9	0.3	0.5	1.4	0.0	0.6	0.0	1.1	-	0.4	-	-
	N	6	2	2	2	4	0	2	0	1	1	3	0	1
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,442	482	774	183	406	349	403	277	328	98	868	45	81

Source: Ohio Youth Risk Behaviors Survey, 2013

**Table 29** illustrates the number of times respondents to the Ohio Youth Risk Behaviors Survey had used a needle to inject any illegal drug into their body within their lifetime. 2.2% of respondents to the survey had used a needle to inject an illegal drug into their body within their lifetime.

**Table 29. Ohio Youth Risk Behaviors Survey: How Many Times They Used a Needle to Inject Any Illegal Drug Into Their Body in Their Lifetime**

Q57: During your life, how many times have you used a needle to inject any illegal drug into your body?

Total		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/Latino	White*	All other races	Multiple races
0 times	%	97.8	97.8	97.6	98.4	97.9	99.0	97.8	96.9	96.4	-	98.2	-	-
	N	1,406	469	756	178	392	347	392	269	317	91	853	44	80
1 time	%	1.2	1.2	1.6	0.1	0.7	0.7	0.8	2.3	3.1	-	0.7	-	-
	N	18	6	11	1	4	1	6	6	7	4	6	1	0
2 or more times	%	1.0	1.0	0.8	1.5	1.5	0.3	1.4	0.8	0.5	-	1.1	-	-
	N	14	4	6	4	6	1	5	2	2	1	10	0	1
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,438	479	773	183	402	349	403	277	326	96	869	45	81

Source: Ohio Youth Risk Behaviors Survey, 2013

**Table 30** illustrates the respondents to the Ohio Youth Risk Behaviors Survey who had been offered, sold or given illegal drugs on school property within the last 12 months. Two in ten (19.9%) respondents had been offered or given drugs on school property.

**Table 30. Ohio Youth Risk Behaviors Survey – Has Anyone Offered, Sold, or Given Them an Illegal Drug on School Property, Last 12 Months**

Q58: During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?

Total	Age				Grade				Race/Ethnicity					
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/ Latino	White*	All other races	Multiple races
Yes	%	19.9	18.7	20.0	22.4	17.3	18.4	24.5	19.3	26.2	-	18.8	-	-
	N	310	97	171	42	81	68	102	57	95	21	162	8	21
No	%	80.1	81.3	80.0	77.6	82.7	81.6	75.5	80.7	73.8	-	81.2	-	-
	N	1,110	378	591	138	318	277	293	217	225	73	697	37	60
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,420	475	762	180	399	345	395	274	320	94	859	45	81

Source: Ohio Youth Risk Behaviors Survey, 2013

### **Focus Groups**

Focus Group participants identified issues impacting the health of the community including:

- Drug Use
- Possible Drug Abuse At Home
- Youth Substance Use

### **Stakeholder Interviews**

Stakeholders identified two major issues that were factors in impacting the health of the community, as well as some issues that went along with each including:

- Drug Addiction/Substance Abuse, Including Youth Drug Use
- Lack of Qualified Mental Health Providers/Services
  - Do Not Take All Payers
  - Long Wait List
  - No Inpatient Mental Health Facility



## Mental Health and Substance Abuse Conclusions

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

### From the Secondary Data:

- On average, adults in the county report having 3.7 days in the past 30 where their mental health was not good, which is comparable to the state 3.8.
- The percentage of adults who report drinking excessively in the county has remained fairly consistent and in 2015 (14.9%) was lower when compared to the state (17.5%).
- According to the Developmental Assets Report:
  - 21% of youth in the county have used alcohol once or more in the past 30 days
  - 14% have gotten drunk once or more in the last two weeks
  - 9% have used marijuana once or more in the past 30 days
  - 2% have used heron or other narcotics in the past year
  - 30% have rode in a car with a driver who had been drinking
  - 19% felt sad or depressed most of the time in the past month
  - 17% have attempted suicide
- According to the Ohio Youth Risk Behaviors Survey:
  - 17.4% of students have rode in a car with a driver who had been drinking in the past 30 days
  - 2.6% have personally driven after drinking
  - 25.8% have felt sad or hopeless almost every day for two weeks
  - 14.3% have considered suicide during the past year
  - 11.1% made a plan about how they would attempt suicide
  - 6.2% have attempted suicide over the past year
  - 12.7% of students have tried alcohol before the age of 13
  - 29.5% have had at least one drink in the past 30 days
  - 16.1% had 5 or more drinks in one occasion
  - 35.7% have used marijuana
  - 20.7% have used marijuana in the past 30 days
  - 7.4% have used some form of cocaine
  - 2% have used heroin
  - 2.7% have taken steroid shots or pills without a prescription
  - 2.2% have used a needle to inject a drug into their body
  - 19.9% have been offered or given drugs on school property

**From the Focus Groups:**

- Focus group participants identify drug use, possible drug use at home, and youth substance use as issues impacting the health of the community.

**From the Stakeholder Interviews:**

- Stakeholders identify substance use and the lack of mental health providers as key factors impacting the health of the community.

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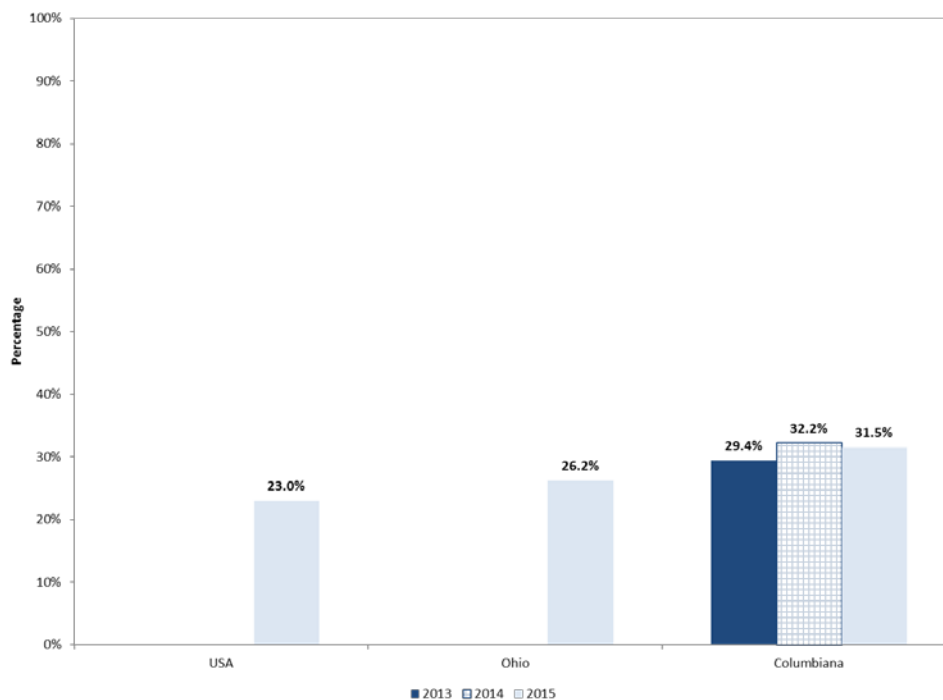
### **Supplemental Data Resource by Topic Area: Physical Activity and Nutrition**

Regular physical activity reduces the risk for many diseases, helps control weight, and strengthens muscles, bones and joints. Proper nutrition and maintaining a healthy weight are critical to good health. Physical activity and nutrition topics explored include: levels of physical activity, availability of fast or fresh food, and utilization of free and reduced-price lunches for school aged children.

## Physical Activity

**Figure 81** illustrates the percentage of adults who reported physical inactivity in Ohio and Columbiana County for 2013 through 2015, where data was available. Approximately one third of adults in Columbiana County reported being physically inactive. While the percentage has fluctuated, between 2014 and 2015 the percentage of inactivity decreased. In 2015, a higher percentage of adults in the county (31.5%) report being inactive compared to the state (26.2%) and nation (23%).

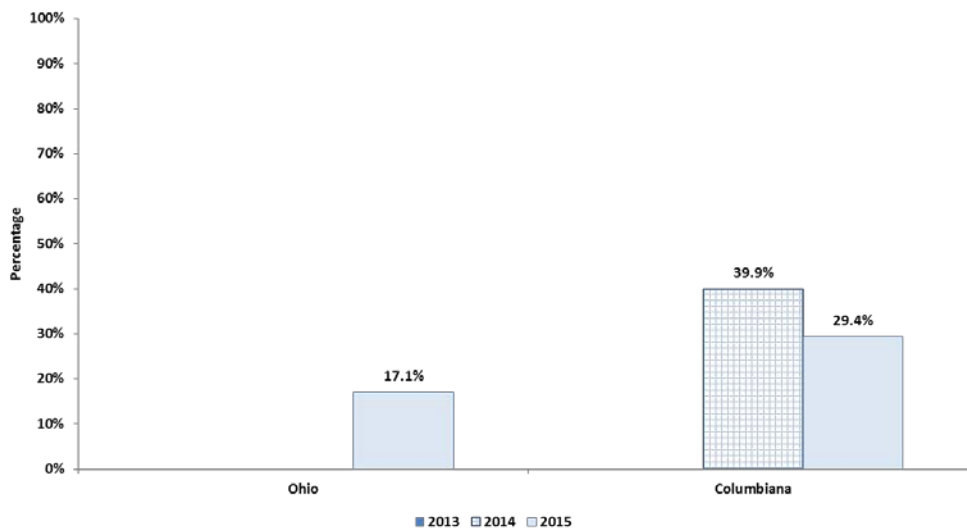
**Figure 81. Adults Who Report Physical Inactivity**



Source: Healthy Communities Institute, County Health Rankings

**Figure 82** illustrates the lack of recreational opportunities in Ohio and Columbiana County for 2013 through 2015, where data was available. The percentage of adults reporting limited access to recreational opportunities decreased between 2014 (39.9%) and 2015 (29.4%), which is still higher compared to the state (17.1%)

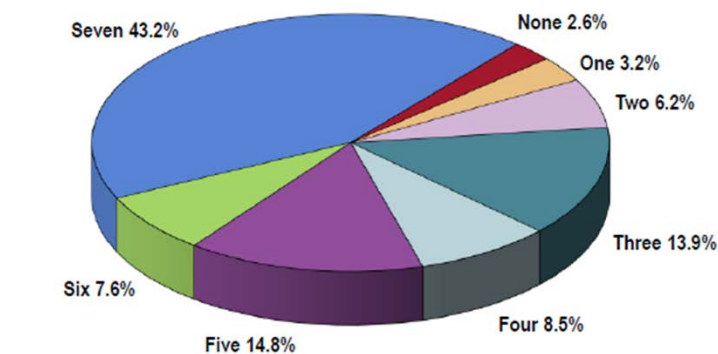
**Figure 82. Lack Recreational Opportunities**



Source: Healthy Communities Institute, County Health Rankings

**Figure 83** illustrates the number of days in the past week children in the United States were physically active for one hour or longer in 2014 according to the PRC survey. Slightly less than half (43.2%) of children age two through seventeen were physically active for one hour or longer seven days out of the week. A very small percentage (2.6%) reported not being physically active for one hour or longer during a week.

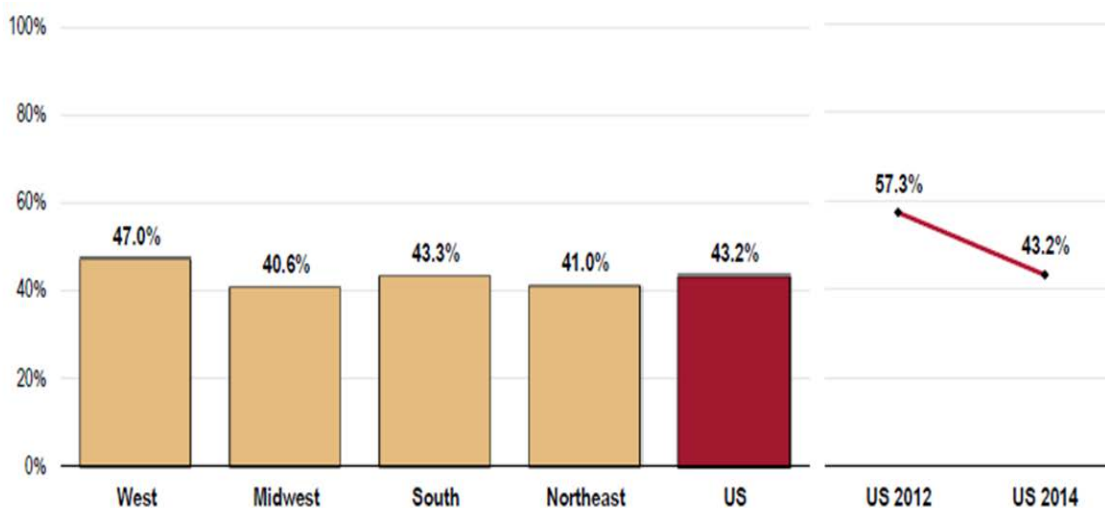
**Figure 83. PRC Survey – Number of Days in the Past Week on which Children were Physically Active for an Hour or Longer (US Children Age 2-17, 2014)**



Source: PRC National Child & Adolescent Health Survey, 2014

**Figure 84** illustrates the percentage of children that were physically active for one hour or longer every day in the past week in 2014 according to the PRC survey. Children in the Midwest Region were slightly less active (40.6%) when compared to the nation (43.2%), West (47.0%), South (43.3%) and Northeast (41.0%). The national trend is decreasing, with over half of children (57.3%) being physically active every day during the past week in 2012.

**Figure 84. PRC Survey – Percentage of Children Physically Active for an Hour or Longer Every Day in Past Week (US Children Age 2-17, 2014)**

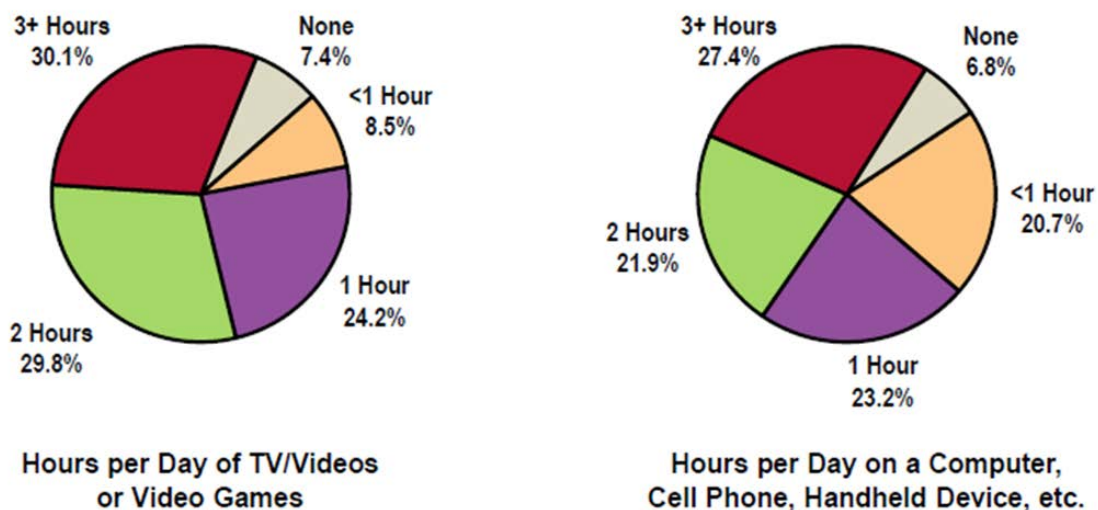


Source: PRC National Child & Adolescent Health Survey, 2014



**Figure 85** illustrates the hours children ages five through seventeen spend per day on TV/videos/video games or on a computer/cell phone/handheld device in the United States from the PRC Survey. Over half (59.5%) of children in the United States are spending more than an hour per day playing video games or watching TV. Slightly fewer (49.3%) are spending over an hour on a cellphone or other hand held device. For this graph, respondents with children who are not in school were asked about “weekdays,” while parents of children in school were asked about typical “school days” when responding this survey question.

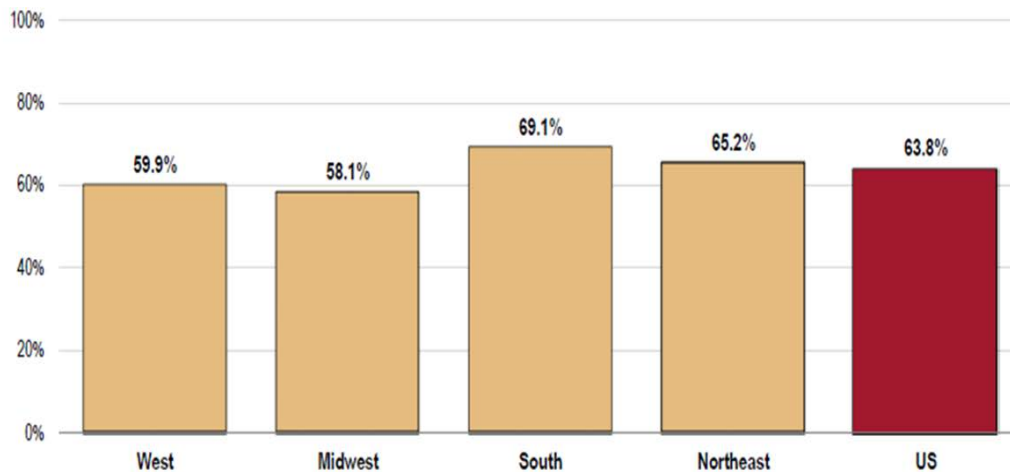
**Figure 85. PRC Survey – Hours of Children’s Screen Time (US Children Age 5-17, 2014)**



Source: PRC National Child & Adolescent Health Survey, 2014

**Figure 86** illustrates the percentage of children who spend three or more hours per school day on a computer, device, watching TV, etc. in the United States. Over half (58.1%) of the children in the Midwest Region are spending over three hours in on “screen time,” which is lower than the United States (63.8%).

**Figure 86. PRC Survey – Children with Three or More Hours per School Day of Screen Time (TV, Computer, Video Games, Phone, Device, etc.) (US Children Age 5-17, 2014)**

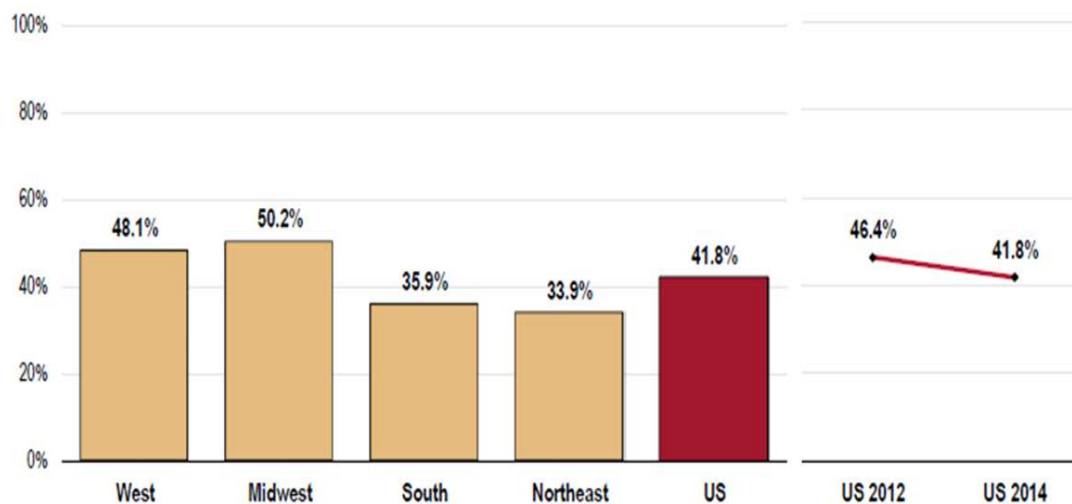


Source: PRC National Child & Adolescent Health Survey, 2014

## Nutrition

**Figure 87.** illustrates the percentage of children in the United States in 2014 receiving five or more servings per day of fruits and/or vegetables from the PRC Survey. Less than half (41.8%) of children are receiving five or more servings of fruits and/or vegetables daily, which is declining compared to 2012 (46.4%). Approximately half (50.2%) of children in the Midwest Region are receiving five or more servings, which is higher than all other regions and the United States (41.8%).

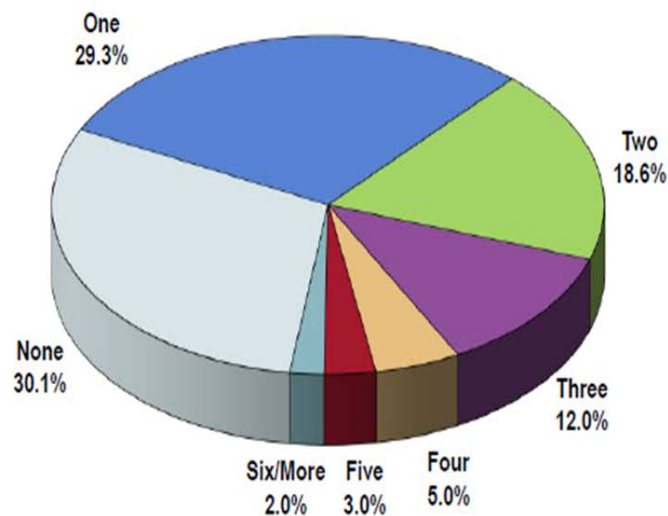
**Figure 87. PRC Survey – Percentage of Children Having Five or More Servings of Fruits/Vegetables per Day**



Source: PRC National Child & Adolescent Health Survey, 2014

**Figure 88** illustrates the number of fast food meals children age two through seventeen consume in the past week from the PRC Survey. Over half (69.9%) of children in the United States are eating fast food at least one time per week.

**Figure 88. PRC Survey – Number of Fast Food Meals Children Consume (US Children Age 2-17, 2014)**



Source: PRC National Child & Adolescent Health Survey, 2014

### **Focus Groups**

Focus group participants identified the following as factors impacting the health of the community when it comes to physical activity and nutrition:

- The majority of 2016 Community Survey respondents (83.8%) report doing some kind of physical activity outside of work in the past 30 days.
- Poor Diet
- Lack of Affordable Fitness Facilities and Indoor Walking Facilities

### **Stakeholder Interviews**

Stakeholders interviewed identified the following as factors impacting the health of the community when it comes to physical activity and nutrition:

- Sedentary Lifestyle/Lack of Physical Activity
- Poor Nutrition

## Physical Activity and Nutrition Conclusions

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

### From the Secondary Data:

- Approximately one third of adults in Columbiana County report being physically inactive, while the percent has fluctuated, between 2014 and 2015 the percent decreased. In 2015, a higher percentage of adults in the county (31.5%) report being inactive compared to the state (26.2%) and nation (23%).
- The percentage of adults reporting limited access to recreational opportunities decreased between 2014 (39.9%) and 2015 (29.4%), which is still higher compared to the state (17.1%)
- According to the PRC National Child & Adolescent Health Survey, just under half (43.2%) of children in the United States are physically active seven days a week. The majority (97.4%) are active at least one day per week. The study found that less than half (40.6%) of children in the Midwest Region were physically active for an hour or longer in the past week, which is slightly lower than the United States (43.2%).
- According to the PRC National Child & Adolescent Health Survey, just under half (43.2%) of children in the United States are physically active seven days a week. The majority (97.4%) are active at least one day per week.
- According to the PRC National Child & Adolescent Health Survey, over half (59.9%) of children in the United States are spending more than an hour per day playing video games or watching TV. Slightly fewer (49.3%) are spending over an hour on a cell phone or other hand held device. Over half (58.1%) of the children in the Midwest Region are spending over three hours in on “screen time”, which is lower than the United States (63.8%).
- According to the PRC National Child & Adolescent Health Survey, half (50.2%) of children are receiving five or more servings of fruits and vegetables per day in the Midwest Region, which is higher when compared to the United States (41.8%).
- Over half (69.9%) of children in the United States are eating fast food at least one time per week.

**From the Focus Groups**

- Focus group participants identified poor diet and lack of affordable and accessible recreation opportunities as factors impacting the health of the community.

**From the Stakeholder Interviews**

- Stakeholders identified lack of physical activity and poor nutrition.



### Supplemental Data Resource by Topic Area: Tobacco Use

Tobacco Use is an important public health indicator as it relates to a number of chronic disease issues and conditions.

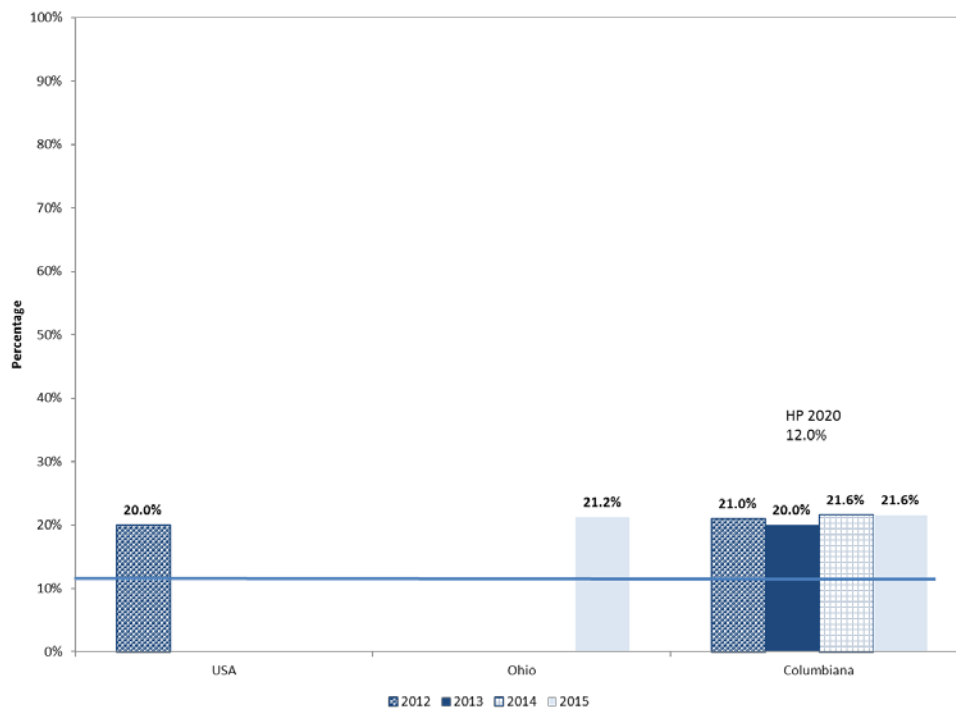
According to the US Department of Health and Human Services, smoking leads to disease and disability and harms nearly every organ of the body.

- More than 16 million Americans are living with a disease caused by smoking.
- For every person who dies because of smoking, at least 30 people live with a serious smoking-related illness.
- Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.
- Smoking also increases risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis.
- Smoking is a known cause of erectile dysfunction in males.



**Figure 89** illustrates the percentage of adults who smoke in the United States, Ohio and Columbiana County for 2012 through 2015, where data is available. The percentage of adults smoking in Columbiana County has remained consistent over the past few years with approximately one in four (21.6%) adults smoking which is comparable to the state (21.2%), but well above the Healthy People 2020 Goal of 12.0%

**Figure 89. Adults Who Smoke**



Source: Healthy Communities Institute, County Health Rankings, Healthy People 2020

## Ohio Youth Risk Behaviors Survey

**Table 31** illustrates the youth risky behaviors relating to tobacco use as reported in the Ohio Youth Risk Behaviors Survey. According to the Survey, 15.1% of youth surveyed have smoked within the past 30 days. Hispanic/Latino students were more likely (24.9%) to report that they smoked in the past 30 days.

**Figure 31. Ohio Youth Risk Behaviors Survey – How Many Days Did You Smoke Cigarettes, Past 30 Days**

Q33: During the past 30 days, on how many days did you smoke cigarettes?

Total		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/Latino	White*	All other races	Multiple races
0 days	%	84.9	91.1	82.8	79.3	90.0	87.2	79.9	81.6	90.2	75.1	84.1	-	-
	N	1,255	447	656	149	370	309	335	234	307	77	740	41	71
1 or 2 days	%	4.2	3.8	4.1	5.0	4.3	2.1	5.5	4.9	3.3	5.6	4.4	-	-
	N	57	18	29	10	17	9	18	13	8	8	37	0	2
3 to 5 days	%	1.9	1.2	2.0	2.9	1.1	2.5	2.1	1.8	0.8	5.4	2.0	-	-
	N	27	7	15	5	5	10	7	5	4	5	17	0	1
6 to 9 days	%	1.6	0.8	1.7	2.8	1.1	1.0	1.5	2.9	1.6	2.1	1.4	-	-
	N	21	3	14	4	6	3	6	6	3	1	12	2	2
10 to 19 days	%	0.7	0.5	0.8	0.6	0.6	0.4	1.4	0.4	0.9	1.1	0.7	-	-
	N	10	2	7	1	2	1	6	1	2	1	7	0	0
20 to 29 days	%	1.6	0.6	2.1	1.9	0.5	0.6	3.3	2.2	0.7	2.8	1.6	-	-
	N	22	2	17	3	1	3	11	7	2	3	14	1	0
All 30 days	%	5.1	1.9	6.4	7.7	2.2	6.2	6.3	6.2	2.5	7.8	5.7	-	-
	N	58	6	40	12	9	14	22	13	3	5	45	1	4
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-
	N	1,450	485	778	184	410	349	405	279	329	100	872	45	80

Source: Ohio Youth Risk Behaviors Survey, 2013

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**Table 32** illustrates the youth risky behaviors relating to tobacco use as reported in the Ohio Youth Risk Behaviors Survey. According to the survey, just under 10% of respondents reported using some form of smokeless tobacco in the past 30 days. Students over age 18 (12.3%) were more likely than average to report that they used smokeless tobacco.

**Table 32. Ohio Youth Risk Behaviors Survey: How Many Days Did You Use Smokeless Tobacco, Past 30 Days**

Q39: During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

Total		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/Latino	White*	All other races	Multiple races
0 days	%	91.4	94.5	90.5	87.7	94.0	91.9	91.6	88.1	93.9	-	90.9	-	-
	N	1,351	463	720	165	387	330	377	251	319	89	802	44	75
1 or 2 days	%	2.9	3.1	3.1	1.5	2.1	3.8	1.8	3.3	1.6	-	2.9	-	-
	N	34	12	20	2	10	8	8	7	3	4	21	0	4
3 to 5 days	%	1.4	0.7	1.8	1.1	1.3	0.7	1.7	1.8	3.9	-	0.9	-	-
	N	16	3	11	2	4	2	5	5	5	3	8	0	0
6 to 9 days	%	0.4	0.3	0.2	1.6	0.3	0.0	0.2	1.2	0.0	-	0.5	-	-
	N	6	1	2	3	1	0	1	4	0	1	5	0	0
10 to 19 days	%	1.0	0.7	1.1	1.3	0.8	1.3	1.0	0.8	0.0	-	1.3	-	-
	N	10	2	6	2	2	3	3	2	0	0	10	0	0
20 to 29 days	%	0.8	0.0	0.8	2.4	0.0	1.0	0.7	1.6	0.0	-	1.0	-	-
	N	7	0	5	2	0	3	2	2	0	0	6	1	0
All 30 days	%	2.2	0.7	2.4	4.4	1.4	1.3	3.1	3.1	0.7	-	2.6	-	-
	N	24	2	14	8	5	3	9	7	1	2	20	0	1
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,448	483	778	184	409	349	405	278	328	99	872	45	80

Source: Ohio Youth Risk Behaviors Survey, 2013

Focus group and stakeholder interview participants did not comment on this topic.

## **Tobacco Use Conclusions**

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

### **From the Secondary Data:**

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

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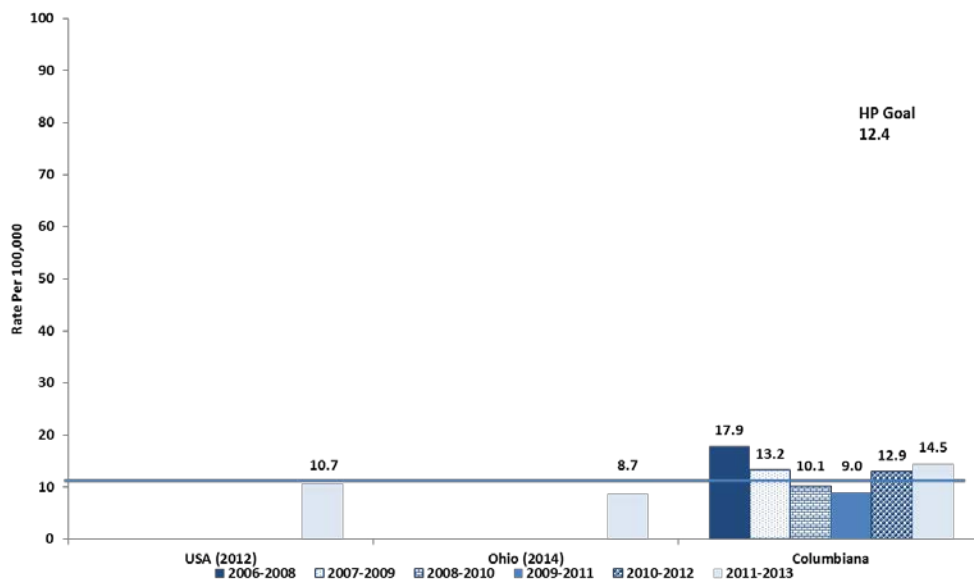


### **Supplemental Data Resource by Topic Area: Unintentional and Intentional Injury**

The topic of injury relates to any intentional or unintentional injuries that can be suffered by individuals. Injury topics explored include: auto accident mortality, suicide, fall mortality, firearm mortality, burns, head injuries and domestic violence.

**Figure 90** illustrates auto accident mortality rates in the United States for 2012, Ohio for 2014, and Columbiana County from 2006-2008 through 2011-2013 where data is available. Auto accident mortality has been increasing in Columbiana County since 2009, with the recent rate (14.5) higher when compared to the state (8.7), nation (10.7), and Healthy People 2020 Goal (12.4).

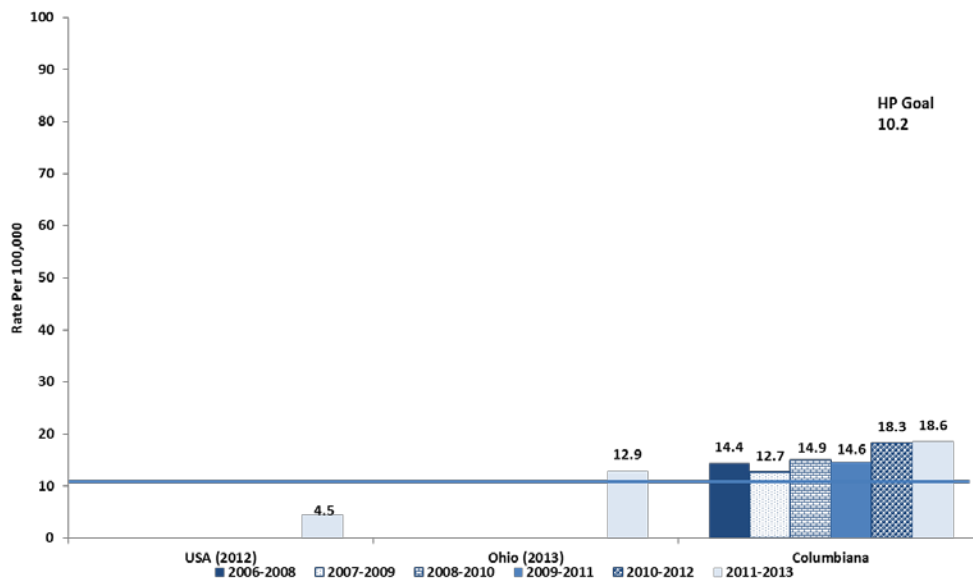
**Figure 90. Auto Accident Mortality**



Source: Healthy Communities Institute, OH Department of Health, Healthy People 2020

**Figure 91** illustrates suicide mortality rates in the United States for 2012, Ohio for 2013, and Columbiana County from 2006-2008 through 2011-2013., where data is available. Suicide mortality has been increasing in Columbiana County since 2009, with the recent rate (18.6) higher when compared to the state (12.9), nation (4.5), and Healthy People 2020 Goal (10.2).

**Figure 91. Suicide Mortality Rates**

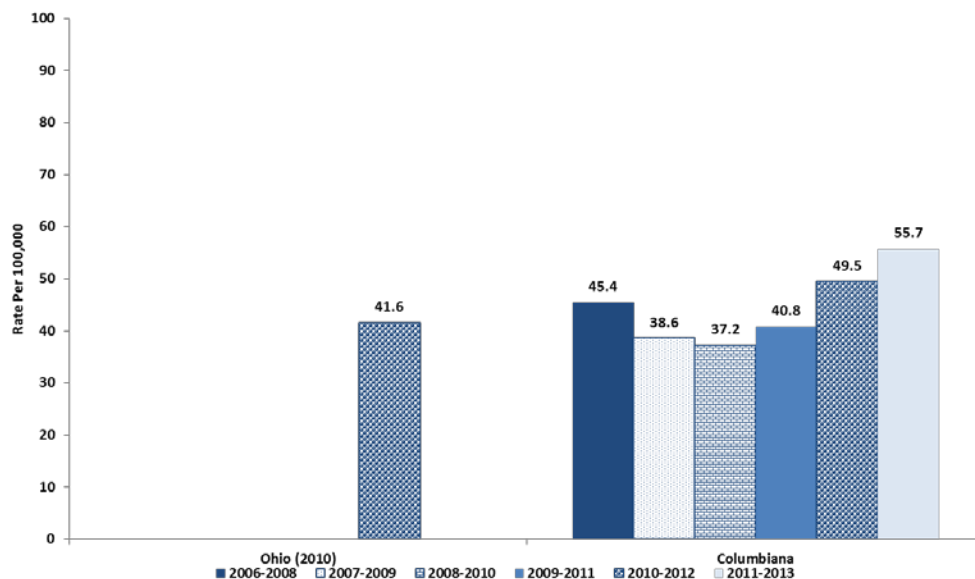


Source: Healthy Communities Institute, OH Department of Health, Healthy People 2020



**Figure 92** illustrates unintentional injury mortality rates in Ohio for 2010, and Columbiana County from 2006-2008 through 2011-2013. Unintentional injury mortality has been increasing since 2008 and in 2011-13 the county rate of 55.7 was higher when compared to the state (41.6)

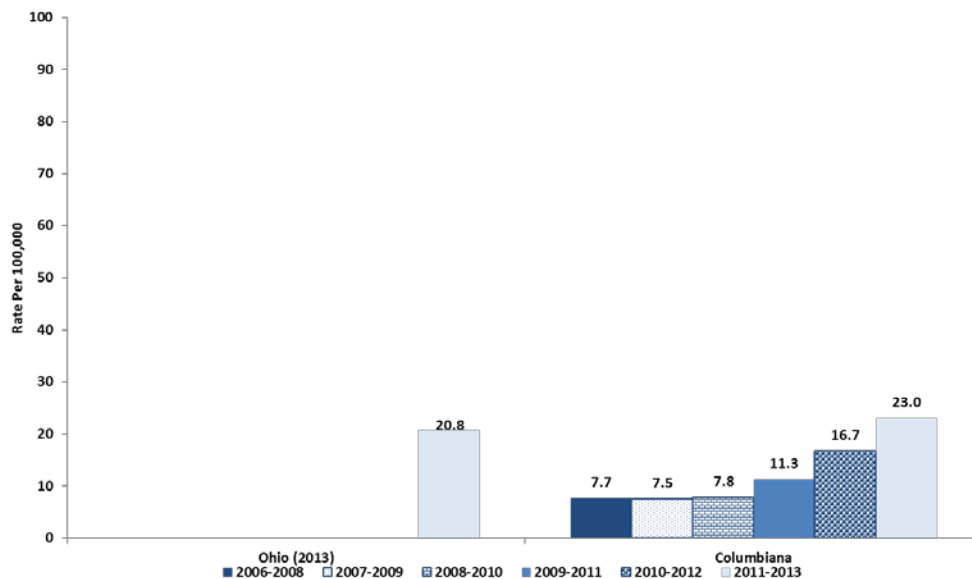
**Figure 92. Unintentional Injury Mortality Rates**



Source: Healthy Communities Institute, OH Department of Health

**Figure 93** illustrates accidental poisoning mortality rates in Ohio for 2013, and Columbiana County from 2006-2008 through 2011-2013. Accidental poisoning mortality (when a person taking or giving too much of a substance did not mean to cause harm) has tripled since 2007, with a rate in 2011-2013 (23.0) higher when compared to the state (20.8).

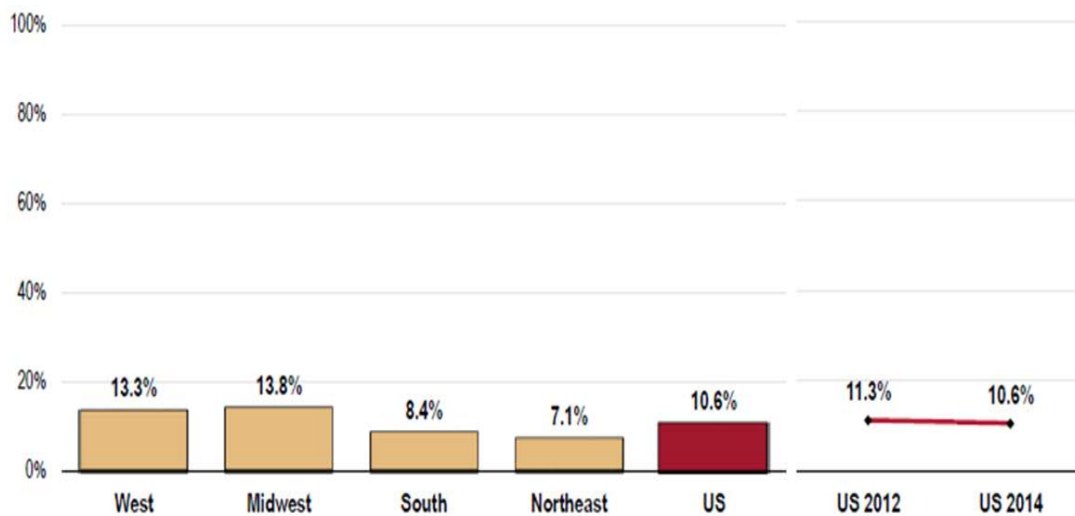
**Figure 93. Accidental Poisoning Mortality Rates**



Source: Healthy Communities Institute, OH Department of Health

**Figure 94** illustrates the percentage of children in 2014 in the United States injured seriously enough to require medical treatment during the past year from the PRC survey. One in ten (10.6%) children in the United States was injured seriously enough to need medical attention during 2014. The national trend decreased from 2012 (11.3%). Children in the Midwest Region had a higher percentage (13.8%) when compared to the nation (10.6%), as well as the other regions.

**Figure 94. PRC Survey – Children Injured Seriously Enough to Need Medical Treatment, Past Year**



Source: PRC National Child & Adolescent Health Survey, 2014

## Ohio Youth Risk Behavior Survey

**Table 33** illustrates the youth risky behaviors relating to injury as reported in the Ohio Youth Risk Behaviors Survey. According to the Ohio Youth Risk Behavior Survey, overall 30.6% of students texted while driving at least once in the past 30 days. A smaller percentage, (5.3%) of youth reported that they texted while driving every day in the past 30 days. Students in the 12th grade (10.5%) were more likely than average to have texted while driving every day of the past month.

**Table 33. Ohio Youth Risk Behaviors Survey – How Many Days did You Text or E-mail While Driving, Past 30 Days**

Q12: During the past 30 days, on how many days did you text or e-mail while driving a car or other vehicle?

Total		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/Latino	White*	All other races	Multiple races
I did not drive the past 30 days	%	32.9	64.0	20.8	11.4	67.3	28.5	18.8	13.8	48.6	-	29.3	-	-
	N	524	295	194	34	255	113	100	53	163	39	263	14	37
0 days	%	36.5	30.7	42.3	27.8	28.0	52.9	36.1	29.2	33.1	-	36.8	-	-
	N	494	134	309	50	106	165	141	79	95	34	309	15	31
1 or 2 days	%	9.5	3.6	9.6	21.0	2.2	4.7	13.8	17.6	6.8	-	10.2	-	-
	N	112	15	66	31	10	14	43	44	20	7	80	2	3
3 to 5 days	%	4.7	0.4	6.2	8.2	0.3	2.2	8.1	8.6	3.2	-	5.1	-	-
	N	54	2	40	12	1	5	28	20	6	3	40	3	1
6 to 9 days	%	2.8	0.0	4.1	3.8	0.0	2.4	5.4	3.7	0.8	-	3.4	-	-
	N	31	0	26	5	0	5	18	8	3	1	26	0	1
10 to 19 days	%	3.9	0.2	4.9	8.0	0.5	3.7	3.3	8.3	1.0	-	4.0	-	-
	N	46	1	32	13	2	11	13	20	3	1	33	5	3
20 to 29 days	%	4.6	0.0	6.2	8.4	0.0	2.6	7.7	8.4	2.8	-	5.3	-	-
	N	42	0	31	11	1	6	18	17	4	0	35	2	1
All 30 days	%	5.3	1.1	6.0	11.4	1.6	2.9	6.6	10.5	3.6	-	5.8	-	-
	N	64	6	37	21	8	9	21	26	11	4	47	0	1
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,367	453	735	177	383	328	382	267	305	89	833	41	78

Source: Ohio Youth Risk Behaviors Survey, 2013

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**Table 34** illustrates the youth risky behaviors relating to injury as reported in the Ohio Youth Risk Behaviors Survey. The study found that approximately 20% of students have been in a physical fight during the past year. Ninth (9<sup>th</sup>) grade respondents (24.3% and Black students (31.4%) were more likely to report that they had been in a fight in the past 12 months.

**Table 34. Ohio Youth Risk Behaviors Survey – How Many Times Were You in a Physical Fight, Past 12 Months**

Q18: During the past 12 months, how many times were you in a physical fight?

Total		Age				Grade				Race/Ethnicity				
		Total	15 or younger	16 or 17	18 or older	9th	10th	11th	12th	Black*	Hispanic/ Latino	White*	All other races	Multiple races
0 times	%	80.2	77.5	81.0	82.7	75.7	79.5	84.0	82.1	68.6	-	83.3	-	-
	N	1,124	355	616	151	291	269	331	229	221	71	730	32	55
1 time	%	7.8	7.0	7.8	9.6	7.5	7.3	6.4	10.1	9.4	-	7.2	-	-
	N	122	44	60	18	39	27	28	28	35	8	62	3	12
2 or 3 times	%	6.9	9.4	6.6	3.1	9.9	7.4	5.3	4.5	12.4	-	5.5	-	-
	N	110	52	53	5	46	25	26	11	41	10	45	5	7
4 or 5 times	%	2.5	2.2	2.7	2.4	1.9	3.5	2.6	1.9	4.9	-	2.1	-	-
	N	31	11	17	3	9	10	8	4	9	1	15	2	2
6 or 7 times	%	1.3	1.8	1.1	0.6	2.1	1.5	0.9	0.4	2.8	-	0.8	-	-
	N	17	7	9	1	6	4	6	1	6	3	6	0	1
8 or 9 times	%	0.4	1.2	0.0	0.0	1.4	0.1	0.0	0.0	0.8	-	0.3	-	-
	N	6	5	1	0	4	2	0	0	3	1	2	0	0
10 or 11 times	%	0.2	0.2	0.2	0.3	0.0	0.0	0.5	0.3	0.1	-	0.1	-	-
	N	4	1	1	2	0	0	2	2	1	2	1	0	0
12 or more times	%	0.8	0.8	0.7	1.3	1.5	0.7	0.3	0.7	1.0	-	0.7	-	-
	N	17	5	8	4	9	4	1	3	6	1	6	2	2
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	-	-
	N	1,431	480	765	184	404	341	402	278	322	97	867	44	79

Source: Ohio Youth Risk Behaviors Survey, 2013

## Unintentional and Intentional Injury Conclusions

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

### From the Secondary Data:

- Auto accident mortality has been increasing in Columbiana County since 2009, with the recent rate (14.5) higher when compared to the state (8.7), nation (10.7), and Healthy People 2020 Goal (12.4).
- Suicide mortality has been increasing in Columbiana County since 2009, with the recent rate (18.6) higher when compared to the state (12.9), nation (4.5), and Healthy People 2020 Goal (10.2).
- Unintentional injury mortality has been increasing since 2008 and in 2011-13 the county rate of 55.7 was higher when compared to the state (41.6).
- Accidental poisoning mortality (when a person taking or giving too much of a substance did not mean to cause harm) has tripled since 2007, with a rate in 2011-2013 (23.0) higher when compared to the state (20.8)
- According to the PRC National Child & Adolescent Health Survey, 13.8% of children in the Midwest Region had an injury serious enough to require medical attention in the past year, which is higher when compared to the United State (10.6%)
- According to the Ohio Youth Risk Behavior Survey, 30.6% of respondents texted at least once while driving in the past 30 days while 10.5% of 12<sup>th</sup> grade students and 5.3% overall have texted while driving every day.
- The study also found that approximately 20% of students have been in a physical fight during the past year.

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### **Supplemental Data Resource by Topic Area: Additional Information**

This section contains general information received from community survey respondents, focus groups participants and stakeholder interviews which data was utilized in the prioritization process of the CHNA.



## Health Habits

**Table 35** illustrates how often 2016 Community Survey respondents performed certain healthy habits. The habits ranged from wearing your seatbelt to using illegal drugs. Respondents brushed and flossed their teeth daily 89.4% of the time, always wore their seatbelt 88.9% of the time and used vitamins/supplements 42.7% of the time. 7.5% of respondents used tobacco products, 1.9% consumed more than 1 alcoholic drink/day and 1.2% used e-cigarettes (vaping).

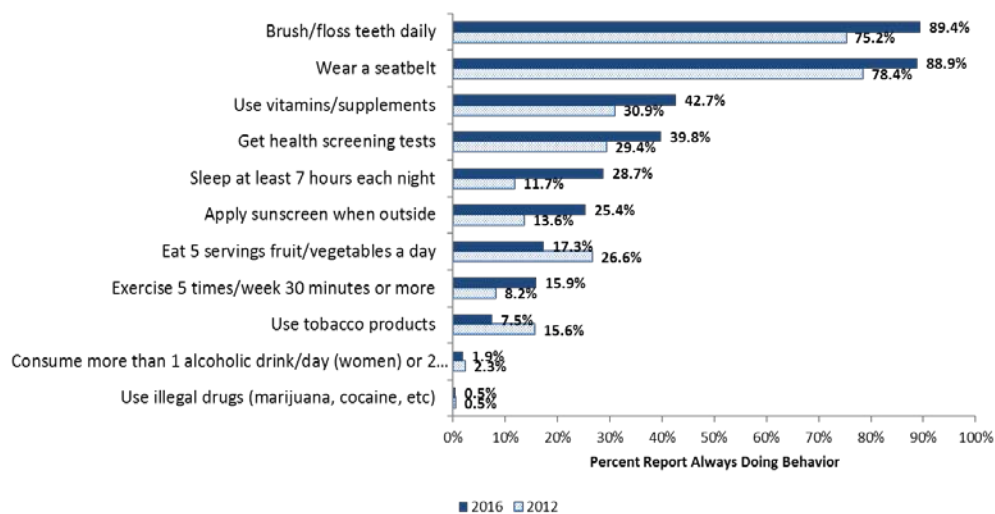
**Table 35. 2016 Community Survey – Health Habits**

Health Habits	Always	Sometimes	Never
Wear a seatbelt	88.9%	10.3%	0.7%
Eat 5 servings fruit/vegetables a day	17.3%	66.7%	15.9%
Exercise 5 times/week 30 minutes or more	15.9%	50.5%	33.6%
Use tobacco products	7.5%	5.5%	87.0%
Use e-cigarettes (vaping)	1.2%	2.7%	96.1%
Attended smoking cessation class(s)	0.0%	0.5%	99.5%
Consume more than 1 alcoholic drink/day (women) or 2 drinks/day (men)	1.9%	31.3%	66.7%
Use illegal drugs (marijuana, cocaine, etc)	0.5%	1.2%	98.3%
Use vitamins/supplements	42.7%	36.6%	20.7%
Brush/floss teeth daily	89.4%	8.7%	1.9%
Apply sunscreen when outside	25.4%	62.2%	12.3%
Practice my faith/attend religious services	32.0%	43.6%	24.5%
Rarely eat fast or "junk" food	8.3%	83.5%	8.3%
Sleep at least 7 hours each night	28.7%	61.4%	9.9%
Get health screening tests	39.8%	50.2%	10.0%
Other	11.1%	17.8%	71.1%

Source: Columbiana County CHNA Community Survey, 2016

**Figure 95** illustrates how often 2016 Community Survey respondents always performed certain healthy habits, comparing their results with a 2012 survey. For both years, the same healthy habits seemed to be performed every time. In 2016 89.4% of respondents brush/floss teeth daily compared to 75.2% in 2012. 88.9% of respondents on the 2016 Survey always wore a seatbelt compared with 78.4% in the 2012 survey. There was a decrease of 9.3% in those respondents eating 5 servings of fruits and vegetables on a daily basis between 2012 and 2016.

**Figure 95. 2016 Community Survey – Personal Health Habits**



Source: Columbiana County CHNA Community Survey, 2016

## Availability of Services

**Table 36** illustrates the availability of services according to the 2016 Community Survey respondents. Respondents were asked if the availability of the services had greatly increased, increased, stayed the same, decreased, greatly decreased or if they did not know. Services aimed at reducing substance abuse (30.8%), availability of healthy foods (30.7%), mental illness (29.1%), and physical activity/recreation options (27.2%) were more likely to be perceived as increasing in availability compared to the other services. Respondents tended to have less knowledge about programs to reduce infant deaths (50.4%), reduce tobacco use (38.9%) and reduce childhood (36.1%) and adult (33.7%) obesity. Up to one in fifteen respondents perceived that availability of services is decreasing in various areas.

**Table 36. 2016 Community Survey – Availability of Services**

	Greatly Increased	Increased	Stayed the Same	Decreased	Greatly Decreased	Don't Know
Physical Activity/Recreation Options	4.4%	22.8%	50.7%	8.6%	6.4%	7.1%
Availability of Healthy Foods	3.4%	27.3%	48.5%	9.4%	5.7%	5.7%
Services/Programs to Reduce Tobacco Use	0.5%	12.1%	35.0%	9.4%	4.2%	38.9%
Programs to Reduce Infant Deaths	0.5%	8.6%	33.6%	4.2%	2.7%	50.4%
Services/Programs to Reduce Substance Abuse	5.2%	25.6%	28.3%	7.9%	5.7%	27.5%
Services/Programs for People with Mental Illnesses	3.7%	25.4%	33.3%	8.4%	7.1%	22.2%
Services/Programs for People with Diabetes	1.2%	14.5%	42.6%	4.9%	4.2%	32.5%
Services/Programs for People with Cancer	3.2%	22.1%	35.6%	6.1%	4.9%	28.0%
Services/Programs for People with Heart Disease	1.2%	13.6%	44.1%	7.4%	4.2%	29.5%
Programs to Reduce Adult Obesity	1.0%	10.3%	37.8%	9.8%	7.4%	33.7%
Programs to Reduce Childhood Obesity	1.7%	15.1%	32.2%	7.9%	6.9%	36.1%

Source: Columbiana County CHNA Community Survey, 2016

## **Suggestions to Address Community Needs**

### **Focus Groups**

According to the 2016 Columbiana CHNA Focus Groups there were many suggestions as to how best address community needs including the following:

- Low cost, easily accessible health foods
- More free general/public access to fitness facilities and recreational opportunities.
- Incentive providers to help patients achieve healthier outcome
- Shift funding towards preventing substance abuse
- Social work intern available in schools
- Offer school-based vaccinations

### **Stakeholder Interviews**

According to the 2016 Columbiana CHNA Stakeholder Interviews there were many suggestions as to how best address community needs including the following:

- Increased school involvement
- Increased awareness
- Address drug problem-drug dogs, war on drugs, more discussion (in church, home, schools)
- Greater police presence
- Parenting classes
- Promote family values and health-family functions
- Trades taught in high school
- Appropriate housing and employment for those recovering from mental illness or addiction
- Increased availability of multilingual healthcare providers
- Enforcement of rabies vaccine for pets
- More economic opportunities
- More reproductive education for young women
- Broader acceptance of insurance plans
- Additional funding for expansion of services
- Education on available resources

## Needed Services

### Focus Groups

According to the 2016 Columbiana CHNA Focus Groups there were many suggestions as to needed services in the community which include the following:

- More EMS service in central and southwestern county to increase response time
- More health services for seniors to stay home
- More local drug rehab facilities and programs for county residence
- Full time surgery coverage
- Urologist coverage when urologist is away
- OB services
- Neurology and tele-neurology
- Full orthopedic coverage
- Comprehensive breast cancer program
- Pain management services
- Enhanced cardiac rehab program
- Full time cardiologists in the community
- School based clinics
- Educate EMT's on where to take patients in labor

## Additional Information Conclusions

There are a number of observations and conclusions that can be derived from the additional data. These include:

### From the Community Survey

- The 2016 community Survey respondents were asked to rate their current healthy habits. The majority of respondents responded that they always brushed and flossed their teeth daily (89.4%), always wore their seatbelt (88.9%) and always used vitamins/supplements (42.7%). A small percentage, (7.5%) of respondents indicated that they always used tobacco products, while 1.9% reported that they always consumed more than 1 alcoholic drink/day and 1.2% always used e-cigarettes (vaping).
- The 2016 Community Survey respondents' results regarding healthy habits were compared to the 2012 survey. In 2016, 89.4% of respondents indicated that they always brush/floss teeth daily compared to 75.2% in 2012. A higher percentage (88.9%) of respondents on the 2016 Survey indicated that they always wore a seatbelt compared with 78.4% in the 2012 survey. There was a decrease of 9.3% in those respondents reporting that they always eat 5 servings of fruits and vegetables a day between 2012 and 2016.
- Respondents to the 2016 survey were asked if the availability of the services had greatly increased, increased, stayed the same, decreased, greatly decreased or if they did not know. Services aimed at reducing substance abuse (30.8%), availability of healthy foods (30.7%), mental illness (29.1%), and physical activity/recreation options (27.2%) were more likely to be perceived as increasing in availability compared to the other services. Respondents tended to have less knowledge about programs to reduce infant deaths (50.4%), reduce tobacco use (38.9%) and reduce childhood (36.1%) and adult (33.7%) obesity. Up to one in fifteen respondents perceived that availability of services is decreasing in various areas.

### From the Focus Groups

- According to the 2016 Columbiana CHNA Focus Groups, there were many suggestions as to how best to address community needs including the following:
  - Low cost, easily accessible health foods

- More free general/public access to fitness facilities and recreational opportunities.
- Incentive providers to help patients achieve healthier outcome
- Shift funding towards preventing substance abuse
- Social work intern available in schools
- Offer school-based vaccinations

**From the Stakeholder Interviews:**

- According to the 2016 Columbiana CHNA Stakeholder Interviews there were many suggestions as to how best address community needs including the following:
  - Increased school involvement
  - Increased awareness
  - Address drug problem-drug dogs, war on drugs, more discussion (in church, home, schools)
  - Greater police presence
  - Parenting classes
  - Promote family values and health-family functions
  - Trades taught in high school
  - Appropriate housing and employment for those recovering from mental illness or addiction
  - Increased availability of multilingual healthcare providers
  - Enforcement of rabies vaccine for pets
  - More economic opportunities
  - More reproductive education for young women
  - Broader acceptance of insurance plans
  - Additional funding for expansion of services
  - Education on available resources
- According to the 2016 Columbiana CHNA Focus Groups there were many suggestions as to needed services in the community which include the following:
  - More EMS service in central and southwestern county to increase response time
  - More health services for seniors to stay home
  - More local drug rehab facilities and programs for county residence
  - Full time surgery coverage
  - Urologist coverage when urologist is away
  - OB services
  - Neurology and tele-neurology

- Full orthopedic coverage
- Comprehensive breast cancer program
- Pain management services
- Enhanced cardiac rehab program
- Full time cardiologists in the community
- School based clinics
- Educate EMT's on where to take patients in labor

**Tables 37 through 41** display the various indicators that are graphed in this report in table form.



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**Table 37: County Health Rankings**

Columbiana County Executive Summary Spreadsheet	COLUMBIANA COUNTY									Trend	OH	OH	OH	OH	OH	OH	OH	US	HP 2020	OH	US	HP Goal
COUNTY HEALTH RANKINGS	2007	2008	2009	2010	2011	2012	2013	2014	2015	+/-	2009	2010	2011	2012	2013	2014	2015	Rate (2012)	Goal	Comp	Comp	Comp
ACCESS																						
Uninsured Adults							15.6%	16.0%	14.5%	-							13.5%			+		
Uninsured Children						3.4%	9.2%							6.0%								
Reported Health Fair or Poor					16.0%	18.0%	19.4%	20.1%	20.1%	+							15.3%			+		
Poor Physical Health Days					4.3	4.6	4.8	4.7	4.7	+							3.7			+		
Mammogram Screening					62.2%	67.7%	64.1%	58.5%	58.3%	-							60.3%	67.1%	81.1%	-	-	-
CHRONIC DISEASE																						
Adult Obesity					33.0%	36.0%	35.8%	32.0%	32.3%	-							30.2%			+		
Adults With Diabetes					11.0%	13.0%	13.0%	12.0%	12.0%	+				8.9%		11.0%			12.0%	+		+
Heart Disease Mortality Rate per 100,000	203.3	205.5	191.9								179.8						176.8					
HEALTHY ENVIRONMENT																						
Unemployment Rates							10.2%	8.0%	8.1%	-							7.4%	8.9%		+	=	
High School Graduation Rates					80.0%	87.0%	86.5%	78.6%	79.3%	-							81.8%		82.40%	-		-
Education - Some College					44.4%	44.7%	45.2%	46.8%	46.9%	+			58.4%	59.8%	61.2%	62.2%	62.7%	64.0%		-	-	
Children Living in Poverty					21.0%	27.0%	27.2%	24.9%	27.4%	+							22.7%			+		
Children Living in Single Parent Homes					30.0%	32.0%	30.3%	32.0%	32.9%	+							34.9%			-		
PHYSICAL ENVIRONMENT																						
Air,Water and Toxic Substances: Air Pollution							14.5	14.1	14.1	-/=					13.4	13.5	13.5	11.4		+	+	



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**Table 38: County Health Rankings (cont.)**

Columbiana County Executive Summary Spreadsheet	COLUMBIANA COUNTY									Trend	OH	OH	OH	OH	OH	OH	OH	US	HP 2020	OH	US	HP Goal
	2007	2008	2009	2010	2011	2012	2013	2014	2015	+/-	2009	2010	2011	2012	2013	2014	2015	Rate (2012)	Goal	Comp	Comp	Comp
COUNTY HEALTH RANKINGS																						
HEALTHY MOTHERS, BABIES AND CHILDREN																						
Low Birthweight Babies	7.0%	7.7%	8.5%	8.1%	7.4%	7.5%	7.7%	7.7%	7.9%	+							8.6%	8.0%	7.8%	-	-	=
Teen Pregnancy Rate per 100,000, Ages 15-19	62.2	62.1	61.3	57.0								55.3		30.0				30.0	36.2			
Teen Birth Rate (Per 1,000)					40.0	40.0	40.1	39.9	39.5	=							36.0			+		
Mothers Who Received Early Prenatal Care			69.1%	72.7%							69.7%											
Non-Smoking Mother During Pregnancy			70.0%	73.8%								82.2%						89.3%	98.6%			
Infant Mortality (Per 1,00 Live Births)	5.0	3.0	4.1	9.9	4.5	4.5								7.4				6.1	6.0			
INFECTIOUS DISEASE																						
Chlamydia Rate (Per 100,000)					194.7	275.4	250.0	163.0		-						460.3				-		
Gonorrhea Incidence Rate (Per 100,000)			20.4	26.9	250	62.9	31.2	42.5		+						138.6				-		
HIV/AIDS Prevalence Rate (Per 100,000)						57.7	63.4	68.1		+			147.0									
MENTAL HEALTH AND SUBSTANCE ABUSE																						
Poor Mental Health Days					3.8	3.8	3.5	3.7	3.7	=							3.8			=		
Excessive Drinking					16.0%	15.0%	14.1%	14.9%	14.9%	-							17.5%			-		
Alcohol Impaired Driving Deaths								38.6%	36.4%	-							35.7%			+		
PHYSICAL ACTIVITY AND NUTRITION																						
Physical Inactivity							29.4%	32.2%	31.5%	+							26.2%	23.0%		+	+	
Lack Access to Recreational Opportunities								39.9%	29.4%	-							17.1%			+		
TOBACCO USE																						
Adults who Smoke					21.0%	20.0%	20.0%	21.6%	21.6%	=							21.2%	20.0%	12.0%	=	+	+

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**Table 39: Department of Education Statistics**

Columbiana County Executive Summary Spreadsheet	COLUMBIANA COUNTY					Trend	OH	OH	OH	US	HP 2020	OH	US	HP Goal
	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	+/-	2011-2012	2012-2013	2013-2014	Rate (2011)	Goal	Comp	Comp	Comp
Department of Education														
HEALTHY ENVIRONMENT														
4th Grade Students Proficient in Math	78.8%	80.5%	82.9%	83.0%	85.9%	+		77.9%	78.3%			+		
4th Grade Students Proficient in Reading	82.5%	85.9%	85.0%	90.6%	90.0%	+		87.7%	85.8%			+		
8th Grade Students Proficient in Math	61.7%	73.6%	78.0%	78.1%	79.8%	+		77.0%	79.8%			+		
8th Grade Students Proficient in Reading	80.5%	84.8%	82.4%	88.3%	88.6%	+		85.8%	86.7%			+		
HEALTHY MOTHERS, BABIES AND CHILDREN														
Children who are Overweight or Obese: 3rd Graders	35.8%						34.7%							
PHYSICAL ACTIVITY AND NUTRITION														
Students Eligible for Free Lunch Program	38.5%	41.2%	40.4%			+		43.6%				-		

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**Table 40: Public Health Data**

Columbiana County Executive Summary Spreadsheet	COLUMBIANA COUNTY							COLUMBIANA COUNTY							Trend	OH 2008-2012	OH (2010)	OH (2012)	OH (2013)	OH (2014)	OH (2015)	US (2010)	US (2012)	HP 2020	OH	US	HP Goal
	2003-2007	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013														
Public Health Data	2003-2007	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	+/-	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Goal	Comp	Comp	Comp
CHRONIC DISEASE																											
Breast Cancer Rate per 100,000	112.1	107.1	109.8		114.2	120.5								+			120.2				121.9	122.0	41.0	+	-	+	
Breast Cancer Mortality Rate per 100,000	22.6	23.2	22.2	20.4	22.6	22.4								=			22.7				22.2	21.5	20.7	-	+	+	
Bronchus and Lung Cancer Rate per 100,000	77.8	78.7	75.6		73.0	72.3								-			66.8					73.0		+	-		
Bronchus and Lung Cancer Mortality Rate per 100,000	63.0	62.5	61.0	56.5	54.5	53.6								-			54.2					57.9	45.5	-	-	+	
Colorectal Cancer Rate per 100,000	60.0	59.6	55.6		46.3	45.8								-	37.3							46.1	38.6	+	+	+	
Colorectal Cancer Mortality Rate per 100,000	18.2	17.9	17.4	15.4	15.7	15.3								-			16.1				16.9	18.1	14.5	-	-	+	
Prostate Cancer Rate per 100,000	149.0	146.1	141.8		132.5	122.3								-			103.3					128.3		+	-	-	
Prostate Cancer Mortality Rate per 100,000	22.4	25.8	22.9	21.1	22	20.1								-			19.3					20.8	21.8	+	-	-	
Coronary Heart Disease Mortality Rate per 100,000								156.3	141.9	145.2	131.5	137.6	137.2	-			187.3					108.91	103.4	-	+	+	
Chronic Lower Respiratory Disease (COPD) Mortality Rate per 100,000								58.1	64.3	61.9	58.5	53.5	55.9	-			51.1				40.8		102.6	+	+	-	
Cerebrovascular Mortality Rate per 100,000								45.4	45.4	44.8	44.1	44.4	40.3	-			40.9				39.1	39.9	34.8	-	+	+	
Diabetes Mortality Rate per 100,000								29.7	24.4	21.9	20.4	23.0	22.3	-			26.1				20.8	73.28	66.6	-	-	-	
Alzheimer Mortality Rate per 100,000								25.0	24.8	28.5	24.8	24.4	21.0	-				26.0				26.8		-	-		
Kidney Disease Mortality Rate Per 100,000										17.5	20.3	18.0	19.5	+				26.0						+			
HEALTHY ENVIRONMENT																											
Young Children Living Below Poverty Level			31.1	30.7	27.8	26.7	28.1							-						23.0				+			

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**Table 41: Public Health Data (cont.)**

Columbiana County Executive Summary Spreadsheet	COLUMBIANA COUNTY							COLUMBIANA COUNTY							Trend	OH 2008-2012	OH (2010)	OH (2012)	OH (2013)	OH (2014)	OH (2015)	US (2010)	US (2012)	HP 2020	OH	US	HP Goal
	2003-2007	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013														
Public Health Data	2003-2007	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	2009-2013	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	+/-	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Goal	Comp	Comp	Comp
INFECTIOUS DISEASE																											
Influenza and Pneumonia Mortality Rate per 100,000								25.6	27.7	26.4	21.9	18.7	21.0	-				16.6			16.2	15.1		+	+		
MENTAL HEALTH AND SUBSTANCE ABUSE																											
INJURY																											
Auto Accident Mortality Rate per 100,000								17.9	13.2	10.1	9.0	12.9	14.5	-					8.7		11.9	10.7	12.4	+	+	+	
Suicide Mortality per 100,000								14.4	12.7	14.9	14.6	18.3	18.6	+				12.9			12.1	4.5	10.2	+	+	+	
Fall Mortality Rate per 100,000								6.8	4.9	5.3	6.1	6.7	7.9	+							8.1	9.6	7.2	-	-	+	
Unintentional Injury Mortality								45.4	38.6	37.2	40.8	49.5	55.7	+		41.6								+			
Accidental Poisoning Mortality								7.7	7.5	7.8	11.3	16.7	23.0	+				20.8						+			
DNA = Data Not Available.																											
ND = No Data as rates/percentages were too low to																											

## **Appendix C**

### **Prioritization Process**

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After all primary (individual surveys, focus groups and stakeholder interviews) and secondary data were reviewed and analyzed, a total of 52 distinct issues, needs and possibly priority areas for potential intervention were identified by the Columbiana County Health Partners. The Partners used 4 distinct criteria to rate each of the areas in order to prioritize the needs and select focus areas for intervention. **Table 42** outlines the prioritization criteria.

**Table 42. Prioritization Criteria**

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

**Tables 43** through **47** outline the results of the prioritization exercise based on several different ways to sort the data. The results include responses from the 14 steering committee members who participated in the process.

**Table 43** outlines the results are sorted by the total score of all four criteria.

**Table 43: Columbiana County CHNA Prioritization Survey Results – Sorted by Total**

Answer Options	Magnitude	Impact	Capacity	Accountability	Total	Rank	HPIO Top 10
Chronic Disease: Diabetes	9.00	9.45	6.09	6.50	24.54	1	8
Chronic Disease: Heart	9.00	9.27	6.18	6.33	24.45	2	10
Chronic Disease: Mammogram Screenings	7.55	8.18	6.45	7.58	22.18	3	9
Chronic Disease: Obesity	9.33	9.45	5.27	5.33	24.05	4	1
Chronic Disease: COPD/Chronic Bronchitis	7.18	8.27	6.09	7.25	21.54	5	
Physical Activity/Nutrition: Diet/Proper Nutrition	8.27	8.55	5.91	5.83	22.73	6	3
Mental Health/Substance Abuse: Substance Abuse Rehab	7.70	8.40	5.18	7.25	21.28	7	4
Chronic Disease: Lung Cancer	7.17	7.91	6.00	7.33	21.08	8	9
Chronic Disease: Cerebrovascular (Stroke)	7.08	8.18	6.09	7.00	21.35	9	10
Healthy Mothers, Babies & Children: Women and Children Pre and Postnatal Care	6.91	8.55	6.09	6.42	21.55	10	5
Chronic Disease: Breast Cancer	6.67	7.91	6.45	6.67	21.03	11	9
Mental Health/Substance Abuse: Drug Addiction/Abuse	7.73	8.82	5.27	5.83	21.82	12	4
Mental Health/Substance Abuse: Prescription Drug Addiction/Abuse	7.64	8.73	5.36	5.67	21.73	13	4
Chronic Disease: Colo-Rectal Cancer	6.50	7.91	6.00	6.92	20.41	14	9
Mental Health/Substance Abuse: Mental Health/Treatment	7.09	8.00	6.36	5.67	21.45	15	7
Tobacco Use: Smoking	6.92	8.55	6.09	5.33	21.56	16	6
Access to Quality Health Services: Lack of Education on Health Issues	7.91	7.45	6.36	5.08	21.72	17	
Infectious Disease: Influenza and Pneumonia	6.17	6.91	6.64	6.67	19.72	18	
Chronic Disease: Prostate Cancer	6.00	7.36	6.18	6.75	19.54	19	9
Mental Health/Substance Abuse: Youth Risk Behaviors	7.58	8.09	5.45	5.17	21.12	20	
Mental Health/Substance Abuse: Low Cost Mental Health/Counseling	6.89	8.00	6.36	4.08	21.25	21	7

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Answer Options	Magnitude	Impact	Capacity	Accountability	Total	Rank	HPIO Top 10
Services							
Healthy Mothers, Babies & Children: Smoking During Pregnancy	6.67	7.73	6.00	4.92	20.40	22	5
Physical Activity/Nutrition: Affordable Fitness/Wellness Programs and Facilities	7.75	7.36	5.27	4.50	20.38	23	2
Access to Quality Health Services: Health Literacy	7.08	6.91	4.82	5.25	18.81	24	
Access to Quality Health Services: Access to Preventative Health/Wellness Services	6.50	6.55	5.36	5.58	18.41	25	2,3
Access to Quality Health Services: Lack of Resources to Access Providers - Office/Clinic Open Late/Weekends	6.25	5.73	5.09	6.83	17.07	26	
Access to Quality Health Services: Health Insurance Coverage/Cost/Deductibles/Co-Pays/Authorizations	6.75	8.09	3.64	5.00	18.48	27	
Access to Quality Health Services: Lack of Resources to Access Providers - Specialists	4.92	5.45	5.55	7.50	15.92	28	
Physical Activity/Nutrition: Food Insecurity	6.33	7.91	5.36	3.67	19.60	29	3
Healthy Mothers, Babies & Children: Teenage Pregnancy/Birth Rate	6.08	7.18	6.00	4.00	19.26	30	5
Access to Quality Health Services: Increasing Cost of Medication	7.33	7.82	3.09	4.83	18.24	31	
Injury: Falls	5.82	6.90	4.91	5.42	17.63	32	
Access to Quality Health Services: Pain Management Services	5.80	5.27	4.91	6.25	15.98	33	
Access to Quality Health Services: EMT Education on Where to Take Patients in Labor	3.33	4.10	7.00	7.33	14.43	34	
Access to Quality Health Services: Homebound and Frail Elderly	6.75	5.91	4.27	4.75	16.93	35	
Injury: Unintentional Poisoning (taking too much of a substance without intending to do harm)	5.08	6.36	4.82	5.33	16.26	36	
Social Environment: Health Impact of Economic Deprivation	6.50	9.00	2.64	3.42	18.14	37	
Social Environment: Poverty/Lack of Jobs/Unemployment	6.09	9.09	2.45	3.92	17.63	38	
Access to Quality Health Services: Lack of Youth Programs	6.42	6.18	4.73	4.17	17.33	39	

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Answer Options	Magnitude	Impact	Capacity	Accountability	Total	Rank	HPIO Top 10
Infectious Disease: HIV/AIDS	3.75	6.00	5.82	5.83	15.57	40	
Injury: Suicides	5.33	6.45	4.82	4.75	16.60	41	
Access to Quality Health Services: School-Based Clinics	6.25	5.70	5.09	4.08	17.04	42	
Access to Quality Health Services: Increase in Emergency Services Coverage	3.83	5.00	5.09	6.83	13.92	43	
Access to Quality Health Services: Affordable/Accessible Dental Care	6.25	5.82	4.00	4.67	16.07	44	
Injury: Auto Accidents	4.82	5.91	5.09	4.50	15.82	45	
Access to Quality Health Services: Access to Physical Activity/Recreational Opportunities	5.91	5.82	4.45	3.75	16.18	46	2
Access to Quality Health Services: Veteran's Services	4.92	5.27	4.55	5.17	14.74	47	
Access to Quality Health Services: Meal Providers	5.70	5.82	4.18	3.42	15.70	48	3
Access to Quality Health Services: Stigma of Accessing Services	4.80	4.36	4.64	4.55	13.80	49	7
Access to Quality Health Services: Transportation	5.08	5.55	3.82	3.50	14.45	50	
Access to Quality Health Services: Language Barriers	3.33	4.36	4.09	5.67	11.78	51	
Social Environment: Exploitation of Minority Groups	4.00	6.00	3.00	3.45	13.00	52	

**Table 44** outlines the rank ordering of the results by Accountability (Hospital Role).

**Table 44. Columbiana County CHNA Prioritization Survey Results – Sorted by Accountability (Hospital Role)**

Answer Options	Accountability	Rank	HPIO Top 10
Chronic Disease: Mammogram Screenings	7.58	1	9
Access to Quality Health Services: Lack of Resources to Access Providers - Specialists	7.50	2	
Chronic Disease: Lung Cancer	7.33	3	9
Access to Quality Health Services: EMT Education on Where to Take Patients in Labor	7.33	4	
Chronic Disease: COPD/Chronic Bronchitis	7.25	5	
Mental Health/Substance Abuse: Substance Abuse Rehab	7.25	6	4
Chronic Disease: Cerebrovascular (Stroke)	7.00	7	10
Chronic Disease: Colo-Rectal Cancer	6.92	8	9
Access to Quality Health Services: Lack of Resources to Access Providers - Office/Clinic Open Late/Weekends	6.83	9	
Access to Quality Health Services: Increase in Emergency Services Coverage	6.83	10	
Chronic Disease: Prostate Cancer	6.75	11	9
Chronic Disease: Breast Cancer	6.67	12	9
Infectious Disease: Influenza and Pneumonia	6.67	13	
Chronic Disease: Diabetes	6.50	14	8
Healthy Mothers, Babies & Children: Women and Children Pre and Postnatal Care	6.42	15	5
Chronic Disease: Heart	6.33	16	10
Access to Quality Health Services: Pain Management Services	6.25	17	
Physical Activity/Nutrition: Diet/Proper Nutrition	5.83	18	3
Mental Health/Substance Abuse: Drug Addiction/Abuse	5.83	19	4
Infectious Disease: HIV/AIDS	5.83	20	
Mental Health/Substance Abuse: Prescription Drug Addiction/Abuse	5.67	21	4
Mental Health/Substance Abuse: Mental Health/Treatment	5.67	22	7
Access to Quality Health Services: Language Barriers	5.67	23	
Access to Quality Health Services: Access to Preventative Health/Wellness Services	5.58	24	2,3
Injury: Falls	5.42	25	
Chronic Disease: Obesity	5.33	26	1
Tobacco Use: Smoking	5.33	27	6
Injury: Unintentional Poisoning (taking too much of a substance without intending to do harm)	5.33	28	
Access to Quality Health Services: Health Literacy	5.25	29	

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Answer Options	Accountability	Rank	HPIO Top 10
Mental Health/Substance Abuse: Youth Risk Behaviors	5.17	30	
Access to Quality Health Services: Veteran's Services	5.17	31	
Access to Quality Health Services: Lack of Education on Health Issues	5.08	32	
Access to Quality Health Services: Health Insurance Coverage/Cost/Deductibles/Co-Pays/Authorizations	5.00	33	
Healthy Mothers, Babies & Children: Smoking During Pregnancy	4.92	34	5
Access to Quality Health Services: Increasing Cost of Medication	4.83	35	
Access to Quality Health Services: Homebound and Frail Elderly	4.75	36	
Injury: Suicides	4.75	37	
Access to Quality Health Services: Affordable/Accessible Dental Care	4.67	38	
Access to Quality Health Services: Stigma of Accessing Services	4.55	39	7
Physical Activity/Nutrition: Affordable Fitness/Wellness Programs and Facilities	4.50	40	2
Injury: Auto Accidents	4.50	41	
Access to Quality Health Services: Lack of Youth Programs	4.17	42	
Mental Health/Substance Abuse: Low Cost Mental Health/Counseling Services	4.08	43	7
Access to Quality Health Services: School-Based Clinics	4.08	44	
Healthy Mothers, Babies & Children: Teenage Pregnancy/Birth Rate	4.00	45	5
Social Environment: Poverty/Lack of Jobs/Unemployment	3.92	46	
Access to Quality Health Services: Access to Physical Activity/Recreational Opportunities	3.75	47	2
Physical Activity/Nutrition: Food Insecurity	3.67	48	3
Access to Quality Health Services: Transportation	3.50	49	
Social Environment: Exploitation of Minority Groups	3.45	50	
Social Environment: Health Impact of Economic Deprivation	3.42	51	
Access to Quality Health Services: Meal Providers	3.42	52	3

**Table 45** outlines the rank ordered results by magnitude and impact and capacity.

**Table 45. Columbiana County CHNA Prioritization Survey Results – Sorted  
by Magnitude + Impact + Capacity**

Answer Options	Magnitude	Impact	Capacity	Total M+I+C	M+I+C Ranking	Accountability	Total M+I+C+A	HPIO Top 10
Chronic Disease: Diabetes	9.00	9.45	6.09	24.54	1	6.50	31.04	8
Chronic Disease: Heart	9.00	9.27	6.18	24.45	2	6.33	30.78	10
Chronic Disease: Obesity	9.33	9.45	5.27	24.05	3	5.33	29.38	1
Physical Activity/Nutrition: Diet/Proper Nutrition	8.27	8.55	5.91	22.73	4	5.83	28.56	3
Chronic Disease: Mammogram Screenings	7.55	8.18	6.45	22.18	5	7.58	29.76	9
Mental Health/Substance Abuse: Drug Addiction/Abuse	7.73	8.82	5.27	21.82	6	5.83	27.65	4
Mental Health/Substance Abuse: Prescription Drug Addiction/Abuse	7.64	8.73	5.36	21.73	7	5.67	27.40	4
Access to Quality Health Services: Lack of Education on Health Issues	7.91	7.45	6.36	21.72	8	5.08	26.80	
Tobacco Use: Smoking	6.92	8.55	6.09	21.56	9	5.33	26.89	6
Healthy Mothers, Babies & Children: Women and Children Pre and Postnatal Care	6.91	8.55	6.09	21.55	10	6.42	27.97	5
Chronic Disease: COPD/Chronic Bronchitis	7.18	8.27	6.09	21.54	11	7.25	28.79	
Mental Health/Substance Abuse: Mental Health/Treatment	7.09	8.00	6.36	21.45	12	5.67	27.12	7
Chronic Disease: Cerebrovascular (Stroke)	7.08	8.18	6.09	21.35	13	7.00	28.35	10
Mental Health/Substance Abuse: Substance Abuse Rehab	7.70	8.40	5.18	21.28	14	7.25	28.53	4
Mental Health/Substance Abuse: Low Cost Mental Health/Counseling Services	6.89	8.00	6.36	21.25	15	4.08	25.33	7
Mental Health/Substance Abuse: Youth Risk Behaviors	7.58	8.09	5.45	21.12	16	5.17	26.29	
Chronic Disease: Lung Cancer	7.17	7.91	6.00	21.08	17	7.33	28.41	9
Chronic Disease: Breast Cancer	6.67	7.91	6.45	21.03	18	6.67	27.70	9
Chronic Disease: Colo-	6.50	7.91	6.00	20.41	19	6.92	27.33	9

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Answer Options	Magnitude	Impact	Capacity	Total M+I+C	M+I+C Ranking	Accountability	Total M+I+C+A	HPIO Top 10
Rectal Cancer								
Healthy Mothers, Babies & Children: Smoking During Pregnancy	6.67	7.73	6.00	20.40	20	4.92	25.32	5
Physical Activity/Nutrition: Affordable Fitness/Wellness Programs and Facilities	7.75	7.36	5.27	20.38	21	4.50	24.88	2
Infectious Disease: Influenza and Pneumonia	6.17	6.91	6.64	19.72	22	6.67	26.39	
Physical Activity/Nutrition: Food Insecurity	6.33	7.91	5.36	19.60	23	3.67	23.27	3
Chronic Disease: Prostate Cancer	6.00	7.36	6.18	19.54	24	6.75	26.29	9
Healthy Mothers, Babies & Children: Teenage Pregnancy/Birth Rate	6.08	7.18	6.00	19.26	25	4.00	23.26	5
Access to Quality Health Services: Health Literacy	7.08	6.91	4.82	18.81	26	5.25	24.06	
Access to Quality Health Services: Health Insurance Coverage/Cost/Deductibles /Co-Pays/Authorizations	6.75	8.09	3.64	18.48	27	5.00	23.48	
Access to Quality Health Services: Access to Preventative Health/Wellness Services	6.50	6.55	5.36	18.41	28	5.58	23.99	2,3
Access to Quality Health Services: Increasing Cost of Medication	7.33	7.82	3.09	18.24	29	4.83	23.07	
Social Environment: Health Impact of Economic Deprivation	6.50	9.00	2.64	18.14	30	3.42	21.56	
Injury: Falls	5.82	6.90	4.91	17.63	31	5.42	23.05	
Social Environment: Poverty/Lack of Jobs/Unemployment	6.09	9.09	2.45	17.63	32	3.92	21.55	
Access to Quality Health Services: Lack of Youth Programs	6.42	6.18	4.73	17.33	33	4.17	21.50	
Access to Quality Health Services: Lack of Resources to Access Providers - Office/Clinic Open Late/Weekends	6.25	5.73	5.09	17.07	34	6.83	23.90	
Access to Quality Health Services: School-Based Clinics	6.25	5.70	5.09	17.04	35	4.08	21.12	
Access to Quality Health Services: Homebound and Frail Elderly	6.75	5.91	4.27	16.93	36	4.75	21.68	



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Answer Options	Magnitude	Impact	Capacity	Total M+I+C	M+I+C Ranking	Accountability	Total M+I+C+A	HPIO Top 10
Injury: Suicides	5.33	6.45	4.82	16.60	37	4.75	21.35	
Injury: Unintentional Poisoning (taking too much of a substance without intending to do harm)	5.08	6.36	4.82	16.26	38	5.33	21.59	
Access to Quality Health Services: Access to Physical Activity/Recreational Opportunities	5.91	5.82	4.45	16.18	39	3.75	19.93	2
Access to Quality Health Services: Affordable/Accessible Dental Care	6.25	5.82	4.00	16.07	40	4.67	20.74	
Access to Quality Health Services: Pain Management Services	5.80	5.27	4.91	15.98	41	6.25	22.23	
Access to Quality Health Services: Lack of Resources to Access Providers - Specialists	4.92	5.45	5.55	15.92	42	7.50	23.42	
Injury: Auto Accidents	4.82	5.91	5.09	15.82	43	4.50	20.32	
Access to Quality Health Services: Meal Providers	5.70	5.82	4.18	15.70	44	3.42	19.12	3
Infectious Disease: HIV/AIDS	3.75	6.00	5.82	15.57	45	5.83	21.40	
Access to Quality Health Services: Veteran's Services	4.92	5.27	4.55	14.74	46	5.17	19.91	
Access to Quality Health Services: Transportation	5.08	5.55	3.82	14.45	47	3.50	17.95	
Access to Quality Health Services: EMT Education on Where to Take Patients in Labor	3.33	4.10	7.00	14.43	48	7.33	21.76	
Access to Quality Health Services: Increase in Emergency Services Coverage	3.83	5.00	5.09	13.92	49	6.83	20.75	
Access to Quality Health Services: Stigma of Accessing Services	4.80	4.36	4.64	13.80	50	4.55	18.35	7
Social Environment: Exploitation of Minority Groups	4.00	6.00	3.00	13.00	51	3.45	16.45	
Access to Quality Health Services: Language Barriers	3.33	4.36	4.09	11.78	52	5.67	17.45	

**Table 46** outlines the results rank ordered by only magnitude and impact.

**Table 46. Columbiana County CHNA Prioritization Survey Results – Sorted by Magnitude and Impact**

Answer Options	Magnitude	Impact	Total M+I	Ranking	HPIO Top 10
Chronic Disease: Obesity	9.33	9.45	18.78	1	1
Chronic Disease: Diabetes	9.00	9.45	18.45	2	8
Chronic Disease: Heart	9.00	9.27	18.27	3	10
Physical Activity/Nutrition: Diet/Proper Nutrition	8.27	8.55	16.82	4	3
Mental Health/Substance Abuse: Drug Addiction/Abuse	7.73	8.82	16.55	5	4
Mental Health/Substance Abuse: Prescription Drug Addiction/Abuse	7.64	8.73	16.37	6	4
Mental Health/Substance Abuse: Substance Abuse Rehab	7.70	8.40	16.10	7	4
Chronic Disease: Mammogram Screenings	7.55	8.18	15.73	8	9
Mental Health/Substance Abuse: Youth Risk Behaviors	7.58	8.09	15.67	9	
Social Environment: Health Impact of Economic Deprivation	6.50	9.00	15.50	10	
Tobacco Use: Smoking	6.92	8.55	15.47	11	6
Healthy Mothers, Babies & Children: Women and Children Pre and Postnatal Care	6.91	8.55	15.46	12	5
Chronic Disease: COPD/Chronic Bronchitis	7.18	8.27	15.45	13	
Access to Quality Health Services: Lack of Education on Health Issues	7.91	7.45	15.36	14	
Chronic Disease: Cerebrovascular (Stroke)	7.08	8.18	15.26	15	10
Social Environment: Poverty/Lack of Jobs/Unemployment	6.09	9.09	15.18	16	
Access to Quality Health Services: Increasing Cost of Medication	7.33	7.82	15.15	17	
Physical Activity/Nutrition: Affordable Fitness/Wellness Programs and Facilities	7.75	7.36	15.11	18	2
Mental Health/Substance Abuse: Mental Health/Treatment	7.09	8.00	15.09	19	7
Chronic Disease: Lung Cancer	7.17	7.91	15.08	20	9
Mental Health/Substance Abuse: Low Cost Mental Health/Counseling Services	6.89	8.00	14.89	21	7
Access to Quality Health Services: Health Insurance Coverage/Cost/Deductibles/Co-Pays/Authorizations	6.75	8.09	14.84	22	
Chronic Disease: Breast Cancer	6.67	7.91	14.58	23	9
Chronic Disease: Colo-Rectal Cancer	6.50	7.91	14.41	24	9
Healthy Mothers, Babies & Children: Smoking During Pregnancy	6.67	7.73	14.40	25	5

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Answer Options	Magnitude	Impact	Total M+I	Ranking	HPIO Top 10
Physical Activity/Nutrition: Food Insecurity	6.33	7.91	14.24	26	3
Access to Quality Health Services: Health Literacy	7.08	6.91	13.99	27	
Chronic Disease: Prostate Cancer	6.00	7.36	13.36	28	9
Healthy Mothers, Babies & Children: Teenage Pregnancy/Birth Rate	6.08	7.18	13.26	29	5
Infectious Disease: Influenza and Pneumonia	6.17	6.91	13.08	30	
Access to Quality Health Services: Access to Preventative Health/Wellness Services	6.50	6.55	13.05	31	2,3
Injury: Falls	5.82	6.90	12.72	32	
Access to Quality Health Services: Homebound and Frail Elderly	6.75	5.91	12.66	33	
Access to Quality Health Services: Lack of Youth Programs	6.42	6.18	12.60	34	
Access to Quality Health Services: Affordable/Accessible Dental Care	6.25	5.82	12.07	35	
Access to Quality Health Services: Lack of Resources to Access Providers - Office/Clinic Open Late/Weekends	6.25	5.73	11.98	36	
Access to Quality Health Services: School-Based Clinics	6.25	5.70	11.95	37	
Injury: Suicides	5.33	6.45	11.78	38	
Access to Quality Health Services: Access to Physical Activity/Recreational Opportunities	5.91	5.82	11.73	39	2
Access to Quality Health Services: Meal Providers	5.70	5.82	11.52	40	3
Injury: Unintentional Poisoning (taking too much of a substance without intending to do harm)	5.08	6.36	11.44	41	
Access to Quality Health Services: Pain Management Services	5.80	5.27	11.07	42	
Injury: Auto Accidents	4.82	5.91	10.73	43	
Access to Quality Health Services: Transportation	5.08	5.55	10.63	44	
Access to Quality Health Services: Lack of Resources to Access Providers - Specialists	4.92	5.45	10.37	45	
Access to Quality Health Services: Veteran's Services	4.92	5.27	10.19	46	
Social Environment: Exploitation of Minority Groups	4.00	6.00	10.00	47	
Infectious Disease: HIV/AIDS	3.75	6.00	9.75	48	
Access to Quality Health Services: Stigma of Accessing Services	4.80	4.36	9.16	49	7
Access to Quality Health Services: Increase in Emergency Services Coverage	3.83	5.00	8.83	50	
Access to Quality Health Services: Language	3.33	4.36	7.69	51	

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Answer Options	Magnitude	Impact	Total M+I	Ranking	HPIO Top 10
Barriers					
Access to Quality Health Services: EMT Education on Where to Take Patients in Labor	3.33	4.10	7.43	52	

**Table 47** outlines the priority areas selected by the Columbiana County Health Partners as major priorities compared with the state health priority areas.

**Table 47. Columbiana County Health Partners CHNA Major Priority Categories**

CHNA Major Priority Category	Corresponding Prioritization Criteria (Summary Table Reflects Only Top 25 of 52*)	Prioritization Criteria Ranking	Corresponding Ohio Health Priority
<b>Obesity</b>	-Chronic Disease: Obesity	1	Obesity
	-Chronic Disease: Diabetes	2	Diabetes
	-Chronic Disease: Heart	3	Heart Disease
	-Physical Activity/Nutrition: Diet/Proper Nutrition	4	Physical Activity, Nutrition
	-Chronic Disease: Stroke	15	Heart Disease
	-Physical Activity/Nutrition: Affordable Fitness/Wellness Programs & Facilities	18	Physical Activity
<b>Mental Health/ Substance Abuse (MH/SA)</b>	-MH/SA: Drug Addiction/Abuse	5	Substance Abuse
	-MH/SA: Prescription Drug Addiction/Abuse	6	Substance Abuse
	-MH/SA: Substance Abuse Rehab	7	Substance Abuse
	-MH/SA: Youth Risk Factors	9	Mental Health, Sub. Abuse
	-Social Environment: Health Impact of Economic Deprivation	10	Mental Health, Sub. Abuse
	-Social Environment: Poverty/Lack of Jobs/Unemployment	16	Mental Health, Sub. Abuse
	-MH/SA: Mental Health Treatment	19	Mental Health
	-MH/SA: Low Cost Mental Health/Counseling Services	21	Mental Health

CHNA Major Priority Category	Corresponding Prioritization Criteria (Summary Table Reflects Only Top 25 of 52*)	Prioritization Criteria Ranking	Corresponding Ohio Health Priority
<b>Tobacco Use/Cancer Prevention</b>	-Chronic Disease: Mammogram Screenings	8	Cancer
	-Tobacco Use: Smoking	11	Tobacco Use
	-Chronic Disease: Lung Cancer	20	Tobacco Use, Cancer
	-Chronic Disease: Breast Cancer	23	Cancer
	-Chronic Disease: Colo-Rectal Cancer	24	Cancer
	-Healthy Mothers, Babies & Children: Smoking During Pregnancy	25	Tobacco Use

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## **Appendix D**

# **Asset Mapping and Resources**

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## Asset Mapping and Resources

The Steering Committee identified existing healthcare facilities and resources within the primary service area and the region overall, which are available to respond to the significant health needs of the community. A list of community assets and resources that are available in the community to support residents was compiled and is mapped in **Figures 96, 97 and 98** and listed in **Tables 49, 49 and 50** of this report. Resource directories currently utilized by the hospital's case management and social service departments were compiled. The information included in the asset inventory and map includes a listing of community and hospital services:

### *Community Resources:*

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



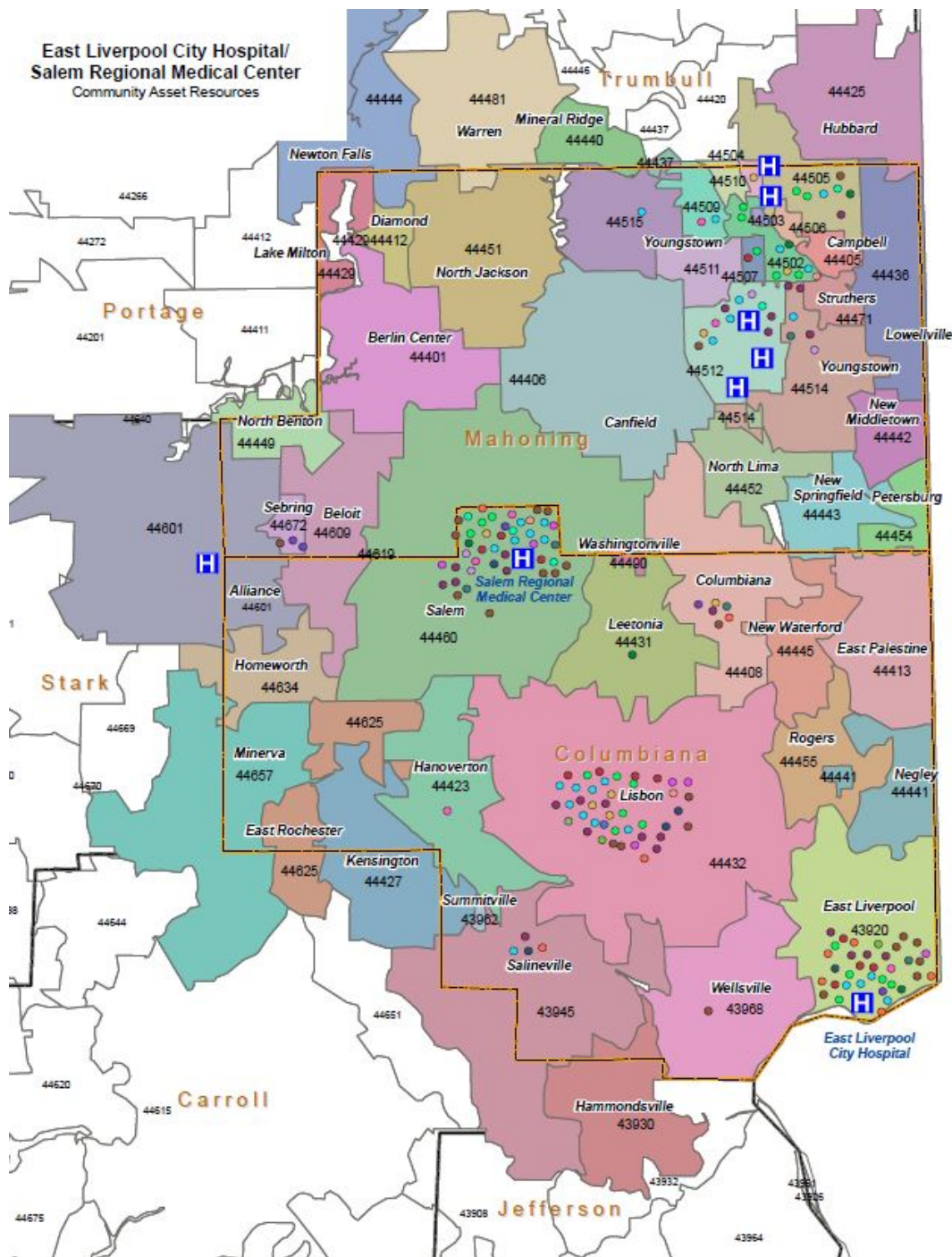
***Hospital Resources East Liverpool City Hospital:***

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

***Hospital Resources Salem Regional Medical Center:***

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

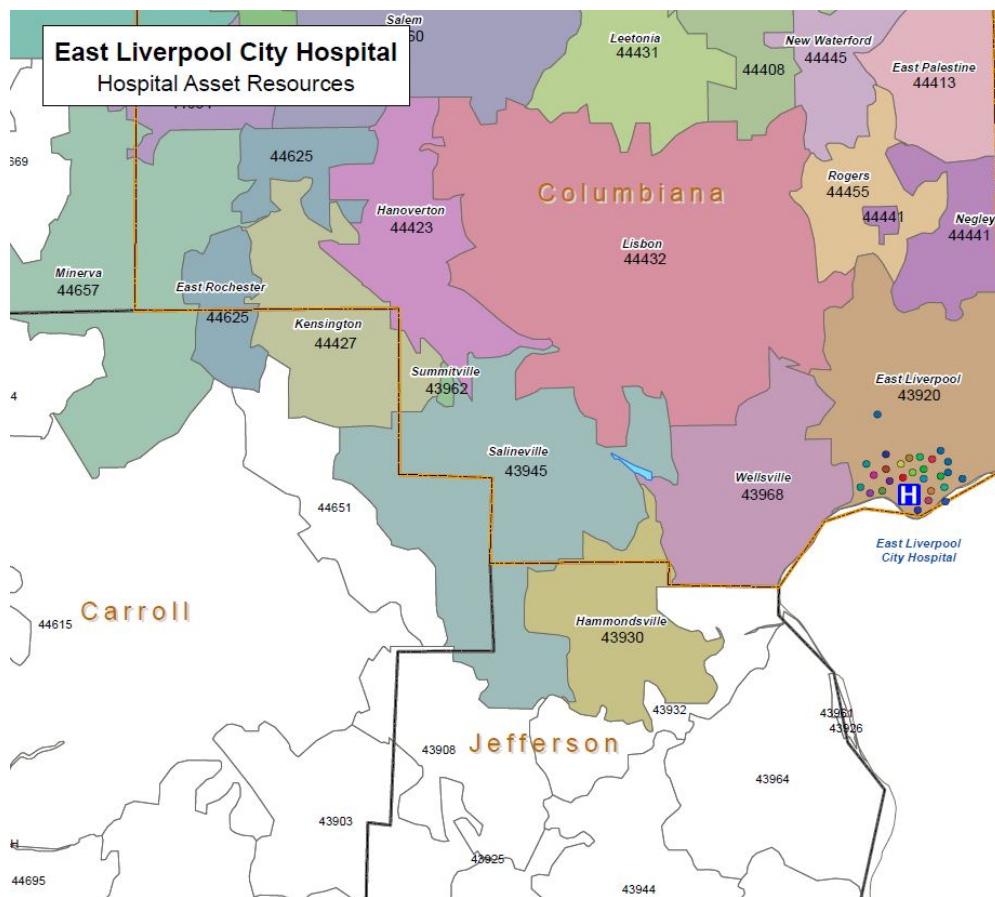
**Figure 96: Columbiana County Community Asset Resources Map**



## Community Asset Resources

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

**Figure 97. East Liverpool Hospital Asset Resources Listing**



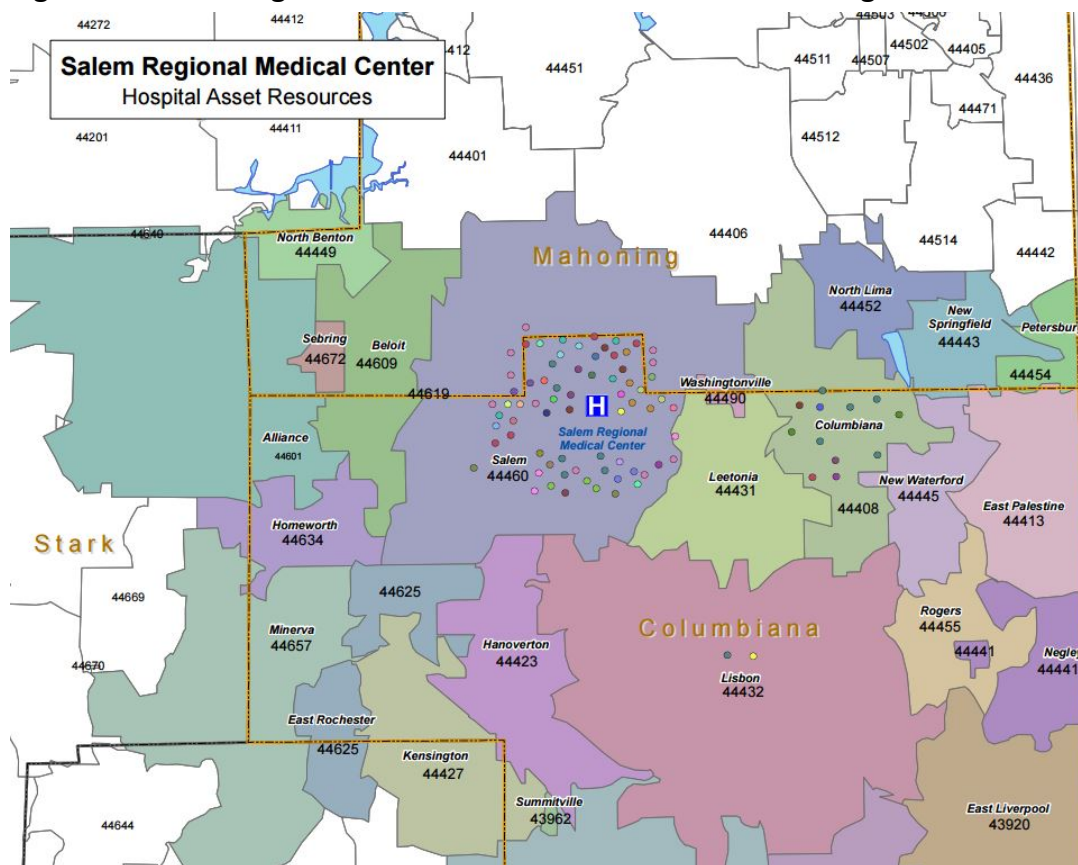
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- Auxiliary
- Behavioral Health for Adults
- Cardiology
- Clinic
- Dietary
- Drug & Alcohol
- Emergency Services
- Infectious Disease Prevention
- Laboratory Testing
- Lifeline
- Medical Evaluation
- Nursing
- Pastoral Care
- Pharmacy
- Protecting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



**Figure 98. Salem Regional Medical Center Asset Resources Listing**



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**Salem Regional Medical Center - Hospital Asset Resources**

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

**Table 48: East Liverpool City Hospital Asset Resources Listing**

Hospital Department	Address	City	State	Zip	Phone Number
<b>Auxiliary</b>					
East Liverpool City Hospital	425 West 5th Street	East Liverpool	OH	43920	330-385-7200
<b>Behavioral Health for Adults</b>					
East Liverpool City Hospital	425 West 5th Street	East Liverpool	OH	43920	330-386-3590
<b>Cardiology</b>					
East Liverpool City Hospital	425 West 5th Street	East Liverpool	OH	43920	330-385-7200
<b>Clinic</b>					
East Liverpool City Hospital Internal Medicine Residency Center	425 West 5th Street 1st Floor	East Liverpool	OH	43920	330-386-2982
<b>Dietary</b>					
East Liverpool City Hospital in hospital patient ordering service	425 West 5th Street	East Liverpool	OH	43920	Call Extension 2328
<b>Drug &amp; Alcohol</b>					
East Liverpool City Hospital Drug & Alcohol Medical Stabilization	425 West 5th Street	East Liverpool	OH	43920	330-386-3193 800-939-2273



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Hospital Department	Address	City	State	Zip	Phone Number
New Vision					
<b>Emergency Services</b>					
East Liverpool City Hospital	425 West 5th Street	East Liverpool	OH	43920	330-385-7200
<b>Infectious Disease Prevention</b>					
East Liverpool City Hospital	425 West 5th Street	East Liverpool	OH	43920	330-385-7200
<b>Laboratory Testing</b>					
East Liverpool City Hospital	425 West 5th Street	East Liverpool	OH	43920	330-385-7200
East Liverpool City Hospital Occupational Health Department					
Drug Testing for Employers	425 West 5th Street	East Liverpool	OH	43920	330-386-2088
<b>Lifeline</b>					
East Liverpool City Hospital Auxiliary	425 West 5th Street	East Liverpool	OH	43920	330-386-2003
<b>Medical Education</b>					
East Liverpool City Hospital	425 West 5th Street	East Liverpool	OH	43920	330-386-2793
<b>Nursing</b>					
East Liverpool City Hospital	425 West 5th Street	East Liverpool	OH	43920	330-385-7200
<b>Pastoral Care</b>					
East Liverpool City Hospital	425 West 5th Street	East Liverpool	OH	43920	330-385-7200
<b>Pharmacy</b>					
East Liverpool City Hospital	425 West 5th Street	East Liverpool	OH	43920	330-385-7200
<b>Protecting Yourself from the Flu</b>					
East Liverpool City Hospital	425 West 5th Street	East Liverpool	OH	43920	330-385-7200
<b>Radiology</b>					
East Liverpool City Hospital	425 West 5th Street	East Liverpool	OH	43920	330-385-7200
<b>Respiratory</b>					
East Liverpool City Hospital	425 West 5th Street	East Liverpool	OH	43920	330-385-7200
<b>Surgical Services</b>					
East Liverpool City Hospital	425 West 5th Street	East Liverpool	OH	43920	330-385-7200
East Liverpool City Hospital Orthopedic & Sports Medicine Patient Navigator at RVHP	425 West 5th Street	East Liverpool	OH	43920	330-383-2299
<b>The Therapy Center</b>					

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Hospital Department	Address	City	State	Zip	Phone Number
East Liverpool City Hospital	425 West 5th Street	East Liverpool	OH	43920	330-385-7200
<b>Therapy &amp; Rehabilitation</b>					
East Liverpool City Hospital River Valley Health Partners	425 West 5th Street	East Liverpool	OH	43920	330-385-7200
<b>Women and Children</b>					
East Liverpool City Hospital Center for Breast Care	425 West 5th Street	East Liverpool	OH	43920	330-385-7200
East Liverpool City Hospital OB/GYN Dr. Roxanna Torres	16761 Saint Claire Avenue #2	East Liverpool	OH	43920	330-385-9670
East Liverpool City Hospital Gynecologist-Calcutta Office Dr. Wright	48462 Bell School Road	Calcutta	OH	43920	330-385-6654
East Liverpool City Hospital River Valley Physicians Family Medicine Practice	16687 Saint Clair Avenue	East Liverpool	OH	43920	330-932-0183
<b>Wound Care</b>					
East Liverpool City Hospital	425 West 5th Street	East Liverpool	OH	43920	330-385-7200

**Table 49: Salem Regional Medical Center Asset Resources Listing**

Hospital Department	Address	City	State	Zip	Phone Number
<b>Aquatic Therapy</b>					
SRMC Professional Services Building, Ground Level	2094 East State Street	Salem	OH	44460	330-332-7297
WET (Water Exercise Together) Program Salem Community Center	1098 North Ellsworth Avenue	Salem	OH	44460	330-332-7771
WET (Water Exercise Together) Program Firestone Park Pool	338 East Park Avenue	Columbiana	OH	44408	330-332-7771
<b>Behavioral Medicine and Wellness Center</b>					
SRMC Professional Services Building Behavioral Medicine and Wellness Center Intensive Outpatient Mental Health Services	2020 East State Street Suite J	Salem	OH	44460	330-337-4935
<b>Cancer &amp; Infusion Center</b>					
Salem Regional Medical Center	1995 East State Street	Salem	OH	44460	330-332-7300
Oncologist/Hematologist Dr. Zoraida Mendez	1995 East State Street	Salem	OH	44460	330-332-7672
Support Group-Coping With Cancer SRMC Behavioral Medicine & Wellness Center	2020 East State Street Suite J	Salem	OH	44460	330-337-4935
Support Group-Families Coping With Cancer SRMC Behavioral Medicine & Wellness Center	2020 East State Street Suite J	Salem	OH	44460	330-337-4935
<b>Cardiopulmonary Services</b>					
Salem Regional Medical Center	1995 East State Street	Salem	OH	44460	330-332-7295 EEG Testing: 330-332-7796 Schedule a Test: 330-332-7300
Salem Regional Medical Center	1995 East State Street	Salem	OH	44460	330-332-7796

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Hospital Department	Address	City	State	Zip	Phone Number
Salem Sleep Center					
<b>Case Management</b>					
Salem Regional Medical Center	1995 East State Street	Salem	OH	44460	330-332-7267
<b>Columbiana Family Care Center</b>					
Columbiana Family Care Center	750 East Park Avenue	Columbiana	OH	44408	330-482-3871
<b>Columbiana Medical Center (affiliated with SRMC)</b>					
Columbiana Medical Center	750 East Park Avenue	Columbiana	OH	44408	330-482-1341
Columbiana Family Care Center	750 East Park Avenue	Columbiana	OH	44408	330-482-3871
Columbiana Medical Center SRMC Gastroenterology Center Columbiana office	750 East Park Avenue Suite D	Columbiana	OH	44408	330-337-8709
Columbiana Medical Center Lab and Medical Imaging Services	750 East Park Avenue	Columbiana	OH	44408	Schedule X-Ray Services: 330-332-7300 Schedule Lab Services: 330-482-3871
Columbiana Medical Center SRMC Mammography Suite Satellite Office	750 East Park Avenue	Columbiana	OH	44408	Schedule a Mammogram: 330-332-7300
Columbiana Medical Center SRMC Physical Therapy Satellite Office	750 East Park Avenue	Columbiana	OH	44408	330-482-1341
Columbiana Medical Center Specialty Services Audiology	750 East Park Avenue	Columbiana	OH	44408	Call Main Office to Schedule an Appointment at CMC: Audiology Associate of Salem 330-337-3332
Columbiana Medical Center Specialty Services Nephrology	750 East Park Avenue	Columbiana	OH	44408	Call Main Office to Schedule an Appointment at CMC: The Renal Group 330-729-0059

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Hospital Department	Address	City	State	Zip	Phone Number
The Pediatric Care Center of Columbiana	750 East Park Avenue Suite A	Columbiana	OH	44408	330-482-7045
The Pediatric Care Center of Columbiana Dr. Richelle Keleman	750 East Park Avenue Suite A	Columbiana	OH	44408	330-482-7045
Salem Women's Health Partners Columbiana Medical Center First Floor	750 East Park Avenue	Columbiana	OH	44408	330-332-1939
<b>Emergency Department</b>					
Salem Regional Medical Center	1995 East State Street	Salem	OH	44460	330-332-1551
<b>Endoscopy, Colonoscopy and Bronchoscopy Services</b>					
Salem Regional Medical Center	1995 East State Street	Salem	OH	44460	330-332-1551
<b>Enterostomal Therapy</b>					
Salem Regional Medical Center	1995 East State Street	Salem	OH	44460	330-332-1551
<b>Family Healthcare of Columbiana County</b>					
Family Healthcare of Columbiana County Lisbon Office	356 East Lincoln Way	Lisbon	OH	44432	330-424-1404
Family Healthcare of Columbiana County Salem Office	166 Vine Avenue	Salem	OH	44460	330-337-3500
<b>Gastroenterology Center</b>					
Salem Regional Medical Center The Gastroenterology Center Columbiana Office (Columbiana Medical Center)	750 East Park Avenue Suite D	Columbiana	OH	44408	330-337-8709
Salem Regional Medical Center Salem Medical Arts Building The Gastroenterology Center Salem Office	2020 East State Street Suite H	Salem	OH	44460	330-337-8709

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Hospital Department	Address	City	State	Zip	Phone Number
The Gastroenterology Center Dr. William Z. Kolozsi	2020 East State Street Suite H	Salem	OH	44460	330-337-8709
The Gastroenterology Center Dr. Meredythe McNally	2020 East State Street Suite H	Salem	OH	44460	330-337-8709
<b>Inpatient Care</b>					
Salem Regional Medical Center	1995 East State Street	Salem	OH	44460	330-332-1551
<b>Laboratory</b>					
Salem Regional Medical Center	1995 East State Street	Salem	OH	44460	330-332-1551 Schedule an Appointment: 330-332-7300
<b>Medical Imaging</b>					
Salem Regional Medical Center	1995 East State Street	Salem	OH	44460	330-332-7131
<b>Neurology Center of Salem</b>					
Neurology Center of Salem	2235 East Pershing Street	Salem	OH	44460	330-337-4940
Neurology Center of Salem Dr. Chaohua Yan	2235 East Pershing Street	Salem	OH	44460	330-337-4940
<b>New Beginnings Family Care Center</b>					
New Beginnings Family Care Center	1995 East State Street	Salem	OH	44460	330-337-4989
<b>Occupational Therapy</b>					
Salem Regional Medical Center	1995 East State Street	Salem	OH	44460	330-332-7297
<b>Outpatient Procedures</b>					
Salem Regional Medical Center	1995 East State Street	Salem	OH	44460	330-332-7300
Pain Clinic Procedures Dr. Mark Peckman	1995 East State Street	Salem	OH	44460	330-332-7300
<b>Outpatient Surgery</b>					
Salem Regional Medical Center	1995 East State Street	Salem	OH	44460	330-332-1551
<b>Outreach Services</b>					
Columbiana Family Care Center	750 East Park Avenue	Columbiana	OH	44408	330-482-3871

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Hospital Department	Address	City	State	Zip	Phone Number
Columbiana Medical Center	750 East Park Avenue	Columbiana	OH	44408	330-482-1341
Family Healthcare of Columbiana County Lisbon Office	356 East Lincoln Way	Lisbon	OH	44432	330-424-1404
Family Healthcare of Columbiana County Salem Office	166 Vine Avenue	Salem	OH	44460	330-337-3500
The Gastroenterology Center Columbiana Office (Columbiana Medical Center)	750 East Park Avenue Suite D	Columbiana	OH	44408	330-337-8709
The Pediatric Care Center of Columbiana	750 East Park Avenue Suite A	Columbiana	OH	44408	330-482-7045
Salem Ear, Nose and Throat	2020 East State Street Suite G	Salem	OH	44460	330-337-4900
Salem General Surgery	2094 East State Street Suite A	Salem	OH	44460	330-337-2868
Salem Orthopaedic Surgery	1995 East State Street	Salem	OH	44460	330-332-7840
Salem Pediatric Care Center	2020 East State Street Suite C	Salem	OH	44460	(330) 332-0084
Salem Women's Health Partners	2094 East State Street Suite B	Salem	OH	44460	330-332-1939
Salem Women's Health Partners Columbiana Medical Center First Floor	750 East Park Avenue	Columbiana	OH	44408	330-332-1939
<b>Pain Clinic</b>					
Salem Regional Medical Center	1995 East State Street	Salem	OH	44460	330-332-1551
<b>Pediatric Care Center of Columbiana</b>					
The Pediatric Care Center of Columbiana	750 East Park Avenue Suite A	Columbiana	OH	44408	330-482-7045
The Pediatric Care Center of Columbiana Dr. Richelle Keleman	750 East Park Avenue Suite A	Columbiana	OH	44408	330-482-7045
<b>Physical Therapy</b>					
Salem Medical Center Ground Level	2094 East State Street	Salem	OH	44460	330-332-7297

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Hospital Department	Address	City	State	Zip	Phone Number
Columbiana Medical Center Second Level	750 East Park Avenue	Columbiana	OH	44408	330-482-1341
<b>Project HELLO</b>					
Salem Regional Medical Center	1995 East State Street	Salem	OH	44460	330-337-2883
<b>Rehabilitation Services</b>					
Salem Regional Medical Center	1995 East State Street	Salem	OH	44460	330-332-7297
<b>Salem Comprehensive Pediatric Health Center</b>					
Salem Comprehensive Pediatric Health Center	1076 East State Street	Salem	OH	44460	330-332-2710
Salem Comprehensive Pediatric Health Center Dr. Danielle Macabobby	1076 East State Street	Salem	OH	44460	330-332-2710
Salem Comprehensive Pediatric Health Center Dr. Marcia Marhefka	1076 East State Street	Salem	OH	44460	330-332-2710
Salem Comprehensive Pediatric Health Center Dr. Madeleine Ortiz	1076 East State Street	Salem	OH	44460	330-332-2710
<b>Salem Ear, Nose and Throat</b>					
Salem Ear, Nose and Throat	2020 East State Street Suite G	Salem	OH	44460	330-337-4900
Salem Ear, Nose and Throat Dr. Wayland Wong	2020 East State Street Suite G	Salem	OH	44460	330-337-4900
<b>Salem General Surgery</b>					
Salem General Surgery	2094 East State Street Suite A	Salem	OH	44460	330-337-2868
Salem General Surgery Dr. I. Darrell Pugh	2094 East State Street Suite A	Salem	OH	44460	330-337-2868
Salem General Surgery Dr. Jonathan V. Pulido	2094 East State Street Suite A	Salem	OH	44460	330-337-2868
<b>Salem Home Medical</b>					
Salem Home Medical	2235 East Pershing Street	Salem	OH	44460	330-337-9922 800-923-9922 Assistance After Hours: 800-589-5115



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<b>Salem Orthopaedic Surgery</b>					
Salem Orthopaedic Surgery	1995 East State Street	Salem	OH	44460	330-332-7840
Salem Orthopaedic Surgery Dr. Lee T. Simon	1995 East State Street	Salem	OH	44460	330-332-7840
Salem Orthopaedic Surgery Dr. Dominic J. Peters	1995 East State Street	Salem	OH	44460	330-332-7840
<b>Salem Pediatric Care Center</b>					
Salem Pediatric Care Center	2020 East State Street Suite C	Salem	OH	44460	(330) 332-0084
Salem Pediatric Care Center Dr. Karla McNair	2020 East State Street Suite C	Salem	OH	44460	(330) 332-0084
<b>Salem Women's Health Partners</b>					
Salem Women's Health Partners	2094 East State Street Suite B	Salem	OH	44460	330-332-1939
Salem Women's Health Partners Dr. David W. Drake	2094 East State Street Suite B	Salem	OH	44460	330-332-1939
Salem Women's Health Partners Dr. Angela A. Doty	2094 East State Street Suite B	Salem	OH	44460	330-332-1939
Salem Women's Health Partners Dr. Kristi A. Johnson	2094 East State Street Suite B	Salem	OH	44460	330-332-1939
Salem Women's Health Partners Dr. Thomasha M. Barton	2094 East State Street Suite B	Salem	OH	44460	330-332-1939
Salem Women's Health Partners Dr. Mark J. Rich	2094 East State Street Suite B	Salem	OH	44460	330-332-1939
Salem Women's Health Partners Columbiana Medical Center First Floor	750 East Park Avenue	Columbiana	OH	44408	330-332-1939
<b>Skilled Nursing Facility</b>					
Salem Regional Medical Center	1995 East State Street	Salem	OH	44460	330-332-1551
<b>Sleep Laboratory</b>					
Salem Regional Medical Center	2094 East State Street	Salem	OH	44460	330-332-7796

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Hospital Department	Address	City	State	Zip	Phone Number
Salem Sleep Center					
<b>Specialty Physician Clinics</b>					
Allergy/Asthma/Immunology Dr. William L. Houser, Jr.	Physician Clinic A 1995 East State Street	Salem	OH	44460	330-758-2285
Cardiovascular Disease Cardiovascular Consultants of OPPC	Physician Clinic A 1995 East State Street	Salem	OH	44460	330-454-8076
Cardiovascular Disease The Heart Center of Northeastern Ohio	Physician Clinic A 1995 East State Street	Salem	OH	44460	330-758-7703
Cardiovascular and Thoracic Surgery Dr. Lawrence Schmetterer	Physician Clinic A 1995 East State Street	Salem	OH	44460	330-743-3604
Infectious Disease Dr. Indra P. Limbu Northeast Ohio Infectious Disease Associates	Physician Clinic A 1995 East State Street	Salem	OH	44460	330-744-4369
Nephrology The Renal Group	Physician Clinic B 1995 East State Street	Salem	OH	44460	330-729-0059
Pain/Spine Clinic Dr. Mark A. Peckman Pain Management Center	Physician Clinic A 1995 East State Street	Salem	OH	44460	330-482-3762
Podiatry Dr. Mark S. Smesko Ankle and Foot Care Centers	Physician Clinic A 1995 East State Street	Salem	OH	44460	330-337-8870
Psychiatry Dr. Koteswara R. Kaza Comprehensive Behavioral Health Associates, Inc.	Physician Clinic B 1995 East State Street	Salem	OH	44460	330-385-8800
Rheumatology Dr. Farooq Hassan Regional Arthritis and Rheumatology Associates	Physician Clinic A 1995 East State Street	Salem	OH	44460	724-588-1082 724-704-8787
<b>Speech Therapy</b>					
Salem Regional Medical Center Adult Speech-Language	1995 East State Street	Salem	OH	44460	330-332-7533

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Hospital Department	Address	City	State	Zip	Phone Number
Pathology Department					
Salem Regional Medical Center Pediatric Speech-Language Pathology Department	1995 East State Street	Salem	OH	44460	330-332-2345
<b>The Wound Healing Center</b>					
Salem Regional Medical Center	1995 East State Street	Salem	OH	44460	330-332-7415

**Table 50: Columbiana County Community Asset Resource Listing**

Agency	Address	City	State	Zip	Phone Number
<b>Assistance Programs</b>					
A.I.D., Inc. (Action, Information, Direction)		Salem	OH	44460	330-332-1373
Catholic Charities Regional Agency Emergency Assistance	319 West Rayen Avenue	Youngstown	OH	44502	330-744-3320 800-670-6089
Columbiana County Department of Job & Family Services	7989 Dickey Drive Suite 2	Lisbon	OH	44432	330-424-1471
Columbiana Meals on Wheels	865 East Park	Columbiana	OH	44408	330-482-0366
Community Action Agency of Columbiana County	7880 Lincole Place	Lisbon	OH	44432	330-424-7221
Family & Community Services, Inc.	705 Oakwood Street Suite 221	Ravenna	OH	44266	330-297-7027
Mahoning-Youngstown Community Action Partnership (MYCAP)	1325 5th Avenue	Youngstown	OH	44504	330-747-7921
Making Kids Count	7178 West Boulevard Suite E	Youngstown	OH	44512	330-758-3434
WIC (Women, Infants, Children) Columbiana County	7876 Lincole Place	Lisbon	OH	44432	330-424-7293
<b>Assisted Living</b>					
Copeland Oaks	800 South 15th Street	Sebring	OH	44672	330-938-1093
Crossroads at Beaver Creek	13280 Echo Dell Road	East Liverpool	OH	43920	330-385-2211
Grace Woods Senior Living, LLC	730 Youngstown Warren Road	Niles	OH	44446	330-652-4177
Grace Woods Senior Living of Salem, LLC	1166 Benton Road	Salem	OH	44460	330-332-1104
Senior Center of Mahoning County	1110 5th Avenue	Sebring	OH	44672	330-744-5071
Whispering Pines Village	937 East Park Avenue	Columbiana	OH	44408	844-305-8813
<b>Children's Services</b>					
Akron Children's Hospital Beeghly Campus	6505 Market Street	Boardman	OH	44512	330-746-8100
Akron Children's Hospital Pediatrics Lisbon	330 North Market Street	Lisbon	OH	44432	330-424-9866

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Agency	Address	City	State	Zip	Phone Number
Alta Behavioral Healthcare Early Childhood Mental Health	711 Belmont Avenue	Youngstown	OH	44502	330-793-2487
Alta Head Start	142 Javit Court	Austintown	OH	44515	330-736-0071
Belmont Pines Hospital Children's Behavioral Health Hospital and Residential Treatment Center	615 Churchill-Hubbard Road	Youngstown	OH	44505	330-759-2700 800-423-5666
Boy Scouts of America Buckeye Council	2301 13th Street NW	Canton	OH	44708	330-580-4272 800-589-9812
Camp Fire Tayanoka		East Liverpool	OH	43920	330-385-0645
Columbiana County Department of Job & Family Services	7989 Dickey Drive Suite 2	Lisbon	OH	44432	330-424-1471
Columbiana County Help Me Grow Ohio Department of Health	34947 State Route 172	Lisbon	OH	44432	330-424-0288
Columbiana County Juvenile Court Charles A. Pike Center	260 West Lincoln Way	Lisbon	OH	44432	330-424-4071
Community Action Agency of Columbiana County	7880 Lincole Place	Lisbon	OH	44432	330-424-7221
Community Action Agency of Columbiana County Community Health Center- East Liverpool	16687 Saint Clair Avenue Suite 203	East Liverpool	OH	43920	330-386-7777
Community Action Agency of Columbiana County Community Health Center- Lisbon	7880 Lincole Place	Lisbon	OH	44432	330-424-5686
Community Action Agency of Columbiana County Salineville Community Health Center at Melhorn	103 West Main Street	Salineville	OH	43945	330-679-2640
Community Resource Center	940 Pennsylvania Avenue	East Liverpool	OH	43920	330-385-1301
Counseling Center of Columbiana County	40722 State Route 154	Lisbon	OH	44432	330-424-9573
Counseling Center of Columbiana County East Liverpool Branch Office	15613 Pineview Drive Suite A	East Liverpool	OH	43920	330-386-9004

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Agency	Address	City	State	Zip	Phone Number
Counseling Center of Columbiana County Salem Branch Office	188 North Lincoln Avenue	Salem	OH	44460	330-332-1514
Easter Seals of Mahoning, Trumbull, and Columbiana	299 Edwards Street	Youngstown	OH	44502	330-743-1168
Girl Scouts of North East Ohio Youngstown	8580 South Avenue	Youngstown	OH	44514	330-652-5876 800-852-4474
Louis Tobin Attention Center	8363 County Home Road	Lisbon	OH	44432	330-424-9809
Making Kids Count	7178 West Boulevard Suite E	Youngstown	OH	44512	330-758-3434
Salem City Health District	230 North Lincoln Avenue #104	Salem	OH	44460	330-332-1618
Salem Regional Medical Center Salem Comprehensive Pediatric Health Center	1076 East State Street	Salem	OH	44460	330-332-2710
Second Harvest Food Bank of Mahoning Valley Backpack food Program		Youngstown	OH	44509	330-792-5522
United Way Services of Northern Columbiana County	713 East State Street	Salem	OH	44460	330-337-0310
United Way Services of Northern Columbiana County FamilyWize-Discount Drug Program	713 East State Street	Salem	OH	44460	330-337-0310
<b>Counseling and Mental Health Services</b>					
Alta Behavioral Healthcare	711 Belmont Avenue	Youngstown	OH	44502	330-793-2487
Belmont Pines Hospital Children's Behavioral Health Hospital and Residential Treatment Center	615 Churchill-Hubbard Road	Youngstown	OH	44505	330-759-2700 800-423-5666
Belmont Pines Hospital Children's Behavioral Health Hospital and Residential Treatment Center	615 Churchill-Hubbard Road	Youngstown	OH	44505	330-759-2700 800-423-5666
Catholic Charities Regional Agency	319 West Rayen Avenue	Youngstown	OH	44502	330-744-3320 800-670-6089

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Agency	Address	City	State	Zip	Phone Number
Catholic Charities Regional Agency Christina Center	115 East Washington Street	East Liverpool	OH	44432	330-420-0845
Catholic Charities Regional Agency Christina House (undisclosed domestic violence shelter)					24 hr Crisis Line: 330-420-0037
Cleveland Clinic Akron General Acute Care In-Patient Psychiatric Treatment	1 Akron General Avenue	Akron	OH	44307	330-344-6000
Columbiana County Mental Health and Recovery Services Board	27 Vista Drive	Lisbon	OH	44432	330-424-0195
Counseling Center of Columbiana County	40722 State Route 154	Lisbon	OH	44432	330-424-9573
Counseling Center of Columbiana County East Liverpool Branch Office	15613 Pineview Drive Suite A	East Liverpool	OH	43920	330-386-9004
Counseling Center of Columbiana County Salem Branch Office	188 North Lincoln Avenue	Salem	OH	44460	330-332-1514
East Liverpool City Hospital Behavioral Health Inpatient Center	425 West 5th Street	East Liverpool	OH	43920	330-386-3590
Family Recovery Center Administrative, Counseling & Criminal Justice Office	964 North Market Street	Lisbon	OH	44432	330-424-1468
Family Recovery Center East Liverpool Office	416 Jackson Street	East Liverpool	OH	43920	330-424-1468
Family Recovery Center Fleming House	1300 Rose Drive	Lisbon	OH	44432	330-420-3760
Family Recovery Center Oxford House	320 Benton Road	Salem	OH	44460	330-337-7501
Family Recovery Center Prevention Office	966 North Market Street Lower Level	Lisbon	OH	44432	330-424-0531
Family Recovery Center Renaissance House	855 Newgarden Road	Salem	OH	44460	234-567-4746
Help Hotline Crisis Center, Inc.		Youngstown	OH	44501	330-424-7767 800-427-3606

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Agency	Address	City	State	Zip	Phone Number
Louis Stokes Cleveland VA Medical Center East Liverpool/Calcutta Multi-Specialty Outpatient Clinic	5655 State Route 170 Suite A	Calcutta	OH	43920	330-386-4303
National Alliance on Mental Illness (NAMI) of Columbiana County	42549 North Avenue	Lisbon	OH	44432	330-424-5772
Neil Kennedy Recovery Clinic	2151 Rush Boulevard	Youngstown	OH	44507	330-744-1181 800-228-8287
Salem Regional Medical Center Behavioral Medicine and Wellness Center Intensive Outpatient Mental Health Services	2020 East State Street Suite J	Salem	OH	44460	330-337-4935
St. Elizabeth Youngstown Hospital Acute Care In-Patient Psychiatric Treatment	1044 Belmont Avenue	Youngstown	OH	44501	Main Number: 330-746-7211
Summa St. Thomas Hospital Behavioral Health Services Acute Care In-Patient Psychiatric Treatment	444 North Main Street	Akron	OH	44310	330-379-9841
<b>Drug and Alcohol Services</b>					
Counseling Center of Columbiana County	40722 State Route 154	Lisbon	OH	44432	330-424-9573
Counseling Center of Columbiana County East Liverpool Branch Office	15613 Pineview Drive Suite A	East Liverpool	OH	43920	330-386-9004
Counseling Center of Columbiana County Salem Branch Office	188 North Lincoln Avenue	Salem	OH	44460	330-332-1514
Crisis Intervention and Recovery Center, Inc. Crisis Intervention Center Detoxification Unit	832 McKinley Avenue NW	Canton	OH	44703	Crisis Hotline: 330-452-6000
Crisis Intervention and Recovery Center, Inc. Recovery Center	2421 13th Street NW	Canton	OH	44708	330-452-9812 800-956-6630



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Agency	Address	City	State	Zip	Phone Number
East Liverpool City Hospital Drug & Alcohol Medical Stabilization New Vision	425 West 5th Street	East Liverpool	OH	43920	330-386-3193 800-939-2273
Family Recovery Center Administrative, Counseling & Criminal Justice Office	964 North Market Street	Lisbon	OH	44432	330-424-1468
Family Recovery Center East Liverpool Office	416 Jackson Street	East Liverpool	OH	43920	330-424-1468
Family Recovery Center Fleming House	1300 Rose Drive	Lisbon	OH	44432	330-420-3760
Family Recovery Center Oxford House	320 Benton Road	Salem	OH	44460	330-337-7501
Family Recovery Center Prevention Office	966 North Market Street Lower Level	Lisbon	OH	44432	330-424-0531
Family Recovery Center Renaissance House	855 Newgarden Road	Salem	OH	44460	234-567-4746
Louis Stokes Cleveland VA Medical Center East Liverpool/Calcutta Multi-Specialty Outpatient Clinic	5655 State Route 170 Suite A	Calcutta	OH	43920	330-386-4303
Neil Kennedy Recovery Clinic	2151 Rush Boulevard	Youngstown	OH	44507	330-744-1181 800-228-8287
New Start Treatment Center St. Joseph Warren Hospital	1296 Tod Avenue NW Suite 205	Warren	OH	44485	330-306-5010
Trinity Health System Behavioral Medical Center Drug and Alcohol Rehabilitation Center	380 Summit Avenue	Steubenville	OH	43952	740-283-7024
<b>Emergency Assistance</b>					
American Red Cross of Lake to River	3530 Belmont Avenue Suite 7	Youngstown	OH	44505	330-392-2551
Catholic Charities Regional Agency Emergency Assistance	319 West Rayen Avenue	Youngstown	OH	44502	330-744-3320 800-670-6089
Christians' Concern of Leetonia	764 Columbia Street	Leetonia	OH	44431	330-427-6827
Salvation Army East Liverpool Corps	413 East 4th Street	East Liverpool	OH	43920	330-385-2086

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Agency	Address	City	State	Zip	Phone Number
Salvation Army Salem	1249 North Ellsworth Avenue	Salem	OH	44460	330-332-5624
<b>Food Banks, Pantries, and Programs</b>					
Farmers and Hunters Feeding the Hungry Northeast Ohio Chapter					330-424-7221
Making Kids Count	7178 West Boulevard Suite E	Youngstown	OH	44512	330-758-3434
Salem Community Pantry	794 East 3rd Street	Salem	OH	44460	330-332-5166
Second Harvest Food Bank Food Assistance Columbiana County					330-747-2696 330-424-7767
Second Harvest Food Bank of Mahoning Valley BackPack food program		Youngstown	OH	44509	330-792-5522
Second Harvest Food Bank of Mahoning Valley Mobile Pantry Program Fellowship of the Beloved	13696 Bethesda Road	Hanoverton	OH	44423	
Salvation Army East Liverpool Corps	413 East 4th Street	East Liverpool	OH	43920	330-385-2086
Salvation Army Salem	1249 North Ellsworth Avenue	Salem	OH	44460	330-332-5624
<b>Free or Low-Cost Clinics</b>					
Community Action Agency of Columbiana County Community Health Center- East Liverpool	16687 Saint Clair Avenue Suite 203	East Liverpool	OH	43920	330-386-7777
Community Action Agency of Columbiana County Community Health Center- Lisbon	7880 Lincole Place	Lisbon	OH	44432	330-424-5686
Community Action Agency of Columbiana County Lisbon Community Dental Center	38722 Saltwell Road #B	Lisbon	OH	44432	330-424-4192
Community Action Agency of Columbiana County Salineville Community Health Center at Melhorn	103 West Main Street	Salineville	OH	43945	330-679-2640

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Agency	Address	City	State	Zip	Phone Number
The Dental Van East Liverpool Department of Health (at the Community Resource Center twice a month)	940 Pennsylvania Avenue	East Liverpool	OH	43920	Call for Appointment: 330-385-1301
Quota Club International of Salem, Inc. Salem Area Speech and Hearing Clinic		Salem	OH	44460	330-337-8136
<b>Home Care</b>					
Community Caregivers	888 Boardman-Canfield Road, Suite D	Boardman	OH	44512	330-533-3427
Home Care Advantage, Inc.	718 East 3rd Street Suite C	Salem	OH	44460	330-337-HOME (4663)
mvi HomeCare & mvi Hospice Care (Salem)	2350 East State Street	Salem	OH	44460	330-332-1272
mvi HomeCare (Youngstown)	4891 Belmont Avenue	Youngstown	OH	44505	330-759-9487 800-449-4684
Salem Area Visiting Nurse Association	718 East 3rd Street Suite A	Salem	OH	44460	330-332-9986 800-879-6070
<b>Hospice</b>					
All Caring Hospice	6715 Tippecanoe Road Suite B-101	Canfield	OH	44406	330-286-3435 855-286-3435
Grace Hospice Ohio	7206 Market Street	Youngstown	OH	44512	330-729-2924
Hospice of the Valley Columbiana County	2388-B Southeast Boulevard	Salem	OH	44460	330-337-3182
Hospice of the Valley The Hospice House	9803 Sharrott Road	Poland	OH	44514	330-549-5850
mvi HomeCare & mvi Hospice Care (Salem)	2350 East State Street	Salem	OH	44460	330-332-1272
<b>Hospitals</b>					
Akron Children's Hospital in Boardman	6505 Market Street	Boardman	OH	44512	330-746-8100
Alliance Community Hospital	200 East State Street	Alliance	OH	44601	330-596-6000
East Liverpool City Hospital	425 W 5th Street	East Liverpool	OH	43920	330-385-7200
Mercy Health - Boardman	8401 Market Street	Boardman	OH	44512	330-729-2929
Mercy Health - Youngstown	1044 Belmont Avenue	Youngstown	OH	44501	330-746-7211
Salem Regional Medical Center	1995 E State Street	Salem	OH	44460	330-332-1551
The Surgical Hospital at	7630 Southern	Boardman	OH	44512	330-729-8000

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Agency	Address	City	State	Zip	Phone Number
Southwoods	Boulevard				
Valley Care Health System of Ohio - Northside Medical Center	500 Gypsy Lane	Youngstown	OH	44504	330-884-1000
<b>Hotline Numbers</b>					
AIDS National Hotline					800-342-2437
AIDS Treatment Information Services					800-448-0440
Alcoholics Anonymous Youngstown Area Intergroup	3373 Canfield Road	Youngstown	OH	44511	330-270-3000
Al-Anon Family Group Headquarters, Inc.					800-356-9996
Al-Anon/Alateen Hotline					800-344-2666
Alzheimer's Association					800-272-3900
American Cancer Society					800-227-2345
American Lung Association					800-548-8252
American Red Cross of Lake to River	3530 Belmont Avenue Suite 7	Youngstown	OH	44505	330-392-2551
Autism Society					800-328-8476
Gay & Lesbian National Hotline					888-843-4564
Gay, Lesbian, Bisexual, and Transgender (GLBT) Youth Support Line					800-850-8078
National Adolescent Suicide Hotline					800-621-4000
National Alcoholism and Substance Abuse Information Center					800-784-6776
National Child Abuse Hotline					800-4-A-CHILD
National Cocaine Hotline					800-COCAINE
National Domestic Violence Hotline					800-799-7233 TTY: 800-787-3224
National Heroin Hotline					800-9-HEROIN
National Runaway Hotline					800-621-4000
National Suicide Prevention Lifeline					800-273-8255
National Teen Dating Abuse Hotline					866-331-9474
National Youth Crisis Hotline					800-HIT-HOME
Panic Disorder Information					800-64-PANIC

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Agency	Address	City	State	Zip	Phone Number
Hotline					
Poison Control					800-222-1222
Substance Abuse and Mental Health Services Administration National Helpline					800-784-6776
Vet2Vet Veteran's Crisis Line					877-838-2838
Veterans Crisis Line					800-273-8255 and Press 1
<b>Housing Assistance</b>					
Catholic Charities Regional Agency Housing Counseling	319 West Rayen Avenue	Youngstown	OH	44502	330-744-3320 800-670-6089
Community Action Agency of Columbiana County	7880 Lincole Place	Lisbon	OH	44432	330-424-7221
Family & Community Services, Inc.	705 Oakwood Street Suite 221	Ravenna	OH	44266	330-297-7027
Habitat for Humanity of Northern Columbiana County	468 Prospect Street	Salem	OH	44460	330-337-1003
<b>Medical and Dental Care Services</b>					
Akron Children's Hospital Beeghly Campus	6505 Market Street	Boardman	OH	44512	330-746-8100
Akron Children's Hospital Pediatrics Lisbon	330 North Market Street	Lisbon	OH	44432	330-424-9866
American Cancer Society Reach to Recovery	525 North Broad Street	Canfield	OH	44406	Regional Office: 888-227-6446 National Cancer Information Center: 800-227-2345
American Heart Association Great Rivers Affiliate: Youngstown Metro	840 Southwestern Run	Youngstown	OH	44514	330-965-9230
Arthritis Foundation, Great Lakes Region, Northeastern Ohio Chapter	4630 Richmond Road Suite 240,	Cleveland	OH	44128	800-245-2275 Ext. 114
Belmont Pines Hospital Children's Behavioral Health Hospital and Residential Treatment Center	615 Churchill-Hubbard Road	Youngstown	OH	44505	330-759-2700 800-423-5666

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Agency	Address	City	State	Zip	Phone Number
Columbiana County General Health District	7360 State Route 45	Lisbon	OH	44432	330-424-0272
Columbiana County General Health District Cancer Detection Clinic	7360 State Route 45	Lisbon	OH	44432	330-424-0272
Columbiana Family Care Center affiliated with Salem Regional Medical Center	750 East Park Avenue	Columbiana	OH	44408	330-482-3871
Community Action Agency of Columbiana County Community Health Center-East Liverpool	16687 Saint Clair Avenue Suite 203	East Liverpool	OH	43920	330-386-7777
Community Action Agency of Columbiana County Community Health Center-Lisbon	7880 Lincole Place	Lisbon	OH	44432	330-424-5686
Community Action Agency of Columbiana County Lisbon Community Dental Center	38722 Saltwell Road #B	Lisbon	OH	44432	330-424-4192
Community Action Agency of Columbiana County Salineville Community Health Center at Melhorn	103 West Main Street	Salineville	OH	43945	330-679-2640
Community Caregivers	888 Boardman-Canfield Road Suite D	Boardman	OH	44512	330-533-3427
Easter Seals of Mahoning, Trumbull, and Columbiana	299 Edwards Street	Youngstown	OH	44502	330-743-1168
Easter Seals of Mahoning, Trumbull, and Columbiana J. Ford Crandall Rehabilitation Center	299 Edwards Street	Youngstown	OH	44502	330-743-1168
Easter Seals of Mahoning, Trumbull, and Columbiana Youngstown Hearing and Speech Center	6614 Southern Boulevard	Boardman	OH	44512	330-743-1168
East Liverpool City Health Nursing Department	126 West 6th Street	East Liverpool	OH	43920	330-385-5123
East Liverpool City Hospital	425 West 5th Street	East Liverpool	OH	43920	330-385-7200

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Agency	Address	City	State	Zip	Phone Number
Family Health Care of Columbiana County Lisbon Office	356 East Lincoln Way	Lisbon	OH	44432	330-424-1404
Family Health Care of Columbiana County Salem Office	166 Vine Avenue	Salem	OH	44460	330-337-3500
Healthy Start & Healthy Families Columbiana Columbiana County Department of Jobs & Family Services	7989 Dickey Drive Suite 2	Lisbon	OH	44432	330-424-1471
Salem City Health District	230 North Lincoln Avenue #104	Salem	OH	44460	330-332-1618
Salem Regional Medical Center	1995 East State Street	Salem	OH	44460	330-332-1551
Louis Stokes Cleveland VA Medical Center East Liverpool/Calcutta Multi-Specialty Outpatient Clinic	5655 State Route 170 Suite A	Calcutta	OH	43920	330-386-4303
Salem Area Visiting Nurse Association	718 East 3rd Street Suite A	Salem	OH	44460	330-332-9986 800-879-6070
United Way Services of Northern Columbiana County FamilyWise-Discount Drug Program	713 East State Street	Salem	OH	44460	330-337-0310
<b>Nutrition</b>					
Community Action Agency of Columbiana County Elderly Nutrition Program	7880 Lincolne Place	Lisbon	OH	44432	330-424-7221
Community Resource Center	940 Pennsylvania Avenue	East Liverpool	OH	43920	330-385-1301
<b>Recreation</b>					
Boy Scouts of America Buckeye Council	2301 13th Street NW	Canton	OH	44708	330-580-4272 800-589-9812
Camp Fire Tayanoka		East Liverpool	OH	43920	330-385-0645
The Firestone Pool	338 East Park Avenue	Columbiana	OH	44408	330-482-1026
Girl Scouts of North East Ohio Youngstown	8580 South Avenue	Youngstown	OH	44514	330-652-5876 800-852-4474

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Agency	Address	City	State	Zip	Phone Number
Salem Community Center	1098 North Ellsworth Avenue	Salem	OH	44460	330-332-5885
Salem Worlds War Memorial Building	785 East State Street	Salem	OH	44460	330-332-5512
<b>Senior Services</b>					
Area Agency on Aging 11	5555 Youngstown Warren Road Suite 2685	Niles	OH	44446	800-686-7367
Catholic Charities Senior Center	600 East 4th Street	East Liverpool	OH	43920	330-385-4732
Ceramic City Senior Center	600 East 4th Street	East Liverpool	OH	43920	330-385-4732
Community Action Agency of Columbiana County Elderly Nutrition Program	7880 Lincole Place	Lisbon	OH	44432	330-424-7221
Columbiana County Department of Job & Family Services	7989 Dickey Drive Suite 2	Lisbon	OH	44432	330-424-1471
Columbiana Meals on Wheels	865 East Park	Columbiana	OH	44408	330-482-0366
Columbiana Metropolitan Housing Authority	325 Moore Street	East Liverpool	OH	43920	330-386-5970
Community Caregivers	888 Boardman-Canfield Road Suite D	Boardman	OH	44512	330-533-3427
Community Resource Center	940 Pennsylvania Avenue	East Liverpool	OH	43920	330-385-1301
Counseling Center of Columbiana County	40722 State Route 154	Lisbon	OH	44432	330-424-9573
Counseling Center of Columbiana County East Liverpool Branch Office	15613 Pineview Drive Suite A	East Liverpool	OH	43920	330-386-9004
Counseling Center of Columbiana County Salem Branch Office	188 North Lincoln Avenue	Salem	OH	44460	330-332-1514
Family & Community Services, Inc. Medication Assistance Program (MAP)	705 Oakwood Street Suite 221	Ravenna	OH	44266	330-297-7027
Family & Community Services, Inc. R.S.V.P. (Retired Senior Volunteer Program)		Lisbon	OH	44432	330-424-7877



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Agency	Address	City	State	Zip	Phone Number
Home Care Advantage, Inc.	718 East 3rd Street Suite C	Salem	OH	44460	330-337-HOME (4663)
Mobile Meals of Salem, Inc.	1995 East State Street	Salem	OH	44460	330-332-2160
mvi HomeCare & mvi Hospice Care (Salem)	2350 East State Street	Salem	OH	44460	330-332-1272
mvi HomeCare (Youngstown)	4891 Belmont Avenue	Youngstown	OH	44505	330-759-9487 800-449-4684
Quota Club International of Salem, Inc. Salem Area Speech and Hearing Clinic		Salem	OH	44460	330-337-8136
Salem Area Adult Daycare Center Salem Area Visiting Nurse Association	718 East 3rd Street Suite B	Salem	OH	44460	330-332-9986 800-879-6070
Salem Area Visiting Nurse Association	718 East 3rd Street Suite A	Salem	OH	44460	330-332-9986 800-879-6070
Salem Community Center Silver & Fit	1098 North Ellsworth Avenue	Salem	OH	44460	330-332-5885
Salem Worlds War Memorial Building	785 East State Street	Salem	OH	44460	330-332-5512
Senior Center of Mahoning County	1110 5th Avenue	Sebring	OH	44672	330-744-5071
Social Security Office East Liverpool	120 East 4th Street	East Liverpool	OH	43920	800-772-1213
Wellsville Area Resource Center	1335 Main Street	Wellsville	OH	43968	330-532-4507
<b>Shelters</b>					
Catholic Charities Regional Agency Christina House (undisclosed domestic violence shelter)					24 hr Crisis Line: 330-420-0037
Community Action Agency of Columbiana County Homeless Prevention Program	7880 Lincole Place	Lisbon	OH	44432	330-424-5686
<b>Support Groups</b>					
Autism Support Group East Liverpool City Hospital	425 West 5th Street	East Liverpool	OH	43920	330-386-2054

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Agency	Address	City	State	Zip	Phone Number
CAUSE (Connection, Autism, Understanding, Support, & Education) Salem Public Library-Quaker Meeting Room	821 East State Street	Salem	OH	44460	330-337-6193
Coping With Cancer SRMC Behavioral Medicine & Wellness Center	2020 East State Street Suite J	Salem	OH	44460	330-337-4935
Families Coping With Cancer SRMC Behavioral Medicine & Wellness Center	2020 East State Street Suite J	Salem	OH	44460	330-337-4935
HIV Support Group Counseling Center of Columbiana County	260 West Lincoln Way	Lisbon	OH	44432	330-424-0604
National Alliance on Mental Illness (NAMI) of Columbiana County	42549 North Avenue	Lisbon	OH	44432	330-424-5772
Survivors of Suicide Support Group Meets at Columbiana County Counseling Center	40722 State Route 154	Lisbon	OH	44432	330-747-5111
<b>Transportation</b>					
CARTS (Community Action Rural Transit System)	7880 Lincole Place	Lisbon	OH	44432	330-424-4015
<b>Women's Health</b>					
The Center for Women	4139 Boardman-Canfield Road	Canfield	OH	44406	330-702-1281
Community Action Agency of Columbiana County Community Health Center-East Liverpool	16687 Saint Clair Avenue Suite 203	East Liverpool	OH	43920	330-386-7777
Community Action Agency of Columbiana County Community Health Center-Lisbon	7880 Lincole Place	Lisbon	OH	44432	330-424-5686
Community Action Agency of Columbiana County Salineville Community Health Center at Melhorn	103 West Main Street	Salineville	OH	43945	330-679-2640
East Liverpool City Hospital Center for Breast Care	425 West 5th Street	East Liverpool	OH	43920	330-385-7200

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Agency	Address	City	State	Zip	Phone Number
East Liverpool City Hospital OB/GYN Dr. Roxanna Torres	16761 Saint Claire Avenue #2	East Liverpool	OH	43920	330-385-9670
East Liverpool City Hospital Gynecologist-Calcutta Office Dr. Wright	48462 Bell School Road	Calcutta	OH	43920	330-385-6654
Louis Stokes Cleveland VA Medical Center East Liverpool/Calcutta Multi-Specialty Outpatient Clinic	5655 State Route 170 Suite A	Calcutta	OH	43920	330-386-4303
Salem Women's Health Partners SRMC Professional Services Building (also known as Salem Medical Center)	2094 East State Street Suite B	Salem	OH	44460	330-332-1939
Salem Women's Health Partners Columbiana Medical Center First Floor	750 East Park Avenue	Columbiana	OH	44408	330-332-1939

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## **Appendix E**

# **Evaluation of 2013 CHNA Implementation Strategies**

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## Evaluation of the 2013 CHNA Implementation Strategies

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

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

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

- East Liverpool City Health Department (ELCHD) conducted a Lifeline Screening clinic for stroke, heart disease, diabetes and aneurysm, along with scheduling screenings for colorectal cancer, lung disease and prostate cancer.
- The Community Action Agency (CAA) reported that in 2013, 54% of their female patients were up-to-date on their Pap tests and 31% of eligible patients had colon cancer screenings. For 2014, the CAA reported that 53% of female patients were up-to-date on their Pap

tests and 37% (up 6% from 2013) of eligible patients had colon cancer screenings.

- East Liverpool City Hospital (ELCH) provided free cancer screening clinics through breast exams, skin cancer screening, PSA, hemocult, pulmonary function, Pulse Ox, and offered education on cancer prevention and smoking cessation. ELCH also provided breast cancer education during Dessert with a Doc program and breast self-exams and community and wellness events.
- Columbiana County Health Department (CCHD) provided referrals to Trinity Health's BCC (breast and cervical cancer) program (part of the Susan B. Komen fund). CCHD referred 44 patients in 2014 and 23 patients in 2015 to Trinity Health. In 2015, 24 non-English cancer information sheets were provided by a CCHD nurse to the medically underserved Guatemalan community.
- Salem Regional Medical Center (SRMC) reported that over 125 patients were screened for lung cancer with approximately 5% having positive findings. The hospital developed a low-cost screening program to meet Medicare's informed consent guidelines and promoted this screening process through brochures that were delivered to PCPs and surgeons, along with educational materials to the public. SRMC also hosted a skin cancer screening and had 28 people participate. The hospital also conducted physician-led community presentations regarding skin care and lung cancer education.



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

- Columbiana County Mental Health and Recovery Services Board (CCMHRS) conducted a smoking cessation presentation at an Annual Recovery Conference where 70 adults with severe and persistent mental illness attended.
- ELCHD conducted the following community engagement programs:
  - Heart Healthy Event and Luncheon where a cardiologist, a doctor of nutrition, a dentist, and other healthcare professionals spoke to a group of 100 regarding how to be heart healthy. BMI and blood pressure were checked at this



event, along with healthy cooking demonstrations and recipes, tobacco cessation information, and vouchers for free cholesterol screening at ELCH.

- Healthy and Smart Grocery Shopper Program was offered where a Health Coach and Nutritionist met with participants at a local grocery store for a 90-minute program which taught consumers to make healthy choices, learn to read food labels, and tips on incorporating different healthy foods in their diet as they grocery shop through the store.
- Master Gardening Class, a free 90-minute gardening workshop for the public, was held at Randy's Raisings to encourage people to plant vegetables by helping beginner gardeners understand basic successful gardening tips. Eric Barrett, a Mahoning County Ohio State University Extension educator, assistant professor and director of its food and agriculture marketing team, spoke on a variety of topics including weed control, trellising, planting, proper soil conditions, community gardens, herb gardening and use of herbs. Randy Delposen also offered gardening tips. The workshop was designed to help people learn to be successful vegetable gardeners and to promote eating more vegetables and less processed foods. 30 people attended.
- An Evening of Nutrition, Wellness, and Healthy Cooking Program was offered. This program consisted of a presentation by Dr. Shayesteh, a board-certified nutritionist, registered dietitian, and diabetes educator. Topics included nutrition, obesity, diabetes, heart disease and wellness. Chefs conducted cooking demonstrations and samples were passed out with recipes. 270 participants attended this event.
- Homework Diner Program was offered to children and their families where a free nutritious dinner was served and tutors were available to help with homework. Nutrition lessons were taught to parents while their children were helped with homework. The children were recommended from their teachers. Approximately 20 children and their families participated.
- CAA reported that in 2013, 97% of already diagnosed patients were on lipid therapy and 80% of patients with Coronary Artery Disease were on an aspirin or antithrombotic regiment. In 2014, CAA reported that 84% of already diagnosed patients were on lipid therapy and 74%



of patients with Coronary Artery Disease were on an aspirin or antithrombotic regiment.

- ELCH provided community education through
  - A dietitian provided free nutrition and diabetes education to those collecting and distributing food at community food banks and provided free nutrition education to East Liverpool City Schools cafeteria cooks.
  - In collaboration with community partners, provided free wellness education & screenings, including diabetes, nutrition, portion size, blood glucose, A1C, exercise, body mass index, blood pressure, cardiac rhythm strip, smoking cessation, pulse ox, and pulmonary function test.
  - Provided Smoking Cessation education e-mail to 100% of physician office patients (6,745).
  - Provided a free diabetes screening clinic for A1C and foot checks.
  - Provided free community diabetes management classes.
  - Provided free smoking cessation classes, although participation declined past two years.
  - Provided free Personal Health Navigator services at community and wellness events.
  - Provided diabetes management through physician offices as data showed that 51% of diabetics have A1Cs at or below 7%.
  - Provided through physician offices smoking cessation assistance. Of the 4,452 smokers, 31% were interested/ready to quit, a total of 97 were prescribed meds and 72 were given specific smoking cessation education materials.
  - Provided free diabetes and blood pressure screening clinic at community & wellness events.
- CCHD continued their free walk-in blood pressure screenings and information. CCHD information was added to their website. CCHD's Medical Director added 'easy to read' Chronic Disease information to its website with a front page link. Chronic Disease messaging is posted periodically on the exterior electronic sign at street level and on the front page of the website under "immediate health information."
- SRMC continued their semi-annual post-acute care provider collaborative meetings to target readmissions, which included a workgroup of 60 post-acute providers. SRMC's reduced readmissions rate now qualified them as a top 10% hospital in the nation, with no



readmission penalty in each of the three years. The post-acute workgroup also targeted identification and timely treatment of sepsis, CHF, COPD, Pneumonia, Hospital-acquired infections, etc. resulting in improved disease management in the acute and post-acute care setting. SRMC also re-launched its diabetes education program with certified diabetes educators. This program is offered to SRMC patients. The hospital also added a free diabetes support group that is available to community members. SRMC also provided free and reduced cost screenings at health fairs, corporations and at multi-phasic screenings that were available to the community. The hospital also provided a physician community program that addressed peripheral artery disease, two programs that addressed stroke, and two programs that addressed heart disease. Attendance at these programs averaged 25-35 participants.

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

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

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

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



- Shining Reflections, a CCMHRS contract provider, had 12 active participants in Pound Pounders.
- ELCHD sponsored the following community engagement programs:
  - Doc Walk- this was a nine-week, twice a week program where a doctor or medical professional met with participants at the park. Each outing consisted of an educational and walking piece. Each participant received a pedometer.
  - Fit and Healthy Kids Program and Challenge- this challenge was for third and fourth graders at East Liverpool Elementary schools. The students participated in this 10-week program sponsored by Akron's Children Hospital through a grant from Kohl's. This program helps kids make smart decisions about food and physical activity. The students who participated engaged in progressive goals focused on walking or jumping rope. Each participating student received a pedometer and tracked their daily steps accomplished on a log card.
  - Local Food Bank program-a Health Coach and Nutritionist taught shoppers how to read food labels and make healthy choices.
  - Farmer's Market-A farmer's market was held at the front of Thompson Park on Saturdays from 11am-2pm from late June through the first of October. Several local farmers with fresh local produce participated. Other items available at the Farmer's Market included locally made honey, flowers, homemade soap, homemade muffins, and quilts. A local artist and musicians also participated. Vendors were limited to homegrown and homemade items.
  - Food Council and a Community Garden Task Force was formed to begin creating community gardens and offer nutrition classes and gardening classes to promote healthy eating.
- SCHD held discussions with the new superintendent to insure that the Salem City School System is making and offering healthy food choices. SCHD also has been in contact with the two farmers markets that operate within the city limits to address any and all state regulatory issues and to promote the procurement of locally grown/locally produced products so that the children of the community are receiving fresh and wholesome products.
- In 2013, the CAA offered BMI assessment and counseling at visits and had registered dieticians available with 31% of children and adolescent receiving BMI assessments and the offer of counseling where warranted. CAA also had 70% of adults had their BMI charted



and received a follow-up plan that was documented. For 2014, 29% of children and adolescents and 69% of adults had a BMI assessment.

- ELCH offered community education for physical activity, nutrition, and obesity prevention. An ELCH dietitian provided free nutrition and diabetes education to those collecting and distributing food at community food banks, provided free nutrition education to East Liverpool City Schools' cafeteria cooks. The hospital, in collaboration with community partners, provided free wellness education and screenings, including exercise, body mass index, nutrition, portion control, and healthy food choices. ELCH also provided physician speakers for community wellness talks regarding obesity prevention and emailed childhood obesity education material to 100% of physician office patients (6,745). The hospital also provided nutrition and exercise education to middle school girls in collaboration with area schools during the "Girls Night Out" program. ELCH also conducted community campaigns (in collaboration with the City Health Department) by providing the Walk with a Doc program and participating in the American Heart Association Heart Walk. The hospital also provided American Heart Association education on keeping a healthy heart. ELCH provided funds to CASH coalition for school-based obesity prevention programs.
- CASH Coalition awarded 7 school health mini-grants that focused on increased physical activity and improved nutrition. The total number of local students engaged in obesity prevention projects funded by the Coalition was 1,011. Participating schools were Joshua Dixon Elementary (Columbiana), East Palestine Elementary, East Palestine Middle School, Lisbon David Anderson Junior/Senior High School, Southern Local Elementary, United Local Elementary, and United Local Junior/Senior High School.
- The CCHD business process analysis team explored numerous obesity program options, but none were determined economically sustainable. The CCHD Medical Director did add 'easy to read' Chronic Disease information to their website with a front page link. Chronic Disease messaging is posted periodically on the exterior electronic sign at the street and on the front page of the website under "immediate health information". CCHD has been a CASH Coalition member that annually sponsors numerous exercise and nutrition based mini-grants.
- SRMC provided community outreach for:
  - Underserved areas with obesity prevention and nutrition education and printed materials featured at multiple





- community events (i.e., Columbiana County Fair, Supernats, Fall Festivals, etc.) with an average outreach of 30,000 a year as well as to organizations and vulnerable populations, including nutrition education presented to Hispanic residents at St. Paul's Church (25 in attendance), also included production and distribution of nutrition resources in Spanish.
- Four, free cooking healthy classes provided in partnership with the United Way with approximately 100 participants.
  - Sponsored four regional free "Banquets" per year to reduce food insecurity (2 in Salem, 1 in Lisbon, and 1 in Sebring), with an average total annual attendance of 570-600 people.
  - Provided a food preparation and nutrition site for Salem Area Meals on Wheels, serving 500 meals annually.
  - Held two physician education programs targeting diabetes.
  - Provided financial sponsorships for an average of 20 community races/walks/physical activity events per year in northern Columbiana County.
  - Provided weekly donated food items to Greenford Christian Church's Food Pantry.
  - SRMC employees annually collected food drive items for area food pantries.
  - Annually fund \$2,500-4,000 in school health mini-grants through the CASH Coalition to target specific obesity-prevention activities.
  - Collaborated with Kent State University-Salem to create a community food garden in 2014.

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

- SCHD was unable to set up a survey questionnaire concerning smoking that would lead to referrals to existing programs such as the Quit Line. This initiative has been tabled to the 2016 CHNA.
- CAA reported that in 100% of adults were screened for tobacco use with 46% of those adults were given smoking cessation advice or medication, while in 2014, only 81% of adults screened were given smoking cessation advice or medication.

- ELCH provided tobacco cessation education to parents during prenatal classes, Breast Feeding Support classes and expectant and new moms. ELCH also had a 100% screening of expectant mothers for tobacco use and referred mothers where appropriate. The hospital also provided tobacco prevention education to third graders. ELCH provided free smoking cessation classes to 6,745 patients, although in the last two years, participation declined. The hospital also provided prenatal care through physician offices and 90% of OB patients received care in the first trimester of pregnancy.
- CCHD annually convened the Child Fatality Review Board with community partners to review each infant death. In 2014 and 2015, CCHD distributed a summary memo to providers, care givers and social services staff about pregnancy and smoking. Fact sheets were posted to the website and messaging added to agency exterior sign at the street. Information was also added to CCHD annual report.
- SRMC provided patient education materials regarding smoking cessation through the SCH Professional Corporation, which employs five pediatricians and five OB/GYNs. Also, SRMC offered childbirth education classes at least two to three times per year.



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

- Columbiana County Family and Children First Council offered a program entitled “Strengthening Families,” a group-based program designed to increase protective factors within families that are correlated with a reduction in adolescent risk behaviors. This program had 29 adults and 41 children participate.
- Family Recovery Center, a contractor of CCMHRS, had 22 women in recovery from addiction, and 31 of their children participated in parent education and family enrichment programming designed to support recovery and abstinence and to address the specific risk factors of children who have lived with parents with addictions. The Family Recovery Center also had 429 parents receive education through the “Aiming High” program, which uses the “Too Good for Drugs and Violence” evidence-based, school-centered curriculum. The program is designed to promote assets and reduce risks, including use of harmful drugs. They also had 200 parents receive education through the “Start Talking” Initiative developed by the Ohio Department of Mental Health and Addiction Services, which

provides parents with specific, ongoing guidance on communicating regularly with their children about substance abuse.

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



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

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



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



**2013 Action Plan: Increase community access to healthcare by:**

- a) reducing structural barriers for vulnerable populations to reduce racial and ethnic disparities;***
- b) reducing costs related to preventative and primary care health services through programs and advocacy for the uninsured/underinsured; and***
- c) improving provider delivery and/or referral networks to increase the number of practicing primary care providers and/or community resources to remove barriers to access.***

- CCMHRS partnered with the ADAPT Coalition, including Drug Take Back efforts, to provide funding for the Coalition, as well as funding to promote the DEA Take Back events.
- SCHD worked closely with the Hispanic community to reduce barriers for this vulnerable population and provided referral services for needs that SCHD cannot address directly.
- CAA has CARTS to help with public transportation and offers extended hours to make appointments more available to patients. CAA has an agreement with Walgreens in Salem for 340B plan to

provide medications at a decreased cost for the uninsured and offers a sliding scale; and has an agreement with SRMC to offer a sliding scale for imaging.

- ELCH provided assistance at admitting to self-pay patients to evaluate eligibility for medical assistance and provided cultural and sensitivity training to 100% of hospital care providers. ELCH, in collaboration with community partners, offered free screenings (blood glucose, A1C, body mass index, blood pressure, cardiac rhythm strip, Pulse Ox, pulmonary function test, breast exam, skin cancer, PSA, hemocult and provided referral information to Trinity Health Breast and Cervical Cancer Project. ELCH also provided care to 2,460 patients through the Internal Medicine Resident's clinic and to 1,000 New Vision patients. ELCH also provided inpatient behavioral health services to over 880 patients and provided free personal health navigator service at community and wellness events. The hospital provided depression education emails to 100% of physician office patients (6,745), provided Pap test through physician offices (53% of eligible females received this test), and provided medication take back events in over 20 locations with over 380 participants.
- CCHD increased access to care for the uninsured and underinsured, reduced barriers and reduced costs through the Bureau for Children with Medical Handicaps. See 2012-2013 data sheet for increases in 2013-2015. MAC (Medicaid Administrative Claiming program) data, State subcommittee testimony to re-establish state GFR vaccine funding Adult vaccine was offered daily as walk-in patients and off site at four or five locations in the county in partnership with local churches and community organizations where 274 adult vaccines were administered (2013-120, 2014-82, 2015-72). An additional 12 free vaccines were administered at these clinics (2013-9, 2014-1, 2015-2) to those who could not pay. Non-English health information sheets were provided to our Guatemalan families to reduce barriers and increase understanding in a vulnerable population (2013-0, 2014-12, 2015-28). MAC activities (see below) 0.79 FTE in 2013, 1.08 FTE in 2014, 1.55 FTE in 2015. CCHD staff from multiple disciplines participated in MAC activities in 2013, 2014 and 2015. As calculated using MAC data, CCHD conducted MAC qualifying time totaling 0.79 FTEs in 2013, 1.08 FTEs in 2014 and 1.55 FTEs in 2015 (FTE = Full Time Employee equivalent, 1.0 FTE = 2,080 hours annually).
- SRMC employed a full-time case manager devoted to the Emergency Department to improve access to community resources for high-risk patients. The hospital developed an internal workgroup to help



eliminate health disparities, including addressing through point of service data collection using the electronic medical record and improving house-wide signage. SRMC offered a Language Line telephone and video screen access program for improved translation and communication, and recruited an additional Family Practice physician, two OB/GYNs, Gastroenterologist, General Surgeon and Orthopedic Surgeon to expand patient access to care. The hospital opened a new 87-bed private patient room bed tower for improved access to inpatient care (opened in February 2014), and opened a new Cancer and Infusion Center, Bone and Joint Center and Outpatient Procedures Department for improved local access to oncology services, infusion therapy, orthopedic services and outpatient care. SRMC also continued to provide behavioral medicine and wellness center for access to intensive outpatient mental health treatment (includes free depression screenings at community events). In addition, SRMC partners with the ADAPT Coalition, including hosting Drug Take Back efforts and promoting these events.

## **Appendix F**

# **Community Survey Questions**

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### 2016 Columbiana County Health Needs Survey

By taking a few minutes to complete the 2016 Columbiana County Health Needs Survey, you will provide insights about our county's health status and the unmet health needs in our community. This information will be used to provide needed outreach and wellness programs in the area, designed to keep you and your family as healthy as possible. Thank you so much for your input!

**Individual Information:** If you are at least 18 years of age, please respondents will remain anonymous. complete the following survey, one per household. All survey

1. Describe your current health status. Would you say your health is:  
☐ Very good                      ☐ Good                      ☐ Fair                      ☐ Poor
2. Describe the current health status of your community. Would you say the health of your community is:  
☐ Very good                      ☐ Good                      ☐ Fair                      ☐ Poor
3. Select the type(s) of insurance you currently have (check all that apply):  
☐ Health                      ☐ Dental                      ☐ Vision  
☐ Don't have insurance
4. Select your current insurance provider (check all that apply):  
☐ Private (traditional)                      ☐ Medicare                      ☐ Medicaid  
☐ Don't have health insurance                      ☐ Other \_\_\_\_\_
5. Within the past 30 days, please indicate the number of days you have been too sick physically or emotionally to work or carry on your usual activities:  
☐ None                      ☐ 1-2 days                      ☐ 3-5 days  
☐ 6-10 days                      ☐ Over 10 days
6. Where do you go for routine healthcare (check all that apply):  
☐ Physician's office                      ☐ Emergency Room                      ☐ Community Clinic  
☐ Health Department                      ☐ Urgent Care                      ☐ Chiropractor  
☐ Don't go for healthcare                      ☐ Other \_\_\_\_\_
7. Are you able to visit a doctor when needed?  
☐ Always                      ☐ Sometimes                      ☐ Seldom                      ☐ Never
8. When was your last routine doctor's visit?  
☐ Within last 12 months                      ☐ Within last 24 months                      ☐ Within last 2-5 years  
☐ Longer than 5 years                      ☐ Haven't had a routine visit
9. In what city/town did you last see a doctor or visit a clinic for a regular exam/general check-up?

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10. In what city/town did you last see a doctor or visit a clinic for specialty care (i.e., cancer, diabetes, heart disease, etc.)? (skip question if you didn't go to a specialist) \_\_\_\_\_
11. When you or your family need medical/dental care, are any of the following usually a problem?
- |   |                           |                          |
|---|---------------------------|--------------------------|
| Childcare   | <input type="radio"/> Yes | <input type="radio"/> No |
| Transportation  | <input type="radio"/> Yes | <input type="radio"/> No |
| Finding a place where they speak my language                            | <input type="radio"/> Yes | <input type="radio"/> No |
| Finding someone who takes my insurance (including Medicare or Medicaid) | <input type="radio"/> Yes | <input type="radio"/> No |
| Finding somewhere that offers free or reduced cost health services      | <input type="radio"/> Yes | <input type="radio"/> No |
| Finding an office or clinic that's open when I'm not working            | <input type="radio"/> Yes | <input type="radio"/> No |
| The ability take off work when I/my family is sick without losing pay   | <input type="radio"/> Yes | <input type="radio"/> No |
| No insurance  | <input type="radio"/> Yes | <input type="radio"/> No |
| Healthcare is too expensive   | <input type="radio"/> Yes | <input type="radio"/> No |
| Couldn't get an appointment   | <input type="radio"/> Yes | <input type="radio"/> No |
| Other _____   | <input type="radio"/> Yes | <input type="radio"/> No |
12. Select any of the following preventative services you have had in the last 12 months (check all that apply):
- |   |  |   |
|---|--|---|
| <input type="radio"/> Mammogram             | <input type="radio"/> Dental Cleaning                              | <input type="radio"/> Cholesterol Screening |
| <input type="radio"/> Blood Pressure Check  | <input type="radio"/> Blood Sugar Check                            | <input type="radio"/> Colon/Rectal Exam     |
| <input type="radio"/> Skin Cancer Screening | <input type="radio"/> Prostate Cancer Screening                    | <input type="radio"/> Vision Screening      |
| <input type="radio"/> Depression Screening  | <input type="radio"/> STD (sexually transmitted disease) Screening | <input type="radio"/> Glaucoma Test         |
| <input type="radio"/> Hearing Screening     |  | <input type="radio"/> Pap Smear             |
13. Do you travel outside of Columbiana County for health services?
- ☐ Always      ☐ Sometimes      ☐ Seldom      ☐ Never
14. If you travel outside of the county for healthcare, why? (check all that apply)
- ☐ Services not available locally    ☐ Quality better elsewhere    ☐ Local doctors not on my insurance
- ☐ Not able to get appointment    ☐ Closer to where I work    ☐ Other
- 
15. Select which answer best describes "You" for each of the following statements:
- |  | <b>Always</b>         | <b>Sometimes</b>      | <b>Never</b>          |
|--|-----------------------|-----------------------|-----------------------|
| a. Wear a Seatbelt                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Eat 5 servings of fruits/vegetables a day   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Exercise 5 times/week for $\geq$ 30 minutes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Use tobacco products                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Use e-cigarettes (vaping)                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Attended smoking cessation class(s)         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Consume more than 1 alcoholic drink/day     |                       |                       |                       |

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	for women or more than 2 drinks/day			
	for men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h.	Use illegal drugs (marijuana, cocaine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i.	Use vitamins/supplements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j.	Brush/floss teeth daily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k.	Apply sunscreen when outside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l.	Practice my faith/attend religious services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m.	Rarely eat fast or “junk” food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n.	Sleep at least 7 hours each night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o.	Get health screening tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p.	Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Thinking about all the people you know in Columbiana County (neighbors, friends, co-workers, family) what do you think are the “Top 3” health needs people face?

1.
2.
3.

17. What do you feel are the “Top 3” barriers that people in Columbiana County face when trying to access healthcare?

1.
2.
3.

18. In thinking back over the last three years, rate if the following opportunities are more or less available in your community:

	Greatly Increased	Increased	Stayed the Same	Decreased	Greatly Decreased	Don't Know
Physical Activity/Recreation Options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of Healthy Foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services/Programs to Reduce Tobacco Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs to Reduce Infant Deaths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services/Programs to Reduce Substance Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services/Programs for People with Mental Illnesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services/Programs for People with Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services/Programs for People with Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services/Programs for People with Heart Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs to Reduce Adult Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Programs to Reduce Childhood Obesity ☐ ☐ ☐ ☐ ☐ ☐

19. What more could the community do to provide:

Physical Activity/Recreation Options	
Availability of Healthy Foods	
Services/Programs to Reduce Tobacco Use	
Programs to Reduce Infant Deaths	
Services/Programs to Reduce Substance Abuse	
Services/Programs for People with Mental Illnesses	
Services/Programs for People with Diabetes	
Services/Programs for People with Cancer	
Services/Programs for People with Heart Disease	
Programs to Reduce Adult Obesity	
Programs to Reduce Childhood Obesity	

20. What are your ideas to improve people's health in our community? (Rank order these based on importance with 1 being the most important and 10 being the least important. **Please note that you can only use the number ranking one time.**)

	<div>Most Important</div> <div>1 2 3 4 5 6 7 8 9 10</div> <div>Least Important</div>									
a. More support services for the homebound and frail elderly (i.e., home healthcare, prescription assistance, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. More access to physical activity/recreation opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. More access to preventative health/wellness services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. More low-cost mental health/counseling services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. More affordable health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Improved public transportation options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. More affordable dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. More efforts to have a cleaner										

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environment (air, water, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. More affordable medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following will be used for statistical purposes only.

21. Columbiana County zip code in which you live:

- |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="radio"/> 43920 | <input type="radio"/> 44427 | <input type="radio"/> 44492 |
| <input type="radio"/> 43945 | <input type="radio"/> 44431 | <input type="radio"/> 44493 |
| <input type="radio"/> 43962 | <input type="radio"/> 44432 | <input type="radio"/> 44625 |
| <input type="radio"/> 43968 | <input type="radio"/> 44441 | <input type="radio"/> 44634 |
| <input type="radio"/> 44408 | <input type="radio"/> 44445 | <input type="radio"/> 44665 |
| <input type="radio"/> 44413 | <input type="radio"/> 44455 | <input type="radio"/> Other |
| <hr/>                       |                             |                             |
| <input type="radio"/> 44415 | <input type="radio"/> 44460 |                             |
| <input type="radio"/> 44423 | <input type="radio"/> 44490 |                             |

22. County in which you work (if applicable):

- |                                  |                                   |
|----------------------------------|-----------------------------------|
| <input type="radio"/> Columbiana | <input type="radio"/> Stark       |
| <input type="radio"/> Mahoning   | <input type="radio"/> NA          |
| <input type="radio"/> Trumbull   | <input type="radio"/> Other _____ |

23. Your current age:

- |                                   |                                   |                                   |                               |
|-----------------------------------|-----------------------------------|-----------------------------------|-------------------------------|
| <input type="radio"/> 18-24 years | <input type="radio"/> 25-39 years | <input type="radio"/> 40-64 years | <input type="radio"/> Age 65+ |
|-----------------------------------|-----------------------------------|-----------------------------------|-------------------------------|

24. Your gender:

- |                            |                              |
|----------------------------|------------------------------|
| <input type="radio"/> Male | <input type="radio"/> Female |
|----------------------------|------------------------------|

25. Your racial/ethnic identification (check all that apply):

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="radio"/> Asian/Pacific Islander | <input type="radio"/> Hispanic        | <input type="radio"/> Black/African American |
| <input type="radio"/> Native American        | <input type="radio"/> White/Caucasian | <input type="radio"/> Other                  |

26. Your highest level of education completed (check one):

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="radio"/> Less Than 12 Years | <input type="radio"/> High School Graduate/GED | <input type="radio"/> Some College |
| <input type="radio"/> College Graduate   | <input type="radio"/> Post-Graduate College    |                                    |

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27. Your employment status:
- |  |  |                                 |
|--|--|---------------------------------|
| <input type="radio"/> Employed Full-Time | <input type="radio"/> Employed Part-Time | <input type="radio"/> Homemaker |
| <input type="radio"/> Retired            | <input type="radio"/> Unemployed         |                                 |
28. Your yearly income:
- |  |  |  |
|--|--|--|
| <input type="radio"/> Less than \$15,000 | <input type="radio"/> \$15,000-\$34,999  | <input type="radio"/> \$35,000-\$49,999  |
| <input type="radio"/> \$50,000-\$74,999  | <input type="radio"/> \$75,000-\$124,999 | <input type="radio"/> \$125,000 and over |

**Thank you for completing this survey!**

## **Appendix G**

# **Stakeholder Interview Guide**

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### Stakeholder Interview Guide

Thank you for taking the time to talk with us to support the Healthy Columbiana County Community Health Assessment.

**1. First of all, could you tell me a little bit about yourself and your background/ experience with community health related issues.**

<b>2. What, in your opinion, are the top 3 community health needs for the Columbiana County area?</b>	<b>3. What, in your opinion are the issues and the environmental factors that are driving these community health needs?</b>
1.	
2.	
3.	
Others mentioned:	

4. Check to see if the area they were selected to represent is one of the top priorities identified above. If not mentioned, say....

**Our records indicate that you were selected to participate in these individual interviews because you have specific background/experience/ knowledge regarding \_\_\_\_\_.** What do you feel are the key issues related to this topic area?

**What, in your opinion are the issues and the environmental factors that are driving the needs in this topic area?**

5. What activities/initiatives are currently underway in the community to address the needs within this topic area?
6. What more, in your opinion, still needs to be done in order to address this community health topic area.
7. What advice do you have for the project steering committee who is implementing this community health assessment process?
8. Are you willing to participate in the community health needs assessment prioritization process? The prioritization process will take place on (insert details)

## **Appendix H**

# **Focus Group Interview Guide**



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## Community Health Assessment



### Columbiana County Focus Group Topic Guide

[Insert Date]

## Introduction

Hello, my name is \_\_\_\_\_ and we're going to be talking about community health. We are attempting to conduct a community health assessment by asking diverse members of the community to come together and talk to us about community health problems, services that are available in the community, barriers to people using those services, and what kinds of things that could or should be done to improve the health of the community.

Does anyone have any initial questions?

Let's get started with the discussion. As I stated earlier, we will be discussing different aspects of community health. First, I have a couple of requests. One is that you speak up and only one person speaks at a time.

The other thing is, please say exactly what you think. There are no right or wrong answers in this. We're just as interested in your concerns as well as your support for any of the ideas that are brought up, so feel free to express your true opinions, even if you disagree with an idea that is being discussed.

I would also ask that you do some self-monitoring. If you have a tendency to be quiet, force yourself to speak and participate. If you like to talk, please offer everyone a chance to participate. Also, please don't be offended if I think you are going on too long about a topic and ask to keep the discussion moving. At the end, we will vote on each of the topic areas brought up and rank them according to how important they are to the health status of the community.

Also, we have an outline of the topics that we would like to discuss before the end of our meeting. If someone brings up an idea or topic that is part of our later questions, I may ask you to "hold that thought" until we get to that part of our discussion.

Now, to get started, perhaps it would be best to introduce ourselves. Let's go around the table one at a time and I'll start. Please tell your name, a current community initiative or project that you are currently involved in (or a community health issue that is important to you) and your favorite flavor of ice cream.

### I. Overall Community Health Status

- A. Overall, how would you rate the health status of your community? Would you say, in general, that your community's health status is Excellent, Very Good, Good, Fair or Poor. **OPTIONFINDER**

**NOTE:** If someone asks how we define community, ask, "How would you define it?"

- B. Why do you say that?
- C. Overall, how would you rate your personal health status? Would you say, in general, that your community's health status is Excellent, Very Good, Good, Fair or Poor.  
OPTIONFINDER
- D. What are the things that you think are impacting the health of the community?
- E. Why do you say that?
- F. How do you think a person's individual health affects the health of the community?  
Do you think there's a link between individual health and the health of the community?
- G. Why do you say that?

## II. Community Health Needs

- A. Based on your experience in your neighborhood and community, what do you think the single biggest community health need is? (BUILD LIST INTO OPTIONFINDER).
- B. Why do you say that?
- C. What are some of the other problems that are impacting the health of the community?  
(BUILD LIST INTO OPTIONFINDER).
- D. How much of a problem do you think each is in this community? OPTIONFINDER

## Access to Services

- A. What solutions to these problems are currently available in the community? What are you aware of? Are you aware of community agencies and organizations who are working on these?

- B. To what extent do people use these services/solutions?  
Why?
- C. What are the things/barriers that prevent people from using these services?
- D. Why do you say that?

### III. Potential Solutions

- A. What should the community be doing to improve community health? **BUILD INTO  
OPTIONFINDER**
- B. How important is each of these to focus on over the next 3 years? **OPTIONFINDER**
- C. Who do you think should take the lead on each? **OPTIONFINDER**
- D. What advice would you give those of us who are working on this community assessment?

## **Appendix I**

# **Focus Group Polling Guide**

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### **Focus Group Polling Guide**

- 1. How would you rate the health of the community? Would you say it is Excellent, Very Good, Good, Fair or Poor?**
  - a. Why do you say that?**
  
- 2. How would you rate your personal health? Would you say it is Excellent, Very Good, Good, Fair or Poor?**
  - a. Why do you say that?**
  
- 3. What would you say are the top 3 health needs of the community? Why do you say that?**
  
- 4. Based on the 3 needs you just listed, what, if anything, is the hospital/community doing to correct these needs?**
  
- 5. What additional services are needed in the community that you feel are missing?**
  
- 6. What, if any, barriers are you or your family experiencing related to healthcare?**