

Tri-County

Community Health
Assessment &
Planning Initiative,
June 2011

Mahoning, Trumbull, and Columbiana Counties

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This project involved a number of community members and leaders that came together to develop a plan for improving the health of Mahoning Valley residents. It was completed through collaboration between members of the Tri-County Community Health Assessment and Planning Steering Committee and Kent State University's College of Public Health. Two subcommittees, comprised of members from the Steering Committee and other community representatives, plus key community leaders also participated. We wish to thank all who contributed to this important health improvement initiative.

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TRI-COUNTY COMMUNITY HEALTH ASSESSMENT & PLANNING INITIATIVE

EXECUTIVE SUMMARY

The Tri-County Community Health Assessment and Planning (CHA/P) initiative provides a guide to implement strategies over the next three years aimed at improving the health status of the residents of Mahoning Valley and reducing health disparities between population groups. CHA/P is a collaboration between community leaders from public health, health care, business, education, non-profit, philanthropy and governmental organizations. The initiative was led by a Steering Committee that included 27 community and health leaders from Mahoning, Trumbull, and Columbiana counties. Additional community partners served on two subcommittees that conducted assessments and produced relevant health data and information. Finally, key community informants contributed insights and perspectives that guided the Steering Committee's decisions and recommendations, and helped shape the final report.

Based on the assessments and community input, the Steering Committee identified five priority areas and developed six associated goals intended to improve the health status of Mahoning Valley residents.

CHA/P HEALTH IMPROVEMENT PRIORITIES and GOALS:

PRIORITY: How can we reduce violence and harm in the community?

GOAL: Reduce suicide rates.

PRIORITY: How can we ensure access to physical and behavioral health care?

GOAL: Expand access to and increase awareness of medical, dental, and behavioral services available from regional health care providers.

PRIORITY: How can we educate and promote healthy behaviors?

GOAL: Increase the number of residents who adopt a healthier lifestyle through workplace and school-based interventions.

PRIORITY: How can we ensure access to healthy foods and physical activity?

GOAL: Increase access to healthy foods and physical activity.

PRIORITY: How can we protect the environment from harm & ensure a greener Mahoning Valley?

GOAL: Divert pharmaceutical wastes from wastewater and landfills.

GOAL: Eliminate child lead poisoning.

The Steering Committee oversaw the planning process and ensured that input was obtained from a broad cross-section of organizations and individuals. A team from Kent State University's College of Public Health facilitated the process and conducted analyses upon which priorities were selected and action recommendations were developed by the Steering Committee.

The CHA/P Steering Committee adopted a **Vision Statement** that reflects the hopes and aspirations of the committee members with respect to the Mahoning Valley region. The **Vision Statement** states that a healthy Mahoning Valley is:

- A safe place that fosters health where residents are protected from violence, physical and mental harm, and environmental hazards.
- An equitable place where everyone has access to physical and behavioral healthcare, and health disparities are diminishing.
- A health-promoting place where residents of all ages receive health and nutrition education, have access to healthy foods, and live in neighborhoods designed to promote physical activity.
- A place where community partnerships engage individuals, organizations, and governments to promote a healthy mind, body, and spirit.
- A thriving place with jobs, economic and educational opportunities for all residents.

The CHA/P process included four assessments that were conducted using the Mobilizing for Action through Planning and Partnerships (MAPP) model. Key findings from the assessments included:

1. *Community Strengths*

- a. *Existing collaborations to address health & social problems*
- b. *Public health and health care systems*
- c. *K-12 and higher education institutions*
- d. *Non-profit, faith-based, and philanthropic organizations*
- e. *Physical infrastructure and environment*

2. *Community Weaknesses*

- a. *Violence and behavioral health status*
- b. *Unhealthy lifestyles*
- c. *Unemployment and poverty*
- d. *Access to and awareness of physical & behavioral health care services, especially specialty care*
- e. *Access to healthy foods and health promoting resources*

3. *Opportunities for Health Improvement*

- a. *Health care reform and local access to care initiatives*
- b. *Land banks, farmers' markets, and food cooperatives*
- c. *Child lead poisoning elimination*
- d. *Health promotion activities*

4. *Threats to Health Improvement*

- a. *Expected reduction of state and federal financial resources*
- b. *Barriers to affordable dental and behavioral health care services*
- c. *Absence of "health" culture in region*
- d. *Inappropriate use of emergency rooms*
- e. *Brain drain and out-migration of young people*

5. *Strengths of the Public Health System in Mahoning Valley*

- a. *Diagnosing & investigating health problems and health hazards*

- b. *Researching new and innovative solutions to health problems*
 - c. *Developing policies and plans to community health efforts*
 - d. *Evaluating effectiveness, accessibility, and quality of health services*
6. *Areas for Improving the Public Health System in Mahoning Valley*
- a. *Monitoring health status to identify community health problems*
 - b. *Mobilizing community partnerships to identify and solve health problems*
 - c. *Informing, educating, & empower individuals and communities about health issues*
 - d. *Linking people to personal health services and assuring access to care*
7. *Key Health and Social Indicator Data (see note 1 below for sources)*¹

	<u>Mahoning</u>	<u>Trumbull</u>	<u>Columbiana</u>
a. <i>Heart Disease Deaths per 100,000</i>	229.7	237.0	217.1
b. <i>Suicide Deaths per 100,000</i>	12.6	12.5	17.7
c. <i>Percent of Uninsured Adults</i>	11%	12%	11%
d. <i>Obesity in Adults</i>	28%	28%	32%
e. <i>Smoking in Adults</i>	23%	26%	22%
f. <i>Quality of Environment (ranking in Ohio)</i>	65th (out of 88)	59th	34th
g. <i>Percent Children in Poverty</i>	24%	23%	25%

After reviewing the assessment findings and key informant interviews, the Steering Committee adopted priorities and goals. For each of the goals the Steering Committee identified strategies to achieve the goals. The proposed strategies include model programs that have been demonstrated to be effective in improving health status in U.S. communities.

The CHA/P Steering Committee is committed to preparing an annual report to track progress on a set of 55 health status indicators. Each organization represented on the Steering Committee will develop a plan of action to support achievement of the goals set forth in this report. To fully implement the proposed strategies and achieve the CHA/P health improvement goals, it is imperative that these organizations and others from the Mahoning Valley work together.

CALL FOR INVOLVEMENT

To become involved in the CHA/P health improvement initiative please contact Tracy Styka, CHA/P coordinator.

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¹ www.countyhealthrankings.org and www.communityhealth.hhs.gov

1.0 INTRODUCTION AND BACKGROUND

The Tri-County Community Health Assessment and Planning (CHA/P) initiative is intended to provide a guide for policymakers, providers, and residents of the Mahoning Valley to implement strategies aimed at improving the health status of the population and reducing health disparities between population groups.

CHA/P is a collaboration between community leaders from public health, health care, business, education, non-profit, philanthropy and governmental organizations. A Steering Committee was formed to oversee CHA/P along with two subcommittees that served as vehicles to obtain community perspectives on a variety of key issues. Key leaders from the region were also interviewed to add their perspective to the development of the plan. The Steering Committee sought to involve a broad cross-section of the community in the process. Approximately two dozen leaders were contacted to be interviewed and provided with draft copies of the final report for comment prior to its release.

The Steering Committee engaged a team from Kent State University's College of Public Health to facilitate the process and conduct analyses from which the recommendations included in this report were developed by the Steering Committee.

The planning model that was utilized for CHA/P was Mobilizing for Action through Planning and Partnerships (MAPP). The Kent State team led the Steering Committee and subcommittees through the various stages of MAPP during the months of August 2010 through May 2011. This report contains the results of this process including assessment findings, priority health issues identified by the Steering Committee and associated goals, and proposed health improvement strategies. To the extent possible, the Steering Committee proposed strategies for which there is scientific evidence that they are effective. In addition, the Steering Committee included promising strategies that are currently being implemented in the Mahoning Valley.

Mahoning Valley Description

Three counties were included in the CHA/P initiative: Columbiana, Mahoning, and Trumbull. The total population of this region is 556,976 (2010).

About the Counties

Mahoning – 238,823 pop.

- 16.7% Poverty
- 80% High school graduation rate
- 8.2% Minority
- 11% Uninsured

Trumbull – 210,312 pop.

- 15.5% Poverty
- 79% High school grad
- 9.9% Minority
- 12% Uninsured

Columbiana – 107,841 pop.

- 14.5% Poverty
- 83% High school grad
- 3.8% Minority
- 11% Uninsured

1.1

CHA/P FOUNDATIONAL PRINCIPLES

The CHA/P Steering Committee began its work by developing and adopting a shared set of values and a vision statement that served as the foundational principles that guided the development of priorities, goals, and strategies.

The **Values** represent the commitments and expectations of the Steering Committee to develop a health improvement plan that positively impacts all residents of the region, maintains complete transparency and accountability at all phases of the initiative, and invites all interested parties to participate in addressing the health needs of the region.

Values

- Health Equity
- Diversity
- Inclusion
- Respect
- Trust
- Accountability
- Personal Responsibility
- Collaboration
- Innovation
- Stewardship

The CHA/P **Vision Statement** reflects the hopes and aspirations of the Steering Committee with respect to the Mahoning Valley region. It describes an improved quality of life for the region's residents that could result from a concerted effort to address the public health issues identified in this report.

Vision Statement

A healthy Mahoning Valley is:

- A safe place that fosters health where residents are protected from violence, physical and mental harm, and environmental hazards.
- An equitable place where everyone has access to physical and behavioral healthcare, and health disparities are diminishing.
- A health-promoting place where residents of all ages receive health and nutrition education, have access to healthy foods, and live in neighborhoods designed to promote physical activity.
- A place where community partnerships engage individuals, organizations, and governments to promote a healthy mind, body, and spirit.
- A thriving place with jobs, economic and educational opportunities for all residents.

1.2

MAPP OVERVIEW

Mobilizing for Action through Planning and Partnerships (MAPP) is a strategic planning tool for improving community health that was recommended by the Kent State team and adopted by the CHA/P Steering Committee. MAPP was developed through a collaboration of the National Association of County and City Health Officials (NACCHO) and the U.S. Centers for Disease Control and Prevention (CDC) – see <http://www.naccho.org/topics/infrastructure/mapp/index.cfm>

The MAPP process requires involvement from a broad spectrum of community organizations and individuals. It helps communities to prioritize public health issues, identify resources for addressing them, and develop effective actions to improve community health status.

The phases of MAPP are:

- Organizing for success and developing partnerships
- Visioning
- Conducting four MAPP assessments
- Identifying strategic issues (i.e., priorities)
- Formulating goals and strategies
- Taking action (planning, implementation, evaluation)

The four MAPP assessments are designed to collect key data and information from community members and leaders, as well as objective data from reliable surveillance sources. The four MAPP assessments are:

1. Community Strengths and Themes Assessment
2. Forces of Change Assessment
3. Local Public Health System Assessment
4. Community Health Status Assessment

Two subcommittees were created to conduct the assessments. The first subcommittee worked on the Community Strengths and Themes assessment and the Forces of Change assessment. The Kent State team facilitated discussions with Subcommittee #1 by means of a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis (see pg. 13 for results).

Subcommittee #2 worked on the Local Public Health System assessment and the Community Health Status assessment. The Kent State team used the Model Standards of the CDC's National Public Health Performance Standards Program to assess the public health systems in Columbiana, Mahoning, and



Trumbull counties. The Community Health Status assessment was conducted using data from several sources:

- County Health Rankings (Univ. of Wisconsin)
- Community Health Status Indicators (U.S. Dept. of Health and Human Services)
- Other sources

These data sources were adopted by the Steering Committee because of their reliability, availability, and geographic specificity. All of the health indicators that were included in the assessment are compiled by reputable governmental or academic organizations on an annual basis and at a county level. The advantage of this is that as the CHA/P initiative moves into the implementation and ongoing monitoring and evaluation phases, the community will be able to obtain data every year for each of the Mahoning Valley counties to track whether progress is being made to improve the population's health status.

The County Health Rankings (see <http://www.countyhealthrankings.org/>) is a newly compiled set of health and social indicators developed by the University of Wisconsin Population Health Institute. It contains nearly thirty (30) specific measures of health status, health behaviors, social and economic factors, environmental factors, and clinical care for every county in the U.S.

The Community Health Status Indicators (<http://www.communityhealth.hhs.gov/>) is a dataset developed by the U.S. Department of Health and Human Services that contains dozens of health and social indicators for every county in the U.S. In addition to allowing for the comparison of counties within states, counties in one state can also be compared to similar counties in other states.

In addition to these two robust data sources, the Steering Committee and the Kent State team identified a number of additional indicators that were relevant to assessing the health status of the three-county Mahoning Valley region. After careful review by both Subcommittee #2 and the Steering Committee, a final set of 55 indicators was selected to serve as the CHA/P Health Indicators. Included are a number of socioeconomic measures (see Sec. 1.3 Social Determinants of Health). Baseline (i.e., starting) data has been collected for each indicator (see Appendix B). Every year the CHA/P initiative will update its Health Indicators and will report on the progress made toward improving the community's health status.

The key findings from each of the four MAPP assessments are described below in section 2.0, Key Research Findings. The Steering Committee used the MAPP assessment findings to identify priority issues, along with associated health improvement goals and proposed strategies. The priorities, goals, and strategies are presented in section 3.0 of this report.

In addition to the assessment data and information, the Kent State team interviewed a number of key informants from the community to obtain their views concerning the health of the region. The interviewees were asked to share what they considered to be the most important health problems in the region and how they felt these issues could be best addressed with available resources. This information was compared with the information produced by the subcommittees and provided a valuable check to validate the perspectives of the subcommittee members. Steering Committee members also solicited feedback on a draft of this plan from other key community informants.

1.3

SOCIAL DETERMINANTS OF HEALTH

The Steering Committee recognized the impact that social and environmental conditions have on the health status of the residents of every community. That is why it chose to include a number of indicators in the final set of CHA/P indicators that measure socioeconomic and environmental factors known to have a causal connection with health status.

Included in the CHA/P indicators are measures of:

- Educational attainment
- Poverty and children in poverty
- Race
- Single parent households
- Unemployment
- Violent Crime
- Access to healthy foods and recreational facilities

These, and many other social and environmental factors matter when it comes to health. They directly and indirectly impact health status because they influence personal health choices and help or hinder access to health services and healthy lifestyles. According to the World Health Organization (WHO), social determinants are responsible for health inequities that appear when the health of one population group is compared with that of another. The WHO further states that the conditions in which people live are largely shaped by distribution of money, power and resources at global, national, and local levels (http://www.who.int/social_determinants/en/).

The social determinants of health and the distribution of resources are beyond the ability of the Steering Committee or any other single entity to alter. Nevertheless, it is critically important for community leaders and residents to understand that any effort to improve the health status of individuals and population groups that reside within their community will have only limited success if the social determinants are not addressed. Addressing the social determinants of health is, therefore, a larger goal of the CHA/P initiative because they affect all of the Priority Issues selected by the Steering Committee. It is hoped that one of the results of the CHA/P initiative will be to mobilize the community as a whole to implement strategies aimed at directly improving the social conditions in the Mahoning Valley.

It is critically important for community leaders and residents to understand that any effort to improve the health status of individuals and population groups that reside within their community will have only limited success if the social determinants are not addressed.

2.0

ASSESSMENT FINDINGS

2.1 COMMUNITY STRENGTHS AND THEMES ASSESSMENT

The *Community Strengths and Themes assessment* focused on identifying community assets, as well as problems, that impact the health of community residents. The Key Findings are noted in the figure below (see SWOT Matrix on page 12 for a complete listing of Community Strengths and Weaknesses).



2.2 FORCES OF CHANGE ASSESSMENT

The *Forces of Change assessment* focused on identifying current and future trends (i.e., opportunities and threats) that impact or are likely to impact the health of community residents, both positively and negatively. The Key Findings are noted in the figure below (see SWOT Matrix on page 13 for a complete listing of opportunities and threats).

FORCES OF CHANGE ASSESSMENT

<p>What It Is</p> <p>The purpose of the Forces of Change assessment is to identify forces such as trends, factors, or events that are or will be affecting health or quality of life in the community or local public health system. It answers the questions:</p> <ul style="list-style-type: none">• What is occurring or might occur that affects the health of our community or the local public health system?• What specific threats or opportunities are generated by those occurrences?	<p>Method</p> <p>Subcommittee # 1 conducted a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis; the “opportunities” and “threats” portions were used to complete this assessment. In addition, key leaders in the community were identified by the Steering Committee and were interviewed on forces affecting their communities.</p>
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Key Findings:

- 1) *Opportunities*
 - *Health care reform and local access to care initiatives**
 - *Land banks, farmers’ markets, and food cooperatives*
 - *Child lead poisoning elimination*
 - *Health promotion activities*
- 2) *Threats*
 - *Expected reduction of state and federal financial resources*
 - *Barriers to dental and behavioral health care services*
 - *Absence of “health” culture in region*
 - *Inappropriate use of emergency rooms*
 - *Pharmaceuticals in drinking water*

** such as the Mahoning Valley Covering Kids and Families Coalition and Access Health Mahoning Valley*

2.3 SWOT MATRIX

Strengths	Weaknesses
<p>Education</p> <ul style="list-style-type: none"> • Educational institutions (universities, tech schools) • K – 12 School Systems <p>Community Resources</p> <ul style="list-style-type: none"> • Hospitals, health departments, community health centers • Planning organizations, foundations, community centers • Senior services sector, faith-based organizations • Historical strength; working class and farming history • Volunteerism and civic engagement <p>Environment</p> <ul style="list-style-type: none"> • Natural gas reservoirs • Environmental protection advisory group • Metro parks/ bike trails • Clean water; Storm water sewer initiative-Phase II <p>Infrastructure</p> <ul style="list-style-type: none"> • Transportation infrastructure, highways • Cost of living, affordable housing • Some automotive job expansion • Location • Retail sector • Township governments and municipalities <p>Health Care</p> <ul style="list-style-type: none"> • Quality health care • Health care access collaboratives 	<p>Education</p> <ul style="list-style-type: none"> • Low graduation rates <p>Community/Social Issues</p> <ul style="list-style-type: none"> • Funding for behavioral health services • Violence/ crime, perception of government corruption • High risk behaviors: smoking, obesity, teen pregnancy, drugs and alcohol, physical inactivity, youth lacking life skills • Poor community self-esteem & pessimism • Lack of youth & senior recreational opportunities • Urban/rural blight, racism, segregation, declining population • Ineffective/unresponsive government, in-fighting & turf wars <p>Environment</p> <ul style="list-style-type: none"> • Hazardous waste incinerators • Lack of walkable communities; public transportation • Food deserts, supermarkets lacking in central cities <p>Public Health Infrastructure</p> <ul style="list-style-type: none"> • Fragmented public health system • Funding for local public health <p>Health Issues</p> <ul style="list-style-type: none"> • Lack of coordinated community health promotion activities • School health services • Services for vulnerable populations • High rates of STDs <p>Economics</p> <ul style="list-style-type: none"> • Financial resources, high unemployment rates, foreclosures • Generational poverty
Opportunities	Threats
<ul style="list-style-type: none"> • Increase public health education • Inter-government cooperation/distribution of funds • Accreditation for health departments, collaboration between health departments & health care organizations • Land banks, farmers’ markets, community gardens • Patient Protection & Affordable Care Act • Business climate, business Incubators • Accountable Care Organizations • Appalachian designation & federal funding for 3 counties • Blight & lead removal, rebuild built environment 	<ul style="list-style-type: none"> • Declining population, brain drain • Declining services for seniors and increasing Medicare costs • Lack of state financial resources to local communities • Meeting needs of immigrant population • Casinos • Fee on hospitals, uncertainty re: health care reimbursement • Violence and crime • Lack of culture of healthy behaviors and low priority on prevention • Prescription drug abuse • Pharmaceuticals in our drinking water

2.4 LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

The *Local Public Health System assessment* rated the public health systems in the three counties based on their ability to deliver public health services that have been determined to be essential by major U.S. public health agencies. The Key Findings are noted in the figure below (see Appendix A for the complete scoring for the Local Public Health System Assessment).

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

<p>What It Is</p> <p>The purpose of the Local Public Health System Assessment (LPHSA) is to assess the local public health system’s capacity to meet a nationally recognized set of model standards for public health systems. The model standards represent the system’s capacity to adequately provide the 10 Essential Public Health Services. The National Association of County and City Health Officials defines the local public health system as “all entities in a community that contribute to the delivery of public health services,” which can include public, private, and voluntary entities, as well as individuals and voluntary associations.</p>	<p>Method</p> <p>Subcommittee #2, used the National Public Health Performance Standards Program’s Local Public Health System Performance Assessment - Model Standards instrument. The subcommittee discussed each Model Standard and assigned scores for each individual county based on their understanding of the ability of the public health systems in each county to provide the 10 Essential Public Health Services.</p>
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Key Findings:

- 1) *Public health system is strongest at ...*
 - *Diagnosing & investigating health problems and health hazards*
 - *Researching new and innovative solutions to health problems*
 - *Developing policies and plans to community health efforts*
 - *Evaluating effectiveness, accessibility, and quality of health services*

- 2) *Public health system needs improvement in ...*
 - *Monitoring health status to identify community health problems*
 - *Mobilizing community partnerships to identify and solve health problems*
 - *Informing, educating, & empowering individuals and communities about health issues*
 - *Linking people to personal health services and assuring access to care*

The National Public Health Performance Standards Program’s Model Standards provides a methodology for assessing the extent to which local public health systems are able to provide critically important services to their communities. It has been widely used throughout the U.S. The so-called, 10 Essential Public Health Services upon which the standards are based, were developed by national public health agencies to identify the services every citizen should expect their local public health system to be able to effectively deliver. The essential services are considered necessary to maintain a high level of health in any community.

10 Essential Public Health Services

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

As depicted in figure 2.1 below, the public health system consists of many more organizations than simply the local health departments. Public health systems that are able to provide the essential services are capable of:

- Assessing the health status and needs of communities
- Assuring that residents receive the health services they need
- Developing effective health policies that promote health and address health threats

Effective public health systems are also able to fulfill their primary goals: **Prevent** disease and injury, **Protect** citizens from health hazards, and **Promote** healthy living and environments.

Local Public Health System

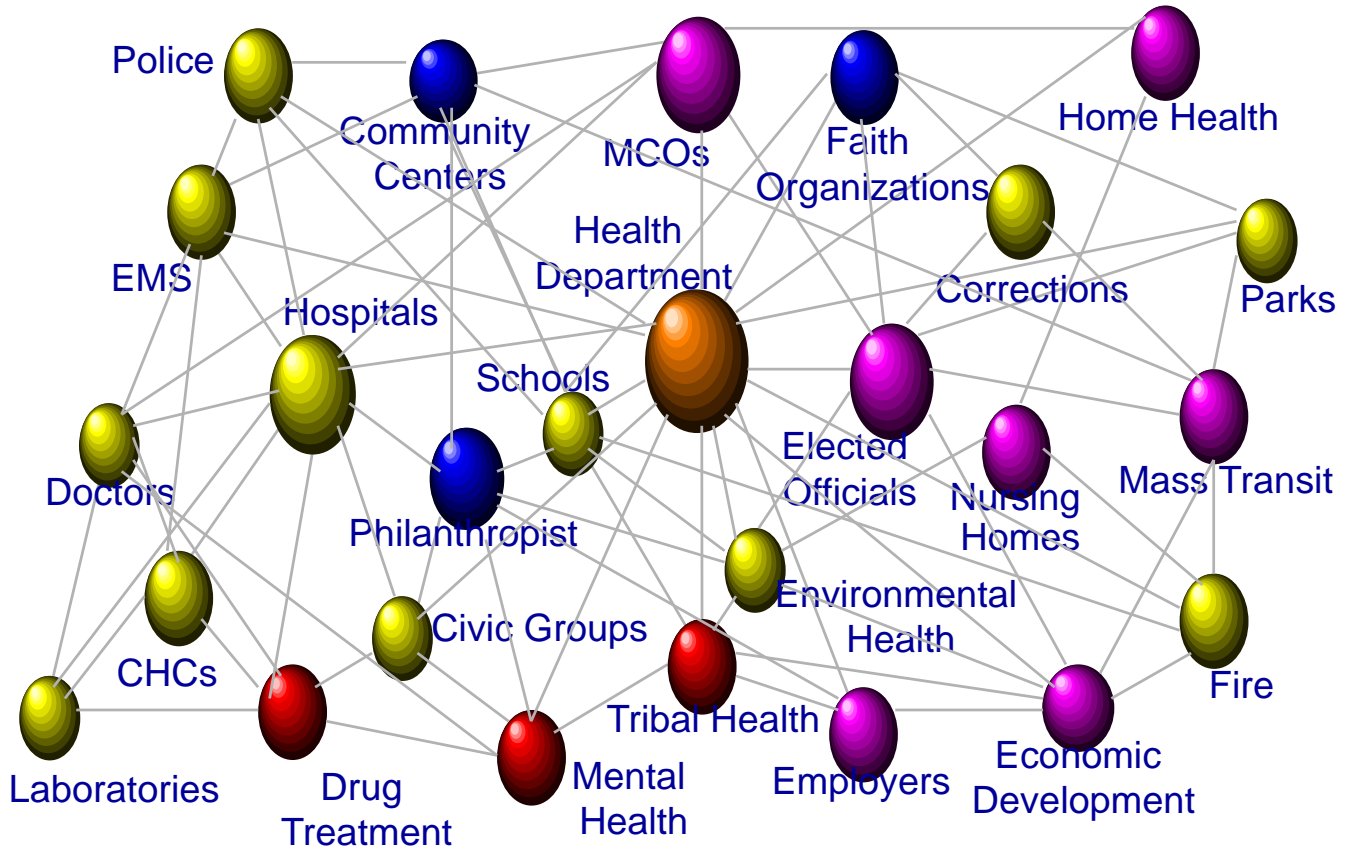


Figure 2.1

Source: U.S. Centers for Disease Control and Prevention

2.5 COMMUNITY HEALTH STATUS ASSESSMENT

The **Community Health Status assessment** examined important data that measures the health status of a community’s population. Fifty-five (55) indicators were selected, all of which can be tracked on an annual basis at a county level. This set of indicators will provide Mahoning Valley communities with the ability to continually assess progress made toward achieving the goals of this initiative, as well as provide a means to compare the Tri-County area with comparable counties in Ohio and the nation. The Key Findings are noted in the figure below (see Appendix B for a complete compilation of the Community Health Status data).

COMMUNITY HEALTH STATUS ASSESSMENT

What It Is

The Community Health Status Assessment is a compilation of county-level, state, and national health data. It answers the questions:

- How healthy are our residents?
- What does the health status of our community look like?

Method

County level data for each county and state data were collected from University of Wisconsin’s 2010 County Health Rankings and the U.S. Department of Health and Human Service’s Community Health Status Indicators. All data were reviewed by Subcommittee #2, who identified gaps in the available data and recommended additional indicators. Emergency room discharge data was also collected from local hospitals and additional data indicators were identified from a variety of data sources.

Key Findings:

	<u>Mahoning</u>	<u>Trumbull</u>	<u>Columbiana</u>
1) <i>Deaths per 100,000 population*</i>			
• <i>Heart disease</i>	229.7	237.0	217.1
• <i>Suicide deaths</i>	12.6	12.5	17.7
2) <i>Access to Health Care</i>			
• <i>Uninsured adults</i>	11%	12%	11%
3) <i>Healthy Lifestyle</i>			
• <i>Obesity rate</i>	28%	28%	32%
• <i>Smoking rate</i>	23%	26%	22%
4) <i>Environment</i>			
• <i>Ohio ranking</i>	65th (out of 88)	59th	34th
5) <i>Social indicators</i>			
• <i>% Children in poverty</i>	24%	23%	25%

** age-adjusted*

3.0 SELECTING AND ADDRESSING PRIORITY ISSUES

3.1 HEALTH STATUS INDICATORS

The Steering Committee reviewed all of the data and information resulting from the four MAPP assessments, including the recommendations from the two subcommittees. The Committee then identified a subset of indicators from the 55 community health status indicators that were considered most relevant to the health issues highlighted in the assessments. The indicators were organized into the framework below.

- Chronic Disease:
 - Heart, stroke, cancer, behavioral health
- Obesity:
 - Dietary, physical activity
- Physical Environment:
 - Air quality, access to healthy foods, child blood lead levels
- Proper Use of health Services:
 - Prenatal care, emergency room visits, preventable hospital stays, dental care
- Violent Death:
 - Homicide, suicide, motor vehicle crashes

3.2 PRIORITIES

Five broad priority issues were then selected by the Steering Committee to guide the health improvement process for the next three years. *The Steering Committee acknowledges that there are a number of other important public health issues impacting the Mahoning Valley that could be considered priorities.* In selecting its priorities, the Steering Committee applied several criteria including:

- a) availability of data on an annual basis at the county level
- b) existence of evidence-based strategies
- c) feasibility of implementing strategies

The proposed evidence-based practices, or strategies, have been determined to be effective in addressing particular conditions (e.g., reducing suicide rates) using scientifically accepted methodologies. To the extent possible, the Steering Committee selected priorities for which there are known evidence-based practices.

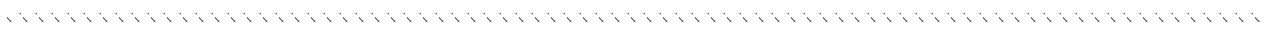
The priorities selected by the Steering Committee represent an array of health issues that the MAPP assessments and key leader interviews determined were critically important to improving the overall health status of Mahoning Valley residents. Following the MAPP model, the priorities were framed as questions. Discussion of the questions resulted in the development of specific goals to be achieved in order to realize the CHA/P vision for the Mahoning Valley (see below).

CHA/P Priority Questions:

- How can we reduce violence and harm in the community?
- How can we ensure access to physical and behavioral health care?
- How can we educate and promote healthy behaviors?
- How can we ensure access to healthy foods and physical activity?
- How can we protect the environment from harm & ensure a healthier, greener Mahoning Valley?

3.3 GOALS AND STRATEGIES

For each of the five priorities, the Steering Committee developed one or more goals and also proposed strategies for achieving each of the goals. The following section outlines each goal with its associated Vision Statement, Goal(s), and Proposed Strategies. *(Please note that the Priorities and Goals are not listed in order of importance).* For most of the proposed strategies, specific best practice and/or evidence-based programs are listed. Some of the proposed strategies recommend continuing and/or expanding existing health improvement initiatives. In Appendix C there are descriptions of the evidence-based programs and associated references.



PRIORITY: *How can we reduce violence and harm in the community?*

Vision: A safe place that fosters health where residents are protected from violence, physical and mental harm, and environmental hazards.

GOAL: Reduce suicide rates.

Strategy Guidelines:

- Target high-risk youth, middle-aged men, veterans, and seniors for depression and suicide risk screening
- Support continued cooperation and joint marketing efforts between suicide prevention coalitions in Mahoning, Trumbull and Columbiana Counties
- Support behavioral health providers implementing evidence-based practices
- Play an advocacy role regarding suicide and violence issues
- Promote existing suicide prevention programs that conform to evidence-based research
- Facilitate establishment of linkages between agencies

Suicide Prevention Evidence-based Programs from National Registry of Evidence-based Programs and Practices (NREPP) -

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=121>

Education and Training

- CARE (Care, Assess, Respond, Empower)
- Coping and Support Training (CAST)
- Emergency Department Means Restriction Education
- Emergency Room Intervention for Adolescent Females
- Lifelines Curriculum (NREPP)
- Reconnecting Youth: A peer group approach (NREPP)
- United States Air Force Suicide Prevention Program (NREPP)

Education & Training, Screening

- SOS Signs of Suicide (NREPP)

Treatment (limited to psychotherapies)

- Brief Psychological Intervention after Deliberate Self-Poisoning
- Dialectical Behavior Therapy
- Multisystemic Therapy With Psychiatric Supports (MST-Psychiatric) (NREPP)
- PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial) (NREPP)

Screening

- Columbia University TeenScreen (NREPP)

PRIORITY: *How can we ensure access to physical and behavioral health care?*

Vision: An equitable place where everyone has access to physical and behavioral healthcare, and health disparities are diminishing.

GOAL: Expand access to and increase awareness of medical, dental, and behavioral services available from regional health care providers

Strategies:

- Expand the Access Health Mahoning Valley (AHMV) network of volunteer health care providers to serve the uninsured in Mahoning and Trumbull counties
 - Expand the scope of services to include behavioral health services
 - Plan for an expansion of AHMV services to serve Columbiana County residents
- Disseminate information about health and dental care safety net services available in the community, including federally qualified health centers and the Child and Family Health

Services Program, a state and federally funded initiative that provides direct care, enabling services and preventive health services to uninsured and underinsured families in Mahoning, Trumbull and Columbiana counties.

PRIORITY: *How can we educate and promote healthy behaviors?*

Vision: A health-promoting place where residents of all ages receive health and nutrition education, abstain from tobacco use, have access to healthy foods, and live in neighborhoods designed to promote physical activity.

GOAL: Increase the number of residents who adopt a healthier lifestyle through workplace and school-based interventions.

Strategy Guidelines:

- Encourage employers to implement worksite wellness programs
 - Encourage employers to offer health assessments to employees
 - Identify low cost resources to help small employers with program costs (e.g., www.realage.com, www.livestrong.com)
 - Offer additional worksite wellness workshops like those in Trumbull County
- Work with schools to eliminate junk food from vending machines and a la carte sales
- Support statewide efforts to establish health curriculum standards for K-12 education

Healthy Lifestyle Evidence-based Programs from the Community Guide to Preventive Services
(<http://www.thecommunityguide.org/obesity/index.html>)

- Obesity Prevention and Control
 - Behavioral interventions to reduce screen time
 - Technology-supported multi-component coaching or counseling interventions to reduce weight and maintain weight loss
 - Worksite programs

PRIORITY: *How can we ensure access to healthy foods and physical activity?*

Vision: A health-promoting place where residents of all ages receive health and nutrition education, have access to healthy foods, and live in neighborhoods designed to promote physical activity.

GOAL: Increase access to healthy foods and physical activity.

Strategy Guidelines:

- Encourage schools to implement the Coordinated School Health Model
- Collaborate with community organizations like Grow Youngstown that promote community-supported agriculture and urban gardening
- Support advocacy efforts of the Mahoning Valley Organizing Cooperative to improve access to retail outlets for fresh fruits and vegetable in “food deserts”
- Continue to monitor changes in school vending machine contents
- Collaborate with the YMCA-led Pioneering Healthier Communities initiative to reduce childhood obesity through policy and environmental changes

Healthy Eating and Physical Activity Evidence-based Programs from the Community Guide and Morbidity Mortality Weekly Report (MMWR)

Physical Activity and Diet (The Community Guide) –

<http://www.thecommunityguide.org/pa/index.html>

- Community-wide campaigns and informational approaches to increase physical activity
- Environmental and policy approaches to increase physical activity:
 - Point-of-Decision prompts to encourage use of stairs
 - Creation of or enhanced access to places for physical activity combined with informational outreach activities

Best Practices to Reduce Obesity (MMWR Report)

- Communities should improve availability of affordable healthier food and beverage choices in public service venues
- Communities should improve geographic availability of supermarkets in underserved areas
- Communities should provide incentives to food retailers to locate in and/or offer healthier food and beverage choices in underserved areas

PRIORITY: *How can we protect the environment from harm and ensure a greener Mahoning Valley?*

Vision: A safe place that fosters health where residents are protected from violence, physical and mental harm, and environmental hazards.

GOAL: Divert pharmaceutical wastes from wastewater and landfills.

Strategies:

- Educate community on safe disposal of pharmaceutical waste
- Promote and expand existing diversion programs

Recommended Best Practices:

- **SMARxT Disposal** - <http://www.smarxtdisposal.net/resources.html>
- **EPA resources** - <http://www.epa.gov/ppcp/>;
<http://www.epa.gov/nerlesd1/bios/daughton/APM200-2010.pdf>
- **FDA resources** - <http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>;
<http://www.fda.gov/downloads/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingOver-the-CounterMedicines/ucm107163.pdf>

GOAL: Eliminate child lead poisoning.

Strategies:

- **Increase the number of children screened for lead poisoning by existing programs**
 - Seek additional resources to enable testing of all children at risk for lead exposure, such as testing children in WIC clinics
 - Educate healthcare providers on testing requirements

Recommended Best Practices:

- Ohio Department of Health Elimination Plan
<http://www.odh.ohio.gov/ASSETS/56BB0594A0B04297A2952E139D8E2873/elimplan.pdf>
- CDC most recent Policy Statement on Childhood Lead Poisoning
<http://www.cdc.gov/nceh/lead/publications/PrevLeadPoisoning.pdf>

- **Reduce housing hazards that can be a potential threat to young children**
 - Demolition of hazardous properties
 - Lead hazard abatement and control
 - Legislation and policymaking

Recommended Best Practices:

- CDC Housing Based approach to Primary Prevention Best Practices
<http://www.cdc.gov/nceh/lead/publications/PrevLeadPoisoning.pdf>

4.0

PREPARING FOR ACTION AND NEXT STEPS

The health priorities and goals presented in this report are a starting point for improving the health of the residents of Mahoning Valley. Implementation of the proposed strategies, best practices, and evidence-based programs presented herein will require a concerted and coordinated effort by numerous organizations and individuals in both the public and private sectors. It will also require a multi-year commitment on the part of those organizations and individuals if there is to be measurable improvement in the CHA/P indicators.

The CHA/P Steering Committee is committed to engaging additional parties in the necessary planning that will be required to implement its recommendations. It is also committed to tracking progress over time to determine whether or not there is improvement in the health and social measures presented here. An annual progress report will be issued that will track progress made for each of the health and social indicators shown below (and also in Appendix B). The Steering Committee members are also committed to developing and implementing plans for their organizations to address the health improvement priorities identified in this report. The active involvement of other individuals and organizations is welcomed.

CALL FOR INVOLVEMENT

To become involved in the CHA/P health improvement initiative please contact Tracy Styka, CHA/P coordinator.

Email: tstyka@mahoninghealth.org
Phone: (330) 270-2855 extension 109
Mailing Address: Mahoning County District Board of Health
50 Westchester Drive
Youngstown, Ohio 44515

COMPLETE LIST OF INDICATORS TO BE ANNUALLY REPORTED ON:

SOCIAL / ECONOMIC INDICATORS:

1. Population Size
2. Population Density
3. Percent Below Poverty Line
4. Average Life Expectancy
5. Race / Ethnicity
6. Age Distribution
7. High School Graduation Rates
8. College Graduate Rates
9. Unemployment Rates
10. Children in Poverty
11. Income Inequality
12. Inadequate Social Support

13. Single-Parent Households
14. Socio-economic Ranking in Ohio
15. Population aged 20-24 years

ENVIRONMENTAL INDICATORS:

16. Child lead poisoning cases
17. Air Pollution – Particulate Matter
18. Air Pollution – Ozone
19. Access to Healthy Foods
20. Liquor Store Density
21. Physical Environment Ranking in Ohio

- 22. Households w/o Car and >1 Mile to Grocery Store
- 23. Low Income Households >1 Mile to Grocery Store
- 24. Grocery Stores per 1,000 Population
- 25. Fast Food Restaurants per 1,000 Population

HEALTH INDICATORS:

- 26. HIV
- 27. Mothers that Smoke During Pregnancy
- 28. Overweight 3rd Graders
- 29. Tuberculosis Incidence
- 30. Gonorrhea
- 31. Syphilis
- 32. Chlamydia
- 33. Prenatal Care
- 34. Adult Smoking
- 35. Adult Obesity
- 36. Binge Drinking

- 37. Motor Vehicle Crash Deaths
- 38. Teen Birth Rate
- 39. Health Ranking in Ohio
- 40. Premature Deaths
- 41. Infant Mortality
- 42. Leading Cause of Death
- 43. Homicide Deaths
- 44. Suicide Deaths
- 45. Stroke Deaths
- 46. Lung Cancer Deaths
- 47. Colon Cancer Deaths
- 48. Breast Cancer Deaths
- 49. Unintentional Injury Deaths
- 50. Mortality Ranking in Ohio
- 51. Population with Poor or Fair Health
- 52. Population in Poor Physical Health
- 53. Population in Poor Mental Health
- 54. Low Birth Weight
- 55. Morbidity Rank in Ohio

5.1

**APPENDIX A
LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT**

Scoring for the Public Health System Assessment by County:
1 = No capacity
2 = Minimal capacity
3 = Moderate capacity
4 = Significant capacity
5 = Optimal capacity

	<u>Mahoning</u>	<u>Trumbull</u>	<u>Columbiana</u>
ESSENTIAL SERVICE #1			
Monitor Health Status to Identify Community Health Problems			
1.1: Population-Based Community Health Profile	3	2	2
1.2: Current Technology to Manage and Communicate Population Health Data	2	2	1
1.3: Maintenance of Population Health Registries	2	2	2
Average	2.3	2	1.7

	<u>Mahoning</u>	<u>Trumbull</u>	<u>Columbiana</u>
ESSENTIAL SERVICE #2			
Diagnose and Investigate Health Problems and Health Hazards in the Community			
2.1: Identification and Surveillance of Health Threats	4	4	4
2.2: Investigation and Response to Public Health Threats and Emergencies	5	5	5
2.3: Laboratory Support for Investigation of Health Threats	5	5	5
Average	4.7	4.7	4.7

	<u>Mahoning</u>	<u>Trumbull</u>	<u>Columbiana</u>
ESSENTIAL SERVICE #3			
Inform, Educate, and Empower Individuals and Communities about Health Issues			
3.1: Health Education and Promotion	2	4	2
3.2: Health Communication	2	3	2
3.3: Risk Communication	4	4	4
Average	2.7	3.7	2.7

	<u>Mahoning</u>	<u>Trumbull</u>	<u>Columbiana</u>
ESSENTIAL SERVICE #4			
Mobilize Community Partnerships to Identify and Solve Health Problems			
4.1: Constituency Development	3	3	3
4.2: Community Partnerships	3	2	3
Average	3	2.5	3

ESSENTIAL SERVICE #5	<u>Mahoning</u>	<u>Trumbull</u>	<u>Columbiana</u>
Develop Policies and Plans that Support Individual and Community Health Efforts			
5.1: Governmental Presence at the Local Level	4	4	4
5.2: Public Health Policy Development	4	2	3
5.3: Community Health Improvement Process and Strategic Planning	3	3	3
5.4: Plan for Public Health Emergencies	5	4	5
Average	4	3.3	3.8

ESSENTIAL SERVICE #6	<u>Mahoning</u>	<u>Trumbull</u>	<u>Columbiana</u>
Enforce Laws and Regulations that Protect Health and Ensure Safety			
6.1: Review and Evaluation of Laws, Regulations, and Ordinances	4	5	4
6.2: Involvement in the Improvement of Laws, Regulations, and Ordinances	5	4	4
6.3: Enforcement of Laws, Regulations, and Ordinances	3	3	3
Average	4	4	3.7

ESSENTIAL SERVICE #7	<u>Mahoning</u>	<u>Trumbull</u>	<u>Columbiana</u>
Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable			
7.1: Identification of Personal Health Service Needs of Populations	4	3	3
7.2: Assuring the Linkage of People to Personal Health Services	2	3	3
Average	3	3	3

ESSENTIAL SERVICE #8	<u>Mahoning</u>	<u>Trumbull</u>	<u>Columbiana</u>
Assure a Competent Public and Personal Health Care Workforce			
8.1: Workforce Assessment, Planning, and Development	3	2	2
8.2: Public Health Workforce Standards	5	5	5
8.3: Life-Long Learning Through Continuing Education, Training, and Mentoring	4	3	3
Average	4	3.3	3.3

ESSENTIAL SERVICE #9	<u>Mahoning</u>	<u>Trumbull</u>	<u>Columbiana</u>
Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services			
9.1: Evaluation of Population-Based Health Services	3	3	3
9.2: Evaluation of Personal Health Services	4	4	4
9.3: Evaluation of the Local Public Health System	4	4	3
Average	3.7	3.7	3.3

ESSENTIAL SERVICE #10

	<u>Mahoning</u>	<u>Trumbull</u>	<u>Columbiana</u>
Research for New Insights and Innovative Solutions to Health Problems			
10.1: Fostering Innovation	5	4	3
10.2: Linkage with Institutions of Higher Learning and/or Research	5	4	3
10.3: Capacity to Initiate or Participate in Research	5	4	3
Average	5	4	3

5.2

APPENDIX B COMMUNITY HEALTH STATUS ASSESSMENT

NOTE: In the data tables below, wherever a 'Rank' is given, it indicates how a county compares with other Ohio counties for a particular indicator. Counties are ranked with respect to the total number of counties in Ohio, 88. The lower the rank, the better. For example, Columbiana County ranks 34th best out of 88 counties on the Physical Environment category of indicators.

Demographics:

Mahoning, Trumbull and Columbiana Counties compared to the Ohio and the United States- 2007

	Mahoning County	Trumbull County	Columbiana County	State (Ohio)***	U.S.**
Population size	237,978	211,317	107,873	11,542,645	301,237,703
Percent below poverty line	16.7%	15.5%	14.5%	13.3%	14.3%
Average life expectancy (years)	75.5	76.2	76.2		76.5

Data Source: Community Health Status Indicators

** : Census.gov

***ODJFS Stats and Demographic Data/Ohio Quick Facts Census Data

Race/Ethnicity	Mahoning County	Trumbull County	Columbiana County	State (Ohio)	U.S
White	81.8%	90.1%	96.2%	84%	65.9%
African American	16.1%	8%	2.4%	11.7%	12.1%
American Indian	0.2%	0.2%	0.2%	0.2%	0.7%
Asian/ Pacific Islander	0.7%	0.5%	0.3%	1.5%	4.4%
Hispanic Origin	3.6%	1%	1.3%	2.5%	15.1%

Data Source: *County Health Rankings from the University of Wisconsin*

Age Distribution	Mahoning County	Trumbull County	Columbiana County	State (Ohio)	U.S **
Under 19	22.9%	22.8%	22.4%	26.7%	27.5%
19-64	60%	60.2%	61.9%	59.6%	59.5%
65-84	14.2%	14.4%	13.6%	11.7%	10.9%
85+	2.9%	2.6%	2.1%	1.9%	1.7%

Data Source: *Community Health Status Indicators*

** : Data Source: *Census.gov*

Physical Environment

	Mahoning County	Trumbull County	Columbiana County	State (Ohio)
Air Pollution-particulate matter days (#Days per year)	7	8	5	5
Air pollution-ozone days (# days/year)	12	20	5	9
Access to Healthy foods (% Zip codes)	48%	48%	48%	45%
Liquor store Density (Per 10,000 people)	1.1	0.4	0.8	0.8
Rank – Overall Physical Environment	65	59	34	

Data Source: *County Health Rankings from the University of Wisconsin*

Food Environment: Access to Healthy Foods

	Mahoning County	Trumbull County	Columbiana County
Percentage of households with no car and >1mile to grocery store	5.2%	2.8%	3.3%
Percentage of low income households with >1 mile to grocery store	15.6%	12.6%	19.2%
Grocery stores per 1000 population	0.25	0.23	0.21
Fast food restaurants per 1000 population	0.83	0.75	0.61

Data Source: *USDA Food Atlas*

Clinical Care and Related Conditions

	Mahoning County	Trumbull County	Columbiana County	State (Ohio)	U.S.
Uninsured Adults	11%	12%	11%	12%	15.5%*
Primary Care Provider Rate (per 100,000)	120	79	62	118	119.9*
Preventable Hospital Stay Rate	72	93	115	86	78.4*
Diabetic Screening	82%	77%	79%	81%	
Hospice use	23%	20%	21%	36%	
Rank – Overall Clinical Care	17	60	68		

Data Source: *County Health Rankings from the University of Wisconsin, American Health Rankings (*)*

Socio Economical Factors

	State (Ohio)	Mahoning County	Trumbull County	Columbiana County
High school graduation	83%	80%	79%	83%
College Degrees	21.1%	20%	15%	11%
Unemployment	9.9%	7%	8%	7%
Children in Poverty	18.5%	24%	23%	25%
Income inequality	45	45	42	42
Inadequate social support	20%	24%	20%	21%
Single-parent households	10%	10%	10%	10%
Rank – Overall Socio-Economic Factors		80	71	62

Data Source: *County Health Rankings from the University of Wisconsin*

Additional Requested Indicators

Indicator	Mahoning County	Trumbull County	Columbiana County
HIV	Male-168.2 Female-93.5	Male-91.9 Female-27.3	Male-60.7 Female-18.4
Mothers who reported smoking during their last pregnancy	17.3%	25.1%	27.5%
Overweight 3 rd Graders (2004-2005 school year)	24.4%	19.5%	22.6%
Tuberculosis disease rate	1.7	0	1.9
Gonorrhea rate	55.3	96	20.2
Syphilis rate	1.2	2.3	0
Population Aged 20-24	5.8%	5.3%	5.3%
Late or no Prenatal Care	5.9%	5.8%	4.9%

Data Source: ODH (Ohio Department of Health)-Healthy Ohio, **Census.gov

Health Behaviors

Indicator	Mahoning County	Trumbull County	Columbiana County	Ohio	United States
Adult Smoking	23%	26%	22%	23.1%	19.8%
Adult Obesity	28%	28%	32%	29.2%	26.3%
Binge Drinking	15%	16%	15%	17.1	15.7
Motor Vehicle Crash Death Rate (Per 100,000)	12	15	16	11.4 (2006-2008)	14.6 (2005)
Chlamydia Rate (Per 100,000)	337	301	134	374	401.1
Teen Birth Rate (Per 100,000)	40	41	40	41.3	42.5
Rank – Overall Health Behaviors	21	26	79		

Data Source: County Health Rankings from the University of Wisconsin

Mortality and Morbidity County and State Rates

Mortality Rates	Mahoning County	Trumbull County	Columbiana County	Ohio	United States
Premature death (Count)	8,535	8,505	7,207		
Infant mortality (per 1,000 live births)	8.7	9	6.7	7.7	6.68
Leading cause of death (heart disease/100,000)	229.7	237	217.1	215.2	211
Homicide (per 100,000)*	12.2	6.8	2.7	5.6	6.1
Suicide (per 100,000)*	12.6	12.5	17.7	11.3	10.9
Stroke (per 100,000)*	48.8	56.5	50.6	42.2	47
Lung cancer (per 100,000)*	53.3	63.4	63.8	58.3	52.6
Colon cancer (per 100,000)*	21.7	19.6	23.5	18.9	17.5
Breast cancer (Females) - (per 100,000)*	29.1	34.4	25.2	14.5	24.1
Unintentional injury (per 100,000)*	21.3	22.5	19.7	40.98	40.1
Rank - Overall Mortality	71	68	36		

Data Source: *County Health Rankings*, * *Community Health Status*

Morbidity	Mahoning County	Trumbull County	Columbiana County	Ohio	United States
Poor or Fair Health	16%	16%	18%	15.7%	16.5%
Poor physical health days (# days in past 30)	3.7	3.6	4.4	3.7	3.6
Poor mental health days (# days in past 30)	3.6	3.5	4.1	3.8	3.4
Low Birth Weight	9.8%	8.4%	7.5%	8.4%	8.2%
Rank – Overall Morbidity	79	58	57		
Child Lead Poisoning - # Tested *	2,781	1,776	1,184		
Child Lead Poisoning – # (%) Poisoned *	51 (1.8%)	11 (0.6%)	23 (1.9%)		

Data Sources: *County Health Rankings* and * *Ohio Dept. of Health Systematic Tracking of Elevated Lead Levels & Remediation (STELLAR) system*

Goal – REDUCE SUICIDE RATES***Evidence for strategies to reduce suicide rates from National Registry of Evidence Based Programs and Practices (NREPP) -******1. CARE (Care, Assess, Respond, Empower)***

Formerly called Counselors CARE (C-CARE) and Measure of Adolescent Potential for Suicide (MAPS)--is a high school-based suicide prevention program targeting high-risk youth. CARE includes a 2-hour, one-on-one computer-assisted suicide assessment interview followed by a 2-hour motivational counseling and social support intervention. The counseling session is designed to deliver empathy and support, provide a safe context for sharing personal information, and reinforce positive coping skills and help-seeking behaviors. CARE expedites access to help by connecting each high-risk youth to a school-based caseworker or a favorite teacher and establishing contact with a parent or guardian chosen by the youth. The program also includes a follow-up reassessment of broad suicide risk and protective factors and a booster motivational counseling session 9 weeks after the initial counseling session.

2. Coping and Support Training (CAST)

CAST (Coping And Support Training) is a high school-based suicide prevention program targeting youth 14 to 19 years old. CAST delivers life-skills training and social support in a small-group format (6-8 students per group). The program consists of twelve 55-minute group sessions administered over 6 weeks by trained high school teachers, counselors, or nurses with considerable school-based experience. CAST serves as a follow-up program for youth who have been identified through screening as being at significant risk for suicide. In the original trials, identification of youth was done through a program known as CARE (Care, Assess, Respond, Empower), but other evidence-based suicide risk screening instruments can be used.

3. Emergency Room Intervention for Adolescent Females

Emergency Room Intervention for Adolescent Females is a program for teenage girls 12 to 18 years old who are admitted to the emergency room after attempting suicide. The intervention, which involves the adolescent and one or more family members who accompany her to the emergency room, aims to increase attendance in outpatient treatment following discharge from the emergency room and to reduce future suicide attempts. A review of the literature suggests that factors related to treatment noncompliance following a suicide attempt include family discord, maternal psychopathology, attempter depression, and negative experiences with emergency room staff. The intervention consists of three components designed to improve the emergency room experience for the adolescent and family, thereby changing the family's conceptualization of the suicidal behavior and expectations about therapy. First, a 2-hour training is conducted separately with each of the six groups of staff working with

adolescents who have attempted suicide. Second, the adolescents and their families watch a 20-minute videotape, filmed in Spanish and dubbed in English that portrays the emergency room experience of two adolescents who have attempted suicide. Last, a bilingual crisis therapist delivers a brief family treatment in the emergency room.

4. Lifelines Curriculum

Lifelines is a comprehensive, schoolwide suicide prevention program for middle and high school students. The goal of Lifelines is to promote a caring, competent school community in which help seeking is encouraged and modeled and suicidal behavior is recognized as an issue that cannot be kept secret. Lifelines seeks to increase the likelihood that school staff and students will know how to identify at-risk youth when they encounter them, provide an appropriate initial response, and obtain help, as well as be inclined to take such action.

5. Reconnecting Youth

Reconnecting Youth: A Peer Group Approach to Building Life Skills (RY) is a school-based prevention program for students ages 14-19 years that teaches skills to build resiliency against risk factors and control early signs of substance abuse and emotional distress. RY targets youth who demonstrate poor school achievement and high potential for school dropout. Potential participants are identified using a school's computer records or are referred by school personnel if they show signs of any of the above risk factors. Eligible students may show signs of multiple problem behaviors, such as substance abuse, aggression, depression, or suicidal ideation.

6. United States Air Force Suicide Prevention Program

The United States Air Force Suicide Prevention Program (AFSPP) is a population-oriented approach to reducing the risk of suicide. The Air Force has implemented 11 initiatives aimed at strengthening social support, promoting development of social skills, and changing policies and norms to encourage effective help-seeking behaviors.

7. Dialectical Behavior Therapy

Dialectical Behavior Therapy (DBT) is a cognitive-behavioral treatment approach with two key characteristics: a behavioral, problem-solving focus blended with acceptance-based strategies, and an emphasis on dialectical processes. "Dialectical" refers to the issues involved in treating patients with multiple disorders and to the type of thought processes and behavioral styles used in the treatment strategies. DBT has five components: (1) capability enhancement (skills training); (2) motivational enhancement (individual behavioral treatment plans); (3) generalization (access to therapist outside clinical setting, homework, and inclusion of family in treatment); (4) structuring of the environment (programmatic emphasis on reinforcement of adaptive behaviors); and (5) capability and motivational enhancement of therapists (therapist team consultation group). DBT emphasizes balancing behavioral change, problem-solving, and emotional regulation with validation, mindfulness, and acceptance of patients. Therapists follow a detailed procedural manual.

8. Multisystemic Therapy with Psychiatric Supports (MST-Psychiatric)

Multisystemic Therapy With Psychiatric Supports (MST-Psychiatric) is designed to treat youth who are at risk for out-of-home placement (in some cases, psychiatric hospitalization) due to serious behavioral problems and co-occurring mental health symptoms such as thought disorder, bipolar affective disorder, depression, anxiety, and impulsivity. Youth receiving MST-Psychiatric typically are between the ages of 9 and 17. The goal of MST-Psychiatric is to improve mental health symptoms, suicidal behaviors, and family relations while allowing youth to spend more time in school and in home-based placements. Like standard MST, on which it is based, MST-Psychiatric has its foundation in social-ecological and social learning systems theories. It includes specific clinical and training components for staff designed to address (1) safety risks associated with suicidal, homicidal, or psychotic behaviors in youths, (2) the integration of evidence-based psychiatric interventions, (3) contingency management for adolescent and parent/caregiver substance abuse, and (4) evidence-based assessment and treatment of youth and parent/caregiver mental illness.

9. PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial)

PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial) aims to prevent suicide among older primary care patients by reducing suicidal ideation and depression. The intervention components are: (1) recognition of depression and suicide ideation by primary care physicians, (2) application of a treatment algorithm for geriatric depression in the primary care setting, and (3) treatment management by health specialists (e.g., nurses, social workers, and psychologists). The treatment algorithm assists primary care physicians in making appropriate care choices during the acute, continuation, and maintenance phases of treatment. Health specialists collaborate with physicians to monitor patients and encourage patient adherence to recommended treatments. Patients are treated and monitored for 24 months.

10. SOS Signs of Suicide

SOS Signs of Suicide is a 2-day secondary school-based intervention that includes screening and education. Students are screened for depression and suicide risk and referred for professional help as indicated. Students also view a video that teaches them to recognize signs of depression and suicide in others. They are taught that the appropriate response to these signs is to acknowledge them, let the person know you care, and tell a responsible adult (either with the person or on that person's behalf). Students also participate in guided classroom discussions about suicide and depression. The intervention attempts to prevent suicide attempts, increase knowledge about suicide and depression, develop desirable attitudes toward suicide and depression, and increase help-seeking behavior.

11. Columbia University TeenScreen

The Columbia University TeenScreen Program identifies middle school- and high school-aged youth in need of mental health services due to risk for suicide and undetected mental illness. The program's main objective is to assist in the early identification of problems that might not otherwise come to the attention of professionals. TeenScreen can be implemented in schools, clinics, doctors' offices, juvenile justice settings, shelters, or any other youth-serving setting. Typically, all youth in the target age group(s) at a setting are invited to participate

Goal - INCREASE THE NUMBER OF RESIDENTS WHO ADOPT A HEALTHIER LIFESTYLE THROUGH WORKPLACE AND SCHOOL-BASED INTERVENTIONS.

Evidence-based Strategies for Obesity Prevention and Control from Guide to Community Preventative Services - <http://www.thecommunityguide.org/obesity/index.html>.

1. Behavioral Interventions to Reduce Screen Time

Behavioral interventions to reduce screen time (time spent watching TV, videotapes, or DVDs; playing video or computer games; and surfing the internet) can be single-component or multi-component and often focus on changing screen time through classes aimed at improving children's or parents' knowledge, attitudes, or skills. These interventions may include:

- Skills building, tips, goal setting, and reinforcement techniques
- Parent or family support through provision of information on environmental strategies to reduce access to television, video games, and computers

A "TV turnoff challenge" in which participants are encouraged not to watch TV for a specified number of days.

2. Technology-Supported Multi-component Coaching or Counseling Interventions to Reduce Weight and Maintain Weight Loss

Technology-supported multi-component coaching or counseling interventions use technology to facilitate or mediate interactions between a coach or counselor and an individual or group, with a goal of influencing weight-related behaviors or weight-related outcomes. These interventions often also include other components, which may be technological or non-technological.

Technology-supported components may include use of the following:

- Computers (e.g., internet, CD-ROM, e-mail, kiosk, computer program)
- Video conferencing
- Personal digital assistants
- Pagers
- Pedometers with computer interaction
- Computerized telephone system interventions that target physical activity, nutrition, or weight.

Non-technological components may include use of the following:

- In-person counseling
- Manual tracking
- Printed lessons
- Written feedback

3. Worksite Programs

Worksite nutrition and physical activity programs are designed to improve health-related behaviors and health outcomes. These programs can include one or more approaches to support behavioral change including informational and educational, behavioral and social, and policy and environmental strategies.

About the Intervention

Informational and educational strategies aim to increase knowledge about a healthy diet and physical activity. Examples include:

- Lectures
 - Written materials (provided in print or online)
 - Educational software
- Behavioral and social strategies target the thoughts (e.g. awareness, self-efficacy) and social factors that effect behavior changes. Examples include:
 - Individual or group behavioral counseling
 - Skill-building activities such as cue control
 - Rewards or reinforcement
 - Inclusion of co-workers or family members to build support systems
 - Policy and environmental approaches aim to make healthy choices easier and target the entire workforce by changing physical or organizational structures. Examples of this include:
 - Improving access to healthy foods (e.g. changing cafeteria options, vending machine content)
 - Providing more opportunities to be physically active (e.g. providing on-site facilities for exercise)
 - Policy strategies may also change rules and procedures for employees such as health insurance benefits or costs or money for health club membership.

Worksite weight control strategies may occur separately or as part of a comprehensive worksite wellness program that addresses several health issues (e.g., smoking cessation, stress management, cholesterol reduction).

Goal - INCREASE ACCESS TO HEALTHY FOODS AND PHYSICAL ACTIVITY.

Evidence-based Strategies to Increase Physical Activity and Improve Diet from the Guide to Community Preventive Services - <http://www.thecommunityguide.org/pa/index.html>.

1. Campaigns and Informational Approaches to Increase Physical Activity:

Community-Wide Campaigns

Community-wide campaigns are sustained efforts with ongoing high visibility. These large-scale campaigns deliver messages that promote physical activity by using television, radio, newspaper columns and inserts, and trailers in movie theaters. They use many components and include individually focused efforts such as support and self-help groups; physical activity counseling; risk factor screening and education at worksites, schools, and community health fairs; and environmental activities such as community events and the creation of walking trails.

Community-wide education is strongly recommended on the basis of its effectiveness in increasing physical activity and improving physical fitness among adults and children. Other positive effects include increases both in knowledge about exercise and physical activity and in intentions to be physically active. No harms were reported, and no qualifying economic information was identified from the literature.

2. Environmental and Policy Approaches to Increase Physical Activity:

Point-of-Decision Prompts to Encourage Use of Stairs

Point-of-decision prompts are motivational signs placed on or near stairwells or at the base of elevators and escalators to encourage individuals to increase stair use. These signs:

- Inform people about health or weight loss benefits from taking the stairs, and/or
- Remind people already predisposed to becoming more active, for health or other reasons, about an opportunity at hand to do so

Interventions evaluated in this category involved prompts used alone or in combination with stairwell enhancements (e.g., music in stairwells) to increase stair use.

3. Creation of or Enhanced Access to Places for Physical Activity Combined with Informational Outreach Activities

Creation of or enhancing access to places for physical activity involves the efforts of worksites, coalitions, agencies, and communities as they attempt to change the local environment to create opportunities for physical activity. Such changes include creating walking trails, building exercise facilities, or providing access to existing nearby facilities.

These multi-component programs were evaluated as a “combined package” because it was not possible to separate out the effects of each individual component.

Best Practices to Improve Diet from Morbidity and Mortality Weekly Report, July 24, 2009 - <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>

1. Communities Should Improve Availability of Affordable Healthier Food and Beverage Choices in Public Service Venues

Strategies to improve the affordability of healthier foods and beverages include lowering prices of healthier foods and beverages and providing discount coupons, vouchers redeemable for healthier foods, and bonuses tied to the purchase of healthier foods. Pricing strategies create incentives for purchasing and consuming healthier foods and beverages by lowering the prices of such items relative to less healthy foods. Pricing strategies that can be applied in public service venues (e.g., schools and recreation centers) include, but are not limited to, decreasing the prices of healthier foods sold in vending machines and in cafeterias and increasing the price of less healthy foods and beverages at concession stands.

2. Communities Should Improve Geographic Availability of Supermarkets in Underserved Areas

Supermarkets and full-service grocery stores have a larger selection of healthy food (e.g., fruits and vegetables) at lower prices compared with smaller grocery stores and convenience stores. However, research suggests that low-income, minority, and rural communities have fewer supermarkets as compared with more affluent areas. Increasing the number of supermarkets in areas where they are unavailable or where availability is limited might increase access to healthy foods, particularly for economically disadvantaged populations.

3. Communities Should Provide Incentives to Food Retailers to Locate in and/or Offer Healthier Food and Beverage Choices in Underserved Areas

To address this issue, communities can provide incentives to food retailers (e.g., supermarkets, grocery stores, convenience and corner stores, and street vendors) to offer a greater variety of healthier food and beverage choices in underserved areas. Such incentives, both financial and nonfinancial, can be offered to encourage opening new retail outlets in areas with limited shopping options, and existing corner and convenience stores (which typically depend on sales of alcohol, tobacco, and sugar-sweetened beverages) into neighborhood groceries selling healthier foods. Financial incentives include but are not limited to tax benefits and discounts, loans, loan guarantees, and grants to cover start-up and investment costs (e.g., improving refrigeration and warehouse capacity). Nonfinancial incentives include supportive zoning, and increasing the capacity of small businesses through technical assistance in starting up and maintaining sales of healthier foods and beverages.

4. Communities Should Restrict Availability of Less Healthy Foods and Beverages in Public Service Venues

Schools can restrict the availability of less healthy foods by setting standards for the types of foods sold, restricting access to vending machines, banning snack foods and food as rewards in classrooms, prohibiting food sales at certain times of the school day, or changing the locations where unhealthy competitive foods are sold. Other public service venues that could also restrict the availability of less healthy foods include after-school programs, regulated child care centers, community recreational facilities (e.g., parks, recreation centers, playgrounds, and swimming pools), city and county buildings, and prisons and juvenile detention centers.

6.0

SOURCES

A variety of sources were used in the assessment process and throughout this report.

American Foundation for Suicide Prevention

Sprc.org

<http://www2.sprc.org/bpr/section-i-evidence-based-programs>

Behavioral Risk Factor Surveillance Program

Centers for Disease Control and Prevention

<http://www.cdc.gov/brfss/>

Centers for Disease Control and Prevention (CDC). Recommended Community Strategies and Measurements to Prevent Obesity in the United States. *MMWR-Morbidity and Mortality Weekly Report* 2009, 58; 1-26

Community Health Status Indicators

US Department of Health and Human Services

<http://www.communityhealth.hhs.gov/>

County Health Rankings

University of Wisconsin

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

Feinn, W., Slenkovich, K. (2009). What Really Matters When It Comes to Health Equity? Planning and Action: *The Journal of the Center for Community Solutions*. 62(2), May

Food Environment Atlas

US Department of Agriculture

<http://www.ers.usda.gov/foodatlas/>

2008 Healthy Ohio Community Profiles

Ohio.gov

<http://healthyohioprogram.org/resources/commprof.aspx>

Ohio Census QuickFacts

US Census

<http://quickfacts.census.gov/qfd/states/39000.html>

Ohio Department of Health Information Warehouse

Ohio.gov

<http://dwhouse.odh.ohio.gov/>

The Community Guide

USA.gov

<http://www.thecommunityguide.org/obesity/index.html>

World Health Organization (WHO), 2011. Social Determinants of Health. Retrieved from:

http://www.who.int/social_determinants/en/