



# **SALEM REGIONAL MEDICAL CENTER**

Doctor driven healthcare.



## **2016-2019**

## **IMPLEMENTATION PLAN**

**Addressing the 2016 Columbiana  
County Health Needs Assessment**

# **SALEM REGIONAL MEDICAL CENTER: 2016- 2019 Implementation Plan**

## **TABLE OF CONTENTS**

<b>I.</b>	<b>INTRODUCTION.....</b>	<b>Page 1- 2</b>
<b>II.</b>	<b>SUMMARY OF CCHNA NEEDS.....</b>	<b>Page 2- 4</b>
<b>III.</b>	<b>PRIORITIZATION PROCESS.....</b>	<b>Page 4- 7</b>
<b>IV</b>	<b>ALIGNMENT WITH FEDERAL, STATE &amp; COUNTY PRIORITIES.....</b>	<b>Page 8- 9</b>
<b>V.</b>	<b>COMMUNITY RESOURCES TO ADDRESS NEEDS.....</b>	<b>Page 9- 10</b>
<b>VI.</b>	<b>SRMC IMPLEMENTATION STRATEGIES... ..</b>	<b>Page 11- 29</b>
<b>VII.</b>	<b>NEEDS NOT ADDRESSED IN CCHNA.....</b>	<b>Page 30</b>
<b>VIII.</b>	<b>PROGRESS &amp; MEASURING OUTCOMES.....</b>	<b>Page 31</b>
<b>IX.</b>	<b>APPENDIX.....</b>	<b>Page 32- 48</b>

### **I. INTRODUCTION**

Salem Regional Medical Center (SRMC) collaborated with area health care providers to conduct the Columbiana County Health Needs Assessment (CCHNA), which was developed as a multi-sector partnership that supports shared ownership of the phases of community health improvement; including assessment, planning, implementation and evaluation. The CCHNA was designed to assess the health status and needs of the residents of Columbiana County, Ohio; identify factors that affect population health; determine the availability of existing resources that can be mobilized to improve health status; and facilitate the development of evidence-based, population-wide interventions and measurable outcomes.

This process was led by the Columbiana County Health Needs Assessment Steering Committee, in partnership with East Liverpool City Hospital; the Community Action Agency of Columbiana County; Salem Regional Medical Center; the Columbiana County, East Liverpool City and Salem City Health Departments; the Columbiana County Mental Health and Recovery Services Board and other community providers.

Collaboration among the partners was essential to align interests and coordinate resources with the goal of effectively promoting better health outcomes in Columbiana County by leveraging multiple perspectives, community relationships and areas of expertise. The Steering Committee used both qualitative and quantitative data, including community survey data, key informant interviews, demographic data and other statistical secondary data; which was gathered to identify and prioritize health problems and risk factors for residents in the Columbiana County service area. The Steering Committee made significant efforts to ensure that all geographic regions of the county and socio-demographic groups, such as underserved and/or vulnerable populations, were represented in the CCHNA, along with broad, community input. (Note that the full report of the CCHNA is posted on Salem Regional Medical Center's website at [www.salemregional.com](http://www.salemregional.com), and was approved by SRMC's Board of Directors in June 2016.)

Following Board approval of the 2016 CCHNA, SRMC's 2016 implementation planning process was launched with input from the CCHNA Steering Committee via the collaborative and simultaneous development of a community health improvement plan (CHIP), which will be completed before the end of calendar year 2016. (Note: SRMC's 2016 Implementation Plan will be updated after the 2016 CHIP findings are finalized, so that the county's population health improvement activities and resources can be integrated and coordinated.)

SRMC's 2016 Implementation Plan addresses the health needs of residents within SRMC's defined Service Area, including: Knox, Butler, Salem, Fairfield, Unity, West, Hanover, Center, Elkrun, Middleton, Franklin, Wayne, Madison, St. Clair and Washington townships in Columbiana County; and Smith, Goshen, Green, Beaver and Springfield townships in Mahoning County. The 2016 Implementation Plan fulfills the requirements of the federal statute established within the Patient Protection and Affordable Care Act (PPACA), requiring that non-profit hospitals develop implementation strategies to address the needs identified in their community health needs assessments, with an implementation plan to be completed in three-year intervals in tandem with the health needs assessment.

## **II. SUMMARY OF NEEDS IDENTIFIED IN CCHNA**

**II. A. Methodology:** From January through June 2016, the Steering Committee met to gather and analyze primary and secondary data gathered through the CCHNA, using a data assessment model that followed best practices as outlined by the Association of Community Health Improvement. The assessment was also designed to ensure compliance with current Internal Revenue Service (IRS) guidelines for charitable 501(c)(3) tax-exempt hospitals and National Public Health Department accreditation prerequisites. The CCHNA and its supplemental resource data included a detailed examination of the following areas:

- Broad Community Input
- Demographics & Socio-Economic Indicators
- Social Determinants of Health
- Access to Quality Health Care
- Chronic Disease
- Healthy Environment
- Healthy Mothers, Babies and Children
- Infectious Disease
- Mental Health and Substance Abuse
- Physical Activity and Nutrition
- Tobacco Use
- Injury
- Description of Assets to Address Health Issues
- Forces of Change
- Evaluation of 2013 Columbiana County Health Partners' CHNA

**II. B. 2016 Primary and Secondary Data Findings:** CCHNA data from the Healthy Communities Institute and the Robert Wood Johnson County Health Rankings indicated that the health outcomes, health behaviors and social/economic/environmental rates that were worse than Ohio benchmarks included: Higher rates of premature death/years of potential life lost before age 75, higher adult obesity rates combined with lower physical activity rates, higher percentage of people who report their physical health as fair or poor, lower mammogram screening compliance, lower high school graduation and post-

secondary education rates, more children living in poverty, higher teen birth rates, greater number of deaths due to injury, higher rates of alcohol-impaired driving and higher indicators of air pollution.

The public health data within SRMC’s Service Area also reflected increasing rates of chronic diseases when compared to Ohio in: bronchus and lung cancer, colorectal cancer, prostate cancer, COPD mortality, and kidney disease mortality. Data related to barriers in accessing clinical care indicated higher ratios of the population to primary care physicians, mental health providers and dental health providers; reflecting health professional shortages in these categories.

Primary data findings from 417 community surveys, 49 focus group interviews and 17 stakeholder interviews identified the health needs listed in Table 1.

**II.B. Table 1: CCHNA Summary of Top Community Needs by Community Group**

Top Community Needs Identified	Community Survey	Focus Groups	Stakeholder Interviews
Obesity	X	X	X
Mental Health Services/Providers	X	X	X
Alcohol Abuse/Substance Abuse	X	X	X
Nutrition Awareness	X	X	X
Cancer Screening/Treatment	X	X	
Diabetes	X	X	
Dental Services	X	X	
Transportation	X		X
Healthy Food Options	X		X
Smoking Cessation		X	X
Heart Disease Services	X		
Affordable Insurance	X		
Care for Children		X	
Access/Follow Up on Vaccinations		X	
Food Insecurity		X	
Emergency Services		X	
Home Healthcare		X	
STDs			X
Healthcare for Seniors			X
Access to Addiction Services			X
Health Education			X
Health Impact Economic Deprivation			X

**II. C. Forces of Change:** Findings from the primary data sources also indicated that there were “forces of change,” defined as external trends, events and factors that positively or negatively are or will be impacting the health of Columbiana County residents. The following forces of change need to be accounted for in developing SRMC’s implementation strategies including:

- Unknown impact of health reform, accountable care, and value-based payment models
- Engrained Appalachian cultural beliefs and lack of personal accountability for health outcomes

- Increased demand for accessible services due to aging population with higher rates of chronic disease
- Rising rate of prescription and non-prescription substance abuse
- Growing incidence of acute mental illness
- Increased language barriers and disparate access issues related to a growing “undocumented” Hispanic population in the northern part of Columbiana County
- Positive Impact: Strong collaborative infrastructure of health providers and engaged community organizations is already established

### III. PRIORITIZATION PROCESS

After all primary (individual survey input, stakeholder interviews and focus groups) and secondary data were reviewed and analyzed by the Steering Committee, the findings suggested a total of 52 distinct health-related issues, needs and possible priority areas for potential interventions. To prioritize these needs, the Steering Committee used the following four criteria of: (i) accountable role of major health care providers, (ii) magnitude of the problem, (iii) impact on other health outcomes, and (iv) capacity (systems and resources); to rank order the final priorities (Table 1). Note that the Steering Committee chose to focus on the criteria of “Magnitude and Impact” as having the potential to most meaningfully impact population health outcomes.

**III. Table 1: Prioritization Criteria Matrix**

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

In addition, the Steering Committee members were provided with a list of Ohio’s top ten population health priorities, (Table 2), as identified in January 2016 by the Health Policy Institute of Ohio. These state priorities were provided to the Committee for consideration during the prioritization process, so that county prioritization outcomes could potentially align with and help to leverage the state’s population health improvement efforts.

### III. Table 2: Top Ten Population Health Priorities for Ohio- 2016

Health priority	Percent of documents that include health priority (state-level, local health department, and hospital documents weighted equally)
1. Obesity	56.0%
2. Physical activity	49.5%
3. Nutrition	47.0%
4. Substance abuse treatment/prevention	44.7%/33.5%
5. Infant mortality	39.9%
6. Tobacco use	38.1%
7. Mental health	37.2%
8. Diabetes	32.9%
9. Cancer	32.0%
10. Heart disease	29.4%

Source: HPIO and Ohio Research Association for Public Health Improvement (RAPHI) analysis of 290 state and local-level population health planning documents.

After completing the prioritization rating process in May 2016, the following list of 52 health needs criteria were rank-ordered based on the combined score for the Magnitude (M) of the problem and Impact (I) on health outcomes. The list was then cross-referenced to include Ohio's Top 10 Health Priorities (HPIO).

### III. Table 3: Prioritization of Findings by “Magnitude and Impact” Criteria

Answer Options	Magnitude (M)	Impact (I)	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

Answer Options	Magnitude (M)	Impact (I)	Total M+I	Ranking	HPIO Top 10
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
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 Barriers	3.33	4.36	7.69	51	
Access to Quality Health Services: EMT Education on Where to Take Patients in Labor	3.33	4.10	7.43	52	

In May 2016, the Steering Committee met again to discuss the prioritization results, with the goal of categorizing the priorities into target areas of focus and further aligning the results with Ohio's top health priorities. During the meeting, the participants determined that the 2016 CCHNA initiatives should have a more targeted focus on 3 major priority categories, as selected from the ranked 52 options, and that these 3 selected priorities will simultaneously impact the majority of Ohio's top 10 health priorities. The prioritization findings were then categorized so that the CCHNA may serve as a catalyst going forward to develop community partnerships and implement evidence-based strategic interventions that address priority health needs as identified by the county and state. The 3 major priority categories selected for targeted interventions include: Obesity, Mental Health/Substance Abuse, and Tobacco Use/Cancer Prevention.

Table 4 lists 20 of the top 25 prioritized health needs that fall within each of the 3 major priority categories, along with their comparison to the top 10 Ohio Health Priorities.

**III. Table 4: CCHNA Major Priority Categories**

<b>CHNA Major Priority Category</b>	<b>Corresponding Prioritization Criteria (Summary Table Reflects Only Top 25 of 52*)</b>	<b>Prioritization Criteria Ranking</b>	<b>Corresponding Ohio Health Priority</b>
<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
<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

#### IV. ALIGNMENT WITH FEDERAL, STATE AND COUNTY HEALTH PLANNING PRIORITIES

##### IV. A. Alignment with Federal Population Health Planning Priorities: *Healthy People 2020*

Columbiana County's CHNA priorities address specific Healthy People 2020 goals, including 13 weight control objectives, 9 mental health and mental disorders, 15 substance abuse, 13 tobacco use, 18 cancer and 4 access to health services; which are identified within each respective section of SRMC's implementation strategies. Examples include:

- **Nutrition and Weight Status (NWS)-8:** Increase the proportion of adults who are at a healthy weight
- **Mental Health & Mental Disorders (MHMD)-11:** Increase depression screening by primary care physicians
- **Substance Abuse (SA)-2:** Increase the proportion of adolescents never using substances
- **Tobacco Use (TU)-1:** Reduce tobacco use by adults
- **Cancer (C)-1:** Reduce the overall cancer death rate
- **Access to Health Services (AHS)-4:** Increase the number of practicing primary care physicians

In addition, the CCHNA aligns with six of the National Prevention Strategies for the U.S. population, which are also addressed in the implementation strategies: healthy eating, active living, injury and violence-free living, mental and emotional well-being and preventing drug abuse and excessive alcohol use.

**IV. B. Alignment with State Population Health Planning Priorities:** To more closely align with both Ohio's future population health initiatives and potential coordination of state and regional resources, the CCHNA Steering Committee referenced the 2016 report, "*Improving Population Health Planning in Ohio*," as released by the Governor's Office of Health Transformation; to shape the development of the 2016 CCHNA and future development of the integrated community health improvement plan. The Steering Committee noted that the report provided a template for state agencies and local health providers to use in conducting health assessments, community health improvement plans and implementation plans; as required for local health departments undergoing public health accreditation and hospitals to meet tax-exempt requirements under Section 501(c)(3) of the Internal Revenue Code (IRC).

Collaboration between local health departments, the county's hospitals, major health providers, and community partners beyond the health sector; was a key underpinning in developing the 2016 CCHNA findings, with the consensus that the county's population health priority areas should be aligned with Ohio's recommended evidence-based strategies and quality measures whenever possible. (See Appendix A: Excerpt- 2016 "*Improving Population Health Planning in Ohio*" report, which provides a summary of recommendations for Ohio's population planning infrastructure and is being used by SRMC as a foundational element to align with county-wide population health planning efforts going forward.)

**IV. C. Alignment with Columbiana County's Population Health Planning Priorities:** Columbiana County's existing population health planning activities will continue to focus on the development of future collaborative strategies to be determined by the CCHNA Steering Committee, including identifying enhanced opportunities to:

- Determine priorities, objectives, implementation strategies, ongoing evaluation and a communication plan
- Standardize assessment timelines and provide an integrated definition of community
- Efficiently collect and share population-level and clinical data
- Pursue collaborative partnerships for implementing evidence-based, community health improvement activities through the 2016-2019 Columbiana County Health Improvement Plan (CCHIP), currently under development
- Define standards for tracking progress and evaluating the impact of implemented activities

As Ohio's 2016 State Health Assessment Plan and State Health Improvement Plan are rolled out, the CCHNA Steering Committee will be reviewing the recommended core metrics for state-assessed health priorities and evidence-based interventions, and plans to integrate these tools into a collaborative CCHIP with defined, county-wide population health interventions, designed to yield measurable outcomes whenever possible. County-wide, evidence-based strategies will be developed to improve population health using the following selection criteria developed by HPIO and ODH, and included in the "*Evidence-based Strategy Selection Worksheet*," (See Appendix B):

- Strength of evidence
- Community fit and cultural appropriateness
- Readiness
- Coordination
- Funding and feasibility
- Political will and political timing
- Reach
- Likely impact on disparities

The development and completion of the CCHIP will occur through the end of calendar 2016; and then the appropriate and recommended, evidence-based strategies will be incorporated into SRMC's Implementation Plan through an amendment, since SRMC's Implementation Plan is required to be completed and approved by the SRMC Board of Directors no later than November 30, 2016.

## **V. COMMUNITY RESOURCES TO ADDRESS NEEDS**

A strategic approach to community health improvement involves the collection and analysis of data regarding health status and factors contributing to poor health; combined with capacity building and collaborative efforts between diverse stakeholders to address both the symptoms and underlying causes of health needs. As such, hospitals are in a position to leverage their charitable resources and build greater capacity to address complex health concerns in a cost effective manner.

Acknowledging the many organizations and resources in place to address the health needs of our communities, SRMC will engage key community partners in implementing evidence-based<sup>1</sup> strategies across the Hospital's geographic Service Area. SRMC intends to implement these evidenced-based, preventive health activities to help reduce chronic disease rates, prevent the development of secondary conditions, address health disparities and the needs of vulnerable populations, and develop a stronger base of effective prevention programming. As a not-for-profit hospital, SRMC will partner with local public health agencies to develop and implement a multi-pronged approach to impact these issues. Many of our community health improvement initiatives leverage substantial external resources and foster good working relationships with community stakeholders and other collaborative partners to achieve the strategic allocation of charitable resources, develop appropriate interventions, and establish metrics and systems to monitor community health improvement initiatives.

The CCHNA Steering Committee identified existing health care facilities and resources within Columbiana County and the region, which are available to respond to the significant health needs of the community. This information was compiled from resource directories currently utilized by area case managers and social service organizations, and includes a listing of community and hospital-based services. (See Appendix C: Community and Hospital Resource Tables for CCHNA)

After reviewing this data and mapping existing resources, the CCHNA workgroup then determined whether a resource was evidence-based, a best practice, or had no evidence indicated based on the following parameters:

- Evidence-based practice has compelling evidence of effectiveness. Participant success can be attributed to the program itself and have evidence that the approach will work for others in a different environment.
- A best practice is a program that has been implemented and evaluation has been conducted. While the data supporting the program is promising, its scientific rigor is insufficient,
- A non-evidence based practice has no documentation that it has ever been used (regardless of the principles it is based upon), or has been implemented successfully without documentation of evaluation.

SRMC's Service Area resource assessment is provided within the corresponding priority section for obesity, mental health/substance abuse and tobacco use/cancer prevention.

SRMC has developed an Implementation Plan that positions the Hospital in both a leadership and partnership role in coordinating county-wide collaboration and resources to analyze area healthcare utilization, explore barriers to access, identify partner needs and resources, plan/redesign services, measure outcomes against evidence-based benchmarks and share accountability in order to facilitate effective programming to improve the health of the residents within the Hospital's Service Area. The activities described in the following section of the 2016 Implementation Plan are aligned with the CCHNA's health priorities, and many of the activities address multiple combinations of these priorities.

<sup>1</sup>*The Health Policy Institute of Ohio's (HPIO) Guide to Evidence-based Prevention: Recommended Sources of Evidence to Prevent Ohio's Greatest Health Challenges, published April 2016.*

## **VI. SRMC IMPLEMENTATION STRATEGIES**

### **VI. A. Obesity Prevention, Improved Physical Activity and Nutrition**

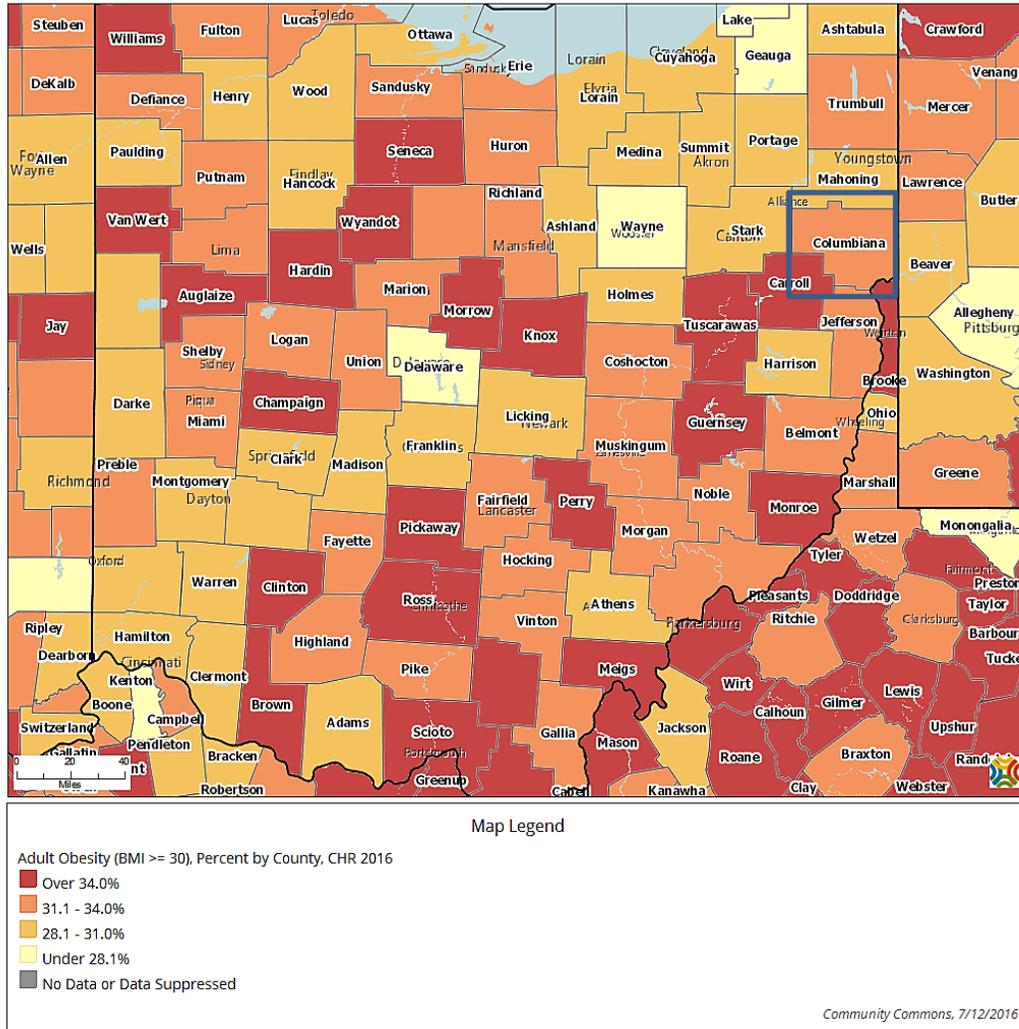
**VI. A.1. Description of Need:** Being overweight or obese contributes to numerous health conditions that limit the quality and length of life, including: hypertension, dyslipidemia (i.e. high total cholesterol or high levels of triglycerides), type 2 diabetes, coronary heart disease, stroke, gallbladder disease, depression, osteoarthritis, sleep apnea and respiratory problems and is linked to some cancers (endometrial, breast, and colon). Low physical activity and unhealthy eating are associated with a higher risk of these chronic diseases and result in overweight and obesity.

**VI. A.2. CCHNA Obesity Indicators:** Columbiana County has a high percentage of obesity and sedentary behavior compared to other Ohio counties. Approximately one-third (32%) of adults that live in the county are obese with a BMI  $\geq$  30, and 31.5% describe themselves as sedentary, meaning that they do not participate in any leisure-time physical activities compared to Ohio's rate at 26.2%. The percentage of adults reporting limited access to recreational opportunities decreased from 39.9% in 2014 to 29.4% in 2015, which is still higher than Ohio at 17.1%.

Childhood obesity is also widespread in Columbiana County, with the percentage of children who are obese as monitored in the third grade equaling 35.8%, which is higher than Ohio's third grade rate of 34.7%. The percentage of students in the county eligible for free lunches has decreased slightly during the 2013-2014 school year, with 40.4% eligible compared to Ohio at 43.6%.

The need for better nutrition and more exercise, and the lack of affordable fitness facilities and indoor walking facilities were identified as top community needs related to physical activity and nutrition by survey respondents and interview participants.

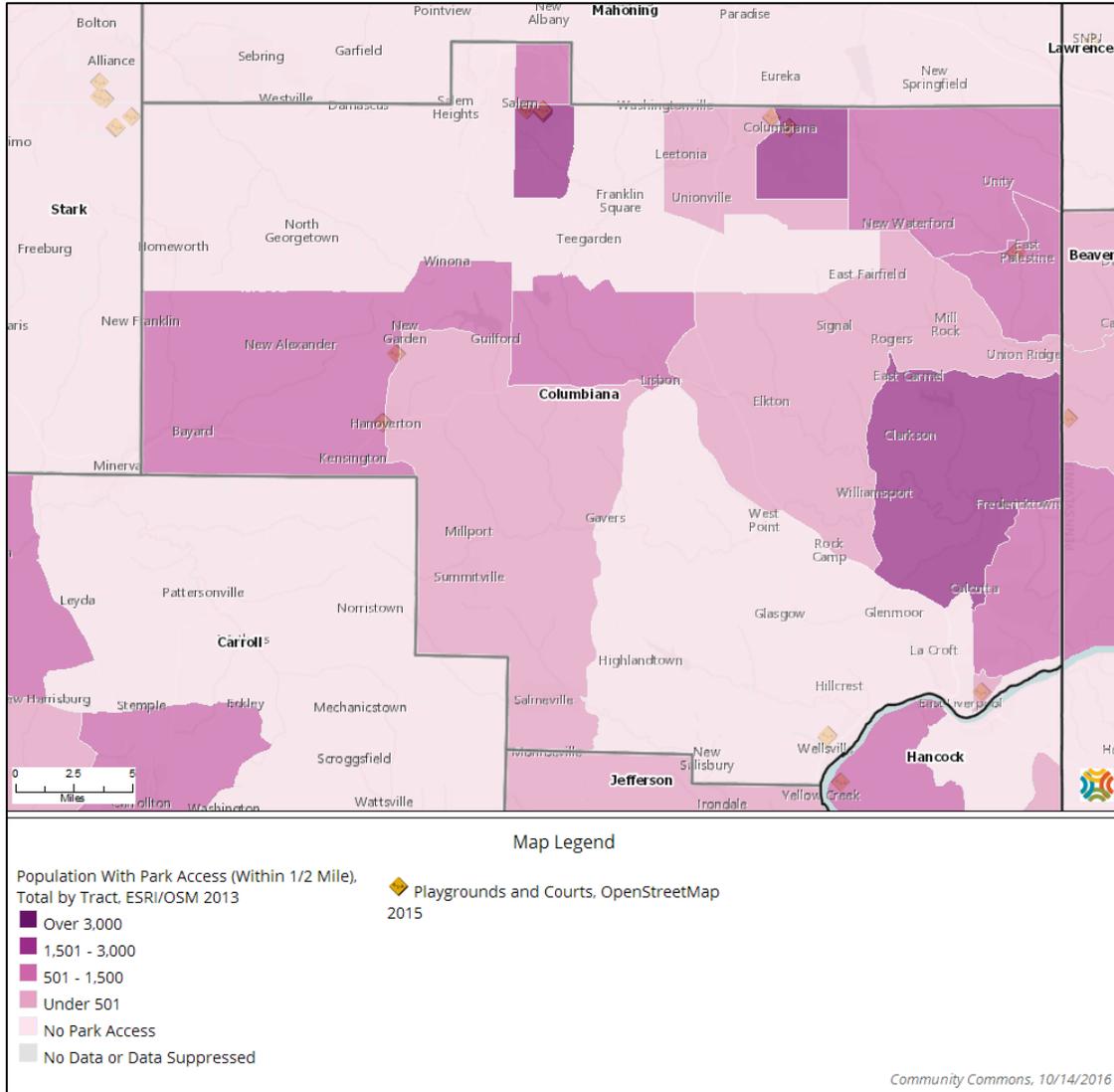
**VI. A.2. Graph 1: Adult Obesity (BMI >= 30), Percent by County, CHR 2016**



(Source: County Health Ranking: 2016, as compiled by Community Commons 7/12/16)

**VI. A.2. Graph 2: Columbiana County Population With Park Access (Within 1/2 Mile)**

**Total by Tract (Source: ESRI/OSM 2013)**



### 3. Obesity-Related Resource Assessment (SRMC's Service Area)

Program/Strategy/Service	Responsible Agency(s)	Population(s) Served	Continuum of Care (Prevention, early intervention, or treatment)	Evidence of Effectiveness
Walk with a Doc	- SRMC & Health Depts.	Columbiana County residents	Prevention/Early Intervention/Treatment	None noted
Healthy Snacks Program	- CASH Coalition (SRMC is founding member)	Columbiana County Youth- 2+ school districts	Prevention/Early Intervention	None noted
Smart and Healthy Grocery Shoppers (i.e. reading labels, recipes, etc.)	- SRMC & Health Depts.	Adults	Prevention/Early Intervention	None noted
MyPlate	- CASH Coalition - Columbiana County General Health District - OSU Extension	Columbiana County Schools	Prevention/Early Intervention	Best Practice
CASH Coalition Mini-grant funding/programming* for physical activity and nutrition	- CASH Coalition - Educational Service Center (ESC) *SRMC provides annual funding & programming to school districts in SRMC Service Area	11 County School Districts	Prevention/ Early Intervention	None noted
Sponsor of Regional Fitness Runs/Walks	- SRMC	Adults & Adolescents	Prevention/Early Intervention	Evidence-based
Nutrition & Diabetes Counseling	- SRMC - Community Action Agency of Columbiana County's Elderly Nutrition Program	Adults	Prevention/Early Intervention	None noted
SRMC's Support of Foodbanks/Pantries	- Salem Community Pantry - Second Harvest Food Bank - Salvation Army Salem - Greenford Christian Church - The Way Station	Families in Columbiana and Mahoning Counties	Prevention/Early Intervention	None noted
Obesity Prevention/Recreation	- Boy Scouts of America - Camp Fire Tayanoka - Firestone Pool - Calcutta YMCA - Salem Community Center	Families in Columbiana and Mahoning Counties	Prevention/Early Intervention	None noted
Employee Wellness	- SRMC	SRMC & SCH Professional Corp. Employees	Prevention/Early Intervention	None noted

#### VI. A. 4. Evidence-based Best Practices Recommended to Address Obesity

**- OHA Good4You Healthy Hospital Initiative:** Good4You is a statewide initiative sponsored by the Ohio Hospital Association. Good4You seeks to help hospitals lead Ohioans to better health through healthy eating, physical activity and other statewide population health initiatives. As leaders in their communities and advocates of health and well-being, hospitals can model healthy eating to support the health of employees, visitors and the communities they serve.

Hospitals can participate in this voluntary initiative by adopting the Good4You Eat Healthy nutrition criteria in four specific areas within the hospital: vending machines, cafeterias and cafes, meetings and events, and outside vendors and franchises: [www.ohiohospitals.org/Good4You](http://www.ohiohospitals.org/Good4You).

**- Cooking Matters (No Kid Hungry Center for Best Practices):** Cooking Matters' hands-on courses teach families the skills to be self-sufficient while cooking. In communities across America, participants and volunteer instructors meet for 2 hours, once a week for 6 weeks and are team-taught by a volunteer chef and nutrition educator. Lessons cover meal preparation, grocery shopping, food budgeting and nutrition. Participants practice fundamental food skills, including proper knife techniques, reading ingredient labels, cutting up a whole chicken, and making a healthy meal for a family of four on a \$10 budget. Participants take home a bag of groceries after each class so they can practice the recipes taught: [www.cookingmatters.org/courses](http://www.cookingmatters.org/courses).

- **Serving Up MyPlate: A Yummy Curriculum** (USDA): Serving Up MyPlate is a collection of classroom materials that helps elementary school teachers integrate nutrition education into Math, Science, English Language Arts, and Health. This curriculum introduces the importance of eating from all five food groups using the MyPlate icon and hands-on activities. Students also learn the importance of physical activity to staying healthy. Serving Up MyPlate provides lesson plans, activities, posters, parent education handouts, etc.: [www.fns.usda.gov/tn/serving-myplate-yummy-curriculum](http://www.fns.usda.gov/tn/serving-myplate-yummy-curriculum).

- **School-Based Obesity Prevention Interventions:** School-based obesity prevention programs seek to increase physical activity and improve nutrition before, during and after school. Programs combine educational, behavioral, environmental, and other components such as health and nutrition education classes and activities, promotion of healthy food options, and family education and involvement: [www.countyhealthrankings.org/policies/school-based-obesity-prevention-interventions](http://www.countyhealthrankings.org/policies/school-based-obesity-prevention-interventions).

Expected beneficial outcomes include: Increased physical activity and fitness, improved weight status, and/or increased consumption of fruit & vegetables.

**VI. A. 5. SRMC’s Obesity Prevention Goal:** To work with existing and develop new community partners to broaden access to recreational opportunities and promote existing resources for improved physical activity and nutrition to positively impact the rates of physical activity and consumption of healthy foods in the SRMC Service Area.

**Indicator/Measurable Outcome:** - Budgeted funds for FY 2017 and FY 2018 will be dedicated to the physical activity, nutrition and obesity prevention action steps listed below.

- SRMC’s community benefit program metrics will be tracked to determine the number of programs and participants reached.

<p><b>VI. A.6. Recommended Action Steps for Addressing Obesity Prevention Needs</b></p> <p><b>Physical Activity: Provide increased education about physical activity as a significant disease prevention tool, including offering more opportunities for incorporating families/children/seniors into community-based physical activities</b></p> <p><b>Year 1:</b> Conduct community-wide campaigns to promote physical activity in collaboration with community partners, such as “Walk With a Doc” programs in regional communities and collaboratively sponsor other local walking/running programs. Collect baseline data on activities involving a family/child component</p> <p><b>Year 2:</b> Assist in the creation of enhanced access to opportunities for physical activity combined with educational outreach activities. Increase opportunities for child and family participation by a minimum of 2%</p> <p><b>Year 3:</b> Continue Year 2 activities and increase opportunities for child and family participation by 5%</p> <p><b>Nutrition: a. Increase education about and access to healthy eating choices for adults</b></p> <p><b>Year 1:</b> Provide a minimum of 1 lunch &amp; learn/community presentation about nutrition at various community locations. Utilizing the <i>Cooking Matters</i> framework, conduct a minimum of 1 grocery store tour by Food &amp; Nutrition staff. Distribute healthy recipes/nutrition information at major community events. Begin preparations to host a healthy meal preparation class for vulnerable populations in Year 2</p> <p><b>Year 2:</b> Continue efforts from Year 1, with a minimum of 1-2 lunch &amp; learns/seminars, 1 grocery store tour and 1 meal preparation class</p> <p><b>Year 3:</b> Continue efforts from Year 1 and 2, with a minimum of 2 lunch &amp; learns/seminars, 1-2 grocery store tours and 1-2 meal preparation classes</p> <p><b>b. Increase Education of Healthy Eating for Youth:</b> Enhance school-based programs promoting nutrition</p>
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and physical activity in collaboration with the Coordinated Action for School Health (CASH) Coalition

**Year 1:** Utilize the Serving Up MyPlate framework to implement MyPlate activities in a minimum of 2 school districts and fund through mini-grants. Work with at least 1 school wellness committee to introduce options for healthier snack choices, fundraising foods, vending machines and/or reducing unhealthy foods as rewards

**Year 2:** Continue efforts from Year 1 in at least 2 school districts

**Year 3:** Continue efforts from Year 1 and 2 in at least 3 school districts

**c. Improve SRMC's worksite wellness by implementing OHA Healthy Hospitals Initiative**

**Year 1:** Join Good4You educational webinars hosted by OHA. Complete assessment tools to gather baseline information on current food and beverages in Cafeteria/Perks, vending and gift shop

**Year 2:** Implement Good4You initiative in at least 1 of the following priority areas: Healthy Cafeterias/Cafes, Healthy Vending Machines, Healthy Meetings and Events, Healthy Outside Vendors and Franchises

**Year 3:** Implement Good4You Initiative in 2 of 4 priority areas within SRMC

**Other Obesity Prevention: Increase physician education to the community to create awareness regarding obesity prevention strategies**

**Year 1:** Work with PCPs to assess office-based resources for overweight/obese patients. Host a minimum of 1 physician/community education program to create awareness regarding obesity prevention strategies

**Year 2:** Continue work of Year 1 and offer resources to a minimum of 2-3 PCPs

**Year 3:** Continue work of Year 2 and offer resources to a minimum of 3-4 PCPs

**VI. A.7. Alignment with National Standards:** The SRMC Implementation Plan helps support the following *Healthy People 2020* goals by addressing obesity prevention through:

- **Nutrition and Weight Status (NWS)-2** Increase the proportion of schools that offer nutritious foods and beverages outside of school meals
- **Nutrition and Weight Status (NWS)-5** Increase the proportion of primary care physicians who regularly measure the body mass index of their patients
- **Nutrition and Weight Status (NWS)-6** Increase the proportion of physician office visits that include counseling or education related to nutrition or weight
- **Nutrition and Weight Status (NWS)-8** Increase the proportion of adults who are at a healthy weight
- **Nutrition and Weight Status (NWS)-9** Reduce the proportion of adults who are obese
- **Nutrition and Weight Status (NWS)-10** Reduce the proportion of children and adolescents who are considered obese
- **Nutrition and Weight Status (NWS)-11**(Developmental) Prevent inappropriate weight gain in youth and adults
- **Nutrition and Weight Status (NWS)-14** Increase the contribution of fruits to the diets of the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-15** Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-17** Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-18** Reduce consumption of saturated fat in the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-19** Reduce consumption of sodium in the population aged 2 years and older
- **Nutrition and Weight Status (NWS)-20** Increase consumption of calcium in the population aged 2 years and older

## **VI. B. Mental Health & Substance Abuse**

**VI. B.1. Description of Need:** The most frequently identified mental health and substance abuse needs in the CCHNA included mental health and substance abuse treatment services. The use of illegal drugs, especially related to opioid use was listed as a problem that is impacting the social determinants of community health. Participants indicated that more resources should be devoted to drug prevention activities and stronger law enforcement and judicial actions against offenders. More drug testing was also identified by several focus group participants as a future action that should be pursued, and they noted that medication abuse/misuse is a rising trend that needs to be closely monitored. According to stakeholders, the predominant and underlying factors of poverty and lack of education are major determinants of the mental health issues currently seen in Columbiana County; and several stakeholders stated that there is a need for additional mental health services in the County. They recommended that action needs to be taken to bring more awareness and prevention to this topic and that more psychiatrists and treatment alternatives are needed to provide mental health care.

**VI. B.2. CCHNA Health & Substance Abuse Indicators:** The 2016 Columbiana Community Health Needs Assessment found that on average, Columbiana County adults report having 3.7 days in the past 30 days when their mental health was not good, which is similar to 3.8 for the state of Ohio. However, according to Columbiana County's Health Rankings, the population to mental health care provider ratio is much higher in Columbiana County at 1187:1 compared to Ohio at 642:1 and the U.S. at 490:1; which indicates significant disparities and barriers to accessing mental health services on a timely basis when needed.

According to the 2014 opioid overdose data published by the Kaiser Family Foundation, Ohio ranks first in the nation in total opioid overdose deaths at 2,106.

Data from the Centers for Disease Control and Prevention (CDC) indicates that in 2010, drug poisoning/overdose deaths in Columbiana County were 13/100,000; and that there has been a 102% increase in drug overdose deaths in Columbiana County from 1999-2010. In addition for the age group of 25-64, the number of deaths from overdose is greater than motor vehicle deaths. Data from the Mental Health and Recovery Services Board indicates that there were 19 drug-related deaths in 2014, compared to preliminary data that indicates 27 deaths (to be officially confirmed) in 2015.

In 2014, the Columbiana County prosecutor's office estimated 85 percent of all crimes were drug-related, whether it be homicides, assaults, burglaries, thefts and other property crimes.

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%). However, in 2014, alcohol impaired driving in Columbiana County (36%), was higher than Ohio (35%) and the nation (31%).

### VI. B.3. Mental Health & Substance Abuse Resource Assessment (SRMC's Service Area)

Program/ Strategy/ Service	Responsible Agency(s)	Population(s) Served	Continuum of Care (Prevention, early intervention, or treatment)	Evidence of Effectiveness
<b>Counseling and Mental Health Services</b>	- Christina House (Domestic violence shelter) - Columbiana County Mental Health and Recovery Services Board - Counseling Center of Columbiana County - Family Recovery Center - Help Hotline Crisis Center, Inc.	All ages	Crisis/ Early Intervention/ Treatment	None noted
<b>Inpatient and Intensive Outpatient Mental Health Treatment</b>	- SRMC's Behavioral Medicine and Wellness Center Intensive Outpatient & Partial Hospitalization Program - St. Elizabeth Youngstown Hospital Inpatient Psychiatric Treatment - Belmont Pines Hospital - Children's Behavioral Health Hospital and Residential Treatment Center (Youngstown) - Summa St. Thomas Hospital Behavioral Health Services Inpatient Psychiatric Treatment	All ages	Crisis/ Early Intervention/ Treatment	None noted
<b>Substance Abuse Addiction Services</b>	- East Liverpool City Hospital Drug & Alcohol Medical Stabilization/ New Vision - Neil Kennedy Recovery Clinic (Youngstown) - Crisis Intervention and Recovery Center, Inc. Crisis Intervention Center (Canton) - New Start Treatment Center St. Joseph's (Warren) - Trinity Health System Behavioral Medical Center Drug and Alcohol Rehabilitation Center (Steubenville) - Counseling Center of Columbiana County - Family Recovery Center	Adults with substance abuse issues	Crisis/ Early Intervention/ Treatment	None noted
<b>Naloxone- First Responders</b>	- Columbiana County General Health District	Adults with heroin addiction	Treatment	Overdose reversal
<b>Prevention Coalitions</b>	- ADAPT (Alcohol and Drug Abuse Prevention Team) - CASH (Coordinated Action for School Health) Coalition	School-aged youth	Prevention	None noted
<b>Support Groups</b>	- CAUSE (Connection, Autism, Understanding, Support, & Education), Salem - National Alliance on Mental Illness (NAMI) of Columbiana County (Lisbon) - Survivors of Suicide Support Group (Lisbon)	None noted	Crisis/Prevention/ Early Intervention	None noted
<b>Housing Assistance</b>	- Community Action Agency - Catholic Charities (Youngstown)	None noted	Crisis	None noted

### VI. B.4. Evidence-based Best Practices Recommended to Address Mental Health and Substance Abuse

- **Project ASSERT-** Project ASSERT (Alcohol and Substance Abuse Services, Education, and Referral to Treatment) is a screening, brief intervention, and referral to treatment (SBIRT) model designed for use in health clinics or emergency departments (EDs). Project ASSERT targets:

- a. Out-of-treatment adults visiting a walk-in health clinic for routine medical care, who have a positive screening result for cocaine and/or opiate use. Project ASSERT aims to reduce or eliminate their cocaine and/or opiate use through interaction with peer educators (substance abuse outreach workers who are in recovery themselves for cocaine and/or opiate use and/or are licensed alcohol and drug counselors).
- b. Adolescents and adults who are visiting an ED for acute care and have a positive screening result for high-risk and/or dependent alcohol use. Project ASSERT aims to motivate patients to reduce or eliminate their unhealthy use through collaboration with ED staff members (physicians, nurses, nurse practitioners, social workers, or emergency medical technicians) to make referrals for care.

On average, Project ASSERT is delivered in 15 minutes\*, although more time may be needed, depending on the severity of the patient's substance use problem and associated treatment referral needs. The face-to-face intervention is completed during the course of medical care, while the patient is waiting for the doctor, laboratory results, or medications: [nrepp.samhsa.gov/ViewIntervention.aspx?id=222](http://nrepp.samhsa.gov/ViewIntervention.aspx?id=222).

\* Note that the 15-minute delivery time may be prohibitive to administering this model, and an alternate evidence-based intervention may need to be evaluated for efficiency of resource utilization.

- **Community Trials Intervention to Reduce High-Risk Drinking** - Community Trials Intervention to Reduce High-Risk Drinking is a community-based program developed to alter the alcohol use patterns and related problems of people of all ages. The program incorporates a set of environmental interventions that assist communities in (1) using zoning and municipal regulations to restrict alcohol access through alcohol outlet density control; (2) enhancing responsible beverage service by training, testing, and assisting beverage servers and retailers in the development of policies and procedures to reduce intoxication and driving after drinking; (3) increasing law enforcement and sobriety checkpoints to raise actual and perceived risk of arrest for driving after drinking; (4) reducing youth access to alcohol by training alcohol retailers to avoid selling to minors and those who provide alcohol to minors; and (5) forming the coalitions needed to implement and support the interventions that address each of these prevention components: [www.pire.org/communitytrials/index.htm](http://www.pire.org/communitytrials/index.htm).

- **PHQ-2:** The PHQ-2 is a two item depression scale of the Patient Health Questionnaire. The purpose of the PHQ-2 is a tool for assisting primary care clinicians in screening for depression as a “first step” approach. Reducing depression evaluation to 2 screening questions enhances routine inquiry about the most prevalent and treatable mental disorder in primary care. Patients who screen positive should be further evaluated with the PHQ-9 to determine if they meet the criteria for a depressive disorder. There are two components of the PHQ-9: Assessing symptoms and functional impairment to make a tentative depression diagnosis, and deriving a severity score to help select and monitor treatment.

The PHQ-2 and PHQ-9 are based on diagnostic criteria for major depressive disorder in the Diagnostic and Statistical Manual Fourth Edition (DSM-IV):

[www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq](http://www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq).

- **LifeSkills Training (LST)** – LST is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. LST is based on both the social influence and competence enhancement models of prevention and addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including the skills necessary to understand and resist pro-drug influences. LST is designed to provide information relevant to the important life transitions that adolescents and young teens face, using culturally sensitive and developmentally and age-appropriate language and content. Facilitated discussion, structured small group activities, and role-playing scenarios are used to stimulate participation and promote the acquisition of skills: [www.lifeskillstraining.com](http://www.lifeskillstraining.com).

In addition, the following evidence-based community interventions come from the Guide to Community Preventive Services, Centers for Disease Control and Prevention (CDC), and help to meet the *Healthy People 2020* objectives:

- Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists. This collaboration is designed to:

- Improve the routine screening and diagnosis of depressive disorders
- Increase provider use of evidence-based protocols for the proactive management of diagnosed depressive disorders
- Improve clinical and community support for active patient engagement in treatment goal setting and self-management

**VI. B.5. SRMC’s Mental Health & Substance Abuse Prevention Goal:** To serve as a healthcare leader for and community partner in improving access to mental health and substance abuse treatment services through membership on the ADAPT and CASH Coalitions, as well as facilitating the coordination of and access to community-based, post-acute treatment resources.

**Indicator/Measurable Outcome:** - Budgeted funds for FY 2017 and FY 2018 will be dedicated to the mental health and substance abuse prevention and treatment action steps listed below.

- SRMC’s community benefit program metrics will be tracked to determine the number of programs and participants reached.

**VI. B.6. Recommended Action Steps for Addressing Mental Health and Substance Abuse Needs**

**Improve Access to Resources and Treatment:**

**a. Increase community access to mental health and substance abuse care by providing Case Management at entry points to ED services and inpatient services** to identify the needs of patients at risk for excessive resource usage, suboptimal outcomes or suboptimal coordination of services

**Year 1:** Evaluate current staffing models for coordinating Case Management services in the ED and inpatient units and investigate potential community-based intervention strategies targeting high-level resource users and suboptimal coordination of care

**Year 2:** Provide expanded Case Management services and actively integrate coordination of post-acute care with community-based providers

**Year 3:** Continue the work of Year 2 and develop a workgroup of community providers to establish goals that minimize excess resource utilization and maximize coordination of services

**b. Increase community awareness and education regarding mental health and substance abuse issues and trends** by serving as a community advocate for greater access to mental health and substance abuse resources through membership on the ADAPT and CASH Coalitions; and facilitating the delivery of evidence-based programs to Columbiana County school districts

**Year 1:** Provide funding and staff support through a minimum of 3 local schools’ mini-grants and support of the asset development surveys and community data roll-out as a community awareness campaign to increase education and awareness of risky behaviors and alcohol use trends. Limit access to prescription and non-prescription medications by continuing support of the DEA’s medication take back events and drop-off lock-boxes

**Year 2:** Continue work of Year 1 and support mini-grant funding for a minimum of 4 local schools’ mini-grants, involve youth in planning awareness programs/workshops on different “hot topics” and risky behavior trends. Solicit media coverage for all programs/workshops

**Year 3:** Continue work of Year 1 and 2

**c. Collaborate with county mental health providers to increase recruitment for mental health professionals**

**Year 1:** Collect baseline data on the number of mental health professionals currently practicing in Columbiana County and the gaps in services

**Year 2:** Work with community providers to increase the number of preceptors/placement sites for

<p>students in Columbiana County</p> <p><b>Year 3:</b> Continue the work of Year 2</p>
<p><b>Increase the number of health care providers screening for alcohol and drug abuse</b></p> <p><b>Year 1:</b> Evaluate the feasibility of Project ASSERT or another evidence-based screening, brief intervention, and referral to treatment (SBIRT) model for use in the ED/physician office. Collect baseline data on the number of ED, primary care and specialty care providers that currently screen for drug and alcohol abuse (and at what age)</p> <p><b>Year 2:</b> Based on the feasibility of administering an efficient workflow tool, introduce a screening, brief intervention and referral to treatment model (SBIRT) to physicians' offices and the ED. Pilot the model with the ED and a minimum of 1 physician's office. Plans for the pilot launch should include the development of a community-based treatment provider referral list for patients who screen positive</p> <p><b>Year 3:</b> Increase the number of ED and PCP physicians using the SBIRT model by a minimum of 5% from baseline</p>
<p><b>Increase the number of primary care physicians screening for depression and suicide during patient visits</b></p> <p><b>Year 1:</b> Collect baseline data on the number of ED and primary care physicians that currently screen for depression or suicide during patient visits</p> <p><b>Year 2:</b> Introduce PHQ-2 and PHQ-9. Pilot the protocol with the ED and a minimum of 1 physician's office. Plans for the pilot launch should include the development of a community-based treatment provider referral list for patients who screen positive</p> <p><b>Year 3:</b> Increase the number of ED and PCP physicians using PHQ-2 and PHQ-9 by 10% from baseline</p>
<p><b>Implement a community-based comprehensive program to reduce alcohol and substance abuse</b></p> <p><b>Year 1:</b> Research Community Trials Intervention to Reduce High-Risk Drinking program through ADAPT Coalition</p> <p><b>Year 2:</b> Implement at least 1 of the following strategies in collaboration with law enforcement and ADAPT's community partners: sobriety checkpoints, compliance checks, seller/server trainings, Parents Who Host Lose the Most, implement an underage party text system</p> <p><b>Year 3:</b> Implement at least 2 of Year 1's strategies, and expand strategies throughout Columbiana County communities</p>

**VI. B.7. Alignment with National Standards:** The SRMC Implementation Plan helps support the following *Healthy People 2020* goals for mental health and substance abuse by addressing:

- **Mental Health and Mental Disorders (MHMD)-1** Reduce the suicide rate
- **Mental Health and Mental Disorders (MHMD)-2** Reduce suicide attempts by adolescents
- **Mental Health and Mental Disorders (MHMD)-3** Reduce the proportion of adolescents who engage in disordered eating behaviors in an attempt to control their weight
- **Mental Health and Mental Disorders (MHMD)-4** Reduce the proportion of persons who experience major depressive episodes (MDEs)
- **Mental Health and Mental Disorders (MHMD)-6** Increase the proportion of children with mental health problems who receive treatment
- **Mental Health and Mental Disorders (MHMD)-9** Increase the proportion of adults with mental health disorders who receive treatment
- **Mental Health and Mental Disorders (MHMD)-10** Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders
- **Mental Health and Mental Disorders (MHMD)-11** Increase depression screening by primary care providers

- **Mental Health and Mental Disorders (MHMD)-12** Increase the proportion of homeless adults with mental health problems who receive mental health services
- **Substance Abuse (SA)-1** Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol
- **Substance Abuse (SA)-2** Increase the proportion of adolescents never using substances
- **Substance Abuse (SA)-3** Increase the proportion of adolescents who disapprove of substance abuse
- **Substance Abuse (SA)-4** Increase the proportion of adolescents who perceive great risk associated with substance abuse
- **Substance Abuse (SA)-7** Increase the number of admissions to substance abuse treatment for injection drug use
- **Substance Abuse (SA)-8** Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year
- **Substance Abuse (SA)-9** (Developmental) Increase the proportion of persons who are referred for follow up care for alcohol problems, drug problems after diagnosis, or treatment for one of these conditions in a hospital emergency department (ED)
- **Substance Abuse (SA)-12** Reduce drug-induced deaths
- **Substance Abuse (SA)-13** Reduce past-month use of illicit substances
- **Substance Abuse (SA)-14** Reduce the proportion of persons engaging in binge drinking of alcoholic beverages
- **Substance Abuse (SA)-16** Reduce average annual alcohol consumption
- **Substance Abuse (SA)-17** Decrease the rate of alcohol-impaired driving (.08+ blood alcohol content [BAC]) fatalities
- **Substance Abuse (SA)-19** Reduce the past-year nonmedical use of prescription drugs
- **Substance Abuse (SA)-20** Reduce the number of deaths attributable to alcohol
- **Substance Abuse (SA)-21** Reduce the proportion of adolescents who use inhalants

## **VI. C. Tobacco Use and Cancer Prevention**

**VI. C.1. Description of Need:** Tobacco use is an important public health indicator as it relates to a number of chronic disease issues and conditions, and is a major cause of heart disease and cancer, the two leading causes of death in Columbiana County and in Ohio. In addition, the prevention of tobacco use and cancer are both listed in Ohio's top ten population health priorities.

### **VI. C.2. CCHNA Tobacco and Cancer Use Indicators**

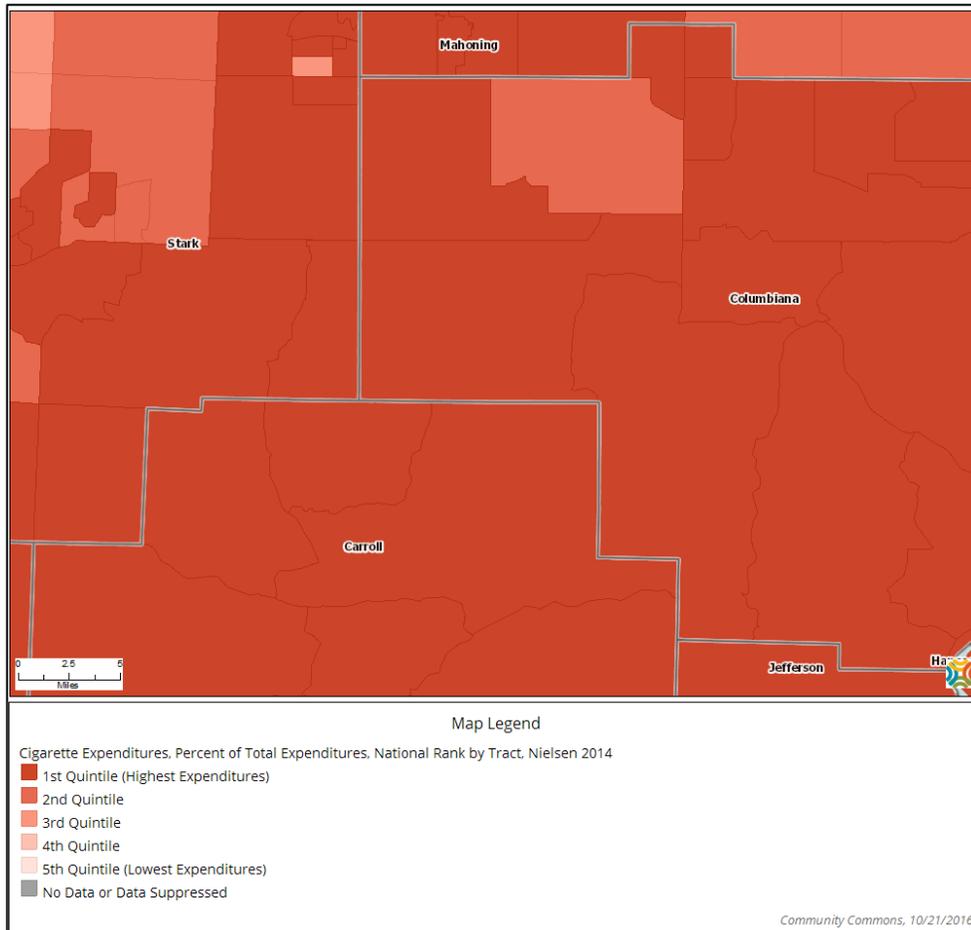
#### **A. Tobacco Use**

Columbiana County residents have a higher disparity related to tobacco use, especially regarding higher rates of adult smoking and exposure to second-hand smoke. In addition, adult women have a higher rate of smoking during pregnancy than the state and national averages. A number of observations and conclusions can be derived from the data related to tobacco use, including:

- The percentage of adults smoking in Columbiana County has remained consistent over the past few years with approximately one in five (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 and fewer than 10% also report having used some form of smokeless tobacco in the past 30 days.

**VI. C. Graph 1: Cigarette Expenditures, % Total Expenditures, National Rank by Tract (Source: Nielsen 2014)**



**B. Cancer**

**B.1. Breast Cancer**

- The mortality rate has fluctuated over the past several years and between 2008-2012, the county’s mortality rate of 22.4/100,000, was comparable to the state (22.7/100,000) and slightly higher than the nation (21.5/100,000).

- 2015 mammogram screening rates are lower in Columbiana County (58.3%) than the rest of the state (60.3%), and fall short of the *Healthy People 2020* goal of 81.1%. These county screening rates have been declining for the last three years.

**B.2. Bronchus and Lung Cancer**

- The incidence rate has been steadily decreasing in the county since 2004-2008. When compared to the state in 2012, the county rate (72.3/100,000) was higher than Ohio (66.8/100,000), and just below the nation (73/100,000).

- The mortality rate has been steadily decreasing. During 2008-2012, the mortality rate for the county (53.6/100,000) was lower than Ohio (54.2/100,000) and the nation (57.9/100,000).
- All of the rates are above the *Healthy People 2020* goal of 45.5/100,000.

### B.3. Colorectal Cancer

- The incidence rate in the county has been decreasing. In 2012, the rate in the county (45.8/100,000) was higher than Ohio (37.3/100,000), but lower than the nation (46.1/100,000).

### B.4. Prostate Cancer

- The incidence rate has been decreasing in the county, with the 2012 rate (122.3/100,000) higher than Ohio (103.3/100,000), but lower when compared to the nation (128.3/100,000).
- Prostate cancer mortality has fluctuated over the past several years, with the most recent rate (20.1/100,000) being slightly higher when compared to the state (19.3/100,000), and slightly lower than the nation (20.8/100,000).

### B.5. County Cancer Screenings

- 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 a decrease 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.

### VI. C.3. Tobacco & Cancer Prevention Resource Assessment (SRMC's Service Area)

Program/ Strategy/ Service	Responsible Agency(s)	Population(s) Served	Continuum of Care (Prevention, early intervention, or treatment)	Evidence of Effectiveness
<b>Cancer Detection Clinic</b> - Pap tests, pelvic exams mammograms, PSA tests, skin cancer screening	- Col. Cty. General Health District	Col. Cty. residents, except Salem & EL residents	Prevention	Evidence-based
<b>Cancer Detection</b> - Digital mammograms, accredited lung cancer screening center, 3T MRI & PET/CT	- SRMC	SRMC Service area residents	Prevention/ Early Intervention, Treatment	Evidence-based
<b>Oral Cancer Screening</b>	- Community Action Agency	Col. Cty. Residents	Prevention/ Early Intervention	None noted
<b>Tobacco Education/Information</b>	- Col. Cty. General Health District - Community Action Agency - Mental Health & Recovery Services Board	Col. Cty. Residents	Prevention/ Early Intervention	None noted
<b>Radon Testing &amp; Kits</b>	- Col. Cty. General Health District	Col. Cty. residents, except Salem & EL residents	Prevention	Evidence-based

### VI. C.4. Evidenced-based Best Practices Recommended to Address Tobacco Use and Cancer Prevention:

The following programs and policies have proven strategies to decrease tobacco use and increase cancer prevention:

- **Smoking Cessation Interventions for Pregnant Mothers:** Low birth-weight and infant mortality can be reduced during pregnancy through evidence-based smoking cessation efforts that include primary care office-based assessment, client-specific tobacco counseling, skill development and support programs, such as the 5As: Ask, Advise, Assess, Assist and Arrange: [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov).

- **Systems Navigators and Integration (e.g., Patient Navigators):** Patient navigators provide culturally sensitive assistance and care-coordination, guiding patients through available medical, insurance, and social support systems. These programs seek to reduce racial, ethnic, and economic disparities in access to care and disease outcomes. The expected beneficial outcomes are increased use of preventive services, increased cancer screening, improved birth outcomes, and improved maternal health. There is strong evidence that patient navigator programs improve cancer screenings, especially for breast cancer: [www.countyhealthrankings.org/policies/systems-navigators-and-integration-eg-patient-navigators](http://www.countyhealthrankings.org/policies/systems-navigators-and-integration-eg-patient-navigators).

- **Expand Use of Community Health Workers (CHW):** Community health workers (CHW), serve a variety of functions including: providing outreach, education, referral and follow-up, case management, advocacy and home visiting services. They may work autonomously or as part of a multi-disciplinary team. CHW services are often targeted at women who are at high risk for poor birth outcomes. The expected beneficial outcomes are increased patient knowledge, increased access to care, increased use of preventive services and improved health behaviors. There is some evidence that CHWs improve patient knowledge and access to health care, especially for minority women and individuals with low incomes. CHWs have been shown to improve access to care for patients that may not otherwise receive care: [www.countyhealthrankings.org/policies/expand-use-community-health-workers-chw](http://www.countyhealthrankings.org/policies/expand-use-community-health-workers-chw).

- **Tobacco 21:** Tobacco 21 is a national campaign aimed at raising the tobacco and nicotine sales age in the United States to 21. The Tobacco 21 campaign is produced and funded by the Prevent Tobacco Addiction Foundation, a public health nonprofit organization. Tobacco 21 produces online content to promote anti-tobacco messages and helps communities raise the tobacco and nicotine sales to age 21. In March 2015, the Institute of Medicine, on behalf of the Food and Drug Administration (FDA), released a seminal report detailing the potential public health benefits of enacting a nationwide Tobacco 21 policy. Among the results was a 25% drop in youth smoking, with low birth weights positively impacted in the first 5 years of the policy. The conservative estimate is that if age 21 were adopted throughout the U.S., it would prevent 4.2 million years of life lost to smoking in youth who are alive today. Age 21 reduces tobacco use initiation in youth and inhibits consolidation of addiction in older teens: <http://tobacco21.org>.

**VI. C.5. SRMC’s Tobacco & Cancer Use Prevention Goal:** To work toward decreasing tobacco use and increasing cancer prevention by improving access to increased patient knowledge, increased use of preventive services and improved health behaviors.

**Indicator/Measurable Outcome:** - Budgeted funds for FY 2017 and FY 2018 will be dedicated to the tobacco and cancer prevention and treatment action steps listed below.

- SRMC’s community benefit program metrics will be tracked to determine the number of programs provided and participants reached.

<p><b>VI. C.6. Recommended Action Steps for Addressing Tobacco/ Cancer Prevention</b></p> <p><b>- Increase tobacco and cancer education materials being offered to patients by primary care physicians (PCPs)</b>  <b>Year 1:</b> Work with PCPs, especially OBs and Pediatricians, to assess preventative literature/educational materials given to patients who use tobacco and/or are at a higher risk for cancer  <b>Year 2:</b> Offer information and/or trainings to PCPs on tobacco and cancer prevention best practices. Enlist at least 1-2 PCP practices  <b>Year 3:</b> Expand efforts to enlist at least 2-3 PCP practices</p> <p><b>- Improve prenatal care by impacting the rates of women who use tobacco products during pregnancy; and improve pediatric care by reducing tobacco use initiation by children and adolescents</b>  <b>Year 1:</b> Work with PCPs*, especially OBs and Pediatricians, to assess patient educational materials</p>
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<p>given to pregnant women and mothers who use tobacco. Review child fatality data in partnership with area healthcare providers. Partner with physicians and area health care providers to provide tobacco cessation educational resources:</p> <ul style="list-style-type: none"> <li>- During prenatal visits, along with related education during SRMC's childbirth classes</li> <li>- During postnatal visits to identify and treat tobacco use and dependence, and develop interventions to reduce exposure to secondary smoke</li> <li>- Collaborate with the CASH Coalition to provide school-based education and resources to reduce tobacco use initiation by children and adolescents</li> </ul> <p><b>Year 2:</b> Continue work of year 1  <b>Year 3:</b> Continue work of years 1 and 2</p> <p>*Note that SRMC devotes significant financial and human resources toward providing improved prenatal and pediatric medical care through the SCH Professional Corporation, which employs 5 pediatricians and 5 OB/GYNs</p>
<p><b>- Implement Tobacco 21 policies</b></p> <p><b>Year 1:</b> Research Tobacco 21 initiative in collaboration with area healthcare providers. Raise awareness of Tobacco 21 among community health coalitions to determine interest in adopting this policy</p> <p><b>Year 2:</b> Based upon responses received, reach out to other communities who have implemented these policies to learn the best way to approach decision-makers and to learn of potential barriers to action</p> <p><b>Year 3:</b> Continue efforts of Year 1 and based upon responses received, reach out to City Councils on both the Tobacco 21 initiative and smoke free outdoor public locations</p>
<p><b>- Decrease exposure to second-hand smoke</b></p> <p><b>Year 1:</b> In collaboration with area healthcare coalitions, collect baseline data on which parks, athletic venues, fairgrounds, schools and other public locations currently have tobacco free policies</p> <p><b>Year 2:</b> Begin efforts through health coalitions to adopt smoke-free policies in Columbiana County parks, fairgrounds, schools and other public places</p> <p><b>Year 3:</b> Continue efforts of years 1 and 2</p>
<p><b>- Increase awareness of wellness and cancer prevention education and screenings</b></p> <p><b>Year 1:</b> Provide ongoing community education on multiple health and early detection topics, including screening opportunities</p> <p><b>Year 2:</b> Continue efforts of year 1</p> <p><b>Year 3:</b> Continue efforts of year 2</p>
<p><b>- Decrease barriers to cancer prevention services and treatment</b></p> <p><b>Year 1:</b> In collaboration with area healthcare coalitions, create an informational guide that highlights cancer prevention services, include information regarding free/sliding scale services and transportation options</p> <p><b>Year 2:</b> Enlist organizations to update the guide on an annual basis and increase dissemination of information through health navigators and community health workers, especially to vulnerable populations. In collaboration with healthcare coalitions, community healthcare workers and navigators, educate community regarding preventative screenings available</p> <p><b>Year 3:</b> Continue efforts of year 2 and expand outreach</p>

**VI. C.7. Alignment with National Standards**

Through proven best practices, programs will more effectively help achieve the *Healthy People 2020* Tobacco Use Objectives to decrease tobacco use through prevention, and to reduce cancer rates through prevention, while ensuring access to appropriate, quality health services.

SRMC's Implementation Plan will help support the following *Healthy People 2020* goals by addressing:

- **Tobacco Use (TU)-1** Reduce tobacco use by adults
- **Tobacco Use (TU)-2** Reduce tobacco use by adolescents
- **Tobacco Use (TU)-3** Reduce the initiation of tobacco use among children, adolescents, and young adults

- **Tobacco Use (TU)-4** Increase smoking cessation attempts by adults
- **Tobacco Use (TU)-5** Increase recent smoking cessation success by adult smokers
- **Tobacco Use (TU)-6** Increase smoking cessation during pregnancy
- **Tobacco Use (TU)-7** Increase smoking cessation attempts by adolescent smokers
- **Tobacco Use (TU)-9** Increase tobacco screening in health care settings
- **Tobacco Use (TU)-10** Increase tobacco cessation counseling in health care settings
- **Tobacco Use (TU)-11** Reduce the proportion of nonsmokers exposed to secondhand smoke
- **Tobacco Use (TU)-14** Increase the proportion of smoke-free homes
- **Tobacco Use (TU)-15** Increase tobacco-free environments in schools, including all school facilities, property, vehicles, and school events
- **Tobacco Use (TU)-20** Increase the number of States and the District of Columbia, Territories, and Tribes with sustainable and comprehensive evidence-based tobacco control programs
  
- **Cancer (C)-1** Reduce the overall cancer death rate
- **Cancer (C)-2** Reduce the lung cancer death rate
- **Cancer (C)-3** Reduce the female breast cancer death rate
- **Cancer (C)-4** Reduce the death rate from cancer of the uterine cervix
- **Cancer (C)-5** Reduce the colorectal cancer death rate
- **Cancer (C)-6** Reduce the oropharyngeal cancer death rate
- **Cancer (C)-7** Reduce the prostate cancer death rate
- **Cancer (C)-8** Reduce the melanoma cancer death rate
- **Cancer (C)-9** Reduce invasive colorectal cancer
- **Cancer (C)-10** Reduce invasive uterine cervical cancer
- **Cancer (C)-11** Reduce late-stage female breast cancer
- **Cancer (C)-13** Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis
- **Cancer (C)-15** Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines
- **Cancer (C)-16** Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines
- **Cancer (C)-17** Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines
- **Cancer (C)-18** Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines
- **Cancer (C)-19** Increase the proportion of men who have discussed the advantages and disadvantages of the prostate-specific antigen (PSA) test to screen for prostate cancer with their health care provider
- **Cancer (C)-20** Increase the proportion of persons who participate in behaviors that reduce their exposure to harmful ultraviolet (UV) irradiation and avoid sunburn

## **VI. D. ACCESS TO MEDICAL CARE**

**VI. D.1. Description of Need:** Columbiana County is identified as an underserved area with disparities related to being an Appalachian county, and has a high ratio of the population to primary care physicians, dentists and mental health providers; indicating the potential for greater access to care challenges. Barriers to health care access at the level of the individual and community were identified consistently across the CHNA process and included deficits in income, education, lack of health insurance, lack of providers and lack of transportation.

**VI. D.2. CCHNA Access Indicators:** Community Survey participants identified Transportation, Affordability of Care and Cost of Insurance/Deductibles/Co-Pays as being the top barriers in regards to accessing quality health care. However, all of the barriers to access saw a decrease in 2016 ratings when compared to 2012 responses. Focus group and stakeholder interviews identified barriers to access as: lack of reliable transportation, lack of education on health issues, financial barriers, increasing costs of medications, high deductibles, health literacy, stigma when accessing mental health services, lack of youth programs and lack of accountability and personal motivation to improve health status.

Secondary data findings from the County Health Rankings data related to access also showed that Columbiana County faces a significant barrier to access as indicated by the county's ratio of the population to primary care providers (1,858:1) being higher than Ohio (1,296:1); and the county's ratio of dentists (4,404:1) being considerably higher than Ohio (1,713:1).

### **VI. D.3. Access to Services Resource Assessment (SRMC's Service Area)**

Please see Appendix C: Community and Hospital Resource Tables for CCHNA.

### **VI. D.4. Evidence-based Best Practices Recommended to Address Access to Care Issues**

- **Higher Education Financial Incentives for Health Professionals Serving Underserved Areas:** Financial incentives such as scholarships and loans with service requirements, educational loans with a service option, and loan repayment or forgiveness programs encourage health care providers to serve in rural or other underserved areas. The expected beneficial outcome is increased availability of healthcare professionals in underserved areas, increased access to care and likeliness to decrease disparities: [www.countyhealthrankings.org/policies/higher-education-financial-incentives-health-professionals-serving-underserved-area](http://www.countyhealthrankings.org/policies/higher-education-financial-incentives-health-professionals-serving-underserved-area).

- **Telemedicine:** The use of telecommunications technology to remotely deliver consultative, diagnostic and health care treatment services can supplement health care services for patients who would benefit from frequent monitoring or provide services to individuals in areas with limited access to care. Once telemedicine technology is in place, providing care through telemedicine may be less costly than standard medical care. However, high initial implementation costs and limited payment policies can be barriers to establishing effective and efficient telemedicine programs. Telemedicine's expected beneficial outcome is to increase local access to care, reduce mortality and improve health outcomes; while likely decreasing disparities: [www.countyhealthrankings.org/policies/telemedicine](http://www.countyhealthrankings.org/policies/telemedicine).

- **Expand Use of Community Health Workers:** See Section VI. C.4. Expected beneficial outcomes are to increase patient knowledge, increase access to care, increase healthy behaviors and increase preventative care.

- **Addressing Health Literacy through Patient and Family Engagement:** SRMC is currently re-engineering its discharge process to reduce hospital readmissions and post-hospital ED visits, along with strengthening its medication education and communication process for patients, which is likely to decrease disparities among vulnerable populations. Interventions that combine various approaches, such as enhancing written materials and interpersonal interactions appear to increase patients' comprehension and appropriate health care use, and promote improved communication between patients and providers. Discharge planning tools currently being researched and evaluated for implementation include the Agency for Healthcare Research and Quality's (AHRQ) *Guide to Patient and Family Engagement in Hospital Quality and Safety* and evidence-based discharge planning models, such as AHRQ's Project Red, the Society of Hospital Medicine's Project BOOST and the Institute for Healthcare Improvement's SMART Protocol. In addition, AHRQ's pharmacy health literacy tools are being reviewed and evaluated to improve pharmacy literacy and the degree to which individuals are able to obtain, process and understand basic health and medication information needed to make appropriate health decisions: [www.ahrq.gov/professionals/system/hospital/engagingfamilies/guide](http://www.ahrq.gov/professionals/system/hospital/engagingfamilies/guide)

**VI. D.5. SRMC's Access Goal:** To reduce barriers to health care through the collaborative recruitment of providers to underserved areas, explore alternate delivery of care models, and increase health literacy interventions to increase patients' health-related knowledge.

**Indicator/Measurable Outcome:** - Budgeted funds for FY 2017 and FY 2018 will be dedicated to decreasing barriers to access in the action steps listed below.

- SRMC's community benefit program metrics will be tracked to determine the number of programs provided and participants reached.

<p><b>VI. D.6. Recommended Action Steps to Address Barriers to Access</b></p> <p><b>Increase the number of healthcare providers practicing within the SRMC service area</b>  <b>Year 1:</b> Collaborate with other community providers to review current healthcare professional recruitment needs and determine priority areas of focus for addressing primary care and mental health shortages. Include review of financial incentives currently provided and preceptor/placement opportunities  <b>Year 2:</b> Establish recruitment goals and financial incentives, implement recruitment efforts for key healthcare professionals. Work with area universities to identify collaborative recruitment/placement opportunities  <b>Year 3:</b> Continue the efforts of year 1 and 2</p> <p><b>Expand the use of telemedicine to increase local access to care</b>  <b>Year 1:</b> Implement the neonatal telemedicine pilot program with Akron Children's Hospital; continue providing tele-stroke services in collaboration with Akron General Hospital  <b>Year 2:</b> Evaluate effectiveness and impact of neonatal telemedicine pilot and make adjustments in tele-health service delivery as indicated; continue to monitor provision of tele-stroke services  <b>Year 3:</b> Continue efforts of year 1 and 2</p> <p><b>Expand use of Community Health Workers (CHW)</b>  <b>Year 1:</b> Evaluate use of CHWs for individuals at high risk for or suffering from chronic diseases, along with vulnerable populations and minorities. Conduct baseline study of CHWs currently in place within SRMC's service area  <b>Year 2:</b> Explore collaborative opportunities for expanding CHW roles for outreach, education, referral, follow-up and case management; and target discharge planning, pre- and post-natal care and mental health initiatives  <b>Year 3:</b> Continue work of year 2</p> <p><b>Improve health literacy through improved discharge planning and medication education</b>  <b>Year 1:</b> - Evaluate evidence-based discharge planning tools to decrease patient readmissions and post-hospital ED visits; select tools for implementation  - Evaluate evidence-based pharmacy literacy tools and select tool for strengthening the medication</p>
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education and communication process for patients

**Year 2:** Implement discharge planning tools and pharmacy literacy tools, including support processes and house-wide communication efforts

**Year 3:** Continue efforts of year 2

**Improve community-based coordination and delivery of services through implementation of Columbiana County's Health Improvement Plan (CCHIP)**

**Year 1:** Select appropriate strategies for intervention that fall within SRMC's mission and role as a healthcare leader and community partner to prevent obesity, improve access to mental health care, reduce substance abuse, reduce tobacco use and engage in cancer prevention activities. Meet at least quarterly with CCHIP workgroup to assess progress and adjust work plan accordingly

**Year 2:** Continue work of year 1 and meet with CCHIP workgroup to evaluate outcomes at least semi-annually

**Year 3:** Continue work of year 1 and 2, and begin preparations for conducting next community health needs assessment

#### **VI. D.7. Alignment with National Standards**

According to *Healthy People 2020*, access to health care services in the U.S. is regarded as unreliable, since many people do not receive the appropriate and timely care they need. Specific issues that are recommended to be addressed by *Healthy People 2020* include:

- Increasing and measuring access to appropriate, safe, and effective care, including clinical preventive services.
- Decreasing disparities and measuring access to care for diverse populations, including racial and ethnic minorities and older adults.
- Increasing and measuring access to safe long-term and palliative care services and access to quality emergency care.

Through proven best practices, programs will more effectively help achieve the *Healthy People 2020* Health Access to Services Objectives to improve access to comprehensive, quality health care services and increase quality of life.

SRMC's Implementation Plan will help support the following *Healthy People 2020* goals:

- **Access to Health Services (AHS) -4** Increase the number of practicing primary care providers
- **Access to Health Services (AHS) -5** Increase the proportion of persons who have a specific source of ongoing care
- **Access to Health Services (AHS) -6** Reduce the proportion of persons who are unable to obtain or experience a delay in obtaining necessary medical care, dental care or prescription medications
- **Access to Health Services (AHS) -7** Increase the proportion of persons who receive appropriate evidence-based clinical preventive services

## VII. NEEDS NOT ADDRESSED IN CCHNA AND IMPLEMENTATION PLAN

SRMC's 2016-2019 Implementation Plan advocates strategies to address each of Ohio's top 10 health priorities as listed on page 5; and also integrates and coordinates SRMC's resources to help achieve the future goals that will be outlined in Columbiana County's 2016-2019 Health Improvement Plan, to be finalized by the end of calendar 2016.

However, the prevalence of clinical health issues is frequently related to: residents' access to health services, environmental and behavioral factors that impact health, and the awareness of and personal choices of consumers. Columbiana County has a high percentage of poverty among children, families, and the general population as compared to other U.S. counties; along with a high unemployment rate, low health literacy and low proportion of adults with a college degree as compared to other U.S. counties.

The top environmental needs identified in the Community Survey portion of the CCHNA included not enough money, lack of access to employment/better jobs and safe water/clean air. In addition, focus group participants identified the weather, chemical waste and unemployment as environmental determinants that impact community health.

Stakeholders interviewed cited multi-faceted and intertwined demographic and socio-economic issues related to income, the poor economy, drug abuse, lack of education, and unemployment as key environmental drivers of the unhealthy status of the community.

Each of the needs listed above could be addressed by various independent, county, state and/or federal organizations. However, due to their societal magnitude and SRMC's limited resources and capacity to meaningfully impact the environment and economic foundation of the county, SRMC has chosen to allocate significant resources to the priority health needs which yield the greatest opportunities to affect a positive change, as outlined in this 2016-2019 Implementation Plan.

A summary of the community health needs not addressed in SRMC's Implementation Plan include:

<b>Physical Environment</b> (Natural environment that impacts health)	<ul style="list-style-type: none"> <li>- Outdoor air pollution</li> <li>- Chemical waste</li> <li>- Quality of water supply</li> <li>- Weather</li> </ul>
<b>Certain Social Determinants of Health</b>	<ul style="list-style-type: none"> <li>- Poverty and dependence on financial assistance</li> <li>- Poor economy/ lack of job opportunities</li> <li>- Lack of transportation</li> <li>- Lack of housing</li> <li>- Single-parent households</li> <li>- Low educational attainment</li> <li>- Lack of personal accountability/motivation</li> </ul>

In addition, there are several health indicators in which Columbiana County residents have exceeded state and national population health benchmarks. Recognizing that Salem Regional Medical Center is not the only medical resource in the Hospital's Service Area, Hospital leadership felt that the most effective strategy to further decrease the prevalence of clinical health issues and improve population health is through a multi-faceted approach that:

- 1) Maintains current SRMC programs and services while evaluating their effectiveness
- 2) Evaluates new programs and services that are based in best practices and are proven effective at treating clinical health issues experienced by residents in the communities served by SRMC
- 3) Continues to explore partnership opportunities with external organizations to implement best practices that effectively and efficiently address regional health issues

## **VII. PROGRESS AND MEASURING OUTCOMES**

Progress in meeting the priorities identified in SRMC's 2016-2019 Implementation Plan will be monitored via measurable indicators that are evaluated on a minimum of an annual basis by SRMC's Senior Leadership team, including an annual status update provided to the SRMC Board of Directors.

In addition, SRMC will be collaborating on the implementation of the Columbiana County Health Improvement Plan (CCHIP), so that population health improvement initiatives and resources can be coordinated and integrated throughout the county. The CCHIP Steering Committee, of which SRMC is a key member, will meet quarterly for the first year of the CCHIP's implementation and depending on the progress, may meet semi-annually after that to evaluate and report outcomes. Action steps, accountable person/organization, and timelines will be reviewed at the end of each year by the Steering Committee; with revisions made to the CCHIP accordingly. Beyond outcome evaluation, process evaluation will also be used on an ongoing basis to focus on how well action steps are being implemented.

**~ SRMC's 2016-2019 Implementation Plan Was Approved by Salem Regional Medical Center's Board of Directors on November 12, 2016.**

Submitted for SRMC Board approval by:  
Deborah Pietrzak, VP, Marketing/Planning  
November 12, 2016

## What is population health?

The advisory group adopted the following definition of population health:

*Population health is the distribution of health outcomes across a geographically-defined group which result from the interaction between individual biology and behaviors; the social, familial, cultural, economic and physical environments that support or hinder wellbeing; and the effectiveness of the public health and healthcare systems.*

This definition was developed by a group of Ohio healthcare and public health stakeholders HPIO convened in 2014. See the HPIO policy brief, *What is "population health"?* for more detail on Ohio's consensus on the key characteristics of population health strategies.

## Summary of recommendations for state health assessment (SHA) and state health improvement plan (SHIP)

HPIO reviewed best practices and facilitated discussions to identify ways to improve Ohio's SHA and SHIP. The recommendations summarized in Figure ES.4 are intended to inform development of the next iteration of the SHA and SHIP in early 2016.

Overarching goal for improving population health planning by the state health department, local health departments and hospitals

*Improve the health of Ohioans by deploying a strategic set of evidence-based, upstream population health activities at the scale needed to measurably improve population health outcomes.*

Figure ES.4. Summary of state health assessment (SHA) and state health improvement plan (SHIP) recommendations

Cross-cutting recommendations for the SHA and SHIP	
1. Conceptual framework	The SHA and SHIP should be guided by a broad conceptual framework that includes the social determinants of health, health equity and a life-course perspective.
2. Leadership and cross-sector engagement	The SHA and SHIP development process should engage leadership from within the Ohio Department of Health and other state agencies and include input from sectors beyond health.
3. Fostering alignment with local assessments and plans	The SHA and SHIP should be designed to provide statewide leadership on population health goals and to foster alignment between state and local-level planning.
SHA recommendations	
4. Existing data	The SHA should build upon existing information about Ohio's health needs.
5. Metric selection	The SHA should select metrics based upon specific prioritization criteria, resulting in a set of metrics that the state will use to monitor progress on the SHIP and that local partners can use in their own assessments.
6. Communicating findings	The SHA should summarize and synthesize the findings in a compelling format that puts data into context and directly informs the SHIP.
SHIP recommendations	
7. Existing plans	The SHIP should build upon related state-level plans.
8. Prioritization process	The SHIP should select health priority areas based upon specific prioritization criteria, resulting in a set of priorities concise enough to drive targeted action to "move the needle" on a strategic set of health outcomes.
9. Objectives and evaluation	The SHIP should include measurable objectives, an evaluation framework and mechanisms for ongoing monitoring and communication of progress.
10. Evidence-based strategies	The SHIP should include evidence-based strategies that link primary care with community-based population health activities and address upstream social determinants of health.
11. Implementation and financing	The SHIP should specify how selected strategies will be implemented and financed.

Figure ES.5. Summary of recommendations for population health planning infrastructure

Recommendation 1. State health assessment (SHA) and state health improvement plan (SHIP) and local level (local health department and hospital) assessment and plan alignment	
<b>1a. Health priorities</b>	<p>State <b>issues guidance</b> encouraging local health departments and tax-exempt hospitals to address at least two health priorities in their plans from a menu of priorities identified in the SHIP (referred to hereinafter as SHIP-aligned priorities).</p> <p><i>Guidance issued by July 2016</i></p>
<b>1b. Measures</b>	<p>State <b>issues guidance</b> encouraging local health departments and tax-exempt hospitals to include at least one core metric from the SHA and SHIP in their assessments and plans for each SHIP-aligned priority.</p> <p><i>Guidance issued by July 2016</i></p>
<b>1c. Evidence-based strategies</b>	<p>State <b>issues guidance</b> encouraging local health departments and tax-exempt hospitals to select evidence-based strategies from a menu of strategies in the SHIP to address SHIP-aligned priorities.</p> <p><i>Guidance issued by July 2016</i></p>
Recommendation 2. Hospital and local health department alignment	
<b>2a. Collaboration on assessments and plans</b>	<p>State <b>issues guidance</b> encouraging local health departments and tax-exempt hospitals in the same counties or with shared populations to partner on assessments and plans through a common:</p> <ul style="list-style-type: none"> <li>• Conceptual framework</li> <li>• Process template or checklist</li> <li>• Set of metrics (including metrics tracking racial and ethnic disparities)</li> <li>• Health prioritization criteria</li> <li>• Set of health priorities</li> <li>• Set of objectives</li> <li>• Set of evidence-based strategies that can be implemented in community-based and clinical settings</li> <li>• Evaluation framework</li> <li>• Accountability plan</li> <li>• Exchange of data and information</li> </ul> <p><i>Guidance issued by July 2016</i></p>
<b>2b. Timeline</b>	<p>State <b>requires</b> local health departments and tax-exempt hospitals to align with a three-year timeline for assessments and plans. Local health department and hospital plans covering years 2020-2022 and their related assessments must be submitted to the state in 2020 and every three years thereafter (in 2023, 2026, etc.).</p> <p><i>Requirement issued by July 2016, effective in 2020 per subsequent guidance</i></p>
Recommendation 3. Funding	
<b>3a. State funding for county-level assessments and plans</b>	<p>To defray the cost of transitioning to a three-year assessment and planning cycle, the state will <b>seek additional funding</b> for local health departments that choose to collaborate on one county-level assessment and plan. Local health departments can pool together this additional funding to support development of multi-county collaborative assessments and plans.</p> <p><i>Funding and disbursement methodology identified by July 2016</i></p>
<b>3b. Hospital community benefit</b>	<p>State <b>issues guidance</b> encouraging tax-exempt hospitals to allocate a minimum portion of their total community benefit expenditures to activities that most directly support community health planning objectives, including community health improvement services and cash and in-kind contributions.</p> <p><i>Guidance issued by July 2016</i></p>
Recommendation 4. Transparency and accessibility	
<b>4a. Assessments and plans</b>	<ul style="list-style-type: none"> <li>• State <b>requires</b> local health departments and tax-exempt hospitals submit their assessments and plans to the state.</li> <li>• State provides online repository of all assessments and plans.</li> </ul> <p><i>Requirement issued by July 2016, effective in 2017 and every three years thereafter</i></p>
<b>4b. Schedule H</b>	<ul style="list-style-type: none"> <li>• State <b>requires</b> tax-exempt hospitals to submit to the state their Schedule H and corresponding attachments, including reporting on each category of expenditures in Part I, Line 7(a)-(k) and Part II of the Schedule H on an annual basis. (Government hospitals with "dual status" as a 501(c)(3) must submit equivalent information).</li> <li>• State provides online repository of Schedule H and equivalent information.</li> </ul> <p><i>Requirement issued by July 1, 2016, effective in 2017</i></p>

**Note:** Tax-exempt hospitals refers to all nonprofit and government-owned hospitals that are recognized as a tax-exempt charitable organization under §501(c)(3) of the Internal Revenue Code and that are required to comply with the Internal Revenue Service community health needs assessment requirements; 79 Fed. Reg. 78954 (Dec. 31, 2014).



## Evidence-based strategy selection worksheet

*This tool was developed in 2013 by the Ohio Community Guide State Team led by the Health Policy Institute of Ohio and the Ohio Department of Health and updated by HPIO in 2016.*

The purpose of this worksheet is to guide discussions about prevention strategies and to help community health planners prioritize and select evidence-based approaches that are a good fit for their community. While evidence of effectiveness is a critical factor to consider, other conditions such as readiness and feasibility also impact the success of population health strategies and should therefore be included for consideration. The weight of the criteria may vary depending on specific circumstances. If there is a particular factor that needs more consideration, you can modify this worksheet by adding weight to that criteria. For example, if political will and political timing is the most essential factor, double the score in the rating rubric and adjust the total.

**Policy, program or service:**

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**Potential implementation and funding partners, including sectors beyond health:**

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Selection criteria	Excellent	Good	Neutral/ Not Sure	Fair	Poor
Strength of evidence	5	4	3	2	1
Community fit and cultural appropriateness	5	4	3	2	1
Readiness	5	4	3	2	1
Coordination	5	4	3	2	1
Funding and feasibility	5	4	3	2	1
Political will and political timing	5	4	3	2	1
Reach	5	4	3	2	1
Likely impact on disparities	5 Likely to decrease		3 Unknown or no impact	1 Likely to increase	

**Total (out of 40)**

See the next page for definitions

**Definitions**

- **Strength of evidence:** Strength of the evidence of effectiveness as rated by the *Community Guide*. If a strategy is not specifically included in the *Community Guide*, refer to *County Health Rankings and Roadmap's What Works for Health* or other sources.

	Community Guide	What Works for Health
5	Recommended	Scientifically supported or Some evidence
3		Expert Opinion
2	Insufficient Evidence	Insufficient Evidence
1		Mixed Evidence
1	Recommended Against	Evidence of Ineffectiveness

- **Community fit and cultural appropriateness:** The strategy is a good fit for an urban/ suburban/rural community (as applicable) and was designed for (or can be modified for) the groups we want to reach, such as specific age, income or racial/ ethnic groups.
- **Readiness:** Some groundwork has been laid for the strategy, or it is already being implemented in some local communities but needs to be scaled up or implemented in a more widespread way.
- **Coordination:** Avoids duplicating current efforts and/or adds value in some way to existing work. Selecting and implementing this strategy would accelerate or expand existing work in a meaningful way.
- **Funding and feasibility:** We can identify potential funding sources for implementation and/or the strategy requires minimal funding. And, it is feasible to implement this strategy within the allowable timeframe, including feasibility of logistics, timing and meaningful support from key partners.
- **Political will and political timing:** The timing is right within the current political context to implement this strategy.
- **Reach:** Estimated number of people to be impacted by the strategy and potential to be implemented countywide or statewide in urban, suburban and rural communities (as applicable).

## Appendix C. Excerpt from Columbiana County Health Needs Assessment Report

Table 9.A. Columbiana County Community Resources

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
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

Agency	Address	City	State	Zip	Phone Number
Community Action Agency of Columbiana County Community Health Center-East Liverpool	16687 Saint Clair Avenue Suite 203	East Liverpool	OH	43920	330-386-7777
Community Action Agency of Columbiana County Community Health Center-Lisbon	7880 Lincole Place	Lisbon	OH	44432	330-424-5686
Community Action Agency of Columbiana County Salineville Community Health Center at Melhorn	103 West Main Street	Salineville	OH	43945	330-679-2640
Community Resource Center	940 Pennsylvania Avenue	East Liverpool	OH	43920	330-385-1301
Counseling Center of Columbiana County	40722 State Route 154	Lisbon	OH	44432	330-424-9573
Counseling Center of Columbiana County East Liverpool Branch Office	15613 Pineview Drive Suite A	East Liverpool	OH	43920	330-386-9004
Counseling Center of Columbiana County Salem Branch Office	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 FamilyWise-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
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

Agency	Address	City	State	Zip	Phone Number
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
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

Agency	Address	City	State	Zip	Phone Number
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
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
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

Agency	Address	City	State	Zip	Phone Number
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
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

Agency	Address	City	State	Zip	Phone Number
<b>Hospitals</b>					
Akron Children's Hospital in Boardman	6505 Market Street	Boardman	OH	44512	330-746-8040
Alliance Community Hospital	200 East State Street	Alliance	OH	44601	330-596-6000
East Liverpool City Hospital	425 W 5 <sup>th</sup> Street	East Liverpool	OH	43920	330-385-7200
Mercy Health- Boardman	8401 Market Street	Boardman	OH	44512	330-729-2929
Mercy Health- Youngstown	1044 Belmont Avenue	Youngstown	OH	44501	330-746-7211
Salem Regional Medical Center	1995 East State Street	Salem	OH	44460	330-332-1551
The Surgical Hospital at Southwoods	7630 Southern Blvd.	Boardman	OH	44512	330-729-8000
Valley Care Health System of Ohio-Northside	500 Gypsy Lane	Youngstown	OH	44501	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 Hotline					800-64-PANIC
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

Agency	Address	City	State	Zip	Phone Number
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
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

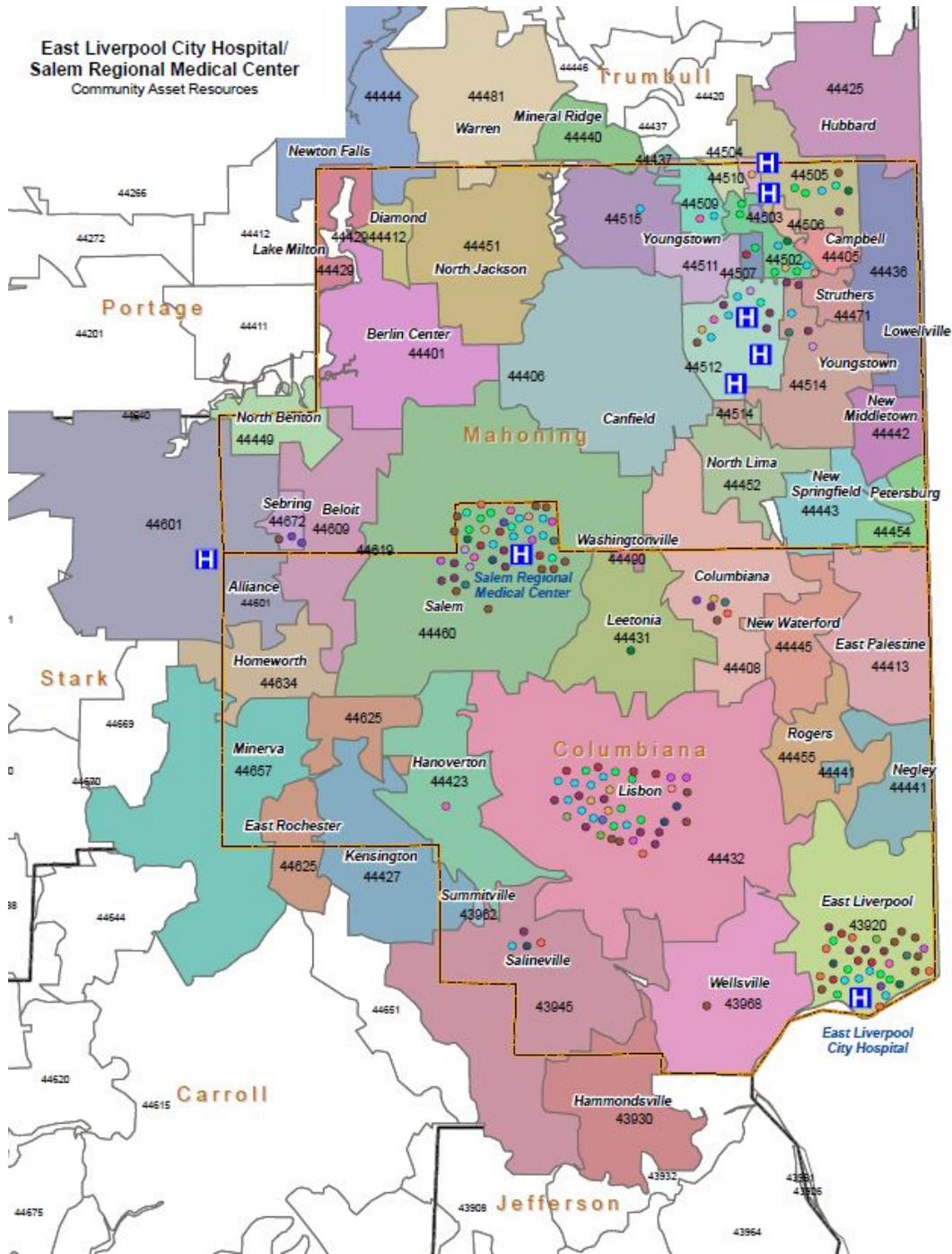
Agency	Address	City	State	Zip	Phone Number
Easter Seals of Mahoning, Trumbull, and Columbiana Youngstown Hearing and Speech Center	6614 Southern Boulevard	Boardman	OH	44512	330-743-1168
East Liverpool City Health Nursing Department	126 West 6th Street	East Liverpool	OH	43920	330-385-5123
East Liverpool City Hospital	425 West 5th Street	East Liverpool	OH	43920	330-385-7200
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 Lincole 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
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

Agency	Address	City	State	Zip	Phone Number
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
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
CAUSE (Connection, Autism, Understanding, Support, & Education) Salem Public Library-Quaker Meeting Room	821 East State Street	Salem	OH	44460	330-337-6193

Agency	Address	City	State	Zip	Phone Number
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
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

Figure 9.B: Columbiana County Health Partners Community Asset Resources Map

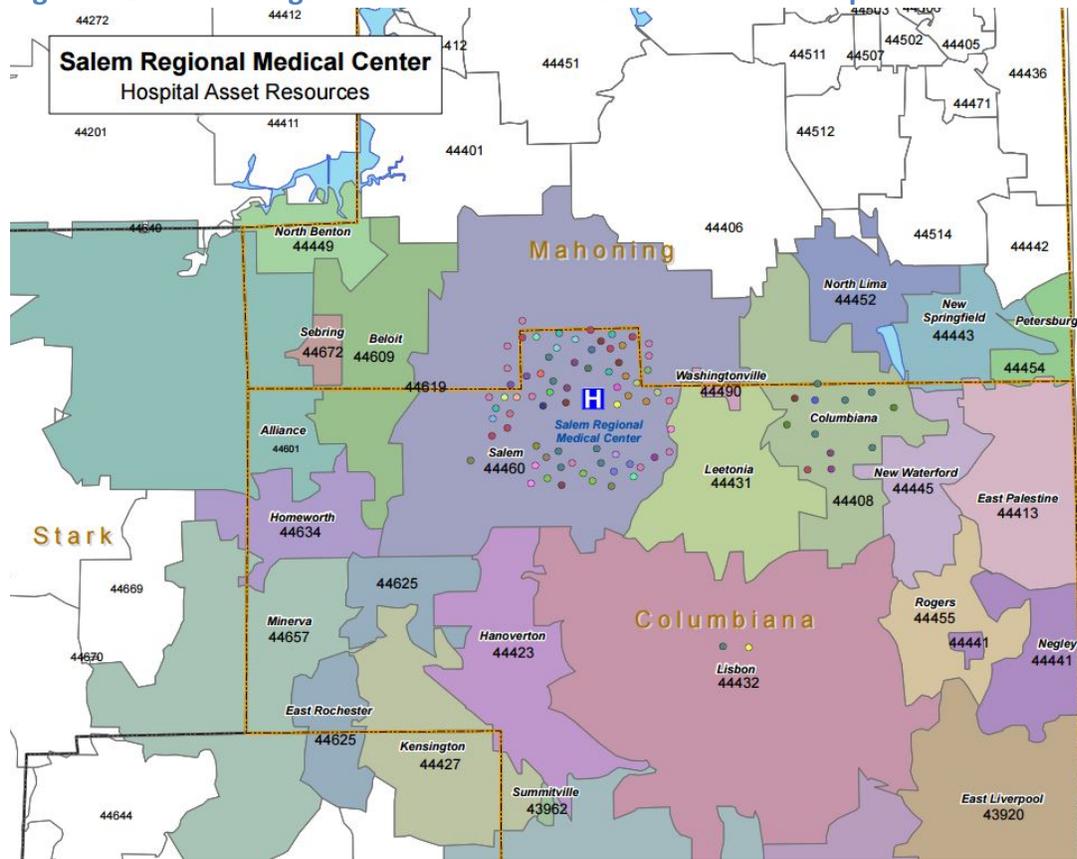
**East Liverpool City Hospital/  
Salem Regional Medical Center**  
Community Asset Resources



## 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 9.D. Salem Regional Medical Center Asset Resources Map



**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