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Community Health Assessment & Community Health Improvement Plan

Mahoning County, Ohio

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COMMUNITY HEALTH ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLANNING MAHONING COUNTY, OHIO HISTORY AND BACKGROUND

During 2010 and 2011, the Mahoning County District Board of Health, in collaboration with more than 30 community partners representing Mahoning, Columbiana and Trumbull counties, conducted a community health assessment (CHA) and developed a tri-county community health improvement plan (CHIP) to guide the community at large in the implementation of evidence based strategies to improve the health status of the residents of the Mahoning Valley around five targeted health priorities. This community health assessment and community health improvement planning process resulted in the publication of the 2011 Tri-County CHA/P.

Appendix A of this document details each step undertaken during that 2011 assessment and planning process, reveals the data used to establish the community's health priorities and presents the Community Health Improvement Plan developed through this initiative in 2011.

Appendix B of this document details the actions taken to monitor the implementation of the 2011 CHA/P strategies: collect, analyze and synthesize data measures identified as health status indicators in the 2011 plan; collaborate with community partners engaged in parallel community health assessments and community health improvement planning processes; reassess community health data; and ultimately publish this updated and revised 2014 Mahoning County Community Health Improvement Plan.

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EXECUTIVE SUMMARY

THE 2013/2014 MAHONING COUNTY COMMUNITY HEALTH ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLANNING INITIATIVE (CHA/CHIP)

BACKGROUND

During 2010 and 2011, the Mahoning County District Board of Health, in collaboration with more than 30 community partners representing Mahoning, Columbiana and Trumbull counties, came together as a team (the CHA/CHIP Team) to conduct a community health assessment (CHA) and develop a tri-county community health improvement plan (CHIP) to guide the community at large in the implementation of evidence based strategies to improve the health status of the residents of the Mahoning Valley. This community health assessment and community health improvement planning process resulted in the publication of the 2011 Tri-County CHA/P report which focused upon the following five targeted health priorities:

1. Reducing suicide rates
2. Improving access to physical and behavioral health care
3. Improving access to healthy foods and physical activity
4. Promoting healthy behaviors
5. Protecting the environment from harm

The 2011 Tri-County CHA/P report was intended to serve as a guide for policymakers, providers, and residents of the Mahoning Valley to implement strategies aimed at improving the health status of the population and reducing health disparities between population groups. Therefore, in addition to the health priorities and goals set forth in the report, the 2011 document highlighted evidence based strategies that could be utilized to move the community toward achievement of the plans goals.

2011 CHIP IMPLEMENTATION EVALUATION

In 2013, the CHA/CHIP Team set out to assess the community's progress toward achieving the identified goals by updating the original data indicators that were utilized to establish the 2011 Tri-County CHA/P priorities and goals. Due to changes in data set definitions and secondary data sources that had not been updated since the initial CHA analysis, this task yielded minimally useful information. Further, with no clearly articulated objectives upon which to measure successful plan implementation, the CHA/CHIP Team found it prudent to assess shorter term process outcomes related to implementation of the plan while the committee researched and realigned data indicators for measurement of community health improvement.

To perform this assessment, a 45-item survey was created to:

1. Identify the programs/strategies being conducted across the Valley that have been informed by and are consistent with the best practice/ evidence-based strategies outlined in 2011 CHA/P report.
2. Identify the programs/services being conducted across the Valley that are intended to help the community achieve the goals set out in the 2011 CHA/P report.

All original CHA/CHIP Team members and the key informants interviewed during the 2011 Community Health Assessment process were identified as the survey sample. Overall, twenty surveys were completed and returned, yielding a response rate of 61% (20/33).

EVALUATION RESULTS

The survey responses reveal a high number of reported “evidence-based” strategies in place across the valley. However, analysis of the survey data revealed limited implementation of the specific evidence-based strategies articulated in the plan.

In June, 2013 the CHA/CHIP team determined that a second strategy was needed to more fully evaluate the implementation and the impact of the CHIP plan across the broader community. The Team solicited strategic plans, community benefit plans, and community health plans from partner organizations across the Mahoning Valley. Plans were received from 42 partner agencies. Throughout the summer of 2013 the plans were analyzed to evaluate the extent to which the 2011 CHA/P priorities and goals had become partner organizations’ internal priorities and goals and to discern the congruity between the community plans and the 2011 CHA/P.

This analysis demonstrated shared health concerns across community partners in the following areas:

- Inadequate and poor quality housing
- Inadequate access to behavioral health services
- Opiate and heroin use/abuse
- Insufficient levels of healthy eating/active living
- High infant mortality rates
- High burden of chronic disease

At this time, the team learned that both Trumbull and Columbiana counties (at the direction of their local hospitals) had each commenced their own single county CHA/CHIP processes. In light of this information along with the findings of the 2011 CHA/P implementation study and the desire to get on a schedule of assessment and planning that coincides with our community hospitals, the Mahoning County CHA/CHIP Team decided to re-visit the Mobilizing for Action through Planning and Partnerships (MAPP) model to update and revise the CHA/CHIP initiative, focus future efforts on Mahoning County, and create a revised, 2014 Mahoning County Community Health Improvement Plan (CHIP).

2013/2014 MAHONING COUNTY COMMUNITY HEALTH ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLANNING INITIATIVE

During the fall of 2013, the CHA/CHIP Team re-adopted the 2011 *Vision Statement* that states that a healthy Mahoning County is:

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

Following the Mobilizing for Action through Planning and Partnerships (MAPP) model, the CHA/CHIP Team identified the following:

1. COMMUNITY STRENGTHS

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

2. COMMUNITY WEAKNESSES

- a. Violence and behavioral health status
- b. Unhealthy lifestyles
- c. Unemployment and poverty
- d. Access to and awareness of physical & behavioral health care services
- e. Access to healthy foods and health promoting resources
- f. Degrading housing stock

3. OPPORTUNITIES FOR HEALTH IMPROVMEENT

- a. Implementation of the Affordable Care Act, expanded Medicaid coverage
- b. Local access to care initiatives
- c. Land banks, farmers' markets, and food cooperatives
- d. Health promotion activities

4. THREATS TO HEALTH IMPROVEMENT

- a. Continued reduction of state and federal financial resources

- b. Absence of “health” culture in region
 - c. Inappropriate use of emergency rooms
5. STRENGTHS OF THE PUBLIC HEALTH SYSTEM IN MAHONING COUNTY
- a. Diagnosing & investigating health problems and health hazards
 - b. Researching new and innovative solutions to health problems
 - c. Developing policies and plans to support community health efforts
 - d. Evaluating effectiveness, accessibility, and quality of health services
6. OPPORTUNITIES TO IMPROVE THE PUBLIC HEALTH SYSTEM IN MAHONING COUNTY
- a. Monitoring health status to identify community health problems
 - b. Mobilizing community partnerships to identify and solve health problems
 - c. Informing, educating, & empowering individuals and communities about health issues
 - d. Linking people to personal health services and assuring access to care

COMMUNITY HEALTH ASSESSMENT DATA REVIEWED

Recognizing the strong presence of shared community health priorities across community partners’ plans the CHA/CHIP Team then reviewed this information in light of current local, state and national data. This data review disclosed the fact that two original plan priorities 1) the elimination of childhood lead poisoning; and 2) the diversion of pharmaceutical wastes from waste water and landfills had both seen significant improvement since the 2011 plan was originally published. The data revealed that in 2012, while Mahoning County blood lead level testing rates remained stable, local childhood lead poisoning had decreased to a record low of 0.9%. Furthermore, survey data revealed the proliferation of 24 hour pharmaceutical drop boxes across the community, thus reducing the likelihood that unused prescription drugs are entering the waste water system or landfills.

COMMUNITY HEALTH ASSESSMENT (CHA) INDICATORS	2011 CHA DATA	2014 CHA DATA
Population Size	237,978	235,145
Population Density	573	580.2
Percent Below Poverty Line	16.70%	17.50%
High School Graduation Rate *	80%	79%
Some College * (2011- College Degree)	20%	59%
Unemployment Rate	7%	7.80%
Children in Poverty	24%	33%
Inadequate Social Support	24%	24%
Children in Single-Parent Household *	10%	42%
Homicide Rate	12.2	11
Rank – Overall Social and Economic Factors (out of 88)	80	79
Air Pollution-Particulate Matter micrograms/cubic meter *	7	14
Grocery Stores per 1,000 population	0.25	0.23
Fast Food Restaurants per 1,000 population	0.83	0.75
Rank – Overall Physical Environment (out of 88)	65	81

COMMUNITY HEALTH ASSESSMENT (CHA) INDICATORS	2011 CHA DATA	2014 CHA DATA
Uninsured Adults	11%	18%
Primary Care Physicians *	120	1,125:1
Dentists	n/a	1,535:1
Mental Health Providers	n/a	1,139:1
Diabetic Screening	82%	84%
Preventable Hospital Stay Rate per 100,000	72	67
Mammography Screening	n/a	54%
Rank – Overall Clinical Care	17	24
Adult Smoking	23%	22%
Adult Obesity	28%	29.80%
Overweight/Obesity Prevalence in 3rd Graders *	24.40%	38.2
Chlamydia per 100,000	337	411.2
Gonorrhea Rate per 100,000	55.3	131.5
Syphilis Rate per 100,000	1.2	2.9
Food Environment Index	n/a	6.5
Persons Living with HIV/AIDS per 100,000	168.2 (male) 93.5 (female)	146.7
Adults Who are Physically Inactive	n/a	27.90%
Adults Reporting Eating < 5 Servings of Fruits/Vegetables per day	n/a	74.10%
Rank – Overall Health Behaviors	21	53
Premature Deaths (Years of Potential Life Lost)	8,535	8,730
Heart Disease Deaths per 100,000	229.7	217.4
Suicide Deaths per 100,000	12.6	11.5
Stroke Deaths per 100,000	48.8	48.1
Lung Cancer Deaths per 100,000	53.3	52.1
Colon Cancer Deaths per 100,000	21.7	19.8
Breast Cancer Deaths (Females) per 100,000	29.1	28.6
Unintentional Injury Deaths per 100,000	21.3	47.6
Diabetes Deaths per 100,000	n/a	23.2
Tuberculosis Mortality Case per 100,000	1.7	0
Rank - Overall Mortality	71	72
Poor or Fair Health	16%	14%
Poor Physical Health Days	3.7	3.6
Poor Mental Health Days	3.6	3.7
Rank – Overall Morbidity	79	62
Child Lead Poisoning Number Tested	2781	2,846
Child Lead Poisoning (number/Percent)	51 (1.8%)	26 (0.9%)
Incidence of Diabetes Among Adults	n/a	11.8
Heroin Poisonings per 100,000	n/a	5.02
Drug Poisoning Deaths per 100,000 (number of deaths)	n/a	14 (246)

COMMUNITY HEALTH ASSESSMENT (CHA) INDICATORS	2011 CHA DATA	2014 CHA DATA
Opioid-Related Poisonings per 100,000	n/a	16.33
Liquor Sales	n/a	9.01
Excessive Drinking *	15%	16%
Infant Mortality per 1,000 Live Births	8.7	8.9
Black Infant Mortality Rate per 1,000	n/a	10.2
White Infant Mortality Rate per 1,000	n/a	6.4
Low Education (HS diploma or less) Infant Mortality rate per 1,000	n/a	10.25
Infant Mortality Rate per 1,000 for deliveries paid by Medicaid	n/a	10.75
Teen Births per 100,000	40	38
Births with First Trimester Prenatal Care	67.20%	69.10%
Mothers who Report Smoking During Pregnancy	17.30%	17.00%
Low Birth Weight	9.80%	9.90%
Very Low Birth Weight	n/a	1.80%
Pre-Term Births	n/a	13.10%
<18 Month Inter-Conception Spacing	n/a	30%

* Rates not comparable between reports due to changes in indicator definitions

Sources: County Health Rankings and Roadmaps 2010, 2013 and 2014. Last visited May 9, 2014 at: <http://www.countyhealthrankings.org/app#/ohio/2013/rankings/outcomes/overall/by-rank>, Ohio Department of Health birth/death data 2006-2010, State Epidemiological Outcomes- Ohio Department of Mental Health and Addiction Services, Health Indicators Warehouse – US Department of Health and Humans Services National Center for Health Statistics

Analysis of local data also exposed two new areas of public health concern that the CHA/CHIP Team found to be extremely significant. As a result, the team selected the following priorities for the Mahoning County 2014 Community Health Improvement Plan:

Mahoning County 2014 Community Health Improvement Plan Priorities:

1. PRIORITY: Healthy Eating / Active Living

Goal: Increase the number of Mahoning County adults and children regularly engaged in healthy eating and active living

2. PRIORITY: Infant Mortality and Birth Outcome Inequity

Goal: Infant Mortality in Mahoning County will meet national goals and the disparity between black and white birth outcomes will be eliminated

3. PRIORITY: Chronic Disease

Goal: Fewer residents of Mahoning County will be diagnosed with diabetes and those with diabetes currently will experience reduced morbidity

4. PRIORITY: Substance Use Disorders

Goal: Decrease deaths from Substance Use Disorders

The 2014 CHA/CHIP Implementation Team consists of the members of the overall team as well as members of each priority subgroup as follows:

1. Healthy Eating and Active Living :

The Healthy Kids Coalition (Lead) Headed by Akron Children's Hospital Mahoning Valley
The YMCA
Pioneering Healthy Communities Initiative
Mahoning County District Board of Health
Youngstown City Health District

2. Infant Mortality and Birth Outcome Inequity:

The Mahoning County /Youngstown Birth Outcome Equity Team (M/Y BOE Team)
Mahoning County and Youngstown City Health Districts: Co-leads
Akron Children's Hospital
Humility of Mary Health Partners
The March of Dimes – Northeast OH Chapter
The Youngstown Office of Minority Health
Mahoning County WIC Program
Mahoning County Children and Family First Coalition
Help Me Grow Early Intervention Program
Mahoning County Alcohol and Drug Addiction Services Board
Area OB-GYNs
Mahoning County Board of Developmental Disabilities
Planned Parenthood of Greater Ohio
Ohio Infant Mortality Reduction Initiative
CareSource

3. Chronic Disease (Diabetes):

United Auto Workers- General Motors Community Health Initiative (Lead)
Humility of Mary Health Partners Community Health Education Division
Mahoning County District Board of Health
The YMCA
Youngstown City Health District

4. Substance Use Disorders:

The Mahoning County Drug and Alcohol Addiction Services Board (Lead)
Coalition for a Drug Free Mahoning County
Meridian Care Services
Neil Kennedy Recovery Clinic
Mahoning County District Board of Health
Travco Behavioral Health,
Turning Point Counseling Center
Akron Children's Hospital Mahoning Valley
Youngstown City Health District

The Health Priority Sub-Committees meet monthly to plan for and execute the CHIP objectives. The lead agencies convene the groups and direct the meetings. The Mahoning County District Board of Health provides logistical and secretarial support.

The Overall CHA/CHIP Team meets quarterly to assess progress toward CHIP implementation. The overall team is co-lead by the Mahoning County District Board of Health and Youngstown State University.

The CHA/CHIP Team monitors sub-committee progress and facilitates issues that impede progress. The CHA/CHIP Team conducts all evaluations, collects and analyzes data, reports findings.

CHA/CHIP TEAM MEETING SCHEDULE:					
2014	2015	2016	2017	2018	2019
March 27	March 26	March 24	March 23	March 22	March 28
June 26	June 25	June 23	June 22	June 28	June 27
Sept. 25	Sept. 24	Sept. 22	Sept. 28	Sept. 27	Sept. 26
Dec. 18	Dec.17	Dec. 15	Dec. 14	Dec 13	Dec. 19

MAHONING COUNTY 2014 CHIP EVALUATION PLAN

COMMUNITY HEALTH IMPROVEMENT (CHIP) INDICATORS TO BE REPORTED ANNUALLY:

DEMOGRAPHICS

1. Population Size
2. Population Density
3. Percent Below Poverty Line
4. Race / Ethnicity
5. Age Distribution

SOCIAL AND ECONOMIC INDICATORS

6. High School Graduation Rate
7. Some College
8. Unemployment Rate
9. Children in Poverty
10. Inadequate Social Support
11. Children in Single-Parent Households
12. Homicide Rate
13. Rank – Overall Social and Economic Factors

ENVIRONMENTAL INDICATORS

14. Air Pollution – Particulate Matter
15. Grocery Stores per 1,000 Population
16. Fast Food Restaurants per 1,000 Population
17. Rank – Overall Physical Environment

CLINICAL CARE AND RELATED CONDITIONS

18. Uninsured Adults
19. Primary Care Physicians
20. Dentists
21. Mental Health Providers
22. Diabetic Screening
23. Preventable Hospital Stay Rate
24. Mammography Screening
25. Rank – Overall Clinical Care
26. HMHP Primary Care Practices Meeting D5 criteria

HEALTH BEHAVIOR INDICATORS

27. Adult Smoking
28. Adult Obesity
29. Overweight/Obesity Prevalence in 3rd Graders
30. Chlamydia Rate
31. Gonorrhea Rate
32. Syphilis Rate
33. Persons Living with HIV/AIDS
34. Food Environment Index
35. Adults Who are Physically Inactive
36. Access to Exercise Opportunities
37. Adults Reporting Eating <5 Servings of Fruits and Vegetables per day
38. Rank – Overall Health Behaviors
39. Minutes/week Children Active in School
40. Breastfeeding Rates
41. Tobacco Cessation Training
42. YMCA Pre-Diabetes Program Participation
43. YMCA Pre-Diabetes Program Evaluation

MORTALITY INDICATORS

44. Premature Deaths (Years Potential Life Lost)
45. Heart Disease Deaths
46. Suicide Deaths
47. Stroke Deaths
48. Lung Cancer Deaths
49. Colon Cancer Deaths
50. Breast Cancer Deaths
51. Unintentional Injury Deaths
52. Diabetes Deaths
53. Tuberculosis Case Mortality Rate
54. Rank - Overall Mortality
55. Deaths Due to Unsafe Sleep

MORBIDITY INDICATORS

56. Poor or Fair Health
57. Poor Physical Health
58. Poor Mental Health
59. Rank – Overall Morbidity
60. Childhood Lead Tested
61. Childhood Lead Poisoning
62. Incidence of Diabetes Among Adults

DRUG AND ALCOHOL RELATED INDICATORS

63. Heroin Poisonings
64. Drug Poisoning Deaths
65. Opioid Related Poisonings
66. Liquor Sales
67. Excessive Drinking
68. BRAIN POWER NIDA Curriculum Adoption
69. Opiate Prescriptions Per Capital
70. Naloxone Prescriptions
71. Students Reporting Opiate/Heroin use

MATERNAL AND CHILD HEALTH INDICATORS

72. Infant Mortality
73. Black Infant Mortality Rate
74. White Infant Mortality Rate
75. Low Education (HS diploma or less) Infant Mortality Rate
76. Infant Mortality Rate for Deliveries Paid by Medicaid
77. Teen Birth Rate
78. Mothers Reporting Smoking during Pregnancy
79. Births with First Trimester Prenatal Care
80. Low Birth Weight
81. Very Low Birth Weight
82. Pre-Term Births
83. Mothers becoming pregnant within 18 months of a prior delivery
84. Progesterone Education
85. WIC participant Breast Feeding Initiation and Duration
86. Black/White Infant Mortality Dissimilarity Index
87. Newborn Neonatal Abstinence Syndrome

Annually, each Health Priority Sub-Committee will report progress toward their projects' stated objectives. The CHA/ CHIP Team will collect and review the indicator data and will assess progress toward the plan's stated goals. As indicated, plan objectives may be altered in response to what the data reveal. A yearly CHIP status report will be published and presented to the community. The first evaluation report for the 2014 revised Mahoning County CHIP will be published in August of 2015.

2014 CHIP EVALUATION TIMELINE

Annual CHIP Evaluation Activity Timeline	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Collect Data	X	X	X									
Analyze Data		X	X	X								
Present Data to CHIP Team					X							
Present Data to Public					X							
Evaluate Plan Progress	X			X			X			X		
Update/Revise Plan						X	X					
Publish Evaluation Report								X				

CALL FOR INVOLVEMENT

To learn more about the Mahoning County Community Health Improvement Plan or to become involved in the CHA/CHIP Team please contact Tracy Styka, CHA/CHIP coordinator.

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

1.1.0 BUILDING UPON THE PAST: MAHONING COUNTY UNDERTAKES 2013-2014 CHA/CHIP INITIATIVE

1.1.1 MAPP PROCESS OVERVIEW AND RESULTS

Following the 2011 CHIP Plan Implementation Evaluation and the decision to revise/update the community's health improvement plan, The 2014 CHA/CHIP Team reviewed and adopted the set of values and a vision statement that served as the foundational principles that guided the development of the 2011 priorities, goals, and strategies.

The **Values** represent the commitments and expectations of the CHA/CHIP Team to implement a health improvement plan that positively impacts all residents of the community, maintains complete transparency and accountability at all phases of the initiative, and invites all interested parties to participate in addressing the health needs of the county.

Values

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

Mission

The 2014 CHA/CHIP Team also re- adopted the 2011 **Vision Statement** that states that a healthy Mahoning County is:

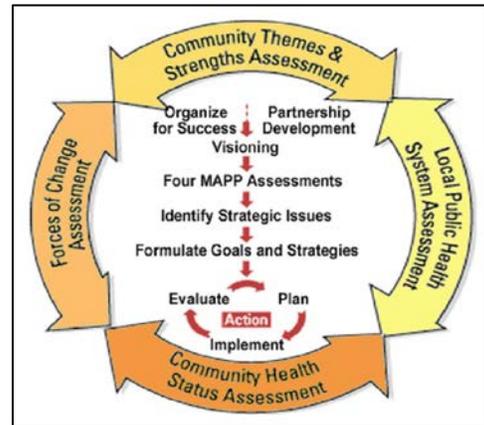
- A safe place that fosters health where residents are protected from violence, physical and mental harm, and environmental hazards.
- An equitable place where everyone has access to physical and behavioral healthcare, and health disparities are diminishing.
- A health-promoting place where residents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

In addition, the 2014 CHA/CHIP Team chose to revisit the **Mobilizing for Action through Planning and Partnerships (MAPP)** process conducted by the 2011 CHA/P Initiative.

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

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

The 2014 CHA/CHIP Team collectively reviewed the 2011 CHA/P Initiative Community Strengths and Themes assessment and the Forces of Change assessment, the Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis, as well as the 2011 results of the Local Public Health System assessment and the Community Health Status assessment. At the conclusion of this review, the 2014 CHA/CHIP Team identified the following:



COMMUNITY STRENGTHS

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

COMMUNITY WEAKNESSES

- Violence and behavioral health status
- Unhealthy lifestyles
- Unemployment and poverty
- Access to and awareness of physical & behavioral health care services
- Access to healthy foods and health promoting resources
- Degrading housing stock

OPPORTUNITIES FOR HEALTH IMPROVEMENT

- Improved access to health insurance
- Parallel Community Health Plans with congruent priorities
- Local access to care initiatives
- Expanding land banks, farmers' markets, Youngstown Neighborhood Development Corporation and food cooperatives
- Health promotion activities

THREATS TO HEALTH IMPROVEMENT

- Continued reduction of state and federal financial resources
- Absence of “health” culture in region
- Inappropriate use of emergency rooms

STRENGTHS OF THE PUBLIC HEALTH SYSTEM IN MAHONING COUNTY

- Diagnosing & investigating health problems and health hazards
- Researching new and innovative solutions to health problems
- Developing policies and plans to improve community health efforts
- Evaluating effectiveness, accessibility, and quality of health services

OPPORTUNITIES TO IMPROVE THE PUBLIC HEALTH SYSTEM IN MAHONING COUNTY

- Monitoring health status to identify community health problems
- Mobilizing community partnerships to identify and solve health problems
- Informing, educating, & empowering individuals and communities about health issues
- Linking people to personal health services and assuring access to care

1.1.2 COMMUNITY HEALTH STATUS ASSESSMENT

The 2014 Community Health Status assessment was conducted using data from several sources:

- County Health Rankings and Roadmaps
- The Centers for Disease Control and Prevention
- The US Department of Health and Human Services National Center for Health Statistics Health Indicators Warehouse
- Ohio Department of Mental Health and Addiction Services
- Ohio Vital Records
- Ohio Department of Health, Center for Public Health Statistics and Informatics
- Partner Organizations

These data sources were adopted by the Team because of their relative stability over time, reliability, availability, and geographic specificity. The health indicators selected for this assessment are compiled by reputable governmental or academic organizations on an annual basis and at a county level. However, the Team learned following the 2011 community health assessment that data sources and the parameters used to define data sets, can change over time. For this reason the Community Health Status Indicators originally used in the 2011 CHA/P were replaced by the following data indicators for the 2014 Mahoning County CHA/CHIP process. The Team believes that as the community proceeds through the implementation and ongoing monitoring and evaluation phases, the revised data sources will permit yearly assessment of whether or not progress is being made toward improving the population’s health status.

MAHONING COUNTY COMMUNITY HEALTH ASSESSMENT (CHA) INDICATORS:

DEMOGRAPHICS

1. Population Size
2. Population Density
3. Percent Below Poverty Line
4. Race / Ethnicity
5. Age Distribution

SOCIAL AND ECONOMIC INDICATORS

6. High School Graduation Rate
7. Some College
8. Unemployment Rate
9. Children in Poverty
10. Inadequate Social Support
11. Children in Single-Parent Households
12. Homicide Rate
13. Rank – Overall Social and Economic Factors

ENVIRONMENTAL INDICATORS

14. Air Pollution – Particulate Matter
15. Grocery Stores per 1,000 Population
16. Fast Food Restaurants per 1,000 Population
17. Rank – Overall Physical Environment

CLINICAL CARE AND RELATED CONDITIONS

18. Uninsured Adults
19. Primary Care Physicians
20. Dentists
21. Mental Health Providers
22. Diabetic Screening
23. Preventable Hospital Stay Rate
24. Mammography Screening
25. Rank – Overall Clinical Care

HEALTH BEHAVIOR INDICATORS

26. Adult Smoking
27. Adult Obesity
28. Overweight/Obesity Prevalence in 3rd Graders
29. Chlamydia Rate
30. Gonorrhea Rate
31. Syphilis Rate
32. Persons Living with HIV/AIDS
33. Food Environment Index
34. Adults Who are Physical Inactivity
35. Access to Exercise Opportunities
36. Adults Reporting Eating <5 Servings of Fruits and Vegetables per day
37. Rank – Overall Health Behaviors

MORTALITY INDICATORS

38. Premature Deaths (Years Potential Life Lost)
39. Heart Disease Deaths
40. Suicide Deaths
41. Stroke Deaths
42. Lung Cancer Deaths
43. Colon Cancer Deaths
44. Breast Cancer Deaths
45. Unintentional Injury Deaths
46. Diabetes Deaths
47. Tuberculosis Case Mortality Rate
48. Rank - Overall Mortality

MORBIDITY INDICATORS

49. Poor or Fair Health
50. Poor Physical Health
51. Poor Mental Health
52. Rank – Overall Morbidity
53. Childhood Lead Tested
54. Childhood Lead Poisoning
55. Incidence of Diabetes Among Adults

DRUG AND ALCOHOL RELATED INDICATORS

56. Heroin Poisonings
57. Drug Poisoning Deaths
58. Opioid Related Poisonings
59. Liquor Sales
60. Excessive Drinking

MATERNAL AND CHILD HEALTH INDICATORS

61. Infant Mortality
62. Black Infant Mortality Rate
63. White Infant Mortality Rate
64. Low Education (HS diploma or less) Infant Mortality Rate
65. Infant Mortality Rate for deliveries Paid by Medicaid
66. Teen Birth Rate
67. Mothers Who Reported Smoking during Pregnancy
68. Births with First Trimester Prenatal Care
69. Low Birth Weight
70. Very Low Birth Weight
71. Pre-Term Births
72. Mothers becoming pregnant within 18 months of a prior delivery

COMMUNITY HEALTH ASSESSMENT DATA

Demographics:

	Mahoning County		State (Ohio)		
	2011 Report Data	2014 Report Data	2011 Report Data	2014 Report Data	2014 Report Data Source
Population Size	237,978	235,145	11,542,645	11,553,031	US Census Bureau, 2012 Estimate
Population Density	573	580.2	277.3	282.3	US Census Bureau, 2010
Percent Below Poverty Line	16.7%	17.5%	13.3%	15.4%	US Census Bureau, 2008-2012

Race/Ethnicity	Mahoning County		State (Ohio)		
	2011 Report Data	2014 Report Data	2011 Report Data	2014 Report Data	2014 Report Data Source
White	81.8%	81.0%	84%	83.4%	US Census Bureau, 2012
African American	16.1%	16%	11.7%	12.5%	US Census Bureau, 2012
American Indian	0.2%	0.2%	0.2%	0.3%	US Census Bureau, 2012
Asian/ Pacific Islander	0.7%	0.8%	1.5%	1.8%	US Census Bureau, 2012
Hispanic Origin	3.6%	5.0%	2.5%	3.3%	US Census Bureau, 2012

Age Distribution	Mahoning County		State (Ohio)		
	2011 Report Data	2014 Report Data	2011 Report Data	2014 Report Data	2014 Report Data Source
Under 20*	22.9%	24.2%	26.7%	26.5%	US Census Bureau, 2010
20-64*	60%	57.9%	59.6%	59.3%	US Census Bureau, 2010
65-84	14.2%	14.7%	11.7%	12.1%	US Census Bureau, 2010
85+	2.9%	3.1%	1.9%	2%	US Census Bureau, 2010

*Rates not comparable between reports

Socio-Economic Indicators:

	Mahoning County		State (Ohio)		
	2011 Report Data	2014 Report Data	2011 Report Data	2014 Report Data	2014 Report Data Source
High School Graduation Rate*	80%	79%	83%	80%	County Health Rankings, 2014
Some College*	20%	59%	21.1%	62%	County Health Rankings, 2014
Unemployment Rate	7%	7.8%	9.9%	7.2%	County Health Rankings, 2014
Children in Poverty	24%	33%	18.5%	24%	County Health Rankings, 2014
Inadequate Social Support	24%	24%	20%	20%	County Health Rankings, 2014
Children in Single-Parent Households*	10%	42%	10%	34%	County Health Rankings, 2014
Homicide Rate	12.2	11	5.6	5	County Health Rankings, 2014
Rank in State – Overall Social and Economic Factors	80	79	n/a	n/a	County Health Rankings, 2014

*Rates not comparable between reports

Environmental Indicators:

	Mahoning County		State (Ohio)		
	2011 Report Data	2014 Report Data	2011 Report Data	2014 Report Data	2014 Report Data Source
Air Pollution-Particulate Matter micrograms/cubic meter*	7	14.0	5	13.5	County Health Rankings, 2014
Grocery Stores per 1,000 population	0.25	.23	n/a	n/a	USDA Food Atlas, 2011
Fast Food Restaurants per 1,000 population	0.83	0.75	n/a	n/a	USDA Food Atlas, 2011
Rank in State – Overall Physical Environment	65	81	n/a	n/a	County Health Rankings, 2014

*Rates not comparable between reports

Clinical Care and Related Conditions:

	Mahoning County		State (Ohio)		
	2011 Report Data	2014 Report Data	2011 Report Data	2014 Report Data	2014 Report Data Source
Uninsured Adults	11%	18%	12%	17%	County Health Rankings, 2014
Primary Care Physicians*	120	1,125:1	118	1,332:1	County Health Rankings, 2014
Dentists	n/a	1,535:1	n/a	1,837:1	County Health Rankings, 2014
Mental Health Providers	n/a	1,139:1	n/a	1,051:1	County Health Rankings, 2014
Diabetic Screening	82%	84%	81%	84%	County Health Rankings, 2014
Preventable Hospital Stay Rate per 100,000	72	67	86	78	County Health Rankings, 2014
Mammography Screening	n/a	54%	n/a	60%	County Health Rankings, 2014
Rank in State – Overall Clinical Care	17	24	n/a	n/a	County Health Rankings, 2014

*Rates not comparable between reports

Health Behavior Indicators:

	Mahoning County		State (Ohio)		
	2011 Report Data	2014 Report Data	2011 Report Data	2014 Report Data	2014 Report Data Source
Adult Smoking	23%	22%	23.1%	21%	Network of Care, Ohio, 2010
Adult Obesity	28%	29.8%	29.2%	30%	Network of Care, Ohio, 2010 and County Health Rankings, 2014
Overweight/Obesity Prevalence in 3rd Graders*	24.4%	38.2	n/a	n/a	Ohio Department of Health
Chlamydia per 100,000	337	411.2	374	462	Network of Care, 2012
Gonorrhea Rate	55.3	131.5	n/a	143.5	Network of Care, 2012
Syphilis Rate	1.2	2.9	n/a	9.9	Network of Care, 2012
Food Environment Index	n/a	6.5	n/a	7.4	County Health Rankings, 2014
Persons Living with HIV/AIDS*	168.2 (male) 93.5 (female)	146.7	n/a	154.3	Network of Care, Ohio, 2012
Adults Who are Physically Inactive	n/a	27.9%	n/a	27.1	Network of Care, Ohio, 2010 and County Health

					Rankings, 2014
Access to Exercise Opportunities	n/a	75%	n/a	78%	County Health Rankings, 2014
Adults Eating < 5 Servings of Fruits/Vegetables per day	n/a	74.1%	n/a	78.2%	Network of Care, Ohio, 2009
Rank in State – Overall Health Behaviors	21	53	n/a	n/a	County Health Rankings, 2014

*Rates not comparable between reports

Mortality Indicators:

	Mahoning County		State (Ohio)		
	2011 Report Data	2014 Report Data	2011 Report Data	2014 Report Data	2014 Report Data Source
Premature Deaths (Years Potential Life Lost)	8,535	8,730	7,590	7,457	County Health Rankings, 2014
Heart Disease Deaths per 100,000	229.7	217.4	215.2	191.4	Network of Care, Ohio, 2009-2011
Suicide Deaths per 100,000	12.6	11.5	11.3	12	Network of Care, Ohio, 2009-2011
Stroke Deaths per 100,000	48.8	48.1	42.2	46.1	Network of Care, Ohio, 2004-2010
Lung Cancer Deaths per 100,000	53.3	52.1	58.3	57.1	Network of Care, Ohio, 2009-2011
Colon Cancer Deaths per 100,000	21.7	19.8	18.9	18.1	Network of Care, Ohio, 2009-2011
Breast Cancer Deaths (Females) per 100,000	29.1	28.6	14.5	24.8	Network of Care, Ohio, 2006-2010
Unintentional Injury Deaths per 100,000	21.3	47.6	40.98	41.1	Network of Care, Ohio, 2009-2011
Diabetes Deaths per 100,000	n/a	23.2	n/a	26.1	Network of Care, Ohio, 2009-2011
Tuberculosis Mortality rate per 100,000	1.7	0.0	n/a	1.3	Network of Care, Ohio, 2013
Rank in State - Overall Mortality	71	72	n/a	n/a	County Health Rankings, 2014

Morbidity Indicators:

	Mahoning County		State (Ohio)		
	2011 Report Data	2014 Report Data	2011 Report Data	2014 Report Data	2014 Report Data Source
Poor or Fair Health	16%	14%	15.7%	15%	County Health Rankings, 2014
Poor Physical Health Days	3.7	3.6	3.7	3.7	County Health Rankings, 2014
Poor Mental Health Days	3.6	3.7	3.8	3.8	County Health Rankings, 2014
Rank in State – Overall Morbidity	79	62	n/a	n/a	County Health Rankings, 2014
Child Lead Poisoning Number Tested	2781	2,846	n/a	154,436	ODH (STELLAR) System, 2012
Child Lead Poisoning Number (% Poisoned)	51 (1.8%)	26 (0.9%)	n/a	1,553 (1.01%)	ODH STELLAR System, 2012
Incidence of Diabetes Among Adults	n/a	11.8	n/a	n/a	Network of Care, Ohio, 2010

Drug and Alcohol Related Indicators:

	Mahoning County		State (Ohio)		
	2011 Report Data	2014 Report Data	2011 Report Data	2014 Report Data	2014 Report Data Source
Heroin Poisonings per 100,000	n/a	5.02	n/a	3.69	ODADAS, State Epidemiological Outcomes Workgroup 2011
Drug Poisoning Deaths per 100,000 (number of deaths)	n/a	14 (246)	n/a	13	County Health Rankings, 2014
Opioid-Related Poisonings per 100,000	n/a	16.33	n/a	10	ODADAS, State Epidemiological Outcomes Workgroup 2011
Liquor Sales (Bottles per capita)	n/a	9.01	n/a	3.19	ODADAS, State Epidemiological Outcomes Workgroup 2010
Excessive Drinking*	15%	16%	17.1%	18%	County Health Rankings, 2014

Maternal and Child Health Indicators:

	Mahoning County		State (Ohio)		
	2011 Report Data	2014 Report Data	2011 Report Data	2014 Report Data	2014 Report Data Source
Infant Mortality (IM) rate per 1,000 Live Births	8.7	8.9	7.7	7.9	CityMATCH, ODH
Black IM rate per 1,000	n/a	10.2	n/a	13.9	CityMATCH, ODH
White IM per 1,000	n/a	6.4	n/a	6.4	CityMATCH, ODH
Low Education IM rate (HS diploma or less) per 1,000	n/a	10.25	n/a	n/a	CityMATCH, ODH
IM rate per 1,000 deliveries paid by Medicaid	n/a	10.75	n/a	n/a	CityMATCH, ODH
Teen Birth rate per 100,000	40	38	41.3	37	County Health Rankings, 2014
Mothers Reporting Smoking during Pregnancy	17.3%	17.0%	n/a	17.8%	Ohio Department of Health 2010
Births with First Trimester Prenatal Care	67.2%	69.1%	70.7%	73%	Ohio Department of Health, 2010
Low Birth Weight	9.8%	9.9%	8.4%	8.7%	County Health Rankings, 2014
Very Low Birth Weight	n/a	1.8%	n/a	n/a	CityMATCH, ODH
Pre-Term Births	n/a	13.1%	n/a	n/a	CityMATCH, ODH
<18 month inter-conception spacing	n/a	30%	n/a	n/a	CityMATCH, ODH
WIC Participant Breast Feeding Initiation	n/a	53.4%	n/a		WIC Data

1.2.0 SELECTING MAHONING COUNTY 2014 CHIP PRIORITIES

As a result of the synthesis of:

- The 2011 CHA/P evaluation report
- The 2013 analysis of partner community health priorities
- Review and revision of the 2011 MAPP assessments
- Analysis of current health status data and trends

four broad priority issues were selected by the CHA/CHIP Team to guide the health improvement activities for the next three to five years. The Team acknowledges that there are a number of important public health issues impacting Mahoning County that could be considered priorities. However, in selecting the priorities the Team applied the following criteria:

- Availability of data on an annual basis at the county level
- Existence of evidence-based strategies to address the priority
- Feasibility of implementing strategies

MAHONING COUNTY 2014 COMMUNITY HEALTH IMPROVEMENT PLAN PRIORITIES

1. PRIORITY: Healthy Eating / Active Living

Goal: Increase the number of Mahoning County adults and children regularly engaged in healthy eating and active living

2. PRIORITY: Infant Mortality and Birth Outcome Inequity

Goal: Infant Mortality in Mahoning County will meet national goals and the disparity between black and white birth outcomes will be eliminated

3. PRIORITY: Chronic Disease

Goal: Fewer residents of Mahoning County will be diagnosed with diabetes and those with diabetes currently will experience reduced morbidity

4. PRIORITY: Substance Use Disorders

Goal: Decrease deaths from Substance Use Disorders

1.2.1 MAHONING COUNTY 2014 CHIP GOALS, OBJECTIVES AND STRATEGIES
PRIORITY ONE: HEALTHY EATING/ ACTIVE LIVING

PRIORITY ONE: Healthy Eating / Active Living		
GOAL: Increase the number of adults and children regularly engaged in healthy eating and active living		
Short Term Objectives	Data Source	Reporting Frequency
1.1 <i>By 2017, decrease the percentage of adults aged 20 and over who are physically inactive from 27.9% to 25%</i>	<i>Network of Care</i>	<i>Annual</i>
1.2 <i>By 2017, increase the number of minutes children spend in school-based physical activity each week by 50% over baseline</i>	<i>MCDBOH Survey</i>	<i>Annual</i>
1.3 <i>By 2017, decrease the percentage of adults not eating five servings of fruits and vegetables daily from 74.1% to 70.4%</i>	<i>Health Indicators Warehouse</i>	<i>Annual</i>
1.4 <i>By 2017, increase WIC program participant breast feeding initiation from 53.4% to 60%</i>	<i>WIC data</i>	<i>Annual</i>
Long Term Objectives	Data Source	Reporting Frequency
1.5 <i>By 2019, decrease the percentage of overweight/obese children (3rd grade) from 38.2% to 34.4%</i>	<i>Ohio Department of Health (ODH)</i>	<i>Annual</i>
1.6 <i>By 2019, decrease the number of adults, aged >=18 years, who have a body mass index (BMI) >=30.0 kg/m² from 29.8% to 26.8%</i>	<i>Network of Care</i>	<i>Annual</i>

PRIORITY ONE: Healthy Eating / Active Living

- OBJECTIVE #1.1:** *By 2017, decrease the percentage of adults aged 20 and over who are physically inactive from 28% to 25%*
- OBJECTIVE #1.3:** *By 2017, decrease the percentage of adults not eating five servings of fruits and vegetables daily from 74.1% to 70.4%*
- OBJECTIVE #1.6:** *By 2019, decrease the number of adults, aged >18 years, who have a body mass index (BMI) >= 30.0. kg/m2 from 29.8% to 26.8%*

Policy Change: Yes – Worksite wellness policies

ACTION PLAN

Improvement Strategy	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Present the Stanford University six week Chronic Disease Self-Management Program “Healthy U” no less than 2 x/year engaging no less than 12 participants in each session	Dec 2014	MCDBOH <i>Healthy U</i> trainers, adult participants	MCDBOH and community partners – HMHP, Valley Care North Side Hospital, Community Social service agencies, local Area Agency on Aging	Adults participating in this program will engage in healthy eating habits that include the recommended servings of fruit and vegetables daily and will engage in regular leisure time physical activity	MCDBOH Staff became “Healthy U” trainers in the Spring of 2014 The first class is scheduled for September, 2014 The second class is planned for November, 2014 Progress will be reported during the quarterly CHA/CHIP Team meetings
Implement the CDC Work @ Health Program in no less than 5 businesses	Dec 2015	MCDBOH Work @Health trainers	MCDBOH and the Mahoning County CHIP Team	Six local businesses will receive the Work @ Health Training and will have adopted an integrated wellness program into their business operations	MCDBOH nurse trained in CDC Work @Health program in April of 2014 4 businesses are registered to receive the training in 2014

PRIORITY ONE: Healthy Eating / Active Living

- OBJECTIVE #1.2:** *By 2017, increase the number of minutes children spend in school-based physical activity each week by 50% over baseline*
- OBJECTIVE #1.3:** *By 2017, decrease the percentage of adults not eating five servings of fruits and vegetables daily from 76.9% to 70.4%*
- OBJECTIVE #1.5:** *By 2019, decrease the percentage of overweight/obese children (3rd grade) from 38.2% to 34.4%*

Policy Change: Yes – School policies

ACTION PLAN

Improvement Strategy	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Conduct an assessment of the amount of time Mahoning County children spend in school- based physical activity each week	December 2014	Mahoning County School Nurses, Youngstown State University	CHA/CHIP Team with leadership from YSU physical therapy and exercise	Data	Survey tool to be developed and survey administered during the fall of 2014 Data reported in December 2014

		faculty and students	science faculty.		
Provide mini-grants to local schools/organizations to facilitate changes in food, physical environment or physical activity policies that will enable increased options for healthy eating and active living for students attending school/participating in their programs.	2014-2015 school year	Funds allocated by Pioneering Healthy Communities Team	Pioneering Healthy Communities and the MCDBOH	9 programs will implement policy and/or environmental changes that will improve opportunities for healthy eating and active living	RFPs have been reviewed and selected programs have been notified that they will be awarded the funds on 7/15/2014

PRIORITY ONE: Healthy Eating / Active Living

OBJECTIVE #1.2: *By 2017, increase the number of minutes children spend in school-based physical activity each week by 50% over baseline*

OBJECTIVE #1.3: *By 2017, decrease the percentage of adults not eating five servings of fruits and vegetables daily from 76.9% to 70.4%*

OBJECTIVE #1.5: *By 2019, decrease the percentage of overweight/obese children (3rd grade) from 38.2% to 34.4%*

Policy Change: Yes – School policies

ACTION PLAN

Improvement Strategy	Target Date	Resources Required	Lead Person/Organization	Anticipated Product or Result	Progress Notes
Implement three sessions of the 6 week “Eat Healthy, Be Active” Parent Workshop pilot project in the Youngstown/Mahoning County Library system	Sept. 2014 – June 2015	Swantson Charitable Trust funding, volunteers from the Jr. League of Youngstown, Akron Children’s Hospital staff and MCDBOH nurses	Akron Children’s Hospital Mahoning Valley Kids Coalition, Mahoning County Library system leadership	60 participants post-intervention data that reveals that 100% of participants will increase in knowledge of what constitutes healthy eating and active living	Funding approved April 2014 Healthy Kids Coalition was convened in May to institute planning The Coalition will report to CHA/CHIP Team at quarterly meetings
Conduct in-service training for faculty and staff of 2 pre-schools and 4 elementary schools to facilitate the schools’ implementation of the CDC and NIH approved <i>Eat, Play, Grow</i> curriculum and the Akron Children’s Hospital Future Fitness Program	Sept. 2014 – May 2015	Swantson Charitable Trust funding, volunteers from the Jr. League of Youngstown, Akron Children’s Hospital staff and MCDBOH nurses	Akron Children’s Hospital Mahoning Valley Kids Coalition	200 educators will be educated in the curriculum and the curriculum will be adopted in each school receiving the training.	Funding approved April 2014 Healthy Kids Coalition was convened in May to institute planning The Coalition will report to CHA/CHIP Team at quarterly meetings
2 pre-schools and 4 elementary schools will implement the CDC and NIH approved <i>Eat, Play, Grow</i> curriculum and the Akron Children’s Hospital Future Fitness Program	January 2015 – Dec 2018	School staff, Swantson Charitable Trust funding, volunteers from the Jr. League of Youngstown,	Akron Children’s Hospital Mahoning Valley Kids Coalition	No less than 100 children ages 3-10 will be engaged in the <i>Eat, Play, Grow</i> curriculum	Funding approved April 2014 Healthy Kids Coalition was convened in May to institute planning The Coalition will report to CHA/CHIP Team at quarterly meetings

		Akron Children's Hospital staff and MCDBOH			
Provide 2 copies for each local library of the Eat Healthy, Be Active <i>and Eat, Play Grow</i> and the Akron Children's Hospital Future Fitness Program toolkits for families to utilize on their own.	June 2015	Volunteers from the Junior League of Youngstown Akron Children's Hospital staff, Media	Akron Children's Hospital Mahoning Valley Kids Coalition	Toolkits containing the CDC and NIH curriculum and parent guidelines will be readily available to all residents of Mahoning County. The media will publicize their availability	Funding approved April 2014 Healthy Kids Coalition was convened in May to institute planning The Coalition will report to CHA.CHIP Team at quarterly meetings

PRIORITY ONE: Healthy Eating / Active Living

OBJECTIVE #1.5: *By 2019, decrease the percentage of overweight/obese children (3rd grade) from 38.2% to 34.4%*

Policy Change: Yes – Pediatric Physician standards of practice

ACTION PLAN

Improvement Strategy	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Conduct annual Continuing Medical Education seminars for physicians that inform them how to include healthy eating/ active living screenings and information into their healthy visit practice.	June 2015	Pioneering Healthy Community Initiative funds Akron Children's Hospital Mahoning Valley staff	Akron Children's Hospital Mahoning Valley	100 local physicians will be trained in the "Ounce of Prevention" curriculum. 50% will integrate the program into their practice.	Grant funding received from the Pioneering Healthy Communities Initiative. Training program in development. First seminar will be held in October 2014.

PRIORITY ONE: Healthy Eating / Active Living

OBJECTIVE #1.5: *By 2019, decrease the percentage of overweight/obese children (3rd grade) from 38.2% to 34.4%*

OBJECTIVE #1.4: *By 2017, increase WIC program participant breast feeding initiation from 53.4% to 60%*

Policy Change: Yes – WIC program policies

ACTION PLAN

Improvement Strategy	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Expand breast feeding education program for WIC clients	2014	WIC program Breast feeding peer-helpers, ODH materials, breast pump rentals	Mahoning County WIC Program	All expecting WIC participants will learn the benefits of breast feeding. 60% will successfully initiate breast feeding upon delivery	2 breast feeding peer helpers hired and trained in the Mahoning County WIC program began educating expecting mothers in June of 2014

1.2.2 MAHONING COUNTY 2014 CHIP GOALS, OBJECTIVES AND STRATEGIES
PRIORITY TWO: INFANT MORTALILTY AND BIRTH OUTCOME INEQUITY

PRIORITY TWO: Infant Mortality and Birth Outcome Inequity		
GOAL: Infant mortality in Mahoning County will meet national goals and the disparity between black and white birth outcomes will be eliminated		
Short Term Objectives	Source	Reporting Frequency
2.1 <i>By 2017, the percentage of mothers becoming pregnant within 18 months of a prior delivery will be reduced from 30% to 28%</i>	ODH	Annual
2.2 <i>By 2017, the percentage of pregnant women receiving first trimester prenatal care will increase in the most at risk populations from 69.1% to 72.6%</i>	Ohio Department of Health (ODH)	Annual
2.3 <i>By 2015, increase the percentage of mothers of pre-term infants admitted to the NICU that receive education regarding her eligibility for progesterone treatments during her next pregnancy from 50% (2013) to 100%</i>	Akron Children’s Hospital Mahoning Valley	Annual
2.4 <i>By 2015, and annually thereafter, a Fetal and Infant Mortality Review Board (FIMR) will review all Mahoning county cases of fetal and infant death and will make recommendations for system changes needed to reduce infant mortality.</i>	Mahoning County Child Fatality Review Board	Annual
Long Term Objectives	Source	Reporting Frequency
2.5 <i>By 2019 the rate of low birth weight babies will decrease from 9.9% to 7.9%</i>	ODH	Annual
2.6 <i>By 2019, the rate of pre-term births will decrease from 13.1% to 11.8%</i>	ODH	Annual
2.7 <i>By 2019, the infant mortality rate for mothers with a high school education or less will be reduced from 10.25% to 9.3%</i>	ODH	Annual
2.8 <i>By 2019, the infant mortality rate for deliveries paid by Medicaid will decrease from 10.75% to 9.67%</i>	ODH	Annual
2.9 <i>By 2019, The black/white infant mortality dissimilarity index will be reduced from .64 to .58</i>	CityMatch, ODH	Annual
2.10 <i>By 2019, the number of infants dying in an unsafe sleep environment will decrease from 4 to 2</i>	Mahoning County Child Fatality Review Board	Annually

PRIORITY TWO: Infant Mortality and Birth Outcome Inequity

OBJECTIVE #2.1 - #2.10: *By January 2015, Mahoning County and Youngstown will have a fully operational Birth Outcome Equity (M/Y BOE)Team*

Policy Change: *Yes – M/Y BOE member organizational policies*

ACTION PLAN

Improvement Strategy	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
<p>Partner with the Ohio Department of Health and CityMatCH to create a Mahoning County / Youngstown team to participate in the Ohio Equity Institute to reduce birth outcome disparities - - M/Y Birth Outcome Equity Team (M/Y BOE Team)</p> <p>Invite community partners to participate in the M/Y BOE Team</p>	<p>March - August 2013</p> <p>June 2013</p>	<p>Community representatives from all groups working in maternal child health and all interested in health equity</p>	<p>Mahoning County District Board of Health and the Youngstown City Health Department</p>	<p>The formation of the Mahoning County/Youngstown Birth Outcome Equity Team charged with developing a collective community action plan to address infant mortality and birth outcome disparities across Mahoning County</p>	<p>M/Y BOE Team convened in August of 2013</p> <p>Completed June 2013 Team made up of 26 representatives from local hospitals, OB-GYN practices, NICU specialists, the March of Dimes, Planned Parenthood, the Ohio Infant Mortality Reduction Outreach (OIMRI) Initiative, Resource Mothers, local and state public health and local funders</p>

PRIORITY TWO: Infant Mortality and Birth Outcome Inequity

OBJECTIVE #2.1 - #2.10: *By end of 2014 conduct data analysis and literature research to identify strategies to be implemented to reduce low birth weight and pre-term deliveries by 2% in Mahoning County by 2017*

Policy Change: *Yes – Policies will be needed to implement identified strategies*

ACTION PLAN

Improvement Strategy	Target Date	Resources Required	Lead Person/Organization	Anticipated Product or Result	Progress Notes
Conduct data analysis to identify community issues resulting in infant mortality and birth outcome disparities	June 2013 - April 2014	MCH EPI capacity M/Y BOE Team Leadership	MCDBOH EPI, CityMatCH maternal child health experts and ODH OEI representative	Complete data report demonstrating Perinatal Periods of greatest Risk, (PPOR), the factors most responsible for infant mortality; and the populations at greatest risk of low birth weight, prematurity and infant mortality	Completed April 2014
Analyze interventions intended to address the priority issues identified by the M/Y BOE Team: <ul style="list-style-type: none"> - Increase social supports for mothers-to be and new mothers - Increase inter-conception spacing - Increase opportunities for improved economic stability/ financial management skills of pregnant women and new mothers 	April 2014 – Dec 2014	M/Y BOE Team, ODH and CityMatCH	M/Y BOE Team Leaders and the subcommittees for each intervention	Intended result will be the selection and implementation of no less than one upstream and one downstream intervention that will provide: <ol style="list-style-type: none"> 1. Improved social support for a cohort of at-risk pregnant women and new mothers 2. Increased inter-conception spacing for that cohort of women 3. Implementation of an evidence-based economic development program for women of child-bearing ages 	In May 2014 the M/Y BOE Team selected <i>Centered Pregnancy</i> as their upstream intervention The <i>Centered Pregnancy</i> program will include education and opportunities for utilization of LARC – (long-acting reversible contraception) to improve birth spacing in <i>Centered Pregnancy</i> program participants The M/Y BOE Team and CityMatCH are seeking an evidence based economic development program to consider <i>BEST (Building Economic Security Today)</i> has been suggested and is under review
Develop an implementation and evaluation plan for the selected upstream and	Dec 2014	A Project Coordinator and Funding from the ODH CFHS grant and	Responsibility will be determined by intervention with leadership	Two strategies will be implemented to reduce infant mortality and eliminate birth outcome disparities	Funding opportunities are being explored

downstream strategies		additional community based resources	from the M/Y BOE Team Co-Leads		
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PRIORITY TWO: Infant Mortality and Birth Outcome Inequity

OBJECTIVE #2.3: *By 2015, Increase the percentage of mothers of pre-term infants admitted to the NICU that receive education regarding her eligibility for progesterone treatments during her next pregnancy from 50% (2013) to 100%*

Policy Change: *Yes - Hospital policies and physician practices*

ACTION PLAN

Improvement Strategy	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
<p>Implement the Progesterone Project</p> <p>Continue Identification and counseling of eligible NICU parents to prevent premature birth recurrence; track number of patients educated</p> <p>Provide birth spacing education</p> <p>Provide brochures to NICU parents</p> <p>Survey local providers for progesterone knowledge</p> <p>Educate neonatologists, obstetricians, pediatricians, family physicians, residents: regarding progesterone through survey, Grand Rounds, and webinars</p> <p>Participate in OPQC with St. Elizabeth's to track premature birth recurrence.</p>	Dec 2013 – Dec 2014	Staff and physicians at Akron Children's Hospital NICU, HMHP OB-GYNs, Northside Medical Center OB-GYNs and other local physicians	Dr. Elena Rossi, Akron Children's Hospital Mahoning Valley	<p>Women that have experienced a pre-term birth will understand the benefits and will utilize progesterone as a tool to prolong gestation during subsequent pregnancies.</p> <p>OB-GYN physicians in the area will recognize the value of progesterone as a tool to prolong gestation for their patients that have experienced a prior pre-term birth and will prescribe its use for these patients.</p>	Project began 4 th quarter 2013 and will continue throughout 2014

PRIORITY TWO: Infant Mortality and Birth Outcome Inequity

OBJECTIVE #2.4: *By 2015, and annually thereafter, a Fetal and Infant Mortality Review Board (FIMR) will review all county cases of fetal and infant death and will make recommendations for system changes needed to reduce infant mortality.*

Policy Change: *Yes - Hospital policies and physician practices*

ACTION PLAN

Improvement Strategy	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Develop, recruit and implement a Mahoning County Fetal and Infant Mortality Review (FIMR) Board	June 2014 – Dec 2015	M/Y BOE Team, hospitals, birthing centers, coroner, law enforcement, social service agencies	FIMR Coordinator MCDBOH, M/Y BOE Team, local hospitals, county prosecutor	A FIMR Case Review Team (CRT) will conduct quarterly reviews of all fetal and infant deaths and will make recommendations to a Community Action Team (CAT) that will implement recommended system changes	FIMR CRT trained in FIMR processes March 2014. Throughout the summer of 2014, ODH and county legal representatives are working through HIPAA confidentiality issues

PRIORITY TWO: Infant Mortality and Birth Outcome Inequity

OBJECTIVE # 2.10: *By 2019, Decrease the rate of infants dying in an unsafe sleep environment from 4 to 2*

Policy Change: *Yes - Hospital policies and physician practices*

ACTION PLAN

Improvement Strategy	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Conduct a county-wide “Back to Sleep” campaign to educate health care providers and the public regarding safe sleep practices Participate in state-wide safe sleep campaign	2014 - 2015	Media, Pediatricians, Hospital staff Materials from ODH	Dr. Elena Rossi, Akron Children’s Hospital – Mahoning Valley, HMHP, Mahoning County Safe Kids Coalition, Valley Care Northside Medical Center ODH	Increased awareness of what constitutes a safe sleep environment for infants Newborn infants will receive sleep sacks at time of discharge The public will be aware of what constitutes a safe sleep environment for infants and will practice safe sleep habits yielding a reduction in the number of babies dying in an un-safe sleep environment	Dr. Rossi appointed a Champion for Safe Sleep by the Ohio Hospital Association. All WIC participants are being trained in safe sleep environment upon entry into the program Posters have been distributed to all pediatric and ob-gyn practices in Mahoning County

PRIORITY TWO: Infant Mortality and Birth Outcome Inequity

OBJECTIVE #2.9: *By 2019, The black/white infant mortality dissimilarity index will be reduced from .64 to .58*

Policy Change: *Yes-Hospital and physician practice policies may need revised to ensure cultural competency*

ACTION PLAN

Improvement Strategy	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
<p>Educate community members regarding the relationship between racism/ discrimination and poor birth outcomes</p> <ul style="list-style-type: none"> - Conduct a community education seminar with national speakers presenting data on birth outcome disparities, the social determinants of health and the life course theory <p>Educate providers about the relationship between racism /discrimination and poor birth outcomes</p> <p>Ensure that processes for providing prenatal care are culturally competent.</p>	<p>2015</p>	<p>CityMatCH, ODH, Community Health Foundation</p>	<p>M/Y BOE Team Co-Leads</p>	<p>Community members will become more aware of the impact of racism on birth outcomes.</p> <p>Health care providers in the community will recognize the impact of the social determinants of health upon birth outcomes.</p> <p>All women in Mahoning County will receive culturally competent care.</p>	<p>At each meeting, the M/Y BOE team is building awareness of the impact of racism into the conscience of the Birth Outcome Equity Team.</p> <p>Community and provider education events not yet planned.</p>

1.2.3 MAHONING COUNTY 2014 CHIP GOALS, OBJECTIVES AND STRATEGIES
PRIORITY THREE: CHRONIC DISEASE

PRIORITY THREE: Chronic Disease		
GOAL: Fewer residents of Mahoning County will be diagnosed with diabetes and those with diabetes currently will experience reduced morbidity		
Short Term Indicators	Source	Reporting Frequency
OBJECTIVE #3.1 <i>By 2015, 36 individuals at risk for developing Type 2 Diabetes will participate in the Y-USA Pre-Diabetes Program.</i>	<i>YMCA Youngstown</i>	<i>Annual</i>
OBJECTIVE #3.2 <i>By 2015, 25% of all Y-USA Pre-Diabetes Program participants will experience a 5-7% weight loss, and will report 150 minutes of physical activity weekly.</i>	<i>YMCA</i>	<i>Annual</i>
OBJECTIVE #3.3 <i>By 2015, MCDBOH staff will provide 60 hours of tobacco cessation training in Mahoning County</i>	<i>MCDBOH</i>	<i>Annual</i>
OBJECTIVE #3.4 <i>By 2015, 90% of primary care practices in Mahoning County will receive D5 criteria information</i>	<i>UAW Community Health Initiative</i>	<i>Annual</i>
OBJECTIVE #3.5 <i>By 2015, 31% of diabetics in HMHP Primary Care practices will meet D5 criteria.</i>	<i>HMHP</i>	<i>Annual</i>
Long Term Indicators	Source	Reporting Frequency
OBJECTIVE # 3.6 <i>By 2019, Adult smoking rates will decrease from 22% to 20%</i>	<i>Network of Care</i>	<i>Annual</i>
OBJECTIVE # 3.7 <i>By 2019, New cases of Diabetes will decrease from 11.8/1000 to 11.2/1000</i>	<i>Network of Care</i>	<i>Annual</i>
OBJECTIVE # 3.8 <i>By 2019, % of Medicare enrollees that receive HbA1c screening will increase from 84% to 88.0%</i>	<i>Community Health Rankings</i>	<i>Annual</i>

PRIORITY THREE: Chronic Disease

OBJECTIVE #3.1: *By 2015, 36 individuals at risk for developing Type 2 Diabetes will participate in the Y-USA Pre-Diabetes Program.*

OBJECTIVE #3.2: *By 2015, 25% of all Y-USA Pre-Diabetes Program participants will experience a 5-7% weight loss, and will report 150 minutes of physical activity weekly.*

Policy Change: Yes - YMCA program policies

ACTION PLAN

Improvement Strategy	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Implement the YMCA USA Diabetes Prevention Program for yet to be diagnosed or newly diagnosed pre-diabetics	June 2014	YMCA staff, program participants, insurance coverage or financial resources to pay to participate	YMCA Youngstown and M/Y BOE Team	3 cohorts of 12 participants each will be engaged during 2014	Recruitment for the first cohort is underway
Develop opportunities for scholarships for participants unable to afford the program fee	Jan 2015		YMCA Youngstown and M/Y BOE Team	The program is expected to grow as preventive services become integrated into insurance plans	

PRIORITY THREE: Chronic Disease

OBJECTIVE #3.3: *By 2015, MCDBOH staff will provide 60 hours of tobacco cessation training in Mahoning County*

OBJECTIVE #3.6: *By 2019, Adult smoking rates will decrease from 22% to 20%*

Policy Change: No

ACTION PLAN

Improvement Strategy	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Collaborate with WIC to provide "Baby and Me Tobacco Free" Tobacco Cessation education to pregnant clients and clients of childbearing age. Provide Smoking Cessation Program materials to all primary care practices in Mahoning County	2015	Mahoning County District Board of Health Public Health Nurse – certified Tobacco Cessation Specialist, Program Marketing materials	Mahoning County District Board of Health	10 pregnant WIC participants will refrain from smoking during their pregnancy Social Media postings of Tobacco Cessation Program Marketing materials for all primary care offices No less than 60 hours of Tobacco Cessation programming will be provided throughout the county	In March of 2014 a Mahoning County District Board of Health Public Health Nurse became a Certified Tobacco Cessation Specialist. She is currently developing marketing materials and developing a collaboration plan with the WIC program.

PRIORITY THREE: Chronic Disease

OBJECTIVE # 3.4: *By 2015, 90% of primary care practices in Mahoning County will receive D5 criteria information*

OBJECTIVE # 3.8: *By 2019, % of Medicare enrollees that receive HbA1c screening will increase from 84% to 88.0%*

Policy Change (Y/N): *No*

ACTION PLAN

Improvement Strategy	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Educate community and healthcare providers regarding the D5 criteria	2015	Diabetes experts from the UAW Community Health Community Initiative and educational materials	UAW Community Health Initiative	D5 Educational flyers will be distributed to all primary care practices in Mahoning County	In development

PRIORITY THREE: Chronic Disease

OBJECTIVE # 3.5: *By 2015, 31% of diabetics in HMHP Primary Care practices will meet D5 criteria.*

Policy Change: *Yes – Physician practices*

ACTION PLAN

Improvement Strategy	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Develop and provide education to primary care physicians to improve compliance with D5 criteria in diabetic patients in HMHP employed primary care practices.	2015	HMHP Primary Care Practice physicians	HMHP		HMHP has instituted processes to train physicians and monitor patient D5 status through EHRs

PRIORITY THREE: Chronic Disease

OBJECTIVE # 3.7: *By 2019, New cases of Diabetes will decrease from 11.8 per 100,000 to 11.0*

Policy Change (Y/N): Yes – *Physician practice policies, worksite wellness policies*

ACTION PLAN

Improvement Strategy	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Present the Stanford University six week Chronic Disease Self-Management Program “Healthy U” no less than 2 x / year engaging no less than 12 participants in each session	Dec. 2014	MCDBOH <i>Healthy U</i> trainers, adult participants	MCDBOH and community partners – HMHP, Valley Care North Side Hospital, Community Social service agencies, local Area Agency on Aging, ODH	Adults with chronic diseases participating in this program will report improved understanding of how to better manage their disease to reduce diabetes mortality and morbidity	MCDBOH Staff became “Healthy U” trainers in the Spring of 2014. The first class is scheduled for July 2014. The second class is planned for September 2014. Progress will be reported during the quarterly CHA/CHIP Team meetings
Present the Stanford University Diabetes Self-Management Program “Healthy U” no less than 2 x / year engaging no less than 12 participants in each session	Jan. 2015	Funding to secure training in Diabetes Self-Management Program	MCDBOH and community partners – HMHP, Valley Care North Side Hospital, Community Social service agencies, local Area Agency on Aging, ODH		Options for funding for training being investigated.
Implement the CDC Health @ Work Program in no less than 6 businesses	Dec. 2015	MCDBOH Health @ Work Trainers	MCDBOH and the Mahoning County CHA/CHIP Team	Six local businesses will have received the Health @ Work Training and will have adopted an integrated wellness program into their business operations	MCDBOH nurse trained in CDC Health @ Work program 2 businesses registered to receive the training in 2014

1.2.4 MAHONING COUNTY 2014 CHIP GOALS, OBJECTIVES AND STRATEGIES
PRIORITY FOUR: SUBSTANCE USE DISORDERS

PRIORITY FOUR: SUBSTANCE USE DISORDERS (HEROIN AND OPIATES)		
GOAL: Decrease deaths from Substance Use Disorders		
Short Term Objectives	Source	Reporting Frequency
4.1 <i>By 2016, 3 school systems in Mahoning County will fully adopt the BRAIN POWER NIDA Curriculum, engaging no less than 1000 k-12 students in drug addiction prevention education.</i>	<i>Coalition for a Drug Free Mahoning County and MCADAS Board</i>	<i>Annual</i>
4.2 <i>By 2016, opiate prescribing in Mahoning County will be reduced from 82 to 79 doses per capita per year</i>	<i>Ohio Department of Drug and Alcohol Addiction Services</i>	<i>Annual</i>
4.3 <i>By 2015, naloxone will be made available to 100 families/friends of individuals at risk for drug poisoning</i>	<i>MCADAS Board</i>	<i>Annual</i>
4.4 <i>By 2016, a M/Y BOE Team sub-committee will have implemented a mechanism to analyze outcomes of newborns experiencing Neonatal Abstinence Syndrome</i>	<i>M/Y BOE Team</i>	<i>Annual</i>
Long Term Objectives	Source	Reporting Frequency
4.5 <i>By 2019, the number of drug poisonings in Mahoning County will be reduced from 246 to 200</i>	<i>MCADAS Board County Health Rankings</i>	<i>Annual</i>
4.6 <i>By 2019, the number of Mahoning County 11th graders reporting prescription drug abuse will decrease from 6% to 2.5% and reporting heroin use will decrease from 3.5% to 1.0%</i>	<i>The Coalition for a Drug-Free Mahoning county</i>	<i>Bi-annual</i>

PRIORITY FOUR: Substance Use Disorders

OBJECTIVE #4.1: *By 2016, 3 school systems in Mahoning County will fully adopt the BRAIN POWER NIDA Curriculum, engaging no less than 1000 students k-12 in drug addiction prevention education.*

OBJECTIVE #4.5: *By 2019, the number of drug poisonings in Mahoning County will be reduced from 246 to 200*

OBJECTIVE #4.6: *By 2019, the number of Mahoning County 11th graders reporting prescription drug abuse will decrease from 6% to 2.5% and reporting heroin use will decrease from 3.5% to 1.0%*

Policy Change: *Yes – School system curriculum*

ACTION PLAN

Improvement Strategy	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Conduct analysis of data from the schools currently engaged in the 2 year pilot project	Summer of 2016	Austintown, Sebring, South Range and Youngstown Parochial School systems, MCADAS Board	MCADAS Board and the Coalition for a Drug-Free Mahoning County	Data will demonstrate improved knowledge regarding the science behind alcohol and drug addiction.	Brain Power curriculum currently being piloted K-12 in 4 school systems in Mahoning County. Pilot will be completed at the conclusion of the 2015/16 school year
Three school systems will commit to fully implement the Brain Power curriculum k-12	Fall 2016	School Boards and the MCADAS Board	MCADAS Board	With full implementation of the curriculum, increased knowledge will translate into changes in attitudes and behavior related to drug use initiation	This will occur following the pilot project evaluation

PRIORITY FOUR: Substance Use Disorders

OBJECTIVE #4.2: *By 2016, opiate prescribing in Mahoning County will be reduced from 78 to 70 doses per capita per year*

OBJECTIVE #4.5: *By 2019, the number of drug poisonings in Mahoning County will be reduced from 246 to 200*

OBJECTIVE #4.6: *By 2019, the number of Mahoning County 11th graders reporting prescription drug abuse will decrease from 6% to 2.5% and reporting heroin use will decrease from 3.5% to 1.0%*

Policy Change: *Yes – Physician and dentist prescribing policies*

ACTION PLAN

Improvement Strategy	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Educate physicians regarding the high rate of opiate prescribing and opiate poisonings in the county	2015	OADAS Board materials, MCADAS Board, The Coalition for a	MCADAS Board	Mahoning County physicians and dentists will evaluate their prescribing practices and will utilize Ohio's online drug reporting database to assess	In October 2013 Ohio adopted new opioid prescribing guidelines

PRIORITY FOUR: Substance Use Disorders

OBJECTIVE #4.4: *By 2016, a M/Y BOE Team sub-committee will have implemented a mechanism to analyze outcomes of newborns experiencing Neonatal Abstinence Syndrome (NAS)*

Policy Change: *Yes - Mahoning County Children's Services Board*

ACTION PLAN

Improvement Strategy	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
A subcommittee of the M/Y BOE Team will convene local OB-GYNs, hospital administrators, Neonatologists, Pediatricians, the coroner, NICU nurses, IT professionals and others to create a strategy to collect relevant data about babies experiencing NAS	2015	Mechanism to collect and analyze data	MCADAS Board	Data that reflects current local outcomes for babies born with NAS so that providers may analyze service delivery related to neonatal outcomes	Currently the Mahoning County Children's Services Board receives a referral when a child is born to a drug addicted mother The child is then referred to a case worker for the child's protection Health care providers and addiction services professionals utilizing Medication Assisted Treatment (MAT) with pregnant women are seeking birth outcome data to better serve these newborns.

PRIORITY FOUR: Substance Use Disorders

OBJECTIVE #4.3: *By 2017, Increase the number of Level I and Level II trauma centers and primary care settings in Mahoning County that implement evidence-based Screening, Brief Intervention and Referral to Treatment (SBIRT) from one to three*

Policy Change: *Yes – Hospital and provider policies that include protocols for SBIRT*

ACTION PLAN

Improvement Strategy	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Educate local hospitals, trauma centers and health care providers about the efficacy of SBIRT Offer lost-cost training in the practice of SBIRT to local health care professionals	2017	SBIRT training for trauma center, and other health care professionals who will conduct the screening, and FQHC staff that have implemented SBIRT	Neil Kennedy Recovery Clinic, MCADAS Board	The Level One trauma center and 2 large medical practices in Mahoning County will fully implement SBIRT by 2017	SBIRT has been very successfully implemented in the county's only FQHC. Talks to also implement SBIRT in the County's Level I Trauma Center are currently underway

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1.3.0 ALIGNMENT OF NATIONAL, STATE AND LOCAL HEALTH IMPROVEMENT PRIORITIES

Mahoning County Health Priorities	Ohio Department of Health Priorities	Healthy People 2020 Objectives	National Prevention Strategies
<i>Healthy Eating</i>	<p><i>Increase access to healthy foods and support breastfeeding</i></p> <p><i>Increase the percent of babies breast feeding at six months to 60.6 %</i></p> <p><i>Increase the prevalence of students (grades 9-12) consuming 3+ servings of vegetables per day by 5%</i></p> <p><i>Decrease the prevalence of obesity among adults (ages 18+) by 5%</i></p> <p><i>Decrease the prevalence of obesity among high school students (grades 9-12) by 5%</i></p>	<p><i>Increase the proportion of infants who are ever breastfed to 81.9%</i></p> <p><i>Increase the proportion of infants who are breastfed exclusively through 6 months</i></p> <p><i>Increase the contribution of total vegetables to the diets of the population aged 2 years and older to 1.1 cup equivalent</i></p> <p><i>Reduce the percentage of persons aged 20 + years that are obese to 30.5%</i></p> <p><i>Decrease the percentage of obese adolescents to 16.1%</i></p>	<p><i>Increase access to healthy and affordable foods in communities</i></p> <p><i>Support policies and programs that promote breastfeeding.</i></p> <p><i>Implement organizational and programmatic nutrition standards and policies</i></p>
<i>Active Living</i>	<p><i>Implement priority strategies to increase physical activity and improve nutrition in Ohio</i></p> <p><i>Increase the prevalence of adults (ages 18+) meeting physical activity guidelines for aerobic activity and muscle strengthening by 5 percent</i></p> <p><i>Increase the prevalence of students (grades 9-12) engaging in 60+ minutes of physical activity per day by 5%</i></p>	<p><i>Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination to 47.9%</i></p> <p><i>Reduce the proportion of adults who engage in no leisure-time physical activity to 32.6%</i></p> <p><i>Increase the proportion of the Nation's public and private schools that require daily physical education for all students</i></p>	<p><i>Promote and strengthen school and early learning policies and programs that increase physical activity</i></p>

ALIGNMENT WITH STATE/NATIONAL PRIORITIES			
Mahoning County Health Priorities	Ohio Department of Health Priorities	Healthy People 2020 Objectives	National Prevention Strategies
<i>Infant Mortality</i>	<i>Decrease infant mortality and premature births</i>	<p><i>Increase the proportion of pregnant women who receive early and adequate prenatal care to 77.6%</i></p> <p><i>Decrease rate of infant mortality to 6.0 infant deaths per 1,000 live births</i></p> <p><i>Reduce Low Birth weight to 7.8%</i></p> <p><i>Reduce very low birth weight to 1.4%</i></p> <p><i>Reduce pre-term births to 11.4%</i></p> <p><i>Increase the proportion of infants who are put to sleep on their backs to 75.9%</i></p>	<p><i>Increase use of preconception and prenatal care.</i></p> <p><i>Support reproductive and sexual health services and support services for pregnant and parenting women</i></p>
<i>Chronic Disease</i>	<p><i>Identify and recruit partners to implement the Chronic Disease Self-Management Program (CDSMP) and the Diabetes Self-Management Program (DSMP)</i></p> <p><i>Decrease the prevalence of diabetes among adults (ages 18+) by 5 %</i></p>	<p><i>Reduce coronary heart disease deaths to 103.4/100,000</i></p> <p><i>Reduce the number of new cases per 1,000 population aged 18 to 84 years to 7.2</i></p>	<i>Expand use of tobacco cessation services</i>
<i>Substance Abuse Disorders</i>	<i>Generate greater public awareness of substance abuse disorders and Ohio's Opiate epidemic, toughen state controlled substance prescribing laws and regulations and implement evidence based treatment strategies.</i>	<p><i>Increase the number of Level I and Level II trauma centers and primary care settings that implement evidence-based alcohol Screening and Brief Intervention (SBI)</i></p> <p><i>Reduce drug induced deaths from 12.6 per 100,000 to 11.3</i></p>	<p><i>State benefits programs and workers compensation should monitor prescription claims for signs of inappropriate use of controlled drugs</i></p> <p><i>Increase health care provider accountability</i></p> <p><i>Enact laws to prevent doctor shopping</i></p> <p><i>Improve access to substance abuse treatment</i></p>

¹ Ohio 2012-2014 State Health Improvement Plan. Last visited May 15, 2014 at:

<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/lhd/Ohio%202012-14%20SHIP.aspx>

² Source: Ohio's Opiate Epidemic. Ohio Department of Alcohol and Drug Addiction Services. Last visited May 15, 2014 at

<http://mha.ohio.gov/Portals/0/assets/Learning/Fact%20Sheets/Opiate%20Fact%20Sheet.pdf>

³ Source: CDC Policy Impact: Prescription Painkiller Overdoses last visited May 15, 2014

at:<http://www.cdc.gov/HomeandRecreationalSafety/pdf/PolicyImpact-PrescriptionPainkillerOD.pdf>

1.4.0 MAHONING COUNTY 2014 CHIP IMPLEMENTATION PLAN

1.4.1 IMPLEMENTATION TEAM

The 2014 CHA/CHIP Implementation Team consists of the members of the overall team as well as members of each priority subgroup as follows:

1. Healthy Eating and Active Living :

The Healthy Kids Coalition (Headed by Akron Children’s Hospital Mahoning Valley), (Lead)
The YMCA
Pioneering Healthy Communities Initiative
Mahoning County District Board of Health
Youngstown City Health District

2. Infant Mortality :

The Mahoning County /Youngstown Birth Outcome Equity Team (M/Y BOE Team)
Mahoning County and Youngstown City Health Districts: (Co-leads)
Akron Children’s Hospital of Mahoning Valley
Humility of Mary Health Partners,
The March of Dimes – Northeast OH Chapter
The Youngstown Office of Minority Health
Mahoning County WIC Program
Mahoning County Children and Family First Coalition
Help Me Grow Early Intervention Program
Mahoning County Alcohol and Drug Addiction Services Board
Area OB-GYNs, Mahoning County Board of Developmental Disabilities
Planned Parenthood of Greater Ohio
Ohio Infant Mortality Reduction Initiative
CareSource

3. Chronic Disease (Diabetes):

United Auto Workers- General Motors Community Health Initiative (Lead)
Humility of Mary Health Partners Community Health Education Division,
Mahoning County District Board of Health
YMCA of Youngstown
Youngstown City Health District

4. Substance Use Disorders:

The Mahoning County Drug and Alcohol Addiction Services Board (Lead)
Coalition for a Drug Free Mahoning County
Meridian Care Services
Neil Kennedy Recovery Clinic
Mahoning County District Board of Health
Travco Behavioral Health,
Turning Point Counseling Center
Akron Children’s Hospital Mahoning Valley
Youngstown City Health District

1.4.2 IMPLEMENTATION PLAN

The Health Priority Sub-Committees meet monthly to plan for and execute the CHIP objectives. The Lead agencies convene the groups and direct the meetings. The Mahoning County District Board of Health provides logistical and secretarial support.

The Overall CHA/CHIP team meets quarterly to assess progress toward CHIP implementation. The overall team is co-lead by the Mahoning County District Board of Health and Youngstown State University.

The CHA/CHIP Team monitors progress and facilitates issues that impede progress. They conduct all evaluations, collect and analyze data, report findings.

CHA/CHIP TEAM MEETING SCHEDULE:					
2014	2015	2016	2017	2018	2019
March 27	March 26	March 24	March 23	March 22	March 28
June 26	June 25	June 23	June 22	June 28	June 27
Sept. 25	Sept. 24	Sept. 22	Sept. 28	Sept. 27	Sept. 26
Dec. 18	Dec.17	Dec. 15	Dec. 14	Dec 13	Dec. 19

1.4.3 REPORTING FORMAT

Each subcommittee will provide the CHA/CHIP Team with quarterly reports of progress toward achievement of each of their priority's objectives using the following format.

2014 MAHONING COUNTY CHIP PRIORITY:				
OBJECTIVE #				
How have policies changed to meet this objective:				
ACTION PLAN				
Improvement Strategy	Target Date	Lead Person/ Organization	Progress to Date	Recommendations

1.5.0 MAHONING COUNTY 2014 CHIP EVALUATION PLAN

1.5.1 ANNUAL DATA INDICATORS

COMMUNITY HEALTH IMPROVEMENT (CHIP) INDICATORS TO BE REPORTED ANNUALLY:

DEMOGRAPHICS

1. Population Size
2. Population Density
3. Percent Below Poverty Line
4. Race / Ethnicity
5. Age Distribution

SOCIAL AND ECONOMIC INDICATORS

6. High School Graduation Rate
7. Some College
8. Unemployment Rate
9. Children in Poverty
10. Inadequate Social Support
11. Children in Single-Parent Households
12. Homicide Rate
13. Rank – Overall Social and Economic Factors

ENVIRONMENTAL INDICATORS

14. Air Pollution – Particulate Matter
15. Grocery Stores per 1,000 Population
16. Fast Food Restaurants per 1,000 Population
17. Rank – Overall Physical Environment

CLINICAL CARE AND RELATED CONDITIONS

18. Uninsured Adults
19. Primary Care Physicians
20. Dentists
21. Mental Health Providers
22. Diabetic Screening
23. Preventable Hospital Stay Rate
24. Mammography Screening
25. Rank – Overall Clinical Care
26. HMHP Primary Care Practices Meeting D5 criteria

HEALTH BEHAVIOR INDICATORS

27. Adult Smoking
28. Adult Obesity
29. Overweight/Obesity Prevalence in 3rd Graders

30. Chlamydia Rate
31. Gonorrhea Rate
32. Syphilis Rate
33. Persons Living with HIV/AIDS
34. Food Environment Index
35. Adults Who are Physically Inactive
36. Access to Exercise Opportunities
37. Adults Reporting Eating <5 Servings of Fruits and Vegetables per day
38. Rank – Overall Health Behaviors
39. Minutes/week Children Active in School
40. Breastfeeding Rates
41. Tobacco Cessation Training
42. YMCA Pre-Diabetes Program Participation Numbers
43. YMCA Pre-Diabetes Program Participation Evaluation

MORTALITY INDICATORS

44. Premature Deaths (Years Potential Life Lost)
45. Heart Disease Deaths
46. Suicide Deaths
47. Stroke Deaths
48. Lung Cancer Deaths
49. Colon Cancer Deaths
50. Breast Cancer Deaths
51. Unintentional Injury Deaths
52. Diabetes Deaths
53. Tuberculosis Case Mortality Rate
54. Rank - Overall Mortality
55. Deaths Due to Unsafe Sleep

MORBIDITY INDICATORS

56. Poor or Fair Health
57. Poor Physical Health
58. Poor Mental Health
59. Rank – Overall Morbidity
60. Childhood Lead Tested
61. Childhood Lead Poisoning
62. Incidence of Diabetes Among Adults

- DRUG AND ALCOHOL RELATED INDICATORS
- 63. Heroin Poisonings
 - 64. Drug Poisoning Deaths
 - 65. Opioid Related Poisonings
 - 66. Liquor Sales
 - 67. Excessive Drinking
 - 68. BRAIN POWER NIDA Curriculum Adoption
 - 69. Opiate Prescriptions Per Capital
 - 70. Naloxone Prescriptions
 - 71. Students Reporting Opiate/Heroin use

- MATERNAL AND CHILD HEALTH INDICATORS
- 72. Infant Mortality
 - 73. Black Infant Mortality Rate
 - 74. White Infant Mortality Rate
 - 75. Low Education (HS diploma or less) Infant Mortality Rate

- 76. Infant Mortality Rate for deliveries Paid by Medicaid
- 77. Teen Birth Rate
- 78. Mothers Who Reported Smoking during Pregnancy
- 79. Births with First Trimester Prenatal Care
- 80. Low Birth Weight
- 81. Very Low Birth Weight
- 82. Pre-Term Births
- 83. Mothers becoming pregnant within 18 months of a prior delivery
- 84. Progesterone Education
- 85. WIC participant Breast Feeding Initiation and Duration
- 86. Black/White Infant Mortality Dissimilarity Index
- 87. Newborn Neonatal Abstinence Syndrome

1.5.2 CHIP EVALUATION TIMELINE

Annually, each Health Priority Sub-Committee will report progress toward their projects' stated objectives. The CHA/ CHIP Team will collect and review the indicator data and will assess progress toward the plan's stated goals. As indicated, plan objectives may be altered in response to what the data reveal. A yearly CHIP status report will be published and presented to the community. The first evaluation report for the 2014 revised Mahoning County CHIP will be published in August of 2015.

CHIP EVALUATION TIMELINE

Annual CHIP Evaluation Activity Timeline	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Collect Data	X	X	X									
Analyze Data		X	X	X								
Present Data to CHIP Team					X							
Present Data to Public					X							
Evaluate Plan Progress	X			X			X			X		
Update/Revise Plan						X	X					
Publish Evaluation Report								X				

1.6.0 2013/2014 MAHONING COUNTY CHA/CHIP INITIATIVE ACKNOWLEDGEMENTS

Health Improvement Planning is a fluid process that must be responsive to changes in the community. During 2013 community members and leaders came together to assess the implementation of the 2011 Tri-County Community Health Improvement Plan and to determine the continued relevance of the originally chosen health priorities. The assessment was completed through collaboration between members of the original Tri-County Community Health Assessment Steering Committee and a renewed, reconstituted 2014 Community Health Assessment and Community Health Improvement Planning (CHA/CHIP) Team comprised of representatives of health, public health, education, the faith community, social service and other key community leaders. We wish to thank all who contributed to this important health improvement initiative.

2014 Community Health Assessment And Community Health Improvement Planning Team (CHA/CHIP Team):

Felicia Alexander, Director, Youngstown Office on Minority Health

Fawn Allison, Director, Mahoning County WIC

Erin Bishop, Acting Health Commissioner, Youngstown City Health District

Timothy J. Barreiro, Director, Pulmonary Health & Research Center, Humility of Mary Health Partners

Brian Corbin, Executive Director, Catholic Charities Services & Health Affairs, Diocese of Youngstown

Diana Colaianni, Director of Nursing, Mahoning County District Board of Health

Joseph Dirorio, Director of Community Health, Mahoning County District Board of Health

Ellen Ford, Manager of Community Health Education, Humility of Mary Health Partners

Cathy Grizinski, Associate Director, Help Hotline Crisis Center, Inc.

John Hazy, Associate Professor, Criminal Justice and Forensic Sciences, Youngstown State University

Brenda Heidinger, Executive Director, Mahoning County Alcohol and Drug Addiction Services Board

Sharon Hrina, Vice President, Mahoning Valley Enterprises, Akron Children's Hospital, Mahoning Valley

Jeanine Mincher, Assistant Professor, Human Ecology, Youngstown State University

Paul Olivier, Sr. Vice President of Business Development, Humility of Mary Health Partners

Ginny Pasha, Director of Community Investment, United Way of Youngstown and the Mahoning Valley

Patrick Peddicord, Director, UAW-GM Community Health Care Initiatives

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Tracy Styka, Community Health Education Specialist, Mahoning County District Board of Health

Patricia Sweeney, Health Commissioner, Mahoning County District Board of Health

Nancy Wagner, Associate Professor of Nursing, Youngstown State University

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Heather Wuensch, Director of Community Benefit, Advocacy & Outreach, Akron Children's Hospital

1.7.0 APPENDICES

1.7.1 APPENDIX A:
Tri-County CHA/P Plan

Tri-
County

Community Health
Assessment &
Planning Initiative,
June 2011

Mahoning, Trumbull and Columbiana Counties

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ACKNOWLEDGEMENTS

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

Project Steering Committee:

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Jelayne Dray, Health Commissioner, East Liverpool City Health District
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Subcommittee #2

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Rick Setty, Health Commissioner, Salem City Health Department
Tracy Styka, Community Health Education Specialist, Mahoning County District Board of Health

Key Community Leaders or “Informants”

Duane Piccirilli, CEO, Help Hotline Crisis Center
Felicia Alexander, Youngstown Office on Minority Health
Diana Colaianni, Mahoning County Child and Family Health Services Project
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Ron Dwinnells, CEO, One Health Ohio
Timothy Hilk, CEO, YMCA of Youngstown
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Doug Wentz, Director, Prevention Partners Plus

The design of this final report was modeled after the 2008 Community Health Status Assessment completed by the City of Milwaukee's Health Department. We thank the City of Milwaukee Health Department and Dr. Eric Gass for their assistance and permission to use their design.

Funding for this project was provided by the Mahoning County District Board of Health, Humility of Mary Health Partners Foundation, and the Catholic Health Partners Foundation.

TRI-COUNTY COMMUNITY HEALTH ASSESSMENT & PLANNING INITIATIVE

EXECUTIVE SUMMARY

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

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

CHA/P HEALTH IMPROVEMENT PRIORITIES and GOALS:

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

GOAL: Reduce suicide rates.

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

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

PRIORITY: How can we educate and promote healthy behaviors?

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

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

GOAL: Increase access to healthy foods and physical activity.

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

GOAL: Divert pharmaceutical wastes from wastewater and landfills.

GOAL: Eliminate child lead poisoning.

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

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

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

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

7. *Community Strengths*

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

8. *Community Weaknesses*

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

9. *Opportunities for Health Improvement*

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

10. *Threats to Health Improvement*

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

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

- a. Diagnosing & investigating health problems and health hazards
- b. Researching new and innovative solutions to health problems
- c. Developing policies and plans to community health efforts
- d. Evaluating effectiveness, accessibility, and quality of health services

12. Areas for Improving the Public Health System in Mahoning Valley

- a. Monitoring health status to identify community health problems
- b. Mobilizing community partnerships to identify and solve health problems
- c. Informing, educating, & empower individuals and communities about health issues
- d. Linking people to personal health services and assuring access to care

13. Key Health and Social Indicator Data (see note 1 below for sources)¹

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

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

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

CALL FOR INVOLVEMENT

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

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

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

1.0 INTRODUCTION AND BACKGROUND

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

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

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

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

Mahoning Valley Description

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

About the Counties

Mahoning – 238,823 pop.

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

Trumbull – 210,312 pop.

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

Columbiana – 107,841 pop.

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

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

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

Values

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

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

Vision Statement

A healthy Mahoning Valley is:

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

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

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

The phases of MAPP are:

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

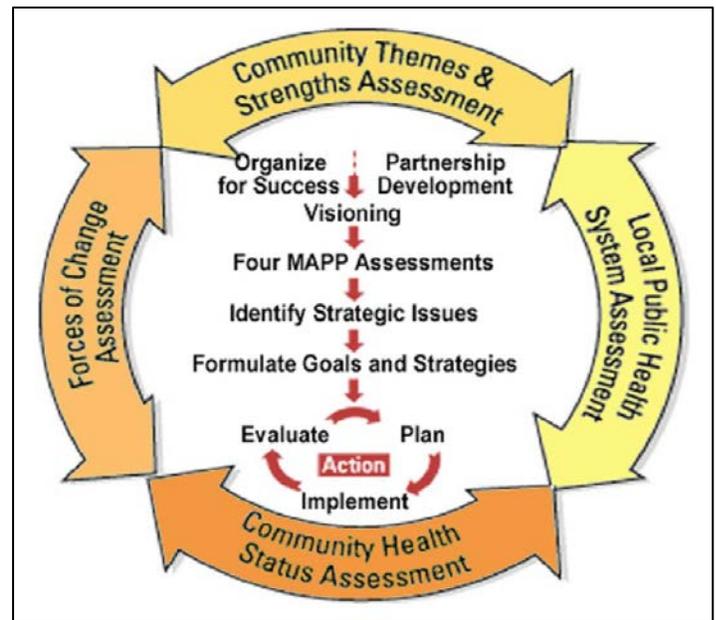
The four MAPP assessments are designed to collect key data and information from community members and leaders, as well as objective data from reliable surveillance sources. The four MAPP assessments are:

5. Community Strengths and Themes Assessment
6. Forces of Change Assessment
7. Local Public Health System Assessment
8. Community Health Status Assessment

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

Subcommittee #2 worked on the Local Public Health System assessment and the Community Health Status assessment. The Kent State team used the Model Standards of the CDC's National Public Health Performance Standards Program to assess the public health systems in Columbiana, Mahoning, and Trumbull counties. The Community Health Status assessment was conducted using data from several sources:

- County Health Rankings (Univ. of Wisconsin)



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

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

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

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

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

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

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

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

Included in the CHA/P indicators are measures of:

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

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

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

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

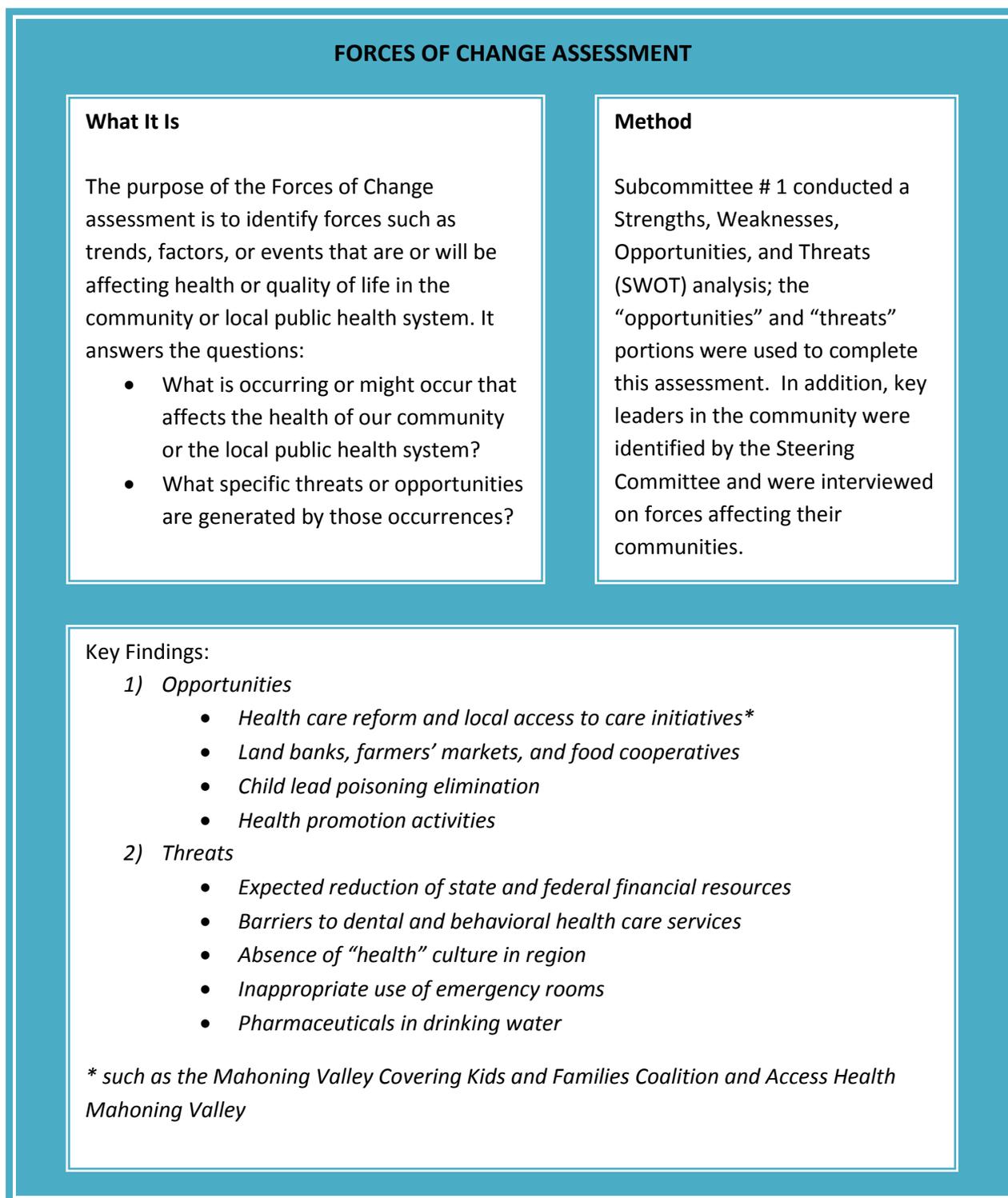
2.1 COMMUNITY STRENGTHS AND THEMES ASSESSMENT

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



2.2 FORCES OF CHANGE ASSESSMENT

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



2.3 SWOT MATRIX

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

2.4 LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

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

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

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

Key Findings:

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

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

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

10 Essential Public Health Services

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

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

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

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

Local Public Health System

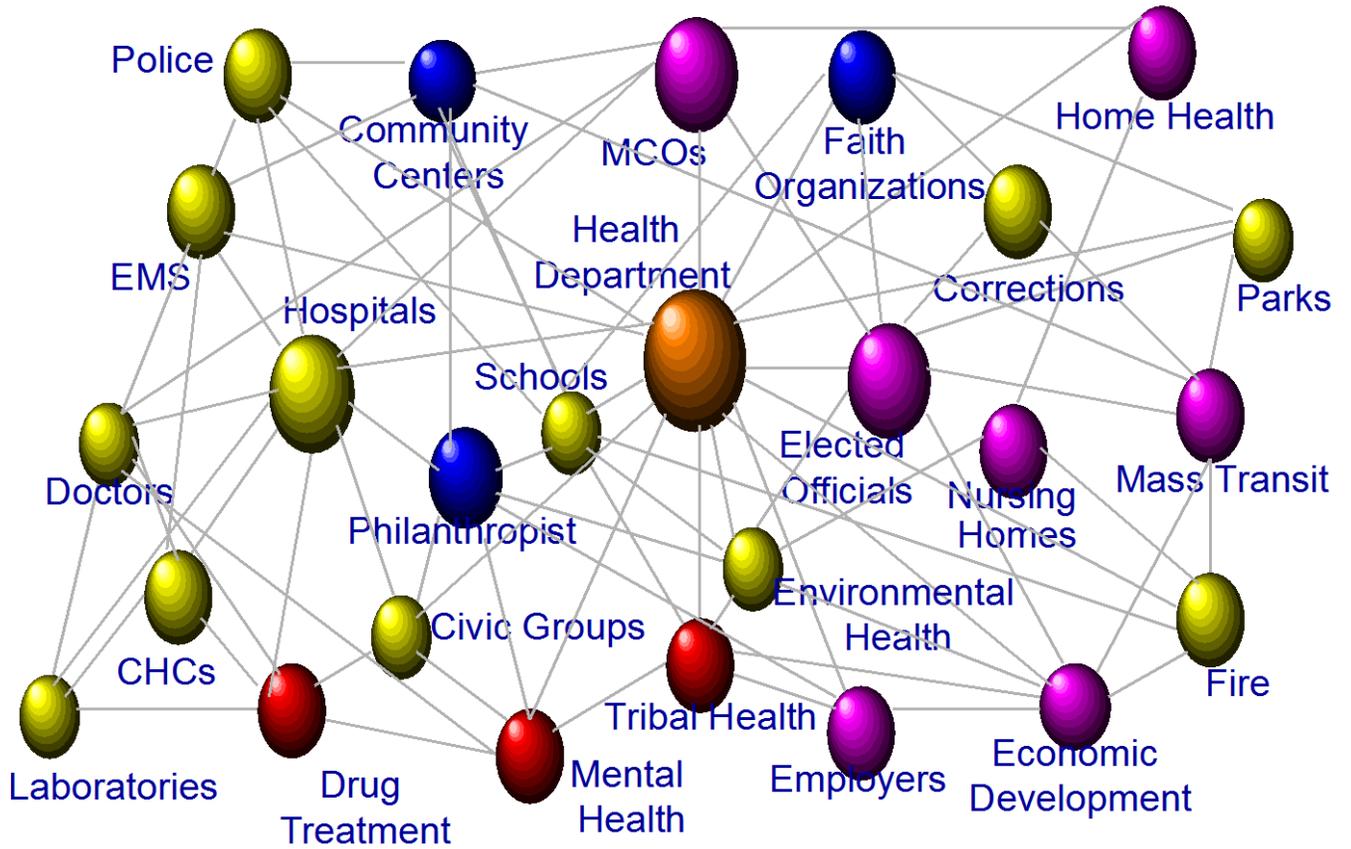


Figure 2.1

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

2.5 COMMUNITY HEALTH STATUS ASSESSMENT

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

COMMUNITY HEALTH STATUS ASSESSMENT

What It Is

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

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

Method

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

Key Findings:

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

** age-adjusted*

3.0 SELECTING AND ADDRESSING PRIORITY ISSUES

3.1 HEALTH STATUS INDICATORS

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

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

3.2 PRIORITIES

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

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

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

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

CHA/P Priority Questions:

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

3.3 GOALS AND STRATEGIES

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



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

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

GOAL: Reduce suicide rates.

Strategy Guidelines:

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

- Facilitate establishment of linkages between agencies

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

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

Education and Training

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

Education & Training, Screening

- SOS Signs of Suicide (NREPP)

Treatment (limited to psychotherapies)

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

Screening

- Columbia University TeenScreen (NREPP)

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

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

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

Strategies:

- Expand the Access Health Mahoning Valley (AHMV) network of volunteer health care providers to serve the uninsured in Mahoning and Trumbull counties
 - Expand the scope of services to include behavioral health services
 - Plan for an expansion of AHMV services to serve Columbiana County residents

2. Disseminate information about health and dental care safety net services available in the community, including federally qualified health centers and the Child and Family Health Services Program, a state and federally funded initiative that provides direct care, enabling services and preventive health services to uninsured and underinsured families in Mahoning, Trumbull and Columbiana counties.

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

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

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

Strategy Guidelines:

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

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

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

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

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

GOAL: Increase access to healthy foods and physical activity.

Strategy Guidelines:

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

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

Physical Activity and Diet (The Community Guide) –

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

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

Best Practices to Reduce Obesity (MMWR Report)

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

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

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

GOAL: Divert pharmaceutical wastes from wastewater and landfills.

Strategies:

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

Recommended Best Practices:

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

GOAL: Eliminate child lead poisoning.

Strategies:

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

Recommended Best Practices:

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

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

Recommended Best Practices:

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

4.0

PREPARING FOR ACTION AND NEXT STEPS

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

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

CALL FOR INVOLVEMENT

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

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

COMPLETE LIST OF INDICATORS TO BE ANNUALLY REPORTED ON:

SOCIAL / ECONOMIC INDICATORS:

1. Population Size
2. Population Density
3. Percent Below Poverty Line
4. Average Life Expectancy
5. Race / Ethnicity
6. Age Distribution
7. High School Graduation Rates
8. College Graduate Rates
9. Unemployment Rates
10. Children in Poverty
11. Income Inequality
12. Inadequate Social Support
13. Single-Parent Households
14. Socio-economic Ranking in Ohio
15. Population aged 20-24 years

ENVIRONMENTAL INDICATORS:

16. Child lead poisoning cases
17. Air Pollution – Particulate Matter
18. Air Pollution – Ozone
19. Access to Healthy Foods
20. Liquor Store Density
21. Physical Environment Ranking in Ohio
22. Households w/o Car and >1 Mile to Grocery Store
23. Low Income Households >1 Mile to Grocery Store
24. Grocery Stores per 1,000 Population
25. Fast Food Restaurants per 1,000 Population

HEALTH INDICATORS:

26. HIV
27. Mothers that Smoke During Pregnancy
28. Overweight 3rd Graders
29. Tuberculosis Incidence
30. Gonorrhea
31. Syphilis
32. Chlamydia
33. Prenatal Care
34. Adult Smoking
35. Adult Obesity
36. Binge Drinking
37. Motor Vehicle Crash Deaths
38. Teen Birth Rate
39. Health Ranking in Ohio
40. Premature Deaths
41. Infant Mortality
42. Leading Cause of Death
43. Homicide Deaths
44. Suicide Deaths
45. Stroke Deaths
46. Lung Cancer Deaths
47. Colon Cancer Deaths
48. Breast Cancer Deaths
49. Unintentional Injury Deaths
50. Mortality Ranking in Ohio
51. Population with Poor or Fair Health
52. Population in Poor Physical Health
53. Population in Poor Mental Health
54. Low Birth Weight
55. Morbidity Rank in Ohio

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

Scoring for the Public Health System Assessment by County:

- 1 = No capacity**
- 2 = Minimal capacity**
- 3 = Moderate capacity**
- 4 = Significant capacity**
- 5 = Optimal capacity**

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

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

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

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

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

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

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

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

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

ESSENTIAL SERVICE #10

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

COMMUNITY HEALTH STATUS ASSESSMENT

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

Demographics:

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

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

Data Source: Community Health Status Indicators

** : Census.gov

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

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

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

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

Data Source: *Community Health Status Indicators*

** : Data Source: *Census.gov*

Physical Environment

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

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

Food Environment: Access to Healthy Foods

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

Data Source: *USDA Food Atlas*

Clinical Care and Related Conditions

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

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

Socio Economical Factors

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

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

Additional Requested Indicators

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

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

Health Behaviors

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

Data Source: County Health Rankings from the University of Wisconsin

Mortality and Morbidity County and State Rates

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

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

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

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

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

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

2. Coping and Support Training (CAST)

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

3. Emergency Room Intervention for Adolescent Females

Emergency Room Intervention for Adolescent Females is a program for teenage girls 12 to 18 years old who are admitted to the emergency room after attempting suicide. The intervention, which involves the adolescent and one or more family members who accompany her to the emergency room, aims to increase attendance in outpatient treatment following discharge from the emergency room and to reduce future suicide attempts. A review of the literature suggests that factors related to treatment noncompliance following a suicide attempt include family discord, maternal psychopathology, attempter depression, and negative experiences with emergency room staff. The intervention consists of three components designed to improve the emergency room experience for the adolescent and family, thereby

changing the family's conceptualization of the suicidal behavior and expectations about therapy. First, a 2-hour training is conducted separately with each of the six groups of staff working with adolescents who have attempted suicide. Second, the adolescents and their families watch a 20-minute videotape, filmed in Spanish and dubbed in English that portrays the emergency room experience of two adolescents who have attempted suicide. Last, a bilingual crisis therapist delivers a brief family treatment in the emergency room.

4. Lifelines Curriculum

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

5. Reconnecting Youth

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

6. United States Air Force Suicide Prevention Program

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

7. Dialectical Behavior Therapy

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

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

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

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

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

10. SOS Signs of Suicide

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

11. Columbia University TeenScreen

The Columbia University TeenScreen Program identifies middle school- and high school-aged youth in need of mental health services due to risk for suicide and undetected mental illness. The program's main objective is to assist in the early identification of problems that might not otherwise come to the attention of professionals. TeenScreen can be implemented in schools, clinics, doctors' offices, juvenile

justice settings, shelters, or any other youth-serving setting. Typically, all youth in the target age group(s) at a setting are invited to participate

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

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

1. Behavioral Interventions to Reduce Screen Time

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

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

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

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

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

Technology-supported components may include use of the following:

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

Non-technological components may include use of the following:

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

3. Worksite Programs

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

About the Intervention

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

- *Lectures*
- *Written materials (provided in print or online)*
- *Educational software*

- Behavioral and social strategies target the thoughts (e.g. awareness, self-efficacy) and social factors that effect behavior changes. Examples include:
 - *Individual or group behavioral counseling*
 - *Skill-building activities such as cue control*
 - *Rewards or reinforcement*
 - *Inclusion of co-workers or family members to build support systems*

- Policy and environmental approaches aim to make healthy choices easier and target the entire workforce by changing physical or organizational structures. Examples of this include:
 - *Improving access to healthy foods (e.g. changing cafeteria options, vending machine content)*
 - *Providing more opportunities to be physically active (e.g. providing on-site facilities for exercise)*

- Policy strategies may also change rules and procedures for employees such as health insurance benefits or costs or money for health club membership.

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

Goal - INCREASE ACCESS TO HEALTHY FOODS AND PHYSICAL ACTIVITY.

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

1. Campaigns and Informational Approaches to Increase Physical Activity:

Community-Wide Campaigns

Community-wide campaigns are sustained efforts with ongoing high visibility. These large-scale campaigns deliver messages that promote physical activity by using television, radio, newspaper columns and inserts, and trailers in movie theaters. They use many components and include individually focused

efforts such as support and self-help groups; physical activity counseling; risk factor screening and education at worksites, schools, and community health fairs; and environmental activities such as community events and the creation of walking trails.

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

2. Environmental and Policy Approaches to Increase Physical Activity:

Point-of-Decision Prompts to Encourage Use of Stairs

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

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

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

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

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

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

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

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

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

cafeterias and increasing the price of less healthy foods and beverages at concession stands.

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

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

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

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

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

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

6.0

SOURCES

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

American Foundation for Suicide Prevention

Sprc.org

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

Behavioral Risk Factor Surveillance Program

Centers for Disease Control and Prevention

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

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

Community Health Status Indicators

US Department of Health and Human Services

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

County Health Rankings

University of Wisconsin

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

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

Food Environment Atlas

US Department of Agriculture

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

2008 Healthy Ohio Community Profiles

Ohio.gov

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

Ohio Census QuickFacts

US Census

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

Ohio Department of Health Information Warehouse

Ohio.gov

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

The Community Guide

USA.gov

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

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

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

1.7.2 APPENDIX B: 2011 TRI-COUNTY CHA/P IMPLEMENTATION EVALUATION

The 2011 CHA/P report was intended to provide a guide for policymakers, providers, and residents of the Mahoning Valley to implement strategies aimed at improving the health status of the population and reducing health disparities between population groups. Therefore, in addition to the health priorities and goals set forth in the report, the 2011 document highlighted evidence based strategies that could be utilized to move the community toward achievement of the plans goals.

In 2013, the CHA/CHIP Team set out to assess the community's progress toward achieving the following 2011 Tri-County Community Health Improvement Plan's identified goals:

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

GOAL: Reduce suicide rates.

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

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

PRIORITY: How can we educate and promote healthy behaviors?

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

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

GOAL: Increase access to healthy foods and physical activity.

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

GOAL: Divert pharmaceutical wastes from wastewater and landfills.

GOAL: Eliminate child lead poisoning.

To accomplish this task, the CHA/CHIP Team attempted to update the original data indicators that were utilized to prioritize community health problems and establish the 2011 Tri-County CHA/P goals.

However, due to changes in data set definitions and indicators where original data sources had not updated the data since the initial CHA analysis, this task yielded minimally useful information. Further, with no clearly articulated objectives upon which to measure successful plan implementation, the CHA/CHIP Team found it necessary to assess shorter term process outcomes related to implementation of the plan while the committee researched and realigned data indicators for measurement of community health improvement.

I. 2011 TRI-COUNTY CHA/P IMPLEMENTATION EVALUATION PROCESS

DESIGN

John Hazy, PhD (Youngstown State University) and Tracy Styka, MS (Mahoning County District Board of Health) collaborated with interns in Youngstown State University's Coordinated Program in Dietetics to conduct this assessment of the Tri-County CHA/P implementation.

The CHA/CHIP Team determined that the intent of this assessment was twofold:

1. To identify the programs/strategies being conducted across the Valley that have been informed by and are consistent with the best practice strategies outlined in CHIP report.
2. To identify the programs/services being conducted across the Valley that are intended to help the community achieve the goals set out in the CHIP.

A survey tool was devised and an interview script developed to enable information to be collected in a systematic and consistent manner. Team members trained a group of Youngstown State University interns on proper interview techniques and research ethics in order to insure professional conduct in the data collection, entry, and analysis process.

SAMPLE

All 2011 CHA/CHIP Team members and the key informants interviewed during the Community Health process were identified as the interview sample. This was the population most vested in the CHA/P development and as such, may have been most likely to utilize the plan recommendations in their service delivery efforts. To avoid duplication of responses from any single service provider, only one representative from each agency was solicited for interview.

Initially, telephone calls were made to each member of the sample to set up convenient times to conduct the interviews. Of the initial 22 calls made, only 9 interviews were completed. Due to this low response rate, a decision was made to modify the design to permit surveys to be conducted via email. Therefore, after three weeks of interview attempts, the survey was emailed to the target audience agencies, producing an additional four completed surveys.

INSTRUMENT

The 45-item survey instrument consisted of seven sections. The first six sections were related to the five CHA/P health priorities. For each health priority, interviewees were asked the following questions related to each of the recommended evidence-based programs specified in the CHA/P report:

1. Is your agency currently utilizing this evidence-based strategy/program?
2. What role is your agency playing with respect to each CHIP recommended strategy/program (Lead, Collaborator, Funder)
3. Subjectively, how well is the strategy/ program achieving its objectives? ("Well, OK, or Not well")
4. If your agency is not currently utilizing this strategy/program are their plans underway to implement it in the future?
5. If your agency is not utilizing this program/strategy now, describe why not.

6. Are you aware of any other programs or other agencies in the Tri-County area providing programs to address this priority area? If yes, who/what program?

The last section of the survey asked how involved the interviewees' agency was in the CHA/P process and how involved they see their agency being as the community moves forward with implementation of the CHA/P.

RESPONSE

Overall, twenty surveys were completed and returned, yielding an acceptable response rate of 61% (20/33). Responses were received from 20 CHA/P Steering Committee member organizations:

Akron Children's Hospital
Columbiana County Health Department
Dioceses of Youngstown
Help Hotline Crisis Center
Humility of Mary Health Partners
Kent State University
Mahoning County District Board of Health
Youngstown State University
Meridian Community Care
Mahoning County Alcohol and Drug Addiction Services
Board
Prevention Partners Plus
Salem City Health Department
Salem Community Hospital
Trumbull County Health Department
YMCA of Youngstown
Trumbull County Family and Children First Council
United Way of Youngstown and the Mahoning Valley
Youngstown City Health Department
Youngstown Office on Minority Health

RESULTS

The survey responses reveal that several of the responding agencies provide services across the CHIP priorities, and utilize multiple recommended strategies. Therefore survey item responses were analyzed as total numbers, not as responses per agency.

GOAL #1: REDUCE SUICIDE RATES

2011 Tri-County CHIP Plan recommends a total of 13 evidence-based strategies to help the community achieve the goal of reducing suicide rates.

None of the 20 completed surveys report utilization of any of the following evidence based strategies/programs included in the CHIP:

Emergency Department Means Restriction Education, Emergency Room Intervention for Adolescent Females, Brief Psychological Intervention after Deliberate Self-Poisoning, Dialectic Behavior Therapy and the PROSPECT program (Prevention of Suicide in Primary Care Elderly)

However, there are 11 responses showing utilization of the following eight evidence-based programs: CARE (1), CAST (1), Lifelines curriculum (1), Reconnecting Youth (1), The United States Air Force Suicide Prevention program (1), SOS Signs of Suicide (2), Multi-systemic Therapy with Psychiatric support (2), and Columbia University Teen Screen (2).

In all 11 cases, the survey respondents involved in these programs report that they are collaborators, not the lead agency. In addition, all responses reveal that the strategies/programs, subjectively are achieving their objectives “well” or “OK”.

For each suicide prevention strategy identified in the CHIP, eight-ten responses reveal that their agency is not planning to implement the evidence based strategies either due to financial constraints or because suicide prevention was not consistent with the mission of their organization.

In response to the question seeking information regarding other suicide prevention programs that are in place in the tri-county area, survey respondents provide the following list:

- The Behavioral Medline and Wellness Center
- Salem Community Hospital
- The US Department of Veterans Affairs
- The National Suicide Prevention Hotline
- Help Hotline
- PANDA
- The Counseling Center of Lisbon
- The Mental Health Services Board
- Mental Health Recovery
- ER Department assessment tools such as: CRAFFT, AUDIT, DAST
- Pediatric clinic intake tools
- Child Advocacy program assessment tool
- Byrne Grant Columbia suicide scale for 12-18 year olds
- EPIC electronic medical system
- ASIT Applied Suicide Intervention Training
- Catholic Charities
- Turing Point Counseling Services
- Neil Kennedy Recovery Clinic
- Meridian Services

GOAL #2: EXPAND ACCESS TO AND INCREASE AWARENESS OF MEDICAL, DENTAL, AND BEHAVIORAL SERVICES AVAILABLE FROM REGIONAL HEALTH CARE PROVIDERS

Many of the interviewees report conducting activities aimed at achieving the goal of expanding access to and increasing awareness of available medical, dental and behavioral health services. The CHIP recommended the following strategies to reach this goal.

3. Expand the Access Health Mahoning Valley (AHMV) network of volunteer health care providers to serve the uninsured in Mahoning and Trumbull counties

- Expand the scope of services to include behavioral health services
 - Plan for an expansion of AHMV services to serve Columbiana County residents
4. Disseminate information about health and dental care safety net services available in the community, including federally qualified health centers and the Child and Family Health Services Program, a state and federally funded initiative that provides direct care, enabling services and preventive health services to uninsured and underinsured families in Mahoning, Trumbull and Columbiana counties.

In this section, eight responders reveal dissemination of information to clients regarding available health and dental safety net services; ten responses report sharing information about local FQHCs; ten responses show sharing of Child and Family Health Services information; seven responses denote dissemination of information to expand access to ACCESS Health Mahoning Valley .

However, when respondents were asked to subjectively rate how well each of their programs/strategies were faring, the number of responses rating themselves as achieving this objective “well” or “OK” was consistently lower than the number of strategies reportedly in place, e.g., eight responders report disseminating information about health safety net providers but only two report that they are performing well in expanding access to health services, or expanding awareness of safety net services.

Furthermore, there are eight positive and 27 negative responses to the survey item asking if the organization is planning on implementing initiatives to meet this goal. Of the reasons for the negative response: three cite that the strategies are incongruent with their mission and 22 report “other”.

Six responders provide the following additional information regarding other strategies/programs in place in the tri-county area that are intended to expand access to services:

- The Treatment in Recovery program
- The Midlothian Medical Clinic
- YSU Dental Clinic
- St. Elizabeth Dental Clinic – HMHP Dental Clinic - St. Elizabeth Smiles program
- St. Elizabeth Ambulatory Services
- The Veterans Clinic
- Pioneering Healthy Communities
- SYNGIS (Immunizations for children at risk for RSV)
- Additional FQHC applications
- Turning Point Counseling Services
- Meridian Community Care
- Help Hotline Referral Service
- TRAVCO Behavioral Center
- Neil Kennedy Recovery Clinic
- D&E Counseling
- Valley Care Clinic
- Valley Counseling Services
- YSU Counseling Center

GOAL #3: INCREASE THE NUMBER OF RESIDENTS WHO ADOPT A HEALTHIER LIFESTYLE THROUGH WORKPLACE AND SCHOOL-BASED INTERVENTIONS

The 2011 Tri-County CHIP recommends seven evidence-based strategies to increase the number of residents who adopt a healthier lifestyle through workplace and school-based interventions. These strategies include behavioral and/or technology supported interventions, educational programs, as well as social, political, policy and environmental approaches to make it easier to make healthier choices in schools and in the workplace.

5. Encourage employers to implement worksite wellness programs
 - Encourage employers to offer health assessments to employees
 - Identify low cost resources to help small employers with program costs
 - Offer additional worksite wellness workshops like those in Trumbull County
6. Work with schools to eliminate junk food from vending machines and a la carte sales
7. Support statewide efforts to establish health curriculum standards for K-12 education
8. Obesity Prevention and Control
 - Behavioral interventions to reduce screen time
 - Technology-supported multi-component coaching or counseling interventions to reduce weight and maintain weight loss
 - Worksite programs

This survey data reveals 11 responses denoting that informational and educational strategies are being used to increase knowledge about healthy diet and physical activity, with 5 responses showing that this strategy is working “well”, 5 just “OK” and 1 reporting that their efforts are “not [performing] well” at increasing the number of resident who adopt a healthier lifestyle.

Seven responses denote utilization of behavioral interventions to reduce screen time and of these, six report that they are achieving their objectives with these intervention “well” or “OK”. Similarly, 75% of the responses denote participation in initiatives targeting factors that affect behavior, technology supported interventions, and policy or environmental strategies and report that they are achieving their objectives toward this goal “well” or “OK”

Two responses reveal plans to initiate technology supported coaching or counseling interventions to reduce and maintain weight loss, while 13 report that finances will not allow implementation of any of the CHIP recommended strategies.

Lastly, five survey responders list awareness of the following programs intended to address increasing the adoption of healthier lifestyles in the Tri-county area:

Cash Coalition – Columbiana County School Based Initiatives
Employer health and wellness programs
Weight Watchers
YMCA
Kohl’s Future Fitness at Salem Community Center
Lake to River Food Co-op
Y-Town Men’s Garden Club
YMCA-pioneering healthier communities

GOAL #4: INCREASE ACCESS TO HEALTHY FOODS AND PHYSICAL ACTIVITY

The CHIP recommends the following evidence-based strategies to increase access to healthy foods and physical activity:

6. Community-wide campaigns and informational approaches to increase physical activity
7. Environmental and policy approaches to increase physical activity:
 - Point-of-Decision prompts to encourage use of stairs
 - Creation of or enhanced access to places for physical activity combined with informational outreach activities
8. Communities should improve availability of affordable healthier food and beverage choices in public service venues
9. Communities should improve geographic availability of supermarkets in underserved areas
10. Communities should provide incentives to food retailers to locate in and/or offer healthier food and beverage choices in underserved areas

Eight responses note engagement in community wide campaigns and informational approaches to increase access to healthy foods and physical activity and all eight also report “doing well” or “OK” at achieving this goal through these initiatives. Similarly community wide effort to address diet and smoking, environmental initiatives to encourage better decisions, improving availability of healthier food, providing incentives to food retailers to locate in underserved areas, fare equally well with six responses denoting participation in these initiatives and an equal number reporting at least fair success for their efforts.

With the exception of two responses denoting current plans to engage in strategies to improve access to healthy foods in underserved areas, the survey data reveal no other plans to initiate any of the remaining recommended evidence-based strategies to achieve this goal. Responders cite finances and mission equally with unspecified “other” as their reason for not doing so.

Three respondents report the following other programs in the tri-county area working to achieve the goal of increasing access to healthy foods and physical activity:

- Local farmers markets
- Fuel to Play 60 programs at schools
- St. Elizabeth Hospital FFY program
- Pioneering Healthy Communities

GOAL #5: DIVERT PHARMACEUTICAL WASTES FROM WASTEWATER AND LANDFILLS

For this priority, the 2011 CHIP recommends two strategies:

1. Educating the community on safe disposal of pharmaceutical waste
2. Expanding existing pharmaceutical diversion programs

Six survey responses in this area report that they are currently conducting each of these activities and also report that they are performing the activities “well” or “OK”. Survey responses also reveal that none of the responding agencies intend to undertake either strategy to reach this goal. Again, the reasons cited for not doing so were (2) mission incongruity and (4) “other.”

Seven respondents identify the following programs as ongoing in the tri-county area to address this goal:

Austintown police department 24/7 drug drop off box
DEA Take Back days and lock box collections at two local police departments
MCDBOH dissemination of Instructions on how to divert pharmaceuticals in the home; working with the ADAPT coalition; info on our website; creation of three permanent drop off locations
Many communities have drug "take back" days
Permanent collection box at Boardman Police Department and other police stations

GOAL #6: ELIMINATE CHILD LEAD POISONING

The last priority identified in the 2011 Tri-County CHIP recommends five evidence-based strategies for goal achievement.

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

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

Survey responders report the following: four programs/agencies are securing resources to enable testing of at risk children participating in WIC, three are educating healthcare providers about testing mandates, three are focusing efforts on demolition of hazardous properties, three are working at lead hazard control and abatement, and two programs are working for enhanced legislation and policies to protect children from lead hazards. None of the respondents engaged in these programs/strategies report poor performance toward achieving their objectives. Two responses reveal that childhood lead elimination strategies are in their plans while 37 responses demonstrate no planning to do so. Responders that are not planning to undertake lead poisoning reduction strategies cite lack of funding only minimally, but report mission incongruity and "other" fairly consistently.

Four respondents report that the following childhood lead poisoning prevention strategies are underway in the tri-county area:

Mahoning County District Board of Health Lead Hazard Assessment Program
Pediatrician practices making referrals to community programs
WIC
Help Me Grow
Mahoning County Lead-Based Paint Hazard Control Program

SUMMARY OF THE 2011 TRI-COUNTY CHIP IMPLEMENTATION SURVEY FINDINGS

As was noted earlier, the Tri-County CHA/P report was intended to provide a guide for policymakers, providers, and residents of the Mahoning Valley to implement strategies aimed at improving the health status of the population and reducing health disparities between population groups.

The CHIP did not establish objectives by which to measure successful implementation. Although priorities for the plan were identified and goals were established based upon analysis of available data, time sensitive data benchmarks were not included as parameters by which to measure successful plan implementation. Alternatively, the plan suggested that the community move toward the implementation of strategies identified as evidence-based best practices. Consequently, the assessment conducted herein sought to demonstrate progress toward plan implementation by demonstrating the proliferation of evidence based strategies targeted at achieving the plans' established goals.

Goal	Total # of best practice programs/strategies in place	Rated well	Total # of best practice programs planned
1. Reduce Suicide rates	11	11	0
2. Expand access to and increase awareness of medical, dental and behavioral health services	43	16	8
3. Increase number of residents who adopt a healthier lifestyle	54	25	3
4. Increase access to healthy foods and physical activity	34	19	2
5. Divert pharmaceutical waste from wastewater and landfills	12	6	0
6. Eliminate Childhood Lead poisoning	15	10	2

Across all priorities and goals, the most widely implemented strategies were educational and informational in focus (78/169=46%).

51% of evidence based programs reportedly in place rated the programs as performing “*well*” in relationship to meeting program objectives, Another 33% rated the programs as performing just “*OK.*” Whereas almost 10% (5/54) of the programs in place to achieve goal #3 (increase adoption of a healthier lifestyle) report that these programs are “*not performing well.*”

Reasons cited for not implementing the recommended evidence based programs:

Goal	No Funding	Incongruent with mission	Unspecified other
1. Reduce Suicide rates	21	33	62
2. Expand access to and increase awareness of medical, dental and behavioral health services	0	3	19
3. Increase number of residents who adopt a healthier lifestyle	13	11	26
4. Increase access to healthy foods and physical activity	7	15	13
5. Divert pharmaceutical waste from wastewater and landfills	0	2	4
6. Eliminate Childhood Lead poisoning	4	11	12

The survey did not ask respondents to indicate when the programs they reported were implemented: pre or post CHIP publication. Further, respondents that selected “other” as the reason for not implementing the recommended evidence- based programs did not provide additional information to clarify what the “other” reason indicated.

II. 2011 TRI-COUNTY CHA/P IMPLEMENTATION EVALUATION STEP TWO: ALIGNMENT WITH COMMUNITY PRIORIITIES

The CHA/CHIP Team convened in June, 2013 to review the survey results. Collectively the team determined that a second strategy was needed to more fully evaluate the implementation and the impact of the CHIP plan across the broader community. To accomplish this, the CHA/CHIP Team solicited strategic plans, community benefit plans, community health plans from partner organizations across the Mahoning Valley. Plans were received from the following community partners:

- The Ohio Department of Health
- Organizacion Civica y Cultural Hispana Americana, Inc. (OCCHA)
- Springfield Township
- Poland Township
- Mahoning County Educational Service Center
- The City of Youngstown
- The Mahoning County District Board of Health
- The Youngstown City Health District
- Youngstown City School District
- The YMCA of Youngstown
- Youngstown Metropolitan Housing Authority
- Youngstown City Parks
- Mahoning County Mental Health Board
- The Catholic Diocese of Youngstown
- Millcreek Metro Parks
- Youngstown State University
- Humility of Mary Health partners/St. Elizabeth Hospital Youngstown
- Humility of Mary Health partners/St. Elizabeth Hospital Boardman
- Akron Children’s Hospital Mahoning Valley
- Access Health Mahoning Valley
- General Motors Assembly Plant Lordstown, OH
- Meridian Community Care
- Mahoning County Children and Family First Council
- Help Hotline

Throughout the summer of 2013 the content of all community partners’ plans were analyzed to evaluate the extent to which the 2011 CHA/P priorities and goals had become partner organizations’ internal priorities and goals and to discern the congruity between the community plans and the 2011 CHA/P.

III. 2011 TRI-COUNTY CHA/P IMPLEMENTATION EVALUATION RESULTS

The CHA/CHIP Team reassembled in October of 2013 to review the analysis of all partner agencies' community health/strategic plans. This analysis demonstrated shared health concerns across community partners in the following areas:

- Inadequate and poor quality housing
- Inadequate access to behavioral health services
- Opiate and heroin use/abuse
- Insufficient levels of healthy eating/active living
- High infant mortality, and
- High burden of chronic disease

Also in October, the team learned that both Trumbull and Columbiana counties (at the direction of their local hospitals) had each commenced their own single county CHA/CHIP processes. In light of this information along with the findings of the 2011 CHA/P implementation study, the Mahoning County CHA/CHIP Team decided to re-visit the Mobilizing for Action through Planning and Partnerships (MAPP) model to update and revise the 2011 CHA/P initiative, focus future efforts on Mahoning County, and create a 2014 Mahoning County Community Health Improvement Plan (CHIP). The table below lists the priorities identified in each partner's plan. Themes are identified by color.

Organization	Year	Formal Plan	Health Priorities							
Ohio Dept of Health	2013	Yes	Infant Mortality/premature births	Access to Care	Integration of beh and phys health	Integration of beh and phys health	Injury and violence	Infectious disease	Chronic Disease	
OCCHA	2013	No	breast ca	diabetes	hypertension	cardiovas disease	Alzheimer's dis			
Springfield Twp	2013	No	Incr rec space	Pharm disposal	Housing demo	Safe water, sewage, and landfill waste	access to healthy foods	lead in homes	Pharm disposal	
Poland Twp		Yes	water testing	landfill testing	restaurant testing	pest management	sanitary sewers			
MCESC		Yes	Internal objectives to ensure student success							
UWYMV	2010-14	Yes	Income	Education	Health	Health	Health	Health	Health	Health
UWYMV con't			Health	Health	Health					
City of Youngstown	2010-15	Yes	Housing and Homeless	Housing and Homeless	Housing and Homeless	Lead in Homes	Community Development			
MCADASB	SFY 2013	Yes	Opiate Use/YSU	Integration of Behv health w primary medical care	Integration of Behv health w primary medical care					
Help Hotline	2010-13	Yes	Enhanced quality and intervention of services	Enhanced quality and intervention of services	Build internal capacity					
Yo City HD	2011	Yes	Suicide	Access to care		Incr to healthy food and physical activity	School and workplace wellness	lead poisoning	Pharm disposal	
MCDBOH	2011	Yes	Suicide	Access to care		Incr to healthy food and physical activity	School and workplace wellness	lead poisoning	Pharm disposal	
Yo City Schools	2010	Yes	Meet cognitive, social and emotional needs of all students	Meet cognitive, social and emotional needs of all students						
YMCA of Yo	2013	Yes		Youth obesity	Diabetes	Expansion of services to meet needs				
YMHA		Yes	Housing Quality	Support services to reduce generational housing and length of tenancy	Support services to reduce generational housing & length of tenancy	Support services to reduce generational housing & length of tenancy				

Yo City Parks	2013	Yes	Increase utilization	ID gaps and overlaps in service area						
MC Mental Health	SY 2013	Yes	Access to care							
Yo Diocese		No	Food insecurities	Urban Gardens						
Millcreek Metro Parks	2013	Yes	Protect natural resouces	Inproved access and use						
Neil Kennedy		Yes	Opiate addiction							
YSU		Yes	Non-violence in workplace	community safety	student engagement for success					
YSU Dept of Ecology	2013	Yes	Provide CE community professionals	Provide oppportunity for students for community service						
Et. Elizabeth HC	2013	Yes	Diabetes	Obestiy	Heart Disease					
St. Joseph HC	2013	Yes	Diabetes	Repiratory disease						
St. Elizabeth Bdman Health Center	2013	Yes	Diabetes	Prenatal						
Akron Children's Hosptial	2013	yes	Asthma	Diabetes	Mental Health	Infant Mortality				
Access Health	2013	Yes	Provide medical home	Improve health status of members	Reduce ER visits for routine care	Increase of preventative & education programs				
UAW-GM	2013	Yes	Overweight	low HDLs	High Stress	High Blood Pressure				
Meridian	2013	Yes	ID adolescents at risk for drug se	Access to Treatment	OD Deaths	Drug Use during Pregnancy	Hep C			
MCFCFC	2013-15	Yes	reduce child abuse and neglect	students succeed in school	access to behv and physical health	strenthen FCFC collaboration				

KEY	Substance Abuse	Mental Health	Healthy Eating/ Active Living	Infant Mortality	Housing	Chronic Disease	Environmental	Access to Care	School and Workplace Wellness
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