

# 2016 Community Health Needs Assessment

**MERCY HEALTH — ST. ELIZABETH BOARDMAN HOSPITAL,  
BOARDMAN, OHIO**



Mercy Health, formerly Catholic Health Partners, has been committed to the communities it serves for more than 150 years. This long-standing commitment has evolved intentionally, based on our communities' most pressing health needs.

Every three years we evaluate those needs through a comprehensive Community Health Needs Assessment (CHNA) for each of our hospitals. The most recent assessments, completed by Mercy Health and community leaders, include quantitative and qualitative data that guide both our community benefit and strategic planning.

The following document is a detailed CHNA for Mercy Health — St. Elizabeth Boardman Hospital. St. Elizabeth Boardman Hospital is dedicated to continuing the healing ministry of Jesus Christ. As part of the Mercy Health system, St. Elizabeth Boardman has been steadfast in its mission of caring for the poor, the elderly and the vulnerable members of the community, and to improving the health of the many communities it serves.

Mercy Health has responded to community health needs as part of a five-year strategic plan that

concludes in 2018. In recent years, Mercy Health has invested in building and renovating hospitals and ambulatory facilities to serve patients and communities in Ohio and Kentucky. Our ministry continues to invest in our CarePATH electronic health record to ensure seamless and integrated care, no matter the provider or the setting. We also operate health and fitness centers, hospice facilities, outpatient clinics and senior living facilities ... all to improve the health of our communities.

Mercy Health contributes about \$1 million per day in community benefit services as we carry out our Mission of extending care to the poor and under-served.

Mercy Health — St. Elizabeth Boardman Hospital strives to meet the health needs of its community. Please read the document's introduction below to better understand the health needs that have been identified.

Written comments regarding these needs should be directed to: [www.mercy.com/global/about-us/contact-us](http://www.mercy.com/global/about-us/contact-us).

**Through our CHNA, Mercy Health has identified the greatest needs among each of our hospital's communities. This enables us to ensure our resources are directed appropriately toward outreach, prevention, education and wellness opportunities where the greatest impact can be realized.**

# Table of contents

<b>INTRODUCTION</b> .....	3
Community served by hospital .....	3
Information and data considered in identifying potential need .....	4
<b>PROCESS AND METHODS</b> .....	5
<b>Process for Gathering and Analyzing Data/Information</b> .....	5
1. External sources .....	6
2. Collaborating partners .....	6
<b>Community Input</b> .....	6
1. Use of community input .....	6
2. Organizations providing input .....	7
<b>EXECUTIVE SUMMARY</b> .....	9
<b>Significant health needs</b> .....	9
1. Cancer .....	9
2. Substance abuse .....	9
3. Diabetes .....	10
4. Infant mortality and premature births .....	10
<b>Prioritized health needs</b> .....	11
1. Cancer .....	11
2. Substance abuse .....	12
3. Diabetes .....	12
4. Infant mortality and premature births .....	12
<b>Resources available</b> .....	13
<b>PROGRESS ON 2013 CHNA</b> .....	14

# Introduction

## COMMUNITY SERVED BY HOSPITAL

T.R. §1.501(r)-3(b)(1)(i) and (3)

Mercy Health — St. Elizabeth Boardman Hospital is a community facility primarily serving residents of southern Mahoning and Columbiana counties. St. Elizabeth Boardman also offers Level III maternity services to five surrounding counties. Patient data from 2014 indicates that 81% of total volume reside in Mahoning and Columbiana counties in Zip codes 44515, 44512, 44514, 44511, 44515, 44406, 44471, 44408, 44452, 44442, 44502, 44413, 44460, 44509, and 44405.

St. Elizabeth Boardman Hospital aims to serve our patients and each other in ways that reflect its core values of Compassion, Excellence, Human Dignity,

Justice, Sacredness of Life and Service. Our Mission is to extend the healing ministry of Jesus by improving the health of our communities with emphasis on people who are poor and under-served.

Each year St. Elizabeth Boardman provides millions of dollars in community benefits. The real value of this contribution lies not in dollars, but in the commitment of the staff members, physicians, volunteers, board members and other community leaders who work on behalf of Mercy Health — St. Elizabeth Boardman Hospital ... the people who bring the hospital to life.

## INFORMATION AND DATA CONSIDERED IN IDENTIFYING POTENTIAL NEED

T.R. §1.501(r)-3(b)(1)(ii) and (5)

Information and data sources: federal, state or local health or other departments or agencies; community input

<b>Public health departments (T.R. §1.501(r)-3(b)(5)(i)(a))</b>		<b>Date of data/information</b>
Mahoning County District Board of Health (MCDBOH)		5/17/16
Columbiana County General Health District		7/25/16

  

<b>At-risk populations (T.R. §1.501(r)-3(b)(5)(i)(b))</b>		<b>Date of data/information</b>
Catholic Charities Diocese of Youngstown		2/23/16
Community Foundation of the Mahoning Valley		Not available
Community Legal Aid Services, Inc.		2/10/16
Compass Family and Community Services		2/17/16
Diabetes Partnership of the Mahoning Valley		2/22/16
Good Shepherd Kitchen (at Trinity United Methodist Church)		2/13/16
Lake to River Food Cooperative		2/23/16
Midlothian Free Health Clinic		2/22/16
Mahoning Youngstown Community Action Partnership (MYCAP)		2/9/16
Organizacion Civica y Cultural Hispana Americana (OCCHA) Inc.		3/14/16
Ohio Senate		2/17/16
Plaza Mexico Restaurant & Cantina		2/19/16
St. Andrewes A.M.E. Church		3/21/16
United Returning Citizens Inc.		2/10/16
Strong Cities, Strong Communities initiative		2/17/16
Youngstown Metropolitan Housing Authority		2/8/16
Youngstown Neighborhood Development Corporation (YNDC)		2/10/16
YWCA of Youngstown		2/11/16

  

<b>Additional sources of input (T.R. §1.501(r)-3(b)(5)(ii))</b>		<b>Date of data/information</b>
Kent State University College of Public Health		Not available



# Process and methods

## PROCESS FOR GATHERING AND ANALYZING DATA/INFORMATION

T.R. §1.501(r)-3(b)(6)(ii)

### Process and methods to conduct the community health needs assessment:

T.R. §1.501(r)-3(b)(6)(ii)

St. Elizabeth Boardman Hospital conducted its community health needs assessment between January and June 2016 by obtaining data in the following methods:

The Community Benefits Planning Committee (CBPC) distributed surveys to community leaders from public health, healthcare, business, education, non-profit, philanthropy and governmental organizations. The committee then identified health needs by reviewing the surveys as well as input from local city and county health commissioners. To verify the needs, goals and strategic alignment, this information was reviewed with hospital presidents, Mercy Health leaders, key stakeholders and service line leaders in behavioral health, diabetes education, cancer care and drug, alcohol and substance abuse.

The surveys were distributed and collected between February and March 2016. Individual surveys were distributed and collected through SurveyMonkey, community outreach groups, senior centers, primary care medical and physician practices, churches and community centers. Organizational surveys were distributed and collected through SurveyMonkey, hand delivery to community organizations and emails to community task forces, coalitions and various community service entities.

Individual and organizational surveys focused on four specific questions:

1. What are the top five health concerns in our community?
2. What do you think most impacts the health of the people in our community?
3. What are the major barriers that keep people in our community from being healthy?
4. Please share anything else you want us to know about the health needs of our community.

In order to confirm that the individual survey responses were representative of the race and ethnicity of the community, the percentage of survey respondents from each race/ethnicity was compared to the overall percentage of the Mahoning County population per U.S. Census data. The hospital felt comfortable that the responses received were representative of the entire community.

All results received from the individual and organizational surveys were input into an Access database. Results were then categorized according to Zip code. Results for each question were weighted by the number of responses received for each category. Written comments were thematically categorized and included in the analysis of results.

St. Elizabeth Boardman Hospital held a focus group in May 2016 to obtain input from local health commissioners from the Mahoning County District Board of Health and Youngstown City Health District. The focus group reviewed local health districts' community health needs and strategies, the hospital's survey results and the state of Ohio's current community health priorities. They also sought input from local health commissioners on other pressing or current health needs in the community. The results of the focus group were then compared with the results of the state, local and hospital survey.

The CHNA process also validated alignment with the current community health needs identified by county and state commissioners and health departments. This was done by carefully reviewing the community health assessment and community health improvement plan from the Mahoning Country District Board of Health, as well as the State Health Improvement Plan from the Ohio Department of Health. These data sources also were used to confirm current community resources directed at

these health needs.

St. Elizabeth Boardman also reviewed community health data provided by Kent State University (KSU) College of Public Health. KSU provided data related to key health findings within the counties of Mahoning, Trumbull and Columbiana. This data included population, social and environmental risks, prevalent chronic diseases, lifestyle factors, maternal and child health and mental health. The data was accumulated from the 2014 U.S. Census Bureau, Network of Care, County Health Rankings, Community Commons and Ohio Department of Health.

#### **External sources**

- Community Commons
- County Health Rankings and Roadmaps from the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
- Kent State University College of Public Health
- Mahoning County Health Improvement Plan from the Mahoning County District Board of Health
- National Comprehensive Cancer Network
- Network of Care from Trilogy Integrated Resources LLC
- Child and Family Health Services (CFHS) and Reproductive Health and Wellness Program (RHWP) health status profiles from the Ohio Department of Health
- 2015 Ohio Cancer Report from the Ohio Department of Health
- 2015-2016 State Health Improvement Plan from the Ohio Department of Health

#### **Collaborating partners**

The hospital collaborated with the following organizations as part of the process of conducting the needs assessment.

- Kent State University College of Public Health

## **Community input**

T.R. §1.501(r)-3(b)(6)(iii)

No written comments were received on the previously completed CHNA.

The CHNA relied heavily on key health needs findings obtained through: the KSU College of Public Health; individual and organizational surveys; input from health commissioners; and health improvement priorities identified by the Mahoning County District Board of Health's 2014 Community Health Assessment & Community Health Improvement Plan and the Ohio Department of Health's 2015-2016 State Health Improvement Plan.

Key findings from the KSU data and statistics support community health need priorities of: cancer (breast, colorectal and lung), drug and alcohol (substance abuse/addiction), diabetes and infant mortality/premature births.

Based on the 260 individual surveys returned, the top three prioritized health concerns were cancer, diabetes and drug and alcohol abuse. The individual surveys also indicated that the top three ranked impacts on health were lack of physical activity, smoking and poverty, and the top three ranked barriers were can't afford medications, out-of-pocket expense and lack of insurance.

Analysis of the 20 surveys completed by local community organizations identified the top three prioritized health concerns as: mental health, obesity and diabetes. The top three ranked impacts on health were poverty, lack of physical activity and lack of access to healthy food, and the top three barriers were out-of-pocket expense, can't afford medications and lack of transportation.

Based on input from health commissioners from the from Mahoning County District Board of Health and priorities of the Youngstown City Health District, the impacts and barriers identified in the surveys were in alignment with community health needs among state and local health departments. Additionally, the health commissioners identified the epidemic of heroin/opioid use, abuse and deaths as a high priority health need in the community.

Priorities of the Mahoning Country District Board of Health Community Health Assessment & Community Health Improvement Plan were: improve rates of healthy eating and active living; reduce infant mortality and eliminate birth outcome inequity; reduce the incidence and burden of chronic disease, particularly diabetes; and reduce rates of substance-use disorders, particularly opiates and heroin.

Priorities of the Ohio Department of Health’s 2015-2016 State Health Improvement Plan Addendum were: decrease infant mortality and reduce disparities in birth

outcomes; prevent and reduce the burden of chronic disease; reduce and/or prevent reportable infectious diseases; implement integrated mental and physical health care models; confirm Ohio’s public health organizations have the resources and capacity they need to assure the health and well-being of all Ohioans; ensure a sufficient quantity of competent public health and clinical health workers to meet the needs of all Ohioans; and generate value by providing the right information in the right place at the right time to improve overall health system performance.

## Organizations providing input

Organization providing input	Nature and extent of input	Medically underserved, low-income or minority populations represented by organization
Catholic Charities Diocese of Youngstown	Participated in organization survey to identify and prioritize health needs, impacts of health and barriers	Low-income and under-served
Community Legal Aid Services, Inc.	Participated in organization survey to identify and prioritize health needs, impacts of health and barriers	Low-income, minority and immigrant population
Compass Family and Community Services	Participated in organization survey to identify and prioritize health needs, impacts of health and barriers	Behavioral health patients
D&E Counseling Center (now Alta Care Group)	Discussion and input on health needs provided by the CEO	Mental health
Diabetes Partnership of the Mahoning Valley	Participated in organization survey to identify and prioritize health needs, impacts of health and barriers	Medically under-served
Good Shepherd Kitchen (at Trinity United Methodist Church)	Participated in organization survey to identify and prioritize health needs, impacts of health and barriers	Low-income, homeless
International Towers	Participated in organization survey to identify and prioritize health needs, impacts of health and barriers	Low-income



## Organizations providing input ...continued

Organization providing input	Nature and extent of input	Medically underserved, low-income or minority populations represented by organization
Lake to River Food Cooperative	Participated in organization survey to identify and prioritize health needs, impacts of health and barriers	Low-income and under-served
Midlothian Free Health Clinic	Participated in organization survey to identify and prioritize health needs, impacts of health and barriers	Medically under-served
MYCAP	Participated in organization survey to identify and prioritize health needs, impacts of health and barriers	Low-income and under-served
OCCHA	Participated in organization survey to identify and prioritize health needs, impacts of health and barriers	Hispanic/Latino population
Ohio Senate	Participated in organization survey to identify and prioritize health needs, impacts of health and barriers	Community at-large
Plaza Mexico Restaurant & Cantina	Participated in organization survey to identify and prioritize health needs, impacts of health and barriers	Hispanic/Latino immigrant population
St. Andrewes A.M.E. Church	Participated in organization survey to identify and prioritize health needs, impacts of health and barriers	African-American population
United Returning Citizens Inc.	Participated in organization survey to identify and prioritize health needs, impacts of health and barriers	Felons seeking community reintegration
Strong Cities, Strong Communities initiative	Participated in organization survey to identify and prioritize health needs, impacts of health and barriers	Low-income
YNDC	Participated in organization survey to identify and prioritize health needs, impacts of health and barriers	Low-income and under-served
YWCA of Youngstown	Participated in organization survey to identify and prioritize health needs, impacts of health and barriers	Minorities and women

# Executive summary

## Significant health needs

T.R. §1.501(r)-3(b)(4)

### CANCER

#### Capacity and adequacy of service levels

- Lung cancer is the second most common cancer in both men and women, and the leading cancer killer in men and women in every ethnic group. Mahoning County has a higher than average incidence of lung cancer (70.5 per 100,000 individuals) than the nation (58.7) and state (71.7). Columbiana County's rate also is higher, at 72.4.
- The leading types of cancer and cancer mortality in Mahoning County in 2008-2012 were lung and bronchus, representing 15.5% of all cancers and 26.6% of cancer deaths.
- Colorectal cancer is the third leading cause of death in men and women in the United States and the second leading cause for both sexes combined. In the tri-county area, the average incidence rate is 46.8 compared to 43.1 in Ohio and 42.4 in the nation.
- Ohio ranks fourth in the nation in breast cancer mortality, with a rate of 24.8 per 100,000 individuals; Northeast Ohio's mortality rate matches the state rate of 24.8, but both the state and local rates are higher than the national average of 22.6. The incidence of breast cancer is 125 per 100,000 individuals in Mahoning County and 121 in Columbiana County.
- Tobacco use remains the single most preventable cause of death in the United States.
- Barriers exist for breast, colon and lung cancer screening, especially in minority and under-served populations.

#### Current service providers

Mercy Health's Regional Tobacco Treatment Center serves people from all counties regardless of ability to pay. In addition, all Mercy Health hospitals offer cancer services. Other service providers include the Joanie Abdu Mobile Mammography Van, Surgical Hospital at

Southwoods, Southwoods Imaging Center, ValleyCare Health System of Ohio (Northside Medical Center) and the American Cancer Society. Community organizations as well as primary care, oncology, pulmonology, urology, surgery, radiology and gastroenterology physicians and specialists also offer education, screening and cancer-related services.

### SUBSTANCE ABUSE

#### Capacity and adequacy of service levels

- In 2007-2012, Mahoning County had the 20th highest per-capita death rate for accidental overdoses in Ohio, and Columbiana County had the 47th highest per capita death rate. Mahoning County had 247 accidental deaths, at 17.4 deaths per 100,000 people. Columbiana County had 67 accidental deaths, at 13 deaths per 100,000 people.
- 2011 state statistics show the counties have a high rate of pain-medication prescriptions, with 77.5 doses of opiates per person prescribed in Mahoning County and 70.3 doses per person prescribed in Columbiana County, compared to the state average of 66.7.
- Adults excessively using alcohol are reported at 16% for Mahoning County and 15% for Columbiana County. The number of adults abusing prescription drugs is 6% in Mahoning County and 8% in Columbiana County.
- In the past, only one inpatient detox facility, Neil Kennedy Recovery Center in Youngstown, was available to treat alcohol dependency. Although the Mercy Health Behavioral Health Institute expanded, there is still a critical need to provide adequate services to patients needing behavioral health services, specifically substance abuse patients requiring medical detoxification.
- There is also a need for practitioners and counselors in the specialties of behavioral/mental health and drug and alcohol treatment.

#### Current service providers

Mercy Health's department of psychiatry and behavioral health provides inpatient services at St. Elizabeth Youngstown Hospital. In addition, St. Joseph Warren Hospital offers the New Start Treatment Center. Other service providers include Alta Behavioral Healthcare (formerly Turning Point Counseling Center), Belmont Pines Hospital, Mahoning County Mental Health and

Recovery Board, First Step Recovery, Braking Point Recovery Center, Compass Family and Community Services, Glenbeigh alcohol and drug treatment centers, PsyCare Behavioral Healthcare and Counseling and Project DAWN (Deaths Avoided With Naloxone). Medication-assisted treatment (MAT) is available at Meridian HealthCare, Neil Kennedy Recovery Centers and multiple private physicians in the community, adequately meeting this need in healthcare.

## DIABETES

### Capacity and adequacy of service levels

- Diabetes mellitus is the seventh leading cause of death in Ohio and the United States. Diabetes was the primary cause of death for 3,600 Ohioans and was a contributing cause of many more deaths.
- 10.4% of adults in Mahoning County and 9.3% of adults in Columbiana County have diabetes.
- Diagnosis and treatment services are available at primary care offices/medical homes.
- Affordability of insulin is named as a barrier to adherence.
- There is continued need for diabetes education classes in various locations.

### Current service providers

Mercy Health physicians and the diabetes education department offer education and classes. Mercy Health also offers a prescription assistance program and a gestational program. Other service providers include YWCA, Mahoning County District Board of Health, the Ohio State University Extension Mahoning County office, Akron Children's Hospital Mahoning Valley and Diabetes Partnership of the Mahoning Valley. Various primary care and endocrinologist practices and community organizations also offer diabetes management and education.

## INFANT MORTALITY AND PREMATURE BIRTHS

### Capacity and adequacy of service levels

- Ohio's infant mortality rate is one of the worst in the nation.
- Compared to the state rate of 7.7 per 100,000 individuals, Mahoning County's rate of infant mortality rate is 9.8 and Columbiana County's rate is 5.6.
- African-American babies are twice as likely to die in the first year of life as Caucasian babies. Ohio's black infant mortality rate ranks among the worst in the nation.
- Currently we have capacity in the community, but health disparities exist with infant mortality in African-American infants at a much higher rate than Caucasian infants. The Health Status Profile report, updated in March 2015, indicates a need for continued focus on improving infant mortality and reducing incidences of low birth weight and preterm births.

### Current service providers

Maternal fetal medicine interventions are provided through Level III maternity services at Mercy Health — St. Elizabeth Boardman Hospital and Level II maternity services at Mercy Health — St. Joseph Warren Hospital. Mercy Health — St. Elizabeth Youngstown Hospital also has several resources for addressing infant mortality and premature births, including the Women's Care Center, Women's Services program, Resource Mothers program and CenteringPregnancy program. Other service providers include Akron Children's Hospital Mahoning Valley, ValleyCare Health System of Ohio (Northside Medical Center), Help Me Grow, Planned Parenthood's Healthy Moms, Healthy Babies program, Safe Kids/Safe Sleep Committee, Help Hotline Crisis Center, Inc., Family and Children First Council of Mahoning County, Beatitude House, Youngstown Metropolitan Housing Authority, ONE Health Ohio (a federally qualified health center), The Mahoning County District Board of Health's Women, Infants and Children (WIC) program and Catholic Charities Diocese of Youngstown. Various ob/gyn physician practices and pediatricians offer related services, and the Mahoning/Youngstown (M/Y) Baby's 1st Collaborative is focused on this need as well.

## Prioritization of health needs

The Mercy Health — Youngstown Community Benefits Planning Committee (CBPC) reviewed all data collected from individual surveys, organizational surveys, input from county and city health commissioners and county, city and state health improvement plans. The committee then facilitated the prioritization methodology. The information was reviewed with Mercy Health — Youngstown hospital presidents and the Strategy Development Committee, and reviewed with key stakeholders within the hospital, including the Behavioral Health Institute, diabetes education, Cancer Center, New Start Treatment Center, Mercy Health physician president and the director of quality.

The top six health needs identified from the CBPC and key stakeholders (cancer, diabetes, drug/alcohol and substance abuse, infant mortality, obesity and mental health) were discussed using a two-step process:

The first step in the process established priorities among identified CHNA health needs. Committee members rated each health need based on four key criteria: the size of the population (4); the severity of the health need (3); the ability to evaluate outcomes (2); and the current community capacity to address the health need (1). This scoring method created a rank order among the health needs identified by the committee.

The second step in the process evaluated the hospital's capacity to address the need, the degree to which the health need affects the poor, under-served, women and children, and whether the need addresses the common good or creates a more just health care environment (referred to as "Mission impact"). Each of the health needs under consideration were rated high, medium or low on critical variables. This involved plotting each health need against two variables that are critical to setting the priorities for the organization. This exercise yielded what is commonly referred to as a "4-square analysis" and produced the ability to tier the identified health needs and show the importance of the health needs relative to each other. The results are as follows:

Health need	Mission impact	Capability of hospital to address the need
Infant mortality	3	3
Drug and alcohol abuse	3	2
Cancer	2	2
Diabetes	2	2
Mental health	3	1
Obesity	2	1

After full data review with key stakeholders and identification of the priorities listed above, the hospital president and Strategy Development Committee took into consideration the hospital's mission, capacity and strategic plan in order to determine priority health needs for the community in which the hospital serves.

## Prioritized health needs

Based on all of the above information and processes, the prioritized health needs of the community served by Mercy Health — St. Elizabeth Boardman Hospital are listed below.

### CANCER

Lung cancer is the leading cancer killer in men and women in every ethnic group, and is the second most common cancer in both men and women. Overall the chances that a man will develop lung cancer is about 1 in 14; for women, the risk is 1 in 17. In 2016, the American Cancer Society estimates there will be 224,390 new cases of lung cancer and 158,080 deaths from lung cancer in the U.S. Tobacco use remains the single most preventable cause of death in the United States. Many lung cancers are undiagnosed until later stages of the disease. 69% of Mercy Health — Youngstown lung cancer cases were diagnosed at stage 3 or 4 (data from 2012-2015 Mercy Health — Youngstown Cancer Registry). An estimated 20,738 patients within the tri-county area are eligible for screening, while less than 1% actually get screened.

Colorectal cancer is the third leading cause of death in men and women in the United States and the second leading cause for both sexes combined. Around 1 in 3 adults between the ages of 50 and 75 are not getting screened as recommended. When adults get screened, colorectal cancer can be detected in the early stages when treatment is more likely to be successful and in some cases prevented through the detection and removal of precancerous polyps. Groups less likely to get tested are men, those aged 50-64, Hispanics, people living in rural areas and individuals with lower education and income.

Ohio ranks fourth in the nation in breast cancer mortality, with a rate of 24.8 per 100,000 individuals; Northeast Ohio's mortality rate matches the state rate of 24.8, but both the state and local rates are higher than the national average of 22.6. African-American women remain more likely to die from breast cancer, even though they are less likely to be diagnosed with the disease. High-risk communities include females over the age of 40, non-white females and uninsured females ages 18-64. Pertinent factors in identifying high-risk communities include those high-risk female populations, the high percentage of females age 40 and older who have not had a mammogram in the past year and the high female breast cancer incidence rate.

## **SUBSTANCE ABUSE**

Accidental drug overdose deaths are dramatically on the rise, related to heroin and prescription opiate pain medications. The onset of use of these drugs has even reached adolescents as young as age 12 and 13. Deaths due to accidental drug overdoses have surpassed deaths related to motor vehicle accidents. In 2007-2012, Mahoning County had the 20th highest per-capita death rate for accidental overdoses in Ohio, and Columbiana County ranked 47th. 2011 state statistics show both counties have a high rate of pain-medication prescriptions, with 77.5 doses of opiates prescribed per person in Mahoning County and 70.3 doses per person prescribed in Columbiana County, compared to the state average of 66.7. Along with these barriers to access, medical detox continues to be unaffordable for many people as most insurance policies do not cover the entire cost of treatment and payment is required before receiving services.

## **DIABETES**

Diabetes mellitus is the seventh leading cause of death in Ohio and the United States. Diabetes was the primary cause of death for 3,600 Ohioans and was a contributing cause of many more deaths. In addition, it is estimated that more than 8 million Americans have type 2 diabetes but do not know it and another 86 million Americans are at risk for developing it. Type 2 diabetes accounts for the vast majority (90-95%) of diabetes cases in the United States, with type 1 diabetes accounting for about 5 percent of cases. Risk of type 2 diabetes is associated with both genetic and lifestyle factors including obesity, poor diet, lack of physical activity and tobacco use. Uncontrolled, diabetes can lead to damage of the eyes, kidneys, blood vessels and nerves, and often complicates many other diseases.

Successful control of blood sugar throughout one's life is the cornerstone of diabetes care. Good nutrition, blood sugar monitoring, medications and proper healthcare screenings are critical for success, and regular physical activity and tobacco cessation greatly improves both diabetes control and quality of life.

## **INFANT MORTALITY AND PREMATURE BIRTHS**

Ohio's infant mortality rate is one of the worst in the nation. Ohio's black infant mortality rate also ranks among the worst in the nation. The three leading causes of infant death are prematurity due to preterm births, birth defects and sleep-related deaths. Some risk factors such as poverty, living in an under-resourced neighborhood and smoking increase the risk of all three leading causes of infant death. The Ohio Department of Health and CityMatCH partnered to form the Ohio Institute for Equity in Birth Outcomes (OEI). The Mahoning/Youngstown (M/Y) Baby's 1st Collaborative is focused on this need as well.



## Resources available

The existing healthcare facilities and other resources within the community that are available to meet the prioritized needs are listed below for each need:

### CANCER

Resources available to address the cancer needs of the community include Mercy Health's Regional Tobacco Treatment Center, Mercy Health Cancer Centers, the Joanie Abdu Mobile Mammography Van, Surgical Hospital at Southwoods, Southwoods Imaging Center, ValleyCare Health System of Ohio (Northside Medical Center) and American Cancer Society.

### SUBSTANCE ABUSE

Resources available to address the substance abuse needs of the community include inpatient services at St. Elizabeth Youngstown Hospital as well as St. Joseph Warren Hospital's New Start Treatment Center, Alta Behavioral Healthcare (formerly Turning Point Counseling Center), Belmont Pines Hospital, Mahoning County Mental Health and Recovery Board, Trumbull County Mental Health and Recovery Board, Columbiana County Mental Health and Recovery Services Board, Columbiana County General Health District, Mahoning County General Health District, Youngstown City Health District, Glenbeigh alcohol and drug treatment centers, PsyCare Behavioral Healthcare and Counseling, First Step Recovery, Braking Point Recovery Center, Compass Family and Community Services, Alliance for Substance Abuse Prevention (ASAP) Coalition and Project DAWN (Deaths Avoided With Naloxone). Meridian HealthCare and Neil Kennedy Recovery Centers also offer MAT programs.

Other organizations with programs aimed at this need include local sheriff departments, the Mahoning and Columbiana county coroners, the Ohio Automated Rx Reporting System, the Centers for Disease Control and Prevention's Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality program, Ohio branch of the American Psychiatric Nurses Association and the Trumbull-Ashtabula Group (TAG) Law Enforcement Task

Force. Additional programs are available through the Ohio Department of Mental Health & Addiction Services, Alcoholics Anonymous/Narcotics Anonymous/Heroin Anonymous, New Vision inpatient medical stabilization services at University Hospitals Geauga Medical Center, Windsor Laurelwood Center for Behavioral Medicine, Cleveland Clinic, Andover United Methodist Church, Summa Health Behavioral Health Institute, Addiction Counseling and Treatment (ACT) Center for Recovery ONE Health Ohio (a federally qualified health center) and Coleman Professional Services.

### DIABETES

Resources available to address the diabetic needs of the community include Mercy Health hospitals and physicians, YWCA, Mahoning County District Board of Health, the Ohio State University Extension Mahoning County office, Akron Children's Hospital Mahoning Valley, ValleyCare Health System of Ohio (Northside Medical Center) and Diabetes Partnership of the Mahoning Valley.

### INFANT MORTALITY AND PREMATURE BIRTHS

Resources available to address the infant mortality and premature births need include Level III maternity services at St. Elizabeth Boardman Hospital and Level II maternity services at St. Joseph Warren Hospital, as well as St. Elizabeth Youngstown Hospital's Women's Care Center, Women's Services program, Resource Mothers program and CenteringPregnancy program. Other providers include Akron Children's Hospital Mahoning Valley, Youngstown City Health District, Mahoning County District Board of Health, ValleyCare Health System of Ohio (Northside Medical Center), Help Me Grow, Planned Parenthood's Healthy Moms, Healthy Babies program, Safe Kids/Safe Sleep Committee (Nationwide Children's Hospital's Safe Sleep Committee), Help Hotline Crisis Center, Inc., Family and Children First Council of Mahoning County, Beatitude House, Salem Regional Medical Center and Catholic Charities Diocese of Youngstown.



# Progress on Health Priorities Identified in the 2013 Health Needs Assessment

## DIABETES

Initiatives	Evaluation of Impact
Diabetes education	<p>St. Elizabeth Youngstown's diabetes education department served over 1,500 patients in 2015, an increase of 27% over 2014. Participants had the following results:</p> <ul style="list-style-type: none"> <li>• 90% of class participants achieved a decrease in HgbA1C post-class, exceeding the goal of 70%</li> <li>• The class completion rate of 91% exceeded the goal of 85%</li> </ul>
Community outreach and education	With a rate of 89.8%, primary care practices have exceeded their 80% goal for medical attention for nephropathy.

## INFANT MORTALITY

Initiatives	Evaluation of Impact
Reduce incidence of infants born with low birth weight	St. Elizabeth Boardman Hospital serves high-risk infants from five counties as a Level III maternity services provider. 11.3% of infants born at St. Elizabeth Boardman in 2015 had a low birth weight, exceeding the hospital's goal of 11.8% or less.

## OBESITY

The hospital determined other community agencies were specifically designed and better prepared to address this health need. Additionally, St. Elizabeth Boardman Hospital determined the strategies and activities aimed at reducing diabetes would also impact obesity. Obesity continued to be a community health focus.

## BEHAVIORAL HEALTH

Mercy Health — Youngstown determined that its hospitals did not have the capacity to address the behavioral health need across the continuum of care. Although St. Elizabeth Boardman did not address this need in its 2013 implementation plan, it continues to take foundational steps to adequately address this need in the future.

## ACCESS & PREVENTIVE CARE

The hospital determined other community agencies were specifically designed and better prepared to address this health need.