2020 COMMUNITY HEALTH NEEDS ASSESSMENT

Richland County, Ohio

Sponsored by
Avita Health System, Avita Ontario Hospital

2020-0900-02

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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Richland County, the service area of Avita Health System, Avita Ontario Hospital. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

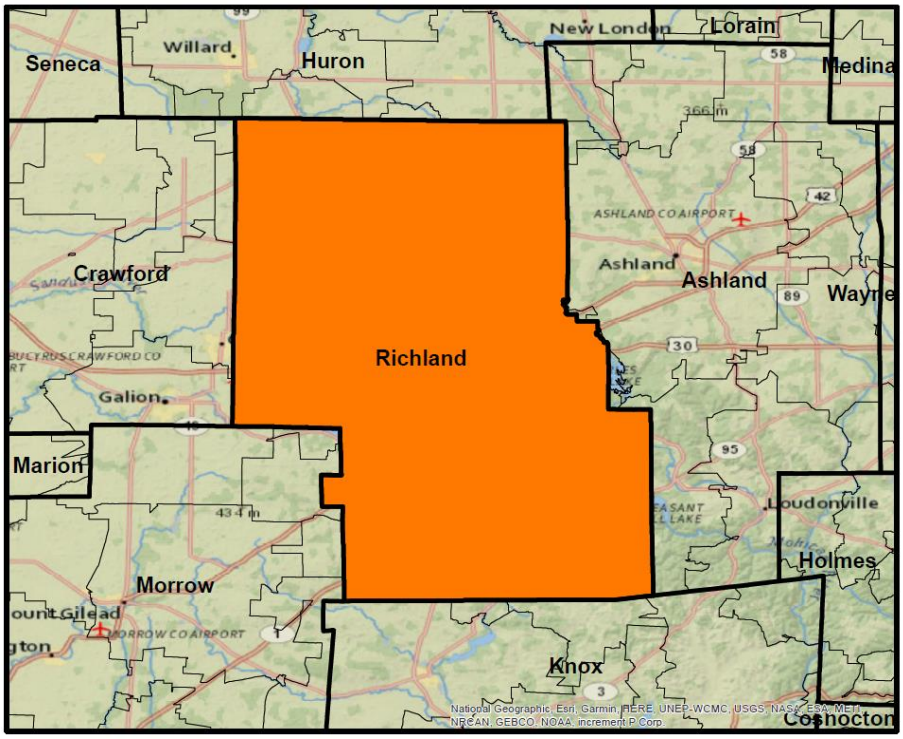
A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

Methodology

Quantitative data input for this assessment includes secondary research (vital statistics and other existing health-related data) that allows for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research among community stakeholders gathered through an Online Key Informant Survey.

Community Defined for This Assessment

The study area for this effort is Richland County, Ohio. This community definition, determined based on the areas of residence of most recent patients of Avita Health System, Avita Ontario Hospital, is illustrated in the following map.



Online Key Informant Survey

To solicit input from community stakeholders (key informants), those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Avita Health System, Avita Ontario Hospital; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 43 community stakeholders took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Public Health Representatives	4
Health Providers	2
Social Services Providers	15
Other Community Leaders	22

Final participation included representatives of the organizations outlined below.

- Adena Corporation
- Attorney
- Avita Health System
- City of Mansfield
- City of Ontario
- Community Action Commission of Erie, Huron and Richland Counties
- Frist Call 211
- Hope419
- Independent Living Center of North Central Ohio
- Lexington Business Growth Association
- Lexington Local Schools
- Mansfield YMCA
- Marvin Memorial Library Shelby
- Mid Ohio Guardianship Services
- Mid Ohio Youth Mentoring
- North End Community Improvement Collaborative
- Ontario Local Schools
- Plymouth-Shiloh Local Schools
- retired
- Richland Bank
- Richland County
- Richland County Agriculture
- Richland County Children's Services
- Richland County Foundation
- Richland County Mental Health & Recovery
- Richland County Public Health
- Richland County Youth & Family Council
- Richland Outreach
- Shelby Community & Senior Center
- Transformation Network Inc
- Village of Bellville
- Village of Lucas

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Richland County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Ohio and National Data

Where possible, state and national data are provided as an additional benchmark against which to compare local findings.

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

For the purpose of this report, "significance" of secondary data indicators (which might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs. In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

Avita Health System, Avita Ontario Hospital made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Avita Health System, Avita Ontario Hospital had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Avita Health System, Avita Ontario Hospital will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS FORM 990, SCHEDULE H COMPLIANCE

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H (2019)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	6
Part V Section B Line 3b Demographics of the community	20
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	87
Part V Section B Line 3d How data was obtained	6
Part V Section B Line 3e The significant health needs of the community	11
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	12
Part V Section B Line 3h The process for consulting with persons representing the community's interests	7
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	92

SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following "Areas of Opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in Richland County with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Lack of Health Insurance (Children) ▪ Access to Primary Care Physicians
CANCER	▪ Leading Cause of Death ▪ Cancer Incidence – Including Lung Cancer, Colorectal Cancer
CORONAVIRUS/COVID-19	▪ Key Informants: COVID-19 ranked as a top concern.
DIABETES	▪ Diabetes Prevalence
HEART DISEASE & STROKE	▪ Leading Cause of Death
INFANT HEALTH & FAMILY PLANNING	▪ Prenatal Care ▪ Infant Deaths ▪ Teen Births
INJURY & VIOLENCE	▪ Unintentional Injury Deaths
MENTAL HEALTH	▪ Key Informants: Mental health ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Obesity ▪ Low Food Access ▪ Leisure-Time Physical Activity ▪ Access to Recreation/Fitness Facilities ▪ Key Informants: Nutrition, physical activity, and weight ranked as a top concern.
POTENTIALLY DISABLING CONDITIONS	▪ Disability Prevalence
RESPIRATORY DISEASE	▪ Chronic Lower Respiratory Disease (CLRD) Deaths
SUBSTANCE ABUSE	▪ Drug Overdose Deaths ▪ Key Informants: Substance abuse ranked as a top concern.
TOBACCO USE	▪ Cigarette Smoking Prevalence

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Coronavirus Disease/COVID-19
2. Substance Abuse
3. Mental Health
4. Nutrition, Physical Activity & Weight
5. Diabetes
6. Heart Disease & Stroke
7. Tobacco Use
8. Injury & Violence
9. Potentially Disabling Conditions
10. Cancer
11. Infant Health & Family Planning
12. Respiratory Disease
13. Access to Health Care Services

Hospital Implementation Strategy

Avita Health System, Avita Ontario Hospital will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in the prior CHNA can be found as an appendix to this report.

Summary Tables:
Comparisons With Benchmark Data

The following tables provide an overview of indicators in Richland County, grouped by health topic.

Reading the Summary Tables

- In the following tables, Richland County results are shown in the larger, gray column.
- The columns to the right of the Richland County column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether Richland County compares favorably (☀), unfavorably (🌧), or comparably (⛅) to these external data.

Note that blank table cells in the tables that follow signify that data are not available or are not reliable for that area and/or for that indicator

SOCIAL DETERMINANTS	Richland County	RICHLAND COUNTY vs. BENCHMARKS		
		vs. OH	vs. US	vs. HP2030
Population in Poverty (%)	**14.3**	⛅ 14.5	⛅ 14.1	🌧 8.0
Children in Poverty (%)	**19.4**	⛅ 20.8	⛅ 19.5	🌧 8.0
Housing Exceeds 30% of Income	**25.6**	⛅ 26.7	☀ 31.6	
No High School Diploma (% Age 25+)	**13.2**	🌧 9.9	⛅ 12.3	
Unemployment Rate (% Age 16+)	**7.8**	⛅ 8.0	⛅ 7.7	
Linguistically Isolated Population (%)	**0.5**	☀ 1.3	☀ 4.4	
		☀ better	⛅ similar	🌧 worse

OVERALL HEALTH	Richland County	RICHLAND COUNTY vs. BENCHMARKS		
		vs. OH	vs. US	vs. HP2030
"Fair/Poor" Overall Health (%)	**15.3**	⛅ 16.1	⛅ 16.2	
		☀ better	⛅ similar	🌧 worse

ACCESS TO HEALTH CARE	Richland County	RICHLAND COUNTY vs. BENCHMARKS vs. OH	vs. US	vs. HP2030
Uninsured (% Adults 18-64)	9.5	8.9	12.5	7.9
Uninsured (% Children 0-17)	6.5	4.8	5.2	7.9
Primary Care Doctors per 100,000	53.9	76.2	76.6	
		better	similar	worse

CANCER	Richland County	RICHLAND COUNTY vs. BENCHMARKS vs. OH	vs. US	vs. HP2030
Cancer (Age-Adjusted Death Rate)	179.4	172.5	155.3	122.7
Prostate Cancer Incidence Rate	101.4	104.2	104.5	
Female Breast Cancer Incidence Rate	119.1	128.9	125.9	
Lung Cancer Incidence Rate	71.1	67.9	58.3	
Colorectal Cancer Incidence Rate	46.0	41.4	38.4	
		better	similar	worse

DIABETES	Richland County	RICHLAND COUNTY vs. BENCHMARKS vs. OH	vs. US	vs. HP2030
Diabetes Prevalence (%)	14.2	12.2	10.6	
		better	similar	worse

HEART DISEASE & STROKE	Richland County	RICHLAND COUNTY vs. BENCHMARKS vs. OH	vs. US	vs. HP2030
Coronary Heart Disease (Age-Adjusted Death Rate)	107.9	105.6	94.7	90.9
Stroke (Age-Adjusted Death Rate)	37.9	41.4	37.2	33.4
High Blood Pressure Prevalence (%)	29.3	28.8	28.2	27.7
		better	similar	worse

INFANT HEALTH & FAMILY PLANNING	Richland County	RICHLAND COUNTY vs. BENCHMARKS vs. OH	vs. US	vs. HP2030
No Prenatal Care in First Trimester (%)	30.1	26.2	17.3	
Infant Mortality Rate	7.9	7.7	6.5	5.0
Births to Adolescents Age 15 to 19 (Rate per 1,000)	52.3	36.0	36.6	31.4
		better	similar	worse

INJURY & VIOLENCE	Richland County	RICHLAND COUNTY vs. BENCHMARKS vs. OH	vs. US	vs. HP2030
Unintentional Injury (Age-Adjusted Death Rate)	67.8	62.4	45.7	43.2
Motor Vehicle Crashes (Age-Adjusted Death Rate)	9.8	10.0	11.1	10.1
Homicide (Age-Adjusted Death Rate)	4.5	6.4	5.8	5.5
Violent Crime Rate	237.4	299.9	385.6	
		better	similar	worse

MENTAL HEALTH	Richland County	RICHLAND COUNTY vs. BENCHMARKS		
		vs. OH	vs. US	vs. HP2030
Suicide (Age-Adjusted Death Rate)	14.8	14.1	13.6	12.8
Mental Health Providers per 100,000	354.3	244.3	202.8	
		better	similar	worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Richland County	RICHLAND COUNTY vs. BENCHMARKS		
		vs. OH	vs. US	vs. HP2030
Fast Food (Restaurants per 100,000	69.9	83.1	81.3	
Population With Low Food Access (%)	33.1	25.3	22.4	
No Leisure-Time Physical Activity (%)	30.3	25.0	22.1	21.2
Recreation/Fitness Facilities per 100,000	6.4	10.2	11.8	
Obese (%)	35.6	33.4	29.5	36.0
		better	similar	worse

ORAL HEALTH	Richland County	RICHLAND COUNTY vs. BENCHMARKS		
		vs. OH	vs. US	vs. HP2030
Dentists per 100,000	67.4	59.1	65.6	
Poor Dental Health (%)	18.3	18.7	15.7	
		better	similar	worse

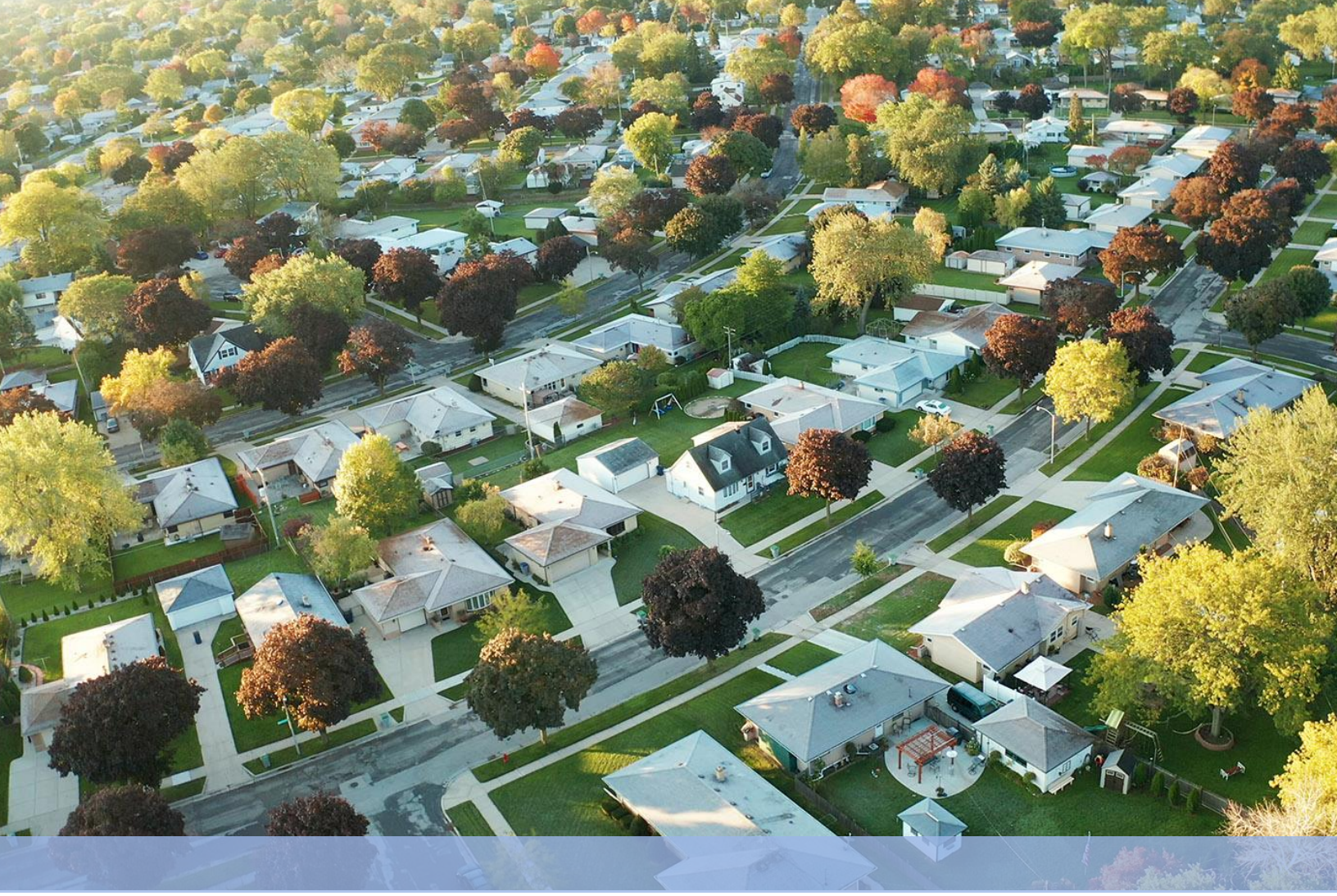
POTENTIALLY DISABLING CONDITIONS	Richland County	RICHLAND COUNTY vs. BENCHMARKS		
		vs. OH	vs. US	vs. HP2030
Disability Prevalence (%)	16.2	14.0	12.6	
		better	similar	worse

RESPIRATORY DISEASE	Richland County	RICHLAND COUNTY vs. BENCHMARKS		
		vs. OH	vs. US	vs. HP2030
CLRD (Age-Adjusted Death Rate)	48.9	48.4	40.6	
Asthma Prevalence (%)	11.2	13.8	13.4	
		better	similar	worse

SEXUAL HEALTH	Richland County	RICHLAND COUNTY vs. BENCHMARKS		
		vs. OH	vs. US	vs. HP2030
HIV Prevalence Rate	160.0	227.7	372.8	
Chlamydia Incidence Rate	544.8	542.3	539.9	
Gonorrhea Incidence Rate	178.3	215.7	179.1	
		better	similar	worse

SUBSTANCE ABUSE	Richland County	RICHLAND COUNTY vs. BENCHMARKS		
		vs. OH	vs. US	vs. HP2030
Excessive Drinker (%)	12.5	17.5	16.4	
Drug Overdoses (Age-Adjusted Mortality)	31.5	26.7	15.6	
		better	similar	worse

TOBACCO USE	Richland County	RICHLAND COUNTY vs. BENCHMARKS		
		vs. OH	vs. US	vs. HP2030
Current Smoker (%)	25.4	21.2	17.8	5.0
		better	similar	worse



COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

Total Population
(Estimated Population, 2014-2018)

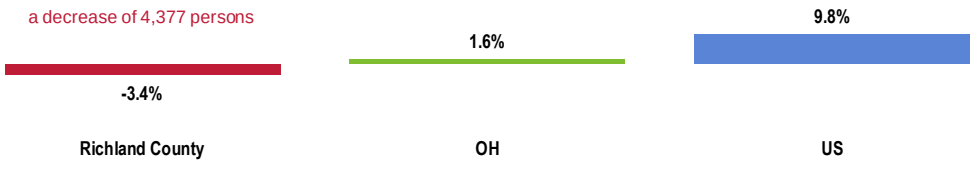
	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Richland County	121,324	495.20	245.00
Ohio	11,641,879	40,862.40	284.90
United States	322,903,030	3,532,068.58	91.42

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

Population Change 2000-2010

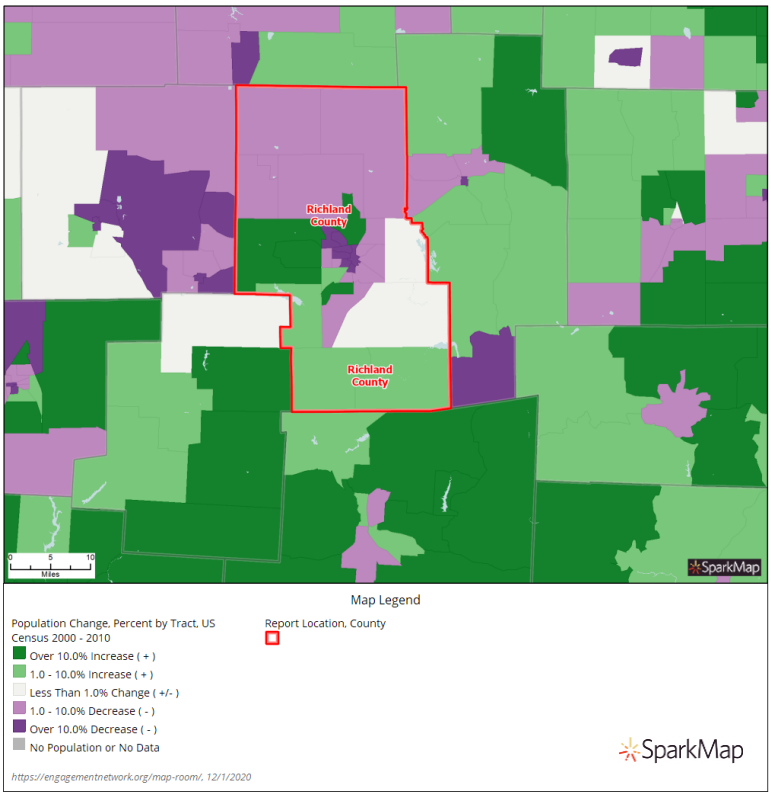
A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources. The following chart and map illustrate the changes that have occurred in Richland County between the 2000 and 2010 US Censuses.

Change in Total Population
(Percentage Change Between 2000 and 2010)



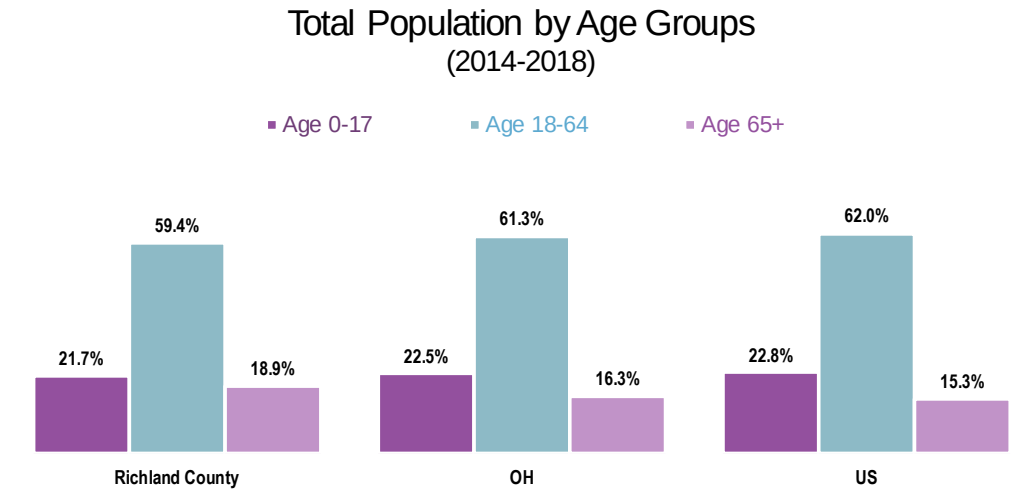
Sources:
- US Census Bureau Decennial Census (2000-2010).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.



Age

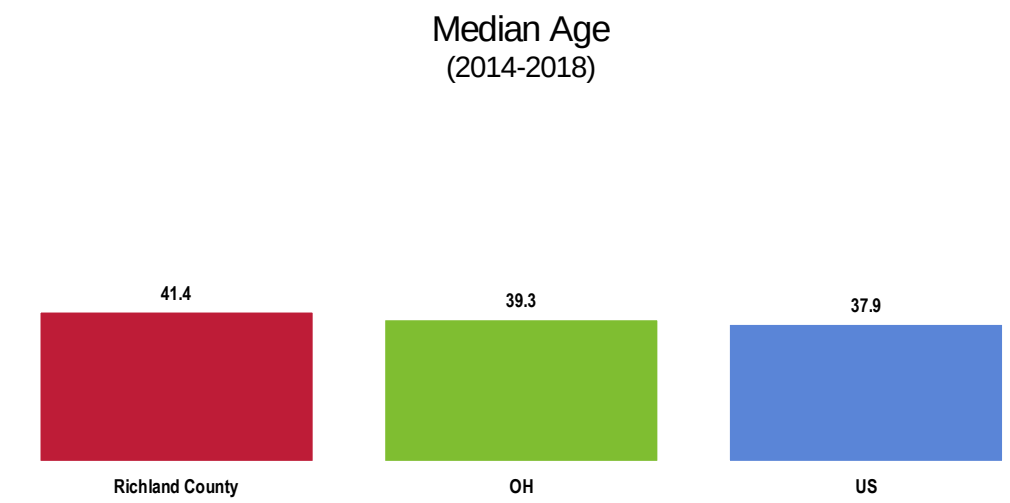
It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

Median Age

Note the median age of our population, relative to state and national medians.



Sources:
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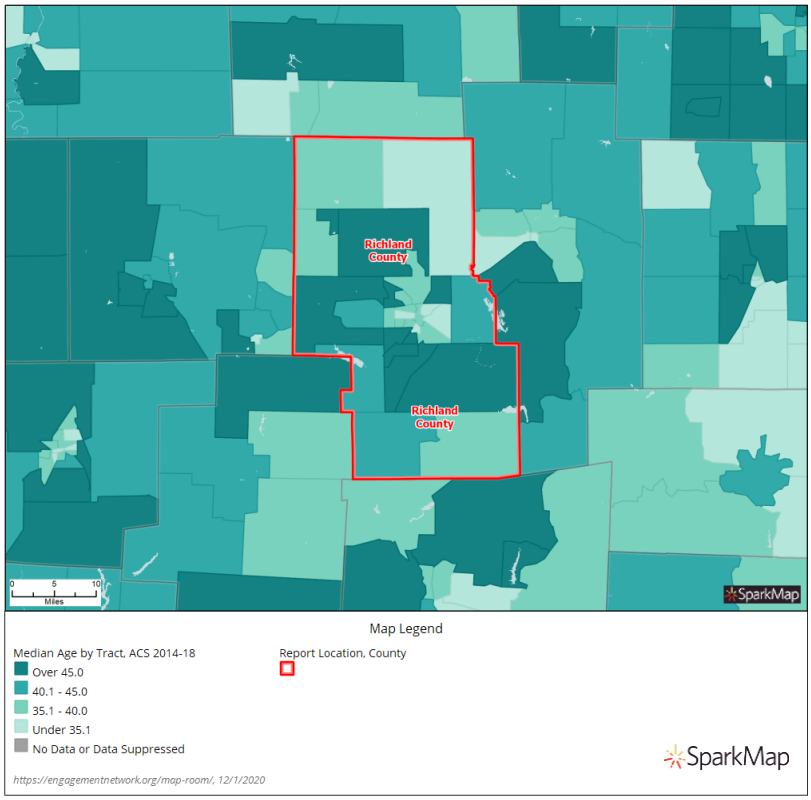
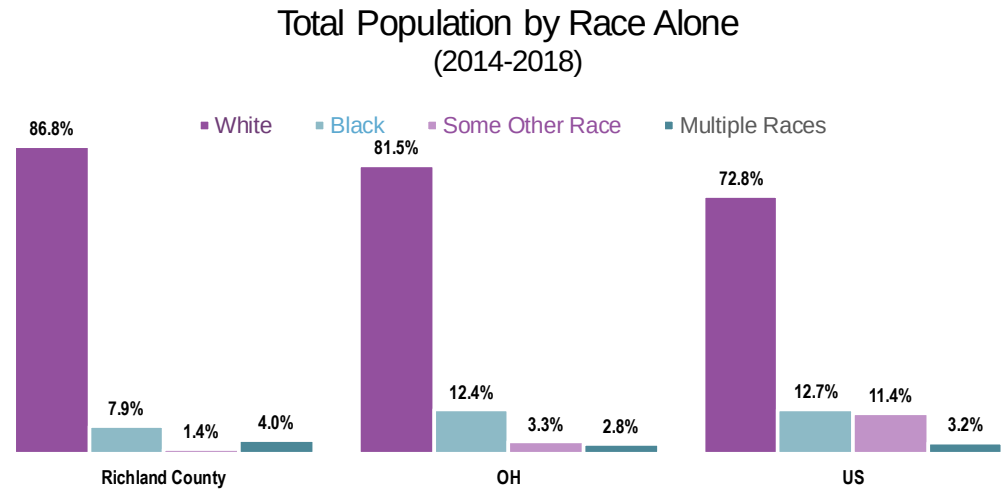
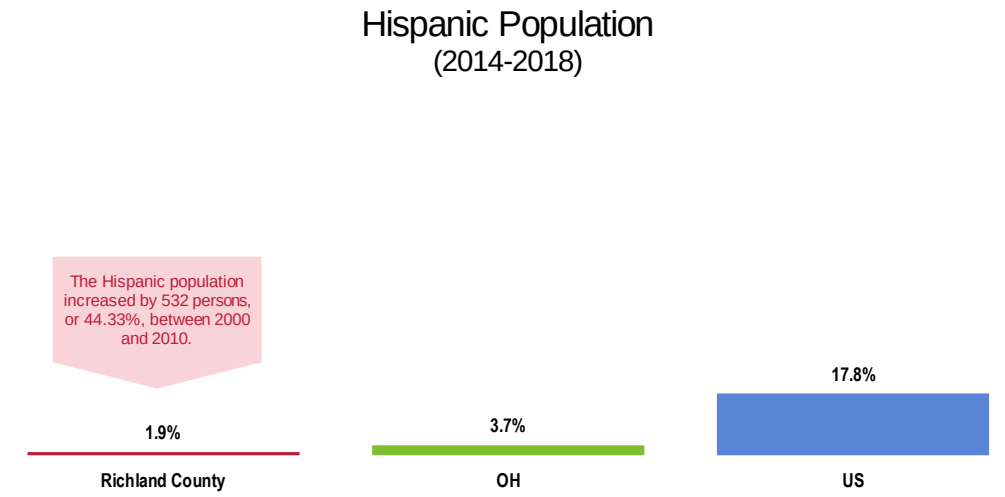


Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community. Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States — people who identify their origin as Hispanic, Latino, or Spanish may be of any race.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).



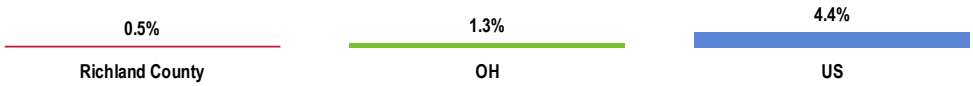
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

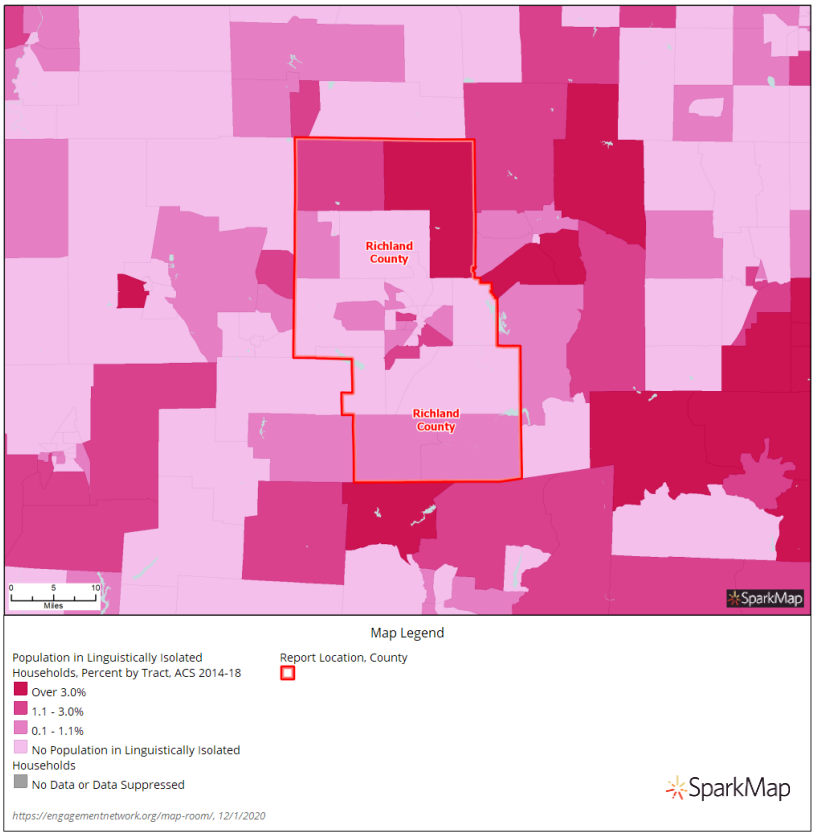
This indicator reports the percentage of the population age 5 years and older who live in a home in which: 1) no person age 14 years or older speaks only English; or 2) no person age 14 years or older speaks a non-English language but also speaks English “very well.”

Linguistically Isolated Population
(2014-2018)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

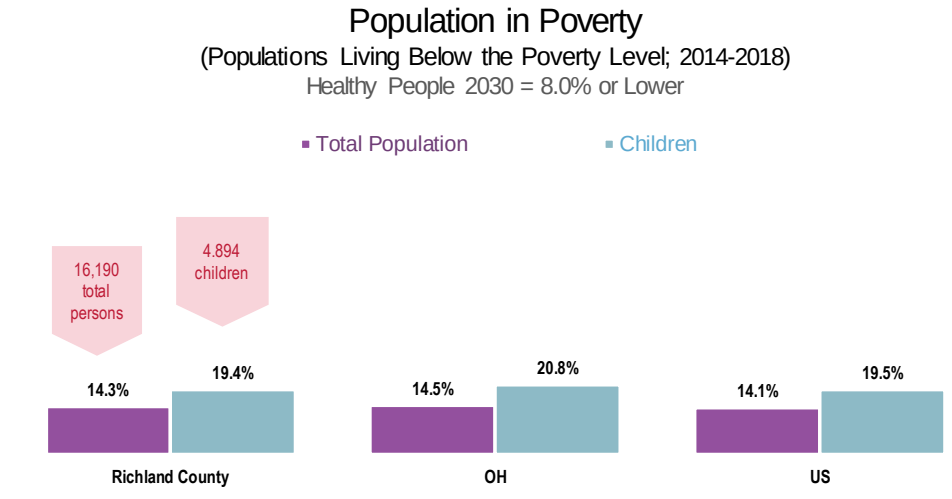
SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

- Healthy People 2030 (https://health.gov/healthypeople)

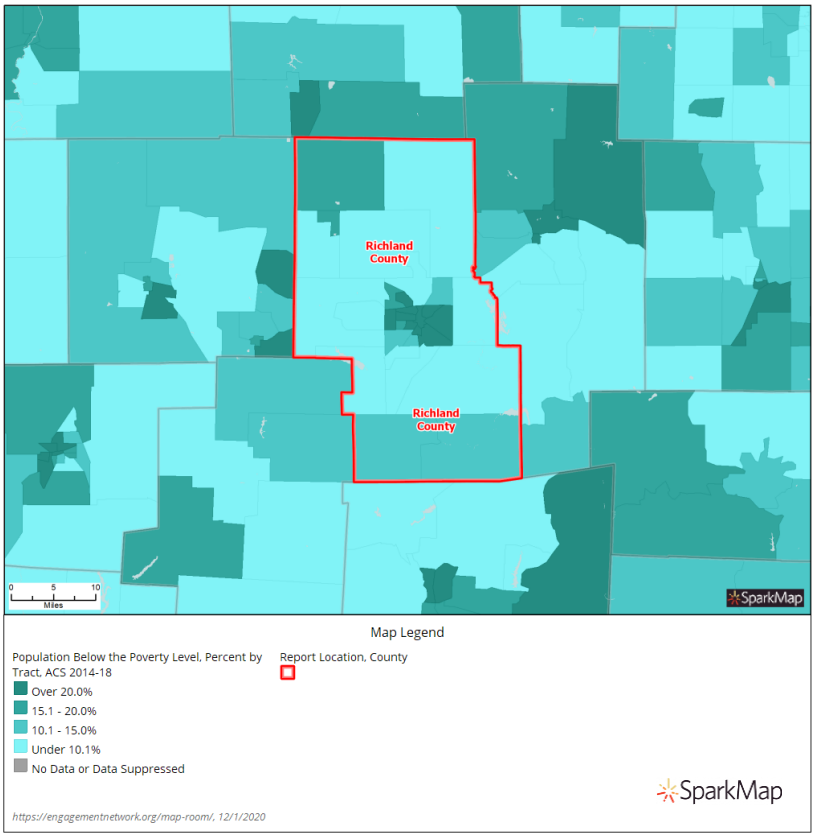
Poverty

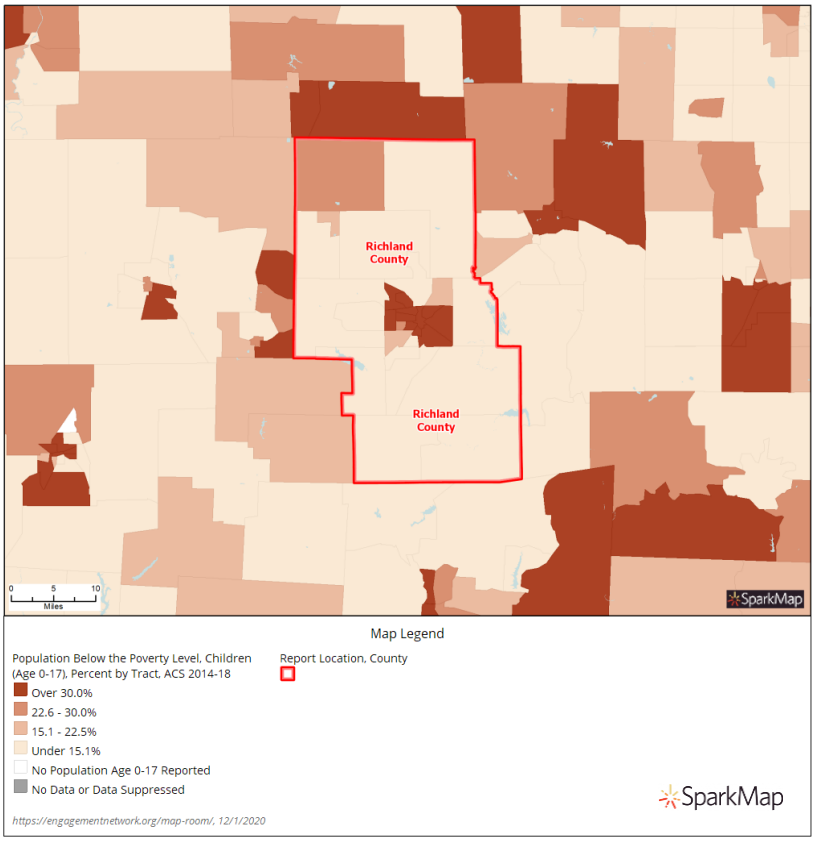
Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to accessing health services, healthy food, and other necessities that contribute to optimal health. The following chart and maps outline the proportion of our population below the federal poverty threshold, as well the percentage of children in Richland County living in poverty, in comparison to state and national proportions.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

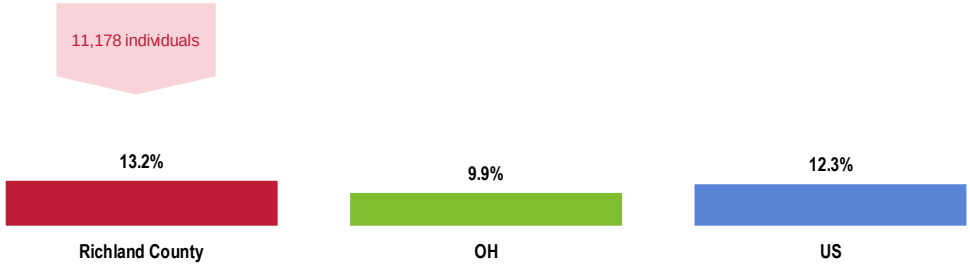

Richland County
Richland County
0 5 10
Miles
SparkMap
Map Legend
Population Below the Poverty Level, Percent by Tract, ACS 2014-18
Over 20.0%
15.1 - 20.0%
10.1 - 15.0%
Under 10.1%
No Data or Data Suppressed
Report Location, County
SparkMap
https://engagementnetwork.org/map-room/, 12/1/2020


Richland County
Richland County
0 5 10
Miles
SparkMap
Map Legend
Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2014-18
Over 30.0%
22.6 - 30.0%
15.1 - 22.5%
Under 15.1%
No Population Age 0-17 Reported
No Data or Data Suppressed
Report Location, County
SparkMap
https://engagementnetwork.org/map-room/, 12/1/2020

Education

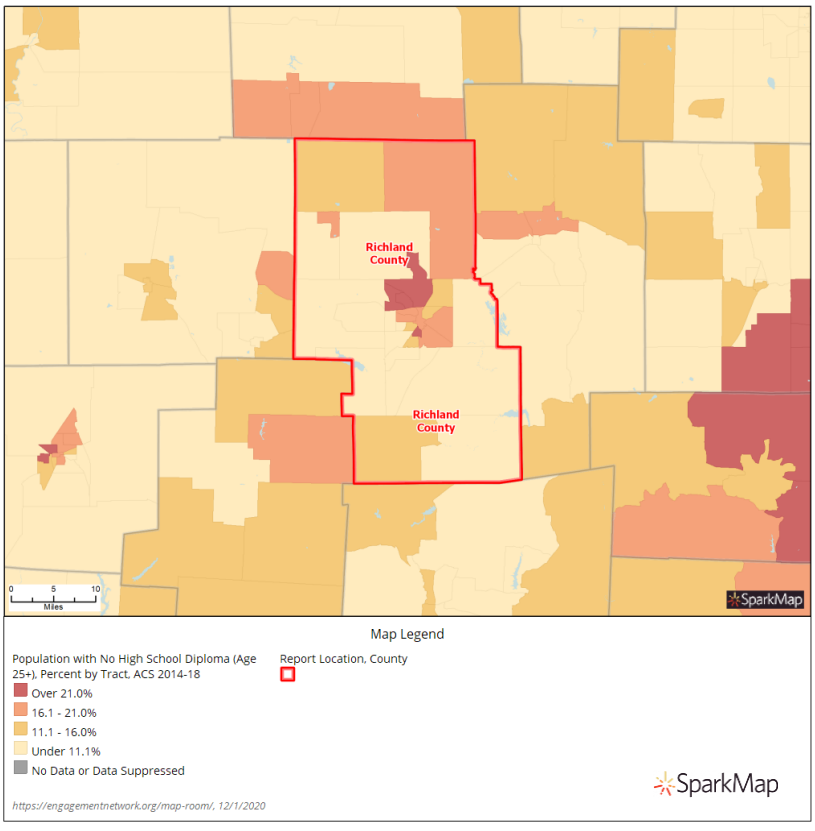
Education levels are reflected in the proportion of our population without a high school diploma.

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2014-2018)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

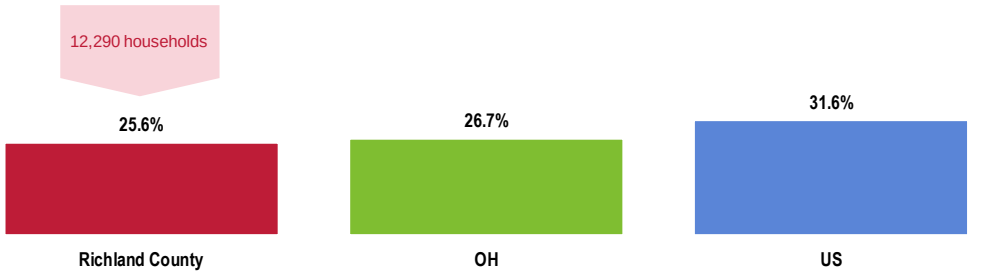
Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.



Housing Burden

The following chart shows the housing burden in Richland County. This serves as a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

"Housing burden" reports the percentage of the households where housing costs (rent or mortgage costs) exceed 30% of total household income.



Sources:
- US Census Bureau, American Community Survey.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

HEALTH STATUS

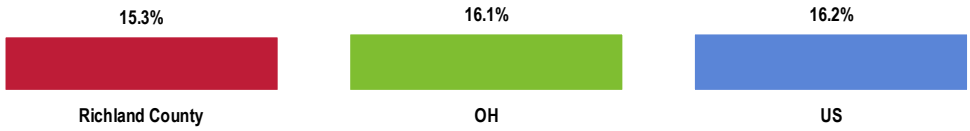
OVERALL HEALTH STATUS

The following indicator provides a relevant measure of overall health status in Richland County, noting the prevalence of residents' "fair" or "poor" health evaluations. While this measure is self-reported and a subjective evaluation, it is an indicator which has proven to be highly predictive of health needs.

The CDC's Behavioral Risk Factor Survey, from which these data are derived, asked respondents:

"Would you say that in general your health is: excellent, very good, good, fair, or poor?"

Adults With "Fair" or "Poor" Overall Health
(2006-2012)



Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because it is a measure of general poor health status.

MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Suicide

The following reports the rate of death in Richland County due to intentional self-harm (suicide), in comparison to statewide and national rates. Here, these rates are age-adjusted to account for age differences among populations in this comparison. This measure is relevant as an indicator of poor mental health.

AGE-ADJUSTED DEATH RATES

In order to compare mortality in the region with other localities (in this case, Ohio and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

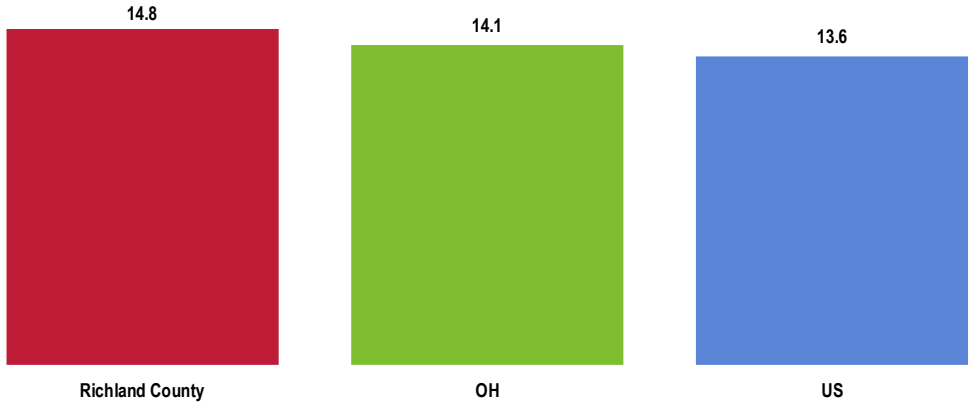
Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

Note that deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Suicide: Age-Adjusted Mortality

(2014-2018 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 12.8 or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Mental Health Providers

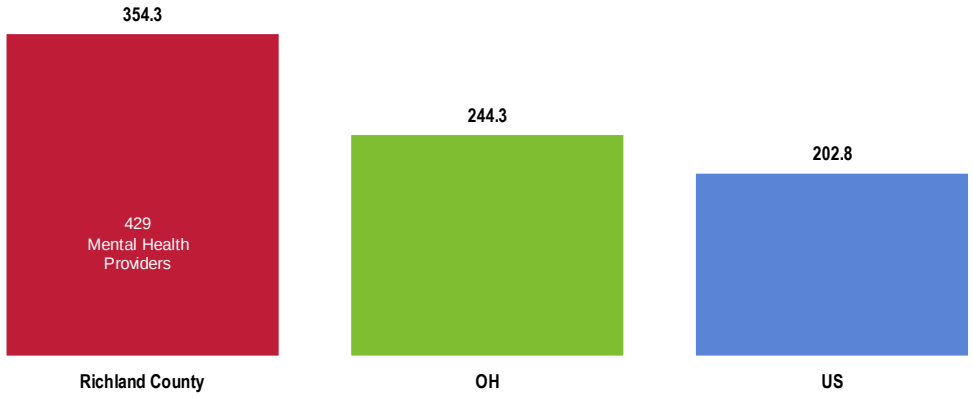
The data below show the number of mental health care providers in Richland County relative to the Richland County population size (per 100,000 residents). This is compared to the rates found statewide and nationally.

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care.

Note that this indicator only reflects providers practicing in THETOTAREA and residents in THETOTAREA; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

Access to Mental Health Providers

(Number of Mental Health Providers per 100,000 Population, 2019)

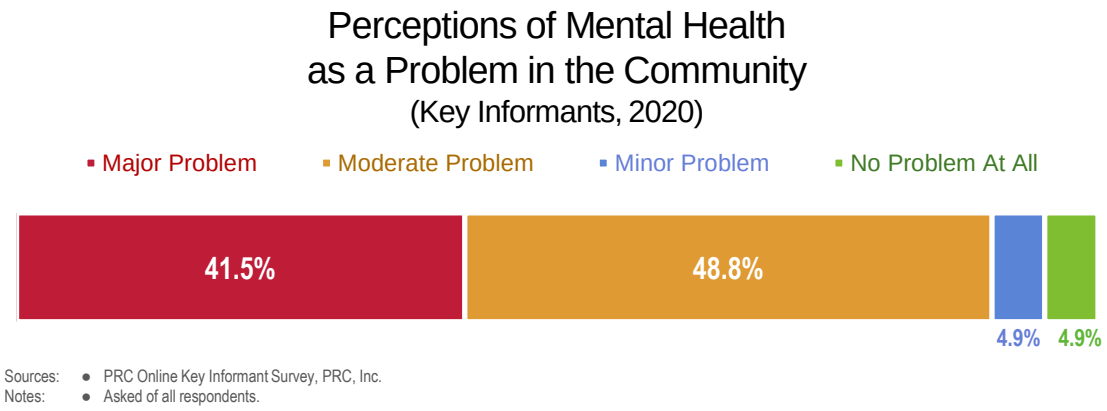


Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Key Informant Input: Mental Health

Key informants' ratings of the severity of *Mental Health* as a concern in Richland County are outlined below.



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Finding appropriate care. Also, accessibility to care, we need additional psychologists and psychiatrists. – Community Leader
>
> Identification and availability of proper help. – Community Leader
>
> Mental Health contributes to an unhealthy community. Resources are exhausted from law enforcement to care resources. Again, mental health needs to be accessed in school and constant treatment set up for a healthy future. Teachers trained to identify and direct for a positive, progressive, productive future for every child. – Community Leader

Lack of Providers

> Significant barriers in communication. Significant lack of enough providers especially for children with mental health needs/medication management. – Social Services Provider
>
> Access to psychiatry and inpatient services. – Community Leader
>
> There are not enough psychiatrists, MHNP's, facilities for those with mental health issues. Not enough community services either, like local NAMI groups, or at the most low visibility for these services. – Other Health Provider

Covid-19

> Tough situations in a normal time. COVID-19 has probably worsened mental health concerns for some. Isolation, depression, anxiety are a few conditions that have probably been made worse or have appeared. Telehealth appointments are OK for some, but may not be the best for mental health concerns. – Public Health Representative
>
> Covid-19 pandemic. – Other Health Provider

Outside Assessment

> Is there any way to get a third party into schools to assess children and their family life, which directly affect their mental and physical well-being? No idea what the answer is but think we are missing the opportunity to save more children which grow up to have major mental and health issues that are never addressed. – Community Leader

Denial/Stigma

> Mental health is very polarizing and most people don't want to 1) ask for help or 2) don't want help. Public perception of mental health has improved, but it is still a barrier to care. Mental health drives so many other problems, including substance abuse which leads to chronic health problems, which then compound the mental health issues. Mental health and physical health go hand in hand. – Public Health Representative

Disease Management

> Being able to maintain their treatment to realize long-term successful management and stabilization. – Social Services Provider

Generational

> Mental health challenges begin at a young age and have a cumulative affect with age that then may become generational. Interventions need to be enacted early and be applied to all levels of the social ecological model to affect future generations beyond the current. – Public Health Representative

Lack of Culturally Specific Treatment

> A lack of culturally specific treatment. Crisis treatment is not effective or reliable. Law enforcement is sometimes unable to recognize black people who are in crisis and instead are behave in an overly aggressive manner. – escalating the risk to everyone involved. – Social Services Provider

Lack of Housing

> Not having appropriate and meaningful housing. If you are developmentally disabled you have group homes. There is not near enough housing for those that suffer from mental health issues. – Social Services Provider

Depression

> Depression. – Community Leader

DEATH, DISEASE & CHRONIC CONDITIONS

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

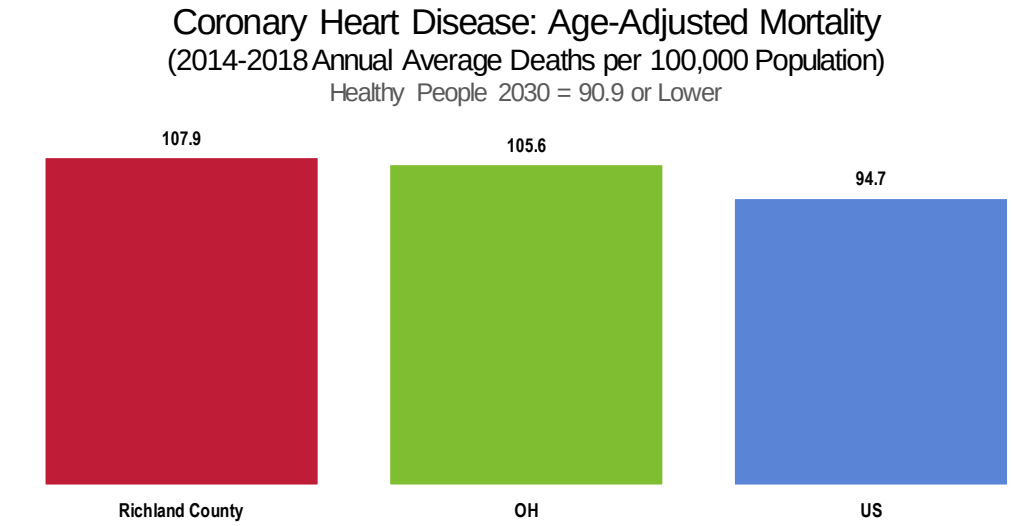
Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. …Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Coronary Heart Disease Deaths

Coronary heart disease is a leading cause of death in Richland County and throughout the United States. The chart that follows illustrates how our (age-adjusted) mortality rate compares to rates in Ohio and the US.

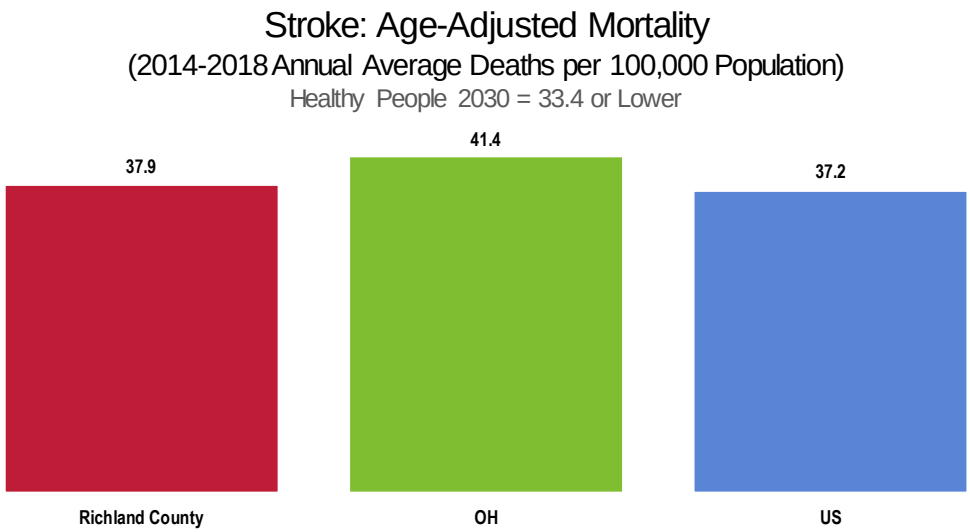


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke Deaths

Stroke, a leading cause of death in Richland County and throughout the nation, shares many of the same risk factors as heart disease. Outlined in the following chart is a comparison of stroke mortality locally, statewide, and nationally.



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

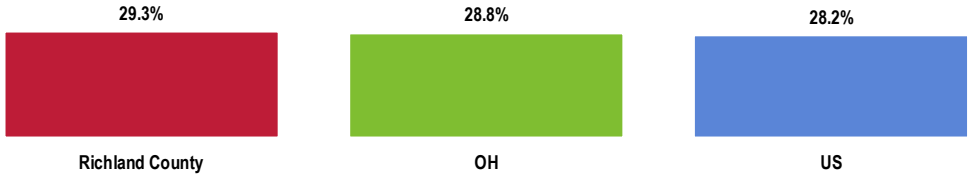
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

High Blood Pressure

Uncontrolled high blood pressure (hypertension) can damage the body and lead to disability or heart attack and stroke. As can be seen in the following chart, a significant share of Richland County adults have been told by a health professional at some point that their blood pressure was high.

The CDC's Behavioral Risk Factor Survey asked:

"Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?"

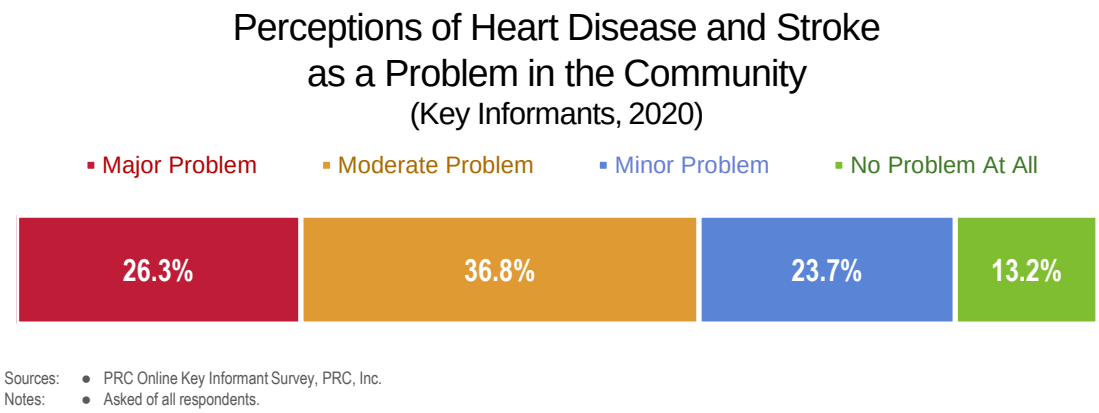


Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- This indicator is relevant because coronary heart disease is a leading cause of death in the US and is also related to high blood pressure, high cholesterol, and heart attacks.

Key Informant Input: Heart Disease & Stroke

Outlined below are key informants' levels of concern for *Heart Disease & Stroke* as an issue in Richland County.



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> Heart disease and stroke are always one of the top problems in every community. Much of it has to do with lifestyle choices, and I feel it is always imperative that the healthcare and public health community focus on healthy living campaigns to prevent controllable conditions that lead to a higher risk of heart disease and stroke. Campaigns need to focus on youth too. We must find ways to discourage bad behavior (cost of cigarettes) while encouraging good behavior (low-cost or no-cost workout options). It's easy to see why people, especially those from at risk populations, chose junk food over fruits and vegetables. Junk food is easy to consume and cheap, whereas fresh produce is more expensive, involves more prep, and is more perishable. We have to find ways to remove these barriers permanently if we want to move the needle on heart disease and stroke, otherwise, this will always top our list. – Public Health Representative

> Local data and prevalence of providers in that area. – Social Services Provider

> Not sure if it's because it's more common or because I'm 52 and notice my friends and families are suffering from heart disease and stroke issues. – Community Leader

Leading Cause of Death

> Second highest cause of death in individuals of 75 years of age or less in Richland County. – Public Health Representative

> It has been listed as one of the top reasons for death in our community. – Community Leader

Access to Care/Services

> Know of specific people that travel out of town due lack of confidence in the facilities in the county. – Community Leader

Lifestyle

> It flows with people choosing not to have a healthy lifestyle. If obesity rates drop health-related issues associated with obesity and diabetes would also drop. – Community Leader

Nutrition

> Poor diets, obesity, sedentary lifestyles and genetics. – Other Health Provider

Obesity

> Large percentage of Richland County residents are overweight and obese. Sedentary lifestyles, high incidence of smokers. – Public Health Representative

CANCER

ABOUT CANCER

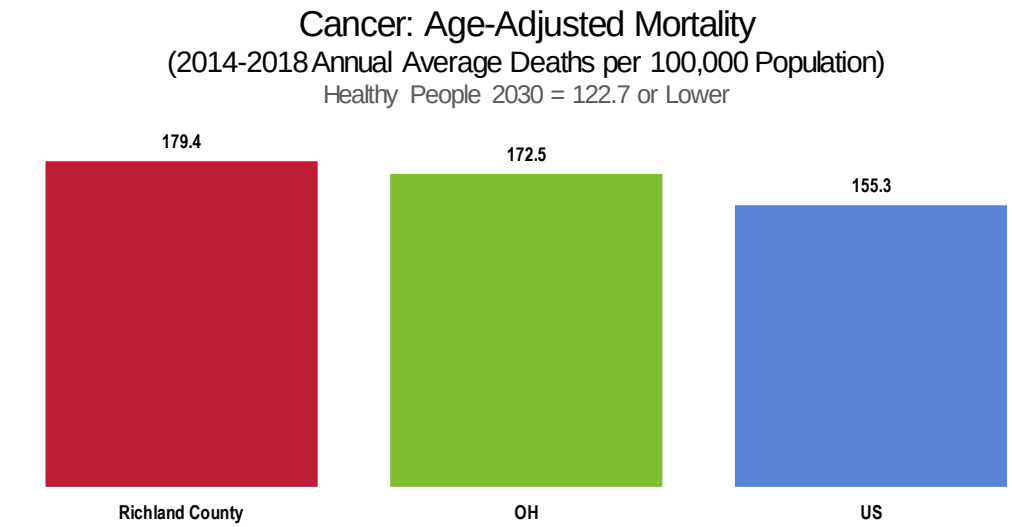
Cancer is the second leading cause of death in the United States. …The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Cancer Deaths

Cancer is a leading cause of death in Richland County and throughout the United States. Age-adjusted cancer mortality rates are outlined below.



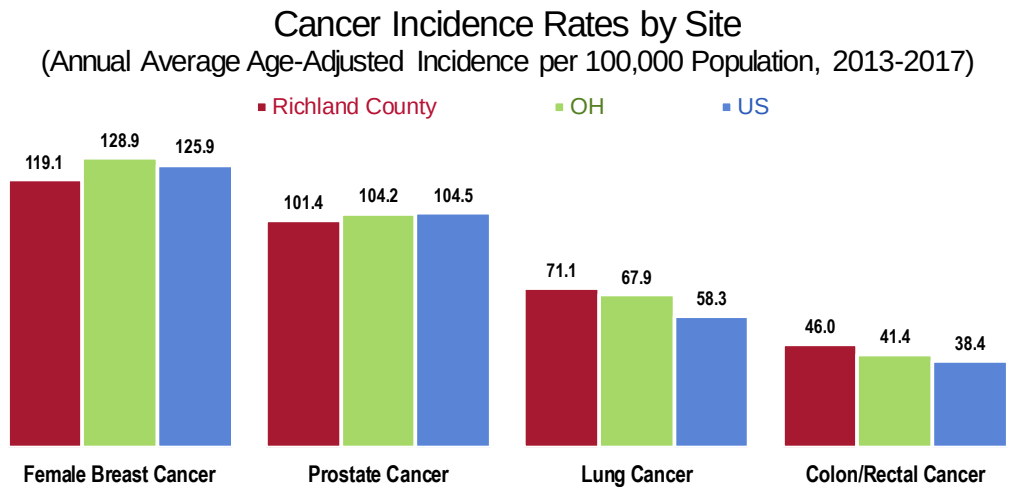
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Incidence

"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

It is important to identify leading cancers by site in order to better address them through targeted intervention. The following chart illustrates Richland County incidence rates for leading cancer sites, including female breast cancer, prostate cancer, lung cancer, and colon/rectum cancer.



Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

ABOUT CANCER RISK

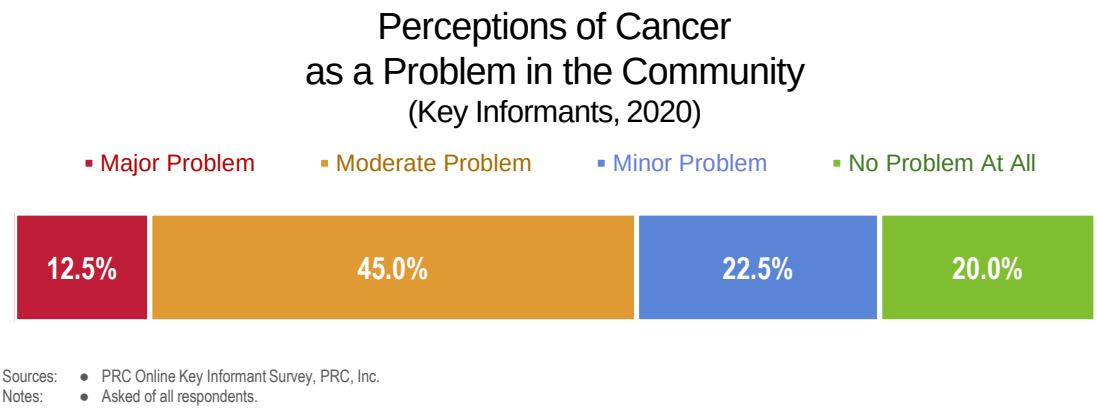
Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Key Informant Input: Cancer

Key informants' perceptions of *Cancer* as a local health concern are outlined below.



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> So many people I know in community that have, have had or died from cancer. – Community Leader
>
> It seems to affect every single family in some way. Most families have someone battling cancer, surgery because of cancer and/or have lost a loved one because of cancer. – Community Leader

Access to Care/Services

> Very few resources for those diagnosed with cancer. – Social Services Provider

Leading Cause of Death

> Cancer is the leading cause of death for 2019 in Richland County in persons 75 years of age and younger. – Public Health Representative

RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

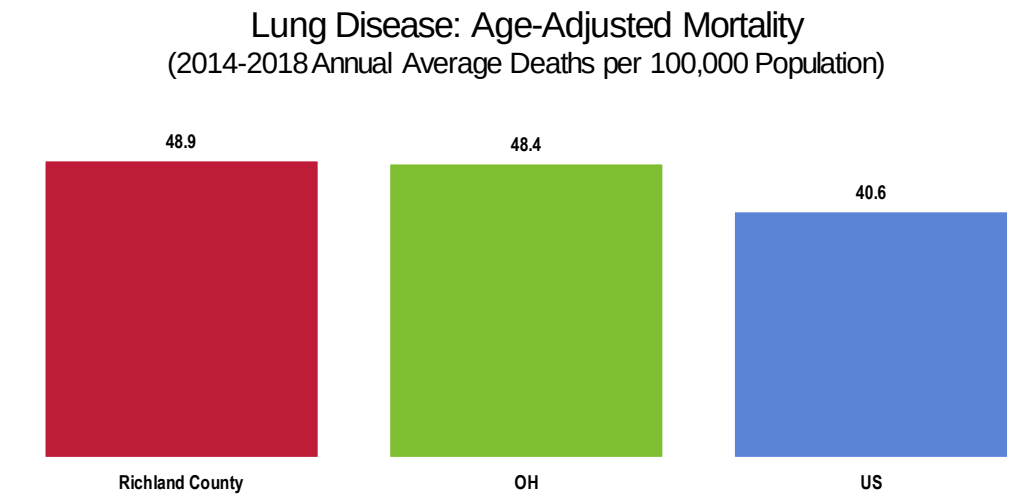
Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

– Healthy People 2030 (https://health.gov/healthypeople)

Lung Disease Deaths (CLRD)

Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

The mortality rate for lung disease in Richland County is summarized below, in comparison with Ohio and national rates.



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

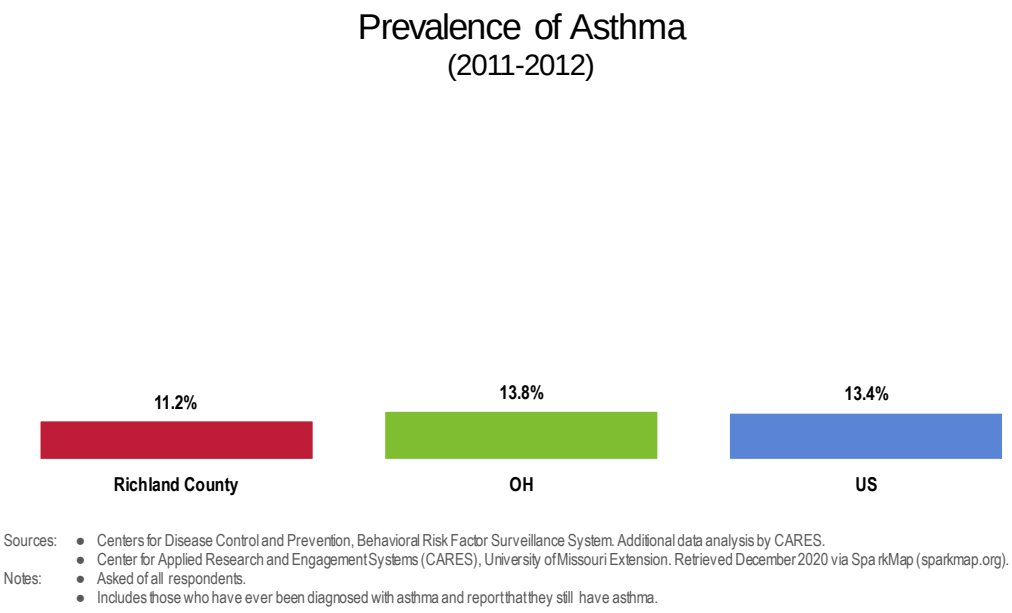
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- This indicator is relevant because lung disease is a leading cause of death in the United States.

Asthma Prevalence

The following chart shows the prevalence of asthma among Richland County adults.

The CDC Behavioral Risk Factor Survey asked respondents:

"Has a doctor, nurse, or other health professional ever told you that you had asthma?"

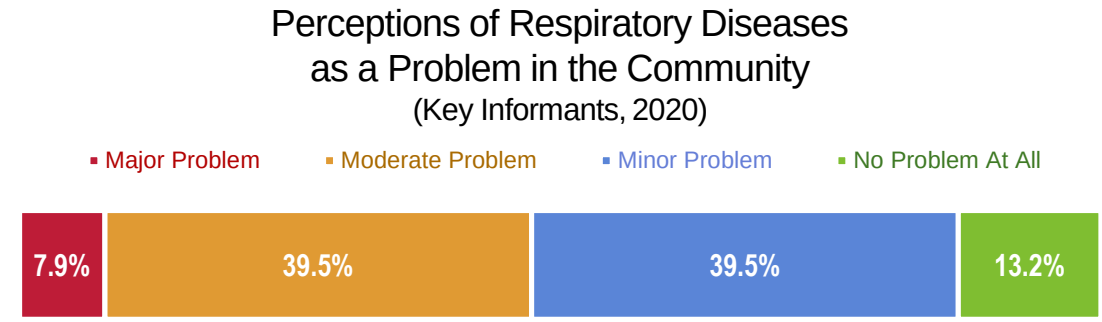


Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma and report that they still have asthma.

Key Informant Input: Respiratory Disease

The following outlines key informants' perceptions of *Respiratory Disease* in our community.



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

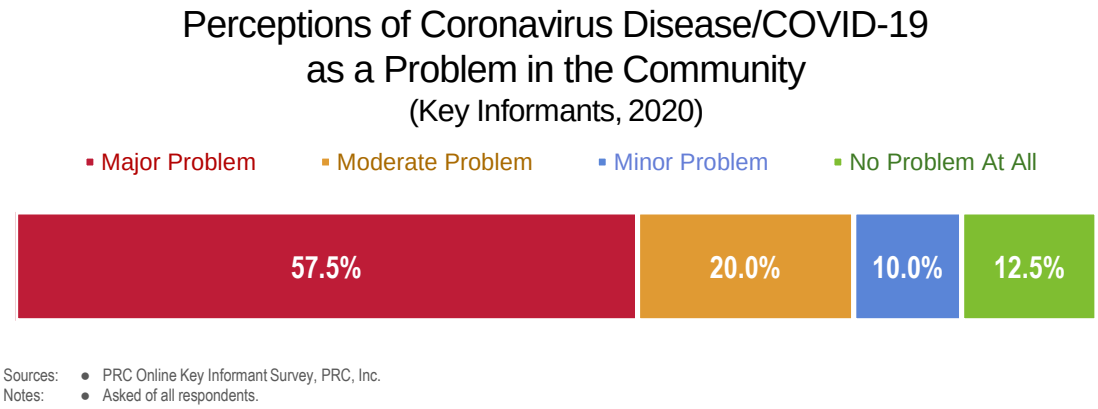
Among those rating this issue as a "major problem," reasons related to the following:

Tobacco Use

> Smoking, COPD, etc. – Public Health Representative
>
> Smoking and factory workers. – Other Health Provider

Key Informant Input: Coronavirus Disease/COVID-19

Key informants' levels of concern about *Coronavirus Disease/COVID-19* in Richland County is outlined below.



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

This week our county went "purple" level of emergency. Our hospital systems are nearing capacity. Health care workers are exhausted. It now is all hands on deck. – Community Leader

Cases are rising and there is limited systemic support. People seem still unwilling to take the proper precautions. – Community Leader

The virus appears to be running rampant. Not enough social distancing or mask wearing. – Other Health Provider

Richland County is still a level purple on the Ohio map. – Social Services Provider

Currently at peak outbreak. – Community Leader

The number of cases of COVID-19 has increased dramatically over the past 45 days causing an increase in hospitalizations due to the virus. This in turn has caused health care facilities to limit other procedures that help in wellness and non-COVID illnesses. If these procedures remain on a limited basis, there could have a negative effect on the overall health of the community. – Community Leader

Affects every single family. Whether it's a mild case of symptoms or life threatening. Seems like every family has been affected and are fearful. – Community Leader

See the numbers of cases, hospitalizations and deaths. Also, see the suicide numbers. The loss of our economy, jobs. – Community Leader

There is a high incidence of community spread. Many households are "non-believers" or choose to be non-compliant. Other households do not understand the reasons why they are being asked to take precautions. There have been misleading and confusing information over the past 10 months. It is now reaching critical levels of concern not just for community safety, but potentially overwhelming the health care system(s). We are seeing households that previously quarantined being re-exposed and having to isolate or quarantine again. These households may have already used the financial resources available through their employer and will be left in financial difficulties. Long term after-effects of COVID19 are still unclear. – Social Services Provider

Because we are in the purple and even getting a place to get tested is difficulty to find. – Social Services Provider

Because this pandemic is affecting all of us and it is going to be with us for a long time. We are close to a vaccine but it will take a long time in getting everyone vaccinated. Also, everyone is not social distancing or wearing a masked or wash their hands frequently. – Social Services Provider

Community spread has been significant and all Richland County residents have been affected. – Public Health Representative

This is currently driving all decisions in all aspects of our community. – Community Leader

High incidence, purple designation for two weeks in a row, deaths due to Covid, large portion of community still not cooperating with masking and gathering orders. – Public Health Representative

> It has taken so many lives and restricted daily life. Kids need to be in school. It is causing anxiety and depression throughout the community. – Social Services Provider
>
> Current Case incidence is above 900 per 100,000 population, well above CDC threshold of high incidence. Disproportionate case and death in minority populations. General resistance of the community, including leaders, of preventative measure messaging and implementation. – Public Health Representative
>
> Well, I live in Richland County and at the time of the completion of this survey we are currently at the purple level of severity. However, I would still like to understand if the inmates at our local correctional facilities are a part of that number. If so, I don't feel they should be. Those folks are not able to "walk the streets" in our county so why are they a part of our numbers if they are? This makes people question the true severity of the virus. – Community Leader

Access to Care/Services

> It is growing due to people not following safety directives and therefore it is a major problem. – Community Leader
>
> Very limited services unless someone becomes a much higher risk. Rapid testing no rechecks. NO information on what to expect, or what is normal to expect. Many of our consumers feel they are immune once they have had a bout with COVID, and do not feel it necessary to use PPE. They do not understand how easily it can be transmitted, or how deeply it can affect individuals with existing health conditions. Many individuals refuse to wear their masks correctly, and social distancing is merely a suggestions, especially in grocery stores. – Community Leader

Comorbidities

> It threatens our physical health, mental health, emotional health, and the ability to provide the basic needs of life (food, water and shelter). There is still so much we don't know about COVID-19, like the long term consequences which may include permanent damage to vital organs. We don't know if the "long haulers" will eventually recover, or if they will continue to experience symptoms, some debilitating enough that prevents individuals from ever working again. Will we need a new set of doctors who specialize in treating COVID-19 survivors? We don't know if inoculated persons will still be able to spread the virus. If the disease can still be spread after vaccination, that will cause a colossal shift in our current hopes and expectations. Will people in Richland County even take the vaccine? There has been a lack of personal responsibility in Richland County residents throughout this entire pandemic. COVID-19 has adversely affected preventative care for other diseases. – Public Health Representative

Politics

> The community has turned the scientific and health related issue into a political and religious issue. Therefore, proper precautions are not supported and spread is very high. – Community Leader
>
> I believe it is a major problem because our community is generally suspicious of the advice of medical professionals. Politics has confused the messaging and this community is particularly susceptible to this misinformation. Local leadership at the county level is not setting a good example that will keep people safe. Because there is not an acknowledgment of the severity of the virus and its collateral impact on our health care system, the guidance that would mitigate our risk is not trusted and therefore not publicly supported in any meaningful way.. Gatherings are continuing and we seem to be unable to get our hands around this problem. I believe this will get worse before it is better. – Social Services Provider

Contagious

> Covid-19 is very contagious, people are sick, hospitalized and dying. – Community Leader

INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

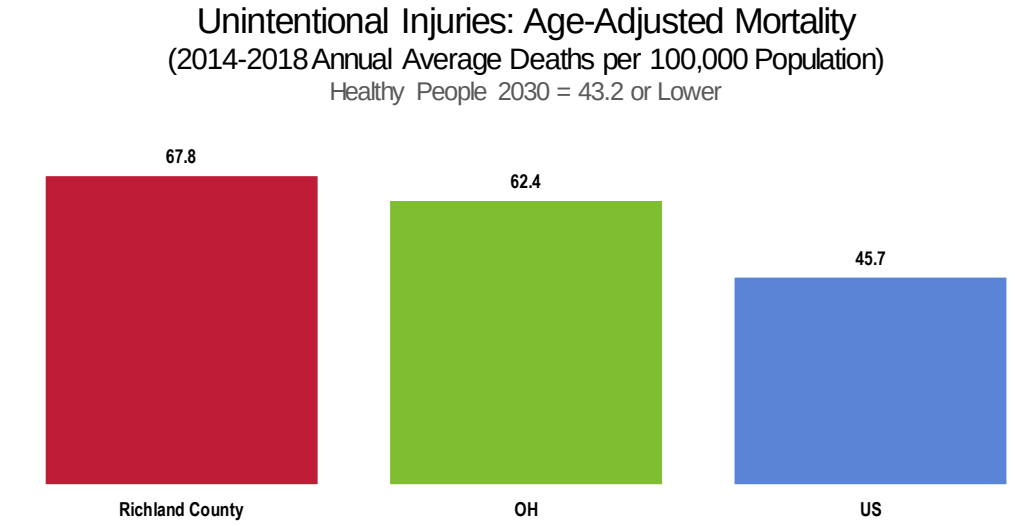
Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Unintentional injury is a leading cause of death. The chart that follows illustrates unintentional injury death rates for Richland County, Ohio, and the US.

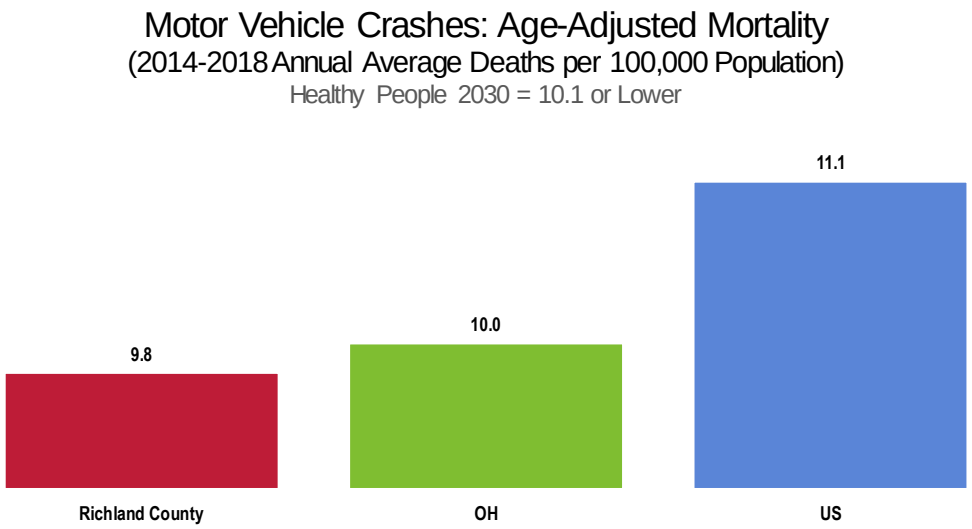


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Age-Adjusted Motor Vehicle Crash Deaths

Motor vehicle crashes contribute to a significant share of unintentional injury deaths in the community. Mortality rates for motor vehicle crash deaths are outlined below.



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

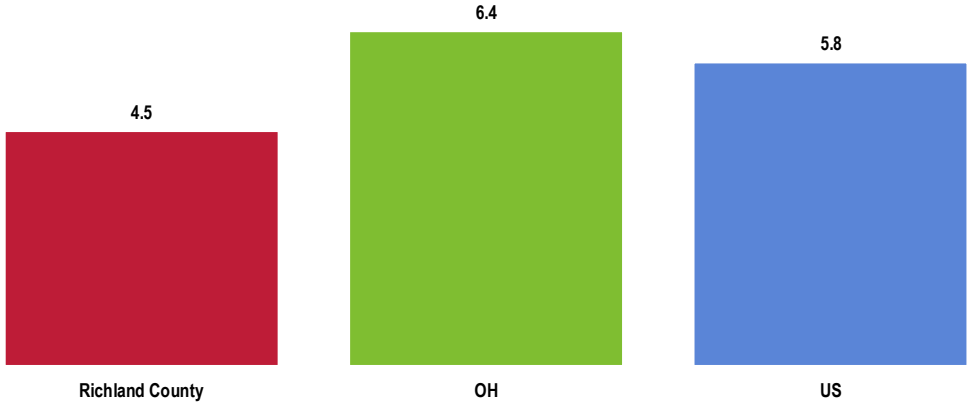
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- This indicator is relevant because motor vehicle crash deaths are preventable, and they are a cause of premature death.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

RELATED ISSUE
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

Homicide is a measure of community safety and a leading contributed to years of potential life lost. Homicide mortality rates for Richland County, Ohio, and the US are shown in the following chart.



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

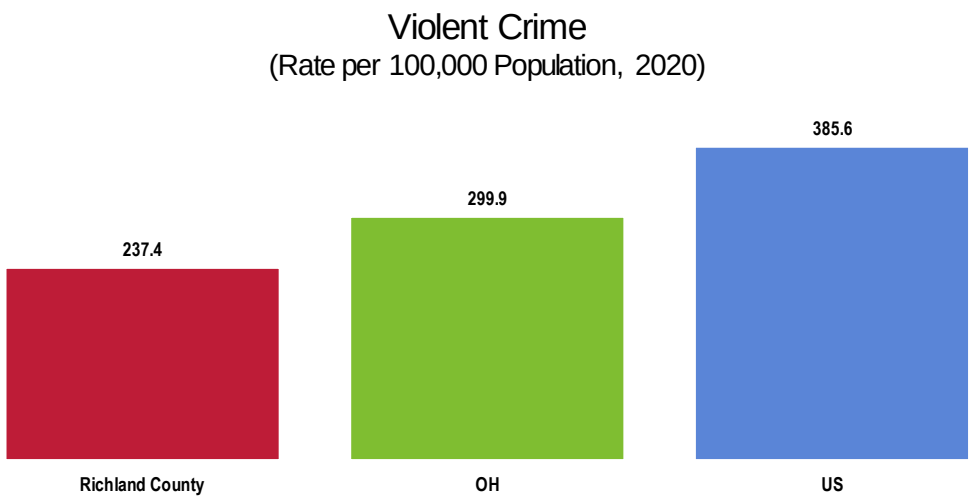
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Violent Crime Rate

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

The following chart shows the rate of violent crime per 100,000 population in Richland County, Ohio, and the US.

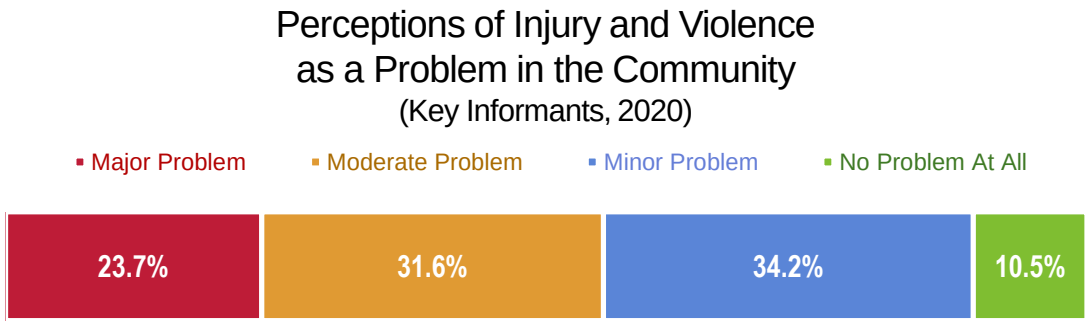


Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Key Informant Input: Injury & Violence

Key informants' perceptions of *Injury & Violence* in our community:



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Domestic Violence

> COVID-19 has caused domestic violence cases to increase. There is clearly a division within our community regarding personal beliefs (BLM, etc.) that haven't necessarily resulted in violence but have increased the potential for something to happen locally. – Community Leader
>
> There is a lot of violence that goes on in Richland County. Domestic violence is a major problem as people come into our agency with bruises and black eyes. However, they are to scared to ask for help. – Social Services Provider
>
> Domestic violence is at an all-time high due to the pandemic and isolation of quarantining. Extreme drug use has also contributed to injuries and violence throughout our communities in Richland County and far beyond. – Community Leader

Gun Violence

> There have been numerous of unexpected death because of gun violence, domestic violence, crime, drugs and alcohol abuse and sexual assaults. – Social Services Provider
>
> Gun violence has been an increasing concern throughout the downtown area of Mansfield. During the pandemic, incidences of domestic violence have risen significantly. There is minimal advocacy work around awareness of mediation, nonviolent response and community conversations to work out alternative solutions. – Social Services Provider
>
> Gun violence, particularly in Mansfield continues to be a problem. Violence, should be addressed as a public health issue. Because this is a problem that largely affects the young, black community, there has been little interest as to addressing root causes. Instead it has been limited to a law enforcement issue. – Social Services Provider

Systematic Racism

> When a young African American man can get shot and killed walking into his own house by the police for no reason, there is a problem. When our community leaders fail to recognize the systemic racism has taken a toll on the physical and emotional/mental health of people of color for decades, there is a problem. When I am afraid to let my 14-year-old son run in our neighborhood in the day time or night time because of the color of his skin, there is a problem. When covid-19 disproportionately affects people of color and white politicians blame it on them and their own person habits, it is a problem. When the President incites hate groups to stand down and stand by, there is a problem. – Social Services Provider

Violent Crime Rates

> If there was any act of violence I would feel it was an issue. Too many are simply not empathetic or kind to others. – Social Services Provider
>
> There appears to be a large percentage of violent crimes in the city of Mansfield specifically. – Community Leader

Mental Health Issues

> Mental health and substance abuse issues in county. Suicides are up. – Public Health Representative

DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

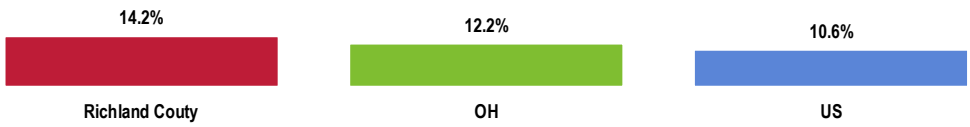
– Healthy People 2030 (https://health.gov/healthypeople)

Prevalence of Diabetes

Diabetes is a prevalent and long-lasting (chronic) health condition with a number of adverse health effects, and it may indicate an unhealthy lifestyle. The prevalence of diabetes among Richland County adults age 20 and older is outlined below, compared to state and national prevalence levels.

The CDC Behavioral Risk Factor Survey asked respondents:

"Has a doctor, nurse, or other health professional ever told you that you had diabetes?"

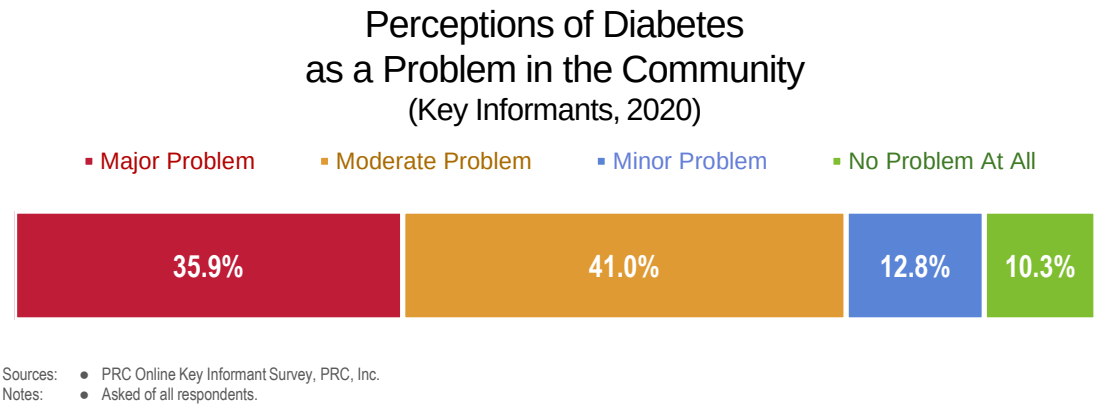


Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because diabetes is a prevalent problem in the US; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Key Informant Input: Diabetes

The following are key informants' ratings of *Diabetes* as a health concern in Richland County.



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Nutrition

> Lack of proper diet and exercise. – Public Health Representative
>
> Lack of nutrition education delivered appropriately to the various segments of RIchland County. This would include, not only the connection of diet to diabetes, but also diabetes prevention. This education needs to be delivered broadly and deeply. – Social Services Provider
>
> The nation as a whole comparatively speaking is unhealthy. Buffet style restaurants are popular as they serve processed junk. Nutrition in this country and the desire to be healthy is a major problem. – Community Leader
>
> Making better choices with eating and exercise. – Community Leader

Awareness/Education

> Education, access to nutritious fresh foods, health perceptions, obesity. – Public Health Representative
>
> Lack of education on how to prevent and/or manage diabetes. – Social Services Provider

Disease Management

> There is a huge gap in individuals who are diagnosed and yet remain non-compliant with care guidelines (healthy eating regimen, exercise, etc.) as well as a potential core of individuals at risk of developing diabetes or who have undiagnosed cases. Providing more opportunities for "drop-in" exercising, social opportunities to learn about accessing and preparing fresh, foods. As a diabetic, I don't want to have to commit to a full series of classes or sessions. Need to find ways to normalize these conversations to raise awareness, the long term health risks of untreated cases and showcasing successful longterm management (similar to what WW does for obesity or the ongoing struggle to normalize mental health/addiction services). – Social Services Provider
>
> Self discipline, peer pressure and lack of knowledge about nutrition. – Community Leader

Access to Healthy Food

> Access to health eating options, built environment to encourage physical activity and general policy promoting foods that are high calorie dense over fresh fruits and vegetables and wholesome grains and ingredients. – Public Health Representative

Affordable Medication/Supplies

> The cost of their treatment regimen and also access to diabetes specialists. However, this is getting better as our health system is recruiting more diabetes specialists. – Other Health Provider

Lack of Providers

> It seems to me many in our community have diabetes. We have only a few nephrologists to care for them. – Community Leader

Lifestyle

> More people eat fast foods than ever before with very few healthy choices available for purchase. It is expensive to eat healthy. Dietary education needs to be a priority starting at elementary school on up. – Community Leader

Obesity

> Obesity and lack of exercise. – Social Services Provider

KIDNEY DISEASE

ABOUT KIDNEY DISEASE

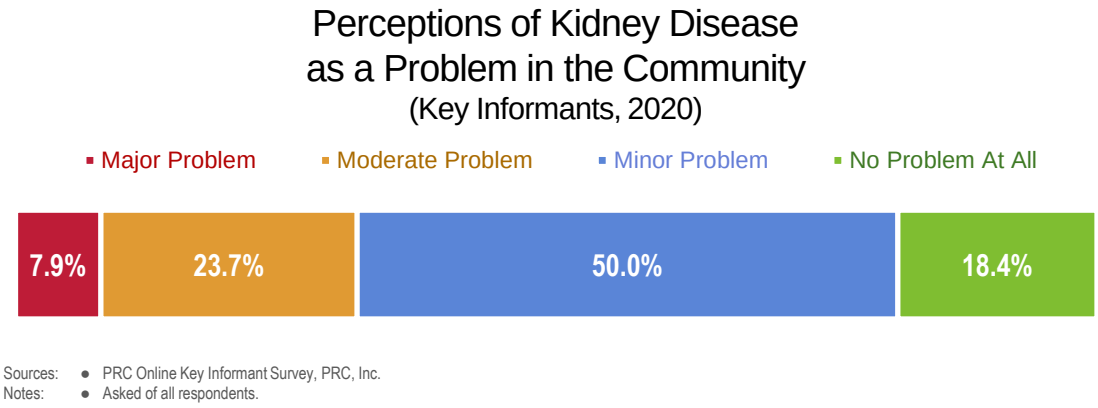
More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. …People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

– Healthy People 2030 (https://health.gov/healthypeople)

Key Informant Input: Kidney Disease

The following are the perceptions of *Kidney Disease* as a community health issue among key informants taking part in an online survey.



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> High population rate of individuals in various stages of kidney failure and who will or may already require dialysis care. – Public Health Representative
>
> Prevalence of dialysis patients, particularly in the black community. – Social Services Provider

POTENTIALLY DISABLING CONDITIONS

Disability

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

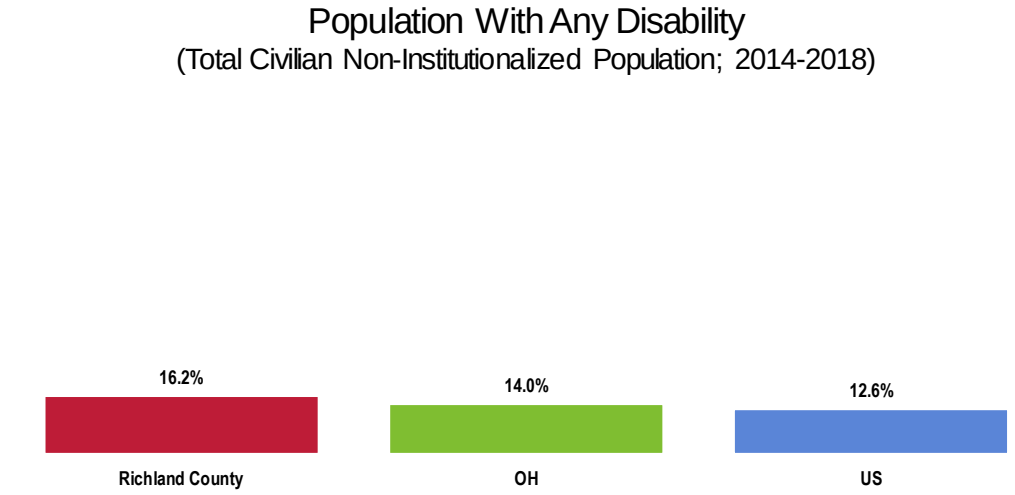
In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (https://health.gov/healthypeople)

The following represents the percentage of the total civilian, non-institutionalized population in Richland County with a disability. This indicator is relevant because disabled individuals may comprise a vulnerable population that requires targeted services and outreach.

Disability data come from the US Census Bureau's American Community Survey (ACS), Survey of Income and Program Participation (SIPP), and Current Population Survey (CPS). All three surveys ask about six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent-living difficulty.

Respondents who report any one of the six disability types are considered to have a disability.

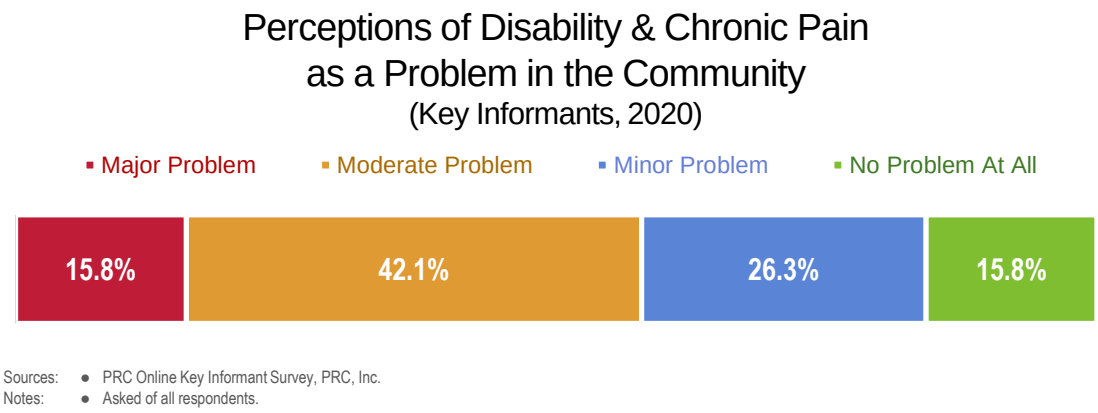


Sources:
- US Census Bureau, American Community Survey.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Key Informant Input: Disability & Chronic Pain

Key informants' perceptions of *Disability & Chronic Pain* are outlined below.



Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> There are many, many people awaiting disability hearings, applying for disability and have been told that route is their own future. Many individuals call our information and referral line looking for pain management practitioners. There does not seem to be much awareness or understanding of other options or services. – Social Services Provider
>
> I know many people who, while they don't have specific health problems, chronic pain is substantial to limiting their daily activities, and no one has an answer for it. – Community Leader

Comorbidities

> Disability and chronic pain is frequently reported to being a co-morbidity of other diseases. Chronic pain and disability affects quality of Life, medication use/abuse is associated to poverty, education, access to care, etc. – Public Health Representative

Opiate Addiction

> I am not certain of this, however, I am led to believe that we have a significant community problem due to the prevalence of opiate addiction which often begins with misuse of prescribed medication. – Social Services Provider

Under-Reported Condition

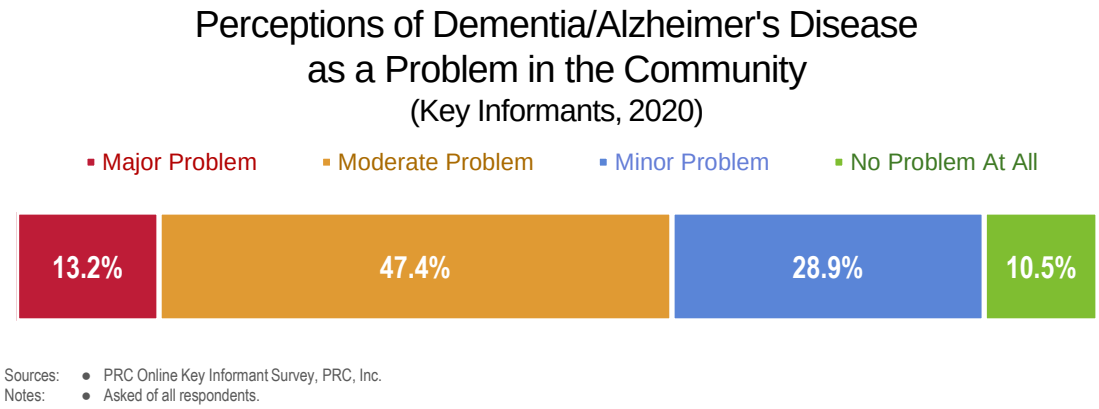
> I just started working in Richland County in July, so some of these questions are difficult to answer specific to Richland County, but I have worked in healthcare for 24 years. Chronic pain, in particular, is an often under-reported condition, but it has dire consequences in every community. Chronic pain typically drives prescription drug abuse, alcohol abuse, and other substance abuse. This usually leads to criminal activity and the inability to hold a job and contribute to society. It could also led to children placed in foster care, contributing to multiple Adverse Childhood Experiences (ACE) which then affect future generations. – Public Health Representative

Work-Related

> Physical labor jobs. – Other Health Provider

Key Informant Input: Dementia/Alzheimer's Disease

The following represents key informants' ratings of *Dementia/Alzheimer's Disease* as a community health concern.



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Aging Population

> Because of the older population in Richland County. – Social Services Provider
>
> With the aging population it just is. Why we cannot find a cure is beyond me. Finding appropriate living accommodations is not easy as well. – Social Services Provider

Awareness/Education

> Lack of preventative programming to better the age of onset as well as severity of symptoms, including programming for general social interaction for elderly populations outside of assisted living care and nursing homes. – Public Health Representative

Incidence/Prevalence

> Many friends and family are affected by this. – Community Leader

BIRTHS

BIRTH OUTCOMES & RISKS

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

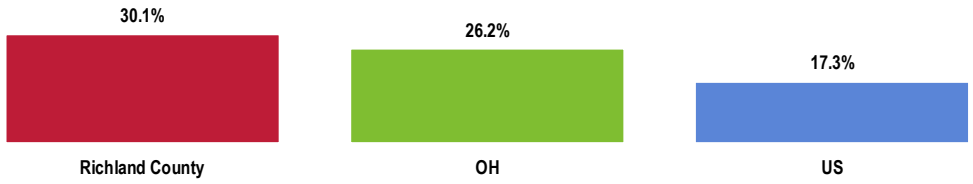
– Healthy People 2030 (https://health.gov/healthypeople)

Lack of Prenatal Care

Early and continuous prenatal care is the best assurance of maternal and infant health.

This indicator reports the percentage of Richland County women who did not receive prenatal care during their first trimester of pregnancy. This indicator can signify a lack of access to preventive care, a lack of health knowledge, or other barriers to services.

Lack of Prenatal Care in the First Trimester
(Percentage of Live Births, 2007-2010)



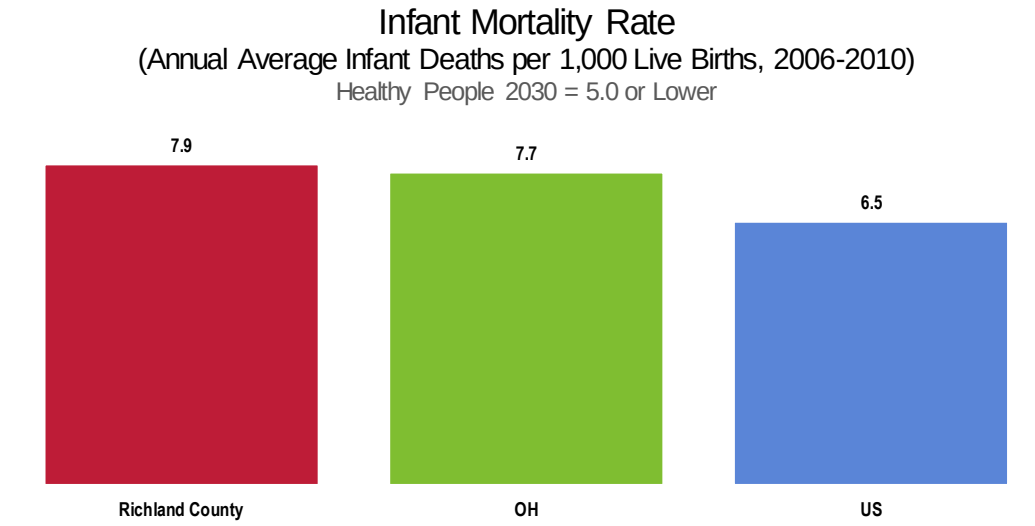
Sources:
- Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

Note:
- This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Infant Mortality

Infant mortality includes the death of a child before his/her first birthday, expressed as the number of such deaths per 1,000 live births.

The following chart shows the number infant deaths per 1,000 live births in Richland County. High infant mortality can highlight broader issues relating to health care access and maternal/child health.



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

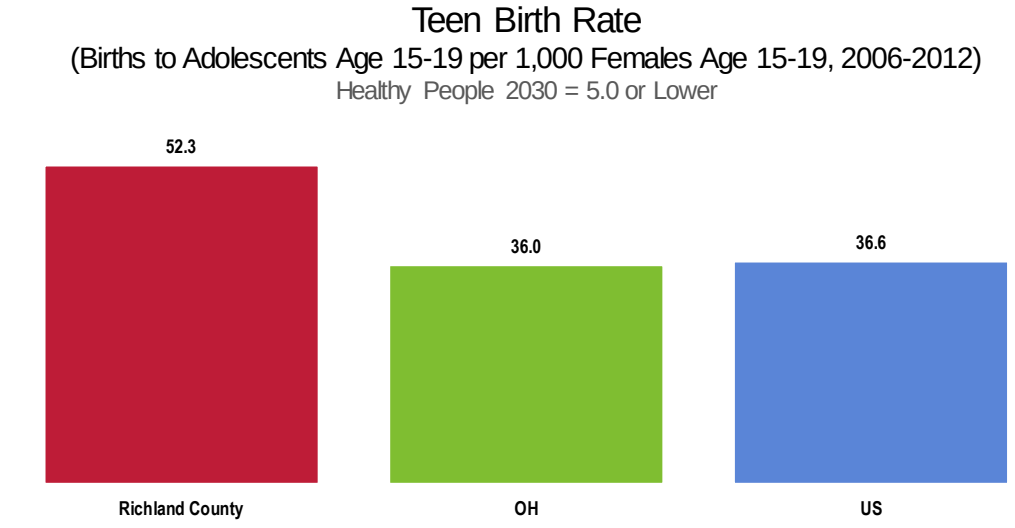
Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

– Healthy People 2030 (https://health.gov/healthypeople)

Births to Adolescent Mothers

The following chart outlines the teen birth rate in Richland County, compared to rates statewide and nationally. In many cases, teen parents have unique health and social needs. High rates of teen pregnancy might also indicate a prevalence of unsafe sexual behavior.

Here, teen births include births to women ages 15 to 19 years old, expressed as a rate per 1,000 female population in this age cohort.

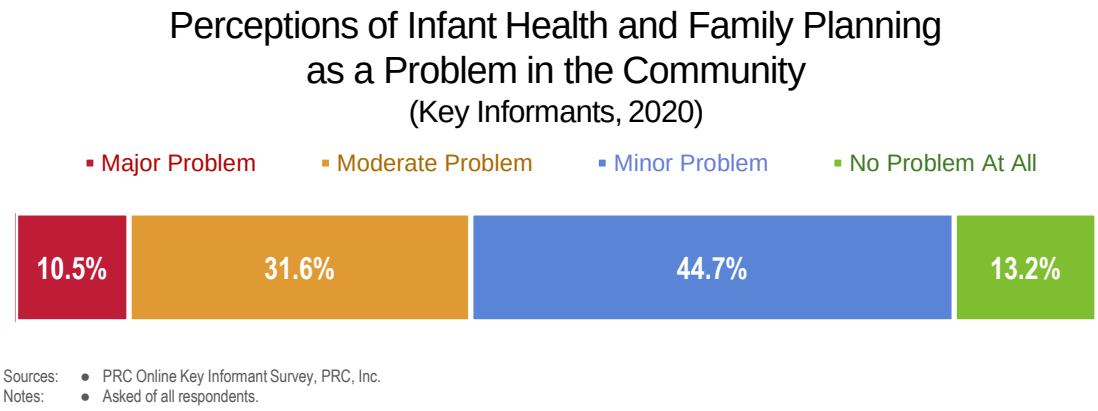


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Infant Health & Family Planning

Key informants' perceptions of *Infant Health & Family Planning* as a community health issue are outlined below.



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Infant Mortality

> The average infant mortality rate in Richland County is 6.2. Many organizations have worked to lower this number, but it is still too high. – Community Leader
>
> Look at the infant mortality rate for Richland County. – Community Leader
>
> While our infant mortality rates have improved over the past year, a racial inequality remains. School districts in the county are reluctant to provide sex education, pregnancy prevention information to be openly discussed and accessed. Lack of awareness and opportunity to discuss the positive financial and family stability outcomes experienced when childbearing is delayed until educational, career/employment goals are attained. – Social Services Provider

Teenage Pregnancies

> Infants born to young mothers. Multiple children born within a short time frame. Children Services investigations and children in foster care numbers are up. Drug use in adults is up. Mental health concerns are up. All this leads to challenges with stable healthy and happy families. – Public Health Representative

MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

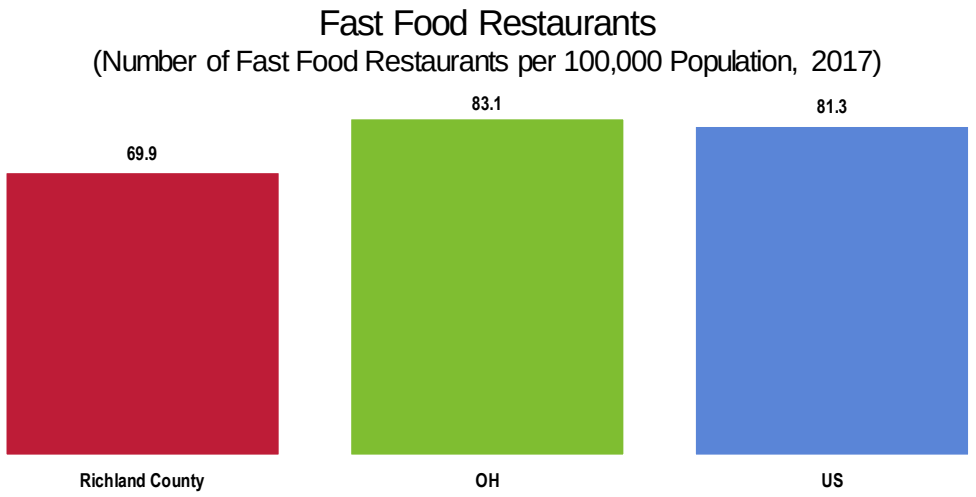
Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (https://health.gov/healthypeople)

Food Environment: Fast Food

Here, fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.

The following shows the number of fast food restaurants in Richland County, expressed as a rate per 100,000 residents. This indicator provides a measure of healthy food access and environmental influences on nutrition.



Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

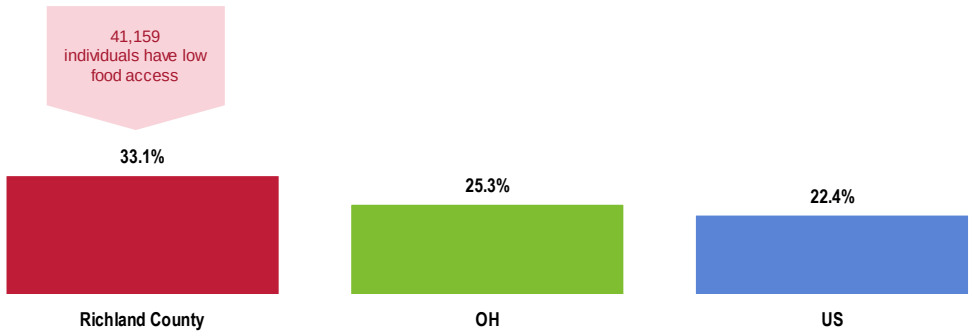
Access to Healthful Food

Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

The following chart shows US Department of Agriculture data determining the percentage of Richland County residents found to have low food access, meaning that they do not live near a supermarket or large grocery store.

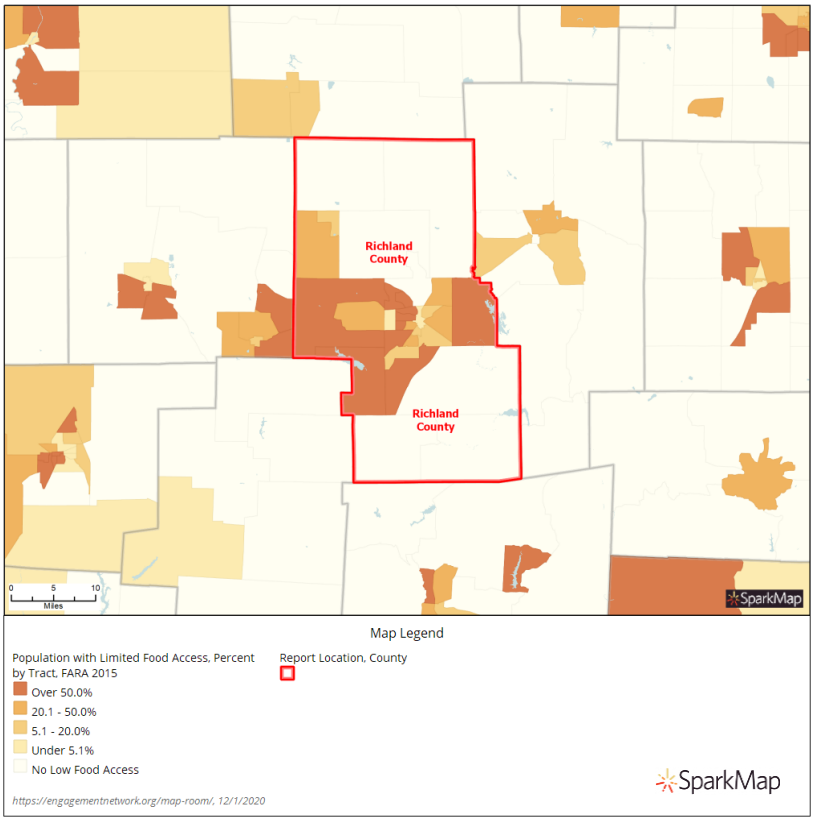
Population With Low Food Access

(Percent of Population Far From a Supermarket or Large Grocery Store, 2015)



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.



PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

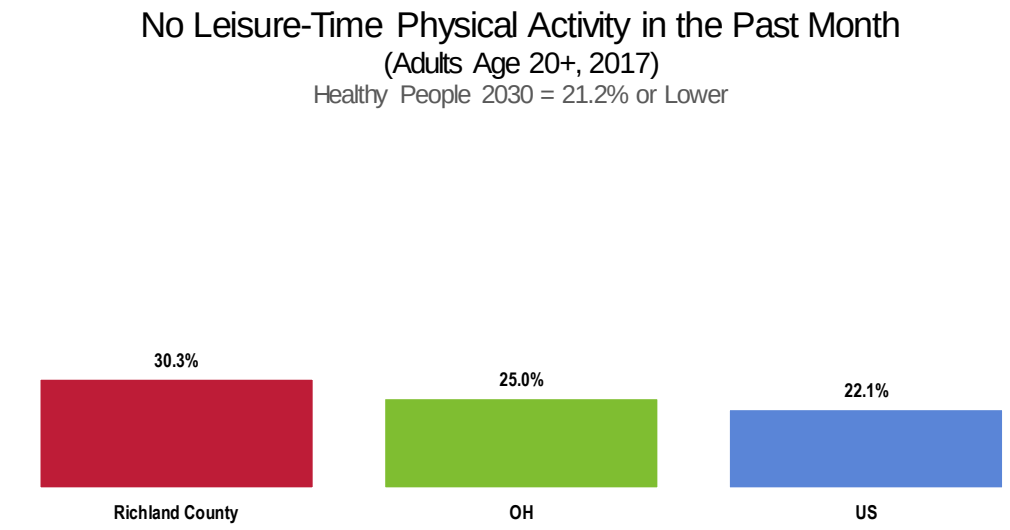
Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

Below is the percentage of Richland County adults age 20 and older who report no leisure-time physical activity in the past month. This measure is important as an indicator of risk for significant health issues such as obesity or poor cardiovascular health.



Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

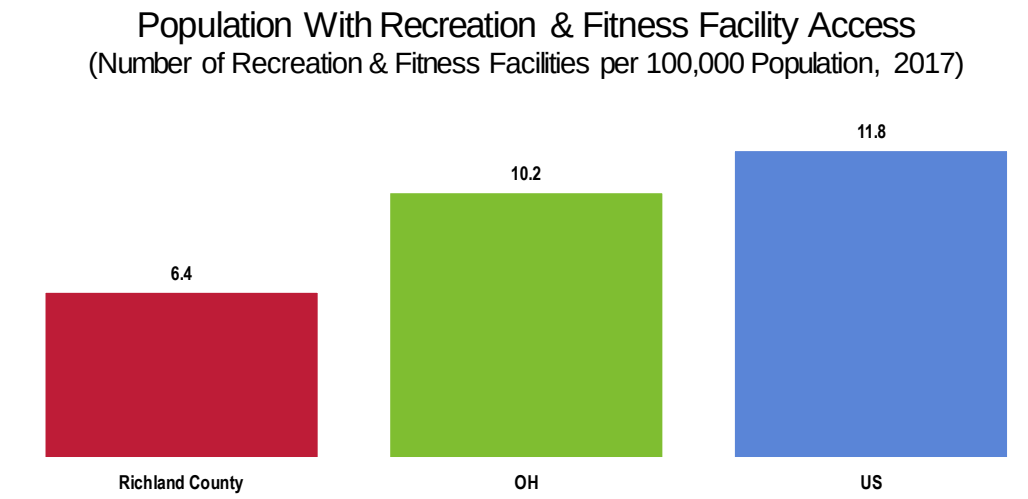
Notes:
- This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Access to Physical Activity

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

The following chart shows the number of recreation/fitness facilities for every 100,000 population in Richland County. This is relevant as an indicator of the built environment's support for physical activity and other healthy behaviors.



Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities." Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (https://health.gov/healthypeople)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

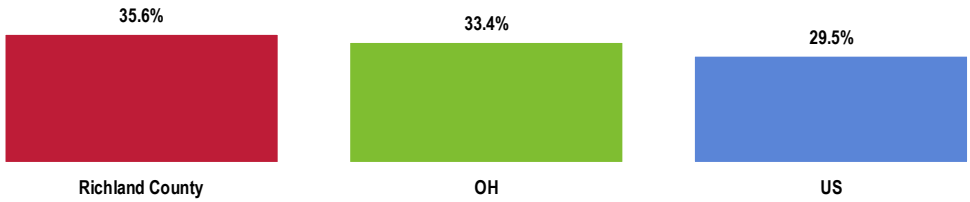
Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Obesity

"Obese" includes respondents with a BMI value ≥30.0.

Outlined below is the percentage of Richland County adults age 20 and older who are obese, indicating that they might lead an unhealthy lifestyle and be at risk for adverse health issues.

Prevalence of Obesity
(Adults Age 20+ With a Body Mass Index ≥ 30.0, 2017)
Healthy People 2030 = 36.0% or Lower



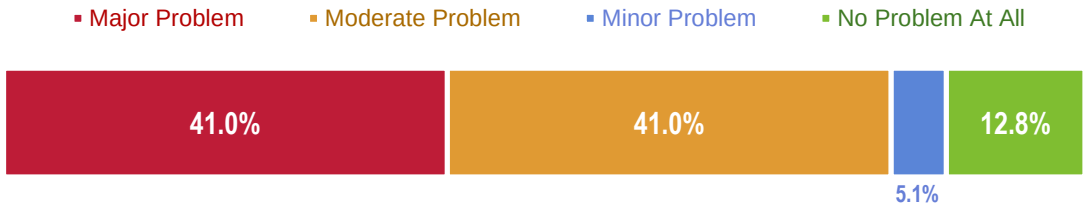
Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
- This indicator is relevant because excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Key Informant Input: Nutrition, Physical Activity & Weight

Key informants' ratings of *Nutrition, Physical Activity & Weight* as a community health issue are illustrated below.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community
(Key Informants, 2020)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Nutrition

> Unwillingness to participate in healthy nutrition, physical activity, and healthy weight behaviors. – Public Health Representative
>
> Rural mindset of Richland County. Food insecurity in north Mansfield. – Community Leader
>
> Lack of nutritious, healthy food is common. Poorer areas are filled with "dollar stores," and few places to eat well. Community centers are closing,, and funding for programs often disappears before impact can be shown. Although obesity is evident across al racial/social-economic lines, access to education, information and resources aimed at having a healthier community is not. – Social Services Provider

Lack of Motivation

> Reduced motivation to take advantage of physical activity opportunities on a daily basis. – Public Health Representative
>
> Lack of motivation and education. – Community Leader
>
> Lack of interest in self-care and proactive health, such as nutrition, physical activity, and weight. – Community Leader

Access to Care/Services

> This community is an old industrial area. The parks in the city were neglected and are not really user friendly. There are no community recreation centers that are modern and clean. The sidewalks are in poor repair. Walking anywhere is dangerous because cars don't give the right of way. sports teams for children are for people who can afford to pay for them. Ontario has a decent park. Lexington has the bike trail and a decent park, but there is very little encouragement for kids to be active and healthy in the Mansfield area. The YMCA is full of older adults who clearly do not want children in their space. – Social Services Provider
>
> There are too many people who don't have the resources to eat healthy so therefore they eat too much junk foods. – Community Leader
>
> No low cost or free physical activity centers. Too many fast food restaurants and families who eat out frequently due to home/work/life stressors. Kids on electronics all the time instead of going outside to play. – Other Health Provider

Awareness/Education

> Education, realization that weight and activity are closely correlated to heart disease. Poverty, food deserts, low education levels. – Public Health Representative
>
> Again, education is key. A good dietary education. Produce giveaway has been a wonderful way to encourage healthy lifestyle. Many do not know how to cook certain veggies, grow food, and can not afford to eat healthy. Bring in fresh veggies and fruits to try in classroom starting at the elementary level to produce a positive response to healthy eating. Something that would come natural to them. – Community Leader

Lifestyle

> In my 24 years in healthcare, I have found that people know what they need to do to live a healthy lifestyle, but there are barriers that prevent them from doing those things. The number one barrier is that people don't want to make the necessary changes, and people won't be successful in living a healthy lifestyle unless it is their choice to do so. I think Richland County has made some great strides in incorporating built changes into the environment, and the North End has made some great headway, but there is still much to be done. Insurance incentives seem to be helping too. It's hard to know whether you spend all of your limited resources (time and money) and educating youth so they grow up making healthy choices, or on adults who are less likely to make a behavior change, – Public Health Representative

Mental Health Issues

> Individuals in a work-from-home environment find themselves eating more. With gyms closing earlier this year it prevented those of us that normally utilized them to be able to go and work out, walk on a treadmill, etc. Because of the pandemic, we were pretty much limited to walking as a source of exercise along with anything physical that we had the capability of doing within our homes. – Community Leader

Obesity

> We are an obese nation and that is the same in this county. Over 42% of people are obese and it leads to many other health problems. – Community Leader

SUBSTANCE ABUSE

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. …Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (https://health.gov/healthypeople)

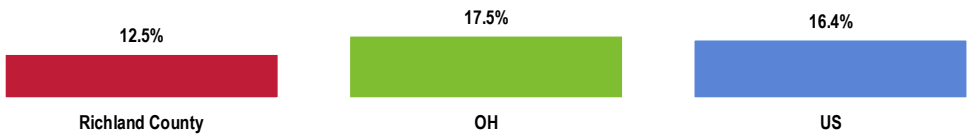
Excessive Alcohol Use

Excessive drinking includes heavy and/or binge drinkers:

- HEAVY DRINKERS ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- BINGE DRINKERS ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

The following illustrates the prevalence of excessive drinkers in Richland County, as well as statewide and nationally. Excessive drinking is linked to significant health issues, such as cirrhosis, certain cancers, and untreated mental/behavioral health issues.

Excessive Drinkers
(2006-2012)

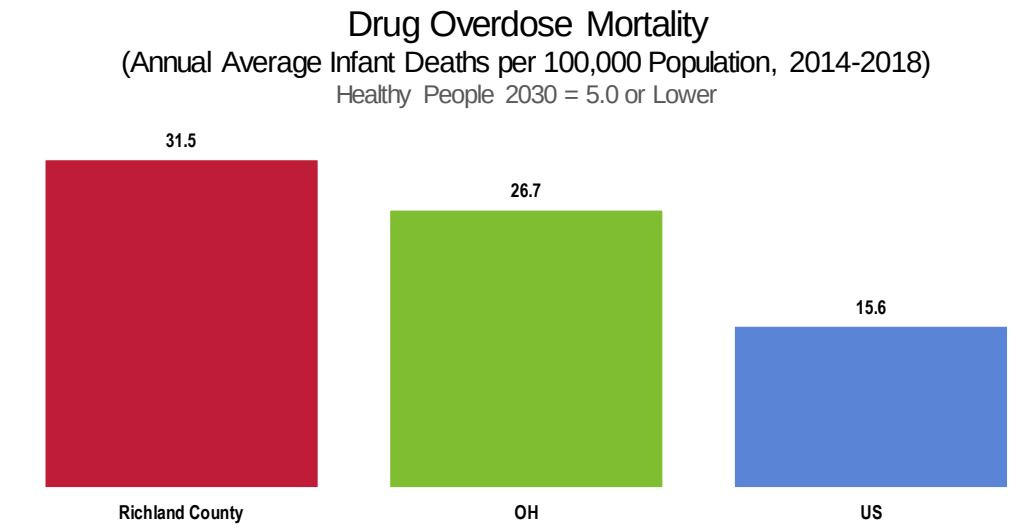


Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Overdose Deaths

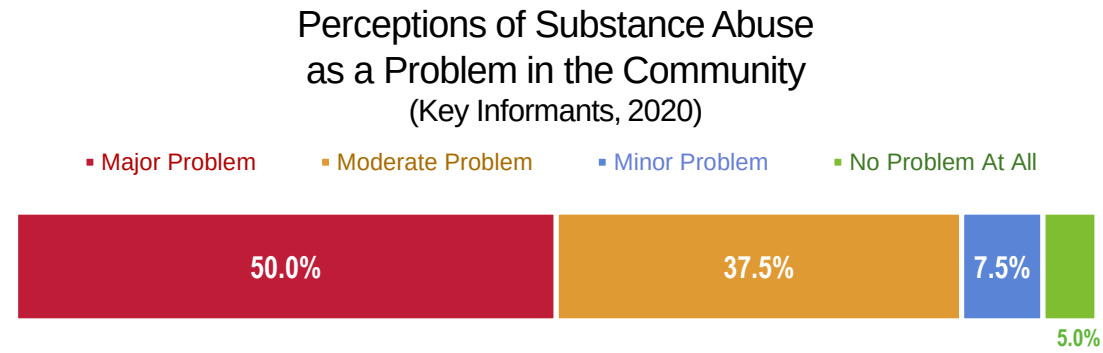
This indicator reports the age-adjusted rate of death due to drug overdose per 100,000 population.



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Key Informant Input: Substance Abuse

Note the following perceptions regarding *Substance Abuse* in the community among key informants taking part in an online survey.



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Awareness/Education

> I don't feel as if I have enough knowledge to adequately address this issue. I would guess it to be the lack of inpatient resources locally, and maybe to some extent outpatient resources, although not to the degree of inpatient resources. While Narcan is meant to save lives, I feel it has become a "safety net" for addicts and their families. Getting clean is hard, for the addict and the family. Getting a dose of Narcan is the quick fix and a way to put off a permanent solution. Now that Narcan has been used consistently for a few years, it would be interesting to see if there is more data available that speaks to this concern. – Public Health Representative
>
> Our greatest barrier, in my opinion, is the abuser does not realize there is assistance to get the help they need. There is organizations that offer financial assistance as well as recovery. – Social Services Provider
>
> The knowledge of all the resources and the individual's willingness to go to treatment. I believe we have many resources available in this community. – Community Leader
>
> I believe some of the biggest barriers are education and a stable support structure whether it is the nuclear family or not. – Community Leader

Access to Care/Services

> Medically assisted treatment accessibility in Richland County. The number of facilities providing, hours of operation, transportation to and from. – Public Health Representative
>
> Individuals who are seeking assistance to overcome their addictions do not have access to local in house treatment. Many receive treatment with replacement drugs, however, there is no inpatient facility for them to get treated. The treatment that is available, is hard for patients to get too due to lack of transportation. – Social Services Provider
>
> Lack of residential facilities, money. You cannot arrest our way out of this crisis, but we cannot ignore the fact that is a crime. – Community Leader

Access to Care for Uninsured/Underinsured

> Local economic issues and unwillingness to quit. – Public Health Representative
>
> Services are usually not covered or denied to those in lower income brackets or have no health insurance. – Other Health Provider
>
> Capacity barriers due to ability to pay for sufficient staffing to match the demand for detox and substance use treatments; Awareness of the various services available (detox, home visit treatment, medication assisted treatment), the eligibility and capacity/availability of immediate service openings; decentralized access process. – Social Services Provider

Vulnerable Populations

> A lot of people can't pass a drug test in Richland County which puts a strain on employers throughout the county. Families struggle as well, trying to support their loved one but at the same time keep them distant as they self-destruct. A lot of this abuse came from prescriptions meds prescribed to individuals for pain. Seen this first hand, where the patient then seeks out that high for recreational use which ends up controlling their daily lives. – Community Leader
>
> If you are a person of color, your treatment is incarceration. – Community Leader

Drug Availability

> Availability. – Community Leader
>
> I feel again it is availability. – Social Services Provider

Denial/Stigma

> The desire to get treatment. – Community Leader

Most Problematic Substances

Note below which substances key informants (who rated this as a “major problem”) identified as causing the most problems in Richland County.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Abuse as a “Major Problem”)	
ALCOHOL	47.1%
HEROIN OR OTHER OPIOIDS	35.3%
PRESCRIPTION MEDICATIONS	11.8%
MARIJUANA	5.9%

TOBACCO USE

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (https://health.gov/healthypeople)

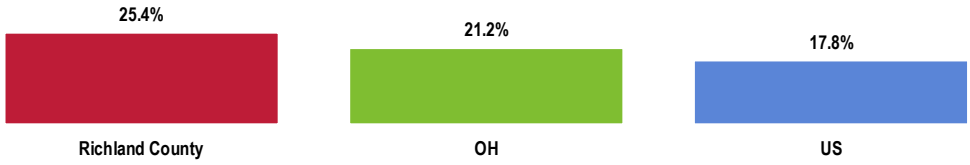
Cigarette Smoking Prevalence

Tobacco use is linked to the two major leading causes of death: cancer and cardiovascular disease. Note below the prevalence of cigarette smoking in our community.

The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

"Do you now smoke cigarettes every day, some days, or not at all?"

"Current smokers" are defined as those who smoke every day or on some days.

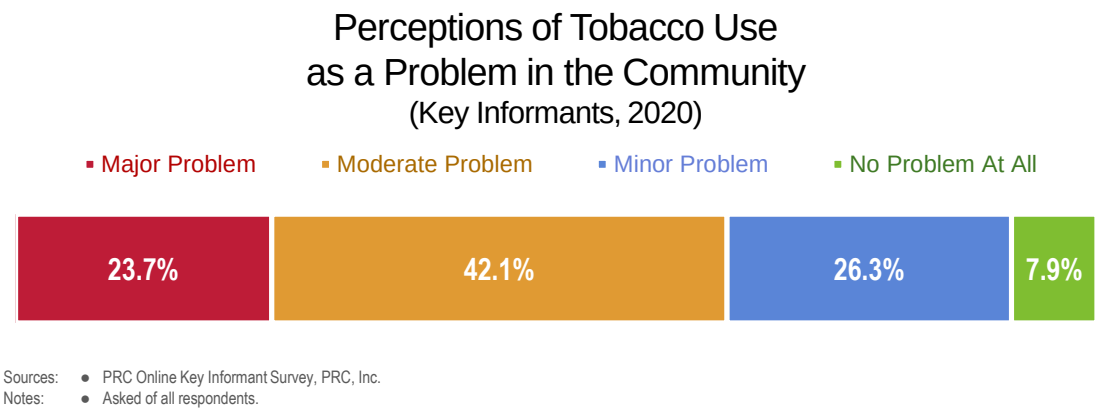


Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).
- This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Key Informant Input: Tobacco Use

Below are key informants' ratings of *Tobacco Use* as a community health concern.



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> Tobacco is a major problem in all communities and aside from reduction of acute stress, has not health benefits. If we teach individuals how to mediate stress with other interventions, tobacco is 100% useless. – Public Health Representative
>
> Many people use tobacco. Tobacco is the root cause to many health issues. – Social Services Provider
>
> Most men and some women in the Clear Fork valley use snuff or dip. Many residents smoke as well. – Community Leader

Easy Access

> Tobacco use is the leading cause of preventable disease. It is easily accessible to minors. – Social Services Provider
>
> Too easily accessible, you can buy tobacco easier than you can buy toilet paper. – Social Services Provider

Addiction

> When I reference tobacco use I strictly mean cigarette use. Smoking is such a harmful habit. It is quite shocking in today's day and age people choose to smoke. Any smoking is a major problem. – Community Leader

Low Income

> Low income. – Community Leader

SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

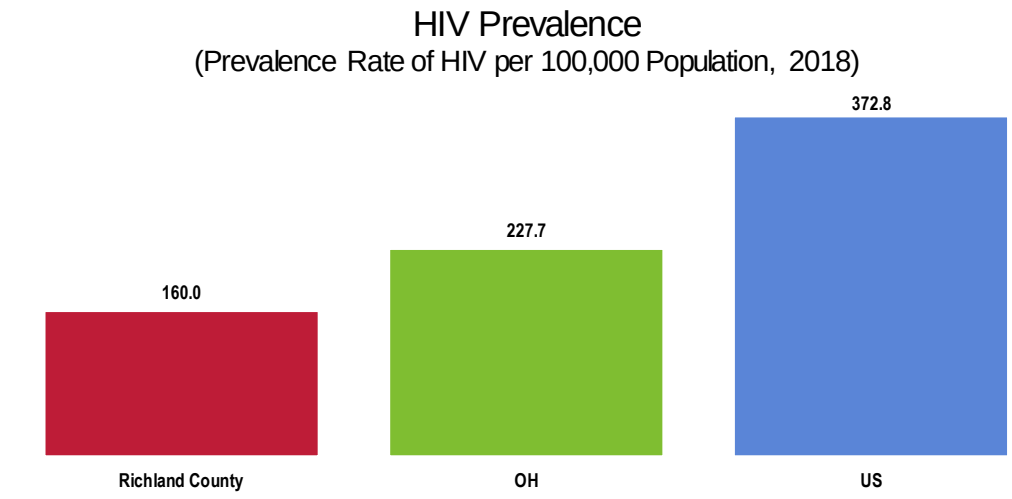
Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (https://health.gov/healthypeople)

HIV

The following chart outlines the prevalence of HIV in our community, expressed as a rate per 100,000 population.



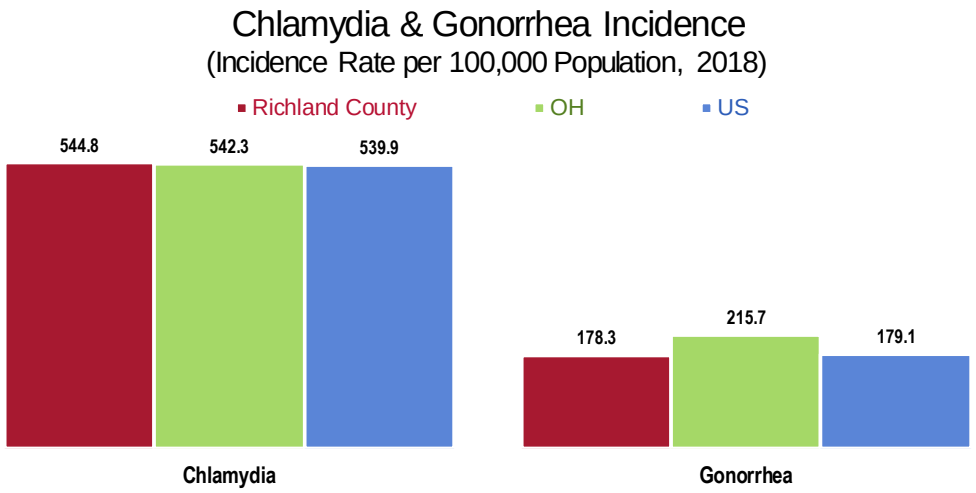
Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

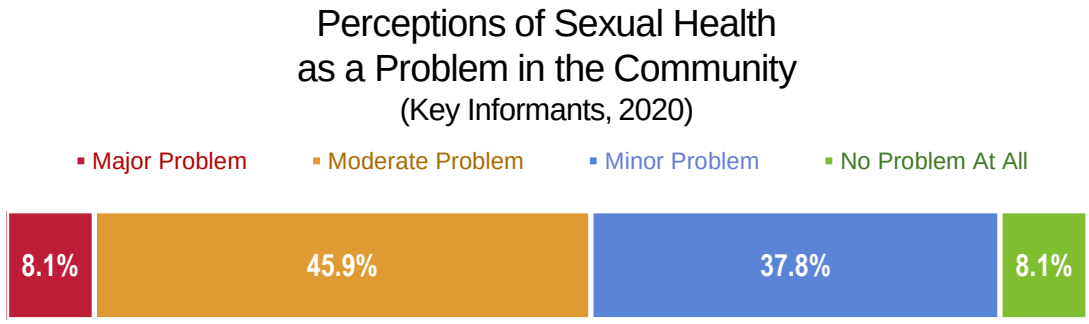
Chlamydia and gonorrhea are reportable health conditions that might indicate unsafe sexual practices in the community. Incidence rates for these sexually transmitted diseases are shown in the following chart.



Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).
Notes: ● This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexual Health

Key informants' ratings of *Sexual Health* as a community health concern are shown in the following chart.



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

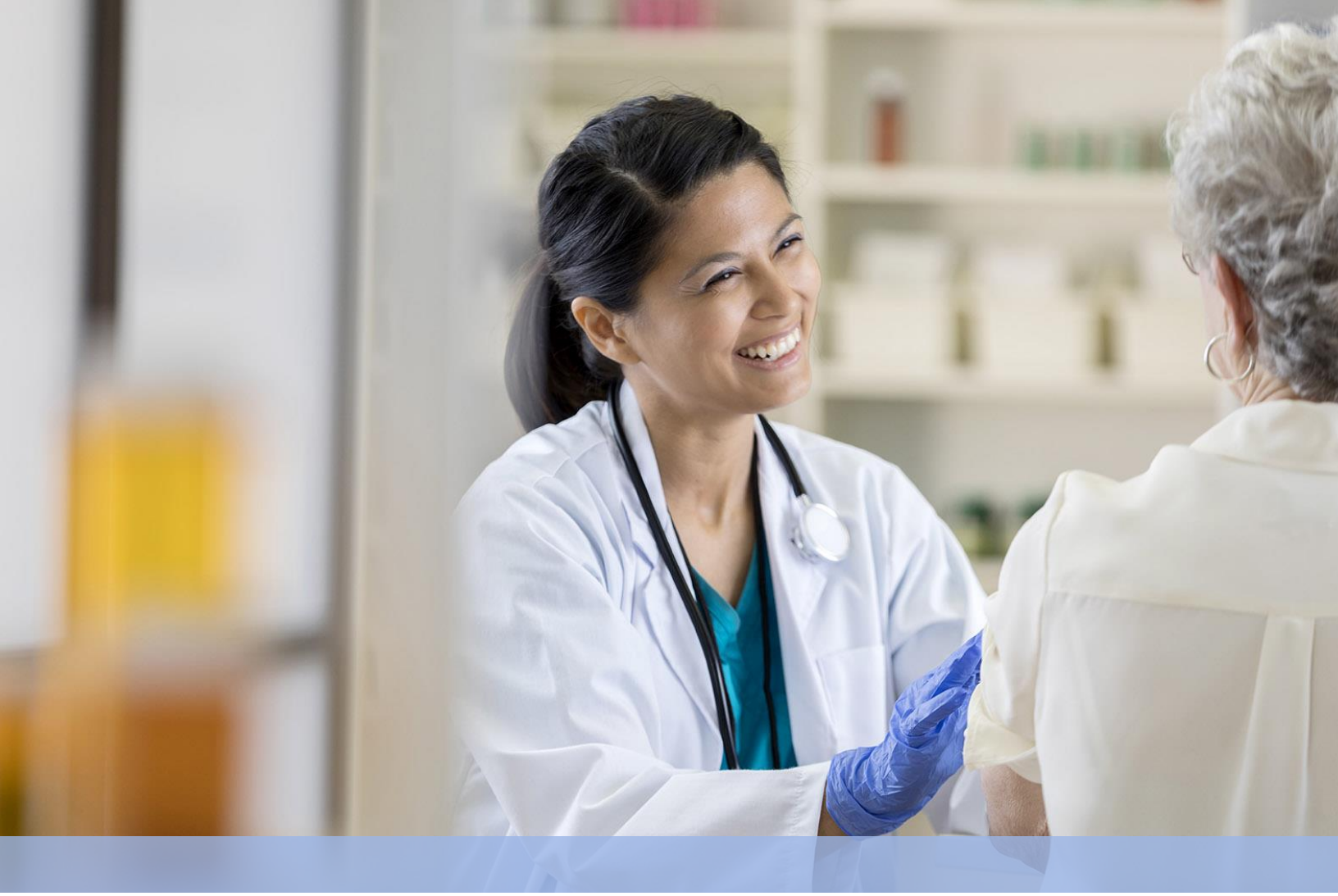
Among those rating this issue as a “major problem,” reasons related to the following:

Aversion to Planned Parenthood

> Aversion to Planned Parenthood. – Community Leader

STD Rates

> The ever high and increasing rate of STIs in Richland County without educational programming in schools and mainstreaming reproductive health messaging. – Public Health Representative



ACCESS TO HEALTH CARE

BARRIERS TO HEALTH CARE ACCESS

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

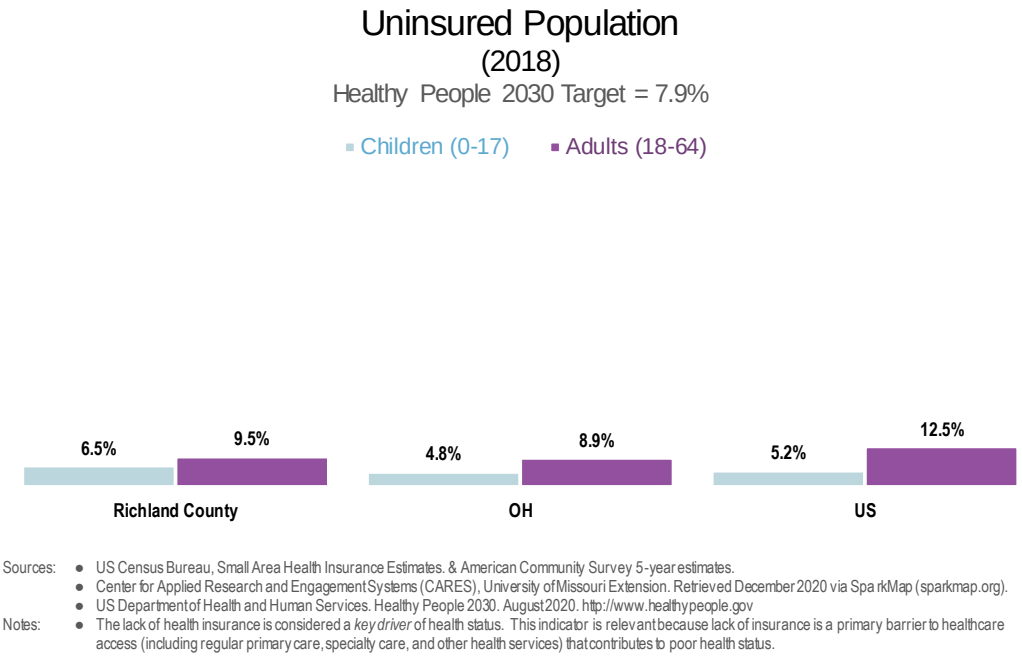
Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Lack of Health Insurance Coverage

Here, lack of health insurance coverage in adults reflects those age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Health insurance coverage is a critical component of health care access and a key driver of health status. The following chart shows the latest figures for the prevalence of uninsured children and adults (age 18 to 64 years) in Richland County.

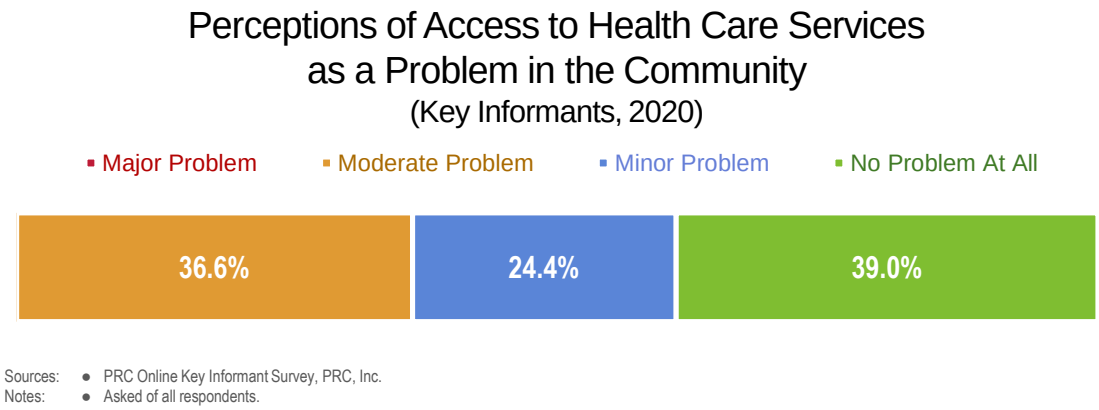


Sources:
- US Census Bureau, Small Area Health Insurance Estimates. & American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- The lack of health insurance is considered a *key driver* of health status. This indicator is relevant because lack of insurance is a primary barrier to healthcare access (including regular primary care, specialty care, and other health services) that contributes to poor health status.

Key Informant Input: Access to Health Care Services

Key informants' ratings of *Access to Health Care Services* as a problem in Richland County is outlined below.



Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Respondents noted:

Aging Populations Access to Services

> Aging population. As boomers get older will need to be more services available to seniors who do not qualify for long term care facilities, but will need more and more assistance to live safely at home. – Public Health Representative
>
> During this Covid Crisis, many of the hospitals that once utilized the Senior Center as a hub for the Thyroid, Complete Panel testing, etc. have either canceled the scheduled events, or not scheduled them at all. My problem with this is that it not only makes us look like we are not caring of the community needs and cost-effective services, and that WE canceled the events...but also that we have had blood drives SAFELY in our facility so I do not understand why these blood draw services were canceled when they are as important as the Covid19 crisis, and maybe even more so. It affects people emotionally, financially and bodily to not have these events, especially right now. If they cannot keep their blood sugar test, thyroid checks, Complete Blood Panels and A1C's in check, they are more apt to get ill from COVID if they contract it. Thanks. – Social Services Provider

Health Literacy

> Major gaps of understanding exist in the community about access and eligibility to health insurance coverage from Medicaid, to Managed Care, to Medicare to the ACA/Healthcare marketplace. Once eligible for health coverage there is still a lack of understanding about using that coverage: in network/out of network service providers; deductibles; HSA planning and management; preventive services covered at 100%; how to "shop" for a health care provider; differences in professional service levels (DO vs MD vs NP; General Medicine/Family Dr vs Internist vs Specialist); how and when to change service providers. – Social Services Provider

PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

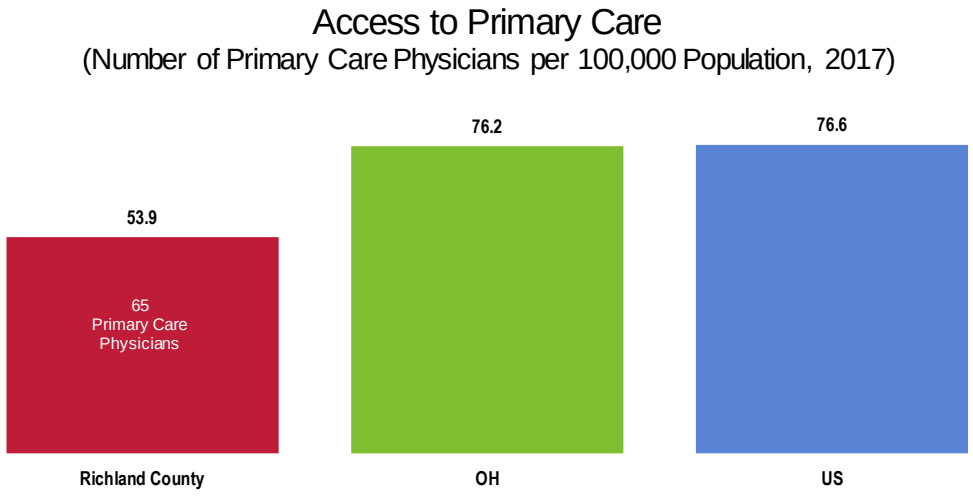
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (https://health.gov/healthypeople)

Access to Primary Care

The following indicator outlines the number of primary care physicians per 100,000 population in Richland County. Having adequate primary care practitioners contributes to access to preventive care.

Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

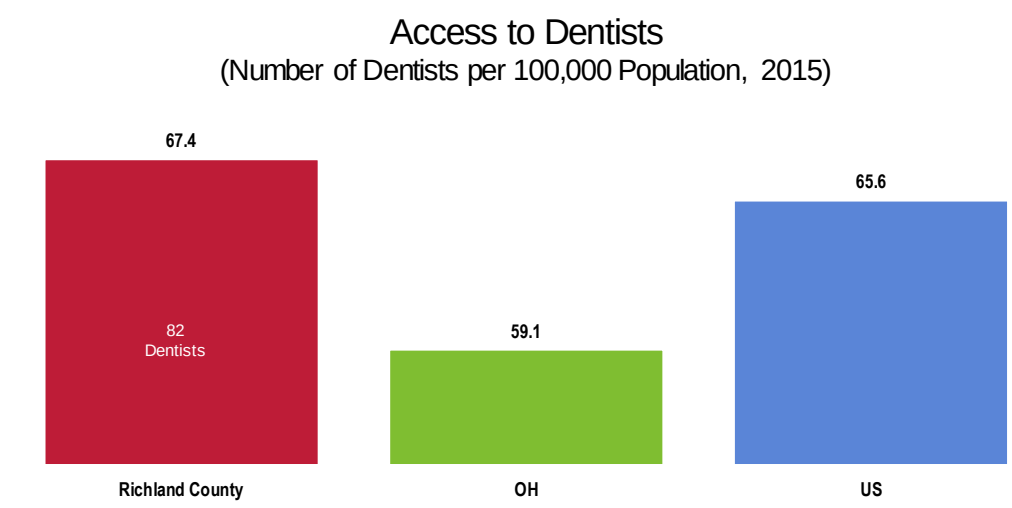
Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (https://health.gov/healthypeople)

Access to Dentists

This indicator includes all dentists — qualified as having a doctorate in dental surgery (DDS) or dental medicine (DMD), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

The following chart outlines the number of dentists for every 100,000 residents in Richland County.

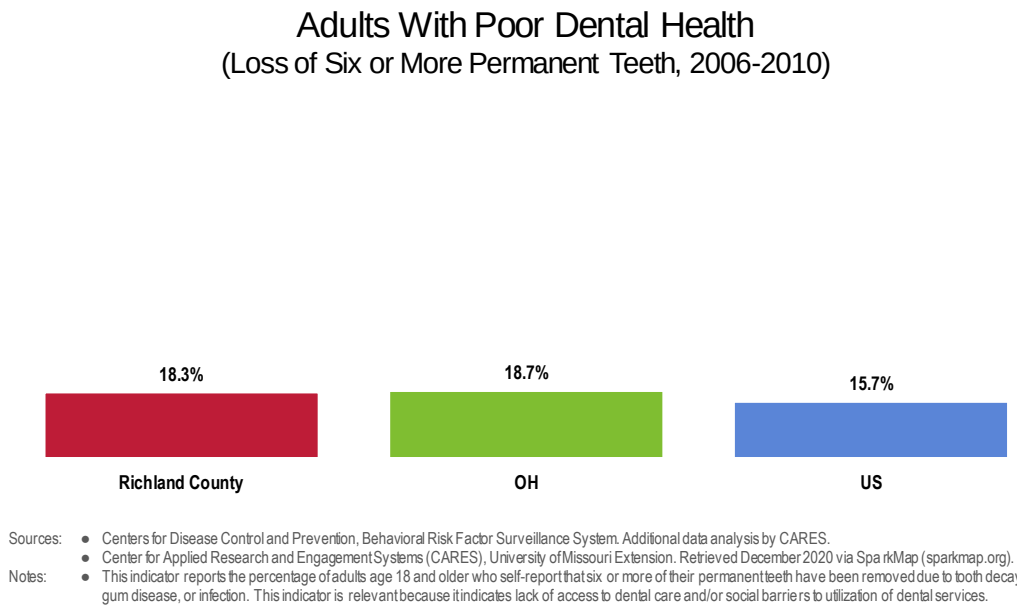


Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Poor Dental Health

The following chart shows the percentage of Richland County adults age 18 and older who have had six or more of their permanent teeth removed due to tooth decay, gum disease, or infection. This indicator can signify a lack of access to dental care and/or other barriers to the use of dental services.

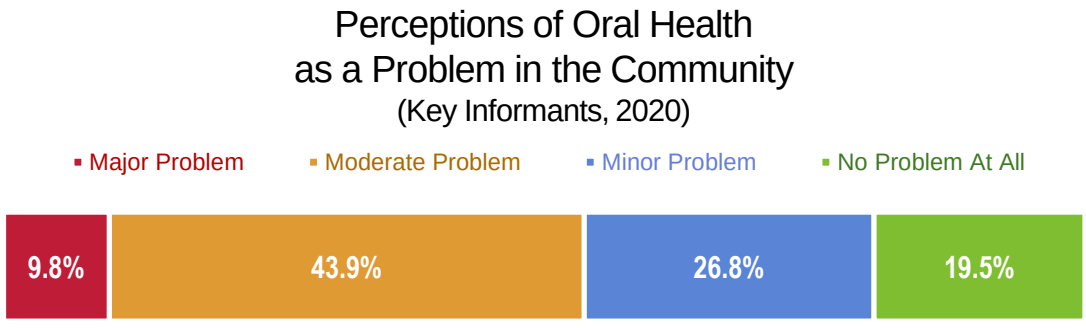


Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2020 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

Key Informant Input: Oral Health

Key informants' perceptions of *Oral Health* are outlined below.



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access for Medicare/Medicaid Patients

> Many of the clients that are on Medicaid managed care plans have difficulty finding a service provider. Routine preventative dental services are skipped. When services are needed it is usually because of advanced tooth decay, pain and severe conditions. Many children suffer from decay in their baby teeth due to misguided parents allowing sugary beverages at a very early age. – Social Services Provider

Access to Care/Services

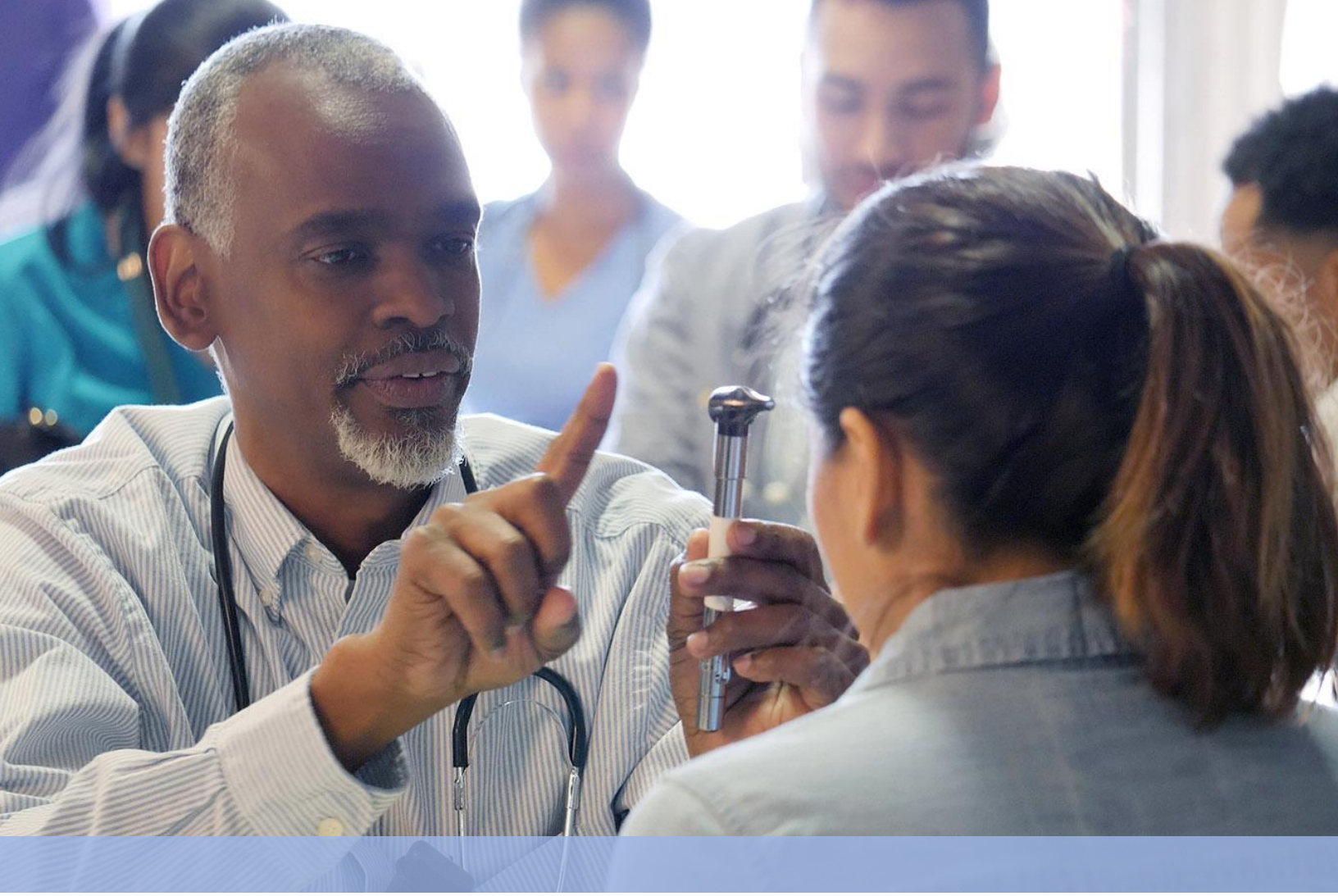
> Local capacity for dental health has been an issue in our community for a long time. The addition of dental health services at Third Street Family Health Services has helped greatly. – Social Services Provider

Incidence/Prevalence

> Oral pain is one of the top complaints in local Emergency Rooms. – Community Leader

Lack of Fluoridated Water

> Mansfield City is one of two large urban centers in Ohio that do not fluoridate the water. – Public Health Representative



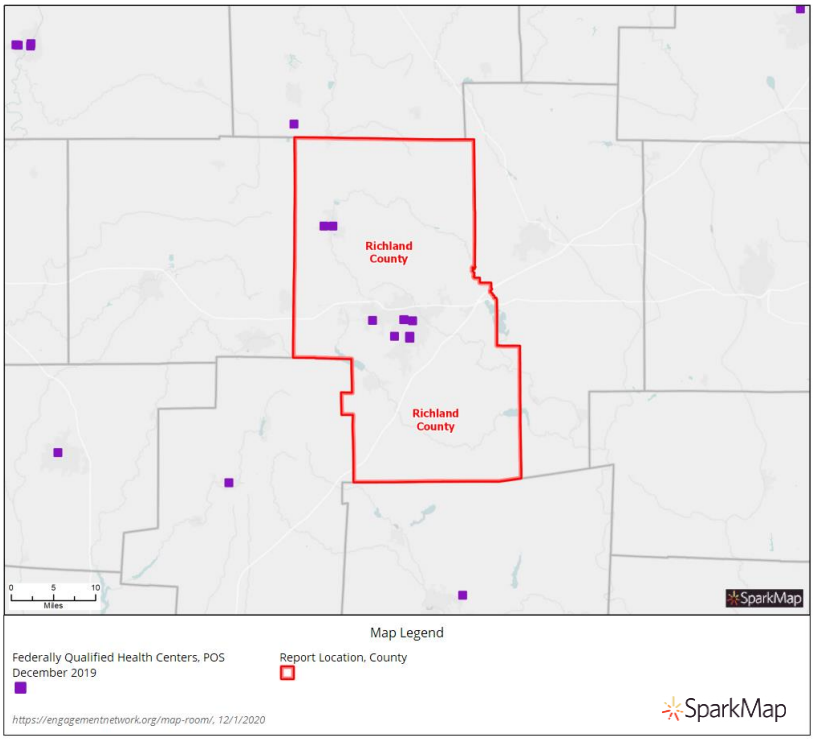
LOCAL RESOURCES

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

FQHCs are community assets that provide health care to vulnerable populations; they receive federal funding to promote access to ambulatory care in areas designated as medically underserved.

The following map details Federally Qualified Health Centers (FQHCs) within Richland County.



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Cancer

- American Cancer Society
- Avita Health System
- Breast Cancer Group Krocker
- Cancer Services for Richland Counties
- Cleveland Clinic
- Mansfield Cancer Foundation
- Mansfield Radiation Oncology
- OhioHealth
- Support Groups
- United Way
- University Hospital
- YMCA

Coronavirus

- 129th Airbase
- Akron Children's Hospital
- Ashland University School of Nursing
- Avita Health System
- Covid Testing Sites
- CVS
- Department of Mental Health
- First Responders
- Health Department
- Home Health
- Independent Living Center
- Mercy Hospital – Willard
- Nursing Homes
- Ohio Department of Health
- OhioHealth
- Richland County EMA
- Richland County Health Department
- Richland County Hospital Systems and Staff
- Richland Public Health Department
- State of Ohio
- The Governor's Site
- Third Street Family Health Services
- United Healthcare
- University Hospital
- Urgent Care

Dementia/Alzheimer's Disease

- Alzheimer's Association
- Area Agency on Aging
- Avita Health System
- Conard House Assisted Living
- Crestwood Care Center
- Good Samaritan Hospital
- Liberty Nursing Center
- Mansfield Place
- Memory Care Units
- OhioHealth
- Ontario Pointe
- Richland County Mental Health and Recovery Services Board
- Wedgewood Estates of Mansfield

Diabetes

- Akron Children's Hospital
- Avita Health System
- Bike Trail
- Community Health Educators
- Diabetes Association
- Diabetes Prevention Program
- Good Samaritan Hospital
- North End Community Improvement Collaborative (NECIC)
- OhioHealth
- Richland County Diabetes Coalition
- Richland Endocrinology and Diabetes Center
- Richland Public Health Department
- Third Street Family Health Services
- YMCA

Disabilities

- Catalyst Life Services
- Chiropractor
- Free Yoga for Veterans
- Opportunities for Ohioans With Disabilities
- Pain-Management Specialists
- Physical Therapists
- Richland County Mental Health and Recovery Services Board
- Suboxone Clinics

Family Planning

- Avita Health System
- Catalyst Life Services
- CHAP – Community Health Access Project

- Community Action Commission of Erie, Huron & Richland
- OhioHealth
- Planned Parenthood
- Richland Pregnancy Services
- Richland Public Health Department
- Third Street Family Health Services

Heart Disease

- Akron Children's Hospital
- Avita Health System
- Cleveland Clinic
- Community Health Workers
- From the Heart
- OhioHealth
- Richland Public Health Department
- Third Street Family Health Services

Injury and Violence

- 211
- Avita Health System
- Catalyst Life Services
- Community Action Commission of Erie, Huron & Richland
- Crisis Line
- Harmony House
- Law Enforcement
- Mansfield Peace Coalition
- Metrich Crime Reporting Line
- North End Community Improvement Collaborative (NECIC)
- OhioHealth
- Richland County Community Alternative Center
- Volunteers of America
- Women's Shelter
- Youth and Family Council

Kidney Disease

- Avita Health System
- Dialysis Centers
- Fresenius Kidney Care Central Ohio East
- Richland Public Health Department

Mental Health

- Behavioral Health Services
- Catalyst Life Services
- Counseling Centers
- Faith-Based Organizations
- Family Life Counseling
- Mansfield UMADAOP
- Mental Health and Recovery Board
- NAMI
- New Day
- OhioHealth
- Richland County Mental Health and Recovery Services Board
- Substance Abuse Programs
- The Center
- The Oasis
- Third Street Family Health Services
- Veteran's Outpatient Clinic

Nutrition, Physical Activity, and Weight

- Avita Health System
- Bellville Neighborhood Outreach Center
- Bike Trail
- City/County Parks
- Community Gardens
- Farmers Markets
- Fitness Center/Gyms
- Food Banks
- North End Community Improvement Collaborative
- OhioHealth
- Parks and Recreation
- Planet Fitness
- Richland County Health Department
- Third Street Family Health Services
- YMCA

Oral Health

- Catholic Charities
- North End Community Improvement Collaborative
- Richland Public Health Department
- Third Street Family Health Services

Respiratory Disease

- Avita Health System
- Pulmonary Rehab

Sexual Health

- Planned Parenthood
- Richland Public Health Department
- Third Street Family Health Services

Substance Abuse

- Abraxas
- Alcoholics Anonymous
- Ashland County Council on Drug Addictions
- Catalyst Life Services
- Celebrate Recovery
- Court Assisted/Ordered Recovery Programs
- Crossroads Community Church
- Department of Mental Health
- Domestic Violence Center
- Drug Court
- Family Health Services
- Family Life Counseling
- First Responders
- Healing Hearts

- Law Enforcement
- Mansfield UMADAOP
- Mental Health and Recovery Board
- NAMI
- New Beginnings
- New Directors
- Richland County Mental Health and Recovery Services Board
- Richland County Community Alternative Center
- Starfish Project
- Substance Abuse Treatment Centers
- The Center
- Third Street Family Health Services

Tobacco Use

- Avita Health System
- Richland County Health Department
- Smoking Cessation Programs

APPENDIX

EVALUATION OF PAST ACTIVITIES

Community Benefit

Over the past three years, Avita Health System has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected in our focus on community health improvement, as described below.

Addressing Significant Health Needs

The previous Community Health Needs Assessment for Richland County was conducted in 2016. The 2017-2020 Community Health Improvement Plan for Richland County was drafted by the Richland County CHIP Committee, consisting of agencies and service providers within Richland County. During April 2017 – June 2017, the Richland County CHIP Committee reviewed many sources of information concerning the health and social challenges Richland County adults, youth and children may be facing. They determined priority issues which if addressed, could improve future outcomes, determine gaps in current programming and policies and examine best practices and solutions. The committee recommended specific actions steps they hoped many agencies and organizations would embrace to address the priority issues over the subsequent three years. The Richland County CHIP Committee consisted of the following agencies:

- Richland County Youth and Family Council Director
- Community Action for Capable Youth (CACY)
- Shelby City Health Department
- Village of Bellville
- Richland County Domestic Relations Court
- Mental Health and Recovery Services Board of Richland County
- North End Community Improvement Collaborative
- Mom's Clean Air Force
- First Call 2-1-1
- Health Commissioner, Shelby City Health Department
- Richland Public Health
- Richland County Children Services
- United Way
- Mansfield/Richland County Public Library
- Mansfield Area YMCA
- Catalyst Life Services
- Community Health Access Project (CHAP)
- Mansfield Memorial Homes
- Richland County Prosecutor's Office
- Avita Health System
- Third Street Family Health Services
- Village of Lexington
- Mansfield Memorial Homes
- Richland County Regional Planning
- National Association for the Advancement of Colored People (NAACP)
- Health Commissioner, Richland Public Health
- Third Street Family Health Services
- OhioHealth Mansfield and Shelby Hospitals
- Catalyst Life Services

Taking into account the top-identified needs, it was determined at that time that The Richland County CHIP Committee would focus on developing and/or supporting strategies and initiatives to improve:

- Chronic Disease
- Mental Health & Addiction

Strategies for addressing these needs were outlined in the CHIP. Avita Health System considered its resources and the overall alignment with its mission, goals and strategic priorities and developed its Implementation Strategy, adopted pursuant to IRS requirements. The following sections provide an evaluation of the impact of the actions taken by the Richland County CHIP Committee and Avita Health System to address these significant health needs in our community.

Evaluation of Impact

1. Priority Area: Chronic Disease *(includes adult, youth, and child obesity; adult and child asthma and adult diabetes)*	
Community Health Need	Reduce Chronic Disease.
Goal(s)	• Shared use (joint use agreements) • Smoke free policies • Food insecurity screening and referral • Nutrition prescriptions • Healthy food in convenience stores • Community gardens & famers' markets/stands • Healthy home environment assessments • Implement higher quality school lunch programs • Explore the possibility of recruiting a bariatric surgeon and creating a bariatric surgery program
Strategy 1: Shared use (joint use agreements)	
Strategy Was Implemented?	Yes
Target Population(s)	Adults and youth
Partnering Organization(s)	External: Richland Public Health
Results/Impact	**Action Steps:** <u>Year 1</u> Assess how many schools, churches, businesses and other organizations currently offer shared use of their facilities (gyms, tracks, etc.). Create an inventory of known organizations that possess physical activity equipment, space, and other resources. <u>Year 2</u> Collaborate with local organizations to create a proposal for a shared-use agreement. Initiate contact with potential organizations from the inventory. Implement at least one shared-use agreement for community use. Publicize the agreement and its parameters. <u>Year 3</u> Continue efforts from year 1 and implement 2-3 shared-use agreements for community use in Richland County. *Richland Public Health, through our Creating Healthy Communities Grant (CHC), was able to implement shared use agreements with Crossroads City Center, Mansfield YMCA, Shelby Church of God and Shelby YMCA.* *The Crossroads City Center space was used for Essentrics Stretching classes taught by the Mansfield Y staff so that residents of the North End of Mansfield could attend classes, that may not otherwise be able to attend due to lack of transportation or other barriers. Classes were held week days and provided opportunity to learn new types of physical activity.* *The Shelby Church of God gymnasium was used for the Jr Cavs basketball program through the Shelby YMCA. The Shelby YMCA had an overwhelming number other youth participate in the program and was in need of additional space so that they could allow all youth that was interested in the program to participate. The gymnasium was used for practices as well as youth basketball games.*

Essentrics strengthens and stretches every muscle in the body eccentrically, rebalancing the muscular structure in continuous rotational movements. It incorporates various techniques including PNF and isotonic movement, while systematically working every joint in the body.

Every Thursday September 20th - November 8th
4:30 p.m. - 5:15 p.m. at Crossroads City Center
29 N. Main Street, Mansfield, OH 44902

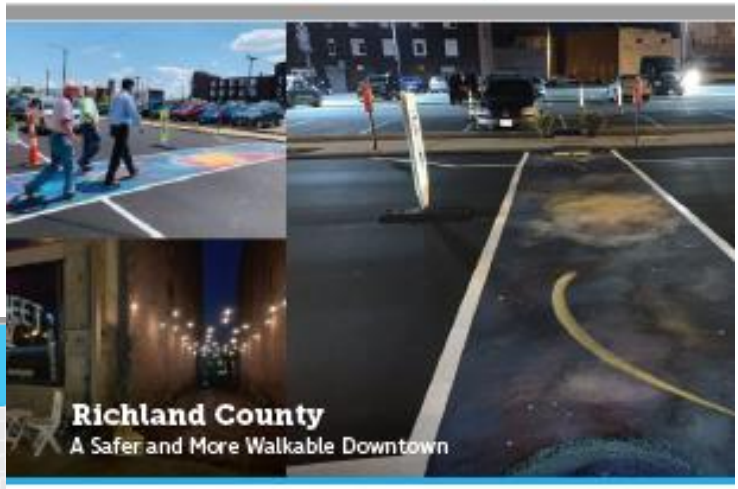
Classes are FREE for Mansfield Area YMCA members and Crossroads Community Church members ($5 non-members).
Children welcome! Equipment is provided.

The use of this facility is made possible through a shared use agreement between Crossroads City Center and the Mansfield Area YMCA. Equipment is provided by the Creating Healthy Communities Program at Richland Public Health.

CROSSROADS the YMCA

The use of this facility is made possible through a shared use agreement between Crossroads City Center and the Mansfield Area YMCA. Equipment is provided by the Creating Healthy Communities Program at Richland Public Health.

CROSSROADS the YMCA



Richland County
A Safer and More Walkable Downtown

At a Glance

Shoppers, business patrons, and pedestrians now have a safer, more appealing option when visiting Downtown Mansfield. This area is home to many small businesses, restaurants, and organizations, and people are interested in active transportation options to visit these locations. Richland County Creating Healthy Communities (CHC) partnered with Richland County Regional Planning Commission (RCRPC) and the Richland County Foundation to stage a pop-up demonstration of what a pedestrian-friendly street could look like. One city block of 4th Street, between Main Street and Diamond Street, was determined to be the best location for this project, as it is home to several popular businesses that attract several visitors every week. This project made the street safer and more appealing to pedestrians, increasing the number of people engaging in physical activity by walking from place to place.

Public Health Challenge

Many of the blocks in downtown Mansfield do not encourage pedestrian use, and this block of 4th Street was no exception. The sidewalks were too narrow for people to walk side-by-side, which made it difficult for couples or families to enjoy walking together. Moreover, despite the many businesses along 4th Street, there was no outdoor seating or anything to make the sidewalk aesthetically pleasing for folks visiting the businesses or restaurants. Most people use the free municipal lot on 4th Street when visiting downtown, but since there was no midblock crosswalk, pedestrians were unsafely crossing the road, increasing the likelihood of an accident. Since there were no curb-cuts at the midblock, wheelchair users or families with strollers would need to go all the way to the end of the block to find a ramp, which was not convenient. The fastest route from the municipal lot to the Brickyard, a popular concert and event venue, is through an alley, but there was no lighting along that path, which made pedestrians possibly feel unsafe at night.

Approach

CHC partnered with RCRPC to plan and implement a pedestrian infrastructure improvement. This project existed at the intersection of many other community efforts and organizations trying to revitalize the downtown area. Mansfield Rising, a downtown investment plan coordinated by the Richland County Foundation had several Better Block and Active Transportation initiatives listed as possible strategies for downtown improvement. This project benefited from existing community enthusiasm and support and received a lot of social and local media attention. The project was initially planned as a temporary, pop-up event to generate positive responses from residents and business owners in the hopes that the city would fund permanent improvements. Parking meters along the street were temporarily removed. Sidewalks were extended with markers, and temporary ramps were added to the midblock to facilitate wheelchair users and strollers. Local artists painted a temporary mural to mark a midblock crossing. Small tables, chairs, and planters were added along the sidewalk and outdoor string lights were added to the alleyway leading to the Brickyard.

Results

The improved pedestrian infrastructure on 4th Street generated several local media stories and social media posts and shares. The pop-up event lasted from Aug. 2-17, 2019, and was restored to its prior state in time for the downtown area to host a 7-kilometer race on Aug. 17.

After the pop-up event ended, a post-survey was distributed to residents and business owners in the area. Eighty-two percent of survey respondents indicated they felt safer walking in the area thanks to the addition of pedestrian crossing signs and string lighting in the alley. Sixty-one percent indicated that they were more likely to walk to a business in that area with the pedestrian improvements. The most popular improvement was the addition of lighting, with 87% of respondents indicating a positive response. The extended sidewalk and added ramps were also very well-received with 72% and 65% approval, respectively.

What's Next

Just two weeks after the pop-up event ended, Mansfield City Council voted to fund the permanent installation of a midblock crossing on 4th Street, an investment of $45,000 from the city's downtown improvement fund. The permanent crosswalk will be made up of bricks saved from the last brick roads removed in Mansfield, and will feature ADA compliant curb-cuts and a pedestrian crossing sign in the middle of the road. To continue the momentum, CHC and RCRPC are partnering to sustain this type of project by creating a lending library of supplies for future pop-up projects. These supplies will include items such as temporary seating and lighting and pedestrian crossing signs. Several area townships and municipalities have already responded with interest in this type of project, and CHC hopes to partner with RCRPC to make active transportation a reality in more parts of Richland County.

Find Out More

CHC and RCRPC are looking for future locations to demonstrate increased safety and walkability. If you live or work in a neighborhood that would benefit from this type of project, consider joining the Creating Healthy Communities Coalition. If you are interested in healthy living or want to see safer pedestrian areas, consider getting involved and getting connected with our coalition or one of our partner organizations.

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everyone."

— Jon Van Harlingen, city councilman

Creating Healthy Communities

Contact:
Julie Chaya
Richland Public Health
(419) 774-0806
jchaya@richlandhealth.org

Strategy 2: Smoke-free policies	
Strategy Was Implemented?	Yes, partially
Target Population(s)	Adults, youth and children
Partnering Organization(s)	External: Community Action for Capable Youth (CACY) Richland Public Health
Results/Impact	**Action Steps:** <u>Year 1</u> Collect baseline data on which organizations, multi-unit housing facilities, schools and other businesses currently have tobacco-free policies. Hire/appoint 1 Tobacco Prevention Health Educator to build partnerships with the local public housing authority and multi-unit housing complexes. Provide education to residents to assist with the transition of multi-unit housing complexes to a smoke-free policy and create a resident advisory council. Implement a smoke-free policy in at least 2 multi-unit housing complexes. <u>Year 2</u> Continue efforts of year 1. Implement the smoke-free policy in at least 2 multi-unit housing complexes. Begin efforts to adopt smoke-free policies in parks, fairgrounds, schools and other public locations. Continue education efforts. <u>Year 3</u> Continue efforts of years 1 and 2. Target 3 additional multi-unit housing complexes to adopt a smoke-free housing policy. *Although this was not assigned to Richland Public Health, through their CHC grant they were able to assist with the implementation of a smoke free policy at Mansfield Memorial Homes. They assisted with the creation of the policy that was distributed and signed by all residents that reside in there. In addition, they provided signage and a designated smoking area that was located away from all buildings and communal spaces.*


TBN
MANSFIELD
MEMORIAL HOMES
APARTMENTS


MANSFIELD MEMORIAL HOMES
A Continuing Care Campus
For the health of our residents and guests, this facility is
100% Smoke-Free
Thank you for not smoking (including electronic or vapor products) inside or near the building. Smoking is permitted only in the designated smoking area at the west end of the reserved parking lot.
Creating Healthy Communities
Richland Public Health


MANSFIELD MEMORIAL HOMES
A Continuing Care Campus
Smoking is permitted in this area ONLY
Thank you for not smoking (including electronic or vapor products) inside or near the building. For resources to help you quit smoking, visit richlandhealth.org
Creating Healthy Communities
Richland Public Health

Strategy 3: Food insecurity screening and referral	
Strategy Was Implemented?	Avita Health System did not address this strategy because it was being addressed by North End Community Improvement Collaborative; First Call 211; CHAP; Third Street Family Services.
Target Population(s)	Adults, youth and children
Partnering Organization(s)	External: North End Community Improvement Collaborative First Call 211 CHAP Third Street Family Services (TSFS)
Results/Impact	**Action Steps:** <u>Year 1</u> Research the 2-item Food Insecurity (FI) Screening Tool and determine feasibility of implementing a food insecurity screening and referral program. Educate hospitals and clinics on food insecurity, its impact on health, and the importance of screening and referral. Address food insecurity as part of routine medical visits on an individual and systems-based level. Implement the screening model in at least 1 location with accompanying evaluation measures. <u>Year 2</u> Educate participating locations on existing community resources such as 2-1-1, WIC, SNAP, school nutrition programs, food pantries, etc. Continue efforts of year 1. <u>Year 3</u> Double the number of organization offering food insecurity screening and referrals. No update.

Strategy 4: Nutrition prescriptions	
Strategy Was Implemented?	Avita Health System did not address this strategy because it was being addressed by North End Community Improvement Collaborative; 211; CHAP; Third Street Family Services.
Target Population(s)	Adults and youth
Partnering Organization(s)	External: North End Community Improvement Collaborative 211 CHAP Third Street Family Services
Results/Impact	**Action Steps:** <u>Year 1</u> Research nutrition prescriptions programs. Obtain baseline data to document need for a nutrition prescription program. Contact potential clinic and farmer's market partners. Schedule and attend meetings with potential partners – discuss the program and requirements for participation. Finalize clinic and program partners. Decide what program materials are needed. Develop program materials. <u>Year 2</u> Implement a nutrition prescription program in at least 1 location (i.e. hospital, doctors' office, etc.) with accompanying evaluation measures. <u>Year 3</u> Double the number of locations offering a nutrition prescription program. No update.

Strategy 5 Healthy food in convenience stores	
Strategy Was Implemented?	Yes
Target Population(s)	Adults and youth
Partnering Organization(s)	External: Richland Public Health North End Community Improvement Collaborative
Results/Impact	**Action Steps**: <u>Year 1</u> Research the Healthy Food Retail Initiative. Survey customers and community members to assess community needs for healthy food items. <u>Year 2</u> Initiate contact with local corner stores. Recruit at least 2 corner stores to participate in the Healthy Food Retail Initiative. Consider hiring/appointing a health educator to lead the Healthy Food Retail Initiative. <u>Year 3</u> Continue efforts of years 1 and 2. Recruit at least 3 additional corner stores to participate in the Healthy Food Retail Initiative *Richland Public Health, through their CHC grant and Communities Preventing Chronic Disease Grant (CPCD), was able to work with the Olivesburg General Store and K V Market to implement the healthy retail food initiative.* *The Olivesburg General Store was able to add fresh fruits and vegetables close to the register instead of baked goods and saw an increase of sales of fruits and vegetables.* *KV Market is located in the North End of Mansfield, which is a food desert. They are currently the only grocery establishment in the area. RPH was able to assist them with additional signage for the store as well as refrigeration units for the store as well as the convenience store that is also owned by the family. They were then able to move additional produce to the convenience store to help sales and accessibility in both locations.*

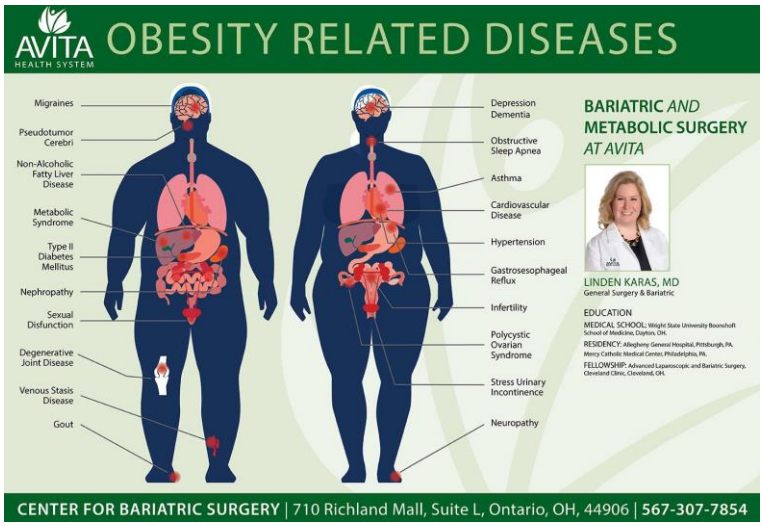
Strategy 6 Healthy home environment assessments	
Strategy Was Implemented?	Avita Health System did not address this strategy because it was being addressed by Mom's Clean Air Force; CHAP; North End Community Improvement Collaborative; Shelby City Health Department
Target Population(s)	Children
Partnering Organization(s)	External: Mom's Clean Air Force CHAP North End Community Improvement Collaborative Shelby City Health Department
Results/Impact	**Action Steps:** <u>Year 1</u> Research Healthy Home Environment Assessments. Partner with local community organizations and hospitals. Determine what organizations and hospitals will conduct Healthy Home Environment Assessments. Train Community Health Worker's (CHW's) on the different aspects of asthma management. Utilize CHW's and/or community volunteers to do the following using the assessment: • Identify health hazards in the home (i.e. dust, lead, household chemicals, mold and other air pollutants). • Use low cost methods to reduce risks • Train families on the different ways to improve their home environment. • Provide education and resources to control asthma and allergen triggers in the home. Integrate lead assessments into the Healthy Home Environment Assessments. Focus on low-income families with small children who have asthma. Search for grants and funding opportunities to support efforts. <u>Years 2 & 3</u> Continue efforts from Years 1 & 2 No update.

Strategy 7 Community gardens & famers' markets/stands	
Strategy Was Implemented?	Yes, partially
Target Population(s)	Adults, youth and children
Partnering Organization(s)	External: North End Community Improvement Collaborative Richland Public Health Shelby City Health Department Village of Bellville Mansfield YMCA
Results/Impact	**Action Steps:** <u>Year 1</u> Obtain baseline data regarding which cities/towns, school districts, churches, and organizations currently have community gardens and/or farmer's markets. Obtain baseline data regarding which farmer's markets are open year-round. Research grants and funding opportunities to increase the number of community gardens and/or farmer's markets. <u>Year 2</u> Help school districts and other organizations apply for grants to obtain funding to start a community garden or farmer's market. Recruit at least one farmer's market to stay open year-round. Consider placing any additional farmer markets and community gardens in more rural locations throughout the county. Encourage the use of SNAP/EBT (electronic benefit transfer) at farmer's markets. <u>Year 3</u> Implement community gardens in all school districts and double the number of organizations with community gardens and/or farmer's markets from baseline. Implement the use of WIC and SNAP/EBT benefits in all farmer's markets. *Richland Public Health (RPH) assisted with creating a list of area farmers markets and distributed with community partners as well as posted on social media and website. The RPH WIC staff continued to promote the local farmers markets to WIC clients and give produce coupons so clients can get double the amount of produce.*

Strategy 8 Implement a higher quality school lunch program	
Strategy Was Implemented?	Avita Health System did not address this strategy because it was being addressed by North End Community Improvement Collaborative; Richland Public Health; Shelby City Health Department; Village of Bellville; Mansfield YMCA
Target Population(s)	Youth
Partnering Organization(s)	External: North End Community Improvement Collaborative
Results/Impact	**Action Steps:** <u>Year 1</u> Work with school wellness committees to introduce the idea of implementing a higher quality school lunch program (i.e. lunches that are healthy *and* taste good). Obtain baseline data on the types of foods that are currently being served. Consider holding a local training for food service directors and cooks. Develop a healthier school lunch program. <u>Year 2</u> Pilot new school lunch program in at least 1 building from each district. <u>Year 3</u> Implement in all districts and buildings county-wide. No update.

Strategy 9: Explore the possibility of recruiting a bariatric surgeon and creating a bariatric surgery program.	
Strategy Was Implemented?	Yes
Target Population(s)	Adults
Partnering Organization(s)	Internal: Avita Health System Only
Results/Impact	**Action Steps:** <u>Year 1</u> Collect baseline data on the feasibility of creating a bariatric surgery program in Richland County. Explore the idea of recruiting a bariatric surgeon. *With the addition of fellowship-trained bariatric surgeon, Dr. Linden Karas, Avita started a surgical program in September 2017, focused on individuals who are struggling with obesity-related health problems and disabilities. Through Avita's comprehensive bariatric program, individuals have several options for improving their health and quality of life.* *A second bariatric surgeon (Dr. Thomas Smith) began December 1, 2020 and specializes in robotic-assisted bariatric surgery.* <u>Year 2</u> Raise awareness of the bariatric surgery program if implemented. *The availability of the Bariatric Program is marketed to providers and community residents frequently. Dr. Karas hosts free seminars for the community to provide them information on how bariatric surgery can help them improve fatigue; sleep apnea; heart disease; reflux (GERD); diabetes; blood pressure; mobility; joint health; back pain; incontinence; depression.* <u>Year 3</u> Continue efforts from years 1 & 2 • *Online Nutrition Classes help Bariatric patients meet their goals without the need for face-to-face classes. Telephone visits and virtual visits are available (using Zoom video conferencing app) with an Avita dietitian.* • *Healthy recipes and cooking demonstrations are shared on Avita Health System's Facebook page frequently.* • *Facebook live is used to invite residents and share information.* • *Walk with the Doc sessions were held.* • *A Bariatric Clothing Swap was also held.* • *Information and resources are available on Avita Health System's website (www.avitahealth.org)*

MARKETING EXAMPLES:



2. Priority Area: Mental Health & Addiction *(includes adult, youth, and child obesity; adult and child asthma and adult diabetes)*	
Community Health Need	Work toward improving mental health and reducing addiction
Goal(s)	• Screening, brief intervention and referral to treatment • Screen for clinical depression for all patients 12 or older using a standardized tool • Provide mental health first trainings to community members • Trauma-informed healthcare • Provider training on opioid prescribing guidelines • Expand community collaboration to increase awareness and coordination of mental health and substance use services • School-based violence prevention programs • School-based alcohol/other drug prevention programs

Strategy 1 Screening, brief intervention and referral to treatment

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

1. Out-of-treatment adults who are visiting a walk-in health clinic for routine medical care and have a positive screening result for cocaine and/or opiate use. Project ASSERT aims to reduce or eliminate their cocaine and/or opiate use through interaction with peer educators (substance abuse outreach workers who are in recovery themselves for cocaine and/or opiate use and/or are licensed alcohol and drug counselors).
2. Adolescents and young adults who are visiting a pediatric ED for acute care and have a positive screening result for marijuana use. Project ASSERT aims to reduce or eliminate their marijuana use through interaction with peer educators (adults who are under the age of 25 and, often, college educated).
3. Adults who are visiting an ED for acute care and have a positive screening result for high-risk and/or dependent alcohol use. Project ASSERT aims to motivate patients to reduce or eliminate their unhealthy use through collaboration with ED staff members (physicians, nurses, nurse practitioners, social workers, or emergency medical technicians).

On average, Project ASSERT is delivered in 15 minutes, although more time may be needed, depending on the severity of the patient's substance use problem and associated treatment referral needs. The face-to-face component of the intervention is completed during the course of medical care, while the patient is waiting for the doctor, laboratory results, or medications.

Strategy 1 Continued: Screening, brief intervention and referral to treatment	
Strategy Was Implemented?	Yes
Target Population(s)	Adult and youth
Partnering Organization(s)	Internal: Avita Health System External: Third Street Family Services OhioHealth
Results/Impact	**Action Steps:** <u>Year 1</u> Introduce Project ASSERT. Collect baseline data on the number of emergency department, primary care and specialty care providers that currently screen for drug and alcohol abuse (and at what age they start screening). *A survey was sent to Avita physicians in March 2018. There were 20 respondents of which 73.68% currently screened patients for drug and alcohol abuse. Ages at which they start screening were: All – 4; 18-3; 13-3; 16-1; 11-1; Other-2. 33.33% of respondents were Primacy Care/Internal Med/Peds specialty; 16.67% were ED providers and 50% were other specialties. Out of the 33.33% Primary Care/Internal Med/Peds, 100% currently screen patients for depression during the office visit. Providers were also asked if they were aware of the PHQ-2 and PHQ-9 screening tools – 64.71% answered yes, the remaining answered no. Providers were then sent information on the screening tools in April 2018 and encouraged to use them.* <u>Year 2</u> Pilot the model with one primary care physician's office and hospital ER. <u>Year 3</u> Increase the number of ER and primary care physicians using the SBIRT model by 25% from baseline. *All providers encouraged to screen for drug, alcohol abuse and depression. Providers now use EPIC, which has a screening tool that all ED/Primary Care/Internal Med/Peds providers use as appropriate.*

Strategy 2: Screen for clinical depression for all patients 12 or older using a standardized tool	
Strategy Was Implemented?	Yes
Target Population(s)	Adults and youth
Partnering Organization(s)	Internal: Avita Health System External: OhioHealth Third Street Family Services
Results/Impact	**Action Steps:** <u>Year 1</u> Collect baseline data on the number of primary care physicians that currently screen for depression during office visits. Continue to introduce the PHQ-2 and PHQ-9 to physicians' and OBGYN offices. *A survey of Avita Health System providers was conducted in March 2018. 33.33% of respondents were Primacy Care/Internal Med/Peds specialty; 16.67% were ED providers and 50% were other specialties. Out of the 33.33% Primary Care/Internal Med/Peds, 100% currently screen patients for depression during the office visit. Providers were also asked if they were aware of the PHQ-2 and PHQ-9 screening tools – 64.71% answered yes, the remaining answered no.* <u>Year 2</u> Continue to introduce the PHQ-2 and PHQ-9 to physicians' and OBGYN offices *All Avita Health System providers were given information on the screening tools in April 2018 and encouraged to use them.* <u>Year 3</u> Continue efforts from Years 1 & 2 *All Avita Health System providers were given a reminder on the use of the screening tools in December 2020 and encouraged to use them.*

Strategy 3: Provide mental health trainings to community members	
Strategy Was Implemented?	Avita Health System did not address this strategy because it was being addressed by the Mental Health & Recovery Services Board of Richland County.
Target Population(s)	Adults and youth
Partnering Organization(s)	External: Mental Health & Recovery Services Board of Richland County
Results/Impact	<u>Year 1</u> Obtain baseline data on the number of trainings that have taken place. Market the training to Richland County area churches, schools, coaches, Rotary Clubs, Law Enforcement, Chamber of Commerce, City Councils, college students majoring in social work/mental health, college campuses, nursing homes, nurses, etc. Include trainings that cover ethics, geriatric mental health issues, etc. Provide at least 2 trainings. <u>Year 2</u> Provide 3 additional trainings and continue marketing efforts. <u>Year 3</u> Continue efforts from year 2 *<u>2017</u>* 1. *1/10/17 Advancing Your Leadership: Knowing How to Work as a Leader* 2. *2/20/19 Motivational Interviewing: Skills to Help Change Behavior* 3. *2/22/17 GOSH Training* 4. *3/12/17 CIT Training* 5. *3/13/17 Peer Training* 6. *3/29/17 BH Redesign Training* 7. *5/19/17 Operation Street Smart* 8. *5/24/17 CORSA Training* 9. *5/25/17 Alcohol, Tobacco & Problem Gambling Training* 10. *6/12/17 Opiate Conference: Bridges to Recovery* 11. *8/1/17 Trauma Informed Care Training* 12. *9/8/17 ORT Advocate Training* 13. *9/11/17 Recovery Conference* 14. *9/21/17 Housing Training* 15. *8/1/17 Trauma Informed Care Training* 16. *9/8/17 ORT Advocate Training* 17. *9/11/17 Recovery Conference* 18. *9/21/17 Housing Training* 19. *9/25/17 CIT Training* 20. *9/26/17 UMADAOP Annual Conference* 21. *10/12/17 Gosh Training* 22. *10/19/17 Ethics Training: Supervision to Develop Proficiency n a Trauma Informed Recovery Oriented Community of Care*

Results/Impact

23. *10/28/17 BH Redesign*
24. *11/2/17 AOT Conference*

2018

1. *1/30/18 Columbus 4/11/20 Suicide Prevention Training- Children Services*
2. *3/21/18 Crisis Response Continuum Conference*
3. *4/30/18 Warmline Training*
4. *5/12/18 Enrichment Training*
5. *5/25/18 Foundations for Living Training Day*
6. *6/6/18 Suicide Prevention Training- CACY*
7. *6/11/18 Opiate Conference*
8. *6/27/18 CACY Dream Girl's Conference*
9. *7/18/18 PMI Training*
10. *10/1/18 Recover Conference*
11. *10/19/18 Ethics Training*

2019

1. *2/4/19 AED Plus Training*
2. *2/20/19 Motivational Interviewing*
3. *2/25/19 ASAM Training*
4. *6/10/19 Opiate Conference*
5. *Recovery is Beautiful / ROSC Implementation*
6. *3/26/19 Matrix Model Training*
7. *3/29/19 Women's Conference*
8. *5/29/19 Suicide Prevention Training*
9. *6/25/19 Trauma Informed Care Training*
10. *8/26/19 Crisis Management & Communication Training*
11. *10/2/19 Crisis Management for First Responders*
12. *10/14/19 Recovery Conference*
13. *10/24/19 ASK ME Training*
14. *10/25/19 Operation Street Smart*
15. *11/14/19 Board of Directors Training*
16. *12/5/19 Ethics: A Comparison of the Ethics Codes for Mental Health and Addictions Professionals*
17. *12/13/19 Pre-screener and others Training*
18. *12/18/19 SOR Regional Training*

2020

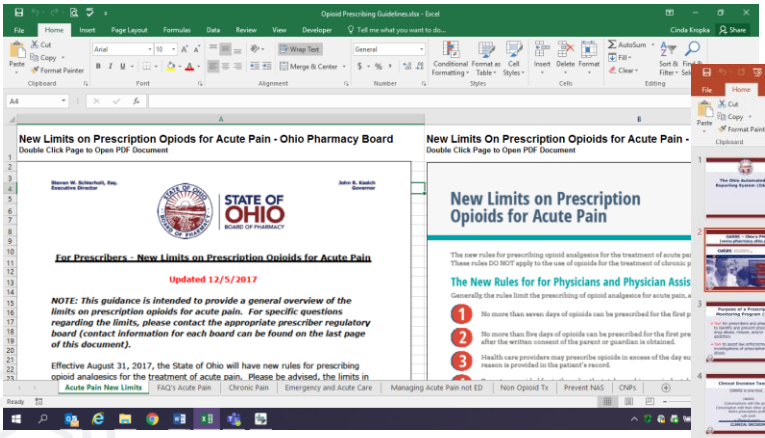
1. *1/8/20 GOSH Training*
2. *2/27/20 Ethics and Supervision: Applying the Rules for Mental Health Professionals*
3. *Ethics and Supervision: Applying the Rules for Chemical Dependency Professionals*
4. *4/9/20 Records Commission Training*
5. *4/29/20 ASAM Training*
6. *9/3/20 Peer Training*
7. *9/4/20 Peer Training*
8. *10/1/20 Peer Training*
9. *8/10 & 11/20 Managing School Crisis: From Theory to Application*
10. *11/4/20 Data Warehouse Training*
11. *11/9/20 Auditor of State Training*
12. *12/17/20 Demystifying Implicit Bias Training*

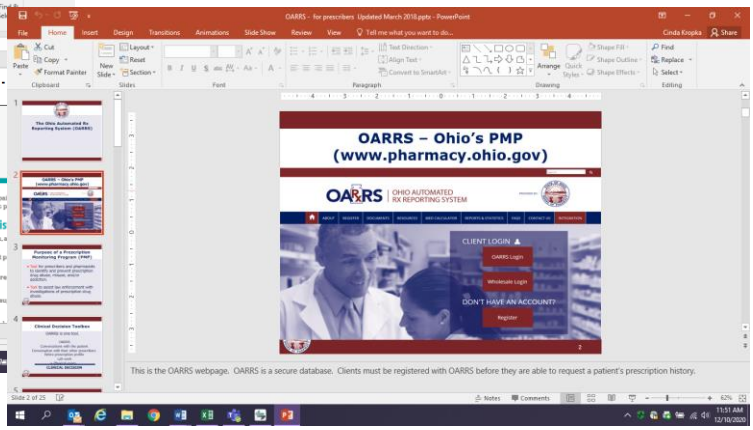
Training announcements were sent to the following organizations:

1. *Catalyst*
2. *NAMI*
3. *CACY*
4. *UMADAOP*
5. *Family Life Counseling*
6. *Board of Directors*
7. *Job & Family Services*
8. *OSU Mansfield*
9. *NCSC*
10. *Foundations for Living*
11. *ABRAXAS*
12. *Healing Hearts*
13. *Providers for Healthy Living*
14. *Reformers Unanimous*
15. *Richland County Community Alternative Center*
16. *Third Street Family Health Services*
17. *Starfish Project of Richland County*
18. *OASIS Peer Center*
19. *Youth & Family Council*
20. *Ohio Department of Job & Family Services*
21. *Area Agency on Aging*
22. *Mohican Youth Academy*
23. *Newhope*
24. *The Domestic Violence Shelter*
25. *Harmony House*
26. *Visiting Nurse Association*
27. *Wellness Addiction Center*
28. *Veterans Administration*
29. *Richland County Domestic Court*
30. *Volunteers of America*
31. *Catholic Charities*
32. *Mansfield / Richland Public Library*
33. *Richland County Health Department*
34. *Shelby Health Department*
35. *Richland County Children Services*
36. *Richland County Attention Center*
37. *OACBHA- Ohio Association of County Behavioral Health Authorities*
38. *Various Mental Health Agencies and Boards in Ohio*
39. *A significant number of individuals who carry licenses to practice in the state of Ohio*
40. *Avita Hospital*
41. *Ohio Health Hospital*
42. *Richland County Sheriff's Department*
43. *Mansfield Police Department*
44. *Shelby Police Department*
45. *Richland County Commissioners*
46. *Ontario Police Department*
47. *Lucas Police*
48. *Bellville Police Department*
49. *Butler Police Department*

Strategy 4: Trauma-informed healthcare	
Strategy Was Implemented?	Yes
Target Population(s)	Adults and youth
Partnering Organization(s)	External: Mental Health & Recovery Services Board of Richland County
Results/Impact	**Action Steps:** <u>Year 1</u> Facilitate an assessment among clinicians in Richland County on their awareness and understanding of toxic stress, trauma informed care, and trauma informed recovery orientated community of care. Survey community members, social workers, pastors, etc. on their awareness and understanding of toxic stress and trauma. Facilitate a training to increase education and understanding of toxic stress and trauma. <u>Year 2</u> Facilitate trainings for Richland County teachers on trauma and Adverse Childhood Experiences. Develop and implement a trauma screening tool for social service agencies who work with at risk youth. <u>Year 3</u> Continue efforts of years 1 and 2 Increase the use of trauma screening tools by 25%. *All diagnostic assessments performed by Contracted Agency Providers included either the Abbreviated PCL-C (PTSD Check List-Civilian version) to those 18 and over and the S.C.A.R.E.D. (Screen for Childhood Anxiety Related Emotional Disorders) to those under 18.* *During year 2 the Board implemented the ROSC 2.0 community evaluation. Implemented the results of the survey in the development of new programing during future annual contracts.*

Strategy 5: Provider training on opioid prescribing guidelines	
Strategy Was Implemented?	Yes
Target Population(s)	Adults
Partnering Organization(s)	Internal: Avita Health System External: OhioHealth
Results/Impact	**Action Steps:** <u>Year 1</u> Develop a training on opioid prescribing guidelines and the use of OARRS (Ohio Automated Rx Reporting System). Offer the training to local healthcare providers. *A 25 slide PowerPoint training was developed with the help of OARRs in May 2018 and emailed to all Avita Health Physicians. This was also emailed to Dr Terry Weston at OhioHealth for him to share with their providers.* <u>Year 2</u> Continue to market the training to local healthcare providers. Increase the number of trainings by 10% *New providers are provided a copy of the OARRs training at new provider orientation and is available to all Avita providers on its 411 internal information board.* <u>Year 3</u> Continue efforts from Year 2. Increase the number of trainings by 15%. *An excel document was created and distributed to Avita Health System providers that included Ohio prescribing guidelines and other resources to encourage providers to manage pain in alternative, non-opioid ways, for example, physical therapy. Also given to new providers at orientation and on the 411 board*





Strategy 6: Expand community collaboration to increase awareness and coordination of mental health services	
Strategy Was Implemented?	Yes
Target Population(s)	Adults and youth
Partnering Organization(s)	External: Mental Health & Recovery Services Board of Richland County
Results/Impact	**Action Steps:** **<u>Year 1</u>** Invite faith-based leaders, local businesses, community organizations and mental health service providers to a round table discussion and gather baseline data on what programs and services are offered within or near Richland County. Collaborate with local organizations to address gaps in services. Increase awareness and coordination of existing mental health services between all sectors involved. Measure progress based on number of clients served. **<u>Year 2</u>** Expand collaboration efforts to continue filling mental health service gaps. Continue to coordinate services between one another. Measure progress based on number of clients served. **<u>Year 3</u>** Continue efforts of Years 1 and 2. *The Board has made an extensive effort to work with programs that are faith based. Family Life Counseling is one of our contract agencies, Reformers Unanimous and Starfish Project of Richland County are affiliate agencies. These three organizations are specifically faith-based organizations. They also have reached out to various churches in the Richland County area and have had presentation and programming within some of these organizations.* *Provided several in-services for temp agencies and the Richland County Safety council. During much of 2020 these in-services were provided online to accommodate social distancing.*

Strategy 7 School-based violence prevention programs	
Strategy Was Implemented?	Yes
Target Population(s)	Youth
Partnering Organization(s)	External: Community Action for Capable Youth (CACY) Mental Health & Recovery Services Board of Richland County
Results/Impact	Action Steps: <u>Year 1</u> Gather baseline data on which types of dating violence prevention programs are currently being implemented in which districts and grade levels. Research different evidence based programs specifically aimed at reducing and preventing dating violence including Expect Respect, Dating Matters, Shifting Boundaries and Ending Violence. Decide which program(s) will be offered and are sustainable. <u>Year 2</u> Introduce the evidence based program(s) to the school districts. Pilot the program(s) in at least one district. <u>Year 3</u> Expand programming to additional districts and grade levels. *CACY is one of the Mental Health and Recovery Board's contract agencies and they provide funding to them to deliver services. Please see the report from CACY for this targeted outcome. During the State fiscal 20 and 21, The Board contracted with three agencies to provide Critical Incident and Stress Management (CISM) Teams to 7 local schools and one charter school. These are teams of three licensed professionals that can provide education, stress management and pre-crisis work to students, teachers and administrative staff as needed.* *No update from CACY.*

Strategy 8: School-based alcohol/other drug prevention programs	
Strategy Was Implemented?	Avita Health System did not address this strategy because it was being addressed by Community Action for Capable Youth (CACY) and the Mental Health & Recovery Services Board of Richland County.
Target Population(s)	Youth
Partnering Organization(s)	External: Community Action for Capable Youth (CACY) Mental Health & Recovery Services Board of Richland County
Results/Impact	**Action Steps:** <u>Year 1</u> Continue to expand both the Life Skills and Too Good for Drugs programs to additional school districts and grade levels. Discuss program/service needs and gaps with school personnel at all schools within the county. Work with school administrators, guidance counselors and other school personnel to raise awareness of the programs. <u>Year 2</u> Continue efforts from year 1. Double the number schools offering either the Life Skills or Too Good for Drugs programs. <u>Year 3</u> Continue efforts from year 1 and 2. *CACY is one of the Mental Health and Recovery Services Board's contract agencies and they provide funding to them to deliver services. Please see the report from CACY for this targeted outcome.* *No update from CACY.*

3. Priority Area: Chronic Disease and Mental Health & Addiction Cross-Cutting Strategies	
Community Health Need	Work toward improve mental health and reducing addiction
Goal(s)	Cultural competence trainings for healthcare professionals Complete streets Public transportation School-based nutrition education programs

Strategy 1: Cultural competence trainings for healthcare professionals	
Strategy Was Implemented?	Avita Health System did not address this strategy because it was being addressed by North End Community Improvement Collaborative
Target Population(s)	Adults
Partnering Organization(s)	External: North End Community Improvement Collaborative
Results/Impact	**Action Steps**: <u>Year 1</u> Educate/inform local businesses, organizations and health care providers on county demographics and the importance of becoming culturally competent. Offer a county-wide training/workshop on cultural competence. <u>Year 2</u> Enlist 2 organizations to adopt culturally competent principles, policies and/or practices within their organization. Increase the number of training/workshops by 25%. <u>Year 3</u> Increase the number of organizations adopting cultural competency policies by 50% from baseline. No update.

Strategy 2: Complete streets	
Strategy Was Implemented?	Yes, partially
Target Population(s)	Adults
Partnering Organization(s)	External: Richland Public Health Shelby City Health Department Village of Bellville Richland County Regional Planning
Results/Impact	**Action Steps:** Year 1 Raise awareness of Complete Streets Policies and recommend that all local jurisdictions adopt comprehensive complete streets policies for villages. Gather baseline data on all the Complete Streets Policy objectives. Year 2 Begin to implement the following Complete Streets Objectives: Increase in total number of miles of on-street bicycle facilities, defined by streets and roads with clearly marked or signed bicycle accommodations. Increase in local jurisdictions which adopt complete streets policies. Increase in number of jurisdictions achieving or pursuing Bike-Friendly Community status from the League of American Bicyclists, or Walk-Friendly Community status from www.walkfriendly.org Year 3 Continue efforts from years 1 and 2. *Richland Public Health assisted Richland County Regional Planning Commission (RCRPC) with the implementation of the Complete Streets Project. Richland Public Health provided the supplies used for the pop up event as well as provided supplies to be used in the RCRPC lending program to help the communities of Richland County perform short term active transportation demonstrations*

Strategy 3: Public transportation	
Strategy Was Implemented?	Avita Health System did not address this strategy because it was being addressed by North End Community Improvement Collaborative
Target Population(s)	Adults
Partnering Organization(s)	External: Richland County Commissioner
Results/Impact	**Action Steps:** <u>Year 1</u> Collaborate with community organizations, local government, churches and schools to create a transportation coalition. Invite the Transportation Director to sit on the committee. Complete the Building the Fully Coordinated Transportation System Self -Assessment Tool for Communities with stakeholders. Create a survey to gather public input on identifying gaps in transportation services. Increase outreach efforts of the survey to include input from older adults, those with disabilities, low-income, and veterans. Analyze the results from the survey and the self-assessment tool. Release the data to the public. <u>Year 2</u> Invite community stakeholders to attend a meeting to discuss transportation issues. Create strategies to address gaps and increase efficiency in transportation. Address strategies to increase the use of public transportation and reduce stigma. Begin implementing strategies identified. <u>Year 3</u> Increase efforts of Years 1 and 2. Fully implement the Coordinated Transportation System. Facilitate follow-up surveys to gauge the public's response to strategies that have been addressed and collect outcome measures. No update.

Strategy 4: School-based nutrition education programs	
Strategy Was Implemented?	Avita Health System did not address this strategy because it was being addressed by North End Community Improvement Collaborative and the Village of Bellville
Target Population(s)	Youth
Partnering Organization(s)	External: North End Community Improvement Collaborative Village of Bellville
Results/Impact	**Action Steps**: <u>Year 1</u> Conduct an assessment of schools to determine which schools are currently utilizing the *Serving Up MyPlate* program. Continue to introduce the program to schools. By utilizing the *Serving up MyPlate* framework, implement various educational activities and programming in 2 additional schools. <u>Year 2</u> Continue efforts from Year 1. Work with schools to offer “Try it Tuesday” fruit and vegetable taste testing for children *and/or* work with at least 1-2 schools to host a taste-testing event or family education night. <u>Year 3</u> Continue efforts from Years 1and 2. No update.