



OhioHealth Shelby Hospital Community Health Needs Assessment

June 2022



OhioHealth Shelby Hospital

Quality Care for You and Your Family Since 1921

Our team of physicians and associates includes specialists who offer a range of surgical procedures, treatment options, therapies, and healthcare services at OhioHealth Shelby Hospital. We have deep roots in the Richland County community and an even deeper commitment to meeting the needs of the patients we serve.

Vinson Yates, *President*

199 West Main Street
Shelby, Ohio 44875

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Introduction

OhioHealth is a nationally recognized, not-for-profit, charitable, healthcare outreach of the United Methodist Church. Serving central Ohio communities since 1891, all OhioHealth entities are connected by a shared mission “**to improve the health of those we serve.**” With core values of compassion, excellence, stewardship, integrity and inclusion, OhioHealth is committed to delivering quality, convenient, timely healthcare, regardless of ability to pay. OhioHealth is a nationally recognized, not-for-profit, system of faith-based hospitals and healthcare organizations serving 47 Ohio counties. All OhioHealth entities are connected by (a) a mission to “improve the health of those we serve,” (b) core values of compassion, excellence, stewardship, integrity and inclusion, and a (c) commitment to deliver high quality, convenient and timely healthcare regardless of ability to pay. OhioHealth was in the top 20 list of companies in the PEOPLE Companies that Care[®] 2020, which highlights the top United States companies that succeeded in business while demonstrating outstanding respect, care and concern for their employees, communities and environment during the COVID-19 pandemic. In 2020, four OhioHealth hospitals, namely, Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital and Dublin Methodist Hospital were named a 2020 LGBTQ Healthcare Equality Top Performer based on the 2020 Healthcare Equality Index (HEI) administered by the Human Rights Campaign (HRC). In 2020, OhioHealth was recognized as Great Place to Work – Certified[™] based from the Great Place to Work[®] Trust Index[™] survey.

OhioHealth is a family of 35,000 associates, physicians and volunteers, and a system of 12 hospitals, more than 200 ambulatory sites, hospice, home health, medical equipment and other health services spanning a 47-county area. OhioHealth member hospitals are in seven Ohio counties:

- **Athens County** — OhioHealth O’Bleness Hospital
- **Delaware County** — OhioHealth Grady Memorial Hospital
- **Franklin County** — OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, OhioHealth Rehabilitation Hospital
- **Hardin County** — OhioHealth Hardin Memorial Hospital
- **Marion County** — OhioHealth Marion General Hospital
- **Pickaway County** — OhioHealth Berger Hospital
- **Richland County** — OhioHealth Mansfield Hospital, OhioHealth Shelby Hospital

FORTUNE Magazine has recognized OhioHealth as one of the “100 Best Companies to Work For” and has been for 14 years in a row: 2007–2020 (Great Place to Work[®] Institute, n.d.). OhioHealth was also recognized as one of FORTUNE Magazine’s 100 Best Workplaces for Women and 100 Best Places to Work in Healthcare.

OhioHealth has two member hospitals in Richland County, namely OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital. OhioHealth Mansfield Hospital is located at 335 Glessner Avenue, Mansfield, Ohio. Mansfield Hospital is a 326-bed facility with an outpatient radiation therapy center, health and fitness center, surgery center, urgent care, home care, hospice and palliative care. It is the largest medical provider between Cleveland and Columbus, with more than 2,400 employees and more than 200 physicians serving 325,000 people in Richland County and the five surrounding counties.

Shelby Hospital is a not-for-profit, general, acute hospital that has provided quality healthcare to the Shelby community since 1921. OhioHealth Shelby Hospital is located at 199 West Main Street, Shelby, Ohio. Shelby Hospital is accredited as a critical access hospital by The Joint Commission. Each year, more than 1,400 patients are admitted, 175 babies are born, and 142,000 procedures are conducted for our 13,200 outpatient visits. With a staff of more than 200, the hospital is able to provide acute and short-term skilled care, a full range of outpatient diagnostic and therapeutic services utilizing state-of-the-art technology, rehabilitation and physical therapy services as well as numerous community programs and services. The 24-hour Emergency Department (ED) is staffed by nurses and physicians specially trained in emergency care. Specifically, Shelby Hospital provides cancer care, diabetes services, endoscopy services, hospice care, maternity care, outpatient rehabilitation therapy, physical and occupational therapy, speech therapy, and inpatient and outpatient surgery programs.

OhioHealth is dedicated to serving the communities it serves through its community benefit. In fiscal year 2020, OhioHealth provided a total of \$479.1 million of Community Benefit, comprising \$122.2 million charity care, \$284.5 million net cost of Medicaid programs, \$63.9 million net cost of medical education, \$2.2 million subsidized health services, \$4.6 million community health services, \$1.5 million cash and in-kind contributions, and \$0.2 million research.

Both Mansfield Hospital and Shelby Hospital have received various awards and recognitions related to excellent quality of patient care and use of technology to further improve patient care services.

- a. Accreditation by The Joint Commission** — accreditations pertain to “hospital” and “critical access hospital” deemed programs. The hospitals are also certified in joint replacement for hip, knee and shoulder, and as a Primary Stroke Center (The Joint Commission, 2021).
 - i. Certification in joint replacement for hip, knee and shoulder** — OhioHealth Mansfield Hospital offers hip replacement, hip replacement-anterior approach, robotic-assisted hip replacement, partial knee replacement, total knee replacement, robotic-assisted knee replacement and revision knee surgery, total shoulder replacement, and reverse shoulder replacement (OhioHealth 2015-2021). This was effective as of 2018.
 - ii. American Heart Association/American Stroke Association as a Target Primary Stroke Center** — The Joint Commission collaborates with the American Heart Association® and the American Stroke Association® in awarding this recognition. The Primary Stroke Center recognition suggests the high quality of care that the OhioHealth Mansfield and Shelby Hospitals provide to meet the specialized needs of stroke patients. This was effective as of 2019.
- b. American College of Surgeons Commission on Cancer®** — OhioHealth Mansfield Hospital offers a comprehensive community cancer program. Available services include (but not limited to) diagnostic imaging, radiation oncology services, systemic therapy services, clinical trials, psychosocial and supportive services, support groups, rehabilitation services, surgical procedures, education programs, healthy lifestyle programs, screening and early detection programs, nutrition services, and access to various American Cancer Society’s outreach services (American College of Surgeons, 1996-2021). This was effective as of April 2021.
- c. MD Anderson Cancer Network Certification** — OhioHealth’s affiliation with the MD Anderson Cancer Network®, a program of the MD Anderson Cancer Center, allows OhioHealth physicians to review diagnosis and treatment with their peers at the nation’s top cancer hospital, while providing the care you need locally. Patients benefit from the latest research and superior cancer expertise in the local community (OhioHealth 2015-2021). This was effective as of 2020.
- d. American College of Radiology ACR® Accreditation** — OhioHealth Mansfield and Shelby Hospital’s services that were accredited include ultrasound, computed tomography, magnetic resonance imaging, and nuclear medicine, and mammography (ACR Accreditation, n.d.). This was effective as of 2020.
- e. Hyperbaric Accreditation with Distinction** — signifies that according to the Undersea and Hyperbaric Medical Society that OhioHealth Mansfield met the highest standards of care and patient safety through rigorous evaluation of the adequacy of the facility, equipment, staff and training to ensure that the utmost quality is maintained within the specialty of hyperbaric medicine (Undersea and Hyperbaric Medical Society, 2021). This was effective as of 2021.
- f. Blue Distinction Plus -Total Joints** — specifies that OhioHealth Mansfield delivers safe and effective treatment for knee and hip replacements (Blue Cross Blue Shield, 2021). This was effective as of 2021.
- g. Blue Distinction – Cardiac Services** — specifies that OhioHealth Mansfield Hospital demonstrated expertise in delivering safe and effective cardiac care, such as (but not limited to) cardiac valve surgery, coronary artery bypass graft (CABG), and percutaneous coronary interventions (PCI) episodes of care (Blue Cross Blue Shield, 2021). This was effective as of 2021.

- h. American College of Surgeons Trauma Level II Verified Trauma Center** — verifies that OhioHealth Mansfield Hospital has the resources listed in “Resource for Optimal Care of the Injured Patient”. This is a voluntary process (American College of Surgeons, 1996-2021). This was effective as of 2020.
- i. “A” Grade in the Leapfrog Hospital Safety Grades** — recognizes OhioHealth Mansfield’s patient safety practices as it relates to national standards. OhioHealth Mansfield achieved the standard for the following measures: (i) effective leadership to prevent errors; (ii) staff work together to prevent errors; (iii) support for nursing workforce; (iv) appropriate use of antibiotics; (v) safe medication administration; (vi) safe medication ordering; (vii) infection in the blood; (viii) fewer than expected MRSA infections; (ix) early elective deliveries; (x) specially trained doctors care for critical care patients (The Leapfrog Group, n.d.). This was effective in 2020.
- j. U.S. News and World Report Regionally Ranked #18 in Ohio and recognized in Lowlands and Plains** — OhioHealth Mansfield Hospital high performing in heart failure, chronic obstructive pulmonary disease (COPD), and heart bypass surgery (U.S. News and World Report L.P., 2021). This was effective in 2020.
- k. 2020 Get with the Guidelines – Stroke Silver Plus and Stroke Bronze Award** — recognizes that OhioHealth Mansfield Hospital demonstrate at least 85 percent compliance in each of the seven Get with the Guidelines® - Stroke Achievement Measures. Silver recognizes performance of 12 months (American Heart Association, 2021). This was effective in 2020.
- l. Healthgrades® 2020 and 2021 multiple awards** — Based on evaluation of hospital performance using objective quality measures, clinical outcomes, and patient safety (Healthgrades Operating Company, Inc., 2021) The specialty clinical quality awards include:
- (i) America’s 100 Best Hospitals for Cardiac Care Award™ (2020, 2021)** — OhioHealth Mansfield Hospital demonstrates “superior clinical outcomes in heart bypass surgery, coronary interventional procedures, heart attack treatment, heart failure treatment, and heart valve surgery”
 - (ii) America’s 100 Best Hospitals for Coronary Intervention Award™ (2020, 2021)** — OhioHealth Mansfield Hospital demonstrates “superior clinical outcomes in coronary intervention procedures (angioplasty with stent)
 - (iii) Joint Replacement Excellence Award™ (2020, 2021)** — OhioHealth Mansfield Hospital demonstrates superior clinical outcomes in knee and hip replacement
 - (iv) America’s 100 Best Hospitals for Cardiac Surgery Award™ (2020)** — OhioHealth Mansfield Hospital demonstrates “superior clinical outcomes in heart bypass surgery and heart valve surgery”
 - (v) America’s 100 Best Hospitals for Joint Replacement Award™ (2019)** — OhioHealth Mansfield Hospital demonstrates “superior clinical outcomes in knee and hip replacement”
 - (vi) Cardiac Surgery Excellence Award™ (2019)** — OhioHealth Mansfield Hospital demonstrates superior clinical outcomes in heart bypass surgery and heart valve surgery
 - (vii) Coronary Intervention Excellence Award™ (2019)** — OhioHealth Mansfield Hospital demonstrates superior clinical outcomes in coronary intervention procedures (angioplasty with stent)
- m. Center of Excellence in Trans-Carotid Artery Revascularization (TCAR)** — OhioHealth Mansfield Hospital leads the way in advanced vascular and stroke care through TCAR, which is a less invasive, patient friendly way of treating carotid artery disease. Carotid artery disease is a condition where plaques build up in the blood vessels that prevent oxygen supply to the brain and cause stroke (Silk Road Medical, 2021; Richland Source, n.d.).

- n. **CHIME® and Modern Healthcare Most Wired® Hospitals** — OhioHealth Mansfield and Shelby Hospitals demonstrated excellence in healthcare information technology (Crain Communications, Inc., 1996-2021).
- o. **American Diabetes Association® recognition of Diabetes Self-Management Education (DSME)** — OhioHealth Mansfield and Shelby Hospitals offers comprehensive diabetes education including individual assessments with a nurse educator and dietitian and access to free support groups (OhioHealth 2015-2021; American Diabetes Association® 1995-2021).

The Patient Protection and Affordable Care Act of 2010 requires not-for-profit hospitals to conduct a community health needs assessment once every three years (Internal Revenue Service, 2018). Mansfield Hospital and Shelby Hospital collaborated with Richland Public Health and various community stakeholders to identify significant community health needs in Richland County and determine the priority health needs that will be addressed in the implementation strategy. During the prioritization meeting, the community stakeholders identified five priority health needs as follows:

1. **Mental Health and Addiction** — includes (a) substance abuse and addiction (including smoking and vaping), (b) depression and other mental health issues in adults and teens, and (c) suicide rates.
2. **Chronic Disease** — includes (a) cancer incidence and mortality rates (lung, bronchial, and breast cancers), and (b) unhealthy behaviors (poor nutrition, lack of exercise), heart disease, diabetes, high blood pressure, obesity
3. **Maternal and Infant/Child Health** — includes (a) lack of prenatal care
4. **Access to Care** — includes (a) cancer screenings and prevention strategies, and (b) transportation
5. **Social Determinants of Health** — includes (a) high rates of children in poverty/high number of children on free and reduced-price lunch, and (b) racism

OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital worked together to develop this joint CHNA report. They will develop the joint fiscal year 2023–2025 Implementation Strategy in collaboration with Richland Public Health, Shelby City Health Department and various community stakeholders to demonstrate our continuing commitment to play an active and effective role in the Richland County community by fulfilling our mission “to improve the health of those we serve.” Moreover, OhioHealth Mansfield and Shelby’s Implementation Strategy will include actions and strategies that align with the Ohio 2020–2022 State Health Improvement Plan (Ohio Department of Health, 2017b).

For information about the Mansfield Hospital and Shelby Hospital CHNA processes and for a copy of the reports please visit OhioHealth.com/MansfieldCommunityHealthNeedsAssessment and OhioHealth.com/ShelbyCommunityHealthNeedsAssessment, respectively. Please contact Vinson Yates, (419) 526-8403, or email Vinson.Yates@OhioHealth.com to obtain hard copies of the CHNA reports at no charge. Written comments regarding this CHNA report may be submitted to Vinson.Yates@ohiohealth.com.

A. Definition of the Community Served By the Hospital Facility

A1. Location of hospitals and ZIP codes of communities served.

OhioHealth Mansfield Hospital is located at 335 Glessner Avenue, Mansfield, Richland County, Ohio 44903. OhioHealth Mansfield Hospital operates seven satellite facilities, all located in Mansfield, Richland County, Ohio. OhioHealth Shelby Hospital is located at 199 West Main Street, Shelby, Richland County, Ohio 44875. The “community served” by OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital is Richland County, Ohio as determined by the percentage of patients who resided in Richland County. Richland County covers 13 ZIP Codes, including 44813, 44822, 44843, 44862, 44875, 44878, 44901, 44902, 44903, 44904, 44905, 44906, and 44907 (Datasheer, L.L.C., 2018).

A2. Percentage of patients served from Richland County, Ohio.

	Name of Hospital	Fiscal Year 2019	Fiscal Year 2020
Inpatients	Mansfield Hospital	77%	77%
	Shelby Hospital	80%	75%
Outpatient (excluding observation)	Mansfield Hospital	80%	80%
	Shelby Hospital	79%	80%
Emergency Department	Mansfield Hospital	80%	79%
	Shelby Hospital	79%	80%
Observation	Mansfield Hospital	79%	79%
	Shelby Hospital	82%	84%

B. Demographics of the Community

B1. Total population.

In 2010, the actual population was 124,475. In 2019, the estimated total population was 121,154 (Ohio Development Services Agency, n.d.).

B2. Race/Ethnicity.

In 2019, among Richland County residents, 86.8 percent were white, 7.9 percent were African American, 0.8 percent were Asian, 1.8 percent were Hispanic (of any race), 0.4 percent other races, 0.2 percent Native American, 0 percent Pacific Islander and 4 percent two or more races (Ohio Development Services Agency, n.d.). Minorities represented 14.4 percent of the population (Ohio Development Services Agency, n.d.).

B3. Age.

In 2019, among Richland County residents, 5.8 percent were younger than 5 years old, 16 percent were 5–17 years old, 8.5 percent were 18–24 years old, 24 percent were 25–44 years old, 26.8 percent were 45–64 years, and 18.9 percent were 65 years or older. Median age was 41.3 (Ohio Development Services Agency, n.d.).

B4. Income.

Median household income for 2019 was \$47,346 and per capita income was \$39,234. Approximately 10.1 percent of families and 14.3 percent of individuals had income below the poverty level (Ohio Development Services Agency, n.d.).

C. Existing Healthcare Facilities and Resources within the Community That Are Available To Respond To the Health Needs of the Community

C1. Healthcare Facilities and Community Resources Addressing Mental Health and Addiction, Including Depression and other Mental Health Issues in Adults and Teens, Substance Abuse and Addiction, Smoking and Vaping, and Suicide Rates

C1.1. OhioHealth and OhioHealth Mansfield Hospital's Inpatient Behavioral Health Services – Offers inpatient, outpatient and behavioral health resources.

C1.1.1. Inpatient Behavioral Health Services — available at three OhioHealth locations, namely:
(a) OhioHealth Mansfield Hospital located at 335 Glessner Avenue, Mansfield, Ohio 44903;
(b) OhioHealth Marion General Hospital located at 1000 McKinley Park Drive, Marion, Ohio 43302; and
(c) OhioHealth Riverside Methodist Hospital located at 3535 Olentangy River Road, Columbus, Ohio 43214. Services include (a) inpatient care, (b) electroconvulsive therapy (ECT), (c) psychiatric emergency services, and (d) inpatient consultation/liaison services.

C1.2. OhioHealth Outpatient Behavioral Health Services — available at four OhioHealth locations, namely:

C1.2.1. OhioHealth Mansfield Hospital Behavioral Health — located at 335 Glessner Avenue, Mansfield, Ohio 44903. Services include intensive outpatient program and Employee Assistance Program.

C1.2.2. OhioHealth Marion General Hospital Behavioral Health — located at 1000 McKinley Park Drive, Marion, Ohio 43302. Services include Partial Hospitalization Program and Intensive Outpatient Program, Employee Assistance Program, and Aftercare Program

C1.2.3. OhioHealth Outpatient Behavioral Health Offices – Central Ohio — located at 3820 Olentangy River Road, Columbus, Ohio 43214.

C1.2.4. OhioHealth Physician Group Behavioral Health — located at 5141 West Broad Street, Suite 115, Columbus, Ohio 43228.

C1.3. Third Street Family Health Services – offers mental and behavioral health services, medical, dental and obstetrics and gynecology (OB/GYN) (Third Street Family Health Services 2015).

C1.3.1. Mental and behavioral health services — examples of services include (a) clinical social work counseling for children ages 6 and above and for adults; (b) diagnosis and treatment of mental and emotional disorders; (c) individual, group and family counseling; (d) crisis intervention; (e) advocacy and community liaison; (e) stress management; (f) coping skills; (g) depressive disorders; (h) anxiety; (i) relationships; (j) managing anger; (k) tackling grief; (l) managing chronic diseases; (m) end-of-life issues; (n) life coaching; (o) trauma; and (p) access to weight and depression group.

C1.3.2. Medical services — examples include (a) primary care, (b) access to medical home, (c) preventive care such as physical exams, screenings for cancer, Pap tests, prostate exams, diabetes and heart disease screenings; (d) chronic disease management such as hypertension, diabetes, asthma; (e) urgent care; (f) sick visits; (g) women's health screenings; (h) referral to specialist and mental health care follow-up; (i)

manage prescription drug costs, testing and referrals; (j) assistance for prescription costs through 340b pricing and from drug companies; (k) pediatric care; and (l) foot care.

C1.3.3. Dental services — examples include comprehensive oral exams, oral cancer screenings, radiographs, restorative services and endodontic services, periodontal services, oral surgery.

C1.3.4. Obstetrics and gynecology services — examples include (a) annual well woman exams; (b) Pap smears and cervical cancer screens; (c) breast cancer screens; (d) contraceptive and family planning; (e) intrauterine device insertion and removal; (f) Implanon insertion and removal; (g) sterilization; (h) Human papillomavirus insertion; (h) sterilization; (i) HPV testing, (j) colposcopy; (k) testing for sexually transmitted infections; (l) vaginitis testing and treatment.

C1.4. Richland County Mental Health and Recovery Services Board – fosters collaborative, trauma-informed, resiliency and recovery-oriented services for persons who need treatment for mental health and substance use. Examples of contract organizations include (a) Community Action for Capable Youth (CACY), (b) Catalyst Life Services, (c) Family Life Counseling and Psychiatric Services, (d) National Alliance on Mental Illness of Richland County (NAMI), and (e) Mansfield Urban Minority Alcohol and Drug Addiction Outreach Program (UMADAOP). Examples of affiliate agencies include (a) Abraxas, (b) Foundations for Living Secure residential treatment facility, (c) Healing Hearts Counseling Center, (d) Hope 419, (e) Reformers Unanimous, (f) Richland County Community Alternative Center, (g) Third Street Family Health Services, (h) Youth and Family Council, (i) Starfish Project of Richland County, and (i) Encompass Counseling (Richland County Mental Health and Recovery Board, 2021).

C1.5. Community Action for Capable Youth (CACY) – provides prevention education on substance abuse, bullying, problematic gambling among youth and to promote a safe and healthy community for all age groups (Community Action for Capable Youth, 2021).

C1.5.1. Youth programs — examples include (a) prevention education focused on substance use and abuse and bullying; (b) prevention education on problem gambling; (c) awareness of depression and prevention of suicide; (d) access to informed teens clubs; (e) youth mentoring program; and (f) tobacco education and cessation program.

C1.5.2. Parent programs — examples include (a) parent education, (b) campaign on “Parents Who Host, Lose the Most”; (c) parent recognition, (d) classes on “Raising Substance Free Children”; (e) Parent 360 Rx Medication Safety; (f) Not One Puff (NOP) Tobacco Cessation Services; and (g) resources and materials for substance use prevention.

C1.5.3. Community awareness — examples of activities include (a) monthly electronic newsletters, (b) drug-free workplace training, (c) underage law compliance checks, (d) trainings and workshops, (e) substance use consults, (f) media interviews.

C1.5. Catalyst Life Services – a private nonprofit outpatient center that provide mental health and crisis services, addiction services, vocational services, and audiology and deaf services (Catalyst Life Services, 2021) . The Catalyst Life Services have four locations listed below.

C1.5.1. The Center — located at 741 Scholl Road, Mansfield, Ohio 44907. The Center offers (a) adult mental health and crisis services; (b) adult outpatient drug and alcohol services; (c) medical services for adults; (d) Catalyst Stabilization Unit; and (e) Catalyst Helpline

C1.5.2. The Rehab Center — located at 270 Sterkel Boulevard, Mansfield, Ohio 44907. The Rehab Center offers (a) child and adolescent mental health and crisis services; (b) medical services for children; (c) psychiatric and counseling services; (d) audiology services; (e) community center; Triple P Parenting program.

C1.5.3. Shelby Office — located at 31 E. Main Street, Shelby, Ohio 44875. The Shelby Office offers (a) psychiatric care and counseling, (b) drug and alcohol recovery services; (c) Triple P Parenting; and (d) medication management.

C1.5.4. New Beginnings Alcohol and Drug Treatment Services — located at 741 Scholl Road, Mansfield, Ohio 44907. The program offers (a) residential services; (b) management of detox and withdrawal; and (c) outpatient services.

C1.6. Family Life Counseling and Psychiatric Services — Has an approach to therapy that treats the entire family, maintains natural family structure and support, and focuses on returning the person to a healthy family and community.

C1.6.1. Individual, couple and family services — examples of services include (a) individual counseling, (b) couple and marriage counseling; (c) family counseling and play therapies; (d) psychiatric services; (e) survivor programs; (f) restorative practices and parenting programs.

C1.6.2. Substance use treatment — examples of services include (a) adult outpatient treatment; (b) recovery groups, (c) case management, (d) adolescent outpatient treatment; (e) recovery housing; and (f) family resources.

C1.6.3. Community services — examples of services include engagement with community, schools, and establishment of referral networks.

C1.7. National Alliance on Mental Illness (NAMI) Richland County, Ohio — provides family-to-family classes and family support groups for individuals, friends and families, and coping with mental illness (NAMI Richland County, n.d.).

C1.7.1. NAMI On Campus — a college student-led support group meets twice a month at The Ohio State University Mansfield and North Central State College to promote mental health awareness.

C1.7.2. NAMI Connection Recovery Support Group — meets once a month at the Oasis Peer Center, 87 E. First Street, Suite O, Mansfield, Ohio 44902. The support group offers access to facilitators who provides guidance and empowerment whilst the participants learn more about each other's challenges, family dynamics and medical conditions.

C1.7.3. NAMI Family-to-Family — offers an 8-week class for families of adults with mental illness that focuses on treatments, coping strategies, mental health diagnoses, problem solving, medication review, communication, self-care, rehabilitation, biology of the brain, and advocacy. The Family-to-Family program also offers family support groups to learn being able to advocate for a loved one and also learning self-care. NAMI Family and Friends offers a seminar that teaches people with family members who have mental illness on how best to support them.

C1.7.4. NAMI Ending the Silence — offers program for middle school and high school students to encourage students to help take care of one another, awareness on warning signs of mental illness and suicide prevention.

C1.7.5. NAMI Crisis Intervention Team (CIT) Training — trains law enforcement officers to handle situations with persons suffering from mental illness. It provides advanced training for patrol officers, crisis response, safety protocols for the officer and the person with mental illness, and referral of persons suffering from mental health crisis.

C1.8. Mansfield Urban Minority Alcohol and Drug Addiction Outreach Program (UMADAOP) – Serves predominantly African American, Hispanic, and other populations affected by alcohol and drug abuse. Mansfield UMADAOP provides treatment services, prevention services, and Driver Intervention Programs (Mansfield UMADAOP, 2021)

C1.8.1. Treatment services — includes substance use disorder (SUD) assessments; individual and group counseling; Circle for Recovery Ohio, Medication Assisted Treatment, access to recovery support services, access to substance use disorder peer supporters, access to community health workers; treatment for co-occurring mental and substance use disorders, smoking cessation programs, Driver Intervention Programs, and The Genesis Project.

C1.8.2. Prevention services — examples of services include in-school programming, after-school programs, mentoring sessions, mental health counseling; substance use disorder counseling.

C1.8.3. Driver Intervention Programs — certified by the Ohio Department of Mental Health and Addiction Services. This is a 72-hour residential or 22-hour non-residential program serve as alternatives to going to jail for first time offenders and repeat offenders

UMADAOP facilities are available in various locations: (a) Genesis Project/Sober Living Houses — located in Mansfield, Ohio 44903; (b) Mansfield UMADAOP — 400 Bowman Street, Mansfield, Ohio 44903; (c) Mansfield UMADAOP Assessment Center — located in 39 Wood Street, Mansfield, Ohio 44903; (d) . Mansfield UMADAOP Community Outreach Center — 215 Trimble Road, Mansfield, Ohio 44906; and (e) Mansfield UMADAOP Community Wellness Center — located at 74 Wood Street, Mansfield, Ohio 44903

C2. Healthcare Facilities and Community Resources Addressing Chronic Disease Including Lung, Bronchial, and Breast Cancer Incidence and Mortality Rates, Unhealthy Behaviors such as Poor Nutrition, Lack of Exercise, Heart Disease, Diabetes, High Blood Pressure, and Obesity

C2.1. OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital serve persons with heart disease, asthma, diabetes, cancer, and other chronic diseases (OhioHealth, 2015-2021).

C2.1.1. Heart and vascular services — OhioHealth Mansfield Hospital has the expertise and experience to perform most heart and vascular procedures without the risk of transferring patients. The hospital offers comprehensive open-heart surgery, implantable pacemakers and defibrillators, catheterization, angioplasty, intensive care treatments for heart attacks, echocardiology, cardiac rehabilitation, congestive heart failure, electrophysiology, resynchronization therapy and clinical trials. OhioHealth Mansfield Hospital has received the Healthgrades Cardiac Surgery Excellence Award™ for 13 years in a row, from 2007-2019. This award acknowledges OhioHealth Mansfield Hospital's excellence in coronary bypass surgery and valve surgery. OhioHealth Mansfield's Heart and Vascular Services team include a multidisciplinary team of interventional cardiologists, non-invasive cardiologists, cardiothoracic surgeons, vascular surgeons, interventional radiologists, cardiac nurses, registered radiologic technologists, allied health professionals and heart health educators. Examples of heart services include (a) 24/7 cardiac catheterization, (b) 24/7 STEMI care, (c) advanced heart failure clinic, (d) anticoagulation clinic, (e) arrhythmia and electrophysiology treatments, (f) calcium scoring, (g) cardiac computed tomography (CT) angiography, (h) cardiovascular magnetic resonance imaging, (i) echocardiography and stress testing, (j) interventional cardiac care, and (k) peripheral vascular procedures (OhioHealth, 2015-2021).

C2.1.2. Ontario Health and Fitness Center — located at 1750 W. Fourth Street, Ontario, Ohio 44906. Membership to the Ontario Health and Fitness Center offers access to (a) cardiovascular equipment, (b) weight training equipment, (c) full court gymnasium, (d) indoor track, (e) power cycling studio, (f) aerobics studio, (g) warm-water group exercise pool, (h) social lounge, (i) massage therapy (OhioHealth, 2015-2021).

C2.1.3. Diabetes and Endocrinology — OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital offer diabetes prevention programs to Richland County residents and endocrinology and diabetes services for type 2 diabetes, type 1 diabetes, insulin pump management, continuous glucose monitoring, gestational diabetes, referral to nutrition counseling for dietary advice and support, and referral for thyroid biopsies, as needed. The OhioHealth Mansfield and Shelby Hospitals offer Diabetes Self-Management Education, including (a) comprehensive education class series, (b) assessments and consultation with a nurse educator, (c) assessments and consultation with a dietitian, and (d) free support groups monthly. Education and counseling topics include: (a) Importance of safely managing diabetes; (b) prevention of diabetes complications; (c) use of glucose meter; (d) medications; (e) emotional aspects of diabetes; (f) importance of lifestyle and behavior changes; (g) development of a healthy eating plan that fits one's lifestyle; (h) preparing and eating tasty and appealing foods (OhioHealth, 2015-2021).

- **C2.1.4. OhioHealth Physician Group Pulmonology** — located at 770 Balgreen Drive, Suite 107, Mansfield, Ohio 44906. OhioHealth Physician Group pulmonologists offer expert respiratory care for adults and adolescents. We diagnose and treat a variety of lung and pulmonary disorders, like asthma, COPD, pulmonary fibrosis and sleep disorders (OhioHealth 2015-2021). OhioHealth's pulmonary medicine offers the following: (a) specialized knowledge and skill in the diagnosis; (b) treatment and medical management of chronic pulmonary conditions and diseases for patients ages 18 and up; (c) general pulmonary consultation; (d) fully integrated care with patient's primary care physician; (e) coordinate with home care companies for respiratory/oxygen services and supplies; (f) diagnostic bronchoscopy; (g) refer patients to pulmonary function testing at OhioHealth Mansfield Hospital, OhioHealth Shelby Hospital; (h) refer patients to nutritional counseling and education, offered at OhioHealth Mansfield Hospital; and (i) asthma services available for patients with newly-diagnosed, mild, moderate or severe asthma.

C2.1.5. OhioHealth Physician Group Primary Care Services – offers comprehensive primary care services to serve the healthcare needs of adults, infants, children and adolescents, men's health, women's health, and sports medicine. Examples of primary care services for adult patients include acute illness care, allergy, anxiety and depression, asthma, biometric screenings, cholesterol teaching and management, infections, congestive heart failure, coordination of care, diagnostic tests, specialty referral, hospital services and treatment; chronic obstructive pulmonary disease and other primary care services. The OhioHealth Physician Group primary care clinics in Richland County include: (a) OhioHealth Physician Group Primary Care/Women's Health located at 770 Balgreen Drive, First Floor, Mansfield, Ohio 44906; (b) OhioHealth Physician Group Primary Care located at 248 Blymer Avenue, Mansfield, Ohio 44903; (c) OhioHealth Primary Care located at 275 Cline Avenue, Mansfield, Ohio 44907; (d) OhioHealth Physician Group Primary Care located at 558 S. Trimble Road, Mansfield, Ohio 44906; (e) OhioHealth Physician Group Primary Care located at 199 W. Main St., Suite 2100, Shelby, Ohio 44875 (OhioHealth, 2015-2021).

C2.2. Third Street Family Health Services —provides (a) preventive care such as annual physical exams, cancer screening, Pap tests, prostate exams, diabetes screening and heart disease maintenance, (b) urgent care and sick visits; (c) chronic medical care for high blood pressure, diabetes and asthma, (d) screening during Women's Health Day; (e) access to drug programs such as 340b pricing and assistance from pharmaceutical companies, and (f) other comprehensive services, including medical and pediatrics, dental, mental and behavioral, and OB/GYN healthcare services. Pediatric care includes well-child visits, sports and school physicals, sick visits. Podiatry services provides diabetic foot care and other foot care services for patients with pain, fractures, arthritis and other conditions that impacts the health and condition of the feet (Third Street Family Health Services, 2015).

C2.3. Richland Public Health – provides Richland County residents with access to community health screenings, public health clinics, and public health nurses in schools (Richland Public Health, 2019).

C2.3.1. Division of Community Health and Prevention Sciences — activities include but not limited to (a) Annual Shawshank Hustle, which is a community race to promote health and wellness; and (b) program that makes available blood pressure cuffs at the Mansfield/Richland County Public Library (Mansfield, Ohio) and the Marvin Memorial Library (Shelby, Ohio). Residents with high blood pressure will be able to monitor their blood pressure in between clinic visits. The availability of the blood pressure monitoring kits is a community collaboration among Richland Public Health, the public libraries in Richland County, and the Ohio District 5 Area Agency on Aging. Richland Public Health's Communities Preventing Chronic Disease Project leads the community initiative.

C2.3.2. Public Health Clinic — nurses administer immunizations, vaccines, prenatal, well-child and school-based clinics, and access to a health educator and dietitian.

C2.3.3. Public Health Nursing — nurses provide case management services for families with special health care needs, home visits to the mother and her newborn, parent education, and school health services, senior health screenings, community health screenings, and annual flu clinics, communicable disease outbreak, and emergency preparedness.

C2.4. Shelby City Health Department — holds public workshops and webinars and other community education on chronic disease management and prevention and conducts blood pressure and glucose screenings at the Marion Memorial Library located at 29 W. Whitney Avenue, Shelby, Ohio 44875 (Shelby City Health Department, n.d.).

C2.5. Mansfield Area YMCA – Offers programs that promote health, well-being and fitness, including (a) group fitness classes, (b) water fitness, (c) martial arts and strength courses, (d) personal training and specialized programs, (e) healthy lifestyle education, (f) classes for active older adults, and (g) LIVESTRONG at the YMCA. Youth development programs include availability of Early Learning and Development Centers, education and leadership opportunities for youth, and building self-confidence and positive relationships through sports and play activities. Healthy-living activities are family-centered and focus on building balance of mind, body and spirit. Examples of healthy-living activities include “Family Time,” “Health, Well-being and Fitness,” “Sports and Recreation,” and “Group Interests.” As part of “Social Responsibility,” YMCA offers social services, opportunities for volunteerism, and other community activities (Mansfield Area YMCA, 2019).

C3. Healthcare Facilities and Community Resources Addressing Maternal and Infant Health Including Lack of Prenatal Care

C3.1. OhioHealth Mansfield Hospital — provides routine prenatal, postpartum and interconceptional care and high-risk pregnancy care. The maternal-fetal medicine specialists work with the patient’s obstetrics and gynecology and Nationwide Children’s Hospital to develop a care plan to obtain a good health outcome. Nationwide Children’s Hospital Level II Special Care Nursery is available at the OhioHealth Mansfield Hospital. The team also provides pregnancy and child birth classes to patients and families (OhioHealth, 2015-2021).

C3.2. OhioHealth Shelby Hospital — provides routine prenatal, postpartum and interconceptional care and high-risk pregnancy care. The OhioHealth Shelby Hospital team provides pregnancy and childbirth classes to patients and families (OhioHealth 2015-2021)

C3.3. Third Street Family Health Services — offers full range of services in women’s health care, ultrasound, urodynamics testing and in-house laboratory services, routine gynecological care, family planning services, health maintenance examinations, menopause care, and treatment of sexually transmitted infections, access to birth control and gynecologic surgery (Third Street Family Services, 2015).

C3.4. Richland Public Health — the public health clinic offers various services for mothers and babies, including immunizations, home visits, case management, and other wellness services (Richland Public Health, 2019).

C4. Healthcare Facilities and Community Resources Addressing Access to Care, Including Cancer Screenings and Prevention Strategies and Unmet Transportation Need

C4.1. OhioHealth Mansfield and Shelby Hospitals — both hospitals are certified members of the MD Anderson Cancer Network®, which is dedicated in advancing cancer care, research, education, and prevention. MD Anderson is ranked as the top cancer hospital in the United States. Patients also have access to cancer classes and events and access to the OhioHealth CancerCall (1-800 752 9119) to obtain help and support from patient navigators. OhioHealth also offers survivorship and supportive care, cancer wellness programs, nutrition education, and Cancer Survivor Walk/Run Club (OhioHealth 2015-2021). OhioHealth Mansfield and Shelby Hospitals also provides bus tickets or tax vouchers through funding from the OhioHealth Foundation.

C4.2. Richland Public Health — partners with the National Council for Skin Cancer Prevention to promote the “Don’t Fry Day” and educate persons about protecting themselves from the heat of the sun and prevent skin cancer (Richland Public Health, 2020).

C4.3. Advanced Dermatology of North Central Ohio, Inc. — offers skin cancer screening and community education on skin cancer prevention (Advanced Dermatology of North Central Ohio, Inc., n.d.).

C4.4. Cleveland Clinic Cancer Center, Mansfield — offers access to medical oncology, radiation oncology, radiation therapy, PET scan, CT Scan

C4.5. Richland County Job and Family Services — administers the Non-Emergency Transportation (NET) for Richland County residents on Medicaid insurance. NET provides transportation to and from appointments. Residents who qualifies for the transportation assistance may be given bus tickets, gas vouchers or taxi vouchers (Richland County Job and Family Services, 2021).

C5. Healthcare facilities and Community Resources Addressing Social Determinants of Health Including High Rates of Children in Poverty, High Number of Children on Free and Reduced Lunch, and Racism

C5.1. OhioHealth System and OhioHealth Mansfield and Shelby Hospitals — offer the OhioHealth Community Resource directory that provides access to community organizations that provide free or low-cost medical supplies, transportation, food, and other social determinants of health needs (Aunt Bertha, 2011-2021). OhioHealth's values include compassion, integrity, excellence, stewardship, and inclusion. OhioHealth's cardinal value is to honor the worth and dignity of each person. OhioHealth's focus on diversity and inclusion led to the establishment of various Diversity and Inclusion Councils and in various OhioHealth hospitals and Business Resource Groups.

C5.1.1. OhioHealth Mansfield and Shelby Hospitals Diversity and Inclusion Council — aims "to elevate awareness, recognize and respect differences and similarities within our communities to enrich the lives of those we serve, including our patients, physicians, associates, and volunteers." Activities include but are not limited to recognizing celebrations such as Juneteenth, Ramadan, Diwali Day, and Pride Day.

C5.2. Richland County — oversees various departments of the County Government that address various health and social determinants of health needs of individuals and families, children's economic sustainability, and respect for diversity and inclusion in communities (Richland County, Ohio, 2019).

C5.2.1. Richland County's Child Support Enforcement Agency — Examples of free assistance include, but are not limited to: (a) Enforce collection of court-ordered payments for child support; (b) locate parents; (c) document paternity; (d) establish support for medical needs; (e) assist in preparing cases for Federal and State tax refund and lump sum payments; (f) provide child support services to other States when requested (Richland County, Ohio, 2019).

C5.2.2. Richland County Children Services — funded locally, and by state and federal dollars to protect children and families in need. The Richland County Children Services uses tools and resources to protect children from neglect and harm. Examples of services include (a) intake, (b) prevention, (c) protection, and (d) kinship services, and (e) foster and adoptive services (Richland County Children Services, 2021). Under intake services, once telephone calls are received regarding child abuse and neglect, the social workers assess the case by interviewing and observing child-family interactions. Under prevention services, the agency staff works closely with young mothers and families of school-aged children and families of delinquent youths to prevent abuse and neglect. Protective services help families and children from being abused or neglected through case management, scheduling of family meetings, mental and behavioral health services, drug abuse treatment and parenting skills. Kinship services help families avail benefits and other services. Foster care and adoption services ensure that children are placed in safe foster homes until family reunification is possible (Richland County Children Services, 2021)

C5.2.3. Richland County Job and Family Services — examples of programs and services that address social determinants of health and poverty among adults, children and families include but are not limited to:

(a) Ohio Works First (OWF) — provides limited cash assistance after participating in training and skills development to allow them to find jobs and become self-sufficient (Richland County, Ohio, 2019).

(b) Food Stamp Program — helps eligible persons purchase staple food and healthy grocery items. The Food Stamp program also offers access to employment assistance, education and training, job search assistance (Richland County, Ohio, 2019).

(c) Disability Assistance — funded by the State of Ohio and Richland County to provide medical coverage and cash assistance for qualified Ohioans with disabilities. Healthcare coverage includes medications, access to physicians and hospital services covered by the Health Care Assurance Plan (Richland County, Ohio, 2019).

(d) Medicaid — provides healthcare coverage to low-income Ohioans. The Medicaid plan covers doctor visits, hospital care, prescription drugs, preventive healthcare, dental care, transportation, vision services, and mental health and substance abuse treatments (Richland County, Ohio, 2019).

(e) Healthy Start — provides comprehensive health care coverage for children from families with income up to 150 percent of the Federal Poverty Guidelines. Healthy Start covers doctor visits, hospital care, prescription drugs, dental visits and prescription glasses (Richland County, Ohio, 2019).

C5.2.4. North End Community Improvement Collaborative (NECIC) — examples of programs include (a) North End Local Foods Initiative (NELFI), (b) Urban Farm, (c) The Richland County Gro-Op (in collaboration with The Ohio State University’s micro farm project), (d) North End Farmer’s Market, (e) Blust Avenue Teaching Garden, (f) community gardens, (f) “Temp2Higher” alternative staffing service, (g) Microbusiness Development Program, (h) Minority Business Assistance Center, (i) The Open Table Youth Mentorship program, and (j) Summer Manufacturing Institute. The NECIC is also very active in promoting the awareness of racism and the eradication of racism in Richland County and its negative impacts on employment, business, mental health, and access to health care.

C5.2.5. Richland County Task Force on Racism — seeks racial equity in the fields of business, criminal justice, education, health care, housing, employment, and mental health. According to Hunnell (2020), 21 members of the Steering Committee have been identified for each of the seven working groups:

(a) Business — members include (i) Jodie Perry, president and chief executive officer of the Richland Area Chamber and Economic Development; and (ii) Deanna West-Torrence, founder and executive director of the North End Community Improvement Collaborative (NECIC).

(b) Criminal Justice — members include (i) Anna Durtschi, retired corrections nurse and (ii) Dave Koepke, North Central State College criminal justice program coordinator

(c) Education — members include (a) Dr. Donna Hight, professor at The Ohio State University-Mansfield, and (ii) a representative from primary education.

(d) Employment — members include (i) Steve Cobb, owner of “Garbage Guys Who Care”, and (ii) Crystal Davis-Weese, NECIC recruitment coordinator; and (iii) Carol Payton, a retiree from the Mansfield Urban Minority Alcoholism and Drug Abuse Outreach Program

(e) Healthcare — members include Vinson Yates, president of the OhioHealth Mansfield and Shelby Hospitals, and (ii) Margaret Lin, health educator from OhioHealth Mansfield Hospital

(f) Housing — members include (i) Chris Hiner, division president of Park National Bank, and (ii) Alan Mitchell, social entrepreneur, and regional technician, Philadelphia Regional Census Center

(g) Mental health — members include (i) Buffi Stillwell-Williams, owner of New Day Life Center, and (ii) Dave Krenrick, therapist for Providers for Healthy Living

At-large members include Dr. Elizabeth Castle, historian, documentary filmmaker and activist; (ii) Brigitte Coles, community liaison and co-founder of WE ACT; and (iii) Tracy Graziani, marketing specialist. Dr. Phil Mazzocco, a professor in psychology at The Ohio State University Mansfield, will be evaluating the projects.

On September 30, 2021, the Education Committee led by member Donna Hight, a professor at The Ohio State University Mansfield has scheduled three free online events to end systemic racism and promote access, opportunity and equity in education and learning. The virtual events will be held on October 6, 8 and November 2, 2021. The October 6 2021 event aimed at providing information on how teens and adults may return to complete their high school diploma and pursue a career education for free. The October 8, 2021 online event provided information about The Ohio State University Mansfield and the North Central State College admissions and what to ask during college tours and visits. The November 2, 2021 meeting focused on tips to complete the Free Application for Federal Student Aid (FAFSA) form to obtain college grants and government loans. Strategically, the Education Committee aims to improve the educational attainment of African Americans and other people of color, with emphasis on men. The Education Committee will aim to increase high school graduation rates, engagement, and empowerment of high school students, accessing and managing student loans, and increase college or career education to support workforce development (Hunnell, 2021).

C5.3. The Ohio State University Mansfield — has a Diversity and Inclusion department that advocates for inclusion, “one campus, one university” and “every Buckeye counts” and promotes diversity of differences and similarities based on age, class, culture, education, disability, gender identity, generation, geography, language, nationality, race, ethnicity, religion, sex, sexual orientation, tribal or indigenous nature, work style, and many others (The Ohio State University, 2021).

D. How Data Was Obtained

OhioHealth Mansfield and Shelby Hospitals collected the data from various sources as follows:

D1. The definition of the community served by OhioHealth Mansfield and Shelby Hospitals was developed by determining the percentage of patients who resided in Richland County during fiscal year 2019 and 2020, based on electronic medical records. See **Section A**.

D2. The demographic data of the Richland County population was obtained from the Ohio Development Services Agency (Ohio Development Services Agency, n.d.). See **Section B**.

D3. Pertinent health data from Ohio's 2019 Community Health Assessment was summarized (Ohio Department of Health, 2020). See **Appendix A**.

D4. Pertinent health and health-related data for Richland County, Ohio versus State of Ohio, and United States. See **Appendix B**.

No information gaps were identified that may impact the ability to assess health needs during this community health needs assessment process.

E. The Significant Health Needs of the Community

From April 26 to July 21, 2021, the community stakeholders (See Appendix C for a listing of stakeholders) were requested to review the summary of health and health-related data for Richland County as well as the Richland County demographic profile. Participants sent their assessments of the health needs in Richland County, as determined by the types of health conditions of the population and their experiences in serving persons, families, neighborhoods and communities, by email to Mary Ann G. Abiado, PhD, MSN, RN, maryann.abiado@ohiohealth.com, community health nurse and data management and evaluation specialist, OhioHealth Community Health Partnerships.

On July 21, 2021, OhioHealth Mansfield and Shelby Hospitals convened a virtual meeting comprised of 27 community stakeholders (including 7 OhioHealth employees) to review the five significant health needs by category that were identified by various community stakeholders from April 26, 2021 to July 21, 2021. The distribution of votes, and the priority health outcomes under each category and the alignment with the 2020-2022 State Health Improvement Plan are tabulated below. Through a unanimous vote, the community stakeholders prioritized the significant health needs (highlighted below) by which OhioHealth Mansfield and Shelby Hospitals must address in its Fiscal Year 2023-2025 Implementation Strategy.

Significant Health Needs	Priority Health Outcomes	Number of Votes	Align with the State Health Improvement Plan
Mental health and addiction	Substance abuse and addiction (including smoking, and vaping)	15	Yes
Mental health and addiction	Depression and other mental health issues in adults and teens	12	Yes
Mental health and addiction	Suicide rates	12	Yes
Mental health and addiction	Unintentional drug overdose deaths	6	—
Mental health and addiction	Other unintentional injuries and deaths	0	—
Chronic disease	Cancer incidence and mortality rates (lung, bronchial, and breast cancers)	16	Yes
Chronic disease	Unhealthy behaviors (poor nutrition, lack of exercise), heart disease, diabetes, high blood pressure, obesity	16	Yes
Chronic disease	Smoking and tobacco use	9	—
Maternal and infant/child health	Lack of prenatal care	16	Yes
Maternal and infant/child health	Babies born and tested positive for substance abuse; mother's substance abuse; prevention education	11	—
Maternal and infant/child health	High teen birth rates	8	—
Maternal and infant/child health	Infant mortality, education on sudden infant death syndrome (SIDS)	5	—
Maternal and infant/child health	Low birth weights	3	—

Significant Health Needs	Priority Health Outcomes	Number of Votes	Align with the State Health Improvement Plan
Access to care	Cancer screenings and prevention strategies	14	Yes
Access to care	Transportation	14	Yes
Access to care	High rates of uninsured (Emergency Department utilization)	9	—
Access to care	Flu vaccination	0	—
Social determinants of health	High rates of children in poverty/high number of children on free and reduced lunch	9	Yes
Social determinants of health	Racism	9	Yes
Social determinants of health	High rates of juvenile arrests	3	—
Social determinants of health	Awareness, access, and use of community resources	3	—
Social determinants of health	Distrust of authority	2	—
Social determinants of health	Early onset of risky behaviors for juveniles	0	—
Social determinants of health	High quality and affordable childcare starting at birth	0	—

Hence, the priority health needs that will be addressed in the joint Fiscal Year 2023-2025 OhioHealth Mansfield and Shelby Hospitals Implementation Strategy will include:

- 1. Mental Health and Addiction** — include (a) substance abuse and addiction (including smoking, and vaping), (b) depression and other mental health issues in adults and teens, and (c) suicide rates.
- 2. Chronic Disease** — includes (a) cancer incidence and mortality rates (lung, bronchial, and breast cancers), and (b) unhealthy behaviors (poor nutrition, lack of exercise), heart disease, diabetes, high blood pressure, obesity
- 3. Maternal and Infant/Child Health** — includes (a) lack of prenatal care
- 4. Access to Care** — includes (a) cancer screenings, (b) prevention strategies, and (c) transportation
- 5. Social Determinants of Health** — includes (a) high rates of children in poverty/high number of children on free and reduced lunch, and (b) racism

F. Primary and Chronic Disease Needs, and Other Health Issues of Uninsured Persons, Low-income Persons and Minority Groups

Appendices A and B show the health and health-related data affecting the uninsured persons, low-income persons, and minority groups in Richland County, Ohio.

G. The Process for Identifying and Prioritizing Community Health Needs and Services to Meet Community Health Needs

OhioHealth Mansfield and Shelby Hospitals sought public input on the significant health needs affecting Richland County from April 26, 2021 to July 21, 2021. OhioHealth Mansfield and Shelby Hospitals summarized the most recent health and health-related data affecting Richland County using credible sources such as the Ohio Department of Health, County Health Rankings, Centers for Disease Control and Prevention. The Richland County demographic profile was obtained from the Ohio Development Services Agency. Apart from the data provided on the types of health conditions, the OhioHealth Mansfield and Shelby Hospitals team communicated to the community stakeholders that their assessments of health needs affecting Richland County also needs to be based from their experiences in serving persons, families, neighborhoods, and communities.

During the July 21, 2021 public meeting, Mary Ann G. Abiado, PhD, MSN, RN, community health nurse and data management and evaluation specialist for OhioHealth, guided the meeting attendees that the selection of priority health needs will need to be based from the following criteria: (a) magnitude of the health problem; (b) seriousness of the consequences of the health problem; and (c) feasibility of correcting the problem (Association of State and Territorial Health Officials (2021). The meeting participants voted by placing their votes in the Webex chat box or verbally. The final vote counts were recorded in a Powerpoint voting template created by OhioHealth that were visible to all the participants throughout the duration of the meeting.

During the July 21, 2021 virtual meeting, the community stakeholders prioritized the five significant health needs in Richland County: (1) mental health and addiction, (2) chronic disease, (3) maternal and infant/child health; (4) access to care, and (5) social determinants of health. Related to OhioHealth Mansfield and Shelby Hospital's alignment with the 2020-2022 State Health Improvement Plan (SHIP), the community stakeholders would like the hospital to partner with the Richland Public Health and Shelby City Health Department and other community organizations in addressing mental health and addiction, chronic disease and maternal and infant/child health.

H. The Process for Consulting with Persons Representing the Community's Interests and Input Provided

OhioHealth Mansfield and Shelby Hospitals consulted with persons representing the community's interest by email communications on the following dates (See Appendix C for a listing of participants):

- (a) April 26, 2021
- (b) May 3, 2021
- (c) May 4, 2021
- (d) May 25, 2021
- (e) June 30, 2021
- (f) July 1, 2021
- (g) July 15, 2021
- (h) July 21, 2021

Community stakeholders submitted their assessments of significant health needs by email to Mary Ann G. Abiado, PhD, MSN, RN, maryann.abiado@ohiohealth.com. Dr. Abiado responded to the community stakeholders with a bulleted list of significant health needs and encouraged the stakeholder to collaborate with the OhioHealth Mansfield and Shelby Hospitals team in developing strategies to address the needs, if selected as one of the priority health needs during the meeting on July 21, 2021.

Dr. Abiado created a voting template where the significant health needs were categorized into five groupings: (a) mental health and addiction, (b) chronic disease, (c) maternal and infant health, (d) access to care and (e) social determinants of health. Dr. Abiado guided the community stakeholders to identify their top three selections among the significant health needs that were identified. In addition, Dr. Abiado asked the community stakeholders to confirm that they recommended that OhioHealth Mansfield and Shelby Hospitals align with the 2020-2022 State Health Improvement Plan of the state of Ohio.

During the voting sessions, Dr. Abiado stated that prioritization of health needs has to be based from the following criteria: (a) magnitude of the health problem; (b) seriousness of the consequences of the health problem; and (c) feasibility of correcting the problem (Association of State and Territorial Health Officials (2021)). When the voting was done for each significant health need, Dr. Abiado asked the community stakeholders to provide input on which specific needs will the hospital address in its Fiscal Year 2023-2025 Implementation Strategy. For additional details, please refer to Sections E and G.

All required sources for community input participated in the community health needs assessment process.

No written comments were received on the prior community health needs assessment report.

I. The Impact of Any Actions Taken to Address the Significant Health Needs Identified in the Hospital Facility's 2019 CHNA

Appendix D summarizes the impact of OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital community benefit programs that addressed the priority health needs in the 2019 board-approved community health needs assessment and implementation strategy.

J. Contracted Organizations to Assist with Conducting the CHNA

J1. Bricker & Eckler LLP/INCompliance Consulting (Chris Kenney, Jim Flynn) – located at 100 South Third Street, Columbus, Ohio 43215. Bricker & Eckler LLP was contracted to review this community health needs assessment report. Jim Flynn is a partner with the Bricker & Eckler healthcare group, where he has practiced for 31 years. His general healthcare practice focuses on health planning matters, certificates of need, nonprofit and tax-exempt healthcare providers, and federal and state regulatory issues. Mr. Flynn has provided consultation to healthcare providers, including nonprofit and tax-exempt healthcare providers as well as public hospitals, on community health needs assessments. Chris Kenney is the Director of Regulatory Services with INCompliance Consulting, an affiliate of Bricker & Eckler L.L.P. Ms. Kenney has more than 42 years of experience in healthcare planning and policy development, federal and state regulations, certificate of need regulations, and Medicare and Medicaid certification. She has conducted CHNAs in compliance with federal rules since 2012, provided expert testimony on community needs, and offered presentations and educational sessions regarding CHNAs.

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Appendix A. Data and Information from the 2019 State Health Assessment

Appendix A1. Summary of Data and Information from the State Health Assessment, Ohio 2019 (Health Policy Institute of Ohio and Ohio Department of Health, 2019)

Appendix A1.1. Ohioans' overall wellbeing declined. Premature death, life expectancy and overall health worsened. The leading causes of premature death in 2017 were unintentional injuries (including drug overdose), cancer and heart disease. Ohio's life expectancy dropped from 77.6 years in 2010 to 76.5 years in 2017. Increase in infant deaths, blood pressure, late-stage cancer diagnosis was observed. Black or African Americans life expectancy in 2017 was 72.8 years compared to 77 among Whites.

Appendix A1.2. Ohioans' lack opportunities to reach full health potential. Ohioans who are black or African American, with low income, with disabilities or live in Appalachian counties have worse health outcomes compared to overall Ohio population.

Appendix A1.3. Health promotion activities need to be addressed. Interventions need to focus on the following: (i) physical activity, (ii) tobacco use, (iii) access to dental care, (iv) access to mental health, (v) income disparities, (vi) unemployment, (vii) adverse childhood experiences (ACEs), (viii) access to transportation, (ix) lead poisoning and (x) racism.

Appendix A1.4. Ohio's significant health challenges continue to be mental health and addiction, chronic disease, and maternal and infant health. Ohio's performance worsened or did not improve. Cross-cutting factors include poverty, lack of access to transportation, lack of physical activity, unhealthy eating, and lack of access to care.

Appendix A1.5. Ohio's addiction crisis increased prevalence of hepatitis and number of children in foster care.

Appendix A1.6. Multi-sector collaboration is important to improve health. Approximately 80 percent of modifiable factors that can improve health are related to health behaviors (healthy eating and tobacco cessation) and social determinants of health (housing, transportation, education, employment). Poverty, racism, discrimination, trauma, violence and toxic stress lead to health disparities.

Appendix A2. State of Ohio's Progress on 2017-2019 State Health Improvement Plan Outcomes related to Overall Health

Desired Outcome	Indicator	Baseline (2015)	Current Year (2017)
Improve overall health status	% of adults with fair or poor health	16.5%	18.9%
Improve overall health status	<u>Worst outcome</u> – Low-income adults (less than \$15,000 annual household income)	38.6%	45.1%
Reduce premature death	Years of potential life lost before age 75, per 100,000 population (age-adjusted)	7,876.1	8,774.5
Reduce premature death	<u>Worst outcome</u> – Black (non-Hispanic)	10,850.5	12,599

Appendix A3. State of Ohio's Progress on 2017-2019 State Health Improvement Plan Outcomes related to Mental Health and Addiction

Desired Outcome	Indicator	Baseline (2013-2014)	2015-2016
Reduce depression (%)	% of persons 12-17 years with a major depressive episode in the past year	10.33%	13.98%
	% persons ages 18+ with a major depressive episode in the past year	7.33%	7.85%
Reduce drug dependence or abuse (%)	% persons age 12+ who has illicit drug dependence or abuse in the past year	2.76%	2.61%
Reduce suicide deaths (Number of deaths per 100,000 population)	Number of suicide deaths per 100,000 population	13.9	14.8
	<i>Males ages 10-24</i>	15.9	18.5
	<i>Males ages 25-44</i>	28.5	33.6
	<i>White (non-Hispanic) males ages 45-64</i>	34	32.1
	<i>White (non-Hispanic) males ages 65+</i>	32.2	33
Reduce unintentional drug overdose death (Number of deaths per 100,000 population)	Number of deaths due to unintentional drug overdoses per 100,000 population	27.7	44.1
	<i>White (non-Hispanic) males ages 25-44</i>	87.1	136.7
	<i>White (non-Hispanic) males ages 45-64</i>	43.5	72.4
	<i>White (non-Hispanic) females ages 25-54</i>	39.7	59.9
	<i>Black (non-Hispanic) males ages 25-54</i>	50.9	99
	<i>Black (non-Hispanic) males 55-64</i>	74.7	137.8

Appendix A4. State of Ohio's Progress on 2017-2019 State Health Improvement Plan Outcomes related to Chronic Disease

Desired Outcome	Indicator	Baseline (2015)	2017
Reduce heart disease (%)	% of adults ever diagnosed with coronary heart disease	4.2%	4.7%
	% of adults ever diagnosed with heart attack	4.9%	5.5%
Reduce hypertension (%)	% of adults ever diagnosed with hypertension	34.3%	34.7%
	<i>Black or African American (non-Hispanic)</i>	40.3%	40%
	<i>People with a disability</i>	53.1%	No data
	<i>People with less than high school diploma</i>	40.7%	48.9%
	<i>People with less than \$15,000 annual household income</i>	35.7%	46.6%
	<i>People older than 65 years</i>	62.2%	60%
	<i>People who live in Appalachian counties</i>	39.7%	No data
Reduce diabetes (%)	% of adults who have been told by a health professional that they have diabetes	11%	11.3%
	<i>Black or African American (non-Hispanic)</i>	14.1%	14.2%
	<i>People with a disability</i>	21.8%	No data
	<i>People with less than high school diploma</i>	13.6%	15.8%
	<i>People with less than \$15,000 annual household income</i>	13.7%	19.4%
	<i>People older than 65 years</i>	23.4%	22.8%
	<i>People who live in Appalachian counties</i>	12.3%	No data
Monitor prediabetes (%)	% of adults who have been told by a health professional that they have prediabetes	7.5%	8.8%
Reduce child asthma morbidity (Emergency department visits per 10,000 children)	Emergency department visits for pediatric asthma, per 10,000 children, ages 0-17 (does not include patients with cystic fibrosis or respiratory system abnormalities or transfers)	86.9	72.3
	<i>Black or African American</i>	245.6	175.9
	<i>Appalachian counties</i>	78.2	No data

Appendix A5. State of Ohio's Progress on 2017-2019 State Health Improvement Plan Outcomes related to Maternal and Infant Health

Desired Outcome	Indicator	Baseline (2015)	Current Year (2017)
Reduce preterm births (%)	% of live births that are preterm, less than 37 weeks gestation	10.3%	10.4%
	<i>Black, non-Hispanic</i>	14.1%	14.3%
	<i>People with less than high school diploma</i>	11.5%	11.7%
	<i>Less than 18 years old</i>	10.7%	10.7%
Reduce very preterm births (%)	% of births which the newborn weighed less than 32 weeks	1.7%	1.8%
Reduce low birth-weight births (%)	% of births in which the newborn weighed less than 2,500 grams	8.5%	8.7%
	<i>Black, non-Hispanic</i>	13.9%	14.3%
	<i>People with less than high school diploma</i>	10.8%	11.3%
	<i>Less than 18 years old</i>	10.2%	10.8%
Reduce infant mortality	Rate of infant deaths per 1,000 live births	7.2	7.2
	<i>Black, Non-Hispanic</i>	15.2	15.8
Reduce neonatal infant deaths	Rate of neonatal infant deaths per 1,000 live births	4.8	5
Reduce post-neonatal infant deaths	Rate of post-neonatal infant deaths per 1,000 live births	2.4	2.2

Appendix B. Summary of Data and Information for Richland County, Ohio

Appendix B1. Summary of Top 15 Leading Causes of Death, Richland County versus Ohio (2019 Online State Health Assessment) (Ohio Department of Health, n.d.; Centers for Disease Control and Prevention, National Center for Health Statistics, n.d.)

Leading Causes of Death	Data Years	Richland County	Ohio	U.S.
Cancer (Age-adjusted mortality rate due to cancer, per 100,000 population)	2014	177.2	177.6	—
	2015	172.4	175	158.5
	2016	176.5	173.1	155.8
	2017	195.6	171.3	152.5
Heart Disease (Age-adjusted mortality rate due to heart disease, per 100,000 population)	2014	198	185.9	—
	2015	180.4	191.4	168.5
	2016	186.1	184.6	165.5
	2017	187.4	186.1	165
Unintentional Injuries (Age-adjusted mortality rate due to unintentional injuries, per 100,000 population)	2014	52.5	50.6	—
	2015	53.5	55.8	43.2
	2016	88.9	66.5	47.4
	2017	73.8	75.1	49.4
Chronic Lower Respiratory Diseases (Age-adjusted mortality rate due to chronic lower respiratory diseases, per 100,000 population)	2014	52.1	47.1	—
	2015	46.6	49.5	41.6
	2016	42	47.4	40.6
	2017	48.5	48.4	40.9
Stroke (Age-adjusted mortality rate due to stroke, per 100,000 population)	2014	32.9	39.9	—
	2015	42.2	40.6	37.6
	2016	42	40.5	37.3
	2017	37.7	42.9	37.6
Alzheimer's Disease (Age-adjusted mortality rate due to Alzheimer's Disease, per 100,000 population)	2014	20	27.6	—
	2015	21.6	31.1	29.4
	2016	20.9	33.3	30.3
	2017	26.5	33.6	31
Diabetes Mellitus (Age-adjusted mortality rate due to Diabetes Mellitus, per 100,000 population)	2014	27.8	25.6	—
	2015	27	25.2	21.3
	2016	22.8	24.5	21
	2017	18.8	25.2	21.5
Kidney Disease and other Kidney-Related Disorders (Age-adjusted mortality rate due to nephritis, nephrotic syndrome, and nephrosis, per 100,000 population)	2014	15.3	14	—
	2015	12.5	14.5	13.4
	2016	13	15.3	13.1
	2017	16	15	13

Continuation of Appendix B1. Summary of Top 15 Leading Causes of Death, Richland County versus Ohio (2019 Online State Health Assessment) (Ohio Department of Health, n.d.; Centers for Disease Control and Prevention, National Center for Health Statistics, n.d.)

Leading Causes of Death	Data Years	Richland County	Ohio	U.S.
Essential Hypertension (Primary) and Hypertensive Renal Disease (Age-adjusted mortality rate due to essential hypertension and hypertensive renal disease)	2014	13.7	9.3	—
	2015	16.2	9.5	—
	2016	15	9.2	—
	2017	15.4	9.1	9
Influenza and Pneumonia (Age-adjusted mortality rate due to Influenza and Pneumonia, per 100,000 population)	2014	15.1	16.8	—
	2015	11.1	16.6	15.2
	2016	12.2	15	13.5
	2017	15.2	14.9	14.3
Suicide (Age-adjusted mortality rate due to suicide, per 100,000 population)	2014	8.1	12.5	—
	2015	22.8	13.9	13.3
	2016	13	14.1	13.5
	2017	13.5	14.8	—
Septicemia (Age-adjusted mortality rate due to septicemia, per 100,000 population)	2014	8.4	12.1	—
	2015	10	13.6	—
	2016	14.1	13.7	—
	2017	11	14	10.6
Chronic liver disease and cirrhosis (Age-adjusted mortality rate due to chronic liver disease and cirrhosis, per 100,000 population)	2014	15.2	10.4	—
	2015	13.8	10.7	—
	2016	12.4	10.9	—
	2017	7.1	11.2	10.9
Pneumonitis due to solids and liquids (Age-adjusted mortality rate due to pneumonitis, per 100,000 population)	2014	12	5.6	—
	2015	9.6	5.9	—
	2016	3.9	6.2	—
	2017	6.5	5.7	5.1
Parkinson's Disease (Age-adjusted mortality rate due to Parkinson's Disease, per 100,000 population)	2014	4.6	7.8	—
	2015	7	8	—
	2016	7.1	8.6	—
	2017	5.8	8.7	8.4

Appendix B2. Summary of Top 15 Leading Causes of Death in 2017, Richland County versus Ohio, By Race/Ethnicity, (2019 Online State Health Assessment) (Ohio Department of Health, n.d.; Centers for Disease Control and Prevention, National Center for Health Statistics, n.d.)

Leading Causes of Death	Richland County (Age-Adjusted Mortality Rate per 100,000 Population)		Ohio (Age-Adjusted Mortality Rate per 100,000 Population)		U.S. (Age-Adjusted Mortality Rate per 100,000 Population)	
Heart Disease	Total population	187.4	Total population	186.1	Total population	165
	African American (non-Hispanic)	165.6	African American (non-Hispanic)	211.8	African American (non-Hispanic)	208
	White (non-Hispanic)	187.5	White (non-Hispanic)	185.6	White (non-Hispanic)	168.9
	Hispanic	—	Hispanic	—	Hispanic	114.1
Cancer	Total population	195.6	Total population	171.3	Total population	152.5
	African American (non-Hispanic)	176.9	African American (non-Hispanic)	196.5	African American (non-Hispanic)	178
	White (non-Hispanic)	201.9	White (non-Hispanic)	176.3	White (non-Hispanic)	157.9
	Hispanic	—	Hispanic	—	Hispanic	108.1
Unintentional Injuries	Total population	73.8	Total population	75.1	Total population	49.4
	African American (non-Hispanic)	—	African American (non-Hispanic)	72.9	African American (non-Hispanic)	47.6
	White (non-Hispanic)	82	White (non-Hispanic)	78.3	White (non-Hispanic)	56.2
	Hispanic	—	Hispanic	—	Hispanic	32.5
Chronic Lower Respiratory Diseases	Total population	48.5	Total population	48.4	Total population	40.9
	African American (non-Hispanic)	—	African American (non-Hispanic)	34.6	African American (non-Hispanic)	30.2
	White (non-Hispanic)	49.5	White (non-Hispanic)	51	White (non-Hispanic)	46.4
	Hispanic	—	Hispanic	—	Hispanic	17.2

Continuation of Appendix B2. Summary of Top 15 Leading Causes of Death in 2017, Richland County versus Ohio, By Race/Ethnicity, (2019 Online State Health Assessment) (Ohio Department of Health, n.d.; Centers for Disease Control and Prevention, National Center for Health Statistics, n.d.)

Leading Causes of Death	Richland County		Ohio		U.S.	
	(Age-Adjusted Mortality Rate per 100,000 Population)		(Age-Adjusted Mortality Rate per 100,000 Population)		(Age-Adjusted Mortality Rate per 100,000 Population)	
Stroke	Total population	37.7	Total population	42.9	Total population	37.6
	African American (non-Hispanic)	—	African American (non-Hispanic)	51.6	African American (non-Hispanic)	52.7
	White (non-Hispanic)	38.7	White (non-Hispanic)	42.2	White (non-Hispanic)	36.4
	Hispanic	—	Hispanic	—	Hispanic	31.8
Alzheimer's Disease	Total population	26.5	Total population	33.6	Total population	31
	African American (non-Hispanic)	—	African American (non-Hispanic)	30.4	African American (non-Hispanic)	28.5
	White (non-Hispanic)	26.4	White (non-Hispanic)	34.3	White (non-Hispanic)	32.8
	Hispanic	—	Hispanic	—	Hispanic	24.7
Diabetes Mellitus	Total population	18.8	Total population	25.2	Total population	21.5
	African American (non-Hispanic)	—	African American (non-Hispanic)	41.2	African American (non-Hispanic)	38.7
	White (non-Hispanic)	18.5	White (non-Hispanic)	23.6	White (non-Hispanic)	18.8
	Hispanic	—	Hispanic	—	Hispanic	25.5
Nephritis, Nephrotic Syndrome and Nephrosis	Total population	16	Total population	15	Total population	13
	African American (non-Hispanic)	—	African American (non-Hispanic)	29	African American (non-Hispanic)	25.8
	White (non-Hispanic)	14.2	White (non-Hispanic)	13.5	White (non-Hispanic)	11.7
	Hispanic	—	Hispanic	—	Hispanic	11.3

Continuation of Appendix B2. Summary of Top 15 Leading Causes of Death in 2017, Richland County versus Ohio, By Race/Ethnicity, (2019 Online State Health Assessment) (Ohio Department of Health, n.d.; Centers for Disease Control and Prevention, National Center for Health Statistics, n.d.)

Leading Causes of Death	Richland County (Mortality Rate per 100,000 Population)		Ohio (Mortality Rate per 100,000 Population)		U.S. (Mortality Rate per 100,000 Population)	
Influenza and Pneumonia	Total population	15.2	Total population	14.9	Total population	14.3
	African American (non-Hispanic)	—	African American (non-Hispanic)	15.2	African American (non-Hispanic)	15.2
	White (non-Hispanic)	14.2	White (non-Hispanic)	15	White (non-Hispanic)	14.4
	Hispanic	—	Hispanic	—	Hispanic	11.3
Suicide	Total population	13.5	Total population	14.8	Total population	—
	African American (non-Hispanic)	—	African American (non-Hispanic)	9.2	African American (non-Hispanic)	—
	White (non-Hispanic)	15.7	White (non-Hispanic)	16.2	White (non-Hispanic)	—
	Hispanic	—	Hispanic	—	Hispanic	—
Septicemia	Total population	11	Total population	14	Total population	10.6
	African American (non-Hispanic)	—	African American (non-Hispanic)	20.5	African American (non-Hispanic)	17.4
	White (non-Hispanic)	10.6	White (non-Hispanic)	13.5	White (non-Hispanic)	10.3
	Hispanic	—	Hispanic	—	Hispanic	7.9

Continuation of Appendix B2. Summary of Top 15 Leading Causes of Death in 2017, Richland County versus Ohio, By Race/Ethnicity, (2019 Online State Health Assessment) (Ohio Department of Health, n.d.; Centers for Disease Control and Prevention, National Center for Health Statistics, n.d.)

Leading Causes of Death	Richland County (Mortality Rate per 100,000 Population)		Ohio (Mortality Rate per 100,000 Population)		U.S. (Mortality Rate per 100,000 Population)	
Chronic Liver Disease and Cirrhosis	Total population	7.1	Total population	11.2	Total population	10.9
	African American (non-Hispanic)	—	African American (non-Hispanic)	10.1	African American (non-Hispanic)	7.5
	White (non-Hispanic)	7.3	White (non-Hispanic)	11.6	White (non-Hispanic)	11.3
	Hispanic	—	Hispanic	—	Hispanic	14.3
Essential (primary) hypertension and hypertensive renal disease	Total population	3.7	Total population	9.1	Total population	9
	African American (non-Hispanic)	—	African American (non-Hispanic)	17.7	African American (non-Hispanic)	17.1
	White (non-Hispanic)	—	White (non-Hispanic)	8.2	White (non-Hispanic)	8
	Hispanic	—	Hispanic	—	Hispanic	8.3
Parkinson's Disease	Total population	5.8	Total population	8.7	Total population	8.4
	African American (non-Hispanic)	—	African American (non-Hispanic)	5.5	African American (non-Hispanic)	—
	White (non-Hispanic)	6.2	White (non-Hispanic)	9.2	White (non-Hispanic)	9.2
	Hispanic	—	Hispanic	—	Hispanic	—
Pneumonitis due to solids and liquids	Total population	6.5	Total population	5.7	Total population	5.1
	African American (non-Hispanic)	—	African American (non-Hispanic)	15.2	African American (non-Hispanic)	—
	White (non-Hispanic)	6.4	White (non-Hispanic)	5.9	White (non-Hispanic)	5.4
	Hispanic	—	Hispanic	—	Hispanic	—

Appendix B3. Summary of Healthcare Utilization, Richland County versus Ohio (2019 Online State Health Assessment) (Ohio Department of Health, n.d.)

	Data Years	Richland County	Ohio	U.S.
All Cause Readmission Rate among Medicare Beneficiaries (Percent of Medicare patients experiencing an unplanned admission to an acute care hospital within 30 days of discharge)	2012	17.5%	19.7%	18.6%
	2013	17.7%	18.9%	18%
	2014	18.4%	18.7%	18%
	2015	18.2%	18.1%	17.9%
	2016	17.7%	18%	17.9%
Heart Failure Readmission Rate for Medicare (Percent of Medicare patients discharged from the hospital with a principal diagnosis of heart failure who were readmitted for any cause within 30 days after the index admission date)	2012	22%	21%	—
	2013	21%	20%	—
	2014	20%	20%	—
	2015	21%	21%	—
	2016	21%	21%	—
Covered Hospital Inpatient Days (Per 1,000 Medicare Beneficiaries)	2012	1,521 days	1,769 days	1,632 days
	2013	1,392 days	1,693 days	1,574 days
	2014	1,409 days	1,628 days	1,526 days
	2015	1,488 days	1,528 days	1,504 days
	2016	1,366 days	1,467 days	1,455 days
Total Cost, Risk Adjusted Cost Per Medicare Beneficiary (With no chronic condition)	2016	\$3,938	\$3,946	\$3,961
Total Cost, Risk Adjusted Cost Per Medicare Beneficiary (With 1 chronic condition)	2016	\$5,435	\$5,539	\$5,556
Total Cost, Risk Adjusted Cost Per Medicare Beneficiary (With 2 chronic conditions)	2016	\$6,608	\$6,554	\$6,565
Total Cost, Risk Adjusted Cost Per Medicare Beneficiary (With 3 or more chronic conditions)	2016	\$13,539	\$14,086	\$13,627

Appendix B4. Race Breakdown of Richland County Health Outcomes, Health Behaviors, Clinical Care and Social and Economic Factors (County Health Rankings, 2021)

Data Measure	Race/Ethnicity	Richland County	Ohio
Percent of Low Birthweight (Percent of live births with low birthweight (<2,500 grams))	Total population	8%	9%
	American Indian and Alaska Native	—	10%
	Asian	—	9%
	African American	13%	14%
	Hispanic	7%	8%
	White	7%	7%
Infant Mortality Rate (Number of all infant deaths until age 1 per 1,000 live births)	Total population	6 per 1,000	7 per 1,000
	American Indian and Alaska Native	—	—
	Asian	—	4 per 1,000
	African American	—	15 per 1,000
	Hispanic	—	6 per 1,000
	White	—	6 per 1,000
Life Expectancy (Average number of years a person can expect to live)	Total population	75.9 years	77 years
	American Indian and Alaska Native	—	100.3 years
	Asian	—	88.2 years
	African American	73.1 years	73.5 years
	Hispanic	84.9 years	86 years
	White	75.9 years	77.2 years
Premature Age-Adjusted Mortality (Number of deaths among residents under age 75 per 100,000 population, age-adjusted)	Total population	469 per 100,000	407 per 100,000
	American Indian and Alaska Native	—	183 per 100,000
	Asian	—	137 per 100,000
	African American	645 per 100,000	572 per 100,000
	Hispanic	—	245 per 100,000
	White	466 per 100,000	395 per 100,000
Teen Birth Rate (Number of births per 1,000 female population ages 15-19)	Total population	35 per 1,000	22 per 1,000
	American Indian and Alaska Native	—	20 per 1,000
	Asian	—	6 per 1,000
	African American	52 per 1,000	40 per 1,000
	Hispanic	31 per 1,000	36 per 1,000
	White	33 per 1,000	18 per 1,000
Preventable Hospital Stays (Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees)	Total population	5,217 per 100,000	4,901 per 100,000
	American Indian and Alaska Native	—	7,161 per 100,000
	Asian	—	2,557 per 100,000
	African American	9,701 per 100,000	7,182 per 100,000
	Hispanic	6,833 per 100,000	5,292 per 100,000
	White	4,918 per 100,000	4,708 per 100,000

Continuation of Appendix B4. Race Breakdown of Richland County Health Outcomes, Health Behaviors, Clinical Care and Social and Economic Factors (County Health Rankings, 2021)

Data Measure	Race/Ethnicity	Richland County	Ohio
Mammography Screening (Percent of female Medicare enrollees age 65-74 that received an annual mammography screening)	Total population	44%	43%
	American Indian and Alaska Native	—	29%
	Asian	32%	39%
	African American	40%	43%
	Hispanic	19%	37%
	White	41%	44%
Drug Overdose Mortality Rate (Number of drug poisoning deaths per 100,000 population)	Total population	44 per 100,000	38 per 100,000
	American Indian and Alaska Native	—	26 per 100,000
	Asian	—	4 per 100,000
	African American	46 per 100,000	39 per 100,000
	Hispanic	—	23 per 100,000
	White	45 per 100,000	40 per 100,000
Motor Vehicle Crash Deaths (Number of motor vehicle crash deaths per 100,000 population)	Total population	10 per 100,000	10 per 100,000
	American Indian and Alaska Native	—	—
	Asian	—	4 per 100,000
	African American	—	10 per 100,000
	Hispanic	—	7 per 100,000
	White	—	10 per 100,000
Flu Vaccinations (Percent of fee-for-service Medicare enrollees that had an annual flu vaccination)	Total population	44%	51%
	American Indian and Alaska Native	—	44%
	Asian	40%	51%
	African American	31%	39%
	Hispanic	36%	46%
	White	45%	52%
Children in Poverty (Percent of people under age 18 in poverty)	Total population	20%	18%
	American Indian and Alaska Native	—	28%
	Asian	6%	12%
	African American	40%	43%
	Hispanic	40%	32%
	White	15%	14%
Injury Death Rate (Number of deaths due to injury per 100,000 population)	Total population	94 per 100,000	91 per 100,000
	American Indian and Alaska Native	—	36 per 100,000
	Asian	—	26 per 100,000
	African American	84 per 100,000	100 per 100,000
	Hispanic	—	49 per 100,000
	White	96 per 100,000	94 per 100,000

Continuation of Appendix B4. Race Breakdown of Richland County Health Outcomes, Health Behaviors, Clinical Care and Social and Economic Factors (County Health Rankings, 2021)

Data Measure	Race/Ethnicity	Richland County	Ohio
Child Mortality Rate (Number of deaths among children under age 18 per 100,000 population.)	Total population	55 per 100,000	59 per 100,000
	American Indian and Alaska Native	—	43 per 100,000
	Asian	—	43 per 100,000
	African American	84 per 100,000	114 per 100,000
	Hispanic	—	49 per 100,000
	White	54 per 100,000	47 per 100,000
Reading Scores (Average grade level performance for 3 rd graders on English Language Arts standardized tests)	Total population	3	3.1
	American Indian and Alaska Native	—	—
	Asian	—	3.5
	African American	2.3	2.5
	Hispanic	3.2	2.7
	White	3.1	3.3
Math Scores (Average grade level performance for 3 rd graders on math standardized tests)	Total population	2.9	3
	American Indian and Alaska Native	—	—
	Asian	—	3.7
	African American	2	2.3
	Hispanic	3.2	2.6
	White	3	3.2
Median Household Income (Income where half of households in a county earn more and half of households earn less)	Total population	\$51,883	\$58,704
	American Indian and Alaska Native	—	\$34,943
	Asian	\$85,729	\$76,054
	African American	\$31,814	\$33,158
	Hispanic	\$23,634	\$44,500
	White	\$51,662	\$61,427

Appendix B5. Percent of leading cancer cases (incidence rate) by site/type in Richland County, 2012-2016 (Ohio Department of Health, 2019)

Cancer Site/Type	Percent
Lung and bronchus cancer	16%
Breast (female) cancer	13.3%
Prostate cancer	10.4%
Colon and rectum cancer	9.9%
Bladder	5.1%

Appendix B6. Percent of leading cancer deaths (mortality rate) by site/type in Richland County, 2012-2016 (Ohio Department of Health, 2019)

Cancer Site/Type	Percent
Lung and bronchus	29.3%
Colon and rectum	7.3%
Breast (female)	5.9%
Pancreas	5.3%
Leukemia	4.9%

Appendix B7. Summary of Cancer Data, Richland County versus Ohio and United States (Ohio Department of Health, 2019)

	Data Years	Richland County	Ohio	U.S.
All Cancer Sites/Types Combined Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	461.8 per 100,000	461.9 per 100,000	442 per 100,000
All Cancer Sites/Types Combined Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	178.4 per 100,000	176.8 per 100,000	161 per 100,000
Urinary Bladder Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	22.4 per 100,000	22 per 100,000	20.1 per 100,000
Urinary Bladder Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	6.4 per 100,000	5 per 100,000	4.4 per 100,000
Brain and Other Central Nervous System Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	6.6 per 100,000	7.1 per 100,000	6.4 per 100,000
Brain and Other Central Nervous System Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	4.4 per 100,000	4.6 per 100,000	4.4 per 100,000
Female Breast Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	119.3 per 100,000	127.4 per 100,000	127.5 per 100,000
Female Breast Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	20.1 per 100,000	22.4 per 100,000	20.6 per 100,000
Colon and Rectum Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	46.3 per 100,000	41.5 per 100,000	38.6 per 100,000
Colon and Rectum Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	13.2 per 100,000	15.7 per 100,000	14.2 per 100,000

Continuation of Appendix B7. Summary of Cancer Data, Richland County versus Ohio and United States (Ohio Department of Health, 2019)

	Data Years	Richland County	Ohio	U.S.
Esophageal Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	5.2 per 100,000	5.2 per 100,000	4.3 per 100,000
Esophageal Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	5 per 100,000	5 per 100,000	4 per 100,000
Hodgkin Lymphoma Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	2.3 per 100,000	2.8 per 100,000	2.7 per 100,000
Hodgkin Lymphoma Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	—	0.3 per 100,000	0.3 per 100,000
Kidney and Renal Pelvis Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	16.8 per 100,000	17.1 per 100,000	16.1 per 100,000
Kidney and Renal Pelvis Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	4 per 100,000	3.9 per 100,000	3.8 per 100,000
Laryngeal Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	3.8 per 100,000	4 per 100,000	3 per 100,000
Laryngeal Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	1.5 per 100,000	1.3 per 100,000	1 per 100,000
Leukemia Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	15.2 per 100,000	12.2 per 100,000	14.1 per 100,000
Leukemia Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	7.3 per 100,000	6.9 per 100,000	6.5 per 100,000

Continuation of Appendix B7. Summary of Cancer Data, Richland County versus Ohio and United States (Ohio Department of Health, 2019)

	Data Years	Richland County	Ohio	U.S.
Liver and Intrahepatic Bile Duct Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	5.5 per 100,000	7 per 100,000	8.8 per 100,000
Liver and Intrahepatic Bile Duct Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	4.9 per 100,000	5.9 per 100,000	6.5 per 100,000
Lung and Bronchus Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	70.7 per 100,000	68.5 per 100,000	54.9 per 100,000
Lung and Bronchus Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	51.8 per 100,000	50.3 per 100,000	41.9 per 100,000
Melanoma of the Skin Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	20.6 per 100,000	22.9 per 100,000	22.2 per 100,000
Melanoma of the Skin Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	3.5 per 100,000	2.8 per 100,000	2.5 per 100,000
Multiple Myeloma Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	6.4 per 100,000	6 per 100,000	6.9 per 100,000
Multiple Myeloma Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	5.2 per 100,000	3.6 per 100,000	3.3 per 100,000
Non-Hodgkin Lymphoma Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	23.3 per 100,000	19.1 per 100,000	19.6 per 100,000
Non-Hodgkin Lymphoma Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	6.1 per 100,000	6.1 per 100,000	5.6 per 100,000

Continuation of Appendix B7. Summary of Cancer Data, Richland County versus Ohio and United States (Ohio Department of Health 2019)

	Data Years	Richland County	Ohio	U.S.
Oral Cavity and Pharyngeal Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	11.9 per 100,000	11.8 per 100,000	11.3 per 100,000
Oral Cavity and Pharyngeal Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	2.5 per 100,000	2.7 per 100,000	2.5 per 100,000
Ovarian Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	18.2 per 100,000	11 per 100,000	11.4 per 100,000
Ovarian Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	8.7 per 100,000	7.4 per 100,000	7 per 100,000
Pancreatic Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	10.9 per 100,000	12.8 per 100,000	12.9 per 100,000
Pancreatic Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	9.4 per 100,000	11.6 per 100,000	11 per 100,000
Prostate Cancer Incidence Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	96.5 per 100,000	103 per 100,000	109.5 per 100,000
Prostate Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	20.4 per 100,000	19 per 100,000	19.2 per 100,000
Stomach Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	4.5 per 100,000	6.4 per 100,000	7.4 per 100,000
Stomach Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	1.8 per 100,000	2.7 per 100,000	3.1 per 100,000
Testicular Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	5.7 per 100,000	5.8 per 100,000	5.9 per 100,000
Testicular Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	—	0.3 per 100,000	0.3 per 100,000

Continuation of Appendix B7. Summary of Cancer Data, Richland County versus Ohio and United States (Ohio Department of Health, 2019)

	Data Years	Richland County	Ohio	U.S.
Thyroid Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	11.5 per 100,000	15.1 per 100,000	15.8 per 100,000
Thyroid Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	–	0.5 per 100,000	0.5 per 100,000
Uterine Cancer Incidence Rates (Average annual age-adjusted incidence rates per 100,000 population)	2012-2016	28.6 per 100,000	29.7 per 100,000	27.5 per 100,000
Uterine Cancer Mortality Rates (Average annual age-adjusted mortality rates per 100,000 population)	2012-2016	5 per 100,000	5 per 100,000	4.7 per 100,000

Appendix B8. Prevalence of Cancer Screenings based from the Ohio Behavioral Risk Factor Surveillance System; Richland County and Ohio (2016, 2018, 2019); United States (2018) (Ohio Department of Health, n.d., c; U.S. Department of Health and Human Services, n.d.)

	Richland County	Ohio	U.S.
Prevalence of Mammography in the Past Two Years among Women Ages 50-74	80.2%	78.2%	78.9%
Prevalence of Pap Testing in the Past Three Years among Women Ages 21-65	86.4%	76.6%	79.9%
Prevalence of Colorectal Cancer Screening Guidelines among Adults Ages 50-75	70.7%	67.7%	69.3%

Appendix B9. Summary of Health Outcomes and Health Factors in Richland County Related to Mental Health and Addiction (County Health Rankings, 2021)

	Data Years	Richland County	Ohio
Poor or Fair Health (Percent of adults reporting poor or fair health; age-adjusted)	2018	21%	18%
Poor Physical Health Days (Average number of physically unhealthy days reported in past 30 days; age adjusted)	2018	4.6 days in past 30 days	4.1 days in past 30 days
Poor Mental Health Days (Average number of mentally unhealthy days reported in past 30 days; age-adjusted)	2018	5 days in past 30 days	4.8 days in past 30 days
Life Expectancy (Average number of years a person can expect to live)	2017-2019	75.9 years	77 years
Frequent Physical Distress (Percent of adults reporting 14 or more days of poor physical health per month; age adjusted)	2018	14%	12%
Frequent Mental Distress (Percent of adults reporting 14 or more days of poor mental health per month; age adjusted)	2018	17%	16%
Adult Smoking (Percent of adults who are current smokers; age-adjusted)	2018	26% (a)	21%
Excessive Drinking (Percent of adults reporting binge or heavy drinking; age adjusted)	2018	17% (c)	18%
Alcohol-Impaired Driving Deaths (Percent of driving deaths with alcohol involvement)	2015-2019	25% (d)	32%
Drug Overdose Deaths (Number of drug poisoning deaths per 100,000 population)	2017-2019	44 per 100,000	38 per 100,000
Insufficient Sleep (Percent of adults who report fewer than seven hours of sleep on average; age adjusted)	2018	40%	41%
Percent Uninsured (Percent of population under age 65 without health insurance)	2018	9% (c, d)	8%
Percent Uninsured Adults (Percent of adults under age 65 without health insurance)	2018	10% (d)	9%
Percent Uninsured Children (Percent of children under age 19 without health insurance)	2018	7% (d)	5%
Access to Primary Care Physicians (Ratio of population to primary care physicians)	2018	2,050:1 (d)	1,300:1

(a) Areas to explore (red) according to the County Health Rankings (2021).

(b) Richland County is getting worse for this measure according to the County Health Rankings (2021).

(c) Areas of strength (green) according to the County Health Rankings (2021).

(d) Richland County is getting better (green) for this measure according to the County Health Rankings (2021).

Continuation of Appendix B9. Summary of Health Outcomes and Health Factors in Richland County Related to Mental Health and Addiction (County Health Rankings, 2021)

	Data Years	Richland County	Ohio
Access to Other Primary Care Providers (Ratio of population to primary care providers other than physicians).	2020	1,090:1	920:1
Access to Mental Health Providers (Ratio of population to mental health providers)	2020	260:1 (c)	380:1
Rate of Violent Crime (Number of reported violent crime offenses per 100,000 population)	2014, 2016	237 per 100,000 (b)	293 per 100,000
Rate of Injury Deaths (Number of injury-related deaths per 100,000 population)	2015-2019	94 per 100,000	91 per 100,000
Suicides (Number of deaths due to suicide per 100,000 population; age adjusted)	2015-2019	15 per 100,000	15 per 100,000
Firearm Fatalities (Number of deaths due to firearms per 100,000 population)	2015-2019	14 per 100,000	13 per 100,000
Juvenile Arrests (Rate of delinquency cases per 1,000 juveniles)	2018	48 per 1,000	38 per 1,000

(a) Areas to explore according to the County Health Rankings (2021).

(b) Richland County is getting worse (red) for this measure according to the County Health Rankings (2021).

(c) Areas of strength (green) according to the County Health Rankings (2021).

(d) Richland County is getting better for this measure according to the County Health Rankings (2021).

Appendix B10. Summary of Health Outcomes and Health Factors in Richland County Related to Poverty (County Health Rankings, 2021)

	Data Years	Richland County	Ohio
Life Expectancy (Average number of years a person can expect to live)	2017-2019	75.9 years	77 years
Food Insecurity (Percent of population who lack adequate access to food)	2018	14%	14%
Limited Access to Healthy Foods (Percent of population who are low-income and do not live close to a grocery store)	2015	11%	7%
Percent Uninsured (Percent of population under age 65 without health insurance)	2018	9% (c, d)	8%
Percent Uninsured Adults (Percent of adults under age 65 without health insurance) ^c	2018	10% (d)	9%
Percent Uninsured Children (Percent of children under age 19 without health insurance) ^c	2018	7% (d)	5%
High School Completion (Percent of adults ages 25 and over with a high school diploma or equivalent)	2015-2019	87%	90%
Some College (Percent of adults ages 25-44 with some post-secondary education)	2015-2019	54% (a)	66%
Unemployment (Percent of population ages 16 and older unemployed but seeking work)	2019	4.5% (a)	4.1%
Children in Poverty (Percent of people under age 18 in poverty)	2019	20% (b)	18%
Income Inequality (Ratio of household income at the 80 th percentile to income at the 20 th percentile)	2015-2019	4.1	4.7
Children in Single-Parent Households (Percent of children that live in a household headed by single parent)	2015-2019	26%	27%
Children Eligible for Free or Reduced-Price Lunch (Percent of children enrolled in public schools that are eligible for free or reduced price lunch)	2018-2019	45%	36%
Severe Housing Cost Burden (Percent of households that spent 50% or more of their household income on housing)	2015-2019	10%	12%

(a) Areas to explore (red) according to the County Health Rankings (2021).

(b) Richland County is getting worse (red) for this measure according to the County Health Rankings (2021).

(c) Areas of strength (green) according to the County Health Rankings (2021).

(d) Richland County is getting better (green) for this measure according to the County Health Rankings (2021).

Appendix B11. Summary of Health Outcomes and Health Factors in Richland County Related to Chronic Conditions (County Health Rankings, 2021)

	Data Years	Richland County	Ohio
Poor or Fair Health (Percent of adults reporting poor or fair health; age-adjusted)	2018	21%	18%
Poor Physical Health Days (Average number of physically unhealthy days reported in past 30 days; age adjusted)	2018	4.6 days in past 30 days	4.1 days in past 30 days
Life Expectancy (Average number of years a person can expect to live)	2017-2019	75.9 years	77 years
Frequent Physical Distress (Percent of adults reporting 14 or more days of poor physical health per month; age adjusted)	2018	14%	12%
Diabetes Prevalence (Percent of adults aged 20 and above with diagnosed diabetes)	2017	14%	12%
HIV Prevalence (Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population)	2018	160 per 100,000	228 per 100,000
Adult Smoking (Percent of adults who are current smokers; age-adjusted) ^a	2018	26% (a)	21%
Adult Obesity (Percent of adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m ² ^b)	2017	36% (a, b)	34%
Food Environment Index (Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)).	2015, 2018	7 in a scale of 0 to 10	6.8 in a scale of 0 to 10
Physical inactivity (Percent of adults age 20 and over reporting no leisure-time physical activity)	2017	32% (a, b)	26%
Food Insecurity (Percent of population who lack adequate access to food)	2018	14%	14%
Limited Access to Healthy Foods (Percent of population who are low-income and do not live close to a grocery store)	2015	11%	7%
Percent Uninsured (Percent of population under age 65 without health insurance)	2018	9% (c, d)	8%
Percent Uninsured Adults (Percent of adults under age 65 without health insurance)	2018	10% (d)	9%

(a) Areas to explore (red) according to the County Health Rankings (2021).

(b) Richland County is getting worse (red) for this measure according to the County Health Rankings (2021).

(c) Areas of strength (green) according to the County Health Rankings (2021).

(d) Richland County is getting better (green) for this measure according to the County Health Rankings (2021).

Continuation of Appendix B11. Summary of Health Outcomes and Health Factors in Richland County Related to Chronic Conditions (County Health Rankings, 2021)

	Data Years	Richland County	Ohio
Percent Uninsured Children (Percent of children under age 19 without health insurance)	2018	7% (d)	5%
Access to Primary Care Physicians (Ratio of population to primary care physicians)	2018	2,050:1 (d)	1,300:1
Access to Other Primary Care Providers (Ratio of population to primary care providers other than physicians).	2020	1,090:1	920:1

- (a) Areas to explore according to the County Health Rankings (2021)
 (b) Richland County is getting worse for this measure according to the County Health Rankings (2021)
 (c) Areas of strength according to the County Health Rankings (2021)
 (d) Richland County is getting better (green) for this measure according to the County Health Rankings (2021)

Appendix B12. Summary of Health Outcomes and Health Factors in Richland County Related to Access to Care (County Health Rankings, 2021)

	Data Years	Richland County	Ohio
Percent uninsured (Percent of population under age 65 without health insurance)	2018	9% (c, d)	8%
Percent uninsured adults (Percent of adults under age 65 without health insurance)	2018	10% (d)	9%
Percent uninsured children (Percent of children under age 19 without health insurance)	2018	7% (d)	5%
Access to primary care physicians (Ratio of population to primary care physicians)	2018	2,050:1 (d)	1,300:1
Access to other primary care providers (Ratio of population to primary care providers other than physicians).	2020	1,090:1	920:1
Dentists (Ratio of population to dentists)	2019	1,440:1 (d)	1,560:1
Access to mental health providers (Ratio of population to mental health providers) ^d	2020	260:1 (c)	380:1
Preventable hospital stays (Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees) ^c	2018	5,217 per 100,000 (d)	4,901 per 100,000
Mammography screening (Percent of female Medicare enrollees ages 65-74 that received an annual mammography screening)	2018	41%	43%
Flu vaccinations (Percent of fee-for-service Medicare enrollees that had an annual flu vaccination)	2018	44% (a)	51%

- (a) Areas to explore (red) according to the County Health Rankings (2021).
 (b) Richland County is getting worse for this measure according to the County Health Rankings (2021).
 (c) Areas of strength (green) according to the County Health Rankings (2021).
 (d) Richland County is getting better (green) for this measure according to the County Health Rankings (2021).

Appendix B13. Summary of Health Outcomes and Health Factors in Richland County Related to Maternal and Infant/Child Health

	Data Years	Richland County	Ohio
Low birthweight (Percent of live births with low birthweight (<2,500 grams))	2013-2019	8%	9%
Child mortality (Number of deaths among children under age 18 per 100,000 population)	2016-2019	60 per 100,000	60 per 100,000
Infant mortality (Number of all infant deaths before age 1 per 1,000 live births)	2013-2019	6 per 1,000	7 per 1,000
Teen births (Number of births per 1,000 female population ages 15-19)	2013-2019	35 per 1,000 (a)	22 per 1,000
Children in poverty (Percent of people under age 18 in poverty)	2019	20% (b)	18%
Children in single-parent households (Percent of children that live in a household headed by single parent)	2015-2019	26%	27%
Children eligible for free or reduced-price lunch (Percent of children enrolled in public schools that are eligible for free or reduced price lunch)	2018-2019	45%	36%
Juvenile arrests (Rate of delinquency cases per 1,000 juveniles)	2018	48 per 1,000	38 per 1,000

(a) Areas to explore (red) according to the County Health Rankings (2021).

(b) Richland County is getting worse (b) for this measure according to the County Health Rankings (2021).

(c) Areas of strength according to the County Health Rankings (2021).

(d) Richland County is getting better for this measure according to the County Health Rankings (2021).

Appendix C. Summary of Input from Persons Who Represent the Broad Interests of the Community Served

Arbors at Mifflin

- **Representative:** Ben Granger (Administrator)
- **Has knowledge and skills in public health:** Yes
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves elderly persons needing long term care or subacute rehabilitation
- **Inputs:** (a) Attended the OhioHealth Mansfield and Shelby Hospitals Prioritization of Health Needs Meeting on July 21, 2021 by Webex
- **Time frame of input:** April 26, 2021 to July 21, 2021
- **Website:** <https://arborsatmifflin.com/services/>
- **Mission of organization:** “To restore your health, improve your daily functioning, increase your independence, and provide you with the utmost comfort. We strive to provide the highest quality of services all day, every day, as part of our commitment to helping people live better.”
- **Examples of programs and services** (Arbors at Mifflin, n.d.):
 - + Post-operative care
 - + Respiratory services
 - + Rounding nurse practitioner
 - + Rounding medical director
 - + Secured unit for Alzheimer’s and Dementia care
 - + Congestive heart failure program
 - + Infusion therapies
 - + Wound care therapies
 - + Palliative care services
 - + Renal disease services

Area Agency on Aging Ohio District 5

Representative: Duana Patton, Chief Executive Officer

- **Has knowledge and skills in public health:** Yes
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves elderly persons needing long term care or subacute rehabilitation
- **Inputs:** (a) Attended the OhioHealth Mansfield and Shelby Hospitals Prioritization of Health Needs Meeting on July 21, 2021 by Webex
- **Time frame of input:** April 26, 2021 to July 21, 2021
- **Website:** <https://www.aaa5ohio.org/>
- **Mission of organization:** “The Ohio District 5 Area Agency on Aging, Inc. provides leadership, collaboration, coordination and services to older adults, people with disabilities, their caregivers & resource networks that support individual choice, independence and dignity.
- **Examples of programs and services** (Ohio District Area Agency on Aging, Inc., 2021)
 - + Personal care
 - + Transportation
 - + Prescription drug assistance
 - + Home medical equipment
 - + Long-term planning
 - + Alternative housing options
 - + Home delivered meals
 - + Homemaker
 - + Safety monitoring
 - + Adult day care
 - + Volunteering
 - + Home repair
 - + Home energy assistance program
 - + Wellness classes
 - + Caregiver support

Ashland University

- **Representative:** Carrie Keib (Dean, College of Nursing and Health Sciences)
- **Has knowledge and skills in public health:** Yes
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves students, parents, teachers, instructors, professors and community.
- **Inputs:** (a) Attended the OhioHealth Mansfield and Shelby Hospitals Prioritization of Health Needs Meeting on July 21, 2021 by Webex
- **Time frame of input:** April 26, 2021 to July 21, 2021
- **Website:** <https://www.ashland.edu/>
- **Mission of organization:** “Ashland University, guided by our Christian heritage, is a comprehensive, private university that provides a transformative learning experience, shaping graduates who work, serve and lead with integrity in their local, national, and global communities.”
- **Examples of programs and services** (Ashland University, n.d.):
 - + Academics
 - + Community engagement and partnerships (City of Ashland, Ohio, Ashland Area Chamber of Commerce, Ashland Area Convention and Visitors Bureau, Ashland Area Lodging)
 - + Undergraduate nursing programs
 - + Graduate programs

Catholic Charities

- **Representative:** Rebecca Owens (Regional Director)
- **Has knowledge and skills in public health:** Yes
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all persons
- **Inputs:** (a) Attended the OhioHealth Mansfield and Shelby Hospitals Prioritization of Health Needs Meeting on July 21, 2021 by Webex
- **Time frame of input:** April 26, 2021 to July 21, 2021
- **Website:** <https://catholiccharitiesnwo.org/>
- **Mission of organization:** Catholic Charities makes real the love God has for each individual regardless of faith or background, by serving the poor, speaking for and assisting the neglected and forgotten, respecting and promoting life from beginning to end, and nurturing and supporting individuals and families.
- **Examples of programs and services** (Catholic Charities Diocese of Toledo, 2021):
 - + Crisis navigation services
 - + Financial education
 - + Family support and guidance
 - + H.O.P.E. Food Pantry
 - + Adult Advocacy Services for the elderly

Mansfield/Richland County Public Library

- **Representative:** Terry Carter (Coordinator First Call 211)
- **Has knowledge and skills in public health:** Yes
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all persons
- **Inputs:** (a) Attended the OhioHealth Mansfield and Shelby Hospitals Prioritization of Health Needs Meeting on July 21, 2021 by Webex
- **Time frame of input:** April 26, 2021 to July 21, 2021
- **Website:** Not applicable
- **Mission of organization:** Not applicable
- **Examples of programs and services** (Mansfield/Richland County Public Library, 2020):
 - + Library card services
 - + First Call 211
 - + 3D and Mobile Printing
 - + Job services
 - + Accessible services
 - + Notary service
 - + Outreach services
 - + Career online high school
 - + COVID-19 test kits

North Central State College

- **Representative:** Chris Copper (Vice President, Foundation, Government Relations, Development)
- **Has knowledge and skills in public health:** Yes
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves students, parents, faculty and staff, and community.
- **Inputs:** (a) Attended the OhioHealth Mansfield and Shelby Hospitals Prioritization of Health Needs Meeting on July 21, 2021 by Webex
- **Time frame of input:** April 26, 2021 to July 21, 2021
- **Website:** <https://ncstatecollege.edu/>
- **Mission of organization:** "Providing individuals with the knowledge, skills and inspiration to succeed in their chosen path"
- **Examples of programs and services** (North Central State College, 2019):
 - + Academics
 - + Integrated Systems Technology Laboratory
 - + Advanced Manufacturing Tool and Die Center
 - + EnterpriseOhio Network's Skillsmax Center
 - + Crawford Success Center
 - + Community involvement

North End Community Improvement Collaborative, Inc. (NECIC)

- **Representative:** Bridgette Coles (Member and Community Liaison, NECIC and Community Engagement Specialist, Richland County Children Services)
- **Has knowledge and skills in public health:** Yes
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all persons who need assistance
- **Inputs:** (a) Participated in the OhioHealth Mansfield and Shelby Hospitals Prioritization of Health Needs Meeting on July 21, 2021 by Webex
- **Time frame of input:** April 26, 2021 to July 21, 2021
- **Website:** <https://www.necic-ohio.org/engage>
- **Mission of organization:** To improve the quality of life and economic landscape of the North End community."
- **Examples of programs and services (North End Community Improvement Collaborative, Inc., 2021)**
 - + NECIC North End Elder Program
 - + North End Neighbor Up Night
 - + Small grants
 - + Open Table
 - + North End Farmers' Market
 - + Urban Farm
 - + Community gardens
 - + African American Leadership Initiative (AALI)
 - + Minority Business Assistance Center (MBAC)

OhioHealth Community Health Partnerships

- **Representative:** Mary Ann G. Abiado, PhD, MSN, RN (Community Health Nurse and Data Management and Evaluation Specialist); Rebecca Barbeau, MBA (Director of Operations, OhioHealth community Health Partnerships)
- **Has knowledge and skills in public health:** Yes
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all persons in the United States through OhioHealth Community Benefit operations
- **Inputs:** (a) Dr. Abiado provided overall leadership in organizing the meeting, recording all inputs submitted by community stakeholders, created the prioritization of health needs template, and served as the facilitator and host of the prioritization of health needs meeting that was held on July 21, 2021; (b) Rebecca Barbeau participated in the July 21, 2021 prioritization of health needs meeting by Webex.
- **Time frame of input:** April 26, 2021 to July 21, 2021
- **Website:** <https://www.ohiohealth.com/community-health>
- **Mission of organization:** "To improve the health of those we serve"
- **Examples of programs and services (OhioHealth 2015-2021):**
 - + OhioHealth Wellness on Wheels Women's Health
 - + OhioHealth Wellness on Wheels Primary Care
 - + OhioHealth Wellness on Wheels Mobile Vaccine Health Equity Clinic
 - + OhioHealth ENGAGE In The Driver's Seat
 - + OhioHealth ENGAGE Diabetes
 - + OhioHealth community health research projects
 - + OhioHealth Community Benefit

OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital

- **Representatives:** Emily Freeman (Supervisor, OhioHealth Ontario Health and Fitness Center); Janene Yeater (Vice President of Quality [retired]); Stacey Jones (Executive Assistant I, Jody Allton (Director of Behavioral Health), Chelsea Zigan (Director of Care Management North Hub)
- **Has knowledge and skills in public health:** Yes
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all persons regardless of ability to pay
- **Inputs:** (a) Janene Yeater submitted list of community health needs in Richland County to OhioHealth on July 6, 2021; (b) All representatives participated in the OhioHealth Mansfield and Shelby Hospitals Prioritization of Health Needs Meeting on July 21, 2021 by Webex
- **Time frame of input:** April 26, 2021 to July 21, 2021
- **Website:** <https://www.ohiohealth.com/locations/hospitals/mansfield-hospital>
<https://www.ohiohealth.com/locations/hospitals/shelby-hospital>
- **Examples of programs and services** (OhioHealth 2015-2021):
 - + Behavioral and mental health
 - + Cancer care
 - + Diabetes
 - + Emergency and trauma
 - + Gastroenterology and endoscopy
 - + Heart and vascular services
 - + Forensic nursing
 - + Hearing and balance clinic
 - + Infusion
 - + Radiation therapy

Richland County

- **Representative:** Tony Vero, Esq. (Commissioner)
- **Has knowledge and skills in public health:** Yes
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all residents of Richland County, Ohio
- **Inputs:** (a) Submitted list of community health needs in Richland County to OhioHealth on June 8, 2021; (b) Participated in the OhioHealth Mansfield and Shelby Hospitals Prioritization of Health Needs Meeting on July 21, 2021 by Webex
- **Time frame of input:** April 26, 2021 to July 21, 2021
- **Website:** <https://www.richlandcountyoh.gov/>
- **Examples of programs and services** (Richland County, Ohio, 2019):
 - + Public administration functions and services
 - + Health and social services
 - + Property-related functions and services
 - + Natural resources functions and services
 - + Justice and law enforcement functions and services
 - + Public works functions and services

Richland County Mental Health and Recovery Services Board

- **Representative:** Sherry Branham, Associate Director
- **Has knowledge and skills in public health:** Yes
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all persons regardless of ability to pay.
- **Inputs:** (a) Attended the OhioHealth Mansfield and Shelby Hospitals Prioritization of Health Needs Meeting on July 21, 2021 by Webex
- **Time frame of input:** April 26, 2021 to July 21, 2021
- **Website:** <https://richlandmentalhealth.com/>
- **Mission of organization:** “The mission of the Richland County Mental Health and Recovery Services Board is to facilitate and maintain collaborative, trauma-informed, resiliency and recovery oriented services for individuals seeking treatment for mental health or substance use issues, their families, and the community. The Board shall provide planning, funding, and evaluation of the development of high-quality, cost-effective, and comprehensive services. These services will adapt to the changing needs of the community and those seeking services, fulfill the mandates of Ohio Revised Code and promote a person’s voice and choice, while advocating for the continued development of person-centered mental health and addiction services with a focus on growing and preserving a legacy of hope and success within our community.”
- **Examples of programs and services** (Richland County Mental and Recovery Board, 2021):
 - + Access to mental health support
 - + Access to addiction support
 - + Access to prevention
 - + Access to training opportunities and continuing education for licensed behavioral health professionals, including counselors, social workers, and chemical dependency counselors

Richland Public Health

- **Representative:** Amy Schmidt, BSN, RN (Director of Nursing); Dr. Julie Chaya (Director of Community Health and Prevention Sciences); Sarah Humphrey (team member); Shannon Nelson (team member)
- **Has knowledge and skills in public health:** Yes
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all persons in Richland County
- **Inputs:** Submitted list of community health needs in Richland County to OhioHealth on July 7, 2021; (b) Attended the OhioHealth Mansfield and Shelby Hospitals Prioritization of Health Needs Meeting on July 21, 2021 by Webex
- **Time frame of input:** April 26, 2021 to July 21, 2021
- **Website:** <https://richlandhealth.org/>
- **Mission of organization:** “Our mission is to assess, maintain, and improve the health and safety of the environment and community through quality public health services. Our goal is to prevent the spread of infectious diseases, promote preventative health care and healthy behaviors, and protect against injuries and environmental hazards.”
- **Examples of programs and services** (Richland Public Health, 2019):
 - + Environmental health
 - + Community health
 - + Public health clinic
 - + Public health nursing
 - + Vital statistics

Shelby City

- **Representative:** Steven L. Schag (Mayor)
- **Has knowledge and skills in public health:** Yes
- **Description of the medically underserved, low-income or minority populations represented by the organization:** serves residents of Shelby, Ohio
- **Inputs:** (a) Attended the OhioHealth Mansfield and Shelby Hospitals Prioritization of Health Needs Meeting on July 21, 2021 by Webex
- **Time frame of input:** April 26, 2021 to July 21, 2021
- **Website:** <https://shelbycity.oh.gov/>
- **Mission of organization:** “We continue to build upon a legacy that focuses on providing an environment conducive to economic growth, while maintaining a safe, healthy place for people to call home.”
- **Examples of programs and services** (City of Shelby, Ohio, n.d.)
 - + Government functions and services
 - + Community functions and services
 - + Business functions and services
 - + Community health functions and services

Shelby City Health Department

- **Representative:** Beth Conrad (Director of Environmental Health); Tiffany Ellenberger (Director of Nursing/Educator); Lauren Yeagle (consultant)
- **Has knowledge and skills in public health:** Yes
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all persons in Richland County
- **Inputs:** (a) Submitted list of community health needs in Richland County to OhioHealth on July 1, 2021; (a) Attended the OhioHealth Mansfield and Shelby Hospitals Prioritization of Health Needs Meeting on July 21, 2021 by Webex
- **Time frame of input:** April 26, 2021 to July 21, 2021
- **Website:** <https://richlandhealth.org/>
- **Mission of organization:** “To protect, promote, and improve the health of our citizens through integrated state, county, and community efforts”
- **Examples of programs and services** (Shelby City Health Department, n.d.):
 - + Health services, including communicable diseases, immunizations, programs and partnerships. Programs and partnerships include but are not limited to (a) “Shelby Spring Clean-Up”, (b) Shelby Bicycle Days, (c) “Creating Healthy Communities Coalition”, and health fairs and community events
 - + Environmental health programs, including (a) food safety and inspections, animal and rabies control, (b) sewage and water treatment systems, (c) smoke-free workplace, and (d) guidance and awareness on mold growth in homes as part of the “Healthy Home” initiative.
 - + Birth and death certificates

The Ohio State University Mansfield

- **Representative:** Dawn Kitchen (Associate Professor, Anthropology); Donna Hight (Assistant Dean, Student Life)
- **Has knowledge and skills in public health:** Yes
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all persons
- **Inputs:** (a) Attended the OhioHealth Mansfield and Shelby Hospitals Prioritization of Health Needs Meeting on July 21, 2021 by Webex
- **Time frame of input:** April 26, 2021 to July 21, 2021
- **Website:** <https://mansfield.osu.edu/>
- **Mission of organization:** The Ohio State University is the model 21st-century public, land grant, research, urban, community engaged institution. The University is dedicated to: (a) creating and discovering knowledge to improve the well-being of our state, regional, national and global communities; (b) educating students through a comprehensive array of distinguished academic programs; (c) preparing a diverse student body to be leaders and engaged citizens; (d) fostering a culture of engagement and service. We understand that diversity and inclusion are essential components of our excellence. Through its Mansfield campus, The Ohio State University extends its geographical reach to offer world-class educational opportunities to communities throughout North Central and Northeast Ohio. In achieving its mission, The Ohio State University at Mansfield is guided by the following core values:
- **Examples of programs and services** (The Ohio State University at Mansfield, 2021):
 - + Academics
 - + Buckeye Learning Community
 - + Buckeyes Care (health and wellness, sexual violence, student assistance program, student emergency resources, suicide prevention)

Community resident

- **Representative:** Amy Hiner, M.Ed.
- **Has knowledge and skills in public health:** Yes
- **Description of the medically underserved, low-income or minority populations represented by the organization:** Not applicable
- **Inputs:** (a) Attended the OhioHealth Mansfield and Shelby Hospitals Prioritization of Health Needs Meeting on July 21, 2021 by Webex
- **Time frame of input:** April 26, 2021 to July 21, 2021
- **Website:** Not applicable
- **Mission of organization:** Not applicable
- **Examples of programs and services:** Not applicable

Appendix D. Documentation of Program Impacts from the Community Health Needs Assessment and Implementation Strategy Adopted in 2019 by OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital

Need #1: Chronic Disease (CD)

CD – 1.1. Address food insecurity as a part of routine and emergent medical visits on individual and systems-based level, focusing on at-risk emergency department and diabetes education patients. *This action aligns with the Ohio State Health Improvement Plan.*

Impacts from Fiscal Year (FY) 2020 and FY 2021

CD – 1.1.1. Screening for food insecurity among patients with diabetes —

	FY 2020	FY 2021
Patients with Diabetes	331	245
Patients with Diabetes and Suffered from Food Insecurity*	50	56
Patients given list of food pantries, food banks, and free meals	50	56

*All patients who were assessed as food-insecure where provided with a resource list of food pantries, food banks and community organizations that provide free meals.

CD – 1.1.2. Collaboration with “People Helping People of North Central Ohio Inc.” — Team members from the OhioHealth Mansfield Hospital Behavioral Health Unit volunteered serving free meals at a pavilion on Bowman Street in Mansfield, Ohio.

Date of Volunteering	Number of OhioHealth Volunteers	Number of Meals Served
July 24, 2019 (FY 2020)	30	150
September 25, 2019 (FY 2020)	28	125
March 25, 2020 (FY 2020)	27	85
October 30, 2020 (FY 2021)	20	100
March 10, 2021 (FY 2021)	1	10

CD – 1.1.3. Number of patients who experienced food insecurity from Mansfield and Shelby Hospitals and their respective Emergency Departments —

	Number of Patients Served in FY 2020	Number of Patients Who Were Food Insecure in FY 2020*	Number of Patients Served in FY 2021	Number of Patients Who Were Food Insecure in FY 2021*
Mansfield Hospital	10,271	576	10,885	590
Mansfield Hospital Emergency Department	45,676	307	35,359	285
Shelby Hospital	737	54	719	97
Shelby Hospital Emergency Department	6,735	103	6,220	34

*All patients who were assessed as food-insecure where provided with a resource list of food pantries, food banks and community organizations that provide free meals.

CD – 1.1.4. Alignment of OhioHealth Mansfield and Shelby Hospitals to the State Health Improvement Plan (County Health Rankings, 2021)

	Richland County (2020)	Ohio (2020)	Richland County (2021)	Ohio (2021)
Diabetes prevalence (percent of adults aged 20 and above with diagnosed diabetes)	12%	12%	14%	12%
Food insecurity (percent of population who lack adequate access to food)	15%	15%	14%	14%
Limited access to healthy foods (percent of population who are low-income and do not live close to a grocery store)	11%	7%	11%	7%

CD – 1.2. Offer health and wellness programs at the OhioHealth Health and Fitness Center located at the Mansfield Hospital. These programs may include Delay the Disease, exercise programs, SilverSneakers®, discounted or free access for seniors, Healthy Chef series and Healthy Check at grocery stores.

Impacts from Fiscal Year (FY) 2020 and FY 2021

Program	Description	Persons Served in FY 2020	Persons Served in FY 2021
"Delay the Disease"	"Delay the Disease" is an exercise program designed to fight Parkinson's disease. The program goal is to allow individuals to move easily in a crowd, maintain independence in rising from chairs and beds, improve handwriting, dress independently, diminishing obvious symptoms and regain normal movement. The Delay the Disease classes are offered six times per week and the average attendance at each class ranges from five to twenty individuals.	90	15
OhioHealth Ontario Health and Fitness Center	Features cardiovascular equipment, weight training equipment (Cybex machines and free weights), full court gymnasium, indoor track, power cycling studio, aerobics studio, warm-water group exercise pool, social lounge, spacious locker rooms, massage therapy, and warm-water group exercise pool. Members obtain free fitness assessment, which measures resting heart rate, cardiovascular fitness, percentage of body fat, muscular strength and endurance, height and weight, blood pressure, and flexibility. Members are also given a free individual exercise program based on one's fitness assessment and fitness goals and access to instructor led group exercise classes.	2,400 (400 members and 2,000 Silver Sneakers®)	2,200 (200 members and 2,000 Silver Sneakers®)

Continuation of Impacts from CD – 1.2.

Program	Description	Persons Served in FY 2020	Persons Served in FY 2021
OhioHealth Ontario Health and Fitness Center “Silver Sneakers®”	A free fitness program for adults 65 years and older as part of qualifying health plans. Silver Sneakers® encourages older adults to be physically and socially active. SilverSneakers® includes (a) SilverSneakers® Circuit, (b) SilverSneakers® Classic, and (c) SilverSneakers® Yoga. These classes are designed to increase muscular endurance, improve balance, posture, range of movement and activities for daily living skills.	2,000 members; 600 persons had one to five visits per month; 350 persons had six or more visits per month	2,000 members; 300 persons had one to five visits per month, 200 persons had six or more visits per month.
OhioHealth Ontario Health and Fitness Center “Community Weight Loss” program	The “Community Weight Loss” program is a 12-week weight loss journey. The OhioHealth Ontario Health and Fitness Center provided free membership, weekly personal training, and monthly education. Richland County was invited to join along at home. The fitness team provided content for feature articles, blogs, and work out videos for RichlandSource to post on their media page. Monthly community work-out sessions were open to the public.	9	No activities due to the COVID-19 pandemic
OhioHealth Ontario Health and Fitness Center “Strive to Thrive”, a virtual program held during the COVID-19 pandemic.	Work-outs for people at home using work-out videos, articles, and blogs that were made available in Richland Source, a media outlet serving Richland County and surrounding areas	60	No activities due to the COVID-19 pandemic

Continuation of Impacts from CD – 1.2.

Program	Description	Persons Served in FY 2020	Persons Served in FY 2021
OhioHealth Ontario Health and Fitness Center “Healthy Chef” series	The community-based cooking demonstration was held on November 12, 2019 for the Stroke Support Group and February 11, 2020 for the North End Community Improvement Collaborative (NECIC) Elder’s Group. The Healthy Chef Series aims to promote brain health for people with stroke or African American elderly.	65	No activities due to the COVID-19 pandemic
OhioHealth Ontario Health and Fitness Center “Healthy Check” series	An OhioHealth dietitian leads a hands-on experience that includes touring a supermarket, reading food labels, and how to make healthy choices during food shopping. These “Healthy Check” series were held monthly from July 2019 to March 2020. OhioHealth collaborated with Walmart and Kroger’s in implementing the “Healthy Check” series. These programs were discontinued during the COVID-19 pandemic.	43	No activities due to the COVID-19 pandemic
OhioHealth Ontario Health and Fitness Center “Lunch and Learn Educational Sessions	The educational sessions focused on learning about food models, reading food labels, meal planning, portion control, and weight management.	47	No activities due to the COVID-19 pandemic

CD – 1.3. Offer a diabetes prevention program and other diabetes and endocrinology services to Richland County.**Impacts from Fiscal Year (FY) 2020 and FY 2021**

Program	Description	Persons Served in FY 2020	Persons Served in FY 2021
Diabetes Prevention Program	Includes 16 core sessions offered in a group setting for six months. A behavior coach teaches the sessions that focuses on: (a) making realistic, lasting behavior changes, (b) tips on how to get more exercise, and (c) weight management	50 participants attended five separate sessions.	22 participants attended three separate sessions.
Diabetes Self-Management Education and Support (DSME-S)	Mansfield and Shelby Hospital offers: (a) comprehensive education class series that includes individual assessments with a nurse educator and dietitian; (b) individual consultation with a nurse educator and/or dietitian for specific needs; and (c) free support group meetings every month. The nurse educator counsels patients on (a) importance of managing diabetes, (b) managing diabetes safely; (c) prevention of diabetes complications, (d) proper use of glucose meter and medications; (e) understanding and dealing with emotional aspects of diabetes. The dietitian counsels on (a) developing a healthy eating plan, and (b) making eating plan fit within your lifestyle.	179 participants (165 participants from Mansfield Hospital and 14 participants from Shelby Hospital)	177 participants (170 participants from Mansfield Hospital and 7 participants from Shelby Hospital). Fourteen group class series were held. Each class series includes 4 classes and 9 hours of group education, in addition to individualized assessments/education received through DSME-S and Medical Nutrition Therapy.

Continuation of Impacts from CD – 1.3.

Program	Description	Persons Served in FY 2020	Persons Served in FY 2021
Active participation in the Richland County Diabetes Coalition Meeting	The Coalition focused on (a) developing a plan to provide more education and support to people with diabetes; (b) increase the knowledge, skills and resources for people with diabetes and various community agencies. Apart from OhioHealth, coalition partners include Richland Public Health, City of Mansfield, Ohio, Area Agency on Aging, Third Street Family Health Services, First Call 211, Mansfield Area YMCA, North End Community Improvement Collaborative, Inc., and E.S. Beveridge and Associates, Inc. Meetings were discontinued in March 2020 due to the COVID-19 pandemic.	8 persons representing 8 partner organizations	No activities due to the COVID-19 pandemic
OhioHealth Diabetes Support Group	The free Diabetes Support Groups discussed (a) Living with Diabetes, (b) finding strategies to cope with the distress of diabetes, (c) continuous glucose monitoring, (d) healthy eating, and (e) weight management	40	No activities due to the COVID-19 pandemic
Scholarships to the Diabetes Camp	The Diabetes Camp was held on August 1, 2019. The Diabetes Camp gave opportunities for children to share experiences on diabetes self-management	6	1

Continuation of Impacts from CD – 1.3.

Program	Description	Persons Served in FY 2020	Persons Served in FY 2021
Community education on diabetes	<p>(a) OhioHealth’s Diabetes Prevention Program coaches, nurse educators and dietitians provided health and wellness topics in the Facebook page:</p> <p>(b) Diabetes education at the Mansfield/Richland County Public Library</p> <p>(c) Diabetes prevention education at Lions Club in Lucas, Ashland and Loudonville, Ohio</p> <p>(d) Education on “Home for the Holidays” that was held at the North End Community Improvement Collaborative, Inc. The education session discussed diabetes self-management and resources in Richland County to various community social service agencies.</p> <p>(e) Diabetes and prediabetes presentation during the Black History Month on February 1, 2020, held at the Mansfield/Richland County Public Library</p>	610	No activities due to the COVID-19 pandemic

CD – 1.4. Partner with the American Heart Association’s Heart Walk to promote community engagement through physical activity.

Impacts from FY 2020 and FY 2021

Activities	Hospital Team Participation	FY 2020	FY 2021
Planning events	Coordinated walking and fundraising activities	Not applicable	Not applicable
Digital Heart Walk	Walking with Team	31 persons	Not applicable
Fundraising for Heart Walk	Activities include Dunk tank, Sucker raffle, Used purse or book sale, Bake sale, and \$1 donations.	\$4,385	Not applicable
Sponsorship of “Go Red” virtual education session	OhioHealth physicians Sharon L. Roble, MD and Andrea U. Uradu, MD served as panelists and discussants on heart disease prevention, warning signs and screenings	Not applicable	50 persons

Need #2: Mental Health and Addiction (MHA)

MHA – 2.1. Use of Screening, Brief Intervention and Referral to Treatment (SBIRT) in OhioHealth Physician Group locations that are affiliated with OhioHealth Mansfield Hospital. SBIRT will be documented in the OhioHealth CareConnect electronic medical records (Epic Systems Corporation, Verona, Wisconsin). This action aligns with the Ohio State Health Improvement Plan.

Impacts from FY 2020 and FY 2021

MHA – 2.1.1. Number of trauma patients who received SBIRT —

	FY 2020	FY 2021
Number of trauma patients who received an SBIRT.	285 patients	183 patients
Number of patients who were identified to have either alcohol, substance use or mental health disorders.	93 patients	176 patients

MHA – 2.1.2. OhioHealth Mansfield and Shelby Hospitals alignment with the State Health Improvement Plan (County Health Rankings, 2021)

Health Measure	Richland County (2020)	Ohio (2020)	Richland County (2021)	Ohio (2021)
Excessive drinking (percent of adults reporting binge or heavy drinking)	17%	20%	17%	18%
Alcohol-impaired driving deaths (percent of driving deaths with alcohol involvement)	26%	33%	25%	32%
Drug overdose deaths (number of drug poisoning deaths per 100,000 population)	49 per 100,000	38 per 100,000	44 per 100,000	38 per 100,000

MHA 2.2. Screen for clinical depression for patients 12 years and older using a standardized patient health questionnaire (PHQ-2 or PHQ-9). Screening will be documented in the OhioHealth CareConnect electronic medical records (Epic Systems Corporation, Verona, Wisconsin). *This action aligns with the Ohio State Health Improvement Plan.*

Impacts from FY 2020 and FY 2021

MHA – 2.2.1. Number of patients from the OhioHealth Physician Group Primary Care Clinics assessed for depression and anxiety and referred for consults with OhioHealth Behavioral Health —

Clinic Name	Number of Patients Assessed for Depression and Anxiety using the two- or nine-item Patient Health Questionnaire (PHQ-2, PHQ-9)		Number of Patients At Risk for Anxiety and Depression using PHQ-2 or PHQ-9		Number of Patients Referred for Behavioral Health Consults	
	FY 2020	FY 2021	FY 2020	FY 2021	FY 2020	FY 2021
OhioHealth Physician Group Neurology/Neurosurgery — 335 Glessner Avenue, Mansfield, Ohio 44903	456	631	82	99	27	49
OhioHealth Physician Group Primary Care — 199 W. Main Street, Suite 2100, Shelby, Ohio 44875	321	472	74	71	29	46
OhioHealth Physician Group Primary Care — 770 Balgreen Drive, Suite 203, Mansfield, Ohio 44906	761	1,221	30	86	7	36
OhioHealth Physician Group Primary Care — 231 E. Main St, Lexington, Ohio 44904	2,080	2,327	258	219	39	122
OhioHealth Physician Group Primary Care — 248 Blymyer Avenue, Mansfield, Ohio 44903	1,036	1,221	134	187	25	84
OhioHealth Physician Group Primary Care — 558 S. Trimble Road, Mansfield, Ohio 44906	2,726	2,168	309	204	73	104
OhioHealth Physician Group Primary Care — 1750 W. 4 th Street, Ontario, Ohio 44906	676	289	108	56	24	20

MHA – 2.2.2. OhioHealth Mansfield and Shelby Hospitals alignment with the State Health Improvement Plan (County Health Rankings, 2021) —

Health Measure	Richland County (2020)	Ohio (2020)	Richland County (2021)	Ohio (2021)
Poor or fair health (percent of adults reporting fair or poor health (age-adjusted))	20%	18%	21%	18%
Poor physical health days (average number of physically unhealthy days reported in past 30 days (age-adjusted))	4.3 days	3.9	4.6	4.1
Poor mental health days (average number of mentally unhealthy days reported in past 30 days (age-adjusted))	4.3 days	4.6	5.0	4.8
Frequent physical distress (percent of adults reporting 14 or more days of poor physical health per month)	13%	12%	14%	12%
Frequent mental distress (percent of adults reporting 14 or more days of poor mental health per month)	14%	15%	17%	16%
Suicides (number of deaths due to suicide per 100,000 population)	15	14	15	15

At OhioHealth Mansfield and Shelby Hospitals, patients with suspicious injury, depression, anxiety, suicidal ideation, homicidal ideation or confusion are considered signs to assess the patient's mental health condition. The OhioHealth clinical team assesses the patient's safety, support system, and mental capacity to develop a referral plan for a consult or community resources. Patients are commonly referred to go to the Emergency Department or to Columbus Springs Hospital, which provides mental health services and addiction treatment in the inpatient and outpatient settings.

MHA – 2.3. Provider training on opioid prescribing guidelines and use of the Ohio Automated Rx Reporting System (OARRS). This action aligns with the Ohio State Health Improvement Plan.

Impacts from FY 2020 and FY 2021

MHA – 2.3.1. Provider training on opioid prescribing and use of OARRS — The OhioHealth Pharmacy Services educates physicians and advanced practice providers on controlled substance prescribing, including: (a) OhioHealth Physician Group Controlled Substance Prescribing, (b) Controlled substance agreement/minor opioid consent, (c) review of the Ohio Automated Rx Reporting System (OARRS) and (d) urine drug screens. Members of the Pharmacy Services team either answer questions by physicians and advanced practice providers or direct them to the OhioHealth eSource page, <https://ohesource.ohiohealth.com/departments/pharmacyservices/SitePages/Home.aspx>

	FY 2020	FY 2021
Number of physician and advanced practice providers trained in OAARS	257	209

MHA 2.3.2. Alignment with the State Health Improvement Plan (County Health Rankings, 2021) —

Measure	Richland County (2020)	Ohio (2020)	Richland County (2021)	Ohio (2021)
Poor mental health days (Average number of mentally unhealthy days reported in past 30 days [age-adjusted])	4.3	4.6	5.0	4.8
Frequent mental distress (percent of adults reporting 14 or more days of poor mental health per month)	14%	15%	17%	16%