OhioHealth Mansfield Hospital
Community Health Needs Assessment

June 2016

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Mansfield, Ohio 44903

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Introduction

OhioHealth is a family of nationally recognized, not-for-profit, faith-based hospitals and healthcare organizations with Methodist roots. 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 and integrity, OhioHealth is committed to delivering high-quality, convenient, timely healthcare, regardless of ability to pay. OhioHealth is currently recognized as one of the top five large health systems in America by Truven Health Analytics and has been for five years in a row. It is also recognized by FORTUNE Magazine as one of the "100 Best Companies to Work For" and has been for nine years in a row: 2007–2014 **(104)**. 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 and OhioHealth Shelby Hospital is located at 199 West Main Street, Shelby, Ohio.

OhioHealth 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 counties surrounding it. Mansfield Hospital has been ranked by HealthGrades® as the only hospital in Ohio among the Top Five Percent in the nation for cardiac surgery from 2012 to 2014; "America's 100 Best Hospitals for Cardiac Surgery" from 2012 to 2014; and recipient of HealthGrades® Coronary Intervention Excellence Award from 2011 to 2013. Mansfield Hospital is among the nation's "Most Wired" hospitals for its advanced use of information technology according to *Hospitals & Health Networks* magazine. It was also named to the 2013 HomeCare Elite **(103)**.

OhioHealth Shelby Hospital is a not-for-profit, general, acute hospital that has provided quality healthcare to the Shelby community since 1921. 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, OhioHealth Shelby Hospital provides cancer care, diabetes services, endoscopy services, hospice care, maternity care, outpatient rehabilitation therapy, hand therapy, pediatric therapy, physical and occupational therapy, occupational medicine, speech therapy, and inpatient and outpatient surgery programs.

Both Mansfield Hospital and Shelby Hospital are significantly involved in community-building activities for Richland County and have been recognized locally, regionally and nationally for its community involvement efforts. Examples include:

a. "Official Healthcare Sponsor" of Mansfield City Schools" — in September 2015, OhioHealth Mansfield Hospital signed a three-year "Official Healthcare Sponsor" agreement with Mansfield City Schools Board of Education. OhioHealth will work with Mansfield Senior High School to determine beneficial education opportunities such as providing resources for STEM programs and healthcare careers **(12)**.

b. "Champion of Opportunity" — in March 2015, Opportunities for Ohioans with Disabilities honored Mansfield Hospital and Shelby Hospital for their "commitment to, and leadership in, integrating individuals with disabilities into Ohio's workforce" **(53)**. Since 2006, Mansfield Hospital had 99 participants in Project SEARCH, a community collaboration to train and maintain employees with disabilities **(45)**. Collaborators in Project SEARCH include Pioneer Career and Technology Center, Richland Newhope, Opportunities for Ohioans with Disabilities, North Central State College and The Ohio State University at Mansfield.

c. "2014 Corporate Excellence Award" — in September 2015, the American Cancer Society (ACS) awarded OhioHealth Mansfield Hospital the 2014 Corporate Excellence Award **(79)** to recognize the hospital's support of the ACS mission and "making strides against breast cancer" **(10)**.

d. "Level Two Partner of the "We Honor Veterans Program" — in February 2014, OhioHealth Home Care and OhioHealth Hospice at Mansfield Hospital and Shelby Hospital received "Level Two Partner" designation from the National Hospice and Palliative Care Organization and the Department of Veterans Affairs. The designation was based upon the following: (i) education of hospice staff and volunteers on learning to care for veterans, (ii) honoring veterans at the end of life, (iii) working with the Department of Veterans Affairs locally, regionally and nationally, and (iv) measuring quality and outcomes for continuous process improvement **(133).**

The Patient Protection and Affordable Care Act of 2010 requires not-for-profit hospitals to conduct community health needs assessment once every three years **(54)**. 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 expressed that mental health is a core and root issue for all these priority health needs. Additionally, access to care and health literacy have to be included as focus areas when developing the implementation strategy. The five priority health needs include:

1. Mental health
2. Substance abuse
3. Chronic diseases
4. Infant mortality
5. Child and family health

OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital will be developing the implementation strategy in collaboration with various community stakeholders to demonstrate our lingering 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."

A. Definition of Community Served and how Community was Determined

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. The communities reside in Zip codes 44813, 44822, 44827, 44833, 44837, 44843, 44862, 44864, 44865, 44875, 44878, 44901, 44902, 44903, 44904, 44905, 44906 and 44907 **(74)**. Review of OhioHealth data showed that for calendar year 2014, 81.1 percent of all patients who were admitted to OhioHealth Mansfield Hospital and 79.4 percent of all patients admitted to OhioHealth Shelby Hospital resided in Richland County at the time of admission. Similarly, 70.4 percent of all patients from Mansfield Hospital and 78.3 percent of patients from Shelby Hospital who had outpatient procedures in calendar year 2014 resided in Richland County at the time when the procedure was done.

B. Process and Methods Used to Conduct the CHNA

B1. Data and Other Information Used in the Assessment

B1.1. Demographics of the community

Total population. In 2010, actual population was 124,475. In 2014, estimated total population was 121,942 **(93),** which represents 2.04 percent decline relative to 2010.

Race/Ethnicity. Among Richland County residents, 87.2 percent were White, 8.7 percent were African American, 0.6 percent Asian, 1.5 percent were Hispanic (of any race), 0.6 percent other races, 0.2 percent Native American, zero percent Pacific Islander and 2.6 percent two or more races **(93)**. Total minority represented 13.5 percent of the population **(93)**.

Age: Among Richland County residents, 5.7 percent were younger than 5 years old, 16.5 percent were 5–17 years old, 8.3 percent were 18–24 years old, 24.5 percent were 25–44 years old, 28.1 percent were 45–64 years, and 16.9 percent were 65 years or older. Median age was 41.2 **(93)**.

Income: Median household income was $41,835 and per capita income was $32,979. Approximately 12.3 percent of families and 15.8 percent of individuals had income below the poverty level **(93)**.

The 2011 Richland County Community Health Assessment discusses additional demographic characteristics of Richland County residents **(122)**.

B2. Methods of Collecting and Analyzing Data and Information

Data and information were collected and analyzed through the following:

(a) Review, synthesis, and analysis of primary and secondary data collected in Richland County by the Hospital Council of Northwest Ohio and University of Toledo, included in the 2011 Richland County Community Health Assessment **(122)**.
(b) Review, collection, synthesis and analysis of available secondary data from Ohio Department of Health, National Center for Health Statistics Health Indicators Warehouse **(26)**, Network of Care **(146)**, and County Health Rankings and Roadmaps **(38, 39)**.

This data and information were provided to community stakeholders prior to and during the meetings for reference. The community stakeholders identified nine health needs that represent **primary and chronic disease needs as well as other health issues of medically underserved, low-income or minority populations**. Primary and/or secondary data and other pertinent information for each health need are briefly discussed in **Appendix A.**

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

B3. Parties with Whom the Hospital(s) Collaborated or Contracted for Assistance

OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital collaborated with Richland Public Health and other community stakeholders to conduct the community health needs assessment.

OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital contracted with the following organizations to assist with the process of community health needs assessment:

(a) **Bricker & Eckler, LLP/Quality Management Consulting Group (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 25 years. His general healthcare practice focuses on health planning matters, certificate of need, non-profit and tax-exempt healthcare providers, and federal and state regulatory issues. Mr. Flynn has provided consultation to healthcare providers, including non-profit and tax-exempt healthcare providers as well as public hospitals on community health needs assessments. Chris Kenney is the Director of Regulatory Services with the Quality Management Consulting Group of Bricker & Eckler, LLP. Ms. Kenney has more than 36 years of experience in healthcare planning and policy development, federal and state regulations, certificate of need regulations, and Medicare and Medicaid certification. She provides expert testimony on community needs and offers presentations and educational sessions regarding community health needs assessments.

(b)　**OnPointe (Michelle Vander Stouw)** — was contracted to facilitate the three community meetings at Richland Public Health that involves identifying significant health needs and issues affecting Richland County residents, especially those who were uninsured, low income and/or minorities. Michelle Vander Stouw is the principal of OnPointe, a private business that provides individual coaching, group facilitation, developing processes and accountability measures **(114)**. Ms. Vander Stouw has a bachelor of arts in economics, political science and east Asian studies from Denison University and a Master's in public health from The Ohio State University **(114)**. She also worked as assistant vice president of planning and accountability at United Way of Central Ohio **(114)**.

C. Input from Persons who Represent the Broad Interests of the Community Served

OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital collaborated with Richland Public Health in obtaining inputs from persons who either work for organizations, government agencies, or as community residents, and who represent the broad interests of Delaware County. The organization name, representatives, populations served, specific inputs provided and timeframe of inputs are summarized in **Appendix B**. The programs and services provided by these organizations to medically underserved, low-income and/or minority populations are also included in **Appendix B.**

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.

D. Description of Significant Health Needs as Well as Process and Criteria of Identifying and Prioritizing Significant Health Needs

Description of significant health needs

1. **Mental health** — specific needs discussed during the community stakeholder meetings include (a) lack of hope, (b) lack of self-sufficiency and personal finance, and (c) lack of transitional services to young adulthood.

2. **Substance abuse** — specific needs discussed during the community stakeholder meetings include (a) abuse of prescription drugs, street drugs and/or painkillers, (b) lack of awareness of the extent of drug abuse problem in Richland County, (c) lack of drug abuse prevention efforts, (d) alcohol abuse, (e) capacity of detoxification and substance abuse treatment centers, and (f) risky behaviors.

3. **Chronic diseases** — specific needs discussed during the community stakeholder meetings include (a) asthma, (b) chronic disease management and prevention, (c) diabetes, (d) treatment and daily management of chronic pain, and (e) medication adherence and compliance.

4. **Infant mortality** — specific needs discussed during the community stakeholder meetings include (a) awareness of safe sleep positions and (b) access to prenatal and postpartum care.

5. **Children and family health** — specific needs discussed during the community stakeholder meetings include (a) child abuse and neglect, poor family dynamics and absence of the father of the baby, (b) education of parents and children about healthy behaviors and parenting, (c) low high school graduation rates, (d) substandard housing, food insecurity and food deserts, (e) cultural awareness of wellness issues and practices, and (f) obesity among children, youth and adults.

Process and criteria of identifying and prioritizing significant health needs

OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital, in collaboration with Richland Public Health, invited various community stakeholders to participate in three community health needs assessment meetings that were held at Richland Public Health, 555 Lexington Avenue, Mansfield, Ohio 44907.

1. **Identification of health needs and issues, community resources, barriers and challenges —** a meeting was held on June 11, 2015. Attendees were divided into four groups to identify and discuss health needs of Richland County residents and the community resources that are available to address these needs as well as barriers and challenges for addressing these needs. The nine health needs and barriers for addressing them are discussed below. The community resources are discussed in **Section E**.

    a. **Access to care** — this includes (i) access to transportation services, (ii) awareness of health services, presumptive eligibility and need for expanded service hours or location, charity care, self-pay, (iii) access to dental care and (iv) prescription assistance. Community stakeholders reported that Richland County Transit does not cover full service areas or weekend and evening services. There is lack of education on available community resources as well as a lack of steps on how to receive coverage or obtain access to healthcare services.

    b. **Mental health** — this includes a (i) lack of hope, (ii) lack of self-sufficiency and personal finance, and (iii) lack of transitional services to young adulthood. Community stakeholders reported that there is lack of awareness of available mental health services and lack of sufficient resources to address mental health.

c. **Infant mortality** — this includes (i) improving awareness of safe sleep positions and (ii) access to prenatal and postpartum care. Community stakeholders reported that there is lack of awareness about community services on safe sleep positions for babies, crib safety as well as inability to break old practices of co-sleeping, sleep-sharing or putting infants on their stomachs to sleep.

d. **Children and family health** — this includes (i) child abuse and neglect, poor family dynamics and absence of the father of the child, (ii) education of parents and children about healthy behaviors and parenting, (iii) low high school graduation rates, (iv) substandard housing, food insecurity and food deserts, (v) cultural awareness of wellness issues and practices and (vi) obesity among children, youth and adults.

Community stakeholders reported that some of the barriers and challenges to addressing children and family health issues include (i) increasing incidence of child abuse, neglect and absence of a father; (ii) family dynamics are becoming more complex; (iii) families with complex dynamics are difficult to engage; and (iv) families do not have sufficient financial resources to meet basic needs. Challenges to providing child and parental education related to healthy behaviors and parenting include lack of transportation, lack of funding for services, negative perceptions and stigmas about asking for family assistance, and lack of cost effective recreation for the entire family. Regarding substandard housing and food insecurity, barriers and challenges include lack of funding, lack of knowledge of managing resources, and untapped potential in sharing information about farmers markets, need for food donations and locations of food pantries. Moreover, there is lack of cultural understanding and professional education about issues related to food insecurity and food deserts in Richland County and how to address them.

Richland County residents face major barriers in embracing and acknowledging wellness issues and practices since there are several carry-outs and fast food restaurants, lack of safe side walks, no trusted wellness champion for targeted populations, and the current pace of health interventions deals only with the symptoms rather than the source of disease. Programs are not sustainable and short-term. Sedentary lifestyles and excessive time spent watching television, browsing the Internet and/or playing video games lead to weight gain.

e. **Safety** — this includes (i) safety education, including awareness, injury prevention, and use of seat belts and bike helmets; (ii) safety perceptions related to human trafficking; and (iii) domestic violence. Barriers and challenges to safety education include lack of funding, lack of awareness efforts to enable the public to learn about the services and lack of access to safety education. Safety perceptions related to human trafficking is hindered by lack of state-level funding, lack of data on geographic locations affected by human trafficking, lack of public awareness and a lack of understanding about the impact human trafficking has on the Richland County community. Barriers and challenges to domestic violence programming includes a lack of comprehensive planning to tackle the problem and inconsistent evaluation of domestic violence victims.

f. **Substance abuse** — this includes (i) abuse of prescription drugs, street drugs and/or painkillers; (ii) lack of awareness of the drug abuse problem in Richland County; (iii) lack of drug abuse prevention efforts; (iv) alcohol abuse; (v) capacity of detoxification and substance abuse treatment centers; and (vi) risky behaviors. Barriers and challenges include poor patient compliance, high cost of drug testing, existence of "pill mills," and patients' ability to "shop for doctors" to obtain multiple prescriptions. There is a need for sustainable awareness campaigns regarding treatment services, early intervention and education, poor access to transportation, stigmas associated with being treated for substance abuse, and widespread availability of suboxone and methadone in the streets. Richland County needs detoxification services, additional skilled professionals who are trained to administer intensive treatments, more proactive neighborhoods and substance abuse prevention services directed towards youth.

g. **Chronic diseases** — includes (i) asthma, (ii) chronic disease management and prevention, (iii) diabetes, (iv) treatment and daily management of chronic pain, (v) medication adherence and compliance, and (vi) obesity. Proper management of asthma and other chronic diseases among school-aged children is hindered by parent cooperation with treatment plans. Barriers and challenges to effective chronic disease management and prevention programs include high cost of services and lack of awareness of services, extended clinic hours, access to reliable transportation and available physician extenders. Proper management of diabetes requires personal commitment to lifestyle changes and community resources.

    h. **Health literacy** — includes (i) health insurance literacy, (ii) knowledge of community resources and (iii) cost-effective prevention and wellness activities. Barriers and challenges to addressing health literacy includes poor awareness of community resources and services related to obtaining health insurance coverage as well as available prevention and wellness activities.

    i. **Tobacco use and prevention programs** — includes tobacco abuse, prevention and education. The lack of awareness in regard to smoking cessation programs, insurance coverage of prevention education and the addictive effects of cigarette smoking are some of the barriers and challenges when addressing this health need.

2. **Prioritization of significant health needs —** a meeting was held on July 9, 2015; attendees were divided into four groups to prioritize three health needs using the prioritization criteria developed by the National Association of County and City Health Officials **(84)**. Each group was asked to give a score of one, two or three — one being a "low priority" and three a "high priority," based on their knowledge and experience of the Richland County community. Briefly, the criteria includes:

    a. **Size —** number of persons affected by the health need

    b. **Seriousness —** degree to which the problem causes death, disability or quality-of-life impairment

    c. **Trends —** improving or worsening health problems over time

    d. **Equity —** level by which specific groups are affected by the health problem

    e. **Intervention — effective,** multi-level strategies for addressing the health problem

    f. **Feasibility —** ability to address the problem given available resources

    g. **Value —** significance of the health need to the community

    h. **Consequences of inaction —** risks of not addressing the health problem

    i. **Root cause/Social determinant —** whether or not the health need is a root cause or social determinant of health that affects one or more health issues

OhioHealth staff also attempted prioritization of health needs using the criteria above, based on available data and information for each of the nine health needs **(Appendix A)**.

3. **Identification of five priority health needs —** a meeting was held on July 30, 2015. One week prior to the meeting, Richland Public Health staff, in collaboration with an OhioHealth representative, shared compiled data of the nine health needs, the scores from the prioritization-based, community stakeholder discussion and prioritization results based off of information for each of the nine health needs.

The OhioHealth team separated obesity among children, youth and adults from child and family health based on available data of obesity in Richland County. Hence, OhioHealth prioritized 10 health needs but the community only prioritized nine health needs.

    a. **Discussion of findings from prioritization of health needs by community stakeholders —** the health needs that received the highest scores were: (a) mental health (1st), (b) infant mortality (2nd), (c) access to care (3rd), (d) child and family health (4th) and (e) chronic diseases (5th).

    b. **Discussion of findings from prioritization of health needs by the OhioHealth team based on available data and information (Appendix A) —** our attempt to differentiate obesity among children, youth and adults from child and family health was presented to community stakeholders during the July 30, 2015 meeting. Based on OhioHealth prioritization, the health needs that received the highest scores were: (a) chronic diseases (1st), (b) infant mortality (2nd), (c) obesity among children, youth and adults (3rd), (d) child and family health (4th), (e) safety (5th) and (f) substance abuse (6th).

The community members agreed that the health needs/issues that have been assessed as having very low scores by both community discussions and data review, such as (a) health literacy, (b) tobacco use and prevention, were eliminated from the list of health needs. The health needs and issues, which received high scores and ranked highly by community members through data review (infant mortality, child and family health, chronic diseases, mental health and substance abuse), were included in the list for final prioritization.

4. **Final prioritization —** all other health needs/issues (access to care, mental health, safety, substance abuse, chronic disease, and obesity among children, youth and adults) were discussed by community stakeholders and were ultimately included or excluded from the final list of five priority areas. The summary of health needs that were included or excluded from final prioritization are as follows:

Health Needs Included for Final Prioritization	Health Needs Excluded for Final Prioritization
Infant Mortality	Health Literacy
Child and Family Health	Tobacco Use and Prevention
Chronic Diseases	Safety
Mental Health	Access to Care
Substance Abuse	Obesity

The final list was reviewed and each attendee was asked to cast three votes, signifying their top three priorities on the health needs listed (infant mortality, child and family health, chronic diseases, mental health and substance abuse). The votes were used to order the community health needs from highest (one) to lowest (five) priority. One tie in the votes cast was settled through a discussion which resulted in a unanimous decision regarding the final priority order. The stakeholders agreed that the top five priority needs were as follows: (a) mental health — nine votes; (b) substance abuse — eight votes; (c) chronic diseases — five votes; (d) infant mortality — five votes; (e) and child and family health — three votes. The community stakeholders expressed that mental health is a core and a root issue for all these health needs. When developing the implementation strategy, access to care and health literacy have to be included in each of the priority health needs identified.

E. Existing Healthcare Facilities and Resources Within the Community that are Available to Respond to the Health Needs of the Community

Need #1: Mental Health

A. Healthcare Facilities

A1. **OhioHealth Mansfield Hospital Psychiatric Department (112) —** offers (a) adult inpatient programing, (b) adult intensive outpatient programing and (c) adolescent inpatient programing. Treatment interventions include behavioral health therapy**,** half-day partial hospitalization outpatient program, nursing, pastoral care and social work services.

A2. **Third Street Family Health Services (143-145) —** coordinates mental healthcare for patients with various specialists and provides counseling services such as: (a) clinical social work counseling for persons 6 years of age and older, (b) diagnosis and treatment of mental and emotional disorders, (c) individual, group and family counseling, (d) crisis intervention, (e) advocacy and community liaison, (f) stress management, (g) coping skills, (h) depression, (i) anxiety, (j) relationship issues, (k) anger management, (l) grief issues, (m) chronic disease management, (n) end of life, (o) life coaching, and (p) trauma. The Third Street Family Health Services also offers the Weight and Depression Support Group, which assists persons who have been depressed due to weight issues.

B. Community Resources

B1. **Richland County Mental Health and Recovery Services Board (120) —** has partner agencies that serve mentally ill persons and those with substance abuse issues. 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. Affiliate agencies include (a) Foundations for Living, (b) Abraxas, (c) Three C Counseling, LLC, (d) Visiting Nurse Association of Mid-Ohio, and (e) Youth and Family Council.

B2. **Community Action for Capable Youth (CACY) (35)** — focuses on prevention programs aimed at reducing the use of alcohol, tobacco and/or other drugs while striving towards a drug-free community. Youth programs include (a) Informed Teens, (b) Positive Opportunities Program, (c) Tobacco Education Group, (d) Afterschool Programs, (e) Summer Programs, (f) Safety Town Programs, (g) First Time Offenders, (h) Tobacco Cessation Treatment Services, (i) LifeSkills Training for third- to tenth-grade students, (j) Second Step Curriculum for K–8, (k) Too Good for Drugs geared toward elementary and middle school students, and (l) Too Good for Violence. Parenting programs include (a) Parent 2 Parent Classes, (b) Parents of At-Risk Teens Programs, (c) Parent Hosting Education, (d) Parent's Week Activities, and (e) Raising Substance Free Kids Info. Community education and awareness projects include (a) public awareness displays, (b) media articles, (c) community presentations, (d) campaign for Drug-Free Month celebration, (e) alcohol awareness campaign, (f) prevention programs for misuse of prescribed medicines, and (g) smoking cessation.

B3. **Catalyst Life Services (14-15) —** a partnership between The Center for Individual and Family Services and The Rehabilitation Service of North and Central Ohio. Catalyst Life Services provides (a) mind, body and spirit rehabilitation, (b) crisis intervention and prevention, (c) transitional and residential programs, (d) communication support, such as audiology and deaf/hard of hearing support, and (e) vocational rehabilitation and training. Affiliated companies include (a) The Rehab Center, (b) Child and Adolescent Mental Health and Crisis Services, (c) The Center Adult Mental Health and Crisis Services, (d) New Beginnings Alcohol and Drug Treatment Services, (e) Audiology Services, (f) Community Center for the Deaf and Hard of Hearing, (g) District V Forensic Diagnostic Center, (h) Progress Industries, (i) Precise Services, and (j) Oasis Peer Center.

B4. **Family Life Counseling and Psychiatric Services (120) —** 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. Examples of program and services for children include (a) "Forever Families Created by Adoption," (b) in-home counseling, and (c) "Revive Child Play Therapy." Examples of programs and services for youth include (a) adolescent drug and alcohol programs, (b) "Connections in Life," and (c) "The Dream Team." Examples of programs and services for adults and seniors include (a) "Connections in Life Program," (b) "The Dream Team," and (c) "Forever Families Created by Adoption."

B5. **National Alliance on Mental Illness in Richland County —** provides family-to-family classes and family support groups for individuals — and their friends and families — coping with mental illness **(82-83)**.

B6. **Mansfield Urban Minority Alcohol and Drug Addiction Outreach Program (UMADAOP) (67) —** serves predominantly African American, Hispanic and other populations affected by alcohol and drug abuse. Examples of services include (a) assessments, counseling, intensive outpatient programs, aftercare groups and prevention of relapse, (b) medication assisted treatment, including suboxone treatment, evaluation and prescription of medication, (c) prevention services to adolescents and teens, and (d) Circle for Recovery Ohio, which provides re-entry and support services for parolees, probationers and court referrals.

B7. **Foundations for Living (46) —** programs and services include (a) VISIONS, which serves males and females with dual diagnoses of substance dependency and mental health treatment; (b) PASSAGES, which focuses on behavior modification and substance abuse counseling services for females; (c) EXPLORATION, which is a 45-day assessment with psychiatric and medical evaluations, medication assessments as well as individual, group and family therapy; (d) care, treatment and support for pregnant women; and (e) care and treatment for victims of human trafficking through trauma-focused cognitive behavioral therapy and support and advocacy during legal proceedings.

B8. **Abraxas Ohio (1) —** a 100-bed residential treatment center for male youth located in Shelby, Ohio. Abraxas Ohio provides drug and alcohol treatment as well as juvenile sex offender programming, educational services, life skills/independent living, participation in community service projects and medical services**.**

B9. **Three-C Counseling, LLC (120) —** an outpatient mental health and substance abuse program for youth and adults that focuses on: (a) addiction education, (b) application of skills learned from the program in daily living, and (c) care after treatment to ensure a sustainable recovery.

B10. **Visiting Nurse Association of Ohio (151) —** a home health agency serving Richland County and central Ohio counties. Home care services include (a) home healthcare including medical/surgical nursing, mental health, TeleHealth and rehabilitation services, (b) hospice and special care, and (c) personal care and private duty nursing.

B11. **Richland County Youth and Family Council (127) —** leads initiatives in ensuring an effective system of collaboration and coordination of community services assisting families and individuals attend to their needs and responsibilities. The Council provides case management, "Help Me Grow," newborn home visits and the Family Information Network of Ohio.

Need #2: Substance Abuse

A. Healthcare Facilities

A1. **OhioHealth Mansfield Hospital Psychiatric Department (112)** — approximately 50 percent of patients admitted to the psychiatric department have dual diagnoses of mental illness and substance abuse. Patients are referred to either Third Street Family Health Services **(145)** or Catalyst Life Services **(14-15)**.

B. Community Resources

The community resources discussed under Need #1 — above — also provides programs and services that address substance abuse.

Need #3: Chronic Diseases

A. Healthcare Facilities

A1. **OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital serve** persons with heart disease, asthma, diabetes and other chronic diseases.

    a. **Heart and vascular services (106)** — has 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 have the following awards from Healthgrades®: (a) America's 50 Best Hospitals for Cardiac Surgery™ in 2015, (b) Cardiac Surgery Excellence Award™ (2007–2015), (c) Top Five Percent in the Nation for Cardiac Surgery (2012–2015), (d) Five-Star Recipient for Coronary Interventional Procedures (2011–2015), (e) Five-Star Recipient for Coronary Bypass Surgery (2007–2015), and (f) Five-Star Recipient for Valve Surgery (2007–2015). OhioHealth Mansfield Hospital is also involved with various outreach activities in conjunction with "American Heart Month" celebrated in February. These activities include (a) partnership with "A Moveable Feast," a community organization that specializes in providing participants with a "farm-to-plate supper club experience" featuring heart healthy food choices and heart health promotion; (b) "Mended Hearts Dinner," which enables heart patients to celebrate their healing, participate in cooking demonstrations and interact with heart and vascular physicians and nurses; and (c) collaboration with the American Heart Association's HeartChase community adventure game to promote community engagement in physical activity.

    b. **Fitness Center (112)** — OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital outreach on prevention and wellness include: (a) Health Matters, (b) articles on healthy nutrition and exercise, (c) participation in community health and wellness events, lectures and talks in schools, churches and community groups, (d) Healthy Chef Series, (e) Community Best Loser, and (f) free or discounted access to the OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital Health and Fitness Center for senior citizens during National Senior Health and Fitness Days.

    c. **Endocrinology (105)** — offers the 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.

    d. **Diabetes services (102)** — programs include individualized assessments and consultation by a nurse educator and dietitian, comprehensive education classes and access to free support group meetings. The nurse educator assist patients acquire knowledge on the following: (a) diabetes management, (b) preventing diabetes complications, (c) using a glucose meter and taking medicines, (d) dealing with emotions, and (e) lifestyle and behavior changes. The dietitian assist patients with (a) developing a healthy eating plan, (b) making the necessary lifestyle changes, and (c) enjoying tasty but healthy foods.

    e. **Pulmonary rehabilitation (112)** — offers education and exercise sessions to control symptoms and improve quality-of-life, disease management skills, breathing retraining, education about medications, aerobic/ cardiovascular exercise, conditioned weight training, smoking cessation, relaxation training, nutritional and diet counseling, and airway clearance techniques.

A2. **Third Street Family Health Services (143-145) —** provides (a) preventive care such as annual physical exams, cancer screening, pap tests, prostate exams, diabetes screening and heart disease maintenance, (b) chronic medical care for high blood pressure, diabetes and asthma, (c) screening during Women's Health Day, and (d) access to drug programs such as 340b pricing and assistance from pharmaceutical companies.

A3. **Shelby Home and Public Health, Inc. (136) —** offers home health services for patients with diabetes, heart failure and pulmonary disease. Services include skilled nursing (health assessments, wound and ostomy care, cardiac rehabilitation, diabetes care, management of chronic diseases and management of pain), home health aide services, rehabilitation therapy, physical therapy, occupational therapy and speech therapy.

B. Community Resources

B1. **Richland Public Health (132)** — programs and services include:

    a. **Community health screenings** — blood pressure, hemoglobin A1C, weigh-ins, blood sugar, cholesterol, child development, medication counseling, nutrition education and lead screenings for children ages zero to six.

    b. **Richland County employee wellness program** — screenings for cholesterol, blood sugar, blood pressure, PSA prostate, TSH thyroid, and hemoglobin A1C given to employees and spouses.

    c. **Creating Healthy Communities** — organized the Mansfield Coalition and the Shelby Creating Healthy Communities Task Force, which provides opportunities for residents and representatives of community agencies to share information, discuss initiatives and collaborate in improving health. Partners of the Creating Healthy Communities Coalition include Community Action for Capable Youth, North End Community Improvement Collaborative, Mansfield YMCA, Mansfield City Schools, OhioHealth Mansfield Hospital, OhioHealth Shelby Hospital, City of Shelby, Shelby YMCA and Richland County Regional Planning Commission. Creating Healthy Communities' goals include healthy eating, physical activity and tobacco-free living.

    d. **School nursing services** — provides school nursing services to Clear Fork Local Schools, Crestview Local Schools, Lexington Local Schools, Lucas Local Schools, Plymouth/Shiloh Local Schools, Ontario Local Schools, Pioneer Career and Technology Center, Foundation Academy, Mansfield Elective Academy, Sacred Heart Catholic School and St. Mary's Catholic Church School. Richland Public Health School Nurses also provide vision and hearing screenings to students from both the Richland Academy School of Excellence and the Discovery School.

    e. **Richland Fit Community** — partners with local gyms for hosting free fitness week and distributes walking maps to residents.

    f. **Senior health screenings** — services include screenings for blood pressure, pulse, weight and blood sugar as well as medication review, discussion of health concerns, referrals to community agencies and educational brochures.

    g. **Breast and Cervical Cancer Project** — provides free mammograms, breast exams, pap tests and follow-up screenings.

    h. **Preventing Chronic Disease Program** — provides resources and programming to stop diabetes

    i. **Healthy Homes Program** — helps protect children and adults from household dangers such as poor indoor air quality and dampness that causes molds that triggers asthma attacks.

B2.   **City of Shelby Health Department (32)** — provides health education, nutrition services, chronic disease management, health screenings, blood pressure checks and other preventive services.

B3.   **Mansfield YMCA (61)** — 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.

B4.   **American Lung Association Asthma Program (3)** — offers one hour in-service to teach basic asthma knowledge in schools, daycare and communities as means of improving awareness among children with asthma. Topic areas include (a) "What Is Asthma?", (b) "Asthma Management: Environmental Control," (c) "Asthma management: Treatment and Tools" and (d) other resources. The curriculum follows the guidelines for asthma management from the National Heart, Lung and Blood Institute and a certified asthma 1-2-3 facilitator provides the in-service. Participants learn about asthma triggers, warning signs and treatment, and confidence and knowledge of responding to an asthma emergency.

Need #4: Infant Mortality

A. Healthcare Facilities

A1.   **OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital** — offer the Richland County community with prenatal and postpartum care and access to the Maternity Center. OhioHealth Mansfield Hospital also handles high-risk deliveries in addition to routine deliveries. Hospitalists from Akron Children's Hospital are available 24/7 to care for high-risk newborns. In accordance with Ohio's Infant Safe Sleep Law, OhioHealth has a safe sleep policy that screens new parents and caregivers before the infant is discharged home to ensure that the infant has a safe sleep environment at their home **(90)**. Infant safe sleep education materials recommended by the Ohio Department of Health are also distributed to parents and caregivers **(90)**.

A2.   **Third Street Clinic OB/GYN (previously Cornerstone OB/GYN)** — provides a full range of women's healthcare services, including ultrasound, bone density screening, urodynamics testing and laboratory services. The practice strives to provide excellent, compassionate care regardless of income while emphasizing the importance of patient education and participation when making decisions about their care.

B. Community Resources

B1.   **Richland Public Health** — includes (a) services for women of reproductive age and new mothers (pregnancy tests; women, infants and children nutrition education; coupons; and car seat education), (b) newborn home visits, (c) dissemination of information about the "ABCs of Safe Sleep," and (d) additional services for infants and children (access to Bureau for Children with Medical Handicaps as well as physical examinations and child immunizations). As part of the home visits, the nurse conducts newborn assessments and answers questions from mothers and parents, including: (a) growth and development, (b) emotional changes, (c) parenting tips, (d) feeding, (e) new roles, (f) community resources, and (g) sibling rivalry. Home visits are provided for free through funding from the Richland County Youth and Family Council **(131)**. Success is based on addressing the risk factors through effective linkages, reduced stress, reduced costs and improved health outcomes **(36-37)**.

B2. **Community Health Access Project (CHAP)** — developed the Community HUB Pathways Model, which is an evidence-based process of coordination for high-risk individuals by evaluating and reducing risk factors. Identified risk factors are addressed with appropriate pathways that connect individuals in need to primary care, prevention programs, mental and behavioral health agencies, housing, food, clothing, and adult education and employment. CHAP have demonstrated that coordinating home care visits in an urban, Ohio community led to more than 60 percent reduction in low birth weight with a 500 percent return on investment **(117)**.

B3. **Richland County Youth and Family Council** — funds Richland Public Health's home visiting program to enable home visits for babies up to eight weeks old. The Council also disseminates information on the services provided by Text4baby™ where pregnant women receive free text messages about prenatal care, health and wellness, and parenting **(152)**. The Council implements the "Boot Camp for New Dads," which is a free training for first time fathers. Topics of the boot camp include (a) first days of an infant's life, (b) taking care of a new baby, (c) calming a crying baby, (d) safe sleep, (e) home safety, (f) changes to the new mom, (g) relationship with parents and in-laws, (h) pets, and (i) balance between work and fatherhood **(72)**.

B4. **First Call 2-1-1** — a free, confidential community service based at the Mansfield/Richland County Public Library, which provides information on community resources and referrals to (a) food pantries and free meals, (b) temporary housing, (c) domestic violence centers, (d) financial assistance, (e) utility assistance, (f) means of transportation, (g) state and local government offices, (h) consumer protection, (i) consumer education, (i) abuse reporting, (j) food and nutrition programs, (k) immunizations, and (l) community screenings **(70)**.

B5. **Baby & Me™ Tobacco Free (7)** — offered at Richland Public Health, which arranges for the woman's first appointment (initial intake session). Participants receive at least four prenatal, cessation counseling and support sessions and are subjected to carbon monoxide testing during prenatal visits. After birth of the baby, the mother returns to Richland Public Health monthly for carbon monoxide monitoring and, if smoke-free, is given a $25 monthly voucher for up to six to 12 months following delivery to use toward purchasing diapers from local, participating stores.

B6. **Cribs for Kids® (40)** — aims to prevent infant deaths through parental and caregiver education on the significance of practicing safe sleep for babies. Additionally, provides Graco® Pack 'n Play® portable cribs to low-income families. The Community Health Access Project (CHAP) and Richland County Children Services are partners of Cribs for Kids® in Richland County.

B7. **Women, Infants and Children at Richland Public Health (132)** — a nutrition education program that provides coupons for nutritious foods that promote healthy pregnant and postpartum women, breastfeeding mothers, and infants and children.

B8. **Ohio Department of Medicaid Presumptive Eligibility** — a statewide initiative that enables uninsured residents to receive healthcare services through Medicaid if they are presumed to be eligible. Persons who qualify for presumptive eligibility can apply for full coverage at a later time **(92)**. OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital have been doing presumptive eligibility for pregnant women and children **(98)**.

Need #5: Child And Family Health

A. Healthcare Facilities

A1. **OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital** — several family practice physicians who provides care to children, adults and families are affiliated with these two hospitals. Examples of affiliated physician practices include OhioHealth Primary Care Physicians, OhioHealth Women's Health Primary Care Physicians and Ontario Medical Associates **(107, 108, 112, 113)**. OhioHealth Mansfield Hospital offers pediatric therapy, which serves children with special needs by providing therapeutic activities to children with (a) attention deficit disorders, (b) autism, (c) pervasive developmental disorder, (d) cerebral palsy, (d) developmental delays, (e) feeding and swallowing disorders, (f) genetic disorders, (g) hand injuries, (h) head or spinal cord injuries, (i) hearing impairment, (j) juvenile arthritis, (k) learning disabilities, (l) mental retardation, (l) orthopedic injuries, (m) sensory integration dysfunction, (n) spina bifida, (o) stuttering, and (p) verbal or motor apraxia **(107)**.

A2. **Third Street Family Health Services** — provides comprehensive services for the entire family, including medical, dental, behavioral and OB/GYN services **(143-145).**

B. Community Resources

B1. **Richland County Children Services** — services for children and families include: (a) intake services, (b) prevention services, (c) protective services, (d) kinship services, and (e) foster care and adoption services **(118-119)**. 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 ensures that children are placed in safe foster homes until family reunification is possible. Richland County Children Services is also a member of ProtectOHIO consortium, which allows the organization to have more freedom and discretion when using federal dollars to more effectively address current needs of children and families **(118)**. Examples of creative programs include Family Team Meetings and Kinship and Richland County Children Services as part of the Primary Parent Partner program where families who were successful in completing case plans are being partnered with families who are struggling. In Richland County, this program is called "Helping Ohio Parent Effectively" (HOPE) **(118)**.

The Richland County Children Services Board offers "Kinship Services," which assist families obtain benefits and services that help solve issues leading to child abuse and/or neglect. Kinship placements enable stability and ensure feeling of belongingness in the absence of parents.

B2. **Richland Public Health** — various departments, including the Environmental Health Division, Health Promotion/ Education, Public Health Clinic, Public Health Nursing, Vital Statistics, and Women, Infants and Children, have programs and services focused on the entire family. For example, Richland Public Health publicized that April is Healthy Homes Awareness Month and the seven principles of having a healthy home — and healthy life — are those that are: (a) dry, (b) clean, (c) safe, (d) well ventilated, (e) free of contaminants, (f) maintained well, and (g) free of pests **(129)**.

B3.	**Richland County Youth and Family Council (127)** — instrumental in leading an effective coordination of community services for families and children to meet their needs and responsibilities. The Council is committed in promoting child well-being through initiatives that support parents and newborns, readiness and success in school, healthy behaviors and choices, and successful transitioning of youth into adulthood. The Council organizes "Boot Camp for New Dads/Dad Day Out" where dads who survived first months of parenthood share their journey towards fatherhood and show basic skills in taking care of the baby.

B4.	**Richland County Fatherhood Initiative** — aims to improve the well-being of children through responsible fatherhood. The Fatherhood Initiative has support from the Child Support Enforcement Agency, Richland County Children Services, Richland County commissioners, leaders in public office and Richland County residents **(57)**.

B5.	**Community Health Access Project (CHAP)** — the use of community health workers to connect persons and families to community resources has improved birth outcomes and overall health status of persons served **(11)**.

B6.	**Schools** — the school districts in Richland County, Ohio are all actively involved in providing nutritious breakfast and lunch options as well as opportunities for physical activity. These schools include Clear Fork Valley School District, Foundation Academy School District, Goal Digital Academy School District, Imac School District, Lexington Local School District, Lucas Local School District, Madison Local School District, Mansfield City School District, Mansfield Community School District, Mansfield Elective Academy School District, Mansfield Elective Academy School District, Mansfield Enhancement Academy School District, Mid-Ohio Esc., Ontario Local School District, Pioneer Career add Technology, and Shelby City School District. For example, Mansfield City Schools Food Service Department provides healthy and nutritious meals to students based on the National School Lunch and National School Breakfast program guidelines. Mansfield City Schools serves about 1800 breakfasts and 2,700 lunches per day. Mansfield City Schools Athletics Department provide opportunities for students to have ample physical activity as well **(62)**.

B7.	**Mansfield YMCA (68-69)** — offers the Richland County community with programs and services for youth development, healthy living and social responsibility. 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.

B8.	**Catalyst Life Services (13-15)** — offers mental health, alcohol and drug treatments, medical rehabilitation, and forensic services for children, adolescents and adults. Examples of services include (a) psychiatric services for adults and children, (b) a psychiatric enhancement project with Mansfield Pediatrics — 24/7 crisis response for adults and children and 24/7 emotional crisis helpline.

B9.	**The Ocie Hill Neighborhood Center (31, 141)** — offers underserved families with access to community services provided onsite or by referral, including:
   a.	**Culliver Reading Center** — provides tutoring to students K–8 to improve reading skills and extra help with homework.
   b.	**The Success Center After School Program** — collaboration between the City of Mansfield and Mansfield City Schools to provide homework assistance, recreation, arts, mental health services and healthy meals for students K–12.
   c.	**Summer Enrichment Program** — this is an extension of the Success Center Program during the summer months. Students K–12 are involved in math and reading enrichment programs, recreation, arts, field trips and excursions.
   d.	**Mansfield City Schools Attendance Service** — raises awareness on the importance of attending school regularly.

e. **Mansfield Elective Academy** — a school for students K–8 who are in non-traditional families, with foster parents or grandparents. It offers a school curricula that meets academic, emotional and psychosocial needs of children.

f. **Mansfield Enhancement Academy/STAR and Interactive Media and Construction (IMAC)** — assists students who were unsuccessful in completing requirements for a high school diploma by way of individualized instruction and social and emotional support. The program enables students to obtain a high school diploma and the career technical skills to find employment.

g. **Help Me Grow** — a home visiting program that offers interdisciplinary, family-focused activities and community referral and developmental screenings (as needed) for children up to age three. Help Me Grow also offers education to parents who are expecting.

h. **Community Health Access Project (CHAP)** — provides access to community health workers who assist with care coordination in order to improve access to needed health and social services.

i. **Kinship Care Navigator** — serves non-parental caregivers taking care of children who are at risk of being placed under the custody of Richland County Children Services.

j. **Cosby Educational Heritage Center** — provides access to African American history, artifacts and documents.

k. **Ocie Hill Fitness Program** — provides opportunities for the entire family to be physically fit.

B10. **Friendly House (150)** — funded by United Way of Richland County, which provides crime prevention, recreation, education, health and fitness, camping, and day care programs.

B11. **Mansfield/Richland Public Library (70)** — operates various community outreach programs such as "First Call 2-1-1," outreach services, lobby stops, community lectures, homebound delivery, participation in health fairs, festivals and community meetings, services for special needs, TeacherZone, and international collaboration with Adelaide, South Australia.

B12. **Ohio Heartland Community Action Commission (97)** — provides services to Richland County residents such as Richland County Head Start and the Fatherhood Program. Richland County Head Start is a free, preschool education and socialization program for low-income families with three- to five-year-old children, including those with special needs. The Fatherhood Program helps fathers develop good relationships with their children and assist with finding jobs as needed.

B13. **Mansfield Metropolitan Housing Authority (65)** — serves low-income families and older adults of Richland County by providing affordable housing, economic opportunities and safe living conditions.

B14. **Richland County Transit** — Richland County Transit (RCT) has 12 fixed routes to the City of Mansfield and the Village of Ontario **(125-126)**. There are bus routes (#8 Glessner Ave; #13 Shelby) that service OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital **(32, 125, 126)**. RCT offers priority seating for the elderly and/or persons with disabilities, Dial-A-Ride and RCT-Plus Senior Shopping Services **(125-126)**.

B15. **Ohio District Five Area Agency on Aging (95)** — examples of services for Richland County residents include: (a) access to long-term care services through the Aging and Disability Resource Network, (b) personal care, (c) homemakers, (d) home-delivered meals, (e) transportation, (f) caregiver assistance, (g) adult day services, (h) energy assistance, (i) minor home modification, (j) long-term care planning, (k) advice on housing options, (l) safety monitoring and assistance with household chores, and (m) assistance with prescription drugs.

B16. **Richland County Coalition on Housing and Homelessness** — conducts point-in time surveys of homeless persons in Richland County **(43)**. The Coalition addresses housing needs of the community through community discussions **(134)**. Coalition members include Volunteers of America, Harmony House, domestic violence shelters, Parent Aide, Catholic Charities, Richland County Foundation, Mansfield City Schools, District Five Ohio Area Agency on Aging, Community Action Commission of Erie, Huron and Richland Counties, Inc., and "First Call 2-1-1" **(134)**.

B17. **Catholic Charities (16)** — examples of charitable activities in Mansfield, Ohio include "Harvest of H.O.P.E. Breakfast," Midas Drive Out Hunger Campaign to Benefit H.O.P.E. Food Pantries, Bridges Out of Poverty Workshop, hosting of the Fifth Annual Consumer Resource Fair, Community Emergency Services, and legal guardianship and payee services.

B18. **Community Action for Capable Youth (35)** — offers health and safety education programs for youth, parenting programs and promotes community awareness related to alcohol and substance abuse and smoking cessation.

B19. **North End Community Improvement Collaborative (86)** — examples of programs include (a) "Community Tool Shed," where residents are allowed to borrow yard and garden tools to help maintain their yard; (b) "Senior Meetings," allows networking and intergenerational interactions; and (c) housing initiatives, which identify unsafe housing that leads to neighborhood problems such as crime, health and safety issues, fires and decrease of property value in neighboring homes.

B20. **Active Design Initiative (18)** — commissioned by Richland Public Health to develop an effective strategy to promote physical activity and healthy living in Richland County. The overarching goals of the project are to: (a) prioritize walking, biking and use of public transportation, (b) provide physical and economic mobility services for underprivileged groups, (c) develop parks as a community health asset, and (d) strengthen community pride.

F. Evaluation of the Impact of Actions Taken by the Hospital to Address Significant Health Needs Identified in the 2013 Board-Approved CHNA

Appendix C summarizes the impact of OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital community benefit programs that addressed the priority health needs in the 2014 board-approved community health needs assessment and implementation strategy **(100-101)**.

References

(1)   Abraxas Ohio. (n.d.). Shelby, OH. Retrieved November 11, 2015, from **http://www.abraxasyfs.com/facilities/abraxasohio/**

(2)   Advameg, Inc. (2015). MedCentral Health System- Mansfield, OH. Retrieved September 16, 2015, from **http://www.hospital-data.com/hospitals/MEDCENTRAL-HEALTH-SYSTEM-MANSFIELD.html**

(3)   American Lung Association of the Midland States. (2015). Asthma 1-2-3. Retrieved September 24, 2015, from **http://www.lung.org/associations/charters/midland-states/learning-opportunities/patient-family/asthma-education-programs/Asthma-1-2-3.html**

(4)   American Lung Association. (2015). Freedom from smoking. Retrieved September 21, 2015, from **http://www.lung.org/stop-smoking/how-to-quit/freedom-from-smoking/?referrer=https://www.google.com/**

(5)   Ashby, C. (2010, July 26). Cops react to 'Oprah,' 'Nightline" segments on heroin. Retrieved July 13, 2015, from **http://www.norwalkreflector.com/article/55527**

(6)   Avita Health System. (n.d.). Education. Retrieved November 11, 2015, from **http://avitahealth.org/dwp/nmp/services/education.html**

(7)   Baby & Me™ Tobacco-Free. (2013). Healthy babies born on time. Retrieved September 26, 2015, from **babyandmetobaccofree.org/pages/Program.html**

(8)   Balmert, J. (2014, September 8). 30 percent of Richland children in poverty. Retrieved July 14, 2015, from **http://www.mansfieldnewsjournal.com/story/news/local/2014/09/08/percent-richland-children-poverty/15306923/**

(9)   Big Brothers Big Sisters of North Central Ohio. (2015). Our programs. Retrieved September 28, 2015, from **http://www.tobeabig.com/our-programs**

(10)   Busbey, T. (2015, September 17). OhioHealth MedCentral honored by American Cancer Society. Retrieved September 17, 2015, from **http://www.richlandsource.com/news/ohiohealth-medcentral-honored-by-american-cancer-society/article_3d11029c-563a-11e5-ad98-6b10ccfd6ba9.html**

(11)   Care Coordination Systems. (2015). Case Study. The Community Health Access Project (CHAP) – Richland County. Retrieved September 27, 2015, from **http://carecoordinationsystems.com/case-studies/community-health-access-project-chap-1/**

(12)   Carr, D. (2015, September 16). Mansfield schools approve three-year agreement with OhioHealth MedCentral. Retrieved September 16, 2015, from **http://www.richlandsource.com/education/mansfield-schools-approve-three-year-agreement-with-ohiohealth-medcentral/article_5a1a0974-5c0c-11e5-b27c-6fe1b34ce846.html**

(13)   Catalyst Life Services. (2013). Catalyst Life Services. Annual report fiscal year 2013. July 1, 2012 – June 30, 2013. Retrieved September 28, 2015, from **http://www.catalystlifeservices.org/upload/documents/2013AnnRep-web.pdf**

(14)   Catalyst Life Services. (2015a). Catalyst companies. Retrieved September 16, 2015, from **http://www.catalystlifeservices.org/catalyst-companies**

(15)   Catalyst Life Services. (2015b). Welcome. Retrieved September 23, 2015, from **http://www.catalystlifeservices.org/**

(16)   Catholic Charities. (2015). Mansfield. Retrieved September 28, 2015, from **https://catholiccharitiesnwo.org/office-locations/**

(17)   Caudill, M. (2015). Sheriff's office bringing D.A.R.E. back to county. Mansfield News Journal, February 18, 2015. Retrieved July 13, 2015, from **http://www.mansfieldnewsjournal.com/story/news/local/2015/02/18/sheriffs-office-bringing-dare-back-county/23642509/**

References *(continued)*

(18) Center for Active Design™. (n.d.).Active design: Redefining Richland. Workshop Summary Report. Retrieved September 28, 2015, from **http://centerforactivedesign.org/richlandcounty**

(19) Centers for Disease Control and Prevention. (2015a). Health indicators warehouse. Fair or poor health: adults (percent). Retrieved April 13, 2015, from **http://www.healthindicators.gov/Indicators/Fair-or-poor-health-adults-percent_5/Profile/ClassicData**

(20) Centers for Disease Control and Prevention. (2015b). Older adult preventable hospitalizations. Retrieved April 10, 2015, from **http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/OH/Richland/310020**

(21) Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. (2015, January 28). Diabetes public health resource. Registry of recognized programs. Retrieved September 15, 2015, from **https://nccd.cdc.gov/DDT_DPRP/Registry.aspx**

(22) Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. (2015, July 22). Smoking and tobacco use. Retrieved September 21, 2015, from **http://www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/cigars/index.htm**

(23) Centers for Disease Control and Prevention. National Center for Health Statistics. (n.d.) Asthma Medicare beneficiaries (count). Richland County, Ohio. Retrieved July 15, 2015, from **http://www.healthindicators.gov/Indicators/Asthma-Medicare-beneficiaries-count_50007/Profile/ClassicData**

(24) Centers for Disease Control and Prevention. National Center for Health Statistics. (n.d.). Cancer deaths, total (per 100,000). Retrieved July 15, 2015, from **http://www.healthindicators.gov/Indicators/Cancer-deaths-total-per-100000_486/Profile**

(25) Centers for Disease Control and Prevention. National Center for Health Statistics. (n.d.). Chronic lower respiratory disease deaths (per 100,000). Retrieved July 15, 2015, from **http://www.healthindicators.gov/Indicators/Chronic-lower-respiratory-disease-deaths-per-100000_50012/Profile/Data**

(26) Centers for Disease Control and Prevention. National Center for Health Statistics. (n.d.). Health indicators by topic. Retrieved June 30, 2015, from **http://www.healthindicators.gov/**

(27) Centers for Disease Control and Prevention. National Center for Health Statistics. (n.d.). Heart disease deaths (per 100,000). Retrieved July 15, 2015, from **http://www.healthindicators.gov/Indicators/Heart-disease-deaths-per-100000_83/Profile**

(28) Centers for Disease Control and Prevention. National Center for Health Statistics. (n.d.). Infant deaths, all (per 1,000 live births). Retrieved April 8, 2015, from **http://www.healthindicators.gov/Indicators/Infant-deaths-all-per-1000-live-births_1158/Profile/ClassicData**

(29) Centers for Disease Control and Prevention. National Center for Health Statistics. (n.d.). Stroke deaths (per 100,000). Retrieved July 15, 2015, from **http://www.healthindicators.gov/Indicators/Stroke-deaths-per-100000_881/Profile/Data**

(30) ChooseMyPlate.gov. (2015). MyPlate. Retrieved September 15, 2015, from **http://www.choosemyplate.gov/about**

(31) City of Mansfield. (n.d.). Ocie Hill Center. Retrieved September 28, 2015, from **http://www.ci.mansfield.oh.us/departments-sp-783975672/regional-community-advancement.html?id=350**

(32) City of Shelby. (n.d.). City of Shelby Health Department. Services offered. Retrieved September 24, 2015, from **http://rgsmithcompany.com/shelbyohio/health.html**

(33) City of Shelby. (n.d.). Transportation. Retrieved June 29, 2015, from **http://www.shelbyohio.org/index.php/community/transportation**

(34) Columbus Dispatch. (2015, July 14). Database: Ohio Unemployment Rates. Retrieved July 14, 2015, from **http://www.dispatch.com/content/pages/data/business-consumer/unemployment/unemployment.html**

References *(continued)*

(35)   Community Action for Capable Youth. (2015). Programs. Retrieved September 16, 2015, from
http://www.cacyohio.org/programs

(36)   Community Health Access Project. (n.d.). CHAP Institute- Pathways. Retrieved September 28, 2015, from **http://
chap-ohio.net/press/?page_id=14**

(37)   Community Health Access Project. (n.d.). Welcome to CHAP. Connecting those at risk to care. Retrieved September
25, 2015, from **chap-ohio.net/press/**

(38)   County Health Rankings. (2015). County health rankings and roadmaps. Ohio. Richland County additional measures.
Retrieved April 14, 2015, from **http://www.countyhealthrankings.org/app/ohio/2014/rankings/richland/county/
additional/9/additional**

(39)   County Health Rankings. (2015). County Health rankings and roadmaps. Ohio. Richland County snapshot.
Retrieved April 10, 2015, from **http://www.countyhealthrankings.org/app/ohio/2014/rankings/richland/county/
additional/9/snapshot**

(40)   Cribs for Kids®. (n.d.). Find a partner. Retrieved September 26, 2015, from **www.cribsforkids.org/find-a-chapter/**

(41)   Day, C. (2015, July 21). Newborn addiction on the rise in Richland County. Retrieved September 16, 2015, from **http://
www.mansfieldnewsjournal.com/story/news/local/2015/07/11/newborn-addition-rise-richland-county/30018305/**

(42)   Dech, E. (2014, November 29). County children can receive free dental care from local clinic. Retrieved June 30, 2015,
from **http://www.richlandsource.com/news/county-children-can-receive-free-dental-care-from-local-clinic/
article_9107af88-741b-11e4-b8ac-cbb720bed363.html**

(43)   Dech, E. (2015, June 28). "Steady population" of homeless in Richland County. Retrieved September 28, 2015, from
**http://www.richlandsource.com/news/steady-population-of-homeless-in-richland-county/article_e2aca616-
168e-11e5-a61a-d30bae18ca14.html**

(44)   Durbin, K. (2015, June 2). Mental health agencies "wrap services around" ill. A number of community agencies can
wrap services around individuals to make them well. Retrieved September 15, 2015, from
http://www.mansfieldnewsjournal.com/story/news/local/2015/06/02/mental-illness-services/28370117/

(45)   Durbin, K. (2015, March 18). OhioHealth MedCentral praised for hiring disabled workers. Retrieved September 16,
2015, from **http://www.mansfieldnewsjournal.com/story/news/local/2015/03/18/ohiohealth-medcentral-praised-
hiring-disabled-workers/24989439/**

(46)   Foundations for Living. (2015). Types of treatment. Retrieved September 23, 2015, from
http://www.foundationsforliving.net/treatment-services/

(47)   Fulk, J.K. (2015a). Chocolate doesn't have to be a forbidden food. Retrieved September 15, 2015, from
http://www.medcentral.org/main/Chocolatedoesnthavetobeaforbiddenfood.aspx

(48)   Fulk, J.K. (2015b). Eat smart, stress less. Retrieved September 15, 2015, from **http://www.medcentral.org/main/
Eatsmartstressless.aspx**

(49)   Fulk, J.K. (2015c). Get a taste of nutrition. Retrieved September 15, 2015, from **http://www.medcentral.org/main/
NutritionMonthGetatastefornutrition.aspx**

(50)   Fulk, J.K. (2015d). Nutrition: It's a matter of fact. Retrieved September 15, 2015, from **http://www.medcentral.org/
main/NutritionItsaMatterofFact.aspx**

(51)   Fulk, J.K. (2015e). Plan a safe and healthy picnic. Retrieved September 15, 2015, from **http://www.medcentral.org/
main/Planasafeandhealthypicnic.aspx**

References *(continued)*

(52) Harrell, C. (2014, March 10). Home for human trafficking victims in Mansfield. Retrieved July 13, 2015, from **http://www.richlandsource.com/news/home-for-human-trafficking-victims-to-open-in-mansfield/article_2c397822-a8c2-11e3-8431-10604b9ffeb8.html**

(53) Holtsberry, K. (2015, March 18). OhioHealth MedCentral honored as a Champion of Opportunity. Retrieved September 16, 2015, from **http://ood.ohio.gov/Portals/0/OhioHealth%20MedCentral%20Champion%20Award%20PR%2003182015%20FINAL.pdf**

(54) Internal Revenue Service. (2015, February 2). TD 9708. Additional requirements for charitable hospitals; Community health needs assessments for charitable hospitals; Requirement of a Section 4959 excise tax return and time for filing the return. Retrieved September 9, 2015, from **http://www.irs.gov/irb/2015-5_IRB/ar08.html**

(55) Ison, J. (2015, July 21). Ohio babies born into addiction up 750 percent. Retrieved September 16, 2015, from **http://www.mansfieldnewsjournal.com/story/news/local/2015/07/11/ohio-babies-born-addiction-percent/30017789/**

(56) Johnson, E. (2014, April 24). CASA serving local communities, seeks volunteers. Retrieved September 29, 2015, from **http://www.richlandsource.com/news/casa-serving-local-community-seeks-volunteers/article_99cc111c-cb02-11e3-b9e4-0017a43b2370.html**

(57) Johnson, E. (2014, January 24). Richland County moving forward with Fatherhood Initiative. Retrieved September 27, 2015, from **http://www.richlandsource.com/news/richland-county-moving-forward-with-fatherhood-initiative/article_8f6bcfb0-8466-11e3-9d2c-bb216e45d3d2.html**

(58) Johnson, E. (2014, May 19). Unique dining experience offered through "A Moveable Feast". Retrieved September 18, 2015, from **http://www.richlandsource.com/life_and_culture/unique-dining-experience-offered-through-a-moveable-feast/article_4401dac8-db65-11e3-8388-001a4bcf6878.html**

(59) Klaserner, M. (2014a). Fired Up About Nutrition. Volume 1, Issue 1 [Brochure]. Mansfield, OH: OhioHealth MedCentral Mansfield and Ashland University.

(60) Klaserner, M. (2014b). Fired Up About Nutrition. Volume 1, Issue 2 [Brochure]. Mansfield, OH: OhioHealth MedCentral Mansfield and Ashland University.

(61) Mansfield YMCA. (2015). Programs. Retrieved September 28, 2015, from **http://www.mansfieldy.org/programs/social-responsibility**

(62) Mansfield City Schools. (n.d.). Departments. Retrieved September 28, 2015, from **http://www.tygerpride.com/Departments.aspx**

(63) Mansfield Division of Police. (2014). Community programs. Retrieved September 16, 2015, from **http://www.mansfieldpolicedepartment.com/daresro.html**

(64) Mansfield Division of Police. (n.d.). D.A.R.E. and School Resource Officer. Retrieved July 13, 2015, from **http://www.mansfieldpolicedepartment.com/daresro.html**

(65) Mansfield Metropolitan Housing Authority. (n.d.). Tenant information. Retrieved November 11, 2015, from **http://www.mansfieldmha.org/tenant-information/**

(66) Mansfield News Journal. (2014, July 19). MedCentral targets pre-diabetes in county. Retrieved September 15, 2015, from **http://www.mansfieldnewsjournal.com/story/news/local/2014/07/19/medcentral-targets-pre-diabetes-in-county/12889315/**

(67) Mansfield Urban Minority Alcoholism and Drug Abuse Outreach Program, Inc. (n.d.). Mansfield UMADAOP Services. Retrieved September 23, 2015, from **http://www.mansfieldumadaop.com/Services.html**

(68) Mansfield YMCA. (2015a). About us. Retrieved September 29, 2015, from **http://www.mansfieldy.org/about-us**

References *(continued)*

(69) Mansfield YMCA. (2015b). Health, well-being and fitness. Retrieved September 24, 2015, from
http://www.mansfieldy.org/programs/health-well-being-and-fitness

(70) Mansfield/Richland County Public Library. (2015). Community. Retrieved September 28, 2015, from **www.mrcpl.org/community**

(71) Martz, L. (2015, March 2). Hey, new dads: need training? Retrieved September 27, 2015, from
http://www.mansfieldnewsjournal.com/story/news/local/2015/03/02/hey-new-dads-need-training/24285741/

(72) Martz, L. (2015, March 20). Local task force fighting to reduce infant mortality. Retrieved July 10, 2015, from
http://www.mansfieldnewsjournal.com/story/news/local/2015/03/19/local-task-force-fighting-reduce-infant-mortality/25019045/

(73) Mary McLeod-Bethune Intervention and Enrichment Center. (2014). MBIE New Freedom Transportation Services. Retrieved June 29, 2015, from **http://www.mbie.org/transportation.html**

(74) Melissa Data Corporation. (2015). Zip codes serving the county of Richland, Ohio. Retrieved September 17, 2015, from **http://www.melissadata.com/lookups/CountyZip.asp?fips=39139**

(75) Mental Health and Recovery Services Board of Richland County. (2015a). 2014 Community Plan. Retrieved July 14, 2015, from **http://www.richlandmentalhealth.com/news-and-publications/community-plan**

(76) Mental Health and Recovery Services Board of Richland County. (2015b). Service provider agencies. Retrieved September 23, 2015, from **http://www.richlandmentalhealth.com/service-provider-agencies**

(77) Mental Health and Recovery Services Board of Richland County. (n.d.). *ROSC: a Richland County Mental Health and Recovery Services Board report to the community* [Brochure]. Mansfield, Ohio: Author.

(78) Mid-Ohio Educational Service Center. (n.d.). Services. Retrieved September 29, 2015, from
www.moesc.net/?page_id=20

(79) Mid-State Television, Inc. OhioHealth MedCentral given award from Cancer Society. Retrieved September 17, 2015, from **http://www.wmfd.com/local-news/single.asp?story=65540**

(80) Mike DeWine. Ohio Attorney General. (2015). Domestic violence reports 2014. Retrieved July 3, 2015, from **http://www.ohioattorneygeneral.gov/Law-Enforcement/Services-for-Law-Enforcement/Domestic-Violence-Reports/Domestic-Violence-Reports-2014**

(81) Murphy, S.L., Xu, J., Kochanek, K.D. (2013, May). Deaths: Final Data for 2010. National Vital Statistics Reports, 61 (4). Retrieved March 25, 2015, from **http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf**

(82) National Alliance on Mental Illness. (2015). Find your local NAMI. Retrieved September 16, 2015, from
https://www.nami.org/Find-Your-Local-NAMI

(83) National Alliance on Mental Illness. Ohio. (n.d.). NAMI Richland County. Retrieved September 23, 2015, from **http://www.namiohio.org/mental_health_affiliates/affiliate/97**

(84) National Association of County and City Health Officials (NACCHO). (n.d.). Community health assessments and community health improvement plans for accreditation preparation demonstration project. Retrieved September 18, 2015, from **http://www.naccho.org/topics/infrastructure/CHAIP/upload/Final-Issue-Prioritization-Resource-Sheet.pdf**

(85) North Central College. (n.d.). Child Development Center. Retrieved September 29, 2015, from
www.ncstatecollege.edu/cms.child-development-center.html

(86) North End Community Improvement Collaborative. (2014.). Annual report 2013-2014. Retrieved September 28, 2015, from **http://www.necic-ohio.org/wp-content/uploads/2010/10/Annual-Report-2013-2014-Web-Layout-Small.pdf**

References (continued)

(87) Ohio Department of Health (2014, October). Death – Data and Statistics. Retrieved March 25, 2015, from **http://www.odh.ohio.gov/healthStats/vitalstats/deathstat.aspx**

(88) Ohio Department of Health and The Ohio State University. (2014, March). Cancer in Ohio 2014. Ohio Cancer Incidence Surveillance System. Retrieved April 8, 2015, from **http://www.healthy.ohio.gov/~/media/HealthyOhio/ASSETS/Files/OCISS/Reports/Cancer%20in%20Ohio%202014.ashx**

(89) Ohio Department of Health. (2012). Richland County. Ohio Oral Health Surveillance System, 2012. Retrieved September 18, 2015, from **http://publicapps.odh.ohio.gov/oralhealth/ReportsDisplay.aspx?Report=BOHSReport&Format=pdf&CountyName=Richland&ReportVersion=2012**

(90) Ohio Department of Health. (n.d.). Ohio's Infant Safe Sleep Law. Retrieved October 15, 2015, from **http://www.odh.ohio.gov/features/odhfeatures/SafeSleep/Ohio%20Infant%20Safe%20Sleep%20Law.aspx**

(91) Ohio Department of Health. (n.d.). The burden of asthma in Ohio 2012. Retrieved April 13, 2015, from **http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/eh/asthma/Burden%20of%20Asthma%20in%20Ohio%202012.ashx**

(92) Ohio Department of Medicaid. (n.d.). Attention: All presumptive eligibility providers. Retrieved September 26, 2015, from **http://medicaid.ohio.gov/PROVIDERS/Training/PresumptiveEligibility.aspx**

(93) Ohio Development Services Agency. (2015). The Ohio poverty report. January 2015. Retrieved July 14, 2015, from **http://development.ohio.gov/files/research/P7005.pdf**

(94) Ohio Development Services Agency. (n.d.). County trends. Retrieved September 17, 2015, from **http://www.development.ohio.gov/reports/reports_countytrends_map.htm**

(95) Ohio District 5 Area Agency on Aging. (2015). Services. Retrieved September 28, 2015, from **http://www.aaa5ohio.org/services/services-overview/**

(96) Ohio Health Issues Poll. (2014, August). Rate of Ohio adults without health insurance drops. Retrieved April 1, 2015, from **https://www.interactforhealth.org/upl/OHIP_Uninsured_FINAL_082514.pdf**

(97) Ohio Heartland Community Action Commission. (n.d.). Richland County. Retrieved September 28, 2015, from **http://www.ohcac.org/services/richland-county/**

(98) Ohio Hospital Association. (n.d.). Presumptive eligibility. Retrieved September 26, 2015, from **http://ohiohospitals.org/Policy-Advocacy/Finance-Policy/Medicaid/Medicaid-Presumptive-Eligibility.aspx**

(99) OhioHealth. (2014, March 3). For patients and visitors. Retrieved September 15, 2015, from **https://www.ohiohealth.com/**

(100) OhioHealth. (2014a, May). OhioHealth MedCentral Mansfield Hospital and OhioHealth MedCentral Shelby Hospital implementation strategy to meet community health needs. Columbus, OH: Author.

(101) OhioHealth. (2014b, May). OhioHealth MedCentral Mansfield Hospital community health needs assessment. Retrieved September 24, 2015, from **https://www.ohiohealth.com/mansfieldcommunityhealthneedsassessment/**

(102) OhioHealth. (2015a). Diabetes Self-Management Education. Retrieved September 25, 2015, from **https://www.ohiohealth.com/mansfielddiabetesservices**

(103) OhioHealth. (2015b). MedCentral Mansfield and MedCentral Shelby Hospitals become members of OhioHealth. Retrieved September 16, 2015, from **https://www.ohiohealth.com/newsarticles/medcentral_welcome_and_groundbreaking/**

(104) OhioHealth. (2015c). OhioHealth boilerplate. Retrieved November 11, 2015, from **https://www.ohiohealth.com/boilerplate/**

References *(continued)*

(105) OhioHealth. (2015d). OhioHealth endocrinology physicians. Services offered. Retrieved September 24, 2015, from **http://ohiohealthendophysiciansnorth.com/Services.aspx**

(106) OhioHealth. (2015e). OhioHealth MedCentral Mansfield Hospital. Nationally ranked heart and vascular care. Just a heartbeat away. Retrieved September 24, 2015, from **https://www.ohiohealth.com/mansfieldheartcare/**

(107) OhioHealth. (2015f). Pediatric therapy. Retrieved September 27, 2015, from **www.medcentral.org/Main/PediatricTherapy.aspx**

(108) OhioHealth. (2015g). Physician locator. Retrieved September 27, 2015, from **www.medcentral.org/main/findadoctor.aspx**

(109) OhioHealth. (2015h). Research at the McConnell Center. Retrieved September 15, 2015, from **https://www.ohiohealth.com/mcconnell-research/**

(110) OhioHealth. (2015i). Smoking. Retrieved September 16, 2015, from **http://www.medcentral.org/Main/StaywellProducts.aspx?taxonomy=StaywellServiceLines**

(111) OhioHealth. (2015j). Understanding the power of addiction. Retrieved September 16, 2015, from **http://www.medcentral.org/Main/HealthLibrary.aspx?taxonomy=StaywellServiceLines**

(112) OhioHealth. (2015k). Welcome to OhioHealth Mansfield Hospital. Retrieved November 11, 2015, from **https://www.ohiohealth.com/mansfield/**

(113) OhioHealth. (2015l). Welcome to OhioHealth Shelby Hospital. Retrieved November 11, 2015, from **https://www.ohiohealth.com/shelby/**

(114) OnPointe Strategic Insights, LLC. (2015). About us. Retrieved September 17, 2015, from **http://www.stayonpointe.com/meet-onpointe/**

(115) Ouriel, A. (2015, May 18.). Drug program making meds affordable. Retrieved July 9, 2015, from **http://www.sanduskyregister.com/news/local/8058911**

(116) PRNewswire Association, LLC. (2015). Community-oriented providers deliver on promise of Karon's law. Ohio's pioneering prescription drug recycling program gains national momentum. Retrieved September 21, 2015, from **http://www.prnewswire.com/news-releases/community-oriented-providers-deliver-on-promise-of-karons-law-55943597.html**

(117) Redding, S., Conrey, E., Porter, K., Paulson, J., Hughes, K., and Redding, M. (2014). Pathways community care coordination in low birth weight prevention. Retrieved September 25, 2015, from **http://www.ncbi.nlm.nih.gov/pubmed/25138628**

(118) Richland County Children Services. (2014). Richland County Children Services. 2014 annual report to our community. Retrieved September 26, 2015, from **http://www.richlandcountychildrenservices.org/upload/2014_Latest_Annual_Report.pdf**

(119) Richland County Children Services. (2015). Services. Retrieved September 26, 2015 from **www.richlandcountychildrenservices.org/services**

(120) Richland County Mental Health and Recovery Services Board. (2015a). Programs and services. Retrieved September 16, 2015, from **http://www.richlandmentalhealth.com/programs-and-services**

(121) Richland County Mental Health and Recovery Services Board. (2015b). ROSC: A Richland County Mental Health and Recovery Services Board Report to the community [Brochure]. Mansfield, OH: Author.

(122) Richland County Partners Community Health Assessment Collaborative. (2012, February). Richland County Community Health Assessment 2011. Retrieved September 17, 2015, from **http://www.richlandhealth.org/upload/documents/HealthAssessmentRichlandCounty2011.pdf**

References *(continued)*

(123) Richland County Regional Planning Commission. (n.d.). Home. Retrieved September 29, 2015, from **www.rcrpc.org/ index.php**

(124) Richland County Strategic Planning Committee. (2013, July). Richland County Community Health Improvement Plan 2013. Retrieved July 10, 2015, from **http://www.richlandhealth.org/upload/documents/RichlandCounty_CHIP_ July2013.pdf**

(125) Richland County Transit. (n.d.). About us. Welcome. Retrieved September 28, 2015, from **http://www.rctbuses.com/ about-rct.html**

(126) Richland County Transit. (n.d.). Choose a service. Retrieved June 29, 2015, from **http://www.rctbuses.com/shelby-taxi-service.html**

(127) Richland County Youth and Family Council. (n.d.). Programs and services. Retrieved September 24, 2015, from **http://www.richlandcountyyouthandfamilycouncil.org/programs-and-services**

(128) Richland Public Health. (2015a). Creating Healthy Communities. Retrieved September 24, 2015, from **http://www.richlandhealth.org/my-community/creating-healthy-communities**

(129) Richland Public Health. (2015b). Healthy Homes Month. Retrieved September 28, 2015, from **http://www.richlandhealth.org/blog/2015/03/26/healthy-homes-month**

(130) Richland Public Health. (2015c). Infant mortality. Retrieved September 21, 2015, from **http://www.richlandhealth.org/my-community/infant-mortality**

(131) Richland Public Health. (2015d). Newborn home visits. Retrieved September 25, 2015, from **www.richlandhealth.org/personal-health**

(132) Richland Public Health. (2015e). Who we are. Annual reports. Retrieved November 11, 2015, from **http://www.richlandhealth.org/who-we-are/annual-reports**

(133) Richland Source. (2014, February 22). MedCentral Home care and Hospice recognized for care of veterans. Retrieved September 17, 2015, from **http://www.richlandsource.com/news/medcentral-home-care-and-hospice-recognized-for-care-of-veterans/article_d4415b74-9a72-11e3-96bf-0017a43b2370.html**

(134) Ross-Taylor, A. (2014, May 30). Housing and homelessness coalition hears about fatherhood initiative. Retrieved September 28, 2015, from **http://www.richlandsource.com/news/housing-and-homelessness-coalition-hears-about-fatherhood-initiative/article_888d3778-e6b4-11e3-8473-10604b9ffeb8.html**

(135) Ross-Taylor, A. (2015, January 30). Urban agriculture gains growing interest in Richland County. Retrieved September 21, 2015, from **http://www.richlandsource.com/life_and_culture/urban-agriculture-gains-growing-interest-in-richland-county/article_2bfb57ca-a7dd-11e4-a411-9bcc3b0b3f9d.html**

(136) Shelby Home and Public Health. (n.d.). Home healthcare- serving Ashland, Crawford, Huron, Morrow and Richland Counties. Retrieved September 24, 2015, from **http://www.shelbyhomeandpublichealth.org/index.php/home-health**

(137) Smalley, K. (2014, July 21). Diabetes Prevention Program offered in Mansfield and Shelby. Retrieved September 15, 2015, from **http://crawfordcountynow.com/local/diabetes-prevention-program-offered-in-mansfield-and-shelby/**

(138) The Annie E. Casey Foundation. (2015). Kids Count Data Center. Retrieved November 11, 2015, from **http://datacenter. kidscount.org/data/tables/7190-child-population?loc=37&loct=5#detailed/5/5178-5265/false/36,868,867,133/ any/15123**

(139) The Center for Community Solutions. (n.d.). Food insecurity. Retrieved July 13, 2015, from **http://www.communitysolutions.com/food-insecurity-neorio**

References *(continued)*

(140) The Daniel Plan. (2013). Welcome to The Daniel Plan. Retrieved September 22, 2015, from **https://www.danielplan.com/start/**

(141) The Ocie Hill Neighborhood Center. (n.d.). The City of Mansfiled Department of Regional Community Advancement. The Ocie Hill Neighborhood Center. Retrieved September 28, 2015, from **http://ci.mansfield.oh.us/pdf/OcieHillBrochure.pdf**

(142) The North End Community Improvement Collaborative, Inc. (2010). Community gardens. Retrieved September 18, 2015, from **http://www.necic-ohio.org/#19**

(143) Third Street Family Health Services. (2015a). Meet our primary care family. Retrieved September 26, 2015, from **www.tsfhs.org/primary-care-family**

(144) Third Street Family Health Services (2015b). OB/GYN. Retrieved September 25, 2015, from **www.tsfhs.org/services/obgyn/**

(145) Third Street Family Health Services. (2015c). Services. Retrieved September 24, 2015, from **http://www.tsfhs.org/services/behavioral/**

(146) Trilogy Integrated Resources. (2015). Richland County. Dentist rate (per 100,000) Ohio-Richland. Retrieved June 29, 2015, from **http://richland.oh.networkofcare.org/ph/indicator.aspx?id=130&c=14**

(147) Trilogy Integrated Resources. (2015). Richland County. Public health assessment and wellness. Retrieved September 17, 2015, from **http://richland.oh.networkofcare.org/ph/county-indicators.aspx#cat2**

(148) U.S. Department of Health and Human Services. (2015, April). Healthy People 2020. Maternal, Infant, and Child Health. Retrieved April 8, 2015, from **http://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives**

(149) U.S. Department of Health and Human Services. Health Resources and Services Administration. (2015, April). Find Shortage Areas: HPSA by State and County. Retrieved April 13, 2015, from **http://hpsafind.hrsa.gov/**

(150) United Way of Richland County. (2011). Partner agencies. Retrieved July 14, 2015, from **http://unitedwayofrichlandcounty.org/Who_They_Are.php**

(151) Visiting Nurse Association of Ohio. (2015). Services. Retrieved September 23, 2015, from **http://www.vnaohio.org/our-services.html**

(152) Voxiva, Inc. and Zero to Three. (2015). Your baby has you. You have Text4baby. Retrieved September 27, 2015, from **https://www.text4baby.org/SignUp**

(153) Weinberger, A.H., Mazure, C.M., McKee, S.A., and Caulin-Glaser, T. (2014). The association of tobacco use and gender to cardiac rehabilitation outcomes: A preliminary investigation. *J. Subs Use, 19(1-2),* 171-175

(154) Whitmire, L. (2015, May 22). METRICH prostitution sweep targets 15 women, 15 men. Retrieved September 22, 2015, from **http://www.mansfieldnewsjournal.com/story/news/local/2015/05/21/sting-prostitution/27717987/**

(155) YP LLC. (2015). C & D Taxi. Retrieved September 19, 2015, from **http://www.yellowpages.com/mansfield-oh/mip/c-d-taxi-463947928#**

Appendix A

Summary of Data and Information Related to the Health Needs Identified by Community Stakeholders in Richland County, Ohio

Need #1: Access to Care

1.1. **Access to transportation services**

   + *Reasons that prevent doctor visits when sick, injured or in need of some type of healthcare (122)*: (a) Cost of healthcare services (31 percent), (b) difficulty getting an appointment (13 percent), (c) inconvenient hours (8 percent), (d) worried of being diagnosed with an illness (6 percent), (e) unable to get time off from work (6 percent), (f) no transportation or difficulty finding transportation (3 percent), (g) frightened of the procedure or doctor (3 percent), (h) don't trust or believe doctors (1 percent), and (i) other reasons (3 percent).

   + *Sought assistance for basic needs (122)*: Eighteen percent of adults obtained (a) food assistance (10 percent), rent/mortgage (7 percent), utilities (7 percent), home repair (5 percent), transportation (3 percent), clothing (3 percent), credit counseling (2 percent), legal aid services (2 percent), and free tax preparation (1 percent).

   + *Transportation issues encountered when needing health services (122)*: (a) No driver's license (8 percent), (b) no car (6 percent), (c) cannot afford gas (5 percent), (d) disabled (3 percent), (e) other car issues/expenses (3 percent), (f) car does not work (2 percent), (g) no car insurance (2 percent), and (h) inconvenience (2 percent) (Richland County Partners Community Health Assessment Collaborative 2012).

   + *Reasons for not using a program or service to help with mental health issues (122)*: (a) Not needed (72 percent), (b) have not thought of it (2 percent), (c) transportation (2 percent), (d) cannot afford to go (3 percent), and (e) other priorities (2 percent) (Richland County Partners Community Health Assessment Collaborative 2012).

   + *Availability of public transportation (33, 125, 126):* Richland County Transit has 15 fixed routes available that operate daily, except on Saturdays, Sundays and national holidays. There are bus routes (#8 Glessner Ave; #13 Shelby) that services OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital. A single trip is a dollar for children five years or older, students, senior citizen and disabled citizens while a single trip for adults is $2. (Tranfers are free for children younger than five years of age.) Richland County Transit offers "Dial-A-Ride" services — a door-to-door service provided to persons with disabilities using wheelchair accessible vehicles. "Dial-A-Ride" is provided Monday through Friday, 7 a.m. to 6 p.m. Fare is $4 per ride and $100 for an unlimited monthly pass **(125, 126)**. Richland County Transit partners with the City of Shelby and the Area Agency on Aging to provide taxi services to residents within the Shelby city limits.

   + *Availability of alternative transportation:* C&D Taxi is a privately-owned company that serves residents of Richland County **(155)**. The Mary McLeod-Bethune Intervention and Enrichment Center (MBIE) offers the MBIE New Freedom Transportation Services in Mansfield, Ohio, which provides access to public transportation daily from 8 a.m. to 11 p.m., including weekends and holidays **(73)**. The service is offered to low income seniors, veterans and disabled persons by providing transportation services to doctor's and other medical appointments **(73)**.

1.2. **Awareness of services, including presumptive eligibility, expanded service hours or locations and charity or self-pay**

   + *Choice of clinics, health centers and doctor's offices when sick or in need of health advice (122):* (a) Doctor's office or HMO clinic/health center (83 percent), (b) Emergency Department (23 percent), (c) urgent care center (12 percent), (d) hospital outpatient department (7 percent), (e) Third Street Clinic (4 percent), (f) Richland Public Health Clinic (2 percent), (g) store clinic (2 percent), (h) Shelby Home and Public Health Center (1 percent), and (i) other (6 percent).

   + *Travel distance when availing healthcare services (122):* (a) Less than 20 miles (90 percent), (b) 20 to 40 miles (7 percent), (c) 41 to 60 miles (2 percent), and (d) 60 miles or more (1 percent).

+ **Reasons for not having a usual source of medical care (122):** (a) Have not needed a doctor (29 percent), (b) no insurance or cannot afford it (12 percent), (c) previous doctor is unavailable or has moved (4 percent), and (d) other reasons (24 percent).

+ **Reasons for switching doctors (122)**: (a) Provider moved or retired (16 percent), (b) dissatisfied with former provider or liked new provider better (9 percent), (c) changed residence or moved (9 percent), (d) changed healthcare coverage (6 percent), (e) medical care needs changed (2 percent), (f) owed money to former provider (2 percent), and (g) other reasons (8 percent).

+ **Preferred source of health information or healthcare services (122):** (a) doctor (50 percent), (b) multiple ways including doctor (20 percent), (c) family member or friend (11 percent), (d) Internet (6 percent), and (e) advertising or mailings from hospitals, clinics or doctor's offices (5 percent).

+ **Richland County adults' issues regarding their healthcare coverage (122):** (a) Deductibles were too high (27 percent), (b) premiums were too high (24 percent), (c) co-pays were too high (17 percent), (d) opted out of certain coverage because of cost (9 percent), (e) high deductible with health savings account (7 percent), (f) cannot understand insurance plan (5 percent), (g) working with insurance company (4 percent), and opted out of certain coverage because did not need it (1 percent).

+ **Percent uninsured (96):** 12.2 percent of Richland County residents are uninsured compared to 11 percent overall in Ohio.

+ **Richland County as Health Profession Shortage Area (149)**: In 2012, the ratio of Richland County residents per primary care physicians was 2,152:1, compared to 1,336:1 across Ohio. In 2012, the ratio of Richland County residents per dentists was 1,467:1, compared to 1,746:1 across Ohio. In 2014, the ratio of Richland County residents per mental health providers was 564:1, compared to 716:1 across Ohio.

1.3. Access to dental care

+ **Dental visits (122):** (a) Sixty-six percent of Richland County adults had visited a dentist or dental clinic compared to 72 percent of Ohio adults; and (b) 79 percent of Richland County youths had visited the dentist for a check-up, exam, teeth cleaning or other dental work.

+ **Length of time since last visit to a dentist or dental clinic (122):** (a) Fourteen percent of Richland County adults reported between one and two years, (b) eight percent reported between two and five years, and (c) eight percent responded at least five years.

+ **Extraction of permanent teeth due to tooth decay or gum disease (122):** (a) Forty-four percent of adults had one or more teeth removed, (b) six percent had all of their teeth removed, and (c) 14 percent of Richland County adults over the age of 65 have had all of their teeth removed because of tooth decay or gum disease, compared to 20 percent of Ohio adults.

+ **Reasons for not visiting a dentist in the last year (122):** (a) Seventeen percent had no reason to go; (b) 13 percent had fear, apprehension, nervousness, pain and/or dislike going; (c) 11 percent could not afford the cost; and (d) two percent had no dentist.

+ **Safety Net Dental Clinics in Richland County:** Third Street Family Health Clinic (serves families) and Mansfield/Richland County Dental Clinic (serves children).

+ **Mansfield/Richland County Dental Clinic (42)**: provides free dental care for students K–12 who lack dental insurance or an Ohio medical card. These students are from low- to moderate-income families. Services are funded by United Way of Richland County. Services provided include cleanings, exams, fillings, extractions, some emergencies and referrals to a specialist. Seventeen dentists who work in Richland County donate time and supplies. Families must meet with a case worker and go through a financial screening process. The clinic is open Tuesday, Wednesday and Thursday from 8 a.m. to 1 p.m., by appointment only. The clinic operates 15 hours per week during the school year. Each child is given a toothbrush, toothpaste, floss/flosser, gum stimulator and discloser tablets at each cleaning visit as well as verbal instructions and demonstrations on how to use the items provided. The executive director of the Mansfield/Richland County Dental Clinic also teaches oral health to students. Emergency Departments refer patients to Mansfield/Richland County Dental Clinic, which then coordinates referrals to a local, volunteer dentists.

+ *Percent who could not receive needed dental care (89):* (a) 4.1 percent among those younger than 18 years old, (b) 12.6 percent among those 18 to 64 years old, and (c) 6.7 percent among persons 65 years or older.

+ *Dentists in Richland County (89):* Seventy-two licensed dentists, 58 primary care dentists and 29 dentists treats Medicaid patients.

1.4. Prescription Assistance

+ *Reasons for not getting prescribed medications (122):* (a) Could not afford to pay out-of-pocket expenses (13 percent), (b) no insurance (6 percent), (c) there was no generic equivalent of what was prescribed (6 percent), (d) co-pays were too high (4 percent), (e) stretched current prescription by taking less than prescribed (4 percent), (f) premiums were too high (3 percent), (g) taking too many medications (2 percent), (h) deductibles were too high (2 percent), (i) have high deductible with health savings account (2 percent), and (j) opted out of prescription coverage because of cost (1 percent).

+ *Reasons given by parents for not getting all of their children's prescriptions (122):* (a) Did not need (7 percent), (b) costs too much (2 percent), (c) health plan problem (1 percent), (d) cannot find a doctor who accepts child's insurance (1 percent), (e) no insurance (1 percent), (f) treatment is ongoing (1 percent), and (g) other (1 percent).

+ *Reasons of adults for not filling medications prescribed by their doctor (122):* (a) Not affordable out-of-pocket expenses (13 percent), (b) no insurance (6 percent), (c) there was no generic equivalent of prescribed medicine (6 percent), (d) co-pays were too high (4 percent), (e) stretched current prescription by taking less than prescribed (4 percent), (f) premiums were too high (3 percent), (g) taking too many medications (2 percent), (h) deductibles are too high (2 percent), (i) have high deductible with health savings account (2 percent), and (j) opted out of prescription coverage because of cost (1 percent).

+ *Local drug repository programs:* Buderer Drug Co. serves Toledo, Mansfield and Cleveland residents. The pharmacy can sell: (a) brand-name medication for $20, (b) generic-brand medication for $15, and (c) medicine by mail for an additional $8 **(115)**. According to Karon's Law, Ohio legally permits drug repositories. The law allows for nursing homes, long-term care pharmacies and wholesalers to donate unused medications for redistribution to Ohio residents who meet specific requirements **(116)**.

Need #2: Mental Health

2.1. Lack of Hope

+ *Percent of adults with mental health diagnosis (26):* (a) Depression (19 percent), mood disorder (10 percent), anxiety disorder (6 percent), other mental disorder (4 percent), psychotic disorder (<1 percent). Eight percent had taken medication for one or more mental health issues. In 2012, 16.3 percent of Medicare-fee-for-service beneficiaries in Richland County, compared to 18.1 percent across Ohio, had depression.

+ *Obtaining needed social and emotional support (122):* (a) Thirty-four percent of adults did not get the social and emotional support they need and (b) six percent of adults never get the social and emotional support they need.

+ *Lack of rest, anxiety, sadness and stress (122):* (a) Did not get enough rest or sleep (35 percent), (b) felt worried, tense or anxious (36 percent), (c) felt sad, blue or depressed (19 percent), and (d) had high stress (17 percent).

+ *Reasons for not availing programs or services for depression, anxiety or emotional problems (122):* (a) Not needed (70 percent), (b) program was used (12 percent), (c) don't know (5 percent), (d) can't afford to go (3 percent), (e) have not thought of it (3 percent), (f) stigma of seeking mental health services (2 percent), (g) other priorities (1 percent), and (h) other reasons (4 percent).

2.2. Suicide

+ ***Planned and attempted suicide (122):*** (a) One percent of adults and 13 percent of youths planned suicide and (b) less than one percent of adults and six percent of youths attempted suicide.

+ ***Suicide deaths (26):*** 12.1 per 100,000 in Richland County, compared to 12.7 per 100,000 throughout Ohio.

2.3. Lack of Self-Sufficiency/Personal Finance

+ ***Risky behaviors associated with lack of finances (122):*** Three percent of youth have engaged in some type of sexual activity in exchange for food, drugs, shelter or money.

+ ***Poverty rates:*** (a) 15.7 percent overall poverty rates in Richland County, compared to 15.8 percent in Ohio **(93)**; (b) 30 percent poverty rates among Richland County children, compared to 24 percent in Ohio; and (c) 33 percent of Richland County children received food assistance through SNAP, compared to 30 percent in Ohio **(8)**.

+ ***Unemployment rates:*** In May 2015, the unemployment rate in Richland County was 5.2 percent, compared to 4.9 percent in Ohio. In Richland County, out of 54,400 persons in the labor force, 2,800 were unemployed and 51,500 were employed **(34)**. The unemployment rate does not include individuals that have stopped looking for work and are no longer receiving unemployment benefits. Businesses are having difficulties filling positions due to (a) lack of skills and (b) 12 to 15 percent failure rate in drug screenings for new jobs **(77)**.

2.4. Transitional services to young adulthood

+ United Way of Richland County partners with various organizations such as Big Brothers, Big Sisters, Community Action for Capable Youth, Community Health Access Project and Girl Scouts of Ohio's Heartland Council **(150)**. These organizations have programs that provide evidence-based transitional services to youth.

2.5. Richland County Mental Health and Recovery Services Board Survey on "Recovery Oriented System of Care" (77, 121)

+ "Recovery-Oriented System of Care" (ROSC) is a person's perception about delivering service for persons with mental illness and/or addiction that is mainly patient- and family-centered. ROSC places emphasis on support from friends and employment as well as housing and transportation. ROSC is culturally sensitive, community-focused, accountable, effective and efficient.

+ Survey participants include Richland County (a) customers (consumers of mental health and addiction services and family members of consumers), (b) mental health and addiction service providers, (c) primary referral sources (social service agencies and criminal justice and law enforcement), (d) secondary referral sources (public officials, business and industry, and faith-based organizations. Total amount surveyed was 141, including (a) customers (54 percent), providers (9 percent), primary referral sources (22 percent), and secondary referral sources (13 percent).

+ Pertinent findings are as follows: (a) behavioral health services provided to the Richland County community are non-threatening and non-coercive and focus on recovery, resilience and trauma; (b) services by providers depend on intensity of need; (c) significant partnerships exist in the community; (d) partnerships among providers that address behavioral health and physical health were successful; and (e) partnerships among behavioral health providers and law enforcement (e.g., Crisis Intervention Team training) were successful.

+ Findings from the ROSC survey also identified areas of improvement: (a) Offer services in person's natural environment; (b) family members and other support persons would like to be more involved in the treatment of their loved ones; (c) availability of child care and transportation are barriers in accessing services; (d) need for timely access to services; (e) more mental health services need to be offered during evenings and weekends; (f) consumers, family members and support persons have to be engaged in program development, implementation, and community outreach; (g) combat stigma by seeking inputs from consumers and their families; (h) celebrate consumers achievement of recovery goals; and (i) enhance partnerships between organizations that provide behavioral health and business entities to assist consumers in obtaining employment.

Need #3: Infant Mortality

3.1. Infant mortality rate

+ Infant mortality is defined as death of a baby before age one. An infant mortality rate refers to the number of infant deaths per 1,000 live births. From 2009 to 2011, the infant mortality rate in Richland County was 10.2 per 1,000 live births, compared to 7.8 per 1,000 live births across Ohio **(28)**. Healthy People 2020's target for infant mortality was 6.0 per 1,000 live births **(148)**. Richland County's infant mortality rate was 77th worst among Ohio's 88 counties in 2011 **(130)**. In 2011, the infant mortality rate among African American infants averaged 12.5 deaths per 1,000 live births whereas infant mortality rate among White infants was 7.4 deaths per 1,000 live births **(130)**.

3.2. Recommendations of the Richland County Infant Mortality Task Force (71)

+ Recommendations of the Richland County Infant Mortality Task Force include (a) traveling display on safe sleeping environments to be placed in clinics, hospitals, WIC offices, Richland County Job and Family Services and libraries; (b) promote ABCs of Safe Sleep video from Ohio Department of Health; (c) reduce premature births; (d) provide interventions to reduce risk factors such as tobacco, alcohol and other drug use, stress, hypertension, diabetes, obesity, urinary tract infections, sexually transmitted diseases and birth spacing; (e) conduct town hall-style infant safety meetings; (f) extensive efforts to reach out to mothers at high risk; (g) encourage pregnant women to get enough folic acid and vitamins; (h) promote "First Call 2-1-1" to refer pregnant women to community resources; (i) encourage smoking cessation programs similar to the ones being administered by Richland Public Health, wherein they offer one year supply of free diapers to mothers who can prove they stopped smoking during pregnancy; and (j) use of social media, text messages and hashtags to provide information about healthy pregnancy to young women.

Need #4: Children and Family Health

4.1. Child abuse and neglect, family dynamics and father absence

+ *Adolescents adjudicated for felonies (rate per 1,000):* In 2012, the rate in Richland County was 1.2 per 1,000, compared to 1.8 per 1,000 across Ohio **(138).**

+ **Children abused and neglected (rate per 1,000):** In 2013, the rate in Richland County was 14.8 per 1,000, compared to 7.6 per 1,000 throughout Ohio (Annie E. Casey Foundation, 2015). In 2012 there were 2860 investigations of child abuse in Richland County broken down as follows: (a) 39 percent neglect, (b) 19 percent physical abuse, (c) 13 percent sexual abuse, (d) 13 percent emotional maltreatment, (e) seven percent dependency, and (f) 11 percent family in need of service **(124)**.

+ **Children in foster (substitute) care (rate per 1,000)**: 3.9 per 1,000 in Richland County, compared to 8.3 per 1,000 in Ohio **(138).**

4.2. Child/Parental Education (Healthy Behaviors and Parenting)

+ *Children in publicly funded childcare:* Of children zero to 17 years old, 2,132 enrolled in publicly funded childcare administered through the Ohio Department of Job and Family Services **(138)**.

+ *Percent of students in poverty:* Between 2013 and 2014, 53.8 percent of Richland County students, compared to 48.5 percent of students across Ohio, were either "economic disadvantaged," eligible to receive free or reduced lunches, sibling(s) eligible for free or reduced lunches, eligible to receive public assistance or parents/guardians eligible to receive public assistance, or child's parents/guardians completed the Title I student income form and meet income guidelines **(138)**.

+ *Percent of 4th grade children proficient in reading:* Based on the Ohio Achievement Assessment during the 2013–2014 school year, 88.8 percent of Richland County students scored proficient or better in reading, compared to 85.7 percent of fourth graders throughout Ohio **(138)**.

+ *Percent of 4ᵗʰ grade children proficient in mathematics:* Based on the Ohio Achievement Assessment during the 2013–2014 school year, 84.2 percent of Richland County students scored proficient or better in mathematics, compared to 78.3 percent of fourth graders overall in Ohio **(138)**.

+ *Percent of school-aged children with social media accounts:* Twenty-four percent of parents reported their child had a MySpace, Facebook or Twitter account **(122)**.

+ *Parents' concerns about their children:* (a) Academic achievement (13 percent), (b) time for their child (12 percent), (c) bullying (8 percent), (d) relationship with child (7 percent), (e) learning difficulties (6 percent), (f) screen time (5 percent), (g) violence at home, school or neighborhood (5 percent), (h) coping with stress (5 percent), (i) anxiety (4 percent), (j) communication skills (3 percent), (k) self-esteem (3 percent), (j) getting along with others (3 percent), (k) Internet use (2 percent), (l) cellphone and technology use (2 percent), (m) depression (2 percent), (n) sleep issues (2 percent), (o) eating disorders (2 percent), and (p) risky behaviors (1 percent) **(122)**.

4.3. High School Graduation Rates and Percentage with Four-Year College Degree or Higher

+ *Percent of students graduating from high school:* During the 2012–2013 school year, 85.5 percent graduated from high school compared to 82.2 percent in Ohio **(138)**.

+ *Percent of population age 25+ with four-year college degree or higher:* Between 2010 and 2012, 15.3 percent received a bachelor's degree, master's degree, or professional or doctorate degree compared to 24.9 percent in Ohio **(147)**.

4.4. Substandard Housing, Food Insecurity and Food Deserts

+ *Substandard housing:* Based on a 2014–2015 County Health Rankings, 11 to 12 percent of persons in Richland County experience severe housing problem compared to 15 percent of Ohioans **(38, 39)**.

+ *Food insecurity and food deserts:* Refers to the estimated percent of people who lack access to sufficient food to sustain an active, healthy life, or where nutritionally adequate foods is limited or not regularly available **(139)**. Food insecurity particularly compromises health of children and seniors. Richland County's total food insecurity is 16.3 percent, which is the third highest county in northeast Ohio that suffers from food insecurity, next to Cuyahoga County and Mahoning County **(139)**. Richland County's food insecurity among children is 24.6 percent, which is the sixth highest in northeast Ohio. The northeast Ohio region (comprised of 16 counties) averages a food insecurity percentage of 15.9 percent for adults and 22.3 percent for children **(139)**. The north end of Richland County is categorized as a food desert because there is no grocery store to buy fresh fruits and vegetables **(135, 142)**. Through the North End Community Improvement Collaborative (NECIC), raising fruits and vegetables in urban areas (urban agriculture) is being introduced to the residents **(135, 142)**. In both Richland County and throughout the state of Ohio, approximately six percent of residents have limited access to healthy foods.

4.5. Cultural awareness to embrace wellness issues and practices (124)
During the 2013 Richland County Strategic Planning Committee, Richland County residents and community representatives reported that Richland County themes and strengths include:

+ *Most important characteristics of a healthy community according to residents*: (a) Safety, including clean water, clean air and feeling safe in their neighborhood; (b) resources; (c) positive outlook on life; (d) caring for people in the community; and (e) good communication and dissemination of information through television, radio and/or newspapers.

+ *What Richland County residents were most proud of*: (a) Community support; (b) generosity of people; (c) abundance of resources; (d) collaboration; (e) volunteerism; and (f) availability of recreational activities.

+ *Organizations or groups who have worked together to improve health and wellness:* (a) Richland Area Chamber of Commerce, (b) Richland Public Health, (c) numerous worksite wellness programs, (d) Downtown Mansfield, Inc., (e) Ashland County Homeless Coalition/DV Shelter, (f) County Organizations for Disaster Assistance (CODA), (g) Richland County Foundation, (h) Mansfield Cancer Foundation, (i) Richland County Development Group, (j) United Way of Richland County, (k) Community Health Access Project (CHAP), and other non-profit organizations.

- + **Barriers to improving health and quality-of-life:** (a) Funding, (b) personal responsibility, (c) laziness, (d) limited access to public transportation, and (e) lack of education.

- + **Actions, policies or funding priorities that would support a healthier community:** (a) More job skills training programs, (b) more funding for prevention activities, (c) promotion of wellness programs and policies by employers and insurance agencies, (d) more focus on reaching youth, and (e) nutrition standards in USDA's Supplemental Nutrition Assistance Program.

4.6 Obesity among children, youth and adults

- + **Weight status of children and youth (122):** (a) Obese (13 percent), (b) overweight (14 percent), normal weight (70 percent) and underweight (3 percent). A total of 72 percent of youth participated in 60 minutes of physical activity on three or more days in the past week. An average of 45 percent of all youth (52 percent among female youth; 38 percent of male youth) were trying to lose weight.

- + **Nutritional status of youth (122):** (a) Eats five or more servings of fruits and vegetables per day (13 percent); (b) eats out in a restaurant or brings take-out food home (2.2 times per week); (c) drinks pop, punch, Kool-Aid, sports drinks or energy drinks at least once per day (85 percent); and (d) watches at least four hours of television per day after school.

- + **Physical activity status of youth (122):** (a) Seventy-two percent of youth had at least 60 minutes of physical activity three or more days in the past week; and (b) youth spend about 8.8 hours per week on sedentary, recreational activities such as computer, cellphone or iPad use, watching television, playing video games and/or reading.

- + **Weight status of adults (122):** (a) Thirty-five percent are overweight and 38 percent are obese; (b) 50 percent were trying to lose weight; and (c) 20 percent had not participated in physical activity or exercise in the past week.

- + **Nutritional status of adults (122):** (a) Ninety-one percent of adults ate between one and four servings of fruits and vegetables per day; (b) six percent ate five or more servings per day; and (c) 21 percent of Ohioans consume the recommended number of servings of fruits and vegetables per day.

- + **Physical activity of adults (124):** (a) Sixty-one percent were physically active for at least 30 minutes, three or more days per week; (b) 31 percent exercised five or more days per week; and (c) 20 percent did not exercise in the past week.

- + **Tried initiatives to lose weight or keep from gaining weight (124):** (a) Exercised (52 percent); (b) consumed less food, fewer calories or foods low in fat (50 percent); (c) consumed a low-carbohydrate diet (7 percent); (d) tried diet pills, powders or liquids without a doctor's advice (3 percent); (e) smoked cigarettes (2 percent); (f) used a weight loss program such as Weight Watchers, Jenny Craig, etc. (2 percent); (g) joined a dietary or fitness program prescribed by a health professional (2 percent); and (h) did not eat for 24 hours or more (1 percent).

Need #5: Safety

5.1. Safety Education, Awareness and Injury Prevention (122)

- + **Seatbelt use among youth 10–18 years old:** (a) Forty-seven percent always wore a seatbelt when riding in a car driven by someone else; (b) 14 percent rode in a car driven by someone who had been drinking alcohol; and (c) seven percent drove a car after drinking alcohol.

- + **Seatbelt use among adults:** (a) Seventy-three percent always wore a seat belt when in a car and (b) two percent never wore their seat belt.

- + **Distractive activities among youth while driving:** (a) Forty-one percent talked on their cellphone; (b) 33 percent texted; (c) nine percent checked their Facebook on their cellphone; (d) eight percent used the Internet on their cell phone; (e) three percent read; and (f) one percent applied makeup.

- + **Head injuries among youth:** Forty percent had hit their head hard enough that they were dizzy, had a concussion, were knocked out, had their "bell rung," etc.

- + ***Adult perceptions of health risks:*** (a) Mold (10 percent), (b) sewage water (1 percent), (c) insects (9 percent), (d) unsafe water supply (1 percent), (e) rodents or mice (3 percent), (f) bed bugs (<1 percent), (g) temperature regulation (2 percent) , (h) excess medication in the home (<1 percent), (i) plumbing (2 percent), (j) cockroaches (2 percent), (k) safety hazards (1 percent), and (l) household chemicals (1 percent).

- + ***Possession of firearms among adults:*** (a) Forty-one percent kept a firearm in or around their home; (b) six percent reported their firearms were unlocked and loaded; (c) 59 percent have firearms for protection; (d) 55 percent have them for hunting or sport; (e) three percent have them for work; and (f) 17 percent have them for some other reason.

- + ***Adults threatened or abused:*** Ten percent of Richland County adults were threatened or abused by (a) another person from outside the home (3 percent), (b) someone else (3 percent), (c) a spouse or partner (2 percent), (d) family member living in household (2 percent), (e) a parent (1 percent) or (f) a child (1 percent).

5.2. Safety Perceptions Related to Human Trafficking
- + Human trafficking is the "recruitment, harboring, transportation, provision or obtaining of a person for sex trafficking by force, fraud or coercion;" "recruitment, harboring, transportation, provision or obtaining of a person for labor or services through the use of force, fraud or coercion for the purpose of subjection to involuntary service, peonage, debt bondage or slavery" **(52)**.

- + There was no recorded case of human trafficking in 2014.

- + Arrests of prostitution operations in Richland and Ashland counties (not human trafficking related) were made by the Mansfield and Ashland METRICH Enforcement Unit **(154)**.

5.3. Domestic Violence
- + In 2014, there were 403 charges of domestic violence reported to the Ohio Attorney General's Office through the Ohio Bureau of Criminal Identification and Investigation: (a) Bellville Police Department (two charges), (b) Butler Police Department (one charge), (c) Mansfield Police Department (293 charges), (d) Ontario Police Department (eight charges), (e) Richland County Sheriff's Office (66 charges) and (f) Shelby Police Department (33 charges) **(80)**.

Need #6: Substance Abuse

6.1. Drug Abuse, Including Prescription Drugs and Street Drugs and Painkillers (122)
- + ***Youth marijuana and other drug use:*** (a) Eight percent had used marijuana at least once in the past 30 days; (b) 13 percent of high school youth had used marijuana at least once in the past 30 days; (c) nine percent of youth abused prescription medications; and (d) nine percent had been offered, sold or given an illegal drug in school property.

- + ***Adult substance abuse:*** (a) Sixteen percent of the population most at risk had used illegal drugs, nine percent misused marijuana and 13 percent misused medications; (b) 20 percent of persons using illegal drugs had a yearly income of $25,000 or less; (c) illegal drugs include marijuana (9 percent), ecstasy (5 percent), cocaine (1 percent) and heroin (<1 percent); (d) prescription drugs that are abused include valium or xanax (6 percent), vicodin (6 percent), oxycontin (3 percent), Ritalin or Adderall (1 percent) and codeine, Demerol or morphine (1 percent); and (e) 93 percent of adults reported that they did not need to seek a program or service to help with their drug problems.

- + ***Frequency of marijuana use among adults:*** (a) 29 percent of Richland County adults who used marijuana did so almost every day while (b) 26 percent used marijuana less than once a month.

- + ***Frequency of medication misuse:*** Among persons abusing medications, 55 percent abused prescription drugs daily while 17 percent abused prescription drugs one to three days per month.

6.2. Awareness of Drug Abuse Problem

+ ***Extent of substance abuse problem:*** (a) Richland County's heroin problem had a filmed segment on the "Oprah Winfrey Show" and "Nightline" in 2010 **(5)**; (b) Mansfield businesses are having difficulties finding and retaining workers who are not using drugs **(55)**; (c) the Mansfield Police Department is having difficulty finding applicants who don't have a history of alcohol or drug abuse **(55)**; and (d) marijuana, opiates and oxycodone are the most commonly found drugs in workplace drug tests **(55)**.

+ ***Neonatal abstinence syndrome:*** In Richland County, 8.1 babies per 1,000 live births were diagnosed with neonatal abstinence syndrome (NAS) from 2009 to 2013, compared to 1.9 babies per 1,000 live births from 2004 to 2008. Data from OhioHealth Mansfield Hospital showed that in 2014, 13 newborns out of 940 babies born had NAS. Nurses from OhioHealth Mansfield Hospital Special Care Nursery use the Finnegan Scoring Tool to assess newborns when determining the need for medication to help relieve symptoms of NAS or non-pharmacological interventions such as swaddling, rocking, controlling environmental sound, light and temperature, feeding, pacifier use, and skin-to-skin with parents **(41)**.

6.3. Drug Abuse Prevention

+ ***Community Action for Capable Youth (CACY):*** Focuses on reducing the use of alcohol, tobacco and other drugs while striving towards a drug-free community **(76).**

+ ***Mansfield Urban Minority Alcohol and Drug Addiction Outreach Program (Mansfield UMADAOP):*** Provides prevention, intervention and treatment services to address abuse of alcohol, tobacco and other drugs **(76).**

+ ***Richland County Sheriff's Office:*** Offers the Drug Abuse Resistance Education (D.A.R.E.) in county school districts. D.A.R.E. aims to prevent use of controlled drugs, gang membership and violent behavior. D.A.R.E. is geared toward fifth graders and focuses on tobacco and alcohol abuse, dangers of drugs, stress management, bullying and citizenship **(17)**.

+ ***Mansfield Division of Police:*** Offers D.A.R.E. to the community, (a) emphasizing accurate information about alcohol and drugs; (b) teaching students decision-making skills; (c) teaching resistance to peer pressure; and (d) finding alternatives to drug use **(64)**. The Mansfield Police Department also assigns a School Resource Officer (S.R.O.) to Mansfield Senior High School throughout the school year to handle possession of drugs, fights, threats, domestic violence, runaways and bullying **(64)**.

6.4. Alcohol Abuse

+ ***Youth alcohol consumption (122):*** (a) Forty-one percent had at least one drink of alcohol in their lifetime; (b) among 17- to 18-year-olds, 60 percent had at least one drink of alcohol in their lifetime; (c) 35 percent of youth who drank alcohol took their first drink before age 12; (d) 18 percent of youth and 23 percent of those 17 to 18 years of age, had at least one drink in the past 30 days; (e) 56 percent of youth had at least one episode of binge-drinking; and (f) seven percent of youth drivers drove their cars after drinking alcohol.

6.5. Capacity of Detoxification and Substance Abuse Treatment Centers

+ ***Location of detoxification centers:*** There are no detoxification centers in Richland County. The Ohio cities that have detox centers include Cleveland, Columbus, Cincinnati, Akron, Dayton, Hamilton, Springfield, Canton, Youngstown, Bowling Green and Toledo.

+ ***Substance abuse treatment centers (120):*** Include (a) Catalyst Life Services, (b) Family Life Couseling and Psychiatric Services, (c) Mansfield UMADAOP, (d) Foundations for Living (youth), (e) Abraxas (youth), (f) Three C Counseling, LLC, and (g) Visiting Nurses Association of Mid-Ohio.

6.6. Risky Behaviors (Youth and Adults)

+ *Youth sexual behavior (124):* (a) Twenty-two percent of youths have had sexual intercourse; (b) 46 percent of youth ages 17 and older have had sexual intercourse; (c) 19 percent of youths had participated in oral sex while five percent had participated in anal sex; and (d) 21 percent participated in sexting. Among youths who were sexually active, 57 percent had multiple sexual partners.

Need #7: Chronic Diseases

7.1. Asthma

+ *Diagnosis (122):* Fifteen percent of Richland County adults had been diagnosed with asthma, increasing to 19 percent among females; 25 percent of those were over the age of 65; 14 percent of adults had been diagnosed with asthma in Ohio.

+ *Hospital discharge rates (91):* 10.1 per 10,000 in Richland County, compared to 16.2 per 10,000 in Ohio, between 2007 and 2009.

+ **Asthma Medicare beneficiaries (count)** *(23):* In 2008, there were 644 persons, compared to 771 in 2012 — representing a 19.7 percent increase in number of asthmatics among Medicare eligible persons.

7.2. Chronic Disease Management/Prevention

+ *Leading causes of death:* In 2010, the five leading causes of death in Richland County that are chronic disease-related were: (a) heart disease (188.5 per 100,000), (b) cancer (188.2 per 100,000), (c) stroke (50.1 per 100,000), (d) chronic lower respiratory disease (48.8 per 100,000) and (e) Alzheimer's disease (29.8 per 100,000). It is noteworthy that death rates due to cancer and stroke are higher in Richland County compared to rest of the state of Ohio **(81, 87)**. Data from 2008–2012 compared to 2009–2013 for heart disease, cancer, stroke and chronic lower respiratory disease revealed that death rates among these diseases were increasing in Richland County **(24, 25, 27, 29)**.

+ *Cancer mortality rates:* Between 2006 and 2010, mortality rates due to various cancer types were as follows: (a) all sites/types (195 per 100,000), (b) breast (28.1 per 100,000), (c) colon and rectum (21.5 per 100,000), (d) lung and bronchus (56.4 per 100,000), and (e) prostate (20.5 per 100,000). It is noteworthy that mortality rates in Richland County due to breast, colon and rectum cancers were higher when compared to all of Ohio **(88)**.

+ *Adult overall health status:* Between 2006 and 2012, 13.9 percent of adults reported fair or poor health compared to 15.3 percent throughout Ohio **(19, 39).**

7.3. Diabetes (122)

+ *Prevalence:* (a) Ten percent of Richland County adults had been diagnosed with diabetes and (b) 15 percent of adults 65 years or older had diabetes. Approximately ten percent of adults in Ohio have diabetes.

+ *Comorbidities:* Among persons diagnosed with diabetes, (a) 86 percent were obese, (b) 79 percent had high blood pressure and (c) 64 percent had been diagnosed with high cholesterol.

+ *Prediabetes:* (a) Twelve percent of adults were told they have prediabetes and (b) 27 percent of adults 65 years or older have prediabetes.

+ *Management of prediabetes or diabetes:* (a) Diet management (59 percent), (b) blood sugar monitoring (43 percent), (c) prescription (36 percent), (d) exercise (31 percent) and (e) insulin (16 percent).

Need #8: Health Literacy

8.1. Health Insurance and Knowledge on Where to Obtain Care (122)

+ ***Percent uninsured:*** In 2012, 16.5 percent of Richland County adults 18 to 64 years old had no medical insurance, compared to 16.3 percent in Ohio. The top five reasons for not having health insurance were: (a) lost their job or changed employers (37 percent); (b) could not afford to pay the insurance premiums (37 percent); (c) no health coverage from employer; (d) part-time or temporary employee; and (e) became ineligible due to age or not currently in school.

+ ***Percent of adults who had a doctor's visit in the past year:*** (a) Sixty-four percent visited a doctor for a routine checkup and (b) 80 percent of persons over the age of 65 visited a doctor.

+ ***Where persons obtain healthcare:*** Richland County adults usually go to the following places when they are sick or need advice about health: Doctor's office (64 percent), public health clinic or community health center (3 percent), Emergency Department (ED) (3 percent), Internet (3 percent) or other (2 percent).

+ ***Cost-prohibitive care:*** (a) Medications (8 percent), (b) weight loss program (7 percent), (c) mammogram (6 percent), (d) pap smear (6 percent), (e) colonoscopy (6 percent), (f) surgery (4 percent), (g) smoking cessation (4 percent) and (h) PSA test (2 percent).

+ ***Obtaining care outside Richland County:*** Forty-eight percent of adults went outside Richland County for healthcare services: (a) Specialty care (18 percent), (b) primary care (13 percent), (c) dental services (10 percent), (d) orthopedic care (6 percent), (e) pediatric care (4 percent), (f) mental healthcare (3 percent), (g) obstetrics/gynecology (3 percent), (h) cardiac care (2 percent), (i) cancer care (2 percent), (j) developmental disability services (1 percent) or (k) other services (10 percent).

8.2. Knowledge of Community Resources and Services Offered

+ Overall, Richland County residents are not fully aware of the community resources that are available. For example, Sharisse Yirga, executive director, Mansfield/Richland County Dental Clinic — funded partially by United Way of Richland County — said that the dental clinic could serve 500 children (K–12) but only 66 children took advantage of the services offered **(42)**. Residents need to be educated on community resources through mass media, social media, newspaper and television, and through community or town hall meetings **(122).**

8.3. Availability of Cost-Effective Prevention and Wellness Activities

+ There are several cost-effective prevention and wellness activities in Richland County. For example, OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital offer free community outreach programs for the Richland County community. Information about various prevention and wellness activities may have to be available in senior centers, libraries, community centers, sent home to school children or provided to Richland County Job and Family Services for public dissemination.

Need #9: Tobacco Use and Prevention

9.1. Tobacco Prevention and Education (122)

+ ***Youth tobacco use:*** (a) Ten percent of Richland County youth ages 12–18 were smokers compared to 21 percent of Ohio youth overall; (b) 20 percent of 17- to 18-year-olds were smokers; (c) six percent of Richland County youths used chewing tobacco; (d) 46 percent of youths who smoke tried to quit; (e) 44 percent of youths were exposed to second-hand smoke; (f) 27 percent of Richland County youths have tried cigarette smoking; (g) 32 percent of current smokers smoked cigarettes every day; and (h) 57 percent of current smokers were also drinkers.

+ ***Adult smoking:*** From 2006 to 2012, 26.7 percent of adults in Richland County smoked cigarettes compared to the 21.7 percent throughout Ohio.

Appendix B

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

1. Avita Health System

+ **Representative:** Jerry Morasko, president and chief executive officer

+ **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all persons regardless of ability to pay.

+ **Inputs:** Identification of significant health needs affecting Richland County and available community resources.

+ **Time frame of input:** June 11, 2015

+ **Mission of organization**: "To improve the health and well-being of those we serve."

+ **Examples of programs and services (6):**

   • Breastfeeding class

   • Pregnant and Nursing Mom's Sprouts Learning Group

   • Stroke Support Group

   • Diabetes Support Group

   • Cancer Support Group

   • Free blood pressure checks

2. Big Brothers, Big Sisters of north central Ohio

+ **Representative:** Thelda Dillon, staff and Richland County Board of Health member

+ **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves school-aged children (ages 6 to 16) who need mentorship and support.

+ **Inputs:** (a) Identification of significant health needs affecting Richland County and available community resources, and (b) identification of top five priority health needs to be addressed in the OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital implementation strategy.

+ **Time frame of input:** June 11 to July 30, 2015

+ **Mission of organization**: "To make a positive difference in youths' lives through professionally supported, one-on-one relationships with caring mentors that help assist them in achieving their highest potential as they grow to become confident, competent and caring individuals."

+ **Examples of programs and services (9):**

   • **High School Bigs Mentoring** — one-one-one mentoring that takes place in schools or community centers where high school students serve as a big brother or big sister to elementary students.

   • **Community-based Mentoring** — mentors meet the young person in the community after school, during evenings or on the weekends to do activities that the young person enjoys.

3. **Catalyst Life Services**
   + **Representative:** Trish Tarr, staff

   + **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all residents of Richland County, Ohio with mental health issues or disabilities.

   + **Inputs:** (a) Identification of significant health needs affecting Richland County and available community resources, (b) prioritization of health needs using the NACCHO prioritization tool, and (c) identification of top five priority health needs to be addressed in the OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital implementation strategy.

   + **Time frame of input:** June 11 to July 30, 2015

   + **Mission of organization:** "The goals of the Catalyst Life Services include ???"

   + **Examples of programs and services (13-15):**

     • **Child and Adolescent Mental Health and Crisis Services** — provides immediate assistance to families and caregivers of children and/or adolescents with mental health issues.

     • **New Beginnings Alcohol and Drug Treatment Services** — provides treatment and therapy services for adults age 18 and older who are abusing or addicted to alcohol and/or other drugs.

     • **Oasis** — to provide educational, social and recreational support to people diagnosed with mental illnesses.

4. **Community Action for Capable Youth (CACY)**
   + **Representative:** Tracee Anderson

   + **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all residents of Richland County, Ohio.

   + **Inputs:** (a) Identification of significant health needs affecting Richland County and available community resources, (b) prioritization of health needs using the NACCHO prioritization tool, and (c) identification of top five priority health needs to be addressed in the OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital implementation strategy.

   + **Time frame of input:** June 11 to July 30, 2015

   + **Mission of organization**: "To encourage the quality-of-life and positive development of capable youth by promoting drug-, alcohol- and tobacco-free way of life through education and prevention activities done in coordination with youth service providers, parents, community leaders, law enforcement and educators."

   + **Examples of programs and services (35):**

     • **Too Good for Drugs curriculum K–8** — nationally recognized, evidence-based design to reduce risk factors and enhance protection surrounding alcohol, tobacco and other drug using students.

     • **First Time Offenders Program** — very early intervention workshop for parents and first-time offending adolescents to learn about ways to prevent recidivism.

     • **Parents of At-Risk Teen Program** — a self-referring program for parents who feel they are struggling with risky behavior from their teen. They learn discipline strategies, how to identify drug use and communication strategies to use with their teen.

5. **Community Health Access Project (CHAP) and Central Ohio Pathway Community Hub**
   + **Representatives:** Mark Redding, MD, executive director; Michelle Moritz, staff

   + **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all residents of Richland County, especially at-risk populations.

   + **Inputs:** (a) Prioritization of health needs using the NACCHO prioritization tool and (b) identification of top five priority health needs to be addressed in the OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital implementation strategy.

   + **Time frame of input:** July 9 to July 30, 2015

   + **Mission of organization:** "To eliminate health and social disparities in our community by finding those at risk, connecting them to care and measuring the outcomes. We believe all communities can be transformed through the work of community health workers and the creation of community HUBs — an accountable care coordination delivery system."

   + **Examples of programs and services (36-37):**

     • **CHAP Institute** — works with agencies in the U.S. to develop and support tools and approaches of effectively coordinating care and connecting at-risk individuals to community resources.

     • **CHAP Community Health Worker Training** — offers community health worker training certified by the Ohio Board of Nursing and in collaboration with North Central State College.

6. **Mansfield/Richland County Public Library**
   + **Representative:** Terry Carter

   + **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves residents of Richland County from all age groups.

   + **Inputs:** Identification of significant health needs affecting Richland County and available community resources.

   + **Time frame of inputs:** June 11, 2015

   + **Mission of organization:** "The Mansfield/Richland County Public Library will provide library materials, services, programs and initiatives that create and support a vibrant quality of life in Richland County."

   + **Examples of programs and services (70):**

     • **"Lobby Stops"** — library materials are brought to assisted living facilities and senior centers on a monthly basis.

     • **Homebound delivery** — library materials can be delivered to the people that are unable to leave their homes.

     • **Services for persons with special needs** — services include training books programs, large print fiction and nonfiction books, audio books and sign language interpreters.

7. **Mansfield YMCA**
   + **Representative:** Kerrick Franklin, staff
   + **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves residents of Richland County from all age groups.
   + **Inputs:** Identification of significant health needs affecting Richland County and available community resources.
   + **Time frame of inputs:** June 11, 2015
   + **Mission of organization**: "Building a community where all people — especially the young — are encouraged to develop their fullest potential in spirit, mind and body."
   + **Examples of programs and services (68-69):**
     • Development of youth — provides child care, swimming, sports and camping.
     • Promotion of healthy lifestyles — encourage healthy living through family time, sports and recreation.

8. **Mid-Ohio Educational Service Center**
   + **Representatives:** Linda T. Keller, superintendent; Kerrick Franklin; staff
   + **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves students from various school districts and member schools in Richland, Crawford and Morrow counties.
   + **Inputs:** Prioritization of health needs using the NACCHO prioritization tool.
   + **Time frame of inputs:** July 9, 2015
   + **Mission of organization:** "To provide support services to school districts."
   + **Examples of programs and services (78):**
     • **Attendance counselors** — develop and maintain activities related to court-related absenteeism.
     • **Curriculum and instruction** — provide support to administrative staff and teachers through trainings and professional learning.
     • **Special education** — provides staffing to alternative programs such as occupational and physical therapy services, school psychology services, speech language services and other specialized programs.
     • **Professional learning services** — superintendent network, principal academies, test coordinator network, school counselor and transportation network.

9. **North Central State College Child Development Center**
   + **Representative:** Kim Washington
   + **Description of the medically underserved, low-income or minority populations represented by the organization:** Children from six weeks through kindergarten.
   + **Inputs:** Prioritization of health needs using the NACCHO prioritization tool.
   + **Timeframe of inputs:** July 9, 2015
   + **Mission of organization:** "To enhance children's physical, social, emotional and cognitive development; to support mothers, fathers and other family members in their roles as primary caregivers and educators of their children; and to help parents meet their own goal, including economic independence."
   + **Examples of programs and services (85):**
     • Health and development for infants and toddlers.
     • School readiness (cognitive and general knowledge, physical development and health, social and emotional development, and approaches to learning, language and literacy).

10. **North End Community Improvement Collaborative (NECIC)**
    + **Representative:** Michael Howard, executive director

    + **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all persons in Richland County, especially residents of the north end area.

    + **Inputs:** Prioritization of health needs using the NACCHO prioritization tool.

    + **Timeframe of inputs:** July 9, 2015

    + **Mission of organization:** "To improve the quality-of-life for north end residents by identifying, supporting and connecting local and regional assets and advancing community, economic development in Mansfield's north end."

    + **Examples of programs and services (86):**

      • **Elder Program** — aims to provide socialization and education to north end older adults as well as receive input, news and updates about the area from various groups.

      • **Community Tool Shed** — residents of the north end may borrow yard and garden tools to maintain their properties.

      • **Youth Development** — aims to provide internships, mentoring, volunteering and summer employment for the young people of the north end.

11. **OhioHealth Community Health and Wellness**
    + **Representatives:** Orelle Jackson, system director, community health and wellness; Mary Ann G. Abiado, RN, data management and evaluation specialist; Amber Hetteberg, administrative assistant

    + **Description of the medically underserved, low-income or minority populations represented by the organization:** Persons needing comprehensive prenatal care and postpartum care and/or health and wellness education related to heart disease, diabetes and obesity.

    + **Inputs:** (a) Assisted OnPointe, LLC, consultant in facilitating the community meetings, (b) collected and summarized data for the nine significant health needs identified, (c) prioritization of health needs using the NACCHO prioritization tool based on available data, and (d) obtained meeting minutes and tabulated health needs and community resources.

    + **Timeframe of input:** June 11 to July 30, 2015

    + **Mission of organization:** "To improve the health of those we serve."

    + **Examples of programs and services (99):**

      • **Wellness on Wheels** — provides comprehensive prenatal and postpartum care and women's health services.

      • **ENGAGE** — provides health and wellness education to persons with risk factors for heart and vascular diseases and diabetes.

12. **OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital**
    + **Representatives:** Jean Halpin, president; Brad Peffley, vice president

    + **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all persons regardless of ability to pay.

    + **Inputs:** (a) Identification of significant health needs affecting Richland County and available community resources, (b) prioritization of health needs using the NACCHO prioritization tool, and (c) identification of top five priority health needs to be addressed in the OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital implementation strategy.

    + **Time frame of input:** June 11 to July 30, 2015

    + **Mission of organization:** "To improve the health of those we serve."

    + **Examples of programs and services (112-113):**

      • Full service Emergency Department

      • Level II Trauma Center

      • Women's health

      • Maternity program

      • Breast health services

      • Heart and vascular services

      • Orthopedics (spine, hip and knee)

      • ENT

      • General surgery

13. **OnPointe Strategic Insights, LLC**
    + **Representatives:** Michelle Vander Stouw

    + **Description of the medically underserved, low-income or minority populations represented by the organization:** All persons regardless of place of residence.

    + **Inputs:** Overall facilitator of community meetings on June 11, July 9 and July 30, 2015.

    + **Timeframe of inputs:** June 11 to July 30, 2015

    + **Mission of organization:** "To guide people through critical decision-making processes, with the goal of achieving individual and organizational growth and development."

    + **Examples of programs and services (114):**

      • **Planning and facilitation** — includes activities such as (i) engaging teams to collaborate and act as a group, (ii) facilitating small and large group discussions, (iii) obtaining inputs from focus groups and key informant interviews, (iv) capturing key concepts as part of strategic decision making, (v) developing logic model and grant writing, and (vi) coaching.

      • (b) **Process engineering** — includes activities such as (i) strategic planning, (ii) decision making, (iii) developing process and procedures, and (iv) developing processes to achieve impact.

      • (c) **Accountability** — includes activities such as (i) designing system accountability, (ii) measuring objectives and change management, (iii) designing logic models, (iv) outcomes and impact evaluation, and (v) ensuring program accountability and process improvement.

14. **Richland County Children Services**
    + **Representative**: Marsha Coleman, clinical director (with knowledge of and expertise in public health)

    + **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves children and families in Richland County that are at risk for abuse and neglect, and/or are otherwise vulnerable.

    + **Inputs:** (a) Identification of significant health needs affecting Richland County and available community resources and (b) prioritization of health needs using the NACCHO prioritization tool.

    + **Timeframe of inputs:** June 11 to July 9, 2015

    + **Mission of organization:** "To lead our community in assuring the safety, well-being and permanency of children at risk of abuse of neglect."

    + **Examples of programs and services (118-119):**

      • **Kinship services** — provides support to at-risk families with related caregivers who have inherited the responsibility of being a child's caregiver.

      • **Foster/adoption services** — provides temporary living arrangements for children who are not safe in their family's home.

      • **Prevention services** — provides school-based and court-based social workers, protective support social workers and family team support as means of preventing risky behaviors in children and teens.

15. **Richland County Juvenile Court**
    + **Representative**: Amy Bargahiser, director of probation services

    + **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves Richland County youth with court cases

    + **Inputs:** (a) Prioritization of health needs using the NACCHO prioritization tool, and (b) identification of top five priority health needs to be addressed in the OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital implementation strategy.

    + **Timeframe of inputs:** July 9 to July 30, 2015

    + **Mission of organization:** "To handle court proceedings of Richland County youth."

    + **Examples of programs and services (56):**

      • **Gal/CASA Program** — enables volunteers to represent abused, neglected and dependent children in court proceedings to assist the court in identifying child placement and needed support services.

16. **Richland County Mental Health and Recovery Services Board**
    + **Representatives:** Joe Trolian, executive director; Sherry Branham, director of external operations

    + **Description of the medically underserved, low-income or minority populations represented by the organization:** Youth and adults with mental health issues.

    + **Inputs:** (a) Identification of significant health needs affecting Richland County and available community resources, (b) prioritization of health needs using the NACCHO prioritization tool, and (c) identification of top five priority health needs to be addressed in the OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital implementation strategy.

    + **Timeframe of inputs:** June 11 to July 30, 2015

    + **Mission of organization:** "To secure sufficient funds to plan, establish and maintain unified services primarily for the mentally ill, drug- or alcohol-dependent individuals and their families."

    + **Examples of programs and services (120):**
        • **Youth Crisis Response Team** — provides immediate interventions to school, family or community members when traumatic situations occur.

        • **Suicide Prevention Coalition** — educates the public about the signs of suicide, to inform medical professionals about signs and signals of suicide, and gather data regarding suicides and suicide attempts as part of suicide prevention efforts.

        • **Early Childhood Mental Health** — provides clinical consultation and training to families of children with mental illnesses.

17. **Richland County Regional Planning Commission**
    + **Representative:** Jotika Shetty, executive director

    + **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all residents of Richland County, Ohio.

    + **Inputs:** Prioritization of health needs using the NACCHO prioritization tool.

    + **Time frame of input:** July 9, 2015

    + **Mission of organization:** "Over fifty years ago, a group of Richland County community leaders saw the need for planning. They envisioned the issues a regional, planning agency could address would range from infrastructure to zoning. They wanted to deal with issues affecting the development of the region as a whole, or more than one political subdivision within the region, which do not begin and terminate within the boundaries of any single municipality. The City of Mansfield and Richland County jointly created the Richland County Regional Planning Commission in 1959 to undertake this planning. The organization carries on today still true to its original purpose — most notably in the ongoing focus on issues that 'affect the development of the region as a whole.'"

    + **Examples of programs and services (123):**
        • Community development

        • Economic development

        • Land use planning

        • Transportation planning

18. **Richland County Youth and Family Council**
    + **Representative:** Teresa Alt, executive director
    + **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves youth and families in Richland County, Ohio.
    + **Inputs:** Identification of significant health needs affecting Richland County and available community resources.
    + **Time frame of input:** June 11, 2015
    + **Mission of organization:** "To provide leadership to assure an effective system of collaborative, coordinated and efficient community services, which assist each family and child to meet their individual needs and responsibilities."
    + **Examples of programs and services (127):**
        • Care management
        • Help Me Grow
        • Newborn Home Visits (in collaboration with Richland Public Health)
        • Hosting of Family Information Network of Ohio

19. **Richland Public Health**
    + **Representatives:** Martin Tremmel, health commissioner; Amy Schmidt, director of nursing; Selby Dorgan, manager of health promotion and education; Loretta Cornell, clinic nursing supervisor (all persons have knowledge of and expertise in public health)
    + **Description of the medically underserved, low-income or minority populations represented by the organization:** Serves all residents of Richland County, Ohio.
    + **Inputs:** (a) Identification of significant health needs affecting Richland County and available community resources, (b) prioritization of health needs using the NACCHO prioritization tool, and (c) identification of top five priority health needs to be addressed in the OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital implementation strategy.
    + **Time frame of input:** June 11 to July 30, 2015
    + **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."
    + **Examples of programs and services (132):**
        • **Environmental Health Division** — provides prevention, protection and education to Richland County residents about potential harmful effects of diseases and toxins in the environment to a person's health.
        • **Health promotion/education** — provides programs related to risk reduction and healthy lifestyles.
        • **Public Health Clinic** — provides non-emergency public healthcare services for the entire family, including immunizations and testing for tuberculosis and sexually transmitted diseases.
        • **Public health nursing** — performs case management services for families, newborn home nurse visits and provides school nursing services to school districts.
        • **Vital statistics** — maintains statistics on births, deaths and causes of death, and certified birth certificates for persons born in Ohio.
        • **Women, Infants and Children** — provides personalized education for pregnant women, women who have a baby less than six months old, breastfeeding mothers, and infants and children up to 5 years old.

20. **Shelby City Health Department**
   + **Representative:** Kim Barnes, LPN, administrative assistant (with knowledge of and expertise in public health)

   + **Description of the medically underserved, low-income or minority populations represented by the organization:**
   Serves all residents of the City of Shelby in Richland County, Ohio.

   + **Inputs:** (a) Identification of significant health needs affecting Richland County and available community resources, (b) prioritization of health needs using the NACCHO prioritization tool, and (c) identification of top five priority health needs to be addressed in the OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital implementation strategy.

   + **Time frame of input:** June 11 to July 30, 2015

   + **Mission of organization:** To provide public health services to the residents of Shelby, Ohio.

   + **Examples of programs and services (32):**

      • **Nursing services** — health screenings, blood pressure screenings, Shelby Task Force for Creating Healthy Communities, Safe Routes to School, nutrition services, communicable disease control, prevention services, and health education and promotion.

      • **Environmental public health services** — food safety, inspection of public swimming pools, school environment, body art, rabies control, smoke-free workplaces, water and sewage, emergency preparedness and housing safety.

      • **Vital statistics** — issuance of birth and death certificates and reporting to Ohio Department of Health.

21. **Third Street Family Health Services**
   + **Representative:** Nicole Williams

   + **Description of the medically underserved, low-income or minority populations represented by the organization:**
   Serves low-income and vulnerable residents of Richland County, Ohio.

   + **Inputs:** identification of top five priority health needs to be addressed in the OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital implementation strategy.

   + **Time frame of input:** July 30, 2015

   + **Mission of organization:** "To provide accessible, quality, primary healthcare to the underserved."

   + **Examples of programs and services (143-145):**

      • Behavioral

      • Dental

      • Medical and pediatrics

      • Obstetrics and women's health

Appendix C

Documentation of Program Impacts from the Community Health Needs Assessment and Implementation Strategy Adopted in 2014 by OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital

Need #1: Obesity among adults, youth and children

1.1. "Health Matters" Educational Classes for Adults

During Fiscal Year 2015, ten "Health Matters" educational classes were held at Hawkin's Corner located at 2131 Park Avenue West, Mansfield, Ohio. A total of 46 persons attended at least one class. The educational classes include the following:

+ **"Garden Fresh Foods"** (**July 2014**) — OhioHealth Mansfield Hospital dietitian discussed common fruits and vegetables that could be raised in home gardens.

+ **"Tasteful Seasonings"** (**August 2014**) — OhioHealth Mansfield Hospital dietitian talked about use of seasoning to enhance flavor, minimize added sodium and add nutritional value of foods.

+ **"Find What Motivates You"** (**September 2014**) — OhioHealth Mansfield Hospital nurse discussed motivating factors for a healthy lifestyle.

+ **"Harvest Fresh Foods"** (**October 2014**) — OhioHealth Mansfield Hospital dietitian focused on nutritional value of fresh foods during the harvest season.

+ **"The Skinny on Sweeteners"** (**November 2014**) — OhioHealth Mansfield Hospital dietitian taught about effects of natural and artificial sweeteners on health.

+ **"How to Reduce Post-Holiday Stress"** (**January 2015**) — invited speaker from Third Street Family Health Services talked about managing stress after holiday celebrations.

+ **"Bite into a Healthy Lifestyle"** (**March 2015**)" — OhioHealth Mansfield Hospital dietitian focused on practical ways of achieving lifestyle and behavior changes during National Nutrition Month.

+ **"Gardening Made Simple"** (**April 2015**) — OhioHealth Mansfield Hospital dietitian and occupational therapist focused on nutritional value of fresh fruits and vegetables, benefits of gardening, how to start raised gardens, and adaptive tools for gardening.

+ **"Virtual Grocery Shopping Tour"** (**May 2015**) — OhioHealth Mansfield Hospital dietitian provided participants with a virtual grocery tour and tips on healthy food choices and reading food labels.

+ **"Protect Yourself From Scams"** (**June 2015**) — invited speaker from Ohio District Five Area Agency on Aging discussed the importance of safety in buying pre-packaged foods and other health products.

Post-test scores revealed an increase of 3.2 points (scale from zero to 10) in knowledge and an increase of 1.4 points (scale from zero to 10) in level of motivation to include healthy behaviors. One hundred percent of participants reported adding at least one healthy behavior after attending the "Health Matters" class and 100 percent of participants reported that they would recommend this class to others. Participants self-reported learning skills and knowledge such as (a) selecting fruits and vegetables, (b) food preparation, (c) equipment for gardening and utensils for cooking, and (d) proper use of equipment and tools.

During Fiscal Year 2015, health professionals (registered dietitians, registered nurses and occupational therapists) from OhioHealth Mansfield Hospital facilitated eight out of the 10 classes offered to the community. OhioHealth Mansfield Hospital staff assisted with advertising the "Health Matters" classes to patients and the community. OhioHealth Shelby Hospital dietitians and nurses assisted with advertising the "Health Matters" classes to Shelby, Ohio residents and worked with staff from OhioHealth Mansfield Hospital in developing the "Health Matters" curriculum during program implementation.

"Health Matters" addressed obesity among adults, youth and children through (a) promotion of healthy food selections, (b) minimizing use of salt/sodium, (c) providing tools for motivation, (d) minimizing added sugar, (e) discussing ways to decrease stress, (f) reviewing practical ways to achieve lifestyle and behavior change, (g) providing tips on gardening, and (h) promoting healthy grocery shopping.

B. Publishing of scholarly and popular articles addressing obesity and health among adults, youth and children within hospital Web pages, journals or newsletters.

OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital teams collaborated with Ashland University dietetic student to create and publish a quarterly newsletter, "*Fired Up About Nutrition*," for families of children enrolled at the OhioHealth Mansfield Hospital Child Care Center **(59, 60)**. Examples of topics include (a) "Fresh Fall Produce," which focused on health benefits of apples, cranberries, pumpkin and sweet potatoes; (b) "Halloween: How to Help Children Learn About Moderation and Have a Fun Holiday;" (c) "Involve Your Children in the Kitchen this Holiday Season," which focused on the importance of teaching the basics of age-appropriate cooking and baking skills and educating children on the importance of eating healthy and preparing healthy meals at home; (d) "What is the Teal Pumpkin Project," which focused on how to distribute non-food items during "Trick or Treat" night to ensure food safety among children who have allergies to milk, eggs, soy and wheat; and (e) healthy and simple recipes for families and children.

As part of the OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital Health and Fitness Center, the dietitian and certified diabetes educator has written various nutrition-related articles for the community that were available online in MedCentral.org **(47-51)**. Examples include:

    a. **"Plan a safe and healthy picnic"** — 83 Internet hits during Fiscal Year 2014 and 71 Internet hits during Fiscal Year 2015.
    b. **"Nutrition: It's a Matter of Fact"** — 123 Internet hits during Fiscal Year 2014 and 120 Internet hits during Fiscal Year 2015.
    c. **"Get a taste for nutrition"** — 143 Internet hits during Fiscal Year 2014 and 109 Internet hits during Fiscal Year 2015.
    d. **"Eat smart, stress less"** — 181 Internet hits during Fiscal Year 2014 and 174 Internet hits during Fiscal Year 2015.
    e. **"Chocolate doesn't have to be a forbidden food"** — 88 Internet hits in Fiscal Year 2014 and 59 Internet hits in Fiscal Year 2015.

The website MedCentral.org had total of 2,186,607 hits in Fiscal Year 2014 and 2,255,075 hits in Fiscal Year 2015 for all information available in the website.

OhioHealth provides the community with summaries of peer-reviewed publications and national presentations of medical and allied health teams that address obesity. Abstracts of these peer reviewed publications are available at OhioHealth.com/McConnell-ResearchJournalPublications and presentations in national meetings are available at OhioHealth.com/McConnell-ResearchAbstracts. These abstracts had 68 hits in Fiscal Year 2014 and 99 hits in Fiscal Year 2015. Examples of research abstracts and publications include **(109, 153)**:

    + The association of tobacco use and gender to cardiac rehabilitation outcomes: A preliminary investigation.

    + Randomized trial assessing the impact of a musculoskeletal intervention for pain prior to participating in a weight management program.

    + Impact of BMI level on maximal exercise capacity of cardiac rehabilitation patients older than 60 years of age.

    + The effect of musculoskeletal care on success in a weight management program.

    + The impact of metabolic syndrome on cardiac rehabilitation program outcomes and reaching program goals.

    + A comparison of weight loss expectations of completers and drop-outs in a community-based, individualized, six-month weight management intervention.

    + Weight loss expectations and participation in an individualized, six-month weight management program.

    + Impact of participation in a community weight loss program on determinants and prevalence of metabolic syndrome.

+ The impact of depressive symptoms in obese patients with coronary heart disease on cardiac rehabilitation completion rates and clinical outcomes.

+ The impact of participation level on outcomes for participants with metabolic syndrome in a community weight management program.

+ Randomized trial assessing the impact of a musculoskeletal intervention for pain to participation in a weight management program.

+ The effect of a community weight loss program on clinical outcomes in obese participants with and without metabolic syndrome.

+ Weight loss and weight loss maintenance in obese and non-obese participants in cardiovascular rehabilitation (CR) and maintenance (CM).

C. Obesity and Diabetes Prevention Program for Adults

Obesity Prevention Program

The clinical, outpatient and community dietitian representing both OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital implement various community projects related to obesity prevention and promotion of health and wellness. These projects include:

a. **Moveable Feast** — "feast that moves from place to place" to provide a good dining experience using strictly local food items. Attendees seat at the same table resembling a big family meal **(58)** or were encouraged to mingle and discuss both the health aspects of recipes provided and the availability of ingredients from local vendors and farms. The program provided education, interest, motivation and support to community members who are interested in improving their health through healthy cooking, growing healthy foods and supporting health-focused vendors and farms. The program encourages both the use of healthy food from local vendors and farms and creativity with nutrition. Specific educational materials were developed to go along with the recipes prepared by local chefs. Atypical dishes were offered to encourage the community to be more open to new foods. Approximately 85 persons attended the Moveable Feast.

b. **Farm to Plate Program: Shelby Farmers Market** — OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital dietitians assisted with three to five chef/dietitian demonstration and presentations to the community including specific wellness-focused presentations for children. Chefs from private industries volunteer their time to encourage residents to prepare healthy recipes. This program encourages use of plant-based diets, educates on healthy eating, provides new recipe ideas and promotes gardening for health and economic incentives. At least 100 persons attended the farmers market per week and at least 50 persons attended and watched the food demonstrations.

c. **North End Community Improvement Collaborative (NECIC) Raising Richland Community Garden Network (86)** — encourages local gardeners to sell their extra harvest, neighborhood members to visit and purchase home grown foods for sale, and offers nutrition education to persons who wanted to try new fruits and/or vegetables. The program also shared information about gardening programs and plant and supply giveaways. The dietitian provided smoothie demonstrations and recipes with healthy fall harvest soup ideas and samples to 35 persons.

d. **School outreach programs** — provided education and awareness about the importance of healthy nutrition and physical activity for preschoolers, school-aged children and their parents. Examples include (a) Nutrition Education at the Madison South Elementary School Dental Health Fair (served 675 children), (b) Auburn Elementary School Wellness Fair (served 400 children), and (c) outreach to Pioneer Early Childhood Education Center (served 19 parents).

    During the Madison South Elementary School Dental Health Fair, OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital dietitians provided nutrition education to 675 kindergarten to fourth grade (K-4) students. OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital dietitians discussed healthy meal planning by using food models and prepared healthy snacks with assistance from students. During the Auburn Elementary Wellness Fair, OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital dietitians provided nutrition education and physical fitness opportunities for at least 400 K–4 students. Staff from OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital provided education on healthy eating, portion control, eating rainbow-colored fruits and vegetables, and using hands and fingers as portion guides. The students from Auburn

Elementary School were also engaged in physical activity such as obstacle courses, tug-o-war, races, and balance and coordination drills. A total of 19 preschoolers' parents from the Pioneer Early Childhood Education Center were educated on healthy meal and snack planning and were informed about the comprehensive information available on ChooseMyPlate.gov **(30)**. The preschoolers were engaged to participate in preparing samples of healthy Halloween snacks.

e. **Church Outreach Programs** — OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital provided outreach programs to Crossroads Church as follows: (a) implementing a wellness program based on the Daniel Plan and (b) encouraging physical activity through baseball/softball activity day, provided healthy recipes and demonstrated kitchen safety techniques in preparing healthy lunches, (served nine children) The Daniel Plan highlights "Faith, Food, Fitness, Focus and Friends." The Daniel Plan offers physical, spiritual, relational and emotional solutions to a person's quest for a healthy life **(140)**. OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital dietitians, in collaboration with Ashland University dietetics students, suggested ways to improve healthy eating and provided tips on including cinnamon, garlic, turmeric and pepper in daily cooking.

e. **Wellness badge assistance for Girl Scout Galion Troop 1727** — OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital dietitians worked with 33 troop members to earn their wellness badges. Obtaining wellness badges were based from (a) stress management with deep breathing; (b) writing positive thoughts and feelings; (c) physical activity for health; (d) healthy eating and kitchen safety by using rainbow colors to obtain vitamins, minerals and antioxidants; (e) food preparation skills such as preparation of spaghetti squash and homemade trail mix; (f) importance of incorporating all types of activity to enable cardiovascular, flexibility, balance and strength training; (g) time management skills with keeping a calendar; (h) creating to do lists; and (i) being reasonable with time by not over-committing. After one month of assistance to the girl scouts, the troop leaders reported the following impact: (a) 90 percent of the girls enjoyed preparing and tasting spaghetti squash; (b) 100 percent enjoyed preparing and sampling the homemade trail mix; (c) 70 percent reported using the stress management techniques at a later date (deep breathing being the most popular); (d) 85 percent stated that they had tried new activity to meet the cardiovascular, flexibility, strength training or balance recommendations; and (e) 100 percent of the girl scouts were using their school calendar and managing time wisely.

Diabetes Prevention Program

OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital are included in the Registry of Recognized Programs (pending status) of the National Diabetes Prevention Programs of Centers for Disease Control and Prevention (CDC) **(21)**. The Diabetes Prevention Program (DPP) is an evidence-based, lifestyle change program nationally led by the CDC. DPP features the following:

a. The 12-month program assists participants make lifestyle changes such as healthy eating, daily physical activity, and enhancing problem solving and coping skills. DPP focuses on revamping food intake through weekly food logs, being physically active and managing barriers or challenges that impedes sustainable lifestyle changes.

b. Meetings with trained, lifestyle coaches and groups of people already making lifestyle changes to prevent diabetes. Meetings are held weekly for the first 16 weeks and then monthly for the remainder of the year.

c. Evidence has shown that the DPP program can help those with prediabetes or those at risk for type 2 diabetes make achievable lifestyle changes by cutting risks for developing type 2 diabetes by 58 percent.

The Richland County community was informed about program offerings through local media **(66, 137)**, brochures, health fairs, inpatient and outpatient referrals, and through collaboration with Richland Public Health's Community Preventing Chronic Diseases Program. During Fiscal Year 2015, five sessions of the Diabetes Prevention Program was offered in OhioHealth Mansfield Hospital, OhioHealth Shelby Hospital and Richland Public Health. During the five sessions (120 classes), 45 persons attended at least one class. Throughout Fiscal Year 2015 class offerings and the Diabetes Prevention Program recorded 750 participant encounters, which represent the total attendance in the DPP classes for the five sessions. Program participants were 34 to 71 years old. Successful data obtained from classes starting in January 2013 to present have positioned our program to become accredited by the Centers for Disease Control and Prevention by January 2016, reconfirming the successful outcomes of our program. OhioHealth Mansfield Hospital and OhioHealth Shelby

Hospital Diabetes Prevention Program has impacted not only the participants enrolled in the program but also their families and support systems who subsequently learned healthier lifestyles. Participants reported weight loss of spouses and children after healthier options have been initiated in the home. Additionally, we have had several participants who have enrolled in the Diabetes Prevention Program after the recommendation of prior participants based on their experience.

Mansfield Hospital also hosted the Adult Diabetes Support Group, which had 74 participants in Fiscal Year 2015. Topics and activities include (a) "Meal planning to balance blood sugar levels," (b) "Diabetes and your Eye Health," (c) "Healthful Tips for Healthy Holiday Eating," (d) "How to Stay Active in the Winter Months," (e) "Diabetes Medication Update," and (e) Adult Diabetes Support Group picnic.

D. Physical Activity and Nutrition Outreach Programs

During Fiscal Year 2015, OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital offered the "Community Best Loser" and "Healthy Chef Series" outreach programs. The "Community Best Loser" project taught participants practical exercise and healthy eating skills that leads to long-term weight management and promotes overall health and well-being. The project also includes a competition where members of a team work together to earn points through participation in the education and demonstration classes, extent of physical activity and weight loss. Specific activities offered to participants include (a) group orientation sessions regarding use of cardiovascular and strength training equipment, (b) weekly weigh-ins, and (c) educational seminars focused on tips and tools for long term weight loss. In Fiscal Year 2015, "Community Best Loser" was offered in the fall (October 6 to November 16, 2014) and total of 39 persons attended at least one session. Educational and learning materials provided to participants include (a) "Choose MyPlate," (b) "10 Tips to a Great Plate," (c) "MyPlate on Food Labels," (d) "Eat the MyPlate Way," and (e) "How Much Food and Physical Activity?" (ChooseMyPlate.gov; 2015). The participants were given access to the OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital Health and Fitness Center, access to personal trainers, registered dietitians and chances to win prizes for the top three scoring teams or individuals. The "Community Best Loser" program positively impacted obesity in Richland County through (a) educating participants about long term weight loss, (b) exposing participant to exercise in a safe and controlled environment, and (c) offering accountability and support through weekly weigh-in and educational meetings. OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital collaborated in developing effective educational opportunities as part of the "Community Best Loser" program.

The "Healthy Chef Series" is a program where individuals and families were taught how to prepare healthy meals and menus. Participants receive education on cooking skills, healthy eating, simple recipes and menus. The "Healthy Chef Series" is offered during first Thursday of each month at the Health and Fitness Center. During Fiscal Year 2015, 12 sessions of the Healthy Chef Series were offered, which included topics such as (a) "Healthful Breakfast — The Most Important Meal," (b) "Meatless Meal Ideas," (c) "How to Grill Fruits and Vegetables," (d) "Exploring Indian Cuisine," and (e) "Diabetic Meal Planning." During Fiscal Year 2015, "Healthy Chef Series" had an average of 25 participants per session and 176 total participant encounters. Each session had about six to eight new participants. The "Healthy Chef Series" positively impacted obesity in Richland County through (a) providing nutritional education, (b) exploring different ingredients and healthy ways to prepare meals, (c) providing healthy recipes that people actually use, and (d) inspiring people to make healthy food choices. Staff from OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital encouraged patients and families to view program offerings on the hospital's event calendar and call the Fitness Center to register. For both the "Community Best Loser" and "Healthy Chef Series" programs, OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital will further strengthen collaborations with community agencies such as Richland Public Health and Third Street Clinic to increase program participation from all community sectors.

During Fiscal Year 2015, the OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital Health and Fitness Center provided community outreach to address obesity, including:

a. **Obesity-related health education** presentations to community members (served 75 persons). Participants were given educational materials from the United States Department of Agriculture ChooseMyPlate.gov as follows: (a) "Choose MyPlate," (b) "10 Tips to a Great Plate," (c) "MyPlate on Food Labels," "Eat the MyPlate Way," and "How Much Food and Physical Activity?" **(30)**.

b. **Blood pressure and cholesterol screenings** (served 117 persons). Examples of speaking engagements in the community include:

   Wellness lecture at Mechanics Bank — focused on cardiovascular exercise, strength training and flexibility (15 persons attended).

   Fitness lecture at the Optimist Club — focused on the importance of establishing a fitness routine (20 persons attended).

   Wellness lecture at the "Road Maps to Recovery Conference" — focused on the role of exercise in helping with addiction and stress management (20 persons attended).

   Wellness lecture at the AARP, Inc. meeting — focused on program offerings of the OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital Health and Fitness Center, SilverSneakers program and age-appropriate exercise programs for seniors (20 persons attended).

   Senior access to the Health and Fitness Center — in recognition of the National Senior Health and Fitness Days on May 26 to May 28, 2015 (served 442 seniors). Seniors were given access to free workouts, group exercise classes, health and wellness information, wellness lectures, mini-chair massages, and wellness screenings (blood pressure, blood sugar, balance and posture) at OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital.

   Local media interviews with WMFD.com — focused on the importance of regular physical activity and gave exercise demonstrations on the proper use of home fitness equipment such as exercise balls, bands and free weights.

Resources available to address obesity among adults, youth and children:

Other than the OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital, examples of community resources in Richland County that addresses obesity include Third Street Family Health Services, Ohio District Five Area Agency on Aging, Richland Public Health, City of Shelby Health Department, physician practices, federally qualified health centers, local media (Mansfield News Journal, Richland Source, The Tribune Courier, WMFD), and churches and faith congregations.

Need #2: Access and awareness of mental health services and decrease violence and bullying

A. Early identification, inpatient and outpatient education, referral, linkage and follow-up of patients to local agencies providing mental health services or addressing violence and bullying

OhioHealth Mansfield Hospital has a 31-bed psychiatry department, which can accommodate eight adolescents 13 to 18 years old and 23 adults ages 19 and older. A dedicated team of psychiatrists provide 24/7 coverage and assessments **(44)**. The multidisciplinary team consists of a psychiatrist, nurse, social worker, behavioral health therapist, chaplain, dietitian and tutor for the adolescents. The team provides comprehensive assessment and individualized interventions that meet the psychosocial, physical, spiritual and safety needs as well as an individualized-discharge plan for continuity of care in the community. OhioHealth Mansfield Hospital offers (a) adult inpatient program, (b) adult intensive outpatient program, and (c) adolescent inpatient program. Treatment interventions include the following:

a. **Behavioral health therapy —** individual or group-based interventions provided daily. Interventions include (i) life management skills, (ii) recreational therapy, (iii) leisure education, (iv) exercise, (v) relaxation and stress management, (vi) conflict and anger management, and (vii) coping strategies and family education.

b. **Intensive Outpatient Program (IOP) —** serves as an alternative to inpatient treatment and focuses on stabilizing crisis situations through group therapy. Topics discussed include (i) stress management, (ii) communication skills, (iii) anger management, (iv) dealing with relationship issues, and (v) management of psychiatric conditions.

c. **Nursing —** nurses complete assessments during admission, provide health teaching, emotional support, administer medications as prescribed, and ensure a safe environment.

d. **Pastoral care —** help support the spiritual and emotional needs of patients.

e. **Social work services —** conducts psychosocial assessments, provide patients with emotional support and advocacy, and coordinate discharge plans.

Referral of psychiatric patients to community resources. In Fiscal Year 2015, a total of 1,247 unduplicated patients discharged from the Acute Inpatient Behavioral Unit were referred to Catalyst Life Services or Third Street Clinic and private practitioners. During Fiscal Year 2015, approximately 65 percent of patients were referred to Catalyst Life Services, 10 percent to Third Street Family Health Services, 10 percent to private practitioners and 15 percent were asked to obtain follow-up care with their psychiatrist. Within one week after discharge, a nurse makes follow-up telephone calls (three attempts) to the patient to assess success of referral. Follow-up of referred patients at six and 12 months after referral were not done during Fiscal Year 2015; however, OhioHealth Mansfield Hospital staff met monthly with catalyst life services team to discuss programming, referral issues, patients who were frequently readmitted, and developing strategies to strengthen collaboration to provide the best care for the patients. The discharge team ensures that the patients understand the discharge instructions, care plan and the importance of following through with the community agency to ensure continuity of care.

Support groups. Total of 1,366 patients attended support group sessions during Fiscal Year 2015. Each patient may attend more than one session comprised of two or more persons per group. On average, patients attended four group sessions per day. The sessions provided stimulation and socialization opportunities while discussing problem-solving skills, coping mechanisms, relaxation techniques and stress management.

Resources available to address access and awareness of mental health services and decrease violence and bullying
Community resources include the following: (a) **Richland County Mental Health and Recovery Services Board,** which secures funds to plan, establish and maintain health and support services for persons with mental illness, drug or alcohol dependency, and their families **(120)**; (b) **Catalyst Life Services,** which offers mental health crisis line, counseling, walk-in clinic, 13-bed crisis stabilization unit as well as eight residential options that allows people to restore highest function, assist with employment and assess mental health status of youth to enable early mental health interventions **(13)**; and (c) **National Alliance on Mental Illness (NAMI) Richland County,** which offers support and education for families and loved ones affected by mental illness through a 12-week, family-to-family course for caregivers of persons with mental illness **(82, 83)**.

Need #3: Adult and youth risky behaviors

A. Referral, linkage and follow-up of adult and youth patients to local agencies addressing risky behaviors
Smoking cessation. OhioHealth Mansfield Hospital Pulmonary Rehabilitation program offers 100 percent of smokers with smoking cessation advice/counseling **(2)**. OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital provide online health education materials for smokers **(110)**. Examples of evidence-based information include:

+ How Do I Stop Smoking?

+ Why Stop Smoking?

+ What are the Withdrawal Symptoms from Smoking?

+ COPD: A Quit-Smoking Plan

+ Help Your Kids Quit Smoking

+ Guidelines for Raising Smoke-Free Kids

During Fiscal Year 2015, OhioHealth Pulmonary Rehabilitation coordinator provided individual counseling focused on "identify topics of counseling" to six smokers. Six smoking cessation classes were offered and six participated in at least one class. The topics of the classes include American Lung Association Freedom from Smoking® modules which aims to assist smokers take control of their unhealthy behavior by working on the process and challenges of quitting **(4)**. In May 2015, OhioHealth Mansfield Hospital Pulmonary Rehabilitation started offering the OhioHealth Smoking Cessation Program. Participants were given hand-outs from the Centers for Disease Control and Prevention (2015; smoking) such as "cigars," "smokeless tobacco," "tobacco's effects on the body" and OhioHealth informational brochures such as "Nothing Kills Like Tobacco" and "Chemicals in Cigarettes and What They Do" **(110)**.

As part of community outreach activities to address risky behaviors among adolescents, OhioHealth representatives provided four classes to 300 eighth-grade students from Ontario Middle School and discussed risks of smoking and use of drugs and alcohol. Starting Fiscal Year 2016, OhioHealth Mansfield Hospital Pulmonary Rehabilitation will enhance its social marketing and outreach efforts to increase public awareness about the benefits of participating in the program. The OhioHealth Smoking Cessation program could accommodate up to 80 persons per session. Collaborations with the American Lung Association and Ohio Department of Health's Ohio Tobacco Quit Line will be strengthened.

Substance abuse. OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital offers online health education about substance abuse **(111)**, including:

+ Understanding the power of addiction

+ Prescription drug addiction

+ Helping a friend with an addiction

+ When a family member is in recovery

+ Alternatives to Alcoholics Anonymous

+ Illegal drug use and pregnancy

In 2014, 13 out of 940 babies (13.8 babies per 1,000 live births) born at OhioHealth Mansfield Hospital had neonatal abstinence syndrome **(41)**. All babies born from mothers with drug abuse are assessed using the Finnegan Scoring Tool every three hours starting two to four hours after delivery. Results from the Finnegan assessment guides nurses on when to administer medications to help relieve NAS. Nursing staff from the postpartum unit also provide non-pharmacologic interventions such as swaddling, rocking, controlling sound, light and temperature, and skin-to-skin with parents **(41)**.

Patients admitted at the Emergency Department (ED) for alcohol abuse, substance abuse and sexually transmitted diseases (STDs). During Fiscal Year 2015, the ED at OhioHealth Mansfield Hospital provided care and referral, as needed, to 401 distinct patients (14 percent youth; 86 percent adults; 469 total admissions) with primary diagnosis of risky behaviors such as alcohol abuse, substance abuse and STDs. During Fiscal Year 2015, the ED admitted a total of 5,789 distinct patients (10 percent youth; 90 percent adults) who had these three risky behaviors as part of multiple diagnoses. Depending on patient's need and available support system, the healthcare team provided information about the programs offered by Catalyst Life Services, schedules and locations of meetings of Alcoholic Anonymous and Narcotic Anonymous. Patients residing in Richland County were instructed to follow-up with their family physician or contact Richland Public Health to obtain information on prevention and partner testing.

Patients with dual diagnosis of mental health (primary) and substance abuse **(secondary diagnosis)**. Nearly 50 percent of patients admitted at the OhioHealth Mansfield Hospital Acute Inpatient Behavioral Unit had dual diagnosis of mental illness and substance abuse. During Fiscal Year 2015, approximately 65 percent of patients were referred to Catalyst Life Services, 10 percent to Third Street Family Health Services, 10 percent to private practitioners and 15 percent were asked to obtain follow-up care with their psychiatrist. In Fiscal Year 2015, hospital records showed that the psychiatric department referred 592 unduplicated patients to Catalyst. The hospital team meets monthly with Catalyst Life Services

and Third Street Clinic to assess status of patient referrals and to enhance partnerships to ensure that patients receive high quality care. OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital were unable to obtain data on number of persons who followed through with referrals.

Resources available to address adult and youth risky behaviors
Community resources available to address risky behaviors among adult and youth include (a) Richland Public Health, which offers Richland County residents confidential testing for sexually transmitted infections (STI), human immunodeficiency viruses (HIV), traffic safety programs and smoking cessation programs for pregnant women **(132)**; (b) Community Action for Capable Youth, which offers youth programs, parenting programs and community awareness programs to reduce the use of alcohol, tobacco and other drugs in Richland County **(35)**; and (c) Mansfield Division of Police, which offers Drug Abuse Resistance Education (D.A.R.E) focused on accurate information about alcohol and drugs, enhancing decision-making skills, and resisting peer pressure and identifying alternatives to drug use. The Mansfield Division of Police also assigns a School Resource Officer to Mansfield Senior High School to handle crimes such as drug possession, fights, threats, domestic violence, runaways, bullying **(63)** and (d) Catalyst Life Services. Other community resources include Mansfield Urban Minority Alcoholism and Drug Abuse Outreach Program, Inc., Volunteers of America of Greater Ohio, Family Life Counseling and Psychiatric Services, faith congregations, local schools, local public library, and private practitioners.

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