



2026–2028 Community Health Implementation Plan

Mercy Health — Youngstown
YOUNGSTOWN, OH

2026–2028 Community Health Implementation Plan

Mercy Health — Youngstown

Includes Mercy Health — St. Elizabeth Boardman Hospital, Mercy Health — St. Elizabeth Youngstown Hospital and Mercy Health — St. Joseph Warren Hospital

Approved by the Mercy Health — Youngstown Board of Directors April 23, 2026

As part of Bon Secours Mercy Health, Mercy Health — Youngstown is honored to uphold nearly two centuries of dedication to the communities we serve. This commitment has continually evolved to address the most pressing needs in each community as identified by the input of residents, businesses and other community members.

Guided by our Mission to extend the compassionate ministry of Jesus, Mercy Health continuously works to improve the health and well-being of our communities and bring good help to those in need — especially people who are poor, underserved and dying.

By listening to community voices from our partners and neighbors, Mercy Health — Youngstown has identified the greatest needs in our community. The Community Health Implementation Plan ensures that our resources and strategies for outreach, prevention, education and wellness are directed where they can make the greatest impact.

We welcome written comments regarding the health needs identified in this CHIP. Please direct your feedback to Leigh Greene, director of Community Health, at lgreene3@mercy.com.

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Mercy Health CHIP
Short Link:
[Mercy Health CHIPs](#)



Introduction

This Community Health Implementation Plan will address the prioritized significant community health needs listed through the CHNA. The Plan indicates which needs Mercy Health — Youngstown will address and how, as well as which prioritized needs will not be addressed and why.

Mercy Health — Youngstown intends to take a regional approach to address its CHNA and the identified prioritized needs. Therefore, the needs the hospitals intend to address and the strategies outlined are the same and combined into one Community Health Implementation Plan.

Beyond the programs and strategies outlined in this plan, Mercy Health — Youngstown will continue to address the needs of the community by operating in accordance with its mission to extend the compassionate ministry of Jesus by improving the health of its communities with an emphasis on the poor and underserved. This includes providing care for all individuals regardless of their ability to pay.

The strategies in the Implementation Plan will provide the foundation for addressing the community’s significant needs from 2026 to 2028. However, Mercy Health — Youngstown anticipates that some strategies, and even the needs identified, will evolve over that period. Mercy Health — Youngstown plans a flexible approach to addressing the significant community-identified needs that will allow for the adaptation of potential changes and collaboration with other community agencies and partners.

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Executive Summary

Background and Process

From August 2024 through March 2025, Mercy Health — Youngstown conducted a Community Health Needs Assessment (CHNA) that utilized a comprehensive, mixed-methods approach to identify priority community health needs. The process combines secondary (existing) data collection, community engagement to collect primary (new) data, quantitative and qualitative data analysis, and stakeholder input to ensure a well-rounded understanding of local health challenges. The needs assessment was conducted in consultation with Moxley Public Health, LLC.

The process combined secondary data collection from sources, such as the U.S. Census, Centers for Disease Control and Prevention (CDC), Ohio Department of Health and previous CHNA reports, with primary data collection. This included a community survey (**1,284** responses). Survey topics included ranking health needs, health status, access to care, chronic diseases, mental health and social determinants of health (e.g., housing, transportation, food security). Focus groups (10 groups with 127 participants) from priority populations, such as older adults, African Americans, Latinx/Hispanic, rural communities, LGBTQIA+ and the homeless population, were also conducted. Key informant interviews with community leaders (25 interviews) were completed, representing sectors such as public health, health care, housing, mental health, education, local government and local businesses. Key informant interviews identified emerging health issues, sub-populations most affected, existing resources and ideas for community health improvement.

The Mercy Health — Youngstown service area includes Mahoning County (population: 225,786), Trumbull County (population: 200,300), Columbiana County (population: 99,823) and surrounding areas.¹ All ZIP Codes within these counties are served. This process ensured a well-rounded understanding of local health challenges, social determinants of health and health care access barriers. Upon completion, the CHNA was posted to the public to elicit comments and feedback.

External Sources:

- Behavioral Risk Factor Surveillance System (BRFSS)
- Centers for Disease Control (CDC)
- Coalition on Homelessness and Housing in Ohio
- County Health Rankings
- Federal Bureau of Investigation, Crime Data Explorer
- Groundwork Ohio
- Healthy People 2030
- Metopio
- Ohio Department of Health
- Ohio Department of Jobs & Family Services
- Ohio Healthy Youth Environment Survey (OHYES!)

¹U.S. Census Bureau. (2024). Census Quick Facts. Retrieved from <https://www.census.gov/quickfacts/>

- State of Ohio Integrated Behavioral Health Dashboard
- U.S. Census Data
- Walk Score

Identifying Significant Needs

The significant health needs identified in the CHNA were developed through a comprehensive analysis of community input, health data and stakeholder engagement (including secondary data, surveys, interviews and focus groups). Health concerns were assessed across three categories: Social Determinants of Health (SDOH), Social Health Needs and Clinical Health Needs. The CHNA's comprehensive data collection and prioritization process ensured that the final health priorities reflected both statistical evidence and real-life community experiences, forming the foundation for the next Implementation Strategy.

Initially, health needs were assessed through a review of the secondary (existing) health data collected and analyzed prior to conducting interviews, focus groups and surveys (primary data collection). Significant health needs were identified using the following criteria:

1. The size of the problem (relative proportion of the population affected by the problem)
2. The ranking of the problem, using data from community surveys, focus groups and interviews with residents

To determine the size or seriousness of the problem, the health need indicators of the Mercy Health — Youngstown service area identified in the secondary data were measured against benchmark data, specifically county rates, state rates, national rates and Healthy People 2030 objectives. The health needs were further assessed through primary data collection, including key informant interviews, focus groups and a community member survey. The information from the secondary and primary data collection informs this CHNA report and the health needs decisions the community will address in its Implementation Strategy. The data collection process was designed to comprehensively identify the community's priority health issues that affect health, solicit information on disparities among subpopulations, ascertain community assets to address needs and uncover gaps in resources.

A virtual prioritization meeting with key stakeholders, including health care providers, public health officials, hospital leadership and community organizations, was held on Tuesday, March 11, 2025, to develop a draft list of prioritized health needs. During this meeting, key decision-makers reviewed data and selected priority health needs to address in the next Implementation Strategy. The priorities were validated to create a final list and will serve as the foundation for the 2026–2028 Implementation Strategy. To prioritize these needs, Mercy Health — Youngstown used the MAPP 2.0 (Mobilizing for Action through Planning and Partnerships) framework, applying criteria such as relevance to the community, severity, health disparities, feasibility of solutions and availability of resources. This structured, community-driven, equity-focused approach ensured that the most pressing health concerns were selected for action in the next Implementation Strategy for Mercy Health — Youngstown.

Implementation Plan

Mercy Health — Youngstown is committed to addressing the prioritized significant health needs of the community through the strategies described in this Implementation Plan.

Prioritized Significant Health Needs

The table below lists the prioritized significant health needs identified through the CHNA and specifies which needs Mercy Health — Youngstown will address.

Mercy Health — Youngstown will address each need through regional strategies with various activation dates throughout the three-year implementation life cycle. Some of the strategies will take place in communities geographically associated with or tagged to a specific hospital.

Prioritized Significant Health Needs	Hospital Addressing Need (Y/N)		
	St. Elizabeth Youngstown Hospital	St. Elizabeth Boardman Hospital	St. Joseph Warren Hospital
Access to Health Care	Yes	Yes	Yes
Community Safety	No	No	No
Behavioral Health	No	No	No
Chronic Disease	Yes	Yes	Yes
Maternal, Infant and Child Health	Yes	Yes	Yes

Implementation Strategies to Address Community-Level Social Determinants of Health Needs

Access to Health Care

Description

Access to health care was selected as a priority health need due to its high ranking in the community member survey, a major theme in the key informant interviews and focus groups, and being deemed a priority by key stakeholders during the health need prioritization meeting. This priority health need includes addressing the social determinants of health, especially those most frequently heard in the needs assessment — transportation, housing, homelessness, income/poverty and employment.

Goal

Increase the number of patients and sites with access to non-emergency medical services utilizing the Care-A-Van. Increase awareness of social services, behavioral health services and medical resources available in our service market.

Strategies

Strategy 1

Seek community partners to establish base sites for the Care-A-Van. Establish a base for individuals seen at each site.

Strategic Measures

- **Year 1 Strategic Measure**
 - Identify community partners and enter MOUs to identify sites where the Care-A-Van can be parked to receive patients.
 - Establish a baseline for the number of patients seen at each site.
 - Track referrals given to patients seen by the Care-A-Van.
- **Year 2 Strategic Measure**
 - Increase the number of community partners providing site locations for the Care-A-Van.
 - Increase the number of patients seen by the Care-A-Van.
- **Year 3 Strategic Measure**
 - Increase the number of community partners providing site locations for the Care-A-Van.
 - Increase the number of patients seen by the Care-A-Van.

Accountable Partners

- Community Health Care-A-Van

Expected Impact of the Strategy

Increase appointment attendance by removing barriers to care, such as transportation and being uninsured. Short-term impact patients will receive the medical care required, therefore reducing the number of patients with untreated chronic conditions. Long-term impact includes reducing the number of admissions to the ED and reducing unnecessary ED visits.

Targeted Populations

- Adults — general/uninsured
- Children — general/uninsured

Implementation Strategies to Address Clinical Health Needs

Chronic Disease

Description

Chronic diseases were selected as a priority health need due to the high ranking in the community member survey, a major theme in the key informant interviews and focus groups, and being deemed a priority by key stakeholders during the health need prioritization meeting. This priority of health need includes addressing the chronic diseases ranked most highly in the assessment (i.e., cancer, diabetes and heart disease). A recommendation was made to include a strategy that addresses health disparities as well as healthy food access to combat chronic disease in the implementation strategy.

Goal

Decrease the prevalence of diabetes and obesity by partnering with community stakeholders that expand access to nutritious food and utilizing health education programs.

Strategies

Strategy 1

Collaborate to provide clients of community fresh and farmers markets with education, diabetes/obesity screening, healthy cooking demonstrations and healthy living programs. Create access to healthy, affordable food options and/or ways to engage in physical activity.

Strategic Measures

- **Year 1 Strategic Measure**
 - Establish a baseline number of community partners that currently have a client base enrolled in a health benefit program, such as receiving healthy foods, health coaching or a physical activity program.
 - Establish a baseline number of participants from programs that can receive monthly diabetes/obesity screening, health education and motivational interviewing.
 - Establish a baseline with clients to monitor progress and benefits of participation.
- **Year 2 Strategic Measure**
 - Track utilization and community engagement at food access points and fitness programs.
 - Track the progress of the clients enrolled in stakeholder programs.
- **Year 3 Strategic Measure**
 - Track utilization and community engagement at food access points and fitness programs.
 - Track the progress of the clients enrolled in stakeholder programs.

Accountable Partners

Mercy Health — Youngstown will with the following accountable partners on the above-listed strategy to address chronic disease. Mercy Health — Youngstown will provide monthly ongoing education, screenings and motivational interviewing to track program participants' progress levels.

- Glenwood Fresh Market
- Library of Mahoning County
- Service and community centers

Expected Impact of the Strategy

- Decreased new diagnoses of diabetes and pre-diabetes with participating clients
- Improved dietary habits and nutrition knowledge in the community
- Increased reported physical activity
- Decreased chronic disease in low-income and minority communities

Targeted Populations

- Individuals with diabetes
- Individuals with obesity
- Older adults
- Low-Income

Maternal, Infant and Child Health

Description

Maternal, infant and child health was selected as a priority health need due to its high ranking in the community member survey, a major theme in the key informant interviews, and being deemed a priority by key stakeholders during the health need prioritization meeting. This priority of health need includes addressing infant mortality, pre-term births, maternal morbidity and mortality. A recommendation was made to include a strategy to address health disparities in the implementation plan.

Goal

To improve the birth and maternal outcomes for the women in Warren and Trumbull County who deliver babies at St. Joseph by offering programs, education and resources through the Centering Pregnancy program.

Strategies

Strategy 1

Create an additional Centering Pregnancy program at our St. Joseph site in Warren to improve the birth outcomes of the women participating in the program.

- Recruit women to participate in the Centering Pregnancy program.
- Begin to track birth outcomes of the women participating in the program.

Strategic Measures

- **Year 1 Strategic Measure**
 - Establish a Centering Pregnancy site at St. Joseph.
 - Recruit pregnant women to participate in the Centering Pregnancy program.
- **Year 2 Strategic Measure**
 - Increase the number of women participating in the Centering Pregnancy program.
 - Track the birth outcomes of the women participating in the Centering Pregnancy program.
- **Year 3 Strategic Measure**
 - Increase the number of women participating in the Centering Pregnancy program.
 - Track the birth outcomes of the women participating in the Centering Pregnancy program.

Accountable Partners

Mercy Health — Youngstown will work with the following accountable partners on the above-listed strategy to address maternal, infant and child health. Mercy Health — Youngstown will collaborate with community partners through quarterly meetings to maintain consistency and adapt to the community's needs.

- Mercy Health Community Health

Expected Impact of the Strategy

- Increased awareness of available maternal, infant and child health resources in the community
- Reduced barriers to accessing support services due to a lack of knowledge
- Reduced maternal mortality and severe maternal morbidity rates
- Increased early entry into prenatal care

Targeted Populations

- Pregnant and postpartum women

Prioritized Needs Not Being Addressed

Taking existing organization and community resources into consideration, Mercy Health — Youngstown will not directly address the remaining significant health needs identified in the 2025 CHNA that were not prioritized, including but not limited to:

Community Safety

Since Mercy Health — Youngstown cannot directly address all the significant health needs present in the community. Community safety will not be prioritized. As such, Mahoning and Trumbull County Community Health Partners are addressing community safety in their Community Health Improvement Plan. Mercy Health — Youngstown will support but will not directly address community safety. They will concentrate their resources on those health needs where they can effectively impact their region, given the areas of focus and expertise.

Behavioral Health

Mercy Health — Youngstown is not addressing behavioral health in this CHIP. Mercy Health has recently opened the Behavioral Health Hospital that will directly address the identified priority of behavioral health. At the time of the CHNA, the hospital had not opened and could not be included in this current CHIP. The hospital will be conducting its own CHNA as well as implementing its own CHIP to address any priorities identified in the CHNA related to behavioral health. Mercy Health — Youngstown will support and align closely with the work of the newly opened Behavioral Health Hospital and act as a referral and resource partner. The Behavioral Health Hospital will be included in the Mercy Health — Youngstown Market CHNA in 2028.

Resources Available

Due to the considerable and complex nature of the prioritized needs, several organizations within the community may be available to address one or more of the needs listed in this implementation plan:

Health Care Facilities and Services

- Akron Children’s Hospital
 - Access to health care, maternal, infant and child health
- Mahoning Valley Pathways HUB
 - Maternal and child health
- Mercy Health — Youngstown
 - Access to health care, chronic diseases, maternal, infant and child health, mental health, preventive care and practices, substance misuse
- Midlothian Free Clinic
 - Access to health care, preventive care and practices, chronic diseases, dental care, women’s health

Health Departments

- Mahoning County Public Health
 - Access to childcare, access to health care, adverse childhood experiences (ACEs), chronic diseases, education, environmental conditions, food insecurity, HIV/AIDS and sexually transmitted infections (STIs), income/poverty and employment, injuries, maternal, infant and child health, mental health, nutrition and physical health, preventive care and practices, substance misuse, tobacco and nicotine use, transportation
- Trumbull County Combined Health District
 - Access to childcare, access to health care, adverse childhood experiences (ACEs), chronic diseases, education, environmental conditions, food insecurity, HIV/AIDS and sexually transmitted infections (STIs), income/poverty and employment, injuries, maternal, infant and child health, mental health, nutrition and physical health, preventive care and practices, substance misuse, tobacco and nicotine use, transportation

- Warren City Health District
 - Access to childcare, access to health care, adverse childhood experiences (ACEs), chronic diseases, education, environmental conditions, food insecurity, HIV/AIDS and sexually transmitted infections (STIs), income/poverty and employment, injuries, maternal, infant and child health, mental health, nutrition and physical health, preventive care and practices, substance misuse, tobacco and nicotine use, transportation
- Youngstown City Health District
 - Access to childcare, access to health care, adverse childhood experiences (ACEs), chronic diseases, education, environmental conditions, food insecurity, HIV/AIDS and sexually transmitted infections (STIs), income/poverty and employment, injuries, maternal, infant and child health, mental health, nutrition and physical health, preventive care and practices, substance misuse, tobacco and nicotine use, transportation

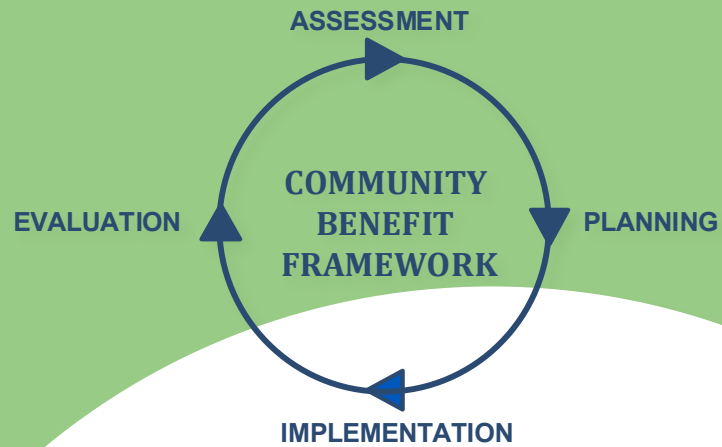
Other Local and National Resources

- Mahoning County Job and Family Services
 - Access to childcare, adverse childhood experiences (ACEs), food insecurity, income/poverty and employment
- Youngstown Neighborhood Development Corporation
 - Housing, poverty and employment, Glenwood Fresh Market
- United Returning Citizens
 - All significant health needs in previously incarcerated individuals
- Ohio State University Extension
 - Education and community outreach involving nutrition
- Youngstown City Schools
 - Education, food insecurity, adverse childhood experiences (ACEs)
- Direction Home
 - All significant health needs
- SCOPE Senior Services
 - Services and programs for older adults, including meals, social activities, health resources
- YMCA of Youngstown
 - All significant health needs
- Youngstown Parks & Recreation Department
 - Environmental conditions, nutrition, physical health

- Ohio Farm Bureau
 - Access to health care for members of the agricultural community
- Youngstown State University
 - Education, food insecurity, access to health care
- Alta Head Start
 - Access to childcare
- Western Reserve Transit Authority (WRTA)
 - Transportation
- The Sacred Commons Church
 - Food insecurity, housing, education
- Mahoning - Youngstown Community Action Partnership
 - Early childhood education, emergency assistance, financial empowerment, health and nutrition programs, housing services, homelessness support, weatherization, home repair
- Second Harvest Food Bank of the Mahoning Valley
 - Food insecurity

Introduction

What Is An Implementation Strategy (IS)?



An **Implementation Strategy (IS)** is part of a framework that is used to guide community benefit activities, policy, advocacy and program-planning efforts. An Implementation Strategy describes the hospital's plan to respond to the needs identified through the previous Community Health Needs Assessment (CHNA) process. It also fulfills a requirement mandated by the Internal Revenue Service (IRS) in Section 1.501(r)(3).

Process Overview



In order to develop an Implementation Strategy, Mercy Health — Youngstown followed a process that included the following steps:

STEP 1: Plan and prepare for the Implementation Strategy.

STEP 2: Develop goals/objectives and identify indicators to address community health needs.

STEP 3: Consider and select approaches/strategies to address prioritized needs, health disparities and social determinants of health with community partners.

STEP 4: Select approaches/strategies with community partners.

STEP 5: Discuss or Present Implementation Strategy with (or to) community partners, health departments and hospital leadership.

STEP 6: Develop a written Implementation Strategy.

STEP 7: Adopt the Implementation Strategy.

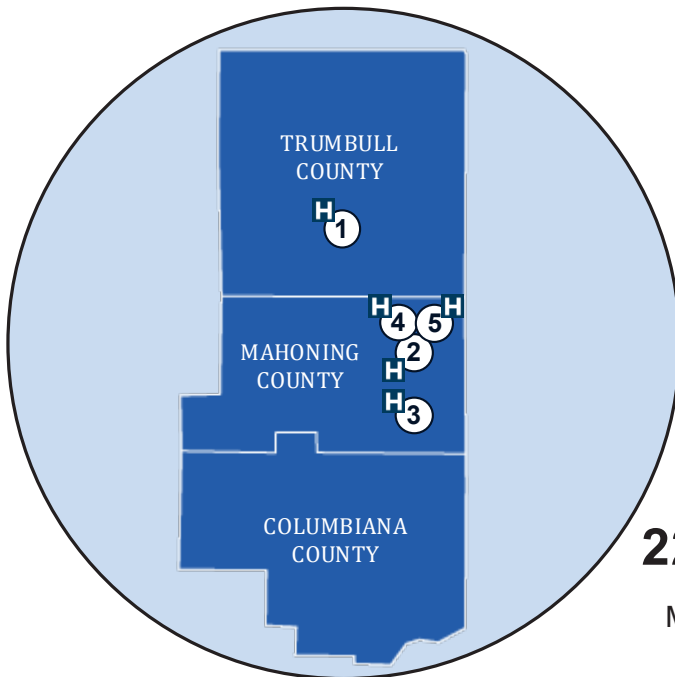
STEP 8: Update and sustain the Implementation Strategy.

Within each step of this process, the guidelines and requirements of both the state and federal governments are followed precisely and systematically.

The 2026—2028 Mercy Health — Youngstown Implementation Strategy meets all IRS regulations.



Community Served By Mercy Health — Youngstown Service Area At-A-Glance



We currently serve a population of

225,786¹	200,300¹	99,823¹
MAHONING COUNTY	TRUMBULL COUNTY	COLUMBIANA COUNTY

- ① **H** St. Joseph Warren Hospital (Warren)
- ② **H** St. Elizabeth Youngstown Hospital (Youngstown)
- ③ **H** St. Elizabeth Boardman Hospital (Boardman)
- ④ **H** Mercy Health Rehabilitation Hospital (Youngstown)
- ⑤ **H** Mercy Health Behavioral Health Hospital (Youngstown)

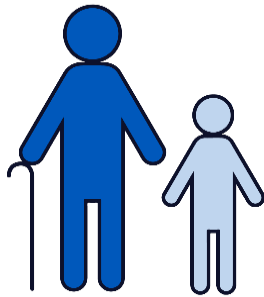
Mercy Health — Youngstown serves a broad geographic area encompassing Columbiana County (**population: 99,823**), Mahoning County (**population: 225,786**), Trumbull County (**population: 200,300**) and surrounding areas. All ZIP Codes within these counties are served.¹

Mahoning County is a total of 425 square miles, of which 411.5 square miles is land and 14 square miles is water. It's located in Mahoning Valley, which is between Cleveland and Pittsburgh. The Mahoning River runs through the county.¹

Trumbull County has a total of 637 square miles, of which 618 square miles is land and 18 miles is water. It's a nearly square county in Mahoning Valley, with sides of about 25.2 miles.¹

Columbiana County has a total of 535 square miles, of which 532 square miles is land and 2.8 square miles is water. It is southeast of Lake Erie, and borders parts of both Pennsylvania and West Virginia.¹

Community Served By Hospital Mahoning, Trumbull & Columbia County Demographics



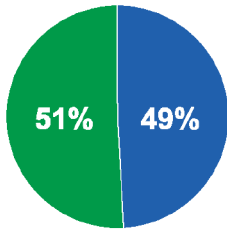
Mahoning County (43.3), Trumbull County (43.3) and Columbiana County (45.4) all have **older** median ages than Ohio (39.9).¹

43.3 **43.3** **45.4** **39.9**

MAHONING COUNTY MEDIAN AGE TRUMBULL COUNTY MEDIAN AGE COLUMBIANA COUNTY MEDIAN AGE OHIO MEDIAN AGE

23% of Mahoning, Trumbull and Columbiana County residents are **ages 65+**, compared to **19%** for Ohio.¹

51% of Mahoning County, Trumbull County and Ohio residents are **women**, while **Columbiana County** is **49% women**.¹



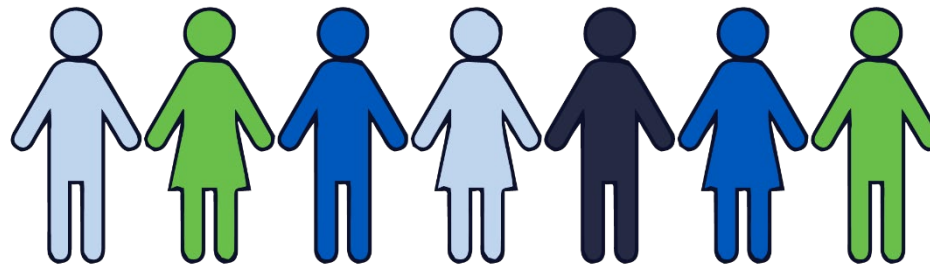
7% of Trumbull and Columbiana County, **6%** of Mahoning County and **5%** of Ohio residents are **veterans**.¹



2% of Mahoning County, **1%** of Trumbull and Columbiana County, and **5%** of Ohio residents are **foreign-born**.

6% of Mahoning County, **5%** of Trumbull County, and **8%** of Columbiana County and Ohio residents **do not speak English as their first language**.¹

There is a **slightly lower proportion of white residents** and a **higher proportion of Black residents** in Mahoning County than the state of Ohio, while the opposite is true for Trumbull and Columbiana Counties.¹



WHITE BLACK/AFRICAN AMERICAN HISPANIC OR LATINX MULTI-RACIAL ASIAN AI/AN NH/PI

MAHONING	80%	16%	7%	3%	1%	0.3%	0.1%
TRUMBULL	88%	9%	2%	4%	0.6%	0.3%	0%
COLUMBIANA	95%	3%	2%	2%	0.4%	0.3%	0.02%
OHIO	77%	12%	5%	4%	2%	0.1%	0%

2026-2028 MERCY HEALTH YOUNGSTOWN IMPLEMENTATION STRATEGY
AI/AN = American Indian/Alaska Native; NH/PI = Native Hawaiian/Pacific Islander

Step 1

Plan And Prepare For The Implementation Strategy



IN THIS STEP, MERCY HEALTH — YOUNGSTOWN:

- ✓ DETERMINED WHO WOULD PARTICIPATE IN THE DEVELOPMENT OF THE IMPLEMENTATION STRATEGY
- ✓ ENGAGED HEALTH BOARD AND COMMUNITY LEADERSHIP
- ✓ REVIEWED THE COMMUNITY HEALTH NEEDS ASSESSMENT



Plan And Prepare

Secondary and primary data were collected to complete the 2025 Mercy Health — Youngstown Community Health Needs Assessment (<https://www.mercy.com/about-us/mission/giving-back/community-health-needs-assessment>). Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, chronic disease, health behaviors, mental health, substance use and preventive practices. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection.

Primary data were collected through key informant interviews with **25** experts from various organizations serving Mahoning, Trumbull and Columbiana Counties, and included leaders and representatives of medically underserved, low-income and minority populations, or local health or other departments or agencies. Additionally, there were **10** focus groups held in Mahoning, Trumbull and Columbiana Counties, representing a total of **127** community members from priority populations. Lastly, a community member survey was distributed via a QR code and link, with **1,284** responses. The survey responses (from community members) were used to prioritize the health needs, answer in-depth questions about the health needs in the county and identify health disparities in the community. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations and ascertain community assets initially available to address in the Mercy Health — Youngstown Community Health Needs Assessment.

“ *The implementation strategy (or improvement plan) deals with the “how and when” of addressing needs. While the community health needs assessment considers the “who, what, where and why” of community health needs, the implementation strategy takes care of the how and when components.* ”

- Catholic Health Association

Step 2

Develop Goals And Objectives And Identify Indicators For Addressing Community Health Needs



IN THIS STEP, MERCY HEALTH — YOUNGSTOWN:

- ✓ DEVELOPED GOALS FOR THE IMPLEMENTATION STRATEGY BASED ON THE FINDINGS FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT
- ✓ SELECTED INDICATORS TO ACHIEVE GOALS

Process Overview



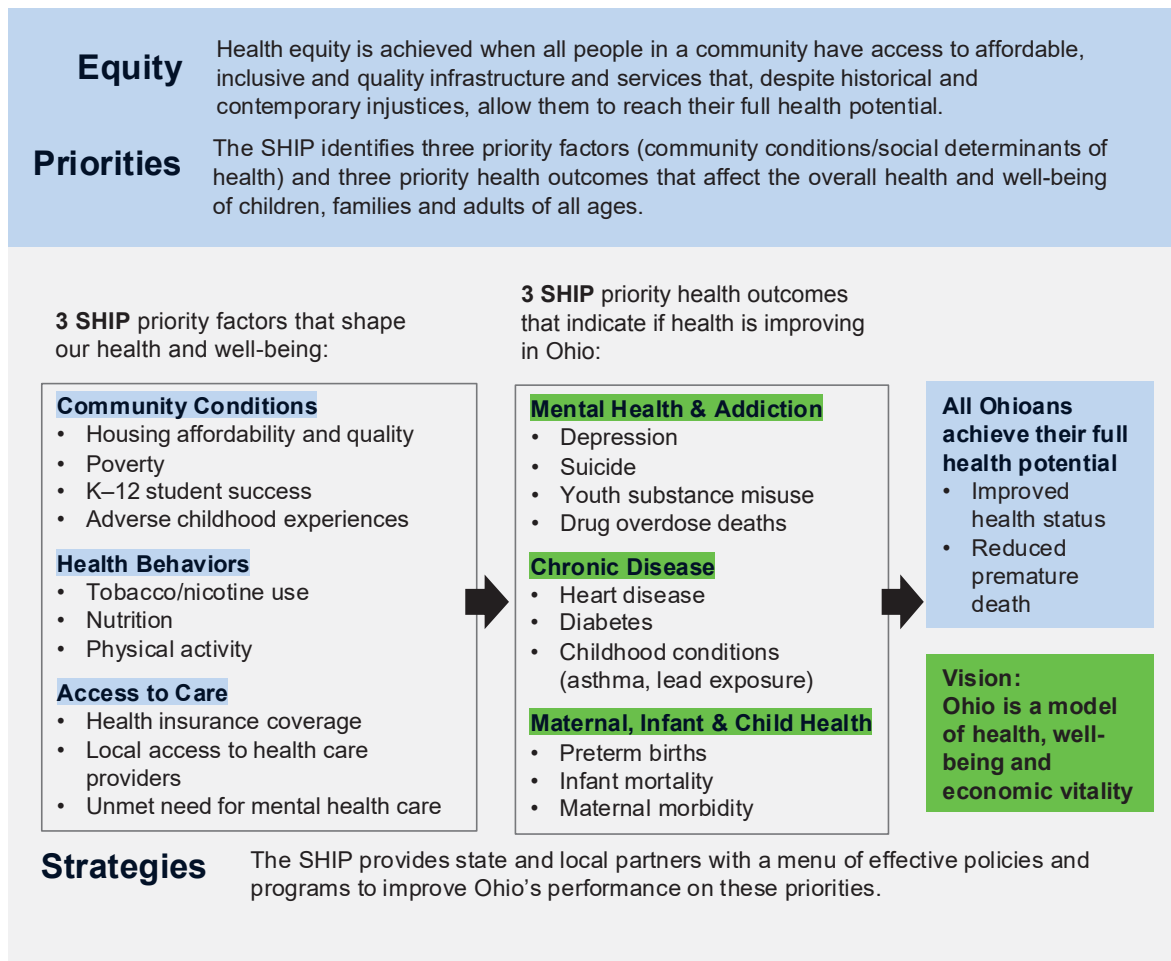
Ohio Department of Health (ODH) Framework

The following image shows the framework from ODH that this report followed while also adhering to federal requirements and the community's needs.

Mercy Health — Youngstown desired to align with the priorities and indicators of ODH. To do this, they used the following guidelines when prioritizing the health needs of their community.

To align with the Ohio Department of Health's initiative to improve health, well-being and economic vitality, Mercy Health — Youngstown included the state's priority factors and health outcomes when assessing the community.

Figure 1: Ohio State Health Improvement Plan (SHIP) Framework



* These factors are sometimes referred to as the social determinants of health.

Next, with the data findings from the community health needs assessment process, Mercy Health — Youngstown used the following guidelines/worksheet to choose priority social determinants of health and priority health outcomes (worksheet/guidelines continued to next page).

Alignment With Priorities & Indicators

STEP 1: Identify priority social determinants of health and health outcomes.

PRIORITY SOCIAL DETERMINANTS OF HEALTH	PRIORITY HEALTH OUTCOMES
<input checked="" type="checkbox"/> Community Conditions	<input type="checkbox"/> Mental Health & Addiction
<input checked="" type="checkbox"/> Health Behaviors	<input checked="" type="checkbox"/> Chronic Disease
<input checked="" type="checkbox"/> Access to Care	<input checked="" type="checkbox"/> Maternal & Infant Health

STEP 2: Check the indicators that are being addressed for each identified priority social determinant of health.

PRIORITY SOCIAL DETERMINANTS OF HEALTH	
COMMUNITY CONDITIONS	
TOPIC	INDICATOR NAME
Housing Affordability & Quality	<input type="checkbox"/> Affordable & Available Housing
Poverty	<input type="checkbox"/> Child Poverty
	<input type="checkbox"/> Adult Poverty
K–12 Student Success	<input type="checkbox"/> Chronic Absenteeism (K–12 students)
	<input type="checkbox"/> Kindergarten Readiness
Adverse Childhood Experiences	<input type="checkbox"/> Adverse Childhood Experiences (ACEs)
	<input type="checkbox"/> Child Abuse & Neglect
Food Insecurity	<input checked="" type="checkbox"/> Food Insecurity
Environmental Conditions	<input type="checkbox"/> Air Quality
	<input type="checkbox"/> Water Quality
HEALTH BEHAVIORS	
TOPIC	INDICATOR NAME
Tobacco & Nicotine Use	<input type="checkbox"/> Adult Smoking
	<input type="checkbox"/> Youth Tobacco/Nicotine Use
Nutrition	<input checked="" type="checkbox"/> Fruit Consumption
	<input checked="" type="checkbox"/> Vegetable Consumption
Physical Activity	<input checked="" type="checkbox"/> Child Physical Activity
	<input checked="" type="checkbox"/> Adult Physical Activity
ACCESS TO CARE	
TOPIC	INDICATOR NAME
Health Insurance Coverage	<input type="checkbox"/> Uninsured Adults
	<input type="checkbox"/> Uninsured Children
Local Access to Healthcare	<input checked="" type="checkbox"/> Primary Care Health Professional Shortage Areas
	<input type="checkbox"/> Mental Health Professional Shortage Areas
Unmet Need for Mental Healthcare	<input type="checkbox"/> Youth Depression Treatment Unmet Need
	<input type="checkbox"/> Adult Mental Healthcare Unmet Need

Alignment With Priorities & Indicators (continued)

STEP 3: Check the indicators that are being addressed for each identified priority health outcome.

PRIORITY HEALTH OUTCOMES	
MENTAL HEALTH & ADDICTION	
TOPIC	INDICATOR NAME
Depression	<input type="checkbox"/> Youth Depression
	<input type="checkbox"/> Adult Depression
Suicide Deaths	<input type="checkbox"/> Youth Suicide Deaths
	<input type="checkbox"/> Adult Suicide Deaths
Youth Drug Use	<input type="checkbox"/> Youth Alcohol Use
	<input type="checkbox"/> Youth Marijuana Use
Drug Overdose Deaths	<input type="checkbox"/> Unintentional Drug Overdose Deaths
CHRONIC DISEASE	
TOPIC	INDICATOR NAME
Heart Disease	<input checked="" type="checkbox"/> Coronary Heart Disease
	<input checked="" type="checkbox"/> Premature Death from Heart Disease
	<input checked="" type="checkbox"/> Hypertension
Diabetes	<input checked="" type="checkbox"/> Diabetes
Childhood Conditions	<input type="checkbox"/> Child Asthma Morbidity
	<input type="checkbox"/> Child Lead Poisoning
MATERNAL & INFANT HEALTH	
TOPIC	INDICATOR NAME
Preterm Births	<input checked="" type="checkbox"/> Preterm Births
Infant Mortality	<input checked="" type="checkbox"/> Infant Mortality
Maternal Morbidity/Mortality	<input checked="" type="checkbox"/> Severe Maternal Morbidity/Mortality

Addressing The Health Needs



The 2025 Community Health Needs Assessment (CHNA) identified the following significant health needs from an extensive review of the primary (interviews and focus groups) and secondary (existing) data. The significant health needs were ranked through analysis of the **25** key informant interviews and **10** focus groups with **127** participants. Lastly, a community member survey was distributed via a QR code and link, with **1,284** responses.

SOCIAL DETERMINANTS OF HEALTH — COMMUNITY LEVEL NEEDS THAT IMPACT HEALTH AND WELL-BEING
#1 Access to health care
#2 Income/poverty and employment
#3 Crime and violence
#4 Food insecurity
#5 Housing and homelessness
#6 Adverse Childhood Experiences (ACEs)
#7 Transportation
#8 Education
#9 Environmental conditions
#10 Internet and Wi-Fi access

SOCIAL HEALTH NEEDS — INDIVIDUAL LEVEL NONCLINICAL NEEDS
#1 Mental health
#2 Nutrition and physical health
#3 Substance use disorder/substance misuse
#4 Access to childcare
#5 Tobacco and nicotine use

CLINICAL HEALTH NEEDS
#1 Chronic diseases
#2 Maternal, infant and child health
#3 Injuries
#4 Preventive care and practices
#5 HIV/AIDS and sexually transmitted infections (STIs)

Priority Health Needs

Mercy Health — Youngstown



From the significant health needs, Mercy Health — Youngstown chose health needs that considered the health department, hospitals and community partners' capacity to address community needs, the strength of community partnerships and those needs that correspond with the health department, hospitals and community partners' priorities. **The four priority health needs that will be addressed in the 2026–2028 Implementation Strategy (IS) are:**

1 ACCESS TO HEALTH CARE



- Trumbull and Columbiana Counties have **fewer primary and dental care providers** relative to their population when comparing the ratio to Ohio, while Mahoning County has more providers.²
- **45%** of community survey respondents say **access to health care** is a priority need and **35%** of survey respondents have **delayed or gone without medical care** due to being unable to get an appointment.

2 CHRONIC DISEASE



- **13%** of Mahoning and Trumbull County and **12%** of Columbiana County and Ohio adults have **diabetes**.⁴
- **85%** of community survey respondents chose chronic diseases as a top community health need. The most commonly cited conditions were **diabetes, heart disease, cancer and obesity**.

3 MATERNAL, INFANT AND CHILD HEALTH



- **53%** of community survey respondents say that addressing **maternal and child health** in the community is a top concern.
- Mahoning County has a **low-birth-weight rate** of **11%** vs. **9%** for Trumbull County and Ohio, and **8%** for Columbiana County (less than 5 pounds and 8 ounces).⁵

Steps 3 & 4

Consider And Select Approaches/Strategies To Address Prioritized Needs, Health Disparities And Social Determinants Of Health With Community Partners



IN THIS STEP, MERCY HEALTH — YOUNGSTOWN:

- ✓ SELECTED APPROACHES/STRATEGIES TO ADDRESS THE PRIORITIZED HEALTH NEEDS, HEALTH DISPARITIES AND SOCIAL DETERMINANTS OF HEALTH
- ✓ DEVELOPED A WRITTEN IMPLEMENTATION STRATEGY REPORT

#1 Priority Area: Access To Health Care



Includes the social determinants of health, especially those heard the most through the needs assessment — transportation, housing, homelessness, income/poverty and employment

STRATEGIES

Seek community partners to establish base sites for the Care-A-Van. Establish base for individuals seen at each site and collectively.

PARTNERS

Community Health Care-A-Van




PRIORITY POPULATIONS

Adults (general)

STRATEGIC MEASURES

Year 1	Year 2	Year 3
<ul style="list-style-type: none"> Identify community partners and enter into MOUs to identify sites where the Care-A-Van can park to receive patients Establish a baseline for the number of patients seen at each site Track referrals given to patients seen by the Care-A-Van 	<ul style="list-style-type: none"> Increase the number of community partners providing site locations for the Care-A-Van Increase the number of patients being seen by the Care-A-Van 	<ul style="list-style-type: none"> Increase the number of community partners providing site locations for the Care-A-Van Increase the number of patients being seen by the Care-A-Van

OVERALL IMPACT OF STRATEGIES

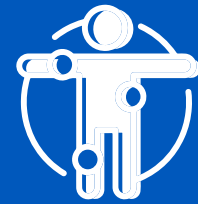
 Reduced admissions into the ED
  Reduced health complications from missed or delayed care
  Increased attendance at scheduled medical appointments



ALL MERCY HEALTH YOUNGSTOWN SERVICE AREA RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL

#2 Priority Area: Chronic Disease

Includes addressing the chronic diseases ranked most highly in the assessment (i.e. cancer, diabetes and heart disease)



STRATEGIES

Collaborate to provide education and diabetes/obesity screening opportunities to clients of community fresh and farmers markets. Provide healthy cooking demonstrations and healthy living programs.

PARTNERS

Glenwood Fresh Market, Library of Mahoning County, Service and Community Centers

PRIORITY POPULATIONS

Individuals with diabetes, individuals with obesity, older adults, individuals who are economically disadvantaged

STRATEGIC MEASURES

Year 1

- Establish a baseline number of community partners that have a client base enrolled in a health benefit program
- Establish a baseline number of participants from programs that can receive monthly diabetes/obesity screening or health education
- Establish a baseline with clients to monitor progress

Year 2

- Track utilization and community engagement at food access points and fitness programs
- Track the progress of the clients enrolled in stakeholder programs

Year 3

- Track utilization and community engagement at food access points and fitness programs
- Track the progress of the clients enrolled in stakeholder programs

OVERALL IMPACT OF STRATEGIES



Increase of reported physical activity



Improved dietary habits and nutrition knowledge in the community



Decreased chronic disease in low-income and minority communities



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RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL**

#3 Priority Area: Maternal, Infant & Child Health

Includes infant mortality, preterm births, and maternal morbidity and mortality



STRATEGIES

Create an additional Centering Pregnancy program at the St. Joseph site in Warren. Recruit women to participate in the program.

PARTNERS

My Baby's First Coalition, Mahoning Valley Pathways HUB, Maternal Infant Vitality Initiative, Trumbull County Combined Health District, Youngstown City Health District, Warren City Health District, Mahoning County Public Health

PRIORITY POPULATIONS

Pregnant and postpartum women

STRATEGIC MEASURES

Year 1

- Establish Centering Pregnancy site at St. Joseph
- Recruit pregnant women to participate in the Centering Pregnancy program

Year 2

- Increase the number of women participating in the Centering Pregnancy program
- Track the birth outcomes of the women participating in the Centering Pregnancy program

Year 3

- Increase the number of women participating in the Centering Pregnancy program
- Track the birth outcomes of the women participating in the Centering Pregnancy program

OVERALL IMPACT OF STRATEGIES

↓ Reduced disparities in service awareness between different neighborhoods and populations
 ↑ Increased awareness of available maternal, infant and child health community resources
 ↓ Reduced barriers to accessing support services due to lack of knowledge



**ALL MERCY HEALTH — YOUNGSTOWN SERVICE AREA
RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL**

Steps 5-8

Integrate, Develop, Adopt And Sustain Implementation Strategy/ Improvement Plan



IN THIS STEP, MERCY HEALTH — YOUNGSTOWN WILL:

- INTEGRATE IMPLEMENTATION STRATEGY WITH COMMUNITY PARTNER, HOSPITAL LEADERSHIP AND HEALTH DEPARTMENT PLANS
- ADOPT THE IMPLEMENTATION STRATEGY
- UPDATE AND SUSTAIN THE IMPLEMENTATION STRATEGY

Mercy Health — Youngstown

Next Steps



The Community Health Needs Assessment (CHNA) and the resulting Implementation Strategy (IS) identify and address significant community health needs and help guide community benefit activities. This Implementation Strategy explains how Mercy Health — Youngstown plans to address the selected priority health needs identified by the CHNA. It is an evolving and ongoing process. Organizations and individuals interested in contributing to one or more of the strategies are invited to reach out to any of the contacts listed below to learn how to get involved.

This Implementation Strategy report was adopted by Mercy Health — Youngstown in January 2026.

You can find the report here: <https://www.mercy.com/about-us/mission/giving-back/community-health-needs-assessment>

Written comments on this report are welcome and can be made by emailing LGreene3@mercy.com.

EVALUATION OF IMPACT

Mercy Health — Youngstown will monitor and evaluate the programs and actions outlined above. We anticipate the actions taken to address significant health needs will improve health knowledge, behaviors and status, increase access to care and help support overall good health. Mercy Health — Youngstown is committed to monitoring key indicators to assess impact. Our reporting process includes the collection and documentation of tracking measures, such as the number of people reached/served and collaborative efforts to address health needs. A review of the impact of Mercy Health — Youngstown's actions to address these significant health needs will be reported in the next scheduled CHNA.

ADDITIONAL HEALTH NEEDS NOT DIRECTLY ADDRESSED

Since Mercy Health — Youngstown cannot directly address all the health needs present in the community, we will concentrate our resources on those health needs where we can effectively impact our region given our areas of focus and expertise. Taking existing organization and community resources into consideration, Mercy Health — Youngstown will not directly address the remaining health needs identified in the CHNA, including but not limited to housing and homelessness, education, poverty and employment, tobacco and nicotine use, transportation, adverse childhood experiences, preventive care, HIV/STIs, internet/Wi-Fi access, crime and violence, environmental conditions and access to childcare. They will continue to look for opportunities to address community needs where we can make a meaningful contribution. Community partnerships may support other initiatives that Mercy Health — Youngstown independently lead in order to address the other health needs identified in the 2025 CHNA.

Appendix C **References**

Appendix C: References

¹U.S. Census Bureau. (2024). Census Quick Facts. Retrieved from <https://www.census.gov/quickfacts/>

²County Health Rankings, 2025, <http://www.countyhealthrankings.org>

³Ohio Healthy Youth Environment Survey – OHYES!, MHRB Board Mahoning County Report, 2022-2023. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports>

⁴County Health Rankings, 2025, <http://www.countyhealthrankings.org>

⁵County Health Rankings, 2025, <http://www.countyhealthrankings.org>

Board Approval

The Mercy Health — Youngstown Market 2026 to 2028 Community Health Implementation Plan was approved by the Mercy Health — Youngstown Market Board of Directors on April 23, 2026.

Board Signature: *Jessica Simon*

Date: **April 23, 2026**

For further information or to obtain a hard copy of this Community Health Implementation Plan, please contact Leigh Greene, director, Community Health at lgreene3@mercy.com.

Mercy Health CHIP Website: <https://www.mercy.com/about-us/mission/giving-back/community-health-needs-assessment>

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Mercy Health CHIP Short Link: [Mercy Health CHIPs](#)

