



2022 Community Health Needs Assessment

Mercy Health – Youngstown

2022 Community Health Needs Assessment

Youngstown Market: St. Elizabeth Youngstown, St. Elizabeth Boardman, and St. Joseph Warren Hospitals.

Adopted by the Youngstown Market Board of Directors, September 29, 2022.

As a Ministry of which Mercy Health Youngstown is a member, Bon Secours Mercy Health has been committed to the communities it serves for nearly two centuries. This long standing commitment has evolved intentionally, based on our communities' most pressing health needs.

Every three years we evaluate those needs through a comprehensive Community Health Needs Assessment (CHNA) process. The most recent assessment, completed by Mercy Health Youngstown and community partners, include quantitative and qualitative data that guide both our community investment, community investment, and strategic planning. The following document is a detailed CHNA for Mercy Health Youngstown.

Mercy Health Youngstown is dedicated to our Mission of extending the compassionate ministry of Jesus by improving the health and well-being to our communities and by bringing good help to those in need, especially people who are poor, dying, or underserved.

Mercy Health Youngstown has identified the greatest needs in our community by listening to the voices of the community. This ensures our resources for outreach, prevention, education, and wellness are directed towards opportunities where the greatest impact can be realized.

Written comments regarding the health needs that have been identified in the current CHNA should be directed to Leigh Greene, Director Community Health; lgreene3@mercy.com

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Executive Summary

Overview

Service Area: Youngstown/Mahoning County and Warren/Trumbull County

Organizations Consulted

Mahoning County Public Health
Mercy Health
Trumbull County Combined Health District
Warren City Health District
Youngstown City Health District
Health Community Partnership
Environmental Collaborative

Methods for collecting information and prioritizing needs

The process of identifying significant needs began with reviewing data collected during the assessment, including both primary and secondary data. Three data walks were conducted with steering committee members from April to May 2022, and additional contextual information was solicited from steering group members about the data and the existing resources and gaps in the community. The CHNA leadership team (comprised of the county and city health commissioners and Mercy Hospital, in consultation with the North Carolina Institute for Public Health) then reviewed the data and feedback and selected twelve priority voting options for the community-wide priority voting process.

Considerations	Definition/Examples
Access to care	Affordability, insurance, specialty services, elder care
Access to information	Effective communication & engagement, awareness of resources, internet access, media literacy
Access to healthy food & physical activity	Food security, grocery stores, recreational facilities, parks
Chronic disease	Cancer, type 2 diabetes, heart disease, high blood pressure
Community safety	Gang and family violence, effective policing
Education	Childcare, K-12, training, higher ed, enrichment
Infectious Disease	COVID-19, flu, sexually transmitted infections
Mental health	Anxiety, depression, Suicide
Substance Use	Tobacco, opioid, heroin, alcohol
Community Conditions	Combine housing, transportation, and economic development
Discrimination	Discrimination based on age, disability, gender, nationality, race, religion, sexual orientation
Reproductive & Child Health	Birth outcomes, Infant mortality, maternal smoking, child mortality

Considerations for community prioritization voting categories

Significant Health Needs

1. Access to Care
2. Access to Information
3. Access to Healthy Food & Physical Activity
4. Chronic Disease
5. Community Safety
6. Education
7. Infectious Disease
8. Mental Health
9. Substance Use
10. Community Conditions
11. Discrimination
12. Reproductive & Child Health

Prioritized Health Needs

1. Mental Health/Substance Abuse
2. Community Safety/Conditions
3. Access to Health

Resources Available

Mental Health & Substance Use

Highlighted Resources

Compass Family and Community Services

- Mental health counselling, substance use recovery, domestic violence and sexual assault, youth services.
- compassfamily.org

Meridian Healthcare

- Integrated primary and behavioral healthcare, including mental health and substance use treatment.
- meridianhealthcare.net

Ohio Department of Mental Health

- Mental health and addiction services
- 24/7 crisis line: 1-800-720-9616
- Crisis text line:
text the keyword “4hope” to 741-741
- mha.ohio.gov

Gaps

In Community Conversations, participants highlighted the following gaps in community resources:

1. Affordable mental health services
2. Conflict-resolution and anger management
3. School-based mental health treatment
4. Resource guide for LGBTQIA+ affirming mental health counselling
5. Funding for community institutions such as churches and community centers that provide informal mental health care

Community Conditions & Safety

Highlighted Resources

Trumbull Neighborhood Partnership

- A non-profit community development corporation in Warren seeking to improve quality of life and build neighborhood capacity
- tnpwarren.org

Youngstown Neighborhood Development Corporation

- A non-profit working to revitalize Youngstown neighborhoods
- www.yndc.org

United Returning Citizens

- A non-profit serving formerly incarcerated individuals and the broader community in Youngstown, focusing on employment, financial literacy, and housing
- unitedreturningcitizens.org

Gaps

In Community Conversations, participants highlighted the following gaps in community resources:

1. Local employment opportunities
2. Local investment in Black community and minority-owned businesses
3. Affordable, accessible recreational activities for youth
4. Safe housing for LGBTQIA+ community members experiencing homelessness
5. Responsive emergency and police services, trained in de-escalation

Access to Care

Highlighted Resources

Mercy Health

- Hospital system in Mahoning and Trumbull Counties, providing primary, specialty, and emergency care. Financial assistance available for income-eligible patients
- www.mercy.com

Meridian Healthcare

- Integrated primary and behavioral healthcare, pledged LGBTQIA+ safe zone
- meridianhealthcare.net

Mahoning Valley Pathways HUB

- Pregnancy care coordination, culturally and linguistically appropriate services provided by community health workers
- www.mahoninghealth.org/mahoning-county-pathways-hub

Gaps

In Community Conversations, participants highlighted the following gaps in community resources:

1. Appropriate and affirming LGBTQIA+ healthcare, systems and staff that use chosen names/pronouns
2. Timely appointments for specialty care
3. Accessible healthcare for people with transportation barriers: clinics in more neighborhoods, mobile dentist truck, rural health nurse
4. Preventive services and culture of health

Feedback

Feedback can be submitted via email to
Leigh A. Greene MSSA, LWS, CHW
Director of Community Health
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Our Mission

Our mission is to extend the compassionate ministry of Jesus by improving the health and well-being of our communities and bring good help to those in need, especially people who are poor, dying and underserved.

Our Vision

Inspired by God's hope for the world, we will be a ministry where associates want to work, clinicians want to practice, people seek wellness and communities thrive.

Our Values

Human Dignity

We commit to upholding the sacredness of life and being respectful and inclusive of everyone.

Integrity

We commit to acting ethically and modeling right relationships in all of our individual and organizational encounters.

Compassion

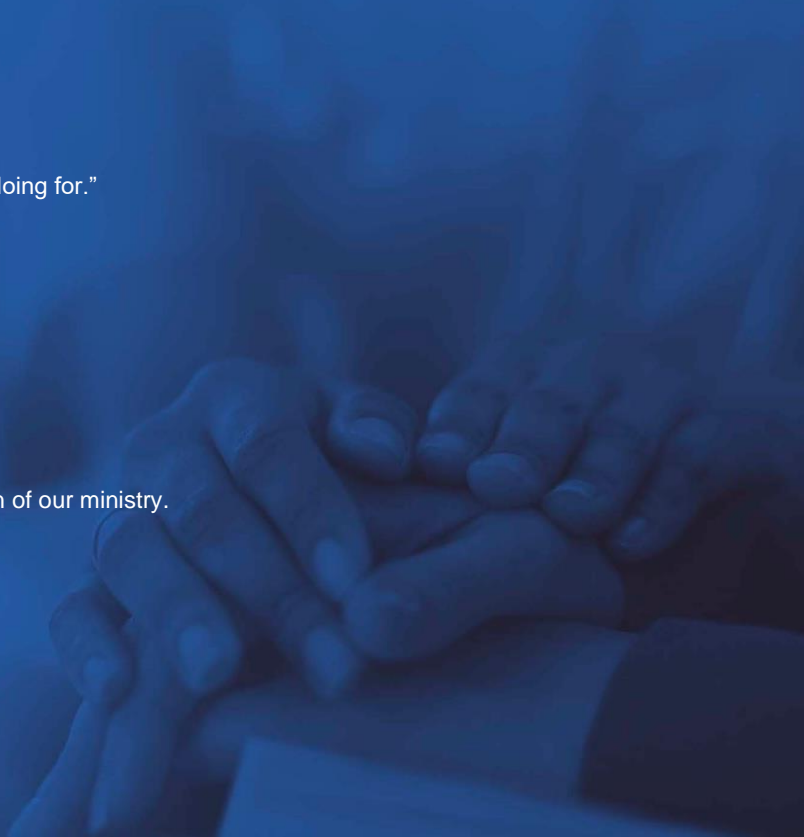
We commit to accompanying those we serve with mercy and tenderness, recognizing that "being with" is as important as "doing for."

Stewardship

We commit to promoting the responsible use of all human and financial resources, including Earth itself.

Service

We commit to providing the highest quality in every dimension of our ministry.



Facilities Description

St. Elizabeth Youngstown Hospital (SEYH) is a tertiary care facility that draws patients from the tri-county area, including parts of Trumbull, Mahoning, and Columbiana counties and is also a Level I Trauma Center serving as a trauma site for multiple counties in the surrounding primary service area. SEYH is licensed for 520 beds, 58 ICU beds, and 48 Behavior Health beds. The average daily census in 2021 is 300.

St. Elizabeth Boardman Hospital St. Elizabeth Boardman Hospital (SEBH) is a community facility primarily serving residents of southern Mahoning and northern Columbiana counties. SEBH also offers Level III maternity services to surrounding counties. SEBH is licensed for 164 adult beds, 18 adult ICU beds, 51 Obstetric level III beds, and 77 Newborn Care level I & II beds for a total of 310 beds. The average daily census in 2021 193.

St. Joseph Warren Hospital: St. Joseph Warren Hospital (SJWH) is a community facility primarily serving residents of Trumbull County. SJWH offers Level II maternity services. SJWH is licensed for 220 beds and a level III Trauma Center. SJWH offers ICU, Intermediate Care, Internal Medicine, Maternity, Surgery (specialty and general), Emergency Department, Community Care Ambulatory Center, and a level II OB with a special care nursery.

Community Served by the Hospital

Mercy Health Youngstown (MHY) is a health system that includes three hospitals, St. Elizabeth Youngstown Hospital, St. Elizabeth Boardman Hospital and St. Joseph Warren Hospital and multiple facilities primarily serving the tri-county area of Mahoning, Trumbull, and Columbiana counties in northeast Ohio. This is the first time MHY have prepared a joint CHNA report. For the reasons below, we believe it makes more sense to define our community as Mahoning, Trumbull, and Columbiana counties in northeast Ohio and prepare this joint CHNA:

- MHY functions as one system with three hospitals working to serve the needs of the community in the tri-county area.
- Although St. Elizabeth Youngstown Hospital, St. Elizabeth Boardman Hospital, and St. Joseph Warren Hospital are separately licensed, they jointly meet the needs of the tri-county area.
- The hospitals' joint CHNA was done in partnership with Mahoning and Trumbull County Health Partners (MTCHP) and Hospital Council of Northwest Ohio (HCNO). Individuals and organizations serving residents of the tri-county area provided input.
- Government agencies participating in the hospitals' joint CHNA operate and provide services in the tri-county area.

MHY aims to serve our patients and each other in ways that reflect our mission and core values. Our mission is to extend the compassionate ministry of Jesus by improving the health and well-being of our communities and bring good help to those in need, especially people who are poor, dying and underserved. Our values are human dignity, integrity, compassion, stewardship, and service. Each year MHY provides millions of dollars in community benefits. The real value of this contribution lies not in dollars, but in the commitment of the staff members, physicians, volunteers, board members and other community leaders who work on behalf of MHY, the people who bring our mission and values to life.

St. Elizabeth Youngstown Hospital: Most of the patients reside in Mahoning County, with an additional portion of the population from Trumbull County. Zip codes include 44515, 44505, 44511, 44512, 44509, 44420, 44406, 44502, 44514, 44446, 44425, 44405, 44484, 44507, 44483, 44471, 44504, 44410, 44510, 44460, 44440, 44481, 44506. Data from 2021 racial/ ethnic Tri-County (Columbiana, Mahoning, and Trumbull) demographics American Indian/Alaska Native 1,162, Asian 3,581, Black/African American 54,128, Multiple Race 13,066, Native Hawaiiin/Pacific Islander 185, other 6,569, and White 440,698 totaling 519,389.

St. Elizabeth Boardman Hospital: The majority reside in Mahoning and Columbiana Counties. Zip codes include 44512, 44514, 44406, 44511, 44471, 44515, 44502, 44408, 44460, 44505, 44405, 44509, 44413, 44442, 44507, 44452, 44436, 43920. At SEBH average about 75% of patients were from Mahoning County and about 15% from Columbiana County.

St. Joseph Warren Hospital: Most of the patients reside in Trumbull County. Zip codes include 44483, 44485, 44484, 44446, 44410, 44481, 44444, 44430, 44420, 44473, 44470. Data from 2021 racial/ ethnic Tri-County (Columbiana, Mahoning, and Trumbull) demographics American Indian/Alaska Native 1,162, Asian 3,581, Black/ African American 54,128, Multiple Race 13,066, , Native Hawaiiin/Pacific Islander 185, other 6,569, and White 440,698 totaling 519,389.

JOINT CHNA

This is a “joint CHNA report,” within the meaning of Treas. Reg. §1.501(r)-3(b)(6)(v), by and for Youngstown Market including St. Elizabeth Youngstown, St. Elizabeth Boardman, and St. Joseph Warren Hospitals. This report reflects the hospitals’ collaborative efforts to assess the health needs of the community they serve. Each of the hospitals included in this joint CHNA report define its community to be the same as the other included hospitals. The assessment included is seeking and receiving input from that community.

Process and Methods

Process and methods to conduct the community health needs assessment

The MTCHP team worked from November 2021 to July 2022 to establish an assessment strategy and identify priority populations, collect, and analyze data, present data for discussion to the steering committee and community members, establish priorities, and develop the assessment report. The data collection process included collecting and analyzing primary and secondary data. Primary data is data collected directly from the community and included the Community Health Opinions Survey (CHOS), and the Community Conversation groups. Secondary data is data collected from existing sources; the NCIPH team collected secondary data from federal, state, and local sources such as the Ohio Department of Health and the U.S. Census Bureau. Data walks are presentations of data analysis and trends to the steering committee and community members. These virtual presentations enabled the assessment team to gather real-time feedback from community stakeholders on the data presented.

A two-pronged approach was used to recruit adults in Mahoning and Trumbull counties to participate in the Community Health Opinion Survey (CHOS). The first involved drawing a random sample of 6,000 selected households, 3,000 for each county with oversampling in census tracts with high social vulnerability index (SVI). Households randomly selected received postcard mailers with a postcard number and a survey link. The random sample was then supplemented with an open-to-the-public convenience survey administered via the same link, which was open for anyone to take even if they did not receive a postcard mailer. The survey link was distributed publicly through 149 organizations and contacts via social media, listservs, businesses, and networks of stakeholders. The survey was approximately 80 questions long and included questions about personal health, access to care and barriers encountered, substance use and other community health issues, and was open for responses from March 2022 to April 2022. A total of 1,761 responses were received, and only 70 responses came from those who received postcard mailers.

An important consideration is that this process was heavily reliant upon the general community survey, given the low response from the random sample. It was critical for the team to evaluate non-response bias and how well the survey respondent demographics align with county demographics. In general, the respondent demographics aligned with demographics of the counties, as the data showed more roughly 85% of respondents identified as non-Hispanic White and 10% identified as Black or African American. While this generally aligns with demographics in Trumbull County, respondent demographics from Mahoning County were lower among Black or African American and among Hispanic or Latino residents. Warren and Youngstown did have a higher percentage of respondents identifying as Black or African American, however.

Eight Community Conversations were held in February and March 2022. Community Conversations were facilitated virtually, while some groups met in person and others all joined via Zoom. Participants were recruited through the networks of the MTCHP and stakeholder team and their constituent organizations. Community Conversations were held primarily in the evening to increase accessibility for community members with daytime commitments. A range of 6 to 18 community members participated in each session. Conversations were recorded, and field notes were analyzed to identify common themes in each conversation and across groups. The priority populations for the Community Conversations were people experiencing homelessness, Black community members, people living in rural areas, LGBTQIA+ community members, and Latinx community members.

While Community Conversations provide a great deal of insight into the perspectives and lived experiences of community members in Mahoning and Trumbull Counties, these experiences cannot be generalized to represent the entire county.

Collaborating Partners

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

- Mahoning County Public Health
- Trumbull County Combined Health District
- Healthy Community Partnership Mahoning Valley
- Youngstown City Health District
- Mahoning County Mental Health and Recovery Board
- Trumbull County Mental Health and Recovery Board
- Mercy Health Foundation Mahoning Valley
- Warren City Health District

Other Sources

- The secondary data collected for the CHNA included statistics from federal, state, and local sources around topics such as morbidity (illness) and mortality (death) rates for various health outcomes, demographics, education, poverty, health care services, disease tracking, environmental health, and others. The secondary data collected for this report also includes social determinants of health, which are social and environmental factors that influence personal health, health behaviors, and access to health care.
- The secondary data collection process involved the comparison of several data measures from Mahoning and Trumbull Counties to the state of Ohio and three peer counties, Allen, Lorain, and Portage. These peers were selected because of similarities in demographic characteristics and rural and urban populations.

Community Input

The CHNA team, comprised of Mahoning and Trumbull Counties Health Partners (MTCHP) met monthly from November 2021 to June 2022 to discuss the assessment strategy, analyze primary and secondary data, and identify key health priorities. Workgroup meetings took place on an as-needed basis, with three workgroups dedicated to key pieces of the process: secondary data, survey, and Community Conversations. Workgroups were comprised of the MTCHP Community Health Needs Assessment team members, with additional community stakeholders consulted as different areas of needed expertise were identified. Community engagement in the assessment process is essential to ensure that the identified priorities are representative of community needs. Community input was solicited in the following ways: the Community Health Opinion Survey (CHOS) was developed to solicit broad input from Mahoning and Trumbull residents; in addition, eight Community Conversations were held with residents in the following priority populations: people experiencing homelessness, community members living in rural areas, Black community members, LGBTQIA+ community members, and Latinx community members. These conversations were held to gain an understanding of the lived experiences of county residents regarding specific topics of interest determined by the Community Conversations workgroup and MTCHP CHNA team. The MTCHP team and stakeholder group also participated in three data walk sessions and prioritization voting to reach consensus about the final priorities for the current CHNA. Community members were again engaged during the process of selecting community priorities, through online prioritization voting giving a numerical value to the top priorities of concern.

No written comments were received on the most recently adopted CHNA or Implementation Plan.



Information and Data Considered in Identifying Potential Need

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

Public health departments	Date of data/information
Mahoning County Public Health	11/18/2021- 7/31/2022
Trumbull County Combined Health District	11/18/2021- 7/31/2022
Warren City Health District	11/18/2021- 7/31/2022
Youngstown City Health District	11/18/2021- 7/31/2022

At-risk populations	Date of data/information
Black /African America Community	2/24/2022 Trumbull 3/2/2022 Mahoning
Hispanic Community	2/23/2022
Homeless Population	2/22/2022 Trumbull 3/3/2022 Mahoning
LGBTQIA+	3/3/2022
Rural Community Mahoning	3/7/2022
Rural Community Trumbull	3/1/2022

Community and Stakeholder Input	Date of data/information
Health Community Partnership	11/18/2021- 7/31/2022
Mahoning County Mental Health & Recovery Board	11/18/2021- 7/31/2022
Trumbull County Mental Health & Recovery Board	11/18/2021- 7/31/2022
Environmental Collaborative	11/18/2021- 7/31/2022



Organizations Providing Input

Organization providing input	Nature and extent of input	Medically under-served, low-income or minority populations represented by organization
ACTION of Mahoning Valley	Representative attend mts.	Activism
Akron Children's Hospital Mahoning Valley	Representative attend mts.	Hospital
City of Warren, Mayor	Representative attend mts.	City government
Community Foundation of the Mahoning Valley	Representative attend mts.	Partnership/Foundation
Environmental Collaborative	Representative attend mts.	Activism
Healthy Community Partnership	Representative attend mts. Funding contributor, Conversation organizer	Partnership/Organizer
Inspiring Minds, Executive Director	Representative attend mts.	Underserved Youth Organization
Kent State University Trumbull Campus	Representative attend mts.	Education
Mahoning County Mental Health & Recovery Board	Representative attend mts. Funding contributor	Behavioral Health
Mahoning County Public Health	Representative attend mts. Funding contributor, Conversation organizer	Health Department
Mercy Health - Community Health Department	Representative attend mts. Funding contributor, Conversation Organizer	Community/Hospital
Mercy Health - Community Health Education Program	Representative attend mts.	Community/Hospital
Mercy Health - Finance	Representative attend mts.	Hospital Support
Mercy Health - Mission	Representative attend mts.	Hospital Support
Mercy Health - Prescription Assistance Program	Representative attend mts.	Community/Hospital
Mercy Health - Resource Mothers & Fatherhood Support Program	Representative attend mts.	Community/Hospital
Mercy Health - Stepping Out Program	Representative attend mts.	Community/Hospital

Mercy Health - Hispanic Program	Representative attend mts. Conversation organizer	Community/Hospital
Mercy Health - Community Outreach	Representative attend mts.	Community/Hospital
Mercy Health Foundation Mahoning Valley	Representative attend mts. Funding contributor	Foundation
ONE Health Ohio	Representative attend mts.	Health Center
Trumbull Community Action Program	Representative attend mts.	Partnership/Organizer
Trumbull County Combined Health District	Representative attend mts. Funding contributor, Conversation organizer	Health Department
Trumbull County Land Bank	Representative attend mts.	Partnership/Organizer
Trumbull County Mental Health & Recovery Board	Representative attend mts. Funding contributor	Behavioral Health
Trumbull County Planning Commission	Representative attend mts.	City government
Trumbull County Sheriff's Office	Representative attend mts.	County government
Trumbull Neighborhood Partnership	Representative attend mts.	Partnership/Organizer
Warren City Health District	Representative attend mts. Funding contributor, Conversation organizer	Health Department
Warren City Health District & Council member at large	Representative attend mts.	City government
Warren City Schools	Representative attend mts.	Education
Warren Police Department, Chief	Representative attend mts.	City government
Youngstown City Health District	Representative attend mts. Funding contributor, Conversation organizer	Health Department
Youngstown Local Office on Minority Health	Representative attend mts.	Partnership/Organizer/Public Health
Youngstown State University	Representative attend mts.	Education
Youngstown/Warren Urban League	Representative attend mts.	Partnership/Organizer/Activism

Significant Community Health Needs Identified

Throughout the assessment, when data was available, comparisons were made between indicators in Mahoning, Trumbull, and the state of Ohio as well as Allen, Lorain, and Portage Counties. These peer counties were selected due to similarities in demographic characteristics and rural and urban populations. Data were presented to the MTCHP team and community partners in a series of three presentations as part of the prioritization process described in the section below.

In general, the health and well-being of people living in Mahoning and Trumbull Counties is like that of the state and peer counties. Through these comparisons, highlights emerged where health outcomes in Mahoning and Trumbull Counties were trending in positive directions and better than the state or peers. Infant mortality has been declining in recent years and is lower than the state infant mortality rate of 683.2 infant deaths per 100,000 population, with sharp decreases in Mahoning County (from 985.4 per 100,000 in 2019 to 646.0 per 100,000 in 2021) and Trumbull County (from 1,195.6 per 100,000 in 2017 to 485.0 per 100,000 in 2021). The number of mental health providers has risen considerably in recent years across Ohio between 2016 and 2020, with the providers in Mahoning County climbing from 190.2 providers per 100,000 population to 371.7 per 100,000 and from 111.1 to 167.7 per 100,000 in Trumbull County.

There are, however, concerning trends and disparities in health outcomes and community conditions that reinforce the need for further attention and investment in public health. After considerable declines in the percentage of adults aged 18 to 64 who are uninsured between 2012 and 2016, the percentage of community members without health insurance has increased in both counties to 9.2% and 10.2% in Mahoning and Trumbull Counties, respectively, which is higher than the peer counties. Both Mahoning and Trumbull Counties had mortality rates higher than the state and peer counties in 2021, even after adjustments for age, with rates of 1,052.8 deaths per 100,000 population in Mahoning County and 1,093.9 per 100,000 in Trumbull County. These age-adjusted mortality rates were considerably higher among Black or African American community members, with rates of 1,580 deaths per 100,000 in Mahoning County and 1,384 per 100,000 in Trumbull County. Throughout this CHNA, health inequities and disparities are highlighted to the extent possible based on available data to inform all future community health improvement initiatives.

Data collected from primary and secondary sources were analyzed for this assessment and summarized in eleven data categories, with the community priority areas highlighted. While summarizing the data in categories supports understanding and usability of this report, it is with the recognition that the health outcomes and conditions that support or impede health are complex and interrelated. Based on community-identified, there are broader categories of interest to improve community health. Those categories and corresponding needs are listed below.

Below are the Social Determinants that were identified in the survey process. The twelve data categories intersect the SDoH identified as significant as a result of the survey process.

HOUSING

Many factors related to housing affordability and quality can negatively impact health outcomes, including poor air quality, lack of safety, limited space per individual, high cost, and homelessness, among others. Those who are most likely to experience these impacts are children and older adults. Twenty-six participants of the Community Conversations were overall satisfied with the low cost of living in both Mahoning and Trumbull County; however, there were concerns expressed that the low cost of living goes hand in hand with low wages, which creates challenges for people trying to support a family. Some participants expressed difficulty for low-income families to afford housing, especially with limited apartment options.

Significant Needs Addressed: Community Safety; Community Conditions; Reproductive & Child Health; Discrimination

LIFELONG DEVELOPMENT

Lifelong development includes educational enrollment, performance, environment, and outcomes, as well as access to high quality childcare. Higher educational attainment is linked to better mental and physical health outcomes through increased employment opportunities, higher income, and health literacy. Educational opportunities can also reduce inequalities and support human development.

Significant Needs Addressed: Education; Access to Information; Mental Health; Substance Use; Access to Healthy Food & Physical Activity; Access to Care; Chronic Disease; Infectious Disease; Community Conditions; Discrimination; Community Safety

ECONOMIC OPPORTUNITY

Economic opportunity within a community can have a direct impact on health outcomes. Employment is often a primary source of access to health insurance and having a stable income can increase a person's ability to access safe housing, make healthy food choices, and accumulate savings that can help in times of emergency.

Significant Needs Addressed: Community Conditions; Education; Access to Information; Discrimination

COMMUNITY COHESION

Community cohesion in this report refers to how community members in Mahoning and Trumbull County live, work and grow together. This section will spend time addressing residential segregation, linguistic isolation, social vulnerability, discrimination, and community needs. This section will engage with these topics as they are drivers of poor health outcomes and health disparities.

Significant Needs Addressed: Community Safety; Community Conditions; Discrimination

NEIGHBORHOOD & PHYSICAL ENVIRONMENT

The spaces in which people live, work, and play contribute to the health outcomes of community members. When examining the neighborhood and physical environment of Mahoning and Trumbull counties, this report will include aspects of the built and natural environment. This section will also include access to neighborhood resources such as grocery stores and public transportation used to navigate the counties.

Significant Needs Addressed: Community Safety; Community Conditions; Access to Healthy Food & Physical Activity

HEALTH BEHAVIOR

“Health behaviors are actions individuals take that affect their health. They include actions that lead to improved health, such as eating well and being physically active, and actions that increase one’s risk of diseases, such as smoking, excessive alcohol intake, and risky sexual behavior.” – County Health Rankings & Roadmaps

While health behaviors shape the health of individuals, the social, economic, and physical conditions of the environment they live in can promote or restrict people’s ability to enact these behaviors. It is important to consider health behaviors within this context because not every community member has the same resources or opportunities. The Community Health Needs Assessment team encourages the reader to contextualize this section by referring to the other chapters within this report. Information on health behaviors related to substance use, smoking, and alcohol use can be found in the Mental Health and Substance Use section of the report.

Significant Needs Addressed: Education; Access to Information; Mental Health; Substance Use; Access to Healthy Food & Physical Activity; Access to Care; Chronic Disease; Infectious Disease; Community Conditions; Reproductive & Child Care

DISEASE, ILLNESS, & INJURY

Mahoning and Trumbull Counties have a higher adjusted mortality rate than the state and peer counties. The unadjusted mortality rate in 2021 was 1,601.2 per 100,000 in Mahoning and 1,657.0 per 100,00 in Trumbull. When we adjust those mortality rates by age, the rates are much closer to state and peer counties, reflecting the older population in Mahoning and Trumbull. The age-adjusted mortality rate per 100,000 was 1,052.8 in Mahoning and 1,093.9 in Trumbull. ⁴⁶

In the years 2020 and 2021, the estimated age-adjusted mortality rate increased across all counties, coinciding with the COVID-19 pandemic. In 2021, COVID-19 was the third leading cause of death in both Mahoning and Trumbull Counties.

Estimated mortality rates are higher among older adults and are highest among adults who are 85 years old or older. The mortality rate for male community members is larger than for female community members, with a rate of 1,302.6 per 100,000 in Mahoning males and 830.3 per 100,000 in females. In Trumbull County, the age-adjusted mortality rate was 1,311.3 per 100,000 for males and 909.3 per 100,000 for females in 2021.

Black or African American community members have a higher mortality rate than White community members.

Between 2019 and 2021, the mortality rate for Black/African American community members increased dramatically. In Mahoning County, in 2021, the annual estimated overall mortality rate per 100,000 among Black community members was 1,580 compared to 960 for White community members. In Trumbull County, the estimated overall mortality rate per 100,000 in 2021 was 1,384 for Black community members and 1,072 for White community members.

Significant Needs Addressed: Education; Access to Information; Mental Health; Substance Use; Access to Healthy Food & Physical Activity; Access to Care; Chronic Disease; Infectious Disease; Community Conditions; Discrimination; Community Safety

REPRODUCTIVE & CHILD HEALTH

Reproductive and child health includes a specific subset of health services and outcomes pertaining to reproductive health, pregnancy, birth, and childhood. Infant mortality is a key indicator of reproductive and child health, and reproductive and child health outcomes are influenced by social, economic, and environmental factors. The United States holds a higher mortality rate for birthing parents when compared to other developed countries and has significant racial disparities in birth outcomes, particularly impacting non-Hispanic Black families.⁵¹

Significant Needs Addressed: Reproductive & Child Health; Community Safety; Community Conditions; Discrimination; Healthy Food & Physical Activity; Access to Care; Chronic Disease

The Social Determinants selected as priorities by the community and stakeholders are listed below. Significant SDoH identified in the survey were combined to formulate three areas of prioritization which include Community Level Needs that Impact Health and Wellbeing, Individual Level Non-Clinical Needs, and Significant Clinical Needs. The twelve data categories identified in the survey are incorporated within the community members and stakeholders' priorities of focus for the 2022 Community Health Needs Assessment.

Social Determinant of Health – Community Level Needs that Impact Health and Wellbeing

Mental Health/Substance Abuse

Capacity and adequacy of service levels

“Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.” –Centers for Disease Control and Prevention.⁵⁴

Mental health is as important as physical health to total well-being. Mental health is necessary for individuals and communities to thrive. While mental health and substance use data are reported in this section it should be noted that the topics although related are distinct. Both are shaped by the social determinants of health and are often stigmatized which makes identifying, discussing, and improving these issues particularly challenging.

Mental health was identified as a major area of concern in both the Community Conversations and Community Health Opinion Survey (CHOS). While this primary data may not be generalizable and only represents the experiences of the participants, it provides timely context and nuance to an area that can only partially be understood looking at secondary data alone. Mental health outcome data, such as suicide mortality, self-harm, and overdose are only the extremes that are recorded by health systems and vital statistics, and do not represent the full scope of mental health issues in the community. Prevalence data on mental health conditions are only readily available among Medicare participants, which is limited to people who are age 65 or older, young people with disabilities, or people with end Stage Renal Disease⁵⁵, which represents only 9% of the population as of 2016-2020 estimates.²³

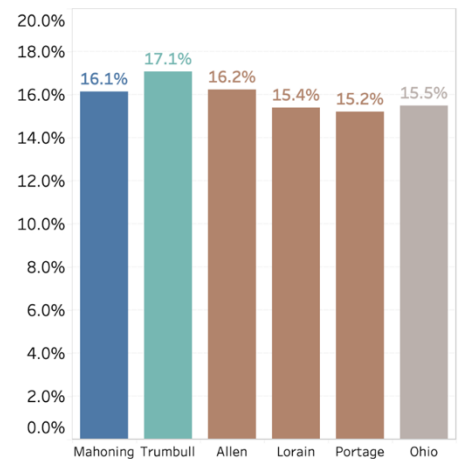
Despite these limitations, when taken together, these primary and secondary data call attention to the important issue of mental health in Mahoning and Trumbull Counties.

As of 2018, 17.1% of Trumbull County community members, and 16.1% of Mahoning County, or about 1 in 6 adults, reported at least two weeks of poor mental health per month these rates are comparable to peer counties and the state as a whole. In all counties, adults reported an average of 5 mentally unhealthy days in the past month.

Depression

The prevalence of depression among the Medicare population has remained relatively stable since 2013. In 2018, 17% of the Mahoning Medicare population and 18% of the Trumbull Medicare population experienced depression. This prevalence is slightly lower than peer counties and the state as a whole.⁵⁶ CHOS respondents were asked if they or someone in their household had experienced feeling down or sad for more than two weeks in the past six months (a symptom of depression), 37.9% of respondents in Mahoning County and 35.8% of respondents in Trumbull County reported they or a household member experienced this symptom. Respondents in the cities of Youngstown and Warren reported 39.8% and 42.2% respectively. Among CHOS respondents from households who made less than \$50,000 a year, a larger percentage reported this symptom 44% in Mahoning and 50.4% in Trumbull.

Frequent mental distress: Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted), 2018



Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted) 2018. Source: County Health Rankings 2021

For those who reported experiencing feeling down or sad for more than two weeks within the past six months, 45.4% of respondents in Mahoning and Trumbull Counties did not receive treatment for depression, lack of treatment was higher among respondents in Warren (55.6%) and Youngstown (53.3%). Among respondents who received treatment the sources of care were mental health counselors (27.8%), primary care providers (19.7%), and mental health agencies (2.8%), Other sources (2.3%), Prefer not to answer (1.1%), Don't know not sure (0.9%). For respondents who experienced or had a family member experience symptoms of depression for two weeks in the past six months there were differences in access to treatment and type of treatment by income as described in the table below.

	Mahoning County		Trumbull County	
	Earning less than \$50,000	Earning \$50,000 or more	Earning less than \$50,000	Earning \$50,000 or more
Did not receive treatment for depression	39.5%	48.7%	47.5%	42.0%
Received treatment from a mental health counselor	28.1%	31.7%	37.7%	23.2%
Received treatment from a primary care provider	27.2%	13.8%	9.8%	31.9%

Self-Harm

Among CHOS respondents who indicated they or a family member were feeling down or sad for two weeks, about 11% (or 60 respondents) considered harming themselves. Lower-income respondents reported a slightly higher percentage considering self-harm (14.9% considered, 5.7% not sure or don't know, 3.4% prefer not to say) compared to higher-income respondents (10.1% considered, 6.2% not sure or don't know, 2.7% prefer not to say). Of those who reported they or their household member considered harming themselves, 23.3% did not receive treatment. However, those who did receive treatment received it from mental health counselors (48.3%), primary care providers (18.3%), mental health agencies (5%) and other sources (5%).

Suicide

The age-adjusted suicide rate per 100,000 population has decreased in Trumbull County between 2017 and 2021. In 2021 the age-adjusted suicide rate in Trumbull County was 8.2 per 100,000, this rate is below all the peer counties and the state as a whole. In Mahoning County, the age-adjusted suicide rate remained relatively stable but increased from 13.4 to 17.9 per 100,000 between 2020 and 2021. In Mahoning adults between the ages of 35-44 have the highest suicide rate (35.7 per 100,000), followed by adults 25-34 (28.8) and adults between 75 and 84 (28.1). In Trumbull County, the higher suicide rate is among adults 55-64 (31.0 per 100,000), followed by adults over 85 (17.8 per 100,000). The suicide rate is higher for males than females, and for White individuals in the state of

Ohio overall. Suicide rates by sex are not available for Trumbull due to the small numbers, likewise, the suicide rate among White individuals is below the state level. ⁴⁶

Help is available if you or someone you know needs mental health support. Explore resources at <https://www.namimahoningvalley.org/>

Psychiatric Illness

The prevalence of Schizophrenia and Other Psychotic Disorders among Medicare recipients decreased slightly across all counties between 2013 and 2018. In 2018, 2.8% of the Mahoning Medicare population and 2.6% of the Trumbull Medicare population experienced one of these disorders.⁵⁶

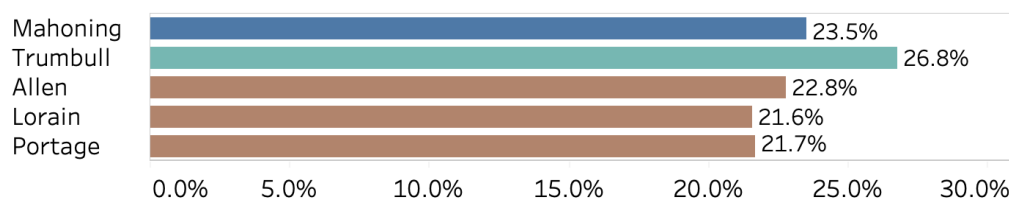
Alcohol

Binge drinking is defined as consuming five or more drinks on an occasion, and Binge drinking is associated with risk of illness and injury.⁵⁷ In 2019, the percentage of community members who reported engaging in binge drinking was similar across all counties. However, it is slightly higher in Mahoning (18.3%) and Portage (19.0%) than Lorain (17.9%), Allen (17.5%) and Trumbull (17.2%) ⁴⁰. Almost a third of CHOS respondents reported at least one instance of binge drinking in the past 30 days. Between 2015 and 2019, the percentage of driving deaths with alcohol involvement decreased in Trumbull County from 39% to 33%. However, alcohol-impaired driving deaths have increased in Mahoning County from 30% to 37%. ⁵⁸

Nicotine and Tobacco

Tobacco is a commonly used substance in the state of Ohio, in 2020 almost 1 in 4 adults used a tobacco product, 1 in 5 smoked cigarettes. The prevalence of cigarette smoking is larger among adults who did not graduate from high school, adults who live with a disability, those who earn less than \$15,000 a year, and adults who report poor mental health days on or more than 14 days in the past 30.⁵⁹ Smoking can cause cancer, heart and lung diseases, and chronic obstructive pulmonary disease. Second-hand smoke exposure is estimated to contribute to 41,000 deaths among nonsmoking adults and 400 infants each year in the United States ⁶⁰. In 2019, estimates of the percentage of community members who smoke were higher in Mahoning (23.5%) and Trumbull (26.8%) than in their peer counties Allen (22.8%), Lorain (21.6%), and Portage (21.7%) ⁴⁰.

Health Risk Behaviors: Current Smoking 2019



Percent of adults who currently smoke age-adjusted prevalence 2019. Source: BRFSS PLACES Local Data for Better Health County Data 2021

Just over 10% of CHOS respondents reported using tobacco or nicotine products on a daily basis. Across both counties, fewer CHOS respondents with a bachelor's degree (7.2%) reported daily use of a nicotine or tobacco product, compared to respondents who had not completed a bachelor's degree (17.3%). Among respondents who reported using tobacco, cigarettes were the most common product reported (80.3% average across regions). Use of cigarettes was higher among Mahoning respondents (82% of people who reported tobacco use) than in Trumbull County (77%). Vape pens, e-cigarettes and Juuls were the most used non-cigarette tobacco product used by 20.5% of CHOS respondents in Mahoning, 16.4% in Trumbull, 37.5% in Warren and 10.0% in Youngstown. In Youngstown 10.0% of respondents reported smoking cigars, while respondents in Mahoning (8.2%), Trumbull (9.8%) and Warren (12.5%) reported using dip or chewing tobacco. Respondents reported being exposed to someone else smoking or vaping at home (11.2%), at work (6.4%), and in the car (7.3%).

Youth use of tobacco and nicotine products is a growing health challenge in the state and across the nation. Between 2016 and 2019, tobacco use among middle school students in the state of Ohio increased from 16.1% to 30.3%. While cigarettes are the most common tobacco product used in the state, e-cigarettes are the product most frequently used among youth, 11.9% of middle school students, and 29% of high school students use e-cigarettes. A statewide analysis found that most of the youth obtain e-cigarettes by borrowing them from friends or family (Ohio Department of Health YRBS, 2020). About 20% of CHOS respondents living in households with children reported that they were aware of their children or their children's friends using tobacco or nicotine products including cigarettes, e-cigarettes, or vape pens.

Substance Use

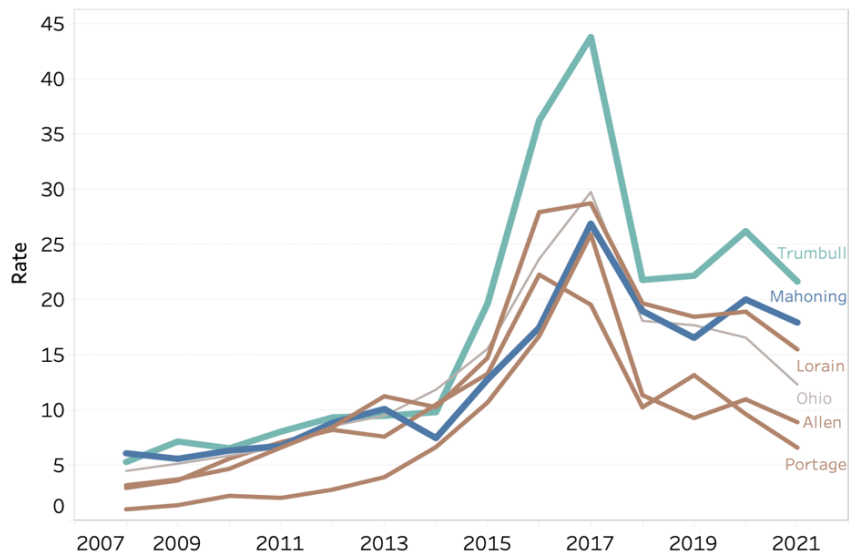
CHOS respondents indicated that marijuana, prescription pain medication, cocaine or crack, and heroin were the most common illicit or misused substances used by friends and family. Of those who had friends or family members who used drugs in the past year, about 15% (or 355 respondents) sought treatment. CHOS respondents from Warren and Youngstown reported fewer instances of seeking treatment, with 6.5% of respondents in Youngstown seeking treatment and 11.1% in Warren. About 14% of CHOS respondents whose family or friends used drugs were not sure or did not know if they sought treatment. Respondents from households who made less than \$50,000 per year reported more instances of seeking treatment (20.4% yes) compared to those from households making more than \$50,000 (16.2% yes), and lower-income respondents in Mahoning County reported seeking care more than respondents in Trumbull County (22.7% compared to 14.3%). For additional information on substance use please see the most recent Ohio Substance Abuse Monitoring Network Youngstown Region Report: <https://mha.ohio.gov/research-and-data/data-and-reports/osam/drug-trend-reports>.

Opioids

Since 2015, opioid prescriptions have declined across Mahoning, Trumbull, and their peer counties. In 2021, there were 53,130 opioid prescriptions per 100,000 population in Trumbull and 48,960 per 100,000 in Mahoning.⁶¹ Opioid overdose hospital encounters (visits) were on the rise in all counties until 2017, after which they sharply declined and have plateaued since 2018. Encounters are defined as an inpatient or outpatient hospital visit, and do not include opioid overdoses that do not present for care at a hospital. Both Trumbull and Mahoning experience more opioid overdose hospital encounters than their peer counties and the state average, 21.68 and 17.96 encounters per 10,000 population.⁶²

Opioid overdose encounters

Opioid overdose encounters per 10,000 population



Rate of opioid overdose encounters per 10,000 population one-year estimates 2008-2021.

Source: Ohio Hospital Association Overdose Data Sharing Program

Substance-Related Deaths

Trumbull and Mahoning experience higher rates of fatal unintentional drug overdoses compared to peer counties. Male community members experience higher rates of unintentional drug overdose death than females. In Trumbull, the unintentional drug overdose death estimate in 2021 for males was 110.9 per 100,000 male population compared to 44.2 per 100,000 for females, while Mahoning was slightly lower with 97.7 per 100,000 for males and 35.5 per 100,000 for females. Since 2018 males have experienced an increase in unintentional drug overdose mortality in both counties and peers except for Portage.⁴⁶

While the number of fatal drug overdoses is greater for White community members, the rate per population of unintentional drug overdose deaths have increased dramatically among Black community members and in 2021 was greater than the rate for White community members. The unintentional drug overdose mortality rate among Black community members rose from 52.1 per 100,000 in 2016 to 139.2 per 100,000 in 2021 in Trumbull; and 34.3 per 100,000 in 2016 to 123.6 per 100,000 in 2021 in Mahoning. While these counts used to calculate these rates are small and some of the rates may be considered unreliable, these trends are consistent with overdose death increases among Black Ohioans statewide in 2019 the unintentional overdose rate for non-Hispanic Black Ohioans became the highest among racial and ethnic groups. In 2020, the rate of unintentional overdose death was 81.3 for non-Hispanic Black males, and 62.8 per 100,000 for non-Hispanic White males.⁴⁶

In the state of Ohio, deaths from unintentional overdoses increased by 25% between 2019 and 2020. Most overdose deaths in the state involved fentanyl (80%), often in combination with other substances including cocaine, psychostimulants (such as methamphetamine), benzodiazepine, natural and semi-synthetic opioids, and heroin. Unintentional deaths involving fentanyl have increased since 2013 despite a short decrease between 2017 and 2018.⁴⁶

Substance use arose as a topic of concern during the Community Conversations. Participants spoke about the importance of access to care for mental health needs, and they drew a connection between untreated mental illness and substance use, highlighting that people who do not receive support for mental health may self-medicate with alcohol or drugs. Participants expressed concern that emergency responders are overwhelmed by overdose calls and people with other health emergencies are not getting timely attention.

Two courses of action were identified as needs. The first is additional resources to prevent substance use and support recovery, including treatment facilities and community support (such as accountability buddies). The second is expanded community availability of Naloxone also known by the brand name Narcan (an opioid overdose reversal medication) so that community members can save loved ones from an overdose. Naloxone kits are now available through Project DAWN. For more information, visit:

<https://www.mahoninghealth.org/project-dawn/>.

Access to Mental Health and Substance Use Services

CHOS respondents were asked to indicate their agreement with statements related to substance use services in their community. Two-thirds of respondents did not think that substance use services were accessible and easy to find, and only about 1 in 7 thought the services were affordable and high quality.

Family or friends of survey respondents who have used drugs or misused prescription drugs in the past 12 months and who reported not seeking mental health treatment, chose not to because it was not needed (54.7%), they did not think of it (14.8%), another reason (21.5%), cannot afford to go (6.7%), or do not want to miss work (5.8%). CHOS respondents reported that if they wanted or needed counseling for mental health or drug/alcohol misuse they would seek care from a private counselor (54.5%), a doctor (34.6%), family (22.5%), a religious leader or clergy (11.2%), a community agency (10%), support group (6%) and a school counselor (1.3%).

In the Community Conversations, barriers to accessing current mental health services included cost (expensive care), lack of services due to long wait lists, and the need for more confidential treatment options. Stigma was also highlighted as a barrier to care. Community members described mental health concerns being dismissed and observed that people with a mental health diagnosis may be labeled as “crazy” which impacted their insurance and employment. Youth and LGBTQIA+ community members were identified as priority populations for mental health resources. Community Conversation participants called out that LGBTQIA+ community members, particularly Trans community members experience psychological distress and poor mental health outcomes due to a hostile community environment (in education, housing, healthcare, employment and safety).

Current service providers or resources

- COMPASS Family and Community Services: Mental health counselling, substance use recovery, domestic violence and sexual assault, youth services. compassfamily.org
- Meridian Healthcare: Integrated primary and behavioral healthcare, including mental health and substance use treatment. meridianhealthcare.net
- Ohio Department of Mental Health: Mental health and addiction services 24/7 crisis line: 1-800-720-9616
- Crisis text line:
text the keyword “4hope” to 741-741 mha.ohio.gov

Gaps

In Community Conversations, participants highlighted the following gaps in community resources:

1. Affordable mental health services
2. Conflict-resolution and anger management
3. School-based mental health treatment
4. Resource guide for LGBTQIA+ affirming mental health counselling
5. Funding for community institutions such as churches and community centers that provide informal mental health care

Social Health Need – Individual Level Non-Clinical Needs

Community Conditions & Safety/Crime (includes chronic disease, infectious disease, reproductive & child health, education, and discrimination)

Capacity and adequacy of service levels

Exposure to crime and violence in the home or neighborhood in which one lives is associated with adverse health outcomes.³⁷ Among Community Health Opinion Survey respondents, approximately 90% of respondents in both Mahoning and Trumbull counties said they feel safe in their neighborhood. Within Trumbull County, 82.1% of respondents who live in the city of Warren also reported feeling safe in their neighborhood; however, within Mahoning County, only 71.4% of respondents in Youngstown reported feeling safe where they live. The primary reasons reported for not feeling safe were crime (75.0%) and not enough police presence (46.9%). Community conversation participants felt it was necessary for police to respond to 911 calls in a timely fashion and to only use force when it is warranted.

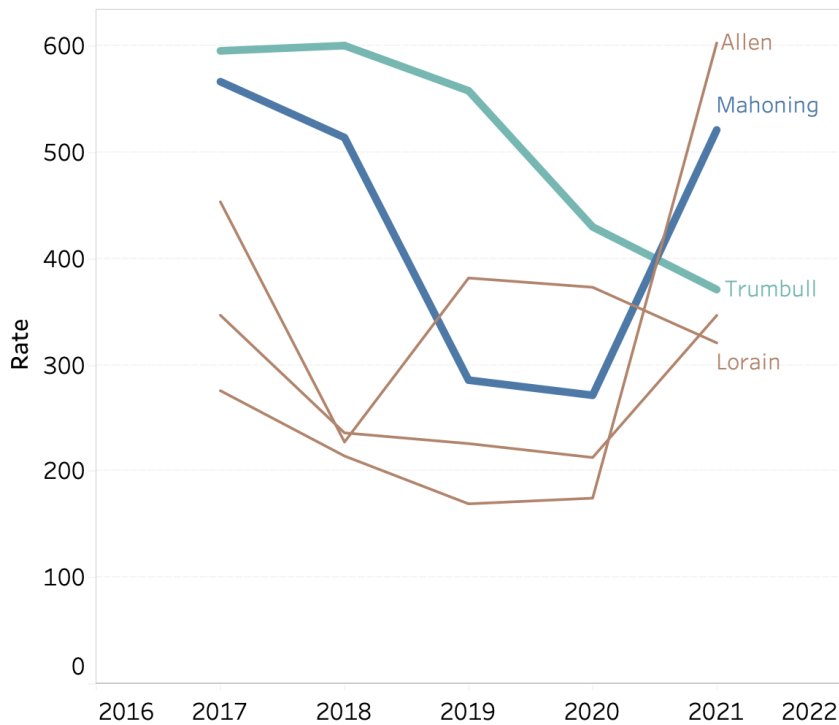
In Community Conversations, participants described an ideal healthy community as one where people can feel safe from crime, violence, and discrimination. Safety was expressed as a major concern across several conversations, with three primary areas being discussed: an increase in crime (both violent and property crime), sex trafficking, and hostility towards people in the LGBTQIA+ community, particularly trans individuals. Participants felt that community disconnection is a root cause of violence, and respondents to the CHOS also noted relational concerns, specifically hostility and discrimination/racism. Participants also noted chronic disease, infectious disease, reproductive & child health, and education all had an impact on community conditions and safety.

Crime Rates

The following section will provide crime rates per county between 2017 to 2021; however, it is important to understand that because reporting of crimes to the state database is currently a voluntary process, the trends we see from year to year may be due to reporting inconsistencies rather than true changes in crime rates. Additionally, rates of domestic violence and sexual assault are generally considered as undercounts of the true number of crimes in a community, as stigma and fear of retaliation keep many crimes from being reported.

Crime rate

Crime rate per 10,000, 2017 to 2021



Crime rate per 10,000 2012-2016 to 2017-2021 5-year estimates. Source Ohio Incident-Based Reporting System (OIBRS) Crime in Ohio Reports, 2021

Mahoning and Trumbull Counties have had higher reported crime rates than peer counties. Since 2018, crime rates have been trending down in Trumbull County from 601.0 crimes per 10,000 population in 2018, to 371.3 per 10,000 population in 2021. In Mahoning County, rates appear to be higher in 2017 (567.0 per 10,000), 2018 (514.4 per 10,000), and 2021 (521.6 per 10,000) than in 2019 (286.0 per 10,000) and 2020 (271.8 per 10,000), but Youngstown did not report their data to the state in 2019 and 2020, which likely explains this pattern. Peer counties Allen and Lorain also saw increases from 2020 to 2021, with Allen County surpassing Mahoning at 603.4 crimes per 10,000 population in 2021.

Between the years of 2018-2020, Trumbull had a higher number of reported domestic violence cases per population size than Mahoning with a rate of about 72 per 10,000 people in Trumbull compared to about 53 per 10,000 in Mahoning. These rates are higher than two of the three peer counties, Lorain and Portage. Like overall crime rates, Trumbull had a higher rate of reported rapes between 2017 and 2020; however, Mahoning County saw an increase in this rate between 2020 and 2021, from 2.50 per 10,000 to 5.61 per 10,000. Trumbull County saw a slight decrease in reported rapes from 2019 to 2021, while Mahoning, Allen, and Portage counties all had increased rates in this time frame.

Infectious Disease

COVID

Since 2020, the COVID-19 pandemic has shaped the health of communities across the country. Cumulative incidence is the total number of cases of COVID-19 identified. As of March 31, 2022, Mahoning County and Allen County had the highest cumulative incidence of COVID-19 compared to Trumbull, Lorain, and Portage counties. Mahoning had 23,452 cases per 100,000, while Allen had 26,914 cases per 100,000. Trumbull County had the lowest number of incident cases per 100,000 compared to the peer counties, with 20,611 incident cases.¹

As of March 31, 2022, Mahoning and Trumbull Counties had higher COVID-19 mortality rates than Lorain and Portage but lower rates than Allen. The COVID-19-related mortality rate in Mahoning was 133.1 per 100,000 and 146.6 per 100,000 in Trumbull.

CHOS COVID-19 impact

CHOS respondents were asked to share ways that the COVID-19 pandemic had impacted their and their households' lives. Over one-third of respondents reported losing a family member, friend, or loved one. About half of respondents reported experiencing isolation or feeling alone, as well as anxiety, fear, or concern for their life that kept them from doing things they wanted to do. Among respondents from households making less than \$50,000 a year, 37.4% reported not having enough money compared to 12.7% of respondents making a higher income. Additionally, lower-income respondents reported higher percentages of job loss, 24.3%, compared to 14.5%. Financial strain was apparent again among lower-income respondents as 24.0% reported inability to pay bills, and 11.6% reported a lack of food or being hungry because they did not have enough to eat.

STI/STID & Other Infectious Disease

Apart from COVID-19, Chlamydia and Gonorrhea are the most common infectious diseases in Mahoning and Trumbull counties. Rates of Chlamydia have increased across many counties since 2016. However, there has been a decline between 2019 and 2020 estimates. This decline may be partially attributable to the COVID-19 pandemic interrupting regular STI screening and should be interpreted cautiously. The 2019 rate of Chlamydia was 516.9 per 100,000 in Mahoning and increased to 540.0 per 100,000 in 2020. While in Trumbull County, the 2019 estimate was 511.2 and 430.9 in 2020.⁴⁷

Rates of newly diagnosed Gonorrhea infections have increased in all counties and the state between 2016 and 2020. In 2020, the newly diagnosed infection rate for Gonorrhea in Mahoning was 308.7 per 100,000 and 255.1 per 100,000 in Trumbull.⁴⁷

The rates of newly diagnosed Syphilis cases are low across all counties. Although there has been a slight increase in the cases within the state of Ohio, both Mahoning and Trumbull counties had lower rates in 2020. Trumbull County had the lowest rate of newly diagnosed Syphilis cases, with only 5.10 cases per 100,000 in 2020, while Mahoning had 15.7 per 100,000 in 2020.⁴⁷

Rates of newly diagnosed HIV infection were lowest in Trumbull County, with 2.5 per 100,000 in 2020. In Mahoning County, rates of newly diagnosed HIV infections increased between 2019 and 2020 from 2.6 to 9.3 per 100,000.⁴⁸

The total and acute Hepatitis B case rates have remained low and stable between 2016 and 2020. In Mahoning, the total Hepatitis B rates were 12.8 and Trumbull 11.7 total cases, while acute rates fall below 1 per 100,000. Again, it is important to note that in 2020 data may not represent a true decline in the incidence of disease as the numbers available may have been impacted by the COVID-19 pandemic.⁴⁹

CHOS respondents described the state of their health. Across both counties, about 40% of respondents rated their health as excellent or very good. Similarly, about 40% of respondents reported good health, with 20% reporting fair or poor health. Respondents in Warren had the largest percentage of respondents reporting fair (21.9%) and poor health (6.3%). Respondents from households making less than \$50,000 per year reported lower percentages of excellent or very good health (28.6%) compared to those from households making \$50,000 or more (43.6%).

Among CHOS respondents, almost 40% reported being diagnosed with high cholesterol, arthritis, or high blood pressure. About a third reported being diagnosed with depression at one point. Similarly, over a third reported having received a positive COVID-19 test. 25.1% had received a mental health diagnosis. Almost a fifth had asthma. Lower-income CHOS respondents reported larger percentages of diagnosed conditions compared to higher-income respondents. For instance, lower-income CHOS respondents reported higher percentages of diagnosed depression (47.5%), arthritis (46.4%), high blood pressure (44.1%), mental health diagnosis (34.7%), and asthma (23.35), among others.

Chronic Conditions: Cancer & Diabetes

Chronic Disease

Chronic diseases are defined by the CDC as “conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both.”⁵⁰ The chronic conditions discussed in this section include cancer and diabetes, both of which are among the top ten leading causes of death in Mahoning and Trumbull County, as well as peers.

Mahoning and Trumbull cancer incidence is lower than all peer counties and the state and has decreased slightly between 2014-2018. Mahoning County cancer incidence is the lowest at 408.8 age adjusted rate per 100,000 population in 2018, while Trumbull County had a rate of 422.2 age adjusted rate per 100,000 population in 2018.

Prostate, breast, and lung and bronchus cancers have the greatest incidence across cancer types, consistent with state and peers. Prostate cancer incidence is almost double the next highest cancer type in Mahoning, at 121.1 per 100,00 population. Trumbull County prostate cancer incidence is 93.8, and the highest among all counties is 141.2 in Allen County. Breast Cancer incidence is 62.2 in Mahoning County and 67.3 in Trumbull County, both lower than the state average of 69.1. Lung and Bronchus cancers incidence is 52.7 in Mahoning County, which is similar to Allen County at 52.3 and lower than the state average, and 71.0 in Trumbull County which is similar to Lorain at 66.9 and higher than the state average of 64.6.

The percentage of adults ages 20+ with a diabetes diagnosis has seen a slight increase across all counties from 2014 to 2019. Trumbull County decreased from 10.8% in 2017 to 9.2% in 2018, but then saw another small increase to 9.8% in 2019. Mahoning County had an increase from 10.0% in 2017 to 11.9% in 2018 and has since stayed consistent. It is important to note that this data does not include adults who are diagnosed with prediabetes or gestational diabetes, and it is inclusive of both type 1 and type 2 diabetes.

Chronic Conditions in Medicare Populations

The chronic conditions with the highest prevalence among the Medicare population are Hypertension and Hyperlipidemia. Both have a prevalence of over 50% with Hypertension at 59.9% in Trumbull and 58.7% in Mahoning, and Hyperlipidemia at 52.9% in Trumbull and 51.5% in Mahoning. Arthritis prevalence is the next highest and has also been seeing a slight increase in recent years in both Mahoning and Trumbull, while diabetes and ischemic heart disease have been decreasing. The prevalence of chronic kidney disease has seen a significant increase in prevalence since 2015 across all counties and the state. Trumbull has increased from 18.5% in 2015 to 25.9% in 2018, and Mahoning from 19.7% in 2015 to 25.5% in 2018.

Reproductive and Child Health

Reproductive and child health includes a specific subset of health services and outcomes pertaining to reproductive health, pregnancy, birth, and childhood. Infant mortality is a key indicator of reproductive and child health, and reproductive and child health outcomes are influenced by social, economic, and environmental factors. The United States holds a higher mortality rate for birthing parents when compared to other developed countries and has significant racial disparities in birth outcomes, particularly impacting non-Hispanic Black families.⁵¹

Pregnancy

Smoking while pregnant is a risk factor for preterm birth and low birth weight, two contributing causes of infant mortality and morbidity. While smoking during any trimester of pregnancy is decreasing, it remains higher than the state rate in both Trumbull and Mahoning Counties. Smoking during any trimester of pregnancy has seen a decline in all counties except for Mahoning, which saw an increase from 15% in 2019 to 20% in 2020. Trumbull has had the highest rate of smoking during pregnancy compared to peers over several years at 20% in 2021. The trends for smoking during any trimester of pregnancy look like pre-pregnancy smoking trends. Trumbull has the highest rate of pre-pregnancy smoking at 21% in 2021, and all counties have seen a decline in pre-pregnancy smoking with the exception of Mahoning, where there was an increase from 16% in 2019 to 21% in 2020.⁵²

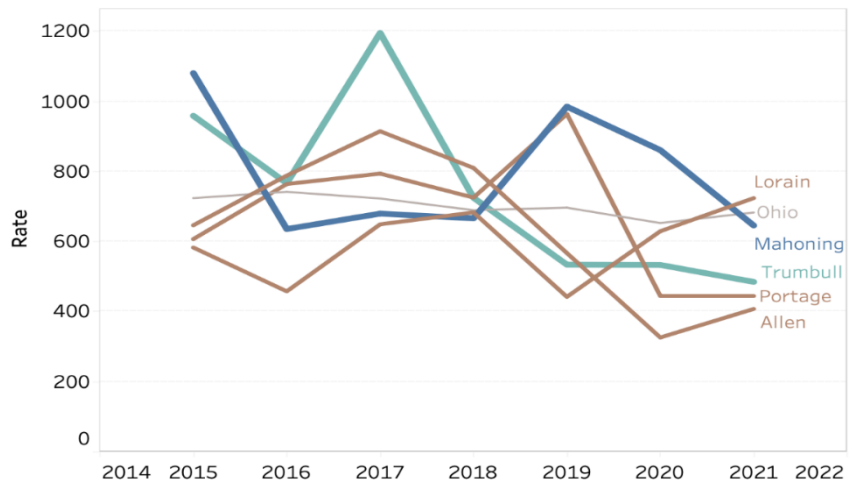
Birth Outcomes

Preterm birth rates in 2021 were highest in Mahoning at 14.0%. Trumbull County has a preterm birth rate of 12.0% which is like peer counties and the state. There is significantly more variation when breaking down pre-term births by race, with Black births consistently having a higher percentage than other racial categories across all counties. Black preterm births are at a rate of 18.0% in Mahoning and 15.0% in Trumbull. The percentage of infants with low birth weight has remained relatively stable over time at 11.0% in Mahoning and 10.0% in Trumbull; however, there has been an upward trend in recent years in Allen County from 9.0% in 2020 to 12.0% in 2021. Low birth weight varies by race, and again we see a significantly higher percentage of low birth weight in black births across all counties: Allen (23.0%), Mahoning (17.0%), Portage (17.0%), Lorain (16.0%), Trumbull (15.0%).⁵²

Infant mortality has been declining in both Mahoning and Trumbull Counties in recent years. Mahoning has seen a sharp decrease from 985.4 per 100,000 in 2019 to 646.0 per 100,000 in 2021. In Trumbull, there was a sharp decrease from 2017 to 2019, then the decrease slowed. In 2019 the rate in Trumbull was 534.2 per 100,000 and in 2021 the rate was 485.0 per 100,000.⁵²

The United States consistently has large racial disparities in infant mortality, especially between Black and White births, and the same disparities exist in Mahoning and Trumbull Counties. The five-year average of infant mortality in Mahoning between 2015-2019 was 1590.5 per 100,000 for Black/African American babies compared to 443.5 for White babies, a disparity ratio of 3.5. This is higher than both Trumbull and the state's disparity ratio of 2.0 and 2.5 respectively. In Trumbull, the infant mortality rate is 1404.2 per 100,000 for black babies and 694.1 for White babies.⁵² These racial disparities can be traced back to historical segregation and accumulated stress from discrimination, along with a variety of other disparities in social and economic factors.⁵³

Infant mortality
Rate of infant mortality per 100,000 population, 2015 to 2021



Rate of infant mortality per 100,000 2015-2021. Source Ohio Public Health Information Warehouse Birth Residence Mortality

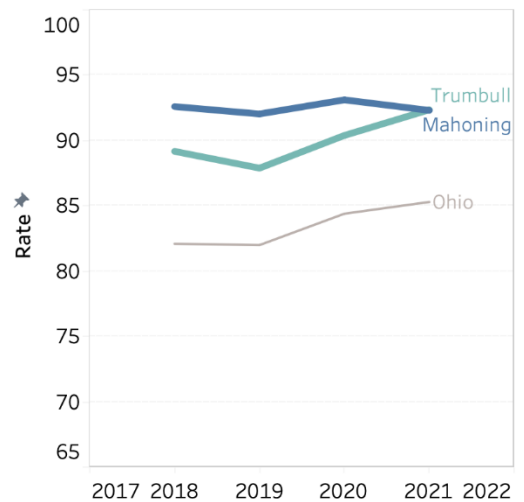
Education

In Mahoning, 37.2% of residents have a high school graduate degree or higher, and 16.1% have a bachelor's degree or higher. For Trumbull County, there are fewer people with education beyond high school compared to Mahoning, peer counties, and Ohio. In Trumbull, 44% have a high school degree or higher, and 12.8% have a bachelor's degree or higher.

Educational Attainment

High school graduation is the highest level of education attained by the largest proportion of people 25 and over living in Trumbull and Mahoning Counties: 44.5% in Trumbull and 37.6% in Mahoning. Trumbull County has fewer people with education beyond high school when compared to Mahoning, peer counties, and the state. In Mahoning County, 21.4% of residents have some college education with 16.1% obtaining a bachelor's degree, and in Trumbull County, 18.7% of residents have some college education with 12.4% obtaining a Bachelor's degree. During Community Conversations, participants commented on the limited job opportunities that are locally available for college graduates, and that young people are moving away to find jobs.

Graduation rate
Graduation rate per 100 students, 2018 to 2021



High School Graduation Rate 2018-2021. Source Ohio School Report Card Federal Graduation Report District Reports 2017-2018 to 2020-2021

School Performance

In both Mahoning and Trumbull, the majority of school districts had 100% of 3rd grade students meet the promotion threshold in reading. Only 4 districts in each county had a slightly lower percentage, all school districts had over 90% of students meet the promotion threshold in 2020-2021 school year. High school graduation rates across Mahoning and Trumbull are higher than the state average of 85.3% of students at a rate of 92%; however, graduation rates for Youngstown City (79.6%) and Campbell City (78.9%) in Mahoning County and Southington Local (78.4%) in Trumbull County are lower than the state average. While the data for local school districts are not presented here disaggregated by race, across the state, the legacy of racial hierarchy and segregation play out in graduation rates, with Asian or Pacific Islanders having the highest graduation rate of 92.3%, followed by White, non-Hispanic (88.7%), multiracial (80.9%), American Indian or Alaskan Native (79.3%), Hispanic (75.5%), and Black, non-Hispanic (73.5%).²⁹ It is important to note that data is often suppressed on a school district-level when counts are less than 10 in a category.

School Culture and Enrollment

Mahoning and Trumbull have a similar number of students enrolled in K-12 school at 25,687 in Mahoning and 24,413 in Trumbull for the 2021-2022 school year. Broken down by race, the majority of students in these schools are White with 67.5% in Mahoning and 76.8% in Trumbull. In both counties, there are slightly more males than females, with 651 more male students in Mahoning and 573 more male students in Trumbull.³⁰

Educational themes were discussed extensively during Community Conversations, and many needs were identified for the specific concerns expressed. One major concern mentioned was a lack of health education in schools, as Ohio is one of the few states without a state-wide health curriculum. Health education specifically related to nutrition, sexual health, gender identity, and mental health were noted as missing by participants, who felt classes should be available to cover these topics.

Challenges for school children were identified in both Community Conversations and the CHOS. These challenges included stress and mental health, disruption due to COVID-19, peer pressure, and bullying. Bullying was specifically highlighted related to LGBTQIA+ youth. Needs identified to address these challenges included additional education for the staff and administrators and development of a non-discrimination policy for LGBTQIA+ students.

While there is a generally high 3rd grade reading pass rate in most districts, low-performing schools and lack of reading proficiency was still expressed as a major challenge by Community Conversation participants, and participants want to see an increased accountability on school boards for these low-performing schools. A sentiment expressed in Community Conversations was that schools should be re-centered as the heart of the community, with more community participation in schools and more school participation in the community.

Discrimination

Almost 20% of CHOS respondents reported themselves or a household member experiencing some form of discrimination. Respondents indicated experiencing discrimination due to race (4.6%), age (4.4%), weight (4%), Other (3.3%), disability (2.8%), sexual orientation (1.5%), gender identity (1.5%), ethnicity (1.4%), and country of origin (0.1%). Among respondents from households making less than \$50,000 per year, a greater percentage of respondents reported experiencing discrimination. Discrimination based on race and ethnicity was reported by more Warren (8.6%) and Youngstown (13.5%) respondents than in the counties overall.

Of the respondents who reported experiencing discrimination, the discrimination occurred most often while seeking healthcare and treatment (23.8%), followed by at work/while seeking employment (20.1%), within family/friends/social circles (11.3%), and at school or during an extracurricular activity (4.4%). Many respondents did not indicate specifics about the discrimination with Other (25.9%), Prefer not to answer (30.8%) selected.

CHOS respondents were asked if in the past 30 days they had felt emotionally upset because of discrimination based on their race; overall 8% reported feeling emotionally upset because of racial discrimination, which was experienced by more Warren (12.9%) and Youngstown residents (16.1%) than Trumbull (8.4%), and Mahoning (7.7%). A larger percentage of respondents from households making less than \$50,000 per year (12.5%) reported feeling upset because of racial discrimination compared to higher-income respondents (5.8%).

Current Service Providers or Resources

- **Trumbull Neighborhood Partnership:** A non-profit community development corporation in Warren seeking to improve quality of life and build neighborhood capacity tnpwarren.org
- **Youngstown Neighborhood Development Corporation:** A non-profit working to revitalize Youngstown neighborhoods www.yndc.org
- **United Returning Citizens:** a non-profit serving formerly incarcerated individuals and the broader community in Youngstown, focusing on employment, financial literacy, and housing unitedreturningcitizens.org

Gaps

In Community Conversations, participants highlighted the following gaps in community resources:

1. Local employment opportunities
2. Local investment in Black community and minority-owned businesses
3. Affordable, accessible recreational activities for youth
4. Safe housing for LGBTQIA+ community members experiencing homelessness
5. Responsive emergency and police services, trained in de-escalation

Significant Clinical Health Needs

Access to Care (includes access to health care, access to information, access to healthy food & physical activity)

Capacity and adequacy of service levels

Access to healthcare is a key determinant of a community's health. Healthcare serves an important role in preventing illness and providing diagnosis and treatment. A community's access to healthcare can be challenged by barriers such as lack of health insurance, high cost of care, few providers, limited transportation to healthcare facilities, a lack of access to information, health foods, and physical activity.

Experience Seeking Care

In the Community Health Opinion Survey, community members in both counties shared their experiences seeking care. Most respondents, 81.2% in Mahoning, 75.6% in Trumbull, indicated that when they feel sick, they seek care from a doctor's office. Alternate sources of care were urgent care centers, other services, hospital emergency rooms, and community clinics. Respondents from households making less than \$50,000 reported slightly lower levels of seeking primary care (75.6% compared with 80.9% among respondents with a household income above \$50,000).

Almost 20% of CHOS respondents reported a problem getting the healthcare they needed personally or for a family member within the past 12 months. Respondents in Trumbull County (18.9%) and Youngstown (17.3%) reported a slightly larger percentage experiencing a problem accessing care compared to Mahoning County (16.6%) and Warren (16.2%). Respondents from households earning less than \$50,000 experienced problems accessing healthcare more than those with a higher income, with 18.0% in Mahoning and 24.8% in Trumbull reporting difficulties. CHOS respondents from households earning more than \$50,000 reported more difficulties accessing different providers than those from households who made less than \$50,000. The top five providers that were difficult to access are listed below.

The most common problems that prevented access to care included: issues with insurance coverage, lack of providers, insufficient appointments available in the timeframe, and cost. Almost 30% of respondents identified additional issues not included in the response options list. For respondents from households earning below \$50,000 who experienced challenges accessing care the top barriers were: insurance not covering the needed service, providers not accepting their insurance, and cost.

Access to Health Care

Dental

Almost 70% of respondents reported visiting the dentist or a dental clinic within the past year, 70.8% in Mahoning County, 66.0% in Trumbull County, 58.7% in Warren, and 64.8% in Youngstown. A disparity exists in accessing dental services among respondents from households earning less than \$50,000 a year; among this group, only 57.0% in Mahoning and 55.8% in Trumbull visited a dental provider in the past year. 35.4% of respondents in Youngstown who had not recently visited a dentist indicated their reason was that they did

not have a dentist. Some of the other reasons respondents shared for not visiting a dental provider included: cost, fear of dentist, and concern about COVID-19.

Health Information

During the Community Conversations, participants shared that there is a lack of information about available services, and a desire for affordable health care and resources to improve one's health. A majority of CHOS respondents (89.2%) reported receiving their health information from a doctor or primary care provider. Over a third of survey respondents (41.4%) receive their health information from news media and 36.5% received it from friends, family, or the community. In the Community Conversations members identified social media, word of mouth, radio and flyers as methods that have been effective when getting the word out. Thirty percent of CHOS respondents who had post-COVID syndrome have had a difficult time accessing information or treatment in the past year. More than 1 in 10 respondents with mental health diagnoses, coronary heart disease, depression, and arthritis have also had problems accessing information or treatment for those conditions.

Access to Care in Community Conversations

During the Community Conversations, community members expressed interest in strengthening preventive services and building a community culture of health to alleviate pressure on health services. Participants shared challenges such as a lack of information about available services, cost, and a lack of proximity to services. One Community Conversation in Mahoning identified lack of proximity to a birth center as an important health access challenge, while another expressed desire for a mobile dental clinic. Difficulty accessing specialty care particularly due to long wait times were observed in Community Conversations. Desire to improve services for community members with and without health insurance was expressed, and a need to increase access to insurance and better serve veterans and elderly residents.

Community members noted some resources currently exist that promote access to care including mobile screening programs that serve residents in rural areas and proximity to world-class healthcare facilities such as the Cleveland Clinic which is located close by and has several satellite clinics in the area. Additionally, resources such as social workers at the Cleveland Clinic assist patients with finding resources to pay medical bills.

Affirming Care

During Community Conversations access to appropriate and affirming healthcare arose as a major concern for the LGBTQIA+ community, particularly trans community members. A need was identified for affirming care, training for provider staff on gender identity and pronoun use and updating health record forms to be more inclusive of gender and sexual diversity (e.g., additional form fields and name options). Akron Children's hospital was identified a potential resource to model local provider approaches on inclusivity and affirming care.

Gender-affirming care is a supportive form of healthcare, that consists of an array of services that may include medical, surgical, mental health, and non-medical services for transgender, nonbinary, and gender-expansive people ¹⁴. Transgender and non-binary individuals experience an increased risk of health disparities compared to their peers, particularly mental health challenges such as depression and anxiety, as well as the risk

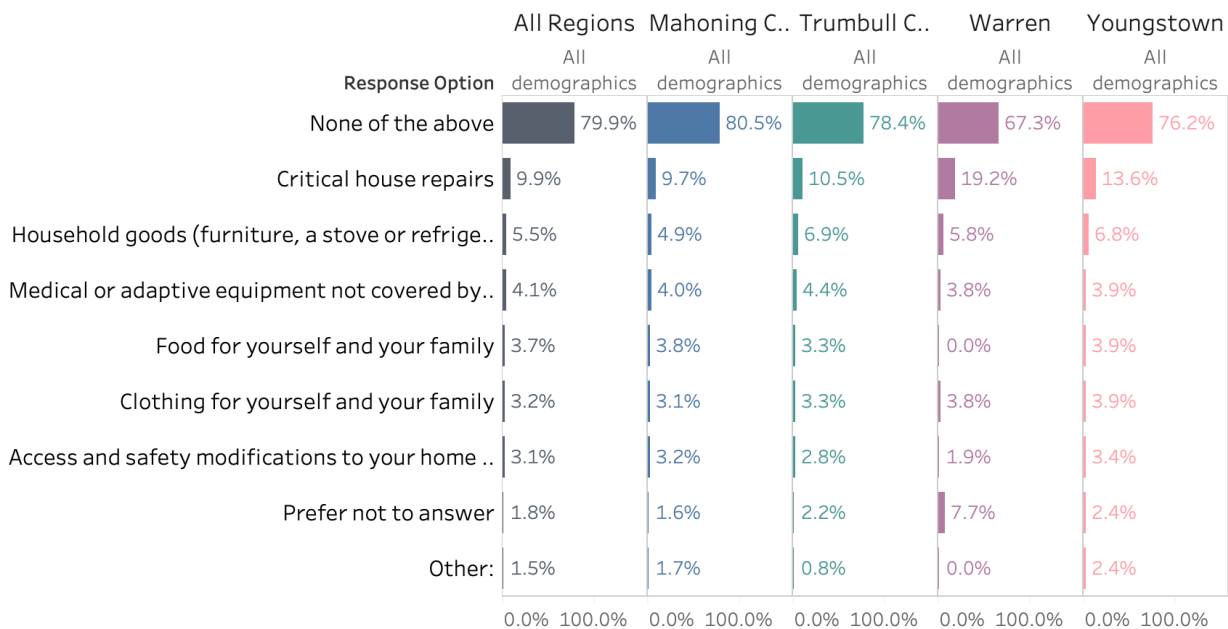
of suicide ¹⁵. Gender-affirming care, along with social and familial support are protective elements for the health of transgender and non-binary community members ¹⁵. Ohio is one of several states in which some lawmakers are working to pass legislation restricting gender-affirming care for LGBTQIA+ youth ¹⁶. The results of this state action may have an impact on the care available in Mahoning and Trumbull Counties for members seeking gender-affirming care.

Community Assistance

Access to Information

CHOS respondents reported needing assistance to meet basic needs. Nearly 20% of respondents indicated that these needs were not met in the past year. Critical house repairs were the most common unmet need, about 9.9% of total respondents had unmet housing repair needs but these percentages were larger in Warren (19.2%) and Youngstown (13.6%). Additional unmet needs included household goods (furniture, a stove or refrigerator, 5.5%), medical or adaptive equipment not covered by insurance (4.1%), food for yourself and your family (3.7%), clothing for yourself and your family (3.2%), and access and safety modifications to your home (3.1%). Of these respondents, 5% felt that those unmet needs were due to racism or discrimination, with about 10% of respondents from Youngstown reporting this feeling.

In the past year, were any of the following assistance needs NOT met? Select all that apply



Housing assistance needs. Source Community Health Opinion Survey 2022

For lower-income respondents (those from households making less than \$50,000) just under a third had assistance needs that were not met. Critical house repairs (17.5%), household goods (11.1%), food (10.3%), clothing (8.1%), medical or adaptive equipment (6.7%), and access and safety modifications (6.1%). Among lower-income respondents with unmet needs, 8.1% perceived unmet needs were due to racism or discrimination, higher than the overall percentage.

Community Conversation participants felt that government officials should take immediate action in addressing core challenges experienced within the community. Some suggestions were to involve pastors and clergy members in implementing change and to distribute funds to churches to provide services. Participants discussed creating a culture of connection and accountability and shared a desire for community residents to come together to help one another and share resources.

Neighborhood & Physical Environment

The spaces in which people live, work, and play contribute to the health outcomes of community members. When examining the neighborhood and physical environment of Mahoning and Trumbull counties, this report will include aspects of the built and natural environment. This section will also include access to neighborhood resources such as grocery stores and public transportation used to navigate the counties.

Access to Physical Activity

Access to spaces to conduct physical or recreational activity is an important component of the community environment and can promote physical and mental health. Of CHOS respondents, 63% agreed or strongly agreed with the statement, "I can find enough recreational and entertainment opportunities in my community." And 79.7% agreed or strongly agreed they had access to places where they could be physically active.

Access to physical activity opportunities is measured as the percentage of individuals in a county who live reasonably close to a park or recreational facility. Individuals are considered close if they reside in a census block that is within a half-mile of a park, reside in an urban census block within one mile of a recreational facility, or reside in a rural census block that is within three miles of a recreational facility.

Around 4 in 5 people in Mahoning and Trumbull have access to physical activity opportunities. This is like the state of Ohio and varies slightly from the peer counties, with Lorain County having lower access and Allen County having higher access. Access to physical activity opportunities decreased in Trumbull County from 84% in 2014 to 82% in 2019, while access increased in Mahoning County from 75.9% in 2014 to 80.8% in 2019

13.

Food Access

Access to food stores is similar in Mahoning and Trumbull compared to peer counties. The number of SNAP-authorized stores increased in all counties between 2012 and 2017.

However, the growth was very slight in Mahoning County, 0.84 to 0.86 per 1,000 residents. Trumbull County has the highest rate of SNAP-authorized stores compared to peer counties. The SNAP-authorized stores increased from 0.83 to 0.94 stores per 1,000 between 2012-2017.²⁵

Across all counties, there has been a slight decline in the rate of WIC-authorized stores. WIC-authorized stores are also the least common type of store across all counties. In Mahoning County, the number of WIC-authorized stores per 1,000 residents decreased from 0.13 in 2011 to 0.11 in 2016. In Trumbull County, the stores decreased from 0.14 to 0.13 per 1,000 in the same period ²⁵.

Mahoning and Trumbull have lower rates of fast-food restaurants than Allen and Portage counties. Fast-food restaurants per 1,000 residents have increased since 2011 in Mahoning and Trumbull Counties. Mahoning has had a consistently higher rate of Fast-Food restaurants, 0.84 per 1,000 compared to 0.72 per 1,000 in Trumbull. The availability of fast food was identified as a concern in both counties in the Community Conversations, as were families' limited time and knowledge to prepare healthy meals.

The rate of grocery stores remained stable in Trumbull County between 2011 and 2016. In 2016, it had 0.22 grocery stores per 1,000. The rate of grocery stores per 1,000 residents declined in Mahoning from 0.23 in 2012 to 0.14 in 2016. Mahoning is the only county that has seen a decline in the rate of grocery stores. Interest in more grocery stores was expressed during Community Conversations in Mahoning.

The decline of grocery stores and WIC authorized stores, only slight growth in SNAP-authorized stores, and increased fast-food availability may pose a challenge to residents in Mahoning County seeking access to fresh fruits and vegetables. Overall, 73.7% of CHOS respondents agreed or strongly agreed with the statement "I can easily access healthy, affordable food." However, only 56.9% of CHOS respondents in Warren agreed or strongly agreed.

SNAP-authorized stores: average monthly stores authorized to accept the Supplemental Nutritional Assistance Program (SNAP, previously known as food stamps), including supermarkets, grocery stores, convenience stores, superstores, warehouse club stores, and specialized food stores.

Fast-food restaurants: Establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons order/select items and pay before eating.

Grocery stores: Including supermarkets, not including convenience stores, supercenters, and warehouse club stores

WIC-authorized stores: Stores accepting Special Supplemental Nutrition Program for Women, infants, and Children (WIC) benefits, not including distribution centers; stores must maintain a minimum inventory of foods included in WIC benefit packages (such as milk, baby formula, vegetables, cereal) For full documentation for food access-related definitions, explore the [USDA Economic Research Service Documentation Site](#).

Increased access to fresh fruits and vegetables and nutritional information/education was a need identified through Community Conversations. Community members in the Community Conversations expressed concern regarding children's access to healthy meals and nutritional education. Concern for access to food among elderly residents was also highlighted. Community members expressed interest in leveraging churches and neighborhood networks to distribute excess produce from family gardens and increase access to food pantries.

Organizations such as the [Healthy Community Partnership of Mahoning Valley](#) were identified as important resources for food access in the community as well as the newly opened [Glenwood Fresh Market](#) in Youngstown.

Current Service Providers or Resources

- **Mercy Health:** Hospital system in Mahoning and Trumbull Counties, providing primary, specialty, and emergency care. Financial assistance available for income-eligible patients www.mercy.com
- **Meridian Healthcare:** Integrated primary and behavioral healthcare, pledged LGBTQIA+ safe zone meridianhealthcare.net
- **Mahoning Valley Pathways HUB:** Pregnancy care coordination, culturally and linguistically appropriate services provided by community health workers www.mahoninghealth.org/mahoning-county-pathways-hub

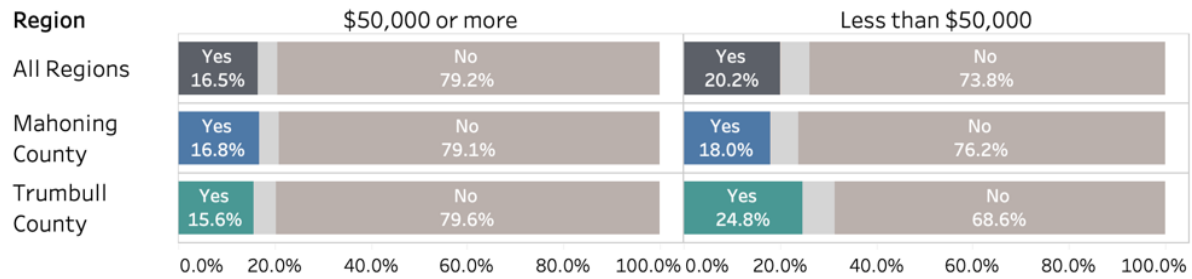
Gaps

In Community Conversations, participants highlighted the following gaps in community resources:

1. Appropriate and affirming LGBTQIA+ healthcare, systems and staff that use chosen names/pronouns
2. Timely appointments for specialty care
3. Accessible healthcare for people with transportation barriers: clinics in more neighborhoods, mobile dentist truck, rural health nurse
4. Preventive services and culture of health

Types of providers/facilities CHOS respondents had difficulty accessing by income

In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member?



Percent of CHOS respondents experiencing challenges accessing care in the past 12 months by income. Source Community Health Opinion Survey 2022

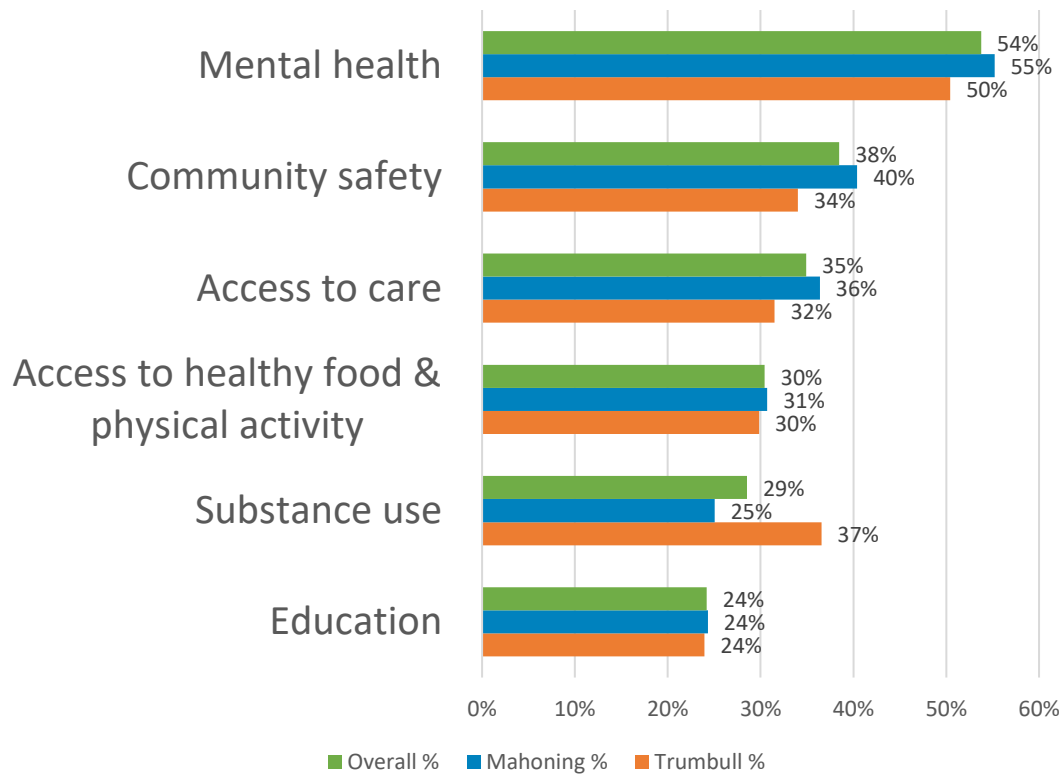
CHOS respondents making \$50,000 or more		CHOS respondents making less than \$50,000	
Specialist	28.7%	Dentist	36.8%
General Practitioner/Primary Care	26.1%	Mental Health Care Provider	31.6%
Mental Health Care Provider	21.7%	General Practitioner/Primary Care	31.6%
Hospital	18.3%	Specialist	25.0%
OB/GYN	11.3%	Eyecare/Ophthalmologist	21.1%

Types of providers/facilities CHOS respondents reported difficulty accessing, by income. Source: Community Health Opinion Survey 2022

Prioritization of Health Needs

Community Prioritization Voting was conducted online from May 9th to May 27th, 2022 and was open to all adults living in Mahoning and Trumbull County. In total, 844 community members participated, 591 from Mahoning and 253 from Trumbull County. In both counties, a disproportionate number of respondents were women (76%). Regarding race and ethnicity, 83% of participants identified as White, compared to 10% Black/African American, and 3% Hispanic/Latino. While these demographics roughly align with the racial/ethnic makeup of Trumbull County, Black/African American and Hispanic/Latino voices were underrepresented in priority voting in Mahoning County. The top six priorities selected by respondents in Mahoning and Trumbull County are provided in figure 38.

There was considerable alignment in priorities among respondents in both counties, apart from substance use, which was voted as a priority by 25% of respondents in Mahoning County (making it #5 in ranked priorities) compared to 37% of respondents in Trumbull County (making it #2 in ranked priorities). Among respondents who identify as Black/African American, community safety, community conditions, and education were more often selected as priorities. Among Hispanic/Latino respondents, access to care, community conditions, and mental health were more often selected.

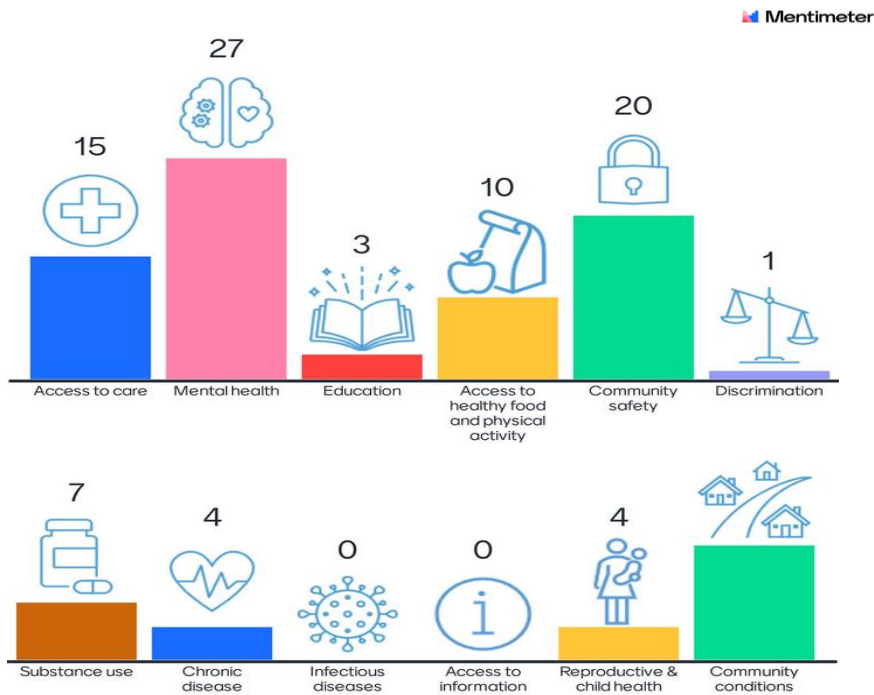


Considerations for community prioritization voting

On June 2nd, 2022, the steering group and additional community stakeholders met to review the prioritization voting and relevant data and to cast votes live as community representatives using the Mentimeter voting platform. Thirty-five community stakeholders in attendance cast votes, and voting results are seen in the chart below. The most votes were cast for mental health, followed by community safety, access to care, and community conditions. Further discussion suggested consensus around combining mental health and substance use as a single priority, acknowledging that there is alignment in services and existing efforts, although strategies to approach each will differ. Stakeholders also emphasized the need to center the voices of those most affected by poor outcomes in the priority selection, as well as to address root causes of health disparities.

After reviewing the community voting, the stakeholder voting, the relevant data, and the reflections from the prioritization meeting, the CHNA leadership synthesized the priority areas into three: mental health and substance use, community conditions with an emphasis on community safety, and access to care. Health equity was also identified as a cross-cutting issue to incorporate into the community health improvement planning process in all three priorities.

Priorities for Mahoning & Trumbull Counties



Stakeholder prioritization voting results. Mentimeter

Prioritized Social Determinants of Health Needs

Mental Health and Substance Use

- **Mental Health** ranked #1 priority in community voting, both counties
- Mental health ranked #1 in stakeholder prioritization voting
- Across Community Conversations, mental health identified as a concern and area of need
- Almost 40% of Community Health Opinion Survey respondents reported either they or a member of their household experienced feeling down or sad for more than 2 weeks in the past 6 months
- National indicators of mental health, particularly youth mental health, suggest mental health may have been declining in past two years
- **Substance use** ranked as 5th overall priority in community voting, but #2 among Trumbull County respondents
- Natural alignment of substance use and mental health because of overlapping root causes, comorbidities, and integration of service providers

Prioritized Social Health Needs

Community Conditions & Safety

- **Community Conditions** ranked as #4 priority among respondents who identify as Black/African American or Hispanic/Latino in community voting
- Recognition by stakeholder group of how community conditions (housing, transportation, economic opportunity) drive health outcomes and may be root causes of many health disparities
- Children under 5 face the highest rates of poverty at 34.6% in Mahoning and 36.2% in Trumbull; this is a higher percentage than in the state and peer counties
- **Community Safety** ranked at #2 priority in community voting overall, and #1 among Black/African American respondents
- Community Safety ranked #2 in stakeholder prioritization voting
- Community safety raised as a major concern in Community Conversations, highlighting recent increase in crimes, particularly homicides; unsafe conditions for LGBTQ+ community members is a barrier to services and mental health

Prioritized Clinical Health Needs

Access to Care

- **Access to Care** ranked as #3 in community voting, and #2 among respondents who identify as Hispanic/Latino
- Access to Care ranked #3 in stakeholder prioritization voting
- Community Conversations highlighted access to care as an area of concern and source of inequities; limited availability of appointments, transportation, cost of care, and lack of adequate care for LGBTQ+ community members were cited as major barriers
- Community Health Opinion Survey respondents who reported an income below \$50,000 experienced more problems seeking care in the past year than higher-income respondents

Resources Available to Meet Prioritized Needs

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

Prioritized Social Determinants of Health Needs

Mental Health and Substance Use

- **COMPASS Family and Community Services:** Mental health counselling, substance use recovery, domestic violence and sexual assault, youth services. compassfamily.org
- **Meridian Healthcare:** Integrated primary and behavioral healthcare, including mental health and substance use treatment. meridianhealthcare.net
- **Ohio Department of Mental Health:** Mental health and addiction services
- 24/7 crisis line: 1-800-720-9616
- Crisis text line:
text the keyword “4hope” to 741 741 mha.ohio.gov

Prioritized Social Health Needs

Community Conditions & Safety

- **Trumbull Neighborhood Partnership:** A non-profit community development corporation in Warren seeking to improve quality of life and build neighborhood capacity. tnpwarren.org
- **Youngstown Neighborhood Development Corporation:** A non-profit working to revitalize Youngstown neighborhoods. www.yndc.org
- **United Returning Citizens:** a non-profit serving formerly incarcerated individuals and the broader community in Youngstown, focusing on employment, financial literacy, and housing unitedreturningcitizens.org

Prioritized Clinical Health Needs

Access to Care

- **Mercy Health:** Hospital system in Mahoning and Trumbull Counties, providing primary, specialty, and emergency care. Financial assistance available for income-eligible patients. www.mercy.com
- **Meridian Healthcare:** Integrated primary and behavioral healthcare, pledged LGBTQIA+ safe zone. meridianhealthcare.net
- **Mahoning Valley Pathways HUB:** Pregnancy care coordination, culturally and linguistically appropriate services provided by community health workers. www.mahoninghealth.org/mahoning-county-pathways-hub

Progress on Health Priorities Identified in the 2019-2021 Community Health Needs Assessment

Mental Health and Addiction

Initiative	Impact
<p>Educate Primary care providers on screening tools and evidence-based treatment for mental health and addiction.</p>	<p>Increase those linked to services by 5%. In January 2022, 6 Primary and Specialty Care practices were targeted for inclusion in the Screening, Brief Intervention, and Referral to Treatment (SBIRT) integration project. This represents a 20% increase from 2021.</p> <p>To date (1/22 thru 6/22) 11 providers from the additional practices have been fully trained to implement SBIRT with their adult patient population. During 2021, 12 providers were trained. (19 providers are scheduled to be trained in the second half of 2022). This reflects an 8.3% decrease from 2021, however, by the end of the year a significant increase will be achieved.</p> <p>To date (1/22 thru 5/22) 6921 SBIRT screenings have been conducted in the participating practices. It should be noted that the new practices added in 2022 are in varying stages of implementation – these numbers are expected to grow significantly. This represents a 107% increase from the same period 2021 (3339/6921).</p> <p>Our current data collection mechanism does not capture those patients who are linked to services. It does, however, reflect the numbers of positive screens vs negative screens. On average, 60% of adults screen positive, while 40% screen negative. Out of the 40% negative screens, our reporting system does not further stratify based on score/risk level.</p>
<p>Increase prevention and education on tobacco use-Continue with outreach/education.</p>	<p>Have hired two counselors in January 2022 and they are offering full time services in Mahoning and Trumbull Counties. From January to May of 2022, St Elizabeth (Mahoning County) site scheduled 149 patients with 70 arriving for tobacco cessation services which is a 47% patient follow through. Warren site (Trumbull County) had scheduled 238 patients with 103 arriving which is a 43% follow through.</p>

<p>Establish relationship with corporate care and contact with additional outside agencies.</p>	<p>BH department was instrumental in starting comfort care for hospital associates related to COVID and this initiative has been taken over by the Mission. We consistently reach out to our community partners and did have monthly meetings but have reduced them to being quarterly. BH also sends a representative to the Mahoning County Board of Mental Health and Recovery Services board meeting monthly. The BH navigator is integrated into the Trumbull County quality work groups as well.</p>
<p>Continue school-based prevention on tobacco use.</p>	<p>The Drug Prevention and Education Program serves K-12 students in Mahoning County public school districts. The HOPE Curriculum is made available to all students as its lessons are suitable for youth in grades K-12. The CATCH My Breath™ program is available to students in grades 5-12 as its sessions are suitable for students in this grade range. The Cannabis Awareness & Prevention Toolkit will be made available to middle and high school students as its modules are suitable for students in upper grade levels. All 14 Mahoning County public school districts will be offered the opportunity to engage their student body in substance use prevention programming. Before the end of the 2022 school year the School Based Prevention specialist presented Catch my Breath and the Cannabis Awareness and Prevention program to Youngstown’s East High School. Boardman High School students received the vaping program. These programs will be available during the 2022-2023 school year.</p>
<p>Increase knowledge and awareness of trauma informed care.</p>	<p>Our Community Educator puts out a monthly newsletter with information related to TIC. De-escalation training program changed to CPI this year and offers education related to TIC during these presentations as well. The CPI program began educating in May. About 150 staff have been through this new training.</p>
<p>Deliver education to social work and case managers at each MHY hospitals. Provide continuing education credits to Mercy Health associates and community members.</p>	<p>Social Workers are invited to county and local college conferences to obtain continuing education at their preference. Four virtual workshops with Continuing Education (CE) approved by the Ohio Counselor, Social Worker and Marriage and Family Therapy Board, was facilitated by the Trauma Informed Committee at Mercy Health. The virtual workshops were completed throughout 2021 and 2022. Trauma informed care workshops included “Trauma Informed Care Workshop”, “Pink Slips, Voluntary, Involuntary, and Probate Admissions” (that program was presented twice), and “Peer Support Basics and Trauma-Informed Practices”.</p>

Chronic Disease

Initiative	Impact
<p>Raise awareness in the community of prediabetes screenings provided by MHY at a variety of locations. Assess locations and provide additional screenings in our target communities if needed. Obtain baseline data of number of screenings provided in 2021 and increase by 5%.</p>	<p>Prediabetes 2021 = $281 + 5\% = 295.05$ Because of the COVID pandemic 2021 goals were not met. Using the base line for 2021 the goal for 2022 is set for 295. YTD, we have provided 255 pre-diabetes screenings for 2022.</p>
<p>Increase the number of hypertension screenings in the community with a focus on reaching our target populations by 5% of the previous year (African American, low income, older adult and underserved).</p>	<p>BP screenings 2021 = $2561 + 5\% = 2689.05$ Because of the COVID pandemic 2021 goals were not met. Using the base line for 2021 the goal for 2022 is set for 2690. YTD, we have provided 255 pre-diabetes screenings for 2022. Screeners are following up with event participants with abnormal results to encourage routine screenings with a medical provider or given information to find a medical home.</p>
<p>Participate in community efforts to reduce chronic disease for our residents. Continue collaborations. Evaluate efficacy and adjust as needed.</p>	<p>Mercy Community Health continues to partner and collaborate with community organizations and community events focusing on marginalized or underserved populations.</p>

Maternal and Infant Health

Initiative	Impact
<p>Centering Pregnancy located in Meridian Health Care (addiction & recovery), (potential MOUD at VA building).</p>	<p>The renovation that is currently being done at the Belmont Clinic (old VA) will be the new site for Centering and Behavioral Health.</p>
<p>Increase home visiting through referral network within the Market to improve maternal & infant outcomes.</p>	<p>Home visiting program referrals and participation have increased since the beginning of the year, resulting in the need to increase staffing in this area. The Fatherhood Support continues to gain increase participation. Community events have requested a high volume of participation from the maternal and infant health programs.</p> <p>Initiate ED referral from patients who have positive pregnancy test (not started)</p> <p>Has not been initiated. We are continuing conversations to identify the key participants (nursing, social services). Initiative expected to be completed by the end of 2022.</p> <p>Increase breastfeeding support through education in Market and community partnerships (implemented Yomingo app)</p> <p>Currently we have 418 learners actively registered. The LC department recently has become equip with iPads that we will use to enroll pts at the bedside.</p>
<p>Increase progesterone us 5%.</p>	<p>Progesterone use is being monitored. The MY Baby 1st coalition is being restructured to focus on goals set to reduce infant mortality. The process includes a consultant that is assisting coalition members with restructuring to maintain function and vision of the coalition. In 2021, 31 women received progesterone. Trumbull Maternal Health met twice in 2021. The pandemic impacted meeting. There is expected progress in the 2nd qtr. of 2022.</p>

Social Determinants of Health (focus on cultural bias and inequity, access to care, transportation, and housing)

Initiative	Impact
<p>3 Practices are performing SDOH screenings for transportation, finances, housing, and food insecurity: Stutz Primary Care, St. Elizabeth Internal Medicine, Canfield Primary Care.</p>	<p>No outreach education in this past year because of the pandemic. There will be implementation of a social work queue.</p> <p>All practices will be screening for SDOH. Will have school base prevention education in 3 school districts. Social workers will be at local practices to follow up on patient assessments.</p> <p>Primary Health Centers are using screening tools. A grant was obtained for the use of Community Health Workers to connect patients for referrals. The LCDI is working on providing a Trauma Informed to coincide with trainings that have been designed to support patient care. Community Health is working with Akron Children’s to obtain CO monitors to provide education to clients.</p>
<p>4th quarter screening for intimate partner violence.</p>	<p>All practices are now screening for intimate partner violence</p> <p>Identified champions in Mahoning and Trumbull Counties for LGBTQIA+ health care.</p>
<p>Improve health equity through associate education and trainings, to increase competency of serving diverse patients and community members.</p>	<p>Diverse nurse team put together training that were completed the first part of the fourth quarter. Trainers used the LCDI Huddles for nursing supervisors. 3R Bias and Anti-Racism training was taken by 129 Youngstown Market associates. 68 Frontline Leaders completed the trainings, and 16 nursing leaders completed the training. Community Health continues to participate in coalitions that address SDOH, Health Inequities, Implicit Bias and Racism.</p>

Appendix A

Includes list of external sources utilized in gathering data for the CHNA and links to the

External sources

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For additional information or for the full survey results visit:

<https://youngstownohio.gov/health>
<https://www.mahoninghealth.org/>
<https://www.warren.org/living/departments/health>
<http://www.tcchd.org/>

Board Approval

The Youngstown Market 2022 Community Health Needs Assessment was approved by the Youngstown Market Board of Directors on September 29, 2022.

Board Signature: Dr. Mildred Eloy, MD

Date: 9/29/2022

For further information or to obtain a hard copy of this Community Health Needs Assessment (CHNA) please contact via email to Leigh A. Greene MSSA, LSW, CHW, Community Health Director LGreene3@mercy.com

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