

Trumbull County Combined Health District

Health Care Assessment & Access to Care CHA Addendum

8/22/2023



Public Health
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Trumbull County



Signature Page



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11-20-24


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Addendum – Access to Care

Trumbull County, Ohio

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Introduction

The motive of this addendum (second iteration) is to once again identify the health care resources, health care needs of the constituents, presence of ailments/disease, and emerging issues within Trumbull County Ohio in an attempt to affirmatively impact the individual health of its citizens, and the overall public health of the county. To be healthy is defined as being “in good health”. The definition of health is “the condition of being sound in body, mind, or spirit; especially: freedom from physical disease or pain.” The definition of public health is “the health of the population as a whole, especially as the subject of government regulation and support”. The Trumbull County Combined Health District (TCCHD) recognizes that a state of positive holistic public health is contingent upon individual health and predicated upon a healthy population. Therefore, the TCCHD commissioned this addendum in an effort to provide their residents with the most comprehensive information available regarding health care based upon the most current available empirical data and solicited public input via survey models and community conversations.

The descriptive data provided within regarding the residents of Trumbull County are process indicators, while the health care service deployment and resident participation and perception of such can be described as outcome indicators and used as a basis for future drafting of strategies designed to combat access to care.

Methods

Data was collected by a multitude of various sources including the 2023 & 2024 County Health Rankings, and a community health opinion survey (CHOS) was used to collect primary data from constituents of Trumbull County. The CHOS was commissioned by a multitude of agencies (25 in total, with 55 individuals) that also drafted and chose the questions for the survey. These agencies included:

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

Approximately 6,000 surveys were sent to Trumbull and Mahoning County residents, and approximately 1,800 participants responded (approximately 400 were from Trumbull County). Respondent data received from the survey was collected and reported by The North Carolina Institute for Public Health (NCIPH). The 2022 breast, cervical, lung and prostate cancer data was compiled by TCCHD from the Ohio Department of Health’s DataOhio Portal (previously known as the data warehouse). Furthermore, the NCIPH held Community Conversations with the community, asked respondents of the CHOS to attend assessment data presentations, and vote during prioritization of the three main areas of concentration. Community Conversations were held among specific populations in the counties who historically have been underserved and underrepresented. These groups included: community members experiencing homelessness, Black community members, community members in rural areas, LGBTQIA+ community members, and Latinx community members.

Population

As of the 2020 census, Trumbull County had a total population of 201,977 residents.⁽⁸⁾ A population drop of 4% from the previous 2010 census. With annual estimates based upon resident population provided by the Census Bureau, the total population of Trumbull County has experienced a 5% reduction (from previous 2010 census data) of residents resulting in an estimated population of 200,373.⁽⁸⁾ In total this is a 1% increase in population growth from previous estimates in the 2018 American Community Survey. An American Community Survey five-year estimate from 2023 corroborates this data, with the most current and accurate demographic data of 200,643 residents.

Demographics

Trumbull County Ohio (2023) Population		
Demographic	2023	% of Total Population
Age		
Birth to age 14	33,620	16.7%
Ages 15 to 24	23,358	11.7%
Ages 25 to 44	45,891	22.9%
Ages 45 to 59	37,178	18.5%
Ages 60 to 74	41,748	20.8%
Ages 75 and over	18,848	9.4%
Race/Ethnicity		
White	183,399	91.4%
Black/African American	18,427	7.3%
American Indian/AK Native	3,998	0.3%
Asian	2,201	0.5%
Native Hawaiian/Pacific Islander	N	0.0
Some Other Race	5,647	2.8%
Gender		
Male	100,323	50.0%
Female	100,320	50.0%

Income Level

Trumbull County Ohio (2022) Income Data		
Income Level	Number of Residents	% of Total Population
Less Than \$10,000	6,184	7.3%
\$10,000 to \$14,999	4,490	5.3%
\$15,000 to \$24,999	8,217	9.7%
\$25,000 to \$34,999	8,302	9.8%
\$35,000 to \$49,999	12,284	14.5%
\$50,000 to \$74,999	16,605	19.6%
\$75,000 to \$99,999	10,759	12.7%
\$100,000 to \$149,999	10,929	12.9%
\$150,000 to \$199,999	3,897	4.6%
\$200,000 or more	2,965	3.5%

Chronic Disease in Trumbull County

Poverty

Lower income levels are associated with lower overall health and health outcomes. Lower socioeconomic status is identified as one of the barriers to achieving optimal health. Trumbull County has an average of 16.4% of their total population or 32,365 residents living below the federal poverty level of income.⁽⁸⁾ Some areas of Trumbull County experience higher rates hovering near 20%. The national poverty rate average for 2022 was 11.5%, and the poverty rate average for Ohio in 2023 was 13.9%.⁽⁸⁾ According to the 2023 County Health Rankings, of the 88 counties encompassed within Ohio, Trumbull County ranks in the least healthiest percentile (0-25%) across all categories and ranked #74 out of 88 counties for overall healthiest in Ohio, reflecting a potential correlation or link with a heightened poverty rate and lower overall health and health outcomes. These categories are listed in the table below. Refer to the Arc/GIS Trumbull County Access to Care Web App to see where pockets of poverty and shortened life expectancy are located.

Health Outcomes⁽¹⁰⁾

Category	Rank - 2023
Health Outcome	0-25%
Length of Life	0-25%
Quality of Life	0-25%
Health Factors	0-25%
Health Behaviors	0-25%
Clinical Care	0-25%
Social & Economic Factors	0-25%
Physical Environment	0-25%

Access to Food

Chronic diseases associated with lower socioeconomic status by way of poverty are prevalent in Trumbull County as well. However, access to quality, affordable and healthy foods is also a determinant of overall health. As of 2022, the United States Department of Agriculture (USDA) had and continues to identify portions of Trumbull County including Girard, Warren, and Niles as "Food Deserts". A food desert is defined as "an urban area in which it is highly difficult to buy affordable or good-quality fresh food". As of 2020, according to the USDA Food Environment Atlas, Trumbull County only had 44 registered grocery stores, and 188 WIC authorized stores, and food insecurity in Trumbull County is the highest in the entire State of Ohio at 14.1%, with a national healthy food outlet ratio of 1 location per 100,000. Nearly 30% of the county population is without access to a large grocery store. Disease and ailments associated with poor diet include cardiovascular and inflammatory disorders and diabetes. Of the 400 Trumbull County residents who responded to the CHOS survey:

Chronic Disease Diagnosis

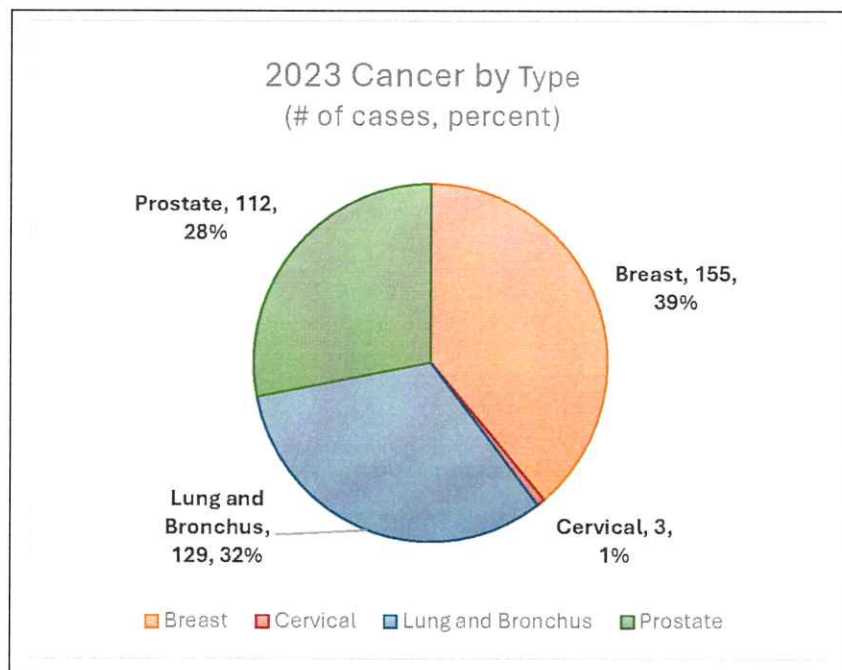
Condition	% of Total Respondents Diagnosed	% Diagnosed (income <\$50K)
High Blood Pressure	36.5%	43.8%
High Blood Cholesterol	37.6%	42.5%
Angina or coronary heart disease	6.4%	7.1%
Arthritis	41.3%	47.3%
Asthma	16.1%	23.1%
Diabetes	10.5%	21.7%
Cancer (at some time in their life)	6.6%	10.5%
Obesity Prevalence	36.2%	37.1%

2023 Cancer by Type in Trumbull County

Cancer Type	2023
Breast	155
Cervical	3
Lung and Bronchus	129
Prostate	112
Total	399

The leading types of Cancer in order from highest to lowest within Trumbull County by case count and percentage are:

- Breast,
- Lung and Bronchus,
- Prostate,
- And Cervical.



Oral Health

Cavities are one of the most common chronic conditions in the United States. According to the CDC's Division of Oral Health, oral health has been linked with other chronic diseases such as diabetes and heart disease as well as risk behaviors such as using tobacco and eating and drinking foods and beverages high in sugar. They also state that oral health affects self-esteem, school performance and attendance at work and school. Of the approximate 400 Trumbull County respondents to the CHOS, 42.1% or 168 individuals stated that dental services have become cost prohibitive, and they cannot afford to frequent the dentist on a regular basis. The following data from the BRFSS (Behavioral Risk Factor Surveillance System) regarding oral health in Ohio in 2022 is displayed below.

Tooth Extractions

Extractions	% of Total Ohioans responding to the BRFSS
Had Any Permanent Teeth Extracted	44%
Had All Their Natural Teeth Extracted <i>(Ages 65 & Older)</i>	15.7%

Mental Health and Substance Abuse in Trumbull County

Poor mental health is major contributor to poor physical health. Stress and anxiety are known causes of chronic disease, and depression can lead someone to fail to prioritize maintaining/improving their personal health and/or their family's health. Adult respondents to the CHOS in Trumbull County at minimum reported an average of 5 mentally unhealthy days per month. According to County Health Rankings for the year 2021:

Trumbull County adults reported:

<u>Comparisons</u>	<u>% of adults in county</u>
Reported poor Mental Health 2 or More Weeks in a month	17.1%
Mahoning County (Peer County)	16.1%
Allen County (Peer County)	16.2%
Ohio	15.5%

Mental Health Conditions among Medicare recipients in Trumbull County 2018 (Prevalence):

Source CMS Chronic Conditions

<u>Issues recipients</u>	<u>% of</u>
Depression	18%
Schizophrenia/Other Psychotic Disorder	2.6%

Mental Health – Depression (CHOS Respondents):

In Trumbull County, CHOS participants were asked to answer the following question: *In the past 6 months, have you or a household member experienced feeling down or sad for more than 2 weeks?* Below are the percentages of respondents for yes answers portioned upon educational attainment and income level. A strong correlation between the presence of depression and lower socio-economic status is demonstrated.

Bachelor's degree or more	Less than bachelor's degree	\$50,000 or more	Less than \$50,000
38.1%	35.3%	32.9%	50.4%

Approximately 45% of CHOS respondents who answered yes to the previous depression question did not receive treatment of any kind. When once again taking into consideration education and income level, this percentage rises to 51% for those with less than a bachelor's degree, and nearly 48% for those who make less than \$50,000 annually. Of the Trumbull County respondents reporting themselves or a family member recently feeling down or sad for at least 2 weeks, about 5% considered harming themselves, and of those respondents who considered harming themselves, nearly 32% did not receive treatment. Partitioning by education and income level again, this percentage of respondents not receiving treatment rises to nearly 38% for those with less than bachelor's degree, and 57.1% for those who make less than \$50,000 annually.

Adult Tobacco Use

- 22.6% of Trumbull County adults were current smokers (those who indicated they are currently using any kind of tobacco or nicotine product, including smokeless products or vapes on a daily basis.)
- In Trumbull County, nearly 93% of current smokers possess less than a bachelor's degree, and 83.3% of current smokers make less than \$50,000 annually.

Adult Alcohol Consumption

- Approximately 1/3 or 130 adult respondents to the CHOS from Trumbull County reported at least one instance of binge drinking in the past 30 days, which is defined as 5 or more drinks on an occasion.

Adult Drug Use

- An aggregate total percentage of 8.5 % of Trumbull County adult respondents to the CHOS had a friend or family member misuse common illicit drugs or misused substances such as prescription pain medication, cocaine/crack, heroin, and marijuana. Of those that answered yes to this question only 14.1% sought treatment.
- Education and income level had a statistically underpowered effect on the total aggregate percentage of those that misuse common illicit drugs or misused substances such as prescription pain medication, cocaine/crack, heroin, and marijuana by only showing a statistical difference of 2 tenths of a percent in both categories. With regard to seeking treatment and considering reported education and income levels, again the difference was statistically underpowered, hovering at roughly 14% as well.

Access to Mental Health and Substance Abuse service perceptions

CHOS respondents were asked two distinct questions regarding access to care for mental health and substance abuse. They were:

1. *What are the reasons for not seeking a program or treatment service? Of respondents with a friend or family member who has used drugs or misused prescription drugs in the past 12 months and did not seek treatment. Choose all that apply.*
 - a. **53.3%** of respondents just thought **treatment wasn't needed,**
 - b. **6.7%** of respondents **could not afford the cost associated with treatment,**

- c. And **6.1%** of respondents could **not afford to miss work for various reasons including loss of wage and possible termination,**
2. *Pease tell us whether you strongly agree, agree, disagree or strongly disagree with each of the next few statements thinking specifically about substance use services in your community:*
- Only **30%** of respondents (**9% for strongly agree, and 21% for agree**) believe that substance use and mental health **services are accessible and easy to find,**
 - Only **16%** of respondents (**5% for strongly agree, and 11% for agree**) believe that substance use and mental health **services are affordable,**
 - Only **15%** of respondents (**4% for strongly agree, and 11% for agree**) believe that substance use and mental health **services are high quality.**

Capacity and Distribution of Resources

Capacity of Available Health Care Services within Trumbull County

Having access to affordable and good quality foods is merely one facet of achieving a healthy lifestyle. Another facet in the complex equation of healthy lifestyles is available health care services within a respective geographic region. On average and per national guidelines developed by the American Academy of Family Physicians, an average patient should be seen by their physician or healthcare administrator 1 time per year.⁽³⁾ A study performed in 2022 further indicates that the national average for primary care physician appointments was at that time, 22.5 minutes.⁽⁶⁾ Furthermore the average primary care physician could handle a patient case load or “panel size” of nearly 2500 patients every 12 to 18 months and be both effective and sufficient in providing quality health care to their respective patients, resulting in a ratio of 2500:1. Utilizing this ratio as a standard and taking into consideration County Health Ranking data encompassed within the most recent Community Health Assessment , Trumbull County has the following “number of patients to provider ratios”⁽¹⁰⁾: It is important to note that according to a publication with the National Library of Medicine entitled “*Considerations for Patient Panel Size*” from 2022, in order to accommodate a panel size of 2,500 patients every 12 to 18 months, a physician would have to work on average 21.7 hours per day.

<u>Primary Care Physicians</u>	<u>Dentists</u>	<u>Mental Health Providers</u>
92 Physicians <small>(includes MD and DO)</small>	107 Dentists	332 Mental Health Providers
Ratio: 2,195:1	Ratio: 1,887:1	Ratio: 608:1

When comparing Trumbull County to other peer counties with similar demographics and characteristics using a weighted scale source of grading (0-100), regarding access to care, Trumbull County scores a 48 out of a possible 100. Trumbull County further scores the lowest for the number of available hospital beds per 1,000 people when compared to its peer counties, the state, and the national average per 1,000 people. When compared to all these other groups, Trumbull County only has 2.4 available beds per 1,000 people, while their peer counties average 3.0 per 1,000, the state averages 4.1 per 1,000, and the national average is 2.7 per 1,000.

Based upon data provided by Reference Solutions Data Axle for 2023, a list of all the available healthcare providers in Trumbull County is compiled below:

- 2 Hospitals (Mercy Health St. Josephs of Warren and Trumbull Regional Medical)
- 92 Primary Care Physicians
- 107 Dentists
- 5 Urgent Care Facilities
- 2 Health Departments (Warren City and Trumbull County)
- 1 FQHC (Federally Qualified Health Care) provider
- 53 Pharmacies
- 1 Planned Parenthood
- 1 VA Clinic
- 546 Specialists (including):
 - 43 General Surgeons
 - 14 Audiologists
 - 25 Cardiologists 16 Orthopedic Surgeons
 - 54 Chiropractors
 - 3 Dermatologists
 - 1 Endocrinologist
 - 14 Gastroenterologists
 - 5 Hematologist
 - 5 Nephrologist
 - 9 Neurologist
 - 12 Nurse Anesthetist
 - 21 for Obstetrics and Gynecology
 - 3 Occupational Therapist
 - 3 Ophthalmologists
 - 24 Optometrists
 - 7 Orthodontists
 - 5 for Pain Management Physicians
 - 52 Pediatricians
 - 136 for Physical Medicine and Rehabilitation
 - 22 Physician Assistants
 - 16 Orthopedic Surgeons

Healthcare Providers by Zip Code

Zip	City/ Township	# Primary Care Physicians	# Specialists	# Dentists	# Pharmacies	# FQHC	# Hospitals
44076	Greene	0	0	0	0	0	0
44402	Bristol	0	0	0	0	0	0
44403	Brookfield	2	2	1	2	0	0
44404	Hartford	0	0	0	0	0	0
44410	Bazetta/ Cortland City	4	20	2	4	0	0
44417	Gustavus	0	0	0	0	0	0
44418	Fowler	0	1	0	0	0	0
44420	Girard	5	6	2	2	0	0
44425	Hubbard/ Hubbard City	4	6	2	3	0	0
44428	Kinsman	2	1	0	0	0	0
44430	Braceville/ Warren Twp	0	0	0	0	0	0
44437	McDonald Village	0	0	0	0	0	0
44438	Brookfield	0	0	0	0	0	0
44440	Weathersfield	1	0	0	0	0	0
44444	Newton/ Newton Falls	3	1	0	2	1	0
44446	Niles City	11	13	7	6	0	0
44450	Bloomfield/ Mesopotamia	0	0	0	0	0	0
44470	Southington	0	0	0	0	0	0
44473	Vienna	1	0	2	0	0	0
44481	Champion/ Lordstown/ Warren Twp/ Warren City/ Weathersfield	0	1	1	5	0	0
44483	Warren Twp/ Champion/ Howland/ Warren City	16	36	7	7	1	2
44484	Warren City/ Howland	7	69	7	5	1	0
44485	Warren City	4	6	1	1	1	0
44491	Farmington	0	0	0	0	0	0
44505	Liberty	0	0	0	0	0	0

Gaps in Services based on Location

The Trumbull County Combined Health District (TCCHD) has created an online tool through the use of ArcGIS technology known as the Access to Care web app for Trumbull County Ohio. (Insert web address here). As evidenced within the web app, a significant cluster of available healthcare resources is centered primarily around the highly populated areas of Warren, Cortland, Hubbard, Newton Falls, Weathersfield, Howland, Liberty and Niles, which are all located in the southern region of the county. Additionally, when comparing the healthcare locations with the areas of poverty, lower life expectancy and higher instances of chronic disease which are identified with the layering capability provide within the web app, viewers can see that the healthcare facilities are centered around the populations experiencing the greatest disparities. Thus, other factors such as socioeconomic and health behaviors are possible causes for the gaps encountered when attempting to access care in these areas.

Furthermore, the density of services creates a gap in available healthcare services for Trumbull County residents living in the mainly rural areas of the county. Although less populated, a large portion of the northern third of the county have no healthcare resources located within a five-mile radius. This is especially significant for Trumbull County's 5100 Amish residents (approximately) living mainly in the northwest townships of Mesopotamia, Farmington and Bloomfield. Due to their religious beliefs, Amish residents still use a horse-drawn buggy as their primary mode of transportation and their homes lack modern technology and communication devices, making reliable and fast transportation to a health care facility (when needed) a significantly large gap to overcome in these areas.

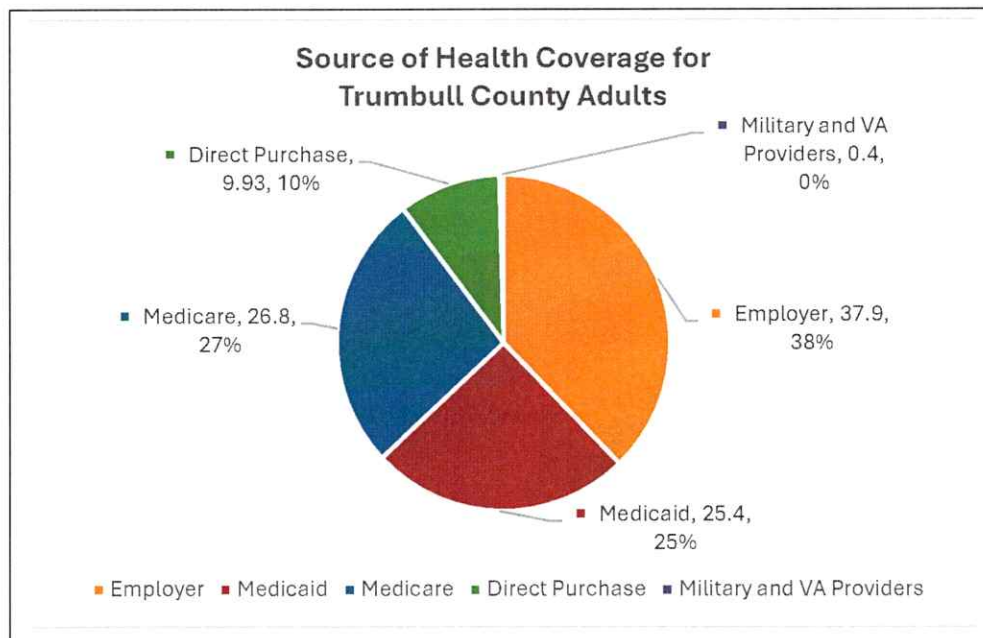
Insured/Uninsured/Under-Insured

According to the most recent census data (American Community Survey in 2023), 90.9% or 183,597 of Trumbull County's 201,977 residents have health insurance of some kind, leaving 9.1% or 18,380 residents uninsured. This percentage of uninsured is higher in those residents who live at or below the 250% federal poverty level with an average of 12%. The following is breakdown of sources of healthcare coverage for Trumbull County Residents.

Source of Healthcare coverage listed by percentage:

Source	Percentage of Total Population
Employer	37.9%
Medicaid	25.4%
Medicare	26.8%
Direct Purchase	9.93%
Military and VA Providers	0.40%

With regard to healthcare coverage and the percentage of the population that possesses such, the percentage of Trumbull County residents without health insurance is worse than the Ohio state average of 7.8%, but better than the National average percentage of 12.5, as well as the other peer group counties with similar demographics and characteristics, which stands at 12.0%.



Additional Barriers to Care and Treatment

Poverty, socioeconomic status (including lower income level), food access and available resources are external influences that can affect an individual's overall health. Yet additional barriers can exist through the perception of the individual and therefore affect their overall health. From the respondents to the Community Health Opinion Survey, the following categories are represented:

Medical Care Received

- **76%** of respondents received medical care from a **doctor's office** in the past 12 months.
- **14%** of respondents received medical care from an **Urgent Care facility** in the past 12 months.
- **20%** of respondents did also report having issues **getting health care** in the past 12 months.

Reasons for NOT getting Health Care Included:

<u>Reason</u>	<u>% of CHOS Respondents</u>
Insurance would not cover what was needed	28.7%
Not enough providers offer the service	26.4%
No appointments available in the timeframe needed	17.2%
Provider or office would not take my insurance or Medicaid	18.4%
Cost was too high	23.0%
Provider or office hours didn't work with my schedule	21.8%
Service was not available in the area	12.6%
Provider or office was too far away	8.0%
No health insurance	6.9%
Faced discrimination based on race, disability status, & other discrimination in the healthcare system	5.7%
Did not know where to go	2.3%
No way to get there (In Warren City only within Trumbull County)	16.7%

Provider type that CHOS respondents were unable to access for Health Care:

<u>Type</u>	<u>% of CHOS Respondents</u>
Specialist	27.9%
General Practitioner/Primary Care Physician	27.9%
Mental Health Care Provider	24.4%
Dentist	20.9%
Pharmacy	15.1%
Hospital	14.0%
Eye care/optometrist/ophthalmologist	10.5%
Medical Testing of any sort	10.5%
OB/GYN	7.0%
Urgent Care	5.8%
Pediatrician	2.3%

Visiting a Dentist

- Almost 70% of respondents visited the dentist or dental clinic in the past 12 months.

Reasons for NOT Visiting a Dentist or Dental Clinic Included (Top 5):

<u>Reason</u>	<u>% of CHOS respondents</u>
Cost (Too expensive or can't afford the services)	42%
Fear of dentist	28%
Haven't needed to go	20%
Concerns about Covid-19	27.1%
I don't have a dentist	13.6%

Drug or Alcohol Treatment

- 15% of respondents had used a program or service to help with and alcohol or drug problem for themselves or a loved one

Types of illicit or misused prescription drugs used by CHOS respondents % of CHOS respondents:

Marijuana	16.7%
Prescription Pain Medication	5.9%
Cocaine or crack	3.8%
Heroin	2.9%

Reasons for NOT Receiving Drug or Alcohol Treatment Included (Top 5):

<u>Reason</u>	<u>% of CHOS respondents:</u>
Believe no services are needed	53.3%
Have not thought of it	18.3%
Cannot afford to go	6.7%
Did not want to miss work	5.0%
Prefer not to answer	1.7%

Adults reported the following reasons for using the Emergency Room (ER) for their healthcare:

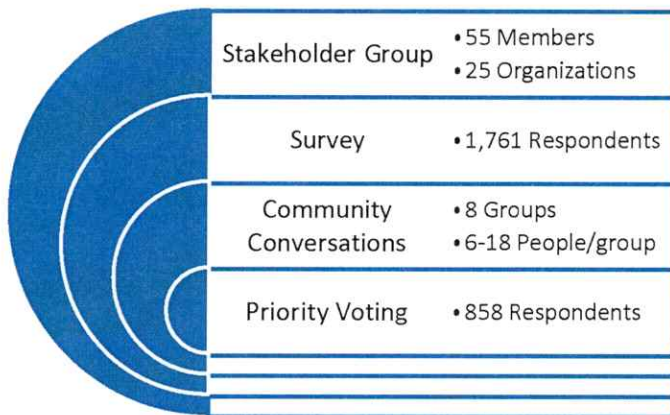
<u>Reason</u>	<u>% of Respondents Who Looked</u>
Serious Illness/Injury	55%
Their Doctor Told Them to Go	14%
Could Not See Primary Care Physician Due to Time of Day/Too Long Wait	13%
What They've Always Done/What They're Used to	3%
No Primary Care Physician	1%

Unable to Locate a Specific Program for Assistant with Treatment of a Specific Illness or Disorder:

<u>Illness/Disorder</u>	<u>% of Respondents Who Looked</u>
Depression or Anxiety	12%
Elder care	12%
Disability	13%
Marital/Family Problems	23%

Weight Problems	19%
Alcohol Abuse	29%
Detox for Opiates	26%
Tobacco Cessation	11%

Focus Group Reports



The following information is taken directly from the Focus Group Reports contained in the CHNA, and performed by the Mahoning and Trumbull Counties Health Partners (MTCHP) CHNA team. For more details regarding the focus groups and their comments, refer to the Focus Group and Community Engagement, and Community Conversation Methods sections of the CHNA. The information listed below was given by focus group participants.

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 Trumbull and Mahoning 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. 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 Trumbull and Mahoning Counties, these experiences cannot be generalized to represent the entire county.

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. Difficulty accessing specialty care particularly due to long wait times were observed in Community Conversations. A 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 non-conforming people.¹⁴ Transgender and non-binary individuals experience an increased risk of poor health outcomes 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 trans, non-binary, and gender non-conforming youth ¹⁶. The results of this state action will have an impact on the care available in Trumbull and Mahoning Counties for people seeking gender-affirming care.

Trumbull County Emerging Issues that can adversely impact Access to Care Initiatives:

Many negative emerging issues are coming about within Trumbull County including:

- Potential loss of one of only two remaining hospitals within Trumbull County,
- Only one hospital in Trumbull County offers Labor and Delivery services for expectant mothers,
- The potential rescission of Medicaid expansion continues,
- The continued Opioid addiction crisis,
- And, the loss of another employer (Lordstown Motors in 2023), who had originally replaced the General Motors plant that was closed in 2019.

Some positive emerging issues include:

- A new large lithium battery producing plant in Lordstown Ohio, known as Ultium is online and has begun production.

Potential Healthcare Facility Loss:

On August 21, 2024, Steward Health Care announced the expected closure of their “for profit” Trumbull Regional Medical center and Hillside Rehabilitation Center on September 20, 2024. Both facilities provide many vital services to the residents of Trumbull County including a fully functional Emergency Room, inpatient services, rehabilitation services, as well as a residency program that conducts title 10 reproductive services and other healthcare services for uninsured and underinsured individuals. On August 24th, 2024, the medical center stopped accepting new patients, and in doing so, placed a temporary strain upon the only remaining hospital in the region, which lead to greater wait times for patients to access the care they needed. A collaborative committee made up of local physicians, elected officials, city and county officials, and community organizers and members banded together and began a fund-raising and informative campaign to raise awareness regarding the slated closure, and the negative impact the current new patient ban and slated closure both could have on the region with regard to patient wait times, quality of care, and overall access to care. On August 26th, 2024, a local non-profit group in collaboration with the collaborative committee announced that they raised the necessary funding to temporarily acquire both facilities and maintain operations until a new ownership of the facilities could fully transition into operations, insuring continuity of operations. However, this temporary agreement and the intentions of the new ownership remain unknown, and the possibility for full closure under new ownership is still possible at this point.

Only one hospital in Trumbull County offers limited Labor and Delivery services for expectant mothers:

The only remaining hospital system to offer Labor and Delivery services in Trumbull County is the “non-profit” Mercy Health/St. Joes, the second of the only two hospital systems in Trumbull County. The next nearest hospital system (Summa Health Labor and delivery Triage) not affiliated with Mercy Health that can perform labor and delivery services is located in Akron, Ohio (roughly 50 miles away). Often, many

expectant mothers in Trumbull County are transferred to the Mercy Health Location in Boardman Ohio, which is roughly 30 miles/40 minutes away from Trumbull County/Warren area. In totality, only 700-1000 (on average) births/deliveries are performed in Trumbull County on an annual basis.

The potential rescission of Medicaid expansion continues:

The threat of Medicaid rescission continues to be a persistent issue within Trumbull County. With the

STRATEGY AC4: Facilitate provision of data and identification of community champions for policies that promote access to care (e.g. retaining Medicaid expansion)	
Sub-Strategy AC4a Monitor attempts by parties in Ohio to weaken or rescind expansion of Ohio Medicaid under the ACA	
Trumbull Agency Lead: Trumbull County Mental Health and Recovery Board (TCMHRB)	
Timeline: Continuous monitoring of Ohio Medicaid and ACA	
Methods: 1. Monitor news releases from state and national policy organizations (e.g. Center for Community Solutions, Healthy Policy Institute of Ohio, Bazelon Center for Mental Health Law), trade associations (e.g. Ohio Association of County Behavioral Health Authorities and Family Service Providers) regarding rescinding or weakening Medicaid (e.g. establishing work requirements, medical savings account requirements).	Assisting Agencies/Groups: All agencies and partners
Performance Measures How much? <ul style="list-style-type: none"># of individuals eligible for Medicaid within Trumbull County. How well? <ul style="list-style-type: none"># of eligible individuals who successfully gain access to and receive Medicaid coverage,% of eligible individuals getting Medicaid. <i>*The gap between the how much and how well metric will be measured on an annual basis (through %) and compared with previous years to further measure how well we are doing with this measure.</i>	Monitoring & Evaluation: Lead: TCMHRB Plan for Tracking Progress: Annually

drafting of the most Community Health Improvement Plan (CHIP), Access to Care was identified as one of the three main priorities addressed within the CHIP. One of the objectives within the CHIP addresses the possible rescission of Ohio Medicaid, and is listed below on the next page:

The continued Opioid Addiction crisis:

Trumbull County saw a very modest decline in drug overdose death due to Opioid addiction in 2023, from 125 deaths in 2022 to 105 in 2023. The number of non-fatal overdoses also slightly declined from 633 in 2022, to 617 in 2023. The Trumbull County Mental Health and Recovery Board who oversees these statistics is not overtly optimistic that these declines are positive trends considering that the 2022 statistics represented a significant surge in the number of overdose deaths and non-fatal overdoses, due in part to the ongoing Covid-19 pandemic. The number of overdose deaths prior to the pandemic in 2019 was only 92. Strides have been made in providing more readily available and easily accessible countermeasures to counter and prevent overdose deaths such as naloxone kits and distribution kiosks throughout Trumbull County, however, much like the approach to combat overdoses deaths has experienced evolution, so has the formulation of these opioid based drugs experienced evolution that has contributed to these surge statistics. Fentanyl laced into crack/cocaine has accounted for nearly 25% of the overdose deaths recorded. In addition to all this, Trumbull County prosecutors and law enforcement agencies are also reluctant to integrate "harm reduction" protocols into their existing protocols and procedures. This serves to exacerbate the addiction crisis because these individuals experiencing addiction are facing legal repercussion for their actions, while simultaneously not addressing the root cause of the addiction, which statistically leads to recidivism.

Loss of another employer (Lordstown Motors in 2023), who had originally replaced the General Motors plant that was closed in 2019:

In 2019, Lordstown Motors was formulated to resurrect the building and workforce void left by the exit of General Motors in late 2018. An estimated 4,300 workers lost their jobs when General Motors closed and Lordstown Motors only employed roughly 300 workers. These two numbers not only pale in comparison, but they also represent the continued attenuation of employer-based health care insurance within Trumbull County considering that both facilities have since closed. In totality, the estimated financial impact of the plants closures (with regard to healthcare) and considering ambulatory health care and hospitals as two related industry sectors affected by such is roughly \$7.4 million dollars.

A new large lithium battery producing plant in Lordstown Ohio, known as Ultium is online and has begun production:

In January of 2024, Ultium cell a large electric battery producing plant for electric vehicles began production. Ironically, this plant, is owned in part by General Motors in collaboration with LG energy solutions. This plant currently employs roughly 1,100 individuals and has production ramps up, it will have the capacity to employ nearly 1,700. The employees are subject to employer-based healthcare insurance, and the sheer number of potential employees receiving the employer-based healthcare insurance represents the largest influx of jobs into the area in more than a decade, and greatly increases the possibility and likelihood of many Trumbull County being afforded the opportunity to access the healthcare they need.

Increasing Accessibility to Health Care Services in Trumbull County

TCCHD and its partners recently completed the Trumbull County Community Health Assessment (CHA). Much of the data used in this report was collected through the CHA process. TCCHD and its partners also completed the full develop a Community Health Improvement Plan (CHIP). At the time that this Addendum was completed, all Trumbull/Warren Community Health Improvement Partnership stakeholders have identified Access to Care as one of its main three priorities areas. Strategies to address Access to Care were built into the CHIP. As part of the CHIP process, Health Care System and Access to Care data as included in this report as well as any additional information developed through the CHIP will be updated and reviewed on an annual basis. Any change in strategies will be based on an annual review of the data in combination with the improvements or lack of improvements that have been made in the previous year.

