

DELIVERED BY:



2025 MAHONING TRUMBULL COMMUNITY HEALTH PARTNERS (MTCHP) COMMUNITY HEALTH ASSESSMENT

PUBLISHED JULY 2025



TABLE OF CONTENTS

NOTE FROM MAHONING TRUMBULL COMMUNITY HEALTH PARTNERS.....	3
ACKNOWLEDGMENTS.....	4
INTRODUCTION.....	5
WHAT IS A COMMUNITY HEALTH ASSESSMENT (CHA)?	
OVERVIEW OF THE PROCESS	
STEP 1: PLAN AND PREPARE FOR THE ASSESSMENT.....	8
BRIEF SUMMARY OF 2022 CHA	
WRITTEN PUBLIC COMMENTS TO 2022 CHA	
2023-2025 PRIORITY HEALTH NEEDS AND IMPACT EVALUATION OF IMPLEMENTED STRATEGIES	
STEP 2: DEFINING THE MAHONING TRUMBULL SERVICE AREA.....	11
DEMOGRAPHICS AT-A-GLANCE	
STEPS 3-5: IDENTIFY, UNDERSTAND AND INTERPRET THE DATA.....	15
PRIMARY & SECONDARY DATA COLLECTION	
KEY INFORMANT INTERVIEWS	
FOCUS GROUPS	
THINGS PEOPLE LOVE ABOUT THE COMMUNITY	
TOP COMMUNITY PRIORITIES	
TOP FINDINGS FROM FOCUS GROUPS	
COMMUNITY MEMBER SURVEY AND RANKING OF HEALTH NEEDS	
2025 HEALTH NEEDS: COMMUNITY CONDITIONS (IN ORDER AS RANKED BY THE PUBLIC).....	29
#1: ACCESS TO HEALTHCARE.....	30
#2: INCOME/POVERTY & EMPLOYMENT.....	32
#3: CRIME & VIOLENCE.....	34
#4: FOOD INSECURITY.....	35
#5: NUTRITION & PHYSICAL HEALTH.....	37
#6: SUBSTANCE USE DISORDER/SUBSTANCE MISUSE.....	40
#7: HOUSING & HOMELESSNESS.....	42
#8: ADVERSE CHILDHOOD EXPERIENCES.....	44
#9: TRANSPORTATION.....	45
#10: EDUCATION.....	47
#11: ACCESS TO CHILDCARE.....	49
#12: PREVENTIVE CARE & PRACTICES.....	51
#13: ENVIRONMENTAL CONDITIONS.....	53
#14: INTERNET ACCESS.....	54
#15: TOBACCO & NICOTINE USE.....	55
2025 HEALTH NEEDS: HEALTH OUTCOMES (IN ORDER AS RANKED BY THE PUBLIC).....	57
#1: MENTAL HEALTH.....	58
#2: CHRONIC DISEASES.....	60
#3: MATERNAL, INFANT, & CHILD HEALTH.....	62
#4: INJURIES.....	64
#5: HIV/AIDS & STIS.....	65
LEADING CAUSES OF DEATH.....	66
IDEAS FOR CHANGE FROM OUR COMMUNITY.....	67
CURRENT PARTNERS AND RESOURCES ADDRESSING PRIORITY HEALTH NEEDS.....	71
STEP 6: DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS.....	73
CONCLUSION AND NEXT STEPS.....	75
APPENDICES	
APPENDIX A: IMPACT AND PROCESS EVALUATION.....	77
APPENDIX B: BENCHMARK COMPARISONS.....	90
APPENDIX C: YOUNGSTOWN CITY ADDENDUM.....	92
APPENDIX D: WARREN CITY ADDENDUM.....	113
APPENDIX E: KEY INFORMANT INTERVIEW PARTICIPANTS.....	132
APPENDIX F: FOCUS GROUP PARTICIPANTS.....	136
APPENDIX G: COMMUNITY MEMBER SURVEY.....	139
APPENDIX H: PHAB CHA REQUIREMENTS CHECKLIST.....	149
APPENDIX I: REFERENCES.....	151

A NOTE FROM MAHONING TRUMBULL COMMUNITY HEALTH PARTNERS



Mahoning Trumbull Community Health Partners (MTCHP) strives to bring together people and organizations to improve community wellness. The Community Health Assessment process is one way we can live out our mission. In order to fulfill this mission, we must be intentional about understanding the health issues that impact residents and work together to create a healthy community.

A primary component of creating a healthy community is assessing the needs and prioritizing those needs for impact. In 2025, MTCHP partnered to conduct a comprehensive Community Health Assessment (CHA) to identify primary health issues, current health status, and other health needs. The results from the assessment provide critical information to those in a position to make a positive impact on the health of the service area's residents. The results also enable the community to measure impact and strategically establish priorities in order to develop interventions and align resources.

The 2025 MTCHP CHA would not have been possible without the help of numerous community organizations, acknowledged on the following pages. It is vital that assessments such as this continue so that we know where to direct our resources and use them in the most advantageous ways.

The work of public health is a community job that involves individual facets, including our community members and organizations, working together to be a thriving community that supports health and well-being at home, work, and play.

Conducting the CHA and publishing this report relies on the participation of many individuals in our community who committed to participating in interviews and focus groups, and completing our community member survey. We are grateful for those individuals who are committed to promoting the health of the community, just as we are, and take the time to share their health concerns and ideas for improvement.

Sincerely,

Dr. Ruth Quarles

Dr. Ruth Quarles, MD
Health Commissioner
Warren City Health Department

John May

John May
Deputy Health Commissioner
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Youngstown Combined Health District

ACKNOWLEDGEMENTS



This Community Health Assessment (CHA) was made possible thanks to the collaborative efforts of Mahoning Trumbull Community Health Partners (MTCHP), community partners, local stakeholders, non-profit partners, and community residents. Their contributions, expertise, time, and resources played a critical part in the completion of this assessment.

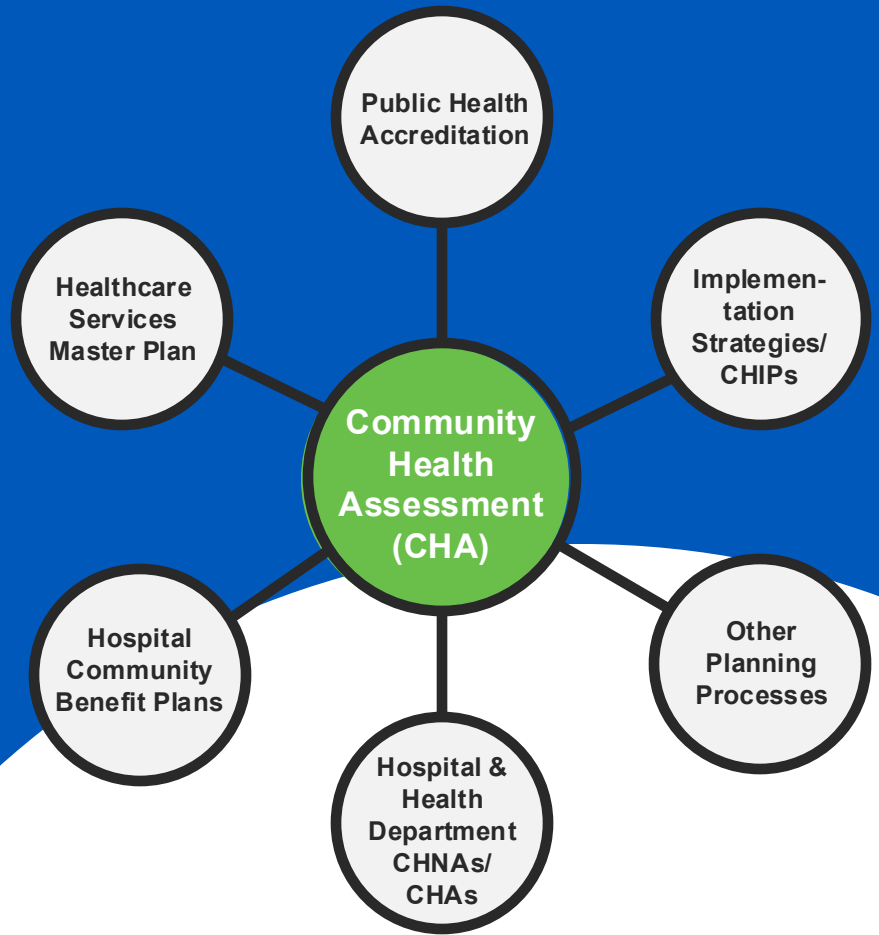
MTCHP WOULD LIKE TO RECOGNIZE THE FOLLOWING ORGANIZATIONS FOR THEIR CONTRIBUTIONS TO THIS REPORT:

- | | |
|---|---|
| Akron Children's Hospital | Rescue Mission of Mahoning Valley |
| City of Youngstown | SCOPE Senior Center |
| Direction Home of Eastern Ohio | The D5 Group |
| Eastgate Regional Council of Governments | Trumbull County Combined Health District |
| Healthy Community Partnership,
Community Foundation of the Mahoning Valley | Trumbull County Mental Health and Recovery
Board |
| Holy Trinity Baptist Church | Trumbull Neighborhood Partnership |
| J.E. Washington Funeral Home | Warren City |
| Mahoning Youngstown Community Action
Partnership (MYCAP) | Warren City Health District |
| Mahoning County Mental Health & Recovery Board | Warren City Schools |
| Mahoning County Public Health | Warren Family Mission |
| Mercy Health Foundation Mahoning Valley | Youngstown City Health District |
| Midlothian Free Clinic | Youngstown City Schools |
| Moxley Public Health, LLC | Youngstown Foundation |
| Ohio Farm Bureau | Youngstown Neighborhood Development
Corporation |
| Ohio State University Extension Office | Youngstown State University |
| Raymond John Wean Foundation | |



INTRODUCTION

WHAT IS A COMMUNITY HEALTH ASSESSMENT?



A **Community Health Assessment (CHA)** is a tool that is used to guide community benefit activities and for several other purposes. For hospitals, it is used to identify and address key health needs and supports the development of community benefit plans mandated by the Internal Revenue Service (IRS). For health departments, it is used to identify and address key health needs and supports the requirements for accreditation through the Public Health Accreditation Board (PHAB). The data from a CHA is also used to inform community decision-making: the prioritization of health needs and the development, implementation, and evaluation of an Improvement Plan (CHIP).

A CHA is an important piece in the development of a CHIP because it helps the community to understand the health-related issues that need to be addressed. To identify and address the critical health needs of the service area, Mahoning Trumbull Community Health Partners utilized the most current and reliable information from existing sources, in addition to collecting new data through interviews, focus groups, and a survey with community residents and leaders.

OVERVIEW OF THE PROCESS



In order to produce a comprehensive Community Health Assessment (CHA), Mahoning Trumbull Community Health Partners (MTCHP) followed a process that included the following steps:

STEP 1: Plan and prepare for the assessment.

STEP 2: Define the community.

STEP 3: Identify data that describes the health and needs of the community.

STEP 4: Understand and interpret the data.

STEP 5: Define and validate priorities.

STEP 6: Document and communicate results.



Affordable Care Act Requirements

Enacted on March 23, 2010, the Affordable Care Act (ACA) provided guidance at a national level for CHAs for the first time. Federal requirements included in the ACA stipulate that hospital organizations under 501(c)(3) status must adhere to new 501(r) regulations, one of which is conducting a Community Health Assessment (CHA) and Implementation Strategy every three years.

Accreditation Requirements

The Public Health Accreditation Board (PHAB) Standards & Measures serves as the official guidance for PHAB national public health department accreditation and includes requirements for the completion of Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) for local health departments.

Ohio Department of Health Requirements

The Ohio Department of Health (ODH) is required by state law to provide guidance to hospitals and local health departments on Community Health (Needs) Assessments (CHAs/CHNAs) and Implementation Strategies/Improvement Plans (CHIPs). In July 2016, HB 390 (ORC 3701.981) was enacted by Ohio in order to improve population health planning in the state by identifying health needs and priorities by conducting a CHA/CHNA and subsequently developing an Implementation Strategy/CHIP to address those needs in the community.

**THE 2025 MTCHP CHA MEETS ALL OHIO
DEPARTMENT OF HEALTH AND FEDERAL REGULATIONS.**

OVERVIEW

OF THE PROCESS (CONTINUED)



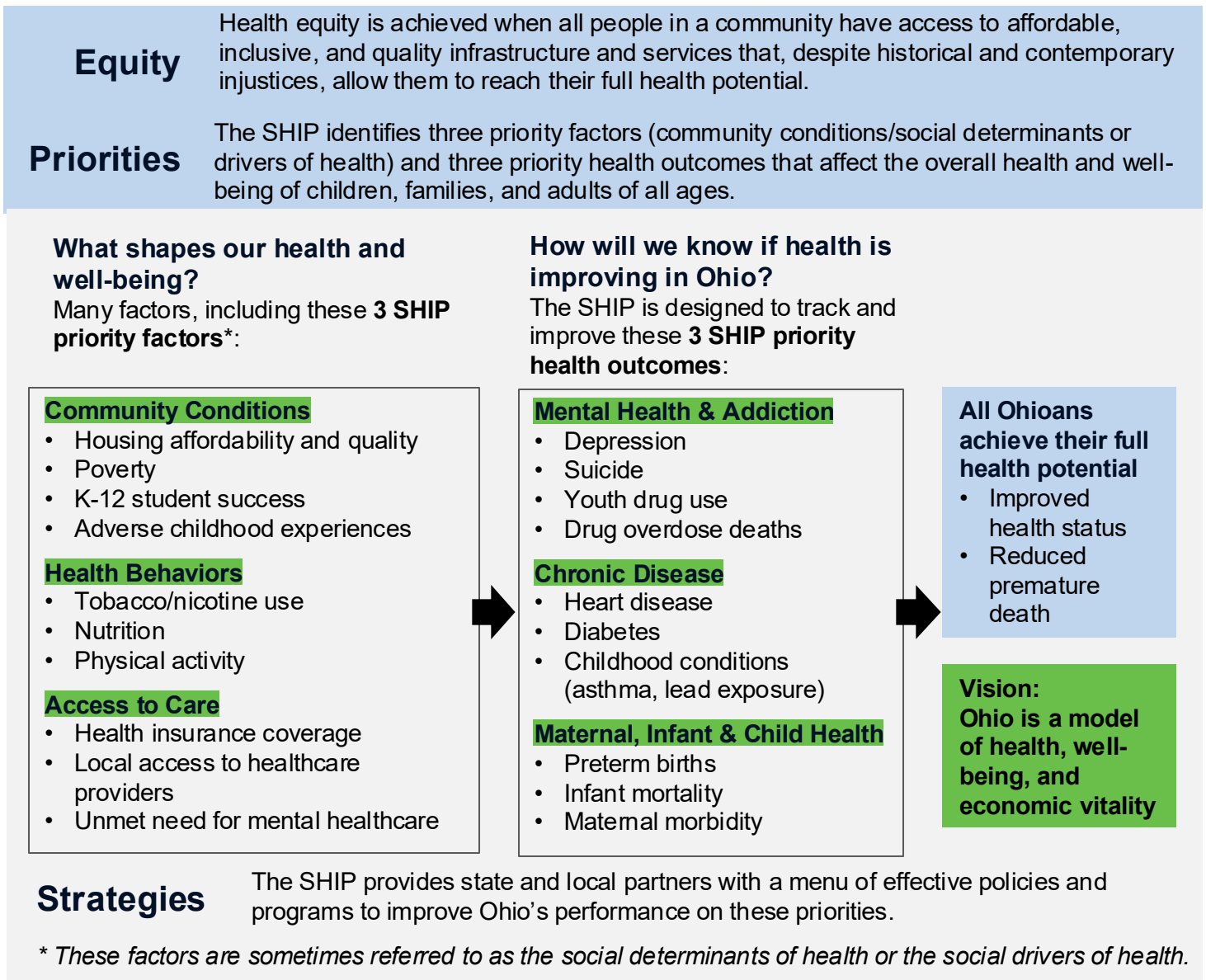
Ohio Department of Health (ODH) Requirements

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

Mahoning Trumbull Community Health Partners (MTCHP) desired to align with the priorities and indicators of the Ohio Department of Health (ODH). To do this, they used the following guidelines when prioritizing the health needs of their community.

First, MTCHP used the same language as the state of Ohio when assessing the factors and health outcomes of their community in the 2025 MTCHP Community Health Assessment (CHA).

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



STEP 1 PLAN AND PREPARE FOR THE ASSESSMENT



IN THIS STEP, MAHONING TRUMBULL COMMUNITY HEALTH PARTNERS:

- ✓ DETERMINED WHO WOULD PARTICIPATE IN THE NEEDS ASSESSMENT PROCESS
- ✓ PLANNED FOR COMMUNITY ENGAGEMENT
- ✓ ENGAGED HEALTH DEPARTMENT AND HOSPITAL LEADERSHIP
- ✓ DETERMINED HOW THE COMMUNITY HEALTH ASSESSMENT WOULD BE CONDUCTED
- ✓ DEVELOPED A PRELIMINARY TIMELINE

PLAN AND PREPARE

Mahoning Trumbull Community Health Partners (MTCHP) began planning for the 2025 MTCHP Community Health Assessment (CHA) in 2024. They involved health department and hospital leadership, kept partnership members informed of the assessment activities, allocated funds to the process, and most importantly, engaged the community through various established relationships with leaders of organizations and people populations, in collaboration with Moxley Public Health.

The assessment team worked together to formulate the multistep process of planning and conducting a CHA. They then formed a timeline for the process.

“

Community health assessments (CHAs) are the foundation for improving and promoting the health of community members. The role of a community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors.

- Catholic Health Association

”



PREVIOUS COMMUNITY HEALTH ASSESSMENT (CHA) & COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)



PREVIOUS CHA (2022) AND CHIP

In 2022, Mahoning Trumbull Community Health Partners (MTCHP) conducted its previous CHA. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHA. The CHIP associated with the 2022 MTCHP CHA addressed chronic disease, mental health, and substance use.

The previous CHA was made available to the public on the following website:

<https://www.mahoninghealth.org/wp-content/uploads/Mahoning-County-CHNA-Report-2022.pdf>
(Written comments on this report were solicited on the website where the report was posted.)

IMPACT/PROCESS EVALUATION OF 2022-2024 STRATEGIES

In collaboration with community partners, MTCHP developed and approved a CHIP report for 2022-2024 to address the significant health needs that were identified in the 2022 MTCHP CHA (chronic disease, mental health, and substance use). **Appendix A** describes the evaluation of the strategies that were planned in the 2022-2024 CHIP.



STEP 2

DEFINE THE MAHONING TRUMBULL COMMUNITY HEALTH PARTNERS SERVICE AREA



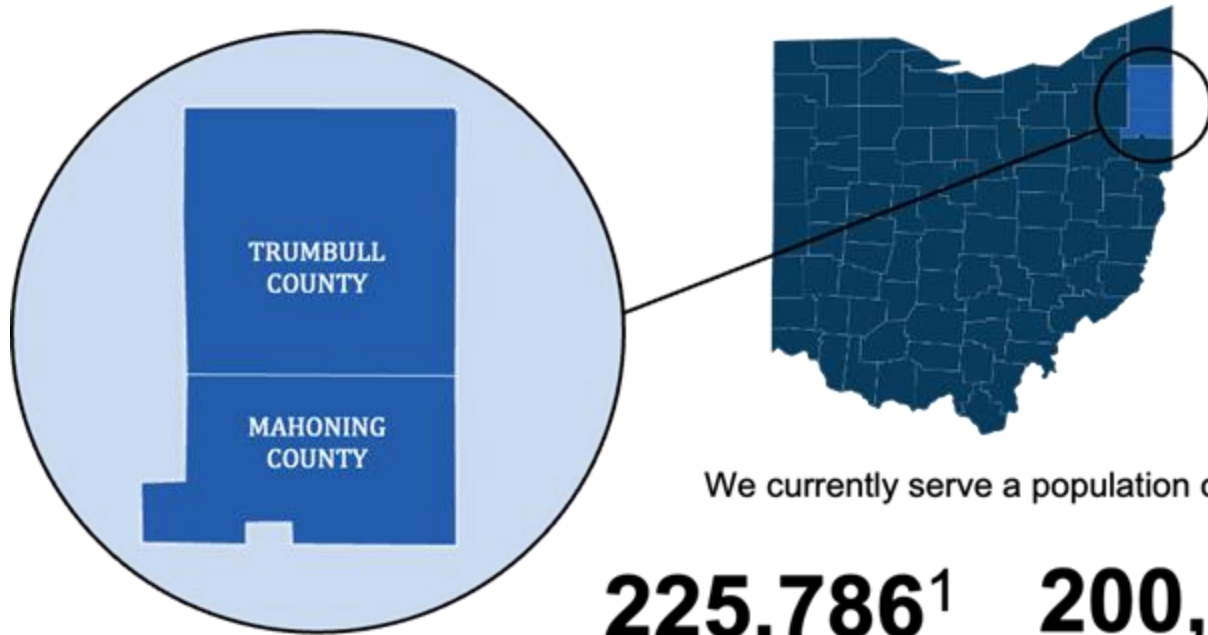
IN THIS STEP, MAHONING TRUMBULL COMMUNITY HEALTH PARTNERS (MTCHP):

- ✓ DESCRIBED MTCHP SERVICE AREA
- ✓ DETERMINED THE PURPOSE OF THE NEEDS ASSESSMENT

DEFINING THE MAHONING TRUMBULL COMMUNITY HEALTH PARTNERS SERVICE AREA



For the purposes of this report, Mahoning Trumbull Community Health Partners (MTCHP) defines their primary service area as being made up of Mahoning and Trumbull Counties, Ohio.



We currently serve a population of

225,786¹

MAHONING
COUNTY

200,300¹

TRUMBULL
COUNTY



DEFINING THE MAHONING TRUMBULL COMMUNITY HEALTH PARTNERS SERVICE AREA (CONT.)



MAHONING COUNTY SERVICE AREA		TRUMBULL COUNTY SERVICE AREA	
ZIP CODES			
44401	44471	44402	44473
44405	44481	44403	44481
44406	44490	44404	44482
44408	44501	44410	44483
44412	44502	44417	44484
44416	44503	44418	44485
44422	44504	44420	44486
44425	44505	44424	44488
44429	44506	44425	44491
44436	44507	44428	44497
44437	44509	44430	44504
44440	44510	44437	44505
44442	44511	44438	44509
44443	44512	44439	
44444	44513	44440	
44449	44514	44444	
44451	44515	44446	
44452	44555	44450	
44454	44609	44453	
44460	44672	44470	

MAHONING AND TRUMBULL COUNTIES AT-A-GLANCE



Mahoning County (**43.3**) and Trumbull County (**43.3**) both have **older** median ages than Ohio (**39.9**).¹

43.3

MAHONING
COUNTY
MEDIAN AGE

43.3

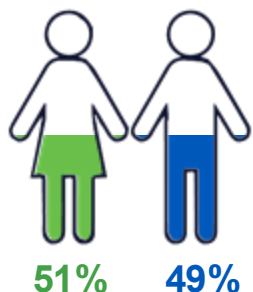
TRUMBULL
COUNTY
MEDIAN AGE

39.9

OHIO
MEDIAN AGE

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

51% of Mahoning County, Trumbull County, and Ohio residents are **women**.¹



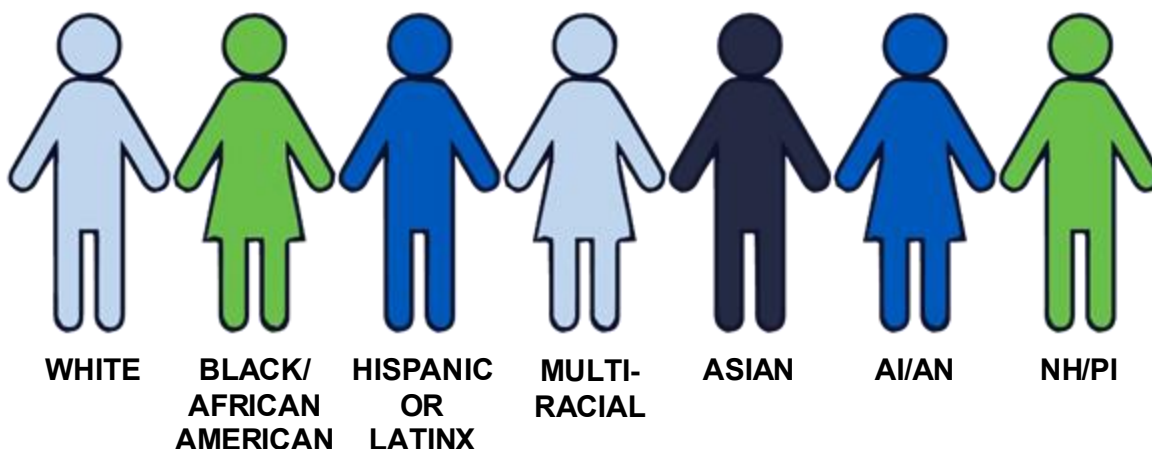
7% of Trumbull, **6%** of Mahoning County, and **5%** of Ohio residents are **veterans**.¹

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



6% of Mahoning County, **5%** of Trumbull County, and **8%** of Ohio residents **do not speak English as their first language**. The top three languages spoken in the counties were Spanish, Italian, and Greek.¹

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



MAHONING	80%	16%	7%	3%	1%	0.3%	0.1%
TRUMBULL	88%	9%	2%	4%	0.6%	0.3%	0%

STEPS 3, 4 & 5

IDENTIFY, UNDERSTAND, AND INTERPRET THE DATA AND PRIORITIZE HEALTH NEEDS

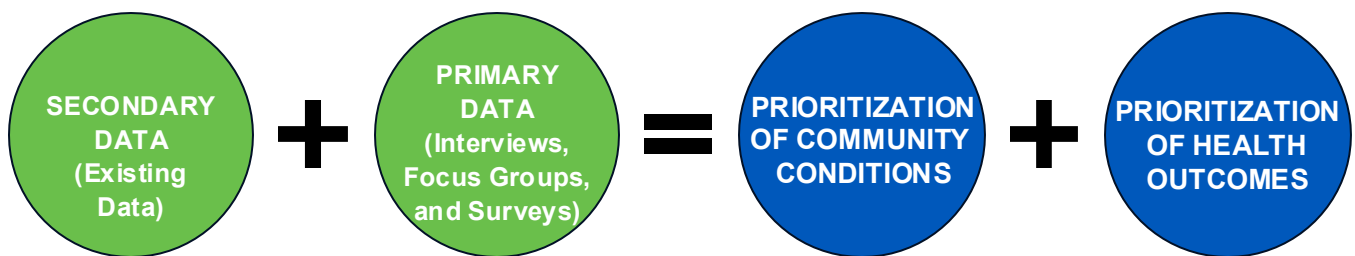


IN THIS STEP, MAHONING TRUMBULL COMMUNITY HEALTH PARTNERS:

- ✓ REVIEWED SECONDARY DATA FOR INITIAL PRIORITY HEALTH NEEDS
- ✓ COLLECTED PRIMARY DATA THROUGH INTERVIEWS, FOCUS GROUPS, AND A COMMUNITY MEMBER SURVEY
- ✓ COLLECTED COMMUNITY INPUT AND FEEDBACK
- ✓ REVIEWED PRIOR ASSESSMENTS AND REPORTS
- ✓ ANALYZED AND INTERPRETED THE DATA
- ✓ IDENTIFIED DISPARITIES AND CURRENT RESOURCES
- ✓ IDENTIFIED BARRIERS OR SOCIAL DETERMINANTS OF HEALTH
- ✓ IDENTIFIED AND UNDERSTOOD CAUSAL FACTORS
- ✓ ESTABLISHED CRITERIA FOR SETTING PRIORITIES
- ✓ VALIDATED PRIORITIES
- ✓ IDENTIFIED AVAILABLE RESOURCES
- ✓ DETERMINED RESOURCE OPPORTUNITIES



UNDERSTANDING PRIORITIZATION OF HEALTH NEEDS



COMMUNITY CONDITIONS (OR SOCIAL DETERMINANTS OF HEALTH OR BARRIERS TO HEALTH) are components of someone’s environment, policies, behaviors, and healthcare that affect the health outcomes of residents of a community. (Examples include housing, crime/violence, access to healthcare, transportation, access to childcare, nutrition and access to healthy foods, economic stability, etc.).

HEALTH OUTCOMES are health results, diseases or changes in the human body. (Examples include chronic diseases, mental health, suicide, injury, and maternal/infant health).

In order to align with the Ohio Department of Health’s initiative to improve health, well-being, and economic vitality, Mahoning Trumbull Community Health Partners (MTCHP) included the state’s priority factors and health outcomes when assessing the community.

PRIMARY & SECONDARY DATA DATA COLLECTION



ASSESSING HEALTH NEEDS THROUGH COMMUNITY DATA COLLECTION

Priority health needs were identified using the following criteria:

Criteria for Identification of Priority Health Needs:

1. Review of the secondary (existing) data collected for each health need.
2. The ranking of the problem using data from the community survey, focus groups, and interviews with residents.

To determine the seriousness of the problem, the health need indicators of the MTCHP service area identified in the secondary data were measured against benchmark data, specifically state rates, national rates and/or Healthy People (HP) 2030 objectives (HP 2030 benchmark data can be seen in **Appendix B**).

The health needs were further assessed through the primary data collection – key informant interviews, focus groups, and a community member survey. The information and data from both the secondary and primary data collection informs this CHA report and the decisions on health needs that Mahoning Trumbull Community Health Partners (MTCHP) will address in its Improvement Plan (CHIP).

This data collection process was designed to comprehensively identify the priority issues in the community that affect health, solicit information on disparities among subpopulations, decide on community resources to address needs, and uncover gaps in resources.

REVIEW OF PRIOR CHA DATA

In order to build upon the work that was initiated previously, the prior 2022-2024 CHIP was reviewed. When making final decisions for the 2026-2028 CHIP, previous efforts will be assessed and analyzed.

SECONDARY DATA DEFINITIONS

Behavioral Risk Factor Surveillance System (BRFSS) Region 6: Region 6 includes Mahoning, Trumbull, and Columbiana Counties.

HIV Prevention Planning Region 4: MTCHP is part of HIV Prevention Planning Region 4, which includes Summit, Portage, Trumbull, Mahoning, and Columbiana Counties.

National Survey on Drug Use and Health (NSDUH) Regions: Mahoning County is part of boards 50 and 76. Trumbull County is part of board 78.

Ohio Healthy Youth Environments Survey (OH YES!): OH YES! Survey data was available for Trumbull County but not Mahoning County.

2025 HEALTH NEEDS TO BE ASSESSED:

- Access to healthcare (primary, dental/oral, and mental)
- Chronic diseases (asthma, cancer, diabetes, heart disease, etc.)
- Community conditions (housing, education, income/poverty, internet access, transportation, adverse childhood experiences, access to childcare, food insecurity, etc.)
- Environmental conditions (air and water quality, vector-borne diseases, etc.)
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Injury
- Leading causes of death
- Maternal, infant, and child health (infant and maternal morbidity/mortality, etc.)
- Mental health (depression/suicide, etc.)
- Nutrition and physical health
- Preventive care and practices
- Substance use (alcohol and drugs, etc.)
- Tobacco and nicotine use

The secondary and primary data collection will ultimately inform the decisions on health needs that MTCHP will address in the CHIP.

This report will focus on presenting data at the county level where available. The geography used will be specified when county-level data is not available.

Secondary data was collected for the Community Health Assessment (CHA) in Fall 2024. The most up-to-date data available at the time was collected and included in the CHA report. Please refer to the References section.



PRIMARY DATA COLLECTION

KEY INFORMANT INTERVIEWS

Key informant interviews were used to gather information and opinions from persons who represent the broad interests of the community. We spoke with **25 experts** from various organizations serving the Mahoning and Trumbull County community, including leaders and representatives of medically underserved, low-income, minority populations, and leaders from local health or other departments or agencies (a complete list of participants can be seen in **Appendix C**). The interview questions asked can be seen below.

KEY INFORMANT INTERVIEW QUESTIONS:
Broad questions asked at the beginning of the interview:
What are some of the major health issues affecting individuals in the community?
What are the most important socioeconomic, behavioral, or environment factors that impact health in the area?
Who are some of the populations in the area who are not regularly accessing healthcare and social services? Why?
Questions asked for each health need:
What are the issues/challenges/barriers faced for the health need?
Are there specific sub-populations and areas in the community that are most affected by this need?
Where do community residents go to receive help or obtain information for this health need? (resources, programs, and/or community efforts)

PRIMARY DATA COLLECTION

FOCUS GROUPS




Focus groups were used to gather information and opinions from specific sub-populations in the community who are most affected by health needs. We **conducted 10 focus groups** with a total of **136 people** in the Mahoning and Trumbull County community. Focus groups included leaders and representatives of medically underserved, low-income, minority populations, and leaders from local health or other departments or agencies (a complete list of groups represented and focus group details can be seen in **Appendix D**). The focus group questions asked can be seen below.

FOCUS GROUP QUESTIONS:
What are your biggest health concerns/issues in our community?
How do these health concerns/issues impact our community?
What are some populations/groups in our community that face barriers to accessing health and social services?
What existing resources/services do you use in our community to address your health needs? How do you access information about health and health and social services? Does this information meet your needs?
What resources do you think are lacking in our community? What health information is lacking in our community? How could this information best reach you and our community?
Do you have any ideas for how to improve health/address health issues in our community?
Do you have any other feedback/thoughts to share with us?


THINGS PEOPLE LOVE ABOUT THE COMMUNITY FROM INTERVIEWS & FOCUS GROUPS




“We’re passionate. I think people are really proud of being from our community, even though sometimes we like to dwell on the deficits. But we still really are proud of our community, and we’ll fight for this community.”

 Key Informant Interview (Mahoning)

“It’s my home. That’s the simplest way to put it.”

 Key Informant Interview
(Mahoning - Youngstown)

“I love my township and where I live. My neighbors are very supportive, and I’m grateful for those around me.”

 Community Member Focus Group (Trumbull)

“There are lots of people in similar situations that help each other.”

 Community Member Focus Group (Trumbull)

“We love being so close to family.”

- Community Member Focus Group (Trumbull)


“People are becoming more aware of mental health and wanting to help.”

 Community Member Focus Group (Trumbull)

“The support systems here are strong—whether it’s nonprofits, churches, or just everyday people, there’s always someone willing to help.”

 Community Member Focus Group (Mahoning)


“...everybody is friendly and connected. A lot of people congregate together. So, it’s just a nice family atmosphere.”

 Key Informant Interview (Trumbull)

“I love how Mahoning feels like a small town where people still look out for one another—it’s a place where you know your neighbors and can count on them.”

 Community Member Focus Group (Mahoning)

“I think the community is very caring because its folks look out for each other. As evidenced by what happened in downtown Youngstown with the building collapse earlier this summer, and how folks rallied around that to support the victims...So, I think that’s one of the nice things about the community is that the folks here are hardworking and very caring.”

 Key Informant Interview (Mahoning)

TOP PRIORITY HEALTH NEEDS FROM INTERVIEWS & FOCUS GROUPS



FROM COMMUNITY INTERVIEWS:

Major health issues impacting community:

- Substance use/addiction
- Mental/behavioral health
- Obesity/overweight

Top socioeconomic, behavioral, and/or environmental factors impacting community:

- Lack of transportation/transportation issues
- Poverty/low Income
- Housing issues
- Crime/violence

FROM COMMUNITY FOCUS GROUPS:

Major health issues impacting community:

- Transportation
- Mental/behavioral health
- Housing
- Access to care


How health concerns are impacting community:

- Delays in seeking/receiving care
- Financial strain
- Poor health outcomes
- Stigma

“I would say, two of our more important issues are substance abuse and mental health issues. And we see it every day; it's something that we track. We continue to see a rise in overall overdoses and overdose deaths.”

 Community Member Interview (Trumbull)

“We see people with lots of predispositions to chronic issues and diseases, people that are obese, and then all of the secondary impacts of that, too, whether it be diabetes, heart issues, they go on and on.”

 Community Member Interview
(Mahoning - Youngstown)

“There are not enough doctors. A significant issue that we have is access to care. And I really haven't seen much improvement in this.”

 Community Member Interview (Trumbull)


“I think the economic challenges in the area have led to declines in health with people putting off going to the doctor. Folks putting off health care for, you know, because of the cost of it.”

 Community Member Interview (Mahoning)

“For the African American population, you see higher maternal mortality. I think racism and sexual and gender orientation discrimination are obstacles for people to get safe, equitable health care.”

 Community Member Interview

“Meeting your basic needs is a struggle, and it shouldn't be that way.”

 Community Member Focus Group
(Trumbull)

TOP PRIORITY GROUPS & RESOURCES FROM INTERVIEWS & FOCUS GROUPS



FROM COMMUNITY INTERVIEWS:

Sub-populations in the area that face barriers to accessing healthcare and social services:

- Older adults/aging population
- Black, Indigenous, and People of Color (BIPOC)
- Low-income population

“Well, I mean, obviously you know, unfortunately, good food is an issue. Food that's good for you costs a lot of money. Not only does it cost a lot of money. Sometimes it's difficult to find on a regular basis.”



Community Member Interview
(Trumbull - Warren)

FROM COMMUNITY FOCUS GROUPS:

Sub-populations in the area that face barriers to accessing healthcare and social services:

- Homeless/housing insecure population
- Older adults/aging population
- Hispanic/Latinx population
- People with disabilities
- Low-income population

Resources people use in the community to address their health needs:

- Warren Family Mission
- Coleman Health Services
- Food pantries/banks
- Catholic Charities
- Rescue Mission

Top resources that are lacking in the community:

- Shelters for women and children
- Expanded transportation service hours
- Mental health support groups
- Spanish-speaking healthcare providers
- Affordable housing

“As a Black man, I don't trust doctors. If I don't trust you, why would I let you treat me?”



Community Member Focus Group (Trumbull)

“It's frustrating when you have to wait hours at the hospital, only to be rushed through and barely heard.”



Community Member Focus Group (Mahoning)

“We need more preventive care programs—people shouldn't have to wait until they're seriously ill to get help.”



Community Member Focus Group (Mahoning)

“I have had my own mental health struggles and was scared to tell anyone, including my husband. We don't talk about it. Eventually, I went to the doctor, and it was an absolute nightmare to navigate the system.”



Community Member Focus Group (Trumbull)

TOP FINDINGS FROM MAHONING COUNTY FOCUS GROUPS



AFRICAN AMERICAN:

- **Top health issues** included lack of preventative care, costly medications, long hospital waits, experiences with receiving improper hospital care, high living costs, high crime, mental health issues, and limited resources.
- **Access barriers** included challenges faced by older adults, homeless individuals, the LGBTQ+ community, veterans, men (especially regarding job resources), those experiencing racial disparities, unemployed/uninsured individuals, and people with mental health challenges. Issues like insurance limitations, transportation problems, and having to choose between healthcare and necessities were also highlighted.
- **Existing resources** included Quick Med Urgent Cares, Joanie Abdu Breast Care Center, primary care doctors, VA clinics, family clinics, and drug stores/mail-order pharmacies.
- **Resource gaps** identified were a lack of grocery stores, clinics, public transportation, shelters, job resources for men, reproductive health services, and resources for homeless children.
- **Improvement suggestions** focused on reopening the Northside hospital, establishing more hospitals and emergency rooms, better support for uninsured patients, increased reproductive health services, better police-community relations, and more centers for children.

HOMELESSNESS:

- **Top health issues** were concerns about a lack of public water access in parks, poor park maintenance, poor air quality at the rescue mission, and insufficient mental health support. Additional issues included transportation limitations (leading to employment barriers), communication barriers, and the impact on mental health and financial stability.
- **Access barriers** included transportation challenges (especially limited bus schedules with poor communication), accessibility for people with disabilities, women with multiple children, and older adults with health complications. Financial constraints, particularly among those earning under \$20,000, were also noted.
- **Existing resources** included food pantries, Coleman services (for therapy and case management), Catholic Charities, CareSource, Meridian Services, and Job and Family Services.
- **Resource gaps** identified were mobile health services, fitness centers for the homeless, affordable car care, outdoor equipment for recreation centers, accessible housing options, and eviction assistance.
- **Improvement suggestions** focused on educational programs for HIV/AIDS, improved transportation, enhanced park facilities, better communication about resources, and the development of community centers.



TOP FINDINGS FROM MAHONING COUNTY FOCUS GROUPS



RURAL:

- **Top health issues** included mental health concerns, limited access to quality healthcare, chronic diseases, and challenges affecting older adults. Internet connectivity issues and the high cost of healthcare, including prescriptions and caregiving, were also raised.
- **Access barriers** included isolation (particularly for rural and older adult populations), untreated chronic conditions, difficulty navigating the healthcare system, and economic challenges. Transportation issues were mentioned frequently, along with limited preventive services for older adults.
- **Existing resources** included urgent care facilities, pharmacies (CVS/Walgreens), community health services, wellness programs, and phone/internet-based services, though they were seen as insufficient.
- **Resource gaps** included rural mental health services, better access to urgent care, and expanded transportation options.
- **Improvement suggestions** focused on developing better health plans, increasing transportation opportunities, and enhancing telehealth services.

OLDER ADULTS:

- **Top health issues** included expensive medication, difficulty navigating services, lack of senior advocacy, and concerns about unsafe neighborhoods and poor infrastructure. Issues with healthcare providers, concerns about unnecessary medical procedures, and housing problems (e.g., bed bugs in rentals) were also highlighted.
- **Access barriers** included challenges faced by low-income individuals, people with disabilities, Youngstown residents, older adults, the Hispanic/Latinx community, and young adults.
- **Existing resources** included insurance companies, Mahoning Youngstown Community Action Partnership (MYCAP), St. Vincent de Paul, Protestant Family Services, Fresh Market, the Department of Aging, and church food drives.
- **Resource gaps** included inadequate trash collection, slumlord issues, rising rents, poor property upkeep, insufficient tenant rights, and difficulties with water bill payments.
- **Improvement suggestions** focused on holding property owners accountable, providing translation assistance for older adults, addressing older adult isolation, implementing programs to prevent healthcare denials, and expanding volunteer and life coaching services.



TOP FINDINGS FROM TRUMBULL COUNTY FOCUS GROUPS



AFRICAN AMERICAN:

- **Top health issues** were concerns about the healthcare system being profit-driven, poor-quality care, lack of provider listening, excessive pharmaceutical interventions, and communication gaps. Other issues included food deserts, limited healthy food options, employment difficulties, lack of youth opportunities, geographic disparities in services, and mental health concerns.
- **Access barriers** included racial division and systemic racism, age discrimination, transportation issues, income eligibility gaps for assistance, insurance-based discrimination, and a lack of culturally competent care, especially for Black women. There are challenges for specific groups like middle-income families, older adults, single mothers, immigrants, and those with inadequate insurance.
- **Existing resources** included church-based food distribution, mobile markets, Freedom Bloc, and a mobile food pantry.
- **Resource gaps** identified were a lack of Black healthcare providers, healthcare education for the Black community, exercise facilities/safe recreational spaces, youth development programs, and life skills training.
- **Improvement suggestions** focused on extended healthcare provider hours, leadership changes, better hospital food, more youth programs, and creating community centers for mental and physical health. Key themes included addressing systemic issues, improving communication, and fostering a stronger sense of community and care.

HOMELESSNESS:

- **Top health issues** highlighted mental health stigma, chemical dependency, homelessness, transportation issues, and lack of clean water and bathrooms in parks as main health concerns. Additional issues included COVID-19, poor shelter conditions, unemployment, and inadequate healthcare for the uninsured.
- **Access barriers** involved limited bus routes, financial constraints, and stigma, especially towards homeless individuals.
- **Existing resources** included Warren Family Mission, Coleman services, Catholic Charities, and food pantries.
- **Resource gaps** were identified in shelter options, transportation, mobile health services, affordable housing, childcare, and crisis support.
- **Improvement suggestions** focused on better bus routes, mobile health vans, expanded shelter options, rapid housing programs, HIV/AIDS education, and more job opportunities for those with misdemeanors. Compassionate treatment from providers and law enforcement was also emphasized.



TOP FINDINGS FROM TRUMBULL COUNTY FOCUS GROUPS



RURAL:

- **Top health issues** include poor general health due to poor diet, lack of exercise, and excessive screen time. Limited healthcare options, a shortage of providers, and the need to travel to metropolitan areas for care were also concerns. Participants noted the decline in care quality since the pandemic, with doctors leaving local practices and providers facing burnout.
- **Access barriers** included lack of insurance, health literacy challenges (especially for people with disabilities, dementia, or without healthcare advocates), and transportation issues for rural residents. Technology barriers also made it difficult for older adults to access digital health tools.
- **Existing resources** included Ohio Farm Bureau, family and church support networks, transportation assistance, medication management, employee wellness programs, and health department initiatives.
- **Resource gaps** included mental health services for rural residents, local physical activity facilities, and limited emergency care services.
- **Improvement suggestions** included hosting rural health screening fairs for farmers, expanding mobile blood donation services, and bringing mental health specialists to local doctor's offices. Participants also recommended continuing and expanding incentive programs for healthy behaviors and partnering with organizations like Ohio Farm Bureau.

OLDER ADULTS:

- **Top health issues** include lack of grocery store access (contributing to obesity), affordable housing concerns, transportation limitations, mental health issues (especially related to homelessness), costly physical and occupational therapy, financial strain from limited nutrition education, specialist shortages, healthcare workforce losses, and concerns about marijuana-related impaired driving.
- **Access barriers** included challenges for homeless individuals, people with low education, older adults, children (especially for pediatrics and PT), those in poverty, and people with disabilities. Systemic issues included overloaded doctors, long wait times, and lack of awareness of available resources.
- **Existing resources** included creative programming, SCOPE, Job and Family Services, the Health Department, family support, Garwin transportation, TCAP, 211 and 988 networks, VA services, and Girard Methodist Church.
- **Resource gaps** included support for widows and middle-class individuals needing home repairs, programs for older adult residents, and community cohesion initiatives.
- **Improvement suggestions** included satellite healthcare clinic locations, stronger inter-agency collaboration (e.g., health insurance aiding with utility bills), better resource visibility, and promotion of non-traditional higher education. Participants also called for more rural healthcare services and clearer billing communication.



TOP FINDINGS FROM REGIONAL FOCUS GROUPS



LATINX/HISPANIC:

- **Top health issues** raised included concerns about education, language barriers (especially for Spanish speakers), discrimination, age-related issues, and a lack of Spanish-speaking healthcare providers and mental health services. Financial barriers and fear of healthcare services were also key issues.
- **Access barriers** included lack of knowledge about resources, fear and discomfort in healthcare settings, no transportation for people with disabilities, and inadequate mental health services.
- **Existing resources** included online services, interpreter services, health fairs, and the Hispanic Health Program.
- **Resource gaps** were identified in jobs, housing, age-appropriate activities, Spanish-speaking providers, and mental health navigators.
- **Improvement suggestions** included better information distribution, more Spanish-speaking medical staff, community involvement in education, and a focus on prevention. The community expressed interest in more frequent focus groups and better organization in emergency rooms.

LGBTQIA+:

- **Top health issues** were transportation challenges, lack of Spanish-speaking healthcare workers, mental health concerns, drug abuse, housing instability, and limited recreational spaces for youth.
- **Access barriers** included financial constraints, fear of healthcare settings, language difficulties, and lack of information about available resources.
- **Existing resources** included churches, public health services, mental health clinics, and food banks
- **Resource gaps** exist for mental health navigators, youth activities, LGBTQ+ resources, housing assistance, and transportation.
- **Improvement suggestions** included better information distribution, more Spanish-speaking providers, community involvement in health education, and expanded youth programming. The community expressed a need for more inclusive spaces, improved communication, and extended clinic hours. There was also a strong desire for greater coordination of resources and consistent follow-through on proposed changes.



PRIMARY DATA COLLECTION

COMMUNITY MEMBER SURVEY



Each key informant interview and focus group participant was asked to complete an online survey to assess and prioritize the health needs identified by secondary data collection. The health department, hospitals, and community partners shared the survey link with clients, patients, and others who live and/or work in the community. The survey was available in English and Spanish. This resulted in **1,434 responses** to the community survey. The results of how the health needs were ranked in the survey for Mahoning and Trumbull Counties are found in the tables below, separated by community conditions (including social determinants of health, health behaviors, and access to care) and health outcomes. This health need ranking was used to order the health needs in the following community conditions and health outcomes sections of this report (note that not every health need has its own section and some health needs have been combined to form larger categories, such as access to healthcare and mental health). More details about the survey, questions, and demographics can be found in **Appendix E**.

COMMUNITY CONDITIONS RANKING FROM COMMUNITY MEMBER SURVEY	
#1 Access to primary healthcare	43%
#2 Income/poverty and employment	36%
#3 Crime and violence	30%
#4 Food insecurity	28%
#5 Nutrition and physical health/exercise	22%
#6 Substance misuse	22%
#7 Housing and homelessness	21%
#8 Adverse childhood experiences	18%
#9 Transportation	17%
#10 Education	13%
#11 Access to childcare	12%
#12 Preventive care and practices	12%
#13 Environmental conditions	8%
#14 Internet/Wi-Fi access	5%
#15 Tobacco and nicotine use/smoking/vaping	4%

HEALTH OUTCOMES RANKING FROM COMMUNITY MEMBER SURVEY	
#1 Mental Health	91%
#2 Chronic Diseases	83%
#3 Maternal, infant, and child health	54%
#4 Injuries	20%
#5 HIV/AIDS and Sexually Transmitted Infections (STIs)	6%

HEALTH NEEDS

COMMUNITY CONDITIONS



HEALTH NEEDS: COMMUNITY CONDITIONS

The following pages rank the community conditions category of health needs, which include the social determinants of health, health behaviors, and access to care. They are ranked and ordered according to the Mahoning and Trumbull Counties ranking from the community member survey as seen on page 29 (note that not every health need has its own section and some health needs have been combined to form larger categories, such as access to healthcare). Each health need section includes a combination of different data sources collected from our community: secondary (existing) data, and primary (new) data – from the community member survey, key informant interviews with community leaders, and focus groups with community members. Priority populations who are most affected by each health need and experience health disparities are also shown. Finally, where applicable, Healthy People 2030 Goals are highlighted, including the performance of Mahoning and Trumbull Counties and the state compared to the national benchmark goal.

#1 Health Need: ACCESS TO HEALTHCARE



SECONDARY (EXISTING) DATA

23% of Mahoning County and Ohio residents and 24% of Trumbull County residents **did not have a routine checkup** in the prior year.³ 40% of Mahoning County and 44% of Trumbull County residents **did not visit the dentist** in the prior year, compared to 38% for Ohio.³

IN OUR COMMUNITY

SECONDARY (EXISTING) DATA

Trumbull has **fewer primary and dental care providers** relative to their population when comparing the ratio to Ohio, while Mahoning County has more providers.²



*residents : primary care providers



**residents : dental care providers

BARRIERS TO CARE (SURVEY)



25% of survey respondents could not get needed prescription medication in the past year.



35% of survey respondents have **delayed or gone without medical care** due to being unable to get an appointment.



8% of survey respondents lack health insurance because it **costs too much**.



21% of survey respondents delayed or went without care due to **insurance not covering the cost**.



21% of survey respondents' usual source of care is an **urgent care clinic**.



32% of survey respondents **have not been to the dentist** in over a year. 21% needed **dental care** in the last year but **did not receive it**.

SURVEY DATA



45%

of community survey respondents say **access to healthcare** is a priority need.



Almost 1 in 4 (24%)

community survey respondents say that **specialist care** is lacking in the community, 22% say **dental care** access is lacking, 19% say **emergency care** is lacking, 15% say **primary healthcare access** is lacking, and 12% say **vision care** access is lacking.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Lack of dental care providers
- Transportation
- Lack of access to providers (overall)

Sub-populations most affected:

- Older adults/senior citizens
- Homeless individuals
- People with disabilities



Healthcare access barriers were mentioned in 100% of focus groups with priority populations.

Top resources, services, programs, and/or community efforts:

- Coleman Health
- Warren Family Mission
- Mahoning Youngstown Community Action Partnership

#1 Health Need: ACCESS TO HEALTHCARE



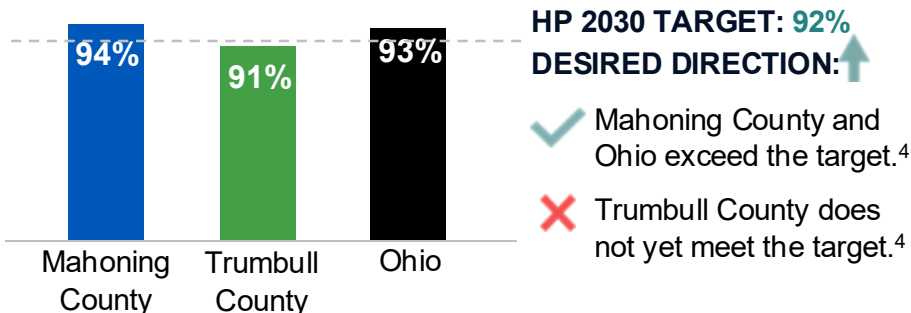
SURVEY DATA

8% of community survey respondents do not have a usual primary care provider.



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT HEALTH INSURANCE COVERAGE



SECONDARY (EXISTING) DATA

Youngstown (89%) and Warren (88%) both have lower health insurance rates than their counties and Ohio overall.⁴



COMMUNITY FEEDBACK (INTERVIEWS & FOCUS GROUPS)

“Dental care is especially lacking. Many providers don’t accept Medicaid or uninsured patients. It can be a problem for a lot of people like those in recovery.”

Community Member Interview (Trumbull)

“Most of what I’ve heard of complaints related to health insurance is about the closures of pharmacies. So, your health insurance will get a better price at a certain pharmacy. But we’re losing a lot of things like Rite Aids and Walgreens.”

Community Member Interview

“There is a lack of care available. There are long hospital waits. There is improper care from hospital staff.”

Community Member Focus Group (Mahoning)

PRIORITY POPULATIONS

ACCESS TO HEALTHCARE

While **access to healthcare** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on secondary and survey data we collected from our community:



Trumbull County has fewer primary care and dental health providers relative to their population than Mahoning County and Ohio overall.²

Community survey respondents from **Trumbull County** were more likely than those from Mahoning County to say they delayed care because they did not have insurance and could not afford care, to say that hospital care is lacking in the community, and to have gone without a needed prescription in the past year.

Community survey respondents from **Mahoning County** were more likely than those from Trumbull County to say they delayed care because of appointment scheduling issues and to have had their last check-up 1-2 years ago.

Survey respondents from **Bolindale (44484)** were more likely to select access to healthcare as a priority health need, **Kirkmere/Idora/Newport (44511)** respondents were less likely to have been to the dentist in the past year.

Black/African American survey respondents were more likely to cite lack of insurance, cost, and distrust/fear of discrimination as a reason for delaying care, to use the Emergency Department as a usual source of care, and to have gone without dental care.



Survey respondents **ages 25-44** were more likely to say they use urgent care clinics for usual care.

On the survey, **women** were more likely to say they delayed care due to scheduling, the emergency room is their usual care source, and they went without needed prescriptions.

#2 Health Need: INCOME/POVERTY & EMPLOYMENT



Economic stability includes **income, employment, education**, and many of the most important social factors that impact the community's health.

IN OUR COMMUNITY

SECONDARY (EXISTING) DATA



19% of Mahoning County and **15%** of Trumbull County low-income adults utilize **food stamps**, vs. **12%** for Ohio.⁷



4% of Mahoning and Trumbull County, Ohio residents are **unemployed**. Youngstown has a higher unemployment rate at 9%.⁵

The **median household incomes** of Mahoning County, Youngstown, Trumbull County, and Warren are **lower** than the state average for Ohio.⁵

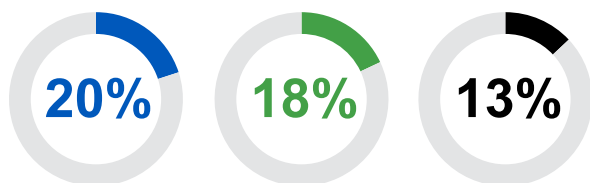
MAHONING:
\$52,900
YOUNGSTOWN:
\$34,746

TRUMBULL:
\$51,700
WARREN:
\$36,955

OHIO: \$67,900

SECONDARY (EXISTING) DATA

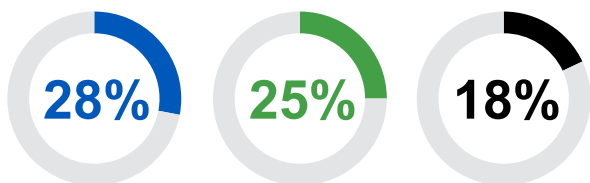
POVERTY RATE



MAHONING TRUMBULL OHIO

20% of Mahoning County and **18%** of Trumbull County residents live in **poverty**, higher than the **13%** of Ohio residents. Poverty rates are higher in Youngstown (36%) and Warren (33%).⁶

CHILD POVERTY RATE



MAHONING TRUMBULL OHIO

Child poverty rates are **28%** for Mahoning County and **25%** for Trumbull County, higher than the **18%** for Ohio. Child poverty rates are much higher for Youngstown (51%) and Warren (53%).⁵



Financial barriers were mentioned in 100% of focus groups with priority populations.

SURVEY DATA

38%

of community survey respondents reported **income/poverty and employment** as top health needs in the community.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Lots of poverty in the area (higher than average)/poverty is an increasing issue
- High rates of unemployment/underemployment
- Low incomes/wages not high enough

Sub-populations most affected:

- Low-income population
- Black, Indigenous, and People of Color (BIPOC)
- Older adults/aging population
- Youth/children
- Those with criminal records

Top resources, services, programs, and/or community efforts:

- Job and Family Services (JFS)
- Schools
- Mahoning and Youngstown Community Action Partnership (MYCAP)

#2 Health Need: INCOME/POVERTY & EMPLOYMENT



SURVEY DATA



19% of community survey respondents say there was a time in the past 12 months they were **unable to pay their mortgage, rent, or utility bills**, while **13%** say an **electric, gas, oil, or water company threatened to shut off services**.



COMMUNITY FEEDBACK (INTERVIEWS & FOCUS GROUPS)

“Many people are working one to two jobs to make ends meet.”



Community Member Interview (Trumbull)

“The rates of poverty are high. And you can see that where there are higher rates of poverty, the life expectancy is much lower in those areas.”



Community Member Interview (Trumbull)

“I have to choose between healthcare and rent.”



Community Member Focus Group (Mahoning)

“We have a high poverty rate. And then, when you look at who it affects most, it is divided by race.”



Community Member Interview

“I would definitely say poverty is an issue. The average income for the city is lower than elsewhere, and if we excluded one of our wards, that would drop dramatically because we have one ward that is more affluent than the rest of the city. Pretty much all the city is considered a high social vulnerability index.”



Community Member Interview (Trumbull - Warren)

“My grandfather will be 71 years old this year and, because of the economy, he had to go back to work. He found it hard to get a job because of discrimination of his age.”



Community Member Focus Group (Mahoning)

“People that make good money in the community are still living paycheck to paycheck.”



Community Member Focus Group (Mahoning)

PRIORITY POPULATIONS

INCOME/POVERTY & EMPLOYMENT

While **income/poverty and employment** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on secondary and survey data we collected from our community:

Poverty levels are higher in all area counties than Ohio, with **Mahoning County** having the highest rates, while **Trumbull County** has the lowest median household income.⁵

Survey respondents from the **44420, 44446, and 44483 ZIP Codes** were less likely than those from other ZIP Codes to be employed full-time. They were also more likely to have a lower household income.

Survey respondents from the **44410, 44420, 44483, and 44511 ZIP Codes** were more likely than those from other ZIP Codes to rate income/poverty and employment as a priority health need, and to say there was a time in the past year where they could not pay the bills.

Black/African American community survey respondents were more likely to have a lower household income and rate income/poverty and employment as a top concern than White respondents.

In the survey, **women** were less likely to have a household income of \$100,000 or more and to say they were not able to pay mortgage, rent, or utility bills in the past year.



Community survey respondents with a **high school education or equivalent** were less likely to be employed full-time, and to have a lower household income.



#3 Health Need:

CRIME & VIOLENCE



Trigger Warning: The following page discusses violence, which may be disturbing and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.

IN OUR COMMUNITY

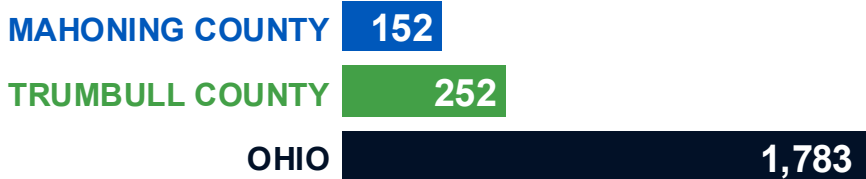
SURVEY DATA

31% of survey respondents said that **crime and violence** are top concerns in the community. In the past year, **43%** of survey respondents say they have experienced verbal/emotional abuse, **28%** psychological abuse, **11%** cultural/identity abuse, **10%** physical abuse, **9%** financial abuse, and **8%** sexual abuse.

SECONDARY (EXISTING DATA)

Property and violent crime rates are **lower** in Mahoning and Trumbull Counties than Ohio overall. Rates are highest in Youngstown and Warren.⁸

PROPERTY CRIME RATES PER 100,000⁸



VIOLENT CRIME RATES PER 100,000⁸



PRIORITY POPULATIONS

CRIME & VIOLENCE

While **crime and violence** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on secondary and survey data we collected from our community:

Survey respondents from the **44483 ZIP Code** were less likely than those from other ZIP Codes to choose crime and violence as a priority health need.



65+-year-old community survey respondents were more likely to rate crime and violence as a top concern.



Both property crime and violent crime rates are higher in **Trumbull County** than in Mahoning County, while **Mahoning County** community survey respondents were more likely than Trumbull County respondents to rate crime and violence as a top concern.⁸

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Shooting/gun violence
- Crime/violence due to drugs
- Crime (in general)

Sub-populations most affected:

- Low-income population
- Urban areas
- People living with mental health issues
- Youngstown

Top resources, services, programs and/or community efforts:

- Local law enforcement



COMMUNITY FEEDBACK (INTERVIEWS & FOCUS GROUPS)

“In some neighborhoods, people don’t trust the police. They won’t report incidents, which can escalate violence.”

Community Member Interview (Mahoning – Youngstown)

“Residents want to feel safer in their own communities.”

Community Member Focus Group (Trumbull - Warren)

“A lack of youth programs leaves young people in situations that can lead to violence.”

Community Member Interview (Mahoning)

#4 Health Need: FOOD INSECURITY



SURVEY DATA



11% of survey respondents use **SNAP (Supplemental Nutrition Assistance Program)** benefits.



When asked what community resources were lacking in the community member survey, **46%** of respondents answered **affordable food**, while **28%** of survey respondents ranked **food insecurity** as a top health concern.

IN OUR COMMUNITY

SURVEY DATA

In the community member survey, **23%** of respondents reported that in the past 12 months, the **food they bought sometimes, usually, or always didn't last, and they didn't have money to buy more.**



COMMUNITY FEEDBACK (INTERVIEWS & FOCUS GROUPS)

"I think folks that have limited financial means are gravitating towards the cheaper food. I grew up in that environment. I saw that with my own two eyes...some of the stores that are there in poor areas are poor quality."



Community Member Interview

"When we talk about access to healthy foods, I think that across the board, access to transportation and transit is an issue."



Community Member Interview

"People don't know that the farmers' market exists, and then the vouchers for it are limited."



Community Member Focus Group (Trumbull)

"We need more grocery stores. Obesity and weight control is an issue."

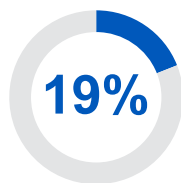


Community Member Focus Group (Trumbull)

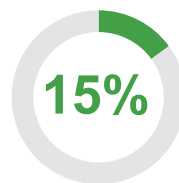
SECONDARY (EXISTING DATA)

According to Feeding America, 16% of Mahoning and 17% of Trumbull County residents experienced food insecurity (vs. 14% for Ohio).⁹

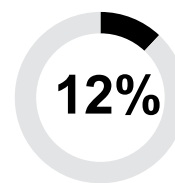
19% of Mahoning County and **15%** of Trumbull County low-income adults utilize **food stamps**, vs. **12%** for Ohio. Rates are higher in Youngstown (36%) and Warren (30%).¹⁰



**MAHONING
COUNTY**



**TRUMBULL
COUNTY**



OHIO

Mahoning County's **food environment rating** out of 10 (0 being worst and 10 being best) is **6.4/10**, Trumbull County's is **6.7/10** and Ohio's is **7.0/10**.⁹



#4 Health Need: FOOD INSECURITY



Food insecurity is when someone is unable to access or afford enough food or enough nutritious food. Food insecurity doesn't always mean that someone goes without food. It might mean they're eating less healthy food options like packaged foods that cost less. Fresh, nutritious foods are hard to find or too expensive in some communities.⁴⁹



COMMUNITY FEEDBACK (INTERVIEWS & FOCUS GROUPS)

"Warren is a food desert, especially in Black areas. There are virtually no healthy foods."



Community Member Focus Group (Trumbull)

"In our areas of high poverty in this town, our grocery stores aren't the best. We have food deserts in the city of Youngstown. People are trying to figure out how to deal with those."



Community Member Interview

"Anything new that is opened is a bar, restaurant, or church. The restaurants don't always serve healthy food."



Community Member Focus Group (Mahoning)

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Food deserts
- Dollar stores (only option)
- Unhealthy food is cheap/healthy food is expensive
- Travel/transportation to get healthy foods
- Limited options for food stores

Sub-populations most affected:

- Low-income population
- Those without transportation
- Black, Indigenous, and People of Color (BIPOC)
- Youngstown

Top resources, services, programs and/or community efforts:

- Mobile food pantry
- Farmers' markets
- Trumbull Neighborhood Partnership

PRIORITY POPULATIONS FOOD INSECURITY

While **food insecurity** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on secondary and survey data we collected from our community:



Trumbull County experiences the highest rates of food insecurity in the area.⁹

Survey respondents from the **44511 ZIP Code** were more likely to say that they 'usually' buy food that does not last and don't have money to get more.

Data shows that food insecurity for **Black or Latinx** individuals is higher than White individuals in 99% of American counties. 9 out of 10 high food insecurity counties are **rural**. 1 in 3 people facing hunger are **unlikely to qualify for the Supplemental Nutrition Assistance Program (SNAP)**.¹⁰

Community survey respondents **35-44 and 55-64 years old** were most likely to say that food insecurity is a community priority, and that affordable food was lacking in the community.



In the community survey, **women** were more likely than men to rate food insecurity as a top health need, and to be accessing SNAP benefits.

Black/African American and **less educated** survey respondents were more likely to be accessing SNAP benefits.

Community survey respondents with **lower household incomes** and those **employed part-time** were more likely to say that affordable food is lacking in the community/they can't afford to get more, and to use SNAP benefits.



Fresh food/nutrition access barriers were mentioned in 100% of focus groups with **priority populations**.

#5 Health Need:

NUTRITION & PHYSICAL HEALTH



IN OUR COMMUNITY

SURVEY DATA



62% of survey respondents rated their physical health as “good”, while 19% rated it as “average”.



26% of community survey respondents ranked nutrition and physical health as a **priority health need**.



31% of community survey respondents say that **recreational spaces are lacking** in the community.



5% of community survey respondents say that **lack of reliable transportation** has kept them from buying food/groceries in the past year, while another 3% say that it has kept them from physical activity.

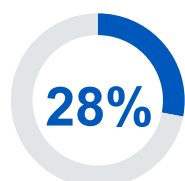
SECONDARY (EXISTING DATA)



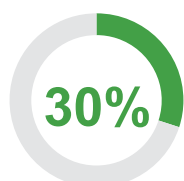
In Ohio, 11% of youth in grades 7-12 **consume no fruits or vegetables daily**. The rate is higher in Trumbull County at 14%. Data was unavailable for Mahoning County.²⁴



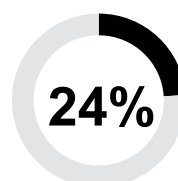
21% of Trumbull County youth are **physically active for at least 60 minutes per day**, vs. 26% for Ohio. Data was unavailable for Mahoning County.²⁴



MAHONING COUNTY



TRUMBULL COUNTY

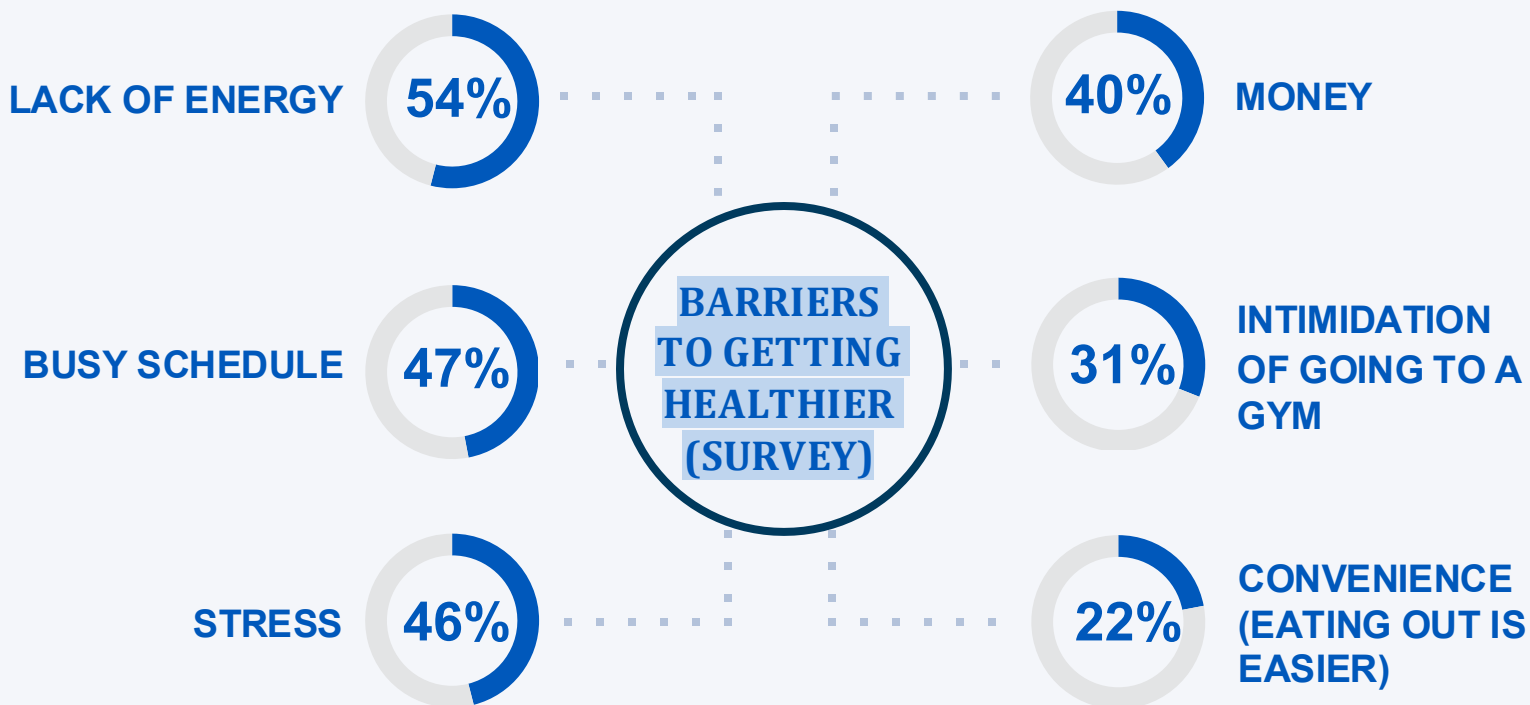


OHIO

According to the 2025 County Health Rankings program, 28% of Mahoning County, 30% of Trumbull County, and 24% Ohio adults are **sedentary** (did not participate in leisure time physical activity in the past month).²⁵

#5 Health Need:

NUTRITION & PHYSICAL HEALTH



COMMUNITY FEEDBACK (INTERVIEWS & FOCUS GROUPS)

“We have some walking trails, but in Warren, people are sometimes afraid to use them, because people have been mugged.”

 Community Member Interview (Trumbull)


“If you live near a convenience store, you’re likely to buy what’s accessible — usually unhealthy options.”

 Community Member Interview (Mahoning)


“The biggest issue is education. People don’t realize even five minutes of daily exercise is better than none.”

 Community Member Interview (Mahoning)

“The sun doesn’t shine much in northeast Ohio...weather makes it difficult to get outside.”

 Community Member Focus Group (Trumbull)

“We need fitness centers for the homeless.”

 Community Member Focus Group (Mahoning)

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Community is sedentary/not active/not motivated
- Safety concerns
- Exercise is expensive
- Not enough education
- Lack of resources
- Unhealthy food is cheap/healthy food is expensive
- Travel/transportation to get healthy foods
- Poor diet
- Food deserts in rural areas
- Dollar stores

Sub-populations most affected:

- Low-income population
- Youth
- Older adults
- General public

Top resources, services, programs, and/or community efforts:

- Outdoor parks/paths/bike path
- Mobile food pantry
- Gyms

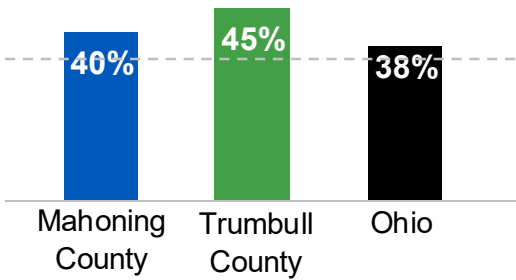
#5 Health Need:

NUTRITION & PHYSICAL HEALTH



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

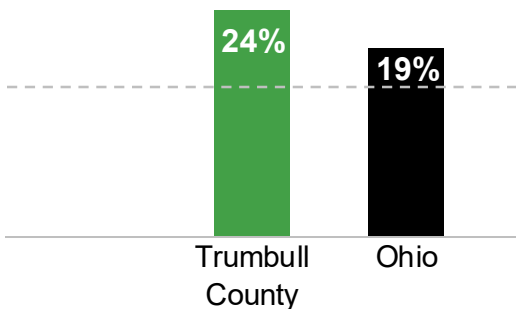
ADULT OBESITY



HP 2030 TARGET: 36%
DESIRED DIRECTION: ↓

✗ Mahoning County, Trumbull County, and Ohio do not yet meet the target.²⁵

CHILDREN & TEEN OBESITY



HP 2030 TARGET: 16%
DESIRED DIRECTION: ↓

✗ Trumbull County and Ohio do not yet meet the target. Data was unavailable for Mahoning County.²⁴

PRIORITY POPULATIONS NUTRITION & PHYSICAL HEALTH

While **nutrition and physical health** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on secondary and survey data we collected from our community:



Trumbull County adults are more likely to be sedentary than Mahoning County and Ohio adults.²⁵



Survey respondents from **Trumbull County** were more likely to say that intimidation at the gym is a barrier to getting healthier.

Community survey respondents **ages 45+** were most likely to say that nutrition and physical health is a community priority.



Younger survey respondents experience the most barriers to getting healthier/in better shape.



Female survey respondents were more likely than males to say that intimidation, money, and distance to the gym keeps them from getting healthier and in better shape.



Community survey respondents with **lower household incomes** or **employed part-time** were more likely to believe that money and/or stress keeps them from getting healthier and in better shape.



COMMUNITY FEEDBACK (INTERVIEWS & FOCUS GROUPS)

“Some low-income communities lack safe parks and recreation spaces for regular exercise.”

Community Member Interview (Mahoning)

“The health of the general population in the community is poor.”

Community Member Focus Group (Trumbull)

“We know that there's not a lot of emphasis spent on physical health, even in the schools like there used to be.”

Community Member Interview (Trumbull)

“Some low-income communities lack safe parks and recreation spaces for regular exercise.”

Community Member Interview (Mahoning - Youngstown)

#6 Health Need: SUBSTANCE MISUSE



Trigger Warning: The following pages discuss problematic substance use and overdose, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.

IN OUR COMMUNITY

SURVEY DATA



In the community survey, **15%** of respondents reported **substance misuse** as a top concern. **10%** say that **substance use disorder services are lacking in the community.**

SECONDARY (EXISTING) DATA

ACCORDING TO THE OHIO HEALTHY YOUTH ENVIRONMENT SURVEY (OHYES!):

12%

of Trumbull County teens have **used alcohol in the past month**, vs. **9%** for Ohio. Data was unavailable for Mahoning County.²⁶



COMMUNITY FEEDBACK (INTERVIEWS & FOCUS GROUPS)

“The high Medicaid population and overdose rates have drawn addiction service providers, but there’s now a shortage of social workers and counselors.”

Community Member Interview (Trumbull)

“We’ve seen increased prescription drug abuse, often by older adults struggling with mental health issues.”

Community Member Interview (Mahoning)

“Fentanyl and opioid abuse remain significant issues here.”

Community Member Interview (Mahoning - Youngstown)

“Overdoses are an issue. We need help getting off drugs.”

Community Member Focus Group (Trumbull)

“I’m concerned over the legalization of marijuana related to impaired driving.”

Community Member Focus Group

SECONDARY (EXISTING) DATA



32% of motor vehicle crash deaths in Mahoning County and **41%** in Trumbull County involve alcohol.²⁷



9% of Trumbull County youth have **used marijuana in the past 30 days**, compared to **6%** for Ohio youth. Data was unavailable for Mahoning County.²⁶

SURVEY DATA



In the community survey, **11%** of respondents said they have **used marijuana in the past 30 days.**



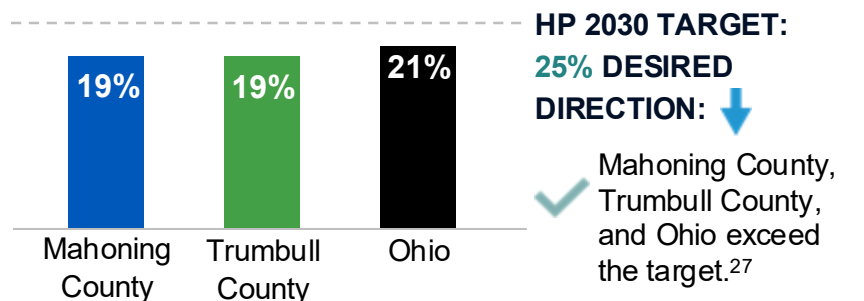
2% of community survey respondents reported that in the past 6 months they **used prescription medication not prescribed for them or in excess** to feel good, high, more active, or more alert.

#6 Health Need: SUBSTANCE MISUSE

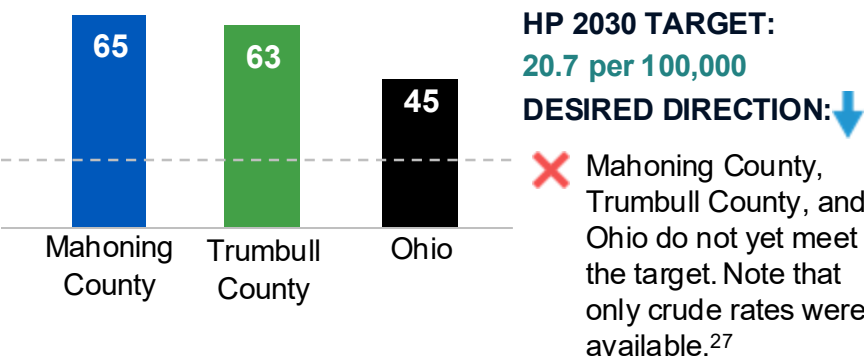


HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

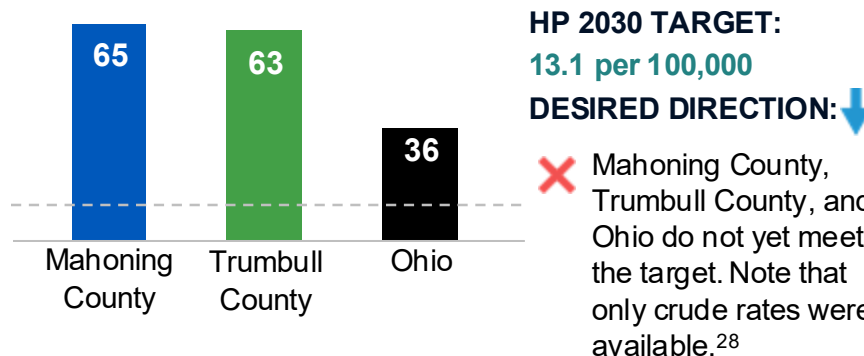
ADULT BINGE OR HEAVY DRINKING



UNINTENTIONAL DRUG OVERDOSE DEATHS PER 100,000



OPIOID OVERDOSE DEATHS PER 100,000



PRIORITY POPULATIONS SUBSTANCE MISUSE

While **substance misuse** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on secondary and survey data we collected from our community:



Mahoning County has the highest overdose rates compared to other area counties.^{27,28}

In the survey, **men** were more likely to say they drink regularly/binge drink and use marijuana.



Trumbull County survey respondents were more likely to say they binge drink.

35-44 year-old survey respondents were more likely to say substance misuse is a priority, **65+ year-olds** were more likely to drink regularly, and **25-34 year-olds** were more likely to use marijuana.



Survey respondents with **lower education and incomes** were more likely to say they use marijuana.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Drug use is an issue (general)
- Opioids
- Drug overdose deaths are high in community

Sub-populations most affected:

- Youth
- Adults
- Low-income population

Top resources, services, programs, and/or community efforts:

- Narcan distribution
- Mental health board
- Mercy Health
- Treatment centers/rehab centers



COMMUNITY FEEDBACK (INTERVIEWS & FOCUS GROUPS)

“Drug misuse is a major concern. Some areas of the city have a misuse risk that’s way higher than average.”

Community Member Interview (Trumbull - Warren)

#7 Health Need: HOUSING & HOMELESSNESS



SURVEY DATA



21% of community survey respondents ranked housing and homelessness as a priority health need, while 51% of community member survey respondents report **affordable housing** as a resource that is lacking in the community. **Affordable housing was the #1 reported resource needed** in the survey.

IN OUR COMMUNITY

SECONDARY (EXISTING) DATA



1% of Mahoning and Trumbull County households are considered “**crowded**” (more than one occupant per bedroom), while the rate is 2% for Ohio.¹¹

SECONDARY (EXISTING) DATA



Freddie Mac estimates that the vacancy rate should be 13% in a well-functioning housing market. There was only an 8% **vacancy rate** in Mahoning County and Ohio in 2023, while this was 7% in Trumbull. Rates were higher in Youngstown (14%) and Warren (12%).¹¹



28% of Mahoning County and 25% of Trumbull County are “**cost burdened**” (spend 30% or more of their income on housing), vs. 27% for Ohio.¹¹



3% of Mahoning and Trumbull County households have been **evicted from their rental** in the past year, compared to 3% for Ohio.¹¹



COMMUNITY FEEDBACK (INTERVIEWS & FOCUS GROUPS)

“Even for market-rate housing, there are significant concerns in the community. We have aging infrastructure. And the housing stock doesn’t meet the needs of our community.”



Community Member Interview (Trumbull - Warren)

“More housing and shelters for homeless people are needed. There are not enough shelters for women and children.”



Community Member Focus Group (Trumbull)

“Housing is not affordable, clean, or safe. There is no assistance available right now. Landlords are so strict. A lot of people are losing their housing.”



Community Member Focus Group (Trumbull)

SECONDARY (EXISTING) DATA



Homelessness point-in-time counts were reported as 161 in Mahoning County (2023) and 95 in Trumbull County (2024).¹²



Data shows that 16% of Mahoning and Trumbull County households are **older adults who live alone**, while the rate is 13% for Ohio. Rates are lower for Youngstown and Warren (10%). This population may be isolated and lack adequate support systems.¹¹

#7 Health Need:

HOUSING & HOMELESSNESS


**COMMUNITY FEEDBACK
(INTERVIEWS & FOCUS GROUPS)**

“Well, there definitely is a lack of safe and affordable housing in this area. I think that’s contributing to potentially a lot of our homelessness issues as well, or a lot of the struggles that we see with families trying to be able to find a roof to put over their head.”



Community Member Interview (Mahoning)

“We have a lot of working poor, living in their cars, staying in the parking lot a bit at the place that they work, showering or wiping down in the bathrooms...trying to have a job, have an income, save the money they need.”



Community Member Interview (Trumbull)

“We really need more rental housing across all income strata.”



Community Member Interview
(Mahoning - Youngstown)

INTERVIEW AND FOCUS GROUP FINDINGS
Top issues/barriers:

- Limited/no affordable housing
- Homelessness
- Lack of quality low-income housing
- Limited resources for shelters/barriers for shelters
- Not enough homes (in general)

Sub-populations most affected:

- Low-income
- Older adults
- Homeless population



Housing insecurity issues were mentioned in 100% of focus groups with priority populations.

Top resources, services, programs, and/or community efforts:

- Catholic Charities
- Housing authorities
- Rescue Mission
- Neighborhood Development Corporation (YNDC)
- Trumbull Neighborhood Partnership
- U.S. Department of Housing and Urban Development (HUD)
- Mental health boards
- Homeless coalition

**PRIORITY POPULATIONS
HOUSING &
HOMELESSNESS**

While **housing and homelessness** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on secondary and survey data we collected from our community:


Mahoning County

experiences higher rates of housing cost burden than Trumbull County and Ohio.¹¹



Survey respondents from the **44420 ZIP Code** were less likely to say they have a steady place to live.



25-34 year-old community survey respondents were less likely to say they have a steady place to live.



Women who responded to the community survey were significantly more likely than men to report affordable housing as lacking in the community.

Black/African American survey respondents were more likely to rate housing and homelessness as a top concern and to select affordable housing as a lacking community resource.



Community survey respondents with **lower education** were less likely to have a steady place to live than those with more education.

Community survey respondents with **lower household incomes** were less likely to say that they had a steady place to live, while more likely to say housing and homelessness is a community priority.

#8 Health Need:

ADVERSE CHILDHOOD EXPERIENCES



Trigger Warning: The following page discusses trauma and abuse, which may be disturbing and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.

SECONDARY (EXISTING) DATA



More than three-quarters (76%) of Trumbull County children have experienced at least one ACE, compared to 74% for Ohio. Data was not available for Mahoning County.¹⁴

18% of survey respondents said that ACEs are a top concern in the community.

IN OUR COMMUNITY

SECONDARY (EXISTING) DATA



Trumbull County (4.2) has a slightly higher rate of substantiated child abuse reports per 1,000 children than the state of Ohio (4.1). The rate for Mahoning County (3.7) is lower than the state.¹³

According to the *OHYES! Survey, the most commonly reported types of child abuse in Trumbull County are (data not available for Mahoning County):¹³

- Emotional abuse (63%)
- Household mental illness (32%)
- Household substance abuse (30%)
- Physical abuse (27%)
- Incarcerated household member (23%)
- Witnessed domestic violence (18%)

Research shows that youth with the most resources are **more likely** to:¹⁴

- do well in school
- be civically engaged
- value diversity

Research shows that youth with the most resources are **less likely** to engage in:¹⁴

- alcohol use
- violence
- sexual activity

SURVEY DATA

Of survey respondents with children, 15% say their child(ren)'s biggest challenge in school is **bullying**, while 12% say it is **stress/mental health**.

PRIORITY POPULATIONS ADVERSE CHILDHOOD EXPERIENCES

While **adverse childhood experiences** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on secondary and survey data we collected from our community:



Trumbull County has a higher child abuse rate than Mahoning County and Ohio.¹³

Survey respondents from the **44511 and 44512 ZIP Codes** were more likely than those from other ZIP Codes to select ACEs as a priority health need.



In the community member survey, **women** were more likely than men to rate ACEs as a top health need.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Drugs and domestic violence
- Increasing issue
- Human trafficking
- Gun violence
- Lack of support services locally
- Grandparents raising children

Sub-populations most affected:

- Children of parents who use drugs
- Children in general
- Low-income population
- Black, Indigenous, and People of Color (BIPOC)



COMMUNITY FEEDBACK (INTERVIEWS & FOCUS GROUPS)

"It's hard for people if they don't have someone that they can talk to about what happened to them as a child. They're not gonna tell anybody if they don't have to."

Community Member Interview

"I think there is a high prevalence [of ACEs] in the population we see. Especially with witnessing domestic violence, homelessness, abuse."

Community Member Interview

#9 Health Need: TRANSPORTATION



IN OUR COMMUNITY

SURVEY DATA

18% of survey respondents reported **transportation** as a top health need in the community.



34% of community survey respondents say that **transportation is lacking** in the community. 11% of respondents say that **lack of transportation prevented their access to one or more essential services** in the past year.



COMMUNITY FEEDBACK (INTERVIEWS & FOCUS GROUPS)

"Public transportation is limited. If your job ends at midnight or later, buses aren't available. Buses often don't go near the neighborhoods where people need them. In bad weather, walking to the bus stop is difficult."



Community Member Interview (Mahoning)

SECONDARY (EXISTING) DATA

MAHONING COUNTY

When analyzing the most populous places in Mahoning County, according to Walkscore.com, all areas were 'Car Dependent' (with a few amenities within walking distance).¹⁵

34/100

Walkscore

YOUNGSTOWN¹⁵

29/100

Walkscore

BOARDMAN¹⁵

27/100

Walkscore

AUSTINTOWN¹⁵

TRUMBULL COUNTY

When analyzing the most populous places in Trumbull County, according to Walkscore.com, Warren and Niles were 'Car Dependent' (with a few amenities within walking distance), Girard was 'Very Walkable', and Hubbard was 'Somewhat Walkable'.¹⁵

71/100

Walkscore

GIRARD¹⁵

67/100

Walkscore

HUBBARD¹⁵

36/100

Walkscore

NILES¹⁵

34/100

Walkscore

WARREN¹⁵

According to the Census:¹⁶



80% of Mahoning County, 72% of Youngstown, 78% of Trumbull County, and 77% of Warren residents **drive alone to work**, compared to 75% for Ohio.¹⁶



2% of Mahoning and Trumbull County residents use **active transportation** to get to work, while the rate is 3% for Ohio.¹⁶



The average **daily commute** time for Mahoning County and Trumbull County workers (**23 minutes**) is lower than for Ohio (**24 minutes**). Warren residents have a slightly longer commute time at 24 minutes, while it is lower in Youngstown at 21 minutes.¹⁶

#9 Health Need:

TRANSPORTATION

COMMUNITY FEEDBACK
(INTERVIEWS & FOCUS GROUPS)

"We need easier access to transportation to hospitals."



Community Member Focus Group (Trumbull)

"There isn't transportation to get to the food and the bus system isn't a good option to transport food."



Community Member Focus Group (Mahoning)

"The nearest bus stop is half a mile from my house. Then I'd need to go downtown to transfer. It's not practical."



Community Member Interview (Mahoning - Youngstown)

"Our public transit grant ran out. To bring it back, it'll have to go on the ballot for a public vote."



Community Member Interview (Trumbull - Warren)

"Walkability is a problem in both the suburbs and the city. I'd rate it a C+; sidewalks are often missing or in disrepair."



Community Member Interview (Trumbull)

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Limited/lack of public transportation
- Sidewalks need improvement
- Area is not walkable

Sub-populations most affected:

- Low-income population
- People with disabilities
- Those without a vehicle
- Rural population
- Inner city areas

Top resources, services, programs and/or community efforts:

- Western Reserve Transit Authority (WRTA)
- Public transit
- Youngstown Neighborhood Development Corporation (YNDC)

PRIORITY POPULATIONS
TRANSPORTATION

While **transportation** is a major issue for the entire community, some groups are more likely to be affected by this health need, based on survey and focus group data we collected from our community:



Community survey respondents from **Trumbull County** were more likely than those from Mahoning County to say that transportation is lacking in the community.

Survey respondents from the **44410 and 44446 ZIP Codes** were more likely to rate transportation as a priority health need. **44410, 44446, 44483, and 44484 ZIP Code** respondents were more likely to say transportation is lacking in the community.



Younger survey respondents experience the most transportation barriers.



On the community survey, **women** were more likely than men to say they experienced transportation barriers for medical appointments and groceries.

Community survey respondents **employed part-time** were more likely to say that transportation is a priority health need, is a barrier, and is lacking in the community.

Community survey respondents with **lower household incomes** were more likely to say that transportation is a priority need and that they experienced transportation barriers in the past year getting to work, school, shopping, or appointments.



Transportation barriers were mentioned in 100% of focus groups with **priority populations**.

#10 Health Need: EDUCATION



IN OUR COMMUNITY

SURVEY DATA

13% of community survey respondents reported education as a priority health need.

SECONDARY (EXISTING) DATA



MAHONING COUNTY

TRUMBULL COUNTY

OHIO

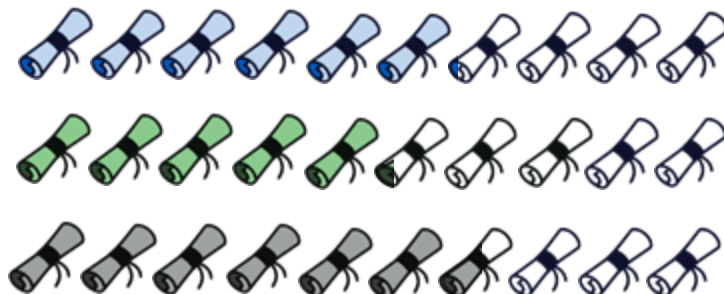
According to the 2025 County Health Rankings, **8%** of Mahoning County and **10%** of Trumbull County residents **DID NOT have a high school degree** or equivalent, vs. **8%** for Ohio. Youngstown residents are more likely not to have a high school degree (16%).¹⁷

61% of Mahoning County residents and **52%** of Trumbull County residents have at least **some college education** (vs. **66%** for the state of Ohio).¹⁷

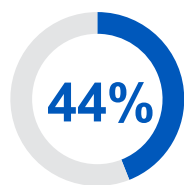
MAHONING COUNTY

TRUMBULL COUNTY

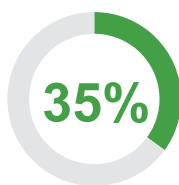
OHIO



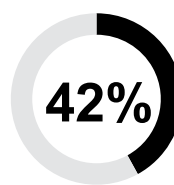
PRESCHOOL ENROLLMENT¹⁶



MAHONING COUNTY



TRUMBULL COUNTY



OHIO



44% of 3- and 4-year-olds in Mahoning County and **35%** for Trumbull County were **enrolled in preschool** in 2023, compared to the Ohio rate of **42%**. Youngstown has a lower rate of preschool enrollment at 38%.¹⁸



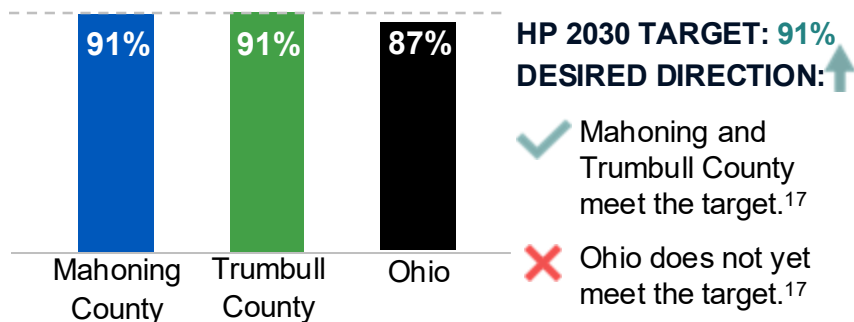
Preschool enrollment can improve short- and long-term socioeconomic and health outcomes, particularly for disadvantaged children.¹⁸

#10 Health Need: EDUCATION



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HIGH SCHOOL GRADUATION RATE



COMMUNITY FEEDBACK (INTERVIEWS & FOCUS GROUPS)

“Education goes back to poverty and the home life. I mean, if you're coming from a household where you live in squalor and you're moving twice a year, you don't have good food...it's hard to lay all that on the education system. So, I think that some of these determinants really create the conditions for people to be successful or not.”

Community Member Interview (Mahoning - Youngstown)

“You have those individuals that are slipping through the cracks where their parents may be experiencing homelessness or in between jobs, [and] their attendance reflects that.”

Community Member Interview (Trumbull - Warren)

“I think our public schools are overburdened and under-resourced.”

Community Member Interview (Trumbull)

“A lot of people are leaving and going to the suburban schools. The inner-city schools have a lot of challenges.”

Community Member Interview (Mahoning)

PRIORITY POPULATIONS EDUCATION

While **education** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on secondary and survey data we collected from our community:



Trumbull County residents are more likely to lack a high school diploma, have lower high-school graduation rates, and have lower post-secondary education completion rates.¹⁷



The community survey found that **Trumbull County** respondents were more likely to have a high school degree or equivalent as their highest level of education.

Community survey respondents from the **44410 and 44420 ZIP Codes** were more likely to have lower levels of education.



25-34 year-old community survey respondents were more likely to rate education as a top concern.

INTERVIEW AND FOCUS GROUP FINDINGS:

Top issues/barriers:

- Negative school district perception
- Schools underfunded
- Transportation to and from school
- Home life issues

Sub-populations most affected:

- Low-income population
- Black, Indigenous, and People of Color (BIPOC)
- Working parents

Top resources, services, programs, and/or community efforts:

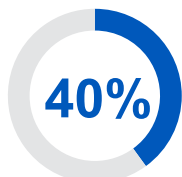
- Trade programs in the area
- Youngstown State University
- Local school system

#11 Health Need: ACCESS TO CHILDCARE

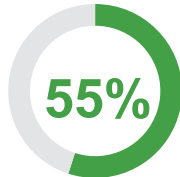


IN OUR COMMUNITY

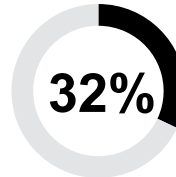
SECONDARY (EXISTING) DATA



MAHONING COUNTY



TRUMBULL COUNTY



OHIO



The average two-child Mahoning County household **spends 40% of its income on childcare**, compared to **55%** for Trumbull County, and with the state average being **32%**.²⁹

SECONDARY (EXISTING) DATA

CHILDCARE AVAILABILITY

MAHONING COUNTY 9

TRUMBULL COUNTY 7

OHIO 8

Mahoning County has **9 daycare centers** per 1,000 children under 5 years old, compared to **7** for Trumbull County and **8** for Ohio.²⁹



SURVEY DATA

26% of community members surveyed reported that **access to childcare resources is lacking in the community**.

11% of community survey respondents reported that **access to childcare** is an issue of concern in their community.

SECONDARY (EXISTING) DATA

According to the 2022 Ohio Childcare Resource & Referral Association Annual Report, the average cost of childcare in Ohio ranges from **\$5,564** per year (for school-aged children cared for outside of school hours) to **\$11,438** per year (for infants under one year of age).²⁶

80% of Ohioans surveyed say quality childcare is expensive locally.²⁷



According to the 2023 Groundwork Ohio statewide survey, **40% of working parents** stated that they have had to **cut back on working hours to care for their children**.²⁸

#11 Health Need:

ACCESS TO CHILDCARE


**COMMUNITY FEEDBACK
(INTERVIEWS & FOCUS GROUPS)**

“If all of my earnings are going towards childcare, then what's the point?”



Community Member Interview

“I believe there is an issue with people getting child care, whether it be affordability or being able to access childcare. But when you start looking at your traditional providers that call themselves preschools, there is a cost to have the building and everything up to standards that are safe enough for the children to be there, and then implementing a curriculum and hiring somebody who has the wherewithal to implement that curriculum.”



Community Member Interview (Trumbull - Warren)

“Lack of childcare keeps me from going to my doctors’ appointments, jobs, mental health appointments.”



Community Member Focus Group (Mahoning)

“For the folks you have living in poverty or in working-class conditions, it’s more likely that you’ll need two working parents, which creates a need for more childcare than you would if the jobs were high-paying, in which case you might have a lot more families that could opt to have one stay at home.”



Community Member Interview (Trumbull)

“There are no places for kids to go over the summer when mothers need to work. We need rapid daycare access for single moms who want to work.”



Community Member Focus Group (Trumbull)

“One of the things that we ask people is if they need anything else other than the programming that we do here, and they say it’s affordable childcare. There is a population of young women who don’t work because it doesn’t pay for them to work. By the time you pay for childcare and transportation.”



Community Member Interview (Mahoning)

PRIORITY POPULATIONS
ACCESS TO CHILDCARE

While **access to childcare** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on secondary and survey data we collected from our community:



Trumbull County experiences higher childcare cost burden than other area counties, while it has lower access to childcare facilities.²⁹



According to the community survey, residents **ages 25-44** were significantly more likely to report childcare as a top health concern than residents of other ages.



Community survey respondents **employed full-time** were more likely to say that childcare is lacking in the community.

INTERVIEW AND FOCUS GROUP FINDINGS:
Top issues/barriers:

- Not affordable/expensive
- Waitlist/lack of spots
- Not enough childcare
- Lack of transportation

Sub-populations most affected:

- Low-income population
- Single parents
- Children with disabilities
- Shift workers
- Working parents/families

Top resources, services, programs and/or community efforts:

- Head Start

#12 Health Need:

PREVENTIVE CARE & PRACTICES



IN OUR COMMUNITY

SURVEY DATA



12%

of community survey respondents said that addressing **preventive care and practices** in the community is a top concern.



12%

of community survey respondents have **NEVER** had a flu shot, while only **54%** say they have had one in the past year.

INTERVIEW AND FOCUS GROUP FINDINGS:

Top issues/barriers:

- Lack of awareness/education
- Stigma/lack of trust
- Expensive out of pocket costs
- Vaccination rates are too low

Sub-populations most affected:

- Low-income population
- Uninsured
- Black, Indigenous, and People of Color (BIPOC)
- Young adults

Top resources, services, programs and/or community efforts:


- Mercy Health
- Health department
- Mobile services

COMMUNITY FEEDBACK
(INTERVIEWS & FOCUS GROUPS)


"During the pandemic, hesitancy towards screenings and vaccinations was common, especially in certain populations. This still exists."

 Community Member Interview (Trumbull - Warren)

"Many low-income people don't understand the value of preventive care due to lack of education."

 Community Member Interview (Mahoning)

"We need more preventive care opportunities in the community. Prevention should be more prioritized instead of just treatment."

 Community Member Focus Group (Mahoning)


"I would love to do a health check-up fair here. People don't go get checkups, especially farmers in rural areas. Have all exams done in one location. It's very important for the rural population. We could do it at the local church."

 Community Member Focus Group (Trumbull)

"We're below the state average on most health screenings. More outreach is needed."

 Community Member Interview (Trumbull)

"People need more education about the importance of routine screenings and preventive care."

 Community Member Interview (Mahoning - Youngstown)

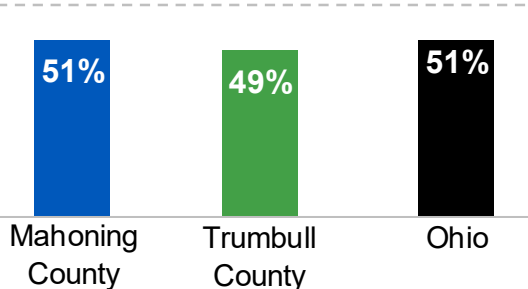
#12 Health Need:

PREVENTIVE CARE & PRACTICES



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

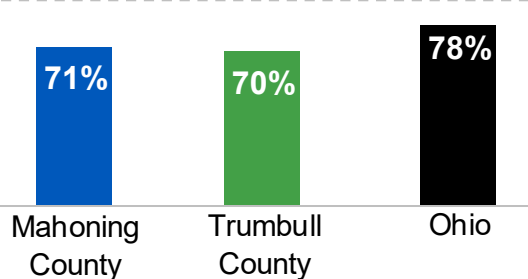
MEDICARE ENROLLEE ANNUAL FLU VACCINATION



HP 2030 TARGET: 70%
DESIRED DIRECTION: ↑

✗ Mahoning County, Trumbull County, and Ohio do not yet meet the target.⁴¹

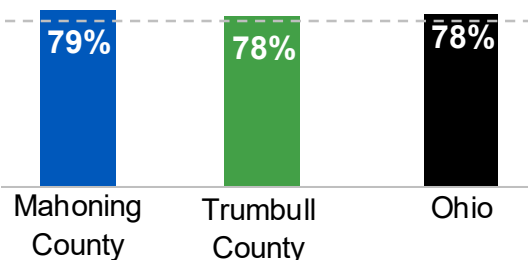
WOMEN 21-65 WITH PAP SMEAR IN PAST 3 YEARS



HP 2030 TARGET: 84%
DESIRED DIRECTION: ↑

✗ Mahoning County, Trumbull County, and Ohio do not yet meet the target.⁴²

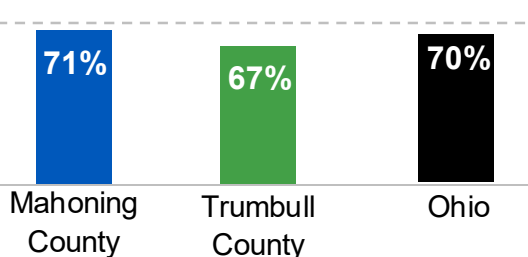
WOMEN 50-74 WITH MAMMOGRAM IN PAST 2 YEARS



HP 2030 TARGET: 77%
DESIRED DIRECTION: ↑

✓ Mahoning County, Trumbull County, and Ohio exceed the target.⁴²

ADULTS 50-75 WHO MEET COLORECTAL SCREENING GUIDELINES



HP 2030 TARGET: 74%
DESIRED DIRECTION: ↑

✗ Mahoning County, Trumbull County, and Ohio do not yet meet the target.⁴²

PRIORITY POPULATIONS PREVENTIVE CARE & PRACTICES

While **preventive care and practices** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on secondary and survey data we collected from our community:



Trumbull County has the lowest rates of Medicare enrollee flu vaccinations and pap smears in the area.^{41,42}

Data shows that Ohioans are less likely to engage in preventive care the **less educated** they are, the **less money** they have, the **younger** they are, and if they are **men**.⁴¹



According to the community survey, **younger respondents** were less likely to have gotten a flu shot in the past year.



Community survey respondents with **lower education** were less likely to say they have had a recent flu shot, or ever had a flu shot.

Black/African American survey respondents were less likely than White respondents to have had a recent flu shot.

#13 Health Need:

ENVIRONMENTAL CONDITIONS



SURVEY DATA

10% of community survey respondents reported environmental conditions as a top health need.

IN OUR COMMUNITY

SECONDARY (EXISTING) DATA



MAHONING
COUNTY



TRUMBULL
COUNTY



OHIO

In 2020 (most recent available data), air quality measurements in the area were the following (in micrograms of particulate matter per cubic meter of air): Mahoning County and Ohio (7.9) and Trumbull County (6.3).¹⁹



In 2023, at least one community water system in Trumbull County, Ohio reported a **health-based drinking water violation**, while there were no violations in Mahoning County.¹⁹

COMMUNITY FEEDBACK
(INTERVIEWS & FOCUS GROUPS)

“The East Palestine train derailment raised concerns about air quality here.”



Community Member Interview (Mahoning)

“Perception is just as important. Some people drink bottled water instead of city water, even though it’s costly.”



Community Member Interview (Mahoning)

“Efforts to clean and restore the Mahoning River are making progress, but more work is needed.”



Community Member Interview (Mahoning)

“Some communities struggle with lead contamination from outdated service lines.”



Community Member Interview

“Trash collection issues (missed pickup for the week) lead to a buildup on the streets.”



Community Member Focus Group (Mahoning)

PRIORITY POPULATIONS
ENVIRONMENTAL
CONDITIONS

While **environmental conditions** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on secondary data we collected from our community:



Children, particularly young children, are more vulnerable to air pollution than adults, including long-term physical, cognitive, and behavioral health effects.¹⁹



Trumbull County was the only county in the area to report any water quality violations.¹⁹

INTERVIEW AND FOCUS GROUP
FINDINGS:

Top issues/barriers:

- Water quality
- Air quality

Sub-populations most affected:

- Low-income population
- Those who live close to farms/industrial plants

Top resources, services, programs, and/or community efforts:

- Health department
- Grants
- Environmental Protection Agency (EPA)

#14 Health Need: INTERNET ACCESS

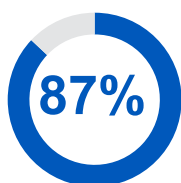


IN OUR COMMUNITY

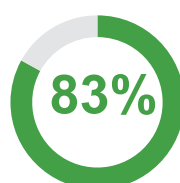
SECONDARY (EXISTING) DATA



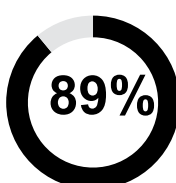
Ohio ranks 38th out of the 50 U.S. States in BroadbandNow's 2024 rankings of internet coverage, speed, and availability (with 1 being better coverage).²⁰ 5% of community survey respondents rate internet access as a **priority health need**.



MAHONING COUNTY



TRUMBULL COUNTY



OHIO

87% of Mahoning County and 83% of Trumbull County households have a broadband internet connection, vs. 89% for Ohio.²⁰



COMMUNITY FEEDBACK (INTERVIEWS & FOCUS GROUPS)

"The cost of internet is a big issue. We don't have enough providers for competitive pricing."

Community Member Interview (Mahoning)

"Most of our areas have internet access, but affordability remains a challenge."

Community Member Interview (Trumbull)

"There's some internet access across the city, but it could definitely be improved."

Community Member Interview (Mahoning - Youngstown)

"Some communities still have no internet access at all. It's not just spotty, it's nonexistent in certain areas."

Community Member Interview

PRIORITY POPULATIONS

INTERNET ACCESS

While **Internet/Wi-Fi access** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on secondary and survey data we collected from our community:



Trumbull County has lower broadband access than Mahoning County.²⁰

According to the community survey, residents **ages 55-64** ranked internet as a top concern more than other age groups.

INTERVIEW AND FOCUS GROUP FINDINGS:

Top issues/barriers:

- Affordability/cost
- Lack of access
- Spotty coverage

Sub-populations most affected:

- Low-income/poverty
- Rural areas
- Older adults
- Students

Top resources, services, programs, and/or community efforts:

- Library
- Federal grants
- Spectrum
- Oak Hill Collaborative

#15 Health Need: TOBACCO & NICOTINE USE



SURVEY DATA

5% of survey respondents indicated that **tobacco and nicotine use** were top concerns in the community.

IN OUR COMMUNITY

SURVEY DATA



12% of survey respondents reported **smoking, vaping, or using tobacco products daily or almost every day in the past 30 days.**



COMMUNITY FEEDBACK (INTERVIEWS & FOCUS GROUPS)


"Tobacco use remains a stubborn problem in the area."

 Community Member Interview (Mahoning)


"Teen vaping is alarming. It's just as addictive as smoking but faces fewer restrictions."

 Community Member Interview (Mahoning)

"Tobacco 21 laws have helped, but vaping remains a huge issue."

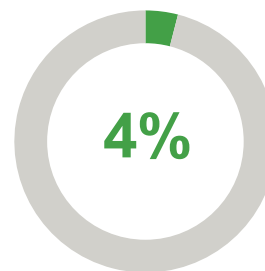
 Community Member Interview (Mahoning - Youngstown)

"Smoking is still an issue in the community."

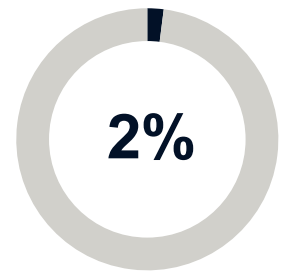
 Community Member Focus Group (Mahoning)

SECONDARY (EXISTING) DATA

Rates of current cigarette smoking are higher for Trumbull County teens than Ohio teens (4% vs. 2%). Data was unavailable for Mahoning County.³³



TRUMBULL COUNTY



OHIO

In the 2023 OHYES! survey,

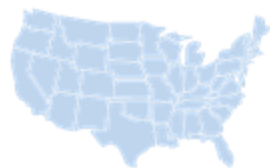
15% of Trumbull County vs. **10%** of Ohio youth said they vaped in the past 30 days. Data was unavailable for Mahoning County.³³

7% of survey responses with children in their household say they are aware that their children use tobacco or nicotine products, including cigarettes, e-cigarettes, or vape pens.



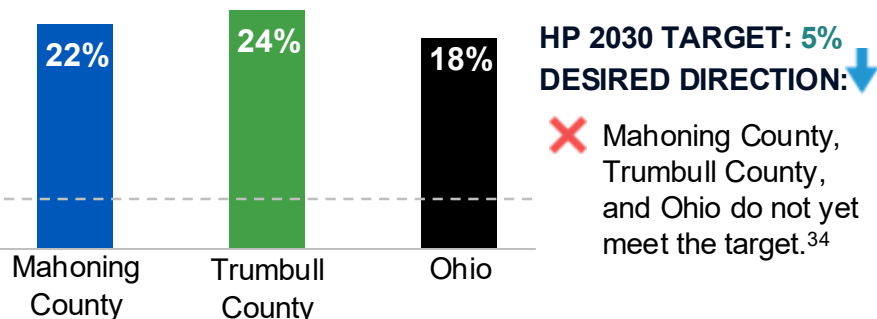
#15 Health Need:

TOBACCO & NICOTINE USE



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT CIGARETTE SMOKING



COMMUNITY FEEDBACK (INTERVIEW & FOCUS GROUPS)

“Progress in smoking cessation has been undermined by the rise of vaping. We’re back to square one.”

Community Member Interview

“People often use tobacco as a coping mechanism for anxiety and stress, despite the high cost.”

Community Member Interview (Mahoning)

INTERVIEW AND FOCUS GROUP FINDINGS:

Top issues/barriers:

- Vaping
- Smoking
- Lack of education

Sub-populations most affected:

- Youth
- Adults
- Low-income population

Top resources, services, programs and/or community efforts:

- Health department

PRIORITY POPULATIONS TOBACCO & NICOTINE USE

While **tobacco and nicotine use** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on secondary and survey data we collected from our community:



Trumbull County has higher rates of cigarette smoking than other area counties and Ohio. Survey respondents in this county were also more likely to say they smoke, vape, or use tobacco/nicotine products.³⁴

35-44 year-old survey respondents were more likely to say that tobacco and nicotine use is a priority. **45-54 year-olds** were most likely to smoke, vape, or use tobacco/nicotine products every day or almost every day.

Survey respondents with **lower education/income** or **employed part-time** were more likely to say they smoke, vape, or use tobacco/nicotine products every day or almost every day.

According to Ohio data, the smoking rate is highest in **multi-racial people, women, people ages 35-44, LGBTQ+ people, people with disabilities, and lower income and less educated people.**³⁴

At the Ohio level, vaping rates are highest in **people ages 18-24, men, Hispanic people, people with disabilities, and lower income and less educated people.**³⁴



Youth are more likely to vape/use e-cigarettes than smoke tobacco.³³

HEALTH NEEDS

HEALTH OUTCOMES



HEALTH NEEDS: HEALTH OUTCOMES

The following pages rank the health outcomes category of health needs. They are ranked and ordered according to the ranking from the community member survey as seen on page 29 (note that not every health need has its own section and some health needs have been combined to form larger categories, such as mental health). Each health need section includes a combination of different data sources collected from our community: secondary (existing) data, and primary (new) data – from the community member survey and key informant interviews with community leaders and members. Priority populations who are most affected by each health need and experience health disparities are also shown. Finally, where applicable, Healthy People 2030 Goals are highlighted, including the performance of Mahoning and Trumbull Counties and the state compared to the benchmark goal.



#1 Health Need: MENTAL HEALTH



Trigger Warning: The following pages discuss suicide, which may be disturbing and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.

SURVEY DATA

Mental health and access to mental healthcare was the **#1 ranked health outcome** in the community survey (92%).

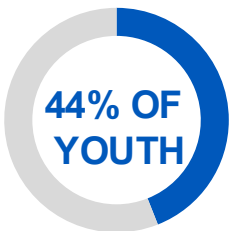
26% of survey respondents say that **mental healthcare access is lacking** in the community. 17% said they **could not get needed mental health or substance use counseling** in the past year. The most common barriers are not being able to get an appointment and insurance not covering the cost of services.

OVER 14%

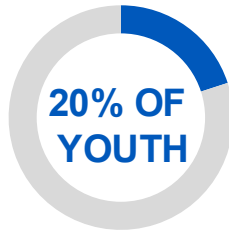
of community survey respondents rate their **access to mental or behavioral health services** as **LOW** or **VERY LOW**, with another 39% rating it as **NEUTRAL**.

IN OUR COMMUNITY

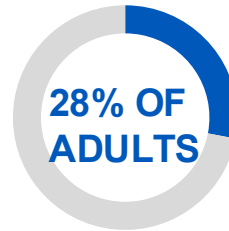
SECONDARY (EXISTING) DATA



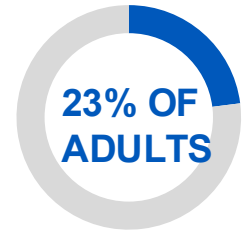
in Trumbull County experienced **poor mental health in the past 12 months**, vs. **37%** for Ohio. Data was unavailable for Mahoning County.²¹



in Mahoning County **considered attempting suicide** in the past year, compared to **14%** for Ohio. Data was unavailable for Trumbull County.²¹



in Trumbull County and **26%** in Mahoning County and Ohio have been diagnosed with **depression**.²²



in Trumbull County experienced **frequent mental distress** (2+ weeks/month in the past month), compared to **21%** for Mahoning County and **19%** for Ohio.²³

MAHONING COUNTY

220:1

TRUMBULL COUNTY

420:1

OHIO

290:1

The 2025 County Health Rankings found that Trumbull County has **fewer mental health providers** relative to their population when comparing the ratio to Ohio, while Mahoning County has more providers (ratio of residents : mental health providers).²³



Mahoning County adults experience an average of **6.2 mentally unhealthy days** per month, vs. **6.8 days** for Trumbull County and **5.5 days** for Ohio.²³



SURVEY DATA

Only 37% of respondents to the community member survey requiring mental or behavioral health services **received all the care they needed**.



COMMUNITY FEEDBACK (INTERVIEW & FOCUS GROUPS)

"Mental health stability is a challenge when you don't have housing stability."



Community Member Focus Group (Trumbull)

"There aren't enough mental health professionals in the area. Demand far exceeds supply."



Community Member Interview (Mahoning)

#1 Health Need: MENTAL HEALTH



SURVEY DATA

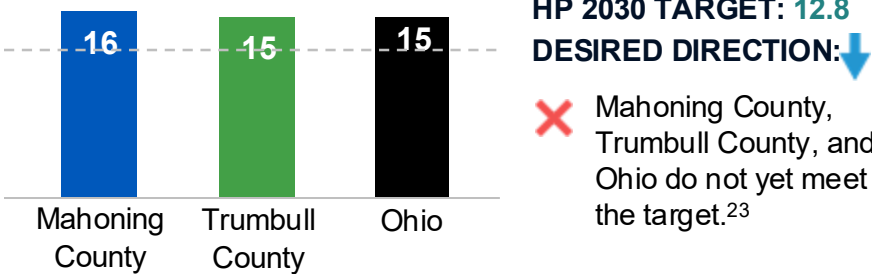


45% of survey respondents rate their mental health as 'good', while 31% rate it as 'average'. 40% said in the last 6 months, they and/or a household member have felt **down/sad for more than 2 weeks**. 16% **received treatment** from a primary care provider or mental health counselor.



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

SUICIDE RATE



COMMUNITY FEEDBACK (INTERVIEWS & FOCUS GROUPS)

"Even though we have several mental health providers in the area, there's a long waiting list, especially for children under the age of 18. I just was talking to somebody the other day. They have to wait a year and a half to get an appointment. So, when someone's in a crisis that's definitely an issue."

Community Member Interview (Trumbull - Warren)

"Given the city's poverty and poor living conditions for vulnerable populations, mental health needs are extensive."

Community Member Interview (Mahoning - Youngstown)

"I have had my own mental health struggles and was scared to tell anyone including my husband. We don't talk about it. Eventually I went to doctor and it was an absolute nightmare to navigate the system."

Community Member Focus Group (Trumbull)

PRIORITY POPULATIONS MENTAL HEALTH

While **mental health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on secondary and survey data we collected from our community:



Trumbull County has lower access to mental health providers relative to their population than Mahoning County and Ohio.²³

Trumbull County survey respondents were more likely to say they/a household member have been treated for depression and that community mental health resources are lacking.



On the survey, **women** rated their mental health and access to mental health services as lower and were more likely to go without needed care.



25-34 year-old survey respondents were most likely to say mental health is a community priority and to rate their mental healthcare access as 'low'.

Survey respondents with **lower household incomes** or **lower education** were more likely to say their mental healthcare access is 'very low'.

INTERVIEW AND FOCUS GROUP FINDINGS:

Top issues/barriers:

- Major issue in community (general)
- Stigma
- Suicide

Sub-populations most affected:

- Men
- Low-income population
- Black, Indigenous, and People of Color (BIPOC)
- Youth
- Uninsured/underinsured population
- LGBTQ+ population

Top resources, services, programs and/or community efforts:

- Local healthcare systems
- Cherry Street Mission
- Zepf Center

#2 Health Need: CHRONIC DISEASES



IN OUR COMMUNITY

SECONDARY (EXISTING) DATA

20% of Mahoning County and 22% of Trumbull County adults rate their health as **fair or poor** (vs. 18% for Ohio).³⁵

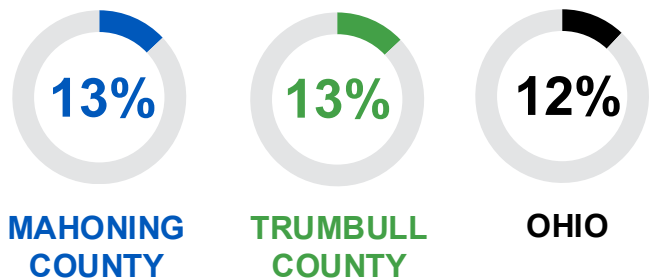


HEART DISEASE



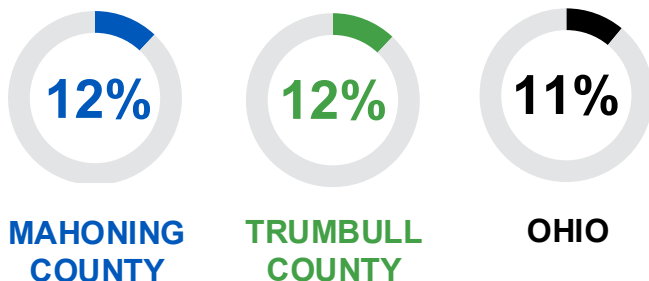
7% of Mahoning County and Ohio adults report being told they have **coronary heart disease**, vs. 8% for Trumbull County.³⁷

DIABETES



13% of Mahoning and Trumbull County, and 12% of Ohio adults have **diabetes**.³⁷

ASTHMA



12% of Mahoning and Trumbull County have **asthma**, vs. 11% for Ohio.³⁷

SURVEY DATA



85% of community survey respondents chose chronic diseases as a top community health need. The most commonly cited conditions were **diabetes, heart disease, cancer, and obesity**.

62%

of community survey respondents say they have at least one **chronic health condition or disability**.

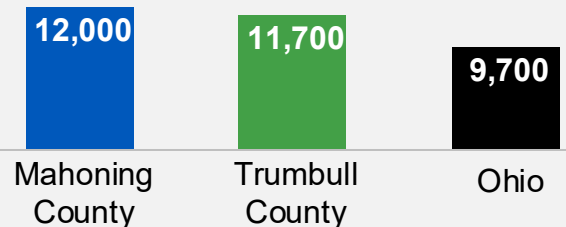


13% of those surveyed felt that a **lack of provider awareness and/or education about their health condition** was a care barrier.

SECONDARY (EXISTING) DATA



18% of Mahoning and Trumbull County adults identify as having a **disability**, vs. 15% for Ohio. Disability rates are higher for Youngstown (23%) and Warren (24%).³⁶



There were **12,000** (age-adjusted) years of potential life lost among Mahoning County residents under age 75 per 100,000 population, **11,700** for Trumbull County, and **9,700** for Ohio.³⁵

#2 Health Need: CHRONIC DISEASES



SECONDARY (EXISTING) DATA

According to the Ohio Health Data Warehouse, Mahoning County (427) and Trumbull County (431) have a **lower overall incidence of cancer** per 100,000 than Ohio (465).³⁸

427

MAHONING COUNTY³⁸

431

TRUMBULL COUNTY³⁸

465

OHIO³⁸



COMMUNITY FEEDBACK (INTERVIEWS & FOCUS GROUPS)

"I think when you look at chronic disease, I think we have a lack of preventative services for it, or I should say lack of a lack of investing in prevention."



Community Member Interview (Mahoning)

"We have them all, and our rates are higher than the state average. And again, you're gonna see it right in those areas where the poverty is the highest."



Community Member Interview (Trumbull)

"They don't have access to things that could help them prevent chronic diseases. It's not even an incentive. It's that people don't have the knowledge they need to live in a healthier way or exercise, or eat well, and they may not have access to the food, whether it's the ability to cook it, or just getting the fresh fruits and vegetables, and that just leads to a real spiral."



Community Member Interview

"We can trace a lot of chronic diseases back to the social determinants of health."



Community Member Interview
(Mahoning - Youngstown)

PRIORITY POPULATIONS

CHRONIC DISEASES

While **chronic diseases** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on survey and focus group data we collected from our community:



Survey respondents from the **44484 ZIP Code** were more likely than those from other ZIP Codes to rate chronic conditions as a priority health need.



Survey respondents **ages 65+** were more likely to have a chronic condition.

Black/African American survey respondents were more likely to say they had hypertension or diabetes than White respondents.

Community survey respondents with **lower household incomes** were more likely to say that they had a disability or chronic condition.



Chronic conditions were mentioned in 80% of focus groups with **priority populations**.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Lifestyle
- Diabetes
- Heart disease/stroke/hypertension/high cholesterol

Sub-populations most affected:

- Low-income population
- Older adults

Top resources, services, programs and/or community efforts:

- Mercy Health

#3 Health Need:

MATERNAL, INFANT & CHILD HEALTH



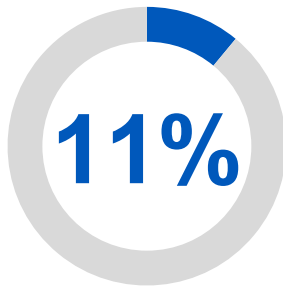
SURVEY DATA

53% of community survey respondents say that addressing **maternal and child health** in the community is a top concern.

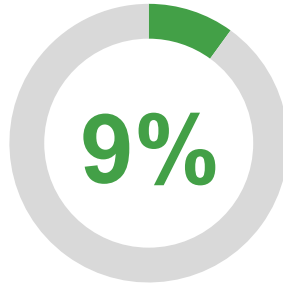
21% of survey respondents say that maternal, infant, and child healthcare **resources are lacking** in the community.

IN OUR COMMUNITY

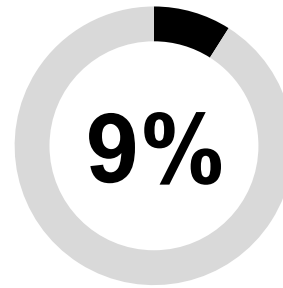
SECONDARY (EXISTING) DATA



MAHONING COUNTY³⁹



TRUMBULL COUNTY³⁹



OHIO³⁹



Mahoning County has a **low-birth-weight rate** of **11%**, vs. **9%** for Trumbull County and Ohio (less than 5 pounds and 8 ounces).³⁹

21

MAHONING COUNTY³⁹

23

TRUMBULL COUNTY³⁹

17

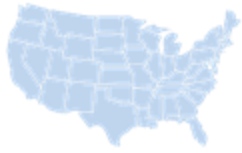
OHIO³⁹



Mahoning County's **teenage birth rate** for ages 15-19 (**21 per 1,000 females**) is higher than that of Ohio's (17 per 1,000 females), as is Trumbull County's (**23 per 1,000 females**).³⁹

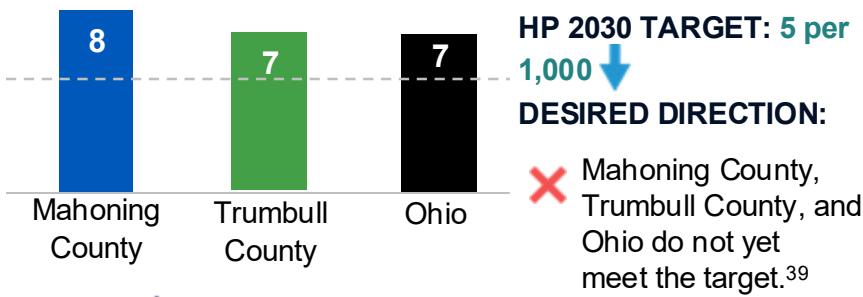
#3 Health Need:

MATERNAL, INFANT & CHILD HEALTH



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

INFANT MORTALITY RATE PER 1,000



COMMUNITY FEEDBACK (INTERVIEWS & FOCUS GROUPS)

"Access to prenatal care is a major challenge. With a shortage of OB/GYNs and no new providers coming in, the problem is worsening."

Community Member Interview (Mahoning)

"Factors like obesity, diabetes, and smoking among mothers contribute to negative birth outcomes."

Community Member Interview (Mahoning)

"Our area lost many OB/GYNs when one of the hospitals shut down its maternity services. Now, there aren't enough doctors."

Community Member Interview (Trumbull)

"We no longer have labor and delivery services at our local hospital. Women have to travel to Boardman to give birth, which creates a significant burden."

Community Member Interview (Trumbull)

"Many teen girls avoid telling their parents about their pregnancy, which prevents them from receiving the care they need."

Community Member Interview (Mahoning)

"Please offer help for homeless children. Baby diapers and clothes are so needed. We need more parenting classes."

Community Member Focus Group

PRIORITY POPULATIONS MATERNAL, INFANT & CHILD HEALTH

While **maternal, infant & child health** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on secondary and survey data we collected from our community:



Mahoning County has a higher low-birth weight rate and infant mortality rate than other area counties and Ohio.³⁹

35-44 year-old survey respondents were more likely to say that maternal, infant, and child health is a priority, while **25-44 year-olds** say these services are most lacking in the community.



In Ohio, as in the nation, rates of severe maternal morbidity are much higher among **non-Hispanic Black women** compared to White women.³⁹

INTERVIEW AND FOCUS GROUP FINDINGS:

Top issues/barriers:

- High infant mortality rates/stillbirths
- Maternal morbidity
- Lack of prenatal/postnatal care (people not getting it)
- Lack of access to reproductive care
- Transportation

Sub-populations most affected:

- Black, Indigenous, and People of Color (BIPOC)
- Black mothers
- Teens
- Trumbull County

Top resources, services, programs and/or community efforts:

- Health department
- Village of healing
- MY Baby's 1st Coalition

#4 Health Need: INJURIES



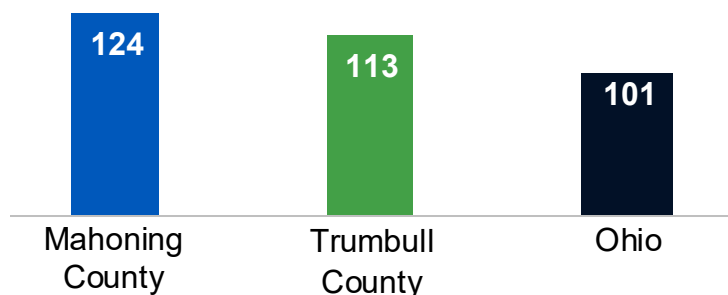
SURVEY DATA

Unintentional injuries include motor vehicle crashes and accidental falls, among others. **20%** of community survey respondents chose **injuries** as a top community health need.

IN OUR COMMUNITY

SECONDARY (EXISTING) DATA

UNINTENTIONAL INJURY DEATH RATE PER 100,000⁴⁰



Mahoning County (124) and Trumbull County (113) all have **higher unintentional injury death rates** per 100,000 than Ohio (101 per 100,000).⁴⁰

PRIORITY POPULATIONS INJURIES

While **injuries** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on secondary and survey data we collected from our community:



Mahoning County has a higher unintentional injury death rate than the other area counties and Ohio.⁴⁰

According to the community survey, residents **ages 55-64** were more likely to rank injuries as a top concern.



In the community survey, **men** were more likely than women to rate injuries as a top health need.

Individuals who work in jobs with a higher risk of occupational injury, such as **manufacturing, construction, agriculture, transportation, trades, and frontline workers**.⁴⁰



Older residents are at a higher risk of falling and sustaining injuries from falling.⁴⁰

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:

- Car accidents
- Pedestrian fatalities
- Falls

Sub-populations most affected:

- Older adults



COMMUNITY FEEDBACK (INTERVIEWS & FOCUS GROUPS)

“Car accidents happen almost daily in the valley. It’s a constant concern.”

 Community Member Interview (Mahoning)

“Public messaging about marijuana-impaired driving needs improvement.”

 Community Member Interview (Mahoning)

“The reckless driving in the area is alarming. It feels like people are more careless on the roads.”

 Community Member Interview (Mahoning - Youngstown)

“Falls are common among older adults. It’s a significant issue we see regularly.”

 Community Member Interview (Trumbull)

“Eastgate has identified high-crash areas through a Safe Street demonstration. Car and pedestrian accidents remain a problem.”

 Community Member Interview

#5 Health Need: HIV/AIDS & STIs



IN OUR COMMUNITY

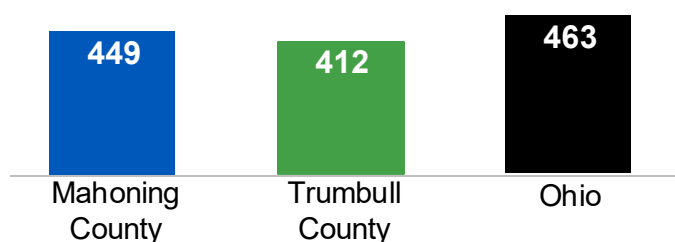
SURVEY DATA



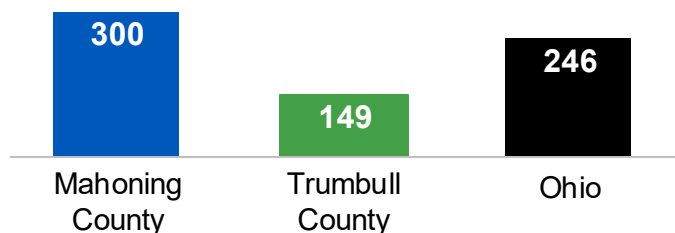
6% of community survey respondents feel that addressing **HIV/AIDS and Sexually Transmitted Infections (STIs)** in the community is a **top concern**.

SECONDARY (EXISTING) DATA

Chlamydia rates per 100,000 people⁴³



HIV rates per 100,000 people⁴³



Mahoning County has **higher rates of HIV and STIs** than Ohio, while **Trumbull County** has lower rates.⁴³

COMMUNITY FEEDBACK (INTERVIEWS & FOCUS GROUPS)



"The stigma around HIV is strong. Many people avoid testing because they fear the results, leading to higher transmission rates."



Community Member Interview (Trumbull)

"Our STI clinic operates four days a week. Cases of chlamydia and gonorrhea are rising. The challenge is getting people to come in for testing."



Community Member Interview
(Mahoning - Youngstown)

"There is a lack of places to go to get condoms or education to protect ourselves [homeless women] from STIs. We need more educational programs for HIV/AIDS."



Community Member Focus Group

PRIORITY POPULATIONS

HIV/AIDS & STIs

While **HIV/AIDS and STIs** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on secondary and survey data we collected from our community:

Mahoning County has higher rates of HIV than Ohio and other area counties.⁴³



Women have higher rates of chlamydia, particularly those ages 20-24.⁴³



Men have higher rates of syphilis and gonorrhea.⁴³

Community survey respondents **ages 25-34** were more likely to rate HIV/AIDS and STIs as a top concern.

Black/African American survey respondents were more likely to rate HIV/AIDS and STIs as a top concern.

In the survey, those with **lower education and incomes** or **employed part-time** were more likely to rank HIV/AIDS and STIs as a priority health need.

INTERVIEW AND FOCUS GROUP FINDINGS:

Top issues/barriers:

- Increase in STIs (general)
- Stigma
- Low rates of testing/screening

Sub-populations most affected:

- Younger generation/students
- LGBTQ+ population

Top resources, services, programs and/or community efforts:

- Health department

LEADING CAUSES OF DEATH



Causes	Mahoning	Trumbull	Ohio
PER 100,000 PERSONS, CRUDE RATES, FIVE-YEAR AVERAGE			
All Causes	1,510.2	1,488.7	1,160.2
Heart Disease	376.9	363.6	253.0
Cancer	241.0	247.7	212.2
Ischemic Heart Disease	181.4	150.3	131.6
COVID-19	109.0	106.7	73.9
Unintentional Injury	99.8	97.9	79.6
Alzheimer's Disease	71.3	53.6	44.2
Lung Cancer	60.9	73.7	52.9
Stroke	60.8	71.1	59.9
Chronic Lower Respiratory Disease	59.9	73.9	57.5
Unintentional Drug-Overdose	59.9	59.1	40.3
Diabetes	47.4	45.2	35.8
Kidney Disease	29.0	25.3	19.6
Influenza and Pneumonia	21.3	19.3	15.8
Colon/Rectum Cancer	21.0	20.4	8.1
Suicide	17.4	15.9	15.0
Liver Disease	17.1	19.0	15.9
Breast Cancer	16.1	16.1	14.2
Parkinson's Disease	14.5	14.1	13.2
Prostate Cancer	12.8	9.1	10.5
Hypertensions & Hypertensive Renal Disease	6.5	6.1	4.2



The top two leading causes of death in Mahoning County and Trumbull County are heart disease and cancer.⁴⁶

IDEAS FOR CHANGE FROM OUR COMMUNITY



These are *ideas* that we heard from community leaders and community members for potential suggestions to support community health.

ACCESS TO CHILDCARE

- Create more summer programs for kids.
- Increase affordable, quality childcare options for low-income families.
- Provide transportation to childcare services.

ACCESS TO HEALTHCARE

- Dental, vision, and hearing providers should accept different insurance providers, especially Medicare.
- Make sure that healthcare facilities follow 'do not resuscitate' orders.
- Decrease health insurance costs.
- Offer in-home physician care.
- Bring more specialists to the area, including neurologists, endocrinologists, and EEG (electroencephalogram) technicians.
- Shorten wait times for emergency care, such as for respiratory issues.
- Improve access to healthcare for transgender residents, while promoting confidentiality.
- Have a system where residents can access information centrally, especially for mental healthcare and general medical care.
- Provide more support for hospital nursing staff, and address provider burnout.
- Improve evidence-based care and local research.
- Hold more health fairs.
- Improve education on end-of-life care.
- Open more urgent care centers.
- Increase access to Spanish-speaking providers, providers of color, and culturally competent care.
- Extend primary care clinic hours, with evening and weekend appointments, walk-in availability, and more options for working people.
- Hire more insurance navigators.
- Improve communication between existing programs.
- Address healthcare trust issues.

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

- Focus on the youth and the effects of early childhood trauma. Change starts with the children.
- Training on ACEs to incorporate those screenings into mobile health units.
- Incorporate ACE assessments into other healthcare visits.

CHRONIC DISEASES

- Provide more therapy for people with lupus, rheumatoid arthritis, and fibromyalgia.
- Help younger populations with diabetes.
- Address obesity in the community.
- Improve access to education and specialists for people with chronic diseases.

CRIME AND VIOLENCE

- Install more street lighting in neighborhoods.
- Police departments need to take citizen reports and concerns seriously.
- Increase police patrol.
- Provide more resources for community violence interruption efforts.

EDUCATION

- Improve access to financial education in the community.
- Provide more support for kids who are left home alone after school because their parents have to work.
- Create more resources for repairing houses (lead paint, asbestos, mold, etc.).

IDEAS FOR CHANGE

FROM OUR COMMUNITY (CONT.)



These are *ideas* that we heard from community leaders and community members for potential suggestions to support community health.

ENVIRONMENTAL CONDITIONS

- Address the issues of high-cost water bills.
- Address lead exposure issues.
- Improve drinking water safety and testing.

FOOD INSECURITY

- Improve access to organic food options.

HIV & STIs

- Provide free or low-cost access for teens and adults to contraceptives.

HOUSING & HOMELESSNESS

- Address abandoned homes, as they are a health hazard and can be dumping grounds.
- Offer more home repair support programs.
- Create more homeless shelters (with proper ventilation, and particularly for women, children, and families), and hire more case workers for this population.
- Start more grants for mortgage assistance.
- Provide credit education to help families buy homes.
- Create rules to hold landlords accountable for charging high rent and not maintaining properties.
- Build more quality and affordable housing for Older adults and low-income groups.
- Implement quick housing placement for homeless residents.
- Provide eviction prevention education.
- Develop more resources for housing and rental inspection.
- Provide home radon testing kits.
- Mercy Health should invest in housing.

INCOME/POVERTY AND EMPLOYMENT

- Address poor educational outcomes, and subsequent unemployment, limited job options, and/or unskilled work challenges.
- Help those that are not eligible for Medicaid and food stamps.
- Bring better paying jobs to the area; invest in businesses and jobs to attract people to the area.
- Improve job skills training and help with resumes.
- Use workforce development programs to reach the low-income, low-skill population to help them get jobs.
- Provide childcare options for job/skills training programs to make it easier for parents to attend.

INJURIES

- Increase workers' compensation coverage for needs beyond healthcare.
- Make crosswalks safer, especially in areas with high pedestrian fatalities.
- Create more prevention programs for older adult falls.

INTERNET/WI-FI ACCESS

- Work to bring better high-speed internet coverage to the area.

MATERNAL/INFANT/CHILD HEALTH

- Provide access to preventive care for women and free access to contraceptives and prescriptions.

IDEAS FOR CHANGE

FROM OUR COMMUNITY (CONT.)



These are *ideas* that we heard from community leaders and community members for potential suggestions to support community health.

MENTAL HEALTH

- Increase funding for mental health institutions, and ensure proper staffing, training, and oversight.
- Improve support for youth and youth adults with behavioral and developmental health needs.
- Bring more mental healthcare options to the area, particularly for children.
- Offer family mental health support groups.
- Offer more mental health services for the homeless population.
- Improve coordination of mental healthcare.
- Increase mental health advocacy in the community.
- Create crisis stabilization centers.
- Implement a non-police mental health crisis response.

NUTRITION AND PHYSICAL HEALTH

- Improve gym access for people with disabilities.
- Bring back the 'Stepping Out' fitness program.
- Build more bike lanes, walking paths, and affordable gyms and swimming pools.
- Offer more recreation opportunities.
- Increase access to exercise options for the homeless population.
- Serve healthier foods in schools.
- Promote education on how to be active at home (without needing specific supplies or gym memberships).

PEOPLE WITH DISABILITIES

- Create alternative healthcare options for people with disabilities.
- Increase access to assessments and quicker therapy for kids with autism.
- Address inequities in healthcare access and outcomes for people with disabilities.
- Improve options for people with disabilities related to accessing healthcare, food, and exercise resources.

PREVENTIVE CARE AND PRACTICES

- Increase access to mobile health service vans for preventive screenings, community-based healthcare delivery, and basic treatment.
- Hold rural health screening fairs.
- Offer farmer-focused health services.
- Expand outreach into communities that need the information/education the most.
- Have peers share experiences to help normalize preventive health practices and emphasize their importance.
- Promote more investment into preventive practices/education.

SUBSTANCE MISUSE

- Offer more support options for people with substance use disorders, particularly youth.
- Get to the root of substance use disorders, as they are often linked to child abuse, violent crime, truancy, homelessness, and food insecurity.
- Increase access to rehabilitation options for those with substance use disorders.
- We have to be able to rehabilitate those struggling with drugs.

IDEAS FOR CHANGE

FROM OUR COMMUNITY (CONT.)



These are *ideas* that we heard from community leaders and community members for potential suggestions to support community health.

TRANSPORTATION

- Increase the number of transportation options in the area, especially free options.
- Make public transportation and sidewalks accessible and reliable for all people.
- Offer night buses for second and third-shift workers.
- Extend the weekend transportation service.
- Create more frequent bus routes (at least every 30 minutes), and ensure they serve the areas with the most need.
- Increase the number of wheelchair-accessible vehicles.
- Provide transportation services beyond limited insurance rides.
- Create more medical transport options.
- Make new developments more walkable.

OTHER

- Inform residents about needs assessment results.
- Increase access to programs for Older adults in the area.
- Improve opportunities for teen activities and engagement.
- Train 988 workers not to dismiss the needs of transgender callers.
- Utilize Maslow's hierarchy of needs to prioritize foundational needs in the community.
- Address racism in the community.
- Assess the impacts of gentrification on community resources.
- Open more public restrooms in the area.
- Improve drinking water safety.
- Offer basic hygiene resources.



CURRENT RESOURCES

ADDRESSING PRIORITY HEALTH NEEDS

MAHONING TRUMBULL COMMUNITY HEALTH PARTNERS



Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Access to Healthcare

Akron Children's Hospital
 Midlothian Free Clinic
 Mahoning County Mental Health and Recovery Board
 Mercy Health Youngstown
 Meridian Healthcare
 Trumbull County Mental Health and Recovery Board
 Mahoning County Public Health
 Trumbull County Combined Health District
 Warren City Health District
 Youngstown City Health District
 The Ohio Farm Bureau
 Community Foundation of the Mahoning Valley
 Youngstown State University
 Youngstown Foundation
 Mahoning Youngstown Community Action Partnership
 Auglaize County

Adverse Childhood Experiences (ACEs)

Mahoning County Mental Health and Recovery Board
 Mahoning County Public Health
 Trumbull County Combined Health District
 Warren City Health District
 Youngstown City Health District
 Mahoning County Job and Family Services
 Youngstown City Schools

Crime & Violence

Youngstown Police Department
 Mahoning County Sheriff's Department

Chronic Diseases

Midlothian Free Clinic
 Mercy Health Youngstown
 Mahoning County Public Health
 Trumbull County Combined Health District
 Warren City Health District
 Youngstown City Health District
 Community Foundation of the Mahoning Valley
 Youngstown Foundation

Disability Services

Board of Developmental Disabilities (Mahoning County)
 Youngstown Foundation

Education

Mahoning County Public Health
 Trumbull County Combined Health District
 Warren City Health District
 Youngstown City Health District
 Ohio State University Extension
 Youngstown City Schools
 The Public Library of Youngstown and Mahoning County
 Youngstown State University
 Mahoning Youngstown Community Action Partnership
 Wean Foundation

Environmental Services

Mahoning County Public Health
 Trumbull County Combined Health District
 Warren City Health District
 Youngstown City Health District
 Eastgate Regional Council of Governments
 Youngstown Parks and Recreation Department

Food Insecurity

Mahoning County Public Health
 Trumbull County Combined Health District
 Warren City Health District
 Youngstown City Health District
 Mahoning County Job and Family Services
 Youngstown City Schools
 Warren Family Mission
 Community Foundation of the Mahoning Valley
 Second Harvest Food Bank of the Mahoning Valley
 The Sacred Commons Church
 Youngstown State University

Housing, Poverty, & Employment

Youngstown Neighborhood Development Corporation
 Mahoning County Job and Family Services
 Warren Family Mission
 Community Foundation of the Mahoning Valley
 Wean Foundation
 Mahoning Youngstown Community Action Partnership
 The Sacred Commons Church

Injuries

Rescue Mission of Mahoning Valley
 Mahoning County Public Health
 Trumbull County Combined Health District
 Warren City Health District
 Youngstown City Health District

Internet & Wi-Fi Access

Spectrum
 Oakhill Collaborative
 The Public Library of Youngstown and Mahoning County

CURRENT RESOURCES

ADDRESSING PRIORITY HEALTH NEEDS

MAHONING TRUMBULL COMMUNITY HEALTH PARTNERS (CONT.)



Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Maternal, Infant, & Child Health

Akron Children's Hospital
Mahoning Valley Pathways HUB
Mercy Health Youngstown
Mahoning County Public Health
Trumbull County Combined Health District
Warren City Health District
Youngstown City Health District

Mental Health

Mahoning County Mental Health and Recovery Board
Mercy Health Youngstown
Meridian Healthcare
Trumbull County Mental Health and Recovery Board
Mahoning County Public Health
Trumbull County Combined Health District
Warren City Health District
Youngstown City Health District
Warren Family Mission
Youngstown Foundation
Community Foundation of the Mahoning Valley

Preventative Care and Practices

Midlothian Free Clinic
Mercy Health Youngstown
Mahoning County Public Health
Trumbull County Combined Health District
Warren City Health District
Youngstown City Health District

Substance Misuse

Mahoning County Mental Health and Recovery Board
Mercy Health Youngstown
Meridian Healthcare
Trumbull County Mental Health and Recovery Board
Mahoning County Public Health
Trumbull County Combined Health District
Warren City Health District
Youngstown City Health District
Warren Family Mission
Community Foundation of the Mahoning Valley

Tobacco & Nicotine Use

Mahoning County Public Health
Trumbull County Combined Health District
Warren City Health District
Youngstown City Health District

Transportation

Mahoning County Public Health
Trumbull County Combined Health District
Warren City Health District
Youngstown City Health District
Western Reserve Transit Authority (WRTA)
Eastgate Regional Council of Governments

Vulnerable Populations & General Support

Direction Home of Eastern Ohio
SCOPE Senior Center
United Returning Citizens
Warren City
YMCA of Youngstown
Youngstown City



STEP 6

DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS



IN THIS STEP, MAHONING TRUMBULL COMMUNITY HEALTH PARTNERS:

- ✓ WROTE AN EASILY UNDERSTANDABLE
COMMUNITY HEALTH ASSESSMENT
(CHA) REPORT
- ✓ ADOPTED AND APPROVED CHA REPORT
- ✓ DISSEMINATED THE RESULTS SO THAT
IT WAS WIDELY AVAILABLE TO THE
PUBLIC



DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS

Mahoning Trumbull Community Health Partners (MTCHP) worked with Moxley Public Health to pool expertise and resources to conduct the 2025 Community Health Assessment (CHA). By gathering secondary (existing) data and conducting new primary research as a team (through interviews with community leaders, focus groups with subpopulations and priority groups, and a community member survey), the stakeholders will be able to understand the community's perception of health needs. Additionally, MTCHP will be able to prioritize health needs with an understanding of how each need compares against benchmarks and is ranked in importance by service area residents.

The 2025 MTCHP CHA, which builds upon the prior assessment completed in 2022, meets all Internal Revenue Service (IRS), Public Health Accreditation Board (PHAB), and Ohio state requirements.

REPORT ADOPTION, AVAILABILITY AND COMMENTS

This CHA report was adopted by MTCHP leadership and made widely available online in July 2025.

Written comments on this report are welcomed and can be made by emailing:

Mahoning County Public Health:

Website: <https://www.mahoninghealth.org/community-health-assessment-and-planning/>

Contact: RTekac@mahoninghealth.org

Trumbull County Combined Health District:

Website: www.tcchd.org

Contact: dbonack@co.trumbull.oh.us

Warren City Health Department:

Website: https://warren.org/health_department/index.php

Contact: clinic@warren.org or jmay@warren.org

Youngstown Combined Health District:

Website: www.youngstownohio.gov

Contact: ebishop@YoungstownOhio.gov

CONCLUSION & NEXT STEPS



THE NEXT STEPS WILL BE:

- DEVELOP IMPROVEMENT PLAN (CHIP) FOR 2026-2028
- SELECT PRIORITY HEALTH NEEDS
- CHOOSE INDICATORS TO VIEW FOR IMPACT CHANGE FOR 2026-2028 PRIORITY HEALTH NEEDS
- DEVELOP SMART OBJECTIVES FOR CHIP
- SELECT EVIDENCE-BASED AND PROMISING STRATEGIES TO ADDRESS PRIORITY HEALTH NEEDS

CONCLUSION

NEXT STEPS FOR MAHONING TRUMBULL COMMUNITY HEALTH PARTNERS



- Monitor community comments on the CHA report (ongoing) to the provided Mahoning Trumbull Community Health Partners (MTCHP) contacts.
- Select a final list of priority health needs to address using a set of criteria that is recommended by Moxley Public Health and approved by MTCHP. (The identification process to decide the priority health needs that are going to be addressed will be transparent to the public. The information on why certain needs were identified as priorities and why other needs will not be addressed will also be public knowledge).
- Community partners (including the hospital, health departments, and many other organizations throughout the service area) will select strategies to address priority health needs and priority populations. (We will use, but not be limited by, information from community members and stakeholders and evidence-based strategies recommended by the Ohio Department of Health).
- The 2026-2028 Improvement Plan (CHIP) (that includes indicators and SMART objectives to successfully monitor and evaluate the improvement plan) will be adopted and approved by MTCHP, reviewed by the public, and then the final draft will be publicly posted and made widely available to the community.



APPENDIX A

IMPACT AND PROCESS EVALUATION



IMPACT AND PROCESS EVALUATION

The following pages indicate the priority health needs selected from the 2025 Mahoning Trumbull Community Health Partners Assessment (CHA) and the impact of the 2022-2024 Community Health Improvement Plan (CHIP) on the previous priority health needs (based on the most recent available data from 2025). The pages that follow are not exhaustive of these activities, but highlight what has been achieved in the service area since the previous CHA. The impact data (indicators of each priority health need to show if it is getting better or worse) and process data (to show whether the strategies are happening or not) will be reported and measured in an evaluation plan. That data will be reported annually and in the next CHA.

APPENDIX A: IMPACT AND PROCESS EVALUATION OF PREVIOUS COMMUNITY HEALTH IMPROVEMENT PLAN (2022-2024) MAHONING COUNTY

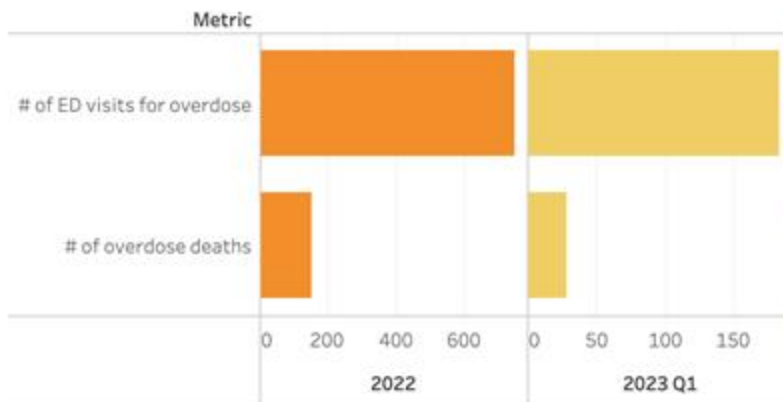
In Mahoning County, progress for the 2022-2024 Community Health Improvement Plan (CHIP) is being monitored through dashboards. Mahoning County is committed to fostering a healthier, more equitable community by implementing, tracking, and evaluating improvements in three domains: **Mental Health and Substance Use, Access to Care, and Community Conditions and Safety**. Through a collaborative, data-informed approach, stakeholders across the county are working to ensure that every resident has the opportunity to thrive.

Mental Health and Substance Use:

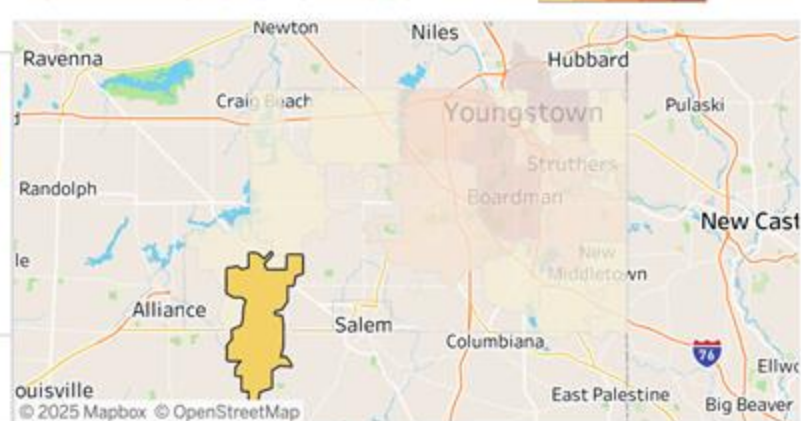
- The graphics below show Mahoning County’s current status for deaths related to overdose and suicide. The MHSU* CHIP strategies aim to reduce suicide and overdose deaths in the **short term** by supporting crisis intervention, and in the **long term** by supporting strategies for prevention, workplace wellness, and workforce development. We can **track our progress** over time toward these short and long-term goals by monitoring overdose and suicide deaths across demographic groups.
- Residents of Mahoning County are more likely to die of suicide or overdose than residents of peer counties. Community members identified the following barriers to receiving mental health care: cost, long wait times, stigma, and discrimination.
- Mahoning County residents experience a range mental health and substance use challenges. Overdose death rates are higher in Mahoning County than peer counties in Ohio. To address this crisis, Mahoning County health partners are focusing on **prevention, crisis intervention, workplace wellness, and workforce development**.
- For additional information, visit the [Mental Health and Substance Use dashboard](#).

Overall Condition - Overdoses

Overdose Statistics



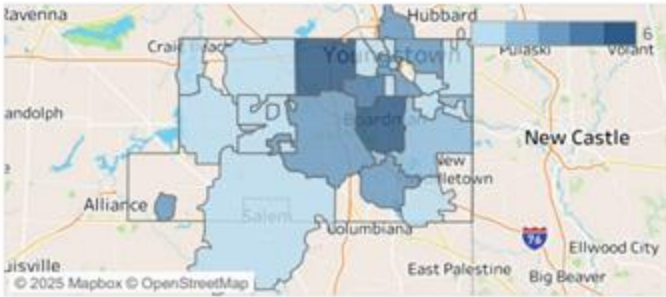
2022 ED Visits for Overdose



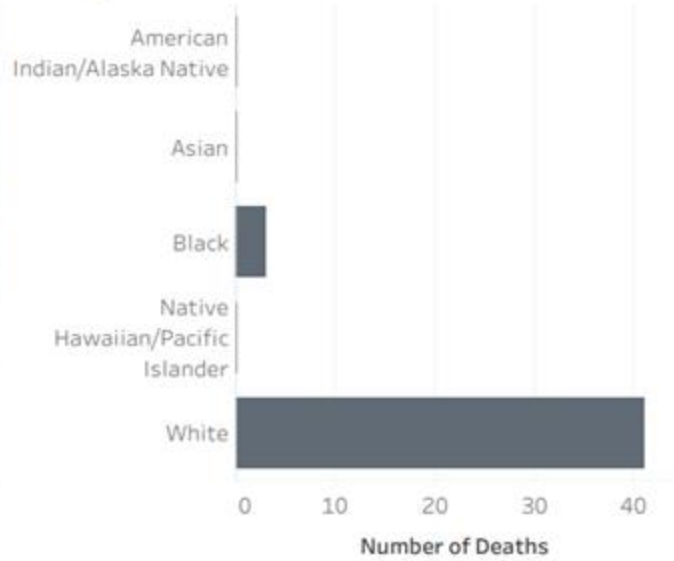
APPENDIX A: IMPACT AND PROCESS EVALUATION OF PREVIOUS COMMUNITY HEALTH IMPROVEMENT PLAN (2022-2024) MAHONING COUNTY

2022 Overall Condition: Suicide Deaths

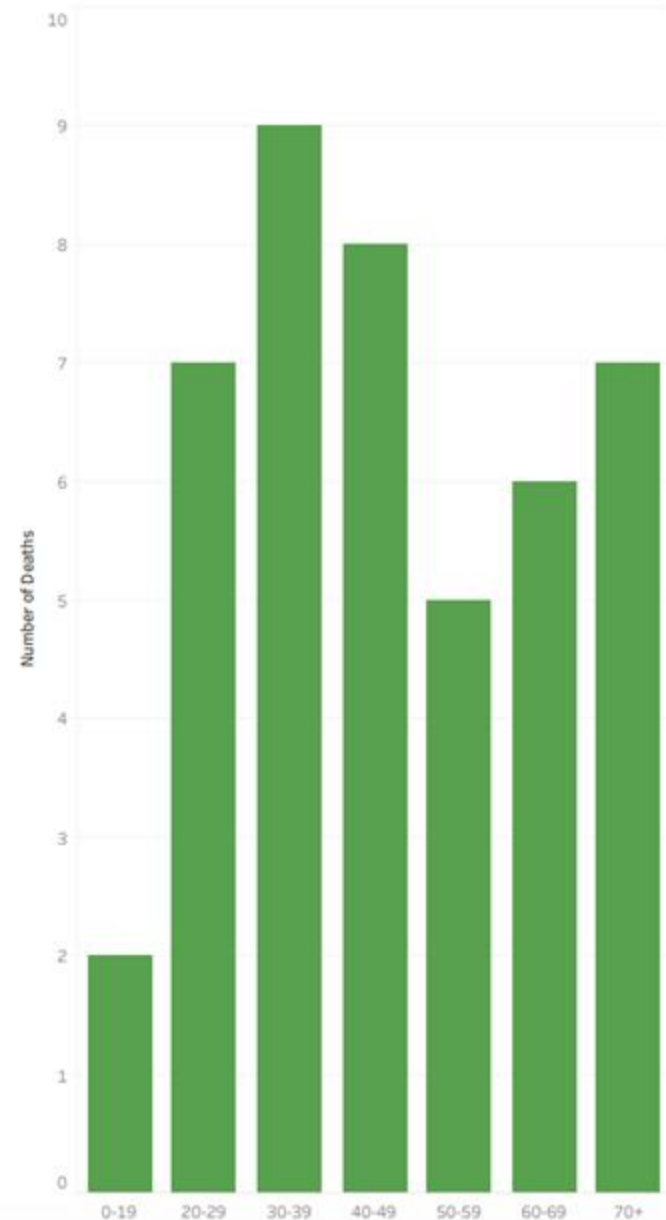
2022 Baseline: Deaths by Zip Code



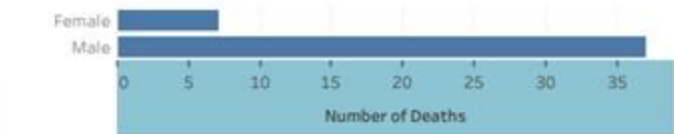
2022 By Race



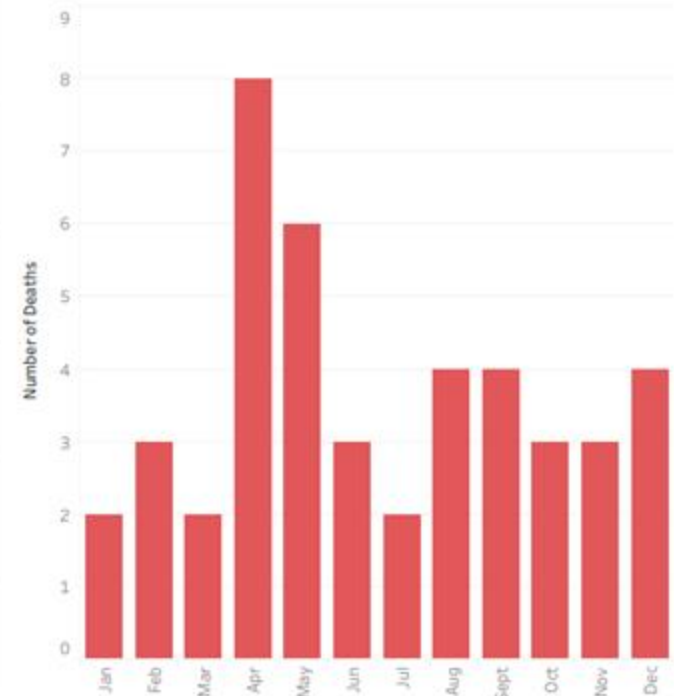
2022 By Age Group



2022 By Sex



2022 By Month



APPENDIX A: IMPACT AND PROCESS EVALUATION OF PREVIOUS COMMUNITY HEALTH IMPROVEMENT PLAN (2022-2024) MAHONING COUNTY

Access to Care:

- This strategy encompasses initiatives from Mahoning County Pathways HUB and Mercy Health. The Pathways HUB program trains Community Health Workers and is focusing on connecting with pregnant clients earlier in their pregnancy. Mercy Health has opened two clinics to expand access to behavioral health services and family support programming.
- Many residents of Mahoning County face barriers to accessing healthcare. These residents may lack transportation, be burdened by high healthcare costs, or be unable to access services in their first language.
- Many Mahoning County residents do not receive recommended health care screenings or preventative care services. To address this issue, Mahoning County health partners are focusing on **connection to services, increasing services in underserved areas**, developing **data tools**, and monitoring **legislative efforts**.
- Preventative screening rates in Mahoning County are similar to other peer counties in Ohio.
- 76.5% of residents received recommended mammography screening in 2018.
- 62.5% of residents received recommended colorectal cancer screening in 2018.
- 83.3% of residents received recommended cholesterol screening in 2019.
- 85.4% of residents received recommended cervical cancer screening in 2019.
- For additional information, visit the [Access to Care dashboard](#).

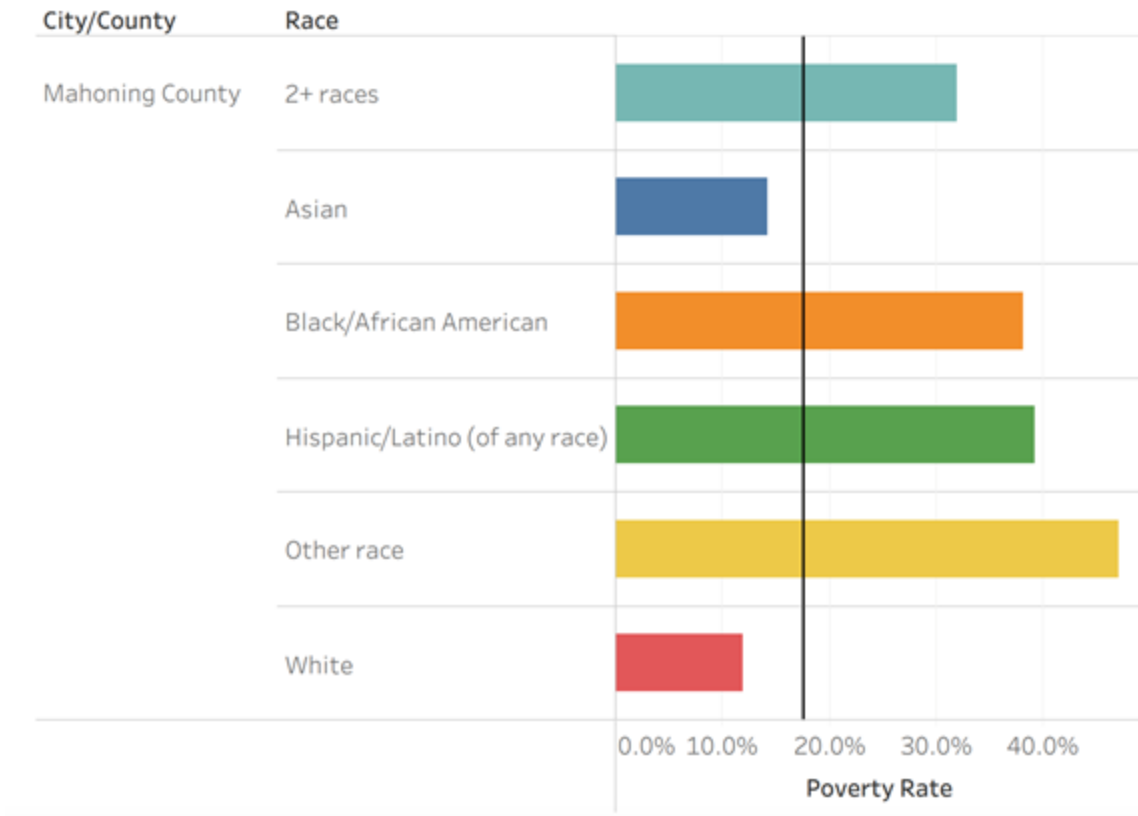
APPENDIX A: IMPACT AND PROCESS EVALUATION OF PREVIOUS COMMUNITY HEALTH IMPROVEMENT PLAN (2022-2024) MAHONING COUNTY

Community Conditions and Safety:

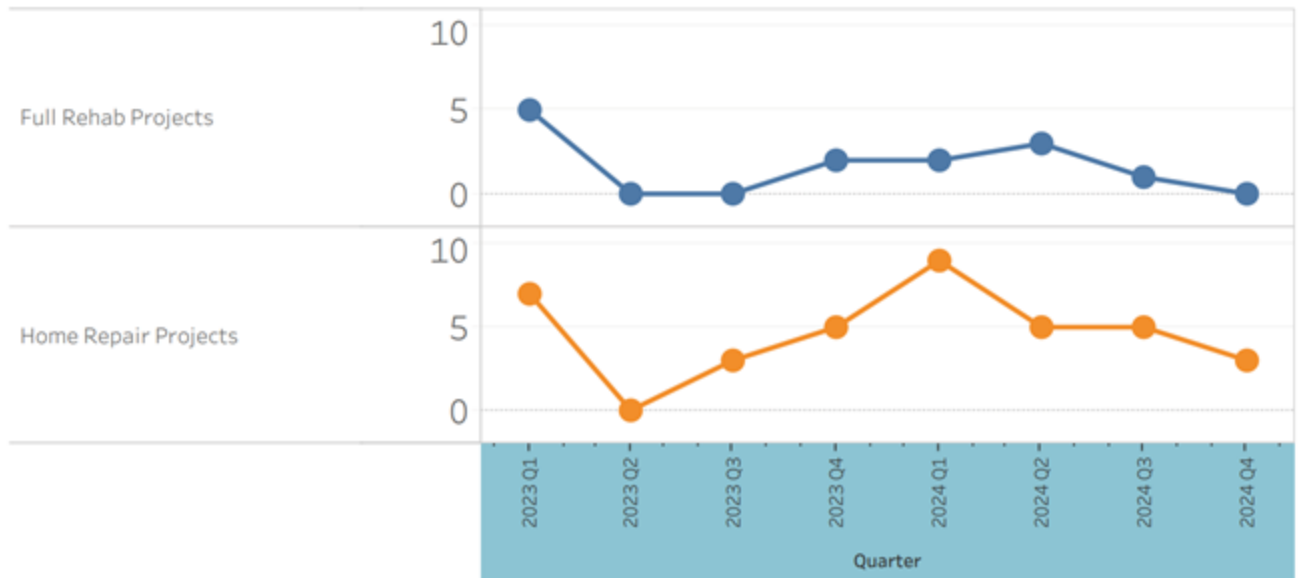
- The environment in which people live, including the quality of their homes and the services present in their neighborhoods, affects their physical and mental health. Mahoning County health partners are focusing on further developing protections for people in vulnerable housing situations and neighborhoods.
- Multiple programs in Youngstown and Mahoning County work to improve housing quality by testing homes for environmental hazards and providing free repairs. Mahoning County Healthy Homes & Lead Hazard Control's Community Housing Impact & Preservation program works throughout the county, including in Campbell and Struthers. Youngstown Neighborhood Development Corporation (YNDC) conducts repairs in the City of Youngstown and some other parts of the county.
- Mahoning County residents, especially those who are cost-burdened by housing, can experience a range of health hazards in their home and neighborhood environments. To address this crisis, Mahoning County health partners are focusing on **housing quality** (especially lead and asthma triggers), **active transportation**, **parks and greenspace**, **healthy food**, and addressing additional **safety** concerns.
- **1 in 6** people in Mahoning County are living below the poverty line.
- **1 in 3** people in Youngstown are living below the poverty line.
- **Half** of people in Mahoning County are cost-burdened by rent or housing (spend 30% or more of their income on rent).
- **Over half** of people in Youngstown are cost-burdened by rent or housing.
- For additional information, visit the [Community Conditions and Safety dashboard](#).

APPENDIX A: IMPACT AND PROCESS EVALUATION OF PREVIOUS COMMUNITY HEALTH IMPROVEMENT PLAN (2022-2024) MAHONING COUNTY

Poverty Rate by Race



Community Housing Impact & Preservation Program-Occupied Repair and Rehabilitation Projects



APPENDIX A: IMPACT AND PROCESS EVALUATION OF PREVIOUS COMMUNITY HEALTH IMPROVEMENT PLAN (2022-2024) TRUMBULL COUNTY

In Trumbull County, progress for the 2022-2024 Community Health Improvement Plan (CHIP) is being monitored through Clear Impact scorecards. Trumbull County is committed to fostering a healthier, more equitable community by implementing, tracking, and evaluating improvements in three domains: **Access to Care**, **Community Conditions and Safety**, and **Mental Health and Substance Use**. Through a collaborative, data-informed approach, stakeholders across the county are working to ensure that every resident has the opportunity to thrive.

Access to Care:

- CHIP strategies for Access to Care were to increase screenings in underserved areas and populations, and to facilitate data and identify community champions for policies promoting access to care.
- Trumbull County is currently seeing a positive trend in the number of health screenings. No other progress data was available.
- For additional information, visit the [Access to Care Clear Impact Scorecard](#).

AC2 - Increase screenings in underserved populations

P	AC2b- Increase screenings in underserved areas and populations	Most Recent Period	Current Actual Value	Current Target Value	Variance From Target	Current Trend
PM	# of health screenings	Dec 2024	20	—	—	↗ 1
PM	# of individuals with chronic illness and pregnant moms who receive assistance for nutrition, dental, and medical services (including preventive services)	—	—	—	—	—
PM	% increase in screenings in underserved communities and/or with at-risk populations per year	—	—	—	—	—

AC4 - Facilitate data and identify community champions for policies promoting access to care

P	AC4a- Identification of community champions for policies that promote access to care (e.g. retaining Medicaid expansion)	Most Recent Period	Current Actual Value	Current Target Value	Variance From Target	Current Trend
I	# of individuals eligible for Medicaid within Trumbull County	—	—	—	—	—
PM	# of eligible individuals who successfully gain access to and receive Medicaid coverage	—	—	—	—	—
PM	% of eligible individuals getting Medicaid	—	—	—	—	—

APPENDIX A: IMPACT AND PROCESS EVALUATION OF PREVIOUS COMMUNITY HEALTH IMPROVEMENT PLAN (2022-2024) TRUMBULL COUNTY

Community Conditions and Safety:

- CHIP Strategies for Community Conditions and Safety included housing quality issues, public transit and pedestrian access, green space and parks, and access to healthy and affordable foods. Trumbull County is currently seeing a negative trend in several housing quality areas and only one positive trend (number of tall grass nuisance complaints have decreased). Progress data was not available for most indicators.
- For additional information, visit the [Community Conditions & Safety Clear Impact Scorecard](#).

CCS1 - Housing Quality Issues

P	CCS1d-Identify abandoned properties in Warren and address	Most Recent Period	Current Actual Value	Current Target Value	Variance From Target	Current Trend
PM	# of abandoned properties boarded	2024	67	—	—	↘ 1
PM	# of properties clean of trash and debris	2024	12	—	—	↘ 1
PM	# of tall grass nuisance complaints	2024	612	—	—	↗ 1
PM	% of total abandoned properties boarded	2023	100	—	—	→ 0
PM	% of total vacant properties cleared of trash and debris	2023	97	—	—	→ 0
PM	% of vacant properties with grass nuisance resolution	2024	41	—	—	↘ 1

P	CCS1e- Develop financially sustainable, performance-based rental licensing and inspection regime	Most Recent Period	Current Actual Value	Current Target Value	Variance From Target	Current Trend
PM	# of rental properties inspected	2024	578	—	—	↘ 1
PM	# of rental properties permitted	2024	6,690	—	—	↘ 1
PM	% of total rental properties that are licensed	—	—	—	—	—
PM	% of total rental properties that are inspected	—	—	—	—	—

APPENDIX A: IMPACT AND PROCESS EVALUATION OF PREVIOUS COMMUNITY HEALTH IMPROVEMENT PLAN (2022-2024) TRUMBULL COUNTY

P CCS1f-Target ongoing nuisance rental properties and assess fines and penalties to unresponsive owners

	Most Recent Period	Current Actual Value	Current Target Value	Variance From Target	Current Trend
PM # of fines assessed	2023	94	—	—	→ 0
PM Appointment of a Receiver	—	—	—	—	—
PM # of properties acquired through Spot Blight Eminent Domain	—	—	—	—	—
PM # of foreclosed on tax-delinquent rental nuisance properties	—	—	—	—	—
PM % of ongoing nuisance complaints resolved	—	—	—	—	—
PM % of Spot Blight Eminent Domain eligible properties acquired	—	—	—	—	—
PM % of foreclosure eligible properties foreclosed on	—	—	—	—	—

P CCS1h- Develop resources to address the emergency repairs and home improvements needed in local housing

	Most Recent Period	Current Actual Value	Current Target Value	Variance From Target	Current Trend
PM Amount of funds for home improvement and emergency repairs of low-income owners	—	—	—	—	—
PM # of residents that received post-purchase financial counseling	—	—	—	—	—
PM # of residents that received credit assistance	—	—	—	—	—
PM Amount of funds sourced for home repair guarantee program	—	—	—	—	—
PM # of residents successfully relocated from deplorable housing conditions	—	—	—	—	—
PM # of homes within Trumbull County that receive lead abatement services	Dec 2023	0	—	—	→ 0
PM Length of time low-income homeowners have to wait for repairs	—	—	—	—	—

CCS2 - Public Transit and Pedestrian Access

⊕ P CCS2a- Advocating to elected officials and the community for the expansion of a public transportation system

	Most Recent Period	Current Actual Value	Current Target Value	Variance From Target	Current Trend
⊕ PM # of public transportation expansion activities implemented	—	—	—	—	—
⊕ PM # of public transportation users (riders)	—	—	—	—	—
⊕ PM # of residents who were impacted by having the use of a public transportation system surveyed through the WRTA	—	—	—	—	—
⊕ PM \$ invested/committed to support public transportation	—	—	—	—	—

APPENDIX A: IMPACT AND PROCESS EVALUATION OF PREVIOUS COMMUNITY HEALTH IMPROVEMENT PLAN (2022-2024) TRUMBULL COUNTY

CCS3 - Greenspace and Parks

P CCS3a- Increase greenspace and safe parks

	Most Recent Period	Current Actual Value	Current Target Value	Variance From Target	Current Trend
PM # of bicycle improvements implemented	—	—	—	—	—
PM # of people impacted by improvements	—	—	—	—	—
PM # of neighborhood parks improved	—	—	—	—	—
PM % increase in bike transportation access to local parks	—	—	—	—	—
PM % increase in residents perception of safety in and around neighborhood parks	—	—	—	—	—

CCS4 - Healthy Foods

P CCS4a- Increase access, affordability, and consumption of healthy foods

	Most Recent Period	Current Actual Value	Current Target Value	Variance From Target	Current Trend
PM # of plan recommendations implemented	—	—	—	—	—
PM # of incentives offered	—	—	—	—	—
PM % increase in fresh produce sold by weight or piece	—	—	—	—	—
PM aggregate of all fresh produce sold within participating establishments	—	—	—	—	—

APPENDIX A: IMPACT AND PROCESS EVALUATION OF PREVIOUS COMMUNITY HEALTH IMPROVEMENT PLAN (2022-2024) TRUMBULL COUNTY

Mental Health and Substance Use:

- CHIP strategies for Mental Health & Substance Use include interventions related to community coalitions, evidence based practices youth engagement, data collection, and implementing Crisis Intervention Team (CIT) trainings. Trumbull County is currently seeing a positive trend or a steady rate in most areas where data was available. No other progress data was available.
- For additional information, visit the [Mental Health & Substance Use Clear Impact Scorecard](#).

MHSU1 - Community Coalitions and Evidence-Based Practices

MHSU1a- (ASAP) Empower and support coalition

P	members to get trained in evidence-based practices to implement trainings and provide education	Most Recent Period	Current Actual Value	Current Target Value	Variance From Target	Percent Of Target	Current Trend
PM	# of trainings held	2024	2	1	50%	200%	↗ 1
PM	# of persons trained	2024	194	—	—	—	↘ 1
PM	% of attendees who find training relevant and informative by pre/post survey	2023	99%	100%	-1%	99%	→ 0
PM	# of evidence-based practices put in use	—	—	—	—	—	—

MHSU1a- (SPC) Empower and support coalition

P	members to get trained in evidence-based practices to implement trainings and provide education	Most Recent Period	Current Actual Value	Current Target Value	Variance From Target	Percent Of Target	Current Trend
PM	# of trainings held	—	—	—	—	—	—
PM	# of persons trained	—	—	—	—	—	—
PM	% of attendees who find training relevant and informative by pre/post survey	—	—	—	—	—	—
PM	# of evidence-based practices put in use	—	—	—	—	—	—

MHSU1b- Develop a youth prevention advisory board

P		Most Recent Period	Current Actual Value	Current Target Value	Variance From Target	Percent Of Target	Current Trend
PM	# of meetings where ASAP takes action steps towards developing a youth advisory board (2023)	—	—	—	—	—	—
PM	Development of the Youth Prevention Advisory Board (2023)	Dec 2023	1	1	0%	100%	→ 0
PM	# of youth evidenced-based prevention strategies implemented by the advisory board (2024 & 2025)	2024	0	—	—	—	→ 0
PM	# of districts/students involved each year (expansion)	2024	2	—	—	—	→ 1

APPENDIX A: IMPACT AND PROCESS EVALUATION OF PREVIOUS COMMUNITY HEALTH IMPROVEMENT PLAN (2022-2024) TRUMBULL COUNTY

P MHSU1c- Increase marketing to increase access to mental health and recovery care		Most Recent Period	Current Actual Value	Current Target Value	Variance From Target	Percent Of Target	Current Trend
PM	# of different marketing platforms used	Dec 2023	3	—	—	—	→ 0
PM	# of dollars spent on marketing	—	—	—	—	—	—
PM	# of agencies reporting services resulting from increased marketing	—	—	—	—	—	—

P MHSU1d- (ASAP) Coalitions will track their membership to ensure demographics reflect community served		Most Recent Period	Current Actual Value	Current Target Value	Variance From Target	Percent Of Target	Current Trend
PM	# of members of each coalition	Q4 2024	459	—	—	—	↗ 1
PM	# of new members of each coalition	Q4 2024	6	—	—	—	↗ 1
PM	How well demographics of coalition reflects community	—	—	—	—	—	—
PM	Coalition average attendance	Q4 2024	35	—	—	—	→ 1

P MHSU1d- (SPC) Coalitions will track their membership to ensure demographics reflect community served		Most Recent Period	Current Actual Value	Current Target Value	Variance From Target	Percent Of Target	Current Trend
PM	# of members of each coalition	Q4 2023	50	—	—	—	→ 0
PM	# of new members of each coalition	Q4 2023	5	—	—	—	→ 0
PM	How well demographics of coalition reflects community	—	—	—	—	—	—
PM	Coalition average attendance	Q4 2023	15	—	—	—	→ 0

P MHSU1e- Data to inform evidence-based practices		Most Recent Period	Current Actual Value	Current Target Value	Variance From Target	Percent Of Target	Current Trend
PM	# of overdose fatalities	Oct 2024	48	—	—	—	↘ 1
PM	# of suicide deaths	Oct 2023	24	—	—	—	↘ 1
PM	# of identified program gaps	—	—	—	—	—	—
PM	# of implementation strategies used to reduce programming gaps	—	—	—	—	—	—
PM	% reduction in overdose deaths	Oct 2024	48	—	—	—	→ 0
PM	% reduction in suicide deaths	Oct 2023	8	—	—	—	→ 0

APPENDIX A: IMPACT AND PROCESS EVALUATION OF PREVIOUS COMMUNITY HEALTH IMPROVEMENT PLAN (2022-2024) TRUMBULL COUNTY

MHSU2 - Implement Crisis Intervention Team (CIT) training

P MHSU2a- Patrol officer 40-hour training bi-annually

	Most Recent Period	Current Actual Value	Current Target Value	Variance From Target	Percent Of Target	Current Trend
PM # of officers and chaplains trained	—	—	—	—	—	—
PM # of departments trained	—	—	—	—	—	—
PM presenter ratings	—	—	—	—	—	—
PM increased knowledge of MH/SU disorders, community resources, and de-escalation skills (pre/post tests, day 5 comments)	—	—	—	—	—	—
PM % of officers enrolled who complete course	—	—	—	—	—	—

P MHSU2b- Possible joint refresher course (law enforcement departments)

	Most Recent Period	Current Actual Value	Current Target Value	Variance From Target	Percent Of Target	Current Trend
PM # of officers and chaplains trained	2024	15	—	—	—	→ 1
PM # of departments trained	2024	8	—	—	—	→ 1
PM presenter ratings	—	—	—	—	—	—
PM increased knowledge off MH/SU disorders, community resources, and de-escalation skills (pre/post tests, day 5 comments)	—	—	—	—	—	—
PM % of officers who complete course	2024	100%	—	—	—	↗ 1

APPENDIX B **BENCHMARK COMPARISONS**



BENCHMARK COMPARISONS

The following table compares Mahoning County and Trumbull County rates of identified health needs to national goals called **Healthy People 2030 Objectives**. These benchmarks show how the service areas compare to national goals for the same health need. This appendix is useful for monitoring and evaluation purposes in order to track the impact of our Improvement Plan (CHIP) to address priority health needs.

APPENDIX B: HEALTHY PEOPLE OBJECTIVES & BENCHMARK COMPARISONS

Where data were available, Mahoning and Trumbull County health and social indicators were compared to the Healthy People 2030 objectives. The **black** indicators are Healthy People 2030 objectives that did not meet established benchmarks, and the **green** items met or exceeded the objectives. Certain indicators were not reported, marked as N/R. [Healthy People Objectives](#) are released by the U.S. Department of Health and Human Services every decade to identify science-based objectives with targets to monitor progress, motivate and focus action.

BENCHMARK COMPARISONS				
INDICATORS	DESIRED DIRECTION	MAHONING COUNTY	TRUMBULL COUNTY	HEALTHY PEOPLE 2030 OBJECTIVES
High school graduation rate ⁶	↑	90.0%	91.0%	90.7%
Child health insurance rate ¹⁸	↑	N/R	93.3%	92.1%
Adult health insurance rate ¹⁸	↑	94.0%	91.0%	92.1%
Ischemic heart disease deaths ⁴⁵	↓	181.4	150.3	71.1 per 100,000 persons
Cancer deaths ⁴⁵	↓	241.0	247.7	122.7 per 100,000 persons
Colon/rectum cancer deaths ⁴⁵	↓	21.0	20.4	8.9 per 100,000 persons
Lung cancer deaths ⁴⁵	↓	60.9	73.7	25.1 per 100,000 persons
Female breast cancer deaths ⁴⁵	↓	16.1	16.1	15.3 per 100,000 persons
Prostate cancer deaths ⁴⁵	↓	12.8	9.1	16.9 per 100,000 persons
Stroke deaths ⁴⁵	↓	60.8	71.1	33.4 per 100,000 persons
Unintentional injury deaths ⁴⁵	↓	99.8	97.9	43.2 per 100,000 persons
Suicides	↓	16.0	15.0	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths ⁴⁵	↓	17.1	19.0	10.9 per 100,000 persons
Unintentional drug-overdose deaths ⁴⁵	↓	65.0	63.0	20.7 per 100,000 persons
Overdose deaths involving opioids ⁴⁶	↓	65.0	63.0	13.1 per 100,000 persons
Infant death rate ⁶	↓	7.7	7.4	5.0 per 1,000 live births
Adults, ages 20+, obese ⁶	↓	39.7%	45.0%	36.0%, adults ages 20+
Students, grades 7th to 12 th , obese ⁴⁴	↓	N/R	24.0%	15.5%, children & youth, 2-19
Adults engaging in binge drinking ⁶	↓	19.0%	19.0%	25.4%
Cigarette smoking by adults ⁶	↓	22.0%	24.0%	5.0%
Pap smears, ages 21-65, screened in the past 3 years ⁴⁹	↑	71.0%	70.0%	84.3%
Mammograms, ages 50-74, screened in the past 2 years ⁴⁹	↑	79.0%	78.0%	77.1%
Colorectal cancer screenings, ages 50-75, per guidelines ⁴⁹	↑	71.0%	67.0%	74.4%
Medicare enrollee annual influenza vaccinations ⁶	↑	51.0%	49.0%	70.0%, all adults

APPENDIX C YOUNGSTOWN CITY ADDENDUM



YOUNGSTOWN CITY ADDENDUM

The following addendum provides community health assessment data, where available, at the Youngstown City level, with comparisons to Mahoning County overall. This includes secondary (existing) and primary data (community member survey, interviews, and focus groups).

DELIVERED BY:



YOUNGSTOWN CITY ADDENDUM 2025 COMMUNITY HEALTH ASSESSMENT

PUBLISHED JULY 2025



Public Health
Prevent. Promote. Protect.

Youngstown City Health District

YOUNGSTOWN AT-A-GLANCE



Mahoning County (**43.3**) has an **older median age** than both Youngstown (**37.8**) Ohio (**39.9**).¹

43.3

37.8

39.9

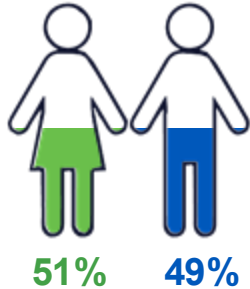
MAHONING COUNTY
MEDIAN AGE

YOUNGSTOWN
MEDIAN AGE

OHIO
MEDIAN AGE

23% of Mahoning County residents are **ages 65+**, compared to **18%** for Youngstown and **19%** for Ohio.¹

51% of Mahoning County, Youngstown, and Ohio residents are **women**.¹



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



3% of Youngstown, **2%** of Mahoning County, and **5%** of Ohio residents are **foreign-born**.

9% of Youngstown, **6%** of Mahoning County, and **8%** of Ohio residents **do not speak English as their first language**.¹

There is a **lower proportion of White residents** and a **higher proportion of Black residents** in Mahoning County than the state of Ohio and Youngstown.¹



WHITE

BLACK/
AFRICAN
AMERICAN

HISPANIC
OR
LATINX

MULTI-
RACIAL

ASIAN

AI/AN

NH/PI

MAHONING	80%	16%	7%	3%	1%	0.3%	0.1%
YOUNGSTOWN	47%	47%	0.05%	8%	0.5%	0.5%	0%

PRIMARY DATA COLLECTION

KEY INFORMANT INTERVIEWS

Key informant interviews were used to gather information and opinions from persons who represent the broad interests of the community. We spoke with **10 experts** from various organizations serving Mahoning County (6 of whom serve Youngstown specifically), including leaders and representatives of medically underserved, low-income, minority populations, and leaders from local health or other departments or agencies. There were also 10 key informant interview participants who represented the entire Mahoning and Trumbull County area.

FOCUS GROUPS

Focus groups were used to gather information and opinions from specific sub-populations in the community who are most affected by health needs. We conducted **4 focus groups** with a total of **67 people** in the Mahoning County community (as well as 2 regional focus groups across the Mahoning and Trumbull County area with 16 people). There was representation from Youngstown in these focus groups. Focus groups included leaders and representatives of medically underserved, low-income, minority populations, and leaders from local health or other departments or agencies.

TOP PRIORITY HEALTH NEEDS

FROM INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Major health issues impacting community:

- Access to healthcare
- Infant mortality
- Diabetes
- Mental/behavioral health
- Hypertension

Top socioeconomic, behavioral, and/or environmental factors impacting community:

- Poverty/low incomes
- Housing issues
- Lack of transportation

FROM COMMUNITY FOCUS GROUPS:

Major health issues impacting community:

- Healthcare affordability
- Transportation barriers
- Lack of healthcare facilities and access
- Quality of care concerns
- Mental health services shortage

How health concerns are impacting community:

- Financial strain
- Inability to get necessary care
- Worsening health conditions
- Social isolation
- Employment challenges

TOP PRIORITY GROUPS & RESOURCES

FROM INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Sub-populations in the area that face barriers to accessing healthcare and social services:

- Older adults/aging population
- Black, Indigenous, and People of Color (BIPOC) community
- Hispanic population

“We also have a lot of grandparents taking care of children, so grandparents may not always be able to just get up and go to take them to the doctors from my standpoint. That seems to be what the major issue is.”



Community Member Interview
from Youngstown

“So, we have the people that fall through that [insurance] crack. Also, they maybe have a policy at work. It's not that good. You got to pay quite a copay. And I even see that with older adults these days too, believe me. It's a mess.”



Community Member Interview
from Youngstown

“It's frustrating when you have to wait hours at the hospital, only to be rushed through and barely heard.”



Community Member Focus
Group from Youngstown

FROM COMMUNITY FOCUS GROUPS:

Sub-populations in the area that face barriers to accessing healthcare and social services:

- Older adults/aging population
- People with disabilities
- Low-income population
- Homeless population
- Those struggling with mental health

Resources people use in the community to address their health needs:

- Primary care providers
- Quick Med Urgent Care
- Coleman Health Services
- Mahoning-Youngstown Community Action Partnership (MYCAP)
- Care Source

Top resources that are lacking in the community:

- Transportation options
- Healthcare facilities
- Affordable housing
- Food access
- Mental health services

“From what I can tell, education is just like what we're dealing with in terms of school, the importance of taking care of your health. The importance of getting to the doctor, the importance of following up on those appointments seems to be. It's almost like we'll get to it when we get to it if we get to it, and that's going to be problematic.”



Community Member Interview
from Youngstown

PRIMARY DATA COLLECTION

COMMUNITY MEMBER SURVEY

Each key informant interview and focus group participant was asked to complete an online survey to assess and prioritize the health needs identified by secondary data collection. Additionally, the health department, hospital, and community partners shared the survey link with clients, patients, and others who live and/or work in the community. The survey was available in English and Spanish. This resulted in **317 responses** to the community member survey from Youngstown residents. The results of how the health needs were ranked in the survey are found in the tables below, separated by community conditions (including social determinants of health, health behaviors, and access to care) and health outcomes. This health need ranking was used to order the health needs in the following community conditions and health outcomes sections of this report (note that not every health need has its own section, and some health needs have been combined to form larger categories, such as access to healthcare and mental health).

COMMUNITY CONDITIONS RANKING FROM COMMUNITY MEMBER SURVEY	
#1 Access to healthcare	40%
#2 Income/poverty & employment	38%
#3 Crime & violence	32%
#4 Food insecurity	30%
#5 Housing & homelessness	28%
#6 Nutrition & physical health/exercise	25%
#7 Adverse childhood experiences (ACEs)	21%
#8 Substance misuse (alcohol and drugs)	18%
#9 Education	17%
#10 Transportation	15%
#11 Preventive care & practices	12%
#12 Access to childcare	10%
#13 Environmental conditions	7%
#14 Internet/Wi-Fi access	5%
#15 Tobacco & nicotine use	3%

HEALTH OUTCOMES RANKING FROM COMMUNITY MEMBER SURVEY	
#1 Mental health	89%
#2 Chronic diseases	83%
#3 Maternal, infant & child health	60%
#4 Injuries	19%
#5 HIV/AIDS & STIs	8%

HEALTH NEEDS

COMMUNITY CONDITIONS

#1 Health Need:



ACCESS TO HEALTHCARE

The top barriers to care reported in the community member survey were:

- **Not being able to get an appointment** quickly enough/too long of a wait for an appointment (32%).
- Insurance **does not cover the cost** of the procedure or care (22%).
- Could not get an appointment that was **convenient with my work hours or child's school schedule** (17%).
- **Insurance deductibles** are too high (16%).

A higher rate of adults are **uninsured** in Youngstown than in both Mahoning County and Ohio.^{4, 7}

- **6%** of survey respondents said that they lack insurance because it **costs too much**.
- **22%** of respondents reported that there was a time in the last year when they **needed** prescription medicine and **could not get it**.

Rates of Uninsured Adults, Children, and Older Adults by Geography, 2023 5 year estimate			
Population	Youngstown	Mahoning County	Ohio
Adults	11%	6%	7%
Children	4%	4%	5%
Older Adults	1%	0.6%	0.5%

Source: U.S. Census Bureau, American Community Survey, DP03, 2023 5-year estimate.
U.S. Census Bureau, American Community Survey, S2701, 2023 5-year estimate.

22% of community survey respondents have not had a **routine checkup in the last year**, and **2%** have not had a checkup in **more than 5 years**.

- **92%** of respondents said that they have a **primary care provider (PCP)**.
- **17%** of Youngstown residents' usual source of care is an **urgent care clinic**.

24% of Youngstown survey respondents said that **dental/oral healthcare is lacking** in the community, with **25%** reporting that they needed dental care in the last year but **could not get it**.

- **Over a third (35%)** of respondents have not visited the dentist **in over a year**, the same in Mahoning County.

"People don't go to the doctor, and things just get so bad. Then they end up in the ER. They probably in some cases don't even have a family doctor."

- Community Member Interview from Youngstown

#2 Health Need:



INCOME/POVERTY & EMPLOYMENT

38% of survey respondents rated income, poverty, and employment as a top concern in the community.

Youngstown residents are more likely to **experience poverty** than Mahoning County residents.

- **36%** of the population lives in **poverty**, compared to 20% in Mahoning County.⁷
- The poverty rates for adults, children, older adults, and families are all **higher** in Youngstown than in Mahoning County and Ohio overall.⁷

Poverty Rates of Adults, Children, Older Adults, and Families by Geography, 2023 5-year estimate			
Population	Youngstown	Mahoning County	Ohio
Adults	36%	19%	13%
Children	51%	28%	18%
Older Adults	18%	14%	10%
Families	31%	14%	9%

Source: U.S. Census Bureau, American Community Survey, DP03, 2023 5-year estimate.

Youngstown has a higher unemployment rate and a lower median household income compared to Mahoning County.

- **9%** of Youngstown residents are **unemployed**, vs. 4% in Mahoning County.⁷
- Youngstown's **median household income** of \$34,746 is **lower** than that of both Mahoning County (\$52,900) and Ohio (\$67,900).⁷
- In the community member survey, **8%** of respondents reported that they are unemployed, with **4%** not actively looking for work and **4%** looking for work.

"There's a lot of poverty. I think a solution would be to maybe have some more training, some more education, more going to college to get a degree, technical training, some more programs for our young kids to get into."

- Community Member Interview from Youngstown

"People that make good money in the community are still living paycheck to paycheck."

- Community Member Focus Group from Youngstown

#3 Health Need:



CRIME & VIOLENCE

32% of community survey respondents ranked crime and violence as a priority health need.

- Both **property and violent crime** rates are **higher** in Youngstown than in Mahoning County.⁸
- Youngstown’s property and violent crime rates are **higher** than the state of Ohio overall.⁸

Crime Rates per 100,000 Residents, 2023			
Type of Crime	Youngstown	Mahoning County	Ohio
Property Crime	1,885	152	1,783
Violent Crime	398	12	294

Source: Federal Bureau of Investigation (2023), Crime Data Explorer.

“It’s a community problem, not a law enforcement problem. There is no sense of “I shouldn’t do that,” there is a lot of disregard for the law.”

- Community Member Interview from Youngstown

#4 Health Need:



FOOD INSECURITY

30% of survey respondents rated food insecurity as a top concern in the community.

- **46%** of Youngstown residents said that **affordable food** is lacking in the community, vs. 45% of Mahoning County residents.
- **16%** of respondents **worry that their food will run out** and that they won’t be able to get more, the same as Mahoning County.

Youngstown has a higher rate of **SNAP*/Food Stamp utilization** than both Mahoning County and Ohio.⁷

SNAP*/Food Stamp Utilization in Past 12 Months, 2023 5-year estimate		
Youngstown	Mahoning County	Ohio
36%	19%	12%

Source: U.S. Census Bureau, American Community Survey, DP03, 2023 5-year estimate.

*Supplemental Nutrition Assistance Program

“We have a food desert here. But in those communities' folks have started these mobile food trucks and things like that, and those help some. But there just is no place to get healthy food in the inner city.

- Community Member Interview from Youngstown

#5 Health Need:



HOUSING & HOMELESSNESS

In the community member survey, **28%** of respondents ranked housing and homelessness as a top concern.

- **51%** of survey respondents say **affordable housing is lacking** in the community.
- There is a higher vacancy rate in Youngstown than in both Mahoning County and Ohio.¹¹
- Slightly fewer households are **lacking complete plumbing and lacking complete kitchens in Youngstown** when compared to Mahoning County.⁴⁴
- A higher percentage of households in Youngstown are **older adults living alone** than in Mahoning County and Ohio.⁴⁴

Housing in our community...			
Indicator	Youngstown	Mahoning County	Ohio
Vacancy rate	14%	8%	8%
Households lacking complete plumbing facilities	0.4%	0.6%	0.3%
Households lacking complete kitchen facilities	1%	1%	0.9%
Households that are older adults living alone	10%	16%	13%

Sources: U.S. Census Bureau, American Community Survey, DP04, 2023 5-year estimate.
U.S. Census Bureau, American Community Survey, DP02, 2023 5-year estimate.

“But really, what we need is more rental housing across all income stratas.”

- Community Member Interview from Youngstown

“There is poor upkeep on rental properties...why is rent going up when properties are poorly kept?”

- Community Member Focus Group from Youngstown

“We know that there are still in the city of Youngstown, thousands of units that are not lead safe.”

- Community Member Interview from Youngstown

#6 Health Need:



NUTRITION & PHYSICAL HEALTH

In the community member survey, **25%** of respondents ranked nutrition and physical health as a priority health need.

- **27%** of respondents rate their physical health as “**poor**” or “**average**”, while **almost half** (41%) rate it as “**good**.”

26% of survey respondents said that **recreational spaces are lacking** in the community, and **15%** said that **lack of reliable transportation** has kept them from buying food or physical activity opportunities.

- Slightly more Mahoning County respondents reported recreational spaces as lacking in the community (28%).

Barriers to Getting Healthier (survey data)	
48%	Lack of energy
40%	Busy schedule (I don't have time to cook or exercise)
34%	Stress
30%	Money (gyms and healthy foods are too expensive)
15%	Convenience (eating out is easier)
13%	Feel intimidated or awkward going to a gym or fitness center
11%	I don't like to exercise

“The easier that we can make recreation, and then bring it to neighborhood scale level, the more people engage in it.”

- Community Member Interview from Youngstown

#7 Health Need:



ADVERSE CHILDHOOD EXPERIENCES (ACEs)

21% of survey respondents reported adverse childhood experiences (ACEs) as a top concern in the community.

- Youngstown survey respondents were slightly more likely to rate ACEs as a top concern than Mahoning County respondents.

“We’re seeing, domestic violence, abuse, neglect, medical neglect that’s at home. We have a lot of our own students that are losing their lives to gun violence.”

- Community Member Interview from Youngstown

“We have trauma in all different directions in our community more so over the past year. We have, parents who may be incarcerated, and who may be deceased, and this is why we have a lot of grandparents taking care of our kids.”

- Community Member Interview from Youngstown

#8 Health Need:

SUBSTANCE MISUSE

18% of respondents from the community member survey ranked substance misuse as a top concern.

- Youngstown respondents were less likely to report substance use as a top concern than Mahoning County respondents.
 - **20%** of Mahoning County reported substance use as a concern.

In Our Community (survey data)

12%	Have used marijuana in the last 30 days
9%	Say substance use treatment/harm reduction services are lacking
4%	Have used a prescription medication that was not prescribed for them or took more medicine than was prescribed in order to feel good, high, more active, or more alert in the past 6 months
3%	Have an alcoholic drink 4 or more days a week

“Funding has been cut for our prevention programs, which is a mistake. We need those prevention programs in the school like we used to have. There’s no D.A.R.E anymore.”

- Community Member Interview from Youngstown

#9 Health Need:



EDUCATION

In the community member survey, **17%** of respondents ranked education as a top concern.

- **21%** of survey respondents reported having a high school degree or less.
- Youngstown residents are less likely to have **at least a high school education** than both Mahoning County and Ohio.^{1, 2}
- Youngstown has a lower Kindergarten readiness rate as well as a lower percentage of 3- and 4-year-olds **enrolled in preschool** compared to Mahoning County and Ohio.³⁷
- The **chronic absenteeism rate** is higher in Youngstown than both Mahoning County and Ohio.³⁷

Education in our community:			
Indicator	Youngstown	Mahoning	Ohio
At least high school education	84%	92%	92%
Kindergarten readiness rate	37%	45%	37%
Percent of 3- and 4-year-olds enrolled in preschool	38%	44%	43%
Chronic absenteeism rate	70%	20%	26%

Sources: County Health Rankings & Roadmaps 2024.

Ohio Department of Education, State Kindergarten Readiness Assessment Data, 2023-2024,
Ohio Department of Education, District Details Data, 2023-2024.

“A lot of it goes back to poverty and the home life. I mean, if you're coming from a household where you live in squalor and you're moving twice a year, and you don't have good food. It's hard to lay all that on the education system. So, I think that some of these determinants really create the conditions for people to be successful, and whether it's education or working and holding a job long term.”

-Community Member Interview from Youngstown

“We need more innovative programming, vocational programming to create lifelong learners, encourage people to go back and invest in themselves and re-tool, it's important as a community and society changes.”

- Community Member Interview from Youngstown

#10 Health Need:



TRANSPORTATION

In the community member survey, **15%** of respondents ranked transportation as a top concern.

- **27%** of respondents reported that **transportation is lacking** in the community, similar to Mahoning County (28%).
- **15%** of survey respondents said that lack of reliable transportation **prevented access** to one or more services, vs 13% Mahoning County.

The Walkscore of Youngstown has improved from previous years, and is the highest of the most populous cities in Mahoning County.¹⁵

- Youngstown has a Walkscore of **34/100**. This score is considered **“car dependent”**, meaning that most errands can be accomplished by car.¹⁵

Work Commute, Method and Average Time, 2023 5-year estimate ⁷			
Indicator	Youngstown	Mahoning	Ohio
Drive alone to work	72%	80%	75%
Use public transit to work	4%	1%	1%
Walk to work	3%	2%	3%
Average daily commute to work	21 Minutes	23 Minutes	24 Minutes

Source: U.S. Census Bureau, American Community Survey, DP03, 2023 5-year estimate.

“I heard they [WRTA] cut down some routes. So, you know who suffers from that, it’s of course the community who needs those routes.”

- Community Member Interview from Youngstown

“There isn’t transportation to get to the food and the bus system isn’t a good option to transport food.”

- Community Member Focus Group from Youngstown

“I think the closest bus station bus stop is like half a mile from my house, so it’s not like it’s easy. Then I’d have to get on the bus, go to the main, to the downtown and then get on a transfer bus.”

- Community Member Interview from Youngstown



#11 Health Need:

PREVENTIVE CARE & PRACTICES

In the community member survey, **12%** of respondents ranked preventive care & practices as a priority health need.

- Half of both Youngstown and Mahoning County respondents reported getting a flu shot **in the past year**.

Survey respondents who reported getting a flu shot in the...		
Time Frame	Youngstown	Mahoning County
In the past year	50%	51%
In 5 or more years	11%	11%
Never	11%	11%

"I think just getting people to see the value and understanding the importance of preventative screenings and routine care. That's an ongoing, probably a never-ending thing. The education, aspect."

- Community Member Interview from Youngstown

#12 Health Need:

ACCESS TO CHILDCARE



In the community member survey, **10%** of respondents ranked access to childcare as a priority health need.

- Fewer Youngstown residents reported access to childcare as a top concern compared to Mahoning County (13%).
- **23%** of respondents in Youngstown and Mahoning County reported that childcare resources are **lacking** in the community.

"I can see a lot of people choosing not to work if they're kind of on the borderline of making enough money, and they've got to pay several hundred a week to have their one child watched, let alone multiple."

- Community Member Interview from Youngstown

"Lack of childcare keeps me from going to my doctors' appointments, jobs, mental health appointments."

- Community Member Focus Group from Youngstown

#13 Health Need:



ENVIRONMENTAL CONDITIONS

7% of respondents from the community member survey ranked environmental conditions as a priority health need.

Fewer Youngstown residents ranked environmental conditions as a **top concern** than Mahoning County.

- **9%** of Mahoning County community survey respondents reported environmental conditions as a top health need for the community.

“Not just in the city, but regionally our building stock or housing stock is aged, which means that it likely has lead paint. That it means much of it likely has asbestos. A lot of our housing in the city is a hundred plus years old.”

- Community Member Interview from Youngstown

“Trash collection issues (missed pickup for the week) lead to buildup on the streets.”

- Community Member Focus Group from Youngstown

#14 Health Need:



INTERNET ACCESS

In the community member survey, **5%** of respondents ranked internet and Wi-Fi access as a top concern.

- The percentage of survey respondents who rated **internet and Wi-Fi access** as a top concern was slightly more in Youngstown than in Mahoning County (4%).

“Government programs during COVID-19 were a blessing to a lot of families, but they removed it, and a lot are struggling.”

- Community Member Interview from Youngstown

“A lot of people only have the access to the internet over their phone. They don't necessarily have internet service at their house, so cost is an issue. But a lot of these things are going back to poverty and economic conditions and the social determinants.”

- Community Member Interview from Youngstown

#15 Health Need:

TOBACCO & NICOTINE USE



In the community member survey, **3%** of respondents ranked tobacco & nicotine use as a priority health need.

- **12%** of survey respondents reported **daily or almost daily** tobacco or nicotine use in the past 30 days, vs 11% in Mahoning County.
- **5%** of survey respondents reported tobacco or nicotine use on **some days** in the last 30 days, slightly lower than in Mahoning County (4%).

“I think some tobacco use is just a way to deal with anxiety and stress. Even though it can be a major expense, because purchasing cigarettes is not cheap.”

- Community Member Interview from Youngstown

HEALTH OUTCOMES

#1 Health Outcome:

MENTAL HEALTH



89% of respondents to the community member survey ranked mental health as a top health outcome.

22% of respondents say **mental healthcare access is lacking**, less than Mahoning County respondents reported (24%). Survey respondents also reported the following:

- **22%** rated their mental health as “**average**” or “**poor**”, vs. 23% for Mahoning County.
- **12%** rate access to mental health, behavioral health, and substance use disorder services as **low or very low**, vs. 13% for Mahoning County.
- **6%** report that they/a household member considered harming themselves within the last 6 months, vs. 5% for Mahoning County.
- **11%** reported that there was a time they **could not get mental health and/or substance use disorder counseling** in the past year, the same as for Mahoning County.

“I think we have the providers, and I'm just going to speak from the black community. It is a stereotype that we do not seek health. We don't seek mental health help. It is seen as a weakness in our community.”

- Community Member Interview from Youngstown

The top barriers to **mental/behavioral health services** reported in the community member survey are listed in the table below.

Barriers to Mental/Behavioral Health Services (survey data)	
15%	Not knowing where to go or how to find behavioral or mental health providers
14%	Could not get an appointment quickly enough/too long of a wait for an appointment
10%	I have insurance, but it did not cover the cost of services
11%	Office hours of my provider don't work with my schedule

“A majority of them will deny that there's any problem until it gets to the point where they can't handle it anymore.”

- Community Member Interview from Youngstown

#2 Health Outcome:



CHRONIC DISEASES

Youngstown residents are more likely to identify as having a **disability** than both Mahoning County and Ohio residents.⁴⁴

Identify as Having a Disability		
Youngstown	Mahoning County	Ohio
23%	18%	15%

Source: U.S. Census Bureau, American Community Survey, DP02, 2023 5-year estimate.

- **11%** of Youngstown respondents and **10%** of Mahoning County respondents feel that lack of provider awareness or education about their condition is a **barrier to accessing care**.

“I trace a lot of them [chronic diseases] back to the social determinants of health. I think the determinants play a key part.”

- Community Member Interview from Youngstown

“On the rise, all of them [chronic diseases]. Every single one of them is on the rise.”

- Community Member Interview from Youngstown

“And this is what's happening with our older adults. Because they must take so much medication, which is very expensive. People just say you know the heck with it. I can't afford this.”

- Community Member Interview from Youngstown

“Pre-diabetes is too nice of a term - what does that mean? I either have diabetes or don't. Just tell me if I don't change anything, I'll get diabetes. Language needs to be clear and concise. Sugar addiction starts at a young age, we create it. Education needs to start at a young age learned behaviors need to be unlearned.”

- Community Member Interview from Youngstown

#3 Health Outcome:

MATERNAL, INFANT, & CHILD HEALTH

60% of respondents to the community member survey ranked maternal, infant, and child health as a top health concern.

- **22%** say maternal, infant, and child healthcare services are **lacking**, vs. 24% for Mahoning County.
- **26 zip codes** in Mahoning County, including Youngstown's zip codes (44405, 44502, 44503, 44504, 44405, 44506, 44507, 44509, 44510, 44511, 44451, 44514), were identified as at high risk for **elevated blood lead levels**.⁴⁵

“A lot of times, what we see is the mom was unhealthy coming into the pregnancy. So, a lot of these moms are having preterm births. Because they're not as healthy, you know, whether they're overweight are smoking marijuana, smoking cigarettes, drinking, and then they're pregnant.”

- Community Member Interview from Youngstown

“We have a lot of good programs. But we still just have women that just don't feel comfortable going to a physician that doesn't look like them or being in a room at your whole visit that you don't see anyone.”

- Community Member Interview from Youngstown



#4 Health Outcome:

INJURIES

In the community member survey, **19%** of respondents ranked injuries as a top health outcome.

- The rate of Youngstown residents who rated injuries as a top community concern is the same for Mahoning County.

“There's a lot of accidents, and I think it is people's inability to pay attention. They're on their phone, a lot of distracted driving.”

- Community Member Interview from Youngstown

“I do know of many pedestrians getting hit by cars, and higher than normal pedestrian fatalities. Needing to be improved, and not just the physical condition of the sidewalks, but crosswalks, and one's ability to safely cross the street without threat of being hit by a vehicle.”

- Community Member Interview from Youngstown

#5 Health Outcome:

HIV & STIs



8% of community survey respondents ranked HIV & STIs as a top health concern in the community.

- Slightly more Mahoning County respondents ranked HIV & STIs as a top concern (7%).

“It's 4 days a week downstairs in our clinic, and we do see we have a higher incidence right now of chlamydia and gonorrhea. It's just a matter of getting people to come.”

- Community Member Interview from Youngstown

“I look at like our school age kids that maybe aren't getting the proper health education in schools. They're not learning about sex education. We're getting them in our clinic with gonorrhea, chlamydia, and young pregnant women.”

- Community Member Interview from Youngstown

APPENDIX D **WARREN CITY ADDENDUM**



WARREN CITY ADDENDUM

The following addendum provides community health assessment data, where available, at the Warren City level, with comparisons to Trumbull County overall.. This includes secondary (existing) and primary data (community member survey, interviews, and focus groups).



DELIVERED BY:



WARREN CITY ADDENDUM 2025 COMMUNITY HEALTH ASSESSMENT

PUBLISHED JULY 2025



Public Health
Prevent. Promote. Protect.

Warren City Health District

WARREN AT-A-GLANCE



Warren (38.5) has a **younger** median age than both Trumbull County (43.3) and Ohio (39.9).¹

38.5

WARREN
MEDIAN AGE

43.3

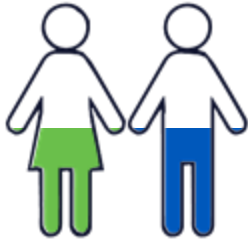
TRUMBULL
COUNTY
MEDIAN AGE

39.9

OHIO
MEDIAN AGE

18% of Warren and 23% of Trumbull County residents are **ages 65+**, compared to 19% for Ohio.¹

51% of Trumbull County, and Ohio residents are **women**, compared to 50% for Warren.¹



51%

50%



8%

of Warren, 7% of Trumbull County, and 5% of Ohio residents are **veterans**.¹



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

4% of Warren, 5% of Trumbull County, and 8% of Ohio residents **do not speak English as their first language**.¹

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



WHITE

BLACK/
AFRICAN
AMERICAN

HISPANIC
OR
LATINX

MULTI-
RACIAL

ASIAN

AI/AN

NH/PI

WARREN

68%

30%

1%

8%

0.4%

0.2%

0.03%

TRUMBULL

88%

9%

2%

4%

0.6%

0.3%

0%

PRIMARY DATA COLLECTION

KEY INFORMANT INTERVIEWS

Key informant interviews were used to gather information and opinions from persons who represent the broad interests of the community. We spoke with **6 experts** from various organizations serving Trumbull County (2 of whom serve Warren specifically), including leaders and representatives of medically underserved, low-income, minority populations, and leaders from local health or other departments or agencies. There were also 10 key informant interview participants who represented the entire Mahoning and Trumbull County area.

FOCUS GROUPS

Focus groups were used to gather information and opinions from specific sub-populations in the community who are most affected by health needs. We conducted **4 focus groups** with a total of **53 people** in the Trumbull County community (as well as 2 regional focus groups across the Mahoning and Trumbull County area with 16 people). There was representation from Warren in these focus groups. Focus groups included leaders and representatives of medically underserved, low-income, minority populations, and leaders from local health or other departments or agencies.

TOP PRIORITY HEALTH NEEDS

FROM INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Major health issues impacting community:

- Substance use/addiction
- Mental/behavioral health
- Obesity/overweight
- Access to healthcare

Top socioeconomic, behavioral, and/or environmental factors impacting community:

- Unmet mental health care services
- Lack of transportation
- Smoking

FROM COMMUNITY FOCUS GROUPS:

Major health issues impacting community:

- Transportation barriers
- Mental/behavioral health
- Healthcare system issues
- Housing and homelessness

How health concerns are impacting community:

- Healthcare avoidance/distrust
- Discrimination
- Financial strain
- Mental health deterioration

TOP PRIORITY GROUPS & RESOURCES

FROM INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Sub-populations in the area that face barriers to accessing healthcare and social services:

- Low-income population
- Older adults/aging population
- Black, Indigenous, and People of Color (BIPOC) community

“So, I think it's those individuals who find themselves employed but underemployed to where they're not being offered substantial health care, insurance, and they end up utilizing places like emergency rooms and urgent cares as their doctors. And then that just continues the trend of the socio-economic downfall, because those are the most expensive forms of healthcare.”



Community Member Interview from Warren

“Well, unfortunately access to good food is an issue. Food that's good for you costs a lot of money. Not only does it cost a lot of money. Sometimes it's difficult to find on a regular basis.”



Community Member Interview from Warren

“Chronic disease is very prevalent, especially hypertension, stroke risk, heart disease, obesity, and kidney disease.”



Community Member Focus Group from Warren

FROM COMMUNITY FOCUS GROUPS:

Sub-populations in the area that face barriers to accessing healthcare and social services:

- Homeless population
- Low-income population
- Older adults/aging population
- African American community
- Single mothers/women with children
- People with disabilities

Resources people use in the community to address their health needs:

- Coleman Health Services
- Warren Family Mission
- Food pantries
- Catholic Charities
- Job & Family Services (JFS)

Top resources that are lacking in the community:

- Shelters
- Transportation services
- Mental health services
- Community centers/activities
- Affordable housing



“Meeting your basic needs is a struggle, and it shouldn't be that way.”

Community Member Focus Group from Warren



PRIMARY DATA COLLECTION

COMMUNITY MEMBER SURVEY

Each key informant interview and focus group participant was asked to complete an online survey to assess and prioritize the health needs identified by secondary data collection. Additionally, the health department, hospital, and community partners shared the survey link with clients, patients, and others who live and/or work in the community. The survey was available in English and Spanish. This resulted in **178 responses** to the community member survey from Warren residents. The results of how the health needs were ranked in the survey are found in the tables below, separated by community conditions (including social determinants of health, health behaviors, and access to care) and health outcomes. This health need ranking was used to order the health needs in the following community conditions and health outcomes sections of this report (note that not every health need has its own section, and some health needs have been combined to form larger categories, such as access to healthcare and mental health).

COMMUNITY CONDITIONS RANKING FROM COMMUNITY MEMBER SURVEY	
#1 Access to healthcare	45%
#2 Income/poverty & employment	40%
#3 Crime & violence	39%
#4 Substance misuse (alcohol and drugs)	28%
#5 Food insecurity	27%
#6 Nutrition & physical health/exercise	22%
#7 Housing & homelessness	20%
#8 Adverse childhood experiences (ACEs)	17%
#9 Transportation	14%
#10 Preventive care & practices	12%
#11 Access to childcare	12%
#12 Education	11%
#13 Environmental conditions	9%
#14 Internet/Wi-Fi access	5%
#15 Tobacco & nicotine use	5%

HEALTH OUTCOMES RANKING FROM COMMUNITY MEMBER SURVEY	
#1 Mental health	92%
#2 Chronic diseases	84%
#3 Maternal, infant & child health	52%
#4 Injuries	19%
#5 HIV/AIDS & STIs	8%

HEALTH NEEDS

COMMUNITY CONDITIONS



#1 Health Need:

ACCESS TO HEALTHCARE

The top barriers to care reported in the community member survey were:

- **Not being able to get an appointment** quickly enough/too long of a wait for an appointment (36%).
- Insurance **does not cover the cost** of the procedure or care (24%).
- **Not being able to get an appointment** that was convenient with my work hours or child's school schedule (22%),

A higher rate of adults are **uninsured** in Warren than in both Trumbull County and Ohio.^{4,7}

- **8%** of survey respondents said that they lack insurance because it **costs too much**.
- **33%** of respondents reported that there was a time in the last year when they **needed** prescription medicine and **could not get it**.

Rates of Uninsured Adults, Children, and Older Adults by Geography, 2023 5-year estimate			
Population	Warren	Trumbull County	Ohio
Adults	12%	9%	7%
Children	5%	9%	5%
Older Adults	0.3%	0.5%	0.5%

Source: U.S. Census Bureau, American Community Survey, DP03, 2023 5-year estimate.
U.S. Census Bureau, American Community Survey, S2701, 2023 5-year estimate.

25% of Trumbull County community survey respondents have not had a **routine checkup in the last year**, and **6%** have not had a checkup in **more than 5 years**.

- **87%** of respondents said that they have a **primary care provider (PCP)**.
- **23%** of Warren respondents' usual source of care is an **urgent care clinic**.

16% of Warren survey respondents said that **dental/oral healthcare is lacking** in the community, with **18%** reporting that they needed dental care in the last year but **could not get it**.

- **Over a quarter (32%)** of respondents have not visited the dentist **in over a year**, slightly fewer than in Trumbull County (34%).

"There's a wait list for individuals to be treated or seen. So that's a concern."

- Community Member Interview from Warren

#2 Health Need:



INCOME/POVERTY & EMPLOYMENT

40% of survey respondents rated income, poverty, and employment as a top concern in the community.

Warren residents are more likely to **experience poverty** than Trumbull County residents.

- **33%** of the population lives in **poverty**, compared to 18% in Trumbull County.⁷
- The poverty rates for adults, children, older adults, and families are all **higher** in Warren than in Trumbull County and Ohio overall.⁷

Poverty Rates of Adults, Children, Older Adults, and Families by Geography, 2023 5-year estimate			
Population	Warren	Trumbull County	Ohio
Adults	31%	15%	13%
Children	53%	25%	18%
Older Adults	16%	15%	10%
Families	32%	15%	9%

Source: U.S. Census Bureau, American Community Survey, DP03, 2023 5-year estimate.

Warren has a higher unemployment rate and a lower median household income compared to Trumbull County.

- **4%** of Warren and Trumbull County residents are **unemployed**.⁷
- Warren's **median household income** of \$36,955 is **lower** than that of both Trumbull County (\$51,700) and Ohio (\$67,900).⁷
- In the community member survey, **4%** of respondents reported that they are unemployed, with **2%** not actively looking for work and **2%** looking for work.

“There are fewer people here who have pursued anything beyond a high school diploma, and there are some who have not achieved a high school diploma. So, I think that makes a big difference as far as employment and income levels.”

- Community Member Interview from Warren

“I have to hire people for a drug test. And it has nothing to do with the opioid epidemic. Those addicted to opioids aren't showing up for job interviews. This is simply weed.”

- Community Member Interview from Warren



#3 Health Need:

CRIME & VIOLENCE

39% of community survey respondents ranked crime and violence as a priority health need.

- Both **property and violent crime** rates are **higher** in Warren than in Trumbull County.⁸
- Warren’s property and violent crime rates are **higher** than the state of Ohio overall.⁸

Crime Rates per 100,000 Residents, 2023			
Type of Crime	Warren	Trumbull County	Ohio
Property Crime	2,765	252	1,783
Violent Crime	546	26	294

Source: Federal Bureau of Investigation. (2023). Crime Data Explorer.

“Residents want to feel safer in their own communities.”

- Community Member Focus Group

#4 Health Need:

SUBSTANCE MISUSE

28% of respondents from the community member survey ranked substance misuse as a top concern.

- Warren respondents were more likely to report substance misuse as a top concern than Trumbull County respondents.
 - **22%** of Trumbull County reported substance misuse as a concern.

“In 2018 we had 23 overdoses, and in 2023 we had 55. So, you know, that definitely has increased.”

- Community Member Interview from Warren

“I’m concerned over the legalization of marijuana related to impaired driving.”

- Community Member Focus Group from Warren

In Our Community (survey data)

8%	Say substance use treatment/harm reduction services are lacking
14%	Have used marijuana in the last 30 days
3%	Have an alcoholic drink 4 or more days a week
1%	Have used a prescription medication that was not prescribed for them or took more medicine than was prescribed in order to feel good, high, more active, or more alert in the past 6 months

“We’ve been trying to do education in the schools, because if we don’t educate this new generation, we’re never going to pull out of this addiction crisis.”

- Community Member Interview from Warren

#5 Health Need:



FOOD INSECURITY

27% of survey respondents rated food insecurity as a top concern in the community.

- **44%** of Warren residents said that **affordable food** is lacking in the community, vs. 48% of Trumbull County residents.
- **22%** of respondents **worry that their food will run out** and that they won’t be able to get more, similar to Trumbull County (24%).

Warren has a higher rate of **SNAP*/Food Stamp utilization** than both Trumbull County and Ohio.⁷

SNAP*/Food Stamp Utilization in Past 12 Months, 2023 5-year estimate		
Warren	Trumbull County	Ohio
30%	15%	12%

Source: U.S. Census Bureau, American Community Survey, DP03, 2023 5-year estimate.

*Supplemental Nutrition Assistance Program

“And then we have a lot of food deserts, too. Some of the hardest hit area wards in the city. You don’t have local grocery stores fresh produce, so that’s another area of concern as it relates to public health.”

- Community Member Interview from Warren

#6 Health Need:



NUTRITION & PHYSICAL HEALTH

In the community member survey, **22%** of respondents ranked nutrition and physical health as a priority health need.

- **28%** of respondents rate their physical health as “**poor**” or “**average**”, while **almost half** (46%) rate it as “**good**”.

38% of survey respondents said that **recreational spaces are lacking** in the community, and **10%** said that **lack of reliable transportation** has kept them from buying food or physical activity opportunities.

- Slightly fewer Trumbull County respondents reported recreational spaces as lacking in the community (32%).

Barriers to Getting Healthier (survey data)	
53%	Lack of energy
47%	Busy schedule (I don't have time to cook or exercise)
37%	Money (gyms and healthy foods are too expensive)
35%	Stress
22%	Feel intimidated or awkward going to a gym or fitness center
16%	I don't like to exercise
15%	Convenience (eating out is easier)

“But I know the city has implemented some different exercise equipment at both of our major parks. For that reason, you know, to generate healthy habits.”

- Community Member Interview from Warren

“The sun doesn't shine much in northeast Ohio... weather makes it difficult to get outside.”

- Community Member Focus Group from Warren

#7 Health Need:



HOUSING & HOMELESSNESS

In the community member survey, **20%** of respondents ranked housing and homelessness as a top concern.

- **57%** of survey respondents say **affordable housing** is **lacking** in the community.
- There is a higher vacancy rate in Warren than in both Trumbull County and Ohio.¹¹
- Slightly more households are **lacking complete plumbing** in Warren and Trumbull County, while slightly fewer are **lacking complete kitchens** when compared to Ohio.⁴⁴
- A higher percentage of households in Ohio are **older adults living alone** than in Trumbull County and Warren.⁴⁴

Housing in our community...			
Indicator	Warren	Trumbull County	Ohio
Vacancy rate	12%	7%	8%
Households lacking complete plumbing facilities	0.6%	0.6%	0.3%
Households lacking complete kitchen facilities	0.6%	0.8%	0.9%
Households that are older adults living alone	10%	16%	13%

Sources: U.S. Census Bureau, U.S. Census Bureau, American Community Survey, DP02, 2023 5-year estimate, American Community Survey, DP04, 2023 5-year estimate.

“The limited affordable housing, which I do believe has affected our homelessness rates.”

- Community Member Interview from Warren

“More housing and shelters for homeless people are needed. There are not enough shelters for women and children.”

- Community Member Focus Group from Warren

“Basically, a shortage of affordable housing. I've you know, attended a lot of different meetings and sessions, and we do believe there is a shortage of affordable housing.”

- Community Member Interview from Warren

#8 Health Need:



ADVERSE CHILDHOOD EXPERIENCES (ACEs)

17% of survey respondents reported adverse childhood experiences (ACEs) as a top concern in the community.

- Warren survey respondents were slightly more likely to rate ACEs as a top concern than Trumbull County respondents (18%).

“I know the Trumbull County Mental Health and Recovery Board has been working on doing ACE questionnaires.”

- Community Member Interview from Warren

“Most people I talk to still don’t know what it means when we talk about ACEs. And so, I think, as people learn more about them, they’ll be able to seek out better treatment.”

- Community Member Interview from Warren

#9 Health Need:



TRANSPORTATION

In the community member survey, **14%** of respondents ranked transportation as a top concern.

- **44%** of respondents reported that **transportation is lacking** in the community, similar to Trumbull County (35%).
- **10%** of survey respondents said that lack of reliable transportation **prevented access** to one or more services in the past year, similar to Trumbull County (13%).

The Walkscore for Warren has improved from previous years and is 4th highest of the most populous cities in Trumbull County.¹⁵

- Warren has a Walkscore of **34/100**. This score is considered “**car dependent**”, meaning that most errands can be accomplished by car.¹⁵

“There is a lack of transportation (public transit), limited routes and frequency.”

- Community Member Focus Group from Warren

Work Commute, Method and Average Time, 2023 5-year estimate			
Indicator	Warren	Trumbull	Ohio
Drive alone to work	77%	78%	77%
Use public transit to work	2%	0.5%	1%
Walk to work	2%	1%	2%
Average daily commute to work	24 Minutes	23 Minutes	24 Minutes

Source: U.S. Census Bureau, American Community Survey, DP03, 2023 5-year estimate.

“We're gradually making improvements there, but I would say that Central City, you know, everything's pretty much walk. Walkability is good. But once you get to the outskirts, possibly, you know, we need some improvements.”

- Community Member Interview from Warren

“But unfortunately, the grant ran out, that's through the county. To get that more robust system back, the county Commissioners will have to put it on the ballot for the people to decide. For one reason or the other. The Commissioners have relented from putting on that on the ballot for the people to decide it.”

- Community Member Interview from Warren

“We're an old older city so a lot of the walkways. We have slate sidewalks in the central city area...some of which are heaved up due to tree roots.”

- Community Member Interview from Warren

#10 Health Need:

PREVENTIVE CARE & PRACTICES



In the community member survey, **12%** of respondents ranked preventive care & practices as a priority health need.

- Slightly more than half of both Warren and Trumbull County respondents reported getting a flu shot **in the past year**.

Survey respondents who reported getting a flu shot in the...		
Time Frame	Warren	Trumbull County
In the past year	53%	53%
In 5 or more years	12%	11%
Never	14%	12%

“But I do feel there is a hesitancy, not only for vaccines, but for screening as well, because there seems to we encounter sometimes just a mistrust of the health field in general, not necessarily public health, but mistrust of health information, and it has definitely gotten worse, I believe, since COVID-19.”

- Community Member Interview from Warren

#11 Health Need:



ACCESS TO CHILDCARE

In the community member survey, **12%** of respondents ranked access to childcare as a priority health need.

- More Warren residents reported access to childcare as a top concern, compared to Trumbull County (11%).
- **24%** of respondents reported that childcare resources are **lacking** in the community, vs. 22% of Trumbull County respondents.

“Again, transportation is a major issue. You know, the child must be able to get to get there. So yeah, that's still an issue.”

- Community Member Interview from Warren

“There are no places for kids to go over the summer when mothers need to work. We need rapid daycare access for single moms who want to work.”

- Community Member Focus Group from Warren

#12 Health Need:



EDUCATION

In the community member survey, **11%** of respondents ranked education as a top concern.

- **19%** of survey respondents reported having a high school degree or less.
- Warren residents are more likely to have **at least a high school education** than both Trumbull County and Ohio.^{1, 2}
- Warren has a lower **Kindergarten readiness rate** but has as a higher percentage of 3- and 4-year-olds **enrolled in preschool** compared to Trumbull County and Ohio.³⁷
- The **chronic absenteeism rate** is higher in Warren than both Trumbull County and Ohio.³⁷

“We need handy people. We need people that can work with their hands. That's the reason that we see prices so high for having trade type work done. Because those with those skills are limited.”

- Community Member Interview from Warren

Education in our community:			
Indicator	Warren	Trumbull	Ohio
At least high school education	95%	90%	92%
Kindergarten readiness rate	40%	45%	37%
Percent of 3- and 4-year-olds enrolled in preschool	43%	35%	43%
Chronic absenteeism rate	50%	30%	26%

Sources: County Health Rankings & Roadmaps 2024.
Ohio Department of Education, State Kindergarten Readiness Assessment Data, 2023-2024.,
Ohio Department of Education, District Details Data, 2023-2024.

“There needs to be more education in the Black community. Back in the day everyone would go to a Black doctor, but now there aren’t enough Black doctors.”

- Community Member Focus Group from Warren

#13 Health Need:



ENVIRONMENTAL CONDITIONS

9% of respondents from the community member survey ranked environmental conditions as a priority health need.

A higher percentage of Warren residents ranked environmental conditions as a **top concern** than Trumbull County residents.

- 8% of Trumbull County community survey respondents reported environmental conditions as a top health need for the community.

“We have like 2 grants we use for cleanups. And then we have like a mosquito surveillance grant we use. So I think this past year we did like a better job getting that out to the community.”

- Community Member Interview from Warren

“We could improve on our housing inspections. We have a lot of rentals. So it's hard to get out and do all the inspections and stuff required for those.”

- Community Member Interview from Warren

#14 Health Need:



INTERNET ACCESS

In the community member survey, **5%** of respondents ranked internet and Wi-Fi access as a top concern.

- The percentage of survey respondents who rated **internet and Wi-Fi access** as a top concern was slightly lower in Warren than in Trumbull County (6%).

“Perhaps older adults, you know, they may have, some issues with having Wi-Fi or knowing how to use the modern technology.”

- Community Member Interview from Warren

“Oak Hill collaborative to where they would run classes, you know, to show people there's more to do on one of these things than you know. Just scroll through Facebook, and more importantly, teach them how to use an actual computer even though most things even excel, you can have a program you can put on your phone for Excel.”

- Community Member Interview from Warren

#15 Health Need:



TOBACCO & NICOTINE USE

In the community member survey, **5%** of respondents ranked tobacco & nicotine use as a priority health need.

- **12%** of survey respondents reported **daily or almost daily** tobacco or nicotine use in the past 30 days, similar to Trumbull County (14%).
- **3%** of survey respondents reported tobacco or nicotine use on **some days** in the last 30 days, the same as in Trumbull County.

“So, we did distribute some literature just advising our population of the importances, the importance of just and the hazards of of vaping, you know. So, we did post some different signs throughout our office, and I do know that our partners in Trumbull County, you know, they have some programs where they're in the schools. So yeah, we're trying to inform and educate, as it relates to tobacco usage. And you know, and the hazards.”

- Community Member Interview from Warren

HEALTH OUTCOMES



#1 Health Outcome:

MENTAL HEALTH

92% of respondents to the community member survey ranked mental health as a top health outcome.

26% of respondents say **mental healthcare access is lacking**, slightly less than what Trumbull County respondents reported (27%). Survey respondents also reported the following:

- **43%** rated their mental health as **“average”** or **“poor”**, vs. 49% for Trumbull County.
- **15%** rate access to mental health, behavioral health, and substance use disorder services as **low or very low**, the same as for Trumbull County.
- **16%** reported that there was a time they **could not get mental health and/or substance use disorder counseling** in the past year, vs. 14% for Trumbull County.
- **5%** report that they/a household member **have had thoughts of harming themselves** in the last 6 months, vs. **6%** for Trumbull County.

The top barriers to **mental/behavioral health services** reported in the community member survey are listed in the table below.

Barriers to Mental/Behavioral Health Services	
17%	Could not get an appointment quickly enough/too long of a wait for an appointment
13%	Not knowing where to go or how to find behavioral or mental health providers
12%	Office hours of my provider don't work with my schedule
11%	Stigma of mental or behavioral health/nervous about admitting that I have a mental or behavioral health concern

“There's a long waiting list, especially for children under the age of 18. I just was talking to somebody the other day. They have to wait a year and a half to get an appointment. So when someone's in a crisis that's definitely an issue.”

- Community Member Interview from Warren



#2 Health Outcome:

CHRONIC DISEASES

Warren residents are more likely to identify as having a **disability** than both Trumbull County and Ohio residents.⁴⁴

Identify as Having a Disability		
Warren	Trumbull County	Ohio
24%	18%	15%

Source: U.S. Census Bureau, American Community Survey, DP02, 2023 5-year estimate.

- **9%** of Warren respondents and **10%** of Trumbull County respondents feel that lack of provider awareness or education about their condition is a **barrier to accessing care**.

“You know, some people live 4 miles from a doctor but have no transportation to get there. We do have the WRTA, but it's very limited. The routes that they offer. So, a lot of people can't access that.”

- Community Member Interview from Warren

“Cancer is a scary thing to face if you don't have support.”

- Community Member Focus Group from Warren

#3 Health Outcome:

MATERNAL, INFANT, & CHILD HEALTH

52% of respondents to the community member survey ranked maternal, infant, and child health as a top health concern.

- **21%** say maternal, infant, and child healthcare services are **lacking**, the same as for Trumbull County.
- **22 ZIP Codes** in Trumbull County, including Warren's ZIP Codes (44485, 44481, 44484), were identified as at high risk for **elevated blood lead levels**.⁴⁵

“And there's no labor and delivery services. For the one hospital system here. They've all moved to Boardman. So out of our area. And with the transportation issue, you know, that's quite a ways for people to travel.”

- Community Member Interview from Warren



#4 Health Outcome:

INJURIES

In the community member survey, **19%** of respondents ranked injuries as a top health outcome.

- The rate of Warren residents who rated injuries as a top community concern is slightly lower than for Trumbull County (22%).

#5 Health Outcome:

HIV & STIs



8% of community survey respondents ranked HIV & STIs as a top health concern in the community.

- Slightly fewer Trumbull County respondents ranked HIV & STIs as a top concern (6%).

“So you know, our area does seem to have an issue with positive STI rates and HIV rates as compared to other areas surrounding us.”

- Community Member Interview from Warren

“And we’re educating and giving them education guidance. How to, you know, move forward and live productive lives. And then we also provide testing. You know, we try to curb it, to make sure there’s no further spread of the virus.”

- Community Member Interview from Warren

APPENDIX E

KEY INFORMANT INTERVIEW PARTICIPANTS



KEY INFORMANT INTERVIEW PARTICIPANTS

Listed on the following page are the names of **25** leaders, representatives, and members of the communities who were consulted for their expertise on the needs of the community. The following individuals were identified by the Community Health Assessment (CHA) team as leaders based on their professional expertise and knowledge of various target groups throughout the service area.

APPENDIX E: KEY INFORMANT INTERVIEW PARTICIPANTS



INTERVIEW PARTICIPANTS			
NAME(S)	ROLE	COUNTY/CITY	ORGANIZATION
1. Shelia Triplett	Executive Director	Mahoning	Mahoning Youngstown Community Action Partnership (MCAP)
2. Erin Bishop	Health Commissioner	Youngstown/Mahoning	Youngstown City Health District
3. Ian Beniston	Executive Director	Youngstown/Mahoning	Youngstown Neighborhood Development
4. Paul Olivier	Vice President, Mahoning Valley Enterprise	Mahoning	Akron Children's Hospital
5. Duane Piccirilli	Executive Director	Mahoning	Mahoning County Mental Health & Recovery Board
6. Ryan Tekac	Health Commissioner	Mahoning	Mahoning County Public Health
7. Pat Sciaretta	Adjunct Professor Vice Chair	Youngstown/Mahoning	YSU Midlothian Free Clinic
8. Rev. Lewis Macklin	Pastor Funeral Director	Youngstown/Mahoning	Holy Trinity Baptist Church J.E. Washington Funeral Home
9. Lynette Forde	President	Youngstown/Mahoning	Youngstown Foundation
10. Robin Perry	Network Coordinator	Regional	Healthy Community Partnership, Community Foundation of the Mahoning Valley
11. Joe Rossi	Chief Executive Officer	Regional	Direction Home of Eastern Ohio

APPENDIX E: KEY INFORMANT INTERVIEW PARTICIPANTS



INTERVIEW PARTICIPANTS			
NAME(S)	ROLE	COUNTY/CITY	ORGANIZATION
12. April Caraway	Executive Director	Trumbull	Trumbull County Mental Health & Recovery Board
13. John Myers	Director Of Planning And Evaluation	Trumbull	Trumbull County Mental Health and Recovery Board
14. Frank Migliozi	Health Commissioner	Trumbull	Trumbull County Combined Health District
15. John May	Deputy Health Commissioner	Warren/Trumbull	Warren City Health District
16. Eddie Colbert	Director of Service & Safety	Warren/Trumbull	Warren City
17. Matt Martin	Executive Director	Trumbull	Trumbull Neighborhood Partnership
18. Sarah Lowry	Senior Director of Community Impact	Regional	Healthy Community Partnership, Community Foundation of the Mahoning Valley
19. Natalie Terry-Hagg	Director of Mission	Regional	Mercy Health
20. Justin Mondok	Director of Planning & Development	Regional	Eastgate Regional Council of Governments
21. Paul Homick	President	Regional	Mercy Foundation
22. Jennifer Roller	President	Regional	Wean Foundation
23. Deanna Ford	Director of Mission	Regional	Mercy Health

APPENDIX E: KEY INFORMANT INTERVIEW PARTICIPANTS



INTERVIEW PARTICIPANTS

NAME(S)	ROLE	COUNTY/CITY	ORGANIZATION
24. Dr. Frank Beck	Program Director, General Practice Dentistry - Dental Residency Program	Regional	Mercy Health
25. Casey Krell	President	Regional	Community Foundation of the Mahoning Valley



APPENDIX F FOCUS GROUP PARTICIPANTS



FOCUS GROUP PARTICIPANTS

Listed on the following page are the details of the **10 focus groups** conducted with **136 community members**, including the number of participants, format, and groups represented.

APPENDIX F: FOCUS GROUP PARTICIPANTS



FOCUS GROUP PARTICIPANTS				
GROUP/TOPIC REPRESENTED	FORMAT	PARTICIPATING ORGANIZATION(S)	COUNTY	# OF PARTICIPANTS
1. African American Older Adults	In-person	Mercy Health Youngstown, Youngstown City Health District, MYCAP Senior Center	Mahoning	31
2. African American (Trumbull)	In-person	Warren City Health District, The D5 Group	Trumbull	12
3. African American	In-person	Youngstown City Health District	Mahoning	14
4. Older Adults	In-person	Trumbull County Combined Health District, Niles Wellness Center	Trumbull	15
5. Latinx/Hispanic	In-person	Mercy Health Youngstown	Regional	12
6. Rural	In-person	Mahoning County Public Health and Ohio Farm Bureau	Mahoning	9
7. Rural	Virtual	Trumbull County Combined Health District, Ohio Farm Bureau	Trumbull	6
8. LGBTQIA+	In-person	Healthy Community Partnership, Community Foundation of the Mahoning Valley, Warren City Health District	Regional	4
9. Homelessness	In-person	Youngstown City Health District, Rescue Mission of Mahoning Valley	Mahoning	13
10. Homelessness	In-person	Warren City Health District, Warren Family Mission	Trumbull	20
TOTAL				136

APPENDIX F: FOCUS GROUP DEMOGRAPHICS



Note: % of focus group participants responded to some or all of the optional demographic questions. Focus groups were meant to hear specifically from priority populations in the community most affected by health disparities, not necessarily to represent the overall demographics of the community.

- A higher proportion of participants came from **Mahoning County**– 67%, with representation from Trumbull County-34%.
- **65+ was the most represented age group (38%)**, followed by 55-64 (23%). All age groups had some representation.
- **66% of participants were women.**
- **Most participants (90%) were straight**, with smaller percentages identifying as gay, lesbian, bisexual, asexual, or other.
- **43% of participants were Black or African American**, 37% were White, and 12% were Hispanic/Latinx.
- **Participants mainly spoke English** as a primary language (89%), Spanish was the next language participants primarily spoke (10%).
- **71% of participants had no children** in their home.
- **33% of participants had a high school diploma**, while 14% had less than a high school diploma, and 14% had some college.
- **32% were employed**, while 33% were not. 28% were retired.
- **Education, law and social, healthcare**, followed by manufacturing or utilities were the most common occupational categories represented.
- Participants were generally **lower to middle income**, with 78% having a household income under \$50,000 per year. All income categories were represented.
- 38% of participants **identified as having a disability.**
- 70% of participants **have a steady place to live.**



APPENDIX G COMMUNITY MEMBER SURVEY



COMMUNITY MEMBER SURVEY

On the following pages are the questions and demographics from the community member survey that was distributed to Mahoning and Trumbull County residents to get their perspectives and experiences on the health needs of the community they call home. **1,434 responses** were received.

APPENDIX G:

COMMUNITY MEMBER SURVEY

Welcome!

Mercy Health Youngstown hospitals (serving Columbiana, Mahoning, and Trumbull Counties) and their partners, including Mahoning County Public Health, Trumbull County Combined Health District, Warren City Health District, and Youngstown City Health District, are conducting a Community Health Needs Assessment (CHNA) to identify and assess the health needs of the community. We are asking community members (those who live and/or work in the counties) to complete this short, 15-minute survey. This information will help guide us as we consider services, programs, and policies that will benefit the community.

Be assured that this process is completely anonymous - we cannot access your name or any other identifying information. Your individual responses will be kept strictly confidential and the information will only be presented in aggregate (as a group). Your participation in this survey is entirely voluntary and you are free to leave any of the questions unanswered/skip questions you prefer not to answer (so only answer the questions you want to answer!). Thank you for helping us to better serve our community!

Ranking Health Needs

1. While it can be hard to choose, do your best to select what you feel are the TOP 3 COMMUNITY CONDITIONS of concern in your community? (please check your top 3)
 - Access to childcare
 - Access to primary healthcare (e.g. doctors, hospitals, specialists, mental healthcare, dental/oral care, vision care, medical appointments, health insurance coverage, health literacy, etc.)
 - Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma, etc.)
 - Crime and violence
 - Education and literacy (e.g. early childhood education, elementary school, post-secondary education, etc.)
 - Environmental conditions (e.g. air and water quality, vector-borne diseases, etc.)
 - Food insecurity (e.g. not being able to access and/or afford healthy food)
 - Housing and homelessness
 - Income/poverty and employment
 - Internet/Wi-Fi access
 - Nutrition and physical health/exercise (includes overweight and obesity)
 - Preventive care and practices (e.g. screenings, mammograms, pap tests, vaccinations)
 - Substance misuse (alcohol and drugs)
 - Tobacco and nicotine use/smoking/vaping
 - Transportation (e.g. public transit, cars, cycling, walking)
 - Other/Not Listed (feel free to specify)
2. While it can be hard to choose, do your best to select what you feel are the TOP 3 HEALTH OUTCOMES (e.g. impacts, diseases, conditions, etc.) of concern in your community? (please check your top 3)
 - Chronic diseases (e.g. heart disease, diabetes, cancer, asthma, etc.) - Please specify which chronic disease(s) you feel is the biggest issue in the community in the 'Not Listed' box below.
 - HIV/AIDS and Sexually Transmitted Infections (STIs)
 - Injuries (workplace injuries, car accidents, falls, etc.)
 - Maternal, infant and child health (e.g. pre-term births, infant mortality, maternal morbidity and mortality)
 - Mental health (e.g. depression, anxiety, suicide, etc.)
 - Other/Not Listed (feel free to specify)

Access to Healthcare

3. If you do NOT currently have healthcare coverage or insurance, what are the main reasons why? (select all that apply)
 - I am waiting to get coverage through my job
 - I don't think I need health insurance
 - I haven't had time to deal with it
 - It costs too much
 - I am not eligible or do not qualify
 - It is too confusing to sign up
 - Does not apply - I have health coverage/insurance
 - Other/Not Listed (feel free to specify)
4. During the most recent time you or a member of your household delayed or went without necessary healthcare, what were the main reasons? (select all that apply)
 - Could not get an appointment quickly enough/too long of a wait for an appointment
 - Could not get an appointment that was convenient with my work hours or child's school schedule
 - Distrust/fear of discrimination
 - Lack of provider awareness and/or education about my health condition
 - Language barriers
 - No insurance and could not afford care
 - Insurance did not cover the cost of the procedure or care
 - Insurance deductibles were too high
 - Not knowing where to go or how to find a doctor
 - Technology barriers with virtual visits/telehealth services
 - Not having a provider who understands and/or respects my cultural or religious beliefs
 - Lack of transportation to the appointment
 - The appointment was too far away and/or outside of my community
 - I could not find a doctor or dentist that takes Medicaid
 - No barriers and did not delay health care - received all the care that was needed
 - Other/Not Listed (feel free to specify)
4. Where do you and your family members go most often to receive routine healthcare services (physical exams, check-ups, immunizations, treatment for chronic diseases)? (select all that apply)
 - Doctor's office (primary care physician/provider, family physician, internist, pediatrician, etc.)
 - Emergency room department at the hospital
 - Urgent care clinic
 - I wouldn't go to a doctor unless it was an emergency
 - Not sure
 - None of the above
 - Other/Not Listed (feel free to specify)

APPENDIX G:

COMMUNITY MEMBER SURVEY

6. How long has it been since you have been to the doctor to get a checkup when you were not well (because you were already sick)?

- Within the last year
- 1-2 years
- 3-5 years
- 5 or more years ago
- I have never had a flu shot/vaccine

7. How long has it been since you have been to the doctor to get a checkup when you were well (not because you were already sick)?

- Within the last year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- I have never been to a doctor for a checkup

8. If you were sick, where would you go first for treatment? Assume that this is not an emergency situation. (choose one)

- Doctor's office (primary care physician, family physician, internist, pediatrician, etc.)
- Specialist's office (cardiologist, pulmonologist, endocrinologist, etc.)
- Emergency room department at hospital
- Urgent care clinic
- I wouldn't go to a doctor unless it was an emergency
- Not sure
- None of the above
- Other/Not Listed (feel free to specify):

9. Do you have a personal physician/primary care provider?

- Yes
- No

10. In the last year, was there a time when you needed prescription medicine but were not able to get it?

- Yes
- No

11. How long has it been since you have had a flu/shot vaccine?

- Within the last year
- 1-2 years
- 3-5 years
- 5 or more years ago
- I have never had a flu shot/vaccine
- Prefer not to answer

Access to Dental Healthcare

12. About how long has it been since you have been to the dentist to get a checkup (not for an emergency)?

- Within the last year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- I have never been to the dentist for a checkup

13. In the last year, was there a time when you needed dental care but could not get it?

- Yes
- No

Mental Health

14. How would you rate your current access to mental, behavioral health, or substance use disorder services?

- Very high access
- High access
- Neutral
- Low access
- Very low access

15. What, if any, are your main barriers to accessing mental or behavioral health services, if needed? (select all that apply)

- Could not get an appointment quickly enough/too long of a wait for an appointment
- No insurance and it costs too much
- I have insurance but did not cover the cost of the services
- Not knowing where to go or how to find behavioral or mental health providers
- Appointment cancellation related to COVID-19 (tested positive for COVID-19 or provider cancelled due to COVID-19-related concerns) concern of infection, or other health related concern
- Distrust/fear of discrimination
- Uncomfortable with mental or behavioral health provider
- Office hours of provider don't work with my schedule
- Stigma of mental or behavioral health/nervous about admitting that I have a mental or behavioral health concern
- Language barriers
- Lack of provider awareness and/or education about my health condition
- Technology barriers with virtual visits/telehealth services
- Not having a provider who understands and/or respects my cultural or religious beliefs
- Lacked transportation to the appointment
- Do not need behavioral or mental health care
- No barriers-received all the behavioral and mental health care that was needed
- Other/Not Listed (feel free to specify)

16. In the last year, was there a time when you needed mental health and/or substance use counseling but could not get it?

- Yes
- No

17. In the last 6 months have you and/or a household member experienced feeling down or sad for more than 2 weeks?

- Yes
- No
- Don't know/not sure
- Prefer not to answer

18. Did you and/or a household member receive treatment for depression in the last 6 months? If so, from where? (please select all that apply)

- From primary care providers (PCP)
- Mental health counselor
- Mental health agency
- Did not receive treatment
- Don't know/not sure
- Prefer not to answer
- Other/Not Listed (feel free to specify)

APPENDIX G: COMMUNITY MEMBER SURVEY

19. Did you and/or a household member consider harming yourself/themself in the last 6 months?

- Yes
- No
- Don't know/not sure
- Prefer not to answer

20. Did you and/or a household member receive treatment (due to considering self-harm) in the last 6 months? If so, from where? (please select all that apply)

- From primary care provider (PCP)
- Mental health counselor
- Mental health agency
- Did not receive treatment
- Don't know/not sure
- Prefer not to answer
- Other/Not Listed (feel free to specify)

Health Status

21. Overall, my physical health is:

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know/not sure
- Prefer not to answer

22. Overall, my mental health is:

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know/not sure
- Prefer not to answer

23. If you do want to get healthier and in better shape; what if anything, do you feel is holding you back? (select all that apply)

- Stress
- Lack of energy
- My busy schedule (I don't have time to cook or exercise)
- Lack of support from friends
- Lack of support from family
- I feel intimidated or awkward going to a gym or fitness center
- Money (gyms and healthy foods are too expensive)
- Lack of gyms or fitness centers to go to near me
- Food and fitness is too confusing
- Convenience (eating out is easier)
- Childcare concerns
- I don't like to cook
- I don't like to exercise
- I don't feel motivated to be healthier
- None of the above. (I'm in good shape or don't want to be in better shape)
- Other/ Not Listed (feel free to specify)

Child Health

24. If you have a child/children living in your household, what would you say are your child(ren)'s biggest challenges in school? (please select all that apply)

- Bullying
- Substances, including Juuls, tobacco products, drugs or alcohol
- Doesn't take it seriously
- Behavior
- Academics-Literacy
- Academics-Math
- Limited English Proficiency
- Teen pregnancy
- Stress/mental health
- Pressure to have sex
- Peer pressure in general
- Access to special healthcare needs assessments
- Falling behind due to disruptions due to COVID-19
- Lack of opportunities for social emotional development due to disruptions caused by COVID-19
- Experienced bullying due to race or ethnicity
- Felt isolated or left out due to race or ethnicity
- Not applicable
- Prefer not to answer
- Other/Not Listed (feel free to specify)

25. If you have a child/children living in your household, are you aware of your child(ren) or their friends using tobacco or nicotine products, including cigarettes, e-cigarettes, or vape pens?

- Yes
- No
- Prefer not to answer
- Not applicable

Transportation

26. In the past 12 months, has lack of reliable transportation kept you from going to (select all that apply):

- Medical appointments (for yourself or another member of your family)
- Work/meetings
- School (for yourself or another member of your family)
- Childcare
- Buying food/groceries
- Physical activity opportunities/the gym
- Getting other things for daily living
- Not applicable
- Not Listed (feel free to specify)

27. How do you travel to where you need to go? (select all that apply for each category - work, appointments, food shopping)

	Drive alone	Public transit	Taxi/cab	Ride with others in a carpool or vanpool	Cycle	Walk	Family member takes me	It depends on the day as to what is available	I struggle with finding a way to get here
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointments (e.g. medical, mental health, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Listed (feel free to specify)	<input type="text"/>								

APPENDIX G:

COMMUNITY MEMBER SURVEY

Community Resources

28. What resources are lacking within your community? (select all that apply)

- Affordable food
- Affordable housing
- Childcare
- Dental/oral healthcare
- Hospital/acute and emergency healthcare
- Maternal, infant, and child healthcare (e.g. OB/GYN, midwives, doulas, pediatricians, etc.)
- Mental healthcare access
- Primary healthcare access
- Recreational spaces (e.g. parks, walking paths, community centers, gyms/workout facilities, etc.)
- Specialist healthcare (e.g. oncologist/cancer care, cardiologist/heart care, nephrologist/kidney care, physical therapy, dietitian, etc.)
- Substance use treatment/harm reduction services
- Transportation
- Vision healthcare costs
- There is no lack of resources in my community
- I don't know what resources are lacking in my community
- Other/Not Listed (feel free to specify)

29. During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...

- Always
- Usually
- Sometimes
- Rarely
- Never
- Don't know/not sure
- Prefer not to answer
- Other/Not Listed (feel free to specify)

30. During the past 12 months, have you received food stamps, also called SNAP (Supplemental Nutrition Assistance Program) on an EBT card?

- Yes
- No
- Don't know/not sure
- Prefer not to answer

31. During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

- Yes
- No
- Don't know/not sure
- Prefer not to answer

32. During the last 12 months was there a time when an electric, gas, or oil, or water company threatened to shut off services?

- Yes
- No
- Don't know/not sure
- Prefer not to answer

Health Behaviors

33. During the past 30 days (1 month) on how many days did you smoke cigarettes, vape, or use other nicotine or tobacco products?

- Every day or almost every day
- Some days
- No days
- Other/Not Listed (feel free to specify)

34. How often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2 to 4 times a month
- 2 to 4 times a week
- 4 or more times a week

35. Do you ever have 5 or more drinks containing alcohol at any one time?

- Never
- Monthly or less
- 2 to 4 times a month
- 2 to 4 times a week
- 5 or more times a week

36. How often in the last 30 days (last month) have you used marijuana/cannabis for recreational purposes?

- None
- 1-2 times
- 3-9 times
- 10-19 times
- 20 or more times
- Several times a day
- Other/Not Listed (feel free to specify)

37. How often in the last 30 days (last month) have you used illicit/legal drugs/substances?

- None
- 1-2 times
- 3-9 times
- 10-19 times
- 20 or more times
- Several times a day

38. In the past 6 months, have you used prescription medication that was not prescribed for you, or took more medicine than was prescribed for you, in order to feel good, high, more active, or more alert?

- Yes
- No
- Prefer not to answer

Demographics

39. Which county do you live or reside in? (choose one)

- Columbiana
- Mahoning
- Trumbull
- Prefer not to answer

APPENDIX G:

COMMUNITY MEMBER SURVEY

39. Where do you live or reside? (choose one)

- 43920
- 44405
- 44406
- 44408
- 44410
- 44413
- 44420
- 44425
- 44436
- 44440
- 44442
- 44446
- 44452
- 44460
- 44471
- 44481
- 44483
- 44484
- 44502
- 44503
- 44504
- 44505
- 44506
- 44507
- 44509
- 44510
- 44511
- 44512
- 44514
- 44515
- Prefer not to answer
- None of the above, I live primarily at the following ZIP code:

40. Where do you work? (choose one)

- 43920
- 44405
- 44406
- 44408
- 44410
- 44413
- 44420
- 44425
- 44436
- 44440
- 44442
- 44446
- 44452
- 44460
- 44471
- 44481
- 44483
- 44484
- 44502
- 44503
- 44504
- 44505
- 44506
- 44507
- 44509
- 44510
- 44511
- 44512
- 44514
- 44515
- I am not currently employed
- Prefer not to answer
- None of the above, I work primarily at the following ZIP code:

41. Which of the following best describes your age?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to answer

41. What is your gender identity? (select all that apply)

- Woman
- Man
- Transgender/Trans woman (person who identifies as a woman)
- Transgender/Trans man (person who identifies as a man)
- Non-binary/non-conforming
- Prefer not to answer
- Not Listed (feel free to specify)

42. What is your sexual orientation? (select all that apply)

- Heterosexual or Straight
- Gay
- Lesbian
- Bisexual
- Asexual
- Prefer not to answer
- Not Listed (feel free to specify)

43. What is your race and/or ethnicity? (select all that apply)

- American Indian/Alaskan Native
- Asian Indian
- Black/African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Hispanic/Latino/a
- Japanese
- Korean
- Multiracial/More than one race
- Native Hawaiian

- Other Asian
- Other Pacific Islander
- Samoan
- Vietnamese
- White
- Prefer not to answer
- Other/Not Listed (feel free to specify)

44. What is your primary language spoken at home?

- English
- Spanish
- Prefer not to answer
- Not Listed (feel free to specify)

45. How many children, ages 0-17, live in your household?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- Prefer not to answer
- Not Listed (feel free to specify)

46. What is the highest level of education you have completed?

- Less than a High School diploma
- High School degree or equivalent
- Some college but no degree
- Trade School or Vocational Certificate
- Associate's degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Graduate degree (e.g. MA, MS, PhD, EdD, MD)
- Prefer not to answer

47. Are you currently employed?

- Yes, full-time (30 hours per week or more)
- Yes, part-time (less than 30 hours per week)
- Not employed - but looking for work
- Not employed - not actively looking for work
- Student
- Retired
- Disabled
- Prefer not to answer

48. What is your annual household income?

- Less than \$20,000
- \$20,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- Over \$100,000
- Prefer not to answer

APPENDIX G:

COMMUNITY MEMBER SURVEY

49. Do you have any of the following disabilities or chronic conditions? (select all that apply)

- Attention deficit
- Autism
- Blind or visually impaired
- Cancer
- Chronic Liver Disease/Cirrhosis
- Chronic Obstructive Pulmonary Disease (COPD)
- Deaf or hard of hearing
- Dementia (e.g. Alzheimer's and other worsening confusion and cognitive decline)
- Diabetes
- Health-related disability
- Heart disease and/or stroke
- Hypertension
- Kidney disease
- Learning disability
- Mental health condition
- Mobility-related disability
- Parkinson's disease
- Speech-related disability
- Substance use disorder
- None
- Prefer not to answer
- Other/Not Listed (feel free to specify or tell us more)

50. What is your current living situation? (select all that apply)

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others)
- I am staying in a shelter
- I am staying in a hotel/motel
- I am living outside
- I am living in a car
- I am living in an RV or state/public park
- I am living elsewhere
- Prefer not to answer
- Other/Not Listed (feel free to specify)

51. Trigger Warning: The following question about abuse may be disturbing for some people and trigger unpleasant memories or thoughts. Please remember you can always skip any question you don't feel comfortable reading or answering.

If you or someone in your life are in need of support, visit thehotline.org, or call 1.800.799.SAFE (7233), or text "START" to 88788.

Have you experienced any of the following types of abuse in the past year? (select all that apply)

- Physical violence (punching, hitting, slapping, kicking, strangling, or physically restraining someone against their will, use of weapons, etc.)
- Sexual (rape or other forced sexual acts, unwanted touching, etc.)
- Verbal/Emotional (hurtful words, insults, etc.)
- Mental/Psychological (negatively affecting someone's mental health, manipulation, etc.)
- Financial/Economic (using money/finances to control someone)
- Elder (an intentional act or failure to act that causes or creates a risk of harm to an older adult)
- Cultural/Identity (discrimination based on race, culture, religion, sexual orientation, gender identity, disability, class, age, etc.)
- Prefer not to answer
- Other/Not Listed (feel free to specify)

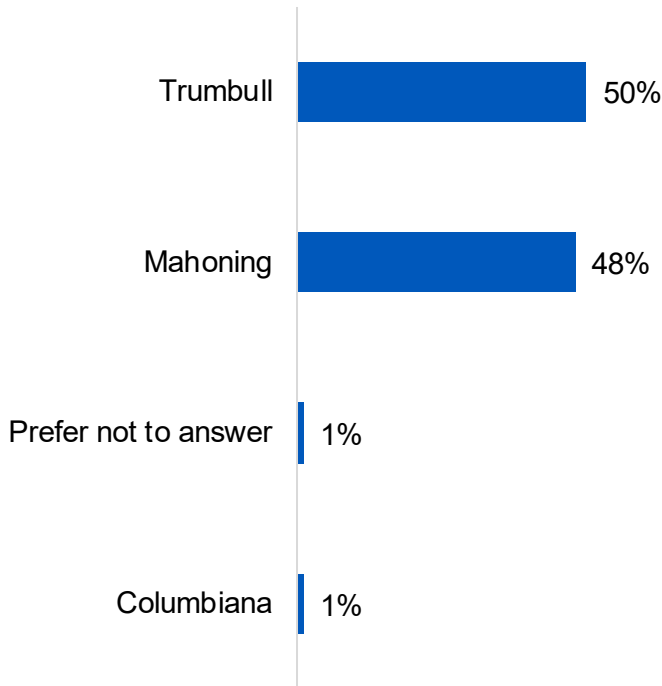
Final Comments

52. Do you have any other feedback or comments to share with us? (optional)

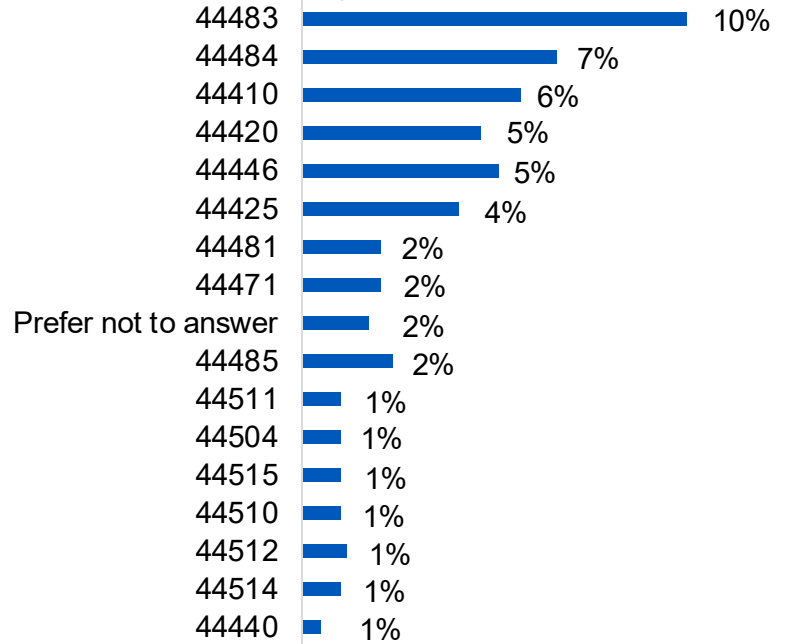
Thank you! Please send this survey to friends, neighbors, or anyone you know who lives and/or works in Columbiana, Mahoning, or Trumbull Counties.

APPENDIX G: COMMUNITY MEMBER SURVEY DEMOGRAPHICS

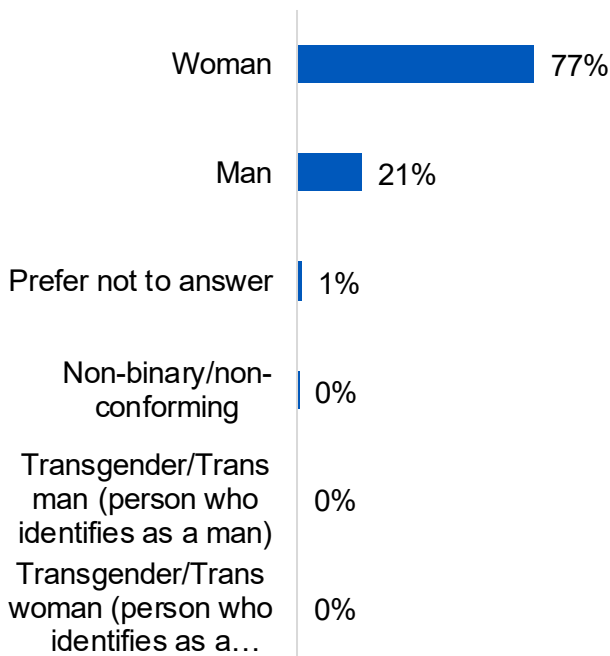
The proportion of responses from Mahoning and Trumbull Counties was **nearly equal**.



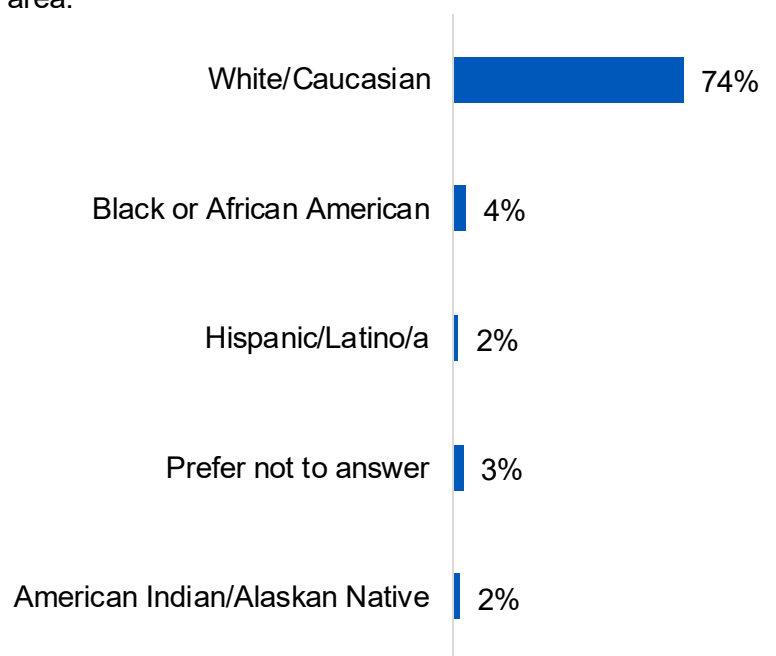
The majority of respondents responded that they live in another ZIP code than listed, but Warren (44483 and 44484), Courtland (44410), and Girard (44420) were most represented.



The majority of respondents were **female** (males were underrepresented).

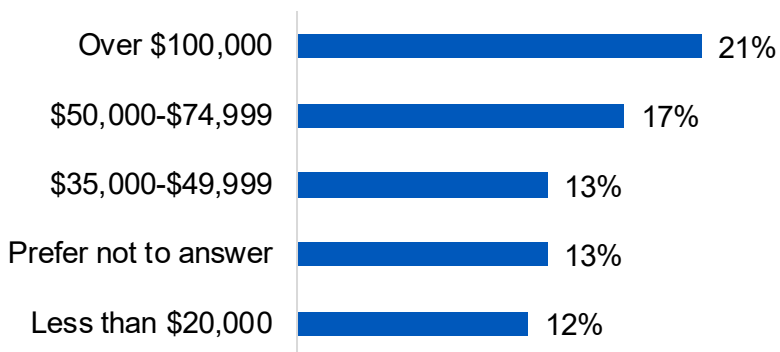


The majority of respondents were **White**, consistent with the composition of the service area.



APPENDIX G: COMMUNITY MEMBER SURVEY DEMOGRAPHICS

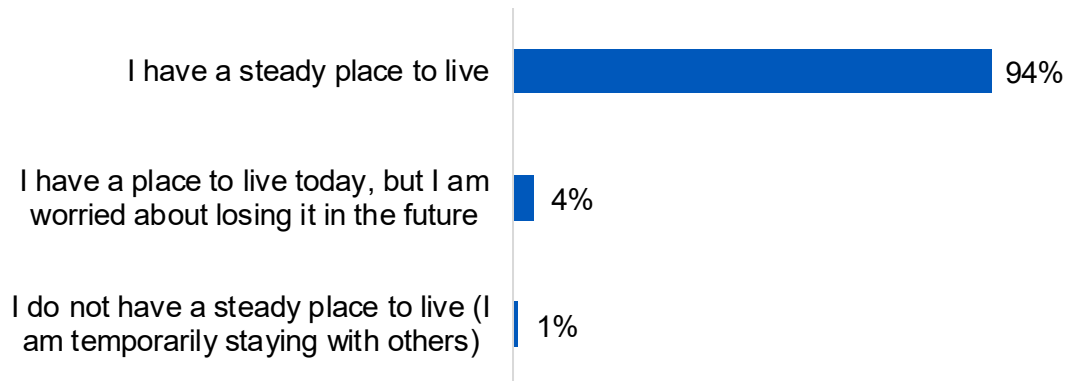
Respondents were generally **higher income**, with over a quarter having an annual household income of \$50,000-\$100,000 or more.



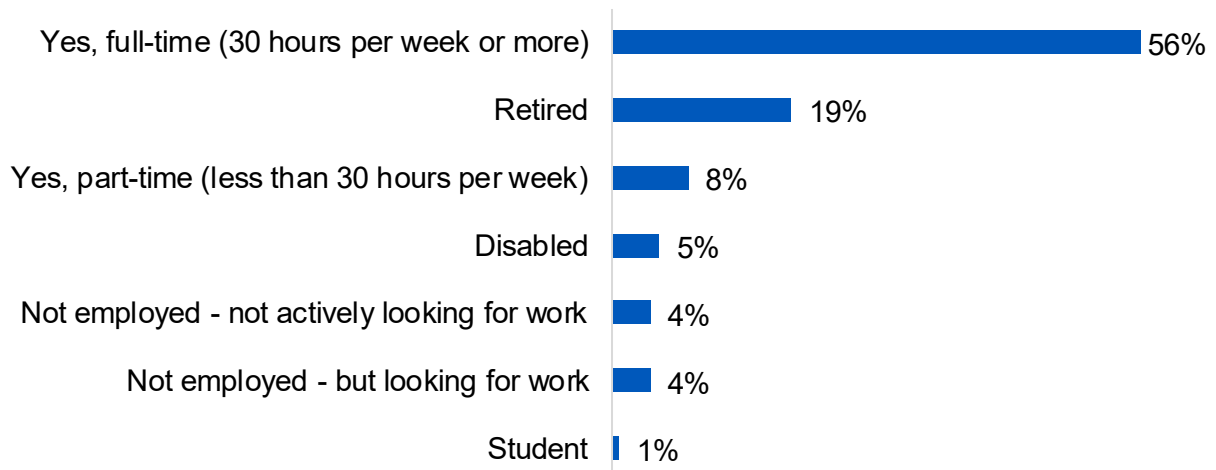
99% of respondents reported that their primary language spoken at home was **English**.



The majority of respondents have a **steady place to live**, while some are worried about losing it in the future.

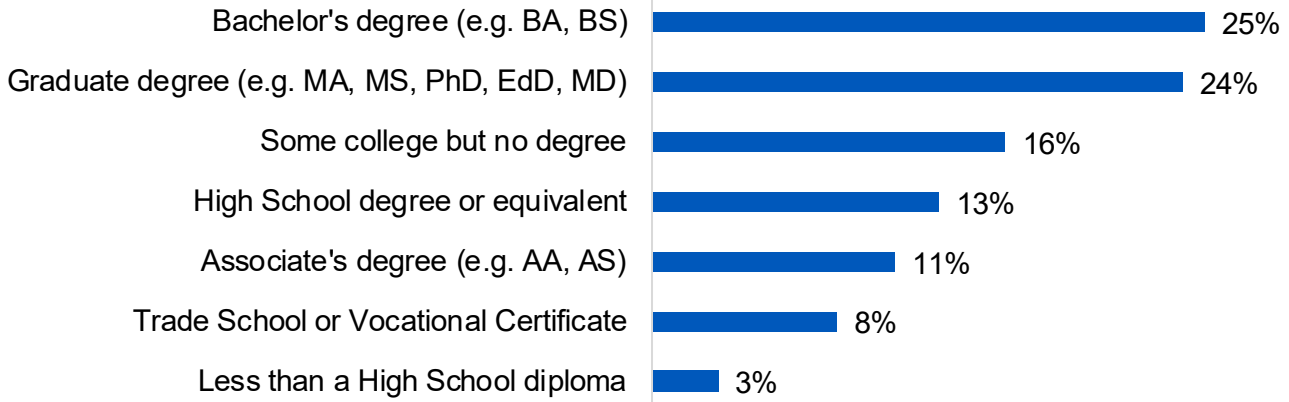


The majority of respondents are **employed full-time**, while significant proportions are retired, employed part-time, have disabilities, or are unemployed.



APPENDIX G: COMMUNITY MEMBER SURVEY DEMOGRAPHICS

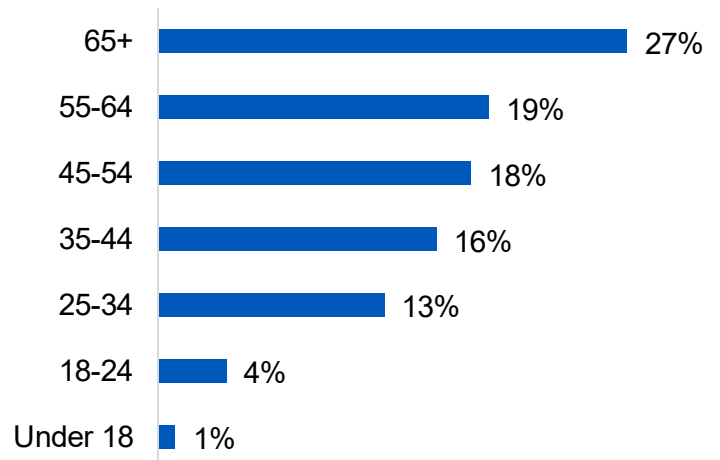
The majority of respondents have at least a **high school degree or equivalent**, with a significant number having a **Bachelor's or Graduate degree**.



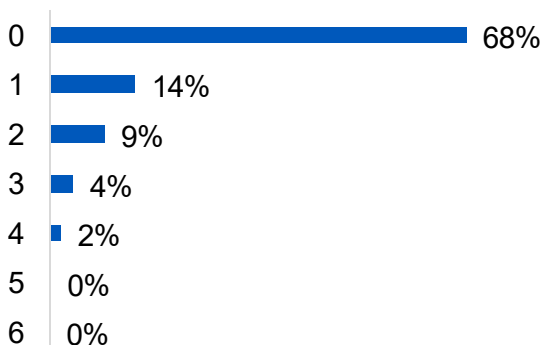
The majority of respondents reported their sexual orientation as **heterosexual or straight**, while there was some LGBTQ+ representation.



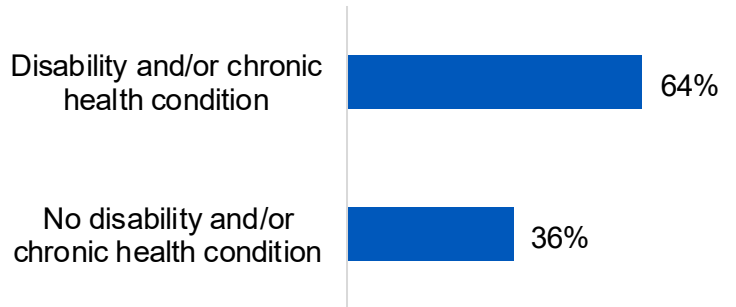
There was a greater proportion of survey responses from **middle-aged and older** rather than younger adults, particularly from the 65+, 55-64, 45-54 year-old age groups.



Most respondents reported having **no children at home**.



The majority of respondents reported having at least one **disability and/or chronic health condition**, while 50% did not.



APPENDIX H

PUBLIC HEALTH ACCREDITATION BOARD (PHAB) CHECKLIST: COMMUNITY HEALTH ASSESSMENT



MEETING THE PHAB REQUIREMENTS FOR COMMUNITY HEALTH ASSESSMENT

The Public Health Accreditation Board (PHAB) Standards & Measures serves as the official guidance for PHAB national public health department accreditation, and includes requirements for the completion of Community Health Assessments (CHAs) for local health departments. The following page demonstrates how this CHA meets the PHAB requirements.

APPENDIX H: PHAB CHA REQUIREMENTS CHECKLIST

PUBLIC HEALTH ACCREDITATION BOARD REQUIREMENTS FOR COMMUNITY HEALTH ASSESSMENTS			
YES	PAGE #	PHAB REQUIREMENTS CHECKLIST	NOTES/ RECOMMENDATIONS
✓	4	<p>a. A list of participating partners involved in the CHA process. Participation must include:</p> <p>i. At least 2 organizations representing sectors other than governmental public health.</p> <p>ii. At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes.</p>	<p>Integrated throughout the report</p> <p>Community member survey included a question that asked respondents to select their top community health needs and rate the importance of addressing each health need.</p>
✓	5–20	b. The process for how partners collaborated in developing the CHA.	
✓	15, 21-73	<p>c. Comprehensive, broad-based data. Data must include:</p> <p>i. Primary data.</p> <p>ii. Secondary data from two or more different sources.</p>	Primary and secondary data is integrated together throughout the report
✓	15	<p>d. A description of the demographics of the population served by the health department, which must, at minimum, include:</p> <p>i. The percent of the population by race and ethnicity.</p> <p>ii. Languages spoken within the jurisdiction.</p> <p>iii. Other demographic characteristics, as appropriate for the jurisdiction.</p>	
✓	15, 21-73	<p>e. A description of health challenges experienced by the population served by the health department, based on data listed in required element (c) above, which must include an examination of disparities between subpopulations or sub-geographic areas in terms of each of the following:</p> <p>i. Health status</p> <p>ii. Health behaviors.</p>	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	15, 21-73	f. A description of inequities in the factors that contribute to health challenges (required element e), which must, include social determinants of health or built environment.	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	72-73	<p>g. Community assets or resources beyond healthcare and the health department that can be mobilized to address health challenges.</p> <p>The CHA (or CHNA) must address the jurisdiction as described in the description of Standard 1.1.</p>	

APPENDIX I
REFERENCES

APPENDIX I: REFERENCES

The following reference list provides the sources for the secondary data that was collected for the Community Health Assessment (CHA) in Spring 2025. The most up-to-date data available at the time was collected and included in the CHA report. Please refer to individual sources for more information on years and methodology.

- ¹U.S. Census Bureau. (2024). Census Quick Facts. Retrieved from <https://www.census.gov/quickfacts/>
- ²County Health Rankings, 2025, <http://www.countyhealthrankings.org>
- ³Ohio Department of Health, 2021. Ohio BRFSS Annual Report. <https://odh.ohio.gov/know-our-programs/behavioral-risk-factor-surveillance-system/data-and-publications>
- ⁴U.S. Census Bureau, American Community Survey, 2018-2022, S2701. <http://data.census.gov/>
- ⁵County Health Rankings, 2025, <http://www.countyhealthrankings.org>
- ⁶U.S. Census Bureau, American Community Survey, 2018-2022, S1701. [Http://Data.Census.Gov/](http://Data.Census.Gov/)
- ⁷U.S. Census Bureau, American Community Survey, DP03, 2018-2022. <http://data.census.gov>
- ⁸Federal Bureau of Investigation, Crime Data Explorer, <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend>. *Rates for Ohio taken from FBI Crime Data Explorer; rates for all other jurisdictions calculated from agency-specific population data provided in the FBI's 2023 Crime by County National Excel file; as such, they are estimates and should be interpreted with caution.
- ⁹County Health Rankings, 2025, <http://www.countyhealthrankings.org>
- ¹⁰U.S. Census Bureau, American Community Survey, DP03, 2018-2022. <http://data.census.gov>
- ¹¹U.S. Census Bureau, American Community Survey, 2018-2022, DP04. <http://data.census.gov/>
- ¹²Coalition on Homelessness and Housing in Ohio, Housing Inventory Count and Point-in-Time Count, 2024. <https://cohhio.org/boscoc/hicpit/>
- ¹³Ohio Department of Jobs & Family Services, Child Abuse and Neglect Referrals and Outcomes Dashboard. (2023). <https://Data.Jfs.Ohio.Gov/Dashboards/Foster-Care-And-Adult-Protective-Services/Child-Abuse-And-Neglect-Referrals-And-Outcomes>
- ¹⁴Ohio Healthy Youth Environment Survey – OHYES!, MHRs Board Mahoning County Report, 2022-2023. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports>
- ¹⁵Walkscore.com
- ¹⁶U.S. Census Bureau, American Community Survey, S0801, 2018-2022. <http://data.census.gov>
- ¹⁷County Health Rankings, 2025, <http://www.countyhealthrankings.org>
- ¹⁸U.S. Census Bureau, American Community Survey, 2018-2022, S1401, [Http://Data.Census.Gov/](http://Data.Census.Gov/)
- ¹⁹County Health Rankings, 2025, <http://www.countyhealthrankings.org>
- ²⁰County Health Rankings, 2025, <http://www.countyhealthrankings.org>
- ²¹Ohio Healthy Youth Environment Survey – OHYES!, MHRs Board Mahoning County Report, 2022-2023. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports>
- ²²Ohio Department of Health, 2022. Ohio BRFSS Annual Report. <https://odh.ohio.gov/know-our-programs/behavioral-risk-factor-surveillance-system/data-and-publications>
- ²³County Health Rankings, 2025, <http://www.countyhealthrankings.org>
- ²⁴Ohio Healthy Youth Environment Survey – OHYES!, MHRs Board Mahoning County Report, 2022-2023. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports>
- ²⁵County Health Rankings, 2025, <http://www.countyhealthrankings.org>
- ²⁶Ohio Healthy Youth Environment Survey – OHYES!, MHRs Board Mahoning County Report, 2022-2023. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports>
- ²⁷County Health Rankings, 2025, <http://www.countyhealthrankings.org>
- ²⁸State of Ohio Integrated Behavioral Health Dashboard. (2020-2022). Opioid Overdose Deaths. *Rates calculated using U.S. Census 2018-2022 ACS Population Estimates. <https://data.ohio.gov/wps/portal/gov/data/view/ohio-ibhd>
- ²⁹County Health Rankings, 2025, <http://www.countyhealthrankings.org>
- ³⁰2022 Ohio Childcare Resource & Referral Association Annual Report <https://d2hfgw7vtnz2tl.cloudfront.net/wp-content/uploads/2023/05/Annual-Report-2022.pdf>
- ³¹Groundwork Ohio Statewide Survey, Dec. 7, 2021. https://www.groundworkohio.org/_files/ugd/d2fbfd_5429e4e10cea4102b1c249f271b579d1.pdf
- ³²Groundwork Ohio Statewide Survey, Dec. 7, 2021. https://www.groundworkohio.org/_files/ugd/d2fbfd_5429e4e10cea4102b1c249f271b579d1.pdf
- ³³Ohio Healthy Youth Environment Survey – OHYES!, MHRs Board Mahoning County Report, 2022-2023. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports>
- ³⁴County Health Rankings, 2025, <http://www.countyhealthrankings.org>

APPENDIX I:

REFERENCES

The following reference list provides the sources for the secondary data that was collected for the Community Health Assessment (CHA) in Spring 2025. The most up-to-date data available at the time was collected and included in the CHA report. Please refer to individual sources for more information on years and methodology.

³⁵County Health Rankings, 2025,

<http://www.countyhealthrankings.org>

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⁴⁶Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023. <http://wonder.cdc.gov/ucd-icd10-expanded.html>

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