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MERCYHEALTH







2025 Community Health Needs Assessment

Mercy Health — Youngstown

YOUNGSTOWN, OH

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2025 Community Health Needs Assessment

Mercy Health — Youngstown

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

Adopted by the Mercy Health Rehabilitation Hospital Board of Managers, May 28, 2026

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

Every three years, we conduct a comprehensive Community Health Needs Assessment (CHNA) to identify the most pressing needs in our community. The most recent assessment, completed by Mercy Health — Youngstown, incorporates robust quantitative and qualitative data. This process guides our strategic planning, community investment and community benefit initiatives. The following document provides a detailed CHNA specific to Mercy Health — Youngstown.

Guided by our Mission to extend the compassionate ministry of Jesus, Mercy Health remains steadfast in improving the health and well-being of our communities and bringing good help to those in need – especially people who are poor, underserved and dying.

Mercy Health — Youngstown has identified the greatest needs within our community by listening to its local voices. We gather input from our partners and neighbors through open forums, surveys and additional engagement strategies. This ensures that our outreach, prevention, education and wellness resources are strategically aligned to deliver the greatest impact.

To share feedback or request a printed CHNA copy, please email Leigh Greene, Director, Community Health at lgreene3@mercy.com.

Mercy Health — Youngstown

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Mercy Health CHNA Short Link:
Mercy Health CHNAs

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Executive Summary

Market Summary

Mercy Health — Youngstown serves a broad geographic area encompassing Columbiana, Mahoning and Trumbull counties, and surrounding areas. Mercy Health — Youngstown includes St. Elizabeth Youngstown Hospital (SEYH), St. Elizabeth Boardman Hospital (SEBH), St. Joseph Warren Hospital (SJWH) and Mercy Health Rehabilitation Hospital. SEYH is a Level I Trauma Center that serves multiple surrounding counties. SEBH offers Level III maternity services and serves southern Mahoning County, northern Columbiana County and other surrounding areas. SJWH offers Level II maternity services as well as a Level III Trauma Center and mostly serves Trumbull County. The Community Health Needs Assessment was completed in collaboration with more than 20 community partners, leaders and residents.

Collaborating Partners

Mercy Health — Youngstown thanks the following organizations for their collaboration as part of the process of conducting the needs assessment:

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

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- Trumbull County Mental Health and Recovery Board
- Trumbull Neighborhood Partnership
- Warren City
- Warren City Health District
- Warren Family Mission
- Youngstown City Health District
- Youngstown City Schools
- Youngstown Foundation
- Youngstown Neighborhood Development Corporation
- Youngstown State University

Overview

The 2025 Community Health Needs Assessment (CHNA) conducted by Mercy Health — Youngstown used a comprehensive, mixed-method approach to identify priority community health needs. The process combined secondary (existing) data collection from sources such as the U.S. Census, Centers for Disease Control and Prevention (CDC), Ohio Department of Health and previous CHNA reports with primary (new) data collection. including community surveys (1,284 responses), focus groups (10 groups with 127 participants), and key informant interviews (25 community leaders). This ensured a well-rounded understanding of local health challenges, social determinants of health, and health care access barriers.

New input included:

- 1,284 community surveys
- 10 focus groups with 127 participants
- 25 key informant interviews with community leaders

The significant health needs identified in the CHNA were developed through a comprehensive review of community input, health data, and stakeholder engagement (including secondary data, surveys, interviews and focus groups). Health concerns were assessed across three categories: Social Determinants of Health (SDOH), Social Health Needs and Clinical Health Needs.

To prioritize these needs, Mercy Health — Youngstown used the MAPP 2.0 (Mobilizing for Action through Planning and Partnerships) framework, applying criteria such as relevance to the community, severity, health disparities, feasibility of solutions and availability of resources. A prioritization meeting with key Mercy Health — Youngstown stakeholders was conducted to draft a list of prioritized health needs. The priorities were validated to create a final list and will serve as the foundation for the 2026-2028 Implementation Strategy.

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Prioritized Health Needs

- Access to health care (Social Determinant of Health Need)
- Behavioral health (Social Health Need)
- Chronic diseases (Clinical Health Need)
- Community safety (Social Determinant of Health Need)
- Maternal, infant and child health (Clinical Health Need)



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Our Mission

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

Our Vision

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

Our Values

Human Dignity

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

Integrity

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

Compassion

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

Stewardship

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

Service

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



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Facilities Description

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

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

St. Joseph Warren Hospital (SJWH) is a community facility primarily serving residents of Trumbull County. It offers Level II maternity services, is licensed for 220 beds, and has a Level III trauma center. SJWH offers ICU, intermediate care, internal medicine, maternity, specialty and general surgery), emergency department, Community Care Ambulatory Center and Level II obstetrics with a special care nursery.

Mercy Health Rehabilitation Hospital (MHRH) – is a free-standing acute inpatient physical rehabilitation hospital serving patients across the tri-county area. MHRH opened in November of 2024 and is licensed for 50 beds.

Community Served by Hospital

Mercy Health — Youngstown Service Area At-a-Glance

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

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

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

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

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Mahoning, Trumbull, and Columbiana County Demographics:

- Mahoning County **(43.3)**, Trumbull County **(43.3)**, and Columbiana County **(45.4)** all have older median ages than Ohio **(39.9)**.[1]
- **23%** of Mahoning, Trumbull, and Columbiana County residents are ages 65+, compared to **19%** for Ohio.[1]
- **51%** of Mahoning County, Trumbull County, and Ohio residents are women, while Columbiana County is **49%** women.[1]
- **7%** of Trumbull and Columbiana County, **6%** of Mahoning County, and **5%** of Ohio residents are veterans.[1]
- **2%** of Mahoning County, **1%** of Trumbull and Columbiana County, and **5%** of Ohio residents are foreign-born.
- **6%** of Mahoning County, **5%** of Trumbull County, and **8%** of Columbiana County and Ohio residents do not speak English as their first language.[1]
- The racial makeup of the counties is as follows:
  - **Columbiana County: 95%** White, **3%** Black, **2%** Hispanic or Latinx, **2%** multiracial, **0.4%** Asian, **0.3%** Native American, and **0.02%** Native Hawaiian.
  - **Mahoning County: 80%** White, **16%** Black, **7%** Hispanic or Latinx, **3%** multiracial, **1%** Asian, **0.3%** Native American, and **0.1%** Native Hawaiian.
  - **Trumbull County:** The racial makeup of the county is **88%** White, **9%** Black, **2%** Hispanic or Latinx, **4%** multiracial, **0.6%** Asian, and **0.3%** Native American.
- There is a **slightly lower proportion of White residents and a higher proportion of Black residents** in Mahoning County than the state of Ohio, while the opposite is true for Trumbull and Columbiana Counties.[1]

JOINT CHNA §1.501(r)-3(b)(6)(i)

This is a "joint CHNA report," within the meaning of Treas. Reg. §1.501(r)-3(b)(6)(v), by and for the Mercy Health — Youngstown Market, including St. Elizabeth Youngstown Hospital (SEYH), St. Elizabeth Boardman Hospital (SEBH), St. Joseph Warren Hospital (SJWH) and Mercy Health Rehabilitation Hospital (MHRH). This report reflects the hospitals' collaborative efforts to conduct an assessment of the health needs of the community they serve. Each of the hospitals included in this joint CHNA report define its community to be the same as the other included hospitals. That assessment included seeking and receiving input from that community.

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

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Process and Methods

Process and Methods to Conduct the Community Health Needs Assessment

From August 2024 through March 2025, Mercy Health — Youngstown conducted a community health needs assessment (CHNA) that utilized a comprehensive, mixed-method approach to identify priority community health needs. The process combined secondary (existing) data collection, community engagement to collect primary (new) data, quantitative and qualitative data analysis and stakeholder feedback to build a full picture of local health challenges. The needs assessment was conducted in partnership with Moxley Public Health, LLC, who planned the assessment, collected all data, and wrote the needs assessment report.

The CHNA included the following components:

Secondary (Existing) Data Collection and Analysis

Publicly available health statistics were gathered from sources such as the U.S. Census, the Centers for Disease Control and Prevention (CDC), health interview surveys, state and local health departments. This information helped establish trends in demographics, social factors, health conditions, disparities, and service gaps.

Previous CHNA reports were also reviewed.

Primary Data Collection and Analysis

The assessment incorporated direct input from community members and key stakeholders through various engagement methods:

A. Community Member Surveys

A community-wide survey collected 1,284 responses from Columbiana, Mahoning and Trumbull Counties between September 2024 and April 2025.

Topics included ranking health needs, health status, access to care, chronic diseases, mental health and social determinants of health (e.g., housing, transportation, food security).

B. Focus Groups

Ten focus groups were conducted with a total of 127 participants from priority populations between February and March 2025.

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Focus groups were used to gather information and opinions from specific sub-populations in the community who are most affected by health needs.

- Seniors (Mahoning) - 31 participants
- Seniors (Trumbull) - 15 participants
- African American (Mahoning) - 14 participants
- African American (Trumbull) - 12 participants
- Latinx/Hispanic - 12 participants
- Rural (Mahoning) - 9 participants
- Rural (Trumbull) - 6 participants
- LGBTQIA+ - 4 participants
- Unhoused population(Mahoning) - 13 participants
- Unhoused population (Trumbull) - 20 participants

C. Key Informant Interviews

Twenty-five community leaders were interviewed from sectors including health care, housing, mental health, education, local government and local businesses.

The interviews identified emerging health issues, sub-populations most affected, existing resources and ideas for community health improvement.

Interviews took place between September 2024 and December 2024.

Health Needs Prioritization Process

Community and stakeholder data were synthesized to determine the top health concerns based on:

- Relevance – Level of importance to community members.
- Severity – Magnitude and urgency of the issue.
- Health Disparities – Impact on marginalized populations.
- Feasibility – Availability of solutions and resources.

The process followed the MAPP 2.0 (Mobilizing for Action through Planning and Partnerships) framework, ensuring a community-driven, equity-focused approach.

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Validation & Final Selection

The preliminary health priorities were discussed in a prioritization meeting, where key decision-makers reviewed data and selected priority health needs to address in the next Implementation Strategy. Review of the CHNA was held with the MHY Market LTM on March 11, 2025: Market Leadership participated in a Community Strategy meeting held July 30, 2025. "The significant health needs identified in the CHNA were developed through a comprehensive analysis of community input, health data and stakeholder engagement (including secondary data, surveys, interviews and focus groups). Health concerns were assessed across three categories: Social Determinants of Health (SDOH), Social Health Needs,and Clinical Health Needs. To prioritize these needs, Mercy Health — Youngstown used the MAPP 2.0 (Mobilizing for Action through Planning and Partnerships) framework. After reviewing the findings, the Mercy Health Youngstown market steering committee used a multi-voting process to narrow down the top health needs (or issues). They not only considered the data (from the secondary data, surveys, interviews, and focus groups) but also applied criteria such as relevance to the community, severity, health disparities, feasibility of solutions and availability of resources.

The CHNA's comprehensive data collection and prioritization process ensured that the final health priorities reflected both statistical evidence and real-life community experiences, forming the foundation for the next Implementation Strategy.

External Sources

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

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Community Input

No written comments were received on the previously completed CHNA.

As noted above, this CHNA included several sources of primary data collected by directly engaging with the community. These included a community member survey, key informant interviews with community leaders and focus groups with priority populations. From the start, community leaders helped shape the process by defining the content, scope and sequence of the assessment. This active involvement is an important step in making the CHNA meaningful and valid.

Local community agencies were invited to participate in the health assessment process, including providing input on the planning process, providing local data, completing and sharing the community member survey, participating in key informant interviews, and coordinating or leading focus groups.

The needs of residents, especially those who are medically underserved, living with low-income, part of minority groups or managing chronic disease needs were considered throughout. Special care was taken to ensure that survey responses, interviews and focus groups reflected these populations. Organizations that serve these groups also participated in the health assessment and community planning process. Both the groups and the priority populations they serve are outlined below.

To align with the Ohio Department of Health's initiative to improve health, well-being and economic vitality, Mercy Health — Youngstown included the state's priority conditions (social determinants of health) and health outcomes in its review. The 2025 Mercy Health — Youngstown CHNA meets all Ohio Department of Health and federal (Internal Revenue Service (IRS)) regulations.

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

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

To determine the size or seriousness of the problem, the health need indicators of the Mercy Health — Youngstown service area identified in the secondary data were measured against benchmark data, specifically county rates, state rates, national rates and/or Healthy People 2030 objectives.

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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 CHNA report and the decisions on health needs that the community will address in its Implementation Strategy.

The data collection process was designed to:

- Identify the community's most pressing health issues
- Document existing assets and resources
- Ascertain community assets to address needs
- Identify gaps that limit access to care or services

Collaborating Partners

Mercy Health —Youngstown thanks the following organizations for their collaboration as part of the process of conducting the needs assessment:

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

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Information and Data Considered in Identifying Potential Need

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

Public health departments	Date of data/information
Mahoning County Public Health	• Key partner in CHNA process as part of Mahoning and Trumbull Community Health Partners (MTCHP); provided input and supported planning of entire CHNA process; supported and participated in primary data collection • October 1, 2024 (key informant interview) • March 4, 2025 (rural – Mahoning focus group)
Trumbull County Combined Health District	• Key partner in CHNA process as part of Mahoning and Trumbull Community Health Partners (MTCHP); provided input and supported planning of entire CHNA process; supported and participated in primary data collection • September 30, 2024 (key informant interview) • February 25, 2025 (seniors – Trumbull focus group); February 26, 2025 (African American – Trumbull focus group); February 25, 2025 (rural – Trumbull focus group)
Warren City Health District	• Key partner in CHNA process as part of Mahoning and Trumbull Community Health Partners (MTCHP); provided input and supported planning of entire CHNA process; supported and participated in primary data collection • October 8, 2024 (key informant interview) • February 26, 2025 (African American – Trumbull focus group); February 27, 2025 (LGBTQIA+ focus group), February 20, 2025 (homelessness – Trumbull focus group)
Youngstown City Health District	• Key partner in CHNA process as part of Mahoning and Trumbull Community Health Partners (MTCHP); provided input and supported planning of entire CHNA process; supported and participated in primary data collection • September 23, 2024 (key informant interview) • February 11, 2025 (seniors – Mahoning focus group), March 13, 2025 (African American – Mahoning focus group); February 19 (homelessness – Mahoning focus group)

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Community, Organization and Stakeholder Input*	Date of Data/ Information	Nature and Extent of Input	At Risk, Medically Underserved, Low-Income or Minority Populations Represented by Organization
Akron Children's Hospital	September 30, 2024	Key informant interview	Youth
Direction Home	September 24, 2024	Key informant interview	Seniors; people with disabilities
Eastgate Regional Council of Governments	October 10, 2024	Key informant interview	Community/all populations
Healthy Community Partnership, Community Foundation of the Mahoning Valley	September 20, 2024 (key informant interview); September 30, 2024 (key informant interview); February 27, 2025 (LGBTQIA+ focus group)	Key partner in CHNA process as part of Mahoning and Trumbull Community Health Partners (MTCHP); provided input and supported planning of entire CHNA process; supported and participated in primary data collection; key informant interview; focus group	Community/all populations
Holy Trinity Baptist Church	October 9, 2024	Key informant interview	Community/all populations
J.E. Washington Funeral Home	October 9, 2024	Key informant interview	Community/all populations
Mahoning Youngstown Community Action Partnership (MYCAP)	September 23, 2024 (key informant interview); February 11, 2025 (seniors – Mahoning focus group)	Key informant interview; focus group	Low-income population
Mahoning County Mental Health & Recovery Board	September 30, 2024	Key partner in CHNA process as part of Mahoning and Trumbull Community Health Partners (MTCHP); provided input and supported planning of entire CHNA process; supported and participated in primary data collection; key informant interview	People living with mental health and substance use disorders

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Community, Organization and Stakeholder Input*	Date of Data/ Information	Nature and Extent of Input	At Risk, Medically Underserved, Low-Income or Minority Populations Represented by Organization
Mahoning County Public Health	October 1, 2024 (key informant interview); March 4, 2025 (rural – Mahoning focus group)	Key partner in CHNA process as part of Mahoning and Trumbull Community Health Partners (MTCHP); provided input and supported planning of entire CHNA process; supported and participated in primary data collection; key informant interview; focus group	Community/all populations
Mercy Health Foundation Mahoning Valley	October 16, 2024	Key informant interview	Community/all populations
Mercy Health — Youngstown	Key informant interviews: September 25, 2024; October 10, 2024; December 10, 2024 Focus groups: February 11, 2025 (seniors – Mahoning); February 24, 2025 (Latinx/Hispanic)	Key partner in CHNA process as part of Mahoning and Trumbull Community Health Partners (MTCHP); provided input and supported planning of entire CHNA process; supported and participated in primary data collection; key informant interview; focus groups	Community/all populations
Midlothian Free Clinic	October 9, 2024	Key informant interview	Low-income population; uninsured and underinsured population
Niles Wellness Center	February 25, 2025	Focus group (seniors – Trumbull)	
Ohio Farm Bureau	February 25, 2025 (rural – Trumbull); March 4, 2025 (rural – Mahoning)	Focus groups	Rural
Ohio State University Extension Office	March 4, 2025	Focus group (rural – Mahoning)	Community/all populations
Raymond John Wean Foundation	November 14, 2024	Key informant interview	Black, Indigenous, and People of Color (BIPOC); low-income population

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Community, Organization and Stakeholder Input*	Date of Data/ Information	Nature and Extent of Input	At Risk, Medically Underserved, Low-Income or Minority Populations Represented by Organization
Rescue Mission of Mahoning Valley	February 19, 2025	Focus group (homelessness – Mahoning)	People experiencing homelessness
SCOPE Senior Center	February 25, 2025	Focus group (seniors – Trumbull)	Seniors
The D5 Group	February 26, 2025	Focus group (African American – Trumbull)	Community/all populations
Trumbull County Combined Health District	September 30, 2024 (key informant interview); February 25, 2025 (seniors – Trumbull focus group); February 26, 2025 (African American – Trumbull focus group); February 25, 2025 (rural – Trumbull focus group)	Key partner in CHNA process as part of Mahoning and Trumbull Community Health Partners (MTCHP); provided input and supported planning of entire CHNA process; supported and participated in primary data collection; key informant interview; focus groups	Community/all populations
Trumbull County Mental Health and Recovery Board	September 27, 2024	Key partner in CHNA process as part of Mahoning and Trumbull Community Health Partners (MTCHP); provided input and supported planning of entire CHNA process; supported and participated in primary data collection; key informant interview	People living with mental health and substance use disorders
Trumbull Neighborhood Partnership	October 29, 2024	Key informant interview	Community/all populations
Warren City	October 29, 2024	Key informant interview	Community/all populations

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Community, Organization and Stakeholder Input*	Date of Data/ Information	Nature and Extent of Input	At Risk, Medically Underserved, Low-Income or Minority Populations Represented by Organization
Warren City Health District	October 8, 2024 (key informant interview); February 26, 2025 (African American – Trumbull focus group); February 27, 2025 (LGBTQIA+ focus group), February 20, 2025 (homelessness – Trumbull focus group)	Key partner in CHNA process as part of Mahoning and Trumbull Community Health Partners (MTCHP); provided input and supported planning of entire CHNA process; supported and participated in primary data collection; key informant interview; focus groups	Community/all populations
Warren Family Mission	February 20, 2025	Focus group (homelessness – Trumbull)	People experiencing homelessness
Youngstown City Health District	September 23, 2024 (key informant interview); February 11, 2025 (seniors – Mahoning focus group), March 13, 2025 (African American – Mahoning focus group); February 19 (homelessness – Mahoning focus group)	Key partner in CHNA process as part of Mahoning and Trumbull Community Health Partners (MTCHP); provided input and supported planning of entire CHNA process; supported and participated in primary data collection; key informant interview; focus groups	Community/all populations
Youngstown City Schools	November 4, 2024	Key informant interview	Youth
Youngstown Foundation	December 3, 2024	Key informant interview	Community/all populations
Youngstown Neighborhood Development Corporation	September 24, 2024	Key informant interview	Community/all populations
Youngstown State University	October 9, 2024	Key informant interview	Young adults

**Individuals, or organizations staffed by fewer than 5 people, may not be named to protect anonymity.*

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Significant Community Identified Health Needs (ordered by community member survey ranking)

Social Determinants of Health (SDOH) – Community Level Needs that Impact Health and Well-being

Access to health care

Capacity and adequacy of service levels

Secondary data

Secondary data reveals significant regional disparities in health care provider availability, with Mahoning County having better ratios than Ohio for both primary care (970:1 vs 1,330:1) and dental care providers (1,350:1 vs 1,530:1), while Trumbull County has fewer providers (2,210:1 primary, 2,050:1 dental)and Columbiana County has the most severe shortages (3,380:1 primary, 3,720:1 dental). [2] Routine checkup rates show 23% of Mahoning, Columbiana and Ohio residents, and 24% of Trumbull residents lacking routine checkups in the prior year. Annual dental visits were missed by 40% in Mahoning, 44% in Trumbull, 42% in Columbiana, and 38% in Ohio.[3]

Community member survey data

Community survey data highlights health care access as a critical concern, with 45% of respondents identifying it as a priority need. Specific care gaps reported include specialist care (24%), dental care (22%), hospital/acute/emergency care (19%), primary health care (15%), and vision care (12%). Access barriers include cost of insurance (8% lack coverage due to cost), absence of primary care provider (8%) and reliance on urgent care as usual care source (21%). Care delays affect 35% due to appointment unavailability and 21% due to insurance coverage issues. Dental care challenges are significant, with 32% not visiting a dentist in over a year and 21% needing but not receiving dental care. Additionally, 25% could not obtain needed prescription medications in the past year.

[2] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

[3] *Ohio Department of Health, 2021. Ohio BRFSS Annual Report. https://odh.ohio.gov/know-our-programs/behavioral-risk-factor-surveillance-system/data-and-publications*

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Interview and focus group findings

Interview and focus group findings identified lack of dental care providers, transportation barriers and overall lack of access to providers as primary Health care challenges. Elderly adults/senior citizens, homeless individuals and people with disabilities are disproportionately affected by these Health carebarriers.

Healthy People (HP) 2030 Targets

Mahoning County (94%) and Ohio (93%) **exceed the adult health insurance coverage HP 2030 target** (92%), while Trumbull County and Columbiana County (91%) do not yet meet the target - desired direction: up.[4]

Community feedback

"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)

"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 health care

While **access to health** care is a major issue for the entire community, **Mahoning, Trumbull, and Columbiana County residents as well as women, lower-income/education population, 25-44-year-olds, Black/African American residents, those in the 44484 ZIP Code, and those in the 44511 ZIP Code** are more likely to be affected by this health need.[2] More details on why these populations are affected by this health need can be found in Appendix C.

[2] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

[4] *U.S. Census Bureau, American Community Survey, 2018-2022, S2701. http://data.census.gov*



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Income, poverty and employment

Capacity and adequacy of service levels

Secondary data

Secondary data shows economic stability challenges across the region, with all three counties having median household incomes below Ohio's average: Mahoning County - $52,900, Trumbull County - $51,700, and Columbiana County - $55,700 vs Ohio - $67,900.[5] Poverty rates are elevated at 20% for Mahoning, 18% for Trumbull and 16% for Columbiana compared to 13% statewide. Child poverty is even higher at 28% for Mahoning, 25% for Trumbull and 20% for Columbiana vs 18% for Ohio.[6] Food stamp utilization among low-income adults is greater in all counties (19% in Mahoning, 15% in Trumbull and 17% in Columbiana) compared to 12% statewide, while unemployment rates are equal at 4% across all areas.[5, 7]

Community member survey data

Community survey data reveals significant economic concerns, with 38% of respondents identifying income/poverty and employment as top health needs. Financial stress is evident, with 19% unable to pay mortgage, rent or utility bills in the past 12 months and 13% receiving threats of utility service shutoffs.

Interview and focus group findings

Interview and focus group findings identified high poverty levels, high unemployment/underemployment rates and insufficient wages/low incomes as primary economic barriers. Low-income populations, Black, Indigenous and People of Color (BIPOC), elderly/aging populations, youth/children and those with criminal records are disproportionately affected by these economic challenges.

Community feedback

"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 ageism." - Community Member Focus Group (Mahoning)

Priority populations: Income, poverty and employment

While **income/poverty and employment** are a major issue for the entire community, **Mahoning and Trumbull County residents, those with a high school degree or equivalent, women, Black/African American residents, 25-64-year-olds, and those in the following ZIP Codes: 44420, 44446, 44483, 44410, and 44511** are more likely to be affected by this health need.5 More details on why these populations are affected by this health need can be found in Appendix C.

[5] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

[6] *U.S. Census Bureau, American Community Survey, 2018-2022, S1701. http://Data.Census.Gov/*

[7] *U.S. Census Bureau, American Community Survey, DP03, 2018-2022. http://data.census.gov*

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Crime and violence

Trigger Warning: The following page discusses violence, 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.

Capacity and adequacy of service levels

Secondary data

Secondary data shows significantly lower crime rates across all three counties compared to Ohio overall.

In 2023. property crime rates per 100,000 are substantially lower: Mahoning County - 152, Trumbull County - 252 and Columbiana County - 126 versus Ohio - 1,783.[8] Violent crime rates are also dramatically lower: Mahoning County - 12, Trumbull County - 26, and Columbiana County - 34 compared to Ohio - 294.[8]

Community member survey data

Community survey data reveals that 31% of respondents identified crime and violence as top community concerns. Personal experiences of abuse in the past year were significant, with 43% reporting verbal/emotional abuse, 28% psychological abuse, 11% cultural/identity abuse, 10% physical abuse, 9% financial abuse and 8% sexual abuse.

Interview and focus group findings

Interview and focus group findings identified shootings/gun violence, drug-related crime/violence and general crime as primary safety concerns. Low-income populations, urban areas, people living with mental health issues and Youngstown specifically are disproportionately affected by these safety concerns.

Community feedback

"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 Interview (Trumbull – Warren)

Priority populations: Crime and violence

While **crime and violence** is a major issue for the entire community, **Mahoning and Trumbull County residents, those with a high school degree or equivalent, 65+ year-olds and those in the 44483 ZIP Code** are more likely to be affected by this health need.8 More details on why these populations are affected by this health need can be found in Appendix C.

[8] *Federal 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.*

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Food insecurity

Capacity and adequacy of service levels

Secondary data

Secondary data reveals elevated food insecurity across the region, with 16% of Mahoning and Columbiana County residents and 17% of Trumbull County residents experiencing food insecurity compared to 14% statewide. Food stamp utilization is higher in all three counties: 19% in Mahoning, 15% in Trumbull, and 17% in Columbiana, versus 12% for Ohio.[10] Food environment ratings vary, with Columbiana County (7.4/10) and Trumbull County (6.7/10) above Ohio's average (7.0/10), while Mahoning County (6.4/10) falls below.[9]

Community member survey data

Community survey data highlights significant food security concerns, with 46% of respondents identifying affordable food as a lacking community resource and 28% ranking food insecurity as a top health concern. Food adequacy challenges are evident, with 23% reporting that food purchased didn't last and they lacked money for more 'sometimes', 'usually', or 'always' in the past 12 months. Additionally, 11% of respondents use SNAP (Supplemental Nutrition Assistance Program) benefits.

Interview and focus group findings

Interview and focus group findings identified food insecurity as a primary concern, with key barriers including the affordability gap between healthy and unhealthy foods, transportation challenges in accessing nutritious options, reliance on dollar stores as the only option and food deserts in rural areas. Low-income populations, those without transportation, Black, Indigenous, and People of Color (BIPOC) and Youngstown specifically are disproportionately affected by these food access challenges.

Community feedback

"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

"Warren is a food desert, especially in Black areas. There are virtually no healthy foods." - Community Member Focus Group (Trumbull)

Priority populations: Food insecurity

While **food insecurity** is a major issue for the entire community, **Mahoning and Trumbull County residents, those employed part-time, lower-income population, less-educated population, Black/African American residents, Latinx residents, women, 35–44-year-olds, 55–64-year-olds, rural population, and those in the 44511 ZIP Code** are more likely to be affected by this health need.9, 10 More details on why these populations are affected by this health need can be found in Appendix C.

[9] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

[10] *U.S. Census Bureau, American Community Survey, DP03, 2018-2022. http://data.census.gov*

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Housing and homelessness

Capacity and adequacy of service levels

Secondary data

Secondary data reveals mixed housing conditions across the region compared to Ohio, with lower crowded household rates (1% for all three counties vs 2%), but a concerning housing shortage indicated by vacancy rates below recommended levels: 8% in Mahoning, Columbiana and Ohio, and 7% in Trumbull vs ideal 13%.[11] Cost burden rates vary by county, with 28% of Mahoning, 25% of Trumbull and 24% of Columbiana households spending 30% or more of their income on housing compared to 27% statewide.[11] Eviction rates are 3% in Mahoning and Trumbull and 1% in Columbiana vs 3% statewide.[11] Homelessness counts totaled 253 in Mahoning County (2024), 95 in Trumbull County (2024) and 33 in Columbiana County (2024).[12] Additionally, 16% of all three counties' households are seniors living alone compared to 13% statewide, potentially indicating social isolation risks.[11]

Community member survey data

Community survey data reveals housing as a critical priority, with 21% of respondents ranking housing and homelessness as a priority health need and 51% identifying affordable housing as a lacking community resource, making it the #1 reported resource needed.

Interview and focus group findings

Interview and focus group findings identified limited/no affordable housing, homelessness, lack of quality low-income housing, limited resources for shelters/barriers for shelters and insufficient homes in general as primary housing challenges. Low-income populations, elderly residents, and homeless individuals are disproportionately affected by these housing barriers.

Community feedback

"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)

"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

Priority populations: Housing and homelessness

While **housing and homelessness** is a major issue for the entire community, **Mahoning County residents, women, lower-educated population, lower-income population, Black/African American residents, 35–44-year-olds, 55–64-year-olds, and those in the 44420 ZIP Code** are more likely to be affected by this health need.[11] More details on why these populations are affected by this health need can be found in Appendix C.

[11] *U.S. Census Bureau, American Community Survey, 2018-2022, DP04. http://data.census.gov/*

[12] *Coalition on Homelessness and Housing in Ohio, Housing Inventory Count and Point-in-Time Count, 2024. https://cohhio.org/boscoc/hicpit/*

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Adverse childhood experiences (ACEs)

Trigger Warning: The following section discusses trauma and abuse, 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.

Capacity and adequacy of service levels

Secondary data

Secondary data shows varying rate of substantiated child abuse rates across the three counties, with Trumbull County (4.2 per 1,000 children) slightly above Ohio's rate (4.1), while Mahoning County (3.7) and Columbiana County (2.1) fall below the state average.[13] In Trumbull County, 76% of children have experienced at least one Adverse Childhood Experience (ACE) vs 74% statewide, with the most common ACEs being emotional abuse (63%), household mental illness (32%), household substance abuse (30%), physical abuse (27%), incarcerated household member (23%) and witnessed domestic violence (18%).[14] Note that data was not available for Mahoning and Columbiana counties. Research demonstrates that youth with the most assets are more likely to excel academically, engage civically and value diversity, while being less likely to engage in alcohol use, violence and sexual activity.[14] Additionally, 5 of the top 10 leading causes of death in the U.S. are associated with ACEs.[14]

Community member survey data

Community survey data reveals that 18% of respondents identified ACEs as a top community concern. Among respondents with children, 15% report their child's biggest school challenge is bullying, while 12% cite stress/mental health.

Interview and focus group findings:

Interview and focus group findings identified drugs and domestic violence, increasing ACE prevalence, human trafficking, gun violence, lack of local support services and children being raised by grandparents as primary youth safety concerns. Children of parents who use drugs, children in general, low-income populations, and Black, Indigenous, and People of Color (BIPOC) are disproportionately affected by these safety challenges.

Community feedback

"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

Priority populations: Adverse childhood experiences

While a**dverse childhood experiences** are a major issue for the entire community, **Trumbull County residents, women, 35–54-year-olds, those in the 44511 ZIP Code**, and those in the 44512 ZIP Code are more likely to be affected by this health need.13 More details on why these populations are affected by this health need can be found in Appendix C.

[13] *Ohio 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*

[14] *Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Mahoning County Report, 2022-2023. https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports*

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Transportation

Capacity and adequacy of service levels

Secondary data

Secondary data reveals significant car dependency across the region with varying walkability scores. Mahoning County cities are all classified as 'Car Dependent': Youngstown (34/100), Boardman (29/100) and Austintown (27/100).[15] Trumbull County shows mixed results with Girard classified 'Very Walkable' (71/100), Hubbard 'Somewhat Walkable' (67/100), and Warren and Niles 'Car Dependent' (34/100 and 36/100, respectively).15 Columbiana County performs better with East Liverpool (78/100) and Salem (71/100) classified 'Very Walkable', while Columbiana (60/100) and Calcutta (50/100) are 'Somewhat Walkable'.[15] Commuting patterns show higher car dependency with 80% of Mahoning, 78% of Trumbull and 81% of Columbiana County residents driving alone to work vs 75% statewide. Active transportation usage is lower in Mahoning and Trumbull (2%) compared to Columbiana County and Ohio (3%).[16] Average commute times are 23 minutes for Mahoning and Trumbull counties (lower than Ohio's 24 minutes) and 25 minutes for Columbiana County.[16]

Community member survey data

Community survey data shows that 18% of respondents identified transportation as a top health need, while 34% reported transportation as lacking in the community. The practical impact is significant, with 11% reporting that lack of transportation prevented access to one or more essential services in the past year.

Interview and focus group findings

Interview and focus group findings identified limited/lack of public transportation, need for sidewalk improvements and non-walkable areas as primary transportation barriers. Low-income populations, people with disabilities, those without vehicles, rural populations, and inner-city areas are disproportionately affected by these transportation challenges.

Community feedback

"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

"There is a lack of transportation (public transit), limited routes and frequency."
- Community Member Focus Group (Trumbull)

Priority population: Transportation

While **transportation** is a major issue for the entire community, **Trumbull County residents, those employed part-time, lower-income population, women, younger population, and those in the following ZIP Codes: 44410, 44446, 44483 and 44484** are more likely to be affected by this health need. More details on why these populations are affected by this health need can be found in Appendix C.

[15] Walkscore.com

[16] U.S. Census Bureau, American Community Survey, S0801, 2018-2022. http://data.census.gov

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Education

Capacity and adequacy of service levels

Secondary data

Secondary data shows mixed educational outcomes, with Mahoning County matching Ohio's rate of residents lacking a high school degree or equivalent (8%) while Trumbull and Columbiana counties have slightly higher rates (10% vs 8% statewide).[17] College education rates are below state averages, with 61% of Mahoning County residents and 52% of both Trumbull and Columbiana County residents having some college education compared to 66% for Ohio.[17] Early childhood education varies significantly: Mahoning County exceeds the state preschool enrollment rate at 44% vs 42% , while Trumbull County (35%) and Columbiana County (27%) fall below, which can impact long-term socioeconomic and health outcomes, particularly for disadvantaged children.[18]

Community member survey data

Community survey data reveals that 13% of respondents identified education as a priority health need.

Interview and focus group findings

Interview and focus group findings identified negative school district perceptions, underfunded schools, transportation barriers to and from school and home life issues as primary educational challenges. Low-income populations, Black, Indigenous, and People of Color (BIPOC), and working parents are disproportionately affected by these educational barriers.

Healthy People (HP) 2030 targets

Trumbull County (91%) meets the HP 2030 target for high school graduation rate (91%), while Mahoning and Columbiana County (90%) and Ohio (87%) do not yet meet the target - desired direction: up.[17]

Community feedback

"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, you know 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, and whether it's education or working and holding a job long term." - Community Member Interview (Mahoning – Youngstown)

"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 (Trumbull)

Priority populations: Education

While **education** is a major issue for the entire community, **Trumbull and Columbiana residents, those with trade school education, older residents, 25-34 year-olds, those in the 44410 ZIP Code, and those in the 44420 ZIP Code** are more likely to be affected by this health need.[17] More details on why these populations are affected by this health need can be found in Appendix C.

[17] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

[18] *U.S. Census Bureau, American Community Survey, 2018-2022, S1401, http://Data.Census.Gov/*

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Environmental conditions

Capacity and adequacy of service levels

Secondary data

Secondary data shows mixed environmental health conditions across the region in 2020, with air quality measurements (micrograms of particulate matter per cubic meter) varying by county: Mahoning County (7.9, matching Ohio's average), Trumbull County (6.3, better than the state), and Columbiana County (8.5, slightly worse than Ohio's 7.9).[19] Water quality concerns exist, with at least one community water system in Trumbull County reporting a health-based drinking water violation in 2023, while Mahoning and Columbiana Counties had no violations.[19]

Community member survey data

Community survey data reveals that 10% of respondents identified environmental conditions as a top health need.

Interview and focus group findings

Interview and focus group findings identified water quality and air quality as primary environmental health concerns. Low-income populations and those living close to farms/ industrial plants are disproportionately affected by these environmental challenges.

Community feedback

"Efforts to clean and restore the Mahoning River are making progress, but more work is needed."
- Community Member Interview (Mahoning)

"Trash collection issues (missed pickup for the week) lead to buildup on the streets."
- Community Member Focus Group (Mahoning)

Priority populations: Environmental conditions

While **environmental conditions** are a major issue for the entire community, **Trumbull and Columbiana County residents, as well as children**, are more likely to be affected by this health need.[19] More details on why these populations are affected by this health need can be found in Appendix C.

[19] *County Health Rankings, 2025, http://www.countyhealthrankings.org*



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Internet/Wi-Fi access

Capacity and adequacy of service levels

Secondary data

Secondary data reveals digital access challenges regionally, with Ohio ranking 38th out of 50 states in BroadbandNow's 2024 rankings for internet coverage, speed and availability.[19] All three counties fall below the state average for broadband connectivity: 87% of Mahoning County, 83% of Trumbull County and 86% of Columbiana County households have broadband internet connections compared to 89% statewide.[19]

Community member survey data

Community survey data shows that 5% of respondents identified internet access as a priority health need.

Interview and focus group findings

Interview and focus group findings identified affordability/costs, lack of access, and spotty coverage as primary digital access barriers. Low-income/poverty populations, rural areas, seniors and students are disproportionately affected by these connectivity challenges.

Community feedback

"Most of our areas have internet access, but affordability remains a challenge." - Community Member Interview (Trumbull)

"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 and WI-Fi access

While **internet/wi-fi access** is a major issue for the entire community, **Trumbull County residents, those employed part-time, lower-income population and 55–64-year-olds** are more likely to be affected by this health need.[19]

[19] *County Health Rankings, 2025, http://www.countyhealthrankings.org*



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Social Health Needs – Individual Level Non-Clinical Needs

Mental health

Trigger Warning: The following section discusses suicide, 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.

Capacity and adequacy of service levels

Secondary data

Secondary data reveals concerning mental health conditions across part of the region, with Trumbull County youth showing significantly worse outcomes than state averages: 44% experienced poor mental health vs 37% for Ohio, and 20% considered attempting suicide vs 14% statewide.[20] Note that data was unavailable for Mahoning and Columbiana Counties. Adult depression rates vary by county: 28% in Trumbull, 26% in Mahoning (matching Ohio) and 27% in Columbiana.[21] Frequent mental distress affects 23% of adults in Trumbull County, 21% in Mahoning and 22% in Columbiana compared to 19% statewide.[22] Average mentally unhealthy days per month are elevated across all counties: Mahoning (6.2), Trumbull (6.8) and Columbiana (6.4) versus Ohio's 5.5 days.[22] Provider availability varies dramatically with Mahoning County having better ratios (220:1) than Ohio (290:1), while Trumbull (420:1) and Columbiana (600:1) face significant shortages.[22]

Community member survey data

Community survey data demonstrates mental health as the overwhelming priority, with 92% ranking mental health and access to mental health care as a top concern, making it the #1 health outcome concern. Access barriers are significant, with 26% reporting mental health care as lacking and 17% unable to obtain needed mental health or substance use counseling in the past year. Service access is problematic, with 14% rating access as 'low' or 'very low' and 39% as 'neutral', citing appointment availability and insurance coverage as primary barriers. Only 37% of those requiring mental/behavioral health services received all needed care. 45% of respondents rate their mental health as 'good', while 31% rate it as 'average'. 40% reported feeling down/sad for more than 2 weeks in the last 6 months, with only 16% receiving treatment from providers.

Interview and focus group findings

Interview and focus group findings identified mental health as a major community issue, with stigma and suicide as specific concerns. Men, low-income populations, Black, Indigenous, and People of Color (BIPOC), youth, uninsured/underinsured populations and LGBTQ+ individuals are disproportionately affected by these mental health challenges.

[20] *Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Mahoning County Report, 2022-2023. https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports*

[21] *Ohio Department of Health, 2022. Ohio BRFSS Annual Report. https://odh.ohio.gov/know-our-programs/behavioral-risk-factor-surveillance-system/data-and-publications*

[22] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

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Healthy People (HP) 2030 targets

Mahoning County (16), Trumbull County (15), Columbiana County (17), and Ohio (15) do not yet meet the HP 2030 target for suicide rate per 100,000 (12.8) - desired direction: down.[22]

Community feedback

"There aren't enough mental health professionals in the area. Demand far exceeds supply."
- Community Member Interview (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)

Priority populations: Mental health

While **mental health** is a major issue for the entire community, **Trumbull and Columbiana County residents, lower-income population, lower-education population, women and 25-34 year-olds** are more likely to be affected by this health need.[22] More details on why these populations are affected by this health need can be found in Appendix C.

[22] *County Health Rankings, 2025, http://www.countyhealthrankings.org*



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Nutrition and physical health

Capacity and adequacy of service levels

Secondary data

Secondary data shows concerning wellness and fitness outcomes across the region, with Trumbull County youth having lower physical activity levels (21% getting at least 60 minutes daily) compared to 26% statewide.[23] Note that data was unavailable for Mahoning and Columbiana Counties. Adult sedentary rates exceed state averages in all counties: 28% in Mahoning, 30% in Trumbull and 29% in Columbiana vs 24% for Ohio.[24] Nutrition outcomes are also worse, with 14% of Trumbull County youth consuming no fruits or vegetables daily compared to 11% statewide.[23] Note that data was unavailable for Mahoning and Columbiana Counties.

Community member survey data

Community survey data reveals that 26% of respondents ranked nutrition and physical health as a priority health need, with 62% rating their physical health as 'good' and 19% as 'average'. Infrastructure challenges include 31% reporting recreational spaces as lacking, while transportation barriers limit 5% from buying food/groceries and 3% from physical activity. The most common barriers to getting healthier include lack of energy (54%), busy schedules (47%), stress (46%), money (40%), gym intimidation (31%) and convenience of eating out (22%).

Interview and focus group findings

Interview and focus group findings identified multiple wellness barriers, including community sedentary behavior/lack of activity/motivation, safety concerns, expensive exercise options, insufficient education, lack of resources, the affordability gap between healthy and unhealthy foods, transportation barriers to accessing healthy foods, poor diets, rural food deserts and the prevalence of dollar stores. Low-income populations, youth, elderly and the general public are disproportionately affected by these wellness and fitness challenges.

Healthy People (HP) 2030 targets

Mahoning County (40%), Trumbull County (45%), Columbiana County (47%) and Ohio (38%) **do not yet meet the HP 2030 target for adult obesity** (36%) - desired direction: down.[24]

Trumbull County (24%) and Ohio (19%) **do not yet meet the HP 2030 target for child and teen obesity** (16%) - desired direction: down. Data was unavailable for Mahoning and Columbiana Counties.[23]

Community feedback

"It's expensive to eat well. Processed foods are cheaper and more accessible."
- Community Member Interview (Mahoning – Youngstown)

"The health of the general population in the community is poor."
- Community Member Focus Group (Trumbull)

[23] Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Mahoning County Report, 2022-2023. https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports

[24] County Health Rankings, 2025, http://www.countyhealthrankings.org

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Priority populations: Nutrition and physical health

While **nutrition and physical health** is a major issue for the entire community, **Trumbull and Columbiana County residents, those who are employed part-time, lower-income population, women, younger residents and 45+ year-olds** are more likely to be affected by this health need.[24] More details on why these populations are affected by this health need can be found in Appendix C.

Substance use disorder and substance misuse

Trigger Warning: The following section discusses 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.

Capacity and adequacy of service levels

Secondary data

Secondary data shows elevated youth substance use rates in Trumbull County compared to Ohio, with 12% of teens using alcohol in the past month versus 9% statewide and 9% using marijuana versus 6% for Ohio youth.[25] Data was unavailable for Mahoning and Columbiana counties. Alcohol-related motor vehicle crash deaths vary by county: 32% in Mahoning County (matching Ohio's rate), 41% in Trumbull County, and 35% in Columbiana County.[26]

Community member survey data

Community survey data reveals that 15% of respondents identified substance misuse as a top health concern, while 10% report that substance use disorder services are lacking in the community. Among respondents, 11% reported marijuana use in the past 30 days and 2% reported misusing prescription medications in the past 6 months to feel good, high, more active or alert.

Interview and focus group findings

Interview and focus group findings identified drug use as a general community issue, with specific concerns about opioids and high drug overdose deaths in the community. Youth, adults and low-income populations are disproportionately affected by these substance use challenges.

Healthy People (HP) 2030 targets

Mahoning and Trumbull County (19%), and Columbiana County and Ohio (21%) **exceed the HP 2030 target for adult binge or heavy drinking** (25%) - desired direction: down.[26]

Mahoning County (65), Trumbull County (63), Columbiana County (44), and Ohio (45) **do not yet meet the HP 2030 target for unintentional drug overdose deaths per 100,000** (20.7) - desired direction: down.[26]

[24] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

[25] *Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Mahoning County Report, 2022-2023. https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports*

[26] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

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Mahoning County (65), Trumbull County (63), Columbiana County (44), and Ohio (36) **do not yet meet the HP 2030 target for opioid overdose deaths per 100,000** (13.1) - desired direction: down.[27]

Community feedback

"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)

Priority populations: Substance use disorder and substance misuse

While **substance use disorder/substance misuse** is a major issue for the entire community, **Mahoning and Trumbull County residents, lower-income population, lower-education population, men, White residents, higher-income population, 25–44-year-olds and 65+ year-olds** are more likely to be affected by this health need.[26, 27] More details on why these populations are affected by this health need can be found in Appendix C.

Access to childcare

Capacity and adequacy of service levels

Secondary data

Secondary data reveals significant childcare affordability challenges that vary dramatically across counties, with Trumbull County families spending 55% of household income on childcare, far exceeding both the state average (32%) and neighboring counties: Mahoning County (40%) and Columbiana County (31%).[28] Daycare availability shows Mahoning and Columbiana counties having 9 centers per 1,000 children under 5, above Ohio's average of 8, while Trumbull County has only 7.[28] Ohio childcare costs range from $5,564 annually for school-aged care to $11,438 for infant care, with 80% of Ohioans reporting quality childcare as expensive locally.[28,29] The financial burden impacts employment, as 40% of working parents have reduced work hours to care for their children.[30]

Community member survey data

Community survey data shows childcare access concerns among residents, with 11% reporting access to childcare as an issue of concern and 26% identifying access to childcare as lacking in the community.

[26] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

[27] *State 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*

[28] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

[29] *2022 Ohio Childcare Resource & Referral Association Annual Report https://d2hfgw7vtnz2tl.cloudfront.net/wp-content/uploads/2023/05/Annual-Report-2022.pdf*

[30] *Groundwork Ohio Statewide Survey, Dec. 7, 2021. https://www.groundworkohio.org/_files/ugd/*

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Interview and focus group findings

Interview and focus group findings identified childcare affordability/expense, waitlists/lack of spots, insufficient childcare overall and lack of transportation as primary barriers. Low-income families, single parents, children with disabilities, shift workers, and working parents/families are disproportionately affected by these childcare challenges.

Community feedback

"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)

"We need more childcare/afterschool care." - Community Member Focus Group (Trumbull)

Priority populations: Access to childcare

While access to childcare is a major issue for the entire community, Trumbull County residents, those employed full-time and 25–44-year-olds are more likely to be affected by this health need.[28] More details on why these populations are affected by this health need can be found in Appendix C.

Tobacco and nicotine use

Capacity and adequacy of service levels

Secondary data

Secondary data shows higher tobacco use rates among Trumbull County youth compared to Ohio averages, with current cigarette smoking at 4% versus 2% statewide and vaping at 15% versus 10% for Ohio youth in the past 30 days.[31] Data was unavailable for Mahoning and Columbiana Counties.

Community member survey data

Community survey data reveals that 5% of respondents identified tobacco and nicotine use as top community concerns, while 12% reported smoking, vaping, or using tobacco products daily or almost every day in the past 30 days. Among respondents with children, 7% are aware that their children use tobacco or nicotine products, including cigarettes, e-cigarettes or vape pens.

Interview and focus group findings

Interview and focus group findings identified vaping, smoking and lack of education as primary tobacco-related concerns. Youth, adults and low-income populations are disproportionately affected by these tobacco use challenges.

[28] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

[31] *Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Mahoning County Report, 2022-2023. https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports*

[32] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

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Healthy People (HP) 2030 targets

Mahoning County (22%), Trumbull County (24%), Columbiana County (23%) and Ohio (18%) do not yet meet the HP 2030 target for adult cigarette smoking (5%) - desired direction: down.[32]

Community feedback

"Teen vaping is alarming. It's just as addictive as smoking but faces fewer restrictions."
- Community Member Interview (Mahoning)

"Smoking is still an issue in the community." - Community Member Focus Group (Trumbull)

Priority populations: Tobacco and nicotine use

While **tobacco and nicotine use** are a major issue for the entire community, **Trumbull County residents, those employed part-time, those with disabilities, lower-income population, lower-education population, Hispanic residents, multi-racial residents, women, men, LGBTQ+ population, youth, 18–24-year-olds and 35–54-year-olds** are more likely to be affected by this health need.[31, 32] More details on why these populations are affected by this health need can be found in Appendix C.

[31] *Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Mahoning County Report, 2022-2023. https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports*

[32] *County Health Rankings, 2025, http://www.countyhealthrankings.org*



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Significant Clinical Health Needs

Chronic diseases

Capacity and adequacy of service levels

Secondary data

Secondary data shows poorer health outcomes across all three counties compared to Ohio, with adults rating their health as fair or poor at higher rates: 20% in Mahoning, 22% in Trumbull and 21% in Columbiana versus 18% statewide.[33] Disability rates are elevated at 18% for all three counties compared to 15% for Ohio. Years of potential life lost are significantly higher: Mahoning County (12,000), Trumbull County (11,700) and Columbiana County (10,600) versus Ohio (9,700) per 100,000 population under age 75.33 Chronic disease prevalence varies by condition: coronary heart disease affects 7% in Mahoning, Columbiana and statewide, versus 8% in Trumbull County. Diabetes rates are 13% in Mahoning and Trumbull counties and 12% in Columbiana and Ohio. Asthma affects 12% in Mahoning and Trumbull versus 11% in Columbiana and Ohio.[35] Cancer incidence shows Mahoning (427) and Trumbull (431) counties below Ohio's rate (465), while Columbiana County is slightly higher (467) per 100,000.[36]

Community member survey data

Community survey data reveals chronic diseases as an overwhelming concern, with 85% of respondents choosing it as a top community health need, most commonly citing diabetes, heart disease, cancer and obesity. Among respondents, 62% report having at least one chronic health condition or disability, while 13% identify a lack of provider awareness and education about their health condition as a health care barrier.

Interview and focus group findings

Interview and focus group findings identified lifestyle factors, diabetes and heart disease/stroke/hypertension/high cholesterol as primary chronic disease concerns. Low-income populations and elderly residents are disproportionately affected by these chronic disease challenges.

Community feedback

"We can trace a lot of chronic diseases back to the social determinants of health." - Community Member Interview (Mahoning – Youngstown)

"Cancer is a scary thing to face if you don't have support." - Community Member Focus Group (Trumbull)

Priority populations: Chronic diseases

While **chronic diseases** are a major issue for the entire community, **Black/African American residents, lower-income population, 65+ year-olds and those in the 44484 ZIP Code** are more likely to be affected by this health need. More details on why these populations are affected by this health need can be found in Appendix C.

[33] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

[34] *U.S. Census Bureau, American Community Survey, S1810, 2018-2022. http://data.census.gov*

[35] *Ohio Department of Health, 2022. Ohio BRFSS Annual Report. https://odh.ohio.gov/know-our-programs/behavioral-risk-factor-surveillance-system/data-and-publications*

[36] *Ohio Department of Health. (2023). Ohio Cancer Incidence Surveillance System. Retrieved from https://odh.ohio.gov/know-our-programs/ohio-cancer-incidence-surveillance-system/Data-Statistics*

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Maternal, infant and child health

Capacity and adequacy of service levels

Secondary data

Secondary data shows concerning maternal and child health outcomes across the region, with low-birth-weight rates varying by county: Mahoning County has the highest rate at 11%, followed by Trumbull County and Ohio at 9%, and Columbiana County at 8% (less than 5 pounds and 8 ounces).[37] Teenage birth rates for ages 15-19 exceed state averages in all counties: Trumbull County (23 per 1,000 females), Mahoning County (21 per 1,000), and Columbiana County (20 per 1,000) versus Ohio's 17 per 1,000 females.[37]

Community member survey data

Community survey data reveals that 53% of respondents identified addressing maternal and child health as a top community concern, while 21% report that these services are lacking in the community.

Interview and focus group findings

Interview and focus group findings identified high infant mortality rates/stillbirths, maternal morbidity, lack of prenatal/postnatal care (people not accessing it), lack of access to reproductive care and transportation barriers as primary maternal and child health concerns. Black, Indigenous, and People of Color (BIPOC), Black mothers specifically, teens and Trumbull County residents are disproportionately affected by these challenges.

Healthy People (HP) 2030 targets

Healthy People 2030 sets an infant mortality target of 5.0 deaths per 1,000 live births. Mahoning County (about 8.0), Columbiana County (about 7.0) and Ohio overall (7.1 in 2023, trending to ~6.5 in 2024) remain above this benchmark, while Trumbull County is at or near the target. [37]

Community feedback

"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)

"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 and child health

While **maternal, infant and child health** is a major issue for the entire community, **Mahoning County residents, women, non-Hispanic Black women and 25–44-year-olds** are more likely to be affected by this health need.[37] More details on why these populations are affected by this health need can be found in Appendix C.

[37] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

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Injuries

Capacity and adequacy of service levels

Secondary data

Secondary data shows elevated unintentional injury death rates across all three counties compared to Ohio, with Mahoning County having the highest rate at 124 per 100,000, followed by Trumbull County at 113 per 100,000 and Columbiana County at 103 per 100,000, all exceeding Ohio's rate of 101 per 100,000.[38]

Community member survey data

Community survey data reveals that 20% of respondents chose injuries as a top community health need.

Interview and focus group findings

Interview and focus group findings identified car accidents, pedestrian fatalities and falls as primary injury-related concerns. Elderly populations are disproportionately affected by these injury prevention challenges.

Community feedback

"Car accidents happen almost daily in the valley. It's a constant concern." - Community Member Interview (Mahoning)

"Falls are common among the elderly. It's a significant issue we see regularly." - Community Member Interview (Trumbull)

Priority populations: Injuries

While **injuries** are a major issue for the entire community, **Mahoning County residents, older residents and 55–64-year-olds** as well as **those who work in manufacturing, construction, agriculture, transportation, trades and frontline worker**s are more likely to be affected by this health need.[38] More details on why these populations are affected by this health need can be found in Appendix C.

[38] *County Health Rankings, 2025, http://www.countyhealthrankings.org*



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Preventive care and practices

Capacity and adequacy of service levels

Community member survey data

Community survey data shows that 12% of respondents identified addressing preventive care and practices as a top concern. Flu vaccination rates reveal significant gaps, with 12% having never received a flu shot and only 54% receiving one in the past year.

Interview and focus group findings

Interview and focus group findings identified lack of awareness/education, stigma/lack of trust, expensive/out-of-pocket costs and low vaccination rates as primary preventive care barriers. Low-income populations, uninsured individuals, Black, Indigenous, and People of Color (BIPOC) and young adults are disproportionately affected by these preventive care challenges.

Healthy People (HP) 2030 targets

Mahoning County (51%), Trumbull County (49%), Columbiana County (50%) and Ohio (51%) **do not yet meet the HP 2030 target for Medicare enrollee annual flu vaccination** (70%) - desired direction: up.[39]

Mahoning County (71%), Trumbull County (70%), Columbiana County (72%) and Ohio (78%) **do not yet meet the HP 2030 target for women 21-65 with a pap smear in the past 3 years** (84%) - desired direction: up.[40]

Columbiana County (73%) **does not yet meet the HP 2030 target for women 50-74 with a mammogram in the past 2 years** (77%), while Mahoning County (79%), Trumbull County (78%) and Ohio (78%) exceed the target - desired direction: up.[40]

Mahoning County (71%), Trumbull County (67%), Columbiana County (63%) and Ohio (70%) **do not yet meet the HP 2030 target for adults 50-75 who meet colorectal screening guideline**s (74%) - desired direction: up.[40]

Community feedback

"During the pandemic, hesitancy towards screenings and vaccinations was common, especially in certain populations. This still exists." - Community Member Interview (Trumbull – Warren)

"We need more preventive care opportunities in the community. Prevention should be more prioritized instead of just treatment." - Community Member Focus Group (Mahoning)

Priority populations: Preventive care and practices

While **preventive care and practices** are major issues for the entire community, **Trumbull and Columbiana County residents, lower-income population, lower-education population, men, younger residents and Black/African American residents** are more likely to be affected by this health need.[39, 40] More details on why these populations are affected by this health need can be found in Appendix C.

[39] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

[40] *Ohio Department of Health. (2023). Ohio Cancer Incidence Surveillance System. Retrieved from https://odh.ohio.gov/know-our-programs/ohio-cancer-incidence-surveillance-system/Data-Statistics*

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HIV/AIDS and sexually transmitted infections (STIs)

Capacity and adequacy of service levels

Secondary data

Secondary data shows varying HIV and STI rates across the region, with chlamydia diagnoses per 100,000 people ranging from Columbiana County's 164 (well below Ohio's 463) to Mahoning County's 449 and Trumbull County's 412.[41] HIV prevalence shows even greater disparities, with Mahoning County having the highest rate at 300 per 100,000 residents (above Ohio's 246), while Trumbull County (149) and Columbiana County (91) fall below the state average.[41]

Community member survey data

Community survey data reveals that 6% of respondents identified addressing HIV/AIDS and Sexually Transmitted Infections (STIs) as a top community concern.

Interview and focus group findings

Interview and focus group findings identified general increases in STIs, stigma and low rates of testing/screening as primary concerns. The younger generation/students and LGBTQ+ populations are disproportionately affected by these HIV/STI challenges.

Community feedback

"The stigma around HIV is strong. Many people avoid testing because they fear the results, leading to higher transmission rates." - Community Member Interview (Trumbull)

"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 and STIs

While **HIV/AIDS and STIs** are major issues for the entire community, **Mahoning County residents, those employed part-time, lower-income population, lower-education population, men, women, Black/African American residents and 20–34-year-olds** are more likely to be affected by this health need.[41] More details on why these populations are affected by this health need can be found in Appendix C.

[41] *County Health Rankings, 2025, http://www.countyhealthrankings.org*



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Resources Available

Due to the considerable and complex nature of the community identified significant health needs, several organizations within the community may be available to address one or more of the needs identified in this report. While this list strives to be comprehensive, it may not be complete:

Health Care Facilities & Services

- Akron Children's Hospital
  - Access to Health care, maternal, infant, and child health
- Midlothian Free Clinic
  - Access to Health care, preventative care and practices, chronic diseases, dental care, women's health
- Mahoning County Mental Health and Recovery Board
  - Access to Health care, Adverse Childhood Experiences (ACEs), mental health, substance misuse
- Mercy Health — Youngstown
  - Access to Health care, chronic diseases, maternal, infant, and child health, mental health, preventive care and practices.
- Meridian Health care
  - Access to Health care, mental health, and substance misuse
- Mahoning Valley Pathways HUB
  - Maternal and child health
- Trumbull County Mental Health and Recovery Board
  - Access to Health care, mental health, and substance misuse

Health Departments

- Mahoning County Public Health
  - Access to childcare, access to Health care, Adverse Childhood Experiences (ACEs), chronic diseases, education, environmental conditions, food insecurity, HIV/AIDS and Sexually Transmitted Infections (STIs), income/poverty &employment, injuries, maternal, infant, and child health, mental health, nutrition and physical health, preventive care and practices, substance misuse, tobacco and nicotine use, transportation
- Trumbull County Combined Health District
  - Access to childcare, access to Health care, Adverse Childhood Experiences (ACEs), chronic diseases, education, environmental conditions, food insecurity, HIV/AIDS and Sexually Transmitted Infections (STIs), income/poverty & employment, injuries, maternal, infant, and child health, mental health, nutrition and physical health, preventive care and practices, substance misuse, tobacco and nicotine use, transportation

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- Warren City Health District
  - Access to childcare, access to Health care, Adverse Childhood Experiences (ACEs), chronic diseases, education, environmental conditions, food insecurity, HIV/AIDS and Sexually Transmitted Infections (STIs), income/poverty & employment, injuries, maternal, infant, and child health, mental health, nutrition and physical health, preventive care and practices, substance misuse, tobacco and nicotine use, transportation
- Youngstown City Health District
  - Access to childcare, access to Health care, Adverse Childhood Experiences (ACEs), chronic diseases, education, environmental conditions, food insecurity, HIV/AIDS and Sexually Transmitted Infections (STIs), income/poverty & employment, injuries, maternal, infant, and child health, mental health, nutrition and physical health, preventive care and practices, substance misuse, tobacco and nicotine use, transportation

Other Local and National Resources:

- Mahoning County Job and Family Services
  - Access to childcare, Adverse Childhood Experiences (ACEs), Food insecurity, income/poverty & employment
- Youngstown Neighborhood Development Corporation
  - Housing, poverty and employment
- United Returning Citizens
  - All significant health needs in previously incarcerated individuals
- Ohio State University Extension
  - Education and community outreach
- Rescue Mission of Mahoning Valley
  - Injuries
- Youngstown City Schools
  - Education, food insecurity, Adverse Childhood Experiences (ACEs)
- Youngstown Police Department
  - Crime and violence
- Board of Developmental Disabilities (Mahoning County)
  - Disability services
- Spectrum
  - Internet and Wi-Fi access
- Oakhill Collaborative
  - Internet access and utilization

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- Direction Home
  - All significant health needs
- SCOPE Senior Center
- Services and programs for seniors, including meals, social activities and health resources
- YMCA of Youngstown
  - All significant health needs
- Youngstown Parks and Recreation Department
  - Environmental conditions, nutrition and physical health
- The Ohio Farm Bureau
  - Access to Health care for members of the agricultural community
- Warren Family Mission
  - Mental health, substance misuse, housing, food insecurity, poverty and employment
- Wean Foundation
  - Racial equity, education, housing, poverty and employment
- Warren City
  - All significant health needs
- Youngstown City
  - All significant health needs
- The Public Library of Youngstown and Mahoning County
  - Education, internet/wi-fi access
- Mahoning County Sheriff's Department
  - Crime and violence
- Youngstown State University
  - Education, food insecurity, and access to health care
- Alta Head Start
  - Access to childcare
- Western Reserve Transit Authority (WRTA)
  - Transportation
- The Sacred Commons Church
  - Food insecurity, housing, education
- Mahoning Youngstown Community Action Partnership
  - Early childhood education, emergency assistance, financial empowerment, health and nutrition programs, housing services, homelessness support, weatherization and home repair

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- Youngstown Foundation
  - Access to health care, mental health, chronic disease, disability services
- Eastgate Regional Council of Governments
  - Air and water quality, transportation
- Community Foundation of Mahoning Valley
  - Access to Health care, chronic disease, poverty and employment, mental health, substance use disorder, food insecurity
- Second Harvest Food Bank of the Mahoning Valley
  - Food insecurity



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Prioritization of Health Needs

The health needs prioritization process for Mercy Health — Youngstown used a structured approach to identify key health challenges in the community. This ensured that the most pressing health concerns were selected the next Implementation Strategy for Mercy Health — Youngstown and that feedback from the CHNA and key stakeholders was included. The process followed the National Association of County and City Health Officials (NACCHO) MAPP 2.0 process, ensuring a community-driven, equity-focused approach. A virtual meeting with hospital leadership and other stakeholders was held on Tuesday March 11, 2025, to draft a list of priority health needs, which was finalized after the meeting.

Data Collection & Assessment

- Primary Data:
  - Community surveys collected 1,284 responses.
  - 10 focus groups engaged 127 participants.
  - Key informant interviews were conducted with 25 community leaders across various sectors.
- Secondary Data:
  - Existing health statistics were gathered from sources such as the American Community Survey, Centers for Disease Control, Health Interview Survey and Department of Health.

Prioritization Criteria

To inform the selection of health priorities, the team used NACCHO MAPP 2.0-informed criteria, assessing each issue based on:

- **Relevance** – How important the issue was to the community.
- **Severity** – How serious the problem was based on CHNA data.
- **Health Disparities** – How the issue impacted priority populations identified through CHNA.
- **Feasibility** – Whether existing solutions or resources were available to address it.
- **Resources** – Whether time, funding and staff were available to address the issue.
- **Previous Focus** – Whether the issue had been a priority in past IS cycles.

During the health need prioritization meeting, key stakeholders completed a short survey based on the criteria above to select which health needs, they believe should be addressed in the upcoming IS (2026-2028).

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Reviewing the Data

The team reviewed data collected from the CHNA, including secondary and primary input from key interviews, focus groups and the community survey. They also reviewed the results of the health need prioritization survey completed during the meeting and the priority health needs addressed in the previous Implementation Strategy (2023-2025).

Selecting Priority Health Needs

- Stakeholders used the data discussed above to frame their discussion about which significant health needs to prioritize. They aimed to select at least one priority from each category:
  - Social Determinants of Health (SDOH) needs
  - Social Health Needs
  - Clinical Health Needs
- This discussion informed a draft list of priorities that was finalized following the meeting.

Prioritized Health Needs

Access to health care (Social Determinants of Health Need)

Access to Health care was selected as a priority health need because it ranked highly in the community member survey, was a major theme in interviews and focus groups and was emphasized by stakeholders during the prioritization meeting. This need includes addressing the social determinants of health, especially those most often raised in the assessment – transportation, housing, homelessness, income/poverty and employment.

Community safety (Social Determinants of Health Need)

Community safety was selected as a priority health need because it ranked highly in the community survey, was a major theme in the interviews and focus groups and was deemed a priority by stakeholders during the prioritization meeting. This need includes addressing the social determinants of health related to community safety and crime. A recommendation was also made to include a strategy in the Implementation Strategy that addresses health disparities.

Behavioral health (Social Health Need)

Behavioral health was selected as a priority health need because it ranked highly in the community survey, was a major theme in interviews and focus groups and was emphasized by stakeholders during the prioritization meeting. This need includes addressing mental health and substance use disorder. A recommendation was also made to include strategies in the Implementation Strategy that addresses health disparities and human trafficking.

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Chronic diseases (Clinical Health Need)

Chronic diseases were selected as a priority health need because they ranked highly in the community survey, were a major theme in the interviews and focus groups and emphasized by stakeholders during the prioritization meeting. This priority need includes addressing the chronic conditions identified in the needs assessment – cancer, diabetes and heart disease. A recommendation was also made to include a strategy in the Implementation Strategy that addresses health disparities.

Maternal, Infant, and Child Health (Clinical Health Need)

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

Significant Health Needs Not Prioritized

Since Mercy Health — Youngstown cannot directly address all the significant health needs in the community. it will focus resources on areas where it can make the greatest impact in the region based on its areas of focus and expertise. Considering existing organization and community resources, Mercy Health – Youngstown will not directly address the remaining significant health needs identified in the 2025 CHNA that were not prioritized, including but not limited to:

- Access to childcare
- Adverse childhood experiences (ACEs)
- Education
- Environmental conditions
- Food insecurity
- Environmental conditions
- HIV/AIDS and STIs
- Injuries
- Internet access
- Nutrition and physical health
- Preventive care and practice
- Tobacco and nicotine use.

The organization will continue to look for opportunities to address community needs where they can make a meaningful contribution. Community partnerships may support other initiatives that Mercy Health — Youngstown cannot independently lead to address the other health needs identified in the 2025 CHNA.

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Progress and Impact

Mental Health and Substance Abuse

Strategies	Progress
Leverage community resources to implement evidence-based mental health and substance use preventative practices	Belmont Recovery Services has increased the volume of patients that are completing appointments. At the end of 2024 the Behavioral Health Clinic had 2,393 appointments completed. Clinic is no longer tracking first appointments completed due to departmental changes/priorities. The target was met and completed at the end of 2024 to increase patients seen by 5% of the 2023 appointments from 1,105 to 1,160.
Continue to implement training programs to reduce unnecessary hospitalizations and to improve crisis situation outcomes for patients with mental illness	This is an ongoing process within behavioral health units and sites, emergency departments and protective services. Progress is tracked quarterly, and a refresher course is required every two years. The first quarter 2025 had 49% completion for those requiring the first Crisis Prevention Institute (CPI) De-escalation training for new hires.
Continue participation in a dedicated team to address utilization and resource navigation and promote the use of 211, 988 and other community resources to remove barriers to informational support services	This goal has been met and is ongoing. Community Health continues to provide materials to identify resources during community health events and activities. The director continues to work closely with agencies that provide information and assistance to remove barriers to care for mental & physical health and substance use, as well as addressing food insecurity and homelessness.
Mercy Health — Youngstown and LifePoint Health joint venture.	In November of 2025, Mercy Health in partnership with LifePoint will open a 72-bed hospital specializing in substance abuse and behavioral health.

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

Strategies	Progress
Strengthen identification of individuals at risk through safety projects and initiatives	Hospital department heads from trauma, mission and community health formed a committee to address human trafficking and physical assault cases that present in the ED. The committee meets quarterly to create. In the second quarter 2025, the trauma team hosted a trauma symposium for first responders.
Improve existing green spaces and provide new green spaces in the community and on Mercy Health — Youngstown grounds	Mercy Health is represented on the Building a Better Belmont which includes business and service entities working to improve Belmont corridor conditions by enhancing green spaces and eliminating blight. In second quarter 2025, the hospital held the bi-monthly meeting of Building a Better Belmont, participated in Youngstown CityScapes's 28th annual Streetscape Planting Day and the Madison Expressway clean up.
Maintain a safe treatment/working environment for patients, visitors and by implementing training programs to reduce crisis situations and improve outcomes of crisis situations.	This is an ongoing process requiring individuals working in and with behavioral health units and sites, emergency departments and protective services to be CPI trained and certified. Progress is tracked quarterly, and a refresher course is required every two years. The first quarter 2025 had 49% completion of first CPI training for new hires.

Access to Care (including access to health care, information, healthy food and physical activity

Strategies	Progress
Provide primary health care, including preventative screenings, to at-risk populations via mobile medical clinic	Mercy Health — Youngstown department of community health will introduce the Care-A-Van, a mobile medical unit to deliver medical care to uninsured community members. Anticipated launch is expected the 3rd quarter of 2025.
Open new clinics in Cornersburg (maternal health, family support) and on the North Side of Youngstown focused on primary care, maternal health and behavioral health services	This goal has been met, and we continue to grow programs and services at these sites to expand services to families that experience barriers to health care and resources. This includes plans to expand Centering Pregnancy and additional maternal and family support services to the St. Joseph Warren Tod Ave. location.

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Appendix

- Appendix A: Community Member Survey

  (Questions and Demographics)
- Appendix B: Focus Group Demographics
- Appendix C: Overall Findings from Key Informant Interviews, Focus Groups, and Community Member Survey
- Appendix D: Overall Findings in Graphic Form

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Appendix A

Community Member Survey (Questions and Demographics)

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 to identify and assess the health needs of the community. We are asking community members (those who live and/or work in these counties) to complete this 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!

Demographics

1. **Which county do you live or reside in?**
   - Columbiana
   - Mahoning
   - Trumbull
   - Prefer not to answer

2. **Where do you live or reside in? (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:

3. **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
   - Prefer not to answer
   - None of the above, I live primarily at the following ZIP code:

4. **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

5. **What is your gender identity?**
   - Male
   - Female
   - 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)

6. **What is your sexual orientation? (select all that apply)**
   - Heterosexual or straight
   - Gay
   - Lesbian
   - Bisexual
   - Asexual
   - Something else (feel free to specify)
   - Prefer not to answer
   - Don't know

7. **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)

8. **Which is your primary language spoken at home?**
   - English
   - Spanish
   - Prefer not to answer
   - Not Listed (feel free to specify)

9. **How many children, ages 0-18, 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)

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10. 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
- Associate's degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Graduate degree (e.g. MA, MS, PhD, EdD, MD)

11. Are you currently employed?
- Yes, part-time (less than 30 hours per week)
- Yes, full-time (30 hours per week or more)
- Not employed - but looking for work
- Not employed - not actively looking for work
- Student
- Retired
- Disabled

12. 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

13. Do you have any of the following disabilities or chronic conditions? (select all that apply)
- Attention deficit
- Autism
- Blind or visually impaired
- Deaf or hard of hearing
- Health-related disability
- Learning Disability
- Mental health condition
- Mobility-related disability
- Speech-related disability
- None
- Not Listed (feel free to specify or tell us more)

14. What is your current living situation?
- 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 living outside
- I am living in a car
- I am living elsewhere

15. Trigger Warning: The following question discusses abuse and may be upsetting or bring up difficult memories. Please feel free to skip any questions that make you uncomfortable. 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)
- Verbal/Emotional (hurtful words, insults, etc.)
- Mental/psychological (negatively affecting someone's mental health, manipulation, etc.)
- Cultural/Identity (discrimination based on race, culture, religion, sexual orientation, gender identity, disability, class, age, etc.)
- Financial/Economic (using money/finances to control someone)
- 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.)
- Elder (an intentional act or failure to act that causes or creates a risk of harm to an older adult)
- Not Listed (feel free to specify)

Ranking Health Needs

16. While it can be hard to choose, do your best to select what you feel are the TOP 3 COMMUNITY CONDITIONS/SOCIAL DETERMINANTS OF HEALTH of concern in your community? (please check your top 3)
- Access to childcare
- Access to 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 (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/wifi 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)

17. 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 'Other' 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

18. 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

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19. During the most recent time you or a member of your household delayed or went without needed 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
- Insurance did not cover the cost of the procedure or care
- Lack of provider awareness and/or education about my health condition
- Lack of transportation to the appointment
- Language barriers
- No insurance and could not afford care
- Insurance did not cover the cost of the procedure or care
- 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
- The appointment was too far away and outside of my community
- No barriers and did not delay health care - received all the care that was needed
- Not Listed (feel free to specify)

20. 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, 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

21. 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

22. If you were sick, where would you go first for treatment? Assume that this is not an emergency situation.

- 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

23. Do you have a personal physician/primary care provider?

- Yes
- No

24. In the last year, was there a time when you needed prescription medicine but were not able to get it?

- Yes
- No

35. How long has it been since you have had a flu shot?

- Within the last year
- 1-2 years
- 3-5 years
- 5 or more years ago
- I have never had a flu shot

Access to Dental Healthcare

26. 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

27. In the last year, was there a time when you needed dental care but could not get it?

- Yes
- No

Mental Health

28. How would you rate your current access to mental or behavioral health services?

- Very high access
- High access
- Neutral
- Low access
- Very low access

29. 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
- Distrust/fear of discrimination
- Do not need behavioral or mental health care
- No insurance and it costs too much
- I have insurance but it did not cover the cost of the services
- Not knowing where to go or how to find behavioral or mental health providers
- COVID-19 appointment cancellation, concern of
- Lack of provider awareness and/or education about my health condition
- Lacked transportation to the appointment
- Language barriers
- No barriers – received all the behavioral and mental health care that was needed
- Not having a provider who understands and/or respects my cultural or religious beliefs
- 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
- Technology barriers with virtual visits/telehealth services
- Uncomfortable with mental or behavioral health provider

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30. 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

31. 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

32. 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 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)

33. 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

34. 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

35. Overall, my physical health is:
- Good
- Average
- Poor
- Excellent

36. Overall, my mental health is:
- Good
- Average
- Poor
- Excellent

37. 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)

Child Health

38. 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)

39. If you have a child/children living in your household, are you aware of your child(ren) or their friends using any tobacco or nicotine products, including cigarettes, e-cigarettes, or vape pens?
- Yes
- No
- Prefer not to answer
- Not applicable

Transportation

40. In the past 12 months, has lack of reliable transportation kept you from going to (select all that apply):
- Medical Appointments
- Buying food/groceries
- Getting other things for daily living
- Work/meetings
- Childcare
- Physical activity opportunities/the gym
- School (for yourself or another member of your family)
- Not Applicable
- Not Listed (feel free to specify)

41. 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 (e.g. HATS)	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	☐	☐	☐	☐	☐	☐	☐	☐	☐
Appointments (e.g. medical, mental health, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Food shopping	☐	☐	☐	☐	☐	☐	☐	☐	☐

Not Listed (feel free to specify)

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Community Resources

42. What resources are lacking within your community? (select all that apply)
- Affordable food
- Affordable housing
- Childcare
- Dental/oral healthcare access
- 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 access
- There is no lack of resources in my community
- I don't know what resources are lacking in my community
- Not Listed (feel free to specify)

43. 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
- Health Behaviors

44. 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

45. 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

46. During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services?
- Yes
- No
- Don't know/not sure
- Prefer not to answer

47. During the past 30 days (1 month) on how many days did you smoke cigarettes?
- Every day or almost every day
- Some days
- No days
- Not Listed (feel free to specify)

48. During the past 30 days (1 month) on how many days did you vape/use e-cigarettes?
- Every day or almost every day
- Some days
- No days
- Not Listed (feel free to specify)

49. During the past 30 days (1 month) on how many days did you use other nicotine or tobacco products?
- Every day or almost every day
- Some days
- No days
- Not Listed (feel free to specify)

50. 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

51. 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
- 4 or more times a week

52. How often in the last 30 days (last month) have you used marijuana?
- None
- 1-2 times
- 3-9 times
- 10-19 times
- 20 or more times
- Several times a day
- Not Listed (feel free to specify)

53. How often in the last 30 days (last month) have you used illicit/illegal drugs/substances?
- None
- 1-2 times
- 3-9 times
- 10-19 times
- 20 or more times
- Several times a day
- Not Listed (feel free to specify)

54. 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
- Not Listed (feel free to specify)

55. Do you have any other feedback or comments to share with us?

Thank you! Please send this survey to anyone you know who lives and/or works in Columbiana, Mahoning, or Trumbull Counties.

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Demographics

The majority of the 1,284 Columbiana, Mahoning, and Trumbull County community member survey respondents were:

- Trumbull County (54%) or Mahoning County (44%) residents
- Residents of the following 7 ZIP Codes: 44483 (11%), 44484 (7%), 44410 (6%), 44511 (5%), 44512 (5%), 44420 (5%), 44456 (5%)
- Age 35 or older, with the most common age group being 65+ (29%), followed by 55-64 (20%), 44-54 (19%), and 35-44 (17%)
- Women (90%)
- Heterosexual or straight (81%), with some LGBTQ+ representation (5%)
- White (78%), followed by Black (16%), and Hispanic/Latinx (3%)
- Higher income, with 24% having an annual household income of $100,000 or more, while a significant proportion (34%) had a household income under $50,000 per year
- Employed full-time (59%), with a significant proportion being retired (21%)
- Educated at the post-secondary level, or have some post-secondary education, with 27% having a Bachelor's degree, and 25% having a graduate degree
- English speakers (99%)
- Stably housed (94%)
- Not currently living with children under age 18 (71%)



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Appendix B

Focus Group Demographics

The following is a demographic summary of the Mahoning and Trumbull County focus group participants:

- **95%** of the 127 participants completed demographic questions.
- **67%** of participants live in Mahoning County, and **34%** live in Trumbull County.
- **14%** live in ZIP code **44446**, **12%** in **44405**, 9% in **44485**, and the rest are spread across other ZIP codes.
- **75%** are not currently employed, with smaller percentages working in various ZIP codes.
- **38%** of participants are 65+ years old, **23%** are **55-64** years old, and **13%** are **25-34** years old.
- **66%** identify as female, **32%** as male, **1%** as transgender, and **2%** as Two Spirit.
- **90%** are heterosexual or straight, with smaller percentages identifying as gay, lesbian, bisexual, asexual or other.
- **43%** are Black or African American, **37%** are White/Caucasian, and **12%** are Hispanic/Latinx
- **89%** speak English at home, and **10%** speak Spanish.
- **71%** have no children at home, **19%** have one child, **5%** have two children and **3%** have three children.
- **33%** have a high school diploma, **14%** have less than a high school diploma, **14%** have some college and **13%** have an associate degree or bachelor's degree.
- **22%** are employed full-time, **10%** part-time, **28%** are retired, **15%** are disabled and **18%** are not employed but looking for work.
- **15%** work in education, law, or social/community services, **17%** in health and **13%** in manufacturing or utilities, with others in various fields.
- **47%** earn less than **$20,000, 14%** earn between **$20,000-$34,999**, and **17%** earn between **$35,000-$49,999**.
- **38%** have a disability, while **58%** do not.
- **70%** have a steady place to live, **3%** are worried about losing their housing and **25%** are staying in a shelter.



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Appendix C

Overall Findings from Key Informant Interviews, Focus Groups, and Community Member Survey

Things people love about the community (from key informant 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."* - Community Member Interview
- *"Oh, I just love how in this community (the Mahoning Valley) ...we all work together here. To make it work for our community, which is very important to me. All the agencies and organizations really work well together here."* - Community Member Interview (Mahoning - Youngstown)
- *"The community has a lot of nice natural resources. We have a gorgeous park, Mill Creek Park. The amenities that we have are great. At one time, Youngstown was one of the wealthiest communities in the country back in the steel days. So, we have museums, theaters, symphonies, performing arts and still maintain those."* - Community Member Interview
- *"It's my home. That's the simplest way to put it."* - Community Member Interview (Mahoning - Youngstown)
- *"The ability to help, the ability to be a part of moving the city forward and be a part of that decision-making process to try to make things better for our residents and businesses...that reside here in the city of Warren."* - Community Member Interview (Trumbull – Warren)
- *"How everybody is friendly and connected. A lot of people congregate together. So, it's just a nice family atmosphere."* - Community Member Interview (Trumbull)
- *"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."* - Community Member Interview (Mahoning)
- *"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)
- *"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)
- *"There are lots of people in similar situations that help each other."* - Community Member Focus Group (Trumbull)

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- *"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)
- *"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)

Top priority health needs, populations and resources (from key informant interviews & focus groups

Major health issues impacting community (interviews):

1. Substance use/drug addiction
2. Mental health/behavioral health
3. Obesity/overweight

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

1. Lack of transportation/transportation issues
2. Poverty/Low-income
2. Housing Issues
3. Crime/violence

Major health issues impacting community (focus groups):

1. Transportation
2. Mental health/behavioral health
3. Housing
4. Access to care

How health concerns are impacting community (focus groups):

1. Delays in seeking/receiving care
2. Financial strain
3. Poor health outcomes
4. Stigma

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Sub-populations in the area that face barriers to accessing Health care and social services (interviews):

1. Seniors/aging population
2. Black, Indigenous, and People of Color (BIPOC)
3. Low-income population

Sub-populations in the area that face barriers to accessing Health care and social services (focus groups):

1. Homeless/housing insecure population
2. Seniors/aging population
3. Hispanic/Latinx population
4. People with disabilities
5. Low-income population

Resources people use in the community to address their health needs (focus groups):

1. Warren Family Mission
2. Coleman Health Services
3. Food pantries/banks
4. Catholic Charities
5. Rescue Mission

Top resources that are lacking in the community (focus groups):

1. Shelters for women and children
2. Expanded transportation service hours
3. Mental health support groups
4. Spanish-speaking Health care providers
5. Affordable housing

Community feedback (quotes that support our findings)

- *"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)
- *"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)
- *For the African American population, you see higher maternal mortality. I think racism is a factor as well as sexual and gender orientation discrimination and being obstacles for people to get safe, equitable health care."* - Community Member Interview

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- *"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)
- *"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)
- *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)
- *"Meeting your basic needs is a struggle, and it shouldn't be that way."* - Community Member Focus Group (Trumbull)
- *"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)
- *"The rising rent prices are pushing people out, and landlords aren't keeping up with basic property maintenance."* - 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 focus groups

African American (Mahoning)

- **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 seniors, 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 Health care 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.

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- **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.

African American (Trumbull)

- **Top health issue**s were concerns about the Health care 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, seniors, 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 Health care providers, Health care education for the Black community, exercise facilities/safe recreational spaces, youth development programs, and life skills training.
- **Improvement suggestions** focused on extended Health care 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 (Mahoning)

- **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.

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Homelessness (Trumbull)

- **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 Health care for the uninsured.
- **Access barrier**s 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 gap**s 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.

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 Health care providers and mental health services. Financial barriers and fear of Health care services were also key issues.
- **Access barriers** included lack of knowledge about resources, fear and discomfort in Health care 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.

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LGBTQIA+

- **Top health issue**s were transportation challenges, lack of Spanish-speaking Health care workers, mental health concerns, drug abuse, housing instability, and limited recreational spaces for youth.
- **Access barriers** included financial constraints, fear of Health care 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.

Rural (Mahoning)

- **Top health issues** included mental health concerns, limited access to quality Health care, chronic diseases, and challenges affecting the elderly. Internet connectivity issues and the high cost of Health care, including prescriptions and caregiving, were also raised.
- **Access barriers** included isolation (particularly for rural and elderly populations), untreated chronic conditions, difficulty navigating the health care system, and economic challenges. Transportation issues were mentioned frequently, along with limited preventive services for seniors.
- **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.

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Rural (Trumbull)

- **Top health issues** include poor general health due to poor diet, lack of exercise, and excessive screen time. Limited Health care 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 Health care 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.

Seniors (Mahoning)

- **Top health issues** included expensive medication, difficulty navigating services, lack of senior advocacy, and concerns about unsafe neighborhoods and poor infrastructure. Issues with Health care 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, seniors, 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 seniors, addressing elderly isolation, implementing programs to prevent Health care denials, and expanding volunteer and life coaching services.

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Seniors (Trumbull)

- **Top health issue**s 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, Health care workforce losses, and concerns about marijuana-related impaired driving.
- **Access barriers** included challenges for homeless individuals, people with low education, the elderly, 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 elderly residents, and community cohesion initiatives.
- **Improvement suggestions** included satellite Health care 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 Health care services and clearer billing communication.

Community member survey findings

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, Mercy Health – Youngstown and community partners shared the survey link with clients, patients and others who live and/or work in the community. This resulted in 1,284 responses to the community member survey (1,264 English responses and 34 Spanish responses). The results of how the health needs were ranked in the survey are found below, separated by social determinants of health needs, social health needs and clinical health needs. This health need ranking was used to order the health needs in the following 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 Health care and mental health). More details about the survey, questions, and demographics can be found in Appendix A.

Social Determinants of Health (SDOH) Needs (Community Level Needs that Impact Health and Well-being)

1. Access to Health care (e.g., doctors, hospitals, specialists, mental Health care, dental/oral care, vision care, medical appointments, health insurance coverage, health literacy, etc.)
2. Income/poverty and employment
3. Crime and violence
4. Food insecurity (e.g., not being able to access and/or afford healthy food)

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5. Housing and homelessness
6. Adverse childhood experiences (e.g., child abuse, mental health, family issues, trauma, etc.)
7. Transportation (e.g., public transit, cars, cycling, walking)
8. Education (e.g., early childhood education, elementary school, post-secondary education, etc.)
9. Environmental conditions (e.g., air and water quality, vector-borne diseases, etc.)
10. Internet/Wi-Fi access

Social Health Needs (Individual Level Non-Clinical Needs)

1. Mental health (e.g. depression, anxiety, suicide, etc.)
2. Nutrition and physical health/exercise (includes overweight and obesity)
3. Substance misuse (alcohol and drugs)
4. Access to childcare
5. Tobacco and nicotine use/smoking/vaping

Clinical Health Needs

1. Chronic diseases (e.g., heart disease, diabetes, cancer, asthma, etc.)
2. Maternal, infant, and child health (e.g., pre-term births, infant mortality, maternal morbidity and mortality)
3. Injuries (workplace injuries, car accidents, falls, etc.)
4. Preventive care and practices (e.g., screenings, mammograms, pap tests, vaccinations)
5. HIV/AIDS and Sexually Transmitted Infections (STIs)

Ideas from the 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.

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Access to Health Care

- Dental, vision, and hearing providers should accept different insurance providers, especially Medicare.
- Make sure that Health care 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 Health care for transgender residents, while promoting confidentiality.
- Have a system where residents can access information centrally, especially for mental Health care 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 Health care 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 Health care 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 living with chronic diseases.

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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.).

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/AIDS and Sexually Transmitted Infections (STIs)

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

Housing and 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 seniors 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.

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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 Health care.
- Make crosswalks safer, especially in areas with high pedestrian fatalities.
- Create more prevention programs for elderly falls.

Internet/Wi-Fi Access

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

Maternal, Infant and Child Health

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

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 Health care 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 Health care.
- Increase mental health advocacy in the community.
- Create crisis stabilization centers.
- Implement a non-police mental health crisis response.

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Nutrition, Physical Health and Exercise

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

Preventive Care and Practices

- Increase access to mobile health service vans for preventive screenings, community-based Health care 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.

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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 seniors 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.
- Implement a better, more centralized process to disseminate information about resources in the community and offer it in multiple languages.

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Priority Populations

Access to health care

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

- **Trumbull and Columbiana Counties** have fewer primary care and dental health providers relative to their population than Mahoning County and Ohio overall. [42]
- 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 they could not get an appointment that worked with their schedule and to have had their last check-up 1-2 years ago.
- Survey respondents from the **44484** ZIP Code were more likely to select access to health care as a priority health need.
- Survey respondents from the **44511** ZIP Code were less likely to say they had been to the dentist in the past year.
- **Black/African American** community 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, that the emergency room is their usual care source, and that they went without needed prescriptions.
- **Lower-income/education** survey respondents were more likely to say they delayed care due to lack of insurance/cost and to use the emergency room as a usual source of care, while less likely to have a primary care provider/go to the dentist.
- Health care access barriers were mentioned in 100% of focus groups with **priority populations**.

Income/poverty and employment

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

- Poverty levels are higher in all area counties than Ohio, with **Mahoning Count**y having the highest rates, while Trumbull County has the lowest median household income.[42]

[42] *County Health Rankings, 2025,* http://www.countyhealthrankings.org

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- 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 (mortgage, rent, or utilities).
- **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.
- **25-34 and 55+ year-old** survey respondents earn lower household incomes than other respondents.
- Survey respondents **35-64 years old** were most likely to say that income/poverty and employment is a community priority.
- In the community member 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 than those with higher levels of education, and to have a lower household income.
- Financial barriers were mentioned in 100% of focus groups with **priority populations**.

Crime and violence

While **crime and violence** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on 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.
- Community survey respondents with a **high school education or equivalent** were more likely to say that crime and violence is a priority.
- 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. [43]

[43] *Federal 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.*

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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 data we collected from our community.

- **Trumbull County** experiences the highest rates of food insecurity in the area.[44]
- **Mahoning County** respondents from were more likely than Trumbull County respondents to say that food "usually" that does not last and they don't have money to get more.
- 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)**.[45]
- 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, to say that food usually goes bad and 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**.

Housing and homelessness

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

- **Mahoning County** experiences higher rates of housing cost burden than the other counties and Ohio.[46]
- 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.
- Community survey respondents **35-44** and **55-64 years old** were most likely to say that housing and homelessness is a community priority.

[44] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

[45] *U.S. Census Bureau, American Community Survey, DP03, 2018-2022. http://data.census.gov*

[46] *U.S. Census Bureau, American Community Survey, 2018-2022, DP04. http://data.census.gov/*

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

Adverse childhood experiences

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

- **Trumbull County** has a higher substantiated child abuse rate than Ohio and the other area counties.[47]
- 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.
- Significantly more residents ages **35-54** ranked ACEs as a top health concern in the community survey.
- In the community member survey, **women** were more likely than men to rate ACEs as a top health need.

Transportation

While **transportation** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on 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. 4**4410, 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 getting to medical appointments or getting 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.

[47] *Ohio 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*

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- Community survey respondents with **lower household incomes** were more likely to say that transportation is a priority need 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**.

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 data we collected from our community.

- **Trumbull and Columbiana 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.
- 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.
- The community survey found that **older respondents** were less likely to have completed post-secondary education than younger residents.
- Community survey respondents with **trade school education** were more likely to say that education is a priority.
- **25-34 year-old** community survey respondents were more likely to rate education as a top concern.

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 data we collected from our community.

- **Columbiana County** has higher levels of air pollution than Mahoning County, Trumbull County and Ohio.[48]
- **Trumbull County** was the only county in the area to report any water quality violations.[48]
- **Children**, particularly young children, are more vulnerable to air pollution than adults, including long-term physical, cognitive and behavioral health effects.[48]

[48] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

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Internet and Wi-Fi 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 data we collected from our community.

- According to the community survey, residents **ages 55-64** ranked internet as a top concern more than other age groups.
- Community survey respondents **employed part-time** or with **lower household incomes** were more likely to rank internet access as a priority than those employed part-time.
- **Trumbull County** has lower broadband access than Mahoning and Columbiana Counties.[48]

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 data we collected from our community.

- **Trumbull County** and **Columbiana County** have lower access to mental health providers relative to their population than Mahoning County and Ohio.[48]
- **Trumbull County** survey respondents were more likely than those from Mahoning County to say they/a household member were recently treated for depression and that mental health resources are lacking in the community.
- On the survey, **women** rated their mental health and access to mental health services as lower than men and were more likely to go without needed care.
- **25-34 year-old** survey respondents were most likely to rank mental health as a priority health need and to rate their mental Health care access as 'low' (14%),
- Community survey respondents with **lower household incomes** or **lower education** were more likely to say that their mental Health care access is 'very low'
- Mental health was a top concern in 100% of focus groups with **priority populations**.

Nutrition and physical health

While **nutrition and physical 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 data we collected from our community.

- **Trumbull County** adults are more likely to be sedentary than Mahoning County and Ohio adults, while **Columbiana County** has the highest obesity rates.[49]
- 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.

[48] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

[49] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

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- **Younger** survey respondents experience the most barriers to getting healthier/in better shape.
- **Female** community 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.

Substance use disorder/substance misuse

While **substance use disorder/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 data we collected from our community.

- **Mahoning County** has the highest overdose rates compared to other area counties.[49,50]
- **Trumbull County** survey respondents were more likely to say they binge drink.
- In the survey, men were more likely to say they drink regularly/binge drink and use marijuana.
- **35-44 year-old** survey respondents were more likely to say that 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 lower household incomes*** were more likely to say they use marijuana.
- State binge drinking rates are highest for men, adults **25-39, White people, and higher-income people**.[49]

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 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.[49]
- 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.

[49] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

[50] *State 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*

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Tobacco and nicotine use

While **tobacco and nicotine use** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on 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.[49]
- **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.
- In the community member survey, **men** were more likely than women to rate tobacco and nicotine use as a top health need.
- Survey respondents with **lower education, employed part-time, or with lower household incomes** 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**, LQBTQ+ people, people with disabilities and lower income and less educated people.[49]
- 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**.[51]
- **Youth** are more likely to vape/use e-cigarettes than smoke tobacco. [52]

Chronic diseases

While **chronic diseases** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on 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** community 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**.

[49] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

[51] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

[52] *Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Mahoning County Report, 2022-2023. https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports*

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Maternal, infant and child health

While **maternal, infant, and child 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 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.[51]
- ***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 the community member survey, **women** were more likely than men to rate maternal, infant and child health as a top health need.
- In Ohio, as in the nation, rates of severe maternal morbidity (SMM) and mortality are much higher among **non-Hispanic Black wome**n compared to white women.[51]

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 data we collected from our community.

- **Mahoning County** has a higher unintentional injury death rate than the other area counties and Ohio.[51]
- 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**.[51]
- Older residents are at a higher risk of falling and sustaining injuries from falling.[51]

Preventive care and 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 data we collected from our community.

- **Trumbull County** has the lowest rates of Medicare enrollee flu vaccinations and pap smears in the area. [51, 53]
- **Columbiana County** has the lowest rates of mammograms and colorectal screening in the area.[53]
- 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**.[51]

[51] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

[53] *Ohio Department of Health. (2023). Ohio Cancer Incidence Surveillance System. Retrieved from https://odh.ohio.gov/know-our-programs/ohio-cancer-incidence-surveillance-system/Data-Statistics*

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- 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.

HIV/AIDS and 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 data we collected from our community.

- **Mahoning County** has higher rates of HIV than Ohio and other area counties. [54]
- 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, employed part-time or with lower household incomes** were more likely to rank HIV/AIDS and STIs as a priority health need.
- **Women** have higher rates of chlamydia, particularly those **ages 20-24**.[54]
- **Men** have higher rates of syphilis and gonorrhea.[54]

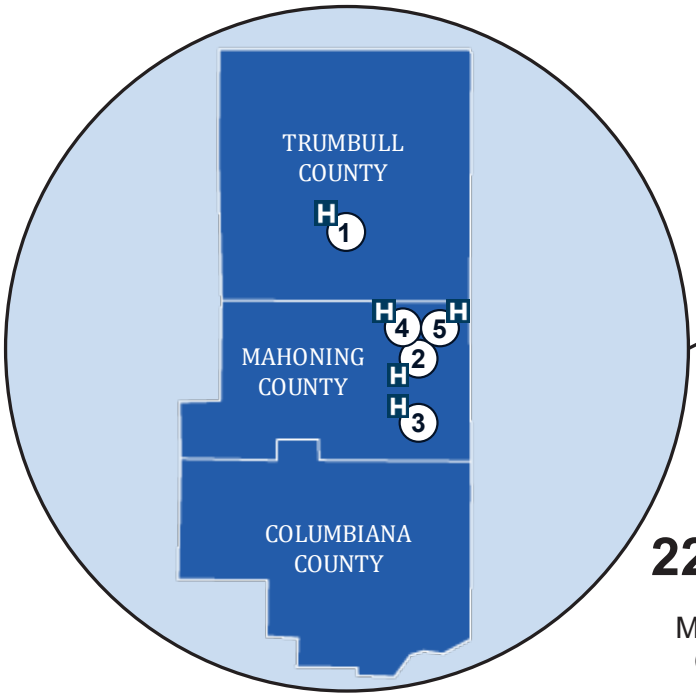
[54] *County Health Rankings, 2025, http://www.countyhealthrankings.org*

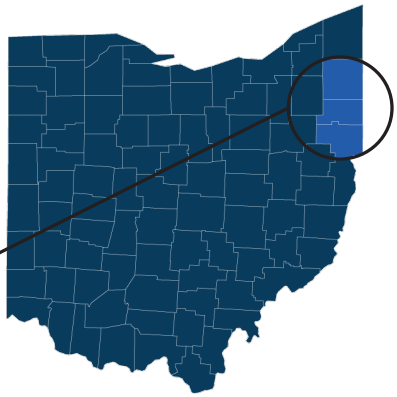


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Appendix D Overall Findings in Graphic Form

COMMUNITY SERVED BY HOSPITAL
MERCY HEALTH – YOUNGSTOWN
SERVICE AREA AT-A-GLANCE





We currently serve a population of

225,786[1]	200,300[1]	99,823[1]
MAHONING COUNTY	TRUMBULL COUNTY	COLUMBIANA COUNTY

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

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

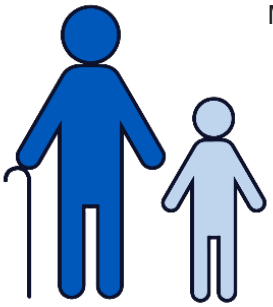
Mahoning County has a total of 425 square miles, of which 411.5 square miles is land and 14 square miles is water. It's located in Mahoning Valley, which is located between Cleveland and Pittsburgh. The Mahoning River runs through the county.[1]

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

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

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COMMUNITY SERVED BY HOSPITAL
MAHONING, TRUMBULL & COLUMBIANA COUNTY DEMOGRAPHICS

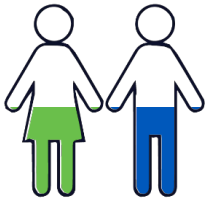


Mahoning County **(43.3),** Trumbull County **(43.3),** and Columbiana County **(45.4)** all have **older** median ages than Ohio **(39.9)**.[1]

43.3	43.3	45.4	39.9
MAHONING COUNTY MEDIAN AGE	TRUMBULL COUNTY MEDIAN AGE	COLUMBIANA COUNTY MEDIAN AGE	OHIO MEDIAN AGE

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

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



51% 49%



7%

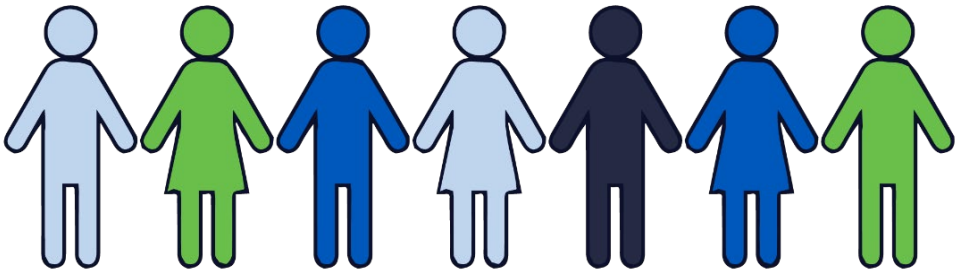
of Trumbull and Columbiana County, **6%** of Mahoning County, and **5%** of Ohio residents are **veterans**.[1]



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

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

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



	WHITE	BLACK/ AFRICAN AMERICAN	HISPANIC OR LATINX	MULTI-RACIAL	ASIAN	AI/AN	NH/PI
MAHONING	80%	16%	7%	3%	1%	0.3%	0.1%
TRUMBULL	88%	9%	2%	4%	0.6%	0.3%	0%
COLUMBIANA	95%	3%	2%	2%	0.4%	0.3%	0.02%

AIAN = American Indian/Alaska Native; NH/PI = Native Hawaiian/Pacific Islander

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HEALTH NEEDS

SOCIAL DETERMINANTS OF HEALTH – COMMUNITY LEVEL NEEDS THAT IMPACT HEALTH AND WELLBEING



MERCYHEALTH

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SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#1 Health Need: ACCESS TO HEALTHCARE

23% of Mahoning County, Columbiana 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, **44%** of Trumbull County, and **42%** of Columbiana County residents **did not visit the dentist** in the prior year, compared to **38%** for Ohio.[3]

IN OUR COMMUNITY

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

MAHONING *970:1[2]	COLUMBIANA *3,380:1[2]
TRUMBULL *2,210:1[2]	OHIO *1,330:1[2]

**residents : primary care providers*

MAHONING **1,350:1[2]	COLUMBIANA **3,720:1[2]
TRUMBULL **2,050:1[2]	OHIO **1,530:1[2]

***residents : dental care providers*

BARRIERS TO CARE

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**.

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 **hospital/acute/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:
- Elderly/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

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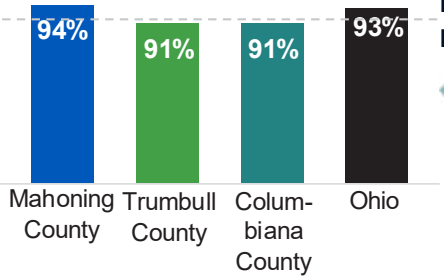
SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#1 Health Need: ACCESS TO HEALTHCARE

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

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT HEALTH INSURANCE COVERAGE



HP 2030 TARGET: 92%
DESIRED DIRECTION: ↑

- ✓ Mahoning County and Ohio exceed the target.[4]
- ✗ Trumbull and Columbiana County do not yet meet the target.[4]

COMMUNITY FEEDBACK

"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 are limited care options and a lack of local accessibility. There is only one OB/GYN in the area (limited options for doctors who deliver). I felt like it was the only choice."
Community Member Focus Group (Trumbull)

"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 data we collected from our community…

Trumbull and Columbiana Counties have 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 they could not get an appointment that worked with their schedule and to have had their lack check-up 1-2 years ago.

Survey respondents from the **44484 ZIP Code** were more likely to select access to healthcare as a priority health need, while **44511 ZIP Code** respondents were less likely to say they had been to the dentist in the past year.

Black/African American community 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, that the emergency room is their usual care source, and that they went without needed prescriptions.

Lower-income/education survey respondents were more likely to say they delayed care due to lack of insurance/cost and to use the emergency room as a usual source of care, while less likely to have a primary care provider/go to the dentist.

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SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#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.

19% of Mahoning County, **15%** of Trumbull County, and **17%** of Columbiana County low-income adults utilize **food stamps**, vs. **12%** for Ohio.[7]

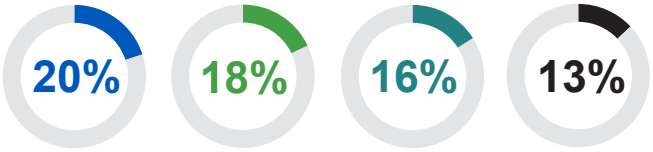
4% of Mahoning, Trumbull, Columbiana County, Ohio residents are **unemployed**.[5]

IN OUR COMMUNITY

The **median household incomes** of Mahoning County **($52,900)**, Trumbull County **($51,700)**, and Columbiana County **($55,700)** are all **lower** than the state average **($67,900)** for Ohio.[5]

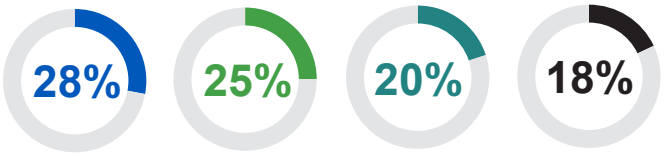
MAHONING COUNTY: $52,900 **COLUMBIANA COUNTY: $55,700**
TRUMBULL COUNTY: $51,700 **OHIO: $67,900**

POVERTY RATE



20% of Mahoning County, **18%** of Trumbull County, and **16%** of Columbiana County residents live in **poverty**, higher than the **13%** of Ohio residents.[6]

CHILD POVERTY RATE



Child poverty rates are **28%** for Mahoning County, **25% for** Trumbull County, **20%** for Columbiana, higher than the **18%** for Ohio.[5]

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

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)
- Elderly/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)

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SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#2 Health Need: INCOME/POVERTY & EMPLOYMENT

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

"We still have a good amount of folks that are qualifying for Medicaid living be below the federal poverty level or having to take two jobs, or things like that."

Community Member Interview (Mahoning)

"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 ageism."

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 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 (mortgage, rent, or utilities).

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.

25-34 and 55+ year-old survey respondents earn lower household incomes than other respondents.

Survey respondents **35-64 years old** were most likely to say that income/poverty and employment is a community priority.

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 than those with higher levels of education, and to have a lower household income.

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SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#3 Health Need: CRIME & VIOLENCE

Trigger Warning: The following page discusses violence, 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.

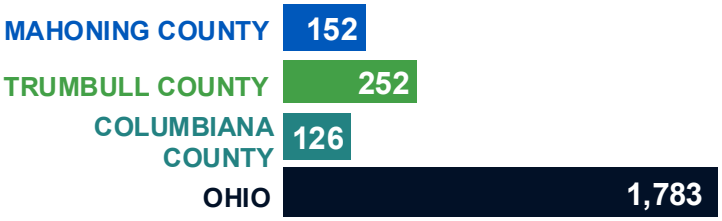
31% of survey respondents said that **crime and violence** are top concerns in the community.

IN OUR COMMUNITY

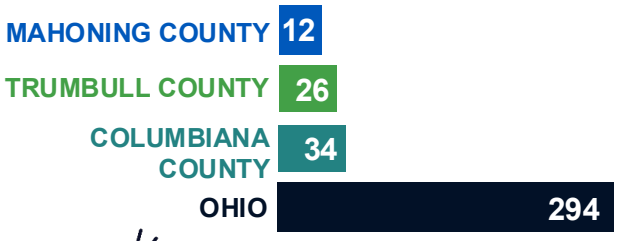
In the past year, **43%** of survey respondents say they have experienced verbal/emotional abuse, **28%** psychological abuse, **11%** cultural/identity abuse, **10%** physical abuse, **9%** financial abuse, and **8%** sexual abuse.

Both property and violent crime rates are lower in Mahoning, Trumbull, and Columbiana Counties than Ohio overall.[8]

PROPERTY CRIME RATES PER 100,000[8]



VIOLENT CRIME RATES PER 100,000[8]



COMMUNITY FEEDBACK

"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)

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 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.

Community survey respondents with a **high school education** or equivalent were more likely to say that crime and violence is a priority.

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

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SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#4 Health Need: FOOD INSECURITY

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

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

When asked in the community member survey, during the past 12 months, how often the **food they bought did not last, and they didn't have money to get more**, **23%** of respondents said 'sometimes', 'usually', or 'always'.

COMMUNITY FEEDBACK

"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

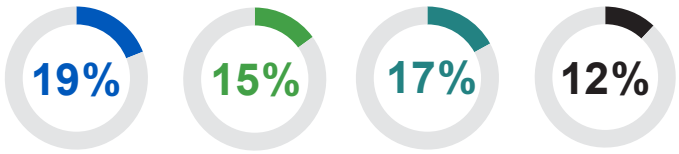
"People don't know that the farmers market exists, and then the vouchers for it are limited."

Community Member Focus Group (Trumbull)

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

Community Member Focus Group (Trumbull)

19% of Mahoning County, **15%** of Trumbull County, and **17%** of Columbiana County low-income adults utilize **food stamps**, vs. **12%** for Ohio.[10]



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**, Columbiana's is **7.4/10** and Ohio's is **7.0/10**.[9]

6.4/10 MAHONING COUNTY	**6.7/10** TRUMBULL COUNTY
7.4/10 COLUMBIANA COUNTY	**7.0/10** OHIO

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SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#4 Health Need: FOOD INSECURITY



COMMUNITY FEEDBACK

"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 data we collected from our community…

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

Mahoning County respondents from were more likely than Trumbull County respondents to say that food "usually" that does not last and they don't have money to get more.

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, to say that food usually goes bad and 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**.

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SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#5 Health Need: HOUSING & HOMELESSNESS

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

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

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, Columbiana County, and Ohio in 2023, while this was **7%** in Trumbull.[11]

28% of Mahoning County, **25%** of Trumbull County, and **24%** of Columbiana households are **"cost burdened"** (spend 30% or more of their income on housing), vs. **27%** for Ohio.[11]

3% of Mahoning and Trumbull County and **1%** of Columbiana County households have been **evicted from their rental** in the past year, compared to **3%** for Ohio.[11]

COMMUNITY FEEDBACK

"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)

Homelessness point-in-time counts were reported as **161** in Mahoning County (2023), **95** in Trumbull County (2024), and **33** in Columbiana County (2024).[12]

Data shows that **16%** of Mahoning, Trumbull, and Columbiana County households are **seniors who live alone**, while the rate is **13%** for Ohio. Seniors living alone may be isolated and lack adequate support systems.[11]

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SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#5 Health Need: HOUSING & HOMELESSNESS

COMMUNITY FEEDBACK

"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)

"There is poor upkeep on rental properties…why is rent going up when properties are poorly kept?"

Community Member Focus Group (Mahoning)

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
- Elderly
- 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 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 data we collected from our community…

Mahoning County experiences higher rates of housing cost burden than the other counties 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.

Community survey respondents **35-44 and 55-64 years old** were most likely to say that housing and homelessness is a community priority.

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.

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SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

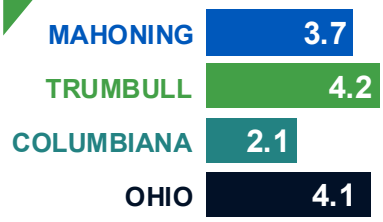
#6 Health Need: ADVERSE CHILDHOOD EXPERIENCES

Trigger Warning: The following page discusses trauma and abuse, 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.

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 and Columbiana Counties.[14]

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

IN OUR COMMUNITY



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 rates for Mahoning County **(3.7)** and Columbiana County **(2.1)** are 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 and Columbiana Counties):[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 assets are more likely to**:[14]

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

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

- alcohol use
- violence
- sexual activity

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**.

COMMUNITY FEEDBACK

"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

"The impact of adverse childhood experiences spans across various communities. The need for intervention is clear."

Community Member Interview

**Ohio Healthy Youth Environmental Survey (OHYES!)*

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 data we collected from our community…

Trumbull County has a higher substantiated child abuse rate than Ohio and the other area counties.[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.

Significantly more residents **ages 35-54** ranked ACEs as a top health concern in the community survey.

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)

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SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#7 Health Need: TRANSPORTATION



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

IN OUR 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.

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	29/100	27/100
Walkscore YOUNGSTOWN[15]	Walkscore BOARDMAN[15]	Walkscore AUSTINTOWN[15]

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	67/100	36/100	34/100
Walkscore GIRARD[15]	Walkscore HUBBARD[15]	Walkscore NILES[15]	Walkscore WARREN[15]

COLUMBIANA COUNTY

When analyzing the most populous places in Columbiana County, according to Walkscore.com, East Liverpool and Salem were 'Very Walkable', while Columbiana and Calcutta were 'Somewhat Walkable'.[15]

78/100	71/100	60/100	50/100
Walkscore EAST LIVERPOOL[15]	Walkscore SALEM[15]	Walkscore COLUM-BIANA[15]	Walkscore CALCUTTA[15]

According to the **American Community Survey**:[16]



80% of Mahoning County, **78%** of Trumbull County, and **81%** of Columbiana County 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 Columbiana County and Ohio.[16]



The average **daily commute** time for Mahoning County and Trumbull County workers **(23 minutes)** is lower than for Ohio **(24 minutes)**, while is it higher for Columbiana County **(25 minutes)**.[16]

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)

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SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#7 Health Need: TRANSPORTATION

COMMUNITY FEEDBACK

"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)

"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)

"There's only one bus line on 422, but if you don't live close to it, you're out of luck."
Community Member Interview (Trumbull)

"There is a lack of transportation (public transit), limited routes and frequency."
Community Member Focus Group (Trumbull)

"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)

"There isn't transportation to get food and get to work...the bus system isn't a good option."
Community Member Focus Group (Mahoning)

"We need to have seats and glass shelters at the bus stops."
Community Member Focus Group (Mahoning)

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 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 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.**

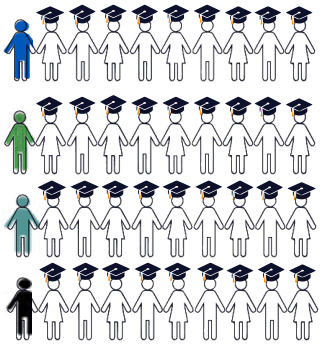
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SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#8 Health Need: EDUCATION

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

IN OUR COMMUNITY



MAHONING COUNTY

TRUMBULL COUNTY

COLUMBIANA COUNTY

OHIO

According to the 2025 County Health Rankings, **8%** of Mahoning County and **10%** of Trumbull and Columbiana County residents **DID NOT have a high school degree** or equivalent, vs. **8%** for Ohio.[17]

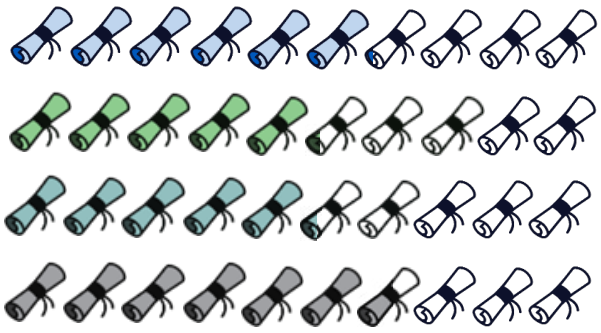
61% of Mahoning County residents and **52%** of Trumbull and Columbiana County residents have at least **some college education** (vs. **66%** for the state of Ohio).[17]

MAHONING COUNTY

TRUMBULL COUNTY

COLUMBIANA COUNTY

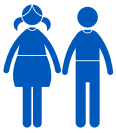
OHIO



PRESCHOOL ENROLLMENT[16]



MAHONING COUNTY | TRUMBULL COUNTY | COLUMBIANA COUNTY | OHIO



44% of 3- and 4-year-olds in Mahoning County, **35%** for Trumbull County, and **27%** for Columbiana County were **enrolled in preschool** in 2023. Mahoning County has a higher rate than the Ohio rate of **42%**, while the other counties are lower.[18]

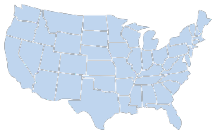


Preschool enrollment can improve short- and long-term socioeconomic and health outcomes, particularly for disadvantaged children.[18]

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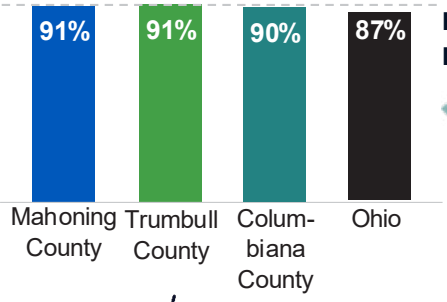
SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#8 Health Need: EDUCATION



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HIGH SCHOOL GRADUATION RATE



HP 2030 TARGET: 91%
DESIRED DIRECTION: ↑

✓ Mahoning and Trumbull County meet the target.[17]

✗ Columbiana County and Ohio do not yet meet the target.[17]

COMMUNITY FEEDBACK

"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, you know 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, and whether it's education or working and holding a job long term."

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. 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)

"There needs to be more education in the Black community. Back in the day everyone would go to the Black doctor, but now there aren't enough Black doctors."

Community Member Focus Group (Trumbull)

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 data we collected from our community…

Trumbull and Columbiana 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.

The community survey found that **older respondents** were less likely to have completed post-secondary education than younger residents.

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

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SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#9 Health Need: ENVIRONMENTAL CONDITIONS

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

IN OUR COMMUNITY

MAHONING COUNTY	TRUMBULL COUNTY	COLUMBIANA COUNTY	OHIO
7.9	6.3	8.5	7.9

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)**, Trumbull County **(6.3)**, and Columbiana County **(8.5).**[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 or Columbiana Counties.[19]

COMMUNITY FEEDBACK

"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 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 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]

Columbiana County has higher levels of air pollution than Mahoning County, Trumbull County, and Ohio. **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)

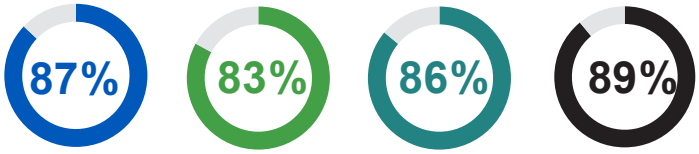
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SOCIAL DETERMINANT OF HEALTH NEED – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#10 Health Need: INTERNET ACCESS

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**.

IN OUR COMMUNITY



87% of Mahoning County, **83%** of Trumbull County, and **86%** of Columbiana County households have a broadband internet connection, vs. **89%** for Ohio.[20]

COMMUNITY FEEDBACK

"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 data we collected from our community…

Trumbull County has lower broadband access than Mahoning and Columbiana Counties.[20]

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

Community survey respondents **employed part-time** or with **lower household incomes** were more likely to rank internet access as a priority than those employed part-time.

INTERVIEW AND FOCUS GROUP FINDINGS

Top issues/barriers:
- Affordability/cost
- Lack of access
- Spotty coverage

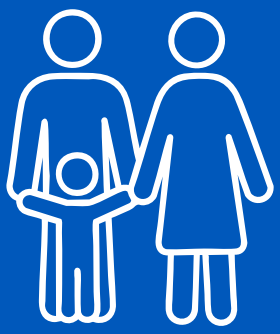
Sub-populations most affected:
- Low-income/poverty
- Rural areas
- Seniors
- Students

Top resources, services, programs, and/or community efforts:
- Library
- Federal grants
- Spectrum
- Oak Hill Collaborative

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HEALTH NEEDS

SOCIAL HEALTH NEEDS – INDIVIDUAL LEVEL NON-CLINICAL NEEDS



MERCYHEALTH

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SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#1 Health Need: MENTAL HEALTH

Trigger Warning: The following pages discuss suicide, 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.

Mental health and access to mental healthcare was the **#1 ranked health outcome** in the community member 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

44% OF YOUTH

in Trumbull County experienced **poor mental health** (felt sad or hopeless almost every day for two weeks or more in a row during the past 12 months), vs. **37%** for Ohio. Data was unavailable for Mahoning and Columbiana Counties.[21]

20% OF YOUTH

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

28% OF ADULTS

in Trumbull County, **26%** in Mahoning County and Ohio, and **27%** in Columbiana County have been diagnosed with **depression**.[22]

23% OF ADULTS

in Trumbull County experienced **frequent mental distress** (2+ weeks/month in the past month), compared to **21%** for Mahoning County, **22%** for Columbiana County, and **19%** for Ohio.[23]

MAHONING COUNTY	TRUMBULL COUNTY	COLUMBIANA COUNTY	OHIO
220:1	420:1	600:1	290:1

The 2025 County Health Rankings found that Trumbull and Columbiana Counties have **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, while this is **6.8 days** for Trumbull County, **6.4 days** for Columbiana County, and **5.5 days** for Ohio.[23]

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

COMMUNITY FEEDBACK

"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)

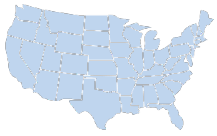
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SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#1 Health Need: MENTAL HEALTH

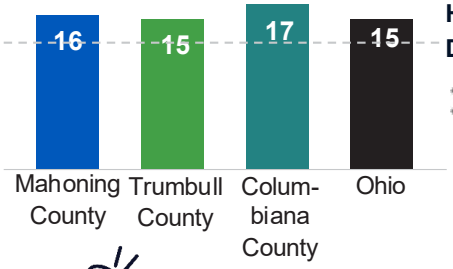


45% of survey respondents rate their mental health as **'good'**, while **31%** rate it as 'average'. **40%** said in the last 6 months, they and/or a household member have felt **down/sad for more than 2 weeks**. **16% received treatment** from a primary care provider or mental health counselor.



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

SUICIDE RATE



HP 2030 TARGET: 12.8
DESIRED DIRECTION: ↓

✕ Mahoning County, Trumbull County, Columbiana County, and Ohio do not yet meet the target.[23]

COMMUNITY FEEDBACK

"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 with these 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)

"If people aren't getting care for physical health issues, they're even less likely to seek mental health support."

Community Member Interview (Mahoning)

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 data we collected from our community…

Trumbull County and Columbiana County have lower access to mental health providers relative to their population than Mahoning County and Ohio.[23]

Trumbull County survey respondents were more likely than those from Mahoning County to say they/a household member were recently treated for depression and that mental health resources are lacking in the community.

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

25-34 year-old survey respondents were most likely to rank mental health as a priority health need and to rate their mental healthcare access as 'low' (14%),

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

Mental health was a top concern in 100% of focus groups with **priority populations.**

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

22

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SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#2 Health Need: NUTRITION & PHYSICAL HEALTH

IN OUR COMMUNITY



62% of community survey respondents rated their physical health as **"good"**, while **19%** rated it as "average".



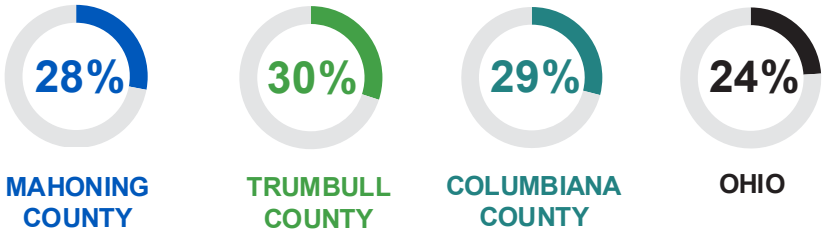
26% of community survey respondents ranked nutrition and physical health as a **priority health need.**



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 and Columbiana Counties.[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 and Columbiana Counties.[24]



According to the 2025 County Health Rankings program, **28%** of Mahoning County, **30%** of Trumbull County, **29%** of Columbiana County, and **24%** Ohio adults are **sedentary** (did not participate in leisure time physical activity in the past month).[25]



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



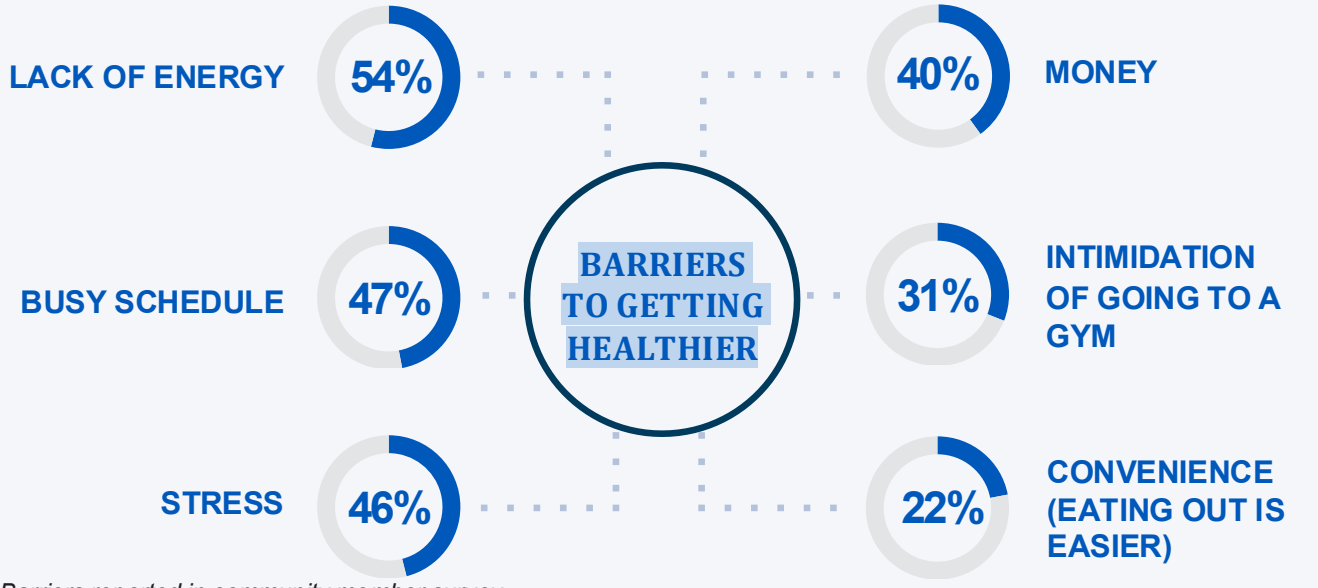
5% of community survey respondents say that **lack of reliable transportation** has kept them from buying food/groceries in the past year, while another **3%** say that it has kept them from physical activity.

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SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#2 Health Need: NUTRITION & PHYSICAL HEALTH





Barriers reported in community member survey.



COMMUNITY FEEDBACK

"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 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
- Elderly
- General public

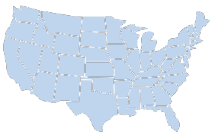
Top resources, services, programs, and/or community efforts:

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

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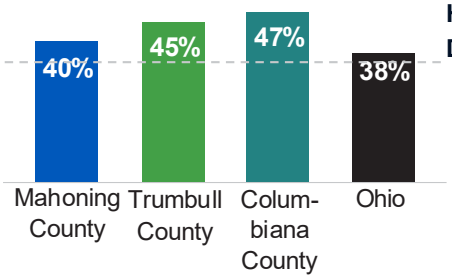
SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#2 Health Need: NUTRITION & PHYSICAL HEALTH



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

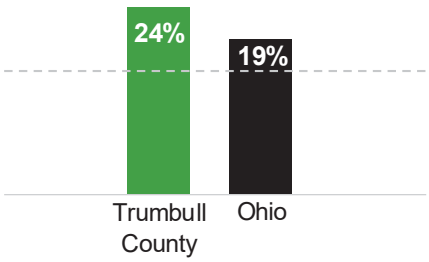
ADULT OBESITY



HP 2030 TARGET: 36%
DESIRED DIRECTION: ↓

✕ Mahoning County, Trumbull County, Columbiana 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 and Columbiana Counties.[24]

COMMUNITY FEEDBACK

"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)

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 data we collected from our community…

Trumbull County adults are more likely to be sedentary than Mahoning County and Ohio adults, while **Columbiana County** has the highest obesity rates.[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 community 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.

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SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#3 Health Need:
SUBSTANCE USE DISORDER/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



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.**

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 and Columbiana Counties.[26]

COMMUNITY FEEDBACK

"The high Medicaid population and overdose rate 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 seniors 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



32% of motor vehicle crash deaths in Mahoning County and Ohio, **41%** in Trumbull County, and **35%** in Columbiana 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 and Columbiana Counties.[26]



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.

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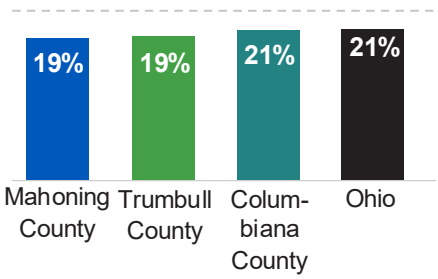
SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#3 Health Need:
SUBSTANCE USE DISORDER/SUBSTANCE MISUSE



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT BINGE OR HEAVY DRINKING

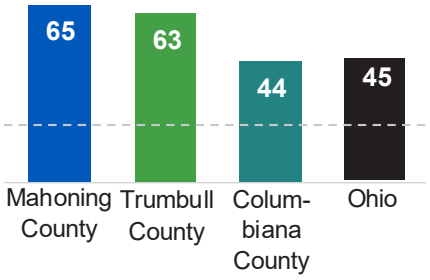


HP 2030 TARGET: 25%

DESIRED DIRECTION: ↓

✓ Mahoning County, Trumbull County, Columbiana County, and Ohio exceed the target.[27]

UNINTENTIONAL DRUG OVERDOSE DEATHS PER 100,000

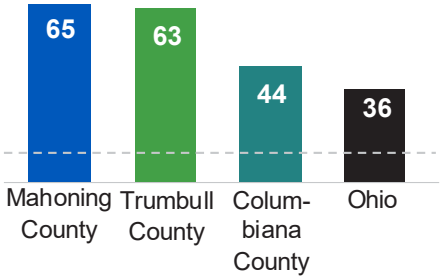


HP 2030 TARGET:
20.7 per 100,000

DESIRED DIRECTION: ↓

✗ Mahoning County, Trumbull County, Columbiana County, and Ohio do not yet meet the target. Note that only crude rates were available.[27]

OPIOID OVERDOSE DEATHS PER 100,000



HP 2030 TARGET:
13.1 per 100,000

DESIRED DIRECTION: ↓

✗ Mahoning County, Trumbull County, Columbiana County, and Ohio do not yet meet the target. Note that only crude rates were available.[28]

COMMUNITY FEEDBACK

"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)

PRIORITY POPULATIONS
SUBSTANCE USE DISORDER/ SUBSTANCE MISUSE

While **substance use disorder/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 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 **lower household incomes** were more likely to say they use marijuana.

State binge drinking rates are highest for **men, adults 25-39, White people**, and **higher income people**.[24]

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

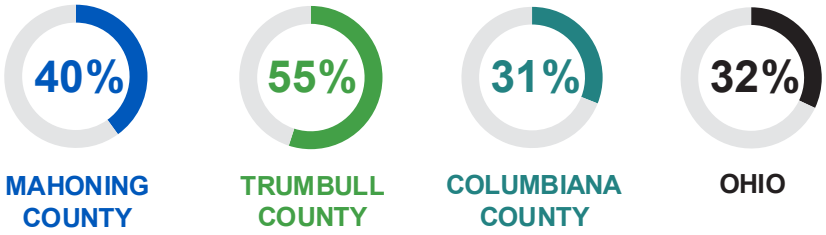
Top resources, services, programs, and/or community efforts:
- Narcan distribution
- Mental health board
- Mercy Health
- Treatment centers/rehab centers

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SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

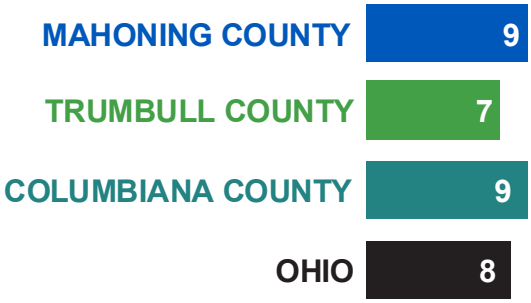
#4 Health Need: ACCESS TO CHILDCARE

IN OUR COMMUNITY

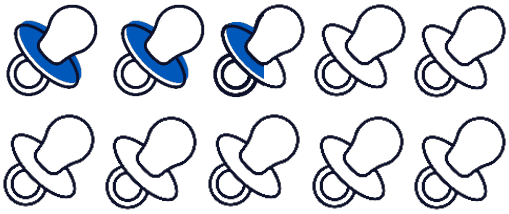


The average two-child Mahoning County household **spends 40% of its income on childcare**, compared to **55%** for Trumbull County and **31%** for Columbiana County, with the state average being **32%**.[29]

CHILDCARE AVAILABILITY



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

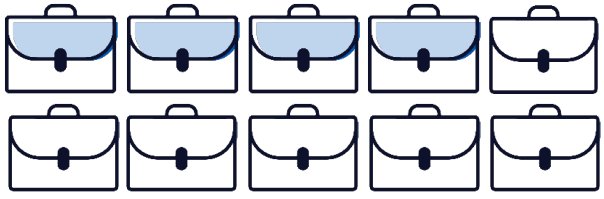


26% of community members surveyed reported that **access to childcare resources is lacking in the community**.

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

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 that 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]

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SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#4 Health Need: ACCESS TO CHILDCARE

COMMUNITY FEEDBACK

"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 that is associated with the provide 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)

"We need more childcare/afterschool care."

Community Member Focus Group (Trumbull)

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 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

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SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#5 Health Need: TOBACCO & NICOTINE USE

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

IN OUR COMMUNITY



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

COMMUNITY FEEDBACK

"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)

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



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 and Columbiana Counties.[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.

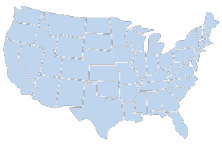


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SOCIAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

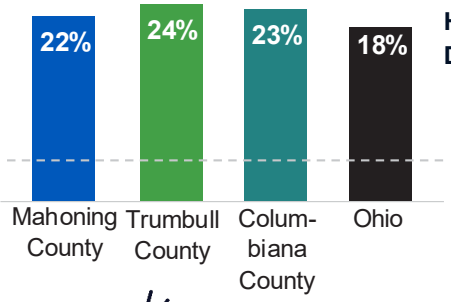
#5 Health Need: TOBACCO & NICOTINE USE





HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT CIGARETTE SMOKING



HP 2030 TARGET: 5%
DESIRED DIRECTION: ↓

✕ Mahoning County, Trumbull County, Columbiana County, and Ohio do not yet meet the target.[34]

COMMUNITY FEEDBACK

"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 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.



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

Survey respondents with **lower education, employed part-time**, or with **lower household incomes** 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, LQBTQ+ 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]

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HEALTH NEEDS

CLINICAL HEALTH NEEDS



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CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#1 Health Need: CHRONIC DISEASES

IN OUR COMMUNITY

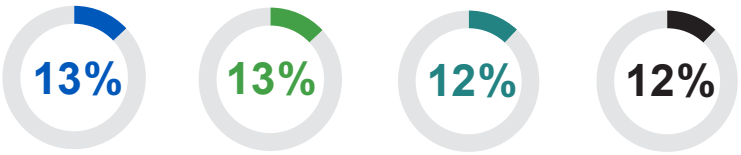
POOR | FAIR | GOOD | VERY GOOD | EXCELLENT

20% of Mahoning County, **22%** of Trumbull County, and **21%** of Columbiana County adults rate their health as **fair or poor** (vs. **18%** for Ohio).[35]

HEART DISEASE

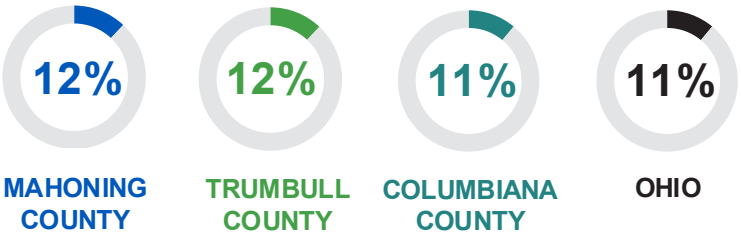
7% of Mahoning County, Columbiana County, and Ohio adults report being told they have **coronary heart disease**, vs. **8%** for Trumbull County.[37]

DIABETES



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

ASTHMA



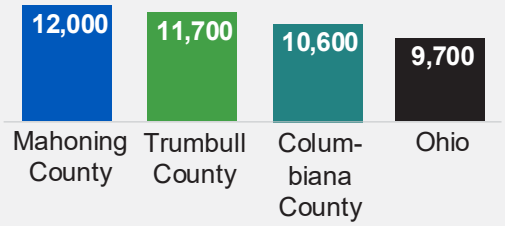
12% of Mahoning and Trumbull County have **asthma**, vs. **11%** for Columbiana County and Ohio.[37]

18% of Mahoning, Trumbull, and Columbiana County adults identify as having a **disability**, vs. **15%** for Ohio.[36]

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 barrier to accessing healthcare.



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, **10,600** for Columbiana County, and **9,700** for Ohio.[35]

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CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#1 Health Need: CHRONIC DISEASES

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)**, while Columbiana County has a **slightly higher incidence (467)**.[38]

427
MAHONING COUNTY[38]

431
TRUMBULL COUNTY[38]

467
COLUMBIANA COUNTY[38]

465
OHIO[38]

COMMUNITY FEEDBACK

"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)

"Cancer is a scary thing to face if you don't have support."
Community Member Focus Group (Trumbull)

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 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 community 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
- Elderly

Top resources, services, programs and/or community efforts:
- Mercy Health

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CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#2 Health Need: MATERNAL, INFANT & CHILD HEALTH





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



MAHONING COUNTY[39] | TRUMBULL COUNTY[39] | COLUMBIANA COUNTY[39] | OHIO[39]



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

MAHONING COUNTY[39]	TRUMBULL COUNTY[39]	COLUMBIANA COUNTY[39]	OHIO[39]
21	17	23	20



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)**, and Columbiana County's **(20 per 1,000 females)**.[39]

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CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

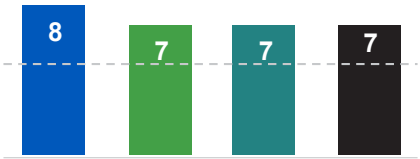
#2 Health Need: MATERNAL, INFANT & CHILD HEALTH





HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

INFANT MORTALITY RATE PER 1,000



HP 2030 TARGET: 5 per 1,000

DESIRED DIRECTION: ↓

✗ Mahoning County, Trumbull County, Columbiana County, and Ohio do not yet meet the target.[39]

COMMUNITY FEEDBACK

"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 a 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 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 the community member survey, **women** were more likely than men to rate maternal, infant, and child health as a top health need.

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

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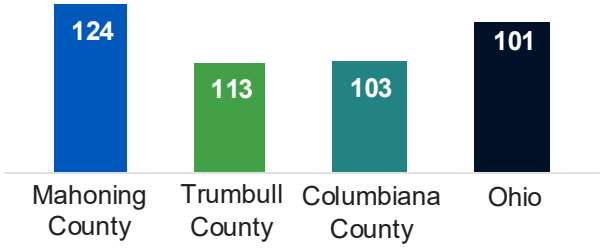
CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#3 Health Need: INJURIES

20% of community survey respondents chose **injuries** as a top community health need.

IN OUR COMMUNITY

UNINTENTIONAL INJURY DEATH RATE PER 100,000[40]



Mahoning County **(124)**, Trumbull County **(113)**, and Columbiana County **(103)** all have **higher unintentional injury death rates** per 100,000 than Ohio **(101 per 100,000)**.[40]

COMMUNITY FEEDBACK

"Car accidents happen almost daily in the valley. It's a constant concern."

Community Member Interview (Mahoning)

"We don't know yet how marijuana use will impact traffic safety, but public messaging about 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 the elderly. 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

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 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:
- Elderly

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CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#4 Health Need: PREVENTIVE CARE & PRACTICES

IN OUR COMMUNITY



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

"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)

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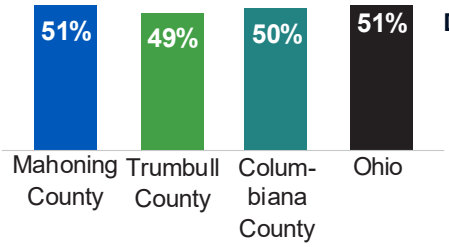
CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#4 Health Need: PREVENTIVE CARE & PRACTICES



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

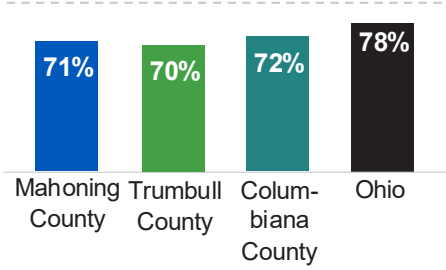
MEDICARE ENROLLEE ANNUAL FLU VACCINATION



HP 2030 TARGET: 70%
DESIRED DIRECTION: ↑

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

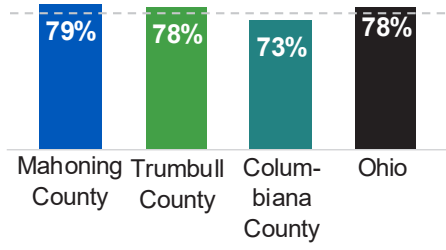
WOMEN 21-65 WITH PAP SMEAR IN PAST 3 YEARS



HP 2030 TARGET: 84%
DESIRED DIRECTION: ↑

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

WOMEN 50-74 WITH MAMMOGRAM IN PAST 2 YEARS

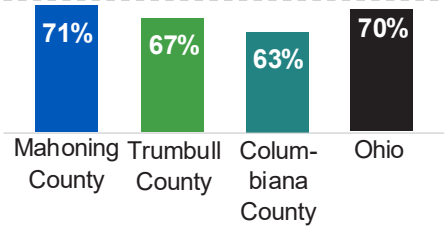


HP 2030 TARGET: 77%
DESIRED DIRECTION: ↑

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

✗ Columbiana County does not yet meet the target.[42]

ADULTS 50-75 WHO MEET COLORECTAL SCREENING GUIDELINES



HP 2030 TARGET: 74%
DESIRED DIRECTION: ↑

✗ Mahoning County, Trumbull County, Columbiana 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 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]

Columbiana County has the lowest rates of mammograms and colorectal screening in the area.[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.

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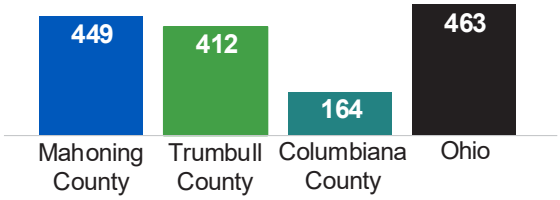
CLINICAL HEALTH NEEDS – CAPACITY AND ADEQUACY OF SERVICE LEVELS

#5 Health Need: HIV/AIDS & STIs

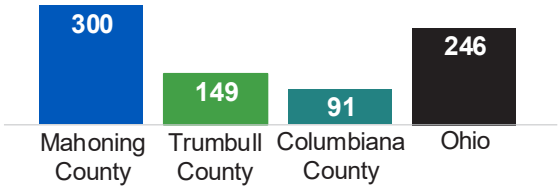
IN OUR COMMUNITY

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

Chlamydia rates per 100,000 people[43]



HIV rates per 100,000 people[43]



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

COMMUNITY FEEDBACK

"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 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, employed part-time**, or with **lower household incomes** 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

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Board Approval

The Mercy Health — Youngstown 2025 Community Health Needs Assessment was approved by the Mercy Health Rehabilitation Hospital Board of Managers on May 28, 2026

Board Signature: Signed by: D984DF515D3B4B0... July 8, 2026

Date: May 28, 2026

For further information or to obtain a hard copy of this Community Health Needs Assessment (CHNA) please contact: Leigh Greene, Director, Community Health at lgreene3@mercy.com.

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

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Mercy Health CHNA Short Link: Mercy Health CHNAs

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