2018-2019

Mahoning County

Community Health Assessment

DRAFT

Examining the health of Mahoning County

Released on <insert date>

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Foreword

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Project Management, Secondary Data, Data Collection, and Report Development

The Hospital Council of Northwest Ohio (HCNO) is a 501(c)3 non-profit regional hospital association located in Toledo, Ohio. They facilitate community health needs assessments and planning processes in 40+ counties in Ohio, Michigan, and Oregon. Since 2004, they have used a process that can be replicated in any county that allows for comparisons from county to county, within the region, the state, and the nation. HCNO works with coalitions in each county to ensure a collaborative approach to community health improvement that includes multiple key stakeholders, such as those listed above. All HCNO project staff have their master's degree in public health, with emphasis on epidemiology and health education.

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To see Mahoning County data compared to other counties, please visit the Hospital Council of Northwest Ohio's Data Link website at:

www.hcno.org/community-services/data-link/

The 2018-2019 Mahoning County Health Assessment is available on the following websites:

Hospital Council of Northwest Ohio
https://www.hcno.org/community-services/community-health-assessments/

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Executive Summary

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Hospital Internal Revenue Services (IRS) Requirements

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Public Health Accreditation Board (PHAB)

National Public Health Accreditation status through the Public Health Accreditation Board (PHAB) requires Community Health Assessments (CHAs) to be completed at least every five years. The purpose of the community health assessment is to learn about the community: the health of the population, identify areas for health improvement, identify contributing factors that impact health outcomes, and identify community assets and resources that can be mobilized to improve population health.

PHAB standards highly recommend that national models of methodology are utilized in compiling CHAs. The 2018-2019 CHA was completed using the National Association of County and City Health Officials (NACCHO) Mobilizing Action through Partnerships and Planning (MAPP) process. MAPP is a community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with various local agencies representing a variety of sectors.

This assessment includes a variety of data and information from various sources, focusing on primary data at the county level. Supporting data, such as secondary data, demographics, health disparities (including age, gender, race, and income-based disparities), and social determinants of health, can be found throughout the report. For a more detailed approach on primary data collection methods, please see the section below.

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Primary Data Collection Methods

DESIGN

This community health assessment was cross-sectional in nature and included a written survey of adults within Mahoning County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

INSTRUMENT DEVELOPMENT

One survey instrument was designed and pilot tested for this study. As a first step in the design process, health education researchers from the University of Toledo and staff members from HCNO met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults. The investigators decided to derive the majority of the adult survey items from the BRFSS. This decision was based on being able to compare local data with state and national data.

The project coordinator from HCNO conducted a series of meetings with Mahoning and Trumbull County Health Partners (MTCHP). During these meetings, HCNO and the planning committee reviewed and discussed banks of potential survey questions from the BRFSS. Based on input from MTCHP, the project coordinator composed a draft survey containing 116 items. Health education researchers from the University of Toledo reviewed and approved the drafts.

SAMPLING | Adult Survey

The sampling frame for the survey consisted of adults ages 19 and older living in Mahoning County. There were 184,085 persons ages 19 and older living in Mahoning County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings). A sample size of at least 383 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Mahoning County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

PROCEDURE | Adult Survey

Prior to mailing the survey, an advance letter was mailed to 1,800 adults in Mahoning County: 1,200 to the general population and an additional 600 to the African American population (the African American survey consisted of 1,200 adults from both Mahoning and Trumbull counties). This advance letter was personalized, printed on Mahoning and Trumbull County Health Partners stationery, and signed by Donald E. Kline, President and CEO of Mercy Health Youngstown. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Three weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter describing the purpose of the study, the questionnaire, a self-addressed stamped return envelope, and a $2 incentive. Approximately three weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire, and another reply envelope. Four weeks after the second wave mailing, a third wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire, and another reply envelope. Surveys returned as undeliverable were not replaced with another potential respondent.

The Mahoning County response rate was 23% (n=419: CI=± 4.78). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

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DATA ANALYSIS

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using SPSS 23.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Mahoning County, the adult data collected was weighted by age, gender, race, and income using Census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix III.

LIMITATIONS

As with all county-level health assessments, it is important to consider the findings with respect to all possible limitations. First, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Mahoning County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

Second, while the survey was mailed to random households in Mahoning County, those responding to the survey were more likely to be older. For example, only 12 respondents were under the age of 30. While weightings are applied during calculations to help account for this, it still presents a potential limitation (to the extent that the responses from these 12 individuals are substantively different from the majority of Mahoning County residents under the age of 30).

Third, the response rate for African Americans was low (13%), even with a specialized mailing list being purchased specifically to recruit African Americans. While a typical response rate would yield enough surveys (n=380) to be 95% confident in our findings with a 5% margin of error, the low response rate yielded only 133 African Americans which brings the margin of error to 8.4% at a 95% confidence interval.

It is also important to note that, although several questions were asked using the same wording as the CDC questionnaires, the adult data collection method differed. CDC adult data was collected using a set of questions from the total question bank, and adults were asked the questions over the telephone rather than as a mail survey.

Lastly, caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey.

Secondary Data Collection Methods

HCNO collected secondary data from multiple sites, including county-level data, whenever possible. HCNO utilized sites, such as Behavioral Risk Factor Surveillance System (BRFSS), numerous CDC sites, U.S. Census data, Healthy People 2020, among other national and local sources. All primary data collected in this report is from the 2018-2019 Mahoning County Health Assessment (CHA). All other data is sited accordingly.

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2016 Ohio State Health Assessment (SHA)

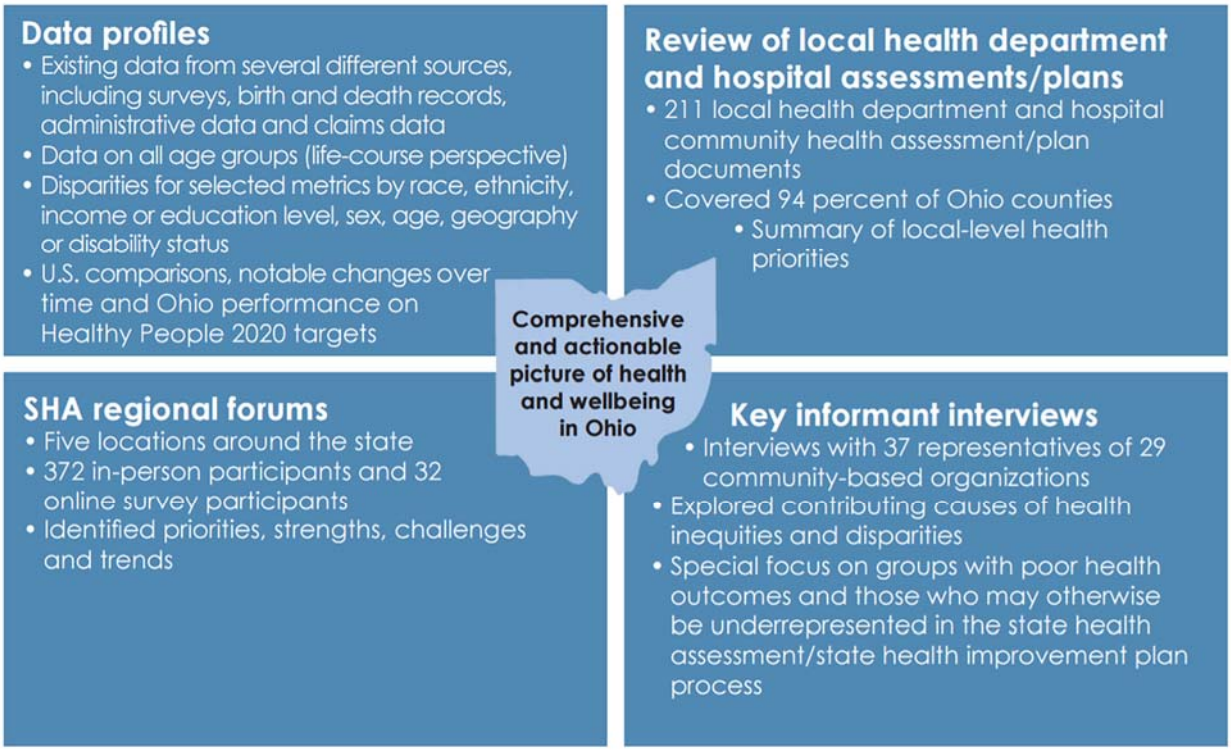
The 2016 Ohio state health assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, a review of local health department and hospital assessments and plans, and key informant interviews.

Similar to the 2016 Ohio SHA, the 2018-2019 Mahoning County Community Health Assessment (CHA) examined a variety of metrics from various areas of health including, but not limited to, health behaviors, chronic disease, access to health care, and social determinants of health. Additionally, the CHA studied themes and perceptions from local public health stakeholders from a wide variety of sectors. **Note: This symbol will be displayed in the trend summary when an indicator directly aligns with the 2016 Ohio SHA.**

The interconnectedness of Ohio's greatest health chMahoningges, along with the overall consistency of health priorities identified in this assessment, indicates many opportunities for collaboration between a wide variety of partners at and between the state and local level, including physical and behavioral health organizations and sectors beyond health. It is our hope that this CHA will serve as a foundation for such collaboration.

To view the full 2016 Ohio State Health Assessment, please visit: http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/chss/ship/SHA_FullReport_08042016.pdf?la=en

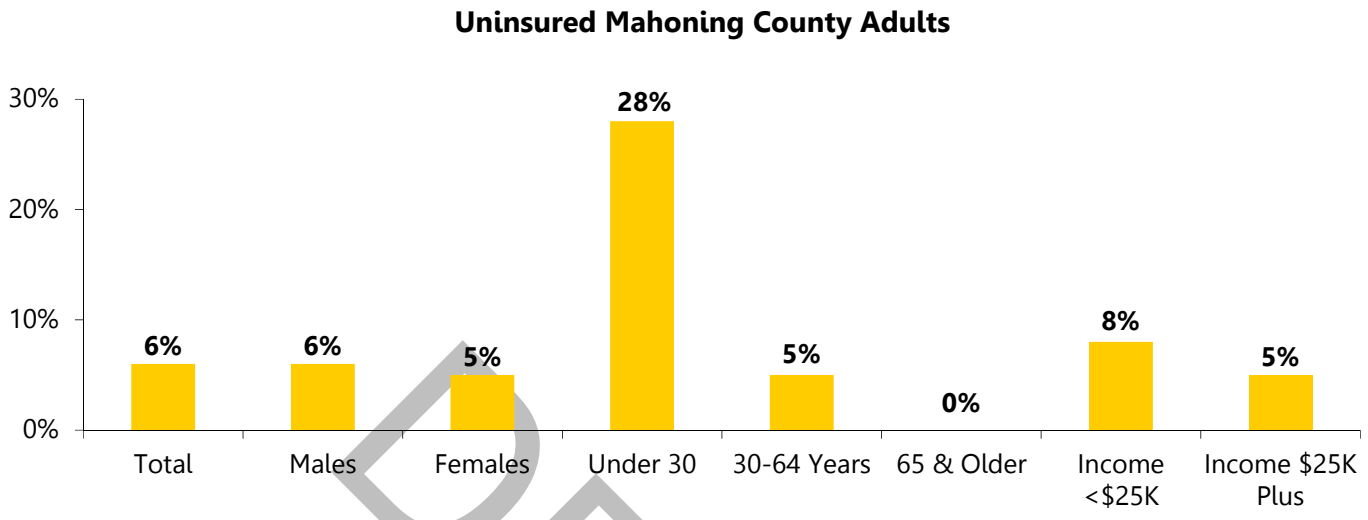
FIGURE 1.1 | State Health Assessment (SHA) Sources of Information



Data Summary | Healthcare Access

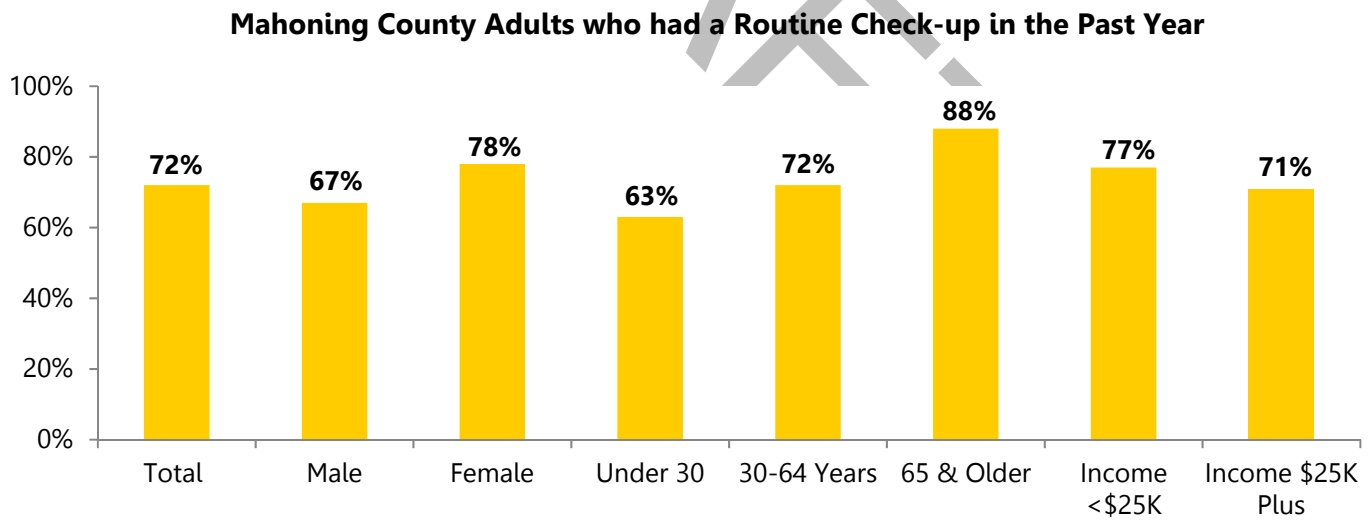
HEALTHCARE COVERAGE

Six percent (6%) of Mahoning County adults were without healthcare coverage. Those most likely to be uninsured were with an income level under $25,000.



ACCESS AND UTILIZATION

Nearly three-fourths (72%) of Mahoning County adults visited a doctor for a routine checkup in the past year. More than two-fifths (43%) of adults looked for a program to help with depression, anxiety, or some mental health problem for themselves or a loved one.



PREVENTIVE MEDICINE

Nearly half (47%) of Mahoning County adults had a flu vaccine during the past 12 months. More than two-thirds (71%) of adults ages 65 and older had a pneumonia vaccination at some time in their life.

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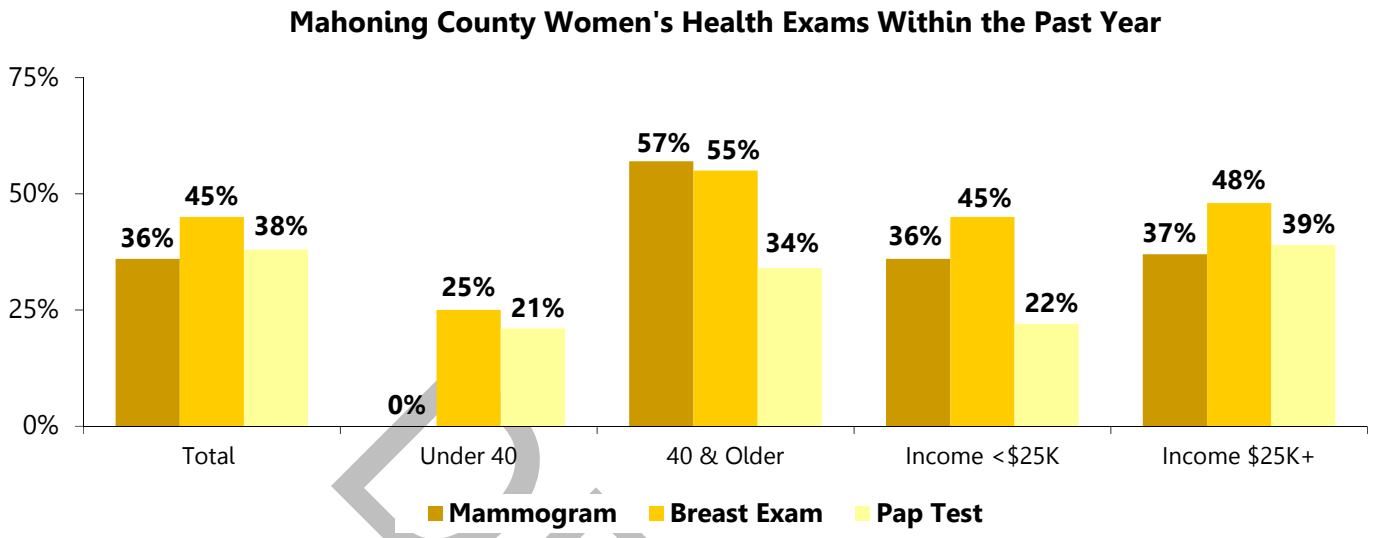
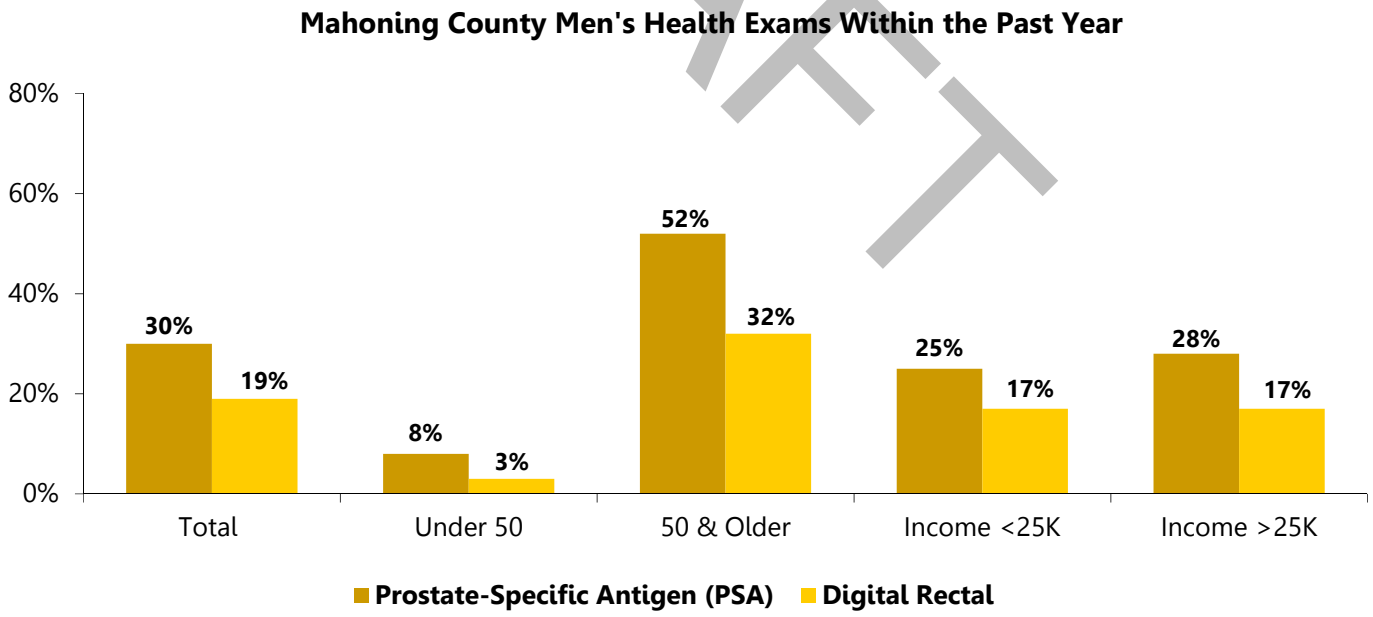
WOMEN'S HEALTH

More than half (57%) women ages 40 and older had a mammogram in the past year. Nearly two-thirds (64%) of women ages 21-65 had a Pap smear in the past three years. Forty-six percent (46%) of women were obese, 43% had high blood pressure, 38% had high blood cholesterol, and 19% were identified as smokers, all known risk factors for cardiovascular diseases.



MEN'S HEALTH

More than half (52%) of Mahoning County males 50 and older had a Prostate-Specific Antigen (PSA) test in the past year. Two-fifths (40%) of men had high blood cholesterol, 35% had been diagnosed with high blood pressure, and 14% were identified as smokers, which, along with obesity (34%), are known risk factors for cardiovascular diseases.



ORAL HEALTH

More than three-fifths (63%) of Mahoning County adults visited a dentist or dental clinic in the past year. Just over one-quarter (28%) of adults did not see a dentist in the past year due to cost.

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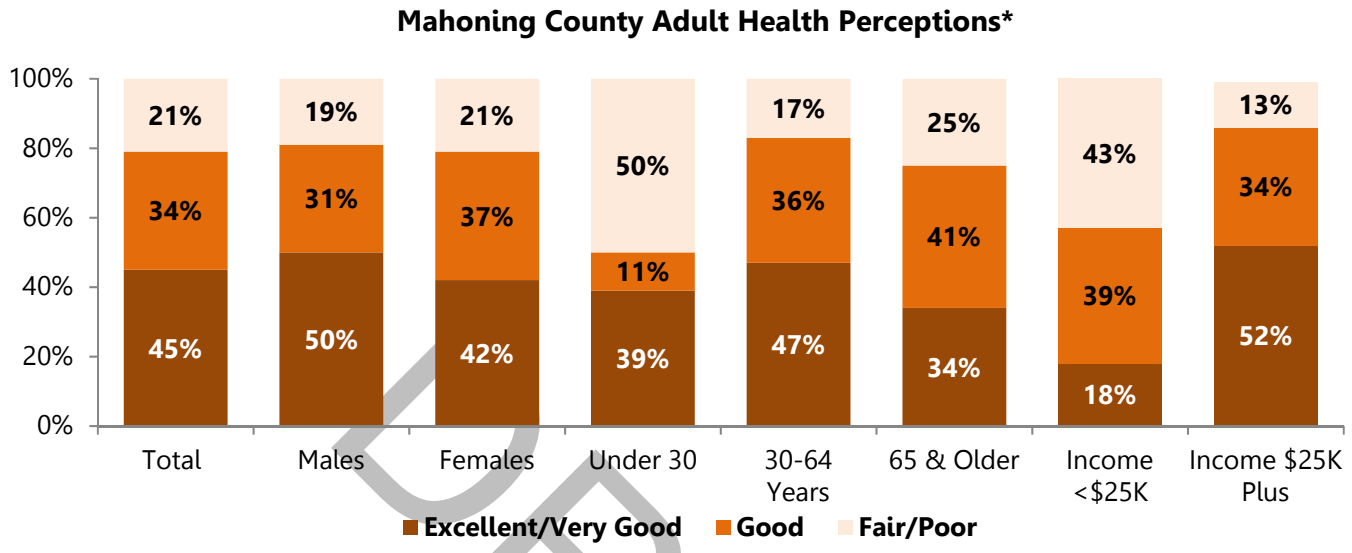
Data Summary | Health Behaviors

HEALTH STATUS PERCEPTIONS

More than two-fifths (45%) of Mahoning County adults rated their health status as excellent or very good. Conversely, 21% of adults described their health as fair or poor, increasing to 43% of those with incomes less than $25,000.



ADULT WEIGHT STATUS

Almost three-quarters (73%) of Mahoning County adults were either overweight (33%), obese (21%), severely obese (8%), or morbidly obese (11%) based on Body Mass Index (BMI). Almost one-third (32%) of adults did not exercise in the past week, including 5% who were unable to exercise.

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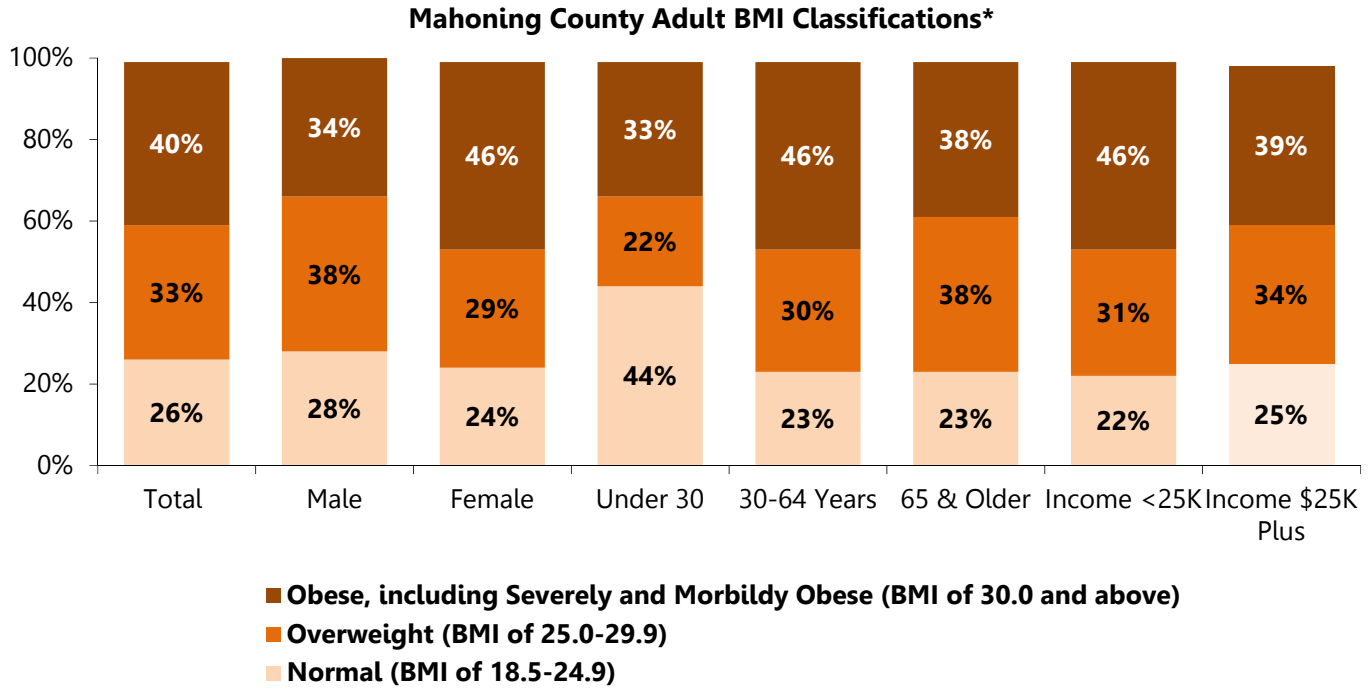
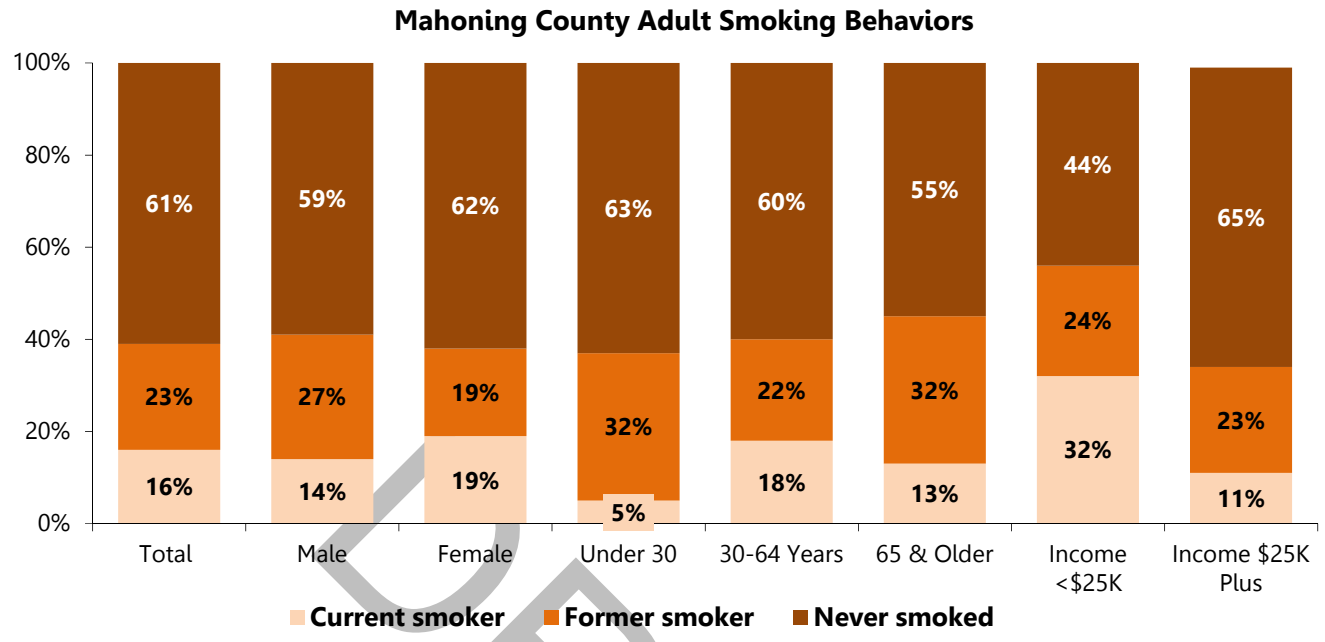


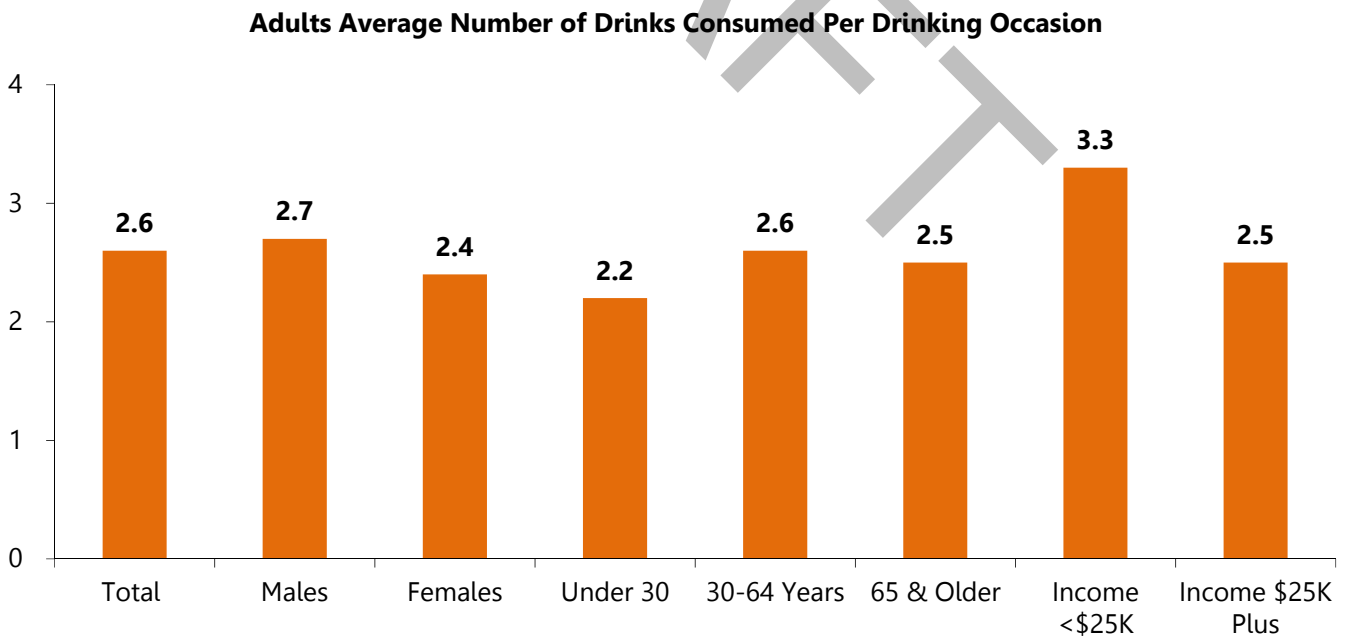
ADULT TOBACCO USE

Approximately one in six (16%) Mahoning County adults were current smokers and 23% were considered former smokers.



ADULT ALCOHOL USE

Fifty-two percent (52%) of Mahoning County adults had at least one alcoholic drink in the past month. More than two-fifths (41%) of current drinkers were binge drinkers.



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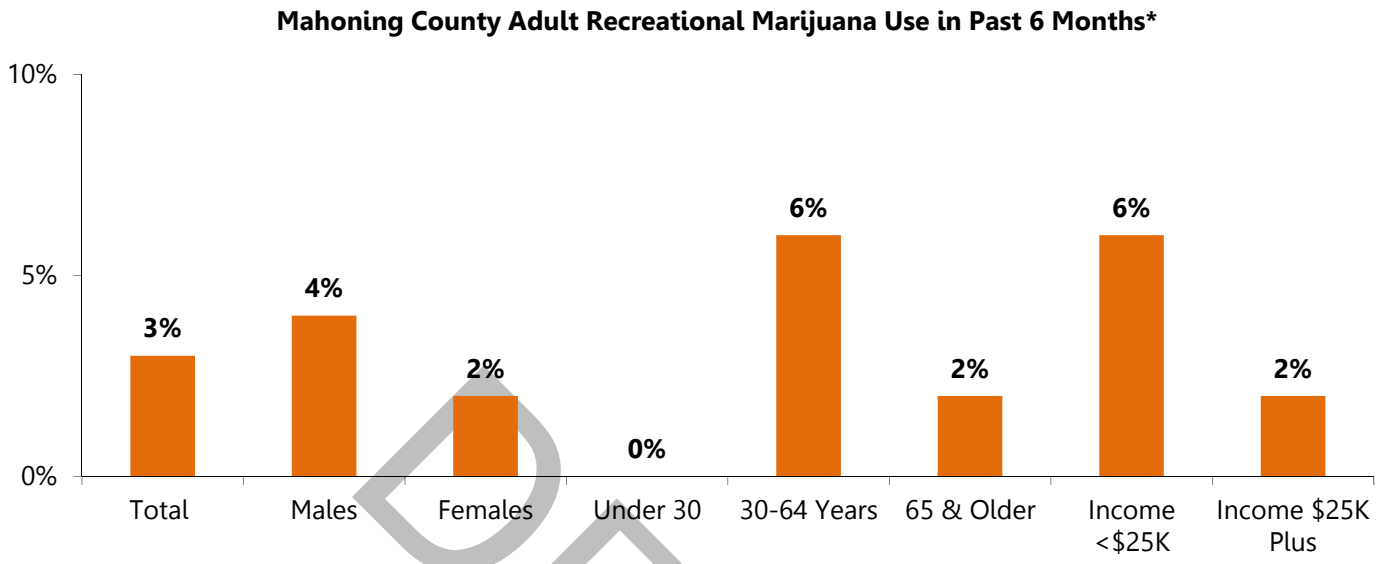
ADULT DRUG USE

Three percent (3%) of Mahoning County adults reported using recreational marijuana during the past 6 months. Six percent (6%) of adults reported using medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past six months.



ADULT SEXUAL BEHAVIOR

About three in five (61%) Mahoning County adults had sexual intercourse in the past year. Five percent (5%) of adults had more than one partner.

ADULT MENTAL HEALTH

About one in eight (12%) Mahoning County adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities. Three percent (3%) of adults considered attempting suicide.

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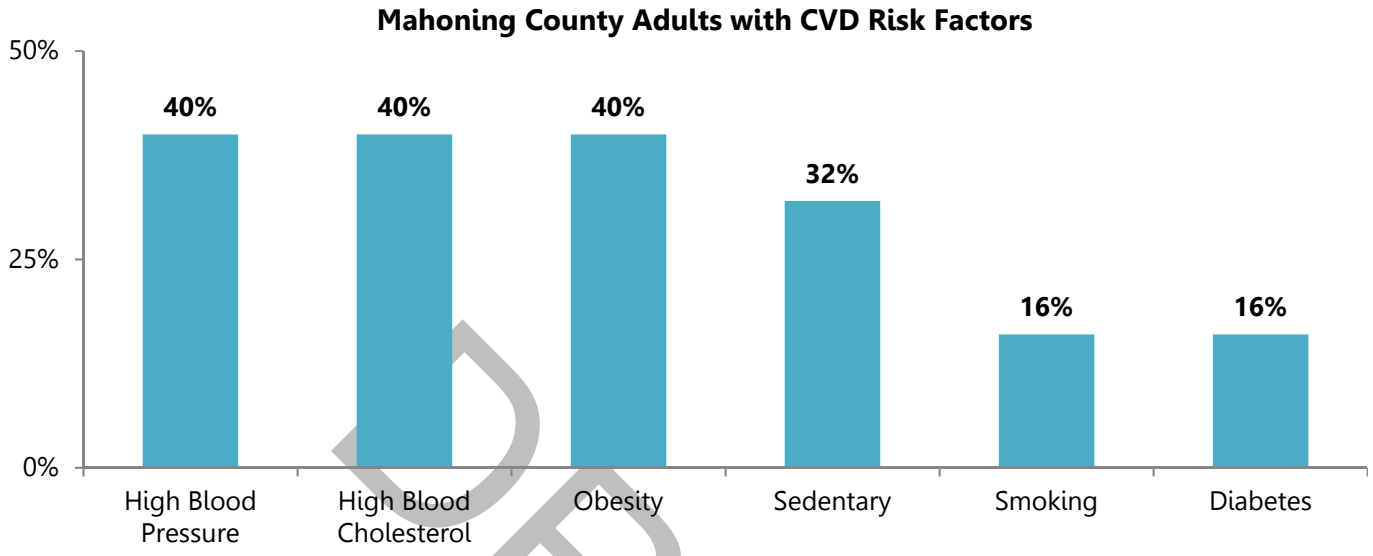
Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

Five percent (5%) of adults had survived a heart attack and 3% had survived a stroke at some time in their life. Two-fifths (40%) had high blood cholesterol, 40% had high blood pressure, 40% were obese, and 16% were smokers, four known risk factors for heart disease and stroke.

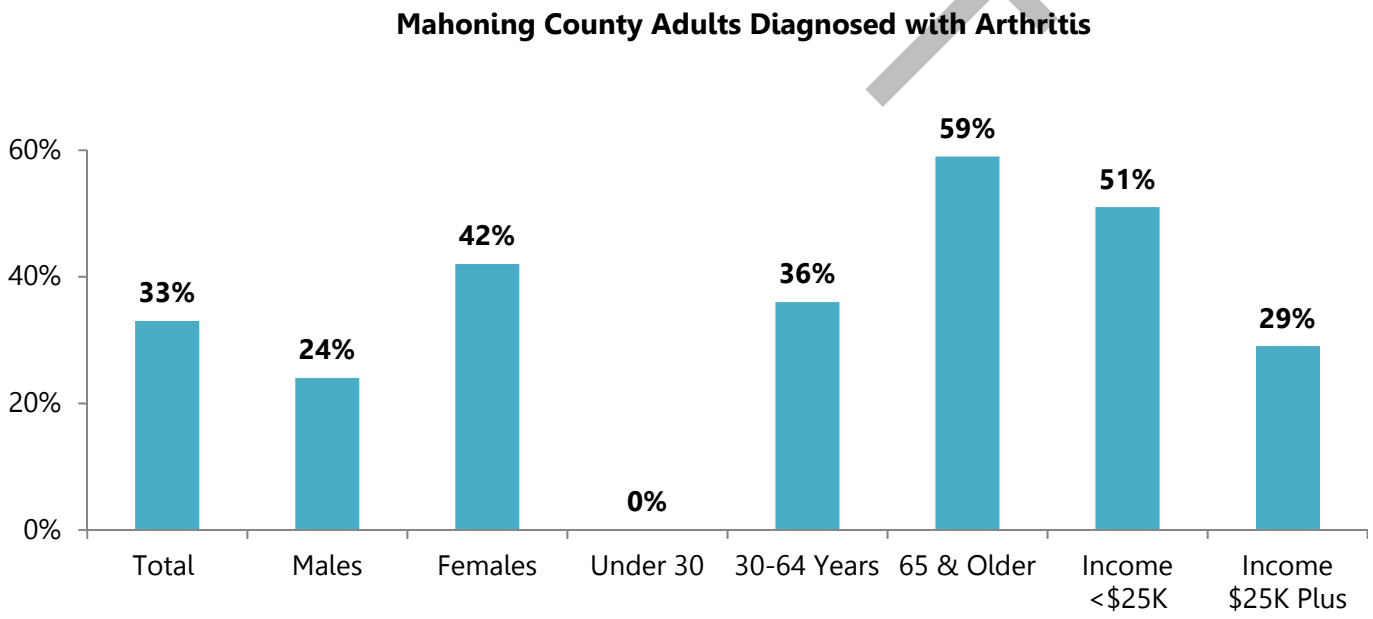


CANCER

In 2018, 12% of Mahoning County adults had been diagnosed with cancer at some time in their life.

ARTHRITIS

One-third (33%) of Mahoning County adults were diagnosed with arthritis.



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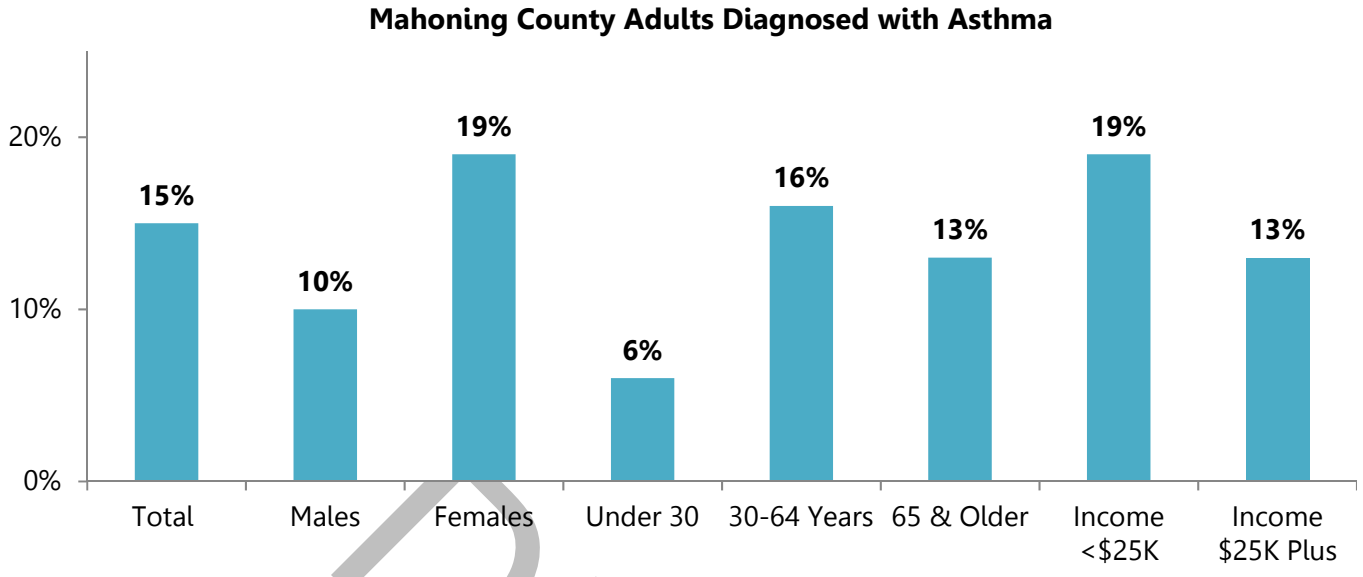
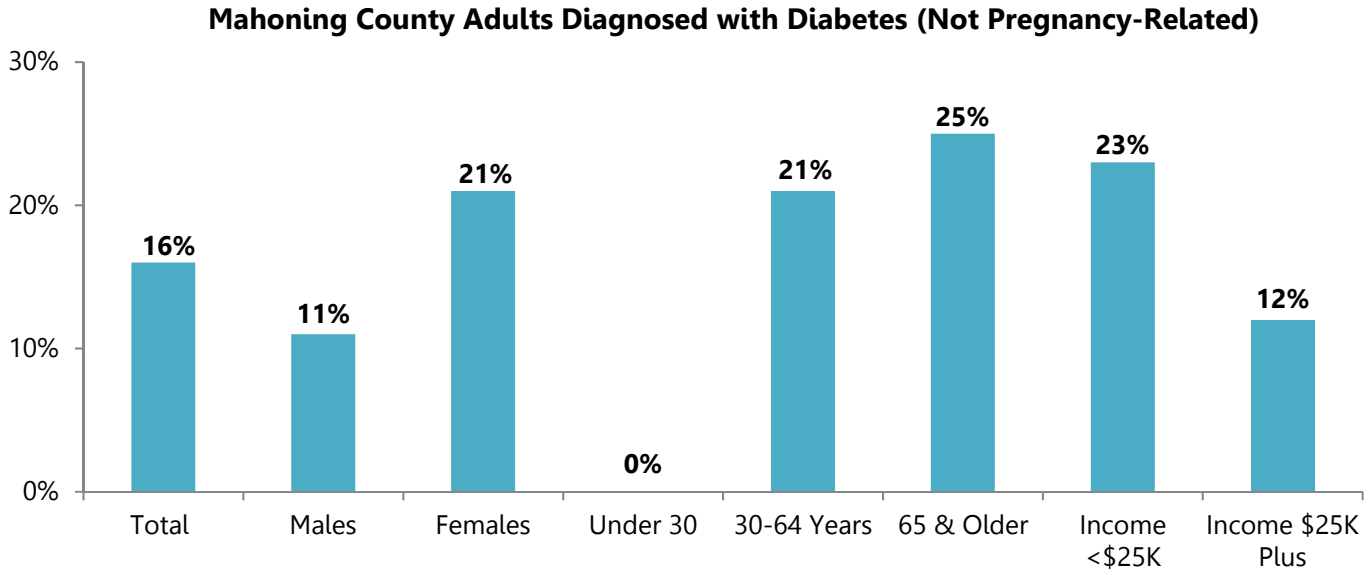
ASTHMA

In 2018, fifteen percent (15%) of adults had been diagnosed with asthma.



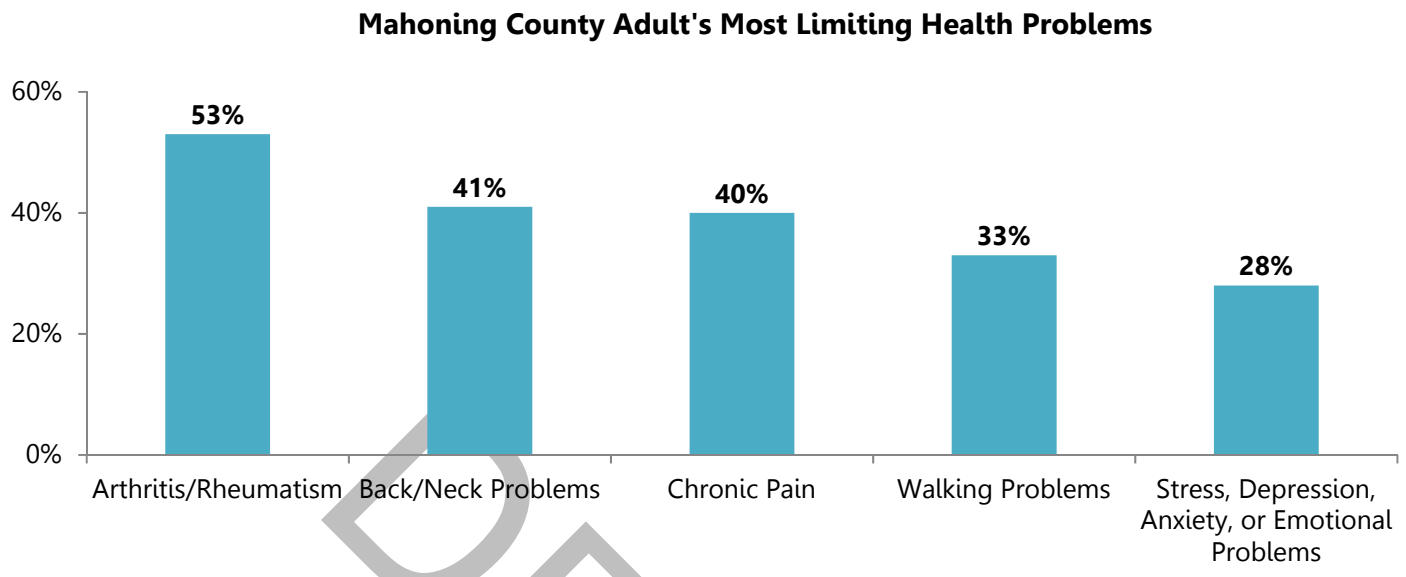
DIABETES

In 2018, 16% of Mahoning County adults had been diagnosed with diabetes.



QUALITY OF LIFE

In 2018, 29% of Mahoning County adults were limited in some way because of a physical, mental or emotional problem.



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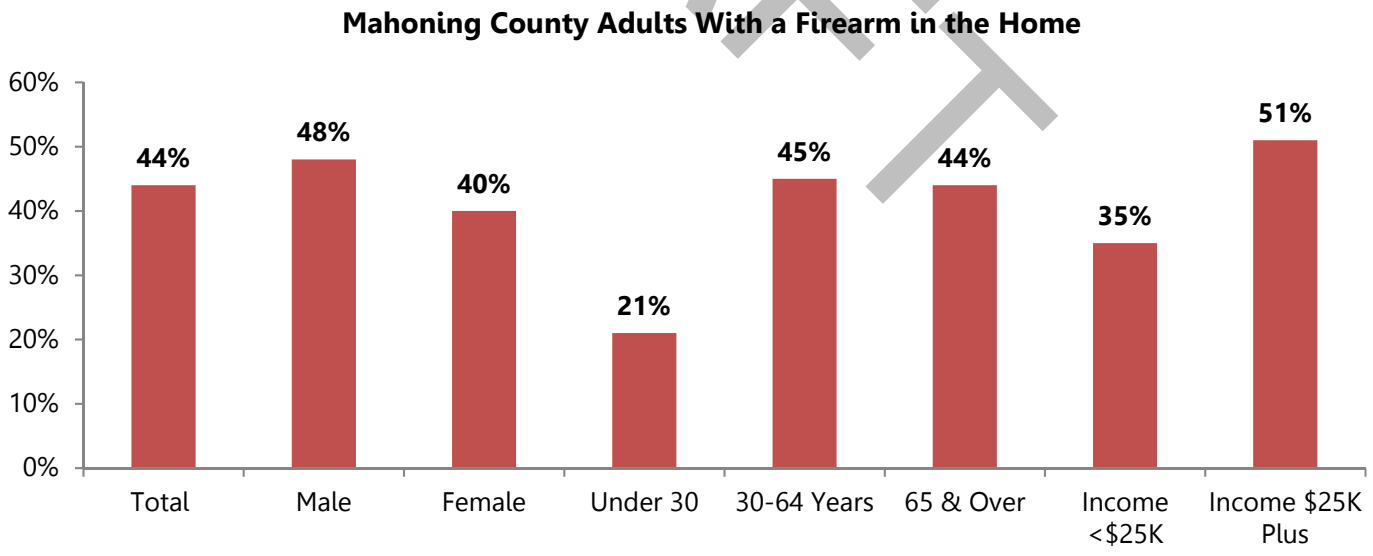
Data Summary | Social Conditions

SOCIAL DETERMINANTS OF HEALTH

Thirteen percent (13%) of Mahoning County adults had to choose between paying bills and buying food. Nineteen percent (19%) of adults experienced four or more Adverse Childhood Experiences (ACEs). More than two-fifths (44%) of Mahoning County adults kept a firearm in or around their home.



ENVIRONMENTAL HEALTH

Mahoning County adults indicated that insects (7%), mold (6%) and moisture issues (5%) threatened their health in the past year.

Mahoning County Adult Trend Summary

Adult Variables	Youngstown City 2018-2019	Mahoning County 2018-2019	Ohio 2017	U.S. 2017
Health Status				
Rated general health as good, very good, or excellent	75%	79%	81%	83%
Rated general health as excellent or very good	39%	45%	49%	51%
Rated general health as fair or poor	25%	21%	19%	18%
Rated mental health as not good on four or more days (in the past 30 days)	36%	30%	24%*	23%*
Rated physical health as not good on four or more days (in the past 30 days)	35%	30%	22%*	22%*
Average number of days that physical health was not good (in the past 30 days)	6.5	5.3	4.0**	3.7**
Average number of days that mental health was not good (in the past 30 days)	6.1	5.5	4.3**	3.8**
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	34%	34%	22%*	22%*
Healthcare Coverage, Access, and Utilization				
Uninsured	7%	6%	9%	11%
Had one or more persons they thought of as their personal healthcare provider	86%	87%	81%	77%
Visited a doctor for a routine checkup (in the past 12 months)	75%	72%	72%	70%
Visited a doctor for a routine checkup (5 or more years ago)	5%	7%	7%	8%
Chronic Disease				
Ever been told by a doctor they have diabetes (not pregnancy-related)	16%	16%	11%	11%
Ever diagnosed with arthritis	32%	33%	29%	25%
Had ever been told they have asthma	16%	15%	14%	14%
Ever been told they had skin cancer	3%	4%	6%	6%
Ever been told they had other types of cancer (other than skin cancer)	7%	8%	7%	7%
Cardiovascular Health				
Ever diagnosed with angina or coronary heart disease	4%	4%	5%	4%
Ever diagnosed with a heart attack, or myocardial infarction	5%	5%	6%	4%
Ever diagnosed with a stroke	3%	3%	4%	3%
Had been told they had high blood pressure	40%	40%	35%	32%
Had been told their blood cholesterol was high	39%	40%	33%	33%
Had their blood cholesterol checked within the last five years	82%	80%	85%	86%
Weight Status				
Overweight (BMI of 25.0 – 29.9)	33%	33%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	39%	40%	34%	32%
Alcohol Consumption				
Current drinker (had at least one drink of alcohol within the past 30 days)	51%	52%	54%	55%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	15%	20%	19%	17%

N/A – Not Available

Indicates alignment with the Ohio State Health Assessment

**2016 BRFSS*

***2016 BRFSS as compiled by 2018 County Health Rankings*

Adult Variables	Youngstown City 2018-2019	Mahoning County 2018-2019	Ohio 2017	U.S. 2017
Tobacco Use				
Current smoker (smoked on some or all days)	20%	16%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	25%	23%	24%	25%
Drug Use				
Adults who used marijuana in the past 6 months	5%	3%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	8%	6%	N/A	N/A
Preventive Medicine				
Ever had a pneumonia vaccination (ages 65 and older)	N/A	71%	76%	75%
Had a flu shot within the past year (ages 65 and older)	N/A	75%	63%	60%
Had a clinical breast exam in the past two years (age 40 and older)	N/A	73%	N/A	N/A
Had a mammogram within the past two years (ages 40 and older)	N/A	76%	74%*	72%*
Had a pap test in the past three years (ages 21-65)	N/A	72%	82%*	80%*
Had a PSA test within the past two years (ages 40 and older)	N/A	56%	39%*	40%*
Had a digital rectal exam within the past year	20%	19%	N/A	N/A
Quality of Life				
Limited in some way because of physical, mental or emotional problem	28%	29%	21%**	21%**
Mental Health				
Felt sad or hopeless for two or more weeks in a row in the past year	12%	12%	N/A	N/A
Seriously considered attempting suicide in the past year	3%	3%	N/A	N/A
Attempted suicide in the past year	<1%	<1%	N/A	N/A
Sexual Behavior				
Had more than one sexual partner in past year	5%	5%	N/A	N/A
Oral Health				
Visited a dentist or a dental clinic (within the past year)	63%	63%	68%*	66%*
Visited a dentist or a dental clinic (5 or more years ago)	10%	8%	11%*	10%*
Had any permanent teeth extracted	46%	47%	45%*	43%*
Had all their natural teeth extracted (ages 65 and older)	7%	8%	17%*	14%*

N/A – Not Available

Indicates alignment with the Ohio State Health Assessment

**2016 BRFSS*

***2015 BRFSS*

Mahoning and Trumbull County African American Adult Trend Summary

Adult Variables	Mahoning and Trumbull County African Americans 2018-2019	Ohio African Americans 2016	U.S. African Americans 2016
Health Status			
Rated general health as excellent or very good	30%	42%	44%
Rated general health as fair or poor	28%	22%	21%
Rated physical health as not good on four or more days (in the past 30 days)	37%	25%	23%
Rated mental health as not good on four or more days (in the past 30 days)	40%	25%	24%
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	37%	23%	16%
Healthcare Coverage, Access, and Utilization			
Uninsured	4%	10%	14%
Had one or more persons they thought of as their personal healthcare provider	83%	76%	78%
Visited a doctor for a routine checkup (in the past 12 months)	80%	79%	80%
Chronic Health			
Ever been told by a doctor they have diabetes (not pregnancy related)	16%	13%	14%
Ever been diagnosed with pregnancy-related diabetes	3%	0%	1%
Ever diagnosed with arthritis	43%	26%	24%
Had ever been told they have asthma	18%	16%	16%
Ever diagnosed with Chronic Obstructive Pulmonary Disease (COPD), emphysema or chronic bronchitis	9%	8%	7%
Cardiovascular Health			
Ever diagnosed with angina or coronary heart disease	1%	3%	4%
Ever diagnosed with a heart attack, or myocardial infarction	4%	4%	4%
Ever diagnosed with a stroke	5%	3%	4%
Had been told they had high blood pressure	58%	40%*	41%*
Had been told their blood cholesterol was high	32%	34%*	35%*
Had their blood cholesterol checked within the last five years	72%	75%*	78%*
Weight Status			
Overweight (BMI of 25.0 – 29.9)	23%	36%	34%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	47%	36%	38%
Alcohol Consumption			
Current drinker (had at least one drink of alcohol within the past 30 days)	39%	46%	47%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	21%	14%	14%
Tobacco Use			
Current smoker (smoked on some or all days)	23%	24%	18%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	18%	18%	16%
Oral Health			
Visited a dentist or a dental clinic (within the past year)	51%	63%	60%
Visited a dentist or a dental clinic (5 or more years ago)	13%	10%	12%
Had any permanent teeth extracted	63%	52%	53%

N/A – Not Available

Indicates alignment with the Ohio State Health Assessment

**2015 Ohio and U.S. BRFSS*

Healthcare Access: Healthcare Coverage

Key Findings

Six percent (6%) of Mahoning County adults were without healthcare coverage. Those most likely to be uninsured were with an income level under $25,000.

Healthcare Coverage

- Ninety-four percent (94%) of Mahoning County adults had healthcare coverage.
- In the past year, 6% of adults were uninsured, increasing to 8% of those with incomes less than $25,000.
- Seven percent (7%) of adults with children did not have healthcare coverage, compared to 4% of those who did not have children living in their household.

Key Facts about the Uninsured Population

- Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases.
- Part of the reason for poor access among uninsured is that 50% do not have a regular place to go when they are sick or need medical advice.
- One in five (20%) nonelderly adults without coverage say that they went without care in the past year because of cost compared to 3% of adults with private coverage and 8% of adults with public coverage.
- In 2017, uninsured nonelderly adults were more than three times as likely as adults with private coverage to say that they postponed or did not get a needed prescription drug due to cost (19% vs. 6%).
- Because people without health coverage are less likely than those with insurance to have regular outpatient care, they are more likely to be hospitalized for avoidable health problems and to experience declines in their overall health.

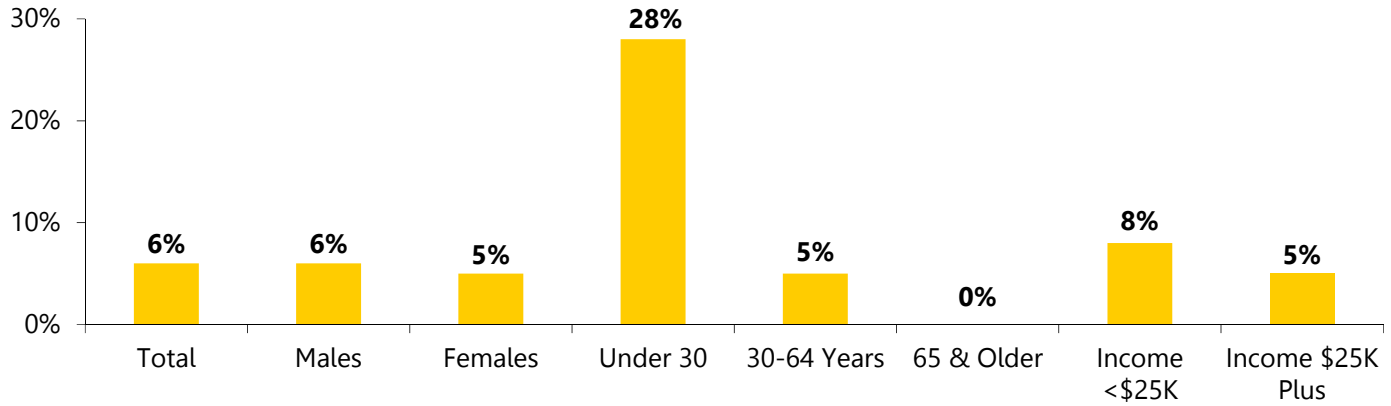
(Source: The Henry Kaiser Family Foundation, Key Facts about the Uninsured Population, Updated on 12/7/2018)

In Mahoning County, 11,045 adults were uninsured.

Adult Comparisons	Mahoning County 2018-2019	Ohio 2017	U.S. 2017
Uninsured	6%	9%	11%

The following graph shows the percentages of Mahoning County adults who were uninsured. An example of how to interpret the information in the graph includes: 6% of all Mahoning County adults were uninsured, including 28% of those under the age of 30 and 8% of adults with incomes less than $25,000.

Uninsured Mahoning County Adults



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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- The following types of healthcare coverage were used: employer (41%); Medicare (23%); someone else's employer (14%); Medicaid or medical assistance (11%); self-purchased plan (4%); Health Insurance Marketplace (2%); multiple, including private insurance (2%); multiple, including government insurance (1%); and military, CHAMPUS, TriCare, CHAMPVA or the VA (1%).

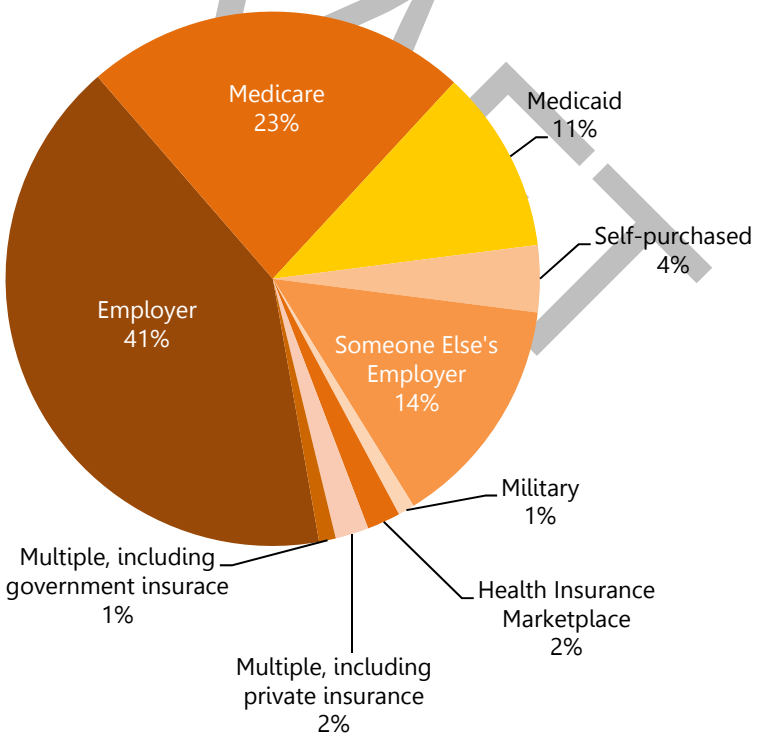
- Mahoning County adult healthcare coverage included the following:
  - Medical (94%)
  - Prescription coverage (90%)
  - Immunizations (81%)
  - Preventive health (74%)
  - Vision (69%)
  - Outpatient therapy (68%)
  - Dental (67%)
  - Mental health (66%)
  - Durable medical equipment (47%)
  - Alcohol and drug treatment (35%)
  - Skilled nursing/assisted living (32%)
  - Home care (32%)
  - Hospice (30%)
  - Transportation (22%)

- The top reasons uninsured adults gave for being without health care coverage were:
  1. They lost their job or changed employers (32%)
  2. They could not afford to pay the premiums (49%)
  3. Their spouse or parent lost their job or changed employers (16%)

(Percentages do not equal 100% because respondents could select more than one reason)

The following chart identifies sources of healthcare coverage for Mahoning County adults.

Source of Health Coverage for Mahoning County Adults



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The following chart shows what is included in Mahoning County adults' insurance coverage.

Health Coverage Includes:	Yes	No	Don't Know
Medical	94%	1%	5%
Prescription Coverage	90%	5%	5%
Immunizations	81%	5%	14%
Preventive Health	74%	4%	22%
Vision	69%	24%	7%
Outpatient Therapy	68%	4%	28%
Dental	67%	30%	3%
Mental Health	66%	5%	29%
Durable Medical Equipment	47%	8%	45%
Alcohol and Drug Treatment	35%	9%	56%
Skilled Nursing/Assisted Living	32%	10%	58%
Home Care	32%	10%	58%
Hospice	30%	10%	60%
Transportation	22%	19%	59%

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Healthy People 2020

Access to Health Services (AHS)

Objective	Mahoning County 2018-2019	Ohio 2017	U.S. 2016	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health insurance	67% age 18-24 91% age 25-34 96% age 35-44 97% age 45-54 93% age 55-64	87% age 18-24 90% age 25-34 90% age 35-44 91% age 45-54 93% age 55-64	85% age 18-24 84% age 25-34 87% age 35-44 90% age 45-54 93% age 55-64	100%

Note: U.S. baseline is age-adjusted to the 2000 population standard

(Sources: Healthy People 2020 Objectives, 2016 BRFSS, 2017 BRFSS, 2018-2019 Mahoning County Community Health Assessment)

Healthcare Access: Access and Utilization

Key Findings

Nearly three-fourths (72%) of Mahoning County adults visited a doctor for a routine checkup in the past year. More than two-fifths (43%) of adults looked for a program to help with depression, anxiety, or some mental health problem for themselves or a loved one.

Healthcare Access

- More than four-fifths (87%) of adults indicated they had at least one person they thought of as their personal doctor or health care provider.
- Adults with healthcare coverage were more likely to have at least one person they thought of as their personal doctor or health care provider (90%), compared to 29% of those without healthcare coverage.
- Nearly three-fourths (72%) of Mahoning County adults visited a doctor for a routine checkup in the past year, increasing to 88% of those ages 65 and older.
- Adults with healthcare coverage were more likely to have visited a doctor for a routine checkup in the past year (76%), compared to 28% of those without healthcare coverage.

The following graph shows the percentage of Mahoning County adults who had a routine check-up in the past year. An example of how to interpret the information on the first graph includes: 72% of all Mahoning County adults had a routine check-up in the past year, including 67% of males, 78% of females, and 88% of those 65 years and older.

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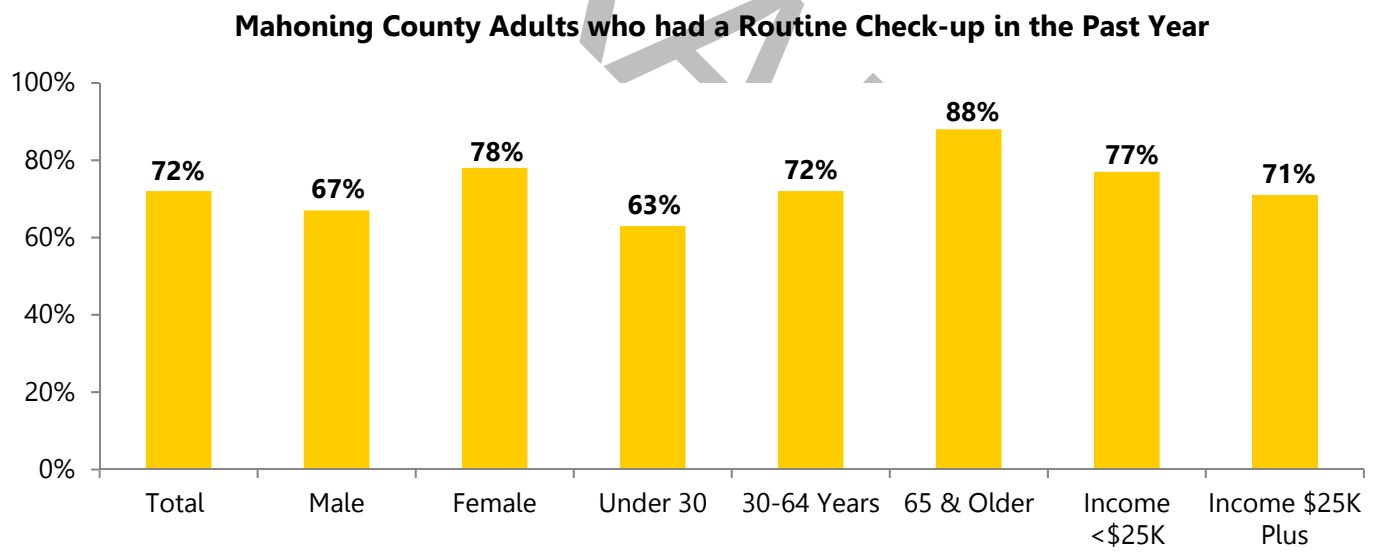

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Mahoning County 2018-2019	Ohio 2017	U.S. 2017
Had one or more persons they thought of as their personal healthcare provider	87%	81%	77%
Visited a doctor for a routine checkup (in the past 12 months)	72%	72%	70%
Visited a doctor for a routine checkup (5 or more years ago)	7%	7%	8%

- Sixty-one percent (61%) of adults received medical care in the past 12 months. Reasons for not receiving medical care in the past 12 months included:
  - No need to go (26%)
  - Cost/no insurance (5%)
  - Too long of a wait in the waiting room (1%)
  - No transportation (1%)
  - Too embarrassed to seek help (1%)
  - Discrimination (1%)
  - Inconvenient appointment times (1%)
  - Distance (<1%)
  - Wasn't open when they could get there (<1%)
  - Concerned about privacy (<1%)
  - Other problems that prevented them from getting medical care (4%)

- Adults usually visited the following places when they were sick or needed advice about their health:
  - A doctor's office (81%)
  - Urgent care center (19%)
  - Internet (19%)
  - Family and friends (18%)
  - A hospital emergency room (17%)
  - Chiropractor (10%)
  - In-store health clinic (5%)
  - A public health clinic or community health center (5%)
  - Alternative therapies (3%)
  - 9-1-1/ambulance services (3%)
  - VA (3%)
  - Telemedicine (<1%)
  - Health department (<1%)
  - Some other kind of place (<1%)
  - No usual place (4%)

- More than one-quarter (28%) of adults did not get their prescriptions from their doctor filled in the past year. Adults reported the following reasons for not getting their prescriptions filled in the past 12 months:
  - No prescriptions to be filled (17%)
  - Too expensive (9%)
  - Did not think they needed it (3%)
  - Side effects (1%)
  - No insurance (1%)
  - No generic equivalent of what was prescribed (1%)
  - Stretched current prescription by taking less than what was prescribed (1%)
  - Transportation (1%)
  - Already taking too many medications (1%)

- Mahoning County adults reported the following reasons for using the Emergency Room (ER) for their health care:
  - Serious illness/injury (53%)
  - Their doctor told them to go there (16%)
  - Could not get in to see their primary care physician because of time of day/too long of a wait (12%)
  - It is what they have always done/what they are used too (2%)
  - No primary care physician (2%)

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Availability of Services

- Mahoning County adults reported they had looked for the following programs for themselves or a loved one:
  - Depression, anxiety or mental health (43%)
  - Elder care (24%)
  - End-of-life/hospice care (21%)
  - Weight problems (19%)
  - Disability (17%)
  - Tobacco cessation (12%)
  - Drug abuse (11%)
  - Alcohol abuse (11%)
  - Marital/family problems (11%)
  - Cancer support group/counseling (7%)
  - Detoxification of opiates/heroin (6%)
  - Family planning (4%)
  - Gambling abuse (1%)

Mahoning County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Mahoning County adults who have looked but have NOT found a specific program	Mahoning County adults who have looked and have found a specific program
Depression or Anxiety (43% of all adults looked)	12%	88%
Elder Care (24% of all adults looked)	7%	93%
End-of-Life/Hospice Care (21% of all adults looked)	1%	99%
Weight Problem (19% of all adults looked)	22%	78%
Disability (17% of all adults looked)	23%	77%
Tobacco Cessation (12% of all adults looked)	4%	96%
Alcohol Abuse (11% of all adults looked)	7%	93%
Marital/Family Problems (11% of all adults looked)	19%	81%
Drug abuse (11% of all adults looked)	11%	89%
Cancer support group/counseling (7% of all adults looked)	7%	93%
Detoxification for opiates/heroin (6% of all adults looked)	5%	95%
Family planning (4% of all adults looked)	0%	100%
Gambling abuse (1% of all adults looked)	0%	100%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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Healthcare Access: Preventive Medicine

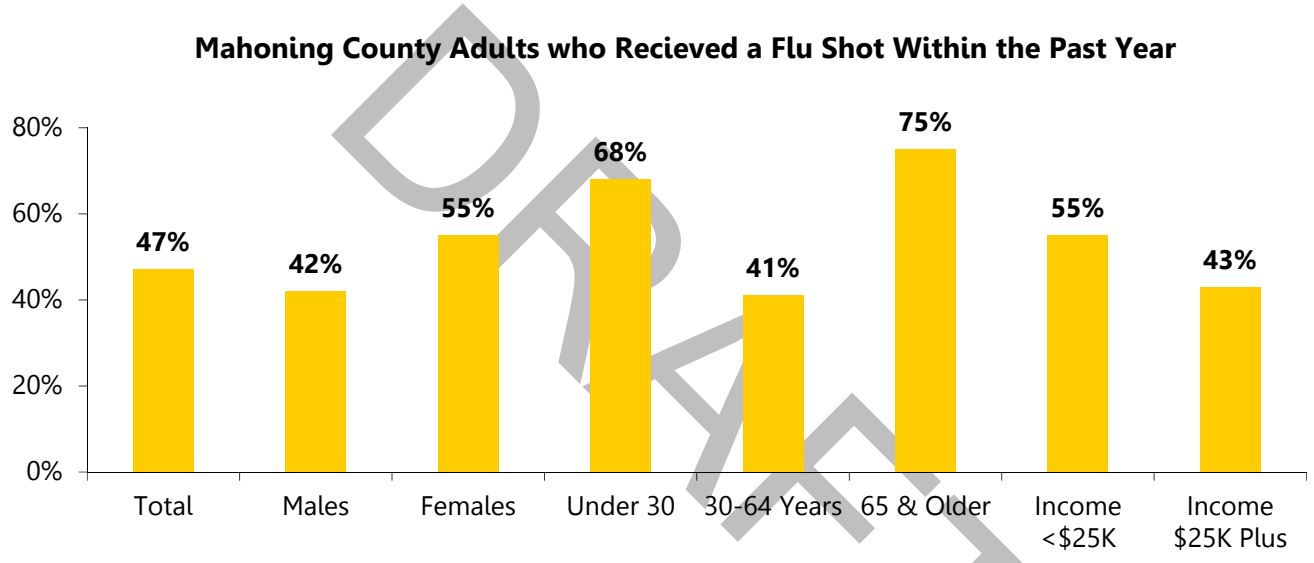
Key Findings

Nearly half (47%) of Mahoning County adults had a flu vaccine during the past 12 months. More than two-thirds (71%) of adults ages 65 and older had a pneumonia vaccination at some time in their life.

Preventive Medicine

- Nearly half (47%) of Mahoning County adults had a flu vaccine during the past 12 months.
- Three-fourths (75%) of Mahoning County adults ages 65 and older had a flu vaccine in the past 12 months.

The following graph shows the percentage of Mahoning County adults who received a flu shot within the past year. An example of how to interpret the information shown on the graph includes: 47% of Mahoning County adults received a flu shot within the past year, including 75% of those ages 65 and older.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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Adult Comparisons	Mahoning County 2018-2019	Ohio 2017	U.S. 2017
Ever had a pneumonia vaccination (ages 65 and older)	71%	76%	75%
Had a flu shot within the past year (ages 65 and older)	75%	63%	60%

Healthy People 2020
Immunization and Infectious Diseases (IID)

Objective	Mahoning County 2018-2019	Ohio 2017	U.S. 2017	Healthy People 2020 Target
IID-12.7: Increase the percentage of non-institutionalized high-risk adults aged 65 years and older who are vaccinated annually against seasonal influenza	75%	63%	60%	90%

Note: U.S. baseline is age-adjusted to the 2000 population standard.
(Sources: Healthy People 2020 Objectives, 2017 BRFSS, 2018-2019 Mahoning County Community Health Assessment)

Who Should Get a Yearly Flu Shot?

The following groups are recommended to get a yearly flu vaccine:

- All persons aged 6 months and older should be vaccinated annually.
- When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to persons who:
  - Are aged 6 months through 4 years.
  - Are aged 50 years and older.
  - Have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus).
  - Those who are immunosuppressed.
  - Are or will be pregnant during the influenza season.
  - Are residents of nursing homes and chronic-care facilities.
  - Are American Indians/Alaska Natives.
  - Are morbidly obese (body-mass index is 40 or greater).
  - Are health-care personnel.
  - Are household contacts and caregivers of children aged younger than 5 years and adults aged 50 years and older, with particular emphasis on vaccinating contacts of children aged younger than 6 months.
  - Are household contacts and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.

(Source: CDC, Seasonal Influenza (Flu), Who Should Do It, Who Should Not and Who Should Take Precautions, 2018)

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- More than one-quarter (29%) of adults have had a pneumonia shot in their life, increasing to 71% of those ages 65 and over.

- Mahoning County adults have had the following vaccines:
  - Measles, mumps, and rubella (MMR) in their lifetime (61%)
  - Tetanus booster (Td/Tdap) in the past 10 years (49%)
  - Chicken pox vaccine in their lifetime (40%)
  - Zoster (shingles) vaccine in their lifetime (16%)
  - Human papillomavirus (HPV) vaccine in their lifetime (13%)

Preventive Health Screenings and Exams

- Mahoning County adults have had the following cancer screenings: colorectal cancer in the past 5 years (26%), skin cancer in the past year (18%), oral cancer in the past year (15%), and lung cancer in the past 3 years (4%).

- In the past 12 months, adults reported their doctor talked to them about the following topics:
  - Weight control (43%)
  - Family history (41%)
  - Immunizations (35%)
  - Depression, anxiety, or emotional problems (30%)
  - Safe use of prescription medication (20%)
  - Tobacco use (19%)
  - Bone density (15%)
  - Falls (14%)
  - Injury prevention (13%)
  - PSA test (13%)
  - Alcohol use (12%)
  - Safe use of opiate-based pain medications (7%)
  - Self-testicular exams (6%)
  - Firearm safety (5%)
  - Sexually transmitted diseases (5%)
  - Illicit drug abuse (4%)
  - Domestic violence (4%)
  - Family planning (4%)

Recommended Adult Immunization Schedule by Age Group
United States, 2019

Vaccine	19–21 years	22–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or **Influenza recombinant** (RIV)	1 dose annually				
or	or				
Influenza live attenuated (LAIV)	1 dose annually				
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap, then Td booster every 10 yrs				
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)				
Varicella (VAR)	2 doses (if born in 1980 or later)				
Zoster recombinant (RZV) *(preferred)*				2 doses	
or				or	
Zoster live (ZVL)				1 dose	
Human papillomavirus (HPV) **Female**	2 or 3 doses depending on age at initial vaccination				
Human papillomavirus (HPV) **Male**	2 or 3 doses depending on	age at initial vaccination			
Pneumococcal conjugate (PCV13)				1 dose	
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication				1 dose
Hepatitis A (HepA)	2 or 3 doses depending on vaccine				
Hepatitis B (HepB)	2 or 3 doses depending on vaccine				
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains				
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication				
***Haemophilus influenzae* type b** (Hib)	1 or 3 doses depending on indication				

(Source: Immunization Schedules, Centers for Disease Control and Prevention, 2019)

- Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection
- Recommended vaccination for adults with an additional risk factor or another indication
- No recommendation

Healthcare Access: Women's Health

Key Findings

More than half (57%) women ages 40 and older had a mammogram in the past year. Nearly two-thirds (64%) of women ages 21-65 had a Pap smear in the past three years. Forty-six percent (46%) of women were obese, 43% had high blood pressure, 38% had high blood cholesterol, and 19% were identified as smokers, all known risk factors for cardiovascular diseases.

Mahoning County
Female Leading Causes of Death
2015–2017
Total Female Deaths: 4,721

1. Heart Diseases (28% of all deaths)
2. Cancers (17%)
3. Alzheimer's Disease (7%)
4. Stroke (6%)
5. Chronic Lower Respiratory Diseases (5%)

(Source: Ohio Public Health Data Warehouse. 2015-2017)

Ohio
Female Leading Causes of Death
2015–2017
Total Female Deaths: 180,539

1. Heart Diseases (22% of all deaths)
2. Cancers (20%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (6%)
5. Alzheimer's Disease (6%)

(Source: Ohio Public Health Data Warehouse, 2015-2017)

Women's Health Screenings

- Sixty-six percent (66%) of all Mahoning County women had a mammogram at some time in their life, and more than one-third (36%) had this screening in the past year.
- More than half (57%) of women ages 40 and over had a mammogram in the past year, and 76% had one in the past two years.
- Eighty-six percent (86%) Mahoning County women had a clinical breast exam at some time in their life, and 45% had one within the past year. Nearly three-fourths (73%) of women ages 40 and over had a clinical breast exam in the past two years.
- Ninety-two percent (92%) of Mahoning County women (ages 21-65) had a Pap smear at some time in their life, and 38% reported having had the exam in the past year. Seventy-two percent (72%) of women had a Pap smear in the past three years. Three percent (3%) of women reported the screening was not recommended by their doctor.
- Women used the following as their usual source of services for female health concerns: private gynecologist (67%), general or family physician (10%), family planning clinic (4%), community health center (3%), health department clinic (1%) and some other kind of place (1%). Fourteen-percent percent (14%) indicated they did not have a usual source of services for female health concerns.

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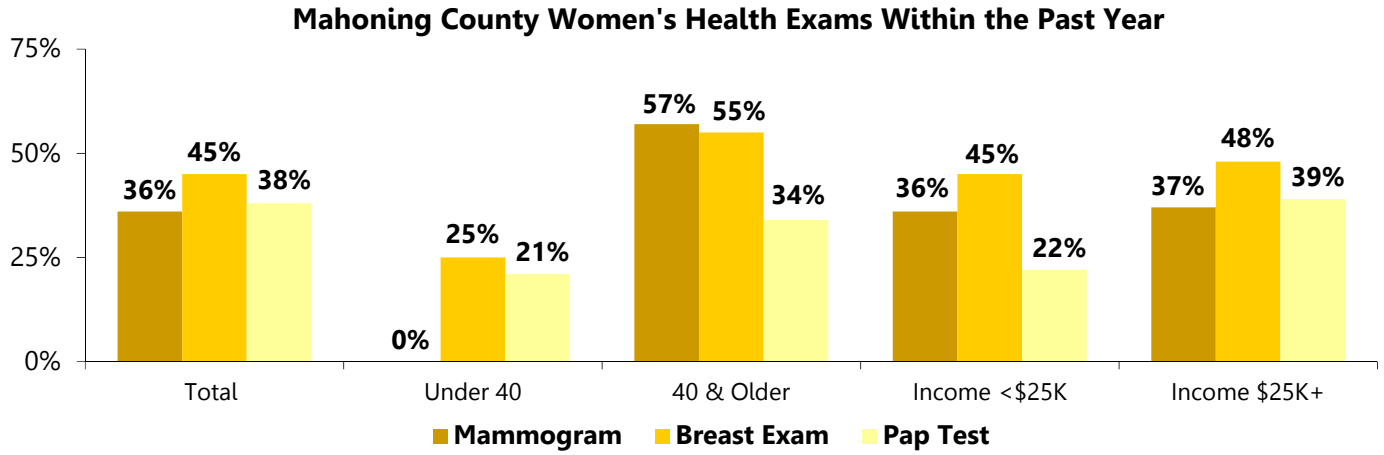
The following graph shows the percentage of Mahoning County female adults who had various health exams in the past year. An example of how to interpret the information shown on the graph includes: 36% of Mahoning County females had a mammogram within the past year, 45% had a clinical breast exam, and 32% had a pap test.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Mahoning County 2018-2019	Ohio 2017	U.S. 2017
Had a clinical breast exam in the past two years (age 40 & over)	73%	N/A	N/A
Had a mammogram within the past two years (ages 40 and older)	76%	74%*	72%*
Had a pap test in the past three years (ages 21-65)	72%	82%*	80%*

**2016 BRFSS*
N/A – Not available

Women's Health Concerns

- According to the CDC, major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes *(Source: CDC, Heart Disease Risk Factors, 2015).* The health assessment identified that:
  - 46% of women were obese (2017 BRFSS reported 34% for Ohio and 2016 BRFSS reported 30% for the U.S.)
  - 43% were diagnosed with high blood pressure (2017 BRFSS reported 33% for Ohio and 2016 BRFSS reported 30% for the U.S.)
  - 38% were diagnosed with high blood cholesterol (2017 BRFSS reported 33% for Ohio and 2016 BRFSS reported 35% for the U.S.)
  - 21% had been diagnosed with diabetes (2017 BRFSS reported 11% for Ohio and 2016 BRFSS reported 11% for the U.S.)
  - 19% of all women were current smokers (2017 BRFSS reported 20% for Ohio and 2016 BRFSS reported 14% for the U.S.)

- Three percent (3%) of women had survived a heart attack at some time in their life.

- Four percent (4%) had survived a stroke at some time in their life.

- Two percent (2%) of Mahoning County women reported that a health professional diagnosed them with angina or coronary heart disease.

Pregnancy

- Fifteen percent (15%) of Mahoning County women had been pregnant in the past 5 years.

- During their last pregnancy, Mahoning County women:
  - Had a prenatal appointment in the first three months (58%)
  - Took a multi-vitamin with folic acid pre-pregnancy (52%)
  - Took a multi-vitamin with folic acid during pregnancy (42%)
  - Took folic acid/pre-natal vitamin (42%)
  - Took folic acid during pregnancy (42%)
  - Experienced depression (39%)
  - Received WIC services (26%)
  - Took folic acid pre-pregnancy (26%)
  - Had a dental exam (16%)
  - Smoked cigarettes or used other tobacco products (13%)
  - Used e-cigarettes (10%)
  - Used opioids (3%)
  - Received opiate replacement therapy (3%)

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Healthcare Access: Men's Health

Key Findings

More than half (52%) of Mahoning County males 50 and older had a Prostate-Specific Antigen (PSA) test in the past year. Two-fifths (40%) of men had high blood cholesterol, 35% had been diagnosed with high blood pressure, 34% were obese, and 14% were identified as smokers, all known risk factors for cardiovascular diseases.

Men's Health Screenings

- Almost half (45%) of Mahoning County males had a Prostate-Specific Antigen (PSA) test at some time in their life and 30% had one in the past year.
- Seventy-three percent (73%) of males age 50 and over had a PSA test at some time in their life, and 52% had one in the past year.
- Nearly half (48%) of men had a digital rectal exam in their lifetime and 19% had one in the past year.
- More than one-fourth (29%) of Mahoning County males performed a self-testicular exam in the past year.

Mahoning County
Male Leading Causes of Death
2015–2017

Total Male Deaths: 4,441

1. Heart Diseases (27% of all deaths)
2. Cancers (21%)
3. Accidents, Unintentional Injuries (7%)
4. Chronic Lower Respiratory Diseases (5%)
5. Stroke (4%)

(Source: Ohio Public Health Data Warehouse, 2015-2017)

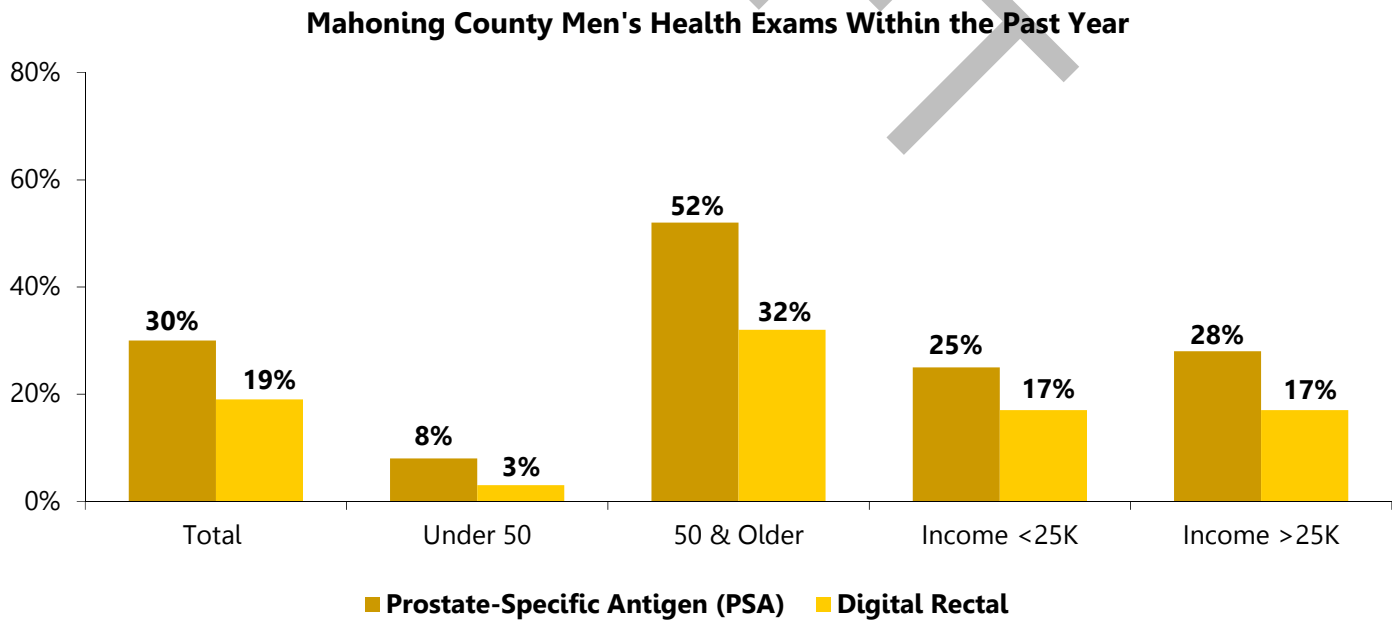
Ohio
Male Leading Causes of Death
2015–2017

Total Male Deaths: 180,695

1. Heart Diseases (24% of all deaths)
2. Cancers (22%)
3. Accidents, Unintentional Injuries (8%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (4%)

(Source: Ohio Public Health Data Warehouse, 2015-2017)

The following graph shows the percentage of Mahoning County male adults that had various health exams in the past year. An example of how to interpret the information shown on the graph includes: 30% of Mahoning County males had a PSA test within the past year, and 19% had a digital rectal exam.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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Adult Comparisons	Mahoning County 2018-2019	Ohio 2017	U.S. 2017
Had a PSA test within the past two years (ages 40 & older)	56%	39%*	40%*
Had a digital rectal exam within the past year	19%	N/A	N/A

N/A – Not Available
**2016 BRFSS*

Prostate Cancer Awareness

- Prostate cancer is the most common cancer among American men. Most prostate cancers grow slowly and don't cause any health problems in men who have them.
- Men can have different symptoms for prostate cancer. Some men do not have symptoms at all. Some symptoms of prostate cancer are difficulty starting urination, frequent urination (especially at night), weak or interrupted flow of urine, and blood in the urine or semen.
- There is no way to know for sure if you will get prostate cancer. Men have a greater chance of getting prostate cancer if they are 50 years old or older, are African-American, or have a father, brother, or son who has had prostate cancer.
- Two tests are commonly used to screen for prostate cancer:
  - **Digital rectal exam (DRE):** A doctor, nurse, or other healthcare professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland.
  - **Prostate specific antigen test (PSA):** PSA is a substance made by the prostate. The PSA test measures the level of PSA in the blood, which may be higher in men who have prostate cancer. However, other conditions such as an enlarged prostate, prostate infection and certain medical procedures also may increase PSA levels.

(Source: Center for Disease Control and Prevention, Prostate Cancer Awareness, 2018)

Men's Health Concerns

- Eight percent (8%) of men had survived a heart attack at some time in their life.
- Two percent (2%) of men had survived a stroke at some time in their life.
- Six percent (6%) of men reported a health professional diagnosed them with angina or coronary heart disease.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. *(Source: CDC, Heart Disease Risk Factors, 2015).* In Mahoning County, the health assessment has identified that:
  - 40% were diagnosed with high blood cholesterol (2017 BRFSS reported 34% for Ohio and 2016 BRFSS reported 38% for the U.S.)
  - 35% were diagnosed with high blood pressure (2017 BRFSS reported 37% for Ohio and 2016 BRFSS reported 34% for the U.S.)
  - 34% of Mahoning County men were obese (2017 BRFSS reported 34% for Ohio and 2016 BRFSS reported 30% for the U.S.)
  - 14% of all men were current smokers (2017 BRFSS reported 22% for Ohio and 2016 BRFSS reported 19% for the U.S.)
  - 11% had been diagnosed with diabetes (2017 BRFSS reported 11% for Ohio and 2016 BRFSS reported 11% for the U.S.)

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Healthcare Access: Oral Health

Key Findings

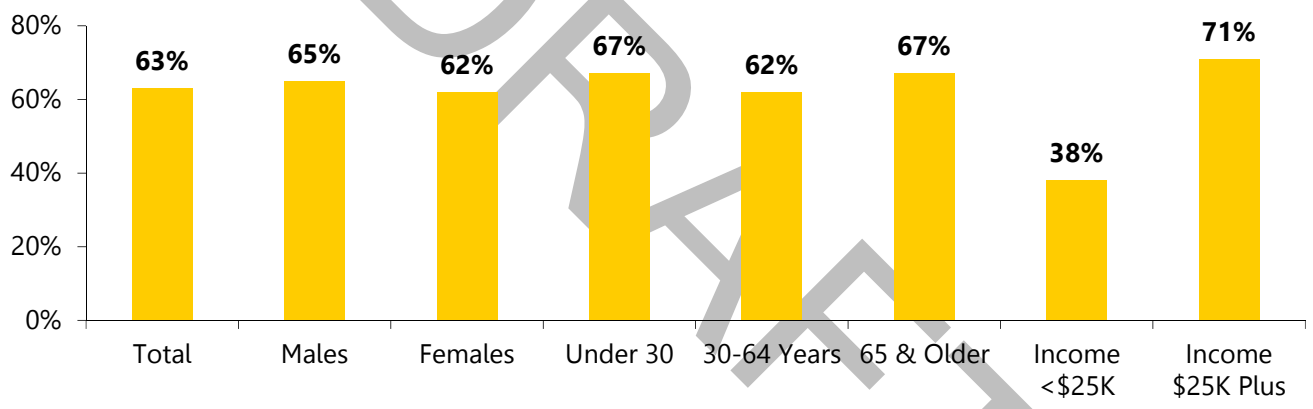
More than three-fifths (63%) of Mahoning County adults visited a dentist or dental clinic in the past year. Just over one-quarter (28%) of adults did not see a dentist in the past year due to cost.

Access to Dental Care

- In the past year, 63% of Mahoning County adults had visited a dentist or dental clinic, decreasing to 38% of those with incomes less than $25,000.
- Sixty-six percent (66%) of Mahoning County adults with dental insurance had been to the dentist in the past year, compared to 17% of those without dental insurance.

The following graph provides information about the frequency of Mahoning County adult dental visits. An example of how to interpret the information includes: 63% of Mahoning County adults had been to the dentist in the past year, including 62% of females and 38% of those with incomes less than $25,000.

Mahoning County Adults Visiting a Dentist in the Past Year



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
Time Since Last Visit to Dentist/Dental Clinic					
Males	65%	8%	8%	12%	5%
Females	62%	12%	17%	4%	4%
Total	63%	10%	13%	8%	4%

- Mahoning County adults reported the following reasons for not visiting a dentist in the past year:
  - Cost (28%)
  - Had no reason to go/had not thought of it (23%)
  - Fear, apprehension, nervousness, pain, and dislike going (19%)
  - Had dentures (17%)
  - Did not have/know a dentist (11%)
  - Could not get into a dentist (5%)
  - Dentist did not accept their medical coverage (4%)
  - Could not find a dentist taking Medicaid patients (2%)
  - Transportation (1%)
  - Other reasons (11%)

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- Nearly half (47%) of adults had one or more of their permanent teeth removed, increasing to 72% of those ages 65 and over.
- Eight percent (8%) Mahoning County adults ages 65 and over had all of their permanent teeth removed.

The following table shows the number of permanent teeth removed due to tooth decay or gum disease by smoking status for Mahoning County adults.

Number of teeth removed	Current Smoker	Former Smoker	Non-smoker
None	37%	46%	54%
5 or fewer	18%	35%	30%
6 or more but not all	34%	11%	8%
All	10%	3%	3%

9,204 Mahoning County adults had all their natural teeth extracted due to tooth decay or gum disease.

Adult Comparisons	Mahoning County 2018-2019	Ohio 2017	U.S. 2017
Visited a dentist or a dental clinic (within the past year)	63%	68%*	66%*
Visited a dentist or a dental clinic (5 or more years ago)	8%	11%*	10%*
Had any permanent teeth extracted	47%	45%*	43%*
Had all their natural teeth extracted (ages 65 and older)	8%	17%*	14%*

**2016 BRFSS*

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Oral Health Basics

- Oral health affects our ability to speak, smile, eat, and show emotions. It also affects self-esteem, school performance, and attendance at work and school. Oral diseases—which range from cavities to gum disease to oral cancer—cause pain and disability for millions of Americans. They also cost taxpayers billions of dollars each year.
- Cavities (also called tooth decay) are one of the most common chronic conditions in the United States. By age 34, more than 80% of people had at least one cavity. More than 40% of adults have felt pain in their mouth in the last year. On average, the nation spends more than $113 billion a year on costs related to dental care. More than $6 billion of productivity is lost each year because people miss work to get dental care.
- Oral health has been linked with other chronic diseases, like diabetes and heart disease. It is also linked with risk behaviors like using tobacco and eating and drinking foods and beverages high in sugar.
- Public health strategies such as community water fluoridation and school dental sealant programs have been proven to save money and prevent cavities.

(Source: CDC, Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, Updated May 2018)

Home Oral Care Recommendations
to Reduce the Risk of Caries and Gum Disease

No two people are the same. Help patients take charge of their oral health at home with these tailored, evidence-based oral care recommendations.

GENERAL RECOMMENDATIONS

Advise all patients to:

- Brush teeth twice a day with fluoride toothpaste
- Clean between teeth daily
- Eat a healthy diet that limits sugary beverages and snacks
- See a dentist regularly for prevention and treatment of oral disease

PERSONALIZED RECOMMENDATIONS

- For patients with **increased risk of gum disease**, consider mouth rinse or toothpaste with proven antimicrobial activity
- For patients with **increased risk of caries**, consider fluoridated mouth rinse
- For patients who **struggle to clean between their teeth**, consider what interdental cleaning tool might be best
- For patients **seeking or needing improved plaque removal**, consider a power toothbrush

LIFESTYLE CONSIDERATIONS

- Discourage practice of do-it-yourself orthodontic treatment
- Recommend that patients drink fluoridated water
- Discuss tobacco cessation (smoking and smokeless tobacco)
- Recommend that patients avoid oral piercings

(Source: American Dental Association (ADA), Home Oral Care)

Health Behaviors: Health Status Perceptions

Key Findings

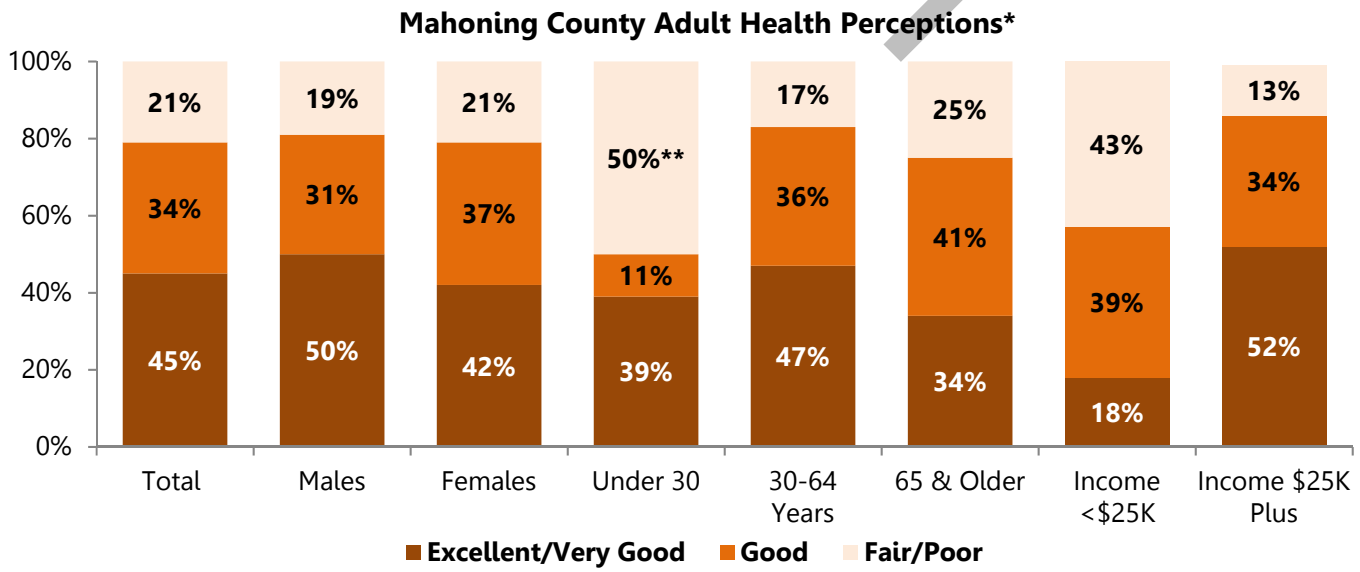
More than two-fifths (45%) of Mahoning County adults rated their health status as excellent or very good. Conversely, 21% of adults described their health as fair or poor, increasing to 43% of those with incomes less than $25,000.

General Health Status

- More than two-fifths (45%) of Mahoning County adults rated their health as excellent or very good. Mahoning County adults with higher incomes (52%) were most likely to rate their health as excellent or very good, compared to 18% of those with incomes less than $25,000.
- Twenty-one percent (21%) of adults rated their health as fair or poor.
- Mahoning County adults were most likely to rate their health as fair or poor if they:
  - Did not have health insurance (50%)
  - Had an annual household income under $25,000 (43%)
  - Had been diagnosed with diabetes (35%)
  - Had high blood pressure (31%)
  - Were divorced (29%)
  - Were 65 years of age or older (25%)
- More than one-third (34%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation at least one day in the past month.

38,658 adults rated their health as fair or poor.

The following graph shows the percentage of Mahoning County adults who described their general health status as excellent/very good, good, and fair/poor. An example of how to interpret the information includes: 45% of Mahoning County adults, 39% of those under age 30, and 34% of those ages 65 and older rated their health as excellent or very good.



**Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?*
***The 50% of respondents under age 30 indicated fair health only, as opposed to fair/poor.*
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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Physical Health Status

- Thirty percent (30%) of Mahoning County adults rated their physical health as not good on four or more days in the previous month.
- Mahoning County adults reported their physical health as not good on an average of 5.3 days in the previous month.
- Mahoning County adults were most likely to rate their physical health as not good (on four or more days during the past month) if they:
  - Had an annual household income under $25,000 (45%)
  - Were female (40%)

Mental Health Status

- Thirty percent (30%) of Mahoning County adults rated their mental health as not good on four or more days in the previous month.
- Mahoning County adults reported their mental health as not good on an average of 5.5 days in the previous month.
- Mahoning County adults were most likely to rate their mental health as not good (on four or more days during the past month) if they:
  - Had an annual household income under $25,000 (47%)
  - Were female (33%)

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The following table shows the percentage of adults with poor physical and mental health in the past 30 days.

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past 30 Days*					
Males	53%	12%	3%	2%	17%
Females	40%	12%	14%	10%	16%
Total	46%	12%	9%	5%	16%
Mental Health Not Good in Past 30 Days*					
Males	56%	6%	7%	4%	17%
Females	38%	17%	6%	2%	25%
Total	46%	12%	6%	3%	21%

**Totals may not equal 100% as some respondents answered, "Don't know/Not sure".*

Adult Comparisons	Mahoning County 2018-2019	Ohio 2017	U.S. 2017
Rated general health as good, very good, or excellent	79%	81%	83%
Rated general health as excellent or very good	45%	49%	51%
Rated general health as fair or poor	21%	19%	18%
Rated mental health as not good on four or more days (in the past 30 days)	30%	24%*	23%*
Rated physical health as not good on four or more days (in the past 30 days)	30%	22%*	22%*
Average number of days that physical health was not good (in the past 30 days)	5.3	4.0**	3.7**
Average number of days that mental health was not good (in the past 30 days)	5.5	4.3**	3.8**
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	34%	22%*	22%*

N/A – Not Available
**2016 BRFSS*
***2016 BRFSS as compiled by 2018 County Health Rankings*

Health Behaviors: Adult Weight Status

Key Findings

Almost three-quarters (73%) of Mahoning County adults were either overweight (33%), obese (21%), severely obese (8%), or morbidly obese (11%) based on Body Mass Index (BMI). Almost one-third (32%) of adults did not exercise in the past week, including 5% who were unable to exercise.

Adult Weight Status

- Nearly three-in-four (73%) adults were either overweight (33%), obese (21%), severely obese (8%), or morbidly obese (11%) by Body Mass Index (BMI), putting them at elevated risk for developing a variety of preventable diseases.

- Forty-one percent (41%) of adults were trying to lose weight; 33% were trying to maintain their current weight or keep from gaining weight and 5% were trying to gain weight.

76,634 Mahoning County adults were either obese, severely obese, or morbidly obese.

- Adults did the following to lose weight or keep from gaining weight:
  - Ate less food, fewer calories, or foods low in fat (33%)
  - Drank more water (33%)
  - Exercised (33%)
  - Ate a low-carb diet (12%)
  - Health coaching (4%)
  - Went without eating 24 or more hours (2%)
  - Used a weight loss program (2%)
  - Smoked cigarettes (2%)
  - Took diet pills, powders or liquids without a doctor's advice (1%)
  - Participated in a prescribed dietary or fitness program (1%)
  - Vomited after eating (1%)
  - Had bariatric surgery (1%)
  - Took prescribed medications (<1%)
  - Took laxatives (<1%)

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Adult Comparisons	Mahoning County 2018-2019	Ohio 2017	U.S. 2017
Overweight (BMI of 25.0 – 29.9)	33%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	40%	34%	32%

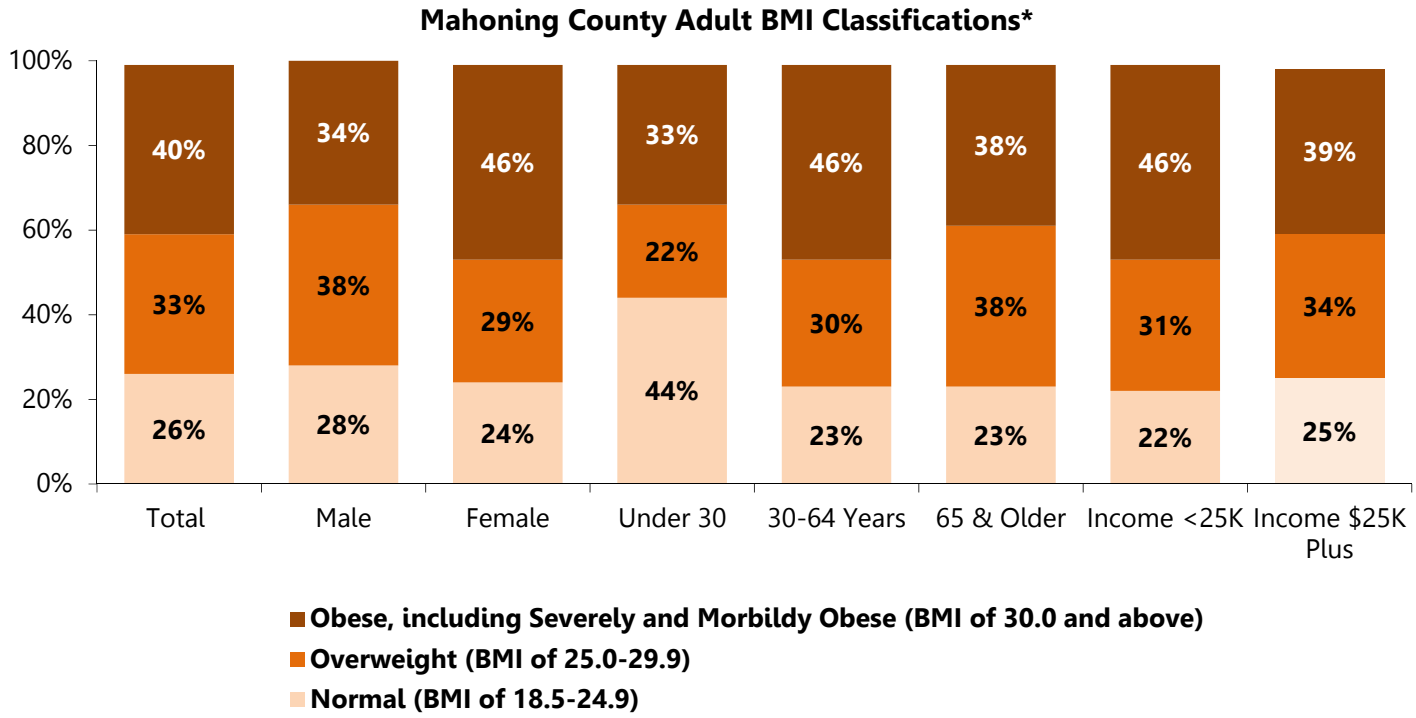
BMI Measurements

- Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters. A high BMI can be an indicator of high body fat.
- BMI can be used to screen for weight categories that may lead to health problems but it is not diagnostic of the body fatness or health of any individual.

BMI	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal or Healthy Weight
25.0 – 29.9	Overweight
30.0-34.9	Class I Obese
35.0-39.9	Class II Obese (Severely Obese)
40.0 and above	Class III Obese (Morbidly Obese)

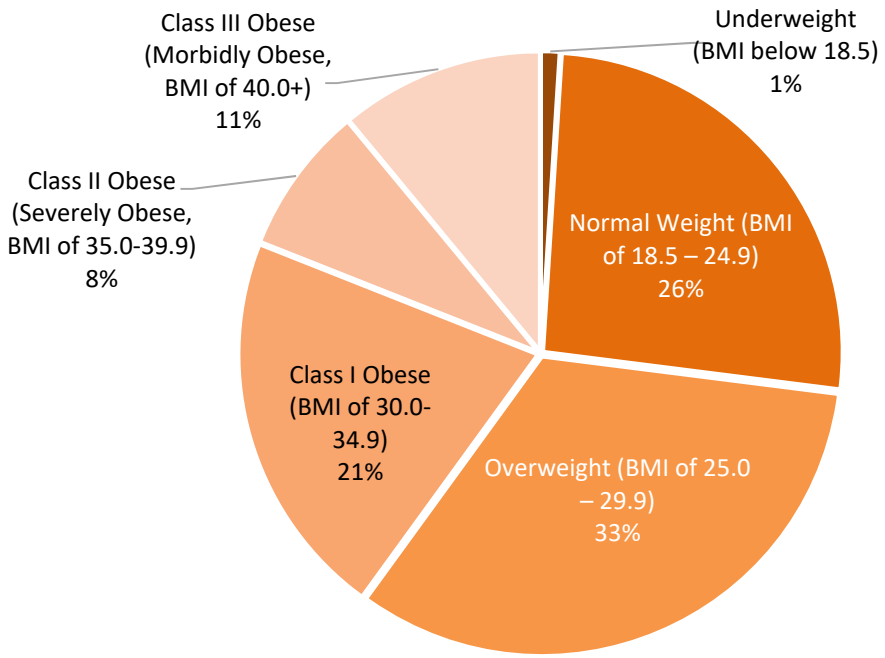
(Source: CDC, Healthy Weight, Updated on August 11, 2017)

The following graph shows the percentage of Mahoning County adults who were overweight or obese by Body Mass Index (BMI). An example of how to interpret the information includes: 26% of all Mahoning County adults were classified as normal weight, 33% were overweight, and 40% were obese.



**Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight*
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following chart indicates the weight status of Mahoning County adults.



Physical Activity

- More than half (54%) of adults exercised for at least 30 minutes on 3 or more days per week; 30% of adults exercised 5 or more days per week; and 32% of adults did not exercise in the past week, including 5% who were unable to exercise.

- The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, the CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week *(Source: CDC, Physical Activity Guidelines, 2018).*

- Reasons for not exercising included the following:
  - Time (23%)
  - Too tired (17%)
  - Pain or discomfort (14%)
  - Laziness (13%)
  - Self-motivation or will power (11%)
  - Weather (10%)
  - Did not like to exercise (10%)
  - Ill or physically unable (10%)
  - No personal reason (8%)
  - Could not afford a gym membership (7%)
  - Already get enough exercise (6%)
  - Did not enjoy being active (4%)
  - Poorly maintained/no sidewalks (3%)
  - Did not know what activities to do (3%)
  - Lack of opportunities for those with physical impairments (3%)
  - No exercise partner (3%)
  - Afraid of injury (2%)
  - Neighborhood safety (2%)
  - No walking, biking trails, or parks (1%)
  - No child care (1%)
  - Doctor advised them not to exercise (1%)
  - Transportation (1%)
  - No gym available (<1%)
  - Too expensive (<1%)
  - Other reasons (2%)

- Adults reported they used or visited the parks, bike trails, and walking paths in their community: very often (14%), somewhat often (15%), not very often (41%), and not at all (27%). Two percent (2%) reported no parks, bike trails, or walking paths were available in their community.

- Adults reported the following would help them use community parks, bike trails and walking paths more frequently:
  - Designated safe routes (23%)
  - More available parks, bike trails, and walking paths (14%)
  - Increased accessibility of parks, bike trails, and walking paths (13%)
  - Better promotion and advertising of existing parks, trails, and paths (12%)
  - Improvements to existing parks, trails, and paths (11%)
  - More public events and programs involving parks, trails, and paths (10%)

Nutrition

- Three percent (3%) of Mahoning County adults ate 5 or more servings of whole fruit per day; 17% ate 3-to-4 servings, 67% ate 1-to-2 servings, and 13% ate 0 servings.

- Five percent (5%) of Mahoning County adults ate 5 or more servings of whole vegetables per day; 21% ate 3-to-4 servings, 68% ate 1-to-2 servings, and 6% ate 0 servings.

- One-fourth (25%) of adults ate 5 or more servings of fruits **and** vegetables per day; 41% ate 3-to-4 servings, 31% ate 1-to-2 servings, and 3% ate 0 servings.

- More than one-fifth (22%) of adults reported living 2 or more miles away from healthy food.

- The American Cancer Society recommends that adults eat at least 2 ½ cups of fruits and vegetables per day to reduce the risk of cancer and to maintain good health.

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- Mahoning County adults reported they obtained their fresh fruits and vegetables from the following:
  - Large grocery store (such as Wal-Mart) (85%)
  - Local grocery store (59%)
  - Farmer's market (30%)
  - Grow their own/garden (19%)
  - Dollar General/Dollar Store (17%)
  - Corner/convenience stores (3%)
  - Group purchasing or community supported agriculture (3%)
  - Food pantry (2%)
  - Veggie mobile/mobile produce (2%)
  - Mail order food services (such as Blue Apron) (1%)
  - Community garden (1%)
  - Other (3%)

- Mahoning County adults reported the following barriers in consuming fruits and vegetables: too expensive (15%), did not like the taste (4%), no variety (3%), did not know how to prepare (1%), no access (1%), transportation (1%), stores did not take EBT (<1%), and other barriers (5%).

- Mahoning County adults reported the following reasons they chose the types of food they ate:
  - Taste/enjoyment (63%)
  - Cost (61%)
  - Healthiness of food (58%)
  - Food they were used to (38%)
  - What their family prefers (35%)
  - Ease of preparation/time (35%)
  - Nutritional content (35%)
  - Calorie content (28%)
  - Availability (27%)
  - If it is organic (14%)
  - Artificial sweetener content (13%)
  - If it is genetically modified (13%)
  - Other food sensitivities (10%)
  - If it is gluten free (7%)
  - If it is lactose free (6%)
  - Limitations due to dental issues (3%)
  - Limitations due to dental issues (2%)
  - Health care provider's advice (2%)
  - Limitations set by WIC (1%)
  - Other reasons (2%)

- In a typical week, adults ate out in a restaurant or brought home take-out food at the following frequencies: 1-to-2 times (56%), 3-to-4 times (15%), and 5 or more times (5%). Twenty-four percent (24%) of adults did not eat out in a restaurant or bring home take-out food in a typical week.

- Five percent (5%) of adults consumed 5 or more servings of sugar-sweetened beverages per day; 11% drank 3-to-4 servings per day, 37% consumed 1-to-2 servings per day, and 47% consumed 0 servings.

- Fourteen percent (14%) of adults consumed 5 or more servings of caffeinated beverages per day; 22% consumed 3-to-4 servings per day, 44% consumed 1-to-2 servings of per day, and 20% drank 0 servings.

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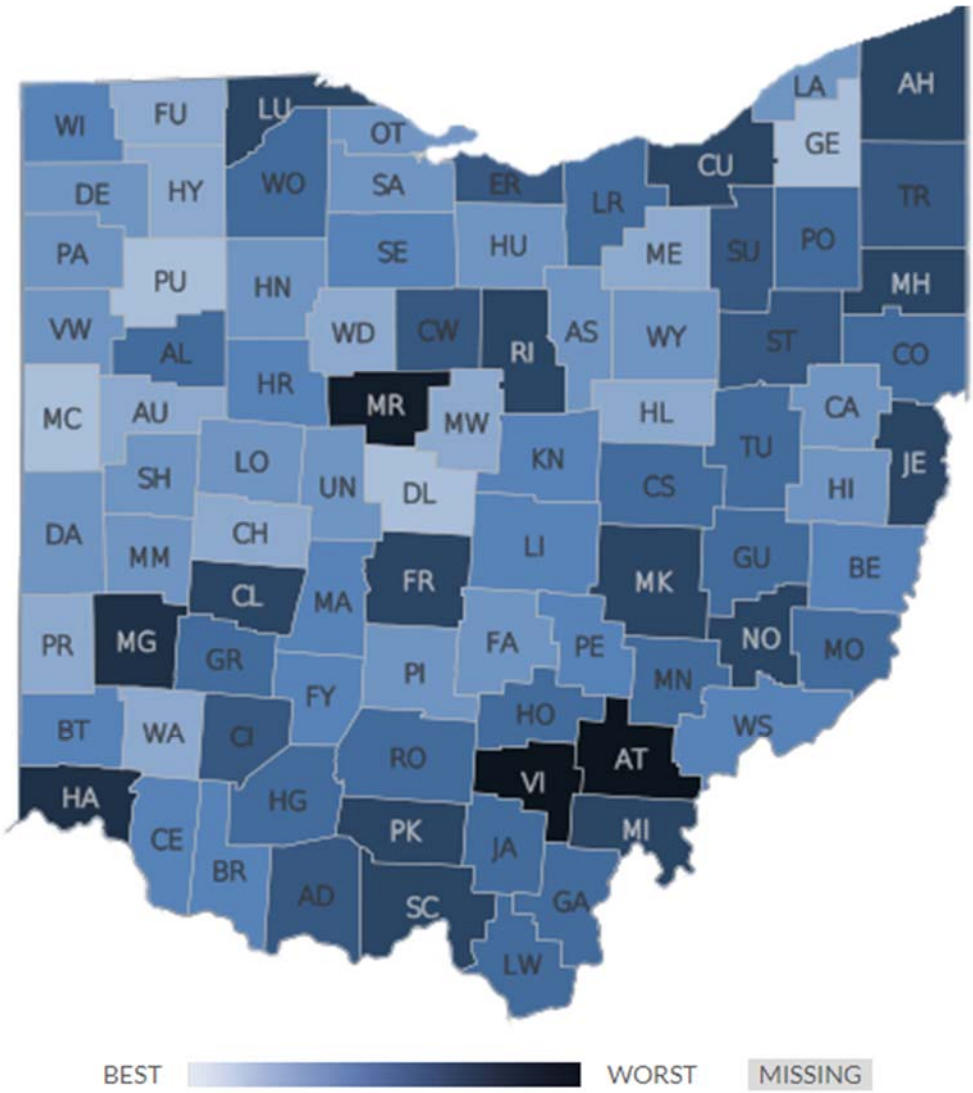
Food Environment Index

The Food Environment Index measures the quality of the food environment in a county on a scale from 0 to 10 (zero being the worst value in the nation, and 10 being the best). The two variables used to determine the measure are: limited access to healthy foods & food insecurity.

- The food environment index in Mahoning County is 6.8.
- The food environment index in Ohio is 6.6.



(Source: USDA Food Environment Atlas, as compiled by County Health Rankings 2018)

Health Behaviors: Adult Tobacco Use

Key Findings

Approximately one in six (16%) Mahoning County adults were current smokers and 23% were considered former smokers.

29,454 Mahoning County adults were current smokers.

Adult Tobacco Use

- Sixteen percent (16%) of Mahoning County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- Mahoning County adult smokers were more likely to have:
  - Incomes less than $25,000 (32%)
  - Rated their overall health as fair or poor (30%)
  - Been divorced (23%)
- More than one-third (36%) of current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.
- Nearly one-quarter (23%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).
- Adults used the following tobacco products in the past year: cigarettes (26%); e-cigarette/vape pens (11%); chewing tobacco, snuff, dip, Betel quid (8%); little cigars (6%); cigars (5%); cigarillos (3%); hookah (2%); pouch (2%); pipes (1%); and dissolvable tobacco (<1%). One-in-seven (14%) adults used more than one tobacco product in the past year.
- Adults who have used e-cigarettes/vape pens in the past year put the following in it: e-liquid or e-juice with nicotine (80%), marijuana or THC in your e-liquid (3%), and e-liquid or e-juice without nicotine (2%).
- Mahoning County adults reported they would support an ordinance to ban smoking in the following places: vehicle with a minor present (75%), multi-unit housing (61%), college/university campuses (56%), parks or ball fields (55%), and fairgrounds (51%). Nineteen percent (19%) of adults reported they would not support an ordinance to ban smoking anywhere.

Adult Comparisons	Mahoning County 2018-2019	Ohio 2017	U.S. 2017
Current smoker (smoked on some or all days)	16%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	23%	24%	25%

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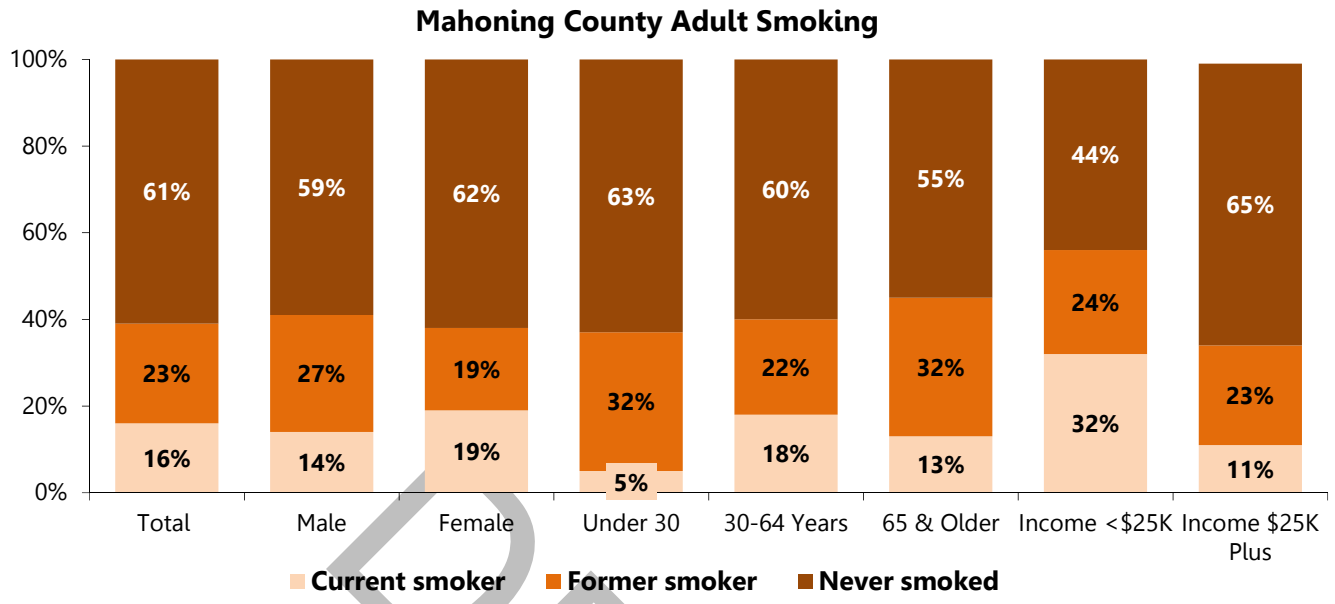
The following graph shows the percentage of Mahoning County adults who are cigarette smokers. An example of how to interpret the information includes: 16% of all Mahoning County adults were current smokers, 23% of all adults were former smokers, and 61% had never smoked.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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E-Cigarette Health Effects

- **Most e-cigarettes contain nicotine, which has known health effects.**
  - Nicotine is highly addictive.
  - Nicotine is toxic to developing fetuses.
  - Nicotine can harm adolescent brain development, which continues into the early to mid-20s.
  - Nicotine is a health danger for pregnant women and their developing babies.
- **Besides nicotine, e-cigarette aerosol can contain substances that harm the body.**
  - This includes cancer-causing chemicals and tiny particles that reach deep into lungs. However, e-cigarette aerosol generally contains fewer harmful chemicals than smoke from burned tobacco products.
- **E-cigarettes can cause unintended injuries.**
  - Defective e-cigarette batteries have caused fires and explosions, some of which have resulted in serious injuries. Most explosions happened when the e-cigarette batteries were being charged.
  - The Food and Drug Administration (FDA) collects data to help address this issue. You can report an e-cigarette explosion, or any other unexpected health or safety issue with an e-cigarette, here.
  - In addition, acute nicotine exposure can be toxic. Children and adults have been poisoned by swallowing, breathing, or absorbing e-cigarette liquid through their skin or eyes.

(Source: CDC, Smoking & Tobacco Use, About Electronic Cigarettes (E-Cigarettes), updated August 30, 2018)

Smoking and COPD

- Chronic obstructive pulmonary disease (COPD) refers to a group of diseases that cause airflow blockage and breathing-related problems. COPD includes emphysema, chronic bronchitis, and in some cases, asthma.
- COPD is usually caused by smoking. Smoking accounts for as many as 8 out of 10 COPD-related deaths nationwide. However, as many as 1 out of 4 Americans with COPD never smoked cigarettes.
- The best way to prevent COPD is to never start smoking, and if you smoke, quit. Additionally, stay away from secondhand smoke, which is smoke from burning tobacco products, such as cigarettes, cigars, or pipes, as well as smoke that has been exhaled, or breathed out, by a person smoking.

(Source: Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 2018.)

The following graphs show Mahoning County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for chronic lower respiratory diseases (formerly COPD). The graph shows:

- From 2015-2017, Mahoning County's age-adjusted mortality rate for Chronic Lower Respiratory Disease was lower than the Ohio and U.S. rates, as well as the Healthy People 2020 target objective.

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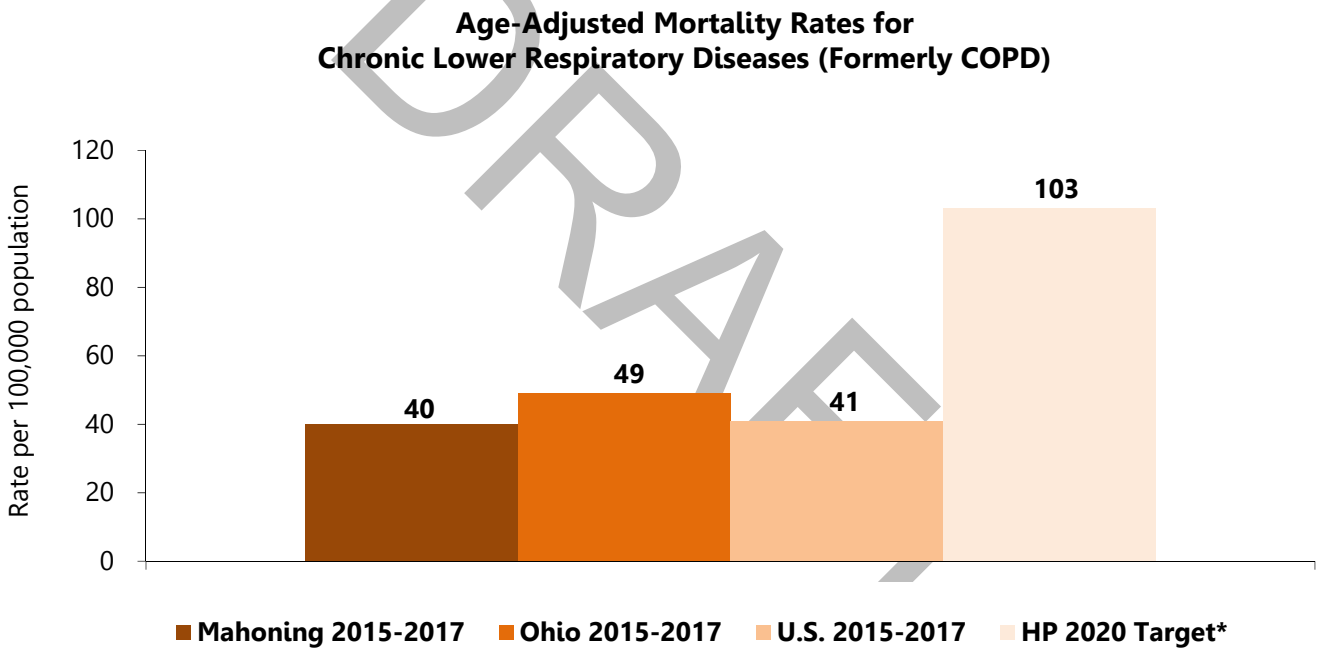
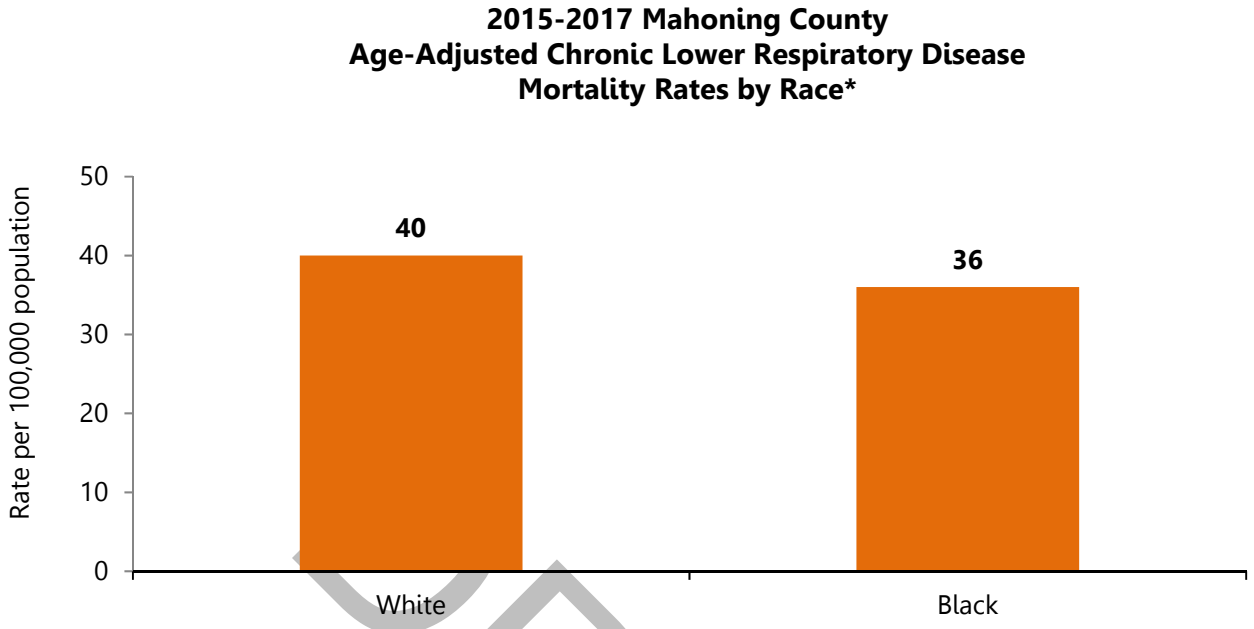


(Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017)
**Healthy People 2020's target rate and the U.S. rate is for adults aged 45 years and older.*

The following graphs show Mahoning County age-adjusted mortality rates per 100,000 populations for chronic lower respiratory diseases (formerly COPD) by race and gender.



**Races represented are white and black. All other races were N/A due to low rates.*

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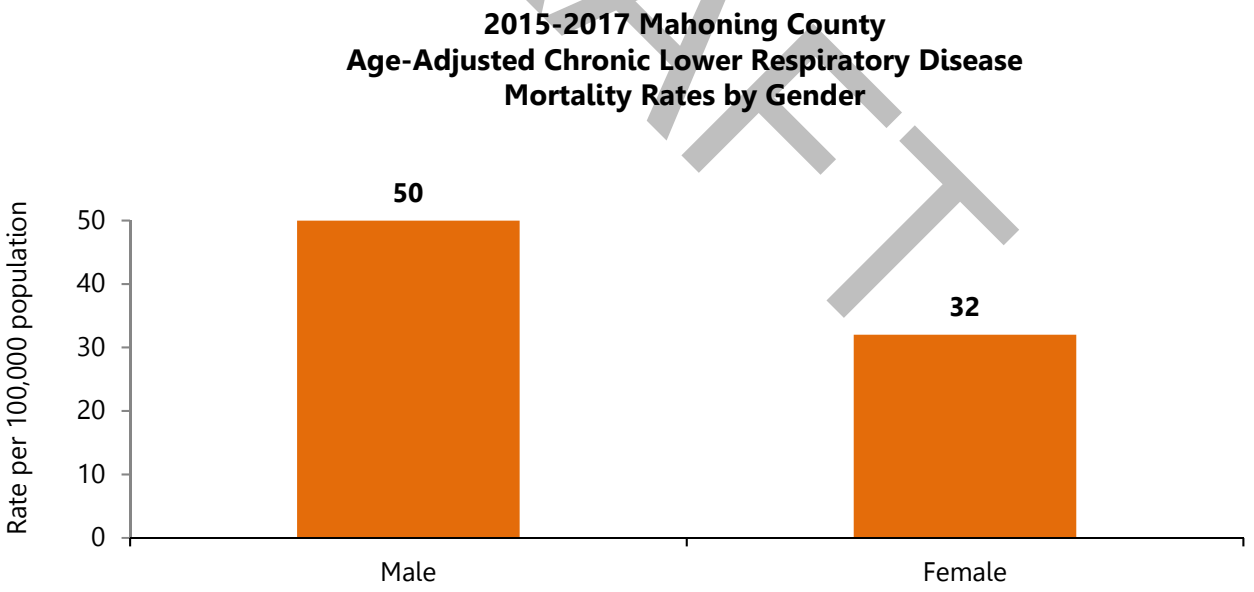


(Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 4/23/2019)

Cigarette Smoking and Tobacco Use Among People of Low Socioeconomic Status

- Adults who have lower levels of educational attainment, who are unemployed, or who live at, near, or below the U.S. federal poverty level are considered to have low socioeconomic status (SES).

- In the U.S., people living below the poverty level and people having lower levels of educational attainment have higher rates of cigarette smoking than the general population.

Cigarette smoking disproportionately affects the health of people with low SES. Lower income cigarette smokers suffer more from diseases caused by smoking than do smokers with higher incomes.

- Populations in the most socioeconomically deprived groups have higher lung cancer risk than those in the most affluent groups.
- People with less than a high school education have higher lung cancer incidence than those with a college education.
- People with family incomes of less than $12,500 have higher lung cancer incidence than those with family incomes of $50,000 or more.
- People living in rural, deprived areas have 18–20% higher rates of lung cancer than people living in urban areas.
- Lower-income populations have less access to health care, making it more likely that they are diagnosed at later stages of diseases and conditions.

People with low SES tend to smoke cigarettes more heavily.

- People living in poverty smoke cigarettes for a duration of nearly twice as many years as people with a family income of three times the poverty rate.
- People with high school education smoke cigarettes for a duration of more than twice as many years as people with at least a bachelor's degree.
- Blue-collar workers are more likely to start smoking cigarettes at a younger age and to smoke more heavily than white-collar workers.

Secondhand smoke exposure is higher among people living below the poverty level and those with less education.

- Low SES populations are more likely to suffer the harmful health consequences of exposure to secondhand smoke.
- Blue-collar workers are more likely to be exposed to secondhand smoke at work than white-collar workers.
- Service workers, especially bartenders and wait staff, report the lowest rates of workplace smoke-free policies than other occupation categories.

(Source: CDC, Smoking & Tobacco Use, Cigarette Smoking and Tobacco Use Among People of Low Socioeconomic Status, updated August 21, 2018)

Health Behaviors: Adult Alcohol Consumption

Key Findings

Fifty-two percent (52%) of Mahoning County adults had at least one alcoholic drink in the past month. About two-fifths (41%) of current drinkers were binge drinkers.

Adult Alcohol Consumption

- Fifty-two percent (52%) of Mahoning County adults had at least one alcoholic drink in the past month, increasing to 61% of those with incomes more than $25,000.
- Of those who drank, Mahoning County adults drank 2.6 drinks on average, increasing to 3.3 drinks for those with incomes less than $25,000.
- One-fifth (20%) of Mahoning County adults reported they had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. Of current drinkers, 41% were considered binge drinkers.

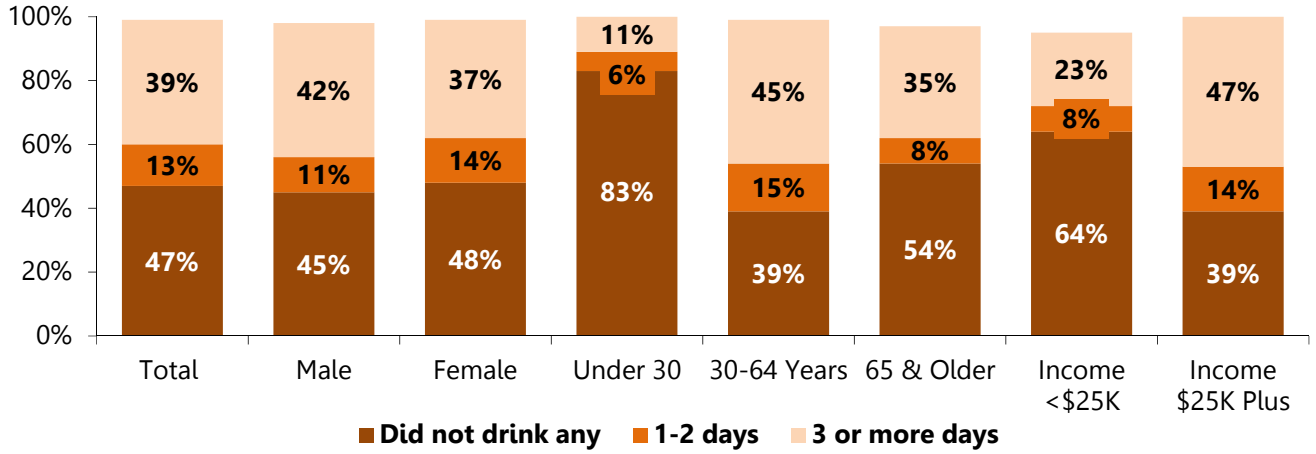
36,817 Mahoning County adults were binge drinkers.

- Twenty-four percent (24%) of current drinkers reported driving after drinking an alcoholic beverage, increasing to 35% of males and 42% of those over the age of 65.
- In the past month, 31% of current drinkers reported drinking while on prescription medications.

Adult Comparisons	Mahoning County 2018-2019	Ohio 2017	U.S. 2017
Current drinker (had at least one drink of alcohol within the past 30 days)	52%	54%	55%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	20%	19%	17%

The following graph shows the percentage of Mahoning County adults consuming alcohol in the past month. An example of how to interpret the information shown on graph includes: 47% of all Mahoning County adults did not drink alcohol in the past month, including 45% of males and 48% of females.

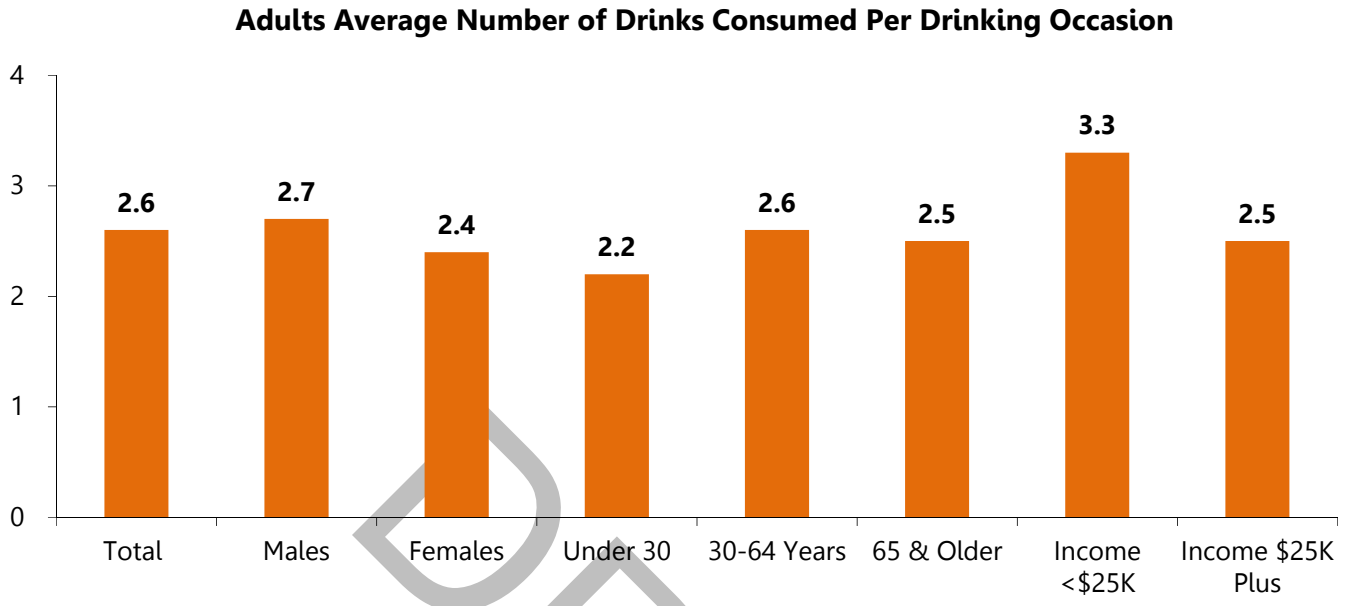
Average Number of Days Drinking Alcohol in the Past Month*



**Percentages may not equal 100% as some respondents answered, "don't know"*

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows the the average number of drinks consumed per drinking occasion. An example of how to interpret the information shown on the first graph includes: Mahoning County adults drank an average of 2.6 drinks per drinking occacion, increasing to 3.3 drinks for those with incomes less than $25,000.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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Economic Costs of Excessive Alcohol Use

- Excessive alcohol consumption cost the United States $249 billion in 2010. This cost amounts to about $2.05 per drink, or about $807 per person.
- Costs due to excessive drinking largely resulted from loses in workplace productivity (72% of the total cost), health care expenses (11%), and other costs due to a combination of criminal justice expenses, motor vehicle crash costs, and property damage.
- Excessive alcohol use cost states and DC a median of 3.5 billion in 2010, ranging from $488 million in North Dakota to $35 billion in California.
  - Excessive alcohol consumption cost Ohio $8.5 billion in 2010. This cost amounts to $2.10 per drink or $739 per person.
- Binge drinking, defined as consuming 4 or more drinks per occasion for women or 5 or more drinks per occasion for men, was responsible for 77% of the cost of excessive alcohol use in all states and DC.
- About $2 of every $5 of the economic costs of excessive alcohol use were paid by federal, state, and local governments.

(Source: CDC, Alcohol and Public Health – Excessive Drinking, updated July 13, 2018)

Motor Vehicle Accident Statistics

The following table shows the City of Youngstown, Mahoning County, and Ohio motor vehicle accident statistics. The table shows:

- In 2017, 3% of the total crashes in Mahoning County were alcohol-related, compared to 4% for Ohio.
- Of the total number of alcohol-related crashes (184) in Mahoning County, 51% were property damage only, 46% were alcohol-related injuries, and 4% were fatal injuries.
- There were 11,928 alcohol-related crashes in Ohio in 2017. Of those crashes, 56% were property damage only, 41% were alcohol-related injuries, and 3% were fatal injuries.

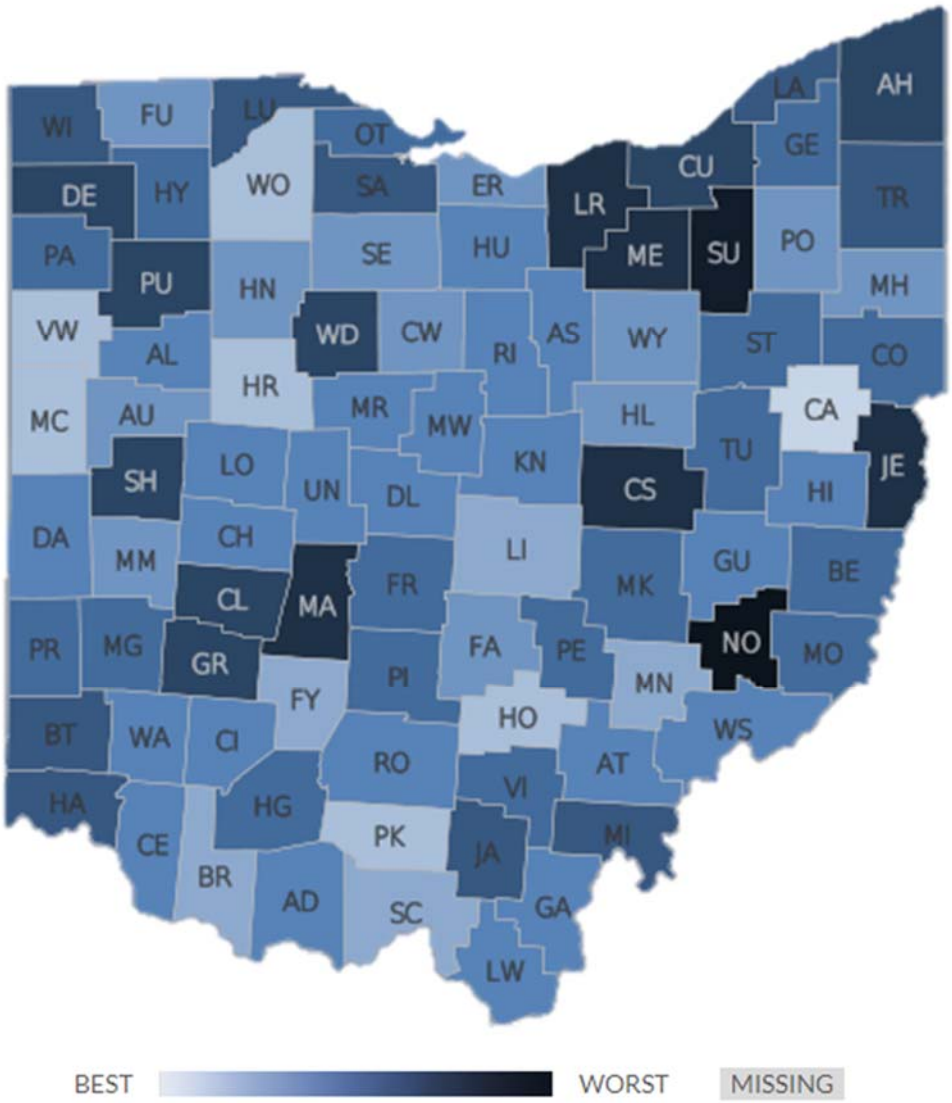
	City of Youngstown 2017	Mahoning County 2017	Ohio 2017
Crashes			
Property Damage Only (PDO) Crashes	982	3,938	226,756
Injury Crashes	470	1,530	75,435
Fatal Injury Crashes	8	17	1,094
Total Crashes	1,460	5,485	303,285
Drivers			
Total Drivers in Crashes	2,367	9,277	507,869
Alcohol Impaired Drivers in Crashes	26	181	11,666
Total Passengers in Crashes	1,033	3,997	179,664
Alcohol-Related			
Property Damage Only (PDO)	11	93	6,733
Injury (non-fatal)	14	84	4,898
Fatal Injury	2	7	297
Total Alcohol-Related Crashes	27	184	11,928
Alcohol-Related Deaths	4	9	314

(Source: Ohio Department of Public Safety, Crash Reports, Traffic Crash Facts, Updated on 8/20/2018)

Alcohol-Impaired Driving Deaths

Alcohol-Impaired Driving Deaths is the percentage of motor vehicle crash deaths with alcohol involvement. Approximately 17,000 Americans are killed annually in alcohol-related motor vehicle crashes. Binge/heavy drinkers account for most episodes of alcohol-impaired driving.

- The alcohol-impaired driving deaths percentage in Mahoning County is 26%.
- The alcohol-impaired driving deaths percentage in Ohio is 34%.



(Source: Fatality Analysis Reporting System, as compiled by County Health Rankings, 2018)

Health Behaviors: Adult Drug Use

Key Findings

Three percent (3%) of Mahoning County adults reported using recreational marijuana during the past 6 months. Six percent (6%) of adults reported using medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past six months.

Marijuana and Other Drug Use

- Three percent (3%) of Mahoning County adults reported using marijuana for recreational purposes in the past six months.
- Four percent (4%) of adults reported using used wax, oil with THC, or edibles for recreational purposes.
- One percent (1%) of adults reported using medical marijuana in the past six months.

5,523 Mahoning County adults reported using marijuana for recreational purposes in the past 6 months.

- Mahoning County adults reported that they and/or an immediate family member/someone in their household used the following in the past 6 months: recreational marijuana (12%); wax, oil with THC, or edibles (8%); amphetamines, methamphetamine or speed (7%); medical marijuana (3%); cocaine, crack, or coca leaves (2%); inappropriate use of over-the-counter medications (2%); heroin/fentanyl (2%); synthetic marijuana/K2 (2%); bath salts (2%); kraton (2%); LSD, mescaline, peyote, psilocybin, DMT, or mushrooms (2%); inhalants such as glue, toluene, gasoline, duster, or paint (1%); and ecstasy or E,GHB, or Molly (1%).

The following graph indicates adult recreational marijuana use in the past 6 months. An example of how to interpret the information includes: 3% of Mahoning County adults used recreational marijuana in the past 6 months, including 0% of those under the age of 30 and 6% of those with incomes less than $25,000.

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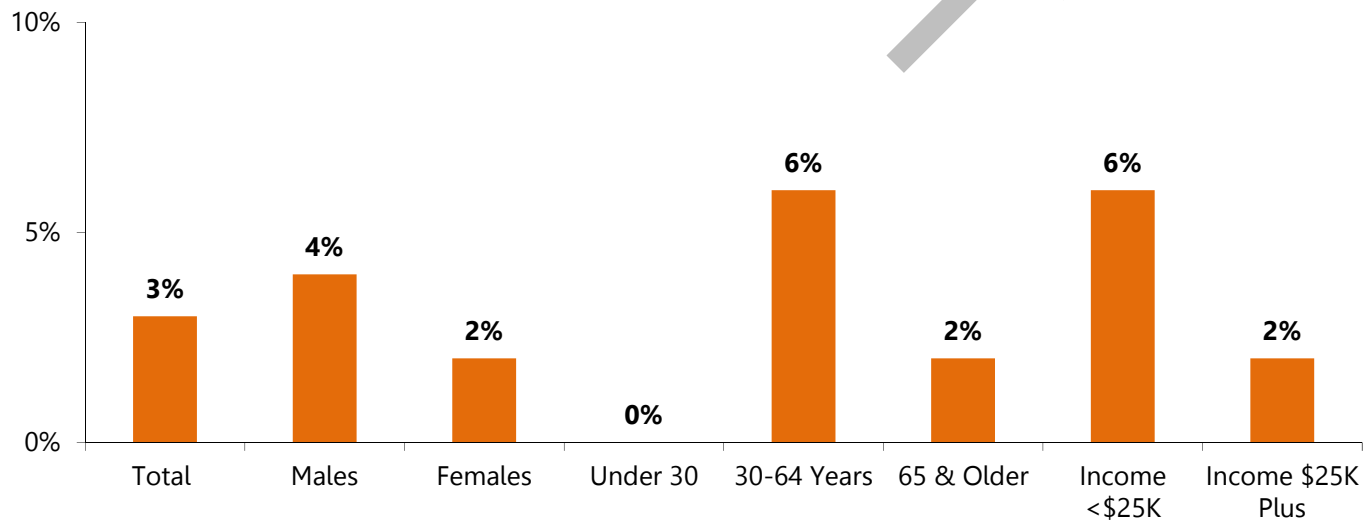
Mahoning County Adult Recreational Marijuana Use in Past 6 Months*



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.
**Does not include wax or oil with THC edibles*

Prescription Drug Misuse

- Six percent (6%) of adults reported using drugs not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past six 6 months, increasing to 12% of those with incomes less than $25,000.

11,045 Mahoning County adults reported using drugs not prescribed for them or took more than prescribed to feel good, high, and/or more active or alert.

- Mahoning County adults reported that they and/or an immediate family member/someone in their household took the following medications not prescribed to them to feel good, high and/or more active or alert during the past 6 months: steroids (5%); tranquilizers such as Valium or Xanax (4%); Ritalin, Adderall, Concerta, or other ADHD medication (3%); Tramadol/Ultram (2%); Vicodin (2%); Codeine, Demerol, Morphine, Percocet, Dilaudad, or Fentanyl (2%); Suboxone or Methadone (1%); OxyContin (1%); and Neurontin (1%).

- Mahoning County adults indicated they did the following with their unused prescription medication: took as prescribed (25%), threw them in the trash (16%), took them to a medication collection program (16%), kept them (12%), flushed them down the toilet (8%), took them to Drug Take Back Days (4%), took them to the sheriff's office (4%), kept them in a locked cabinet (4%), mailer to ship back to pharmacy (1%), gave them away (<1%), drug deactivation pouches (<1%), and other (2%).

The following graph indicates adult prescription drug misuse in the past 6 months. An example of how to interpret the information includes: 6% of Mahoning County adults misused prescription drugs in the past 6 months, including 6% of females and 12% of those with incomes less than $25,000.

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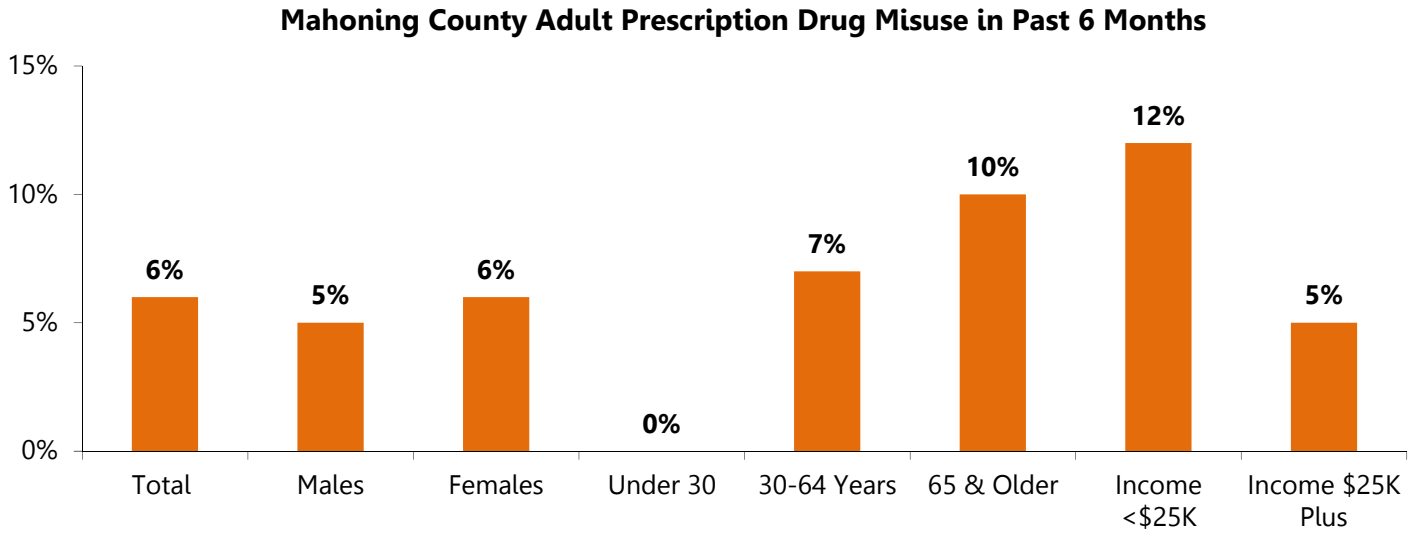


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Treatment Programs and Services

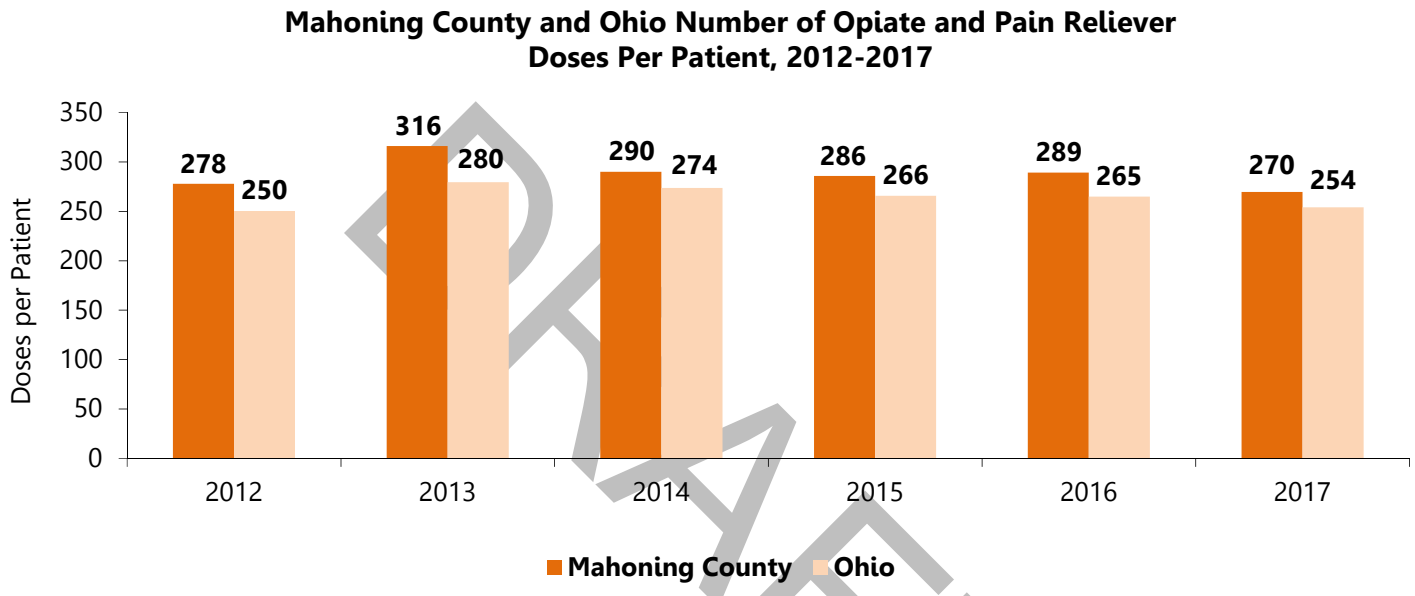
- Two percent (2%) of Mahoning County adults had used a program or service to help with an alcohol or drug problem for themselves or a loved one. Reasons for not using a program or service to help with a drug or alcohol problem included: program was not needed (94%), stigma of seeking alcohol services (2%), fear (1%), could not afford to go (1%), did not know how to find a program (<1%), had not thought of it (<1%), did not want to miss work (<1%), transportation (<1%), could not get to the office or clinic (<1%), no openings (<1%), insurance did not cover it (<1%), wait time (<1%),no program available (<1%), and other reasons (1%).

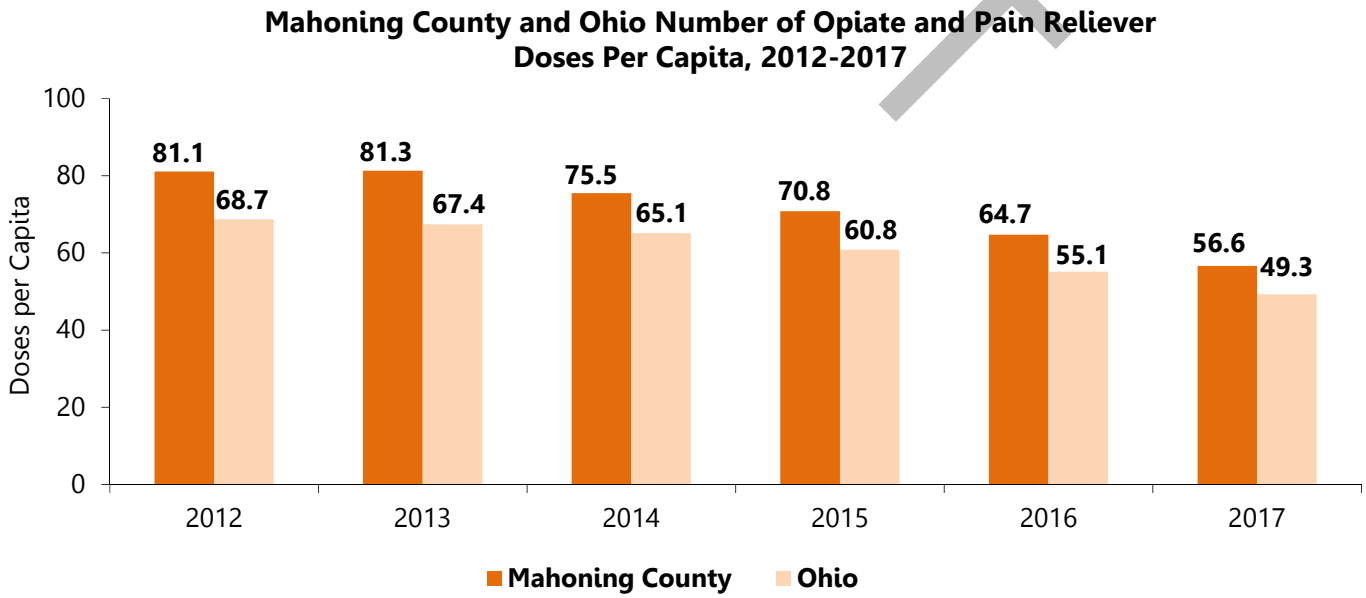
Adult Comparisons	Mahoning County 2018-2019	Ohio 2017	U.S. 2017
Adults who used recreational marijuana or hashish in the past 6 months	3%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	6%	N/A	N/A

N/A – Not Available

Opiate and Pain Reliever Doses

The following graphs are data from the Ohio Automated Prescription Reporting System (OARRS) indicating Mahoning County and Ohio opiate and pain reliever doses per patient, as well as doses per capita.





(Source: Ohio Automated Rx Reporting System, Quarterly County Data)

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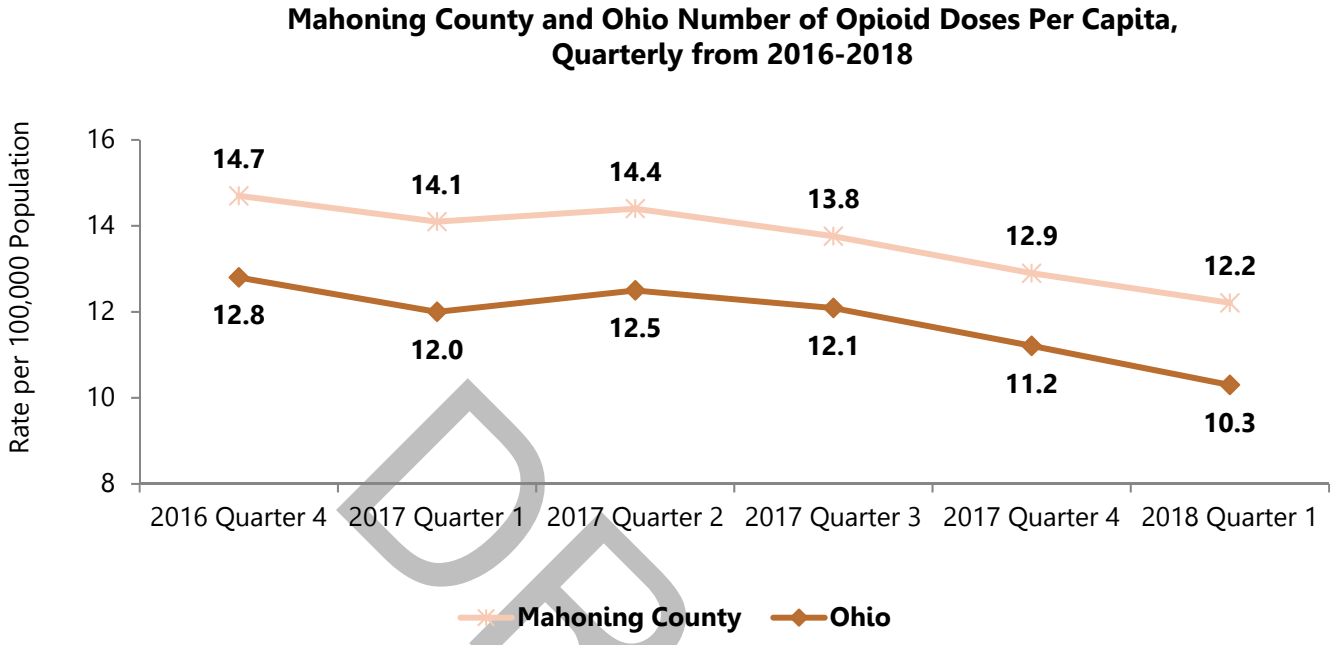
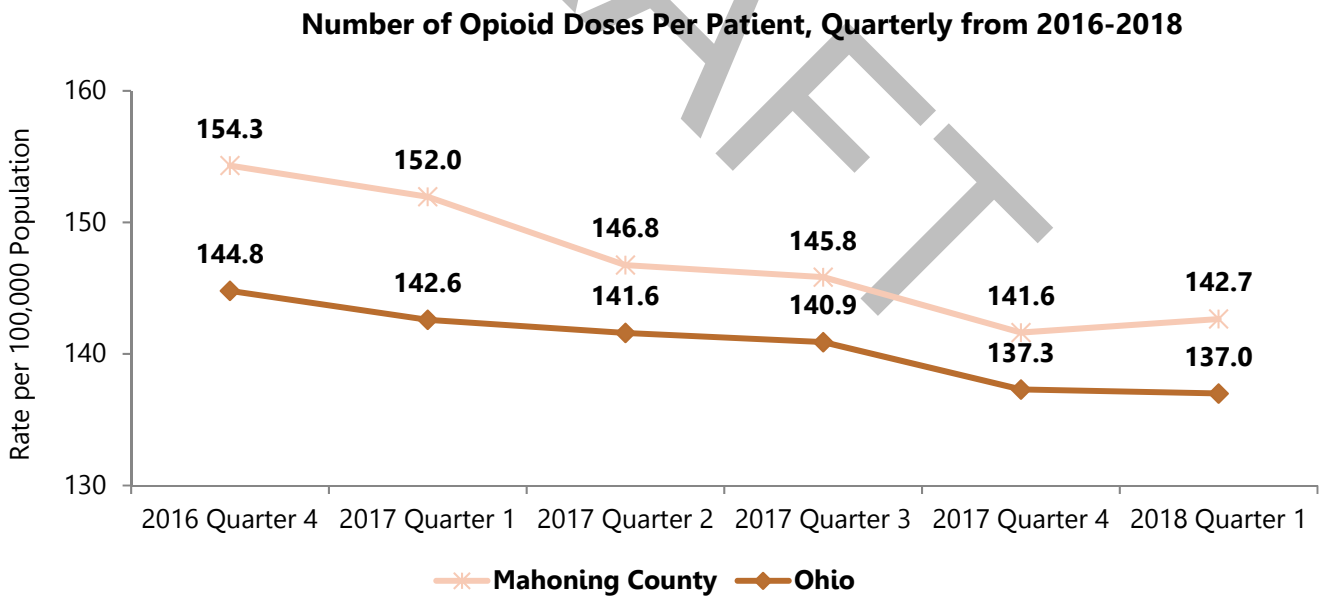
Opioid Doses

The following graphs are data from the Ohio Automated Prescription Reporting System (OARRS) indicating Mahoning County and Ohio opioid doses per capita, as well as doses per patient.





(Source: Ohio's Automated Rx Reporting System, 2016-2018)

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Unintentional Drug Overdose Deaths

The table below shows the number of unintentional drug overdose deaths, and average crude and age-adjusted annual death rates per 100,000 population, for Mahoning County and Ohio.

Number of Unintentional Drug Overdose Deaths and Average Crude and Age-Adjusted Annual Death Rates Per 100,000 Population, by County, 2005-2017

	Number of Deaths														Crude Death Rate	Age Adjusted Death Rate
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2012-2017 Total		
Mahoning County	29	25	25	42	38	48	47	48	41	48	60	83	112	392	28.1	30.3
Ohio	1,020	1,261	1,351	1,473	1,423	1,544	1,772	1,914	2,110	2,531	3,050	4,050	4,854	18,509	26.6	27.9

(Source: Ohio Department of Health, 2017 Ohio Drug Overdose Data: General Findings)

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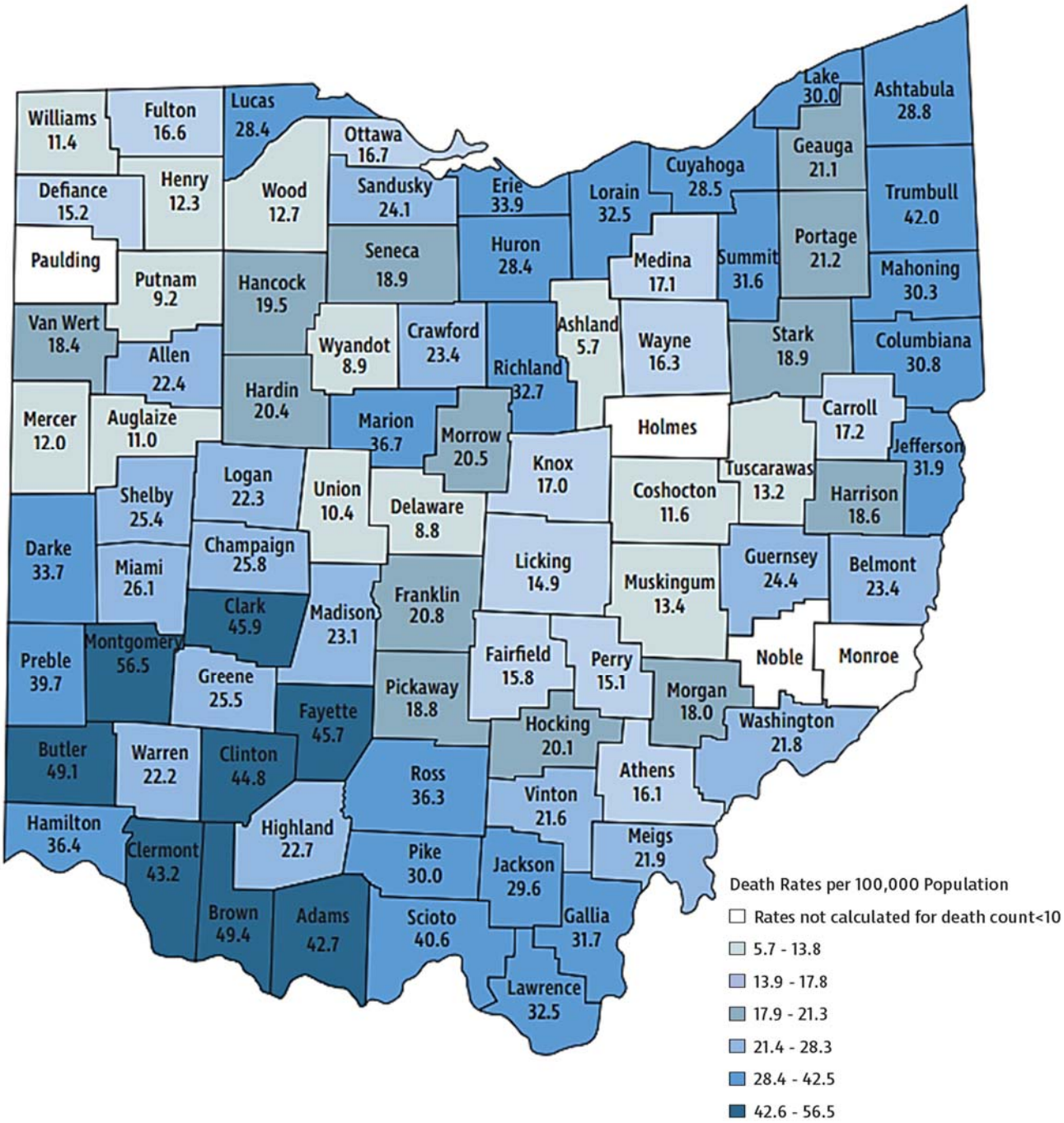
Ohio's Limits on Prescription Opiates

- The opioid epidemic is undeniably a major public health issue that Ohio has been addressing since 2012. Furthering steps to save lives, Ohio has updated its policies in limiting opiate prescriptions, especially acute pain. With the highlights of Ohio's new opiate prescribing limits below, Ohio hopes to reduce opiate doses by 109 million per year:
  - No more than seven days of opiates can be prescribed for adults; no more than five days of opiates can be prescribed for minors
  - The total morphine equivalent dose (MED) of a prescription for acute pain cannot exceed an average of 30 MED per day
  - Health care providers can prescribe opiates in excess of the new limits only if they provide a specific reason in the patient's medical record. Unless such a reason is given, a health care provider is prohibited from prescribing opiates that exceed Ohio's limits
  - Prescribers will be required to include a diagnosis or procedure code on every controlled substance prescription, which will be entered into Ohio's prescription monitoring program, OARRS
  - The new limits do not apply to opioids prescribed for cancer, palliative care, end-of-life/hospice care or medication-assisted treatment for addiction
  - The new limits will be enacted through rules passed by the State Medical Board, Board of Pharmacy, Dental Board and Board of Nursing
- Since 2012, Ohio has reduced opiate prescriptions by 20% yet, more needs to be done to reduce the possibility of opiate abuse to those who are prescribed.

(Source: Ohio Mental Health and Addiction Services; New Limits on Prescription Opiates Will Save Lives and Fight Addiction, updated March 31, 2017)

Unintentional Drug Overdose Death Rates for Ohio

The following map illustrates the average age-adjusted unintentional drug overdose death rate per 100,000 population, by county from 2012-2017.

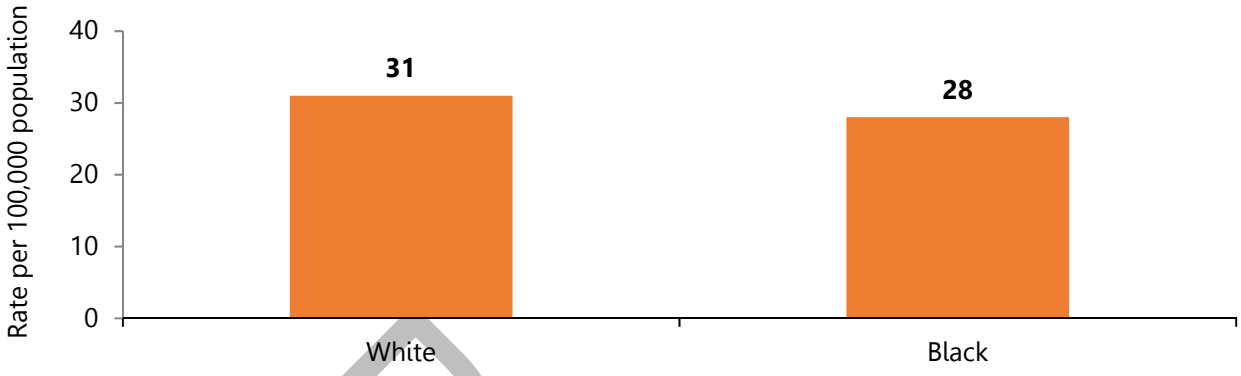


(Source: Ohio Department of Health, 2017 Ohio Drug Overdose Data: General Findings)

Unintentional Drug Overdose Death Rates by Race, Age, and Gender

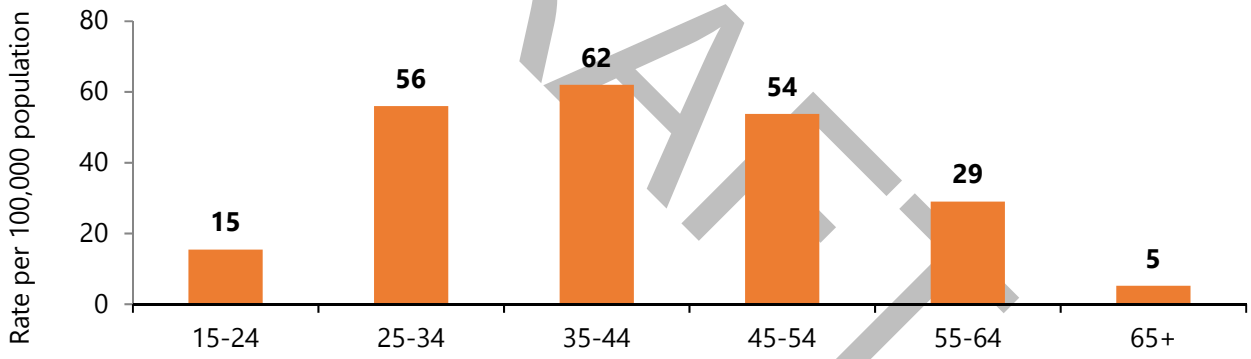
The following graphs show the average age-adjusted unintentional drug overdose death rate per 100,000 population, by race, age and gender from 2012-2017.

2012-2017 Mahoning County
Age-Adjusted Unintentional Drug Overdose Mortality Rates by Race*

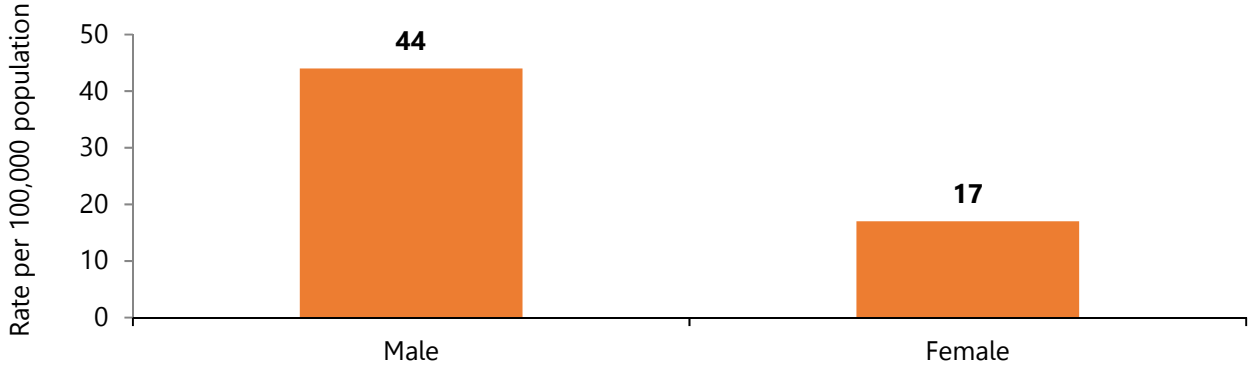


**Races represented are white and black. All other races were N/A due to low rates.*

2012-2017 Mahoning County
Unintentional Drug Overdose Mortality Rates by Age



2012-2017 Mahoning County
Age-Adjusted Unintentional Drug Overdose Mortality Rates by Gender



(Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Unintentional Drug Overdose Data, Unintentional Drug Overdose Resident Deaths per 100,000 Population by County, updated 4/23/2019)

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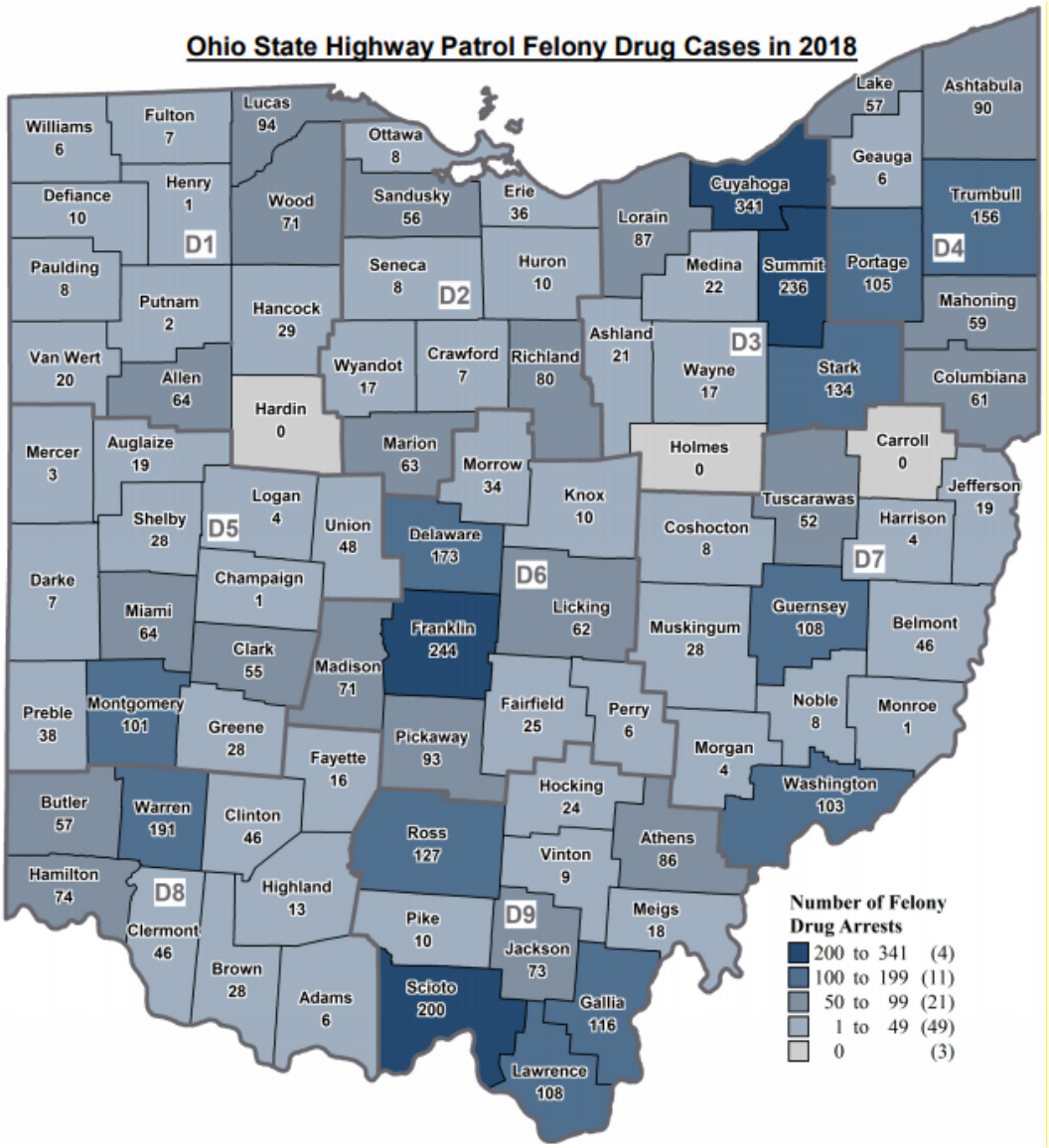
Felony Cases and Drug Arrests January – June 2018

- Ohio State Highway Patrol (OSHP) investigated a wide range of felony offenses in 2018 including homicide/death (45); robbery/burglary (7); larceny (686); assault (2,170); false pretense (185); vice (4,768); property crimes (153); and various other types of felony offenses (307).
- OSHP Troopers made 16,956 total drug arrests in 2018 - a 2% increase from 2017 and a 20% rise over the previous 3-year average (2015-2017). Total drug arrests in 2018 were 76% higher than they were in 2013.

OSHP felony cases by type[1]	
Homicide/Death	45
Robbery/Burglary	7
Larceny	686
Assault	2,170
False pretense[2]	185
Vice[3]	4,768
Property crimes	153
Other investigations	307
Total:	8,321

OSHP drug arrests	
Total drug arrests	16,956
Felony drug cases	4,732

OSHP drug seizures in grams	
Marijuana	2,181,948
Cocaine	229,521
Methamphetamine	194,682
Heroin	133,383
OSHP scheduled pill seizures	
Opiate	25,475
Stimulant	4,700
Depressant	8,210
Hallucinogen	736



(Source: Ohio State Highway Patrol, Felony Cases and Drug Arrests, January – June 2018)

Health Behaviors: Sexual Behavior

Key Findings

About three in five (61%) Mahoning County adults had sexual intercourse in the past year. Five percent (5%) of adults had more than one partner.

Adult Sexual Behavior

- Sixty-one (61%) of Mahoning County adults had sexual intercourse in the past year.
- Five percent (5%) of adults had sexual intercourse with more than one partner in the past year.

9,204 Mahoning County adults had sexual intercourse with more than one partner in the past year.

- Adults used the following methods of birth control:
  - No partner/not sexually active (29%)
  - They or their partner were too old (18%)
  - Vasectomy (13%)
  - Tubes tied (11%)
  - Hysterectomy (9%)
  - Condoms (8%)
  - Birth control pill (5%)
  - Infertility (5%)
  - Withdrawal (4%)
  - Shots (2%)
  - IUD (2%)
  - Ovaries or testicles removed (2%)
  - Having sex only at certain times (2%)
- Ten percent (10%) of Mahoning County adults were not using any method of birth control and 3% were trying to get pregnant.
- The following situations applied to Mahoning County adults in the past year:
  - Had sex without a condom (31%)
  - Had anal sex without a condom (4%)
  - Had sex with someone they met on social media (2%)
  - Tested for an STD (1%)
  - Had 4 or more sexual partners (1%)
  - Injected any drug other than prescribed (1%)
  - Engaged in sexual activity following alcohol or drug use they would not have done if sober (1%)
  - Tested positive for HPV (1%)
  - Had sexual activity with someone of the same gender (<1%)
  - Treated for an STD (<1%)
  - Tested positive for HIV (<1%)

Adult Comparisons	Mahoning County 2018-2019	Ohio 2017	U.S. 2017
Had more than one sexual partner in past year	5%	N/A	N/A

N/A – Not available

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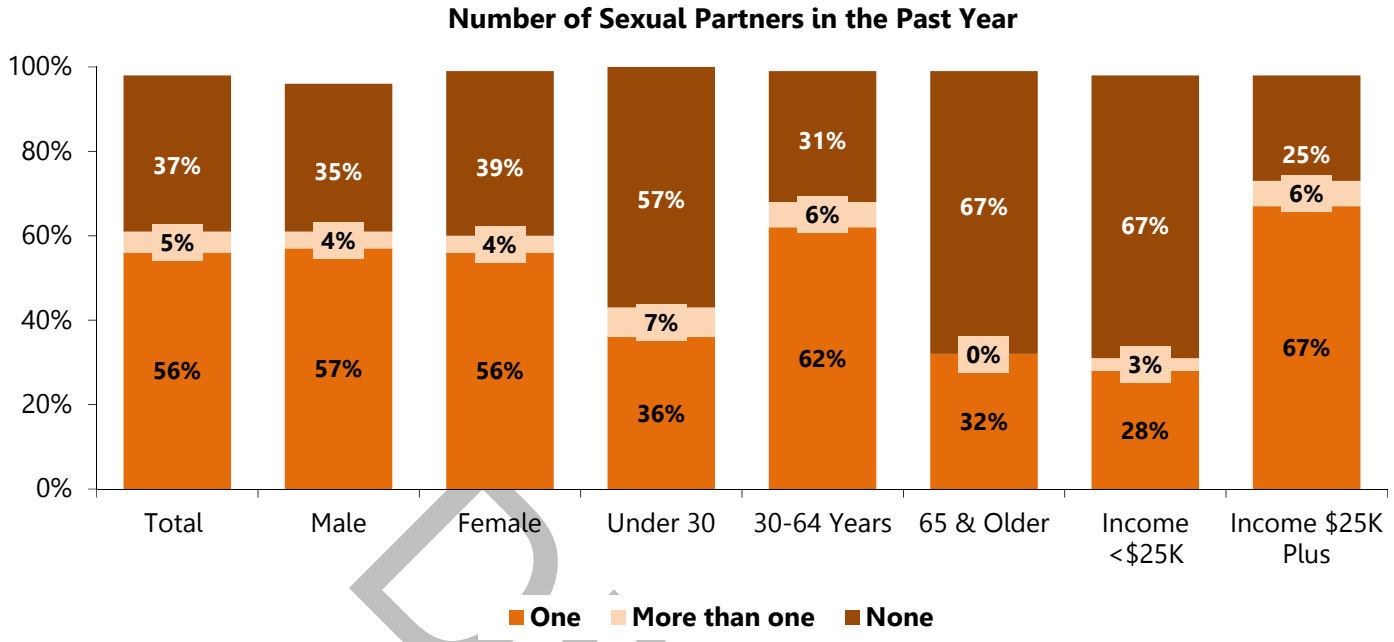
The following graph shows the sexual activity of Mahoning County adults. An example of how to interpret the information in the graph includes: 56% of all Mahoning County adults had one sexual partner in the last 12 months, 5% had more than one partner, and 37% did not have a sexual partner.



Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Scope of the Problem: Sexual Violence

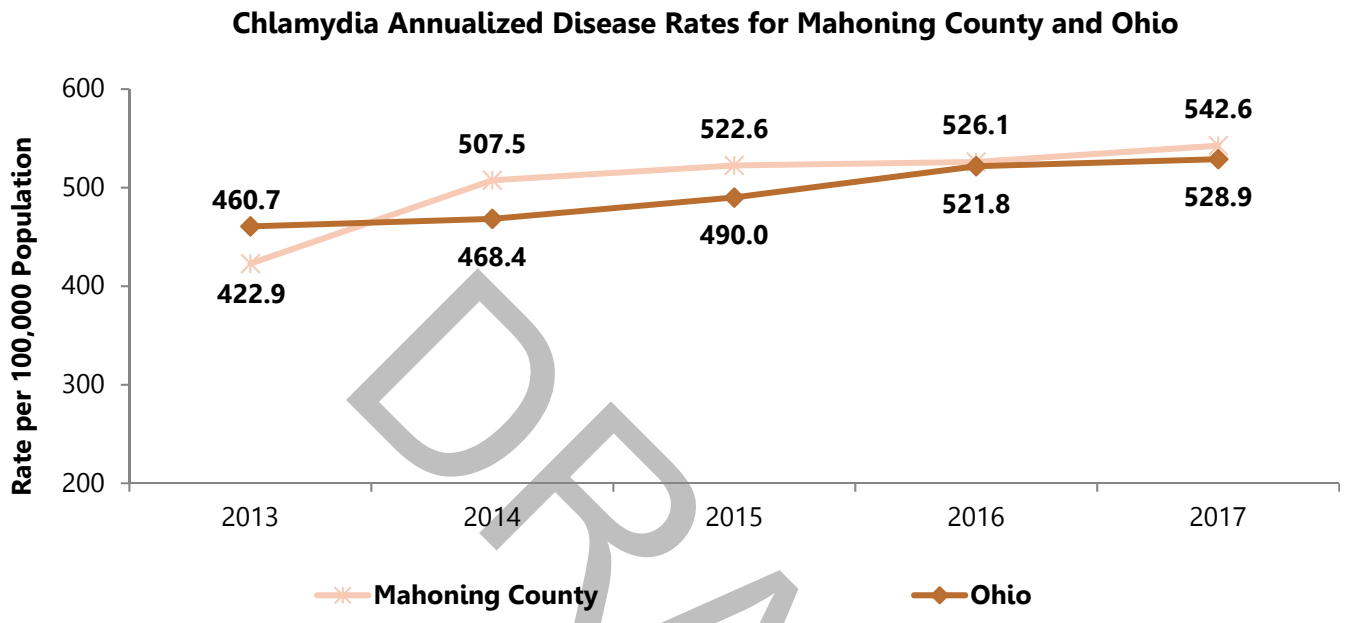
- 1 out of every 6 American women has been the victim of an attempted or completed rape in her lifetime (14.8% completed, 2.8% attempted).
- About 3% of American men—or 1 in 33—have experienced an attempted or completed rape in their lifetime.
- From 2009-2013, Child Protective Services agencies substantiated, or found strong evidence to indicate that, 63,000 children a year were victims of sexual abuse.
- A majority of child victims are 12-17. Of victims under the age of 18: 34% of victims of sexual assault and rape are under age 12, and 66% of victims of sexual assault and rape are age 12-17.
- Every 98 seconds another American is sexually assaulted.
- Number of people victimized each year:
  - 80,600 were sexually assaulted or raped
  - 60,000 were victims of "substantiated or indicated" sexual abuse
  - 321,500 Americans 12 and older were sexually assaulted or raped
  - 18,900 experienced unwanted sexual contact

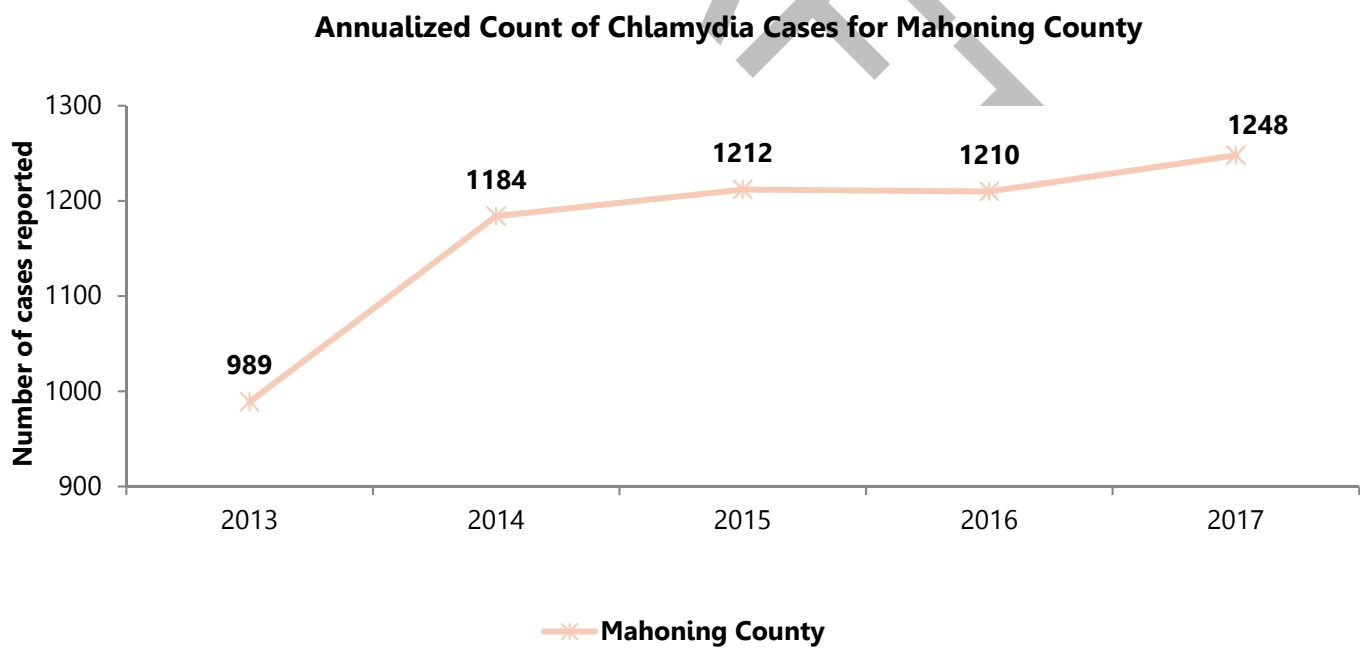
(Source: RAINN 25 years, Scope of the Problem: Statistics, 2019)

Chlamydia

The following graphs show Mahoning County chlamydia disease rates per 100,000 population. The graphs show:

- Mahoning County chlamydia rates increased from 2013 to 2017.
- The number of chlamydia cases in Mahoning County increased from 2013-2017.





(Source: Ohio Department of Health, STD Surveillance Program, Data reported through 5/24/2018)

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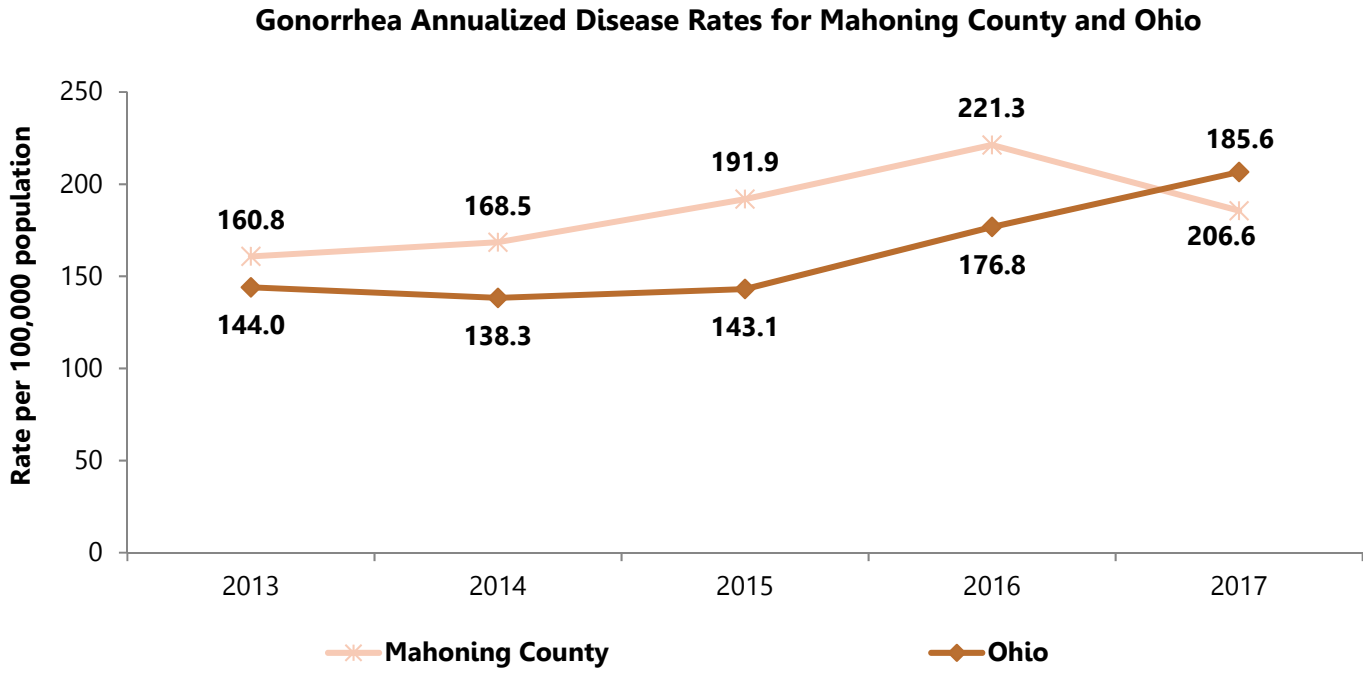
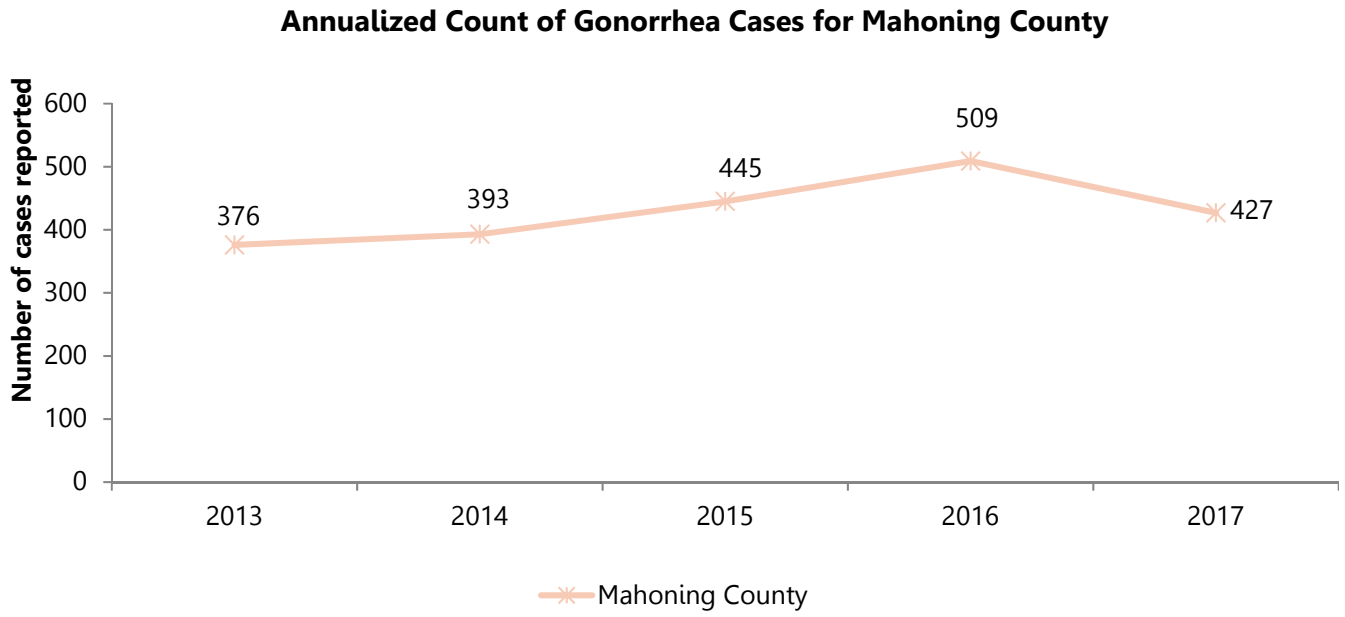
Gonorrhea

The following graphs show Mahoning County gonorrhea disease rates per 100,000 population. The graphs show:

- The Mahoning County gonorrhea rates fluctuated slightly from 2013 to 2017.
- The Ohio gonorrhea rate stayed about the same from 2013 to 2015, then increased significantly from 2015-2017.
- The Mahoning Country gonorrhea cases increased from 2013-2016, then decreased in 2017.

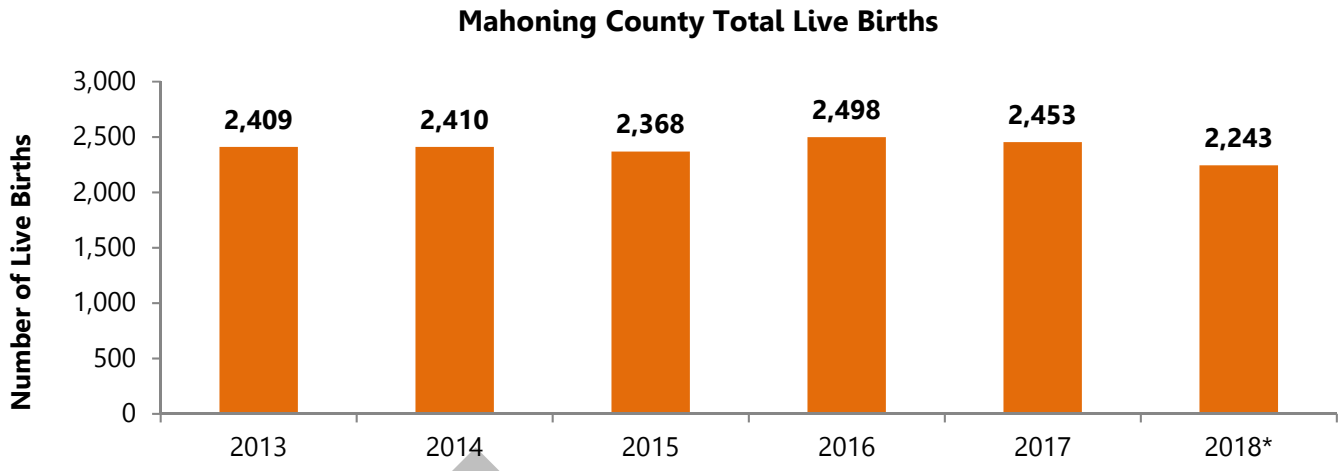


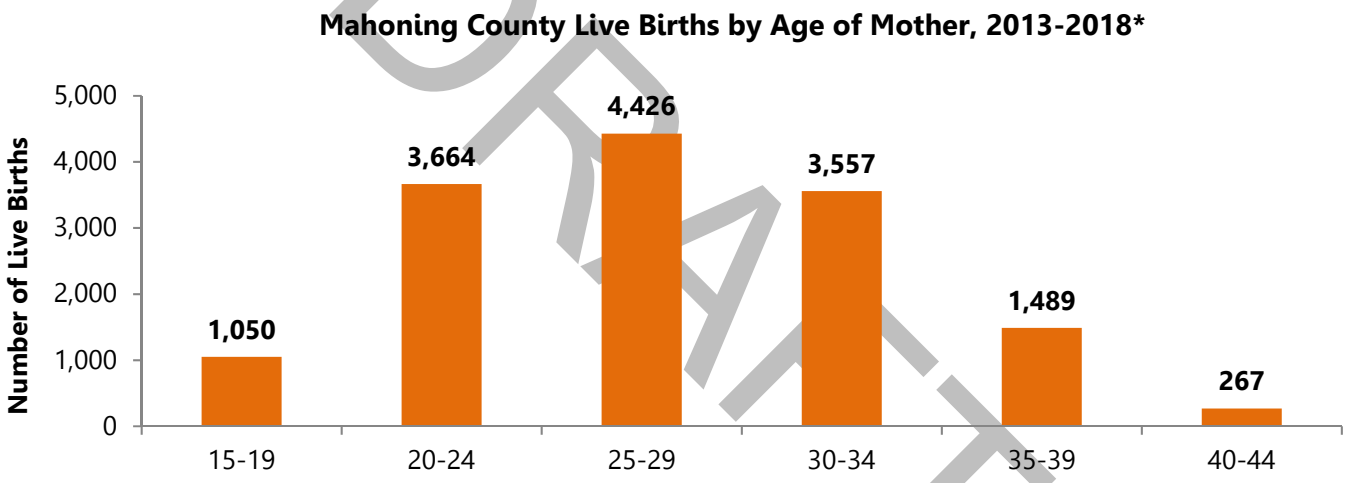


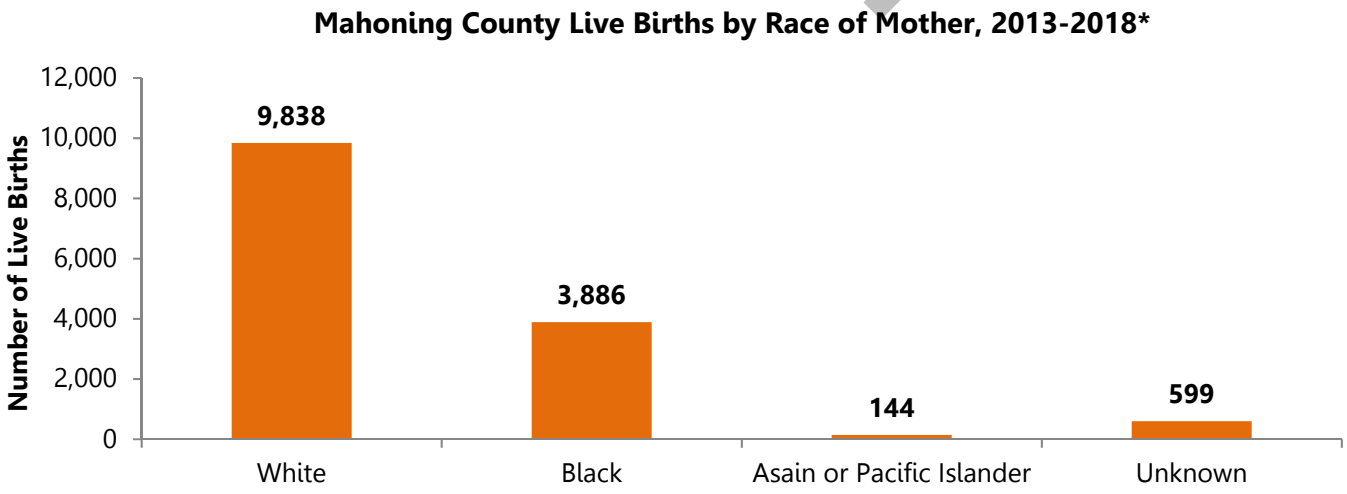
(Source: Ohio Department of Health, STD Surveillance Program, Data Reported through 5/24/18)

Birth Data

Please note that the pregnancy outcomes data includes all births to adolescents and adults.







**Data is incomplete and subject to change*
(Source: ODH Information Warehouse, updated 3/3/19)

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Health Behaviors: Adult Mental Health

Key Findings

About one in eight (12%) Mahoning County adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities. Three percent (3%) of adults considered attempting suicide.

Adult Mental Health

- In the past year, 12% of Mahoning County adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities.
- Three percent (3%) of Mahoning County adults seriously considered attempting suicide in the past year.

5,523 Mahoning County adults considered attempting suicide in the past year.

- Less than one percent (<1%) of adults reported actually attempting suicide in the past year.

Adult Comparisons	Mahoning County 2018-2019	Ohio 2017	U.S. 2017
Felt sad or hopeless for two or more weeks in the past year	12%	N/A	N/A
Seriously considered attempting suicide in the past year	3%	N/A	N/A
Attempted suicide in the past year	<1%	N/A	N/A

N/A – Not available

- Adults reported that they or a family member were diagnosed with or treated for the following mental health issues:
  - Anxiety or emotional problems (27%)
  - Depression (24%)
  - An anxiety disorder (24%)
  - Attention deficit disorder (ADD/ADHD) (12%)
  - Bipolar disorder (10%)
  - Alcohol and illicit drug abuse (9%)
  - Post-traumatic stress disorder (PTSD) (7%)
  - Psychotic disorder (4%)
  - Developmental disability (3%)
  - Autism spectrum (3%)
  - Life-adjustment disorder/issue (2%)
  - Eating disorder (1%)
  - Problem gambling (1%)
  - Other trauma (1%)
  - Some other mental health disorder (3%)
- Twenty-three percent (23%) indicated that they or a family member had taken medication for one or more mental health issues.
- Mahoning County adults indicated the following caused them anxiety, stress or depression:
  - Financial stress (40%)
  - Job stress (38%)
  - Death of close family member or friend (26%)
  - Other stress at home (20%)
  - Poverty/no money (19%)
  - Sick family member (19%)
  - Marital/dating relationships (11%)
  - Fighting in the home (11%)
  - Caring for a parent (9%)
  - Unemployment (7%)
  - Family member with a mental illness (7%)
  - Not having enough to eat (3%)
  - Not feeling safe at home (2%)
  - Divorce/separation (1%)
  - Not having a place to live (1%)
  - Not feeling safe in the community (1%)
  - Sexual orientation/gender identity (<1%)
  - Other (10%)

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- Mahoning County adults dealt with stress in the following ways:
  - Talked to someone they trust (44%)
  - Prayer/meditation (44%)
  - Listened to music (36%)
  - Ate more or less than normal (31%)
  - Exercised (31%)
  - Slept (30%)
  - Worked on a hobby (23%)
  - Worked (17%)
  - Drank alcohol (15%)
  - Smoked tobacco (8%)
  - Took it out on others (8%)
  - Used prescription drugs as prescribed (5%)
  - Called a professional (2%)
  - Used illegal drugs (1%)
  - Misused prescription drugs (<1%)
  - Self-harm (<1%)
  - Other ways (9%)

Common Signs of Mental Illness in Adults

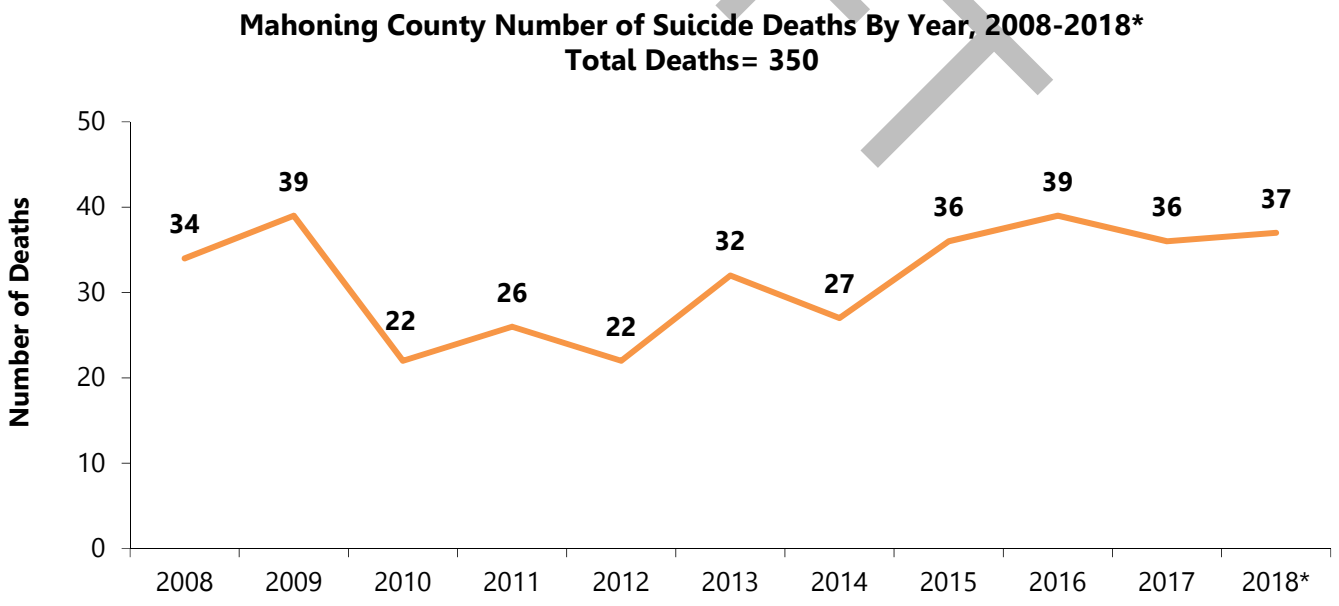
- Trying to tell the difference between what expected behaviors are and what might be the signs of a mental illness isn't always easy. There's no easy test that can let someone know if there is mental illness or if actions and thought might be typical behaviors of a person or the result of a physical illness.
- Each illness has its own symptoms, but common signs of mental illness in adults can include:
  - Excessive worrying or fear
  - Feeling excessively sad or low
  - Extreme mood changes
  - Avoiding friends and social activities
  - Changing in sleeping habits or feeling tired and low energy
  - Abuse of substances like alcohol or drugs
  - Inability to carry out daily activities or handle daily problems and stress

(Source: National Alliance on Mental Illness, Know the Warning Signs, Updated 2018)

Suicide Deaths

The graph below shows the Mahoning County suicide counts by year. The graph shows:

- From 2008 to 2018, there was an average of 32 suicides per year in Mahoning County.



**Data for 2018 is partial and incomplete, and should be used with caution*
(Source: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 3/7/19)

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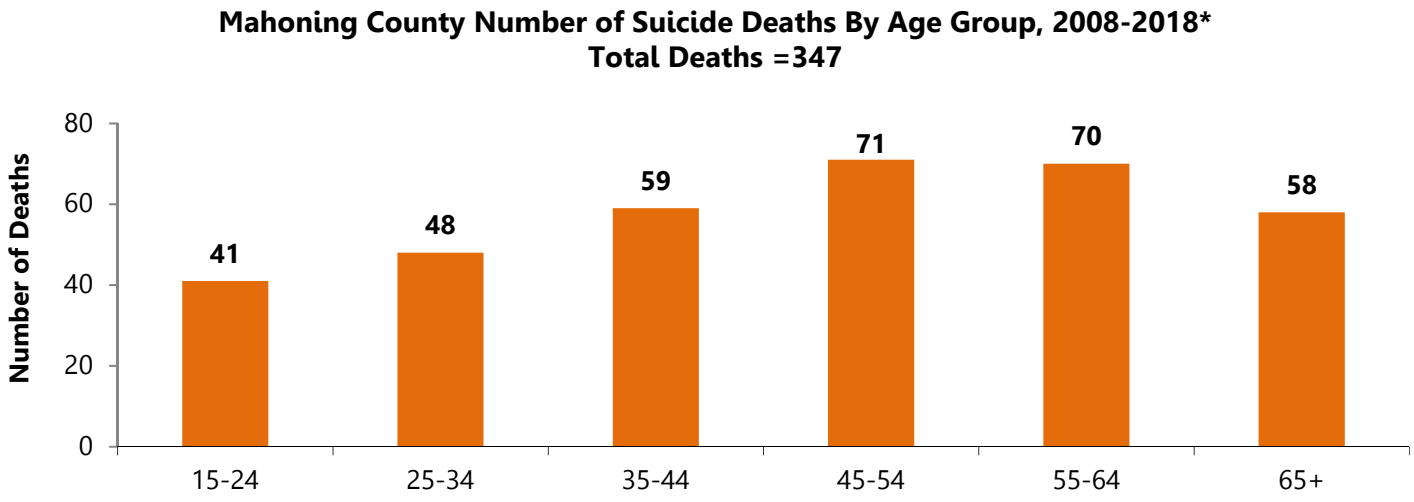
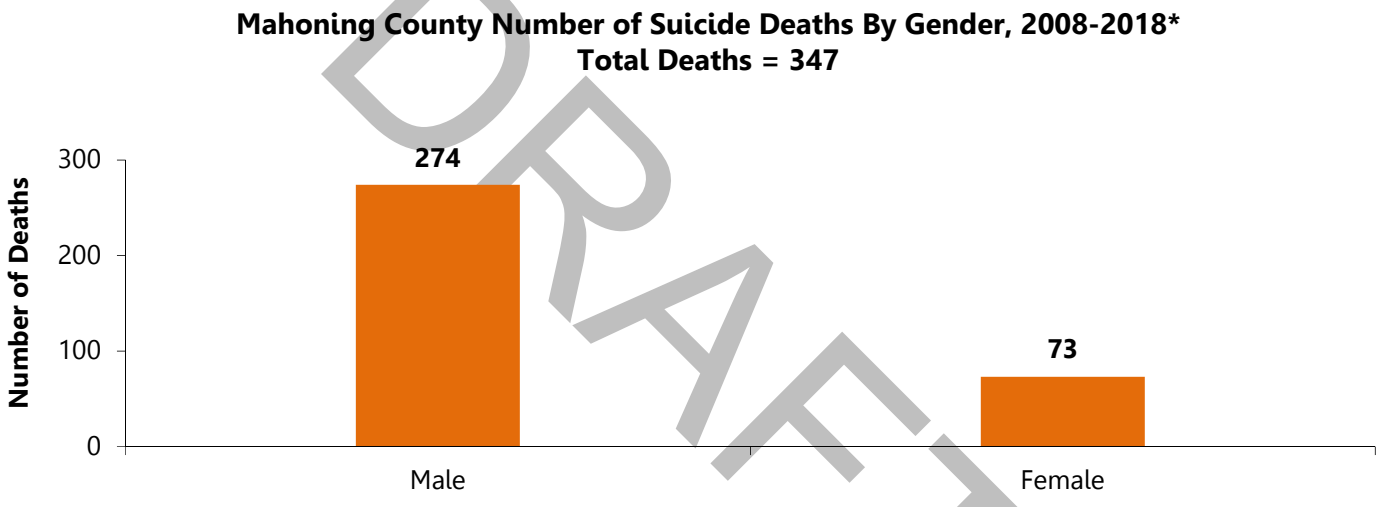
The graphs below show the Mahoning County suicide counts by age group, gender and race.





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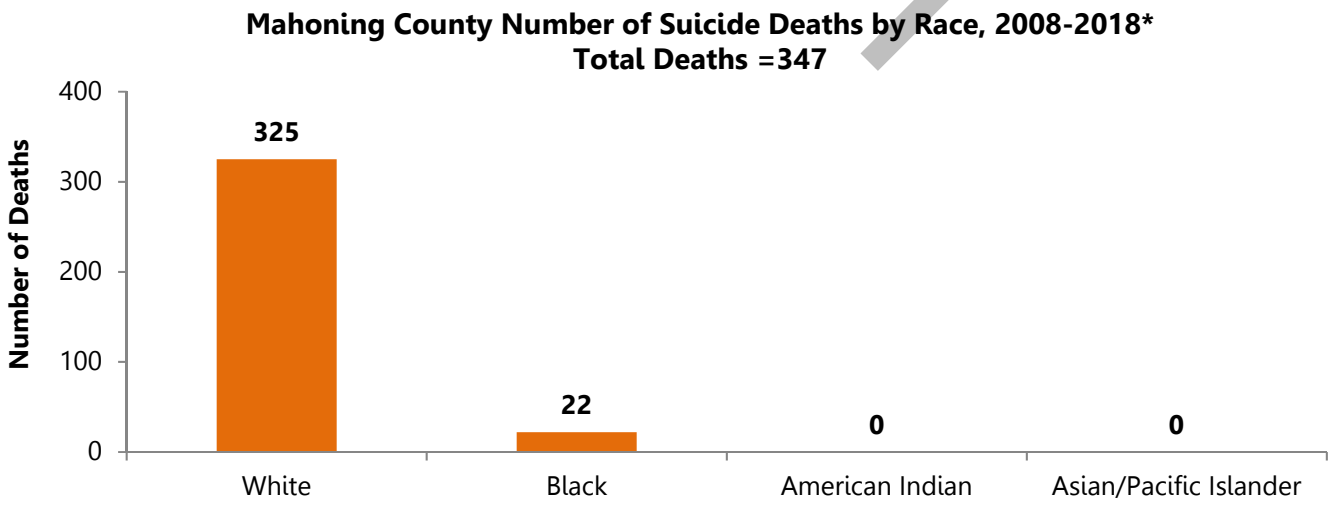

**Data for 2018 are considered partial and may be incomplete, and should be used with caution*
(Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 3/7/2019)

Chronic Disease: Cardiovascular Health

Key Findings

Five percent (5%) of adults had survived a heart attack and 3% had survived a stroke at some time in their life. Two-fifths (40%) had high blood cholesterol, 40% also had high blood pressure, 40% were obese, and 16% were smokers, four known risk factors for heart disease and stroke.

Heart Disease and Stroke

- Five percent (5%) of adults reported they had survived a heart attack or myocardial infarction, increasing to 16% of those over the age of 65.
- Three percent (3%) of Mahoning County adults reported they had survived a stroke, increasing to 7% of those over the age of 65.
- Four percent (4%) of adults reported they had angina or coronary heart disease, increasing to 9% of those over the age of 65.
- Three percent (3%) of adults reported they had congestive heart failure, increasing to 10% of those over the age of 65.

Mahoning County
Leading Causes of Death, 2015-2017

Total Deaths: 9,162

- Heart Diseases (28% of all deaths)
- Cancers (19%)
- Accidents, Unintentional Injuries (5%)
- Stroke (5%)
- Alzheimer's Disease (5%)

(Source: Ohio Public Health Data Warehouse, 2015-2017)

Ohio
Leading Causes of Death, 2015-2017

Total Deaths: 361,238

- Heart Diseases (23% of all deaths)
- Cancers (21%)
- Accidents, Unintentional Injuries (7%)
- Chronic Lower Respiratory Diseases (6%)
- Stroke (5%)

(Source: Ohio Public Health Data Warehouse, 2015-2017)

9,204 adults survived a heart attack or myocardial infarction.

High Blood Pressure (Hypertension)

- Two-fifths (40%) of adults had been diagnosed with high blood pressure.
- Five percent (5%) of adults were told they were pre-hypertensive/borderline high.
- Eighty-four percent (84%) of adults had their blood pressure checked within the past year.
- Mahoning County adults diagnosed with high blood pressure were more likely to have:
  - Been age 65 years or older (65%)
  - Been classified as obese by Body Mass Index (57%)
  - Incomes less than $25,000 (52%)

High Blood Cholesterol

- Two-fifths (40%) of adults had been diagnosed with high blood cholesterol.
- Four-fifths (80%) of adults had their blood cholesterol checked within the past 5 years.
- Mahoning County adults with high blood cholesterol were more likely to:
  - Have been ages 65 years or older (56%)
  - Have been classified as obese by Body Mass Index-BMI (46%)

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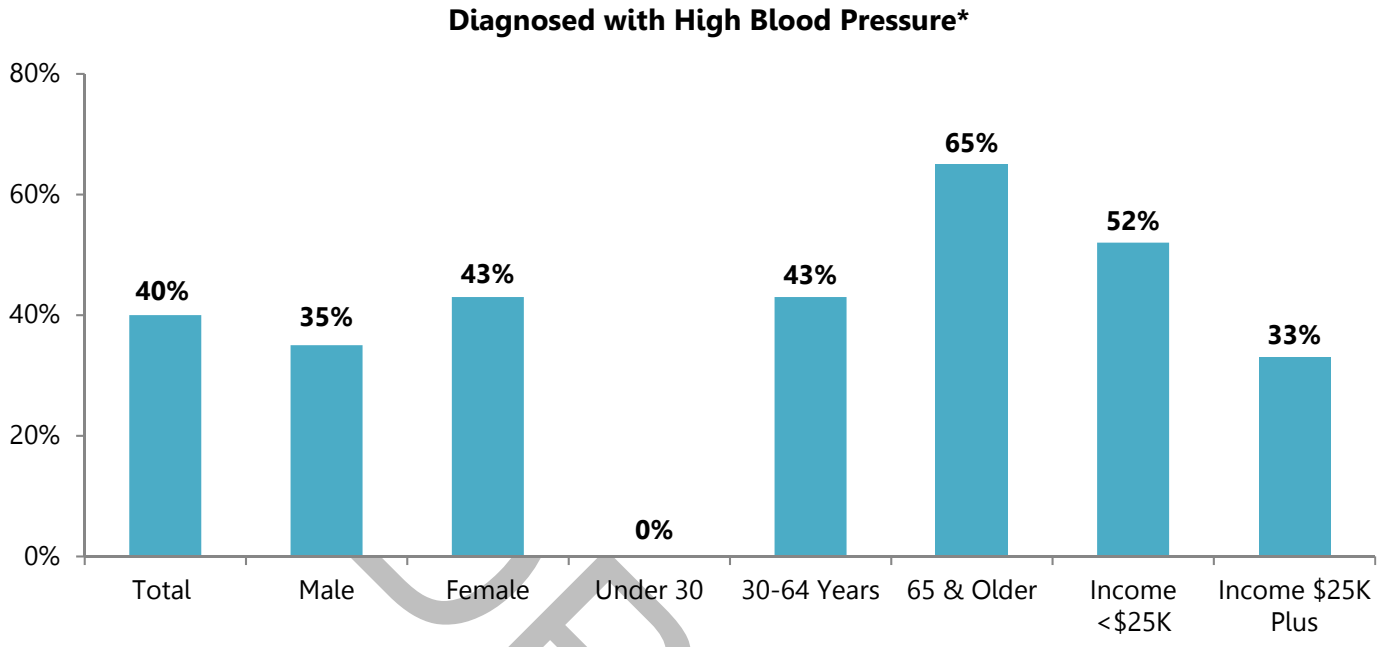
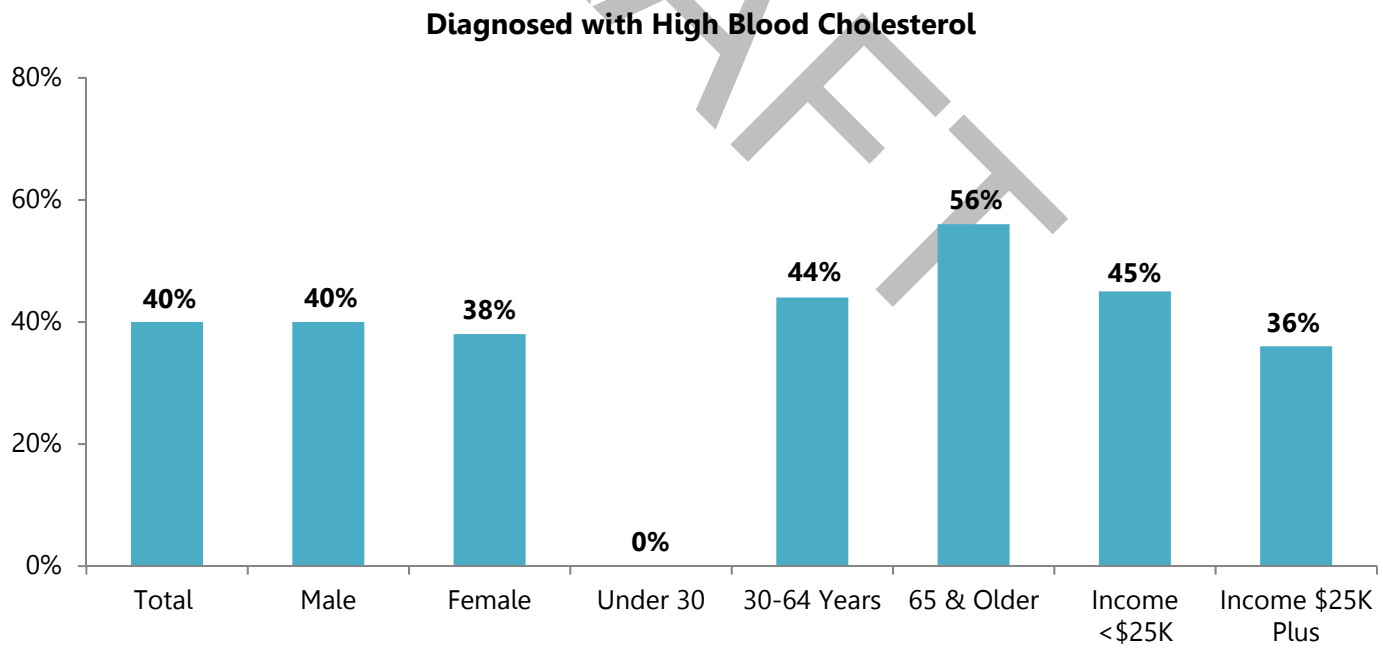
The following graphs show the number of Mahoning County adults who have been diagnosed with high blood pressure and high blood cholesterol. An example of how to interpret the information on the first graph includes: 40% of all Mahoning County adults have been diagnosed with high blood pressure, including 35% of males, 43% of females, and 65% of those 65 years and older.



**Does not include respondents who indicated high blood pressure during pregnancy only.*
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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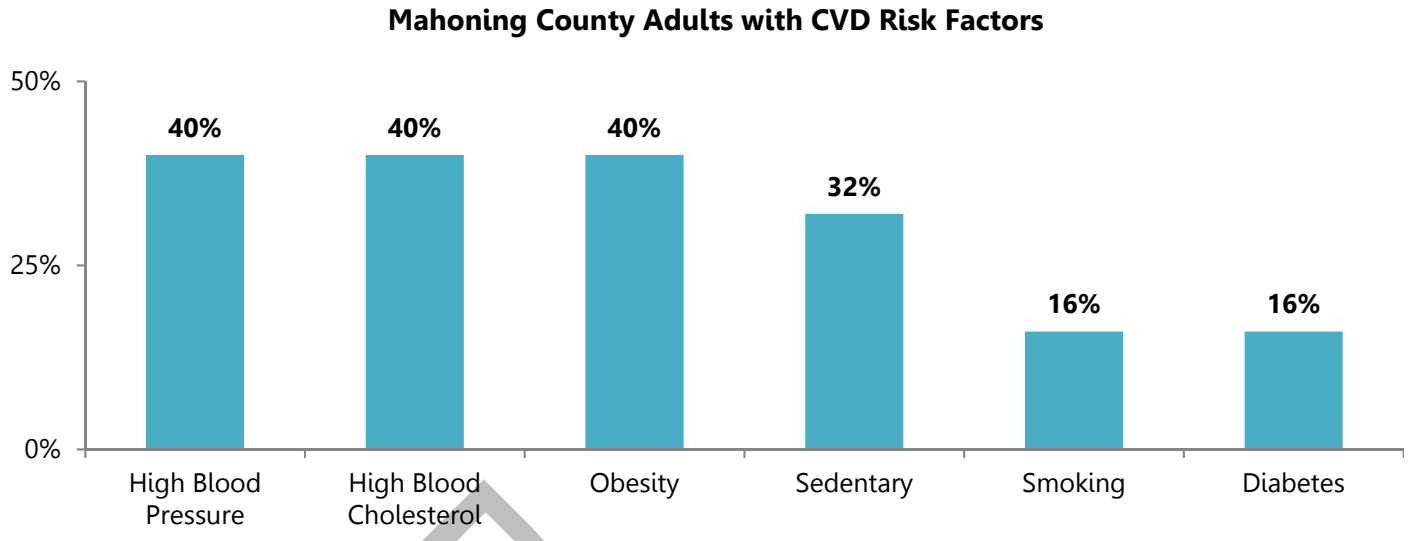
The following graph demonstrates the percentage of Mahoning County adults who had major risk factors for developing cardiovascular disease (CVD).



Adult Comparisons	Mahoning County 2018-2019	Ohio 2017	U.S. 2017
Ever diagnosed with angina or coronary heart disease	4%	5%	4%
Ever diagnosed with a heart attack or myocardial infarction	5%	6%	4%
Ever diagnosed with a stroke	3%	4%	3%
Had been told they had high blood pressure	40%	35%	32%
Had been told their blood cholesterol was high	40%	33%	33%
Had their blood cholesterol checked within the last five years	80%	85%	86%

Healthy People 2020 Objectives
Heart Disease and Stroke

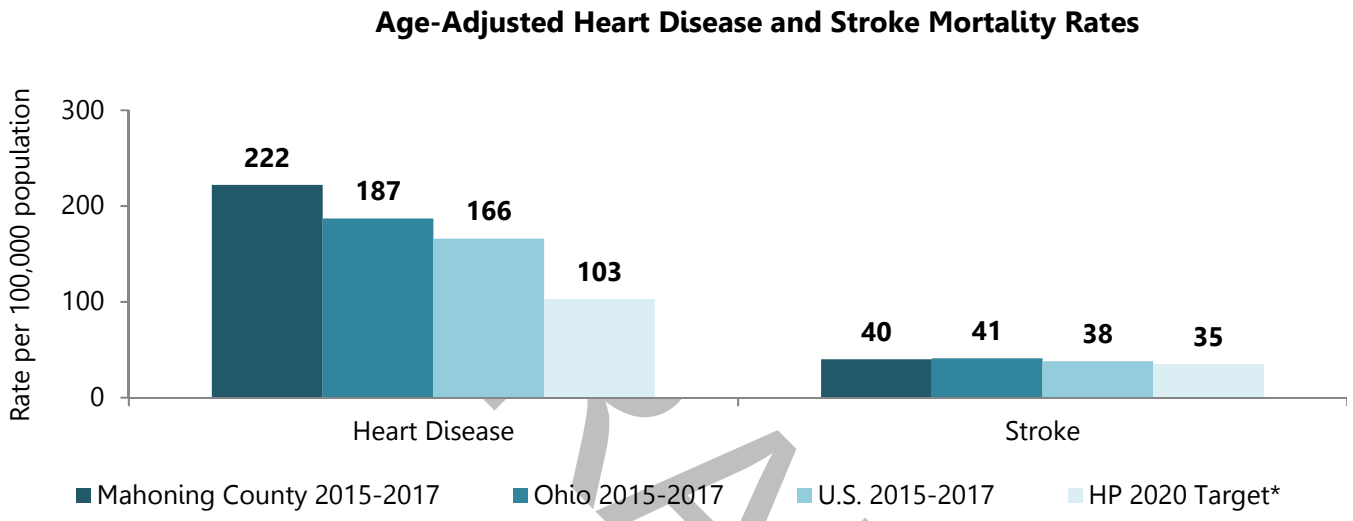
Objective	2018-2019 Mahoning Survey Population Baseline	2017 U.S. Baseline	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	40%	32% Adults age 18 and up	27%
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	80%	86% Adults age 18 and up	82%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	40%	33% Adults age 20+ with TBC>240 mg/dl	14%

Note: All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2020, 2017 BRFSS, 2018-2019 Mahoning County Community Health Assessment)

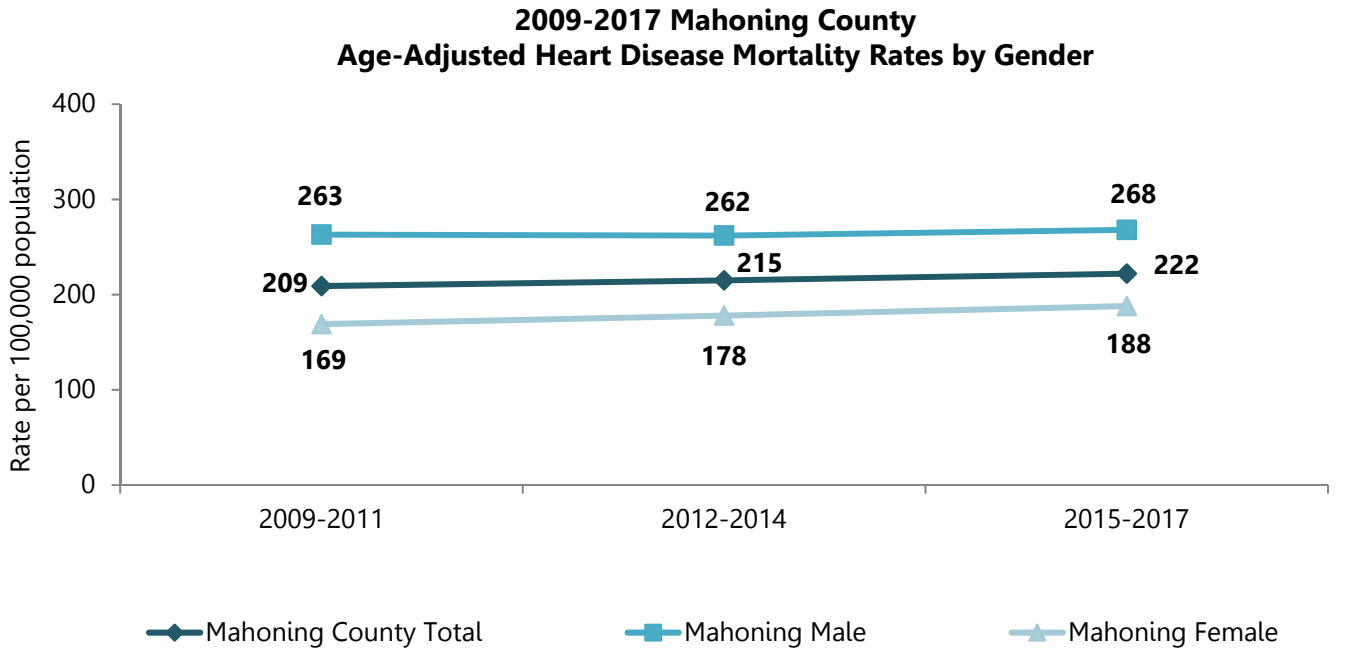
Age-Adjusted Heart Disease and Stroke Mortality Rates

The following graphs show the age-adjusted mortality rates per 100,000 population for heart disease and stroke.

- When age differences are accounted for, the statistics indicate that the Mahoning County heart disease mortality rate was higher than the figures for the state, U.S., and Healthy People 2020 target from 2015-2017.
- The 2015-2017 Mahoning County age-adjusted stroke mortality rate was slightly lower than the Ohio rate, and higher than the U.S. rate and the Healthy People 2020 target objective.
- From 2009-2017, the Mahoning County female and male age-adjusted heart disease mortality rates have been on an upward trend.



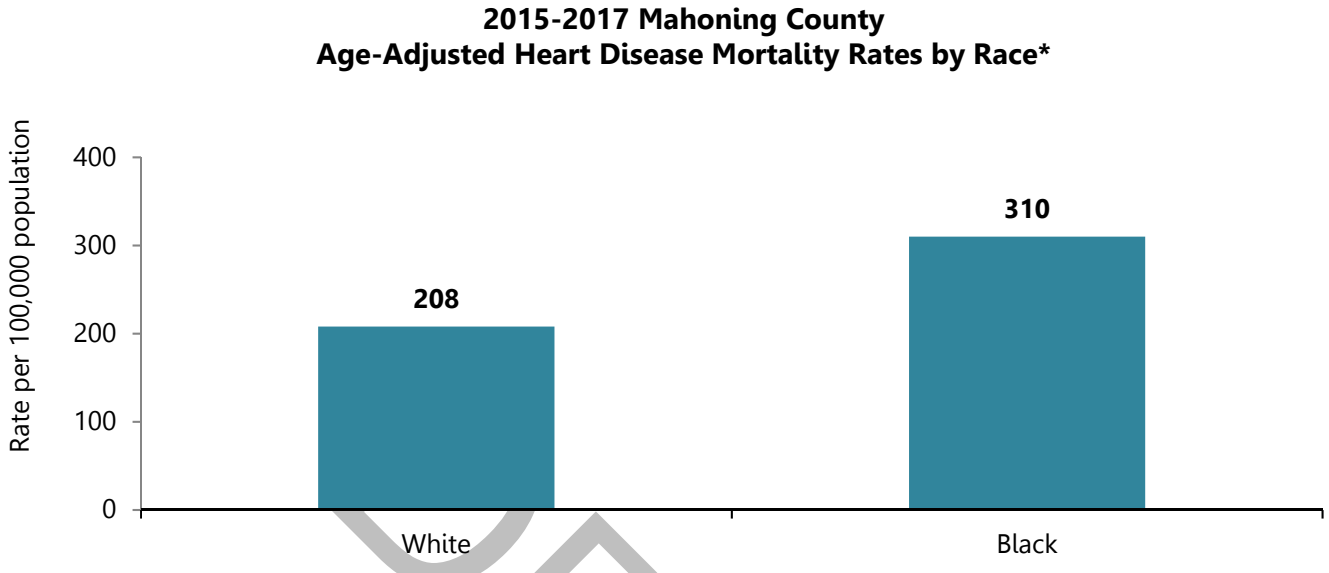
**The Healthy People 2020 Target objective for coronary heart disease is reported for heart attack mortality.*
(Source: Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017, Healthy People 2020)



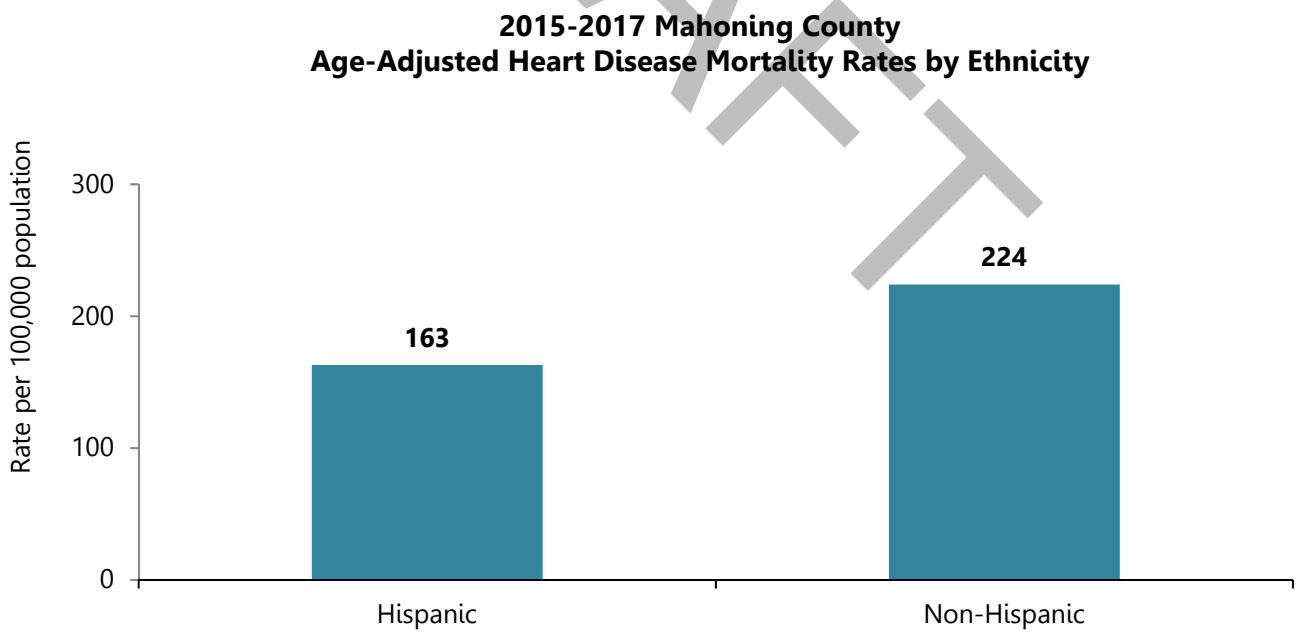
(Source: Ohio Public Health Data Warehouse, 2009-2017)

Age-Adjusted Heart Disease and Stroke Mortality Rates, *continued*

The following graphs show age-adjusted mortality rates per 100,000 population for heart disease by race and ethnicity.



**Races represented are white and black. All other races were N/A due to low rates.*



(Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 4/23/2019)

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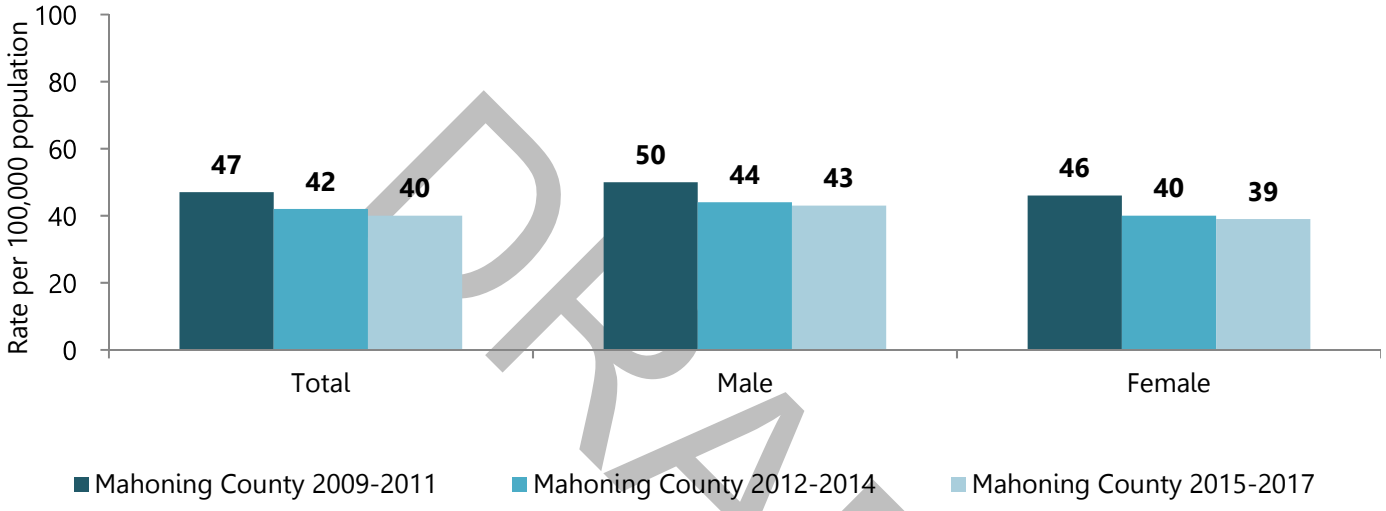
Age-Adjusted Heart Disease and Stroke Mortality Rates, *continued*

The following graphs show age-adjusted mortality rates per 100,000 population for stroke by gender and race:

- From 2009-2017, the Mahoning County stroke mortality rate decreased.
- From 2009-2017, the Mahoning County stroke mortality rate for males and females decreased.
- From 2015-2017, the age-adjusted stroke mortality rate was higher for blacks as compared to whites.

2009-2017 Mahoning County
Age-Adjusted Stroke Mortality Rates by Gender



(Source: Ohio Public Health Data Warehouse, 2009-2017)

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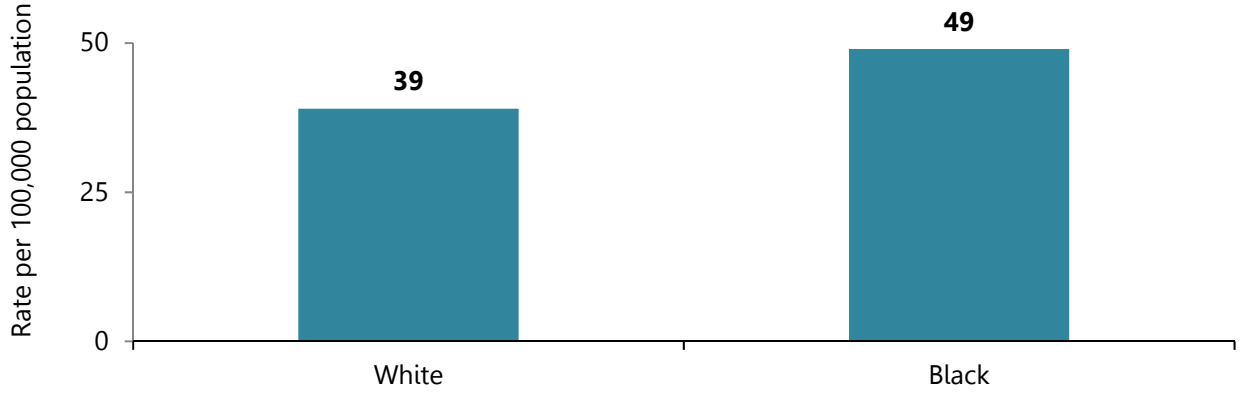
2015-2017 Mahoning County
Age-Adjusted Stroke Mortality Rates by Race*



**Races represented are white and black. All other races were N/A due to low rates.*
(Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 4/23/2019)

Chronic Disease: Cancer

Key Findings

In 2018, 12% of Mahoning County adults had been diagnosed with cancer at some time in their life.

Mahoning County
Incidence of Cancer, 2011-2015

All Types: 7,188 cases

- Lung and Bronchus: 1,096 cases (15%)
- Breast: 1,047 cases (15%)
- Colon and Rectum: 797 cases (11%)
- Prostate: 774 cases (11%)

In 2015-2017, there were 1,739 cancer deaths in Mahoning County.

(Source: Ohio Cancer Incidence Surveillance System, ODH Ohio Public Health Data Warehouse)

Adult Cancer

- Twelve percent (12%) of Mahoning County adults were diagnosed with cancer at some point in their lives, increasing to 33% of those over the age of 65.
- Of those diagnosed with cancer, they reported the following types: prostate (32%), skin cancer (29%), breast (27%), ovarian (10%), cervical (7%), colon (4%), endometrial (3%), melanoma (2%), bladder (2%), esophageal (2%), leukemia (2%), lung (2%), rectal (2%), and other types of cancer (2%). Seventeen percent (17%) of adults were diagnosed with multiple types of cancer.
- Mahoning County adults have had the following cancer screenings: colorectal cancer in the past 5 years (26%), skin cancer in the past year (18%), oral cancer in the past year (15%), and lung cancer in the past 3 years (4%).
- The Ohio Cancer Incidence Surveillance System indicates that from 2015-2017, a total of 1,739 Mahoning County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that not using tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages, and early detection may reduce overall cancer deaths.

22,090 adults were diagnosed with cancer at some point in their lives.

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Cancer Facts

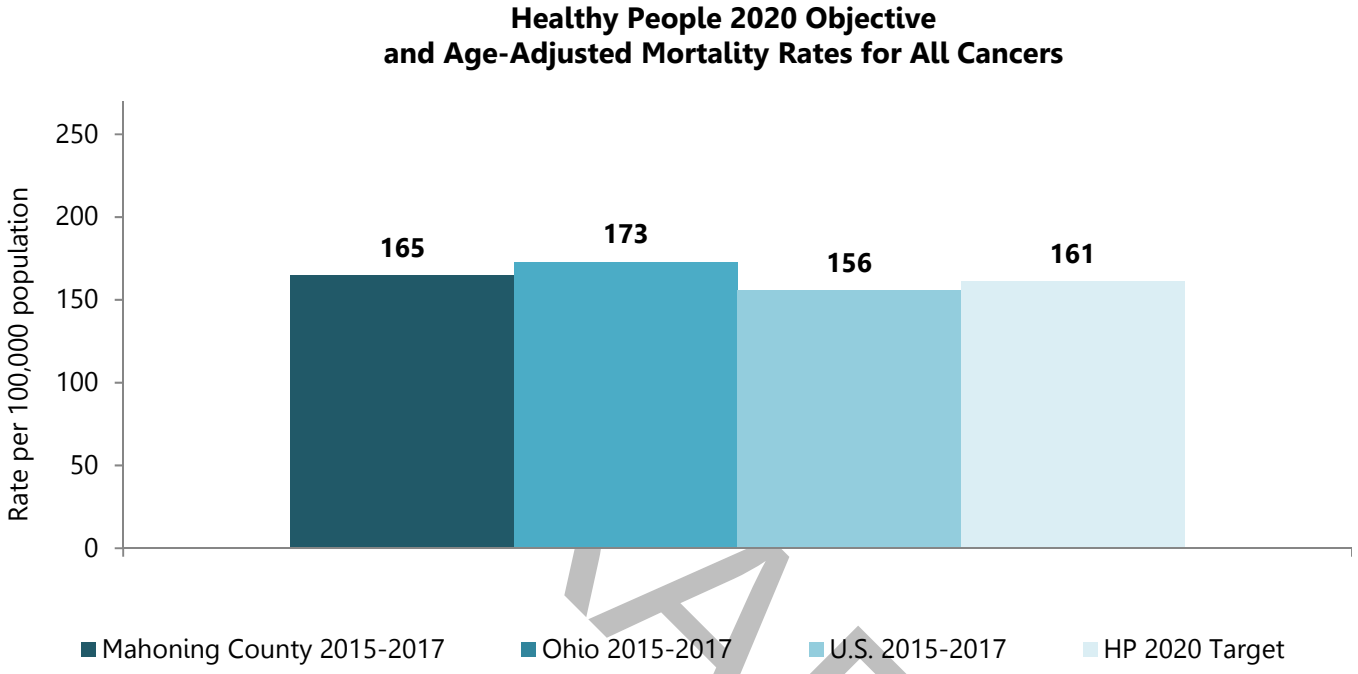
- The Ohio Department of Health (ODH) indicates that from 2015-2017, cancers caused 19% (1,739 of 9,162 of total deaths) of all Mahoning County resident deaths *(Source: Ohio Public Health Data Warehouse, 2015-2017).*
- The American Cancer Society reports that smoking tobacco is associated with cancers of the mouth, lips, nasal cavity (nose) and sinuses, larynx (voice box), pharynx (throat), and esophagus (swallowing tube). Also, smoking has been associated with cancers of the lung, colorectal, stomach, pancreas, kidney, bladder, uterine cervix, ovary (mucinous) and acute myeloid leukemia *(Source: American Cancer Society, Facts & Figures 2018).*
- The 2018 health assessment has determined that 16% of Mahoning County adults were current smokers and many more were exposed to environmental tobacco smoke, also a cause of heart attacks and cancer.

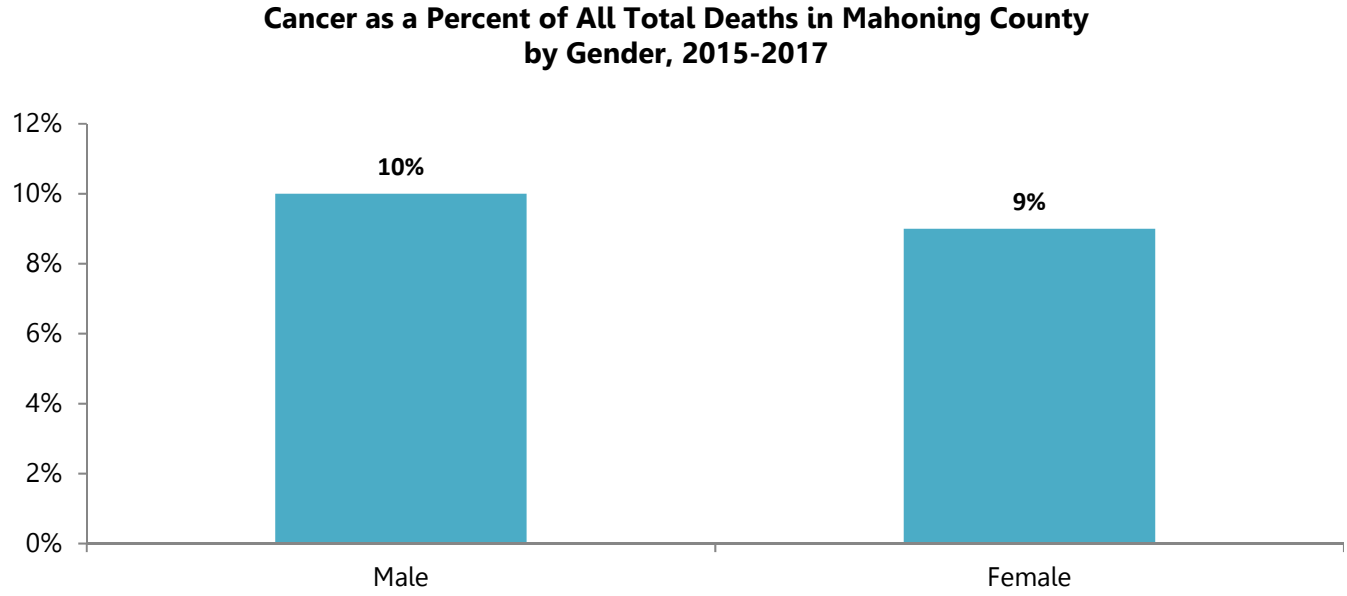
Adult Comparisons	Mahoning County 2018-2019	Ohio 2017	U.S. 2017
Ever been told they had skin cancer	4%	6%	6%
Ever been told they had other types of cancer (other than skin cancer)	8%	7%	7%

**Melanoma and other skin cancers are included for "ever been told they had skin cancer"*

The following graphs show the Mahoning County, Ohio and U.S. age-adjusted mortality rates (per 100,000 population, 2000 standard) for all types of cancer in comparison to the Healthy People 2020 objective and the percent of total cancer deaths in Mahoning County. The graphs indicate:

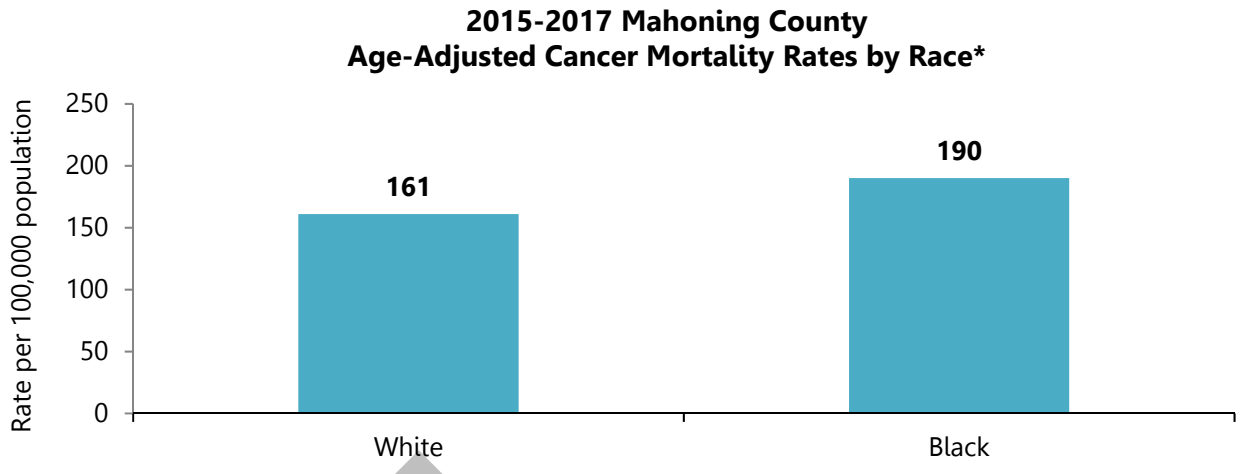
- When age differences are accounted for, Mahoning County had a lower cancer mortality rate than Ohio, but had a higher rate than the U.S. and the Healthy People 2020 target objective.
- The percentage of Mahoning County males who died from all cancers was slightly higher than the percentage of Mahoning County females (*Source: Ohio Public Health Data Warehouse, 2015-2017).*





(Source: Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017, Healthy People 2020)

The following graph shows the Mahoning County age-adjusted mortality rates (per 100,000 population, 2000 standard) for all types of cancer by race from 2015-2017. The table shows the incidence of cancer from 2011-2015.



**Races represented are white and black. All other races were N/A due to low rates.*
(Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Cancer Deaths of Ohio Residents, updated 4/23/2019)

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Mahoning County Incidence of Cancer, 2011-2015

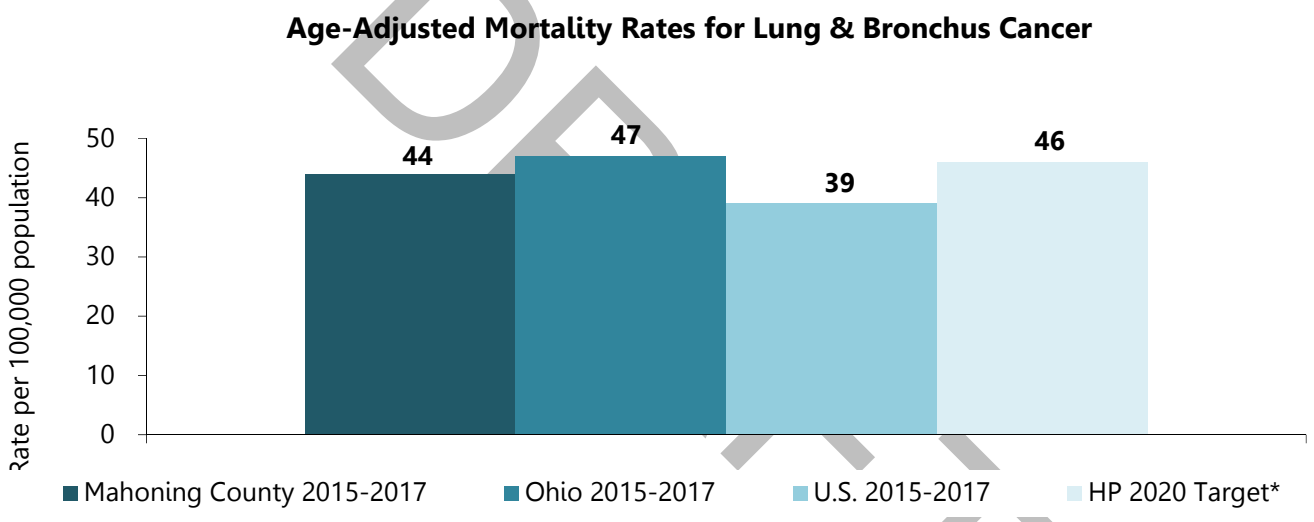
Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer
Lung & Bronchus	1,096	15%
Breast	1,047	15%
Colon & Rectum	797	11%
Prostate	774	11%
Other/Unspecified	534	7%
Bladder	421	6%
Non-Hodgkin's Lymphoma	294	4%
Kidney & Renal Pelvis	240	3%
Pancreas	233	3%
Uterus	233	3%
Melanoma of Skin	230	3%
Oral Cavity & Pharynx	187	3%
Stomach	163	2%
Leukemia	153	2%
Thyroid	122	2%
Liver & Intrahepatic Bile Duct	115	2%
Brain & Other CNS	98	1%
Ovary	97	1%
Esophagus	89	1%
Multiple Myeloma	88	1%
Larynx	68	1%
Cervix	44	1%
Hodgkin's Lymphoma	35	<1%
Testis	30	<1%
Total	**7,188**	**100%**

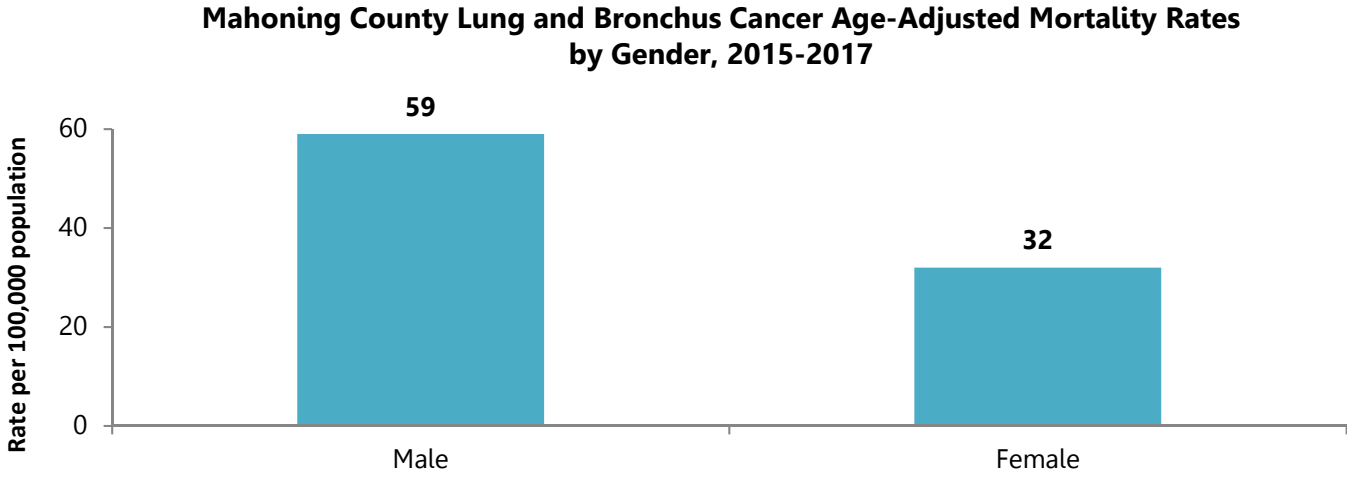
(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 7/03/2018)

Lung Cancer

- In Mahoning County, 14% of male adults were current smokers and 27% were former smokers.
- ODH reports that lung cancer (n=268) was the leading cause of male cancer deaths from 2015-2017 in Mahoning County. *(Source: Ohio Public Health Data Warehouse, 2015-2017).*
- In Mahoning County, 19% of female adults were current smokers and 19% were former smokers.
- ODH reports that lung cancer was the leading cause of female cancer deaths (n=192) in Mahoning County from 2015-2017. *(Source: Ohio Public Health Data Warehouse, 2015-2017).*
- According to the American Cancer Society, smoking causes 80-90% of lung cancer deaths in the U.S. Men and women who smoke are about 15-30 times more likely to develop lung cancer than nonsmokers *(Source: American Cancer Society, Facts & Figures 2018).*

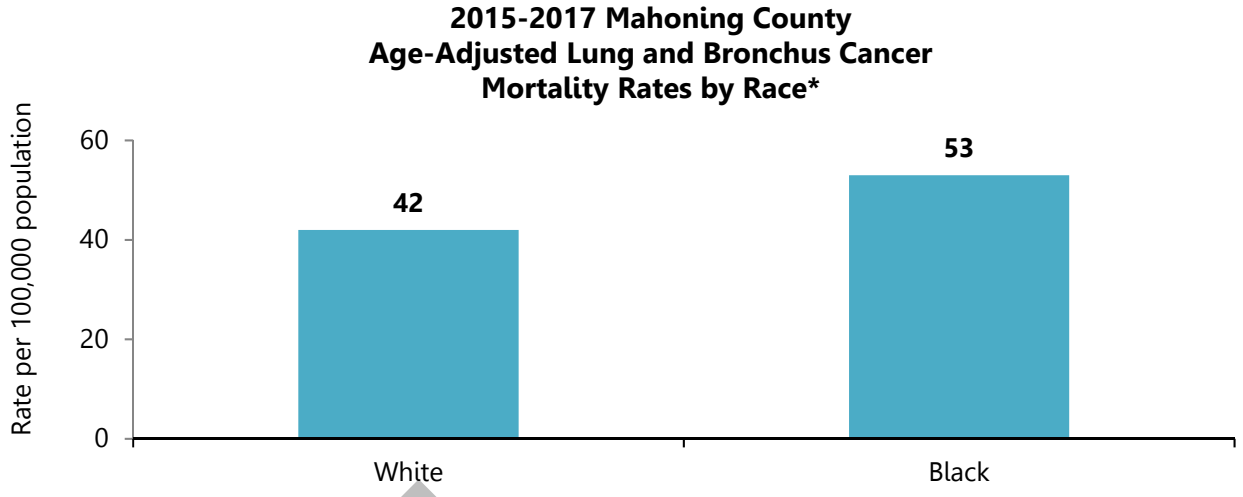
The following graphs show Mahoning County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for lung and bronchus cancer in comparison with the Healthy People 2020 objective as well as Mahoning County age-adjusted mortality rates for lung and bronchus cancer by gender.





Note: Healthy People 2020's target rate and the U.S. rate is for adults aged 45 years and older.
**Healthy People 2020 Target data is for lung cancer only*
(Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017)

The following graph shows the Mahoning County age-adjusted mortality rates per 100,000 populations for lung and bronchus cancer by race.



**Races represented are white and black. All other races were N/A due to low rates.*
(Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Cancer Deaths of Ohio Residents, updated 4/23/2019)

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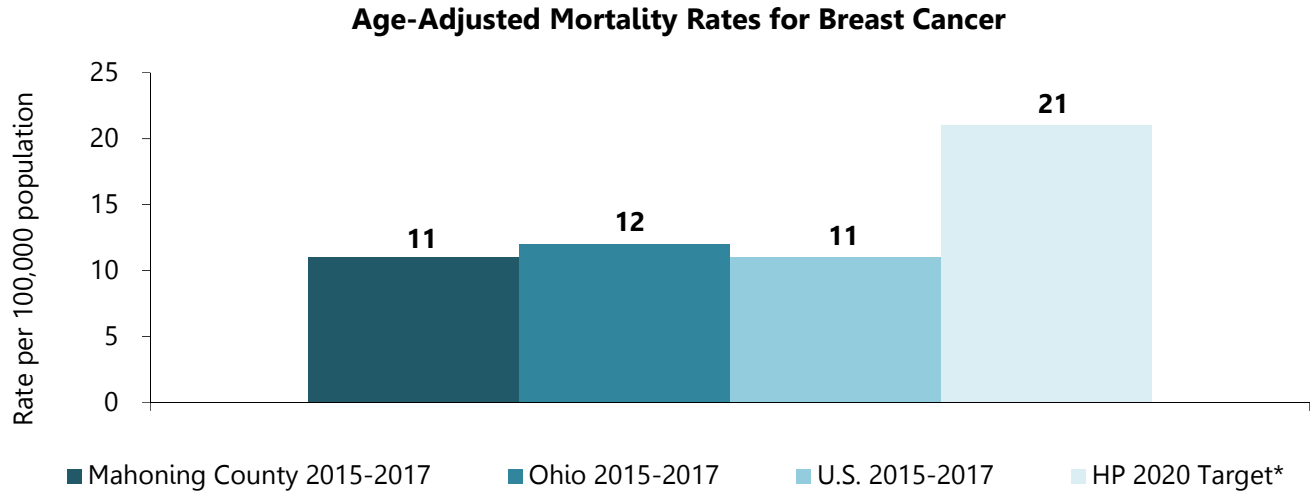
Breast Cancer

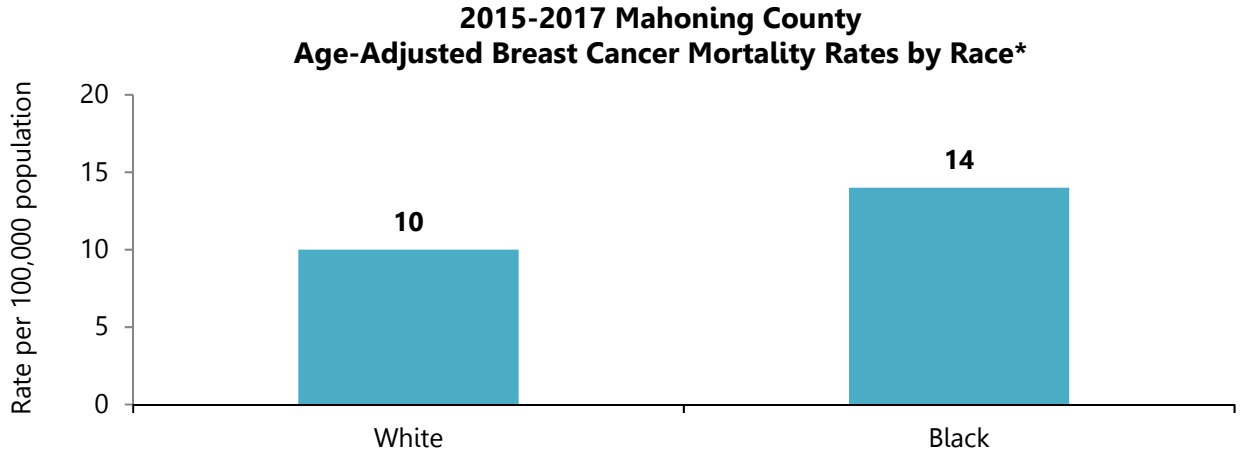
- More than half (57%) of Mahoning County females over the age of 40 had a mammogram in the past year.
- The 5-year relative survival for women diagnosed with localized breast cancer (cancer that has not spread to lymph nodes or other locations outside the breast) is 99% *(Source: American Cancer Society, Facts & Figures 2018).*
- For women at average risk of breast cancer, recently updated American Cancer Society screening guidelines recommended that those 40 to 44 years of age have the choice of annual mammography; those 45 to 54 have annual mammography, and those 55 years of age and older have biennial or annual mammography, continuing as long as their overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual screening using magnetic resonance imaging (MRI) in addition to mammography is recommended, typically starting at age 30 *(Source: American Cancer Society, Facts & Figures 2018).*

The following graphs show Mahoning County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for breast cancer in comparison with the Healthy People 2020 objective.



(Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017)

The following graph shows the Mahoning County age-adjusted mortality rates per 100,000 populations for breast cancer by race.



**Races represented are white and black. All other races were N/A due to low rates.*
(Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Cancer Deaths of Ohio Residents, updated 4/23/2019)

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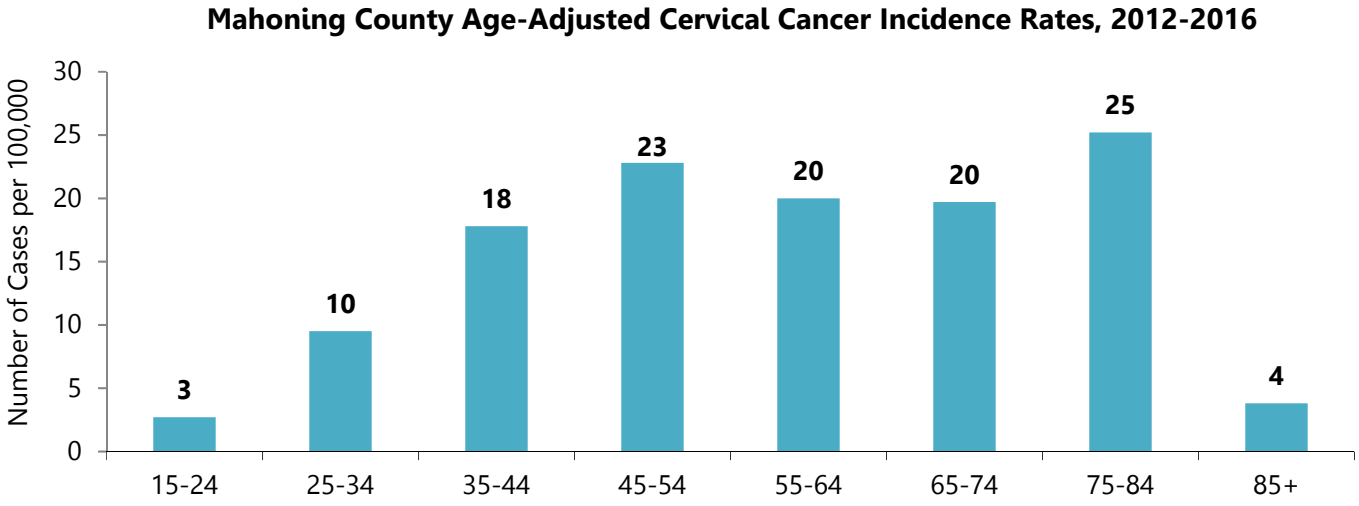
Cervical Cancer

- Ninety-two percent (92%) of females (ages 21-65) had a Pap smear at some time in their life, and 38% had one in the past year.
- In 2019, more than 13,000 new cases of cervical cancer are estimated to be diagnosed in the U.S., and 4,250 women are estimated to die from cervical cancer. (*ACS 2019 Estimates).*
- Cervical cancer was once one of the most common causes of cancer death for American women. The cervical cancer death rate dropped significantly with the increased use of the Pap test. All women should begin cervical cancer testing (screening) at age 21. Women aged 21 to 29, should have a Pap test every 3 years. Beginning at age 30, the preferred way to screen is with a Pap test combined with an HPV test every 5 years. Women over 65 years of age who have had regular screening in the previous 10 years should stop cervical cancer screening as long as they haven't had any serious pre-cancers found in the last 20 years. Women who have been vaccinated against HPV should still follow these guidelines *(ACS Guidelines for Prevention and Early Detection of Cervical Cancer).*

The following graphs show the Mahoning County age-adjusted cervical cancer incidence rates from 2012-2016.

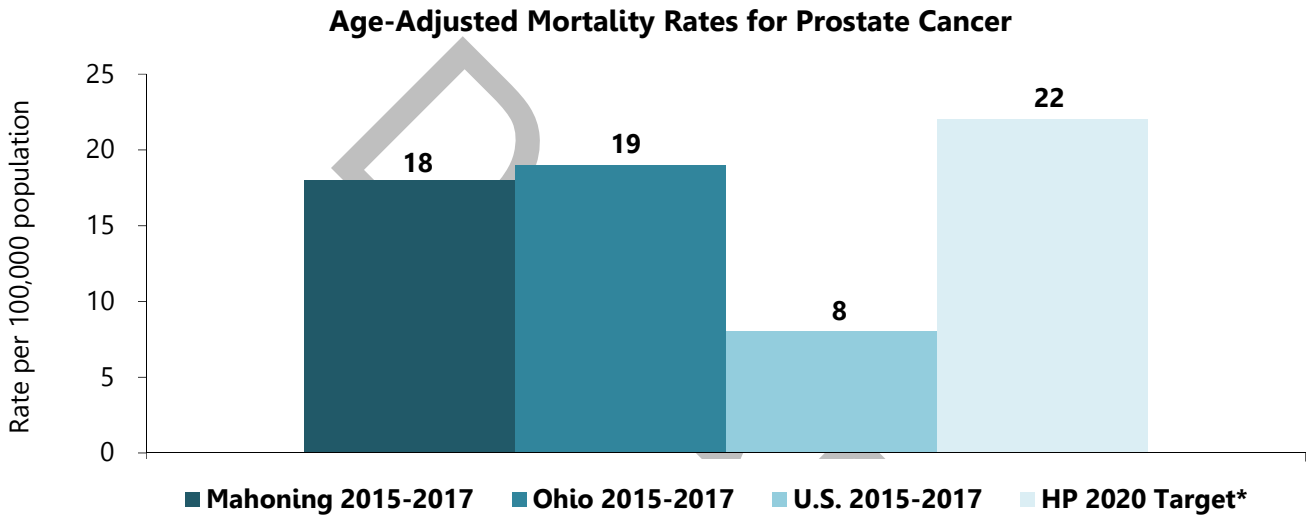


(Source: Ohio Public Health Data Warehouse 2012-2016)

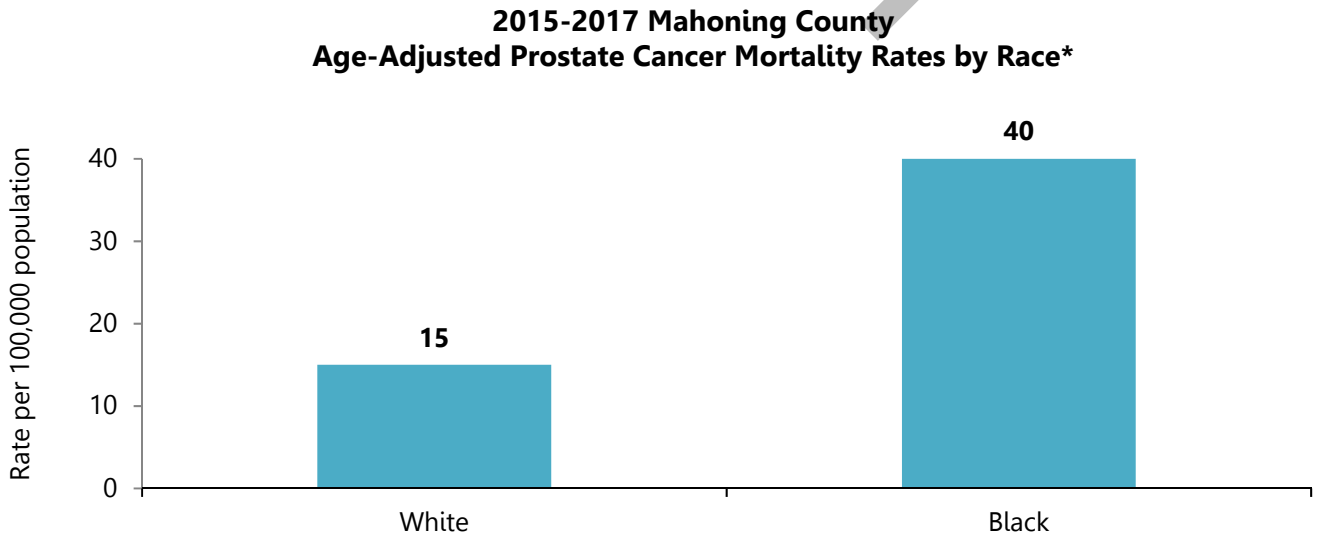
Prostate Cancer

- Seventy-three percent (73%) of males age 50 and over had a PSA test at some time in their life, and 52% had one in the past year.
- ODH statistics indicate that prostate cancer deaths accounted for 8% of all male cancer deaths from 2015-2017 in Mahoning County *(Source: Ohio Public Health Data Warehouse, 2015-2017).*
- Incidence rates for prostate cancer are 74% higher in African Americans than in whites, and they are twice as likely to die of prostate cancer. Other risk factors include strong familial predisposition, diet high in processed meat or dairy foods, and obesity. African American men and Caribbean men of African descent have the highest documented prostate cancer incidence rates in the world *(Source: American Cancer Society, Facts & Figures 2018).*

The following graphs show Mahoning County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for prostate cancer in comparison with the Healthy People 2020 objective, as well as by race.



(Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017)

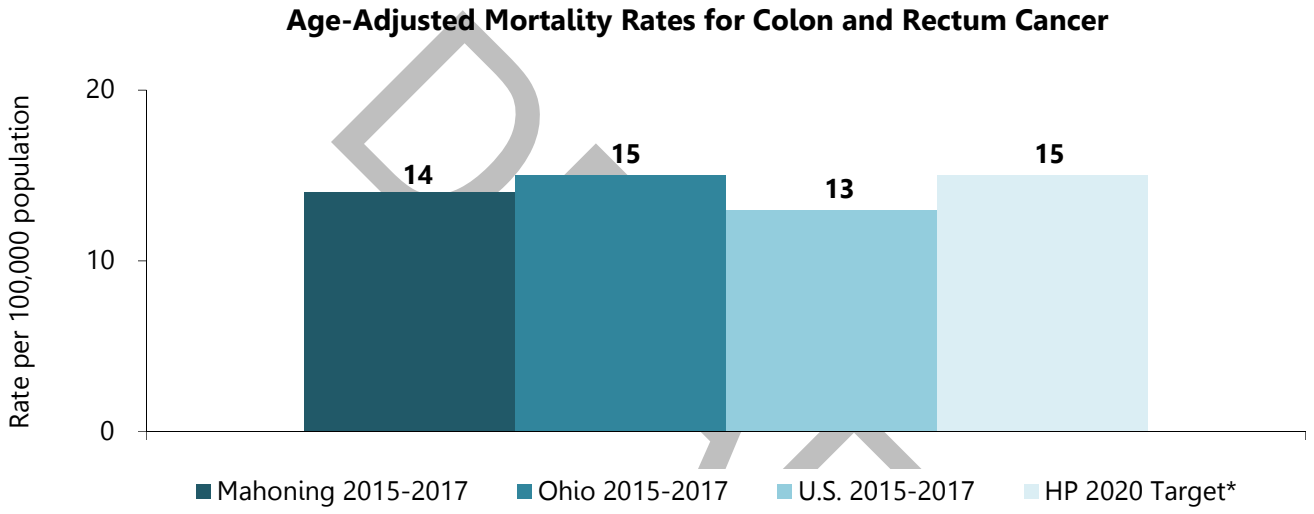


**Races represented are white and black. All other races were N/A due to low rates.*
(Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Cancer Deaths of Ohio Residents, updated 4/23/2019)

Colon and Rectum Cancers

- ODH indicates that colon and rectum cancer deaths accounted for 9% of all male and female cancer deaths from 2015-2017 in Mahoning County *(Source: Ohio Public Health Data Warehouse, 2015-2017).*
- The American Cancer Society reports several risk factors for colorectal cancer, including age; personal or family history of colorectal cancer, polyps, or inflammatory bowel disease; obesity; physical inactivity; a diet high in red or processed meat; alcohol use; and long-term smoking. Very low intake of fruits and vegetables is also potentially a risk factor for colorectal cancer *(Source: American Cancer Society, Facts & Figures 2018).*
- In the U.S., 90% of colon cancers occur in individuals over the age of 50. Therefore, the American Cancer Society suggests every person over the age of 50 have regular colon cancer screenings *(Source: American Cancer Society, Facts & Figures 2018).*

The following graphs show Mahoning County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for colon and rectum cancer in comparison with the Healthy People 2020 objective, as well as by gender.



(Source: Healthy People 2020, Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017)

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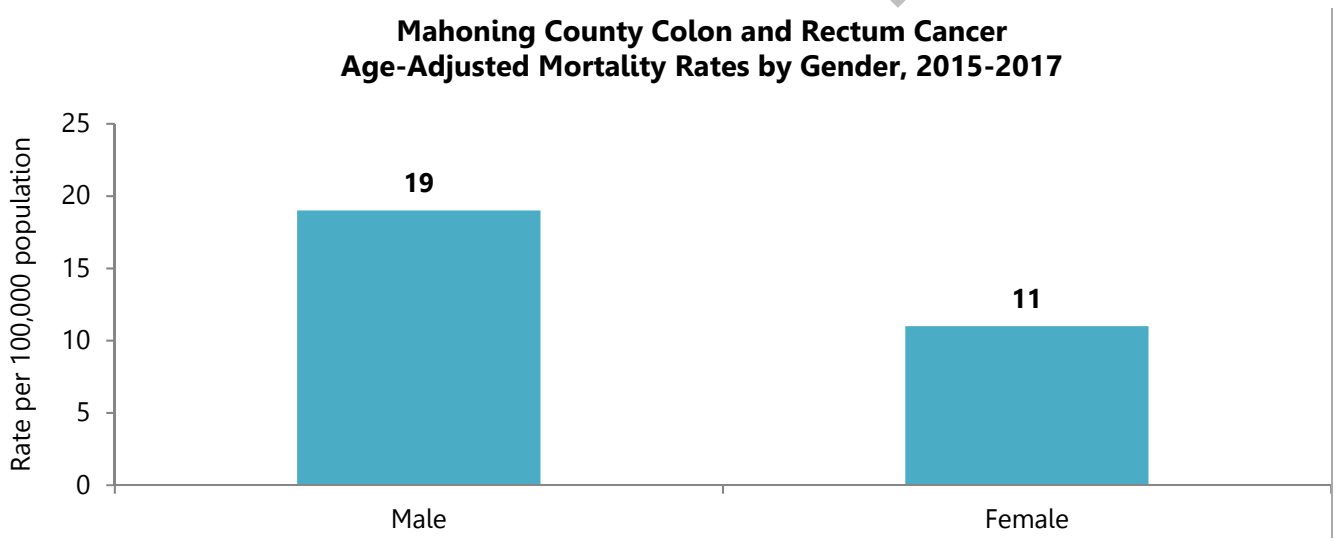
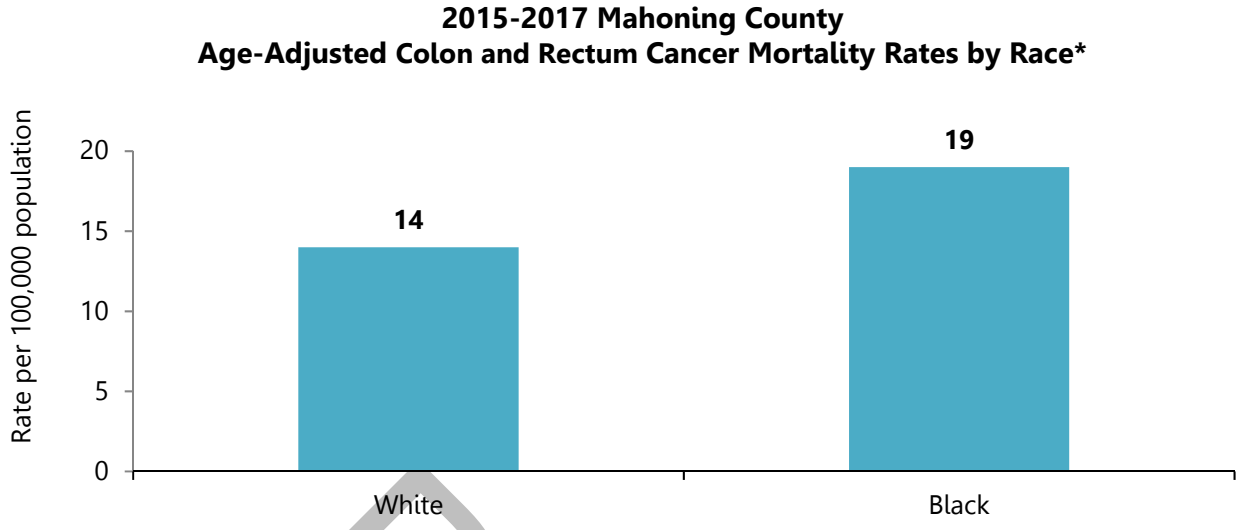


(Source: Ohio Public Health Data Warehouse 2015-2017,

The following graph shows Mahoning County age-adjusted mortality rates per 100,000 populations by race for colon and rectum cancer.



**Races represented are white and black. All other races were N/A due to low rates.*
(Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Cancer Deaths of Ohio Residents, updated 4/23/2019)

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2019 Cancer Estimates

- In 2019, about 1,735,350 million new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about eighteen percent of the new cancer cases expected to occur in the U.S. in 2019 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 609,640 Americans are expected to die of cancer in 2019.
- Almost one third of cancer deaths are attributed to smoking.
- In 2019, estimates predict that there will be 56,590 new cases of cancer and 25,740 cancer deaths in Ohio.
- Of the new cancer cases, approximately 10,760 (16%) will be from lung and bronchus cancers and 5,550 (8%) will be from colon and rectum cancers.
- About 10,610 new cases of female breast cancer are expected in Ohio.
- New cases of male prostate cancer in Ohio are expected to be 5,810 (8%).

(Source: American Cancer Society, Facts and Figures 2019)

Chronic Disease: Arthritis

Key Findings

One-third (33%) of Mahoning County adults were diagnosed with arthritis.

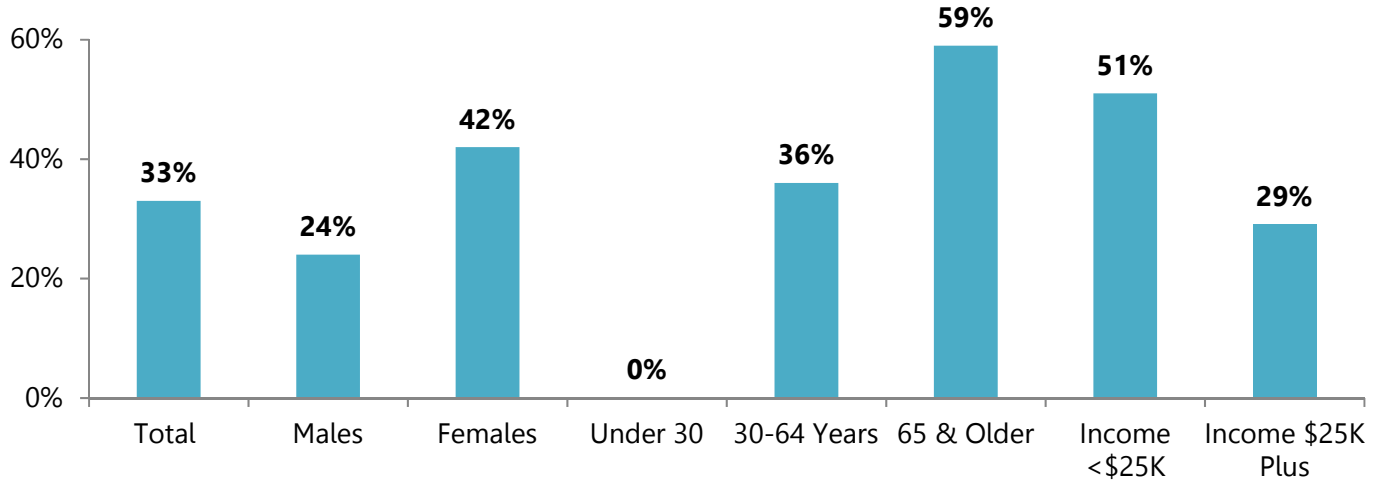
Arthritis

- Adults are at higher risk of developing arthritis if they are female, have genes associated with certain types of arthritis, have an occupation associated with arthritis, are overweight or obese, and/or have joint injuries or infections *(Source: CDC, Risk Factors, 2016).*
- One-third (33%) of Mahoning County adults were told by a health professional that they had some form of arthritis, increasing to 59% of those over the age of 65.
- Adults were also diagnosed with the following: fibromyalgia (7%), rheumatoid arthritis (6%), gout (4%), and lupus (2%).
- Eighty-two percent (82%) of adults diagnosed with arthritis were also overweight or obese.
- An estimated 54 million U.S. adults (about 23%) report having doctor-diagnosed arthritis. By 2040, over 78 million people will have arthritis. Arthritis is more common among women (24%) than men (18%), and it affects all racial and ethnic groups. Arthritis commonly occurs with other chronic diseases, like diabetes, heart disease, and obesity, and can make it harder for people to manage these conditions *(Source: CDC, Arthritis at a Glance, 2017).*

Adult Comparisons	Mahoning County 2018-2019	Ohio 2017	U.S. 2017
Ever diagnosed with arthritis	33%	29%	25%

The following graph shows the percentage of Mahoning County adults who were diagnosed with arthritis. An example of how to interpret the information includes: 33% of adults were diagnosed with arthritis, including 24% of males and 59% of adults ages 65 and older.

Mahoning County Adults Diagnosed with Arthritis



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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Arthritis: Key Public Health Messages

Early diagnosis of arthritis and self-management activities can help people decrease their pain, improve function, and stay productive.

Key self-management activities include the following:

1. **Learn Arthritis Management Strategies** - Arthritis management strategies provide those with arthritis with the skills and confidence to effectively manage their condition. Self-Management Education has proven to be valuable for helping people change their behavior and better manage their arthritis symptoms. Interactive workshops such as the Arthritis Self-Management Program and the Chronic Disease Self-Management Program are low-cost (about $25 – $35) and available in communities across the country. Attending one of these programs can help a person learn ways to manage pain, exercise safely, and gain control of arthritis.
2. **Be Active** –Research has shown that physical activity decreases pain, improves function, and delays disability. Make sure you get at least 30 minutes of moderate physical activity at least 5 days a week. You can get activity in 10-minute intervals.
3. **Watch your weight** –The prevalence of arthritis increases with increasing weight. Research suggests that maintaining a healthy weight reduces the risk of developing arthritis and may decrease disease progression. A loss of just 11 pounds can decrease the occurrence (incidence) of new knee osteoarthritis and a modest weight loss can help reduce pain and disability.
4. **See your doctor** –Although there is no cure for most types of arthritis, early diagnosis and appropriate management is important, especially for inflammatory types of arthritis. For example, early use of disease-modifying drugs can affect the course of rheumatoid arthritis. If you have symptoms of arthritis, see your doctor and begin appropriate management of your condition.
5. **Protect your joints** –Joint injury can lead to osteoarthritis. People who experience sports or occupational injuries or have jobs with repetitive motions like repeated knee bending have more osteoarthritis. Avoid joint injury to reduce your risk of developing osteoarthritis.

(Source: Centers for Disease Control and Prevention, Arthritis: Key Public Health Messages, Updated on 2/7/18)

Chronic Disease: Asthma

Key Findings

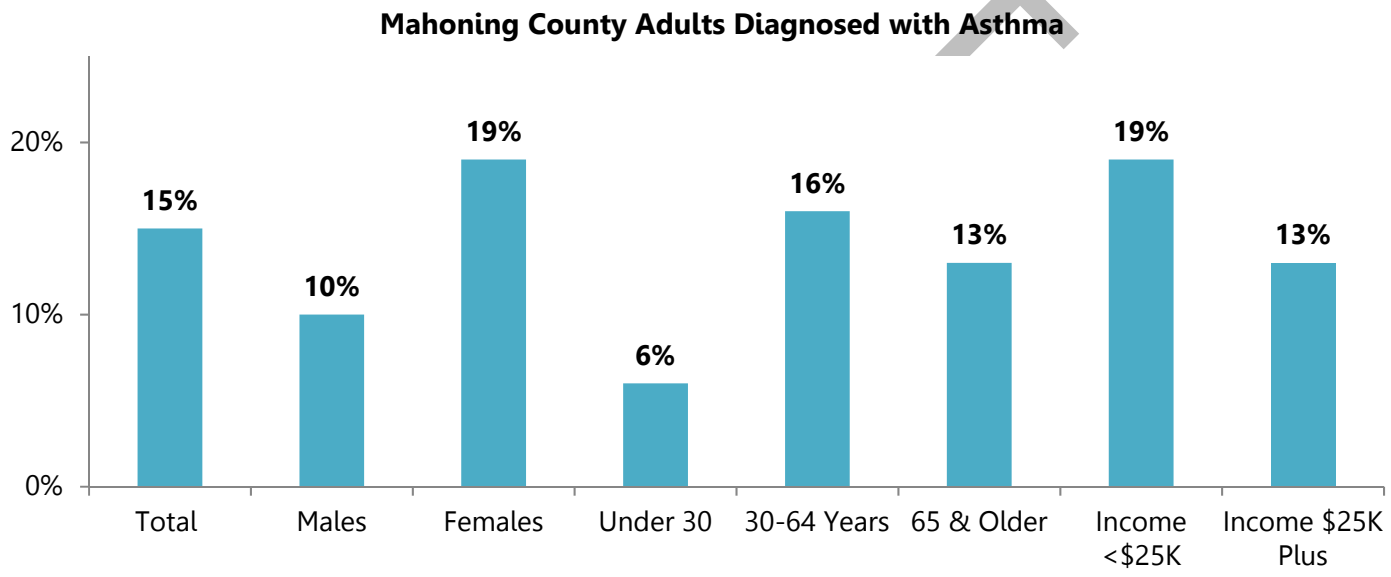
In 2018, fifteen percent (15%) of adults had been diagnosed with asthma.

Asthma and Other Respiratory Disease

- In 2018, 15% of Mahoning County adults had been diagnosed with asthma, increasing to 19% of females and those with incomes less than $25,000.
- Twenty percent (20%) of those diagnosed with asthma were obese, and 18% were current smokers.
- One in ten (10%) adults were diagnosed with chronic obstructive pulmonary disorder (COPD), emphysema, or chronic bronchitis.
- There are several important factors that may trigger an asthma attack. Some of these triggers are tobacco smoke, dust mites, outdoor air pollution, cockroach allergens, pets, mold, smoke from burning wood or grass, infections linked to the flu, colds, and respiratory viruses *(Source: CDC, Asthma, 2017).*
- Chronic lower respiratory disease was the 6th leading cause of death in Mahoning County and the 4th leading cause of death in Ohio from 2015-2017. *(Source: Ohio Public Health Data Warehouse, 2015-2017).*

Adult Comparisons	Mahoning County 2018-2019	Ohio 2017	U.S. 2017
Had ever been told they have asthma	15%	14%	14%

The following graph shows the percentage of Mahoning County adults who were diagnosed with asthma. An example of how to interpret the information includes: 15% of adults were diagnosed with asthma, including 19% of females and 13% of adults ages 65 and older.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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Asthma Facts

- The number of Americans with asthma grows every year. Currently, 26.5 million Americans have asthma. Of the 26 million, 20.3 million are adults.
- Almost 3,500 people die of asthma each year, nearly half of whom are age 65 or older.
- Asthma results in 439,000 hospitalizations and 1.3 million emergency room visits annually.
- Patients with asthma reported 11 million visits to a doctor's office and 1.7 million visits to hospital outpatient departments.
- Effective asthma treatment includes monitoring the disease with a peak flow meter, identifying and avoiding allergen triggers, using drug therapies including bronchodilators and anti-inflammatory agents, and developing an emergency plan for severe attacks.

(Source: American College of Allergy, Asthma, & Immunology, Asthma Facts, Updated on 6/13/2018)

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Chronic Disease: Diabetes

Key Findings

In 2018, 16% of Mahoning County adults had been diagnosed with diabetes.

Adult Diabetes

- In 2018, 16% of Mahoning County adults had been diagnosed with diabetes (not pregnancy-related), increasing to 25% of those over the age of 65.
- Two percent (2%) of woman had been diagnosed with diabetes during pregnancy.
- More than one-third (35%) of adults with diabetes rated their health as fair or poor.
- Mahoning County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
  - Overweight or obese (95%)
  - High blood pressure (81%)
  - High blood cholesterol (69%)

Diabetes by the Numbers

- Diabetes is the **seventh leading cause** of death in the US.
- Diabetes is the **No. 1** cause of kidney failure, lower-limb amputations, and adult-onset blindness.
- In the last **20 years**, the number of adults diagnosed with diabetes has more than **tripled** as the American population has aged and become more overweight or obese.

(Source: CDC, Diabetes by the Numbers, Updated on July 18, 2017)

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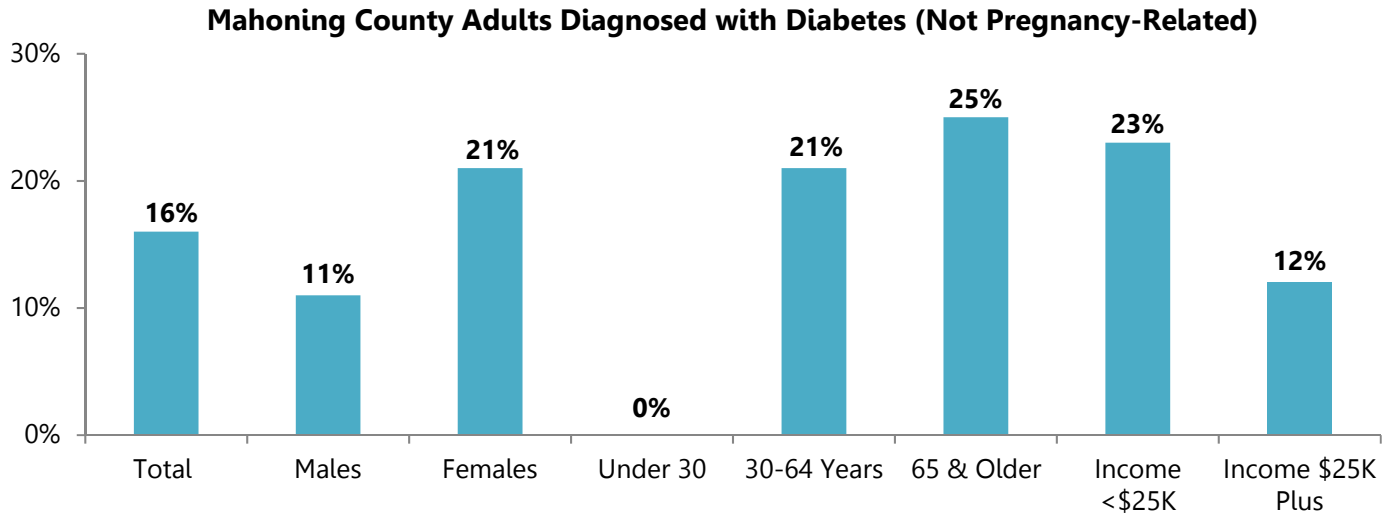
Adult Comparisons	Mahoning County 2018-2019	Ohio 2017	U.S. 2017
Ever been told by a doctor they have diabetes (not pregnancy-related)	16%	11%	11%

The following graph shows the percentage of Mahoning County adults who were diagnosed with diabetes. An example of how to interpret the information includes: 16% of adults were diagnosed with diabetes, including 21% of females and 25% of adults ages 65 and older.



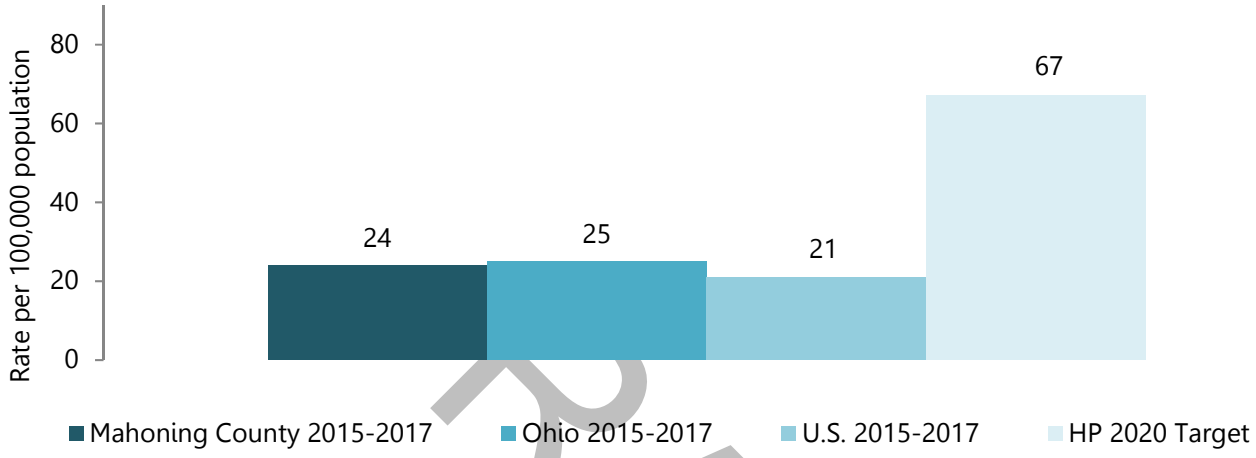
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Age-Adjusted Mortality Rates for Diabetes

The following graphs shows the age-adjusted mortality rates for diabetes for Mahoning County, Ohio, and U.S. residents with comparison to the Healthy People 2020 target objective, as well as by race

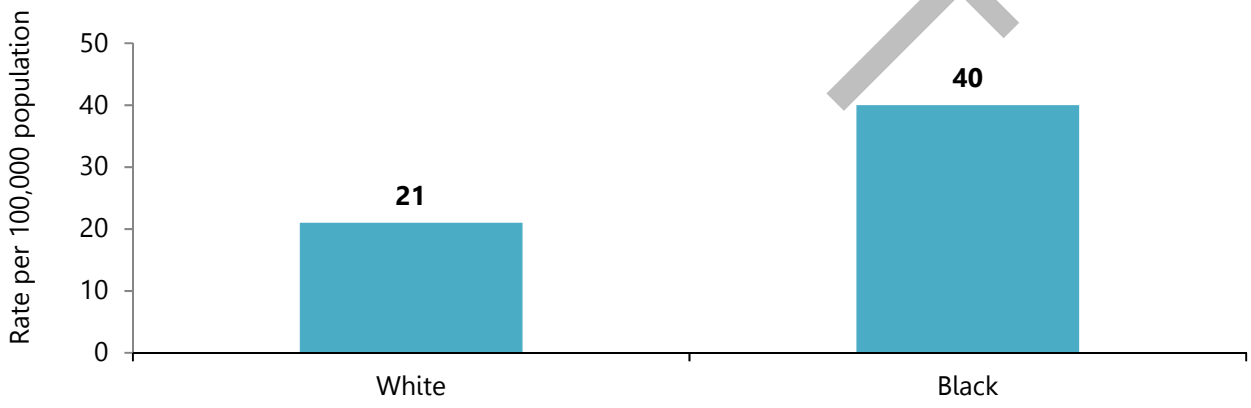
- From 2015-2017, Mahoning County's age-adjusted diabetes mortality rate was lower than Ohio. and the Healthy People 2020 target objective, but slightly higher than the U.S. rate
- From 2015-2017, the age-adjusted diabetes mortality rate for those who were black was higher than those who were white.

Healthy People 2020 Objectives and Age-Adjusted Mortality Rates for Diabetes



(Source: Ohio Public Health Data Warehouse, 2015-2017, CDC Wonder 2015-2017, Healthy People 2020)

2015-2017 Mahoning County Age-Adjusted Diabetes Mortality Rates by Race*



**Races represented are white and black. All other races were N/A due to low rates.*
(Source for graph: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 4/23/2019)

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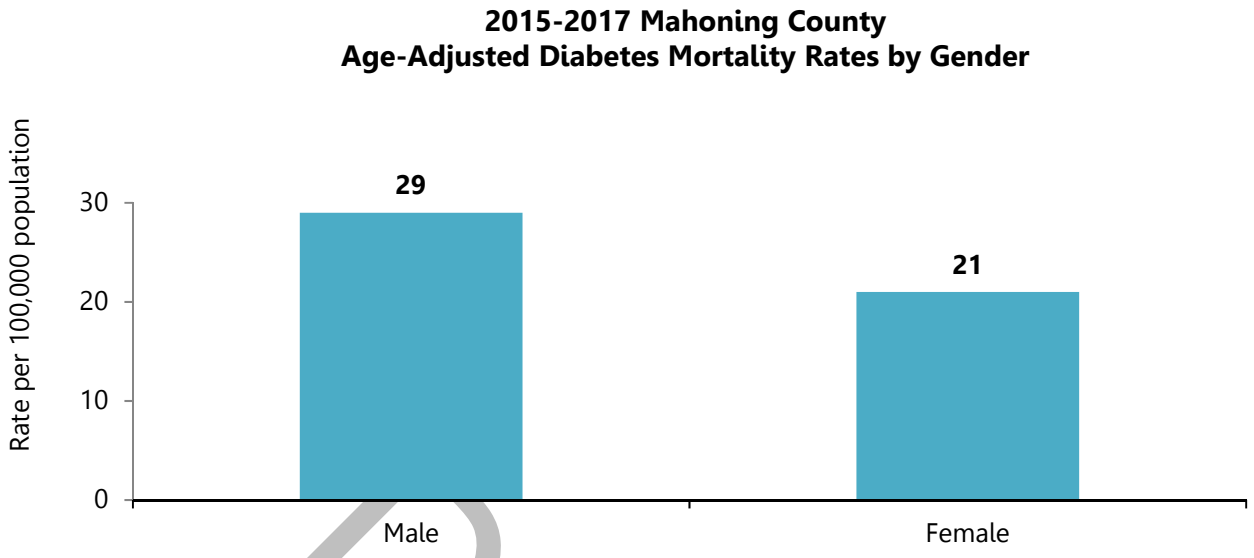
Age-Adjusted Mortality Rates for Diabetes, *continued*

The following graphs shows the age-adjusted mortality rates for diabetes for Mahoning County adults by gender.



(Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 4/23/2019)

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Chronic Disease: Quality of Life

Key Findings

In 2018, 29% of Mahoning County adults were limited in some way because of a physical, mental or emotional problem.

Impairments and Health Problems

- More than one-quarter (29%) of Mahoning County adults were limited in some way because of a physical, mental or emotional problem, increasing to 52% of those with incomes less than $25,000.

- Among those who were limited in some way, the following most limiting problems or impairments were reported:
  - Arthritis/rheumatism (53%)
  - Back or neck problems (41%)
  - Chronic pain (40%)
  - Walking problems (33%)
  - Stress, depression, anxiety, or emotional problems (28%)
  - Chronic illness (24%)
  - Sleep problems (23%)
  - Fitness level (17%)
  - Eye/vision problems (17%)
  - Fractures, bone/joint injuries (15%)
  - Lung/breathing problems (11%)
  - Hearing problems (8%)
  - Memory loss (8%)
  - Dental problems (6%)
  - Mental health illness/disorder (5%)
  - Confusion (3%)
  - A learning disability (3%)
  - Drug addiction (2%)
  - Substance dependency (1%)
  - Other impairments/problems (11%)

Adult Comparisons	Mahoning County 2018-2019	Ohio 2017	U.S 2017
Limited in some way because of physical, mental, or emotional problem	29%	21%*	21%*

**2015 BRFSS*

Healthy People 2020

Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Mahoning County 2018-2019	Healthy People 2020 Target
AOCBC-2: Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	53%	36%

Note: U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2018-2019 Mahoning County Community Health Assessment)

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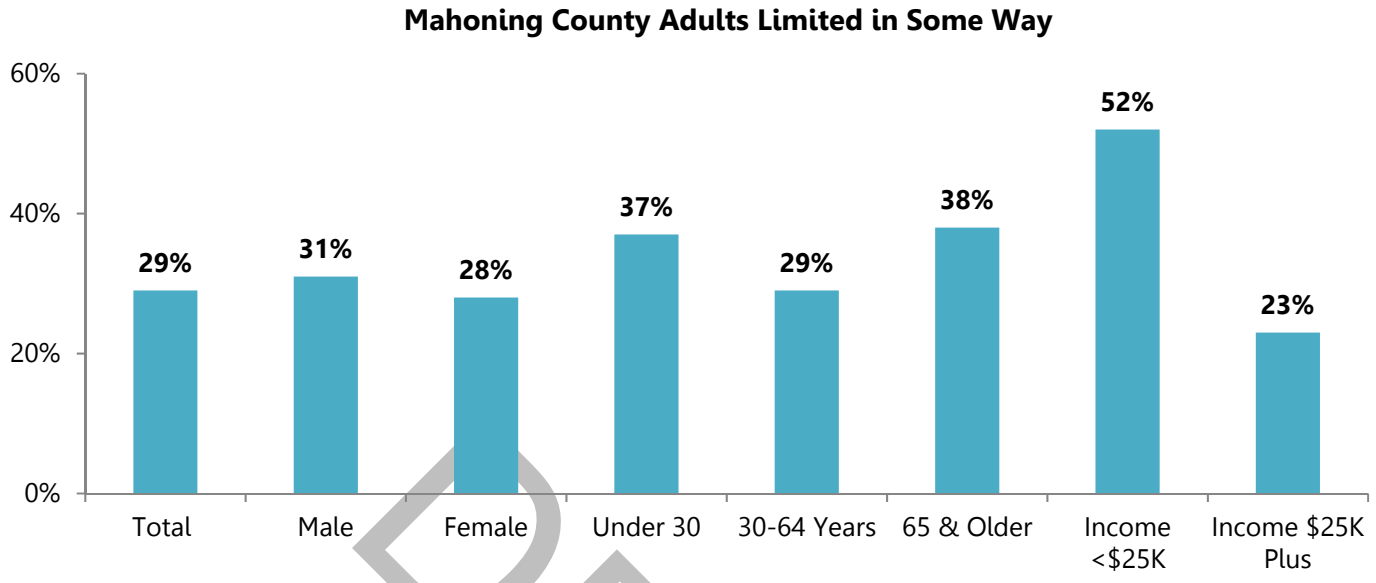
The following graphs show the percentage of Mahoning County adults who were limited in some way and the most limiting health problems. An example of how to interpret the information shown on the graph includes: 29% of Mahoning County adults are limited in some way, including 31% of males and 38% of those ages 65 and older.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

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Social Conditions: Social Determinants of Health

Key Findings

Thirteen percent (13%) of Mahoning County adults had to choose between paying bills and buying food. Nineteen percent (19%) of adults experienced four or more Adverse Childhood Experiences (ACEs). More than two-fifths (44%) of Mahoning County adults kept a firearm in or around their home.

Social Determinants of Health

- Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

- Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live.

- Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

- Understanding the relationship between how population groups experience "place" and the impact of "place" on health is fundamental to the social determinants of health—including both social and physical determinants.

(Source: Healthy People 2020, Social Determinants of Health, Updated on 7/09/18)

Healthy People 2020

Healthy People 2020 developed five key determinants as a "place-based" organizing framework. These five determinants include:

- Economic stability
- Education
- Social and community context
- Health and health care
- Neighborhood and built environment

Economic Stability

- Adults reported the following percent of their household income goes to their housing:
  - Less than 30% (44%)
  - 30-50% (26%)
  - 50% or higher (16%)
  - Don't know (15%)

- Mahoning adults indicated they own their home (75%), rent their home (14%), and have other arrangements (9%).

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- Two percent (2%) of Mahoning County adults reported they did not have housing (they were staying with others, in a hotel, in a shelter, living outside on the street, on a bench, in a car, abandoned building, bus or train station, or in a park).

- In the past month, 12% of adults needed help meeting their general daily needs, such as food, clothing, shelter or paying utility bills, increasing to 32% of those with incomes less than $25,000.

22,090 adults needed help meeting their general daily needs such as food, clothing, shelter or paying utility bills.

- Adults experienced the following food insecurity issues during the past 12 months: had to choose between paying bills and buying food (13%), worried food would run out (11%), food assistance was cut (6%), went hungry/ate less to provide more food for their family (5%), were hungry but did not eat because they did not have money for food (4%), and loss of income led to food insecurity issues (2%).

- Eleven percent (11%) of adults experienced more than one food insecurity issue.

- Mahoning County adults received assistance for the following in the past year: Medicare (13%), healthcare (11%), dental care (9%), food (7%), prescription assistance (7%), mental illness issues (7%), utilities (5%), durable medical equipment (5%), transportation (4%), employment (4%), home repair (3%), free tax preparation (3%), clothing (3%), affordable childcare (2%), rent/mortgage (2%), legal aid services (1%), credit counseling (1%), diapers (1%), post-incarceration issues (1%), unplanned pregnancy (1%), drug or alcohol addiction (1%), and gambling addiction (1%).

- The median household income in Mahoning County was $43,389. The U.S. Census Bureau reports median income levels of $54,021 for Ohio and $60,336 for the U.S. *(Source: U.S. Census Bureau, 2017 American Community Survey 1-year Estimates).*

- Eighteen percent (18.4%) of all Mahoning County residents were living in poverty, and 30.8% of children and youth ages 0-17 were living in poverty *(Source: U.S. Census Bureau, 2017 American Community Survey 1-year Estimates).*

- The unemployment rate for Mahoning County was 6.2 as of February 2019 *(Source: Bureau of Labor Statistics, Local Area Unemployment Statistics).*

- There were 111,387 housing units. The owner-occupied housing unit rate was 88%. Rent in Mahoning County cost an average of $658 per month *(Source: U.S. Census Bureau, 2017 American Community Survey 1-year Estimates).*

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Food Insecurity

- Food secure households had access, at all times, to enough food for an active, healthy life for all household members:
  - 88.2 percent (112.3 million) of U.S. households were food secure throughout 2017.
- Food-insecure households are uncertain of having, or unable to acquire, at some time during the year, enough food to meet the needs of all their members because they had insufficient money or other resources for food:
  - 11.8 percent (15.0 million) of U.S. households were food insecure at some time during 2017.
- Food-insecure households include those with low food security and very low food security.
  - 7.3 percent (9.3 million) of U.S. households had low food security in 2017.
  - 4.5 percent (5.8 million) of U.S. households had very low food security at some time during 2017.
- Households with very low food security are food insecure to the extent that normal eating patterns of some household members were disrupted at times during the year, with self-reported food intake below levels considered adequate.

(Source: United States Department of Agriculture (USDA), Food Insecurity in the U.S., Interactive Charts and Highlights, Updated on September 5, 2018)

Mahoning County adults and their loved ones needed the following assistance in the past year:

Type of Assistance	Needed Assistance	Received Assistance	Did Not Know Where to Look
Affordable child care	5%	2%	3%
Clothing	5%	3%	2%
Credit counseling	4%	1%	3%
Dental care	12%	9%	3%
Diapers	2%	1%	1%
Drug or alcohol addiction	1%	1%	<1%
Durable medical equipment	7%	5%	2%
Employment	7%	4%	3%
Food	9%	7%	2%
Free tax preparation	4%	3%	1%
Gambling addiction	1%	1%	0%
Health care	13%	11%	2%
Home repair	7%	3%	4%
Legal aid services	3%	1%	2%
Medicare	15%	13%	2%
Mental illness issues including depression	8%	7%	1%
Post incarceration transition issues	1%	1%	0%
Prescription assistance	8%	7%	1%
Rent/mortgage	4%	2%	2%
Transportation	5%	4%	1%
Unplanned pregnancy	1%	1%	0%
Utilities	6%	5%	1%

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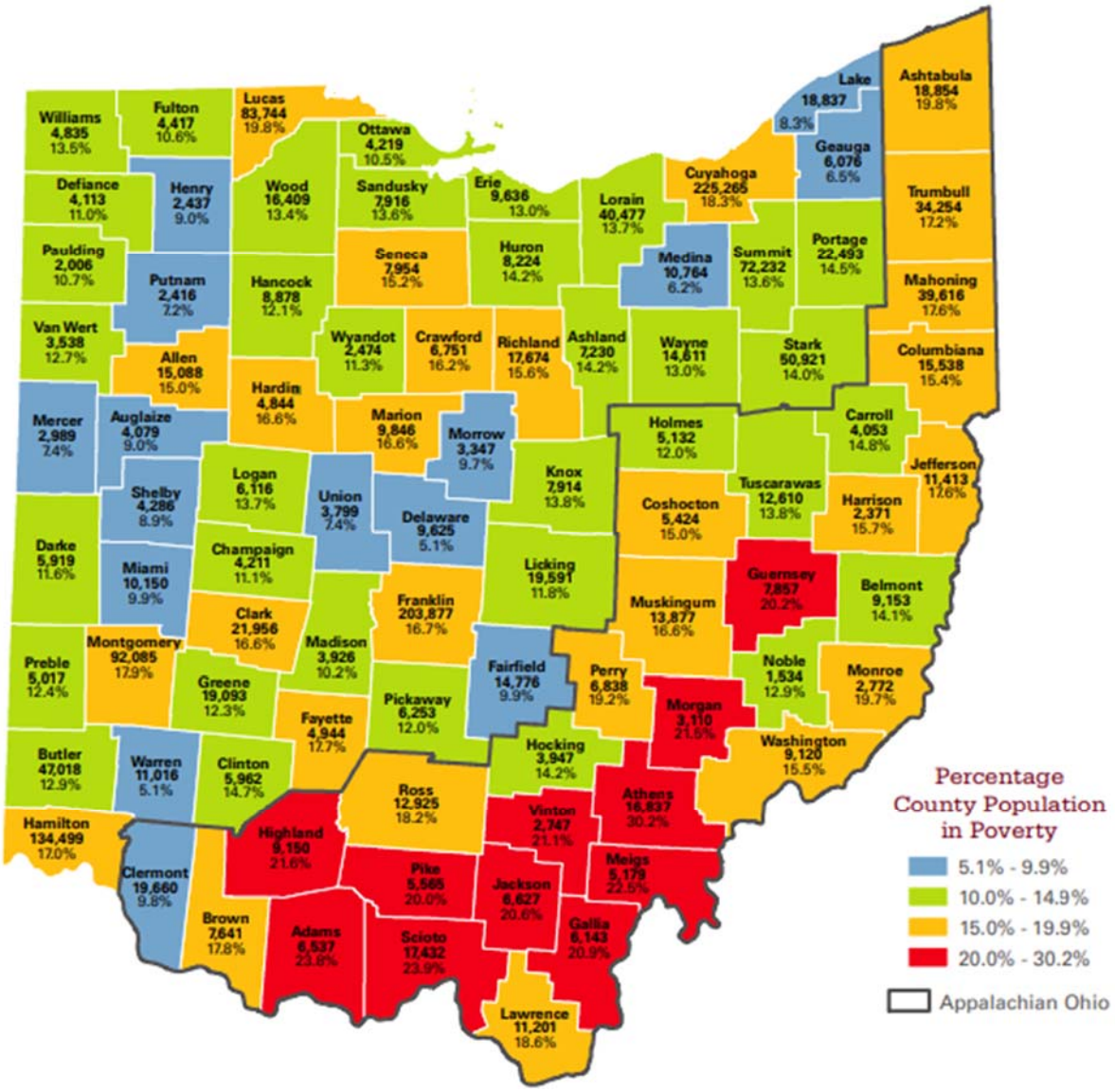
Estimated Poverty Rates

The map below shows the variation in poverty rates across Ohio during the 2013-17 period.

- The 2013-2017 American Community Survey 5-year estimates that approximately 1,639,890 Ohio residents, or 14.9% of the population, were in poverty.
- From 2013-2017, 17.6% of Mahoning County residents were in poverty.

Estimated Poverty Rates in Ohio by County (2013-2017)



(Source: 2013-2017 American Community Survey 5-year estimates, as compiled by Ohio Development Services Agency, Office of Research, Ohio Poverty Report, February 2018)

Education

- Mahoning County adults reported that they or an immediate family member had the following literacy needs: learning computer skills (14%); reading and understanding instructions (3%); completing a job application (3%); and reading a map, signs, food ingredients and labels, etc. (2%).
- Ninety-one percent (91%) of Mahoning County adults 25 years and over had a high school diploma or higher *(Source: U.S. Census Bureau, 2017 American Community Survey 1-year Estimates).*
- Fifteen percent (15%) of Mahoning County adults 25 years and over had at least a bachelor's degree *(Source: U.S. Census Bureau, 2017 American Community Survey 1-year Estimates).*

Social and Community Context

- One-in-eleven (9%) Mahoning County adults reported feeling upset, angry, sad, or frustrated as a result of how they were treated based on their race in the past 30 days.
- Within the past year, 6% of Mahoning County adults felt they were treated worse than other races at work. Forty-five percent (45%) felt they were treated the same, and 4% reported they were treated better than other races. Fifteen percent (15%) of adults did not know how their treatment at work compared to other races.
- Adverse Childhood Experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They also include household dysfunction such as witnessed domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development of depression, alcoholism and alcohol abuse; depression; illicit drug use; chronic obstructive pulmonary disease; suicide attempts; and many other health problems throughout a person's lifespan *(SAMHA, Adverse Childhood Experiences, Updated 7/2/2018).*
- Mahoning County adults experienced the following Adverse Childhood Experiences (ACEs):
  - Lived with someone who was a problem drinker or alcoholic (29%)
  - Their parents became separated or were divorced (23%)
  - A parent or adult in their home swore at, insulted, or put them down (18%)
  - Lived with someone who used illegal stress drugs, or who abused prescription medications (15%)
  - Lived with someone who was depressed, mentally ill, or suicidal (15%)
  - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (12%)
  - Someone at least 5 years older than them or an adult touched them sexually (10%)
  - A parent or adult in their home hit, beat, kicked, or physically hurt them (10%)
  - Their family did not look out for each other, feel close to each other, or support each other (10%)
  - Someone at least 5 years older than them or an adult tried to make them touch them sexually (7%)
  - Their parents were not married (5%)
  - Lived with someone who served time or was sentenced to serve time in prison, jail or correctional facility (4%)
  - Someone at least 5 years older than them or an adult forced them to have sex (3%)
  - They didn't have enough to eat, had to wear dirty clothing, and had no one to protect them (3%)
- About one in five (19%) adults experienced four or more Adverse Childhood Experiences (ACEs).
- Five percent (5%) of Mahoning County adults were threatened to be abused in the past year. They were threatened by the following: another person from outside the home (68%), a spouse or partner (16%), someone else (11%), another family member living in their household (5%), and their child (5%).

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The table below indicates correlations between those who experienced 4 or more ACEs in their lifetime and participating in risky behaviors, as well as other experiences. An example of how to interpret the information includes: 22% of those who experienced 4 or more ACEs had an episode of binge drinking in the past 30 days, compared to 14% of those who did not experience any ACEs.

Behaviors of Mahoning County Adults

Experienced 4 or More ACEs vs. Did Not Experience Any ACEs

Adult Behaviors	Experienced 4 or More ACEs	Did Not Experience Any ACEs
Current drinker (had at least one alcoholic beverage in the past 30 days)	59%	45%
Were depressed (felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities in the past 12 months)	37%	7%
Current smoker (currently smoke on some or all days)	27%	12%
Binge drinker (drank five or more drinks for males and 4 or more for females on an occasion in the past 30 days)	22%	14%
Misused prescription drugs (used prescription drugs either not prescribed to them or used them to get high or feel more alert in the past 6 months)	15%	3%
Had two or more sexual partners (in the past 12 months)	7%	1%
Seriously contemplated suicide (in the past 12 months)	7%	0%

"ACEs" indicate adults who self-reported having experienced four or more adverse childhood experiences in their lifetime.

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Health and Health Care

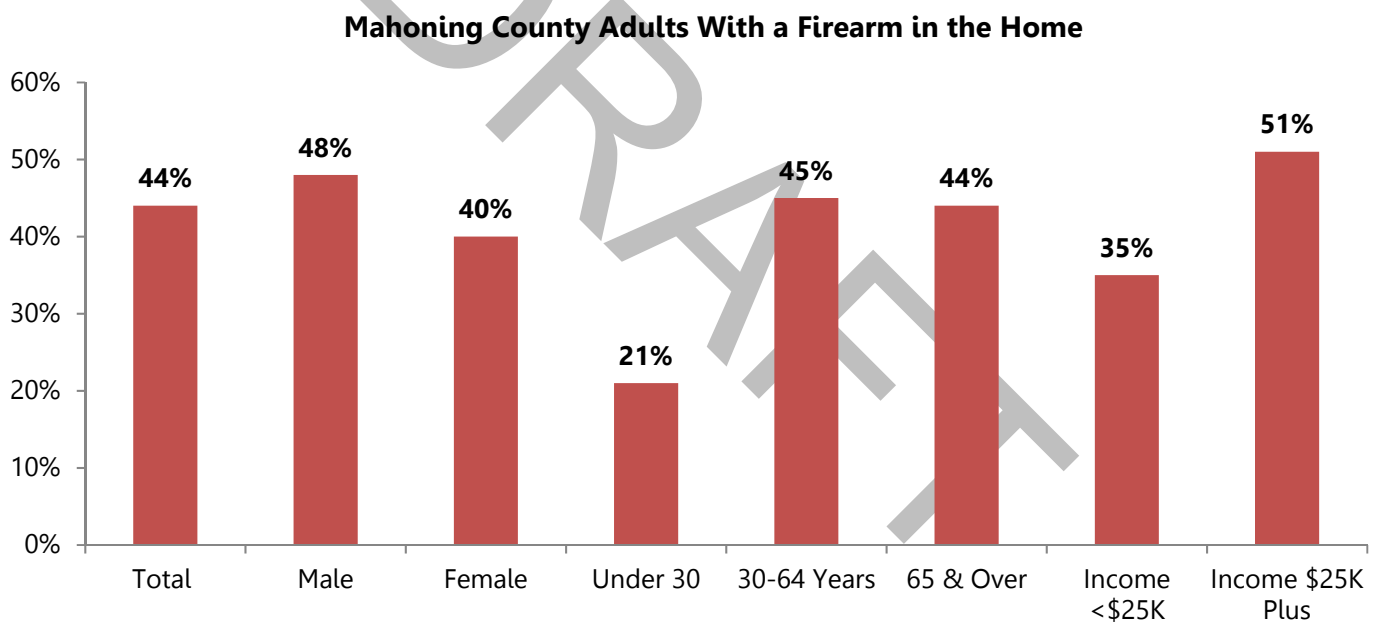
- In the past year, 6% of adults were uninsured, increasing to 8% of those with incomes less than $25,000.
- Five percent (5%) of Mahoning County adults reported the lack of transportation kept them from medical appointments, meetings, work or from getting things needed for daily living.
- Within the past year, when seeking healthcare, 3% of Mahoning County adults felt their experiences were worse than other races. Forty-three percent (43%) felt their experiences were the same, and 12% reported their experiences were better than other races. Nearly one-third (31%) of adults did not know how their experiences compared to other races.
- Adults indicated the following have motivated them to make positive changes to their health: family/kids (55%), increased energy (46%), health scare/fear of illness (34%), exposure to a healthy environment (26%), social support (24%), financial incentives (19%), incentives other than financial (14%), discounted services (5%), and exposure to a negative environment (5%).
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Mahoning County adults.

Neighborhood and Built Environment

- One-quarter (25%) of Mahoning County adults reported that their neighborhood was extremely safe; 53% reported it to be quite safe, 15% reported it to be slightly safe, and 4% reported it to be not safe at all. Two percent (2%) reported that they did not know how safe from crime their neighborhood was.
- Eight percent (8%) of Mahoning County adults reported the following transportation issues: could not afford gas (2%), other car issues/expenses (2%), suspended/no driver's license (1%), no car (4%), disabled (1%), limited public transportation available or accessible (1%), no public transportation available or accessible (<1%), no car insurance (1%), and did not feel safe to drive (1%). Forty-four percent (44%) of adults who reported having transportation issues had more than one issue.

- Mahoning County adults indicated they use the following forms of transportation regularly: their vehicle or family vehicle (93%), walk (9%), ride from a friend or family member (9%), public transportation (4%), bike (2%), and other (3%).
- Mahoning County adults reported doing the following while driving: talking on hands-free cell phone (40%); eating (33%); talking on hand-held cell phone (27%); not wearing a seatbelt (13%); texting (13%); using internet on their cell phone (10%); being under the influence of alcohol (2%); being under the influence of prescription drugs (2%); reading (1%); being under the influence of recreational drugs (1%); and other activities (such as applying makeup, shaving, etc.) (3%). Of adult drivers, 41% had more than one distraction. Four percent (4%) of adults reported they did not drive.
- Mahoning County adults reported regularly using the following to reduce their risk of injury: seat belt (85%), sunscreen (53%), life jacket (12%), bike helmet (10%), and motorcycle/ATV/snowmobile helmet (10%).
- More than two-fifths (44%) of Mahoning County adults kept a firearm in or around their home. Six percent (6%) of adults reported they were unlocked and loaded.

The following graph shows the percentage of Mahoning County adults who had a firearm in or around the home. An example of how to interpret the information shown on the graph includes: 44% of all Mahoning County adults have a firearm in or around the home, including 48% of males and 21% of those under 30 years old.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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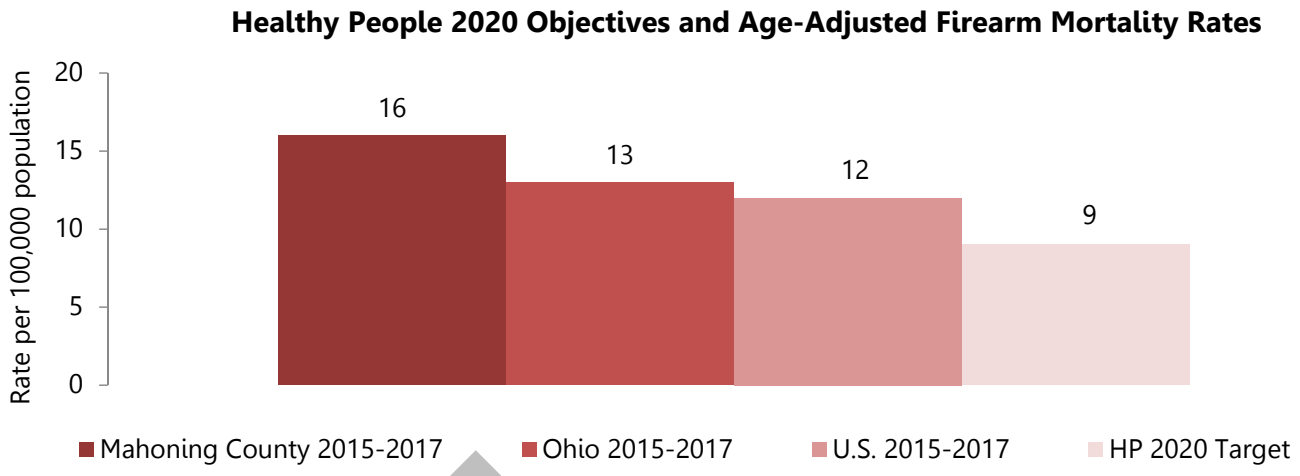
The following graphs show the Mahoning County, Ohio and U.S. age-adjusted mortality rates (per 100,000 population, 2000 standard) due to firearms in comparison to the Healthy People 2020 objective, as well as by race and gender.



(Source: Ohio Public Health Data Warehouse, 2015-2017, CDC Wonder 2015-2017, Healthy People 2020)

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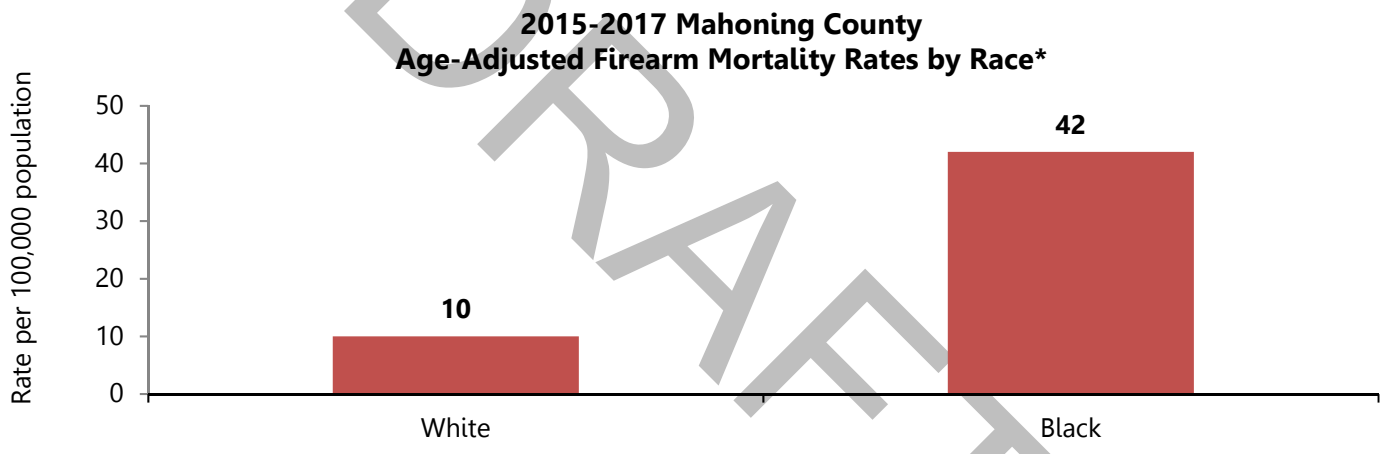
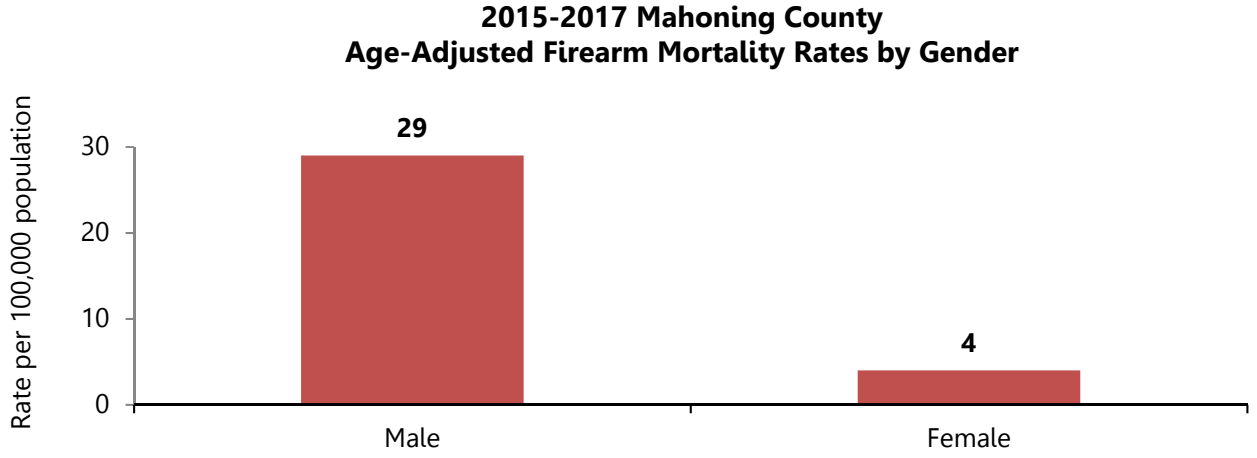


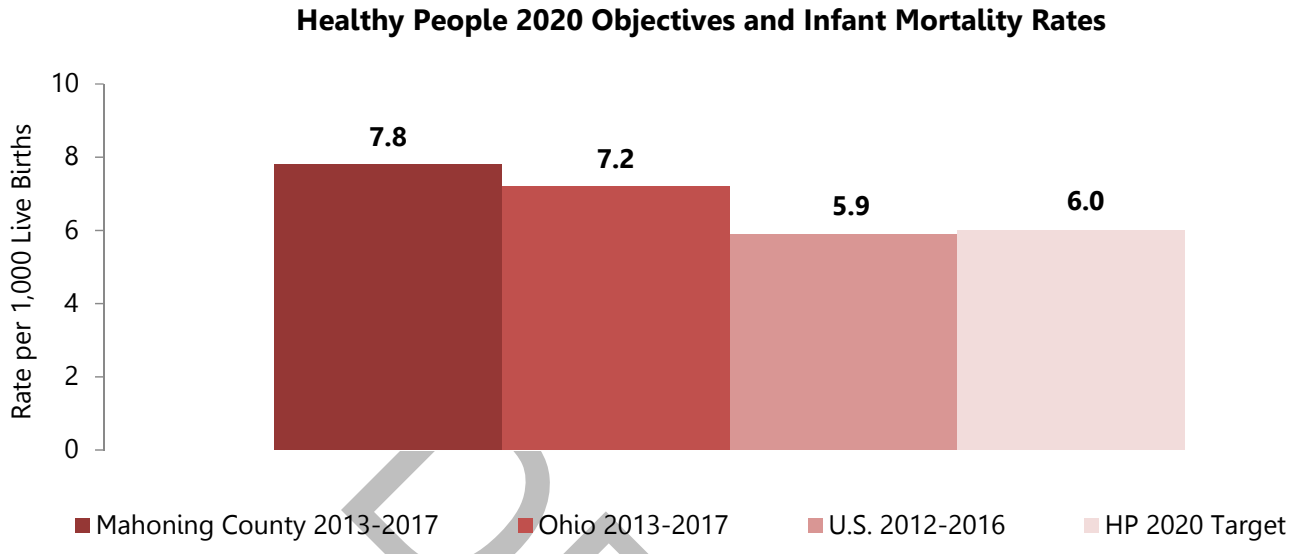
**Races represented are white and black. All other races were N/A due to low rates.*



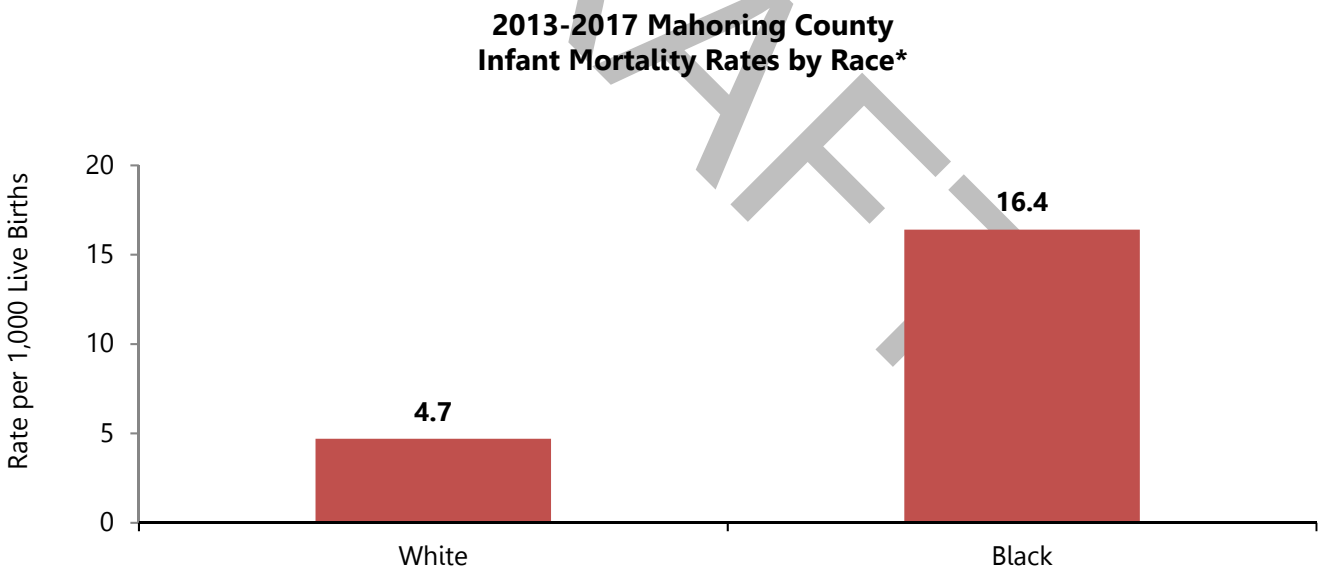
(Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 4/23/2019)

Infant Mortality

The following graphs show the Mahoning County, Ohio and U.S. infant mortality rates (per 1,000 live births) due to in comparison to the Healthy People 2020 objective, as well as by race.



(Source: Ohio Public Health Data Warehouse, 2013-2017, CDC Wonder 2012-2016, Healthy People 2020)



**Races represented are white and black. All other races were N/A due to low rates.*
(Sources for graph: 1) ODH, Ohio Public Health Data Warehouse, Mortality, Number of Infant Resident Deaths in Ohio Counties by Year, 2) ODH, Ohio Public Health Data Warehouse, Ohio Resident Live Births, Resident Live Births by County of Residence, updated 4/23/2019)

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Social Conditions: Environmental Conditions

Key Findings

Mahoning County adults indicated that insects (7%), mold (6%) and moisture issues (5%) threatened their health in the past year.

12,886 adults reported that insects threatened their or family member's health in the past year.

Environmental Health

- Mahoning County adults thought the following threatened their or family member's health in the past year:
  - Insects (7%)
  - Mold (6%)
  - Moisture issues (5%)
  - Rodents (4%)
  - Sewage/waste water problems (4%)
  - Plumbing problems (4%)
  - Bed bugs (3%)
  - Unsafe water supply/wells (3%)
  - Air quality (3%)
  - Temperature regulation (2%)
  - Food safety/food borne illness (1%)
  - Fracking (1%)
  - Agricultural chemicals (1%)
  - Sanitation issues (1%)
  - Safety hazards (1%)
  - Cockroaches (<1%)
  - Lead paint (<1%)
  - Asbestos (<1%)
  - Radon (<1%)
  - Chemicals found in products (<1%)

- Nearly one-fifth (18%) of Mahoning County adults who have a private source for drinking water such as a well or cistern indicated their water source was tested within the past year. Forty-four percent (44%) did not know the last time their drinking water source had been tested.

- More than half (56%) of Mahoning County adults who use a septic tank for wastewater indicated their septic tank was pumped within the past 5 years. Thirty percent (30%) did not know the last time their septic tank has been pumped.

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Mold Prevention Tips

- Exposure to damp and moldy environments may cause a variety of health effects. Mold can cause nasal stuffiness, throat irritation, coughing or wheezing, eye irritation, or, in some cases, skin irritation.
- In your home, you can control mold growth by:
  - Keep humidity levels as low as you can, no higher than 50%, all day long
  - Be sure your home has enough ventilation. Use exhaust fans which vent outside your home in the kitchen and bathroom. Make sure your clothes dryer vents outside your home.
  - Fix any leaks in your home's roof, walls, or plumbing so mold does not have moisture to grow.
  - Clean up and dry out your home thoroughly and quickly (within 24–48 hours) after flooding.
  - Add mold inhibitors to paints before painting.
  - Clean bathrooms with mold-killing products.
  - Remove or replace carpets and upholstery that have been soaked and cannot be dried promptly. Consider not using carpet in rooms or areas like bathrooms or basements that may have a lot of moisture. One gallon of water per person per day for at least three days, for drinking and sanitation.

(Source: CDC, Facts about Mold and Dampness, Updated on 9/5/17)

Disaster Preparedness

- Mahoning County households had the following disaster preparedness supplies: cell phone (83%), cell phone with texting (80%), working flashlight and working batteries (80%), working smoke detector (77%), computer/tablet (70%), 3-day supply of nonperishable food for everyone in the household (48%), 3-day supply of prescription medication for each person who takes prescribed medicines (43%), home land-line telephone (42%), working battery-operated radio and working batteries (42%), 3-day supply of water for everyone in the household (1 gallon of water per person per day) (36%), communication plan (21%), generator (15%), family disaster plan (10%), and disaster plan (8%).

- Adults indicated the following as their main method or way of getting information from authorities in a large-scale disaster or emergency: television (89%), internet (70%), radio (69%), friends/family (61%), Facebook (45%), wireless emergency alerts (45%), neighbors (45%), Mahoning County Emergency Alert System (44%), text messages (36%), newspapers (35%), smartphone app (25%), other social media (17%), landline phone (14%), Twitter (8%), and other methods (4%).

- Nearly three-fourths (74%) Mahoning County adults would evacuate if public authorities announced a mandatory evacuation from their community due to a large-scale disaster or emergency.

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African American: Health Status, Healthcare Access, Coverage, and Utilization

Key Findings

Note: The following information is for Mahoning and Trumbull County African American adults. Only 133 Mahoning and Trumbull County African American adults responded to the survey. As a result, there is a greater margin of error when generalizing to the entire population. Caution should be taken when generalizing the results to the African American community.

In 2018, 4% of Mahoning and Trumbull County African American adults did not have health care coverage. Twenty-eight percent (28%) rated their health status as fair or poor. Four-fifths (80%) of African American adults visited a doctor for a routine checkup in the past year.

Health and Health Care for Blacks in the U.S.

- Blacks account for 12% of the population in the U.S.
- The uninsured rate for Blacks declined after the ACA, but they still are more likely than Whites to be uninsured.
- Given gaps in private coverage, Medicaid is a key source of coverage for Blacks, particularly among children.
- Blacks make up a greater share of the population in the South, where most states have not expanded Medicaid.
- Nonelderly Blacks are younger, more likely to be poor, and less likely to have a full-time worker in the family compared to Whites.
- There have been large improvements in some health measures for Blacks, but they still fare worse than Whites.
- Nonelderly Black African American adults also face disparities in other health measures compared to their White counterparts.
- Additionally, Blacks are more likely to face other challenges that affect health and access to care.

(Source: KFF Henry J Kaiser Family Foundation, Health and Health Care for Blacks in the United States, Updated on 1/31/18)

Health Status Perceptions

General Health Status

- Three in ten (30%) Mahoning and Trumbull County African American adults rated their health as excellent or very good.
- More than one-fourth (28%) of African American adults rated their health as fair or poor.
- Thirty-seven percent (37%) of African American adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation at least one day in the past month.
- Mahoning and Trumbull County African American adults reported the following motivates them or had motivated them to make positive changes in their health: family/kids (43%), to have more energy (38%), a health scare/fear of illness (30%), social support (22%), exposure to a healthy environment (20%), incentives other than financial (13%), financial incentives (12%), discounted services (7%), and exposure to a negative environment (7%).

Physical Health Status

- More than one-third (37%) of Mahoning and Trumbull County African American adults rated their physical health as not good on four or more days in the previous month.
- Mahoning and Trumbull County African Americans reported their physical health as not good on an average of 7.6 days in the previous month.

Mental Health Status

- Two-fifths (40%) of Mahoning and Trumbull County African American adults rated their mental health as not good on four or more days in the previous month.
- Mahoning and Trumbull County African Americans reported their mental health as not good on an average of 6.7 days in the previous month.

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Health Care Coverage

- Ninety-six (96%) of Mahoning and Trumbull County African American adults had healthcare coverage.
- Four percent (4%) of Mahoning and Trumbull County African Americans did not have health care coverage.
- The following types of health care coverage were used: Medicare (35%), Medicaid or medical assistance (30%), employer (23%), someone else's employer (6%), self-paid plan (3%), Health Insurance Marketplace (2%), multiple-including private sources (1%), and multiple-including government sources (1%).
- Mahoning and Trumbull County adult health care coverage included the following: medical (94%), prescription coverage (93%), vision (84%), dental (81%), immunizations (79%), outpatient therapy (67%), mental health (59%), preventive health (53%), transportation (45%), alcohol and drug treatment (37%), durable medical equipment (36%), home care (33%), skilled nursing/assisted living (31%), and hospice (25%).
- The top reasons uninsured African American adults gave for being without health care coverage were:
  1. They lost their job or changed employers (39%)
  2. They could not afford to pay the premiums (36%)
  3. Their spouse or parent lost their job or changed employers (11%)

The following chart identifies sources of healthcare coverage for Mahoning and Trumbull County African American adults.

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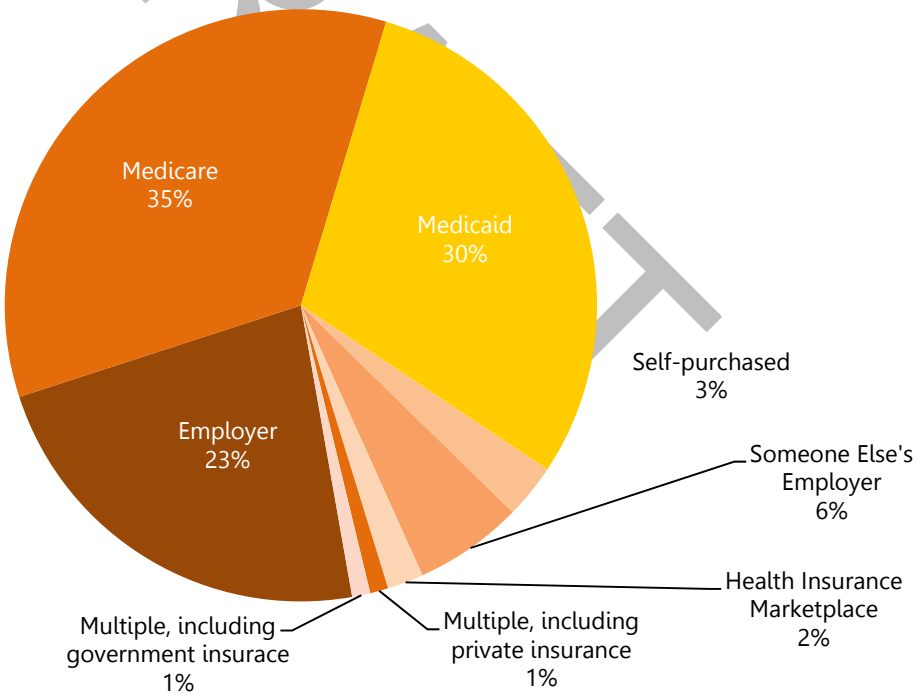
Source of Health Coverage for Mahoning and Trumbull Adults



The following chart shows what is included in Mahoning and Trumbull County African American adults' insurance coverage.

Health Coverage Includes:	Yes	No	Don't Know
Medical	94%	0%	6%
Prescription Coverage	93%	2%	5%
Vision	84%	11%	5%
Dental	81%	15%	4%
Immunizations	79%	4%	17%
Outpatient Therapy	67%	4%	29%
Mental Health	59%	7%	34%
Preventive Health	53%	6%	41%
Transportation	45%	19%	36%
Alcohol and Drug Treatment	37%	15%	48%
Durable Medical Equipment	36%	11%	53%
Home Care	33%	10%	57%
Skilled Nursing/Assisted Living	31%	8%	61%
Hospice	25%	12%	63%

Health Care Access and Utilization

- More than four-fifths (83%) of Mahoning and Trumbull County African Americans indicated they had at least one person they thought of as their personal doctor or health care provider.
- Four-fifths (80%) of Mahoning and Trumbull County African American adults visited a doctor for a routine checkup in the past year.
- Sixty-four percent (64%) of African American adults received medical care in the past 12 months. Reasons for not receiving medical care in the past 12 months included: no need to go (13%), cost/no insurance (3%), discrimination (2%), too long of a wait for an appointment (2%), no transportation (2%), too embarrassed to seek help (2%), inconvenient appointment times (2%), office wasn't open when they could get there (1%), too long of a wait in the waiting room (1%), concerned about privacy (1%), and other problems that prevented them from getting medical care (8%).
- African Americans usually visited the following places when they were sick or needed advice about their health: a doctor's office (78%), a hospital emergency room (25%), urgent care center (14%), Internet (13%), a public health clinic or community health center (9%), family and friends (8%), in-store health clinic (3%), VA (2%), chiropractor (1%), 9-1-1/ambulance service (1%), telemedicine (1%), and some other kind of place (1%). Three percent (3%) of African American adults indicated they did not have a usual place.
- Mahoning and Trumbull County African Americans reported the following reasons for using the Emergency Room (ER) for their healthcare: serious illness/injury (36%), their doctor told them to go there (15%), could not get in to see their primary care physician because of time of day/too long of a wait (11%), it is what they have always done/what they are used to (6%), and no primary care physician (4%).
- More than one-fourth (27%) of African Americans did not get prescriptions from their doctor filled in the past year. Reasons for not getting their prescriptions filled included: did not have any prescriptions to be filled (15%), too expensive (9%), did not think they needed it (7%), side effects (3%), stretched current prescription by taking less than what was prescribed, (2%), transportation (2%), no insurance (1%), and no generic equivalent of what was prescribed (1%).

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- When seeking health care, 12% of Mahoning and Trumbull County African Americans felt their experiences were worse than other races. Thirty-seven percent (37%) felt their experiences were the same as other races, and 5% reported their experiences were better than other races. Thirty-one percent (31%) did not know how their health care experiences compared to other races.

- Mahoning and Trumbull County African American adults reported they had looked for the following programs for themselves or a loved one: depression, anxiety, or mental health (42%); disability (20%); weight problems (19%); elder care (16%); marital/family problems (12%); alcohol abuse (11%); drug abuse (11%); cancer support group/counseling (10%); family planning (10%); detoxification of opiates/heroin (8%); end-of-life/hospice care (7%); tobacco cessation (6%); and gambling abuse (1%).

Oral Health

- In the past year, 51% of Mahoning and Trumbull County African American adults had visited a dentist or dental clinic.

- Mahoning and Trumbull County African American adults reported the following reasons for not visiting a dentist in the past year: had dentures (25%); cost (22%); fear, apprehension, nervousness, pain, and dislike going (22%); no reason to go/had not thought of it (18%); did not have/know a dentist (9%); dentist did not accept their medical coverage (7%); could not find a dentist taking Medicaid patients (4%); used the emergency room for dental issues (2%); and other reasons (7%).

- More than three-fifths (63%) of African American adults had one or more of their permanent teeth removed, and 10% had all of their permanent teeth removed.

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Adult Comparisons	Mahoning and Trumbull County African American 2018-2019	Ohio African American 2016	U.S. African American 2016
Health Status Perceptions			
Rated general health as excellent or very good	30%	42%	44%
Rated general health as fair or poor	28%	22%	21%
Rated physical health as not good on four or more days (in the past 30 days)	37%	25%	23%
Rated mental health as not good on four or more days (in the past 30 days)	40%	25%	24%
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	37%	23%	16%
Healthcare Coverage, Access and Utilization			
Uninsured	4%	10%	14%
Visited a doctor for a routine checkup (in the past 12 months)	80%	79%	80%
Had one or more persons they thought of as their personal healthcare provider	83%	76%	78%
Oral Health			
Visited a dentist or a dental clinic (within the past year)	51%	63%	60%
Had any permanent teeth extracted	63%	52%	53%

African American: Health Behavior, Chronic Disease and Prevention

Key Findings

Note: The following information is for Mahoning and Trumbull County African American adults. Only 133 Mahoning and Trumbull County African American adults responded to the survey. As a result, there is a greater margin of error when generalizing to the entire population.

In 2018, 16% of Mahoning and Trumbull County African American adults were diagnosed with diabetes and 58% were diagnosed with high blood pressure. Seventy percent (70%) of African Americans were either overweight or obese.

Mahoning County African American Leading Causes of Death, 2015-2017

Total Deaths: 1,283

- Heart Disease (29% of all deaths)
- Cancers (18%)
- Accidents, Unintentional Injuries (6%)
- Stroke (4%)
- Assault, Homicide (4%)

(Source: Ohio Public Health Data Warehouse, 2015-2017)

Trumbull County African American Leading Causes of Death, 2015-2017

Total Deaths: 606

- Heart Disease (24% of all deaths)
- Cancers (19%)
- Accidents, Unintentional Injuries (6%)
- Stroke (5%)
- Septicemia (5%)

(Source: Ohio Public Health Data Warehouse, 2015-2017)

Health Behavior

Weight Status

- More than two-thirds (70%) African American adults were either overweight (23%), obese (33%), or morbidly obese (14%) by Body Mass Index (BMI).
- Nearly one-third (31%) of African American adults were trying to lose weight; 26% were trying to maintain their current weight or keep from gaining weight, and 15% were trying to gain weight.

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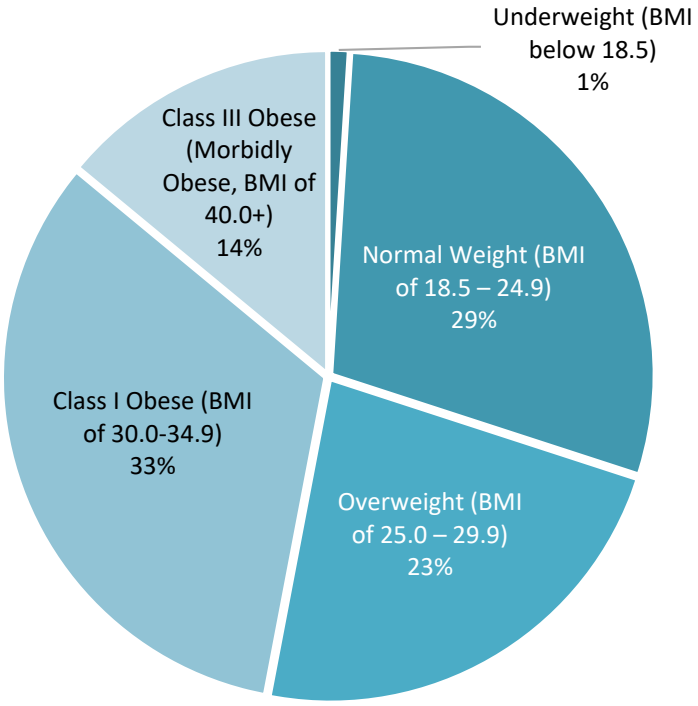
The following chart indicates the weight status of Mahoning and Trumbull County African American adults.



BMI Measurements

- Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters. A high BMI can be an indicator of high body fat.
- BMI can be used to screen for weight categories that may lead to health problems but it is not diagnostic of the body fatness or health of any individual.

BMI	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal or Healthy Weight
25.0 – 29.9	Overweight
30.0-34.9	Class I Obese
35.0-39.9	Class II Obese (Severely Obese)
40.0 and above	Class III Obese (Morbidly Obese)

(Source: CDC, Healthy Weight, Updated on August 11, 2017)

- African American adults did the following to lose weight or keep from gaining weight:
  - Ate less food, fewer calories, or foods low in fat (17%)
  - Drank more water (26%)
  - Exercised (26%)
  - Took prescribed medications (4%)
  - Ate a low-carb diet (3%)
  - Smoked cigarettes (3%)
  - Went without eating 24 or more hours (2%)
  - Used a weight loss program (1%)
  - Health coaching (1%)
  - Took diet pills, powders or liquids without a doctor's advice (1%)
  - Participated in a prescribed dietary or fitness program (1%)
  - Took laxatives (1%)

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Physical Activity

- In Mahoning and Trumbull County, 45% of African American adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. Twenty-six percent (26%) 26% of African American adults exercised 5 or more days per week. More than one-third (38%) of African American adults did not participate in any physical activity in the past week, including 4% who were unable to exercise.

- Reasons for not exercising included: time (13%), pain or discomfort (12%), self-motivation or will power (11%), too tired (10%), laziness (10%), could not afford a gym membership (10%), did not like to exercise (9%), ill/physically unable (7%), did not enjoy being active (6%), already get enough exercise (6%), no personal reason (5%), weather (4%), neighborhood safety (4%), transportation (3%), no gym available (3%), poorly maintained/no sidewalks (3%), no exercise partner (2%), did not know what activities to do (2%), afraid of injury (2%), lack of opportunities for those with physical impairments (2%), doctor advised them not to exercise (1%), too expensive (1%), and no walking, biking trails, or parks (1%).

- African American adults reported they use or visit the parks, bike trails and walking paths in their community: very often (10%), somewhat often (21%), not very often (33%), and not at all (31%). Four percent (4%) of adults reported no parks, bike trails, or walking paths were available in their community.

- African American adults reported the following would help them use community parks, bike trails and walking paths more frequently:
  - Increased accessibility of parks, bike trials, and walking paths (30%)
  - Improvements to existing parks, trails, and paths (20%)
  - More available parks, bike trails, and walking paths (18%)
  - More public events and programs involving parks, trails, and paths (18%)
  - Designated safe routes (10%)
  - Better promotion and advertising of existing parks, trails, and paths (9%)

Nutrition

- Four percent (4%) of African American adults ate 5 or more servings of whole fruit per day; 15% ate 3-to-4 servings, 68% ate 1-to-2 servings, and 13% ate 0 servings.

- Eleven percent (11%) of African American adults ate 5 or more servings of whole vegetables per day; 16% ate 3-to-4 servings, 67% ate 1-to-2 servings, and 6% ate 0 servings.

- One-fourth (25%) of African American adults ate 5 or more servings of fruits **and** vegetables per day; 33% ate 3-to-4 servings, 37% ate 1-to-2 servings, and 5% ate 0 servings.

- Mahoning and Trumbull County African American adults purchased their fruit and vegetables from the following places: large grocery stores (82%), local grocery stores (55%), farmer's market (24%), Dollar General/Store (22%), corner/convenience stores (7%), food pantry (7%), grow their own/garden (6%), mail order food service (2%), community garden (1%), and other places (3%).

- African American adults reported the following reasons they chose the types of food they ate: cost (63%), taste/enjoyment (54%), food they were used to (46%), healthiness of food (36%), what their family prefers (32%), availability (32%), ease of preparation/time (27%), nutritional content (16%), calorie content (10%), if it is organic (8%), other food sensitivities (6%), if it is lactose free (4%), limitations due to dental issues (4%), artificial sweetener content (4%), health care provider's advice (4%), if it is genetically modified (3%), if it is gluten free (3%), and other reasons (4%).

- African American adults reported the following barriers in consuming fruits and vegetables: too expensive (23%), transportation (4%), stores did not take EBT (3%), did not like the taste (3%), did not know how to prepare (2%), no access to fruits and vegetables (2%), no variety (2%), and other barriers (4%).

- More than one-fourth (28%) of African American adults reported living 2 or more miles away from healthy food.

- In a typical week, African American adults ate out in a restaurant or brought home take-out food at the following frequencies: 1-to-2 times (46%), 3-to-4 times (16%), and 5 or more times (5%). One-third (33%) of African American adults did not eat out in a restaurant or bring home take-out food in a typical week.

- Ten percent (10%) of African American adults consumed 5 or more servings of sugar-sweetened beverages per day; 18% drank 3-to-4 servings per day, 54% consumed 1-to-2 servings per day, and 18% consumed 0 servings.

- Twelve percent (12%) of African American adults consumed 5 or more servings of caffeinated beverages per day; 11% consumed 3-to-4 servings per day, 52% consumed 1-to-2 servings of per day, and 25% drank 0 servings.

Tobacco Use

- Nearly one-fourth (23%) of African American adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).

- Forty-one percent (41%) of current African American smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.

- Eighteen percent (18%) of African American adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).

- Mahoning and Trumbull County African American adults used the following tobacco products in the past year: cigarettes (28%); cigars (13%); hookah (8%); e-cigarettes/vape pens (7%); cigarillos (5%); dissolvable tobacco (3%); chewing tobacco, snuff, dip, and betel quid (1%); little cigars (1%); and pipes (1%).

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- African American adults who have used e-cigarettes/vapes in the past year put the following in it: e-liquid or e-juice with nicotine (71%), e-liquid or e-juice without nicotine (43%), homemade e-liquid or e-juice (14%), marijuana or THC in your e-liquid (14%).

- Mahoning and Trumbull County African American adults reported they would support an ordinance to ban smoking in the following places: vehicle with a minor present (68%), multi-unit housing (43%), parks or ball fields (35%), college/university campuses (35%), and fairgrounds (33%). Twenty-six percent (26%) of African American adults reported they would not support an ordinance to ban smoking anywhere.

Alcohol Consumption

- In 2018, 39% of Mahoning and Trumbull County African American adults had at least one alcoholic drink in the past month.

- Of those who drank, African American adults drank 2.5 drinks on average.

- More than one-fifth (21%) of African American adults reported they had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. Of current drinkers, 63% were considered binge drinkers.

- Twenty-five percent (25%) of current drinkers reported driving after drinking an alcoholic beverage in the past month.

- One-in-six (17%) current drinkers reported drinking while on prescription medications in the past 30 days.

Drug Use

- Four percent (4%) of adults reported using marijuana for recreational purposes in the past six months.

- Fifteen percent (15%) of adults reported using drugs not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past six 6 months.

- Mahoning and Trumbull County African American adults reported that they and/or an immediate family member/someone in their household used the following drugs in the past 6 months:
  - Recreational marijuana (14%)
  - Wax, oil with THC, edibles (7%)
  - Cocaine, crack, or coca leaves (7%)
  - Medical marijuana (4%)
  - Amphetamines, methamphetamine or speed (3%)
  - Inappropriate use of over-the-counter medications (3%)
  - Heroin/fentanyl (2%)
  - Synthetic marijuana/K2 (2%)
  - Kraton (2%)

- African American adults reported that they and/or an immediate family member/someone in their household took the following medications not prescribed to them to feel good, high and/or more active or alert during the past 6 months:
  - Tramadol/Ultram (12%)
  - Tranquilizers such as Valium or Xanax (6%)
  - Codeine, Demerol, Morphine, Percocet, Dilaudad, or Fentanyl (6%)
  - Vicodin (5%)
  - OxyContin (3%)
  - Ritalin, Adderall, Concerta, or other ADHD medication (2%)
  - Suboxone or Methadone (1%)
  - Steroids (1%)
  - Neurontin (1%)

- African American adults indicated they did the following with their unused prescription medication: took as prescribed (27%), threw them in the trash (23%), flushed them down the toilet (11%), took them to a medication collection program (7%), kept them (6%), took them to the sheriff's office (4%), took them to Drug Take Back Days (3%), kept them in a locked cabinet (1%), drug deactivation pouches (1%), and other (1%).

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- Seven percent (7%) of African American adults had used a program or service to help with an alcohol or drug problem for themselves or a loved one. Reasons for not using a program or service to help with a drug or alcohol problem included: had not thought of it (3%), fear (2%), insurance did not cover it (2%), did not know how to find a program (1%), and other reasons (2%). Eighty-five percent (85%) of African American adults indicated this type of program was not needed.

Sexual Behavior

- Twelve percent (12%) of African American adults reported they had intercourse with more than one partner in the past year.

- African American adults used the following methods of birth control:
  - No partner/not sexually active (36%)
  - Condoms (14%)
  - They or their partner were too old (13%)
  - Tubes tied (12%)
  - Hysterectomy (10%)
  - Shots (6%)
  - Withdrawal (4%)
  - Having sex only at certain times (3%)
  - Ovaries or testicles removed (1%)
  - Infertility (1%)
  - IUD (1%)

- Eight percent (8%) of Mahoning and Trumbull County African American adults were not using any method of birth control and 6% were trying to get pregnant.

- The following situations applied to Mahoning and Trumbull County African American adults in the past year: had sex without a condom (25%), tested for an STD (6%), treated for an STD (3%), injected any drug other than prescribed (3%), engaged in sexual activity following alcohol or drug use they would not have done if sober (2%), had sex with someone they did not know (1%), tested positive for HIV (1%), tested positive for Hepatitis C (1%), gave or received money or drugs in exchange for sex (1%), had anal sex without a condom (1%), and new someone involved in sex trafficking (1%), and had 4 or more sexual partners (1%).

Mental Health

- During the past 12 months, one-fourth (25%) of African American adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities.

- Eight percent (8%) of African Americans adults seriously considered attempting suicide in the past year.

- One percent (1%) of African American adults reported actually attempting suicide in the past year.

- Mahoning and Trumbull County African American adults indicated the following caused them anxiety, stress, or depression:
  - Financial stress (47%)
  - Poverty/no money (34%)
  - Death of close family member or friend (30%)
  - Job stress (24%)
  - Sick family member (22%)
  - Other stress at home (17%)
  - Unemployment (16%)
  - Marital/dating relationships (13%)
  - Fighting in the home (9%)
  - Not having enough to eat (9%)
  - Family member with a mental illness (8%)
  - Caring for a parent (7%)
  - Not feeling safe at home (7%)
  - Not feeling safe in the community (5%)
  - Divorce/separation (3%)
  - Not having a place to live (3%)
  - Sexual orientation/gender identity (1%)
  - Other (12%)

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- African American adults dealt with stress in the following ways:
  - Prayer/meditation (58%)
  - Listened to music (42%)
  - Talked to someone they trust (40%)
  - Ate more or less than normal (36%)
  - Slept (27%)
  - Exercised (17%)
  - Worked on a hobby (15%)
  - Smoked tobacco (15%)
  - Drank alcohol (14%)
  - Worked (11%)
  - Took it out on others (5%)
  - Used prescription drugs as prescribed (4%)
  - Called a professional (3%)
  - Self-harm (2%)
  - Used illegal drugs (1%)
  - Other ways (10%)

- African American adults reported they or a family member were diagnosed with or treated for the following mental health issues:
  - Depression (29%)
  - Anxiety or emotional problems (22%)
  - An anxiety disorder (20%)
  - Bipolar disorder (16%)
  - Alcohol and illicit drug abuse (12%)
  - Attention deficit disorder (ADD/ADHD) (9%)
  - Psychotic disorder (8%)
  - Life-adjustment disorder/issue (8%)
  - Eating disorder (6%)
  - Post-traumatic stress disorder (PTSD) (5%)
  - Developmental disability (5%)
  - Autism spectrum (4%)
  - Other trauma (2%)
  - Problem gambling (1%)
  - Some other mental health disorder (11%)

- Twenty-three percent (23%) indicated they or a family member had taken medication for one or more mental health issues.

African American Mental Health

- African Americans experience more severe forms of mental health conditions due to unmet needs and other barriers.
- According to the Health and Human Services Offices of Minority Health, African Americans are 20% more likely to experience serious mental health problems than the general population.
- Common mental health disorders among African Americans include:
  - Major depression
  - Attention deficit hyperactivity disorder (ADHD)
  - Suicide (among young African American men)
  - Post-traumatic stress disorder (PTSD) (because African Americans are more likely to be victims of violent crime)
- African Americans are also more likely to experience certain factors that increase the risk for developing a mental health condition:
  - **Homelessness** people experiencing homelessness are at a greater risk of developing a mental health condition. African Americans make up 40% of the homeless population.
  - **Exposure to violence** increases the risk of developing a mental health condition such as depression, anxiety and post-traumatic stress disorder. African American children are more likely to be exposed to violence than other children.

(Source: National Alliance on Mental Illness (NAMI), African American Mental Health, 2017)

Chronic Disease

Cardiovascular Health

- Four percent (4%) of Trumbull and Mahoning County African American adults reported they had survived a heart attack or myocardial infarction.

- Five percent (5%) of African American adults reported they had survived a stroke.

- One percent (1%) of African American adults reported they had angina or coronary heart disease.

- Three percent (3%) of African American adults reported they had congestive heart failure.
- More than half (58%) of African American adults had been diagnosed with high blood pressure.
- Two percent (2%) of African American adults were told they were pre-hypertensive/borderline high.
- Eighty-six percent (86%) of African American adults had their blood pressure checked within the past year.
- Nearly one-third (32%) of African American adults had been diagnosed with high blood cholesterol.
- Nearly three-quarters (72%) of African American adults had their blood cholesterol checked within the past 5 years.

Cancer

- Fourteen percent (14%) of Mahoning and Trumbull County African American adults were diagnosed with cancer at some point in their lives.
- Of those diagnosed with cancer, they reported the following types: breast (27%), prostate (20%), cervical (7%), leukemia (7%), lung (7%), and other types of cancer (27%). Seven percent (7%) of African American adults were diagnosed with multiple types of cancer.
- African American adults have had the following cancer screenings: colorectal cancer in the past 5 years (24%), lung cancer in the past 3 years (7%), oral cancer in the past year (6%), and skin cancer in the past year (3%).

Arthritis

- More than two-fifths (43%) of Mahoning and Trumbull County African American adults were told by a health professional that they had arthritis.
- African American adults were also diagnosed with the following: fibromyalgia (7%), rheumatoid arthritis (7%), gout (4%), and lupus (4%).

Asthma

- In 2018, 18% of Mahoning and Trumbull County African American adults had been diagnosed with asthma.
- Nine percent (9%) of African American adults were diagnosed with chronic obstructive pulmonary disorder (COPD), emphysema, or chronic bronchitis.

Diabetes

- Sixteen percent (16%) of Mahoning and Trumbull County African American adults had been diagnosed with diabetes (not pregnancy-related).
- Three percent (3%) of woman had been diagnosed with diabetes during pregnancy.

Quality of Life

- Nearly one-third (32%) of Mahoning and Trumbull County African American adults were limited in some way because of a physical, mental, or emotional problem.

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- Among those who were limited in some way, the following most limiting problems or impairments were reported: arthritis/rheumatism (57%); chronic pain (51%); walking problems (41%); back or neck problems (38%); stress, depression, anxiety, or emotional problems (38%); fitness level (25%); chronic illness (19%); sleep problems (19%); eye/vision problems (17%); fractures, bone/joint injuries (14%); memory loss (14%); lung/breathing problems (11%); mental health illness/disorder (5%); hearing problems (5%); confusion (3%); dental problems (3%); drug addiction (3%); and other impairments/problems (11%).

Prevention

Preventive Medicine

- Half (50%) of Mahoning and Trumbull County African American adults had a flu vaccine during the past 12 months.

- More than one-third (36%) of African American adults have had a pneumonia shot in their life.

- African American adults have had the following vaccines:
  — Chicken pox vaccine in their lifetime (58%)
  — Measles, mumps, and rubella (MMR) in their lifetime (53%)
  — Tetanus booster (Td/Tdap) in the past 10 years (47%)
  — Human papillomavirus (HPV) vaccine in their lifetime (16%)
  — Zoster (shingles) vaccine in their lifetime (14%)

- In the past 12 months, African American adults reported their doctor talked to them about the following topics: family history (45%); weight control (43%); depression, anxiety, or emotional problems (37%); immunizations (34%); safe use of prescription medication (30%); bone density (23%); tobacco use (21%); falls (20%); alcohol use (19%); injury prevention (18%); sexually transmitted diseases (14%); safe use of opiate-based pain medications (12%); PSA test (9%); family planning (9%); illicit drug abuse (7%); domestic violence (7%); self-testicular exams (6%); and firearm safety (5%).

Women's Health

- Nearly three-fourths (73%) of Mahoning and Trumbull County African American women had a mammogram at some time in their life, and 45% had one within the past year.

- More than three-fourths (77%) of African American women had a clinical breast exam at some time in their life, and 49% had one within the past year.

- Ninety percent (90%) of African American women had a Pap smear at some time in their life, and 36% reported having had the exam in the past year. Sixty-four percent (64%) of women had a Pap smear in the past three years. Four percent (4%) of women reported the screening was not recommended by their doctor.

- African American women used the following as their usual source of services for female health concerns: private gynecologist (45%), general or family physician (18%), family planning clinic (15%), community health center (5%), and health department clinic (3%). Fourteen-percent percent (14%) indicated they did not have a usual source of services for female health concerns.

- Twenty-three percent (23%) of African American women had been pregnant in the past 5 years.

- During their last pregnancy, African American women: had a prenatal appointment in the first three months (44%), took folic acid/prenatal vitamin (38%), took a multi-vitamin with folic acid pre-pregnancy (38%), experienced depression (31%), took a multi-vitamin with folic acid during pregnancy (31%), received WIC services (31%), had a dental exam (13%), took folic acid during pregnancy (13%), used e-cigarettes (13%), received opiate replacement therapy (6%), and used opioids (6%).

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Men's Health

- Almost half (49%) of Mahoning and Trumbull County African American males had a Prostate-Specific Antigen (PSA) test at some time in their life and 32% had one in the past year.
- Just over half (51%) of African American men had a digital rectal exam in their lifetime and 19% had one in the past year.
- One-fifth (20%) of African American males performed a self-testicular exam in the past year.

Adult Comparisons	Mahoning and Trumbull County African Americans 2018-2019	Ohio African Americans 2016	U.S. African Americans 2016
Weight Status			
Overweight (BMI of 25.0 – 29.9)	23%	36%	34%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	47%	36%	38%
Tobacco Use			
Current smoker (smoked on some or all days)	23%	24%	18%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	18%	18%	16%
Alcohol Consumption			
Current drinker (had at least one drink of alcohol within the past 30 days)	39%	46%	47%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	21%	14%	14%
Chronic Disease Conditions			
Ever been told by a doctor they have diabetes (not pregnancy-related)	16%	13%	14%
Ever been diagnosed with pregnancy-related diabetes	3%	0%	1%
Had ever been told they have asthma	18%	16%	16%
Ever diagnosed with Chronic Obstructive Pulmonary Disease (COPD), emphysema or chronic bronchitis	9%	8%	7%
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	43%	26%	24%
Cardiovascular Health			
Ever diagnosed with angina or coronary heart disease	1%	3%	4%
Ever diagnosed with a heart attack, or myocardial infarction	4%	4%	4%
Ever diagnosed with a stroke	5%	3%	4%
Had been told they had high blood pressure	58%	40%*	41%*
Had been told their blood cholesterol was high	32%	34%*	35%*
Had their blood cholesterol checked within the last five years	72%	75%*	78%*

N/A- Not Available
**2015 BRFSS Data*

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African American: Social Determinants of Health

Key Findings

Note: The following information is for Mahoning and Trumbull County African American adults. Only 133 Mahoning and Trumbull County African American adults responded to the survey. As a result, there is a greater margin of error when generalizing to the entire population.

Nearly one-fourth (24%) of African American adults had 4 or more adverse childhood experiences (ACEs) in their lifetime. More than one-fourth (26%) of African American adults received food assistance in the past year. Forty-eight percent (48%) of African Americans reported they spent 50% or more of their household income on housing.

Healthy People 2020

Healthy People 2020 developed five key determinants as a "place-based" organizing framework. These five determinants include:

- Economic stability
- Education
- Social and community context
- Health and health care
- Neighborhood and built environment

Economic Stability

- Mahoning and Trumbull County African American adults reported the following percent of their household income goes to their housing:
  - Less than 30% (17%)
  - 30-50% (17%)
  - 50% or higher (48%)
  - Don't know (17%)
- African American adults indicated they own their home (50%), rent their home (41%), and have other arrangements (9%).
- Three percent (3%) of Mahoning and Trumbull County African American adults reported they did not have housing (they are staying with others, in a hotel, in a shelter, living outside on the street, on a bench, in a car, abandoned building, bus or train station, or in a park).
- In the past month, 32% of African American adults needed help meeting their general daily needs, such as food, clothing, shelter or paying utility bills.
- African American adults experienced the following food insecurity issues during the past 12 months: worried food would run out (25%), had to choose between paying bills and buying food (23%), food assistance was cut (18%), went hungry/ate less to provide more food for their family (12%), were hungry but did not eat because they did not have money for food (12%), and loss of income led to food insecurity issues (4%).

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Mahoning and Trumbull County African American adults and their loved ones needed the following assistance in the past year:

Type of Assistance	Needed Assistance	Received Assistance	Did Not Know Where to Look
Affordable child care	3%	0%	3%
Clothing	16%	5%	11%
Credit counseling	15%	9%	6%
Dental care	31%	23%	8%
Diapers	2%	2%	0%
Drug or alcohol addiction	7%	7%	0%
Durable medical equipment	7%	6%	1%
Employment	19%	9%	10%
Food	33%	26%	7%
Free tax preparation	13%	5%	8%
Gambling addiction	1%	1%	0%
Health care	27%	27%	0%
Home repair	19%	5%	14%
Legal aid services	15%	8%	7%
Medicare	35%	32%	3%
Mental illness issues including depression	19%	17%	2%
Post incarceration transition issues	1%	0%	1%
Prescription assistance	16%	14%	2%
Rent/mortgage	22%	13%	9%
Transportation	13%	9%	4%
Unplanned pregnancy	2%	2%	0%
Utilities	26%	18%	8%

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Education

- Mahoning and Trumbull County African American adults reported that they or an immediate family member had the following literacy needs: learning computer skills (22%); completing a job application (9%); reading and understanding instructions (8%); and reading a map, signs, food ingredients and labels, etc. (8%).

Social and Community Context

- African American adults reported doing the following while driving: eating (30%); talking on hands-free cell phone (30%); not wearing a seatbelt (12%); talking on hand-held cell phone (10%); texting (5%); using internet on their cell phone (4%); being under the influence of prescription drugs (2%); being under the influence of alcohol (1%); and other activities (such as applying makeup, shaving, etc.) (1%).

- African American adults reported regularly using the following to reduce their risk of injury: seat belt (82%), sunscreen (20%), life jacket (6%), and bike helmet (4%).

- Thirty percent (30%) of African American adults reported feeling upset, angry, sad, or frustrated as a result of how they were treated based on their race in the past 30 days.

- Within the past year, 9% of African American adults felt they were treated worse than other races at work. Thirty-three percent (33%) felt they were treated the same, and no adults reported they were treated better than other races. Seventeen percent (17%) of adults did not know how their treatment at work compared to other races.

- Seven percent (7%) of African American adults were threatened to be abused in the past year. They were threatened by the following: someone else (57%), a spouse or partner (29%), another person from outside the home (14%), another family member living in their household (14%), and their child (14%).

- Mahoning and Trumbull County African American adults experienced the following Adverse Childhood Experiences (ACEs):
  - Lived with someone who was a problem drinker or alcoholic (26%)
  - A parent or adult in their home swore at, insulted, or put them down (25%)
  - Their parents became separated or were divorced (21%)
  - Lived with someone who used illegal stress drugs, or who abused prescription medications (19%)
  - Their family did not look out for each other, feel close to each other, or support each other (17%)
  - Their parents were not married (17%)
  - Lived with someone who served time or was sentenced to serve time in prison, jail or correctional facility (15%)
  - A parent or adult in their home hit, beat, kicked, or physically hurt them (14%)
  - Lived with someone who was depressed, mentally ill, or suicidal (13%)
  - Their parents or African American adults in their home slapped, hit, kicked, punched, or beat each other up (13%)
  - Someone at least 5 years older than them or an adult touched them sexually (10%)
  - Someone at least 5 years older than them or an adult forced them to have sex (8%)
  - Someone at least 5 years older than them or an adult tried to make them touch them sexually (6%)
  - They didn't have enough to eat, had to wear dirty clothing, and had no one to protect them (6%)

- Twenty-four percent (24%) of African American adults experienced four or more Adverse Childhood Experiences (ACEs).

Neighborhood and Built Environment

- Nine percent (9%) of African American adults reported that their neighborhood was extremely safe; 42% reported it to be quite safe, 34% reported it to be slightly safe, and 7% reported it to be not safe at all. Nine percent (9%) reported that they did not know how safe from crime their neighborhood was.

- Twenty-one percent (21%) of African American adults reported having the following transportation issues: no car (11%), other car issues/expenses (7%), no car insurance (6%), limited public transportation available or accessible (5%), suspended/no driver's license (5%), could not afford gas (4%), did not feel safe to drive (4%), and disabled (1%).

- African American adults indicated they use the following forms of transportation regularly: their vehicle or family vehicle (80%), ride from a friend or family member (21%), public transportation (14%), walk (9%), bike (5%), and other (5%).

- Nearly one-third (32%) of African American adults kept a firearm in or around their home. Three percent (3%) of African American adults reported they were unlocked and loaded.

Health and Health Care

- Nine percent (9%) of Mahoning and Trumbull County African American adults reported the lack of transportation kept them from medical appointments, meetings, work, or from getting things needed for daily living.

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- When seeking health care, 12% of Mahoning and Trumbull County African American felt their experiences were worse than other races. Thirty-seven percent (37%) felt their experiences were the same as other races, and 5% reported their experiences were better than other races. Thirty-one percent (31%) did not know how their health care experiences compared to other races.

Environmental Health

- Mahoning and Trumbull County African American adults thought the following threatened their or family member's health in the past year:
  - Mold (12%)
  - Plumbing problems (10%)
  - Bed bugs (9%)
  - Insects (9%)
  - Unsafe water supply/wells (7%)
  - Rodents (6%)
  - Moisture issues (6%)
  - Sewage/waste water problems (5%)
  - Temperature regulation (5%)
  - Safety hazards (4%)
  - Cockroaches (3%)
  - Air quality (3%)
  - Agricultural chemicals (2%)
  - Chemicals found in products (1%)
  - Food safety/food borne illness (1%)

- Twelve percent (12%) of African American adults who have a private source for drinking water such as a well or cistern indicated their water source was tested within the past year. Sixty-four percent (64%) did not know the last time their drinking water source had been tested.

- Eleven percent (11%) of Warren adults who use a septic tank for wastewater indicated their septic tank was pumped within the past 5 years. Sixty-three percent (63%) did not know the last time their septic tank has been pumped.

Disaster Preparedness

- Mahoning and Trumbull County African American households had the following disaster preparedness supplies: cell phone (66%), working smoke detector (64%), cell phone with texting (61%), working flashlight and working batteries (60%), computer/tablet (38%), home land-line telephone (38%), 3-day supply of prescription medication for each person who takes prescribed medicines (36%), 3-day supply of water for everyone in the household (1 gallon of water per person per day) (34%), 3-day supply of nonperishable food for everyone in the household (32%),working battery-operated radio and working batteries (28%), communication plan (18%), generator (9%), family disaster plan (9%), and disaster plan (5%).

- African American adults indicated the following as their main method or way of getting information from authorities in a large-scale disaster or emergency: television (81%), friends/family (54%), radio (54%), Mahoning or Trumbull County Emergency Alert System (53%), internet (48%), Facebook (47%), neighbors (46%), wireless emergency alerts (39%), newspapers (35%), text messages (26%), smart phone app (19%), other social media (16%), landline phone (14%), Twitter (7%), and other methods (6%).

- Eighty-one percent (81%) of African American adults would evacuate if public authorities announced a mandatory evacuation from their community due to a large-scale disaster or emergency.

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Youngstown City: Health Status, Healthcare Access, Coverage, and Utilization

Key Findings

Note: The following information is for Youngstown adults. Only 277 Youngstown adults responded to the survey. As a result, there is a greater margin of error when generalizing to the entire population. Caution should be taken when generalizing the results to the Youngstown community.

In 2018, 7% of Youngstown adults did not have health care coverage. One-in-four (25%) adults rated their health status as fair or poor.

Health Status Perceptions

General Health Status

- Nearly two-fifths (39%) of Youngstown adults rated their health as excellent or very good.
- One-fourth (25%) of Youngstown adults rated their health as fair or poor.
- More than one-third (34%) of Youngstown adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation at least one day in the past month.
- Youngstown adults reported the following motivates them or had motivated them to make positive changes in their health: family/kids (52%), increased energy (46%), health scare/fear of illness (36%), social support (29%), exposure to a healthy environment (28%), financial incentives (22%), incentives other than financial (18%), exposure to a negative environment (8%), and discounted services (7%).

Physical Health Status

- Thirty-five percent (35%) of Youngstown adults rated their physical health as not good on four or more days in the previous month.
- Youngstown adults reported their physical health as not good on an average of 6.5 days in the previous month.

Mental Health Status

- Thirty-six percent (36%) of Youngstown adults rated their mental health as not good on four or more days in the previous month.
- Youngstown adults reported their mental health as not good on an average of 6.1 days in the previous month.

Health Care Coverage

- In 2018, 93% of Youngstown adults had healthcare coverage.
- Seven percent (7%) of Youngstown adults did not have health care coverage.
- The following types of health care coverage were used: employer (36%), Medicare (25%), Medicaid or medical assistance (17%), someone else's employer (14%), Health Insurance Marketplace (2%), self-paid plan (2%), multiple-including private sources (2%), military or VA (1%), and multiple-including government sources (<1%).

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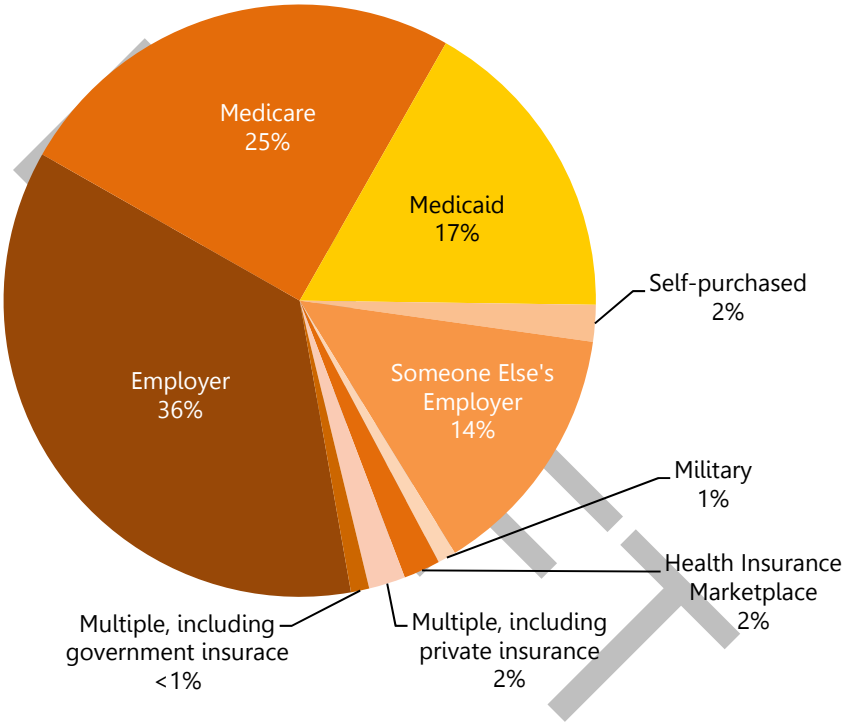
- Youngstown adult health care coverage included the following: medical (98%), prescription coverage (95%), immunizations (84%), preventive health (79%), vision (72%), mental health (71%), dental (70%), outpatient therapy (68%), durable medical equipment (47%), skilled nursing/assisted living (35%), alcohol and drug treatment (34%), home care (32%), hospice (31%), and transportation (22%).

- The top reasons uninsured adults gave for being without health care coverage were:
  1. They could not afford to pay the premiums (50%)
  2. They lost their job or changed employers (35%)
  3. Their employer does not/stopped offering coverage (13%)

  (Percentages do not equal 100% because respondents could select more than one reason)

The following chart identifies sources of healthcare coverage for Youngstown adults.

Source of Health Coverage for Youngstown Adults



The following chart shows what is included in Youngstown adults' insurance coverage.

Health Coverage Includes:	Yes	No	Don't Know
Medical	98%	0%	2%
Prescription Coverage	95%	2%	3%
Immunizations	84%	5%	11%
Preventive Health	79%	2%	19%
Vision	72%	22%	5%
Mental Health	71%	3%	26%
Dental	70%	26%	4%
Outpatient Therapy	68%	1%	31%
Durable Medical Equipment	47%	5%	48%
Skilled Nursing/Assisted Living	35%	7%	58%
Alcohol and Drug Treatment	34%	9%	57%
Home Care	32%	7%	61%
Hospice	31%	8%	61%
Transportation	22%	17%	61%

Health Care Access and Utilization

- More than four-fifths (86%) of Youngstown adults indicated they had at least one person they thought of as their personal doctor or health care provider.
- Three-fourths (75%) of Youngstown adults visited a doctor for a routine checkup in the past year.
- Fifty-seven percent (57%) of Youngstown adults received medical care in the past 12 months. Reasons for not receiving medical care in the past 12 months included: no need to go (25%), cost/no insurance (7%), inconvenient appointment times (2%), too long of a wait in the waiting room (1%), no transportation (1%), too embarrassed to seek help (1%), office wasn't open when they could get there (<1%),and other problems that prevented them from getting medical care (4%).
- Youngstown adults usually visited the following places when they were sick or needed advice about their health: a doctor's office (78%), Internet (19%), a hospital emergency room (19%), family and friends (19%), urgent care center (17%), a public health clinic or community health center (8%), chiropractor (8%), in-store health clinic (3%), alternative therapies (3%), 9-1-1/ambulance service (3%), VA (3%), telemedicine (<1%), and some other kind of place (<1%). Four percent (4%) of Youngstown adults indicated they did not have a usual place.
- Youngstown adults reported the following reasons for using the Emergency Room (ER) for their healthcare: serious illness/injury (48%), doctor told them to go there (15%), could not get in to see their primary care physician because of time of day/too long of a wait (12%), no primary care physician (3%), and it is what they have always done/what they are used to (1%).
- More than one-fourth (27%) of Youngstown adults did not get prescriptions from their doctor filled in the past year. Reasons for not getting their prescriptions filled included: no prescriptions to be filled (14%), too expensive (8%), did not think they needed it (6%), no insurance (2%), stretched current prescription by taking less than what was prescribed (2%), transportation (1%), side effects (1%), and no generic equivalent of what was prescribed (<1%).
- Within the past year, when seeking healthcare, 4% of adults felt their experiences were worse than other races. Forty-two percent (42%) felt their experiences were the same, and 13% reported their experiences were better than other races. Nearly one-third (31%) of adults did not know how their health care experiences compared to other races.

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- Youngstown adults reported they had looked for the following programs for themselves or a loved one: depression, anxiety or mental health (46%), disability (20%), end-of-life/hospice care (20%), elder care (19%), weight problems (18%), alcohol abuse (14%), drug abuse (14%), marital/family problems (13%), tobacco cessation (12%), cancer support group/counseling (8%), detoxification of opiates/heroin (6%), and family planning (4%).

Oral Health

- In the past year, 63% of Youngstown adults had visited a dentist or dental clinic.

- Youngstown adults reported the following reasons for not visiting a dentist in the past year: cost (28%); fear, apprehension, nervousness, pain, and dislike going (25%); had dentures (20%); no reason to go/had not thought of it (15%); did not have/know a dentist (15%); dentist did not accept their medical coverage (6%); could not find a dentist taking Medicaid patients (2%); could not get into a dentist (1%); and other reasons (12%).

- More than two-fifths (46%) of Youngstown adults had one or more of their permanent teeth removed.

Adult Comparisons	Youngstown City 2018-2019	Mahoning County 2018-2019	Ohio 2017	U.S. 2017
Health Status Perceptions				
Rated general health as good, very good, or excellent	75%	79%	81%	83%
Rated general health as excellent or very good	39%	45%	49%	51%
Rated general health as fair or poor	25%	21%	19%	18%
Rated mental health as not good on four or more days (in the past 30 days)	36%	30%	24%*	23%*
Rated physical health as not good on four or more days (in the past 30 days)	35%	30%	22%*	22%*
Average number of days that physical health was not good (in the past 30 days)	6.5	5.3	4.0**	3.7**
Average number of days that mental health was not good (in the past 30 days)	6.1	5.5	4.3**	3.8**
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	34%	34%	22%*	22%*
Healthcare Coverage, Access and Utilization				
Uninsured	7%	6%	9%	11%
Had one or more persons they thought of as their personal healthcare provider	86%	87%	81%	77%
Visited a doctor for a routine checkup (in the past 12 months)	75%	72%	72%	70%
Visited a doctor for a routine checkup (5 or more years ago)	5%	7%	7%	8%
Oral Health				
Visited a dentist or a dental clinic (within the past year)	63%	63%	68%*	66%*
Visited a dentist or a dental clinic (5 or more years ago)	10%	8%	11%*	10%*
Had any permanent teeth extracted	46%	47%	45%*	43%*
Had all their natural teeth extracted (ages 65 and older)	7%	8%	17%*	14%*

N/A – Not Available
**2016 BRFSS*
***2015 BRFSS*

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Youngstown City: Health Behavior, Chronic Disease and Prevention

Key Findings

Note: The following information is for Youngstown adults. Only 277 Youngstown adults responded to the survey. As a result, there is a greater margin of error when generalizing to the entire population. Caution should be taken when generalizing the results to the Youngstown community.

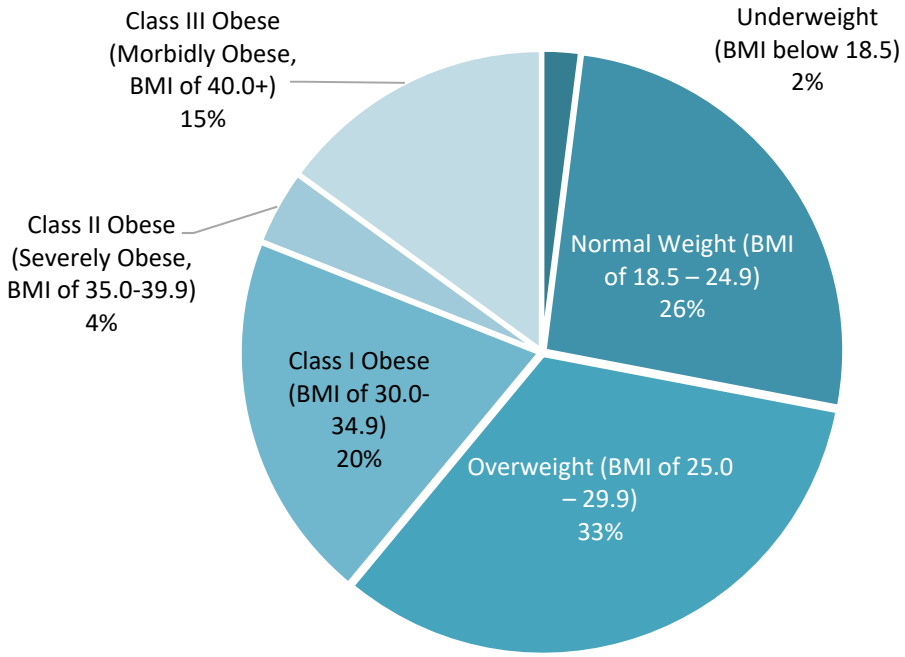
Sixteen percent (16%) of Youngstown City adults were diagnosed with diabetes and 40% with high blood pressure. Nearly three-quarters (72%) of Youngstown City adults were either overweight (33%) or obese (39%). More than one-quarter (28%) of Youngstown City adults were limited in some way because of a physical, mental or emotional problem.

Health Behavior

Weight Status

- Nearly three-in-four (72%) Youngstown adults were either overweight (33%), obese (20%), severely obese (4%), or morbidly obese (15%) by Body Mass Index (BMI).
- More than two-fifths (41%) of Youngstown adults were trying to lose weight; 31% were trying to maintain their current weight or keep from gaining weight, and 9% were trying to gain weight.

The following chart indicates the weight status of Youngstown adults.



BMI Measurements

- Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters. A high BMI can be an indicator of high body fat.
- BMI can be used to screen for weight categories that may lead to health problems, but it is not diagnostic of the body fatness or health of any individual.

BMI	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal or Healthy Weight
25.0 – 29.9	Overweight
30.0-34.9	Class I Obese
35.0-39.9	Class II Obese (Severely Obese)
40.0 and above	Class III Obese (Morbidly Obese)

(Source: CDC, Healthy Weight, Updated on August 11, 2017)

- Youngstown adults did the following to lose weight or keep from gaining weight:
  - Drank more water (34%)
  - Exercised (33%)
  - Ate less food, fewer calories, or foods low in fat (32%)
  - Ate a low-carb diet (10%)
  - Health coaching (6%)
  - Used a weight loss program (3%)
  - Smoked cigarettes (3%)
  - Took diet pills, powders or liquids without a doctor's advice (2%)
  - Vomited after eating (1%)
  - Went without eating 24 or more hours (1%)
  - Took prescribed medications (1%)
  - Had bariatric surgery (1%)
  - Took laxatives (<1%)

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Physical Activity

- More than half (51%) of Youngstown adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. Twenty-eight percent (28%) of Youngstown adults exercised 5 or more days per week. More than one-third (34%) of Youngstown adults did not participate in any physical activity in the past week, including 6% who were unable to exercise.

- Reasons for not exercising included: time (22%); too tired/no energy (20%); pain or discomfort (13%); self-motivation/will power (13%); laziness (13%); weather (11%); did not like to exercise (9%); ill/physically unable (7%); already get enough exercise (7%); no personal reason (7%); could not afford a gym membership (6%); did not enjoy being active (6%); did not know what activities to do (5%); poorly maintained/no sidewalks (4%); neighborhood safety (3%); afraid of injury (3%); lack of opportunities for those with physical impairments (3%); no exercise partner (2%); doctor advised them not to exercise (1%); too expensive (1%); transportation (1%); and no walking, biking trails, or parks (<1%).

- Youngstown adults reported they use or visit the parks, bike trails and walking paths in their community: very often (18%), somewhat often (14%), not very often (37%), and not at all (29%). Two percent (2%) indicated no parks, bike trails, or walking paths were available in their community.

- Youngstown adults reported the following would help them use community parks, bike trails, and walking paths more frequently:
  - Designated safe routes (30%)
  - More available parks, bike trails, and walking paths (15%)
  - Increased accessibility of parks, bike trails, and walking paths (14%)
  - Better promotion and advertising of existing parks, trails, and paths (10%)
  - More public events and programs involving parks, trails, and paths (8%)
  - Improvements to existing parks, trails, and paths (4%)

Nutrition

- Three percent (3%) of Youngstown adults ate 5 or more servings of whole fruit per day; 17% ate 3-to-4 servings, 65% ate 1-to-2 servings, and 15% ate 0 servings.

- Six percent (6%) of Youngstown adults ate 5 or more servings of whole vegetables per day; 26% ate 3-to-4 servings, 60% ate 1-to-2 servings, and 8% ate 0 servings.

- Twenty-seven percent (27%) of Youngstown adults ate 5 or more servings of fruits and vegetables per day; 37% ate 3-to-4 servings, 33% ate 1-to-2 servings, and 3% ate 0 servings.

- Youngstown adults purchased their fruit and vegetables from the following places: large grocery stores (88%), local grocery stores (61%), farmer's market (29%), grew their own/garden (18%), Dollar General/Store (15%), group purchasing or community supported agriculture (4%), corner/convenience stores (3%), community garden (2%), food pantry (2%), Veggie Mobile/mobile produce market (1%), mail order food service (1%), and other places (2%).

- Youngstown adults reported the following reasons they chose the types of food they ate: taste/enjoyment (62%), healthiness of food (59%), cost (55%), food they were used to (41%), nutritional content (39%), ease of preparation/time (35%), what their family prefers (35%), availability (29%), calorie content (26%), if it is organic (20%), if it is genetically modified (15%), artificial sweetener content (15%), other food sensitivities (9%), if it is gluten free (7%), if it is lactose free (7%), health care provider's advice (3%), limitations due to dental issues (3%), limitations set by WIC (2%), and other reasons (2%).

- Youngstown adults reported the following barriers in consuming fruits and vegetables: too expensive (14%), no variety (5%), did not like the taste (4%), no access to fruits and vegetables (2%), transportation (2%), stores did not take EBT (<1%), did not know how to prepare (<1%), and other barriers (4%).

- Sixteen percent (16%) of Youngstown adults reported living 2 or more miles away from healthy food.

- In a typical week, Youngstown adults ate out in a restaurant or brought home take-out food at the following frequencies: 1-to-2 times (53%), 3-to-4 times (15%), and 5 or more times (7%). Twenty-five percent (25%) of Youngstown adults did not eat out in a restaurant or bring home take-out food in a typical week.

- Six percent (6%) of Youngstown adults consumed 5 or more servings of sugar-sweetened beverages per day; 12% drank 3-to-4 servings per day, 35% consumed 1-to-2 servings per day, and 47% consumed 0 servings.

- Fourteen percent (14%) of Youngstown adults consumed 5 or more servings of caffeinated beverages per day; 22% consumed 3-to-4 servings per day, 42% consumed 1-to-2 servings of per day, and 22% drank 0 servings.

Tobacco Use

- One-fifth (20%) of Youngstown adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).

- More than one-third (38%) of current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.

- One-fourth (25%) of Youngstown adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).

- Youngstown adults used the following tobacco products in the past year: cigarettes (29%); e-cigarettes/vape pens (13%); little cigars (8%), chewing tobacco, snuff, dip, and betel quid (7%); cigars (6%); cigarillos (4%); pouch (3%); pipes (2%); hookah (2%); and dissolvable tobacco (<1%).

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- Youngstown adults who have used e-cigarettes/vape pens in the past year put the following in it: e-liquid or e-juice with nicotine (71%), marijuana or THC in your e-liquid (46%), and e-liquid or e-juice without nicotine (29%).

- Youngstown adults reported they would support an ordinance to ban smoking in the following places: vehicle with a minor present (70%), multi-unit housing (54%), college/university campuses (50%), parks or ball fields (49%), and fairgrounds (48%). Twenty-three percent (23%) of Youngstown adults reported they would not support an ordinance to ban smoking anywhere.

Alcohol Consumption

- About half (51%) of Youngstown adults had at least one alcoholic drink in the past month.

- Of those who drank, Youngstown adults drank 2.5 drinks on average.

- Fifteen percent (15%) of Youngstown adults reported they had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. Of current drinkers, 39% were considered binge drinkers.

- Twenty-six percent (26%) of Youngstown current drinkers reported driving after drinking any alcoholic beverage.

- In the past month, 32% of Youngstown current drinkers reported drinking while on prescription medications.

Drug Use

- Five percent (5%) of adults reported using marijuana for recreational purposes in the past six months.

- Four percent (4%) of adults reported using used wax, oil with THC, or edibles for recreational purposes.

- Eight percent (8%) of adults reported using drugs not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past six 6 months.

- Youngstown adults reported that they and/or an immediate family member/someone in their household used the following drugs in the past 6 months:
  - Recreational marijuana (14%)
  - Wax, oil with THC edibles (8%)
  - Amphetamines, methamphetamine or speed (8%)
  - Cocaine, crack, or coca leaves (4%)
  - Medical marijuana (3%)
  - Heroin/fentanyl (3%)
  - Synthetic marijuana/K2 (3%)
  - LSD, mescaline, peyote, psilocybin, DMT, or mushrooms (3%)
  - Inappropriate use of over-the-counter medications (2%)
  - Kraton (2%)
  - Bath salts (1%)
  - Ecstasy or E, GHB, or Molly (1%)
  - Inhalants such as glue, toluene, gasoline, duster, or paint (1%)

- Youngstown adults reported that they and/or an immediate family member/someone in their household took the following medications not prescribed to them to feel good, high and/or more active or alert during the past 6 months:
  - Tranquilizers such as Valium or Xanax (5%)
  - Ritalin, Adderall, Concerta, or other ADHD medication (4%)
  - Steroids (4%)
  - Tramadol/Ultram (2%)
  - Codeine, Demerol, Morphine, Percocet, Dilaudad, or Fentanyl (2%)
  - Vicodin (1%)
  - Suboxone or Methadone (1%)
  - OxyContin (<1%)
  - Neurontin (<1%)

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- Youngstown adults indicated they did the following with their unused prescription medication: took as prescribed (27%), took them to a medication collection program (14%), threw them in the trash (12%), kept them (11%), flushed them down the toilet (5%), took them to the sheriff's office (4%), kept them in a locked cabinet (4%), took them to Drug Take Back Days (3%), mailer to ship back to pharmacy (1%), gave them away (<1%), drug deactivation pouches (<1%), and other (2%).

- Two percent (2%) of Youngstown adults had used a program or service to help with an alcohol or drug problem for themselves or a loved one. Reasons for not using a program or service to help with a drug or alcohol problem included: no openings (1%), no program available (1%), could not afford to go (<1%), fear (<1%), did not want to miss work (<1%), insurance did not cover it (<1%), wait time (<1%), and other reasons (2%). Ninety-four percent (94%) of Youngstown adults indicated this type of program was not needed.

Sexual Behavior

- Five percent (5%) of Youngstown adults reported they had intercourse with more than one partner in the past year.

- Youngstown adults used the following methods of birth control:
  - No partner/not sexually active (30%)
  - They or their partner were too old (19%)
  - Vasectomy (12%)
  - Condoms (10%)
  - Birth control pill (8%)
  - Tubes tied (7%)
  - Hysterectomy (6%)
  - Withdrawal (6%)
  - Infertility (4%)
  - Ovaries or testicles removed (3%)
  - Having sex only at certain times (3%)

- Twelve percent (12%) of Youngstown adults were not using any method of birth control and 5% were trying to get pregnant.

- The following situations applied to Youngstown adults in the past year: had sex without a condom (31%), had anal sex without a condom (3%), had sex with someone they met on social media (3%), tested positive for HPV (2%), injected any drug other than prescribed (1%), engaged in sexual activity following alcohol or drug use they would not have done if sober (<1%), had 4 or more sexual partners (<1%), had sexual activity with someone of the same gender (<1%), and tested positive for HIV (<1%).

Mental Health

- During the past 12 months, 12% of Youngstown adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities.

- Three percent (3%) of Youngstown adults seriously considered attempting suicide in the past year.

- Less than one percent (<1%) of Youngstown adults reported actually attempting suicide in the past year.

- Youngstown adults indicated the following caused them anxiety, stress or depression:
  - Financial stress (38%)
  - Job stress (36%)
  - Death of close family member or friend (30%)
  - Other stress at home (22%)
  - Poverty/no money (21%)
  - Sick family member (17%)
  - Fighting in the home (10%)
  - Marital/dating relationships (8%)
  - Caring for a parent (8%)
  - Family member with a mental illness (7%)
  - Unemployment (6%)
  - Not having enough to eat (5%)
  - Not feeling safe at home (3%)
  - Not feeling safe in the community (2%)
  - Not having a place to live (1%)
  - Divorce/separation (<1%)
  - Sexual orientation/gender identity (<1%)
  - Other (11%)

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- Youngstown adults dealt with stress in the following ways:
  - Prayer/meditation (46%)
  - Talked to someone they trust (45%)
  - Listened to music (42%)
  - Ate more or less than normal (39%)
  - Exercised (30%)
  - Slept (29%)
  - Worked on a hobby (25%)
  - Worked (17%)
  - Drank alcohol (16%)
  - Smoked tobacco (11%)
  - Took it out on others (8%)
  - Used prescription drugs as prescribed (3%)
  - Called a professional (2%)
  - Used illegal drugs (2%)
  - Self-harm (1%)
  - Misused prescription drugs (<1%)
  - Other ways (9%)

- Youngstown adults reported they or a family member were diagnosed with or treated for the following mental health issues:
  - Anxiety or emotional problems (28%)
  - Depression (27%)
  - An anxiety disorder (26%)
  - Attention deficit disorder (ADD/ADHD) (16%)
  - Bipolar disorder (13%)
  - Alcohol and illicit drug abuse (7%)
  - Post-traumatic stress disorder (PTSD) (7%)
  - Psychotic disorder (5%)
  - Autism spectrum (4%)
  - Developmental disability (3%)
  - Other trauma (1%)
  - Problem gambling (1%)
  - Life-adjustment disorder/issue (1%)
  - Eating disorder (1%)
  - Some other mental health disorder (4%)

- Twenty-two percent (22%) indicated they or a family member had taken medication for one or more mental health issues.

Chronic Disease

Cardiovascular Health

- Five percent (5%) of Youngstown adults reported they had survived a heart attack or myocardial infarction.
- Three percent (3%) of adults reported they had survived a stroke.
- Four percent (4%) of adults reported they had angina or coronary heart disease.
- Three percent (3%) of adults reported they had congestive heart failure.
- Two-fifths (40%) of adults had been diagnosed with high blood pressure.
- Four percent (4%) of adults were told they were pre-hypertensive/borderline high.
- Eighty-five percent (85%) of adults had their blood pressure checked within the past year.
- Nearly two-fifths (39%) of adults had been diagnosed with high blood cholesterol.
- More than four-fifths (82%) of adults had their blood cholesterol checked within the past 5 years.

Cancer

- One-in-ten (10%) Youngstown adults were diagnosed with cancer at some point in their lives.
- Of those diagnosed with cancer, they reported the following types: skin cancer (29%), breast (21%), prostate (8%), cervical (4%), endometrial (4%), melanoma (4%), colon (4%), leukemia (4%), ovarian (4%), rectal (4%), and other types of cancer (4%). Thirteen percent (13%) of Youngstown adults were diagnosed with multiple types of cancer.

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- Youngstown adults have had the following cancer screenings: colorectal cancer in the past 5 years (27%), skin cancer in the past year (16%), oral cancer in the past year (13%), and lung cancer in the past 3 years (5%).

Arthritis

- Nearly one-third (32%) of Youngstown adults were told by a health professional that they had arthritis.
- Youngstown adults were also diagnosed with the following: rheumatoid arthritis (7%), fibromyalgia (6%), gout (4%), and lupus (1%).

Asthma

- Sixteen percent (16%) of Youngstown adults had been diagnosed with asthma.
- Nine percent (9%) of adults were diagnosed with chronic obstructive pulmonary disorder (COPD), emphysema, or chronic bronchitis.

Diabetes

- Sixteen percent (16%) of Youngstown adults had been diagnosed with diabetes (not pregnancy-related).
- Seven percent (7%) of adults had been diagnosed with pre/borderline diabetes.

Quality of Life

- More than one-fourth (28%) of Youngstown adults were limited in some way because of a physical, mental, or emotional problem.
- Among those who were limited in some way, the following most limiting problems or impairments were reported: arthritis/rheumatism (56%); chronic pain (52%); back or neck problems (44%); walking problems (42%); chronic illness (31%); sleep problems (27%); stress, depression, anxiety, or emotional problems (26%); eye/vision problems (21%); fitness level (19%); fractures, bone/joint injuries (19%); lung/breathing problems (13%); dental problems (8%); mental health illness/disorder (6%); hearing problems (6%); a learning disability (6%); memory loss (5%); confusion (5%); drug addiction (3%); substance dependency (2%); and other impairments/problems (10%).

Prevention

Preventive Medicine

- Nearly half (49%) of Youngstown adults had a flu vaccine during the past 12 months.
- Nearly one-third (30%) of Youngstown adults have had a pneumonia shot in their life.
- In the past 12 months, Youngstown adults reported their doctor talked to them about the following topics: family history (48%); weight control (46%); immunizations (37%); depression, anxiety, or emotional problems (34%); safe use of prescription medication (24%); tobacco use (23%); alcohol use (16%); bone density (15%); falls (15%); injury prevention (15%); PSA test (15%); safe use of opiate-based pain medications (10%); self-testicular exams (8%); sexually transmitted diseases (7%); firearm safety (6%); illicit drug abuse (6%); domestic violence (5%); and family planning (5%).

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- Youngstown adults have had the following vaccines:
  - Measles, mumps, and rubella (MMR) in their lifetime (64%)
  - Chicken pox vaccine in their lifetime (46%)
  - Tetanus booster (Td/Tdap) in the past 10 years (45%)
  - Zoster (shingles) vaccine in their lifetime (17%)
  - Human papillomavirus (HPV) vaccine in their lifetime (17%)
  - Pertussis vaccine in the past 10 years (16%)

Women's Health

- Sixty-two percent (62%) of women had a mammogram at some time in their life, and one-third (33%) had this screening in the past year.

- Eighty-two percent (82%) of Youngstown women had a clinical breast exam at some time in their life, and 43% had one within the past year.

- Eighty-two percent (82%) of Youngstown women had a Pap smear at some time in their life, and 30% reported having had the exam in the past year. More than three-fifths (64%) of women had a Pap smear in the past three years. Four percent (4%) of women reported the screening was not recommended by their doctor.

- Youngstown women used the following as their usual source of services for female health concerns: private gynecologist (66%), general or family physician (9%), family planning clinic (5%), community health center (3%), and health department clinic (1%). Fifteen percent (15%) indicated they did not have a usual source of services for female health concerns.

- Fourteen percent (14%) of Youngstown women had been pregnant in the past 5 years.

- During their last pregnancy, Youngstown women: had a prenatal appointment in the first three months (47%), took a multi-vitamin with folic acid pre-pregnancy (47%), received WIC services (33%), took a multi-vitamin with folic acid during pregnancy (27%), took folic acid/prenatal vitamin (27%), had a dental exam (27%), took folic acid during pregnancy (27%), experienced depression (27%), used e-cigarettes (20%), took folic acid pre-pregnancy (13%), and smoked cigarettes or used other tobacco products (7%).

Men's Health

- Almost half (45%) of Youngstown males had a Prostate-Specific Antigen (PSA) test at some time in their life and 32% had one in the past year.

- Nearly half (48%) of Youngstown men had a digital rectal exam in their lifetime and 20% had one in the past year.

- More than one-fourth (29%) of Youngstown males performed a self-testicular exam in the past year.

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Adult Comparisons	Youngstown City 2018-2019	Mahoning County 2018-2019	Ohio 2017	U.S. 2017
Weight Status				
Overweight (BMI of 25.0 – 29.9)	33%	33%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	39%	40%	34%	32%
Tobacco Use				
Current smoker (smoked on some or all days)	20%	16%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	25%	23%	24%	25%
Alcohol Consumption				
Current drinker (had at least one drink of alcohol within the past 30 days)	51%	52%	54%	55%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	15%	20%	19%	17%
Chronic Disease and Prevention				
Ever been told by a doctor they have diabetes (not pregnancy-related)	16%	16%	11%	11%
Ever diagnosed with arthritis	32%	33%	29%	25%
Had ever been told they have asthma	16%	15%	14%	14%
Ever been told they had skin cancer	3%	4%	6%	6%
Ever been told they had other types of cancer (other than skin cancer)	7%	8%	7%	7%
Had a digital rectal exam within the past year	20%	19%	N/A	N/A
Limited in some way because of physical, mental or emotional problem	28%	29%	21%*	21%*
Drug Use				
Adults who used marijuana in the past 6 months	5%	3%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	8%	6%	N/A	N/A
Mental Health				
Felt sad or hopeless for two or more weeks in a row in the past year	12%	12%	N/A	N/A
Seriously considered attempting suicide in the past year	3%	3%	N/A	N/A
Attempted suicide in the past year	<1%	<1%	N/A	N/A
Sexual Behavior				
Had more than one sexual partner in past year	5%	5%	N/A	N/A
Cardiovascular Health				
Ever diagnosed with angina or coronary heart disease	4%	4%	5%	4%
Ever diagnosed with a heart attack, or myocardial infarction	5%	5%	6%	4%
Ever diagnosed with a stroke	3%	3%	4%	3%
Had been told they had high blood pressure	40%	40%	35%	32%
Had been told their blood cholesterol was high	39%	40%	33%	33%
Had their blood cholesterol checked within the last five years	82%	80%	85%	86%

N/A- Not Available
**2015 BRFSS*

Youngstown City: Social Determinants of Health

Key Findings

Note: The following information is for Youngstown adults. Only 277 Youngstown adults responded to the survey. As a result, there is a greater margin of error when generalizing to the entire population. Caution should be taken when generalizing the results to the Youngstown community.

More than one-fifth (21%) of Youngstown adults had 4 or more adverse childhood experiences (ACEs) in their lifetime. Eight percent (8%) of Youngstown adults received food assistance in the past year. Twenty-one percent (21%) of adults reported they spent 50% or more of their household income on housing.

Healthy People 2020

Healthy People 2020 developed five key determinants as a "place-based" organizing framework. These five determinants include:

- Economic stability
- Education
- Social and community context
- Health and health care
- Neighborhood and built environment

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Economic Stability

- Youngstown adults reported the following percent of their household income goes to their housing:
  - Less than 30% (40%)
  - 30-50% (28%)
  - 50% or higher (21%)
  - Don't know (11%)
- Three percent (3%) of Youngstown adults reported they did not have housing (they are staying with others, in a hotel, in a shelter, living outside on the street, on a bench, in a car, abandoned building, bus or train station, or in a park).
- Youngstown adults indicated they own their home (68%), rent their home (18%), and have other arrangements (12%).
- More than one-third (37%) of Youngstown residents lived in poverty *(Source: U.S. Census, Quick Facts, Youngstown City, Ohio, 2018 Population Estimates).*
- In the past month, 15% of Youngstown adults needed help meeting their general daily needs, such as food, clothing, shelter or paying utility bills.
- Adults experienced the following food insecurity issues during the past 12 months: had to choose between paying bills and buying food (17%), worried food would run out (14%), food assistance was cut (7%), went hungry/ate less to provide more food for their family (7%), were hungry but did not eat because they did not have money for food (4%), and loss of income led to food insecurity issues (2%).
- Fourteen percent (14%) of Youngstown adults experienced more than one food insecurity issue.

Youngstown adults and their loved ones needed the following assistance in the past year:

Type of Assistance	Needed Assistance	Received Assistance	Did Not Know Where to Look
Affordable child care	4%	2%	2%
Clothing	6%	3%	3%
Credit counseling	2%	1%	1%
Dental care	15%	11%	4%
Diapers	1%	1%	0%
Drug or alcohol addiction	2%	2%	<1%
Durable medical equipment	6%	4%	2%
Employment	10%	5%	5%
Food	11%	8%	3%
Free tax preparation	6%	4%	2%
Gambling addiction	1%	1%	0%
Health care	15%	12%	3%
Home repair	8%	4%	4%
Legal aid services	4%	2%	2%
Medicare	15%	13%	2%
Mental illness issues including depression	9%	7%	2%
Post incarceration transition issues	1%	1%	0%
Prescription assistance	9%	9%	<1%
Rent/mortgage	3%	2%	1%
Transportation	6%	6%	0%
Unplanned pregnancy	1%	1%	0%
Utilities	6%	5%	1%

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Education

- Youngstown adults reported that they or an immediate family member had the following literacy needs: learning computer skills (14%); reading and understanding instructions (4%); reading a map, signs, food ingredient; and labels, etc. (3%); and completing a job application (3%).

Social and Community Context

- Youngstown adults reported doing the following while driving: talking on hands-free cell phone (40%); eating (29%); talking on hand-held cell phone (21%); texting (15%); not wearing a seatbelt (12%); using internet on their cell phone (9%); being under the influence of alcohol (3%); being under the influence of prescription drugs (3%); being under the influence of recreational drugs (1%); and other activities (such as applying makeup, shaving, etc.) (1%). Of adult drivers, 36% had more than one distraction. Six percent (6%) of Youngstown adults reported they did not drive.

- Adults reported regularly using the following to reduce their risk of injury: seat belt (84%), sunscreen (51%), bike helmet (13%), life jacket (12%), and motorcycle/ATV/snowmobile helmet (9%).

- One in fourteen (7%) Youngstown adults reported feeling upset, angry, sad, or frustrated as a result of how they were treated based on their race in the past 30 days.

- Within the past year, 4% of Youngstown adults felt they were treated worse than other races at work. Thirty-nine percent (39%) felt they were treated the same, and 6% reported they were treated better than other races. Sixteen percent (16%) of adults did not know how their treatment at work compared to other races.

- Three percent (3%) of adults were threatened to be abused in the past year. They were threatened by the following: another person from outside the home (38%), a spouse or partner (25%), another family member living in their household (13%), someone else (13%), and their child (13%).

- Adults experienced the following Adverse Childhood Experiences (ACEs):
  - Lived with someone who was a problem drinker or alcoholic (23%)
  - Their parents became separated or were divorced (20%)
  - A parent or adult in their home swore at, insulted, or put them down (20%)
  - Lived with someone who was depressed, mentally ill, or suicidal (17%)
  - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (13%)
  - Their family did not look out for each other, feel close to each other, or support each other (13%)
  - Lived with someone who used illegal stress drugs, or who abused prescription medications (13%)
  - Someone at least 5 years older than them or an adult touched them sexually (12%)
  - A parent or adult in their home hit, beat, kicked, or physically hurt them (11%)
  - Someone at least 5 years older than them or an adult tried to make them touch them sexually (8%)
  - Their parents were not married (6%)
  - Lived with someone who served time or was sentenced to serve time in prison, jail or correctional facility (5%)
  - Someone at least 5 years older than them or an adult forced them to have sex (4%)
  - They didn't have enough to eat, had to wear dirty clothing, and had no one to protect them (4%)

- More than one-fifth (21%) of Youngstown adults experienced four or more Adverse Childhood Experiences (ACEs).

Neighborhood and Built Environment

- Nearly one-fifth (19%) of adults reported that their neighborhood was extremely safe; 51% reported it to be quite safe, 21% reported it to be slightly safe, and 6% reported it to be not safe at all. Three percent (3%) reported that they did not know how safe from crime their neighborhood was.

- Ten percent (10%) of Youngstown adults reported the following reasons for having transportation issues: no car (7%), other car issues/expenses (2%), limited public transportation available or accessible (2%), could not afford gas (1%), suspended/no driver's license (1%), disabled (1%), no car insurance (1%), and did not feel safe to drive (1%). Forty-three percent (43%) of Youngstown adults who reported having transportation issues had more than one issue.

- Youngstown adults indicated they used the following forms of transportation regularly: their vehicle or family vehicle (89%), walk (8%), ride from a friend or family member (8%), public transportation (6%), bike (1%), and other (4%).

- More than one-third (38%) of Youngstown adults kept a firearm in or around their home. Four percent (4%) of Youngstown adults reported they were unlocked and loaded.

Health and Health Care

- Eight percent (8%) of Youngstown adults reported the lack of transportation kept them from medical appointments, meetings, work, or from getting things needed for daily living.

- Within the past year, when seeking healthcare, 4% of adults felt their experiences were worse than other races. Forty-two percent (42%) felt their experiences were the same, and 13% reported their experiences were better than other races. Nearly one-third (31%) of adults did not know how their health care experiences compared to other races.

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Environmental Health

- Youngstown adults thought the following threatened their or family member's health in the past year:
  - Mold (9%)
  - Insects (7%)
  - Sewage/waste water problems (6%)
  - Moisture issues (5%)
  - Air quality (5%)
  - Plumbing problems (4%)
  - Bed bugs (4%)
  - Rodents (3%)
  - Unsafe water supply/wells (2%)
  - Agricultural chemicals (2%)
  - Temperature regulation (2%)
  - Food safety/food borne illness (1%)
  - Fracking (1%)
  - Safety hazards (1%)
  - Chemicals found in products (<1%)
  - Cockroaches (<1%)
  - Lead paint (<1%)
  - Asbestos (<1%)
  - Radon (<1%)

- One in seven (14%) Youngstown adults who have a private source for drinking water such as a well or cistern indicated their water source was tested within the past year. Sixty-three percent (63%) did not know the last time their drinking water source had been tested.

- Thirteen percent (13%) of Youngstown adults who use a septic tank for wastewater indicated their septic tank was pumped within the past 5 years. Seventy-one percent (71%) did not know the last time their septic tank has been pumped.

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Disaster Preparedness

- Youngstown households had the following disaster preparedness supplies:
  - Cell phone (79%)
  - Cell phone with texting (77%)
  - Working flashlight and working batteries (76%)
  - Working smoke detector (74%)
  - Computer/tablet (67%)
  - 3-day supply of nonperishable food for everyone in the household (46%)
  - 3-day supply of prescription medication for each person who takes prescribed medicines (42%)
  - Home land-line telephone (42%)
  - Working battery-operated radio and working batteries (41%)
  - 3-day supply of water for everyone in the household (1 gallon of water per person per day) (37%)
  - Communication plan (23%)
  - Generator (12%)
  - Family disaster plan (11%)
  - Disaster plan (9%)

- Adults indicated the following as their main method or way of getting information from authorities in a large-scale disaster or emergency: television (89%), internet (70%), radio (70%), friends/family (54%), wireless emergency alerts (46%), Mahoning County Emergency Alert System (44%), Facebook (44%), neighbors (41%), text messages (36%), newspapers (32%), smart phone app (26%), other social media (19%), landline phone (13%), Twitter (12%), and other methods (5%).

- More than three-fourths (78%) Youngstown adults would evacuate if public authorities announced a mandatory evacuation from their community due to a large-scale disaster or emergency.

Focus Group Qualitative Data

Introduction

Focus groups for Mahoning County were conducted in November 2018 by the Hospital Council of Northwest Ohio (HCNO). Focus groups are useful to find a range of opinions across groups of people and are used to gain insight for community needs. The community health assessment incorporated focus groups as a way to uncover attitudes and factors that influence health behaviors that cannot be fully captured through survey research. The interaction between focus group participants is an important dynamic. Participants can share their thoughts and opinions and others have a chance to reflect on the statements, offer alternative ideas, or build upon other participants' ideas. The qualitative data collected in these focus groups complement the quantitative data captured in the county health assessment survey. Qualitative data provides a deeper understanding as to why participants from the community feel and act a certain way, while quantitative data identifies the extent of a specific health issue.

Methods

PARTICIPANT RECRUITMENT

HCNO staff advised Mahoning and Trumbull County Health Partners on recruitment methods for the focus groups. Mahoning and Trumbull County Health Partners were responsible for identifying the populations they wanted to learn more information from, as well as identifying possible participants for each focus group. Mahoning and Trumbull County Health Partners agreed to conduct focus groups with Youngstown State University students; African American residents living in the East Side, Campbell, or Struthers neighborhoods; Hispanic/Latino residents; and rural residents. HCNO provided template recruitment flyers to use for advertising and recruitment. Strategies used to recruit participants included utilizing personal connections with organizations that served the populations of interest, advertising at locations that the populations frequently visited, and placing ads or announcements in the media. Potential participants were screened to ensure they lived in Mahoning County, identified with the respective populations that Mahoning and Trumbull County Health Partners were interested in, were over the age of 18, and were English speaking.

MODERATOR GUIDE

A semi-structured moderator guide was used for the study. A template was given to Mahoning and Trumbull County Health Partners and revisions were made by HCNO based on feedback. Community Health Improvement Plan (CHIP) priorities, such as addressing chronic disease, improving access to healthy foods, physical activity, maternal and infant health, mental health, substance use, and improving access to physical and behavioral health care, were taken into consideration during the creation of the moderator guide. Seven key questions were asked with additional probing questions throughout as the moderator felt necessary. The questions asked were related to health priorities, strengths and barriers of the community, social determinants of health, awareness of programs or services within the community, advice for health agencies, and health inequities.

PROCEDURE

All materials including the moderator guide, recruitment flyers, consent forms, and procedures were approved by Advarra, Inc. Institutional Review Board. Mahoning and Trumbull County Health Partners scheduled four focus groups for one day and secured rooms for each focus group. The focus groups had between six and eleven participants. Reminder phone calls were made to participants one week before the focus groups took place. As participants entered the site of the focus groups, HCNO staff informed participants about the details of the study and verbally explained the informed consent forms. At the beginning of each focus group, participants were given time to read and sign the consent forms. During each focus group, there was one moderator and two notetakers. The notetakers' duties were to write down observations based on body language and other nonverbal activity of participants while the moderator kept participants engaged. Each focus groups lasted one hour, and at the end, a $30 cash incentive was offered to all participants as a thank-you for their travel and time. After each focus group, the moderator and notetakers had an informal debriefing of the discussions that occurred.

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ANALYSIS

Focus groups were recorded using two voice recorders and after completion of the focus groups, the MP3 recordings were uploaded to a computer. Dragon Naturally Speaking software was used to prepare a full transcript of each focus group. During transcription, all personal identifiers were excluded from the documents. Notes taken by the notetakers were incorporated into the final transcripts. One staff member experienced in thematic coding, who was present at each focus group, used Microsoft Word to identify and consolidate themes throughout several rounds of revisions.

LIMITATIONS

As with any research method, there are limitations to consider for focus groups. First, although participants were carefully selected, there may have been selection bias that limited the ability to expand the findings to other populations within the county. Second, while the moderator is trained in facilitating and analyzing focus groups, bias could occur. Steps to limit bias in the findings included having notetakers involved in the analysis, report writing, as well as having a debriefing session after each focus group.

Overall Findings

Several themes emerged consistently across the four groups in Mahoning County. However, there were also major differences in the perceptions of health across the groups. All focus groups identified community support as a strength. The common social determinants of health discussed in each focus group were income, social isolation, public transportation, employment, and education. The groups were aware of different programs throughout the county that aim to improve health. Participants from most groups thought that agencies needed to promote programs better to increase community awareness.

The two common barriers that emerged were the lack of public transportation needed to access doctor's appointments and to get to grocery stores as well as the cost of prescriptions and health care. Outreach was mentioned in most focus groups and it usually revolved around the need for more relationship building. Participants recognized that simply giving out information as a form of community outreach was not enough. It was expressed that there needed to be more of a human connection and trust needed to form for outreach activities to be effective with the community. Age was discussed as a contributor to health inequity throughout the series of focus groups. Age was connected to the following situations: certain cutoffs for parents and children to receive services, young adults being cut from their parent's health insurance, when Medicare starts, and the physical limitations that typically accompany an aging population.

KEY FINDINGS OF YOUNGSTOWN UNIVERSITY STUDENTS

Mental health was a common talking point throughout the focus group which mainly focused on depression and access to mental health resources. Substance abuse with the topics of drug abuse and access to services surrounding the opioid epidemic were expressed in the conversation. Topics of maternal and infant health, intentional and unintentional injuries, and protecting the environment did not organically emerge in the discussion. Major topics that were covered in the focus group were access to healthy food and stores, affordability of community resources, mental health, physical activity, and employment.

KEY FINDINGS OF AFRICAN AMERICAN RESIDENTS

One prominent viewpoint that emerged from the focus group was that community members wanted residents to work together to take actions that improve health. Healthy eating was consistently discussed concerning chronic disease and improving access to fruits and vegetables. The participants were aware of many community events that support chronic disease prevention. Substance abuse, in the context of the drug epidemic, was very concerning to the participants. Improving access to healthcare was important to participants. Participants discussed that they have to go outside of the county in order to receive appropriate care. They also expressed that the quality of care was different amongst doctors inside compared to outside of Mahoning County. Participants wanted a safer environment for youth in order to prevent unintentional injuries. For example, participants wanted sidewalks by libraries and schools so that students can safely walk without risk of injury. Maternal and infant health and protecting the environment were not discussed in the focus group. Common topics discussed throughout the

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conversation were education, access to healthy food and grocery stores, issues with employment opportunities, and transportation.

KEY FINDINGS OF HISPANIC/LATINO RESIDENTS

Maternal and infant health was one of the first issues brought up in the focus group. Some participants were aware of the infant mortality issue in Mahoning County. Participants expressed that transportation was an issue when trying to access the limited pregnancy centers in the county. Another aspect of maternal and infant health that was unique to this focus group was that one local hospital is religious-based and doesn't offer some reproductive health services or procedures. Participants voiced that youth are lacking options to engage in physical activity within the community. Families have a difficult time getting groceries because there are limited options accessible, and what is accessible is more expensive. Meals on Wheels and WIC were identified as strengths in the community that focus on improving access to healthy food. Personal safety for individuals and families was identified as a problem in the community because of violence, and more police officers were recommended. Substance abuse was described in the form of drug abuse, especially heroin. The cost of healthcare was identified as a large barrier to receiving care for this population. High co-pays and deductibles impede this group from receiving care. Protecting the environment wasn't brought up in the focus group, and mental health didn't have a clear discussion. Topics talked about the most in the focus group were communication with the community, language barriers, transportation, and affordability of resources.

KEY FINDINGS OF RURAL RESIDENTS

Participants identified reducing tobacco use, increasing healthy eating, and reducing substance abuse as important health issues that need to be addressed. Participants perceived that substance abuse for adolescents was not a significant issue for rural schools because there are resource officers and plenty of opportunities to engage in school activities. When substance abuse issues do arise, participants expressed that there are protocols in place which allow student to get the support they need. There was an interesting dynamic related to stress and mental health during the focus group. Participants acknowledged that both rural and urban families lived with a large amount of stress in their daily life due to having a busy schedule. However, participants thought that rural areas may have a less stressful environment because there was less traffic, noise and other qualities often found in urban areas. Participants thought that physical health care was available in the community; however, it was not always easily accessible for rural residents due to transportation barriers, especially for the aging population and people with physical limitations. The topics of maternal and infant health, as well as protecting the environment from harm, did not arise during the focus group. Environmental issues, such as chemicals being sprayed, were identified as potentially harmful when inhaled or consumed from the water supply. The most frequently discussed topics during the focus group were affordability of resources, community outreach and relationship building, and helping and supporting the aging population.

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Youngstown State University Focus Group

The focus group with Youngstown State University students consisted of eleven participants. The focus group was held on the main campus in a reserved meeting room.

Individual Priorities

Participants identified the following as priority health topics the county should work to address or prevent: lack of access to adequate and affordable insurance and healthcare coverage, food deserts, lack of transportation to get to healthy foods, lack of physical activity, obesity, health education at an early age, physical education in schools, lack of sleep, and income. Income was linked to different aspects of health including mental health. A statement was made about people living in survival mode where they are so focused on paying bills and working too many hours that they are not getting enough sleep which all impact a person's physical and mental health.

Strengths

Most of the strengths in the community that were discussed revolved around community supports that improved access to food. Participants thought there was an abundance of food drives at schools and universities that helped the local foodbanks. One participant was unsure if the program was still running where there are double EBT tokens

at farmers markets. Many schools had sports and activities available. Although, it was noted that many kids did not choose to participate in the school programs.

Social Determinants of Health

Most participants acknowledged that there are some people in the county that are healthier than others. Factors that participants thought influenced health status were: jobs, money, inequity in resources, education, physical activity, family structure, isolation from the community, motivation, race, and ethnicity. Employment was a concern for some participants. They expressed that many people had to work over forty hours per week to make ends meet because the jobs didn't pay a livable wage. Participants also noted that parents had less supervision over their children as a result of having to work more hours.

Habits that start when people are young can impact them for the rest of their lives; parents sometimes allow their children to engage in negative health behaviors such as having a sedentary lifestyle. Participants recognized that a solution needed to include multiple levels of influence at the school level, the community level, and from parents to fix the problem.

The group shared their experiences with being able to physically observe the geographic differences in neighborhood vitality based on location and money. The following was a statement made by one participant that was supported by others:

"Disparities exist on all kinds of lines. Disparities exist because of money. Disparities exist because of communities. You can literally drive down one road in Youngstown and be in one part and it looks like busted windows, torn down houses, kids outside without coats and drive straight down the road…and see nice houses where people are on the way to work, that has 3-4 cars in the driveway. There is this weird nature here."

Participants felt that part of the issue was tension in the community due to some people being unaware of what was happening in areas that they were not exposed to. A general lack of awareness of resources was mentioned as a source of conflict. Although community isolation was mentioned as a social determinant of health, social cohesion was mentioned as a positive social determinant of health in some areas. There were places in Youngstown where parents were involved in the community and people participated in community functioning, which would impact the accessibility of resources.

Lastly, participants thought that education was a factor that influenced health behaviors. Participants discussed how educated parents were better equipped to make decisions that would help their family in the long-run, as opposed to parents who uneducated. Also, it was discussed that the passing down of information impacts health status. One participant described that what someone eats growing up impacts their health and if they don't get any information on healthier options, the same information will be passed from generation to generation.

Awareness

When asked what programs, services, or resources within the community focused on improving health, participants shared the following. They were aware of some programs that provided people with financial assistance to purchase healthy foods and the YSU food pantry for students. A local hospital system was identified as a healthcare service that had a dental bus. Participants felt the dental bus was a valuable community resource with the knowledge that dental health is important to overall health. A van that provides eye screenings for eyeglasses was also identified as a service within the community. Participants mentioned that One Health Ohio had clinics that contributed to a healthier community. They knew that Project Connect distributed free meals and had health services such as flu shots, dental services, and checkups. Participants mentioned Ursuline Sisters had a free HIV screening clinic and that Habitat for Humanity provided safe homes for people to live in. There was awareness of free Zumba classes at different locations throughout the week. Youngstown Neighborhood Development Cooperation was thought to repair houses and sell them back to the community at a lower rate. Participants knew there were some, but not enough mental health facilities in the community and mentioned there were two on YSU's campus. They also expressed that there were limited facilities for homeless people. When asked how successful the programs were,

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participants shared that they didn't think there was enough awareness of programs to know if they were truly successful. One participant identified the 2-1-1 directory as a resource, but they didn't think many community members knew about the resource.

Barriers

The first barrier identified by participants was transportation, specifically the high cost of using the WRTA bus line. They said it required a lot of time and energy to plan bus routes that people needed to get to their appointments. One person mentioned it was burdensome to take the bus because the bus line only runs at certain times; so, to coordinate the bus schedule in order to arrive at an appointment on time and then wait to get on the same route back home sometimes took several hours out of the day. Participants mentioned they had to decide whether or not to take time off work to get to their appointments or skip appointments altogether because some people cannot afford to miss work. Participants also expressed that physical disabilities can influence a person's access to public transportation because they may not be able to get to the bus stops.

> **"...for him to do his simple medical appointment...it almost takes him an hour and a half transit from his house on the bus to get where he has to go and then he ends up being there a period of time early and then takes them a two-hour block of time to get to the next location. So it's like just the mental energy and time."**

Participants mentioned that the attitudes of some community members living in areas of economic hardship can also be a barrier to having a high quality of life. A participant shared that the notion that people lose willpower in a place that has little hope can impact a person's mental health and help-seeking behaviors. One idea to overcome this barrier was to educate the community on mental illness and how it is a legitimate disease that cannot be seen.

> **"I think one of the consequences of living in...a depressed or repressed environment is a lack of willpower. You start to lose hope. You start to feel...like a broken down building inside. After a while you just feel...like what am I fighting for? And it's even increased more when you don't have people around you that you see as successful."**

Jobs leaving the area was a barrier to having adequate income to support families. Additionally, as technology improves, the availability of entry-level jobs is being impacted because of things like automated machines. The participants wanted to make sure that people in Youngstown could still hold jobs that were being replaced by machines and suggested to use machines for more important purposes such as improving transit services.

Advice

Participants perceived that organizations were competing for funding to support the same types of programs and as a result, the organizations could only help a small number of people. If organizations that were working towards the same goals were required to work together, or share resources for grant funding, more people could be reached. Many group members thought that having a physical space that served as a one-stop-shop to receive information would help people be aware of community information.

Participants thought that more targeted outreach, focusing on relationships rather than distributing flyers and pamphlets, could help agencies provide services to those who need them. They shared that before community members would engage with an outreach coordinator, a relationship needed to form. A participant mentioned that a few separate conversations need to occur before they are comfortable enough for the outreach worker to provide them with information. Flyers and commercials were identified as ineffective for the student group; however, a personal patient-client relationship and internet advertisements were identified as effective. Sponsored advertisements on Instagram and using social media to distribute information was identified as effective in reaching college students. Promoting community events and resources could be advertised using Google.

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A participant expressed that the way health professionals interact with clients could be improved to provide more direct care. Sometimes healthcare professionals don't say what they really want to because of their professional training, which leads to important conversations not occurring. The participants encouraged providing health and physical education to people at an early age to educate on mental health, physical health, and to promote a healthy lifestyle throughout their lifetime.

Lastly, eating healthy should be cheaper than eating non-nutritious foods. Participants wanted the community to be more conscious of what restaurants were coming into the area so that higher quality food was available for purchase instead of so many unhealthy fast food options.

Health Inequities

Age was the first inequity mentioned by participants. It was identified that gaps can occur in health insurance coverage based on age. An example that participants provided was that retired people under 65 years old don't receive benefits from their previous job and have to pay for their own health insurance.

There are also environmental exposures that are unfairly distributed through populations. Older people are more likely to have been exposed to toxic chemicals, and certain racial groups have exposure to negative environments that may impact their health.

Sexual orientation was a factor that increases a person's risk for some health conditions such as HIV, HPV, and mental health. A participant said they are aware of one clinic that provided free sexual health screenings; however, if the community was unaware of these resources, they may not be tested which could be detrimental to health. Mental health, including increased rates of suicide, were perceived to have higher rates for the transgender population. Women and men of different races and ethnicities are also exposed to different environments and exposures such as sickle cell disease in the African American population and thyroid issues linked to hair care products in women.

Suggestions from the group about how community agencies can address these health issues include increasing health services within the community, improving outreach efforts, and increasing comprehensive school health education. Having more clinics that provided care to pregnant women and giving them the opportunity to have affordable and accessible healthcare was imperative to the group. Conducting community outreach in a more purposeful way was identified as a possible solution to addressing health inequities. Providing targeted outreach to the populations most in need and communicating in a way that has a lasting impression on people was important. Intentionally planning events so that people are having a fun time but creatively infusing health education within the activities was a recommendation from the group. Many students felt their high school health education courses did not prepare them with the knowledge or skills to live a healthy lifestyle. Students from Mahoning County expressed concern that their high school education focused on drugs and sexual health and ignored things important to them such as learning about how to take care of themselves, hygiene, and risk management. One student needed their mother to teach them some of these topics but recognized that some people don't have that opportunity. The students called for the state to focus on health education in schools.

Closing Remarks

Students closed the session with final remarks they wanted to share to be included in this report. One student was concerned with the drug epidemic but was unsure of how to address the underlying issues. Another recommended to keep promoting, educating, and providing services that are free or affordable. Improving access to prescription medication would improve health because it is difficult to go to a doctor and a pharmacy because they are not located by each other. One student identified that the emergency room is the only source of healthcare for some people in the community. They wanted a shift in focus from simply managing chronic disease to utilizing preventive and primary healthcare. Prioritizing preventive health and saving healthcare costs, rather than needing pharmaceuticals to treat/manage chronic disease was important to the group. Two comments about gyms in the area were stated. First, one woman wanted more privacy in gyms so that women would feel more comfortable when exercising. Second, one male wanted gyms to be less judgmental towards different types of physical activity. Social interaction was also brought up as an important community asset that could help improve health. One participant proposed integrating social interaction within normal American culture like other places in the world do, where

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communities gather to play games, have festivals, and prepare food as a means to finding purpose and a sense of belonging.

African American Residents Focus Group

Eleven participants that identified as being African American and East Side, Campbell, or Struthers residents were recruited for participation. The focus group was held in an East Branch Library meeting room.

Individual Priorities

Participants identified the following as priority health topics the county should work to address or prevent: having employment opportunities available and helping people receive an education. For education, it was about having the knowledge to make healthy decisions. There was concern over children learning from their parents and through schools. There was some difference in opinions between participants regarding kids learning about health, some thought the educational system is improving, but others did not.

Other topics that were important to this group were: issues with older siblings taking care of their younger siblings while parents are at work, general community nutrition, the drug epidemic, accessibility to parks, wildlife such as deer eating gardens, and the availability of only one hospital that community members all use. Access to and consumption of healthy food or stores was a topic they wanted to be addressed. There were perceptions that it was difficult to get to stores that offered healthy foods. There is a lack of affordability of healthy food and even having the educational background to know what are healthy options that can promote long-term health.

Community gardens were brought up as a great resource. However, the need for the community to interact was a limitation. There was a sentiment that people in the community did not interact with each other, especially their neighbors. A participant quote that illustrates this is:

> **"We just need more community interaction. Everybody is for themselves. I'm not saying everybody is selfish…Some people are just scared to talk to their neighbor because of who their neighbor is…Some people are scared just to sit outside because of who their neighbor is. We have no control of who moves in next door to you but it's a doggone shame that all of this is happening."**

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Strengths

Most participants agreed that outreach was a strength in the community. It can be difficult to get to outreach activities, although there are resources available, if a person knows about them, to help with transportation. Word-of-mouth is important when transferring information and having a formal education does not determine a person's health behaviors. A participant mentioned in order to change eating habits, a person has to be motivated to want it for themselves and it has less to do with being educated about the negative health impacts.

A strength that lead to a barrier was educated people in Mahoning County. Participants said they often leave after graduating from college for better job opportunities. Community-based resources such as block watches, community gardens, groups meeting at the library, grassroots organizations for youth, church groups, Bible studies, availability of legal assistance, and local parks were all listed as strengths. Participants thought the clinics and hospitals in the area were helpful and that clinics send patients to experts that can help them. It was mentioned that local hospitals were good quality, but there was a need for more doctors and nurses because facilitates were closing.

Social Determinants of Health

The social determinants of health identified by participants help explain why some people are healthier than others in the community. This included employment, education, discrimination in quality healthcare, access to public transportation, and access to community resources. Most of these factors were described as barriers to health due to the perceived inequity in the county when accessing resources. Additionally, participants thought the social

conditions of the county created a culture of systemic discrimination which is further described in the health inequities portion of the report.

Awareness

When asked what programs, services, or resources within the community focused on improving health, participants shared the following. They were aware of the 300 Sisters in Red program which provides screening tests at Youngstown State University; Mercy Health's events in March and April where health agencies performed screenings and tests such as blood sugar, cholesterol, blood pressure, and provide educational material; Mercy's support group for breast and ovarian cancer patients; and the spinal clinic. Participants mentioned that the faith-based community hosted several health-related initiatives and walks including the African American Wellness Walk. They mentioned that there were numerous food giveaways through Second Harvest and churches. It was stated that in Youngstown there were plenty of opportunities to receive food, so no one should go hungry. However, it was recommended that organizations giving food away somehow get a list of all the people that need the food, because if the organizations don't know who needs it, they cannot get food to the people in need.

Barriers

Accessibility to grocery stores was identified as a barrier to healthy eating. The effort it takes for busy parents to drive across town to get to a grocery store and spend more money on healthy items versus unhealthy items makes it difficult to consume healthy foods. Especially when participants considered that the quality of food was often substandard where they lived, it was just easier to consume cheap snacks.

The difficulty with the local public transportation system was a significant barrier for participants. Some participants didn't have a car, so they relied on public transportation; however, the logistics of catching two buses to get to the grocery store, then carrying the heavy groceries caused many issues for accessing healthy foods. Participants mentioned that there is a senior van that transports the aging population to appointments and the store, which was a community strength. However, the cost of using the van services was a barrier. For any transportation method, not being able to be picked up outside of the home was also a barrier because some people are unable to get to the pickup spot. For services that do pick up outside of the home, having to schedule at least seven days away was also a barrier when appointments are scheduled last minute and sometimes the company is fully booked. Some participants utilized the transportation available through their health insurance company but mentioned some of the drivers made them uncomfortable.

Barriers to receiving health services included a lack of high-quality doctors in the county, cost of care, discrimination based on income, and mistrust of doctors. Participants shared that many residents had to go outside of the county to receive quality healthcare. There were remarks that healthcare was predicated upon how much money a person had and that prescriptions were outrageously costly. There was a feeling of hopelessness because residents couldn't do anything about it if they wanted to keep using their lifesaving medications. There is perceived discrimination or prejudice based on income and the ability to pay in the medical community. The following quote illustrates a lack of accountability of medical providers to provide unbiased care to patients:

> **"Similarly, lack of accountability for those people who are in positions to do something but make the choice to choose otherwise. 'I'd rather choose this person because she's from Boardman, but instead she's from the South side of Youngstown…you know they always shooting over there so she's not going to last very long anyway.' Health care should not be based on 'oh, their forehead says $4,000 versus their forehead says $40,000.' So I think a lack of accountability for those people in positions that can do better but choose not to."**

Being able to trust doctors was an important theme that emerged from the group. Many participants shared their experiences with doctors. Those experiences were influential to them in deciding which doctors to go to for their care. Participants expressed that the barrier in receiving care occurs when participants start to lose trust in their doctors, and that frequently results in them switching doctors or going outside of the county to receive care. There was an overall

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perception that doctors in the county are of lower quality than some of the surrounding areas, so people elected to go outside of the county to receive healthcare. Participants said that when people have negative experiences with certain doctors, word spreads very quickly and people will not go to that doctor because of it. On the other hand, when one participant heard from a friend of an excellent experience with a physician, that was the impetus for the participant to transfer their care to that doctor based on the positive review from a trusted friend.

Advice

Participants offered advice to overcome community barriers on multiple levels of influence. First, increasing employment opportunities and education levels of the community was a major theme as a way to help improve health outcomes. Participants advised agencies to involve community members in decision making, especially youth. Participants also suggested increasing access to the library by putting in sidewalks because it was currently unsafe for youth to walk from the school to the library. Lastly, advocating with policymakers and council members for community change such as sidewalks to the library and throughout the city was a recommendation.

Health Inequities

Participants perceived that the programs and services available in the community were successful, but there were economic, administrative, and systematic issues that caused inequities in the resources available. Below is an example to support this claim:

> **"The people that are in charge, I think there is an overall agenda to dummy down the multitude of people because...from an educational standpoint and from a cultural standpoint, if I keep you working for me I can determine how far you can go in your life...I think.....what has happened in society and unfortunately they've got us to the point...where we have segregated that concept into black and white. It's not a black issue and it's not a white issue. It's an economic issue...what then happened is they have all these programs but most of the people are not aware of them or not exposed to them. Certain people that are aware, those are the people that normally don't need the assistance. That's where the problem is."**

Even within Mahoning County, there was the perception that many of the cities did not get the kind of support that Youngstown received. The inequity of resources was also mentioned by participants who had experience in helping with the food giveaway programs in the community. It was mentioned that there were differences in the quality of food given to the surrounding cities' food banks versus Youngstown. For example, a participant shared that when sorting food, volunteers had to throw away food because it was not edible, while this didn't happen to food going to other areas.

> **"Our system is designed to draw a difference between one's economic class and one's educational class and one's neighborhood class. Because if you have a neighborhood that's stressed, let's just say all black, they are going to get less. The neighborhood that's predominantly white, they are going to get more and better, not just more, better.**

Many participants passionately agreed that factors such as age, gender, race, ethnicity, and sexual orientation impacted the ability to access programs and services. One participant identified strokes as an important health topic of concern and perceived that the incidence of strokes in the urban areas was higher. One of the root causes of strokes that he identified was the lack of access to and consumption of healthy foods and grocery stores. Due to food deserts and lack of consistency in the quality and price of food, there was a concern that the residents in the focus group were not able to be as healthy as they could be because they don't have access to quality healthy foods. Additionally, the aging population was identified as a group that had inequities in accessing affordable

foods in Mahoning County because they were either unable to drive or didn't have access to transportation to grocery stores, leaving them to resort to buying less healthy options.

A participant identified an unfortunate culture in the community that has slowly become dominant. There was a perception that people in power are moving quality resources and services out of the area because of the racial and economic status of the residents. The participants expressed concern that businesses did not want to come into Youngstown because of the high unemployment rates. However, they also understood that businesses can't survive without paying customers. The issue, as identified by the participants, is that the community cannot not have economic development without community members having a good educational background. But in the community, many people leave after obtaining a degree which leaves the community without an educated workforce and consumers. In terms of employment, participants knew there were jobs available; however, they were not the jobs that college educated people would likely want such as at fast food restaurants.

Hispanic/Latino Residents Focus Group

Ten participants self-identified as being Hispanic/Latino participated in the focus group held at the cafeteria of the Organización Cívica y Cultural Hispana Americana, Inc., in Youngstown. Unfortunately, two of the ten participants were limited English speaking.

Individual Priorities

The first health topics mentioned were lack of access to prenatal care, the infant mortality problem in the community, and issues with women receiving reproductive health care from a religion-affiliated hospital, which has restrictions on the services they provide for reproductive health and family planning. The drug and heroin epidemic were considered a priority for other participants. Participants voiced that there was an overall lack of opportunities for youth to be active and engaged in activities, especially since swimming pools and parks were closing. It was mentioned that there were no grocery stores in the city, which forced the participants to go to corner stores, fast food places, dollar stores, or pharmacies. There was a concern for disabled people who had a lack of accessibility to public places because of inadequate ramps. One participant called for better schools and roads, while another called for more of a police presence as safety was a concern, given the high number of shootings in Youngstown.

Strengths

Most participants agreed that people supported each other, and families relied on each other in the Hispanic/Latino community. Churches were thought of as a community asset, especially because many had food giveaways. Through the contract between the U.S Department of Housing and Urban Development and Youngstown Metropolitan Housing Authority, participants had utilized housing assistance programs and were grateful and satisfied with the ability of the programs to assist with utilities, electricity, home insulation, and rental assistance. Lastly, the phones provided by the government were helpful for participants to make doctor's appointments and the number of minutes provided monthly were sufficient for scheduling and following up with their medical care.

Social Determinants of Health

The primary social determinants of health mentioned during the discussion were income which created an inequity in resources, affordability of resources, and social support. The participants noted an income disparity based on geography, which participants linked to money and access to services. The participants identified that if they were lower income, they didn't have access to quality health care and gym memberships. They also mentioned that many people work long hours and are still unable to support themselves or families, let alone make time for the gym. Gyms in the area were especially pricey for this group. Working long hours also created an issue for some participants who were raising families. Participants felt that when they were away from the house, the children were not getting the attention they need to be emotionally healthy. They thought it was important for children to be healthy physically and mentally, and when there are limited resources, it is difficult to have a healthy lifestyle.

Additional social determinants of health mentioned outside the specific discussion were the availability of resources to meet daily needs, access to health care services, availability of community-based opportunities for recreational and leisure-time activities, transportation options, public safety, and language and literacy. A lack of availability of resources to meet daily needs was explored in a conversation of grocery stores and the availability of healthy foods.

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Participants noted that their community lacked the opportunity to access healthy foods, which they considered to be a daily need. Due to where they lived and the lack of grocery stores, participants thought they were already at a disadvantage in purchasing healthy foods at a grocery store. Participants shared that they were forced to buy food from corner stores, fast food restaurants, dollar stores, or pharmacies which were more expensive. Access to health care services was limited in the area as well. There has been decreasing availability of community-based opportunities for recreational and leisure-time activities as evident by the closing of community resources that interest youth such as the pools and parks. It was discussed that transportation options were limited in the community which impacted access to jobs and getting to doctor's appointments. Public safety was a concern for some participants, especially on the road. Participants mentioned that shootings were happening with all age groups and were concerned about their family's safety, even driving in a car with them, because of the shootings. They recommend having greater police presence to help with the violence issues in the community.

One participant shared her experience of when she first moved to the area and the difficulty she had in receiving help because of the language barrier. She struggled to become acclimated to the Mahoning County because when she tried to explain situation, many people responded by saying they couldn't help her because they couldn't understand her. Another participant supported her statement by saying many Puerto Ricans were coming into the county and when they go to governmental offices, they could not communicate with the staff because there were no Spanish speakers on staff. School was also challenging for students who didn't speak English or spoke limited English. Participants shared that many school services that were supposed to help students learn were lacking. One participant said schools fail students who can't keep up with other kids in class because they don't know what is going on instead of supporting the students and helping them succeed.

Awareness

When asked what programs, services, or resources within the community focused on improving health, participants shared the following. They identified Meals on Wheels and WIC as important community programs that help with improving the health of people living in Mahoning County. They shared that the Health Department has public health nurses and minority health coordinators that staff clinics for AIDS and flu shots. Silver Sneakers was popular in the community according to the participants. Participants liked that some places created a way to apply for services and make basic changes online which helps make the services more successful and easier to navigate.

Barriers

Participants described the problem of a high infant mortality rate in the community and that access to care was very limited for pregnant women. Transportation was identified as one of the largest barriers in the community and participants said that buses didn't go out to the centers where pregnant women could go. Taxi and Uber were mentioned as possible ways for women to gain access to transportation for doctors' appointments. Family tradition and family structure can also be a barrier that is associated with infant mortality in the community. One participant shared that parents sometimes pass information and advice from one generation to the next and it sometimes includes information about practices that are found to be unsafe after research has shown its negative effects. An example from one participant is:

> **"I think sometimes it comes down to education. A lot of families think, 'oh this is the way my parents did things and this is the way I grew up, and I grew up fine, so you know, it's no big deal if…I put my baby to sleep on their belly instead of their back' or…those kinds of things. There are campaigns out there…Back to Sleep and things like that to say, 'hey this isn't safe' but sometimes people are just stubborn, and they think, 'well if it was okay for my parents and it was okay for me, what's wrong with it? I'll just do it that way'."**

One participant also thought that males were sometimes reluctant to attend programs or activities because of being unsure if the program was meant for them, especially if women and children were there. The participant also shared that males might not go to the doctor because many think they don't need to go. Additionally, fear was identified as one factor for men to not receive care for things such as prostate exams and not wanting to deal with medical procedures.

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The age requirements for some cancer screenings have changed, and participants thought screening should occur earlier. Due to the cost of prescription medications, one participant had to share prescription medicine with his spouse who took the same medication. Participants shared that employers continued to decrease healthcare benefits while copays and deductibles increased, which was causing a hardship for many people. The participants suggested looking at what other countries are doing to improve population health to help their community. They also experienced issues with some governmental health programs. An example provided in the focus group detailed the issues with changing personal and contact information for programs such as WIC. Participants shared that phone services did not work for some government health programs, which meant they had to physically go to the location which was hard with differing work schedules. There was a perceived lack of accountability as demonstrated by the following quote. Additionally, the group shared that some staff they interacted with were not nice and were reluctant to provide them with help.

"...I think sometimes that becomes the problem... A lot of the services are supposed to help. Some of the people who work there have become complacent and they don't know and it's frustrating work...it's hard working with the public, but those are good paying jobs with health care and holidays off...If you don't want to help people, go find a different job...you go down to [governmental agency] and it's very difficult to get help with anything."

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Advice

Advertising to raise awareness for community programs was an important piece of advice from the focus group. This group of Hispanic adults liked to receive their information by billboards; videos; radio; flyers; Facebook and internet advertisements; at their doctor's office; signage at social service offices such as Jobs and Family Services, Social Security, City Hall, and County Courts; community rec centers; Walmart; and other places that people frequently visited. Participants were interested in receiving a mailing that went out to all community members to inform them of community events and programs taking place at different locations throughout the county. Community outreach and relationship building, such as people or organizations going into neighborhoods and talking to community members, was identified as an important way of sharing information and building relationships with the community.

Participants voiced that providing incentives such as money or meals for participating in programs or services could also help with retaining participants. They thought that programs should be targeted towards the demographic groups that need the programs most and the faith-based community could be an excellent resource for such programs. Partnerships between organizations were important because health programs could partner with the YWCA or another organization to perhaps put on special programs. Since transportation was an issue, the participants proposed that city government start a program to provide free bus tokens to people in need or create a program with ride-share services, such as Uber or Lyft, to give people access to reliable transportation for the purpose of access healthcare services and appointments.

The group thought that a computer class would be nice for the community in order to learn how to navigate social service agencies sites or to learn basic computer skills. Participants wanted changes to be made in their healthcare experience based on current research. They knew that some of the techniques doctors currently use, such as the calculation to determine obesity, were out of date. Thus, they wanted a more updated way to determine health. They thought it was important to have a more individualized experience with their healthcare because each person is different. Therefore, they wanted to be treated based on their own personal characteristics. Participants encouraged health agencies to try partnering with corporations and businesses to get the community access to healthy foods. They thought health agencies could potentially advocate for corporations to enter the urban area, consequently bringing access to fresh fruits and vegetables. Participants shared that there was an indoor market that was beneficial to the community, however, there were limited hours.

Health Inequities

Age was the major factor that participants felt impacted access to programs and services. The participants expressed that there were many programs for young children such as WIC and coupon programs with age limitations that left parents to face hardships after their child reached the cutoff age for services. They shared that there were programs available for daycare and after-school programs in the community. However, once children reached a certain age,

again, they became ineligible for the programs. They said the childcare gap was troubling for working parents because they needed support in providing supervision for their children after school hours, until they got home from work. The group also discussed that many grandparents were still working and were unable to help families with childcare after school. Another factor that influenced access to services was the language barrier. They mentioned that there was a general lack of translation services at many places in the community, especially governmental offices. The group also thought that schools did not adequately support students that could not speak adequate English.

Rural Residents Focus Group

Six participants were recruited from the rural population; however, some of the participants were members of a governmental entity or health agency and were more acutely aware of community health issues. The focus group was held at the Goshen Township Hall.

Individual Priorities

Participants identified the following as priority health topics the county should work to address or prevent: providing smoking cessation to residents and addressing healthy eating. One participant expressed concern over the health risks of consuming genetically modified foods because the negative risks were uncertain. There were fears of what the long-term effects of exposure were to chemicals when working at certain facilities. There were anecdotes from community members about the aging population not wanting to go to nursing homes because they would have to give up many of their possessions. Participants thought that enforcing existing laws could help reduce the burden of the drug epidemic; and increasing the regulation on opiate prescribing was identified as a strength. One participant also encouraged the county to be more proactive in terms of emergency preparedness. They would like to have drills and practice for county-level emergencies or catastrophic events in the county.

Strengths

Although there was a conversation about many rural community members being isolated, there was also the notion that in rural areas, neighbors take care of each other, which was a community strength. The participants also shared that people learned about being healthy at home from their families. They thought that the rural area promoted a healthier lifestyle compared to urban areas because there was less stress, less noise and traffic, cleaner air, plenty of green space, and room to grow their own vegetables.

The group agreed that the community supported using taxpayer dollars to provide funding and resources for schools, such as resource officers. Participants acknowledged that having such community support contributed to the school's high graduation rate, low absenteeism rate, and low drug problems among adolescents. When adolescent drug issues did emerge, the group agreed that the schools help provide resources and support to the family and child. The local schools also had opportunities for students to engage at school and plenty of activities that interested most students, which the participants thought made kids less likely to engage in drug use.

Social Determinants of Health

The social environments of the rural areas significantly impacted resident's quality of life and health status. The aging population was sometimes isolated and unable to access healthcare because of distance and inability to get access safe transportation to the hospital. Participants agreed that rural areas did have generational relationships within families, which was beneficial in reducing isolation.

The social norms and family dynamics in rural areas also influenced seeking out health-related services. It was articulated that some people were fearful of seeking care because they might find something wrong, which creates a culture of not seeking help and not prioritizing their health. Some participants thought it was a social norm that rural residents had higher smoking rates than urban areas. They also mentioned that it wasn't normal to see people outside walking.

There was a lack of availability of resources to meet daily needs for rural residents because lack of transportation prevented people from getting to services or resources. However, it was identified that rural residents had accessibility to healthy foods by utilizing homegrown gardens and purchasing meat from local butchers. The rural

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residents were limited in their access to health care services because doctors were not located closely. Due to the inaccessibility and cost of healthcare, many people relied on social media and the internet to find health information instead of seeing a physician. Lastly, the participants noted that the rural population generally had a lower poverty rate, but many people worked two jobs to remain out of poverty.

Awareness

There were statements made that many community members were not aware of the resources available to them. Participants were aware of flu clinics offered by the health department, however rural residents usually heard about them after they occurred. They knew of a Jump Stretch class at a local high school but said there were very few programs and resources in the western side of the county. Often, the time programs were offered was not conducive to the rural lifestyle because families had to work around helping their kids with homework, making dinner, and traveling to extracurriculars. Lastly, participants mentioned they knew of a fruit and vegetable prescription program offered by Mercy Health.

Barriers

The group discussed how the rural area was an older community, thus many of the health issues were related to chronic diseases typical of the aging population. Many of the reasons for ambulance calls in their communities were for cancers and heart disease within the aging population. Participants shared that there was a lack of nearby nursing homes and assisted living facilities.

Barriers to accessing health-related services in rural areas included the relationship between isolation, ignorance, the spread of inaccurate information, and lack of awareness. Participants described that living in rural areas could lead to people becoming isolated and not seeking out services. Ignorance was another barrier to why people didn't receive services, as noted by one participant. Participants acknowledged that while some rural people did have access to services, they were ignorant about the which services were available. Related to this, the same participant thought it was only the rural population that didn't prioritize health, but it was most Americans who didn't prioritize receiving care from doctors. Many people wanted an incentive to participate in health-related activities. In addition, there was inaccurate information being spread regarding health which lead to people not participating in good programs because people were exposed to so much misinformation.

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> **"One of the things with that is there is so much, so many snake oil salesmen out there telling you that, if you eat crushed beet pills every day or something he will fix all your ailments. And people know that's not true. But unfortunately, when you take a good program like you have, that falls into that basket just kind of ignore all that stuff and just keep doing what you are doing, or you might do it in a couple weeks and then say, 'oh this stuff tastes terrible'."**

There was no location in the community that most of the population could access. They described wanting to have a conduit where there was one spot where everyone knew to go to access information, but it couldn't be on the internet. They said it had to be a physical location or a physical mailing or newsletter. In the past, there was a community newspaper that was circulated, but since it moved to just being available online, participants said that the older population were no longer getting the information. The group acknowledged that some groups advertised programs through the faith-based community but didn't think it was effective in recruiting people to participate.

Cost was a significant factor in why people did not take action with their health. Many people cannot afford a gym membership and perceive that they cannot afford health insurance. People are unaware of how much things cost, so they don't bother trying. One participant shared that some people didn't have insurance through the marketplace because they didn't know how much it would cost and expected it to be too much. Another participant said he paid more per month for cable TV than he did for his doctor which shows there are misperceptions on the affordability of healthcare for some people.

Advice

As described previously, the group thought that creating a place where information could be shared would help the community to gain awareness of community health events and programs. Second, relationships needed to be established before community members would make an effort to engage in health-promoting activities. Below is a quote that demonstrates such attitudes:

> **"You gotta sell them on the idea before you tell them. Because if you tell them, first it scares them away…so you gotta sell them on the idea first and sell them on the fact that there are a lot of things out there, that there are a lot of resources that can take care of it. This fear about the cost of it and some of this can be deferred and some of it can be assisted with, that's the biggest thing that probably needs to happen."**

Educating people about why they need to do certain things for their health rather than simply telling them what to do was important to the group. Health agencies need to be more mindful in explaining why behavior change is vital for their long-term health in laymen's terms instead of just telling people what to do. Further, participants want the healthcare system to have a more holistic view of health. They advised that services and programs that are available in their community could be passed on from the physician to the patient to help with awareness.

The group agreed that the social norms surrounding health for the rural population needed to be addressed. The rural community had a "good old boy mentality," where people liked to take care of problems themselves. The elderly population in particular was a generation that they thought didn't seek help because they would rather be in control of what happens. One participant mentioned that many people in the older generation worked their whole lives to acquire what they had, and they didn't want to give it away arbitrarily. In the minds of the older generation, that's what they are doing when the government is making it too costly to receive ambulatory care. It makes older people upset because they question why they are paying when they can't afford one trip to the hospital.

Participants provided some advice for ways to communicate and get information to the rural population. According to the focus group participants, many rural residents did not use the internet. Therefore, they couldn't access community health information posted online. There was some inconsistency between participants if having informational segments on the news would be effective. One person thought it would be beneficial, but another person argued that many people don't watch news or TV anymore. The suggestion was to have TV stations partner with local agencies such as Mercy Health to interview a high-profile person that was very sick and was helped by the Board of Health. They could talk about the benefits of receiving care and pull up an image with information and resources for viewers to see. Putting it on the 6 o'clock news and have 30 seconds for the local board of health to be interviewed was important to the participant. The group also wanted more people to do canvassing to create a relationship at people's houses while also sharing health information. Participants shared they would rather have a pamphlet than use websites. However, they did recognize that it would be challenging to make sure pamphlet get into the right people's hands.

Health Inequities

The only factor that influences health that participants acknowledged was age because of the physical limitations that impact health. According to the participants, other factors such as gender, race, ethnicity, and sexual orientation did not influence access to health care services in rural areas. The group shared that people took care of each other in the community no matter how they identified, therefore there was no inequity based on their demographics.

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Closing Remarks

The focus group ended with three closing remarks the participants wanted the county to address. The first was the need for the county to be prepared for a community-wide emergency. Being proactive in preparing for a pandemic or catastrophe by practicing for different scenarios was important to one participant. During the focus group there was a sense that living in rural areas can be better for a person's health rather than living in an urban area, but one participant cautioned that there were still risks that people in rural areas were exposed to such as exposures to chemicals sprayed on crops. Lastly, a participant shared that there was new legislation from the state of Ohio concerning septic subsystems that would impact health and encouraged Mahoning County to address the financing of the legislation.

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Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Association of Suicidology	• Facts & Statistics, 2016	www.suicidology.org/resources/facts-statistics
American Cancer Society, Cancer Facts and Figures, 2018. Atlanta: ACS, 2017	• 2019 Cancer Facts and Figures	www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2019/cancer-facts-and-figures-2019.pdf
American Cancer Society (ASC), 2017	• ACS Guidelines for Nutrition and Physical Activity	www.cancer.org/healthy/eat-healthy-get-active/acs-guidelines-nutrition-physical-activity-cancer-prevention/guidelines.html
American College of Allergy, Asthma & Immunology, 2018	• Asthma Facts	acaai.org/news/facts-statistics/asthma
American Heart Association, 2017	• Your Non-Smoking Life	newjersey.heart.org/non-smoking-life/
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	• 2010 - 2016 Adult Ohio and U.S. Correlating Statistics	www.cdc.gov/brfss/index.html
Brady Campaign to Prevent Gun Violence	• Victims of Gun Violence	www.bradycampaign.org/sites/default/files/Brady-Campaign-5Year-Gun-Deaths-Injuries-Stats_08-23-2018.pdf
CDC, Alcohol and Public Health	• Alcohol Use and Your Health	www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm
CDC, Arthritis	• Key Public Health Messages	www.cdc.gov/arthritis/about/key-messages.htm
CDC, Asthma	• Common Asthma Triggers	www.cdc.gov/asthma/triggers.html
CDC, Breast Cancer	• What Can I do to Reduce My Risk of Breast Cancer?	www.cdc.gov/cancer/breast/basic_info/prevention.htm
CDC, Cancer Prevention and Control	• Prostate Cancer Awareness	www.cdc.gov/cancer/dcpc/resources/features/prostatecancer/index.htm
CDC, Diabetes	• About Diabetes	www.cdc.gov/diabetes/basics/diabetes.html
CDC, National Center for Health Statistics	• Men's and Women's Health Statistics • Contraceptive Use in the United States	www.cdc.gov/nchs/fastats/mens-health.htm www.cdc.gov/nchs/fastats/contraceptive.htm
CDC, Oral Health	• Facts About Adult Oral Health	www.cdc.gov/oralhealth/basics/adult-oral-health/index.html
CDC, Smoking & Tobacco Use	• Smoking and Other Health Risks	www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm
CDC, Violence Prevention	• Adverse Childhood Experiences (ACE's)	www.cdc.gov/violenceprevention/acestudy/index.html

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Appendix I: Health Assessment Information Source

Source	Data Used	Website
CDC, Centers for Disease Control and Prevention	• Mold Prevention Tips • Suicide Rising Across the U.S.	www.cdc.gov/mold/dampness_facts.htm www.cdc.gov/vitalsigns/suicide/index.html
CDC Wonder, About Underlying Cause of Death, 2008-2016	• U.S. Comparisons	wonder.cdc.gov/ucd-icd10.html
County Health Rankings	• Food Environment Index	countyhealthrankings.org
CDC, Sexually Transmitted Diseases Surveillance, 2017	• U.S. Chlamydia and Gonorrhea Rates • STD's in Adolescents and Young Adults	www.cdc.gov/std/stats/
Healthy People 2020: U.S. Department of Health & Human Services	• All Healthy People 2020 Target Data Points • Some U.S. Baseline Statistics • Predictors of Access to Health Care • Social Determinants of Health	www.healthypeople.gov/2020/topicsobjectives2020
National Institute on Drug Abuse	• Drug Facts: Heroin • Abuse of Prescription Drugs • Drug Facts; Drugged Driving	www.drugabuse.gov
Foundation for Advancing Alcohol Responsibility, 2017	• Underage Drinking Statistics	www.responsibility.org/get-the-facts/research/statistics/underage-drinking-statistics/
National Alliance of Mental Illness, 2018	• Know the Warning Signs	https://www.nami.org/Learn-More/Know-the-Warning-Signs
Ohio Department of Health, Information Warehouse	• Hardin County and Ohio Unwed and Live Birth Statistics • Sexually Transmitted Diseases • Incidence of Cancer, 2011-2015 • HIV/AIDS Surveillance Program • Statistics: Access to Health Services • 2014-2016 Hardin County and Ohio Leading Causes of Death • Age-Adjusted Mortality Rates	www.odh.ohio.gov/
Ohio Department of Job & Family Services	• Unemployment Rates	http://ohiolmi.com/laus/current.htm
Ohio Department of Public Safety	• 2017 Hardin County, City of Kenton, and Ohio Crash Facts • OSHP Computer-Aided Dispatch (CAD) System	https://services.dps.ohio.gov/CrashOnline/CrashStatistics/Home

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Appendix I: Health Assessment Information Sources

Source	Data Used	Website
Ohio Department of Health, General Findings	• 2017 Ohio Drug Overdose Data	odh.ohio.gov/wps/wcm/connect/gov/5deb684e-4667-4836-862b-cb5eb59acbd3/2017_OhioDrugOverdoseReport.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-5deb684e-4667-4836-862b-cb5eb59acbd3-moxPbu6
Ohio Development Services Agency	• Ohio Poverty Report, February 2018	www.development.ohio.gov/files/research/p7005.pdf
Ohio Medical Marijuana Control Program, 2018	• Ohio Medical Marijuana Control Program	www.medicalmarijuana.ohio.gov/
Ohio Mental Health and Addiction Services	• Opiate and Pain Reliever Doses Per Capita • Opiate and Pain Reliever Doses Per Patient • New Limits on Prescription Opiates Will Save Lives and Fight Addiction	mha.ohio.gov/Portals/0/assets/Research/Maps/Ohio_OARRS_Opioids_2012_v2.pdf
Ohio State Highway Patrol	• Compliant Data • Electronic Crash Records • Felony Cases and Drug Arrests • Hardin County Activity Statistics	statepatrol.ohio.gov/
The Henry Kaiser Family Foundation	• Key Facts about the Uninsured Population, 2017 • Health and Health Care for Blacks in the U.S., 2018	www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/ www.kff.org/infographic/health-and-health-care-for-blacks-in-the-united-states/
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	• American Community Survey 5-year estimates, 2012-2016 • Ohio and Hardin County 2016 Census Demographic Information • Ohio and U.S. Health Insurance Sources • Small Area Income and Poverty Estimates • Federal Poverty Thresholds	www.census.gov
United States Department of Agriculture (USDA), Food Insecurity in the U.S.	• Food Insecurity	www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/interactive-charts-and-highlights/#characteristics
Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Centers for Disease Control	• 2013-2017 U.S. Youth correlating statistics	https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=XX

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Acronyms and Terms

AHS	**A**ccess to **H**ealth **S**ervices, Topic of Healthy People 2020 objectives
Adult	Defined as 19 years of age and older.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Adult Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
AOCBC	**A**rthritis, **O**steoporosis, and **C**hronic **B**ack **C**onditions
BMI	**B**ody **M**ass **I**ndex is defined as the contrasting measurement/relationship of weight to height.
BRFSS	**B**ehavior **R**isk **F**actor **S**urveillance **S**ystem, an adult survey conducted by the CDC.
CDC	**C**enters for **D**isease **C**ontrol and **P**revention.
Crude Death Rate	The number of new deaths occurring in a specified population per year, usually expressed as the number of cases per 100,000 population at risk.
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
CY	**C**alendar **Y**ear
FY	**F**iscal **Y**ear
HCNO	**H**ospital **C**ouncil of **N**orthwest **O**hio
HDS	**H**eart **D**isease and **S**troke, Topic of Healthy People 2020 objectives
HP 2020	**H**ealthy **P**eople **2020**, a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic $\geq$140 and Diastolic $\geq$ 90
IID	**I**mmunizations and **I**nfectious **D**iseases, Topic of Healthy People 2020 objectives
N/A	Data is not available.
ODH	**O**hio **D**epartment of **H**ealth
OSHP	**O**hio **S**tate **H**ighway **P**atrol
Race/Ethnicity	**Census 2010:** U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race." Data are presented as "Hispanic or Latino" and "Not Hispanic or Latino." Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, "White alone" or "Black alone", means the respondents reported only one race.
Weapon	Defined in the YRBS as "a weapon such as a gun, knife, or club"
Youth	Defined as 12 through 18 years of age

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YPLL/65	**Y**ears of **P**otential **L**ife **L**ost before age 65. Indicator of premature death.
Youth BMI Classifications	**Underweight** is defined as BMI-for-age $\leq$ 5th percentile **Overweight** is defined as BMI-for-age 85th percentile to < 95th percentile. **Obese** is defined as $\geq$ 95th percentile.
YRBS	**Y**outh **R**isk **B**ehavior **S**urvey, a youth survey conducted by the CDC

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Appendix III: Methods for Weighting the 2018 Mahoning County Health Assessment Data

Data from sample surveys have the potential for bias if there are different rates of response for different segments of the population. In other words, some subgroups of the population may be more represented in the completed surveys than they are in the population from which those surveys are sampled. If a sample has 25% of its respondents being male and 75% being female, then the sample is biased towards the views of females (if females respond differently than males). This same phenomenon holds true for any possible characteristic that may alter how an individual responds to the survey items.

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2018 Mahoning County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Mahoning County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (4 different race categories), Age (7 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Mahoning County within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2018 Mahoning County Survey and the 2017 Census estimates.

2018 Mahoning Survey			**2017 Census Estimate**		**Weight**
Sex	Number	Percent	Number	Percent	
Male	188	46.19165	112,946	48.71365	1.05460
Female	219	53.80835	118,911	51.28635	0.95313

In this example, it shows that there was a slightly larger portion of females in the sample compared to the actual portion in Mahoning County. The weighting for males was calculated by taking the percent of males in Mahoning County (based on Census information) (48.71365%) and dividing that by the percent found in the 2018 Mahoning County sample (46.19165%) [48.71365/46.19165= weighting of 1.05460 for males]. The same was done for females [51.28635/ 53.80835% = weighting of 0.95313 for females]. Thus, males' responses are weighted heavier by a factor of 1.05460 and females' responses weighted less by a factor of 0.95313.

This same thing was done for each of the 20 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the $50-$75k category would have an individual weighting of 2.21012 [0.95313 (weight for females) x 1.01378 (weight for White) x 2.21276 (weight for age 35-44) x 1.03368 (weight for income $50-$75k)]. Thus, each individual in the 2018 Mahoning County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

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Multiple sets of weightings were created and used in the statistical software package (SPSS 24.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus, a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

1. **Total weight** (product of 4 weights) – for all analyses that did not separate age, race, sex, or income.
2. **Weight without sex** (product of age, race, and income weights) – used when analyzing by sex.
3. **Weight without age** (product of sex, race, and income weights) – used when analyzing by age.
4. **Weight without race** (product of age, sex, and income weights) – used when analyzing by race.
5. **Weight without income** (product of age, race, and sex weights) – used when analyzing by income.
6. **Weight without sex or age** (product of race and income weights) – used when analyzing by sex and age.
7. **Weight without sex or race** (product of age and income weights) – used when analyzing by sex and race.
8. **Weight without sex or income** (product of age and race weights) – used when analyzing by sex and income.

Category	Mahoning Sample	%	Mahoning 2017 Census*	%		Weighting Value
Sex:						
Male	188	46.19165	112,946	48.7136		1.05460
Female	219	53.80835	118,911	51.28635		0.95313
Age:						
20 to 34 years	28	7.10660	40,944	22.86110		3.21688
35 to 44 years	26	6.59898	26,152	14.60198		2.21276
45 to 54 years	55	13.95939	30,851	17.22567		1.23398
55 to 59 years	52	13.19797	18,836	10.51709		0.79687
60 to 64 years	61	15.48223	16,886	9.42831		0.60898
65 to 74 years	99	25.12690	23,953	13.37417		0.53226
75 years and over	73	18.52792	21,477	11.99169		0.64722
Race:						
White (non-Hispanic)	307	75.42998	177,300	76.46955		1.01378
African American (NH)	80	19.65602	34,194	14.74788		0.75030
Hispanic (any race)	5	1.22850	12,882	5.55601		4.52259
Other	15	3.68550	7,481	3.22656		0.87547
Household Income:						
Less than $25,000	121	33.33333	28,775	29.35176		0.88055
$25,000 to $34,999	41	11.29477	11,642	11.87535		1.05140
$35,000 to $49,999	59	16.25344	14,809	15.10583		0.92939
$50,000 to $74,999	61	16.80441	17,029	17.37033		1.03368
$75,000 to $99,999	26	7.16253	10,752	10.96751		1.53123
$100,000 to $149,999	38	10.46832	9,870	10.06783		0.96174
$150,000 or more	17	4.68320	5,158	5.26139		1.12346

Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Mahoning County in each subcategory by the proportion of the sample in the Mahoning County survey for that same category.
*** Mahoning County population figures taken from the 2017 Census Estimates.**

Appendix IV: Mahoning County Sample Demographic Profile*

Adult Variable	2018-2019 Adult Survey Sample	Mahoning County Census 2017 (1-year estimate)
Sex		
Male	50.0%	48.7%
Female	49.8%	51.3%
Age		
20-29	11.7%	12.4%
30-39	18.5%	11.2%
40-49	14.8%	11.4%
50-59	19.7%	14.1%
60 plus	30.5%	28.4%
Race/Ethnicity		
White	82.1%	79.6%
Black or African American	15.2%	14.2%
Hispanic Origin (may be of any race)	7.6%	5.9%
Asian	2.1%	1.1%
Other	3.1%	1.1%
American Indian and Alaska Native	2.9%	0.2%
Marital Status†		
Married Couple	54.1%	42.5%
Never been married/member of an unmarried couple	22.9%	32.4%
Divorced/Separated	13.5%	14.8%
Widowed	9.6%	7.9%
Education†		
Less than High School Diploma	5.9%	15.3%
High School Diploma	25.9%	35.7%
Some college/College graduate	68.2%	38.6%
Income (Families)		
$14,999 and less	13.8%	10.1%
$15,000 to $24,999	8.3%	9.2%
$25,000 to $49,999	23.8%	24.4%
$50,000 to $74,999	12.5%	20.3%
$75,000 or more	34.3%	35.9%

** The percent's reported are the actual percent within each category who responded to the survey. The data contained within the report however are based on weighted data (weighted by age, race, sex, and income). Percent's may not add to 100% due to missing data (non-responses).*

† The Ohio and Mahoning County Census percentages are slightly different than the percent who responded to the survey. Marital status is calculated for those individuals 15 years and older. Education is calculated for those 25 years and older.

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Appendix V: Demographics and Household Information

Mahoning County Population by Age Groups and Gender U.S. Census 2010

Age	Total	Males	Females
Mahoning County	**238,823**	**115,500**	**123,323**
0-4 years	**12,810**	**6,553**	**6,257**
1-4 years	10,393	5,317	5,076
< 1 year	2,417	1,236	1,181
1-2 years	5,014	2,535	2,479
3-4 years	5,379	2,782	2,597
5-9 years	**13,725**	**7,013**	**6,712**
5-6 years	5,257	2,695	2,562
7-9 years	8,468	4,318	4,150
10-14 years	**14,983**	**7,605**	**7,378**
10-12 years	8,880	4,546	4,334
13-14 years	6,103	3,059	3,044
12-18 years	22,310	11,401	10,909
15-19 years	**16,247**	**8,344**	**7,903**
15-17 years	9,820	5,047	4,773
18-19 years	6,427	3,297	3,130
20-24 years	13,739	7,118	6,621
25-29 years	12,886	6,488	6,398
30-34 years	12,959	6,552	6,407
35-39 years	13,762	6,938	6,824
40-44 years	14,646	7,435	7,211
45-49 years	16,985	8,246	8,739
50-54 years	19,613	9,431	10,182
55-59 years	18,379	9,052	9,327
60-64 years	15,387	7,485	7,902
65-69 years	10,976	4,949	6,027
70-74 years	8,955	3,926	5,029
75-79 years	7,935	3,253	4,682
80-84 years	7,466	2,820	4,646
85-89 years	4,930	1,612	3,318
90-94 years	1,977	582	1,395
95-99 years	413	89	324
100-104 years	48	9	39
105-109 years	1	0	1
110 years & over	1	0	1
Total 85 years and over	**7,370**	**2,292**	**5,078**
Total 65 years and over	**42,702**	**17,240**	**25,462**
Total 19 years and over	**184,085**	**87,529**	**96,556**

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MAHONING COUNTY PROFILE

(Source: U.S. Census Bureau, 2017)
2017 ACS 1-year estimates

General Demographic Characteristics

	Number	Percent (%)
Total Population		
2017 Total Population	229,796	100%
Largest City - Youngstown City		
2017 Total Population	64,585	100%
Population by Race/Ethnicity		
Total Population	229,796	100%
White	182,918	79.6%
African American	32,631	14.2%
Hispanic or Latino (of any race)	13,558	5.9%
Two or more races	8,502	3.7%
Asian	2,528	1.1%
Some other race	2,528	1.1%
American Indian and Alaska Native	460	0.2%
Population by Age		
Under 5 years	11,949	5.2%
5 to 17 years	34,010	14.8%
18 to 24 years	19,762	8.6%
25 to 44 years	53,083	23.1%
45 to 64 years	64,343	28.0%
65 years and more	46,878	20.4%
Median age (years)	**43.2**	N/A
Household by Type		
Total households	98,084	100%
Total families	57,774	58.9%
Households with children <18 years	21,746	22.2%
Married-couple family household	39,489	40.3%
Married-couple family household with children <18 years	11,998	12.2%
Female householder, no husband present	14,240	14.5%
Female householder, no husband present with children <18 years	8,150	8.3%
Nonfamily household (single person)	40,310	41.1%
Nonfamily household (single person) living alone	35,432	87.9%
Nonfamily household (single person) 65 years and >	15,358	38.1%
Households with one or more people <18 years	25,600	26.1%
Households with one or more people 60 years and >	45,021	45.9%
Average household size	2.27 people	N/A
Average family size	2.96 people	N/A

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General Demographic Characteristics, Continued

Housing Occupancy		
Median value of owner-occupied units	$106,200	N/A
Median housing units with a mortgage	$998	N/A
Median housing units without a mortgage	$382	N/A
Median value of occupied units paying rent	$658	N/A
Median rooms per total housing unit	5.9	N/A
Total occupied housing units	98,084	N/A
No telephone service available	1,051	1.2%
Lacking complete kitchen facilities	865	0.9%
Lacking complete plumbing facilities	403	0.4%

Selected Social Characteristics

School Enrollment		
Population 3 years and over enrolled in school	50,378	100%
Nursery & preschool	3,586	7.1%
Kindergarten	1,955	3.9%
Elementary School (Grades 1-8)	20,719	41.1%
High School (Grades 9-12)	12,670	25.1%
College or Graduate School	11,448	22.7%
Educational Attainment		
Population 25 years and over	164,042	100%
< 9th grade education	3,681	2.2%
9th to 12th grade, no diploma	10,309	6.3%
High school graduate (includes equivalency)	66,841	40.7%
Some college, no degree	31,435	19.2%
Associate degree	14,576	8.9%
Bachelor's degree	25,008	15.2%
Graduate or professional degree	12,192	7.4%
Percent high school graduate or higher	N/A	91.5%
Percent Bachelor's degree or higher	N/A	22.7%
Marital Status		
Population 15 years and over	192,232	100%
Never married	62,283	32.4%
Now married, excluding separated	81,699	42.5%
Separated	4,614	2.4%
Widowed	15,186	7.9%
Widowed females	12,018	12.1%
Divorced	28,450	14.8%
Divorced females	16,587	16.7%
Veteran Status		
Civilian population 18 years and over	183,789	100%
Veterans 18 years and over	15,347	8.4%

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Selected Social Characteristics, Continued

Disability Status of the Civilian Non-Institutionalized Population		
Total civilian noninstitutionalized population	225,422	100%
Civilian with a disability	35,029	15.5%
Under 18 years	45,934	20.4%
Under 18 years with a disability	149	0.3%
18 to 64 years	134,822	59.8%
18 to 64 years with a disability	2,497	1.9%
65 Years and over	44,666	19.8%
65 Years and over with a disability	4,742	10.6%

Selected Economic Characteristics, Continued

Employment Status		
Population 16 years and over	189,071	100%
16 years and over in labor force	112,977	59.8%
16 years and over not in labor force	76,094	40.2%
Females 16 years and over	97,909	100%
Females 16 years and over in labor force	55,314	56.5%
Population living with own children <6 years	13,437	100%
All parents in family in labor force	9,278	69.0%
Class of Worker		
Civilian employed population 16 years and over	104,440	100%
Private wage and salary workers	85,058	81.4%
Government workers	13,946	13.4%
Self-employed workers in own not incorporated business	5,177	5.0%
Unpaid family workers	259	0.2%
Occupations		
Employed civilian population 16 years and over	104,440	100%
Production, transportation, and material moving occupations	17,292	16.6%
Management, business, science, and art occupations	33,895	32.5%
Sales and office occupations	25,171	24.1%
Service occupations	20,722	19.8%
Natural resources, construction, and maintenance occupations	7,360	7.0%
Leading Industries		
Employed civilian population 16 years and over	104,440	100%
Educational, health and social services	27,386	26.2%
Trade (retail and wholesale)	15,682	15.0%
Manufacturing	13,981	13.4%
Arts, entertainment, recreation, accommodation, and food services	11,275	10.8%
Professional, scientific, management, administrative, and waste management services	10,113	9.7%
Transportation and warehousing, and utilities	6,199	5.9%
Construction	5,737	5.5%
Other services (except public administration)	4,297	4.1%
Finance, insurance, real estate and rental and leasing	3,806	3.6%
Public administration	3,494	3.3%
Information	1,468	1.4%
Agriculture, forestry, fishing and hunting, and mining	1,002	1.0%

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Income In 2017		
Households	98,084	100%
< $10,000	9,173	9.4%
$10,000 to $14,999	5,905	6.0%
$15,000 to $24,999	11,629	11.9%
$25,000 to $34,999	12,184	12.4%
$35,000 to $49,999	16,502	16.8%
$50,000 to $74,999	17,363	17.7%
$75,000 to $99,999	9,529	9.7%
$100,000 to $149,999	10,206	10.4%
$150,000 to $199,999	2,630	2.7%
$200,000 or more	2,963	3.0%
Median household income	***$43,389***	N/A
Income in 2017		
Families	57,774	100%
< $10,000	3,595	6.2%
$10,000 to $14,999	2,267	3.9%
$15,000 to $24,999	5,303	9.2%
$25,000 to $34,999	5,339	9.2%
$35,000 to $49,999	8,808	15.2%
$50,000 to $74,999	11,733	20.3%
$75,000 to $99,999	7,783	13.5%
$100,000 to $149,999	8,244	14.3%
$150,000 to $199,999	2,269	3.9%
$200,000 or more	2,433	4.2%
Median family income	***$57,191***	N/A
Per capita income in 2017	**$27,511**	N/A
Poverty Status in 2017		
Families	N/A	14.4%
Individuals	N/A	18.4%

(Source: U.S. Census Bureau, 2017)

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Bureau of Economic Analysis (BEA) Per Capita Personal Income (PCPI) Figures

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2016	$40,456	33th of 88 counties
BEA Per Capita Personal Income 2015	$40,085	30th of 88 counties
BEA Per Capita Personal Income 2014	$38,954	30th of 88 counties
BEA Per Capita Personal Income 2013	$37,635	31st of 88 counties
BEA Per Capita Personal Income 2012	$37,753	29th of 88 counties

(Source: Bureau of Economic Analysis, https://apps.bea.gov/iTable/index_regional.cfm)

Note: BEA PCPI figures are greater than Census figures for comparable years due to deductions for retirement, Medicaid, Medicare payments, and the value of food stamps, among other things

Poverty Rates, 2012-2016 5-year averages

Category	Mahoning County	Ohio
Population in poverty	18.1%	15.4%
< 125% FPL (%)	23.0%	19.9%
< 150% FPL (%)	28.2%	24.3%
< 200% FPL (%)	38.5%	33.3%
Population in poverty (2001)	12.7%	10.3%

(Source: The Ohio Poverty Report, Ohio Development Services Agency, February 2018, http://www.development.ohio.gov/files/research/P7005.pdf)

Employment Statistics

Category	Mahoning County	Ohio
Labor Force	101,500	5,752,300
Employed	95,700	5,495,300
Unemployed	5,800	256,900
Unemployment Rate* in August 2018	5.7	4.5
Unemployment Rate* in July 2018	6.2	4.9
Unemployment Rate* in August 2017	6.5	5.1

**Rate equals unemployment divided by labor force.*
(Source: Ohio Department of Job and Family Services, August 2018, http://ohiolmi.com/laus/OhioCivilianLaborForceEstimates.pdf)

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Estimated Poverty Status in 2016

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Mahoning County				
All ages in poverty	41,625	38,078 to 45,172	18.7%	17.1 to 20.3
Ages 0-17 in poverty	12,475	10,824 to 14,126	27.2%	23.6 to 30.8
Ages 5-17 in families in poverty	8,850	7,595 to 10,105	26.1%	22.4 to 29.8
Median household income	$42,839	$40,803 to $44,875		
Ohio				
All ages in poverty	1,639,636	1,614,177 to 1,665,095	14.5%	14.3 to 14.7
Ages 0-17 in poverty	521,730	506,894 to 536,566	20.4%	19.8 to 21.0
Ages 5-17 in families in poverty	348,713	335,691 to 361,735	18.7%	18.0 to 19.4
Median household income	$ 52,357	$ 52,083 to $ 52,631		
United States				
All ages in poverty	44,268,996	44,022,086 to 44,515,906	14.0%	13.9 to 14.1
Ages 0-17 in poverty	14,115,713	13,976,345 to 14,255,081	19.5%	19.3 to 19.7
Ages 5-17 in families in poverty	9,648,486	9,548,767 to 9,748,205	18.3%	18.1 to 18.5
Median household income	57,617	$57,502 to $57,732		

(Source: U.S. Census Bureau, 2016 Poverty and Median Income Estimates, https://www.census.gov/data/datasets/2016/demo/saipe/2016-state-and-county.html)

Poverty Thresholds in 2017 by Size of Family and Number of Related Children Under 18 Years

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	$ 12,752					
1 Person 65 and >	$ 11,756					
2 people Householder < 65 years	$ 16,414	$16,895				
2 People Householder 65 and >	$14,816	$16,831				
3 People	$19,173	$19,730	$19,749			
4 People	$25,283	$25,696	$24,858	$24,944		
5 People	$30,490	$30,933	$29,986	$29,253	$28,805	
6 People	$35,069	$35,208	$34,482	$33,787	$32,753	$32,140
7 People	$40,351	$40,603	$39,734	$39,129	$38,001	$36,685
8 People	$45,129	$45,528	$44,708	$43,990	$42,972	$41,678
9 People or >	$54,287	$54,550	$53,825	$53,216	$52,216	$50,840

(Source: U. S. Census Bureau, Poverty Thresholds 2017, https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html)

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Appendix VI: County Health Rankings

	Mahoning County 2018	Ohio 2018	U.S. 2018
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2014-2016)	8,700	7,700	6,700
Overall heath. Percentage of adults reporting fair or poor health (age-adjusted) (2016)	17%	17%	16%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2016)	3.9	4.0	3.7
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2016)	3.9	4.3	3.8
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2010-2016)	10%	9%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2016)	22%	23%	17%
Obesity. Percentage of adults that report a BMI of 30 or more (2014)	30%	32%	28%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2015)	6.8	6.6	7.7
Physical inactivity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2014)	28%	26%	23%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2016)	74%	85%	83%
Drug and alcohol abuse. Percentage of adults reporting binge or heavy drinking (2016)	16%	19%	18%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2012-2016)	26%	34%	29%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2015)	515	489	479
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2010-2016)	31	28	27

(Source: 2018 County Health Rankings for Mahoning County, Ohio, and U.S. data)

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	Mahoning County 2018	Ohio 2018	U. S. 2018
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2015)	8%	8%	11%
Access to health care/medical care. Ratio of population to primary care physicians (2015)	970:1	1,310:1	1,320:1
Access to dental care. Ratio of population to dentists (2016)	1,410:1	1,660:1	1,480:1
Access to behavioral health care. Ratio of population to mental health providers (2017)	440:1	560:1	470:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2015)	57	57	49
Diabetes. Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring (2014)	84%	85%	85%
Cancer. Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2014)	56%	61%	63%
Social and Economic Environment			
Education. Percentage of ninth-grade cohort that graduates in four years (2014-2015)	82%	81%	83%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2012-2016)	62%	65%	65%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2016)	6%	5%	5%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2016)	27%	20%	20%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2012-2016)	4.8	4.8	5.0
Family and social support. Percentage of children that live in a household headed by single parent (2012-2016)	44%	36%	34%
Family and social support. Number of membership associations per 10,000 population (2015)	14	11	9
Violence. Number of reported violent crime offenses per 100,000 population (2012-2014)	316	290	380
Injury. Number of deaths due to injury per 100,000 population (2012-2016)	81	75	65

(Source: 2018 County Health Rankings for Mahoning County, Ohio, and U.S. data)

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	Mahoning County 2018	Ohio 2018	U.S. 2018
Physical Environment			
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2012)	11.7	11.3	8.7
Air, water, and toxic substances. Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation (2016)	Yes	N/A	N/A
Housing. Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (2010-2014)	14%	15%	19%
Transportation. Percentage of the workforce that drives alone to work (2012-2016)	86%	83%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2012-2016)	22%	30%	35%

(Source: 2018 County Health Rankings for Mahoning County, Ohio, and U.S. data)
N/A – Data is not available

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