

# Mahoning County 2018-2019 Community Health Needs Assessment Abridged Data Review



**Public Health**  
Prevent. Promote. Protect.

Youngstown City Health District



**MAHONING COUNTY  
PUBLIC HEALTH**

PREVENT · PROMOTE · PROTECT



# Community Health Assessment- 2019

- Partner Organizations
  - Mercy Health, Mercy Health Foundation, Trumbull and Mahoning MHRB, CFMV- Healthy Community Partnership, Mahoning and Trumbull County Health Departments and Youngstown and Warren City Health Departments and Aron Children's Hospital
- Methodology
  - 1200 surveys in the field and focus groups in each county
- Results .....



# Survey Responders

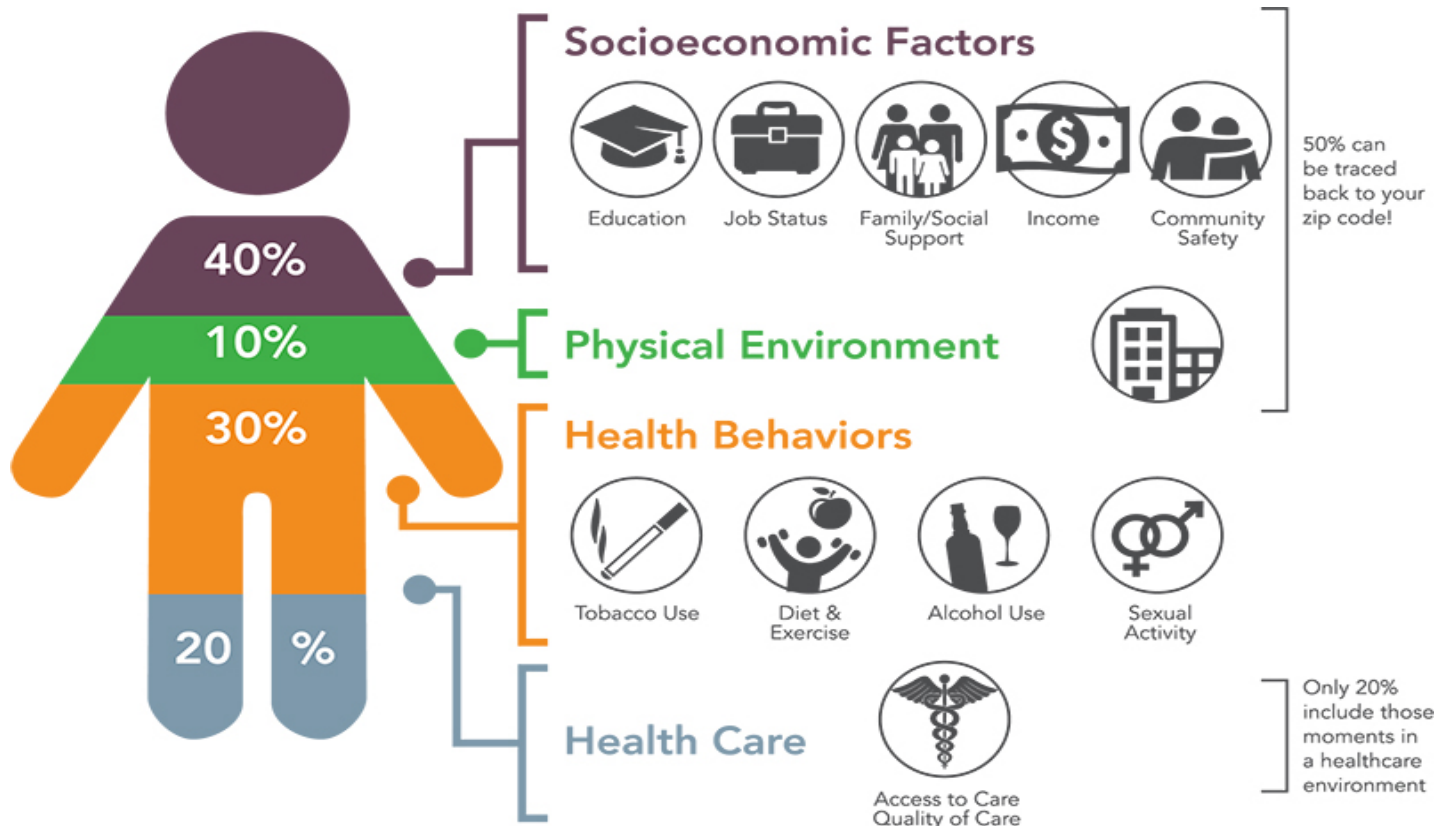
<b>Demographics</b>	<b>Survey Respondents</b>	<b>County Residents</b>
White	82.1%	80.4%
African American	15.2%	16.1%
American Indian/Alaska Native	2.9%	.03%
Asian	2.1%	.09%
Hispanic	7.6%	6.4%
Other	3.1%	2.4%

# Survey Responders

Education	Survey Respondents	County Residents
Some College/College Graduate	68%	43.3%
High School Diploma	26%	40.7%
Less than High School Diploma	6%	8.5%

Income	Survey Respondents	County Residents
\$75,000	34%	25.8%
\$50,000- \$74,999	13%	17.7%
\$25,000 - \$49,999	24%	29.2%
\$15,000 - \$24,999	8%	11.9%
\$14,999 and less	14%	15.4%

# What impacts health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

# Results

## Health care access and health status

- 94% had healthcare coverage
- 6% no healthcare insurance
  - Most uninsured under 30 years old and income <\$25,000
  - Why not insured
    - Lost job/changed employer (32%)
    - Could not afford premiums (49%)
    - Spouse/parent lost/changed job (16%)

# Results

## Health care access and health status

- Health care utilization –
  - 61% received medical care in past 12 months
  - Highest utilization income < \$25,000 and > age 65
- 45% adults health status very good
- 21% health status fair or poor
- 28% African American health status fair or poor



# Results

## Mental Health Status

- 12% felt so sad/hopeless for 2 or more weeks stopped doing usual activities
- 34% poor mental or physical health at least 1 of last 30 days = could not provide self-care, work or recreate (*approx. 88,400 adults*)
  - Financial stress, job stress, poverty
- 1% attempted suicide in past year (*approx. 2,600 adults*)
  - Highest rates white male 45-64 years old
- 43% sought help for mental health concerns
- Rated mental health as not good on four or more of past 30 days
  - 40% African American in Mahoning County
  - 26% African American in Ohio





# Results

## Preventive Care

- 72% overall, 80% African American saw a doctor in past year
  - No need to go
  - Cost
  - Discrimination
- Immunizations:
  - 61% MMR vaccine
  - 47% flu vaccine
  - 29% pneumonia vaccine
  - 16% Shingles vaccine



# Results

## Preventive Care

- 76% Women >40 had mammogram past 24 mos.
- 73% Men had prostate exam during lifetime
- 26% Colorectal screening in past 5 years
- 18% Skin cancer screening in past year
  
- 63% Overall visited a dentist in past year if insured
- 17% If not insured
- 51% African Americans visited dentist in past year
- Lowest dental utilization - < \$25,000 income

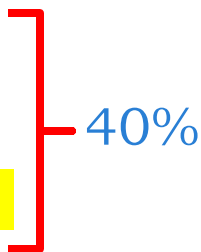


# Results

## Behavioral choices

- 73% of total respondents – 70% African American

- Overweight (33%)
- Obese (21%)
- Severely obese (8%)
- Morbidly obese (11%)



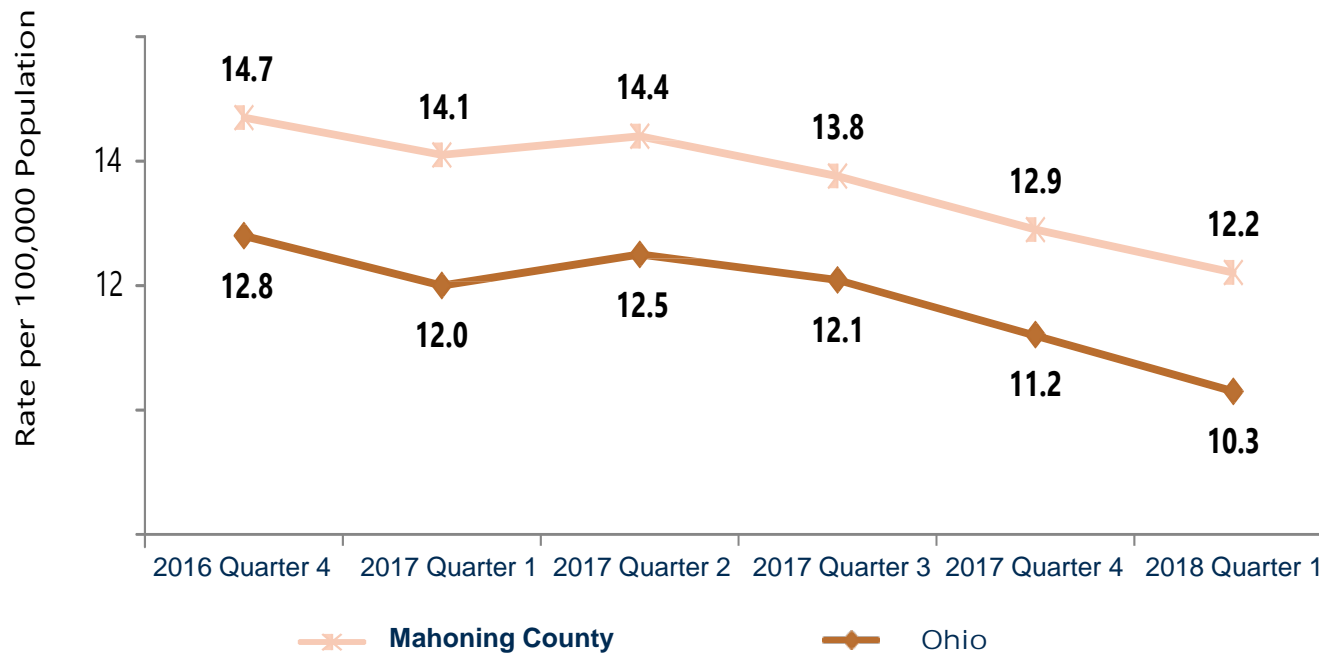
- Tobacco use total 16% - 23% African American
  - 32% < \$25,000 income
- Current overall Alcohol use 51% - 39% African American
  - Average drinks/day = 2.6
  - 3.3/day < \$25,000 income



# Results

## Opiate Use

Mahoning County and Ohio Number of Opioid Doses Per Capita, Quarterly from 2016-2018



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

# Results Drug Deaths

Number of unintentional drug Overdose Deaths and Age Adjusted Death rates per 100,000 population 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		
<b>Mahoning County</b>	29	25	25	42	38	48	47	48	41	48	60	83	112	392	28.1	30.3
<b>Ohio</b>	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

## 2014-2019 Mahoning County Drug Overdose Deaths Drugs Identified Upon Autopsy

Drug Class	2014	2015	2016	2017	2018	2019 (through 5/31/2019)
Alcohol	18	14	21	32	20	7
Marijuana	14	13	20	12	14	0
Cocaine	14	23	28	50	53	16
Heroin	28	36	41	21	17	3
Fentanyl	6	16	43	75*	70**	22
Prescription Opioids	47	43	49	57	44	8
Other Stimulants	12	12	11	7	25	0
Anticonvulsants	16	12	46	31	31	11

\* 6 carfentanyl

\*\* 1 carfentanyl

Source: Mahoning County Coroner's Reports

# Health Outcomes Overall

## Leading Causes of Death

Condition	Mahoning County	Ohio
Heart Disease	28%	23%
Cancers	19%	21%
Accidents/Unintentional Injuries	5%	7%
Stroke	5%	5%
Alzheimer's Disease	5%	*
Chronic Lower Respiratory Disease	*	6%

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

\* Not included in top five causes of death in this jurisdiction

# Outcomes

## Cardiovascular Health

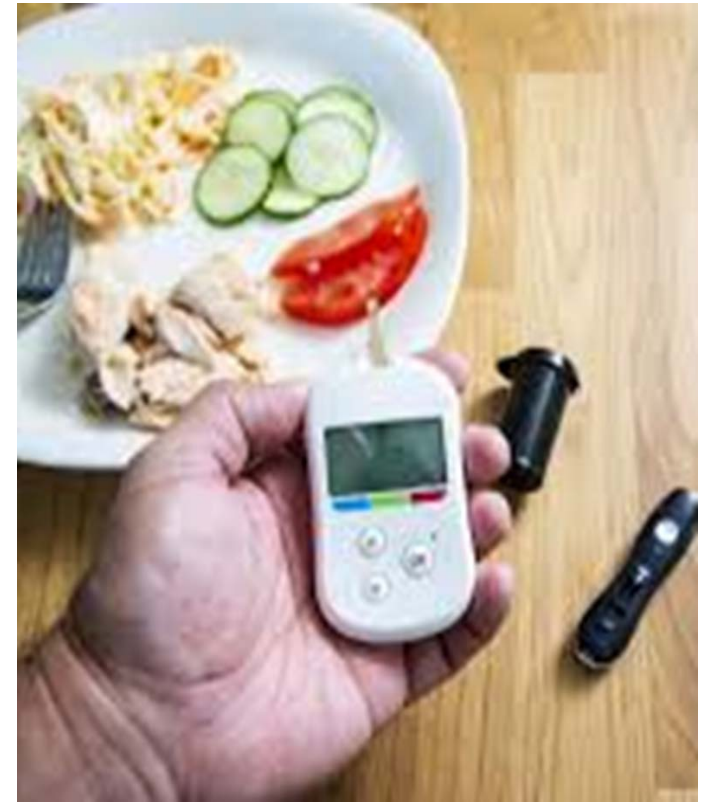


- Overall 40% diagnosed with high blood pressure
- 58% African American
  - (73,634 adults)
- 40% diagnosed with high blood cholesterol
- Stroke mortality rates overall decreasing
  - Age adjusted rates ≠  
African Americans (49/100,000)  
White (39/100,000)
- Higher incidence than state and nation



# Outcomes Diabetes

- 16% of all residents diagnosed with diabetes - 25% over 65
- Diagnosed Diabetics also have one or more of the following:
  - 95% were overweight or obese
  - 81% have high blood pressure
  - 69% have high blood cholesterol
- Age adjusted diabetes mortality rate
  - African American (40/100,000)
  - White (21/100,000)
- Higher incidence than state and nation





# Outcomes Cancers

## Four most common cancers in Mahoning County

Lung and Bronchus:	15% = 1,051 cases
Breast:	15% = 1,045 cases
Prostate:	11% = 753 cases
Colon and Rectum:	11% = 751 cases

Age Adjusted rates for cancer mortality:

African American (190/100,000)

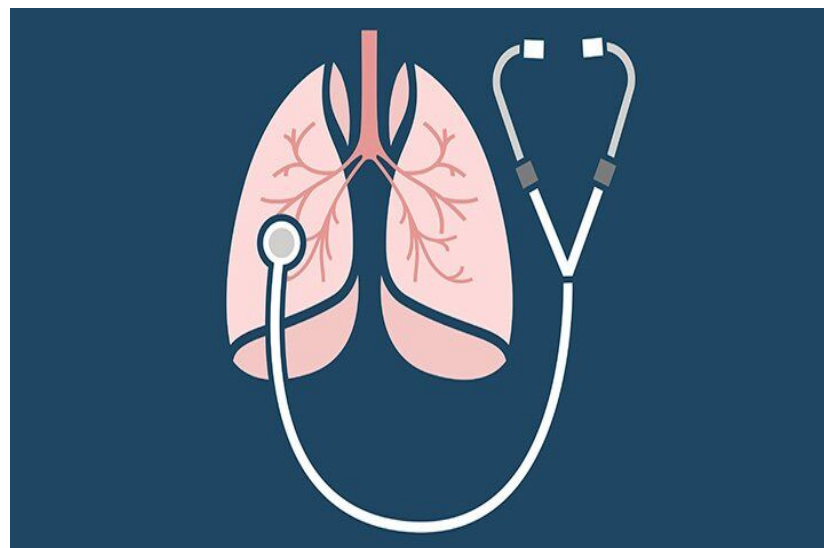
White (161/100,000)

(Source for age adjusted data- Ohio Public Health Warehouse Mortality Cancer Deaths for Ohio Residents)



# Outcomes Asthma

- 15% diagnosed with asthma
  - 20% also obese
  - 18% current smokers
- 19% of females
- 19% if <\$25,000 income
- Higher incidence than state and nation



# Outcomes

## Maternal Child Health

Across all live births 2013-2017

- 10-11% low birth weight
- 11-13% premature births

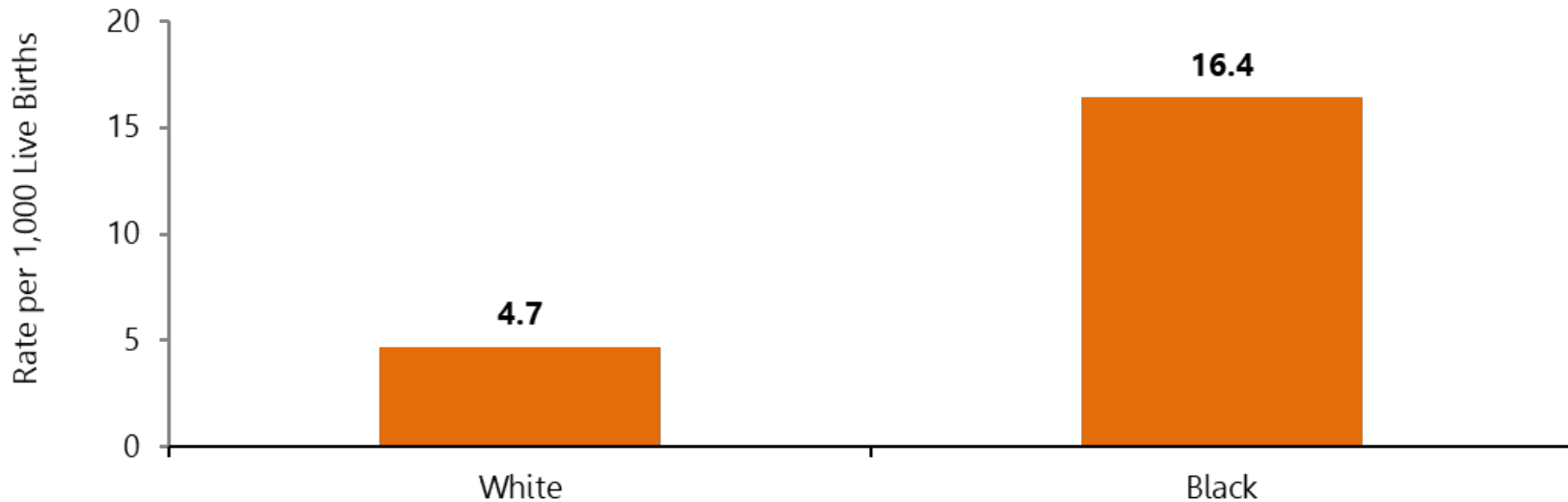
Across all live births by race 2013-2017

- % Low birth weight  
White 8% - African American 16%

# Outcomes

## Infant Mortality

### 2013-2017 Mahoning County Infant Mortality Rates by Race\*



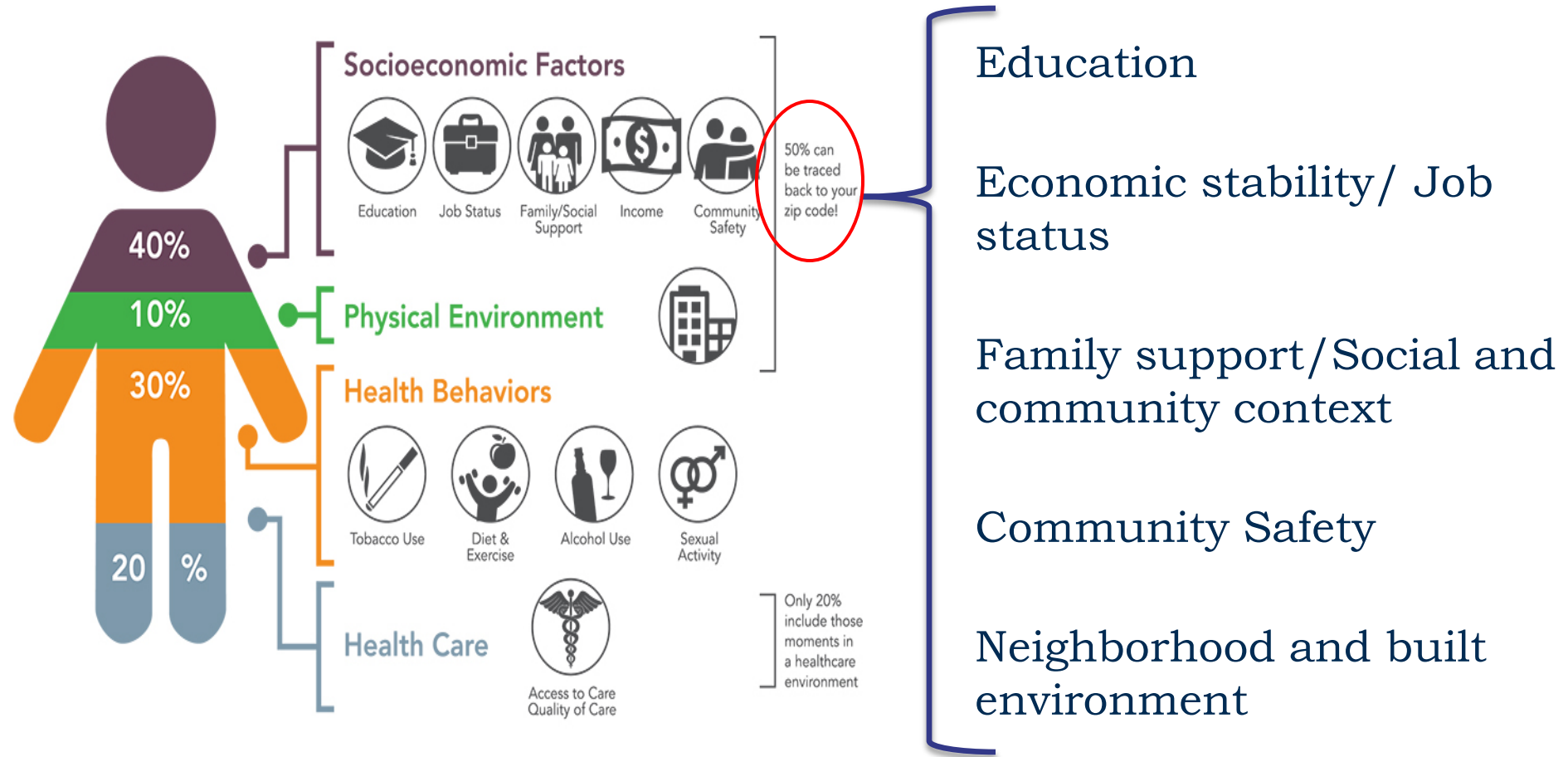
*(Sources for graph: 1) ODH, Ohio Public Health Data Warehouse, Mortality, Number of Infant Resident Deaths in Ohio Counties by Year, 2) ODH, Ohio Public Health Data Warehouse, Ohio Resident Live Births, Resident Live Births by County of Residence, updated 4/23/2019)*

# Quality of life

- 29% overall life limited due to physical, mental or emotional problem (21% Ohio)
- 52% limited by same conditions when income <\$25,000
- 30% of African American sad/angry/frustrated by treatment due to race (9% overall)



# Social Determinants of Health



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

# Poverty

Category	Mahoning County	Ohio
Population in poverty in 2018	<b>18.1%</b>	15.4%
<125% FPL	23.0%	19.9%
<150% FPL	28.2%	24.3%
<200% FPL	38.5%	33.3%
Population in poverty in 2001	<b>12.7%</b>	10.3%

# Unemployment (April 2019)

Mahoning County	Ohio
<b>4.9</b>	3.3

(Source: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information, 2019)

# County Demographics

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**27.3%**



# Reported Assistance Needed

Employment – 4%

Transportation - 4%

Housing/Rent/mortgage

No housing – 2%

Average rent \$658/mo.

26% spend 30-50% of income on housing

16% spend >50% of income on housing

Food /clothing/Shelter - 12%

Pay bills or buy food - 13%

Running out of food – 11%

Food assistance cut - 6%

Went hungry - 9%

Dental Care – 9%

Mental Illness – 7%

Medicare -13%

Healthcare - 11%

Affordable childcare - 2%

Utilities - 5%

Home repair – 3%

Legal aid – 1%

Prescription assistance - 7%

Medical equipment – 5%



# Put in perspective...

- 22,090 adults needed help with food clothing, shelter, utilities
- 7,363 needed help with employment
- 7,363 needed transportation help
- 29,453 spent more than half of their monthly income on housing
- 16,567 needed help with dental care
- 12,885 needed help with had mental health issues
- 23,931 needed help with Medicare
- 20,249 needed help navigating the health care system
- 12,885 needed prescription assistance
- 3,681 could not access affordable child care

**And these are just the numbers reported in the survey**

# Focus Group Results

November 2018 and June 2019

- 2018- 4 Focus Groups:
  - YSU students; East Side, Campbell and Struthers residents; Hispanic/Latino residents; and rural residents
- 2019- 7 Focus Groups:
  - Resource Mothers; HUB CHWs, MYCAP; OCCHA; YSU; Full Spectrum
- Methods:
  - Participant recruitment, Moderator guide, 7 key questions, IRB approval, consent forms, 6-12 participants per group, 1-hour session. Possible limitations: selection bias, other bias

# Key Findings: YSU Young adults

- Mental Health
- Substance Abuse
- Access to healthy foods
- Affordability of community resources

# Key Findings: Eastside/Campbell residents

- Residents must work together
- Access to healthy foods
- Access to community resources
- Drug epidemic
- Quality of healthcare
- Need a safer community for youth



# Key Findings

## Hispanic and Latino residents

- Maternal and infant health
- Transportation
- Only one hospital limits reproductive health care options
- Food access
- Fear for personal safety - violence
- Community unsafe for youth
- Drugs



# Key Findings

## Rural residents

- Reduce tobacco use
- Need more healthy eating options
- Drugs not an issue in the rural community
- Stressful lives just like urban residents
- Health care access difficult due to distance and transportation barriers
- Unaffordable resources
- Need support for aging population



# Key Findings:

## Resource Mothers Focus Group

- Mental health stigma
- Cannot afford insurance, meds or doctor visit despite having a job
- Community unaware of available services
- Need more programs for men
- Catholic hospital does not offer services/ counseling/surgery for birth control





# Key Findings: MYCAP Focus Group

- Increase community awareness of Mental Health and available resources
- Ask people what they need and stop creating programs that AGENCIES think they need
- One hospital insufficient to meet needs of community
- Social Determinants of Health are a problem in the city of Youngstown
- School systems must take action to help kids be healthy
- LESS CONVERSATIONS AND MORE ACTION



# Key Findings: CHW Focus Group

## Concerns:

- Need more than one hospital system to give people options
- People not getting annual check-ups, don't follow-up
- Pregnant women don't have access to quality care
- Providers not accepting new Medicaid patients
- Providers have no empathy for the clients they serve
- No grocery stores in the city limits

## Suggestions:

- Fix the systemic issues in Medicaid
- Improve access to pop-up Markets
- Improve transportation
- Make CUSTOMER CARE the TOP PRIORITY at every level
  - from receptionist to provider
- Mobile medical clinics to see people where they are/live



# Key Findings: YSU

- Aware of community services and programs
- Interested in outdoor activities and physical activity
- Community leaders and partners must find ways to work together and collaborate
  - Share resources and focus on areas of greatest need
  - Hopeful for new leadership and new ideas to help move things forward

# Key Findings: Full Spectrum Focus Group

- The LGBTQ+ community expressed significant distrust of healthcare providers and religious institutions due to poor service and judgement
  - Food pantries located in religious institutions that do not welcome the LGBTQ+ community
  - Provider bias influencing health care delivery
- Educate practitioners/social service providers about LGBTQ+ community's healthcare and health related needs



## Key Findings:

# OCCHA Spanish Speaking Focus Group

- Racism and Language barrier - main concerns
  - people afraid to speak up, ashamed of not knowing the language, unaware of interpreter services
- Low income families delay care due to fear of cost
- Suggestions:
  - More bilingual staff
  - Teach English classes
  - Provide a community medical center where they speak Spanish and English to help families learn about services.
  - Provide services for the elderly

# Key Findings: OCCHA English Speaking Focus Group

- Fitness and nutrition important to health
- More programs, providers and information in Spanish
- Not enough health care providers = long wait and treated differently due to ethnicity and race
- Childcare and evening hours for programs and services
- Treat everyone the same, no matter who they are or where they come from
- Help Hispanic people learn to use the computer in order to access information online.



# Focus Group Themes

- Community support is a strength
- Healthcare/ service provider provider bias is being experienced in the community
- Income, social isolation, public transportation, unemployment, unsafe neighborhoods and educational challenges were weaknesses
- Agencies need to better inform public of available services and programs
- Greatest problems: mental health, depression and substance use, maternal and infant health, smoking and obesity
- Greatest barriers : Transportation, access and utilization of healthy foods and affordability of community resources, “people are living in survival mode”



# Next steps

We want to hear from you

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

