

# 2018-2019



## Trumbull County **Community Health Assessment**

*Examining the health of Trumbull County*

**Released on June 6, 2019**

# Foreword

Dear Trumbull County Resident,

Thank you for your interest in the 2018-2019 Trumbull County Community Health Needs Assessment (CHNA). This report provides a comprehensive look at the current health status of Trumbull County adults, and is the first step in the ongoing work of the combined partnership of Trumbull and Mahoning counties, to bridge individual health care services with population health needs aimed at providing and maintaining quality health and human services for all Trumbull and Mahoning county residents.

The data collected from surveys of Trumbull County adults is reported along with health information obtained from reputable national, state and local services, such as the Centers for Disease Control and Prevention and the Ohio Department of Health, as well as three diverse focus groups in Trumbull County. The unique design of this CHNA will allow us to examine the diverse aspects of Trumbull County's health status in its urban, suburban and rural communities throughout Trumbull County, including a particular examination of the health status for the residents of the city of Warren. This data will guide the Trumbull County health system partnership in its efforts to develop innovative strategies for effectively addressing high priority needs to improve the health status of Trumbull County residents.

This report would not exist without the financial support and collaborative assistance of our combined community organizations from both Trumbull and Mahoning counties, including Mercy Health, Mercy Health Foundation Mahoning Valley, Trumbull County Combined Health District, Mahoning County Public Health, Healthy Community Partnership-Mahoning Valley, Trumbull County Mental Health & Recovery Board, Mahoning County Mental Health & Recovery Board, Warren City Health District and the Youngstown City Health District; as well as their talented staff representatives who took the time to carefully plan and carry out the assessments in both counties. We would also like to thank the Hospital Council of Northwest Ohio for guiding the community health assessment process, and Akron Children's Hospital for their participation.

We sincerely hope that this assessment will be the catalyst to stimulate new collaborations among the public and private sector to identify emerging issues with respect to health concerns, as well as to measure the impact of our combined efforts and guide the most effective use of our resources to maximize our health outcomes.

Sincerely,

Frank Migliozi, MPH, REHS/RS  
Health Commissioner  
Trumbull County Combined Health District

Subhash Khaterpaul, M.D.  
Health Commissioner/Medical Director  
Warren City Health District

Robert R. Pinti  
Deputy Health Commissioner  
Warren City Health District

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## This report has been commissioned by:

- Abby Webb, Americorp Vista, Common Wealth, Inc.
- April J. Caraway, Executive Director, Trumbull County Mental Health & Recovery Board
- Bobbe Reynolds, Northeast Homeowners Association
- Brenda Heidinger, Associate Director, Mahoning County Mental Health & Recovery Board
- Chris Tennant, Executive Director and Co-Founder, Thrive Mahoning Valley
- Crystal Jones, Executive Director, Grants and Contracts, Mercy Health Foundation
- Dr. Daniel Palmer, Assistant Dean, Academic Affairs, Kent State University Trumbull
- Deanna Ford, Director of Mission and Values, Mercy Health Youngstown
- Dr. Nicolette Powe, Assistant Professor, Department of Health Professions, Youngstown State University
- Duane J. Piccirilli, Executive Director, Mahoning County Mental Health & Recovery Board
- Ellen Ford, Manager of Community Health Education, Mercy Health Youngstown
- Erin Bishop, Health Commissioner, Youngstown City Health District
- Frank J. Migliozi, Health Commissioner, Trumbull County Combined Health District
- Heather Wuensch, Director, Community Benefit, Advocacy & Outreach, Akron Children's Hospital
- Jenna Amerine, Health Educator, Creating Healthy Communities Program Director, Trumbull County Combined Health District
- John Myers, Director of Planning and Evaluation, Trumbull County Mental Health & Recovery Board
- John Woods, President, Insurance Navigators Agency
- Lauren Trohman, Community Benefit & CHNA Coordinator, Akron Children's Hospital
- Lisa Ramsey, Deputy Director, Trumbull Neighborhood Partnership
- Natalie Markusic, Accreditation Coordinator, Trumbull County Combined Health District
- Patricia M. Sweeney, Health Commissioner, Mahoning County Public Health
- Paul S. Homick, President, Mercy Health Foundation Mahoning Valley and Interim VP, Mission Integration, Mercy Health Youngstown
- Robert R. Pinti, Deputy Health Commissioner, Warren City Health District
- Sarah J. Lowry, Director, Healthy Community Partnership-Mahoning Valley
- Shari Harrell, President, Community Foundation of the Mahoning Valley
- Sharon Hrina, VP of Mahoning Valley Enterprises, Akron Children's Hospital

## Contact Information

**Frank J. Migliozi, MPH, REHS/RS**  
Health Commissioner  
Trumbull County Combined Health District  
176 Chestnut Ave. NE  
Warren, OH 44483  
330-675-7805

**Robert R. Pinti**  
Deputy Health Commissioner  
Warren City Health District  
258 East Market Street  
Warren, Ohio 44481  
330-841-2592

## 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.

**Britney L. Ward, MPH**

Director of Community Health Improvement

**Layla Abraham, MPH**

Community Health Improvement Coordinator

**Emily A. Golias, MPH, CHES**

Community Health Improvement Coordinator

**Carolynn McCartney**

Graduate Assistant

**Mallory Ohneck, MPH, CHES**

Doctoral Graduate Assistant

**Emily Soles**

Graduate Assistant

**Margaret Wielinski, MPH**

Assistant Director of Community Health Improvement

**Tessa Elliott, MPH, CHES**

Community Health Improvement Coordinator

**Emily Stearns, MPH, CHES**

Community Health Improvement Coordinator

**Alyssa Miller**

Graduate Assistant

**Erin Rauschenberg**

Graduate Assistant

## Data Collection & Analysis

**Joseph A. Dake, Ph.D., MPH**

Professor and Chair  
School of Population Health  
University of Toledo

**Aaron J Diehr, PhD, CHES**

Consultant

**Samantha Schroeder, MPA**

Consultant

**To see Trumbull 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/](http://www.hcno.org/community-services/data-link/)

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

Trumbull County Combined Health District

[www.tcchd.org](http://www.tcchd.org)

Warren City Health District

[www.warren.org/city\\_departments/health/current\\_health\\_issues](http://www.warren.org/city_departments/health/current_health_issues)

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# Executive Summary

This executive summary provides an overview of health-related data for Mahoning County adults (ages 19 and older) who participated in a county-wide health assessment survey from September 2018 through January 2019. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS). The Hospital Council of Northwest Ohio (HCNO) collected the data, guided the health assessment process, and integrated sources of primary and secondary data into the final report.

## Primary Data Collection Methods

### DESIGN

This community health assessment was cross-sectional in nature and included a written survey of adults within Trumbull 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 Trumbull County. There were 160,903 persons ages 19 and older living in Trumbull 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 Trumbull 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 Trumbull 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 Trumbull County response rate was 22% (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.

## **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 Trumbull 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 Trumbull 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 Trumbull County, those responding to the survey were more likely to be older. For example, only 18 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 18 individuals are substantively different from the majority of Trumbull 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 Trumbull County Health Assessment (CHA). All other data is cited accordingly.



## Mobilizing for Action through Planning & Partnerships (MAPP) Process Overview

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 health of our community, including health issues and disparities, contributing factors that impact health outcomes, and community assets and resources that can be mobilized to improve population health.

This 2018-2019 CHA was developed using the Mobilizing Action through Partnerships and Planning (MAPP) process, which is a nationally adopted framework developed by the National Association of County and City Health Officials (NACCHO) (see Figure 1.1). MAPP is a community-driven planning process for improving community health and is flexible in its implementation, meaning that the process does not need to be completed in a specific order. This process was facilitated by HCNO in collaboration with a broad range of local agencies representing a variety of sectors of the community. This process involved the following six phases:

### 1. Organizing for success and partnership development

During this first phase, community partners examined the structure of its planning process to build commitment and engage partners in the development of a plan that could be realistically implemented. With a steering committee already in place, members examined current membership to determine whether additional stakeholders and/or partners should be engaged, its meeting schedule (which occurs on a quarterly basis and more frequently as needed), and responsibilities of partnering organizations for driving change. The steering committee ensured that the process involved local public health, health care, faith-based communities, schools, local leadership, businesses, organizations serving minority populations, and other stakeholders in the community health improvement process.

### 2. Visioning

Next, steering committee members re-examined its vision and mission. Vision and values statements provide focus, purpose, and direction to the CHA/CHIP so that participants collectively achieve a shared vision for the future. A shared community vision provides an overarching goal for the community—a statement of what the ideal future looks like. Values are the fundamental principles and beliefs that guide a community-driven planning process.

### 3. The four assessments

While each assessment yields valuable information, the value of the four MAPP assessments is multiplied considering results as a whole. The four assessments include: The Community Health Status Assessment (CHSA), the Local Public Health System Assessment (LPHSA), the Forces of Change (FOC) Assessment, and the Community Themes and Strengths Assessment (CTSA).

### 4. Identifying strategic issues

The process to formulate strategic issues occurs during the prioritization process of the CHA/CHIP. The committee considers the results of the assessments, including data collected from community members (primary data) and existing statistics (secondary data) to identify key health issues. Upon identifying the key health issues, an objective ranking process is used to prioritize health needs for the CHIP.

In order to identify strategic issues, the steering community considers findings from the visioning process and the MAPP assessments in order to understand why certain issues remain constant across the assessments. The steering committee uses a strategic approach to prioritize issues that would have the greatest overall impact to drive population health improvement and would be feasible, given the resources available in the community and/or needed, to accomplish. The steering committee also arranged issues that were related to one another, for example, chronic disease related conditions, which could be addressed through increased or improved coordination of preventative services. Finally, the steering committee members considered the urgency of issues and the consequences of not addressing certain items.

Figure 1.1 The MAPP Framework



## 5. Formulate goals and strategies


Following the prioritization process, a gap analysis is completed in which committee members identify gaps within each priority area, identify existing resources and assets, and potential strategies to address the priority health needs. Following this analysis, the committee to formulate various goals, objectives, and strategies to meet the prioritized health needs.

## 6. Action cycle

The steering committee begins implementation of strategies as part of the next community health improvement cycle. Both progress data to track actions taken as part of the CHIP's implementation and health outcome data (key population health statistics from the CHA) are continually tracked through ongoing meetings. As the end of the CHIP cycle, partners review progress to select new and/or updated strategic priorities based on progress and the latest health statistics.

## 2016 Ohio State Health Assessment (SHA)

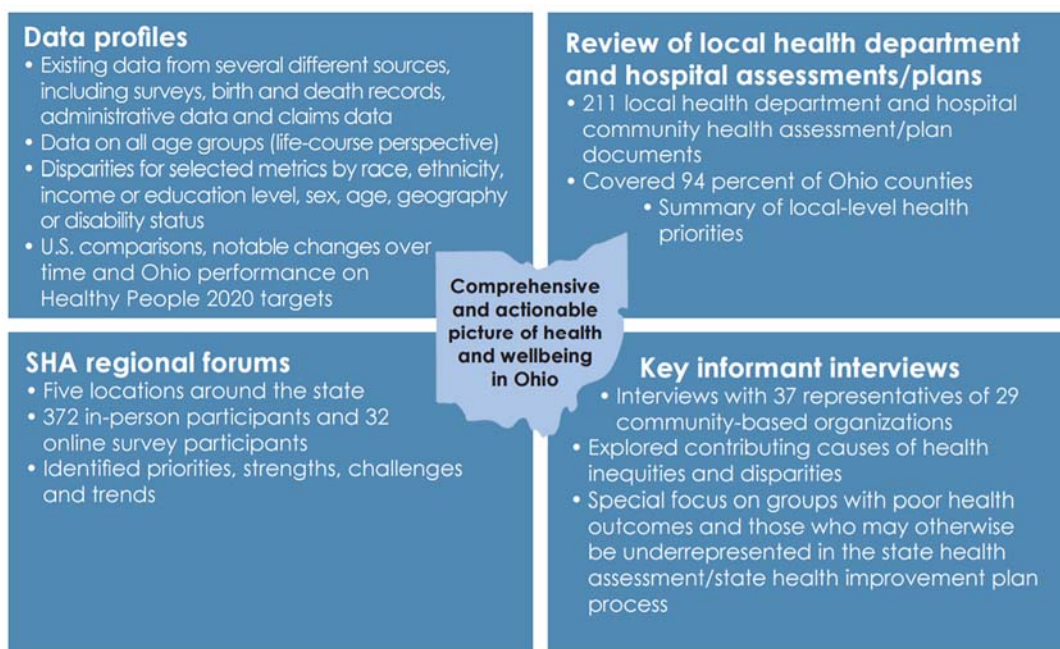
The 2016 Ohio state health assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, a review of local health department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

Similar to the 2016 Ohio SHA, the 2018-2019 Trumbull 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 challenges, 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](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**

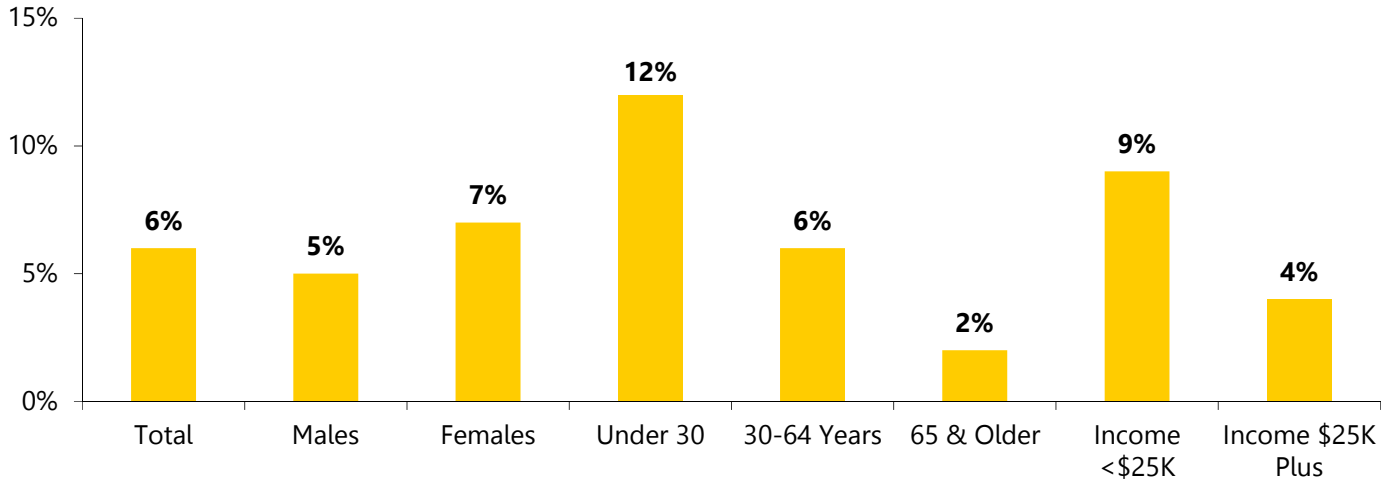


## Data Summary | Healthcare Access

### HEALTHCARE COVERAGE

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

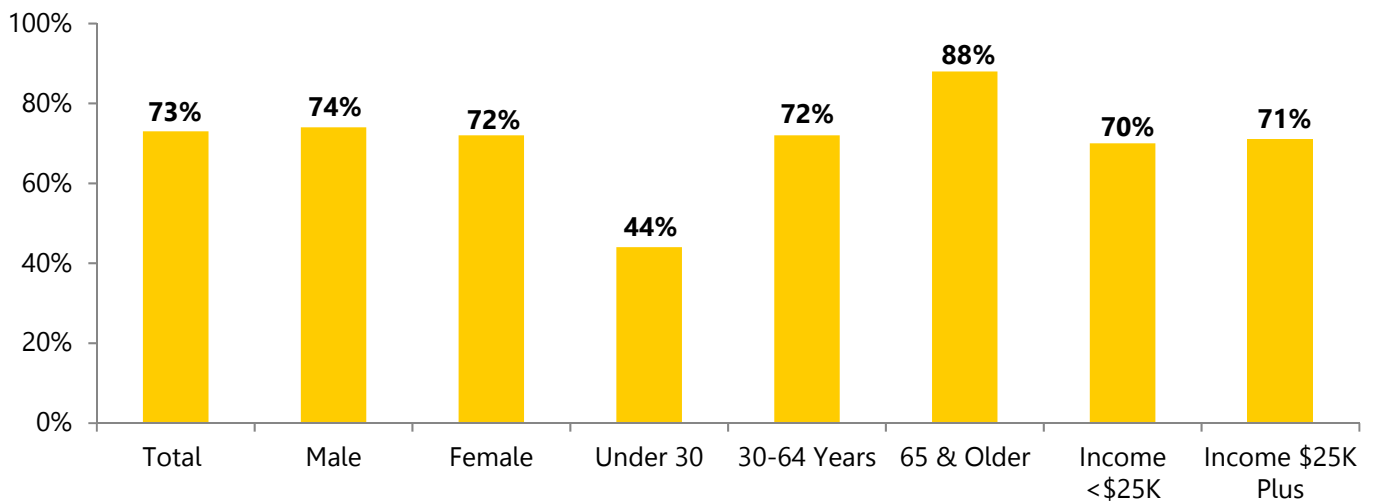
#### Uninsured Trumbull County Adults



### ACCESS AND UTILIZATION

Nearly three-quarters (73%) of Trumbull County adults visited a doctor for a routine checkup in the past year. More than one-third (39%) of adults looked for a program for depression, anxiety, or other mental health problem.

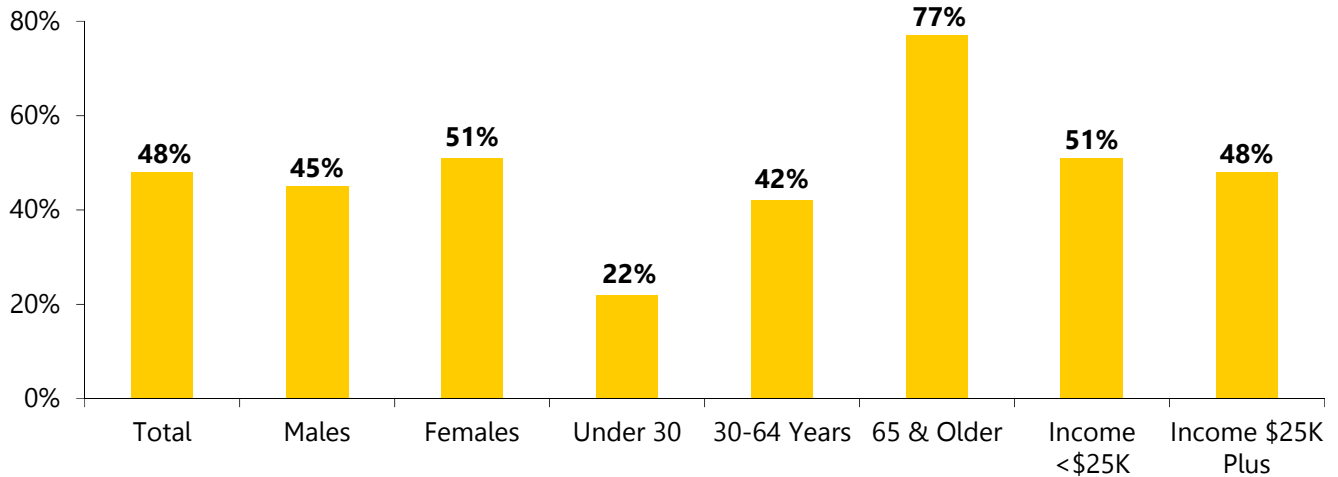
#### Trumbull County Adults who had a Routine Check-up in the Past Year



## PREVENTIVE MEDICINE

Nearly half (48%) of Trumbull County adults had a flu vaccine during the past 12 months. More than two-thirds (68%) of adults ages 65 and older had a pneumonia vaccination at some time in their life.

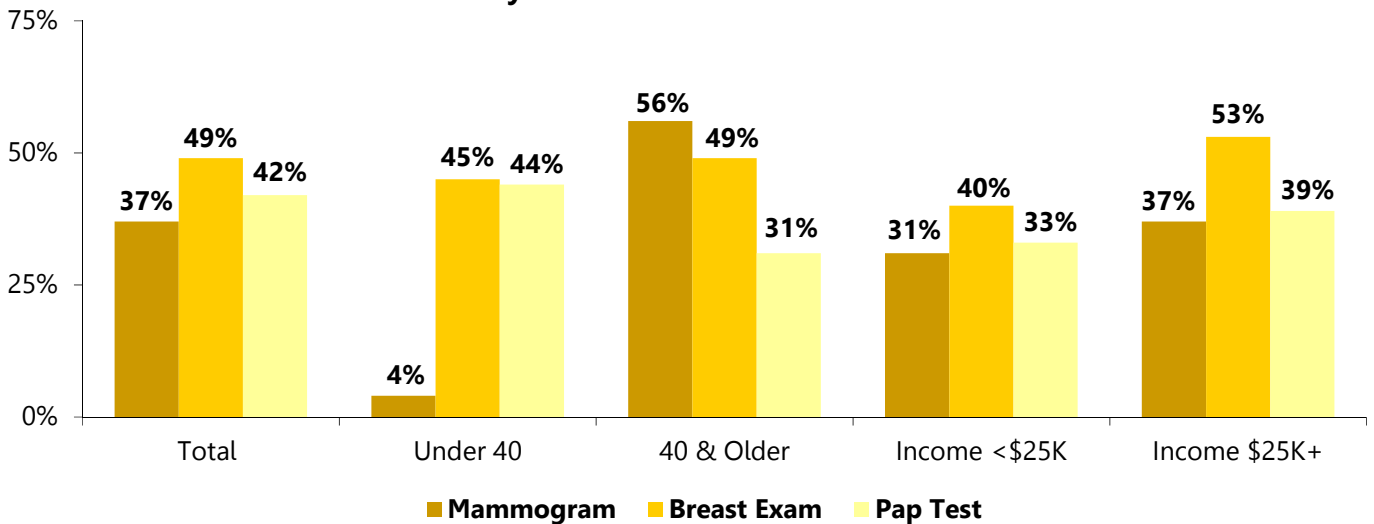
**Trumbull County Adults who Received a Flu Shot Within the Past Year**



## WOMEN'S HEALTH

More than half (56%) women ages 40 and older had a mammogram in the past year. Nearly two-thirds (65%) of women had a Pap smear in the past three years. Forty-three percent (43%) of women were obese, 37% had high blood cholesterol, 33% had high blood pressure, and 19% were identified as smokers, all known risk factors for cardiovascular diseases.

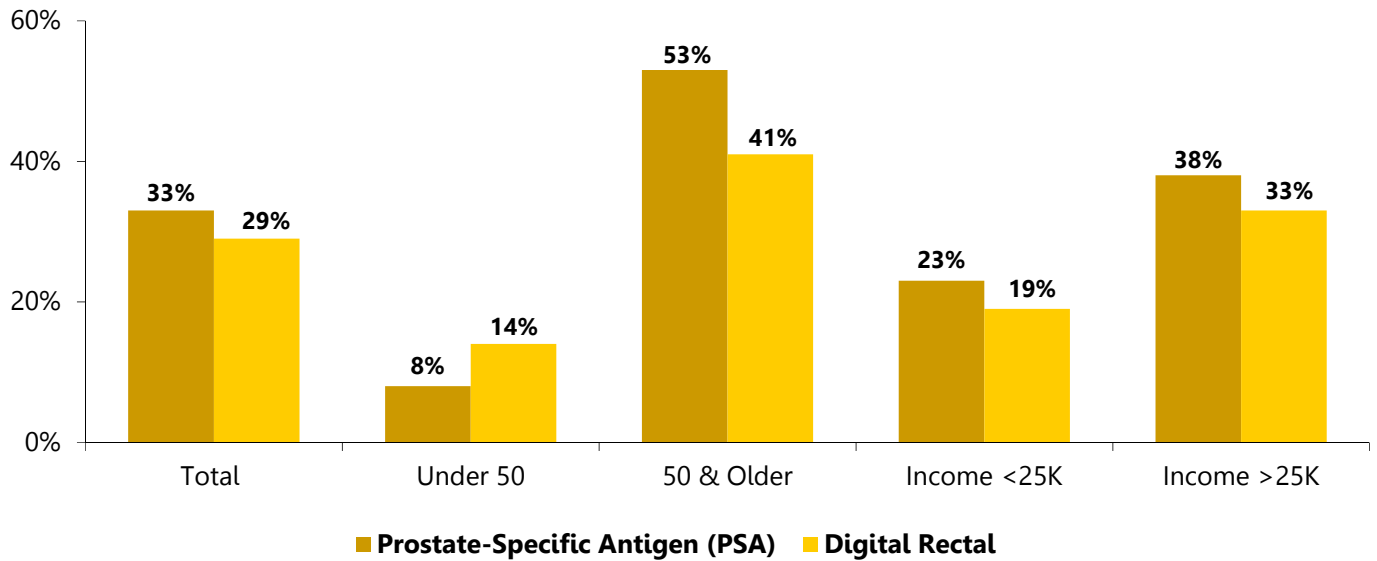
**Trumbull County Women's Health Exams Within the Past Year**



## MEN'S HEALTH

More than half (53%) of Trumbull County males 50 and older had a Prostate-Specific Antigen (PSA) test in the past year. More than two-fifths (44%) of men had high blood cholesterol, 43% had been diagnosed with high blood pressure, and 15% were identified as smokers, which, along with obesity (37%), are known risk factors for cardiovascular diseases.

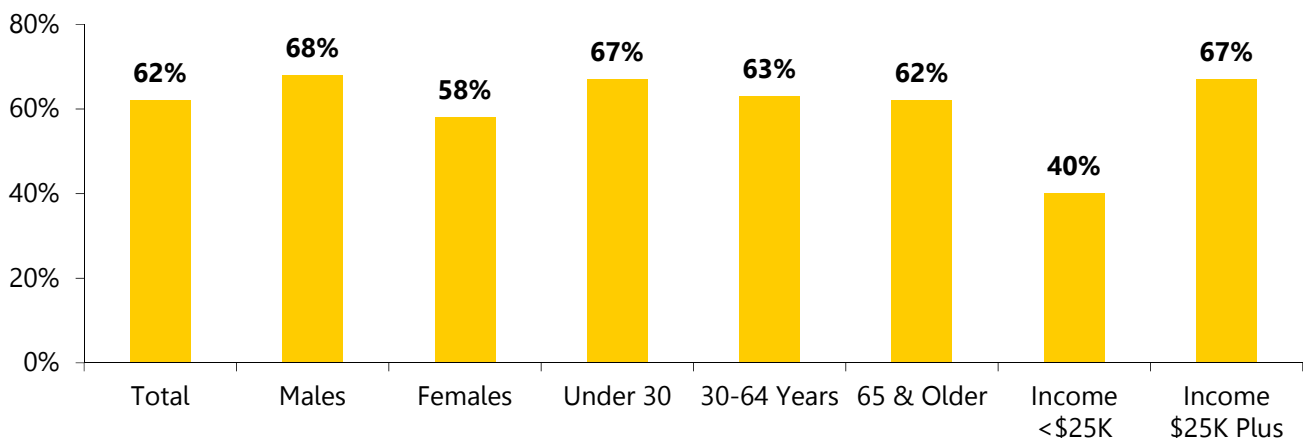
### Trumbull County Men's Health Exams Within the Past Year



## ORAL HEALTH

More than three-fifths (62%) of Trumbull County adults visited a dentist or dental clinic in the past year. More than one-third (38%) of adults did not see a dentist in the past year due to cost.

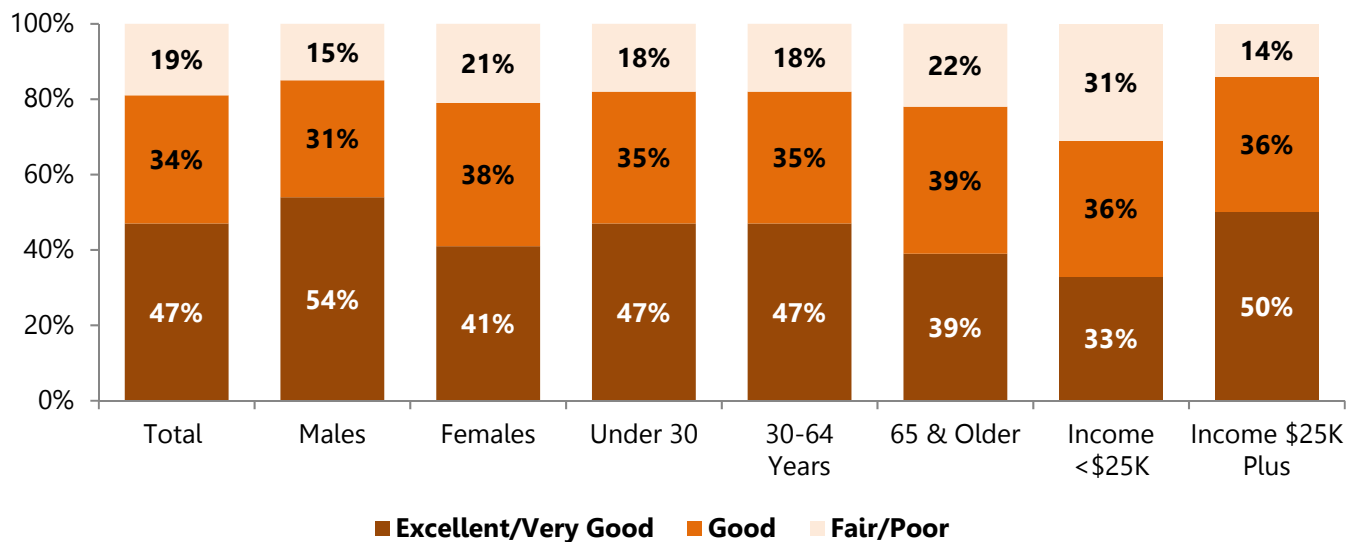
### Trumbull County Adults Visiting a Dentist in the Past Year



### HEALTH STATUS PERCEPTIONS

Almost half (47%) of the Trumbull County adults rated their health status as excellent or very good. Conversely, 19% of adults described their health as fair or poor, increasing to 31% of those with incomes less than \$25,000.

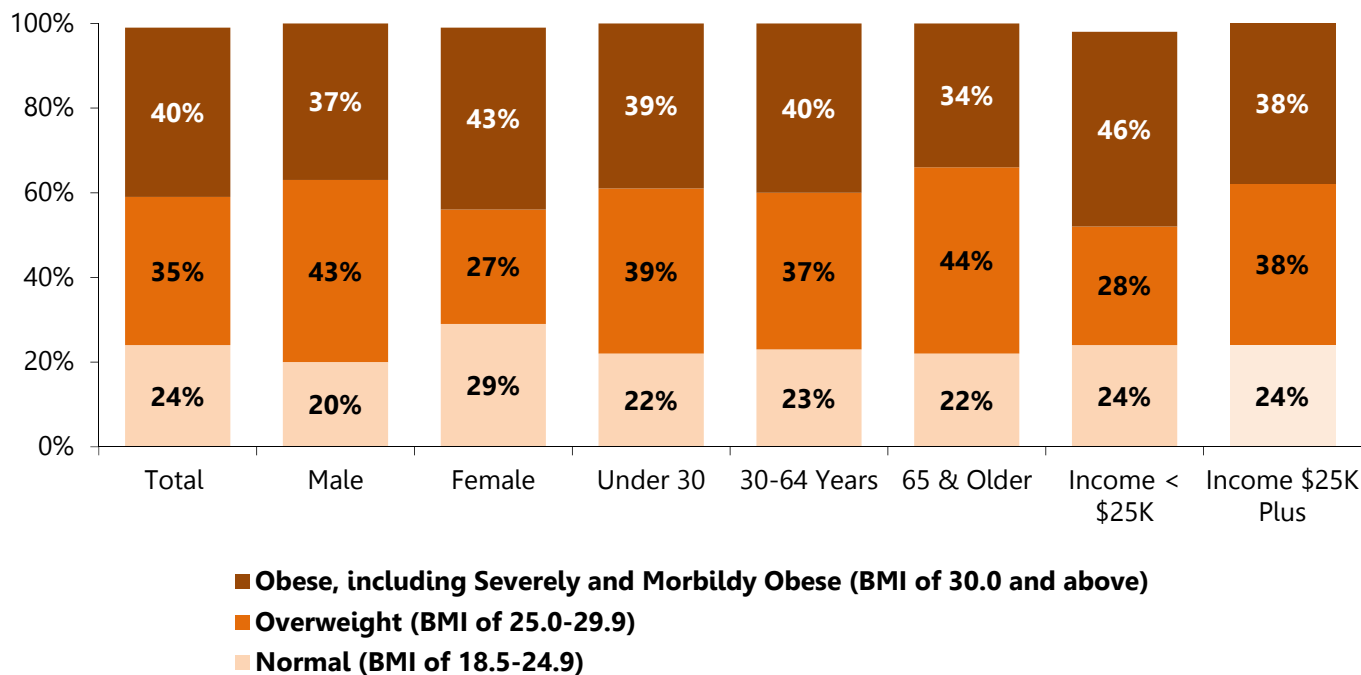
**Trumbull County Adult Health Perceptions\***



### ADULT WEIGHT STATUS

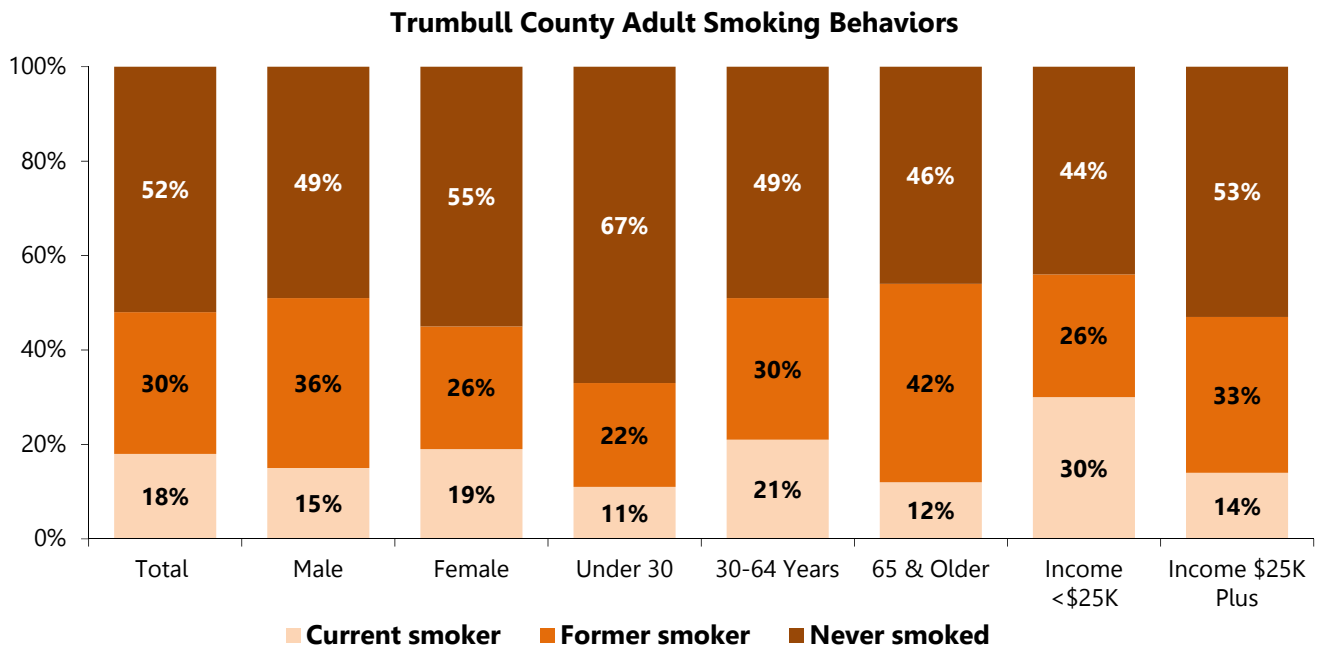
Three-quarters (75%) of Trumbull County adults were either overweight (35%), obese (21%), severely obese (10%), or morbidly obese (9%) by Body Mass Index (BMI). Half (50%) of adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week.

**Trumbull County Adult BMI Classifications\***



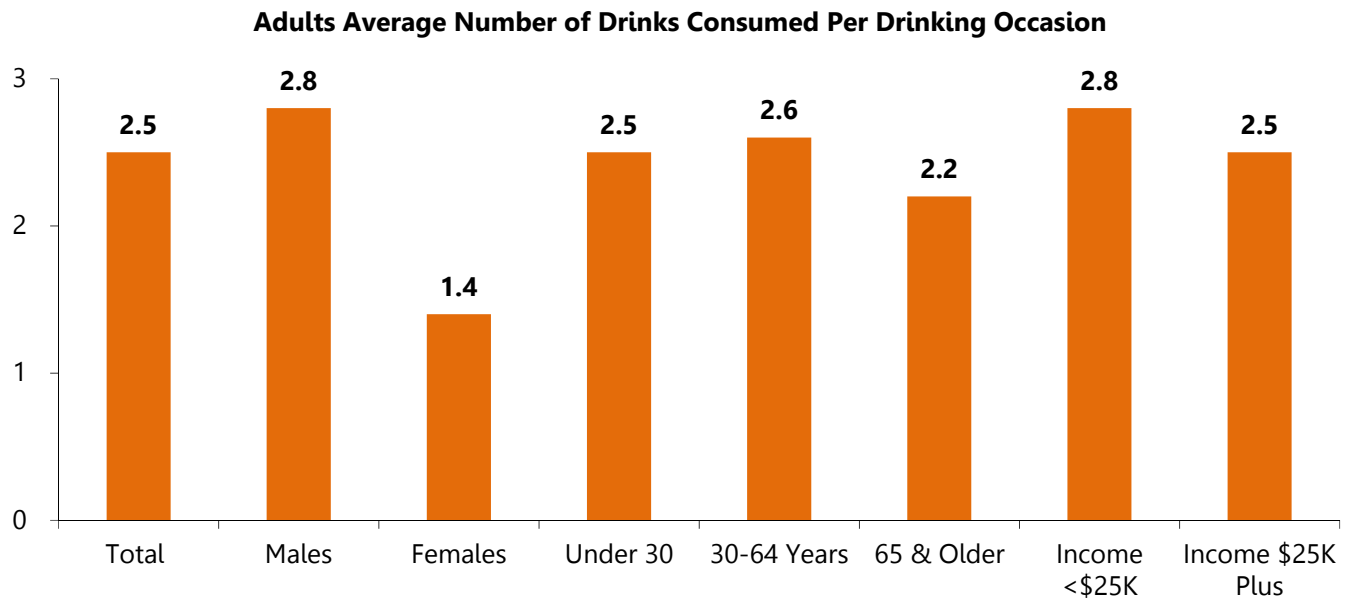
## ADULT TOBACCO USE

Almost one-fifth (18%) of Trumbull County adults were current smokers and 30% were considered former smokers.



## ADULT ALCOHOL USE

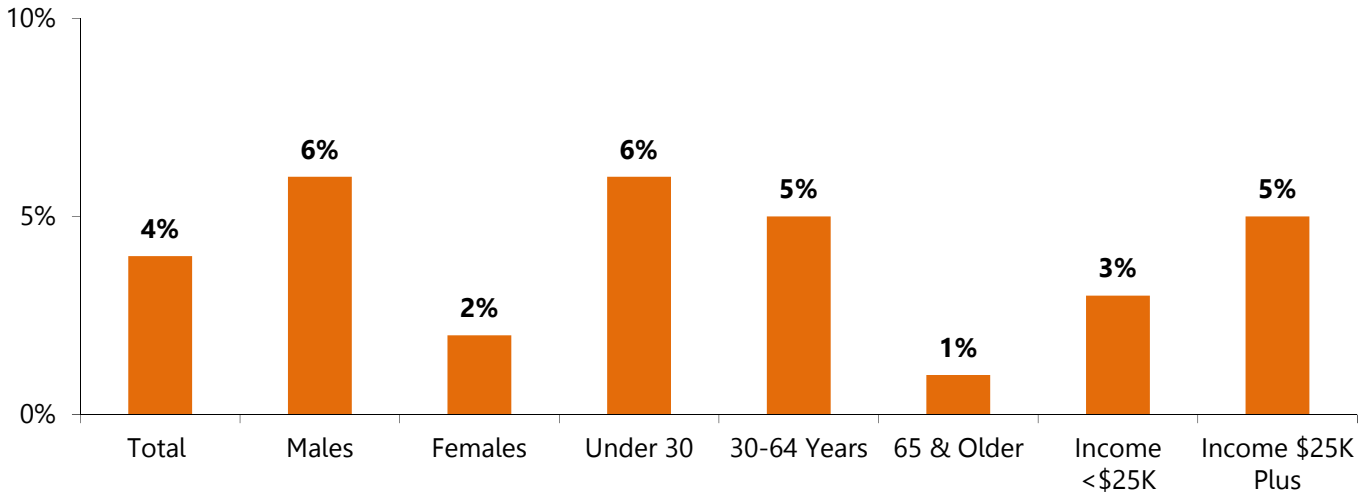
More than half (52%) of Trumbull County adults had at least one alcoholic drink in the past month. More than one-third (37%) of current drinkers were binge drinkers.



## ADULT DRUG USE

Four percent (4%) of Trumbull County adults had used recreational marijuana during the past 6 months. Nine percent (9%) of adults had used 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.

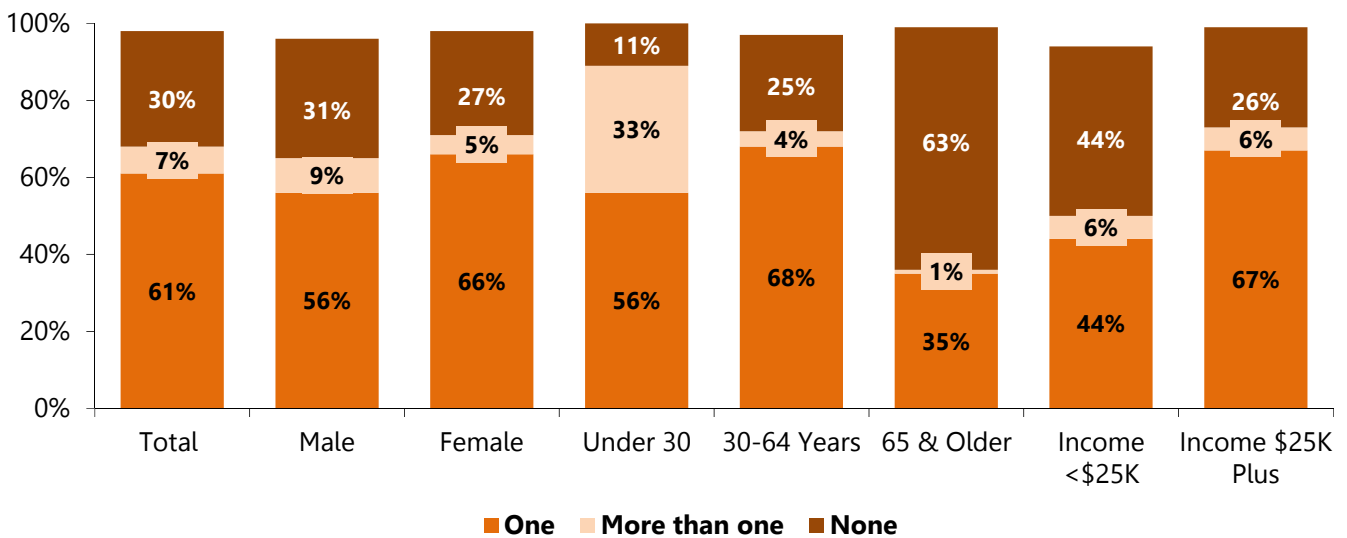
**Trumbull County Adult Recreational Marijuana Use in Past 6 Months\***



## ADULT SEXUAL BEHAVIOR

Sixty-eight percent (68%) of Trumbull County adults had sexual intercourse. Seven percent (7%) of adults had more than one partner.

**Number of Sexual Partners in the Past Year**



## ADULT MENTAL HEALTH

Sixteen percent (16%) of Trumbull 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. Five percent (5%) of Trumbull County adults considered attempting suicide.

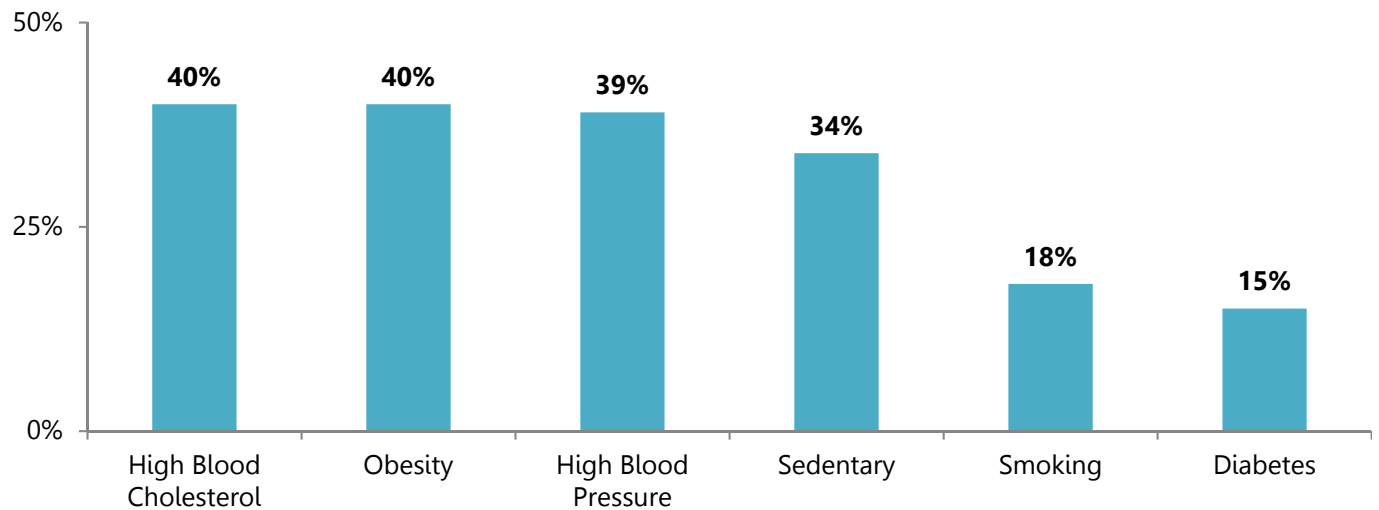


## Data Summary | Chronic Disease

### CARDIOVASCULAR HEALTH

Almost two-fifths (39%) of adults had been diagnosed with high blood pressure and 40% have been diagnosed with high blood cholesterol.

**Trumbull County Adults with CVD Risk Factors**



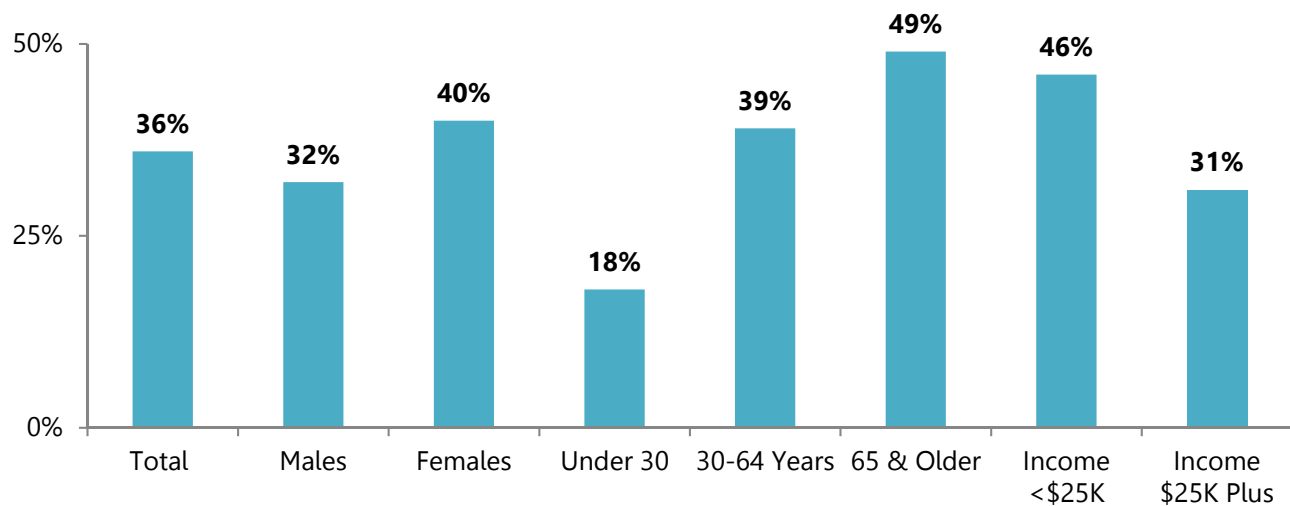
### CANCER

Fifteen percent (15%) of Trumbull County adults had been diagnosed with cancer at some time in their life.

### ARTHRITIS

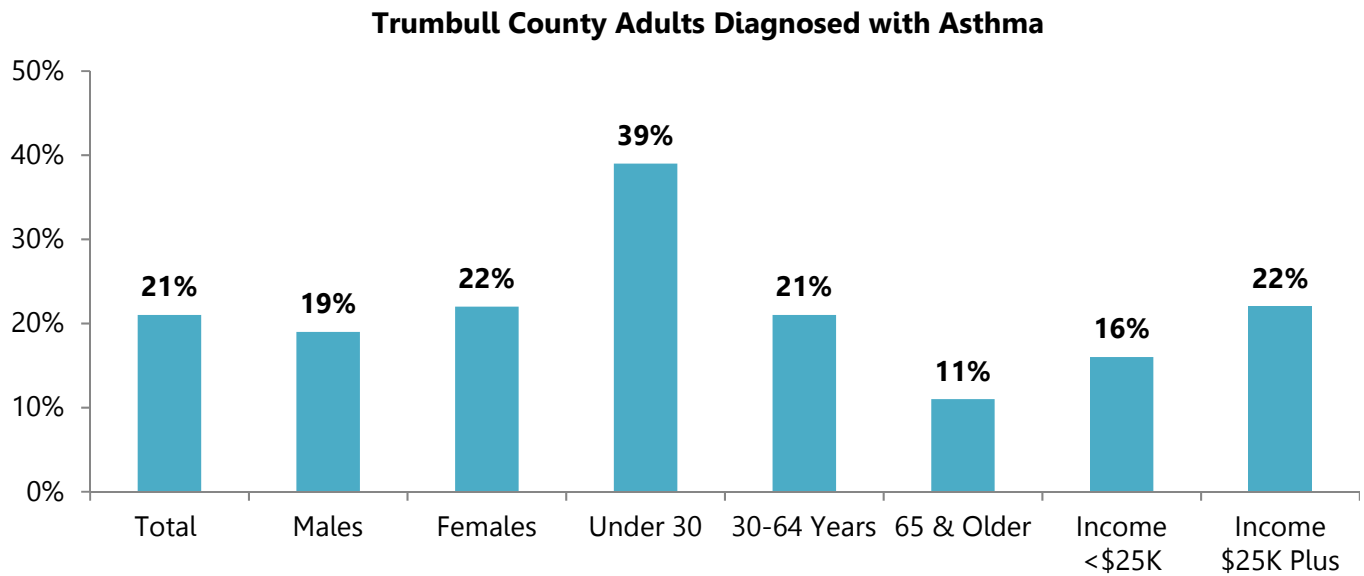
More than one-third (36%) of Trumbull County adults were diagnosed with arthritis.

**Trumbull County Adults Diagnosed with Arthritis**



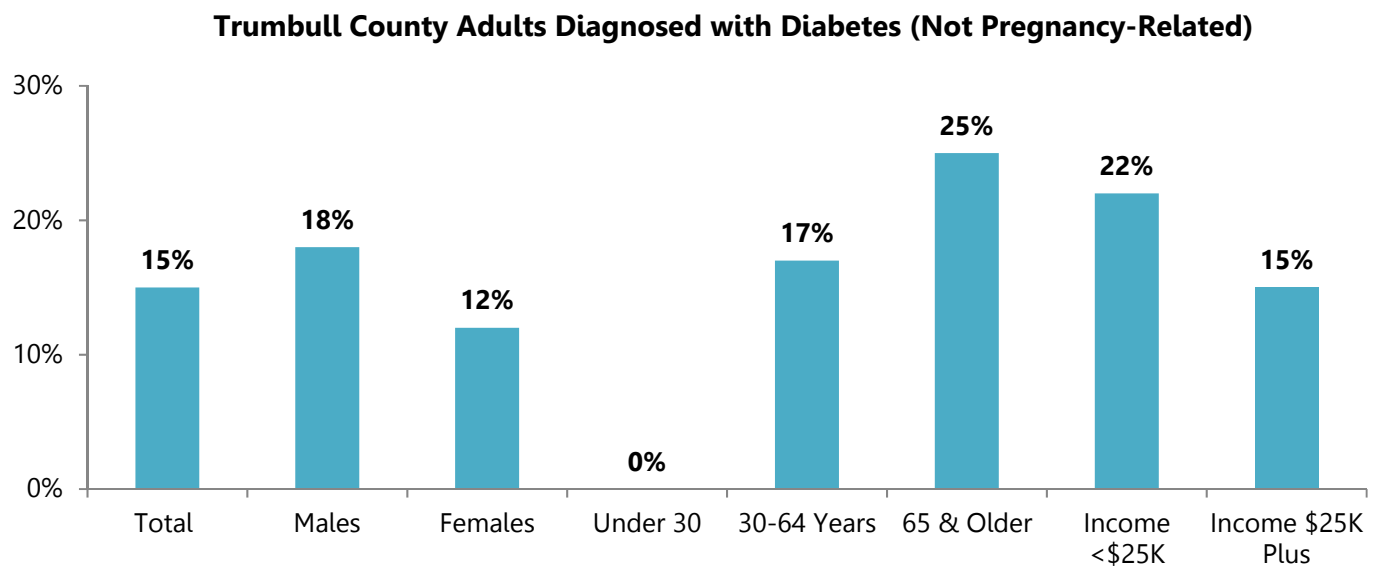
## ASTHMA

About one-fifth (21%) of Trumbull County adults had been diagnosed with asthma.



## DIABETES

Fifteen percent (15%) of Trumbull County adults had been diagnosed with diabetes.



## QUALITY OF LIFE

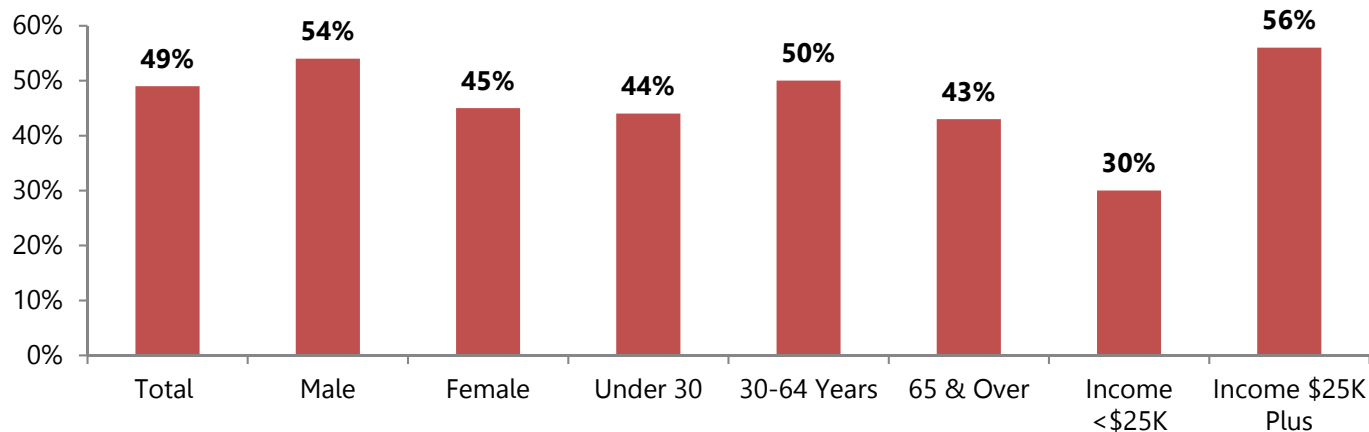
In 2018, 28% of Trumbull County adults were limited in some way because of a physical, mental or emotional problem.

## Data Summary | Social Conditions

### SOCIAL DETERMINANTS OF HEALTH

One in nine (11%) Trumbull County adults had to choose between paying bills and buying food. Fifteen percent (15%) of adults experienced four or more Adverse Childhood Experiences (ACEs). Nearly half (49%) of Trumbull County adults kept a firearm in or around their home.

**Trumbull County Adults With a Firearm in the Home**










### ENVIRONMENTAL HEALTH

Trumbull County adults indicated that insects (11%), mold (9%), and moisture issues (7%) threatened their health in the past year.


### INFANT HEALTH

Trumbull County's infant mortality rate was 8.1 deaths per 1,000 live births, which was higher than Ohio, the U.S. and Healthy People 2020's infant mortality rates. From 2013 to 2017, the infant mortality rate for Trumbull County African Americans was 18.1, compared to 6.1 for Caucasians.

# Trumbull County Adult Trend Summary


Adult Variables	Warren City 2018-2019	Trumbull County 2018-2019	Ohio 2017	U.S. 2017
<b>Health Status</b>				
<b>Rated general health as good, very good, or excellent</b>	78%	81%	81%	83%
<b>Rated general health as excellent or very good</b>	49%	47%	49%	51%
<b>Rated general health as fair or poor</b> 	22%	19%	19%	18%
<b>Rated mental health as not good on four or more days</b> (in the past 30 days)	34%	29%	24%*	23%*
<b>Rated physical health as not good on four or more days</b> (in the past 30 days)	26%	21%	22%*	22%*
<b>Average number of days that physical health was not good</b> (in the past 30 days) 	5.8	4.6	4.0**	3.7**
<b>Average number of days that mental health was not good</b> (in the past 30 days) 	6.0	5.0	4.3**	3.8**
<b>Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation</b> (on at least one day during the past 30 days)	35%	28%	22%*	22%*
<b>Healthcare Coverage, Access, and Utilization</b>				
<b>Uninsured</b>	7%	6%	9%	11%
<b>Had one or more persons they thought of as their personal healthcare provider</b>	91%	90%	81%	77%
<b>Visited a doctor for a routine checkup</b> (in the past 12 months) 	67%	73%	72%	70%
<b>Visited a doctor for a routine checkup</b> (5 or more years ago)	4%	4%	7%	8%
<b>Chronic Disease</b>				
<b>Ever been told by a doctor they have diabetes</b> (not pregnancy-related) 	18%	15%	11%	11%
<b>Ever diagnosed with arthritis</b>	35%	36%	29%	25%
<b>Had ever been told they have asthma</b> 	21%	21%	14%	14%
<b>Ever diagnosed with Chronic Obstructive Pulmonary Disease (COPD), emphysema or chronic bronchitis</b>	17%	12%	8%	6%
<b>Ever been told they had skin cancer</b>	2%	4%	6%	6%
<b>Ever been told they had other types of cancer</b> (other than skin cancer)	9%	11%	7%	7%
<b>Cardiovascular Health</b>				
<b>Ever diagnosed with angina or coronary heart disease</b>	4%	6%	5%	4%
<b>Ever diagnosed with a heart attack, or myocardial infarction</b>	5%	6%	6%	4%
<b>Ever diagnosed with a stroke</b>	6%	5%	4%	3%
<b>Had been told they had high blood pressure</b> 	41%	39%	35%	32%
<b>Had been told their blood cholesterol was high</b>	38%	40%	33%	33%
<b>Had their blood cholesterol checked within the last five years</b>	78%	80%	85%	86%
<b>Weight Status</b>				
<b>Overweight</b> (BMI of 25.0 – 29.9)	27%	35%	34%	35%
<b>Obese</b> (includes severely and morbidly obese, BMI of 30.0 and above) 	46%	40%	34%	32%
<b>Alcohol Consumption</b>				
<b>Current drinker</b> (had at least one drink of alcohol within the past 30 days)	53%	52%	54%	55%
<b>Binge drinker</b> (males having five or more drinks on one occasion, females having four or more drinks on one occasion) 	19%	18%	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	Warren City 2018-2019	Trumbull County 2018-2019	Ohio 2017	U.S. 2017
<b>Tobacco Use</b>				
<b>Current smoker</b> (smoked on some or all days) 	20%	18%	21%	17%
<b>Former smoker</b> (smoked 100 cigarettes in lifetime and now do not smoke)	32%	30%	24%	25%
<b>Drug Use</b>				
<b>Adults who used marijuana in the past 6 months</b>	4%	4%	N/A	N/A
<b>Adults who misused prescription drugs in the past 6 months</b>	8%	9%	N/A	N/A
<b>Preventive Medicine</b>				
<b>Ever had a pneumonia vaccination</b> (ages 65 and older)	N/A	68%	76%	75%
<b>Had a flu shot within the past year</b> (ages 65 and older)	N/A	77%	63%	60%
<b>Had a clinical breast exam in the past two years</b> (age 40 and older)	N/A	59%	N/A	N/A
<b>Had a mammogram within the past two years</b> (ages 40 and older)	N/A	72%	74%*	72%*
<b>Had a pap test in the past three years</b> (ages 21-65)	N/A	65%	82%*	80%*
<b>Had a PSA test within the past two years</b> (ages 40 and older)	N/A	56%	39%*	40%*
<b>Had a digital rectal exam within the past year</b>	35%	29%	N/A	N/A
<b>Quality of Life</b>				
<b>Limited in some way because of physical, mental or emotional problem</b>	34%	28%	21%**	21%**
<b>Mental Health</b>				
<b>Felt sad or hopeless for two or more weeks in a row in the past year</b>	24%	16%	N/A	N/A
<b>Seriously considered attempting suicide in the past year</b>	6%	5%	N/A	N/A
<b>Attempted suicide in the past year</b>	2%	1%	N/A	N/A
<b>Sexual Behavior</b>				
<b>Had more than one sexual partner in past year</b>	6%	7%	N/A	N/A
<b>Oral Health</b>				
<b>Visited a dentist or a dental clinic</b> (within the past year)	56%	62%	68%*	66%*
<b>Visited a dentist or a dental clinic</b> (5 or more years ago)	12%	11%	11%*	10%*
<b>Had any permanent teeth extracted</b>	45%	52%	45%*	43%*
<b>Had all their natural teeth extracted</b> (ages 65 and older)	N/A	13%	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	Trumbull County 2018-2019*	Ohio African Americans 2017	U.S. African Americans 2017
<b>Health Status</b>				
<b>Rated general health as good, very good, or excellent</b>	72%	81%	76%	78%
<b>Rated general health as excellent or very good</b>	30%	47%	40%	43%
<b>Rated general health as fair or poor</b>	28%	19%	24%	22%
<b>Rated mental health as not good on four or more days</b> (in the past 30 days)	40%	29%	26%	25%
<b>Rated physical health as not good on four or more days</b> (in the past 30 days)	37%	21%	26%	26%
<b>Average number of days that physical health was not good</b> (in the past 30 days)	7.6	4.6	N/A	N/A
<b>Average number of days that mental health was not good</b> (in the past 30 days)	6.7	5.0	N/A	N/A
<b>Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation</b> (on at least one day during the past 30 days)	37%	28%	26%	24%
<b>Healthcare Coverage, Access, and Utilization</b>				
<b>Uninsured</b>	4%	6%	11%	11%
<b>Had one or more persons they thought of as their personal healthcare provider</b>	83%	90%	78%	83%
<b>Visited a doctor for a routine checkup</b> (in the past 12 months)	80%	73%	81%	84%
<b>Chronic Disease</b>				
<b>Ever been told by a doctor they have diabetes</b> (not pregnancy-related)	16%	15%	14%	20%
<b>Ever diagnosed with arthritis</b>	43%	36%	27%	33%
<b>Had ever been told they have asthma</b>	18%	21%	18%	16%
<b>Ever diagnosed with Chronic Obstructive Pulmonary Disease (COPD), emphysema or chronic bronchitis</b>	9%	12%	8%	7%
<b>Ever been told they had skin cancer</b>	0%	4%	<1%	<1%
<b>Ever been told they had other types of cancer</b> (other than skin cancer)	0%	11%	6%	7%
<b>Cardiovascular Health</b>				
<b>Ever diagnosed with angina or coronary heart disease</b>	1%	6%	4%	5%
<b>Ever diagnosed with a heart attack, or myocardial infarction</b>	4%	6%	7%	5%
<b>Ever diagnosed with a stroke</b>	5%	5%	5%	6%
<b>Had been told they had high blood pressure</b>	58%	39%	40%	52%
<b>Had been told their blood cholesterol was high</b>	32%	40%	28%	38%
<b>Had their blood cholesterol checked within the last five years</b>	72%	80%	88%	93%
<b>Weight Status</b>				
<b>Overweight</b> (BMI of 25.0 – 29.9)	23%	35%	32%	33%
<b>Obese</b> (includes severely and morbidly obese, BMI of 30.0 and above)	47%	40%	42%	42%
<b>Alcohol Consumption</b>				
<b>Current drinker</b> (had at least one drink of alcohol within the past 30 days)	39%	52%	50%	42%
<b>Binge drinker</b> (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	21%	18%	17%	26%

N/A – Not Available

\*Trumbull County 2018-2019 does not directly compare to Mahoning and Trumbull County African Americans 2018-2019, Ohio African Americans 2017, or U.S. African Americans 2017. Please compare with caution.

Adult Variables	Mahoning and Trumbull County African Americans 2018-2019	Trumbull County 2018-2019*	Ohio African Americans 2017	U.S. African Americans 2017
<b>Tobacco Use</b>				
<b>Current smoker</b> (smoked on some or all days)	23%	18%	25%	17%
<b>Former smoker</b> (smoked 100 cigarettes in lifetime and now do not smoke)	18%	30%	19%	19%
<b>Drug Use</b>				
<b>Adults who used marijuana in the past 6 months</b>	4%	4%	N/A	N/A
<b>Adults who misused prescription drugs in the past 6 months</b>	15%	9%	N/A	N/A
<b>Preventive Medicine</b>				
<b>Had a pap test in the past three years</b> (ages 21-65)	64%	65%	83%**	84%**
<b>Had a digital rectal exam within the past year</b>	19%	29%	N/A	N/A
<b>Quality of Life</b>				
<b>Limited in some way because of physical, mental or emotional problem</b>	32%	28%	24%***	25%***
<b>Mental Health</b>				
<b>Felt sad or hopeless for two or more weeks in a row in the past year</b>	25%	16%	N/A	N/A
<b>Seriously considered attempting suicide in the past year</b>	8%	5%	N/A	N/A
<b>Attempted suicide in the past year</b>	1%	1%	N/A	N/A
<b>Sexual Behavior</b>				
<b>Had more than one sexual partner in past year</b>	12%	7%	N/A	N/A
<b>Oral Health</b>				
<b>Visited a dentist or a dental clinic</b> (within the past year)	51%	62%	63%**	60%**
<b>Visited a dentist or a dental clinic</b> (5 or more years ago)	13%	11%	12%**	13%**
<b>Had any permanent teeth extracted</b>	63%	52%	52%**	62%**
<b>Had all their natural teeth extracted</b> (ages 65 and older)	10%	13%	24%**	20%**

N/A – Not Available

\*Trumbull County 2018-2019 does not directly compare to Mahoning and Trumbull County African Americans 2018-2019, Ohio African Americans 2017, or U.S. African Americans 2017. Please compare with caution.

\*\*2016 BRFSS

\*\*\*2015 BRFSS

# Healthcare Access: Healthcare Coverage

## Key Findings

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

## Health Coverage

- Ninety-four percent (94%) of Trumbull County adults had healthcare coverage.
- In the past year, 6% of adults were uninsured, increasing to 9% of those with incomes less than \$25,000.
- Ten percent (10%) of adults with children did not have healthcare coverage, compared to 2% 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 2016, uninsured nonelderly adults were 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.
- 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.

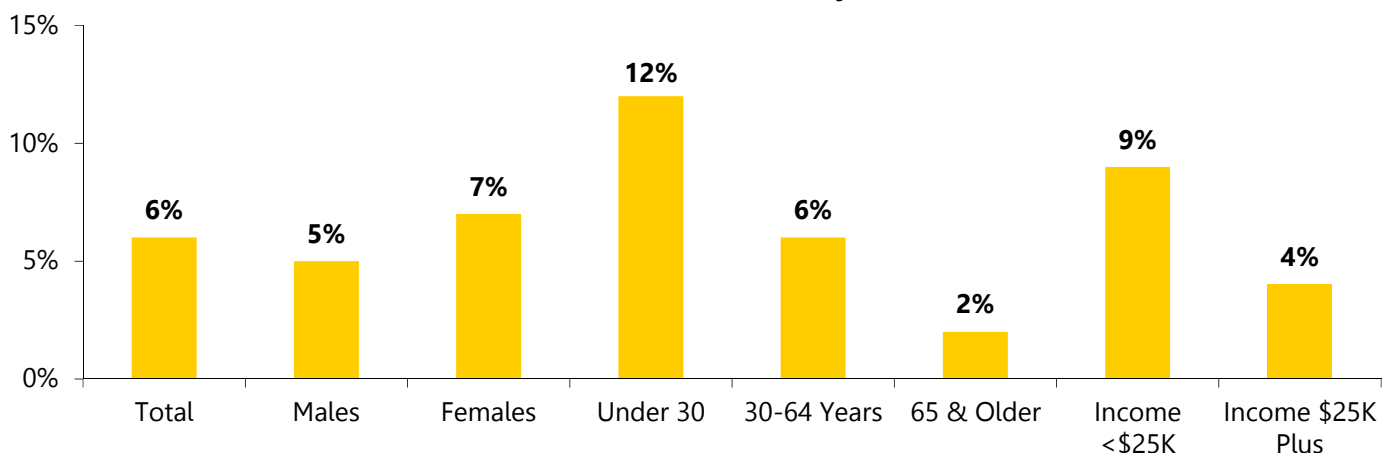
(Source: The Henry Kaiser Family Foundation, Key Facts about the Uninsured Population, Updated on 9/19/2017)

## In Trumbull County, 9,654 adults were uninsured.

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

The following graph shows the percentages of Trumbull County adults who were uninsured. An example of how to interpret the information in the graph includes: 6% of all Trumbull County adults were uninsured, including 9% of adults with incomes less than \$25,000 and 12% of those under the age of 30.

Uninsured Trumbull 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.



## Healthy People 2020 Access to Health Services (AHS)

Objective	Trumbull County 2018-2019	Ohio 2017	U.S. 2016	Healthy People 2020 Target
<b>AHS-1.1: Persons under age of 65 years with health insurance</b>	100% age 20-24	87% age 18-24	85% age 18-24	100%
	78% age 25-34	90% age 25-34	84% age 25-34	
	100% age 35-44	90% age 35-44	87% age 35-44	
	96% age 45-54	91% age 45-54	90% age 45-54	
	95% age 55-64	93% age 55-64	93% age 55-64	

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

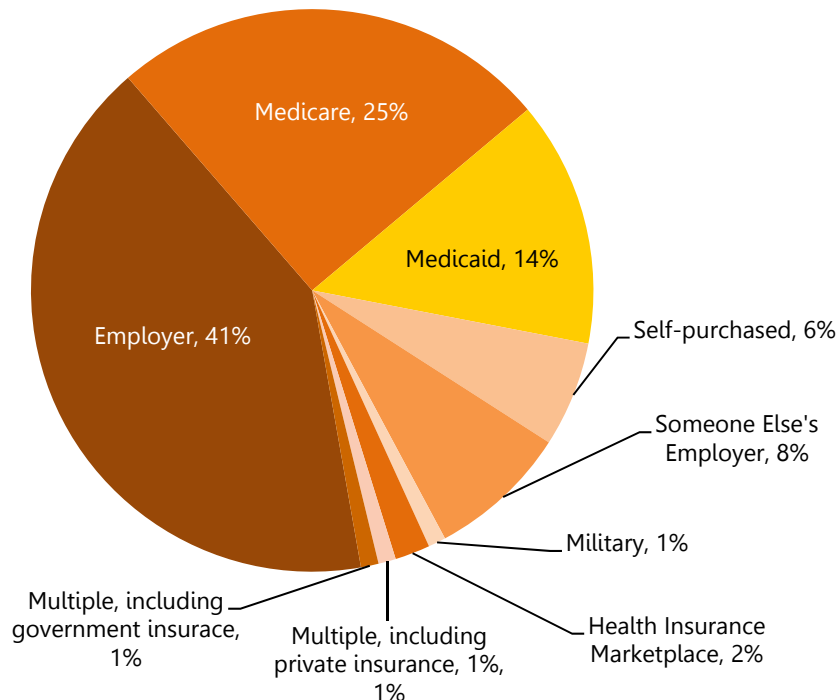
*Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey. (Sources: Healthy People 2020 Objectives, 2016 BRFSS, 2017 BRFSS, 2018-2019 Trumbull County Community Needs Assessment)*

- The following types of healthcare coverage were used: employer (41%); Medicare (25%); Medicaid or medical assistance (14%); someone else’s employer (8%); self-purchased plan (6%); Health Insurance Marketplace (2%); military, CHAMPUS, TriCare, CHAMPVA or the VA (1%); multiple, including government insurance (1%); and multiple, including private insurance (1%).
- Trumbull County adult health care coverage included the following: medical (96%), prescription coverage (90%), immunizations (78%), preventive health (71%), outpatient therapy (68%), dental (68%), vision (67%), mental health (62%), durable medical equipment (44%), alcohol and drug treatment (35%), home care (31%), skilled nursing/assisted living (28%), hospice (28%), and transportation (21%).
- The top reasons uninsured adults gave for being without health care coverage were:
  - They could not afford to pay the premiums (34%)
  - They lost their job or changed employers (33%)
  - They became ineligible (14%)

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

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

**Source of Health Coverage for Trumbull County Adults**



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

<b>Health Coverage Includes:</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
<b>Medical</b>	96%	<1%	4%
<b>Prescription Coverage</b>	90%	4%	6%
<b>Immunizations</b>	78%	3%	19%
<b>Preventive Health</b>	71%	4%	25%
<b>Outpatient Therapy</b>	68%	3%	29%
<b>Dental</b>	68%	27%	5%
<b>Vision</b>	67%	25%	8%
<b>Mental Health</b>	62%	3%	35%
<b>Durable Medical Equipment</b>	44%	7%	49%
<b>Alcohol and Drug Treatment</b>	35%	9%	56%
<b>Home Care</b>	31%	11%	58%
<b>Skilled Nursing/Assisted Living</b>	28%	8%	64%
<b>Hospice</b>	28%	10%	62%
<b>Transportation</b>	21%	18%	61%

# Healthcare Access: Access and Utilization

## Key Findings

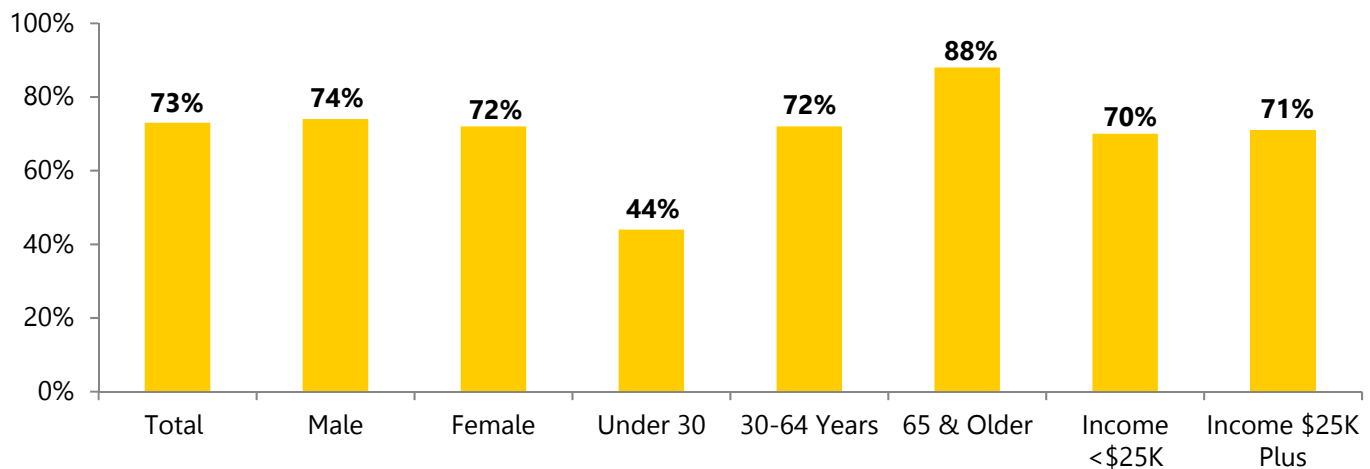
Nearly three-quarters (73%) of Trumbull County adults visited a doctor for a routine checkup in the past year. More than one-third (39%) of adults looked for a program for depression, anxiety, or other mental health problem.

## Healthcare Access

- Most (90%) Trumbull County 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 (91%), compared to 73% of those without healthcare coverage.
- Nearly three-quarters (73%) of Trumbull 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 38% of those without healthcare coverage.

The following graph shows the percentage of Trumbull 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: 73% of all Trumbull County adults had a routine check-up in the past year, including 74% of males, 72% of females, and 88% of those 65 years and older.

**Trumbull County Adults who had a Routine Check-up 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 Comparisons	Trumbull County 2018-2019	Ohio 2017	U.S. 2017
Had one or more persons they thought of as their personal healthcare provider	90%	81%	77%
Visited a doctor for a routine checkup (in the past 12 months)	73%	72%	70%
Visited a doctor for a routine checkup (5 or more years ago)	4%	7%	8%

- Sixty-six percent (66%) 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 (16%)
  - Cost/no insurance (7%)
  - Too long of a wait for an appointment (3%)
  - Inconvenient appointment times (2%)
  - Office wasn't open when they could get there (1%)
  - Too long of a wait in the waiting room (1%)
  - Provider did not take their insurance (1%)
  - No transportation (<1%)
  - Too embarrassed to seek help (<1%)
  - Other problems that prevented them from getting medical care (3%)
- Adults usually visited the following places when they were sick or needed advice about their health:
  - A doctor's office (86%)
  - Urgent care center (25%)
  - Internet (21%)
  - A hospital emergency room (18%)
  - Family and friends (17%)
  - Chiropractor (9%)
  - A public health clinic or community health center (6%)
  - Did not have a usual place (5%)
  - In-store health clinic (4%)
  - Alternative therapies (3%)
  - 9-1-1/ambulance service (2%)
  - VA (2%)
  - Health department (<1%)
  - Telemedicine (<1%)
  - Some other kind of place (2%)
- One-quarter (25%) 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:
  - Did not have any prescriptions to be filled (16%)
  - Too expensive (6%)
  - Did not think they needed it (3%)
  - No generic equivalent of what was prescribed (2%)
  - Stretched current prescription by taking less than what was prescribed (2%)
  - Side effects (1%)
  - No insurance (1%)
  - Already taking too many medications (1%)
  - Fear of addiction (<1%)
  - Transportation (<1%)
- Trumbull County adults reported the following reasons for using the Emergency Room (ER) for their healthcare:
  - Serious illness/injury (55%)
  - Their doctor told them to go there (14%)
  - Could not get in to see their primary care physician because of time of day/too long of a wait (10%)
  - It is what they have always done/what they are used too (3%)
  - No primary care physician (1%)

## Availability of Services

- Trumbull County adults reported they had looked for the following programs for themselves or a loved one:
  - Depression, anxiety or mental health (39%)
  - Elder care (20%)
  - Disability (19%)
  - Marital/family problems (18%)
  - Weight problems (17%)
  - End-of-life/hospice care (16%)
  - Tobacco cessation (10%)
  - Cancer support group/counseling (10%)
  - Alcohol abuse (9%)
  - Drug abuse (8%)
  - Detoxification of opiates/heroin (7%)
  - Family planning (5%)
  - Gambling abuse (1%)

### Trumbull County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Trumbull County adults who have looked but have <u>NOT</u> found a specific program	Trumbull County adults who have looked and have found a specific program
<b>Depression or Anxiety</b> (39% of all adults looked)	12%	88%
<b>Elder Care</b> (20% of all adults looked)	12%	88%
<b>Disability</b> (19% of all adults looked)	13%	87%
<b>Marital/Family Problems</b> (18% of all adults looked)	23%	77%
<b>Weight Problem</b> (17% of all adults looked)	19%	81%
<b>End-of-Life/Hospice Care</b> (16% of all adults looked)	2%	98%
<b>Tobacco Cessation</b> (10% of all adults looked)	11%	89%
<b>Cancer Support Group/Counseling</b> (10% of all adults looked)	3%	97%
<b>Alcohol Abuse</b> (9% of all adults looked)	29%	71%
<b>Drug abuse</b> (8% of all adults looked)	19%	81%
<b>Detoxification for opiates/heroin</b> (7% of all adults looked)	26%	74%
<b>Family planning</b> (5% of all adults looked)	6%	94%
<b>Gambling abuse</b> (1% of all adults looked)	33%	67%

*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.*

# Healthcare Access: Preventive Medicine

## Key Findings

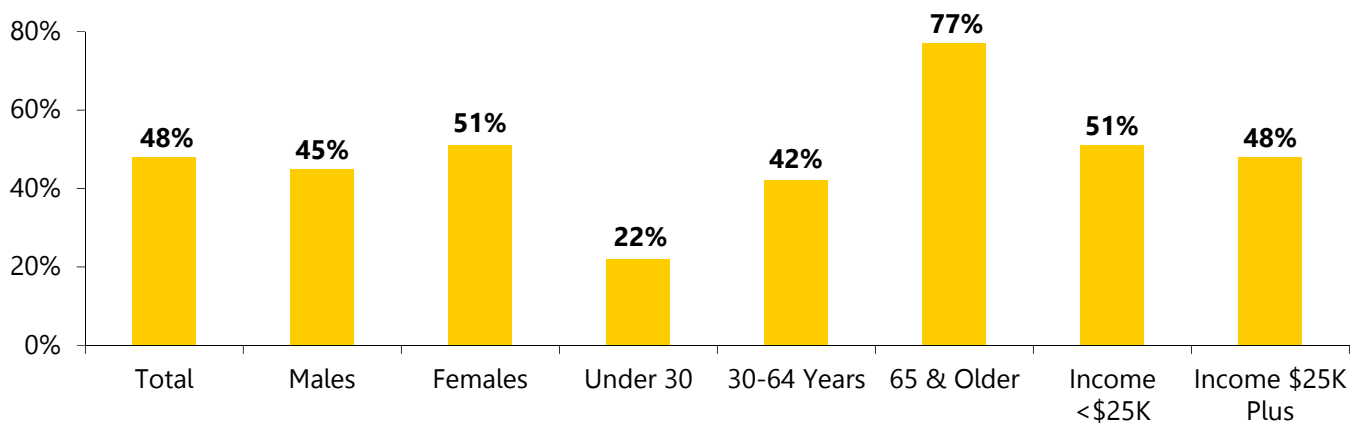
Nearly half (48%) of Trumbull County adults had a flu vaccine during the past 12 months. More than two-thirds (68%) of adults ages 65 and older had a pneumonia vaccination at some time in their life.

## Preventive Medicine

- Nearly half (48%) of Trumbull County adults had a flu vaccine during the past 12 months.
- More than three-quarters (77%) of Trumbull County adults ages 65 and older had a flu vaccine in the past 12 months.

The following graph shows the percentage of Trumbull County adults who received a flu shot within the past year. An example of how to interpret the information shown on the graph includes: 48% of Trumbull County adults received a flu shot within the past year, including 51% of females and 51% of those with incomes less than \$25,000.

**Trumbull County Adults who Received a Flu Shot Within 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 Comparisons	Trumbull County 2018-2019	Ohio 2017	U.S. 2017
Ever had a pneumonia vaccination (ages 65 and older)	68%	76%	75%
Had a flu shot within the past year (ages 65 and older)	77%	63%	60%

## Healthy People 2020 Immunization and Infectious Diseases (IID)

Objective	Trumbull County 2018-2019	Ohio 2017	U.S. 2017	Healthy People 2020 Target
<b>IID-12.7: Increase the percentage of non-institutionalized high-risk adults aged 65 years and older who are vaccinated annually against seasonal influenza</b>	77%	63%	60%	90%

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

- One-third (33%) of adults have had a pneumonia shot in their life, increasing to 68% of those ages 65 and over.
- Trumbull County adults have had the following vaccines:
  - Measles, mumps, and rubella (MMR) in their lifetime (63%)
  - Tetanus booster (Td/Tdap) in the past 10 years (54%)
  - Chicken pox vaccine in their lifetime (49%)
  - Zoster (shingles) vaccine in their lifetime (17%)
  - Human papillomavirus (HPV) vaccine in their lifetime (9%)

### 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, Updated on October 3, 2017)*

### Preventive Health Screenings and Exams

- Trumbull County adults have had the following cancer screenings: colorectal cancer in the past 5 years (33%), oral cancer in the past year (16%), skin cancer in the past year (16%), and lung cancer in the past 3 years (5%).
- In the past 12 months, adults reported their doctor talked to them about the following topics:
 

— Family history (39%)	— Injury prevention (11%)
— Immunizations (33%)	— Alcohol use (11%)
— Weight control (33%)	— Safe use of opiate-based pain medications (9%)
— Depression, anxiety, or emotional problems (26%)	— Family planning (7%)
— Safe use of prescription medication (24%)	— Sexually transmitted diseases (7%)
— Tobacco use (18%)	— Illicit drug abuse (5%)
— PSA test (15%)	— Self-testicular exams (5%)
— Bone density (14%)	— Firearm safety (5%)
— Falls (12%)	
— Domestic violence (3%)	
- See the Women’s and Men’s Health Sections for further prostate, mammogram, clinical breast exam, and pap test screening information for Trumbull County adults.

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

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

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



# Healthcare Access: Women's Health

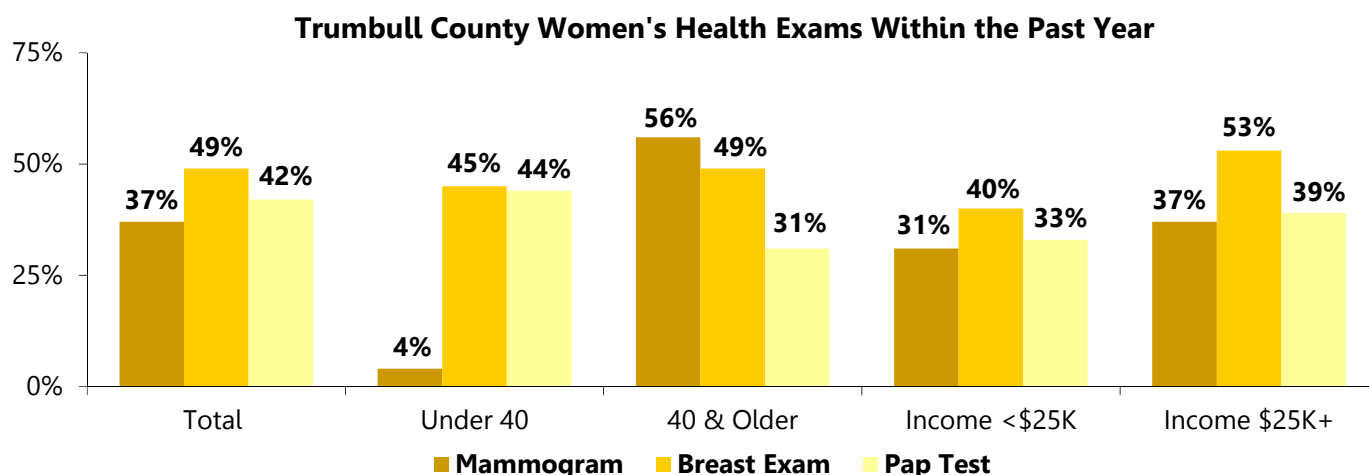
## Key Findings

More than half (56%) women ages 40 and older had a mammogram in the past year. Nearly two-thirds (65%) of women had a Pap smear in the past three years. Forty-three percent (43%) of women were obese, 37% had high blood cholesterol, 33% had high blood pressure, and 19% were identified as smokers, all known risk factors for cardiovascular diseases.

## Women's Health Screenings

- Two-thirds (67%) of women had a mammogram at some time in their life, and almost two-fifths (37%) had this screening in the past year.
- More than half (56%) of women ages 40 and over had a mammogram in the past year, and 72% had one in the past two years.
- Most (88%) Trumbull County women had a clinical breast exam at some time in their life, and 49% had one within the past year. Nearly three-fifths (59%) of women ages 40 and over had a clinical breast exam in the past two years.
- Ninety-three percent (93%) of Trumbull County women (ages 21-65) had a Pap smear at some time in their life, and 42% reported having had the exam in the past year. Sixty-five percent (65%) of women had a Pap smear in the past three years. Six percent (6%) 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 (57%), general or family physician (17%), family planning clinic (4%), 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.

*The following graph shows the percentage of Trumbull 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: 37% of Trumbull County females had a mammogram within the past year, 49% had a clinical breast exam, and 42% 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.

### Trumbull County Female Leading Causes of Death, 2015–2017

**Total Female Deaths: 3,891**

1. Heart Diseases (24% of all deaths)
2. Cancers (18%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (6%)
5. Alzheimer's Disease (6%)

(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)

Adult Comparisons	Trumbull County 2018-2019	Ohio 2017	U.S. 2017
Had a clinical breast exam in the past two years (age 40 & over)	59%	N/A	N/A
Had a mammogram within the past two years (ages 40 and older)	72%	74%*	72%*
Had a pap test in the past three years (ages 21-65)	65%	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*). In Trumbull County, the health assessment has identified:
  - 43% of women were obese (2017 BRFSS reported 34% for Ohio and 2016 BRFSS reported 30% for U.S.)
  - 37% were diagnosed with high blood cholesterol (2017 BRFSS reported 33% for Ohio and 2016 BRFSS reported 35% for the U.S.)
  - 33% were diagnosed with high blood pressure (2017 BRFSS reported 33% for Ohio and 2016 BRFSS reported 30% 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.)
  - 12% had been diagnosed with diabetes (2017 BRFSS reported 11% for Ohio and 2016 BRFSS reported 11% for the U.S.)
- Three percent (3%) of women had survived a heart attack at some time in their life.
- Three percent (3%) had survived a stroke at some time in their life.
- Three percent (3%) of Trumbull County women reported that a health professional diagnosed them with coronary heart disease.

## Pregnancy

- Eighteen percent (18%) of Trumbull County women had been pregnant in the past 5 years.
- During their last pregnancy, Trumbull County women:
  - Took a multi-vitamin with folic acid pre-pregnancy (54%)
  - Had a prenatal appointment in the first three months (51%)
  - Took a multi-vitamin with folic acid during pregnancy (51%)
  - Took folic acid/prenatal vitamin (37%)
  - Had a dental exam (26%)
  - Received WIC services (23%)
  - Took folic acid during pregnancy (20%)
  - Took folic acid pre-pregnancy (9%)
  - Consumed alcoholic beverages (9%)
  - Experienced depression (6%)
  - Looked for options for an unwanted pregnancy (3%)

# Healthcare Access: Men's Health

## Key Findings

More than half (53%) of Trumbull County males 50 and older had a Prostate-Specific Antigen (PSA) test in the past year. More than two-fifths (44%) of men had high blood cholesterol, 43% had been diagnosed with high blood pressure, and 15% were identified as smokers, which, along with obesity (37%), are known risk factors for cardiovascular diseases.

## Men's Health Screenings and Concerns

- Almost half (45%) of Trumbull County males had a Prostate-Specific Antigen (PSA) test at some time in their life and 33% had one in the past year.
- Seventy percent (70%) of males age 50 and over had a PSA test at some time in their life, and 53% had one in the past year.
- Just over half (51%) of men had a digital rectal exam in their lifetime and 29% had one in the past year.
- One-fourth (25%) of Trumbull County males performed a self-testicular exam in the past year.

### Trumbull County Male Leading Causes of Death, 2015–2017

**Total Male Deaths: 4,021**

1. Heart Diseases (27% of all deaths)
2. Cancers (21%)
3. Accidents, Unintentional Injuries (9%)
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

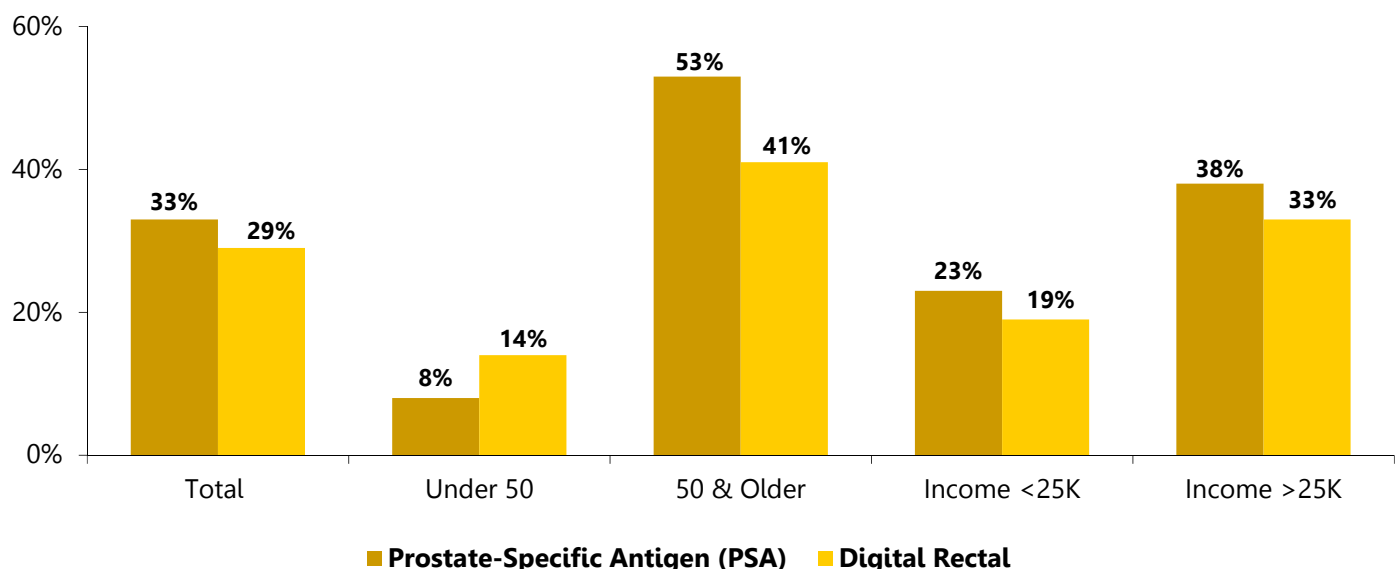
**Total Male Deaths: 180,695**

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 Trumbull County male adults who had various health exams in the past year. An example of how to interpret the information shown on the graph includes: 33% of Trumbull County males had a PSA test within the past year, and 29% had a digital rectal exam.

**Trumbull County Men's Health Exams Within 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 Comparisons	Trumbull 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	29%	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, Updated on September 21, 2017)

### Men's Health Concerns

- Eight percent (8%) of men had a heart attack at some time in their life.
- Seven percent (7%) of men had a stroke at some time in their life.
- Nine percent (9%) 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 Trumbull County, the health assessment has identified that:
  - 44% were diagnosed with high blood cholesterol (2017 BRFSS reported 34% for Ohio and 2016 BRFSS reported 38% for the U.S.)
  - 43% were diagnosed with high blood pressure (2017 BRFSS reported 37% for Ohio and 2016 BRFSS reported 34% for the U.S.)
  - 37% of Trumbull County men were obese (2017 BRFSS reported 34% for Ohio and 2016 BRFSS reported 30% for the U.S.)
  - 18% had been diagnosed with diabetes (2017 BRFSS reported 11% for Ohio and 2016 BRFSS reported 11% for the U.S.)
  - 15% of all men were current smokers (2017 BRFSS reported 22% for Ohio and 2016 BRFSS reported 19% for the U.S.)

# Healthcare Access: Oral Health

## Key Findings

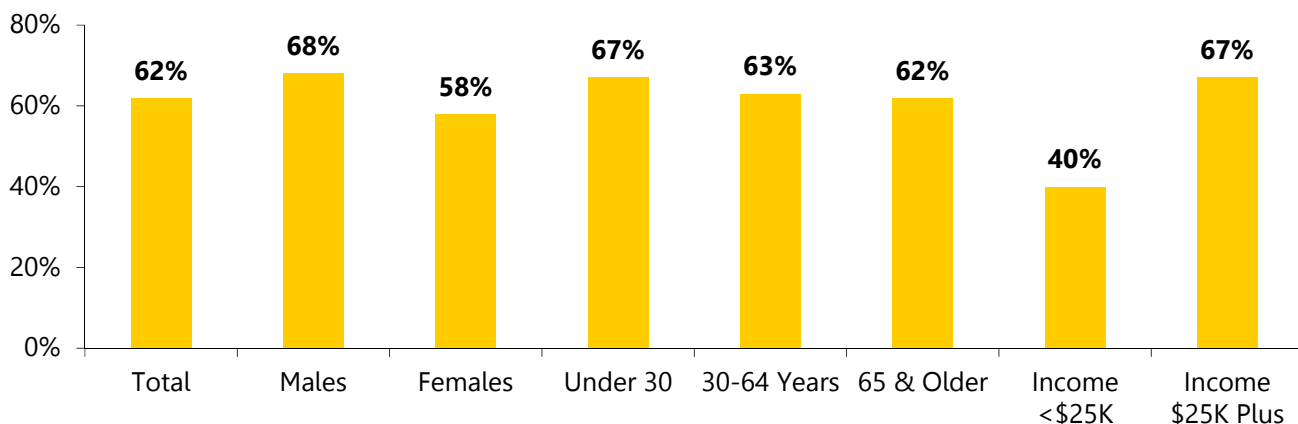
More than three-fifths (62%) of Trumbull County adults visited a dentist or dental clinic in the past year. More than one-third (38%) of adults did not see a dentist in the past year due to cost.

## Access to Dental Care

- In the past year, 62% of Trumbull County adults had visited a dentist or dental clinic, decreasing to 40% of those with incomes less than \$25,000.
- Sixty-four percent (64%) of Trumbull County adults with dental insurance had been to the dentist in the past year, compared to 28% of those without dental insurance.

The following graph provides information about the frequency of Trumbull County adult dental visits. An example of how to interpret the information includes: 62% of Trumbull County adults had been to the dentist in the past year, including 58% of females and 40% of those with incomes less than \$25,000.

**Trumbull 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
<b>Time Since Last Visit to Dentist/Dental Clinic</b>					
<b>Males</b>	68%	8%	9%	11%	1%
<b>Females</b>	58%	19%	9%	12%	1%
<b>Total</b>	62%	14%	10%	11%	1%

- Trumbull County adults reported the following reasons for not visiting a dentist in the past year:
  - Cost (38%)
  - Fear, apprehension, nervousness, pain, and dislike going (25%)
  - Had dentures (18%)
  - No reason to go/had not thought of it (17%)
  - Dentist did not accept their medical coverage (10%)
  - Did not have/know a dentist (6%)
  - Could not find a dentist taking Medicaid patients (5%)
  - Transportation (2%)
  - Could not get into a dentist (1%)
  - Other reasons (16%)

- More than half (52%) of adults had one or more of their permanent teeth removed, increasing to 77% of those ages 65 and over.
- Thirteen percent (13%) of Trumbull 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 Trumbull County adults.*

Number of teeth removed	Current Smoker	Former Smoker	Non-smoker
<b>None</b>	20%	36%	51%
<b>5 or fewer</b>	27%	32%	31%
<b>6 or more but not all</b>	24%	23%	15%
<b>All</b>	18%	6%	7%

## 17,699 Trumbull County adults last visited dentist or dental clinic 5 or more years ago.

Adult Comparisons	Trumbull County 2018-2019	Ohio 2017	U.S. 2017
<b>Visited a dentist or a dental clinic</b> (within the past year)	62%	68%*	66%*
<b>Visited a dentist or a dental clinic</b> (5 or more years ago)	11%	11%*	10%*
<b>Had any permanent teeth extracted</b>	52%	45%*	43%*
<b>Had all their natural teeth extracted</b> (ages 65 and older)	13%	17%*	14%*

\*2016 BRFSS

### 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

*Note: Dental caries are cavities/tooth decay.  
(Source: American Dental Association (ADA), Home Oral Care)*

# Health Behaviors: Health Status Perceptions

## Key Findings

Almost half (47%) of the Trumbull County adults rated their health status as excellent or very good. Conversely, 19% of adults described their health as fair or poor, increasing to 31% of those with incomes less than \$25,000.

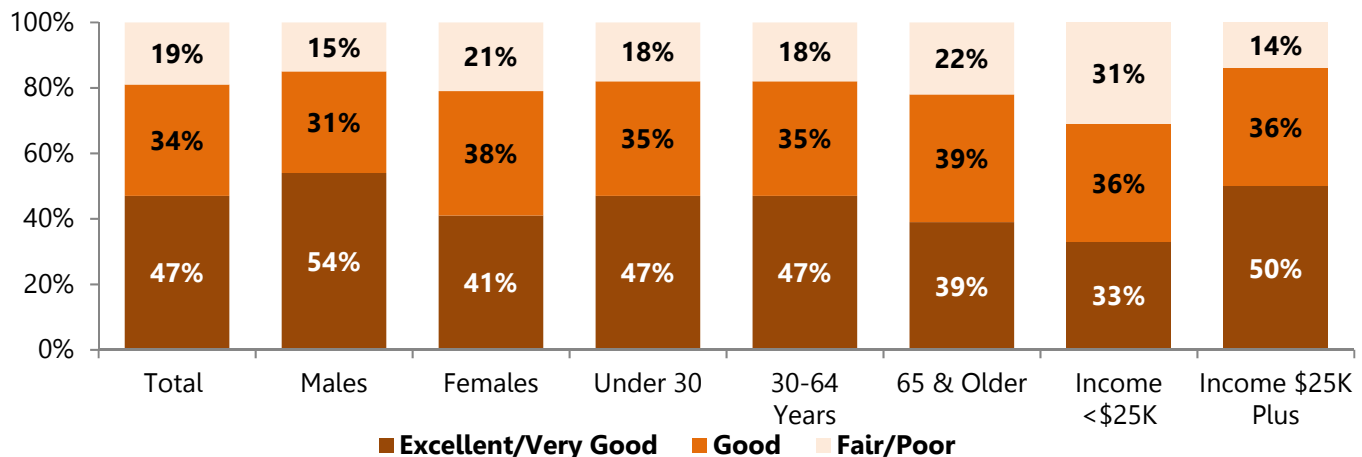
## General Health Status

- Almost half (47%) of Trumbull County adults rated their health as excellent or very good. Trumbull County adults with higher incomes (50%) were most likely to rate their health as excellent or very good, compared to 33% of those with incomes less than \$25,000.
- Nineteen percent (19%) of adults rated their health as fair or poor.
- Trumbull County adults were most likely to rate their health as fair or poor if they:
  - Had high blood pressure (33%)
  - Had high blood cholesterol (27%)
  - Had been diagnosed with diabetes (32%)
  - Were never married (28%) or divorced (25%)
  - Had an annual household income under \$25,000 (31%)
  - Were 65 years of age or older (22%)
- More than one-quarter (28%) 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.
- Trumbull County adults reported the following motivates them or had motivated them to make positive changes in their health: to have more energy (50%), family/kids (45%), health scare/fear of illness (31%), exposure to a healthy environment (21%), social support (20%), financial incentives (15%), incentives other than financial (15%), discounted services (5%), and exposure to a negative environment (3%).

**30,572 adults rated their health as fair or poor.**

The following graph shows the percentage of Trumbull 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: 47% of Trumbull County adults, 47% of those under age 30, and 39% of those ages 65 and older rated their health as excellent or very good.

**Trumbull County Adult Health Perceptions\***



\*Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or 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.



## Physical Health Status

- About one-fifth (21%) of Trumbull County adults rated their physical health as not good on four or more days in the previous month.
- Trumbull County adults reported their physical health as not good on an average of 4.6 days in the previous month.
- Trumbull 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 (42%)
  - Were 65 years of age or older (26%)

## Mental Health Status

- Twenty-nine percent (29%) of Trumbull County adults rated their mental health as not good on four or more days in the previous month.
- Trumbull County adults reported their mental health as not good on an average of 5.0 days in the previous month.
- Trumbull 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 (48%)
  - Were female (38%)

*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
<b>Physical Health Not Good in Past 30 Days*</b>					
<b>Males</b>	54%	16%	5%	1%	14%
<b>Females</b>	41%	18%	6%	1%	16%
<b>Total</b>	48%	17%	5%	2%	14%
<b>Mental Health Not Good in Past 30 Days*</b>					
<b>Males</b>	57%	7%	7%	1%	15%
<b>Females</b>	40%	17%	8%	4%	23%
<b>Total</b>	48%	12%	8%	2%	18%

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

Adult Comparisons	Trumbull County 2018-2019	Ohio 2017	U.S. 2017
<b>Rated general health as good, very good, or excellent</b>	81%	81%	83%
<b>Rated general health as excellent or very good</b>	47%	49%	51%
<b>Rated general health as fair or poor</b>	19%	19%	18%
<b>Rated mental health as not good on four or more days</b> (in the past 30 days)	29%	24%*	23%**
<b>Rated physical health as not good on four or more days</b> (in the past 30 days)	21%	22%*	22%**
<b>Average number of days that physical health was not good</b> (in the past 30 days)	4.6	4.0**	3.7**
<b>Average number of days that mental health was not good</b> (in the past 30 days)	5.0	4.3**	3.8**
<b>Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation</b> (on at least one day during the past 30 days)	28%	22%*	22%*

*N/A – Not Available*

*\*2016 BRFSS*

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

# Health Behaviors: Adult Weight Status

## Key Findings

Three-quarters (75%) of Trumbull County adults were either overweight (35%), obese (21%), severely obese (10%), or morbidly obese (9%) by Body Mass Index (BMI). Half (50%) of adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week.

## Adult Weight Status

- Three-quarters (75%) of adults were either overweight (35%), obese (21%), severely obese (10%), or morbidly obese (9%) by Body Mass Index (BMI), putting them at elevated risk for developing a variety of preventable diseases.
- Two-fifths (40%) of adults were trying to lose weight, 33% were trying to maintain their current weight or keep from gaining weight, and 2% were trying to gain weight.

**64,361 Trumbull County adults were either obese, severely obese, or morbidly obese by BMI.**

- Adults did the following to lose weight or keep from gaining weight:
  - Ate less food, fewer calories, or foods low in fat (40%)
  - Drank more water (39%)
  - Exercised (38%)
  - Ate a low-carb diet (13%)
  - Used a weight loss program (2%)
  - Health coaching (2%)
  - Took diet pills, powders or liquids without a doctor's advice (2%)
  - Smoked cigarettes (2%)
  - Participated in a prescribed dietary or fitness program (2%)
  - Took prescribed medications (1%)
  - Went without eating 24 or more hours (1%)
  - Took laxatives (<1%)

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

## BMI Measurements

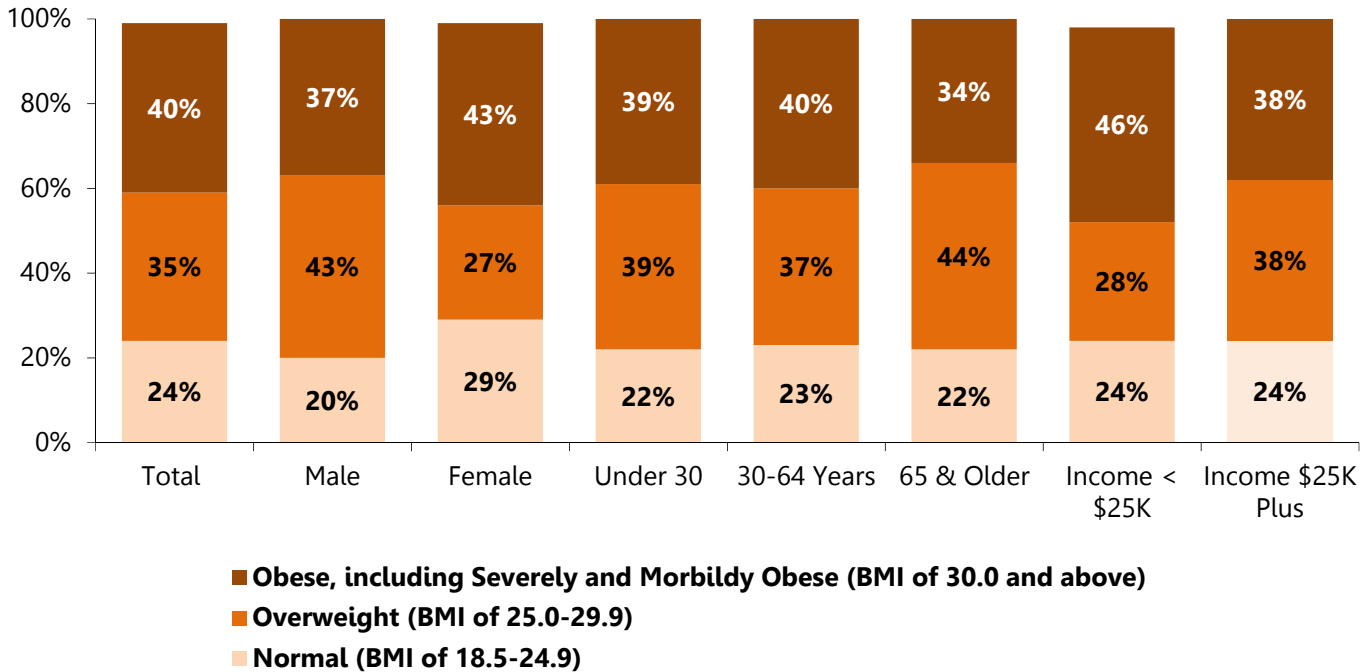
- Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters. A high BMI can be an indicator of high body fat.
- BMI can be used to screen for weight categories that may lead to health problems but it is not diagnostic of the body fatness or health of any individual.

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 Trumbull County adults who were overweight or obese by Body Mass Index (BMI). An example of how to interpret the information includes: 24% of all Trumbull County adults were classified as normal weight, 35% were overweight, and 40% were obese.

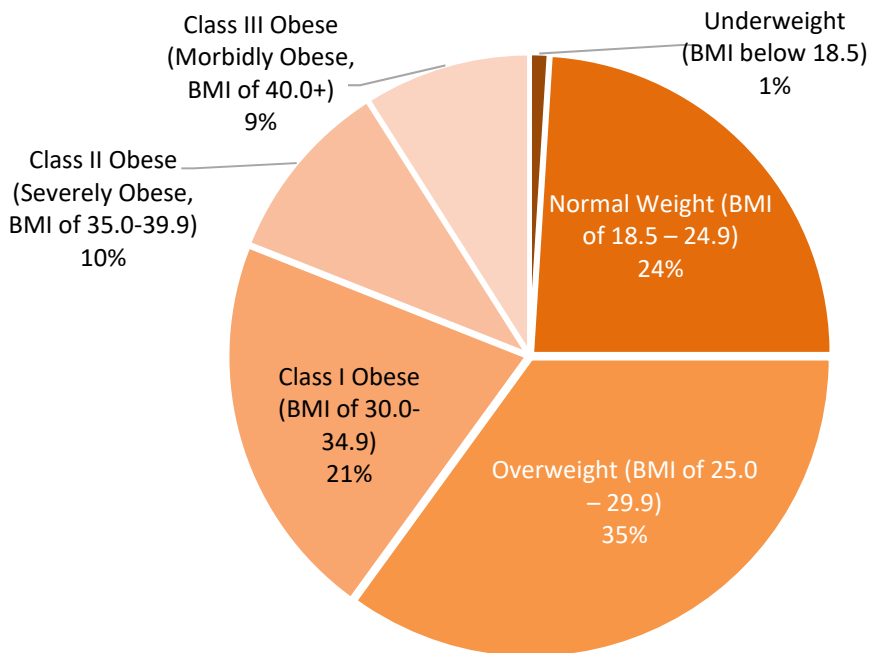
**Trumbull County Adult BMI Classifications\***



\*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 Trumbull County adults.



## Physical Activity

- Half (50%) of adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week; 25% of adults exercised 5 or more days per week; and 34% of adults were not participating in any physical activity in the past week, including 6% 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, 2016*).
- Reasons for not exercising included the following:
  - Too tired (19%)
  - Time (18%)
  - Laziness (18%)
  - Self-motivation or will power (16%)
  - Pain or discomfort (16%)
  - Weather (15%)
  - Did not like to exercise (12%)
  - No exercise partner (9%)
  - No personal reason (7%)
  - Ill or physically unable (6%)
  - Already get enough exercise (6%)
  - Did not enjoy being active (6%)
  - Could not afford a gym membership (5%)
  - Poorly maintained/no sidewalks (4%)
  - Did not know what activities to do (3%)
  - Afraid of injury (3%)
  - No child care (2%)
  - Neighborhood safety (2%)
  - No gym available (2%)
  - Doctor advised them not to exercise (2%)
  - Transportation (2%)
  - Too expensive (1%)
  - No walking, biking trails, or parks (1%)
  - Lack of opportunities for those with physical impairments or challenges (1%)
  - Other reasons (3%)
- Adults reported they used or visited the parks, bike trails, and walking paths in their community: very often (10%), somewhat often (14%), not very often (29%), and not at all (44%). Three percent (3%) indicated 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:
  - More available parks, bike trails, and walking paths (23%)
  - More public events and programs involving parks, trails, and paths (23%)
  - Designated safe routes (15%)
  - Increased accessibility of parks, bike trails, and walking paths (8%)
  - Improvements to existing parks, trails, and paths (8%)

## Nutrition

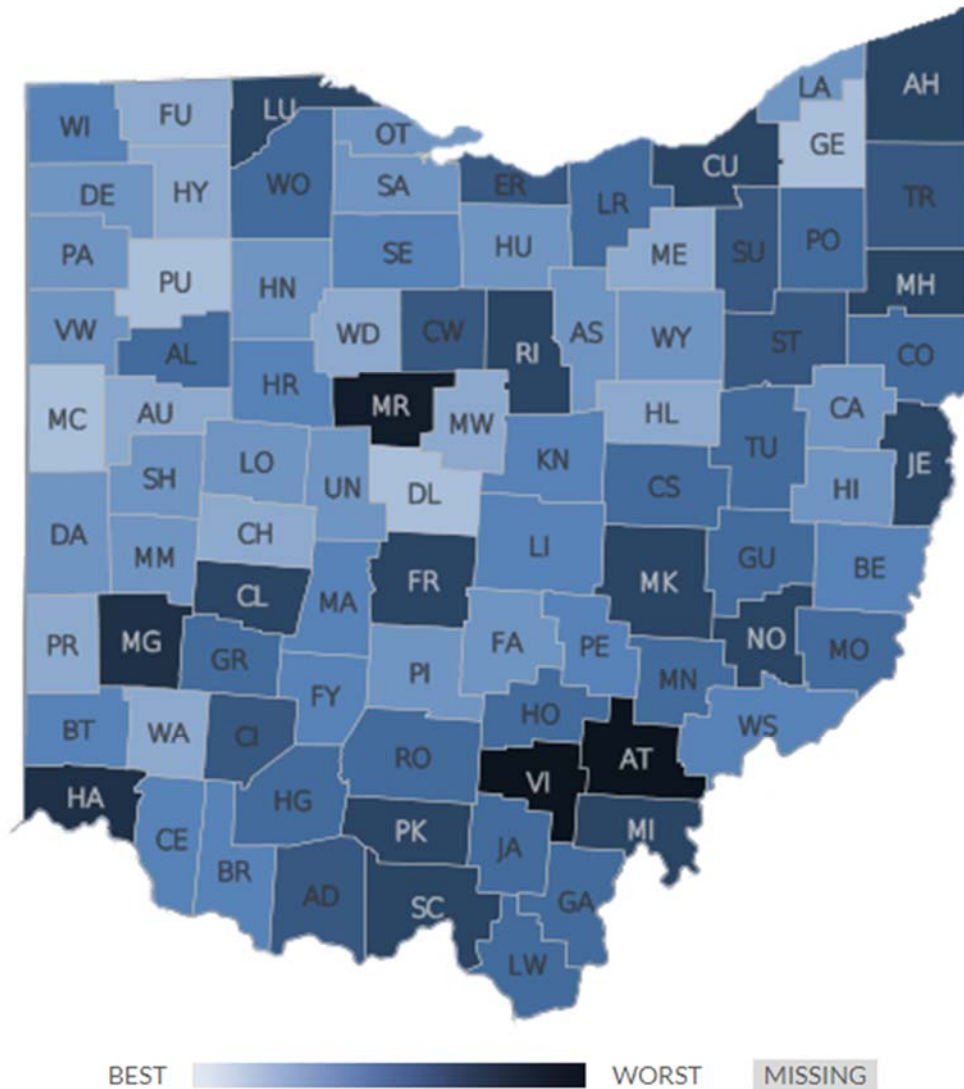
- Two percent (2%) of Trumbull County adults ate 5 or more servings of whole fruit per day; 11% ate 3-to-4 servings, 71% ate 1-to-2 servings, and 16% ate 0 servings.
- Five percent (5%) of Trumbull County adults ate 5 or more servings of whole vegetables per day; 19% ate 3-to-4 servings, 70% ate 1-to-2 servings, and 6% ate 0 servings.
- One-fifth (20%) of adults ate 5 or more servings of fruits **and** vegetables per day; 32% ate 3-to-4 servings, 44% ate 1-to-2 servings, and 4% ate 0 servings.
- More than one-quarter (27%) 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.

- Trumbull County adults reported they obtained their fresh fruits and vegetables from the following:
  - Large grocery store (such as Wal-Mart) (84%)
  - Local grocery store (62%)
  - Farmer’s market (29%)
  - Dollar General/Dollar Store (26%)
  - Grow their own/garden (25%)
  - Corner/convenience stores (6%)
  - Food pantry (4%)
  - Veggie mobile/mobile produce (2%)
  - Mail order food services (such as Blue Apron) (1%)
  - Group purchasing or community supported agriculture (1%)
  - Community garden (1%)
  - Other (4%)
  
- Trumbull County adults reported the following reasons they chose the types of food they ate:
  - Taste/enjoyment (62%)
  - Cost (61%)
  - Healthiness of food (52%)
  - Food they were used to (39%)
  - Ease of preparation/time (37%)
  - What their family prefers (30%)
  - Availability (28%)
  - Nutritional content (25%)
  - Calorie content (22%)
  - If it is genetically modified (11%)
  - If it is organic (10%)
  - Artificial sweetener content (8%)
  - If it is gluten free (4%)
  - Health care provider’s advice (3%)
  - If it is lactose free (3%)
  - Other food sensitivities (3%)
  - Limitations due to dental issues (2%)
  - Limitations set by WIC (<1%)
  - Other reasons (4%)
  
- Trumbull County adults reported the following barriers in consuming fruits and vegetables: too expensive (14%), did not like the taste (4%), did not know how to prepare (2%), no access to fruits and vegetables (1%), no variety (1%), transportation (1%), stores did not take EBT (1%), and other barriers (3%).
  
- In a typical week, 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 (18%), and 5 or more times (8%). Twenty-one percent (21%) of adults did not eat out in a restaurant or bring home take-out food in a typical week.
  
- Four percent (4%) of adults consumed 5 or more servings of sugar-sweetened beverages per day; 11% drank 3-to-4 servings per day, 40% consumed 1-to-2 servings per day, and 44% consumed 0 servings.
  
- Thirteen percent (13%) of adults consumed 5 or more servings of caffeinated beverages per day; 22% consumed 3-to-4 servings per day, 48% consumed 1-to-2 servings of per day, and 17% drank 0 servings.

## 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 Trumbull County is 7.1.
- 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

Almost one-fifth (18%) of Trumbull County adults were current smokers and 30% were considered former smokers.

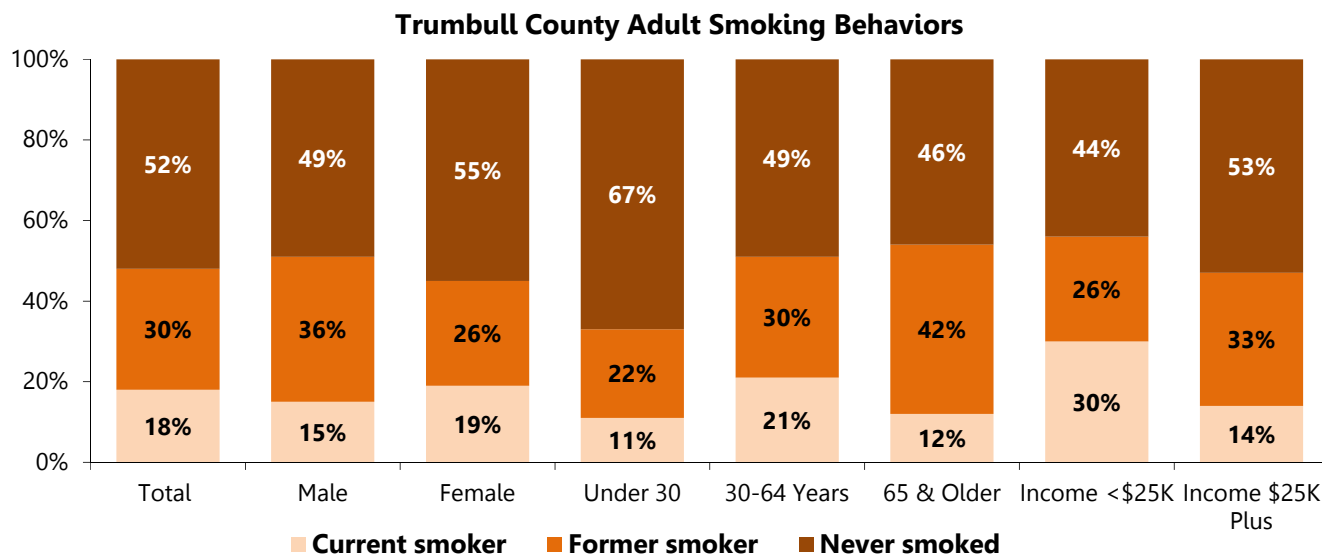
**28,963 Trumbull County adults were current smokers.**

## Adult Tobacco Use

- Eighteen percent (18%) Trumbull County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- Trumbull County adult smokers were more likely to have:
  - Incomes less than \$25,000 (30%)
  - Rated their health as fair or poor (30%)
  - Been married (25%)
- Forty-two percent (42%) 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.
- Three in ten (30%) 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 (25%), cigars (9%); e-cigarette/vape pens (7%); chewing tobacco, snuff, dip, Betel quid (6%); hookah (3%); little cigars (3%); cigarillos (3%); pouch (2%); pipes (2%); dissolvable tobacco (1%); and bidis (<1%). Thirteen percent (13%) of 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 (67%), e-liquid or e-juice without nicotine (25%), marijuana or THC in your e-liquid (21%), and homemade e-liquid or e-juice (4%).
- Trumbull County adults reported they would support an ordinance to ban smoking in the following places: vehicle with a minor present (69%), multi-unit housing (48%), parks or ball fields (45%), college/university campuses (45%), and fairgrounds (40%). Twenty-four percent (24%) of adults reported they would not support an ordinance to ban smoking anywhere.

Adult Comparisons	Trumbull County 2018-2019	Ohio 2017	U.S. 2017
<b>Current smoker</b> (smoked on some or all days)	18%	21%	17%
<b>Former smoker</b> (smoked 100 cigarettes in lifetime and now do not smoke)	30%	24%	25%

The following graph shows the percentage of Trumbull County adults' cigarette smoking behaviors. An example of how to interpret the information includes: 18% of all Trumbull County adults were current smokers, 30% of all adults were former smokers, and 52% 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.

### Trumbull County Combine Health District (TCCHD) Survey of Walk-Ins for Pregnancy Test

	2016	2017	2018
<b>Number of Smokers/ Number of Women Tested for Pregnancy</b>	20/44	21/36	12/26
<b>Percent of Women Tested for Pregnancy that are Smokers</b>	45.4%	58.3%	46.2%

(Source: TCCHD based on survey question asking women that came to TCCHD for a pregnancy test whether or not they smoke.)

### Trumbull County Smoke-Free Workplace Complaint Investigations

	2016	2017	2018
<b>Number of Violations/ Number of Complaint Investigations</b>	7/36	5/29	4/30
<b>Percent of Complaint Investigations Resulting in a Violation</b>	19.4%	17.2%	13.3%

(Source: TCCHD based on survey question asking women that came to TCCHD for a pregnancy test whether or not they smoke.)



## Smoking and COPD

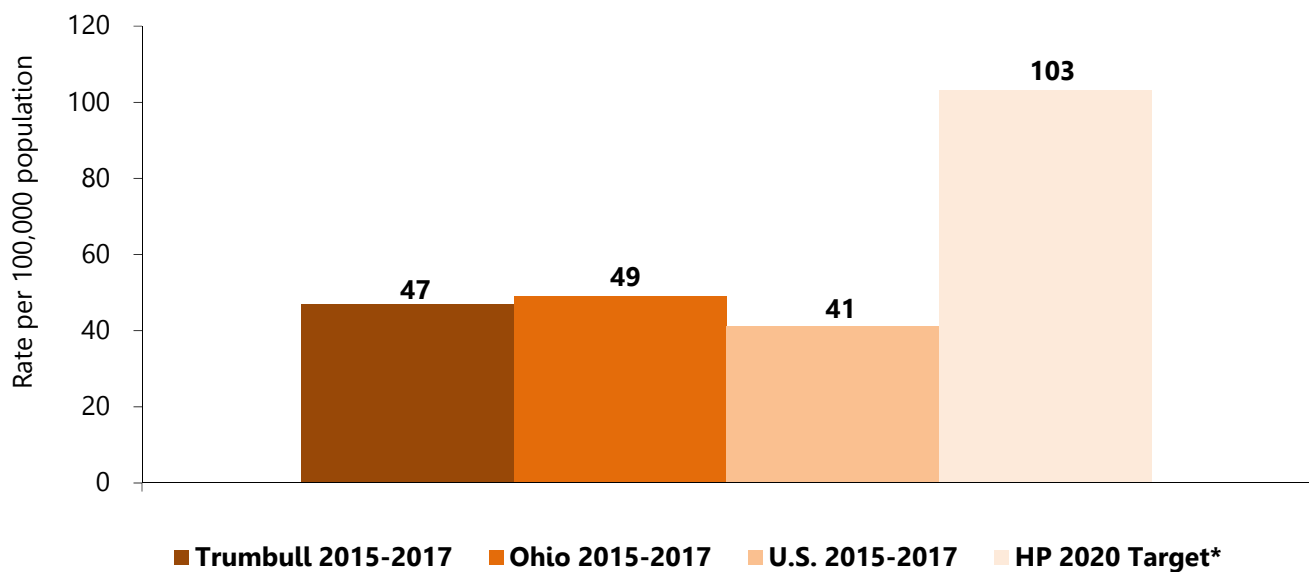
- Chronic obstructive pulmonary disease (COPD) refers to a group of diseases that cause airflow blockage and breathing-related problems. COPD includes emphysema, chronic bronchitis, and in some cases, asthma.
- COPD is usually caused by smoking. Smoking accounts for as many as 8 out of 10 COPD-related 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 Trumbull 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, Trumbull County's age-adjusted mortality rate for Chronic Lower Respiratory Disease was lower than the Ohio rate and the Healthy People 2020 target objective, but higher than the U.S. rate.

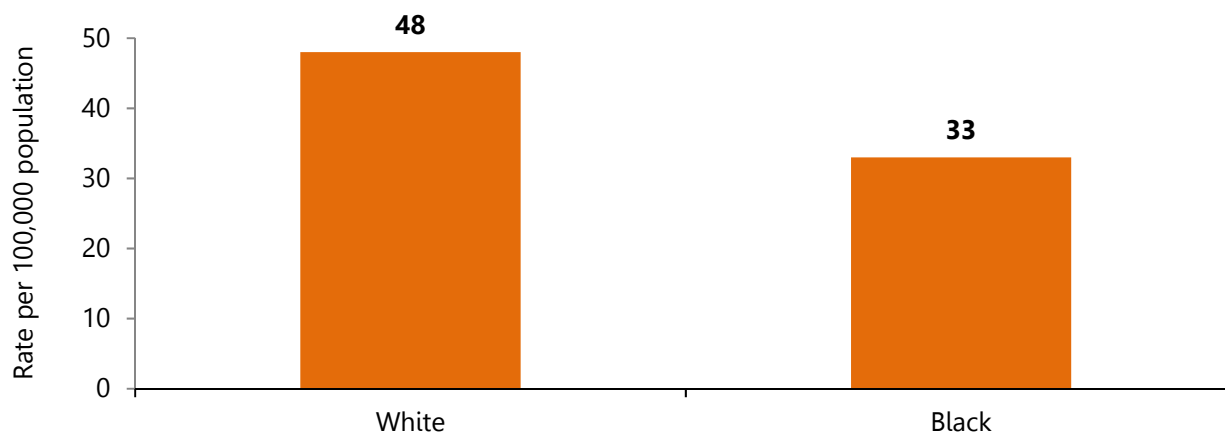
**Age-Adjusted Mortality Rates for  
Chronic Lower Respiratory Diseases (Formerly COPD)**



(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.

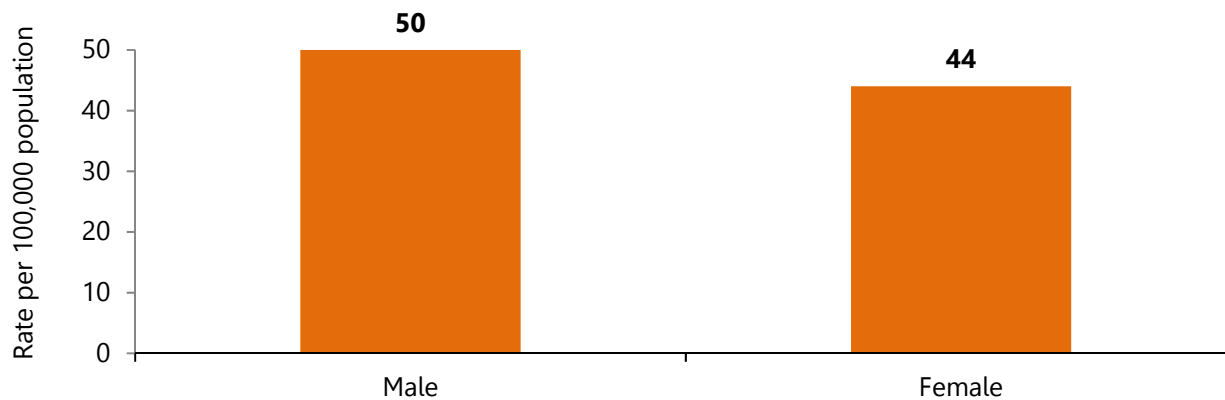
The following graphs show Trumbull County age-adjusted mortality rates per 100,000 populations for chronic lower respiratory diseases (formerly COPD) by race and gender.

### 2015-2017 Trumbull County Age-Adjusted Chronic Lower Respiratory Disease 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)

### 2015-2017 Trumbull County Age-Adjusted Chronic Lower Respiratory Disease Mortality Rates by Gender



(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

More than half (52%) of Trumbull County adults had at least one alcoholic drink in the past month. More than one-third (37%) of current drinkers were binge drinkers.

## Adult Alcohol Consumption

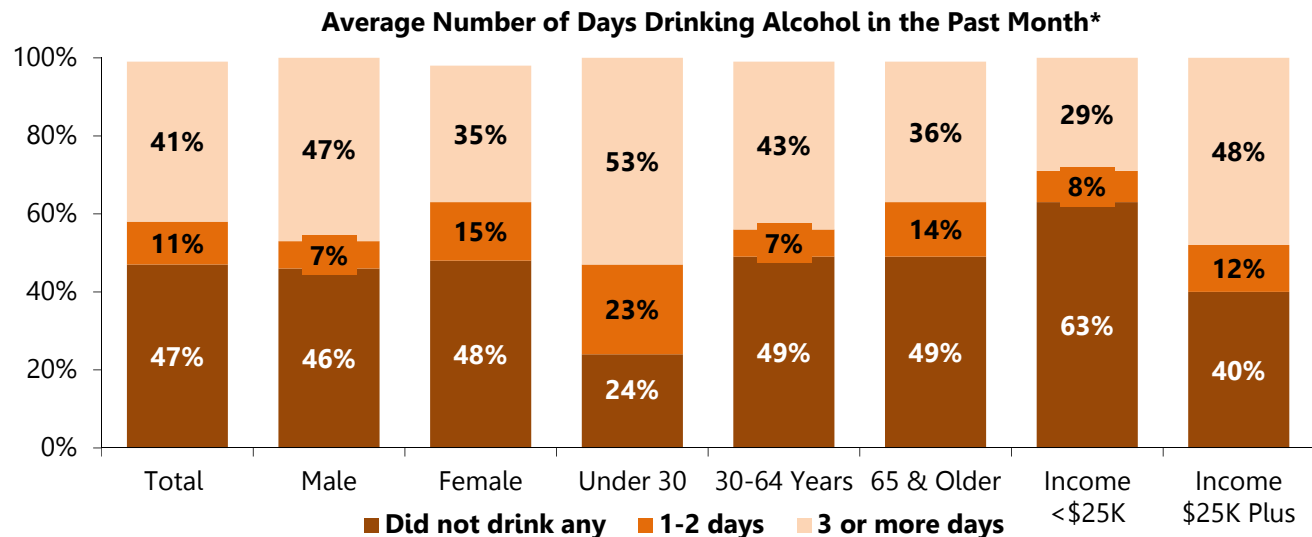
- More than half (52%) of Trumbull County adults had at least one alcoholic drink in the past month, increasing to 60% of those with incomes less than \$25,000.
- Of those who drank, Trumbull County adults drank 2.5 drinks on average.
- Almost one-fifth (18%) of Trumbull County adults reported they had 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, 37% were considered binge drinkers.

## 28,963 Trumbull County adults were binge drinkers.

- One-third (33%) of current drinkers reported driving after drinking an alcoholic beverage.
- In the past month, 22% of current drinkers reported drinking while on prescription medications.

Adult Comparisons	Trumbull County 2018-2019	Ohio 2017	U.S. 2017
<b>Current drinker</b> (had at least one drink of alcohol within the past 30 days)	52%	54%	55%
<b>Binge drinker</b> (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	18%	19%	17%

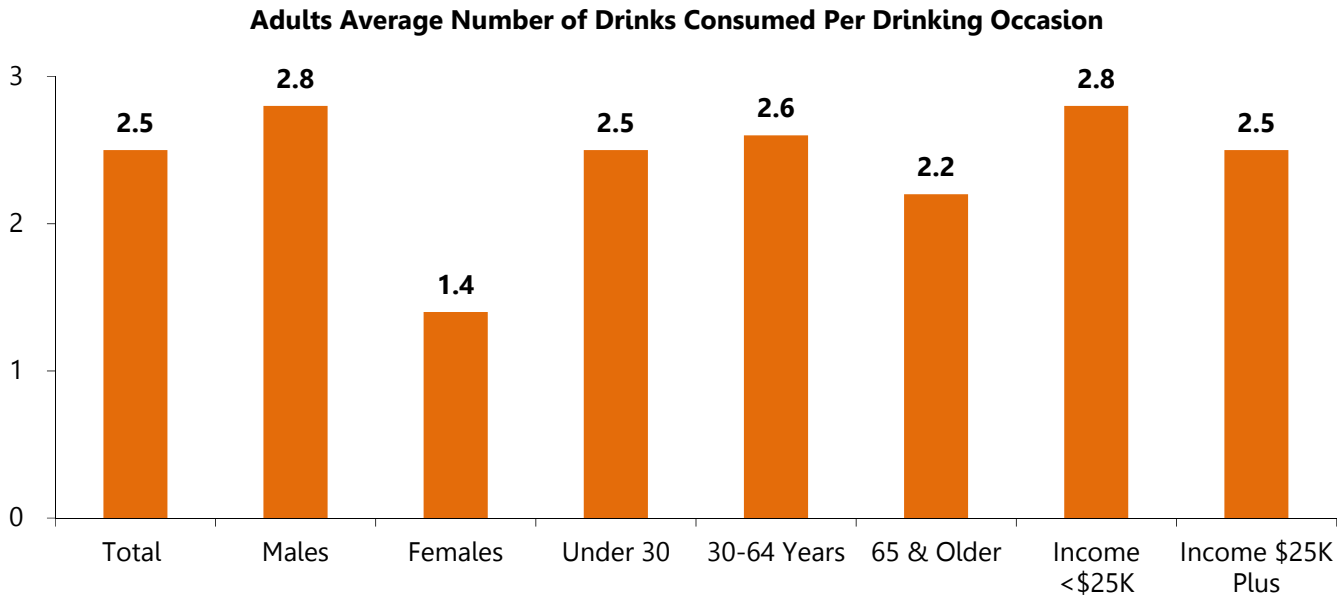
The following graph shows the percentage of Trumbull County adults consuming alcohol. An example of how to interpret the information shown on graph includes: 47% of all Trumbull County adults did not drink alcohol, including 46% of males and 58% of females.



\*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: Trumbull County adults drank an average of 2.5 drinks per drinking occacion, increasing to 2.8 drinks for males and 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.

### 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 America 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 June 2018)

## Motor Vehicle Accident Statistics

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

- In 2017, 5% of the total crashes in Trumbull County were alcohol-related, compared to 4% for Ohio.
- Of the total number of alcohol-related crashes (241) in Trumbull County, 53% were alcohol-related injuries, 46% were property damage only, and 1% 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.

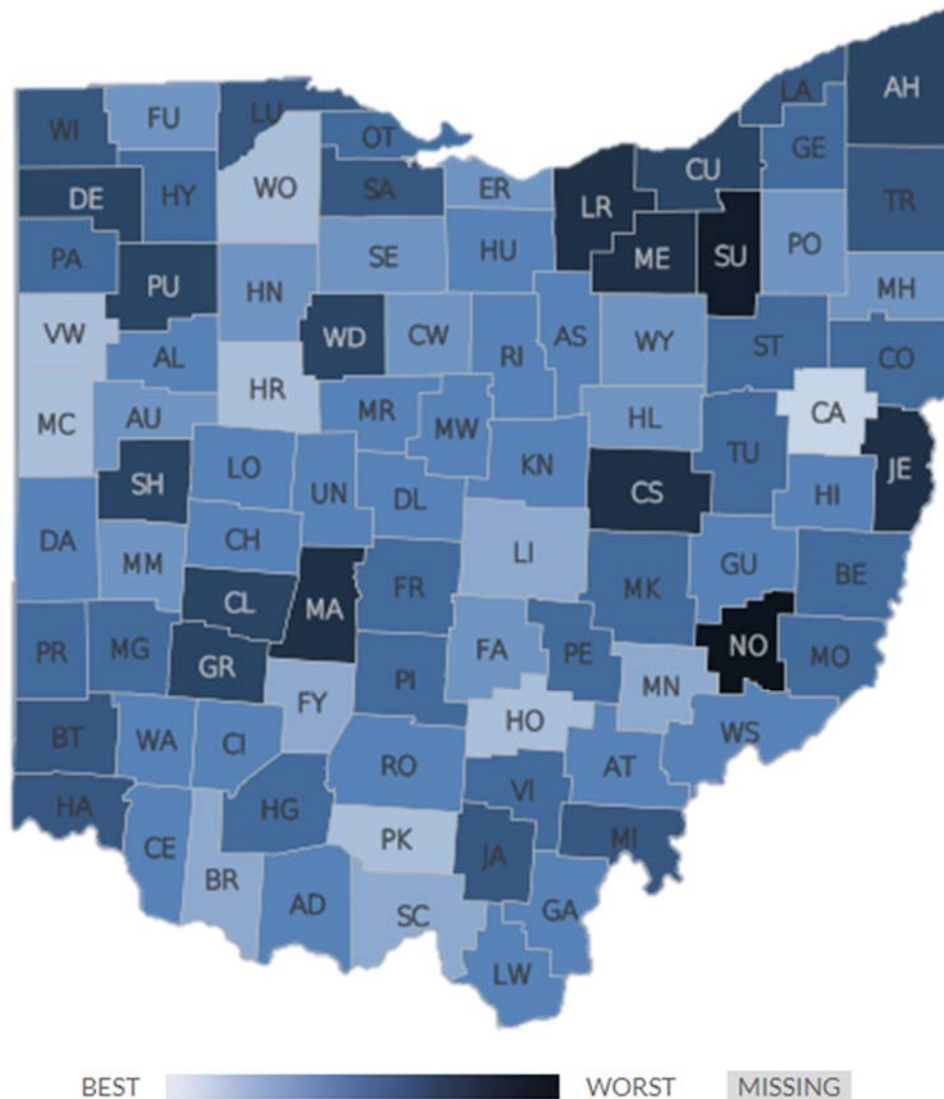
	City of Warren 2017	Trumbull County 2017	Ohio 2017
<b>Crashes</b>			
Property Damage Only (PDO) Crashes	604	3,287	226,756
Injury Crashes	214	1,186	75,435
Fatal Injury Crashes	1	12	1,094
Total Crashes	819	4,485	303,285
<b>Drivers</b>			
Total Drivers in Crashes	1,467	7,348	507,869
Alcohol Impaired Drivers in Crashes	36	238	11,666
Total Passengers in Crashes	511	2,832	179,664
<b>Alcohol-Related</b>			
Property Damage Only (PDO)	17	111	6,733
Injury (non-fatal)	21	128	4,898
Fatal Injury	0	2	297
Total Alcohol-Related Crashes	38	241	11,928
Alcohol-Related Deaths	0	2	314

*(Source: Ohio Department of Public Safety, Crash Reports, Traffic Crash Facts, Updated 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 Trumbull County is 38%.
- 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

Four percent (4%) of Trumbull County adults had used recreational marijuana during the past 6 months. Nine percent (9%) of adults had used 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

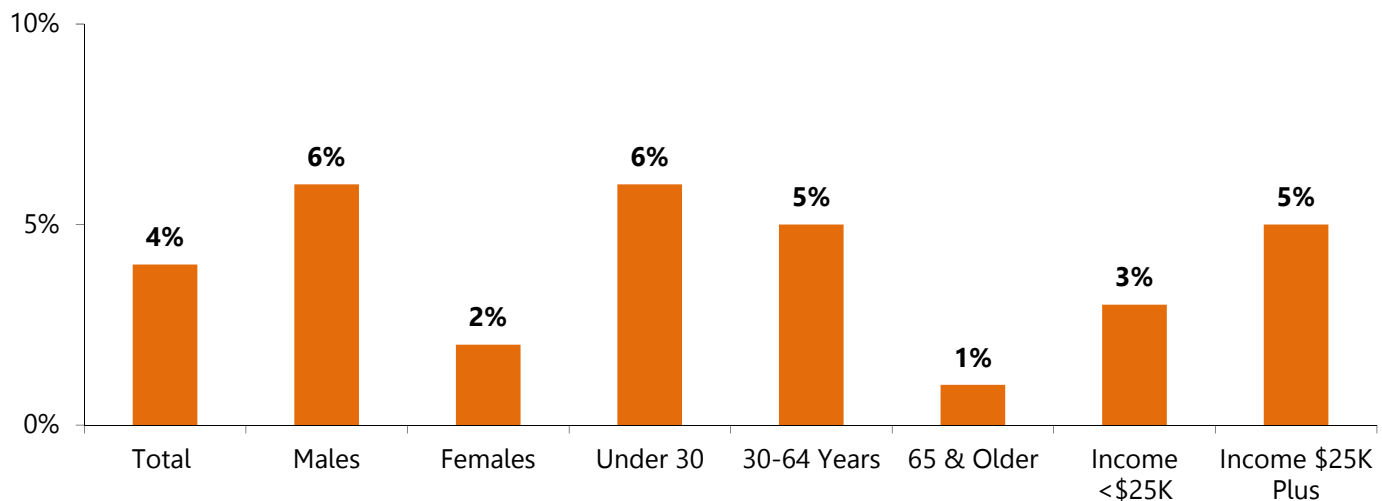
- Four percent (4%) of Trumbull County adults had used marijuana for recreational purposes in the past six months.
- Less than one percent (<1%) of adults had used wax, oil with THC, or edibles for recreational purposes.
- One percent (1%) of adults had used medical marijuana in the past six months.

### 6,436 Trumbull County adults used marijuana for recreational purposes in the past 6 months.

- Trumbull 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 (11%); medical marijuana (5%); wax, oil with THC edibles (4%); amphetamines, methamphetamine or speed (3%); cocaine, crack, or coca leaves (3%); inappropriate use of over-the-counter medications (3%); heroin/fentanyl (3%); synthetic marijuana/K2 (3%); bath salts (2%); LSD, mescaline, peyote, psilocybin, DMT, or mushrooms (2%); ecstasy or E, GHB, or Molly (1%); and inhalants such as glue, toluene, gasoline, duster, or paint (1%).

*The following graph indicates adult recreational marijuana use in the past 6 months. An example of how to interpret the information includes: 4% of Trumbull County adults used recreational marijuana in the past 6 months, including 6% of those under the age of 30 and 3% of those with incomes less than \$25,000.*

**Trumbull 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

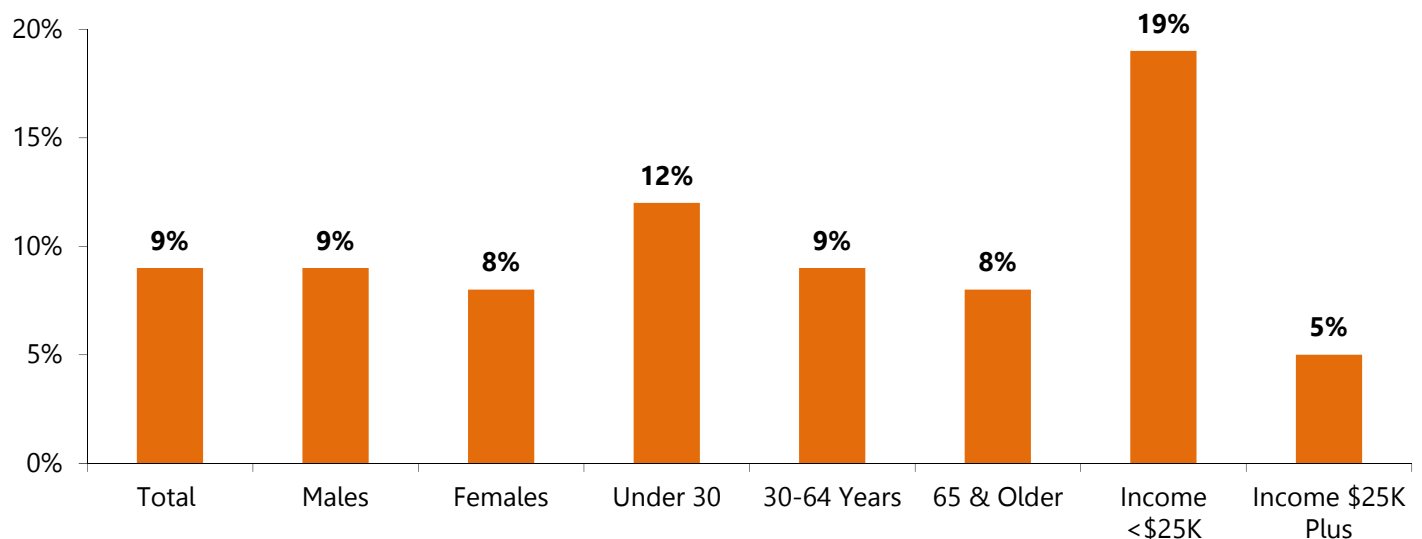
- Nine percent (9%) of adults had used drugs not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past six 6 months, increasing to 19% of those with incomes less than \$25,000.

**In the past 6 months, 14,481 Trumbull County adults used drugs not prescribed for them or took more than prescribed to feel good, high, and/or more active or alert.**

- Trumbull 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: tranquilizers such as Valium or Xanax (6%); Vicodin (5%); Codeine, Demerol, Morphine, Percocet, Dilaudid, or Fentanyl (4%); Tramadol/Ultram (4%); Suboxone or Methadone (4%); steroids (3%); OxyContin (3%); Ritalin, Adderall, Concerta, or other ADHD medication (2%); and Neurontin (2%).
- Trumbull County adults indicated they did the following with their unused prescription medication: took as prescribed (23%), threw them in the trash (14%), kept them (14%), took them to a medication collection program (13%), flushed them down the toilet (11%), took them to Drug Take Back Days (3%), kept them in a locked cabinet (3%), took them to the sheriff's office (2%), sold them (1%), mailer to ship back to pharmacy (<1%), medication was stolen (<1%), drug deactivation pouches (<1%), and other (2%).

*The following graphs indicates adult medication misuse in the past 6 months. An example of how to interpret the information includes: 9% of Trumbull County adults misused prescription drugs in the past 6 months, including 8% of females and 19% of those with incomes less than \$25,000.*

**Trumbull County Adult Prescription Drug Misuse 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.*

## Treatment Programs and Services

- Three percent (3%) of Trumbull 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: had not thought of it (1%), stigma of seeking drug services (1%), stigma of seeking alcohol services (1%), fear (1%), did not know how to find a program (1%), could not afford to go (1%), no openings (1%), did not want to miss work (1%), did not want to get in trouble (<1%), could not get to the office/clinic (<1%), transportation (<1%), wait time (<1%), insurance did not cover it (<1%), and other reasons (4%). Eighty-nine percent (89%) of adults indicated this type of program was not needed.

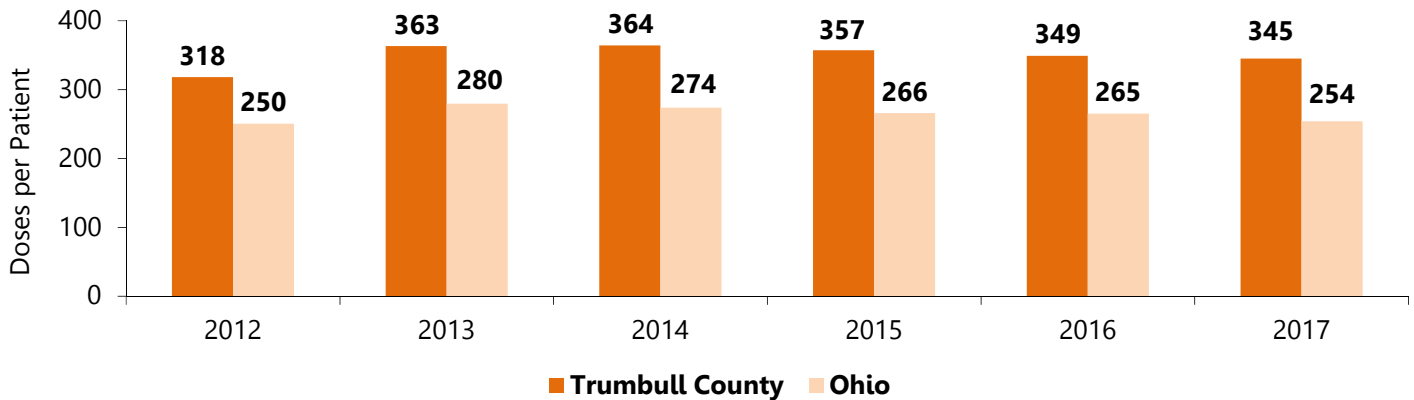
Adult Comparisons	Trumbull County 2018-2019	Ohio 2017	U.S. 2017
Adults who used recreational marijuana or hashish in the past 6 months	4%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	9%	N/A	N/A

N/A – Not Available

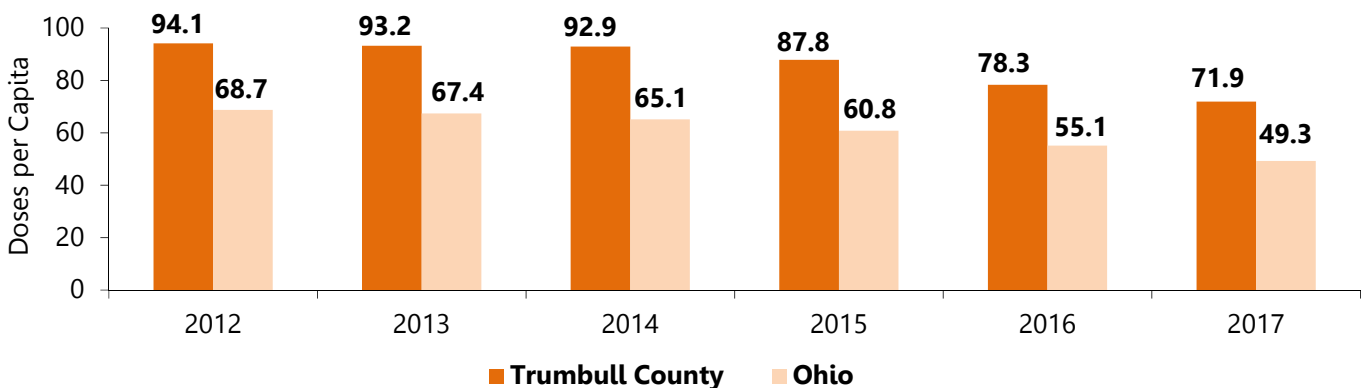
## Opiate and Pain Reliever Doses

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

**Trumbull County and Ohio Number of Opiate and Pain Reliever Doses Per Patient, 2012-2017**



**Trumbull County and Ohio Number of Opiate and Pain Reliever Doses Per Capita, 2012-2017**

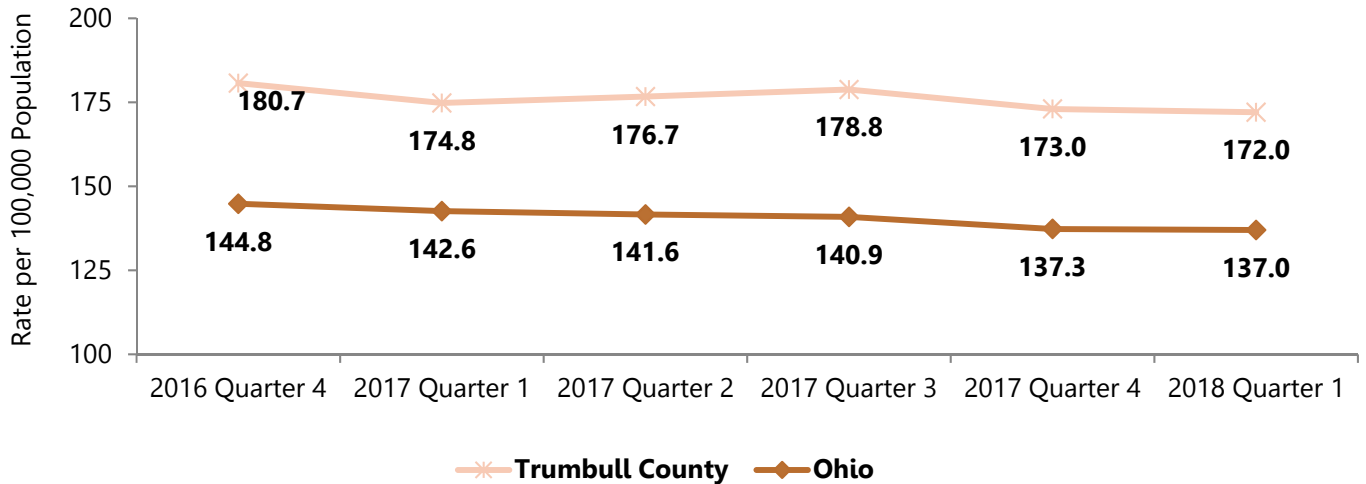


(Source: Ohio Automated Rx Reporting System, Quarterly County Data)

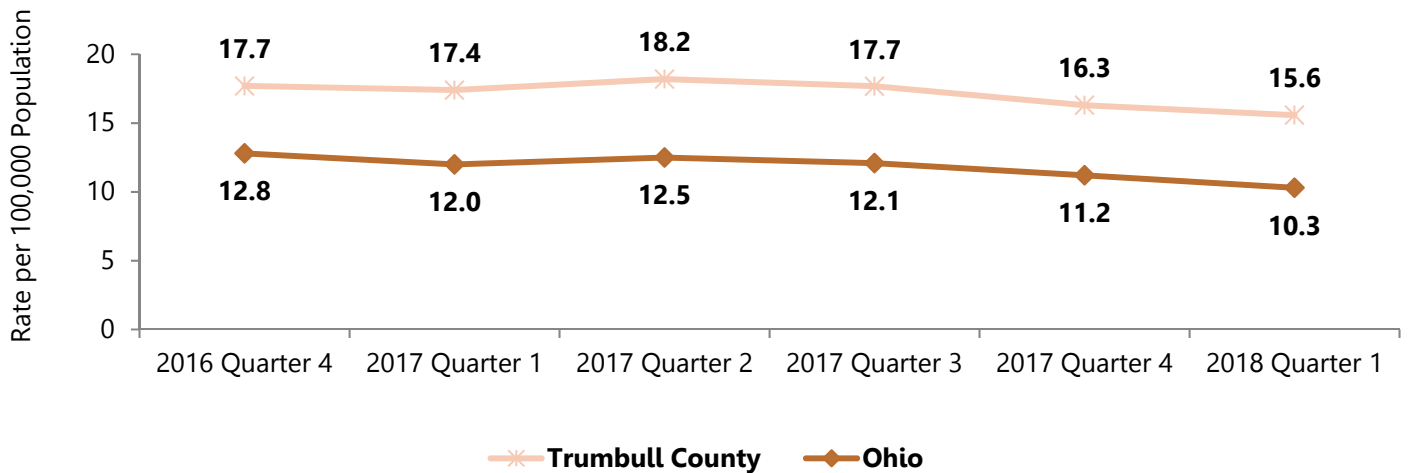
## Opioid Doses

The following graphs show Trumbull County and Ohio quarterly opiate and pain reliever doses per patient and per capita, and annual unintentional drug overdose deaths.

**Number of Opioid Doses Per Patient, Quarterly from 2016-2018**



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



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

## 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 Trumbull 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		
<b>Trumbull County</b>	29	30	58	41	43	43	57	34	37	54	89	111	135	460	37.6	42.0
<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

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

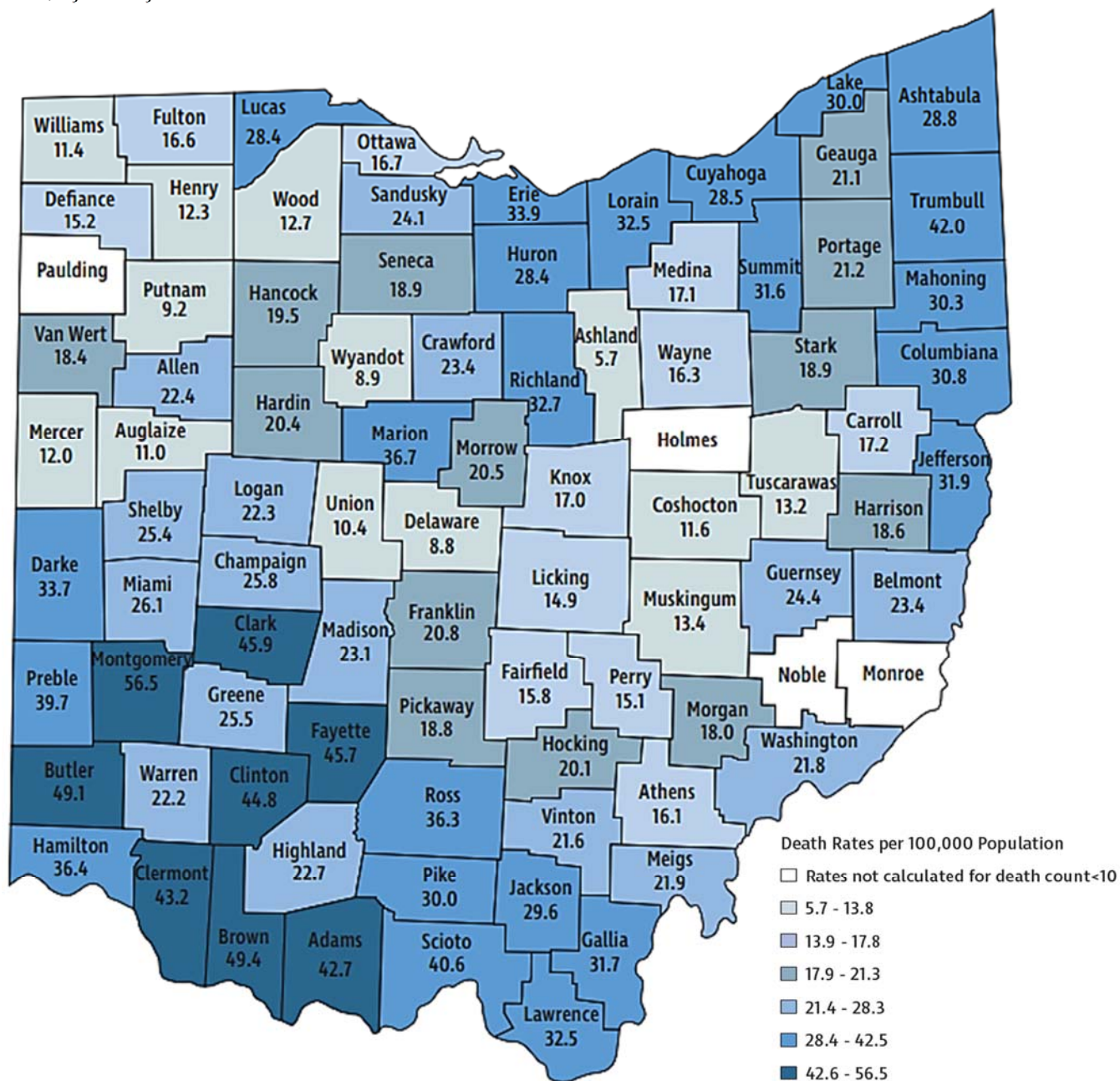
### Ohio's New Limits on Prescription Opiates

- 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)*

## Age-Adjusted Unintentional Drug Overdose Death Rates for Ohio

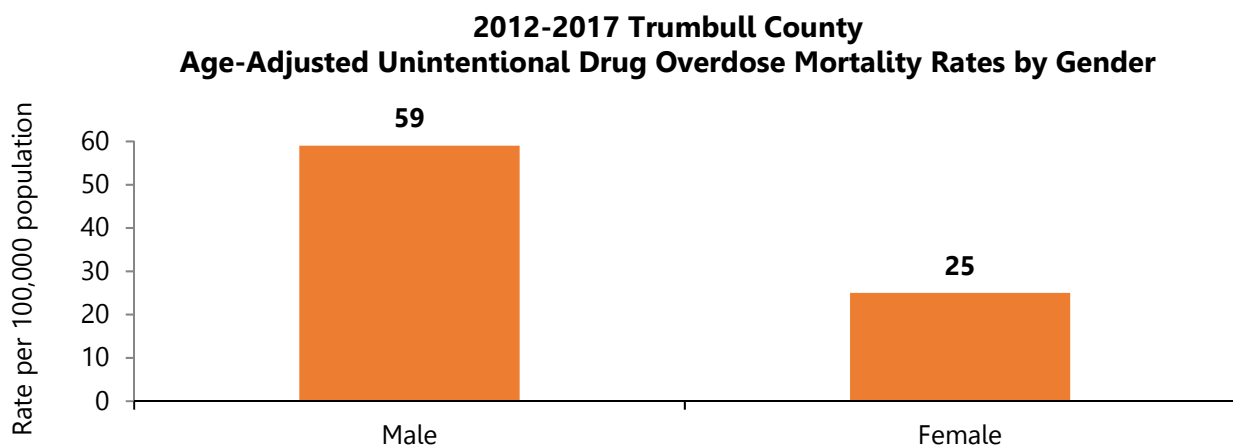
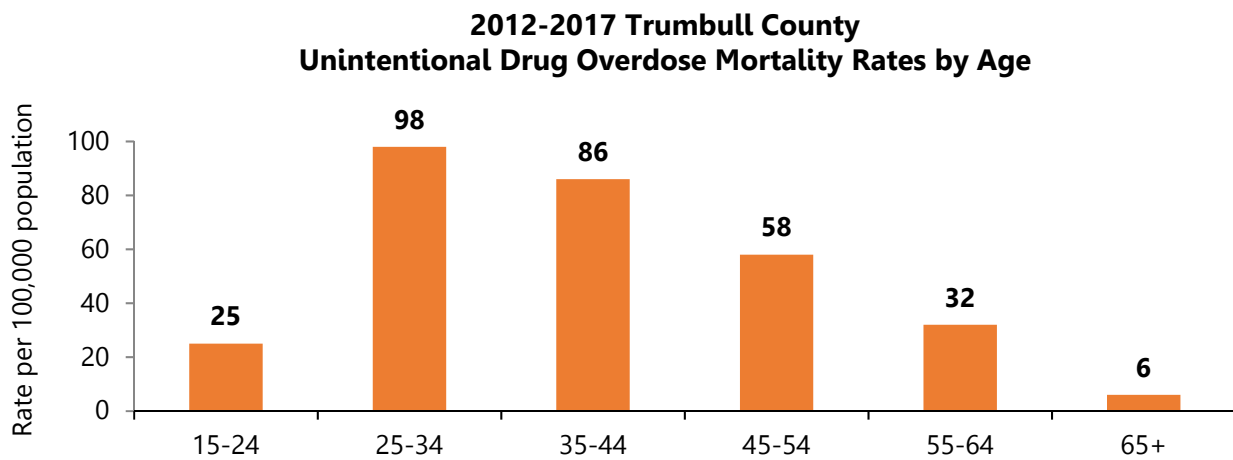
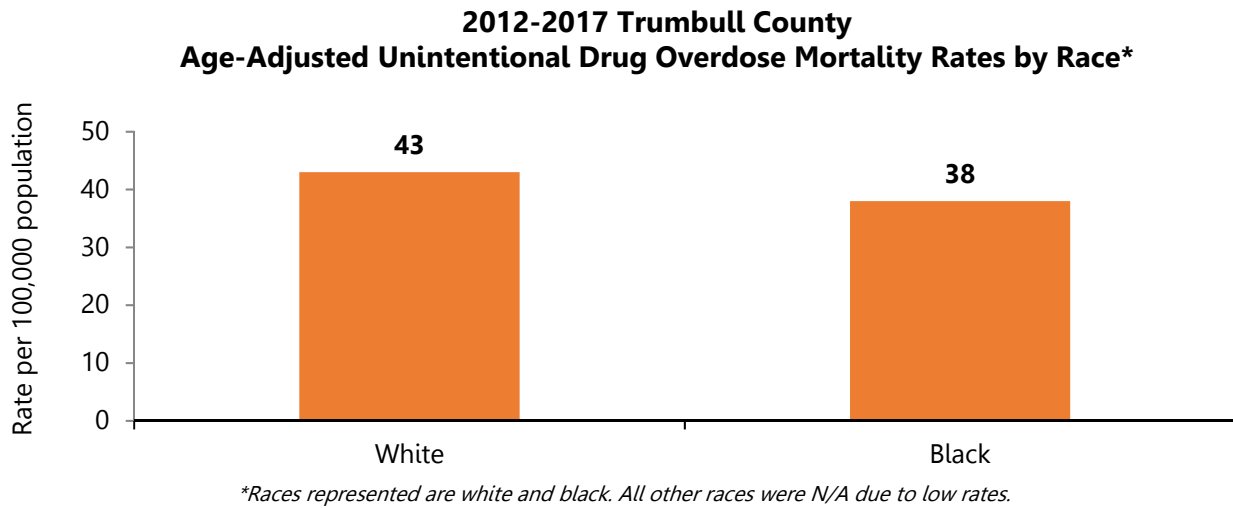
The following map illustrates the average age-adjusted unintentional drug overdose death rate per 100,000 population, by county from 2012-2017.



(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.



(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)

## Emergency Response to Unintentional Drug Overdose

- The following table illustrates the emergency response to drug overdoses.

**Trumbull County Emergency Department and Emergency Response to Drug Overdoses**

	2017	2018
<b>January</b>	73	49
<b>February</b>	45	41
<b>March</b>	189	22
<b>April</b>	108	46
<b>May</b>	108	60
<b>June</b>	102	68
<b>July</b>	117	90
<b>August</b>	77	101
<b>September</b>	215	86
<b>October</b>	102	82
<b>November</b>	60	56
<b>December</b>	58	63
<b>Total</b>	1254	764

(Source: Trumbull County Combined Health District, Overdose Reports - <https://epicenter.hmsinc.com/epicenter/login.html> (Epi Center - web based secure database – Data comes from emergency and urgent care visits.)

## Trumbull County Reportable Diseases

- Trumbull County Reportable Diseases (confirmed & probable cases) that can be caused by drug abuse/sharing needles.

	2016	2017	2018
<b># Hepatitis A</b>	0	0	24
<b># Hepatitis C (chronic)</b>	348	438	520

(Source: Trumbull County Combined Health District, ODRS - <https://odhgateway.odh.ohio.gov/HomePage.aspx> (Ohio Disease Reporting System – web based secure database – Data comes from labs that have to, by law, report certain diseases to the state.)



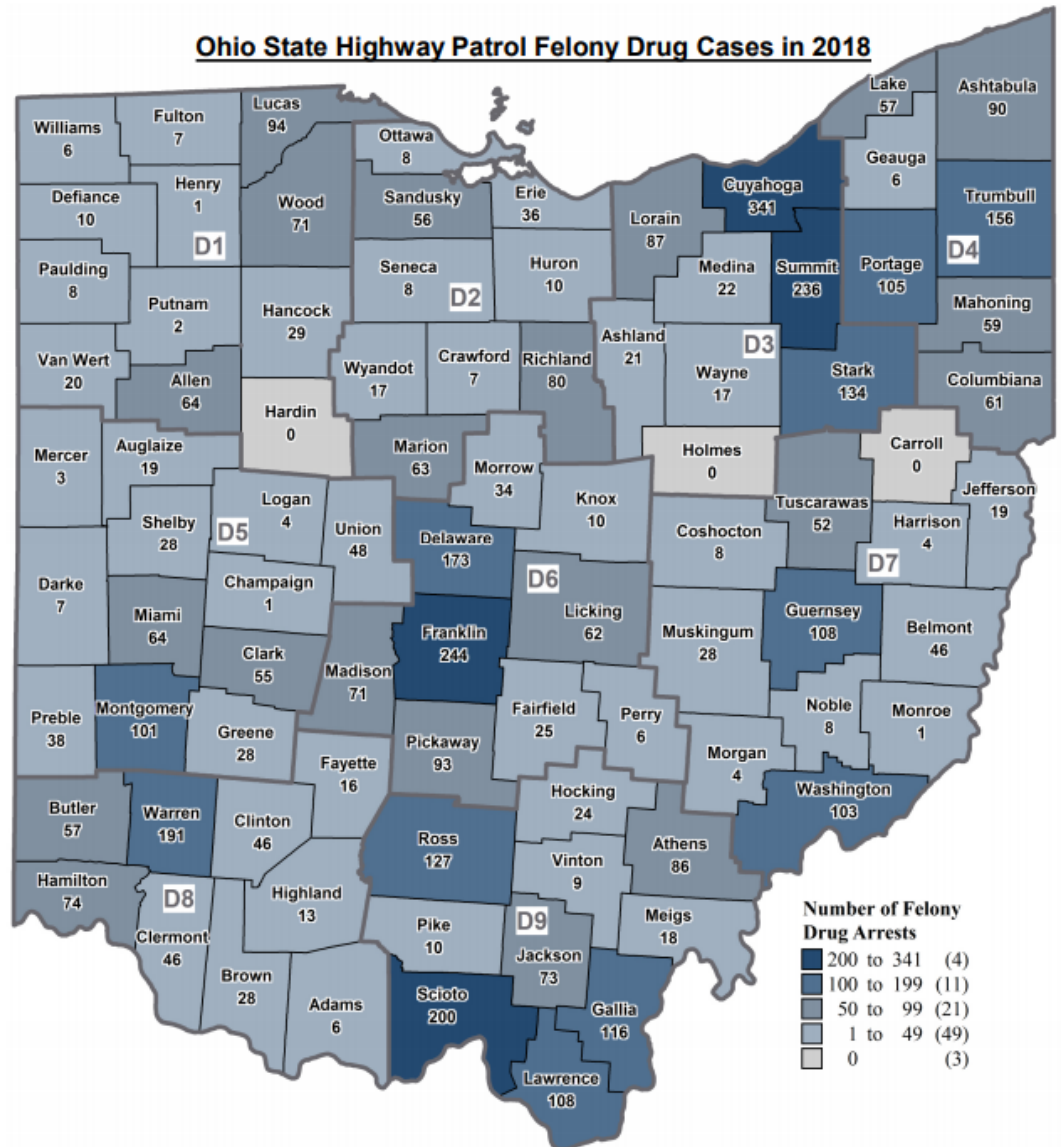
## Felony Cases and Drug Arrests January – June 2018

- 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 <sup>1</sup>	
Homicide/Death	45
Robbery/Burglary	7
Larceny	686
Assault	2,170
False pretense <sup>2</sup>	185
Vice <sup>3</sup>	4,768
Property crimes	153
Other investigations	307
<b>Total:</b>	<b>8,321</b>

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: Adult Sexual Behavior

## Key Findings

Sixty-eight percent (68%) of Trumbull County adults had sexual intercourse. Seven percent (7%) of adults had more than one partner.

## Adult Sexual Behavior

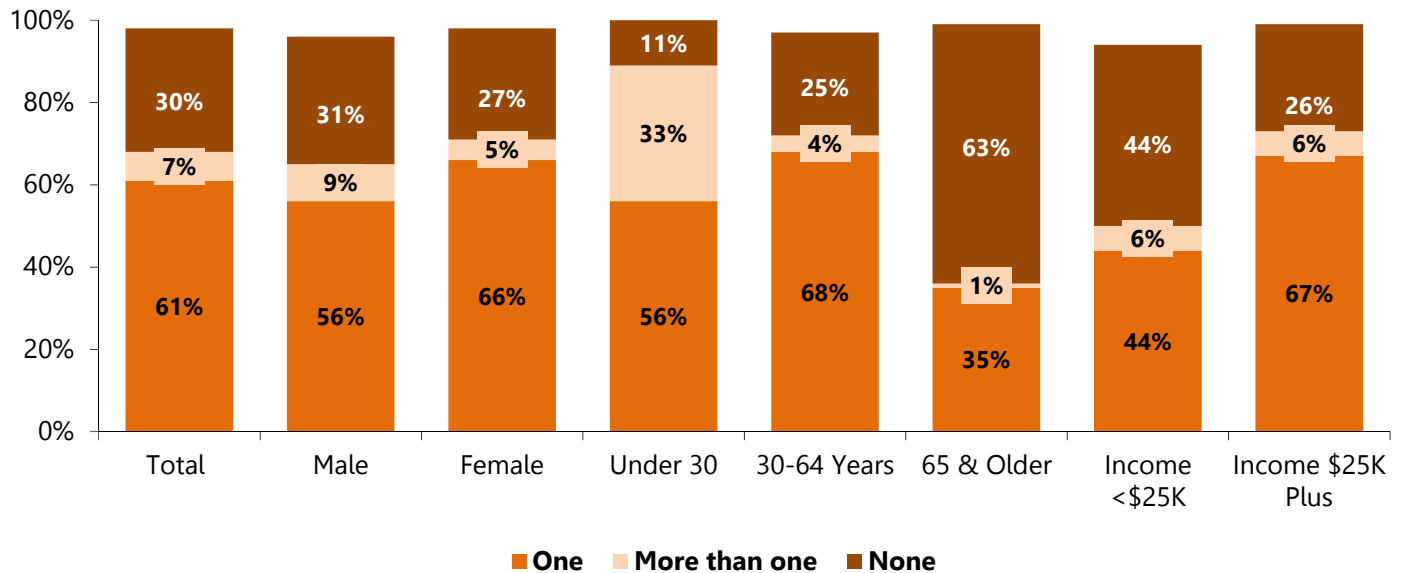
- Seven percent (7%) of adults reported they had intercourse with more than one partner in the past year.
- Adults used the following methods of birth control:
  - No partner/not sexually active (26%)
  - They or their partner were too old (20%)
  - Hysterectomy (10%)
  - Birth control pill (10%)
  - Vasectomy (9%)
  - Tubes tied (8%)
  - Condoms (8%)
  - Infertility (4%)
  - Withdrawal (4%)
  - IUD (3%)
  - Ovaries or testicles removed (2%)
  - Having sex only at certain times (2%)
  - Diaphragm or cervical ring (1%)
  - Shots (1%)
  - Contraceptive implants (1%)
- Nine percent (9%) of Trumbull County adults were not using any method of birth control and 4% were trying to get pregnant.
- The following situations applied to Trumbull County adults in the past year:
  - Had sex without a condom (32%)
  - Had anal sex without a condom (5%)
  - Tested for an STD (5%)
  - Engaged in sexual activity following drug or alcohol use they would not have done if sober (3%)
  - Injected drugs other than prescribed (2%)
  - Had sexual activity with someone of the same gender (1%)
  - Treated for an STD (1%)
  - Tested positive for Hepatitis C (1%)
  - Tested positive for HPV (1%)
  - Had sex with someone they did not know (1%)
  - Had 4 or more sexual partners (1%)
  - Had sex with someone they met on social media (1%)
  - Were forced to have sex (<1%)

Adult Comparisons	Trumbull County 2018-2019	Ohio 2017	U.S. 2017
<b>Had more than one sexual partner in past year</b>	7%	N/A	N/A

N/A – Not available

The following graph shows the sexual activity of Trumbull County adults. An example of how to interpret the information in the graph includes: 61% of all Trumbull County adults had one sexual partner in the last 12 months, 7% had more than one partner and 30% did not have a sexual partner.

**Number of Sexual Partners in the Past Year**



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

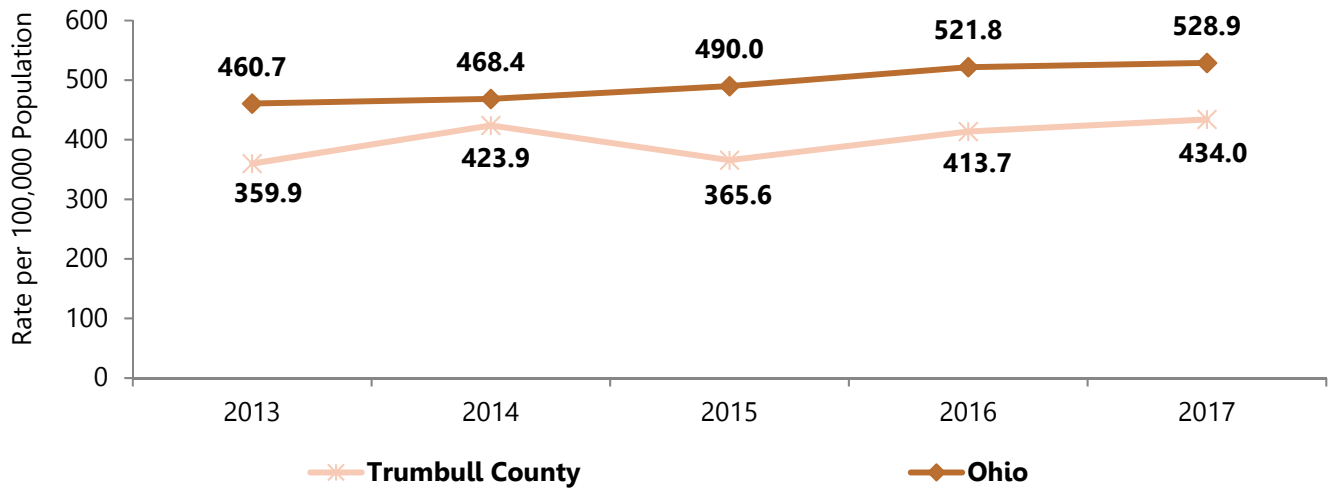
(Source: RAINN 25 years, Scope of the Problem: Statistics, 2019)

## Chlamydia

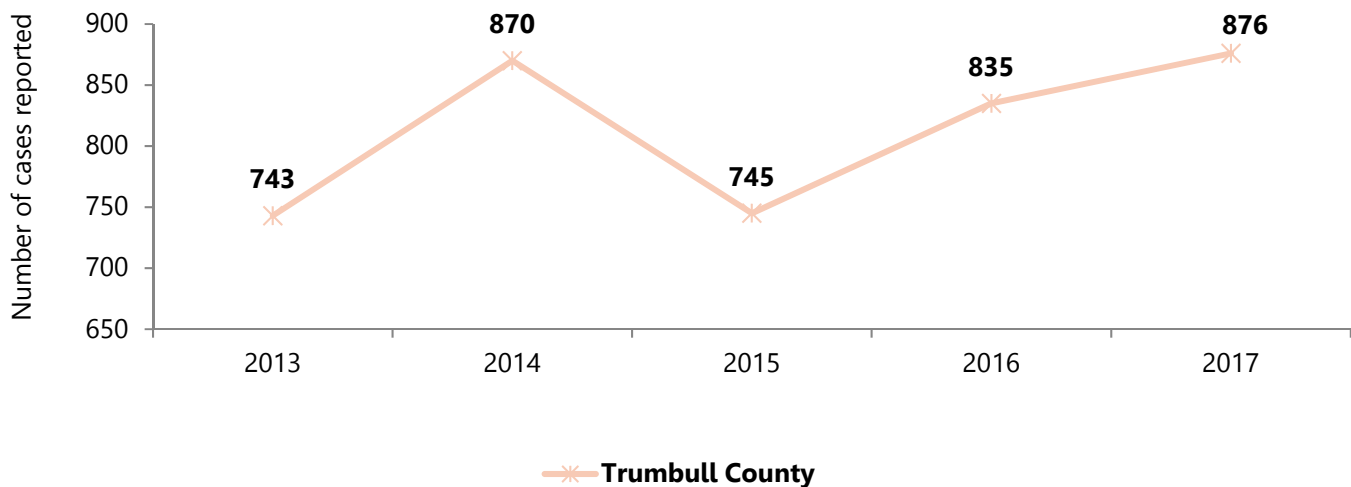
The following graphs show Trumbull County chlamydia disease rates per 100,000 population. The graphs show:

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

### Chlamydia Annualized Disease Rates for Trumbull County and Ohio



### Annualized Count of Chlamydia Cases for Trumbull County



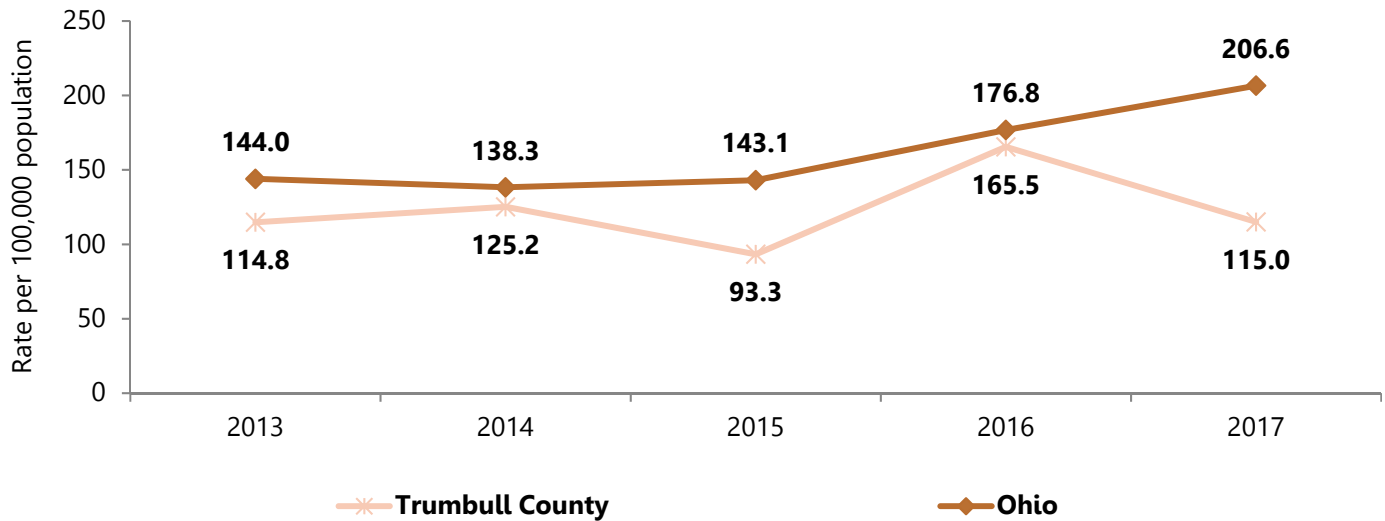
(Source: Ohio Department of Health, STD Surveillance Program, Data reported through 5/24/2018)

## Gonorrhea

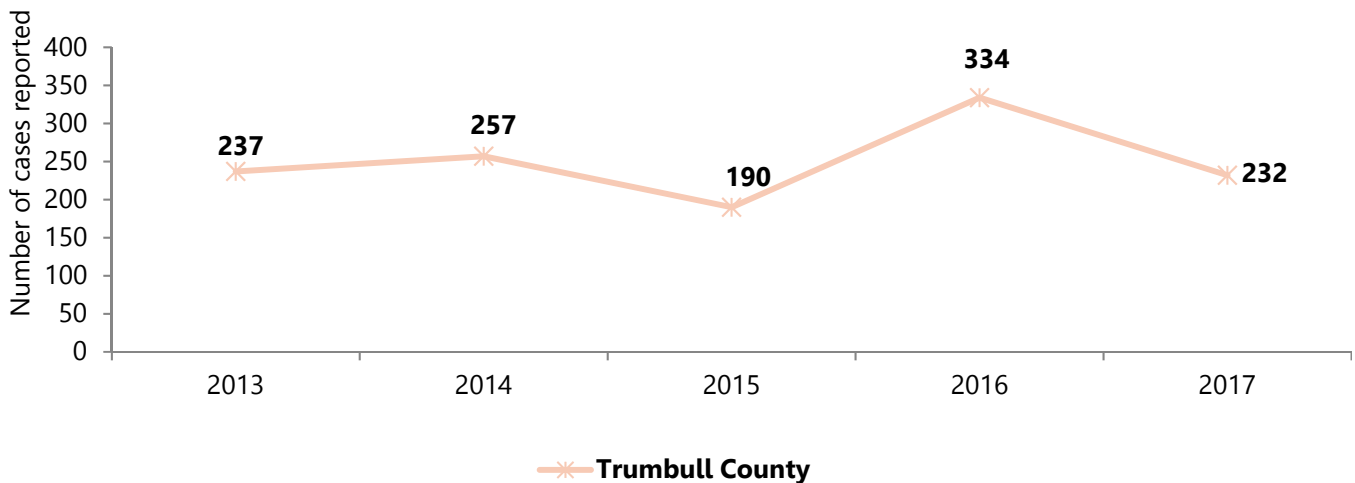
The following graphs show Trumbull County gonorrhea disease rates per 100,000 population. The graphs show:

- The Trumbull County gonorrhea rate fluctuated from 2013 to 2017.
- The Ohio gonorrhea rate stayed about the same from 2013 to 2015, then increased significantly in 2015-2017.
- The Trumbull County gonorrhea cases fluctuated from 2013-2017.

**Gonorrhea Annualized Disease Rates for Trumbull County and Ohio**



**Annualized Count of Gonorrhea Cases for Trumbull County**



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

# Health Behaviors: Adult Mental Health

## Key Findings

Sixteen percent (16%) of Trumbull 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. Five percent (5%) of Trumbull County adults considered attempting suicide.

## Adult Mental Health

- In the past year, 16% of Trumbull 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.
- Five percent (5%) of Trumbull County adults seriously considered attempting suicide in the past year.
- One percent (1%) of adults reported actually attempting suicide in the past year.

Adult Comparisons	Trumbull County 2018-2019	Ohio 2017	U.S. 2017
<b>Felt sad or hopeless for two or more weeks in the past year</b>	16%	N/A	N/A
<b>Seriously considered attempting suicide in the past year</b>	5%	N/A	N/A
<b>Attempted suicide in the past year</b>	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:
  - Depression (24%)
  - Anxiety or emotional problems (21%)
  - An anxiety disorder (15%)
  - Bipolar disorder (8%)
  - Attention deficit disorder (ADD/ADHD) (7%)
  - Alcohol and illicit drug abuse (6%)
  - Post-traumatic stress disorder (PTSD) (5%)
  - Other trauma (4%)
  - Developmental disability (4%)
  - Psychotic disorder (4%)
  - Autism spectrum (3%)
  - Life-adjustment disorder/issue (2%)
  - Eating disorder (2%)
  - Problem gambling (1%)
  - Some other mental health disorder (5%)
- Trumbull County adults indicated the following caused them anxiety, stress or depression:
  - Financial stress (36%)
  - Job stress (30%)
  - Other stress at home (21%)
  - Poverty/no money (20%)
  - Death of close family member or friend (19%)
  - Marital/dating relationships (17%)
  - Sick family member (17%)
  - Fighting in the home (14%)
  - Unemployment (8%)
  - Caring for a parent (8%)
  - Family member with a mental illness (7%)
  - Not having enough to eat (3%)
  - Not feeling safe in the community (2%)
  - Not feeling safe at home (2%)
  - Divorce/separation (2%)
  - Not having a place to live (1%)
  - Other (12%)

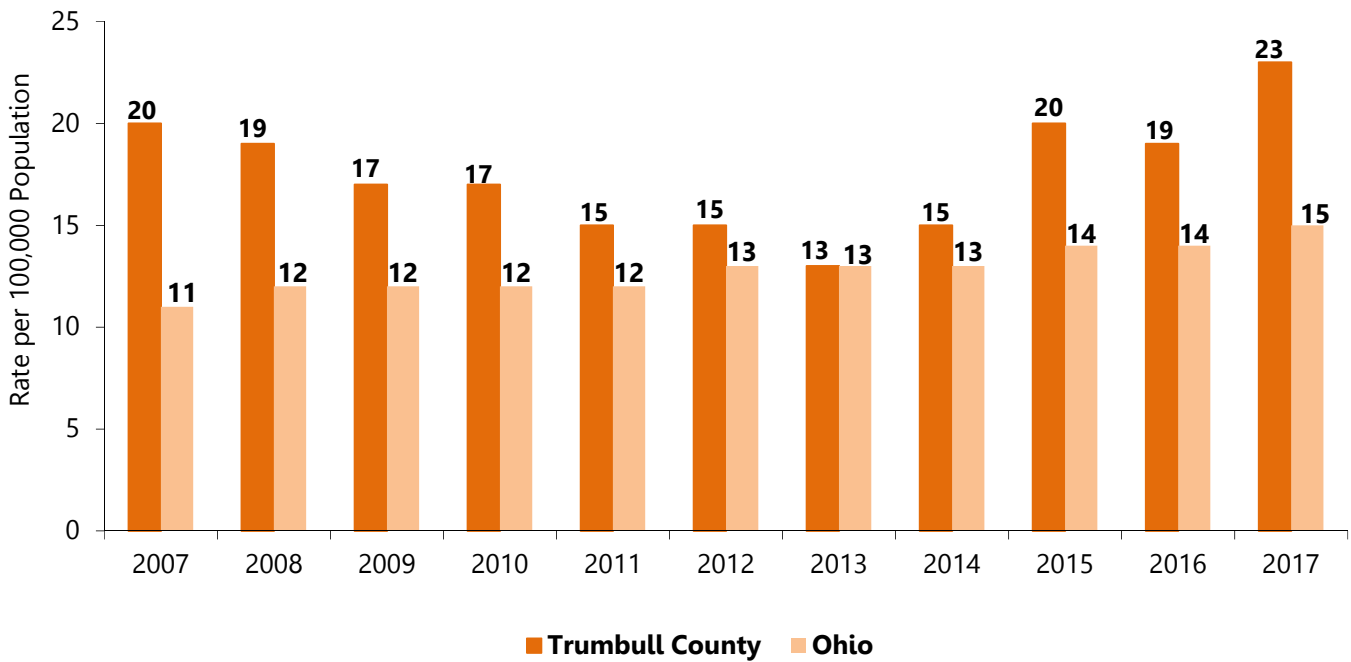
- Trumbull County adults dealt with stress in the following ways:
  - Talked to someone they trust (39%)
  - Prayer/meditation (38%)
  - Ate more or less than normal (31%)
  - Exercised (30%)
  - Slept (29%)
  - Listened to music (29%)
  - Worked on a hobby (23%)
  - Worked (20%)
  - Drank alcohol (12%)
  - Smoked tobacco (8%)
  - Took it out on others (7%)
  - Used prescription drugs as prescribed (4%)
  - Called a professional (2%)
  - Used illegal drugs (2%)
  - Misused prescription drugs (<1%)
  - Other ways (12%)

**8,045 Trumbull County adults considered attempting suicide in the past year.**

### Death by Suicide

*The graph below shows the Ohio and Trumbull County age-adjusted mortality rates for death by suicide by year.*

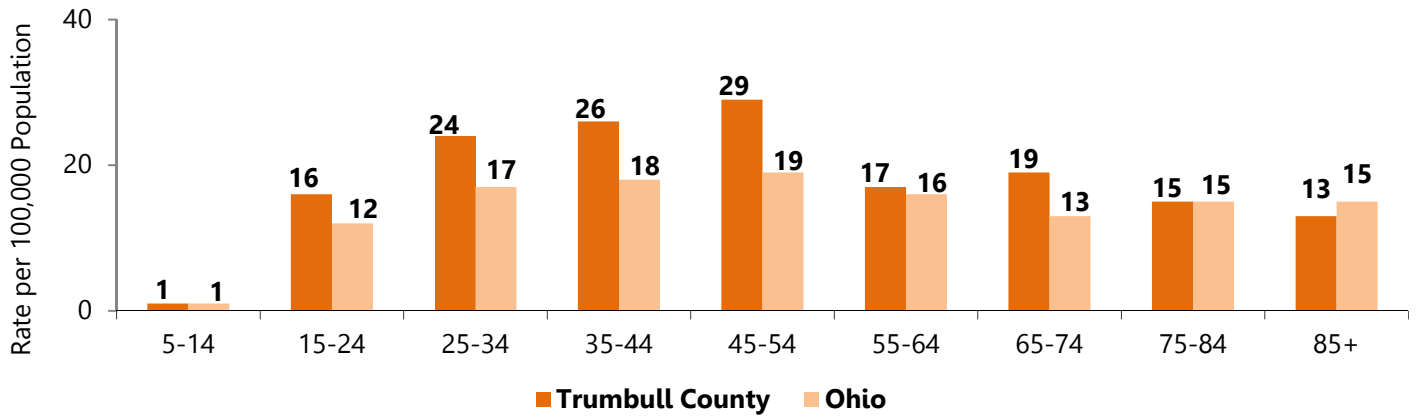
**Ohio and Trumbull County Age-Adjusted Mortality Rates for Death By Suicide, By Year, 2007-2017**



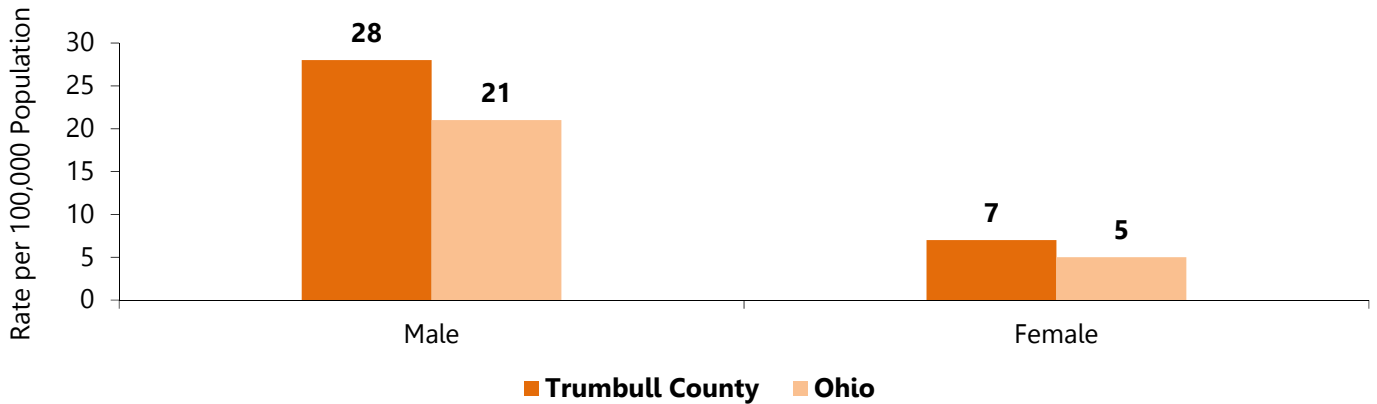
*(Source: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death)*

The graphs below show the Ohio and Trumbull County age-adjusted mortality rates for death by suicide by age group, gender and race.

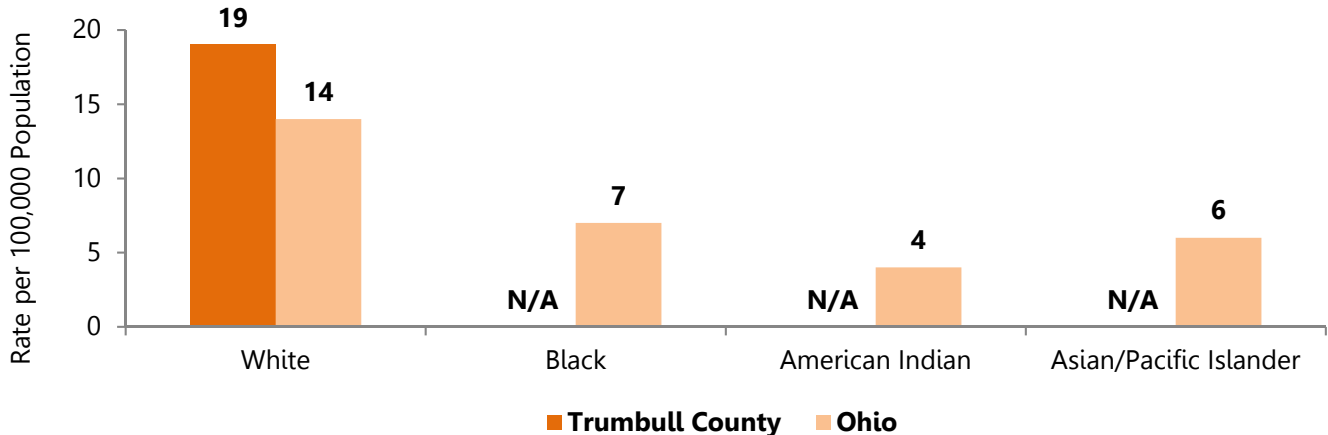
**Ohio and Trumbull County Age-Adjusted Mortality Rates for Death By Suicide, By Age Group, 2007-2017**



**Ohio and Trumbull County Age-Adjusted Mortality Rates for Death By Suicide, By Gender, 2007-2017**



**Ohio and Trumbull County Age-Adjusted Mortality Rates for Death By Suicide, By Race, 2007-2017**



# Chronic Disease: Cardiovascular Health

## Key Findings

Almost two-fifths (39%) of adults had been diagnosed with high blood pressure and 40% have been diagnosed with high blood cholesterol.

## Heart Disease and Stroke

- Six percent (6%) of adults reported they had survived a heart attack or myocardial infarction, increasing to 12% of those over the age of 65.
- Five percent (5%) of Trumbull County adults reported they had survived a stroke, increasing to 13% of those over the age of 65.
- Six percent (6%) of adults reported they had angina or coronary heart disease, increasing to 14% of those over the age of 65.
- Four percent (4%) of adults reported they had congestive heart failure, increasing to 9% of those over the age of 65.

## Trumbull County Leading Causes of Death, 2015-2017

**Total Deaths: 7,912**

- Heart Diseases (26% of all deaths)
- Cancers (20%)
- Accidents, Unintentional Injuries (7%)
- Chronic Lower Respiratory Diseases (6%)
- Stroke (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)*

**64,361 adults had been diagnosed with high blood cholesterol.**

## High Blood Pressure (Hypertension)

- Almost two-fifths (39%) of adults had been diagnosed with high blood pressure.
- Five percent (5%) of adults were told they were pre-hypertensive/borderline high.
- Ninety-one percent (91%) of adults had their blood pressure checked within the past year.
- Trumbull County adults diagnosed with high blood pressure were more likely to have:
  - Rated their health as fair or poor (68%)
  - Been age 65 years or older (63%)
  - Incomes less than \$25,000 (47%)
  - Been classified as overweight or obese by Body Mass Index (44%)

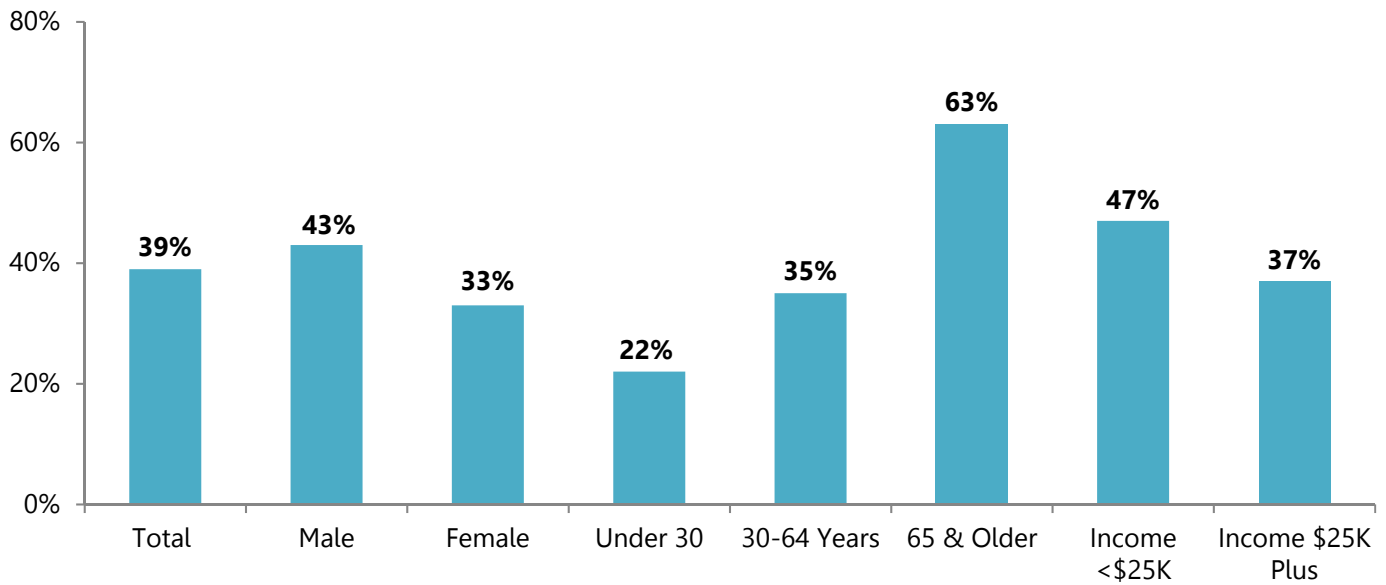
## High Blood Cholesterol

- 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.
- Trumbull County adults with high blood cholesterol were more likely to:
  - Have rated their health as fair or poor (58%)
  - Have been ages 65 years or older (55%)
  - Have been classified as overweight or obese by Body Mass Index-BMI (44%)



*The following graphs show the number of Trumbull 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: 39% of all Trumbull County adults have been diagnosed with high blood pressure, including 43% of males, 33% of females, and 63% of those 65 years and older.*

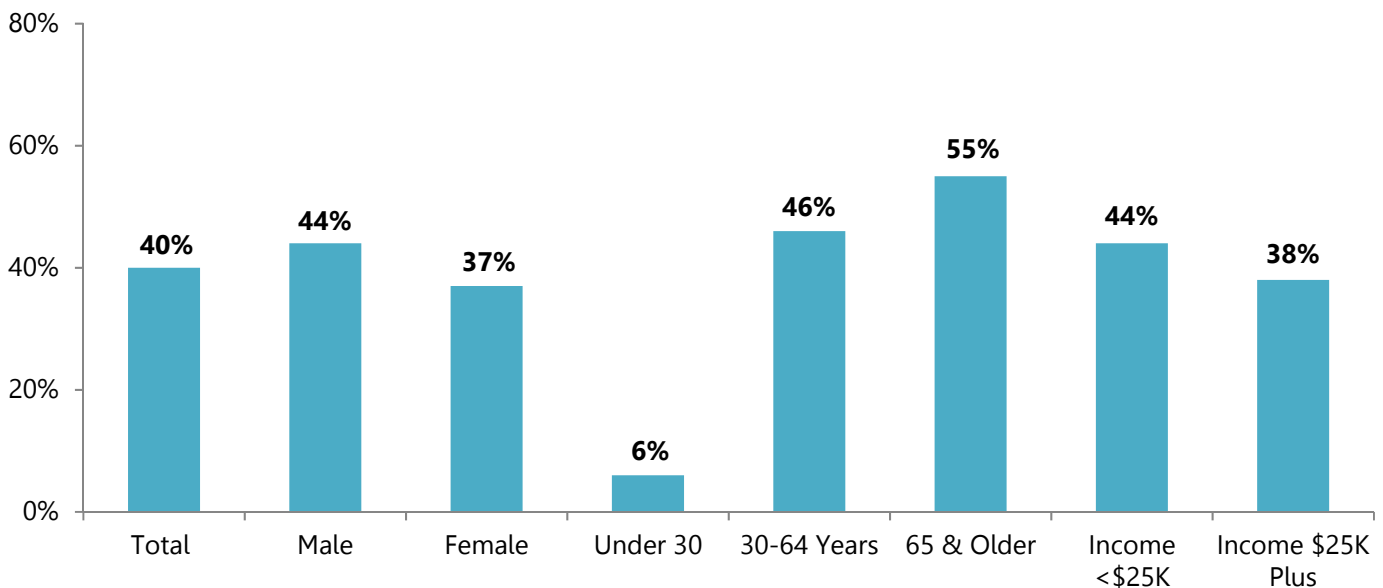
### Diagnosed with High Blood Pressure\*



*\*Does not include respondents who indicated high blood pressure during pregnancy only.*

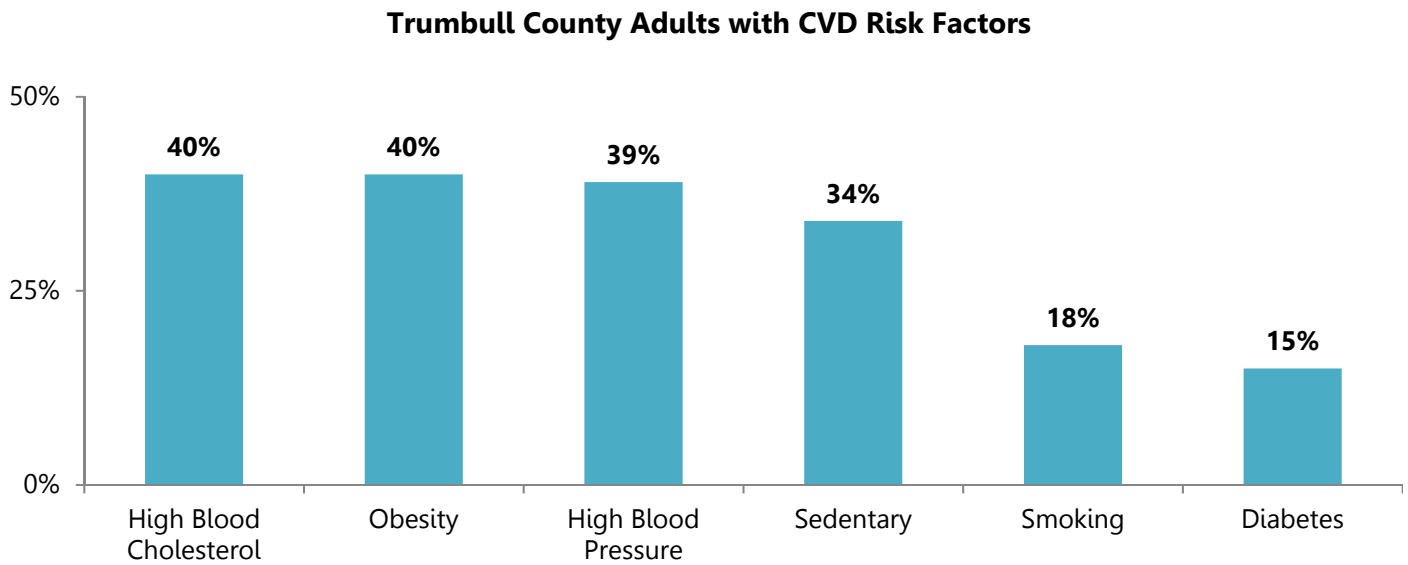
*Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.*

### Diagnosed with High Blood Cholesterol



*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 demonstrates the percentage of Trumbull County adults who had major risk factors for developing cardiovascular disease (CVD).



Adult Comparisons	Trumbull County 2018-2019	Ohio 2017	U.S. 2017
Ever diagnosed with angina or coronary heart disease	6%	5%	4%
Ever diagnosed with a heart attack or myocardial infarction	6%	6%	4%
Ever diagnosed with a stroke	5%	4%	3%
Had been told they had high blood pressure	39%	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 Trumbull Survey Population Baseline	2017 U.S. Baseline	Healthy People 2020 Target
<b>HDS-5: Reduce proportion of adults with hypertension</b>	39%	32% Adults age 18 and up	27%
<b>HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years</b>	80%	86% Adults age 18 and up	82%
<b>HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)</b>	40%	33% Adults age 20+ with TBC > 240 mg/dl	14%

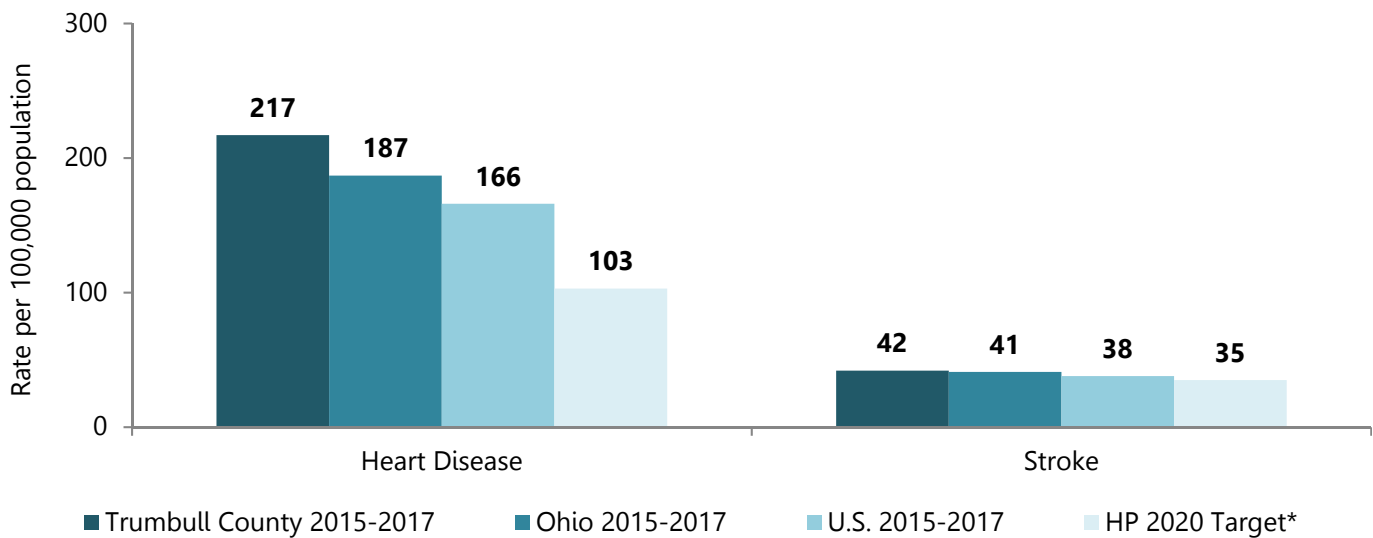
*Note: All U.S. figures age-adjusted to 2000 population standard.  
(Source: Healthy People 2020, 2017 BRFSS, 2018-2019 Trumbull County Community Health Assessment)*

## 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.

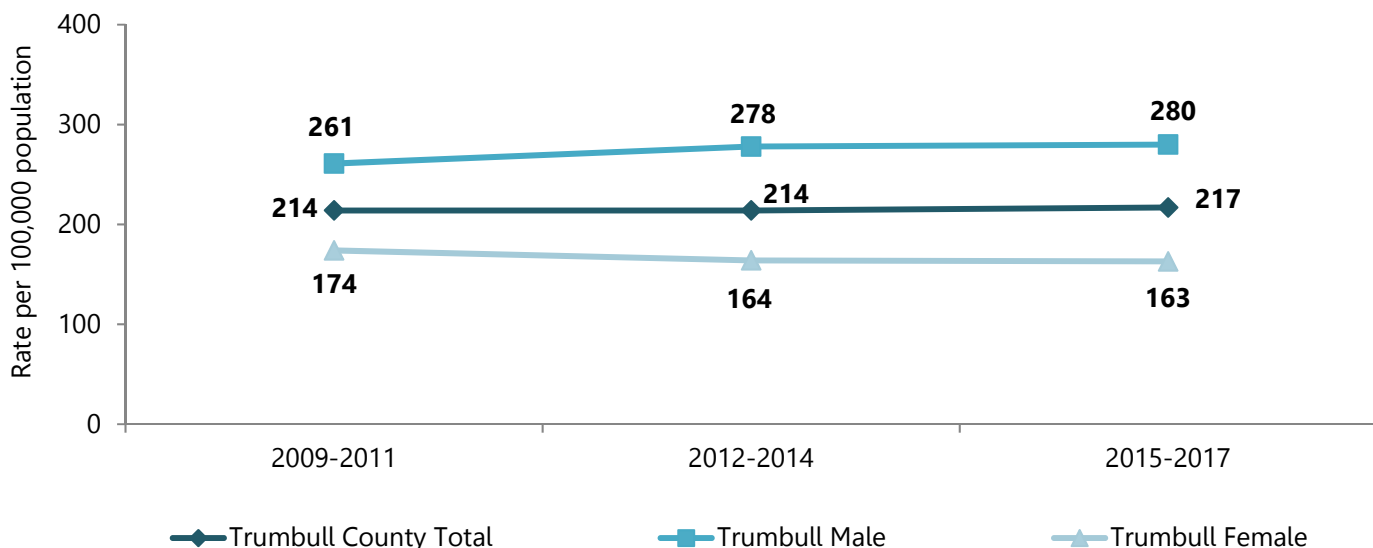
- When age differences are accounted for, the statistics indicate that the Trumbull County heart disease mortality rate was higher than the figures for the state, the U.S., and the Healthy People 2020 target from 2015-2017.
- The 2015-2017 Trumbull County age-adjusted stroke mortality rate was higher than the Ohio rate, the U.S. rate, and the Healthy People 2020 target objective.
- From 2009-2017, the Trumbull County female age-adjusted heart disease mortality rates decreased, while the Trumbull County male age-adjusted heart disease mortality rates increased.

### Age-Adjusted Heart Disease and Stroke Mortality Rates



\*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)

### Trumbull County Age-Adjusted Heart Disease Mortality Rates by Gender



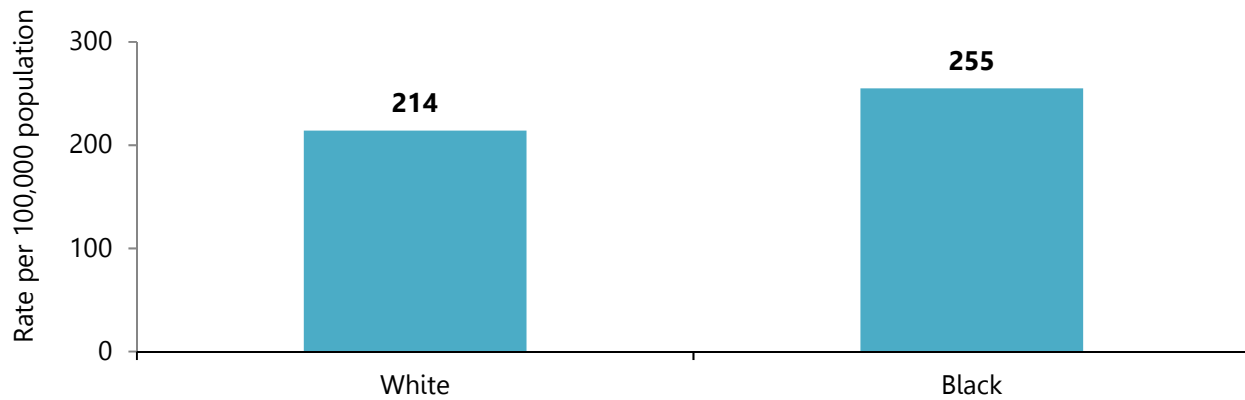
(Source: Ohio Public Health Data Warehouse, 2009-2017)

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

The following graph shows the age-adjusted mortality rates per 100,000 population for heart disease by race and stroke by gender. The graphs show:

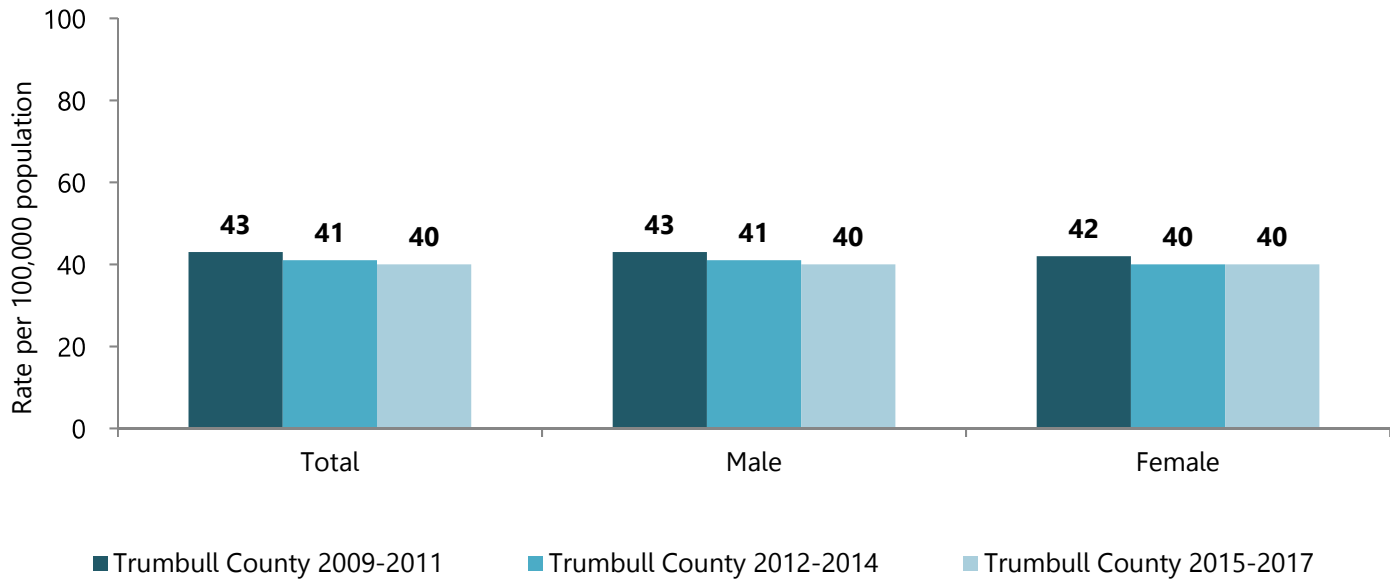
- From 2015-2017, the age-adjusted heart disease mortality rate was higher for blacks as compared to whites.
- From 2009-2017, the Trumbull County stroke mortality rate decreased slightly.
- From 2015-2017, the Trumbull County stroke mortality rate was the same for females and males.

**2015-2017 Trumbull County  
Age-Adjusted Heart Disease 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)

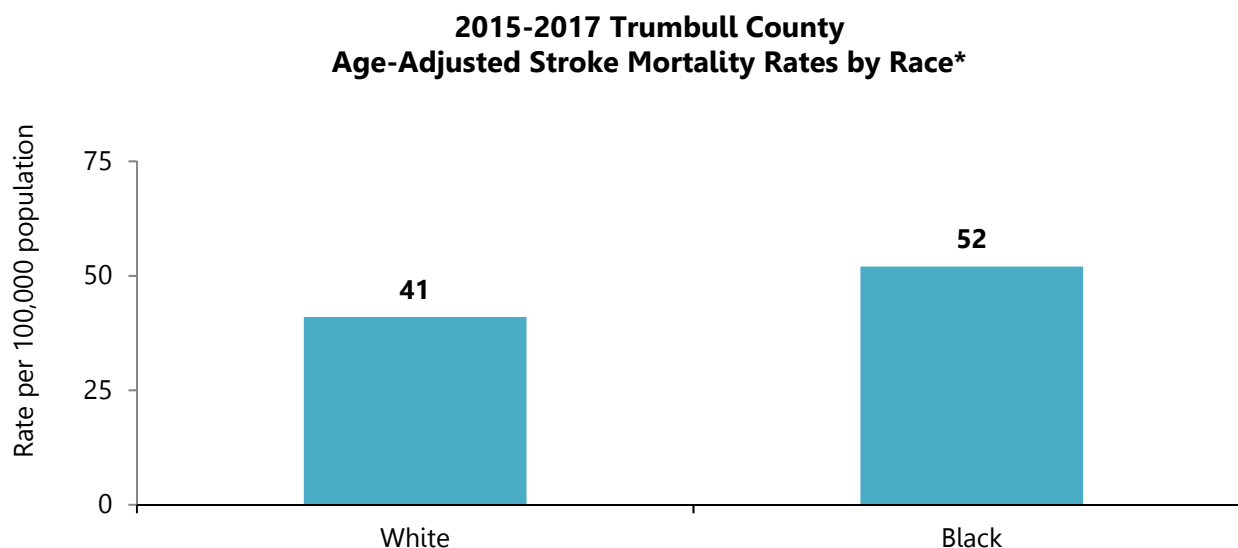
**Age-Adjusted Stroke Mortality Rates by Gender**



(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 stroke 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)*

### 2018 ACC/AHA Guidelines on Cholesterol

- The new 2018 ACC/AHA Guideline on the Management of Blood Cholesterol allows for more personalized care for patients compared to its 2013 predecessor.
- Two of the biggest changes include more detailed risk assessments and new cholesterol-lowering drug options for people at the highest risk for cardiovascular disease.
- In addition to traditional risk factors such as smoking, high blood pressure and high blood sugar, the new guideline adds factors like family history and ethnicity, as well as certain health conditions such as metabolic syndrome, chronic kidney disease, chronic inflammatory conditions, premature menopause or pre-eclampsia and high lipid biomarkers, to help health care providers better determine individualized risk and treatment options.
- The new guideline suggests elective cholesterol screening is appropriate for children as young as two who have a family history of heart disease or high cholesterol.
- In most children, an initial screening test can be considered between the ages of nine and 11 and then again between 17 and 21.
- Because of a lack of sufficient evidence in young adults, there are no specific recommendations for that age group.

*(Source: American College of Cardiology, New ACC/AHA Cholesterol Guideline Allows for More Personalized Care; New Treatment Options, November 10, 2018)*

# Chronic Disease: Cancer

## Key Findings

Fifteen percent (15%) of Trumbull County adults had been diagnosed with cancer at some time in their life.

### Adult Cancer

- Fifteen percent (15%) of Trumbull County adults were diagnosed with cancer at some point in their lives, increasing to 28% of those over the age of 65.
- Of those diagnosed with cancer, they reported the following types: breast (25%), skin cancer (18%), prostate (15%), cervical (11%), melanoma (7%), ovarian (7%), bladder (4%), colon (4%), endometrial (4%), head and neck (4%), lung (4%), renal (4%), esophageal (2%), leukemia (2%), non-Hodgkin's lymphoma (2%), and other types of cancer (9%). Nine percent (9%) of adults were diagnosed with multiple types of cancer.
- Trumbull County adults have had the following cancer screenings: colorectal cancer in the past 5 years (33%), oral cancer in the past year (16%), skin cancer in the past year (16%), and lung cancer in the past 3 years (5%).

### Trumbull County Incidence of Cancer, 2012-2016

**All Types: 6,631 cases**

- Lung and Bronchus: 1,130 cases (17%)
- Breast: 862 cases (13%)
- Prostate: 733 cases (11%)
- Colon and Rectum: 647 cases (10%)

**In 2015-2017, there were 1,546 cancer deaths in Trumbull County.**

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

**24,135 adults were diagnosed with cancer at some point in their lives.**

## Cancer Facts

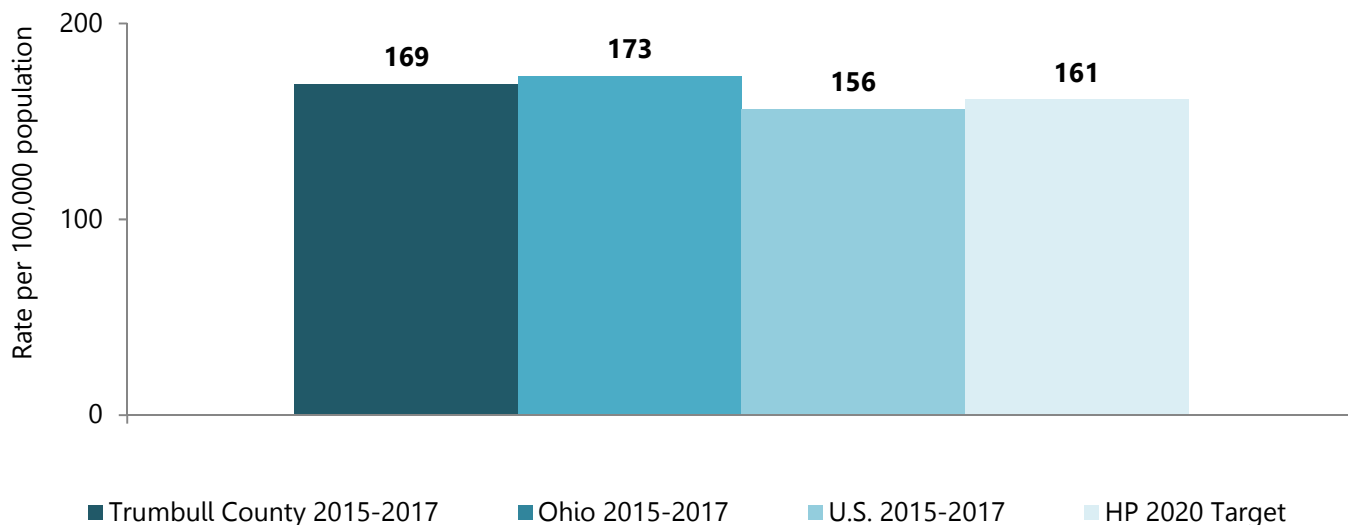
- The Ohio Department of Health (ODH) indicates that from 2015-2017, cancers caused 20% (1,546 of 7,912 of total deaths) of all Trumbull County resident deaths *(Source: Ohio Public Health Data Warehouse, 2015-2017)*.
- The American Cancer Society reports that smoking tobacco is associated with cancers 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)*.

Adult Comparisons	Trumbull 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)	11%	7%	7%

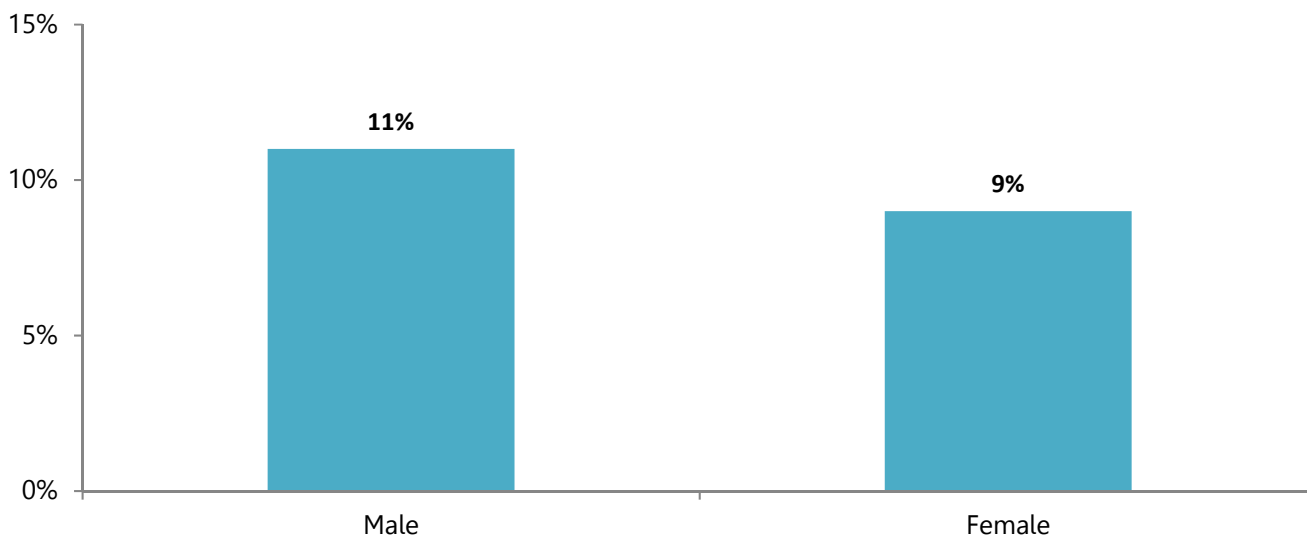
The following graphs show the Trumbull County, Ohio and U.S. age-adjusted mortality rates (per 100,000 population, 2000 standard) for all types of cancer in comparison to the Healthy People 2020 objective and the percent of total cancer deaths in Trumbull County. The graphs indicate:

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

**Healthy People 2020 Objective and Age-Adjusted Mortality Rates for All Cancers**



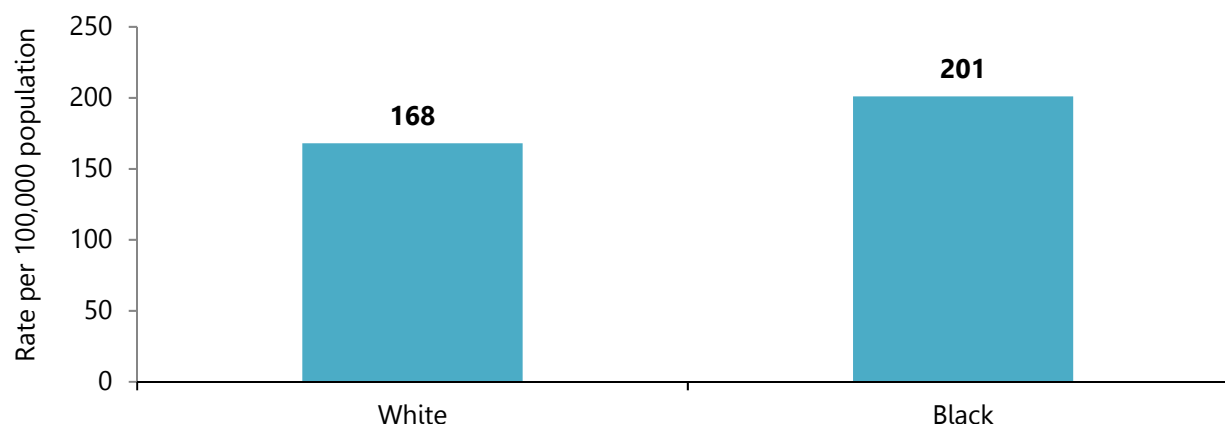
**Cancer as a Percent of All Total Deaths in Trumbull County by Gender, 2015-2017**



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

The following graph shows the Trumbull 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.

### 2015-2017 Trumbull County Age-Adjusted Cancer 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, Cancer Deaths of Ohio Residents, updated 4/23/2019)

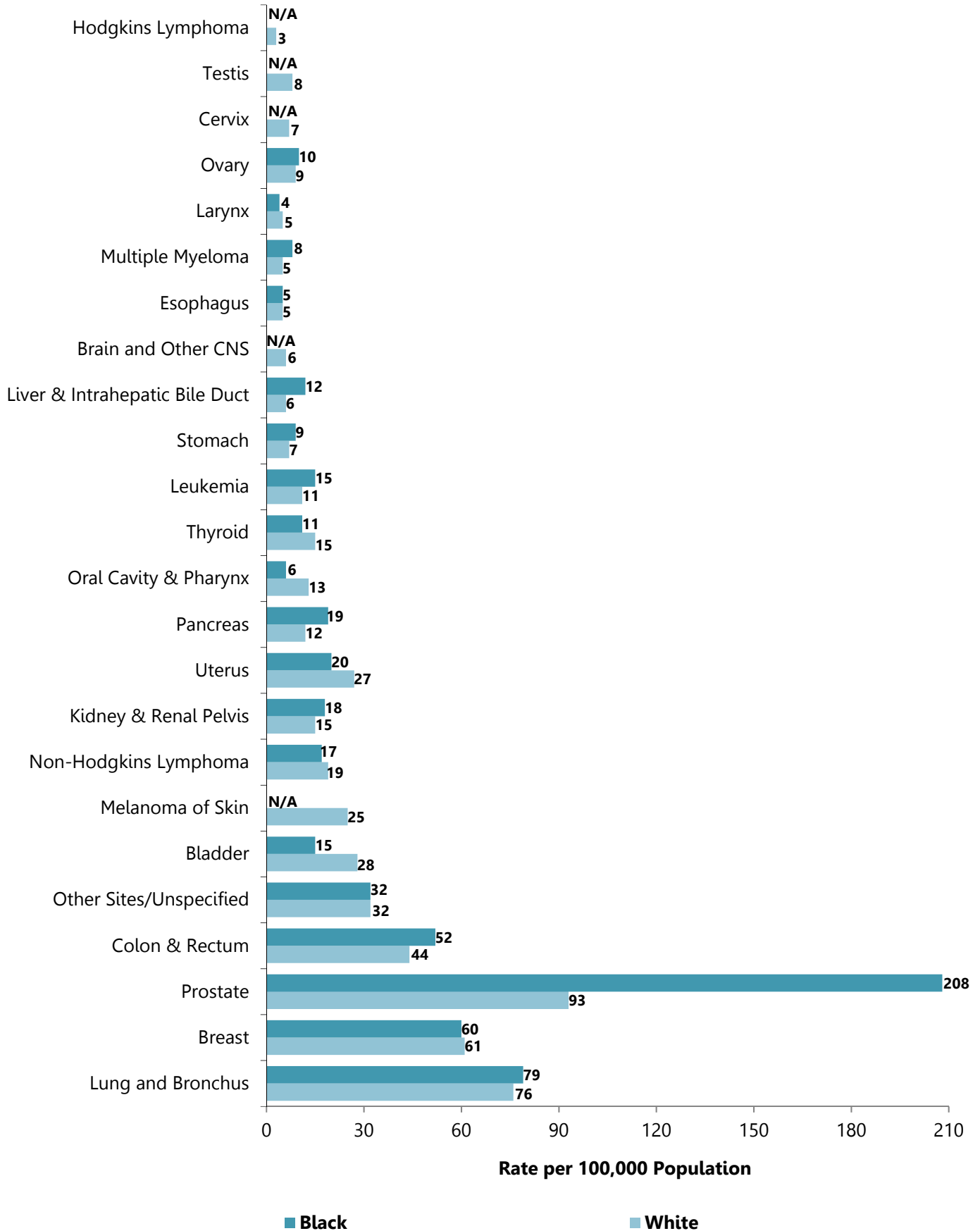
### Trumbull County Incidence of Cancer, 2012-2016

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer
Lung and Bronchus	1,130	17%
Breast	862	13%
Prostate	733	11%
Colon & Rectum	647	10%
Other Sites/Unspecified	464	7%
Bladder	413	6%
Melanoma of Skin	327	5%
Non-Hodgkins Lymphoma	270	4%
Kidney & Renal Pelvis	215	3%
Uterus	204	3%
Pancreas	196	3%
Oral Cavity & Pharynx	179	3%
Thyroid	159	2%
Leukemia	154	2%
Stomach	114	2%
Liver & Intrahepatic Bile Duct	98	1%
Brain and Other CNS	81	1%
Esophagus	74	1%
Multiple Myeloma	72	1%
Larynx	71	1%
Ovary	67	1%
Cervix	42	1%
Testis	31	<1%
Hodgkins Lymphoma	28	<1%
<b>Total</b>	<b>6,631</b>	<b>100%</b>

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse)



### Trumbull County Age-Adjusted Incidence Rate of Cancer by Race, 2012-2016



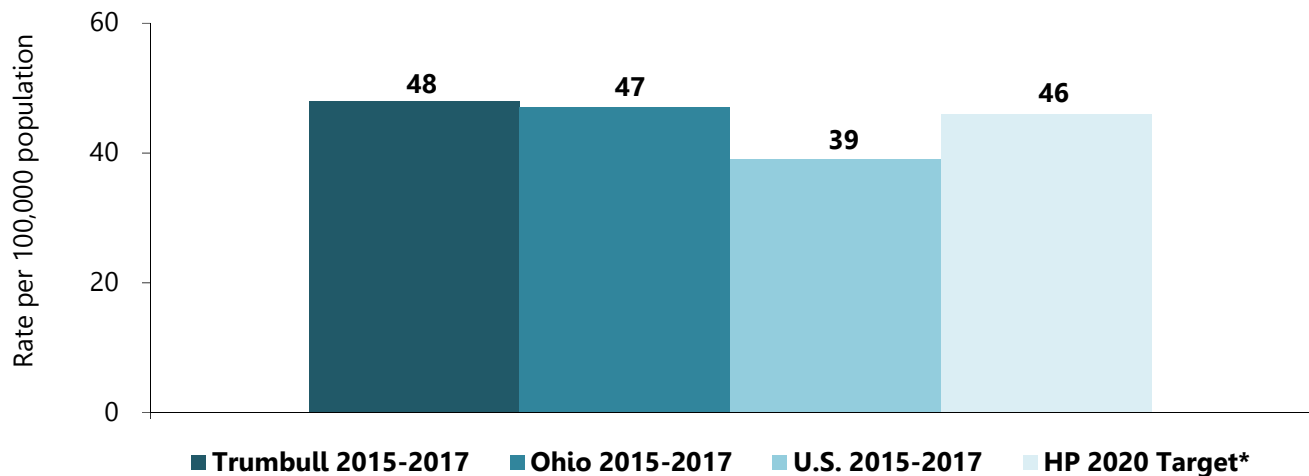
(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse)

## Lung Cancer

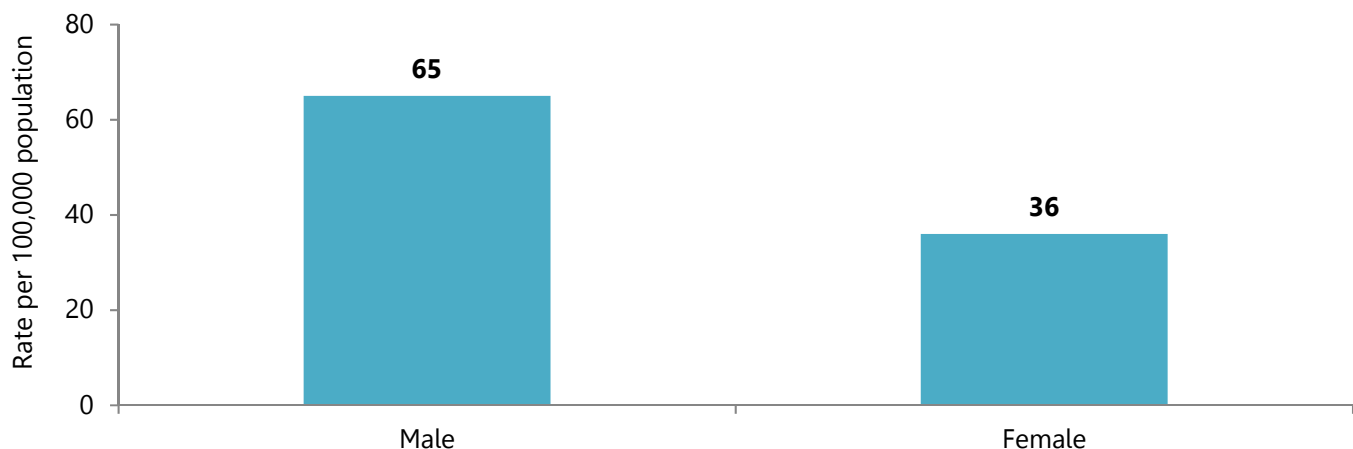
- In Trumbull County, 15% of male adults were current smokers and 36% were former smokers. Nearly one-fifth (20%) of females adults were current smokers and 26% were former smokers.
- ODH reports that lung cancer (n=260) was the leading cause of male and female cancer deaths from 2015-2017 in Trumbull County. (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 Trumbull 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 Trumbull County age-adjusted mortality rates for lung and bronchus cancer by gender.**

**Age-Adjusted Mortality Rates for Lung & Bronchus Cancer**

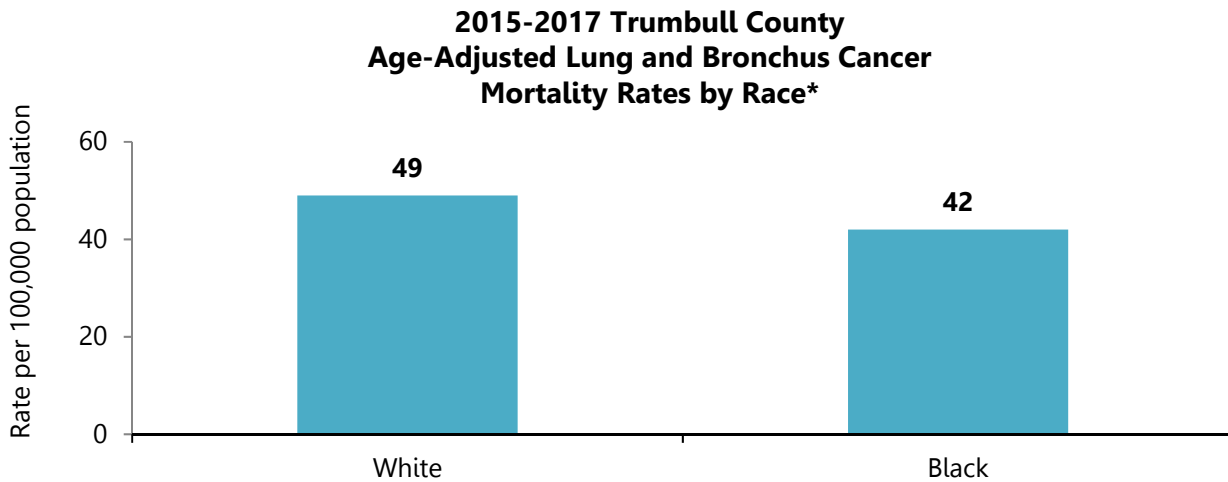


**Trumbull Lung and Bronchus Cancer Age-Adjusted Mortality Rates by Gender, 2015-2017**



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 Trumbull County age-adjusted mortality rates per 100,000 populations for lung and bronchus cancer by race.

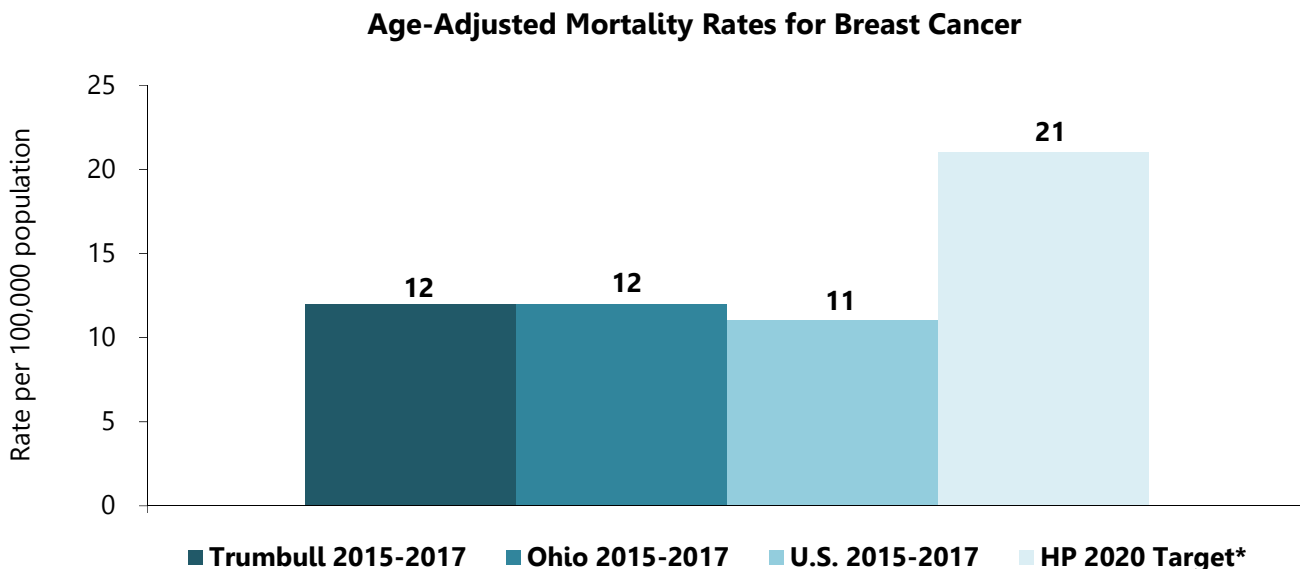


\*Races represented are white and black. All other races were N/A due to low rates.  
 (Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Cancer Deaths of Ohio Residents, updated 4/23/2019)

### Breast Cancer

- More than half (56%) of Trumbull 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).

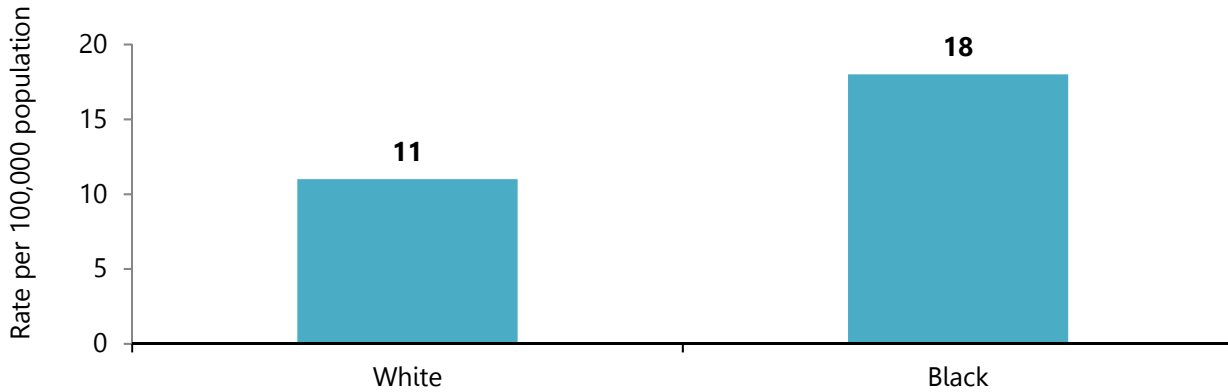
The following graphs show Trumbull County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for breast cancer in comparison with the Healthy People 2020 objective.



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

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

**2015-2017 Trumbull County Age-Adjusted Breast Cancer Mortality Rates by Race\***



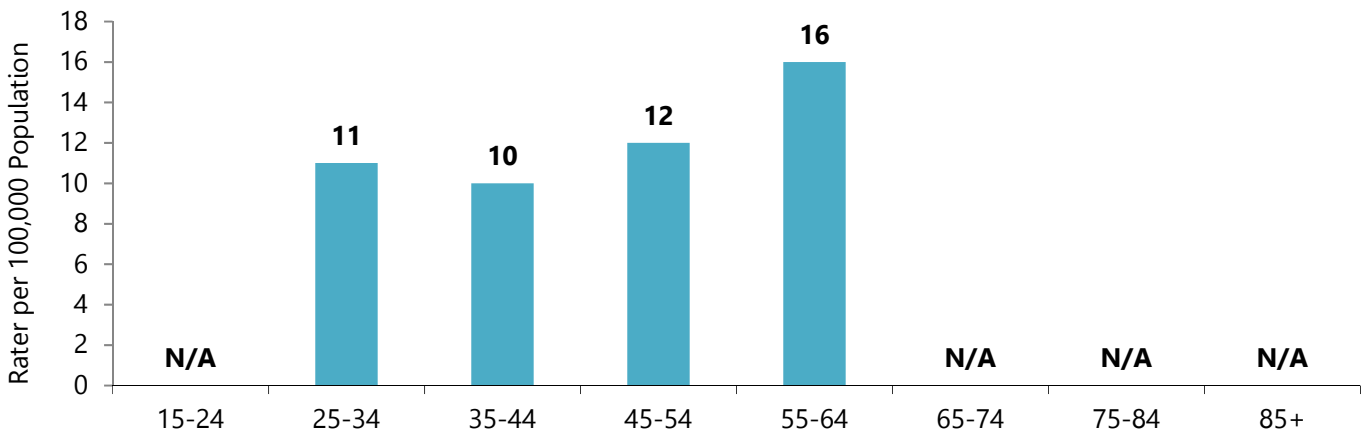
\*Races represented are white and black. All other races were N/A due to low rates.  
 (Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Cancer Deaths of Ohio Residents, updated 4/23/2019)

**Cervical Cancer**

- Ninety-three percent (93%) of Trumbull County women (ages 21-65) had a Pap smear at some time in their life, and 42% reported having had the exam 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. (American Cancer Society 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 graph shows the Trumbull County cervical cancer incidence rates by age from 2012-2016.

**Trumbull County Cervical Cancer Incidence Rates by Age, 2012-2016**



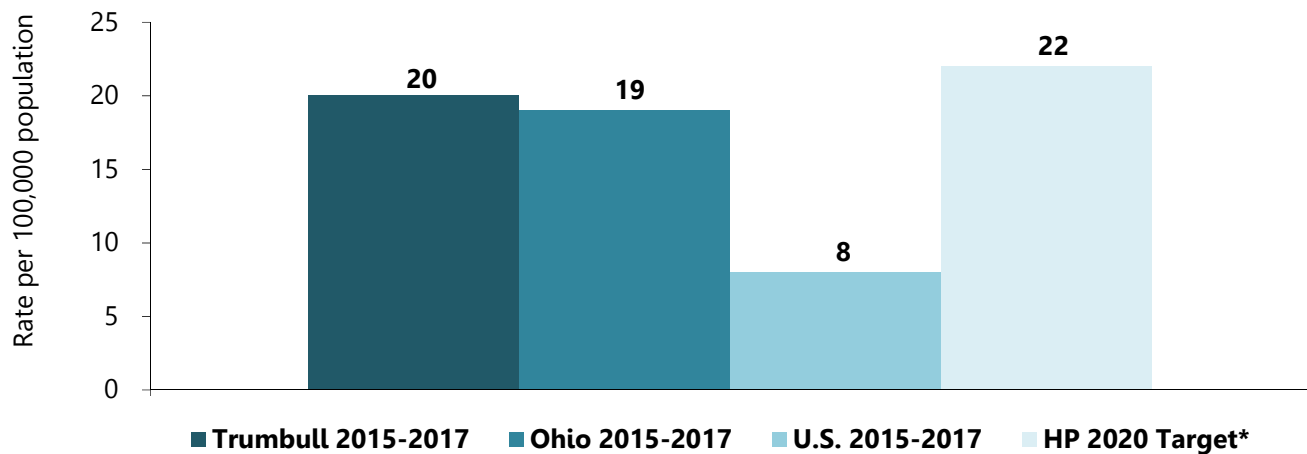
(Source: Ohio Public Health Data Warehouse 2012-2016)

## Prostate Cancer

- Seventy percent (70%) of males age 50 and over had a PSA test at some time in their life, and 53% had one in the past year.
- Just over half (51%) of men had a digital rectal exam in their lifetime and 29% had one in the past year.
- ODH statistics indicate that prostate cancer deaths accounted for 9% of all male cancer deaths from 2015-2017 in Trumbull 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 Trumbull County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for prostate cancer in comparison with the Healthy People 2020 objective.**

### Age-Adjusted Mortality Rates for Prostate Cancer

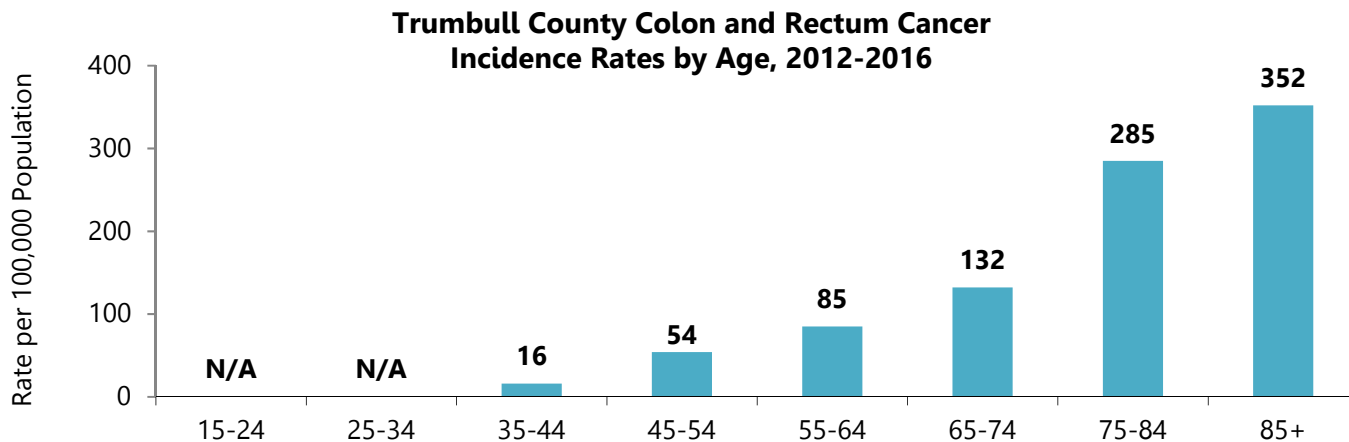


(Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017)

## Colon and Rectum Cancers

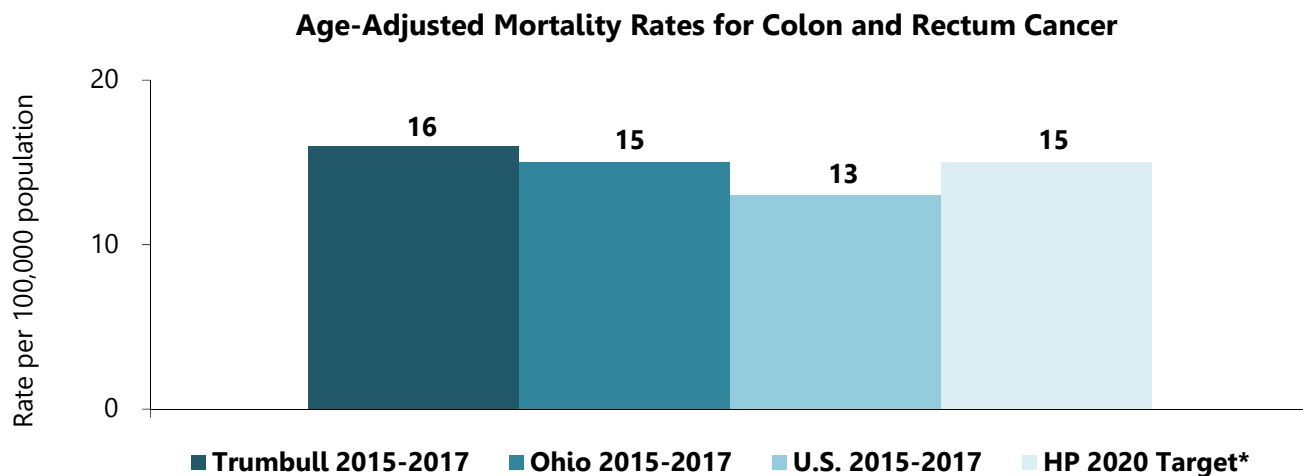
- Just over half (53%) of Trumbull County adults ages 50 and older had a colorectal cancer screening in the past 5 years.
- ODH indicates that colon and rectum cancer deaths accounted for 9% of all male and female cancer deaths from 2015-2017 in Trumbull County (Source: Ohio Public Health Data Warehouse, 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; long-term smoking; and possibly very low intake of fruits and vegetables (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 graph shows the Trumbull County colon and rectum cancer incidence rates by age from 2012-2016.

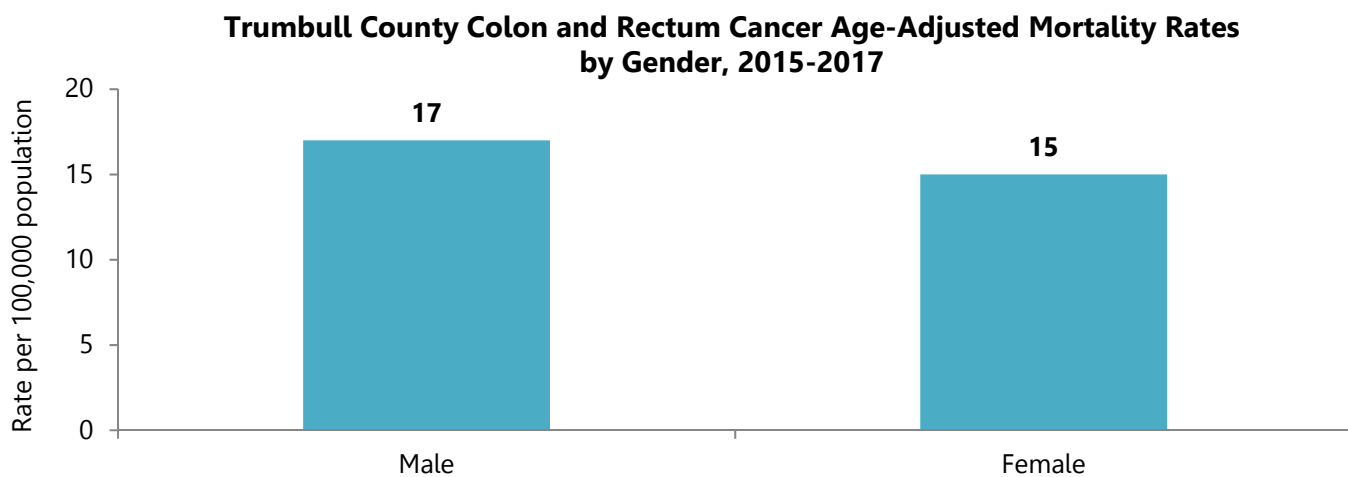


(Source: Ohio Public Health Data Warehouse 2012-2016)

The following graph shows Trumbull 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.



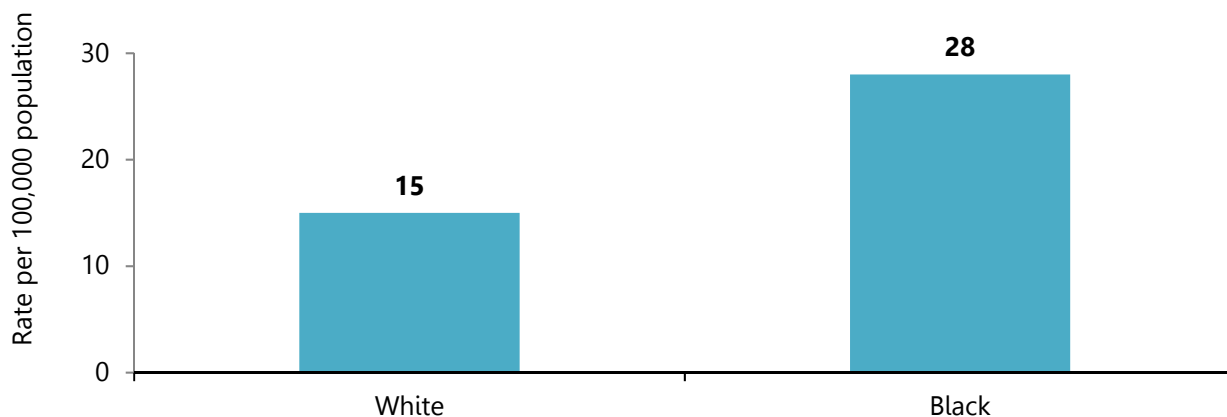
(Source: Healthy People 2020, Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017)



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

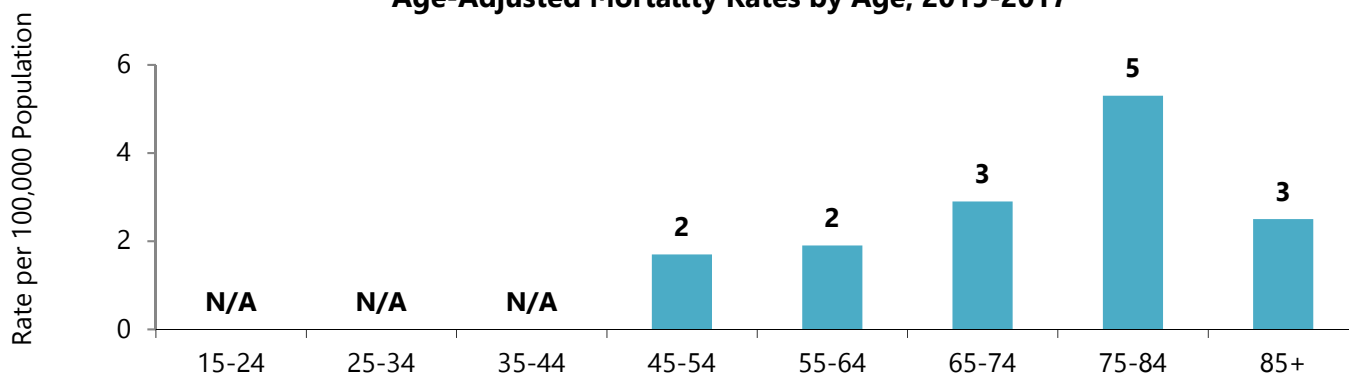
The following graphs show the Trumbull County age-adjusted mortality rates per 100,000 populations by race colon and rectum cancer, as well by age.

### 2015-2017 Trumbull County Age-Adjusted Colon and Rectum Cancer Mortality Rates by Race\*



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

### Trumbull County Colon and Rectum Cancer Age-Adjusted Mortality Rates by Age, 2015-2017



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

### 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

More than one-third (36%) of Trumbull County adults were diagnosed with arthritis.

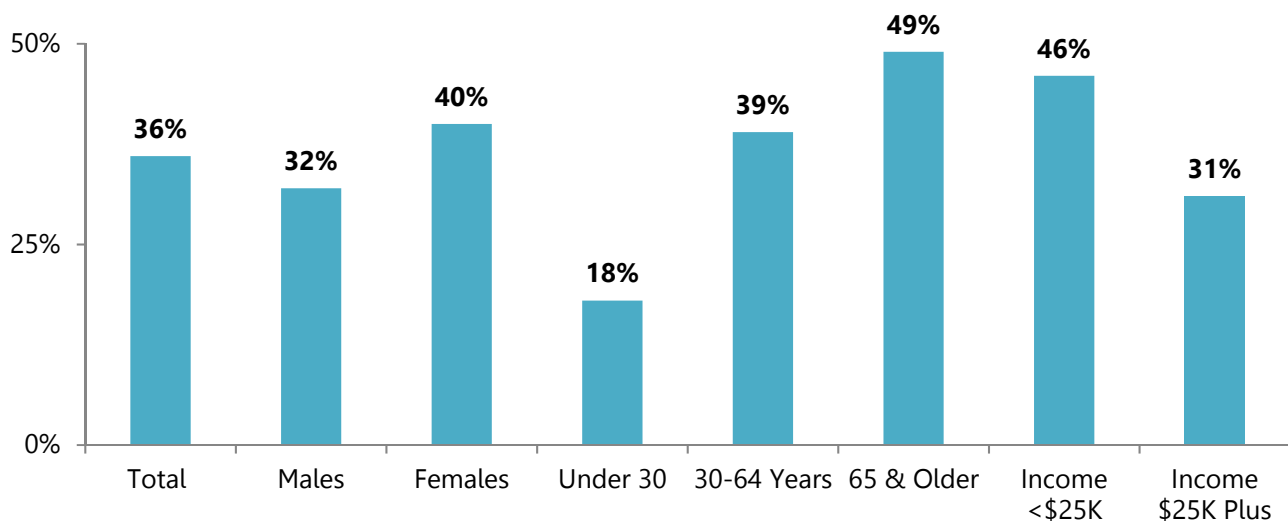
## Arthritis

- 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).
- More than one-third (36%) of Trumbull County adults were told by a health professional that they had some form of arthritis, increasing to 49% of those over the age of 65.
- Adults were also diagnosed with the following: fibromyalgia (7%), rheumatoid arthritis (7%), gout (6%), and lupus (<1%).
- Seventy-four percent (74%) 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	Trumbull County 2018-2019	Ohio 2017	U.S. 2017
Ever diagnosed with some form of arthritis	36%	29%	25%

The following graph shows the percentage of Trumbull County adults who were diagnosed with arthritis. An example of how to interpret the information includes: 36% of adults were diagnosed with arthritis, including 32% of males and 49% of adults ages 65 and older.

Trumbull 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.



## 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

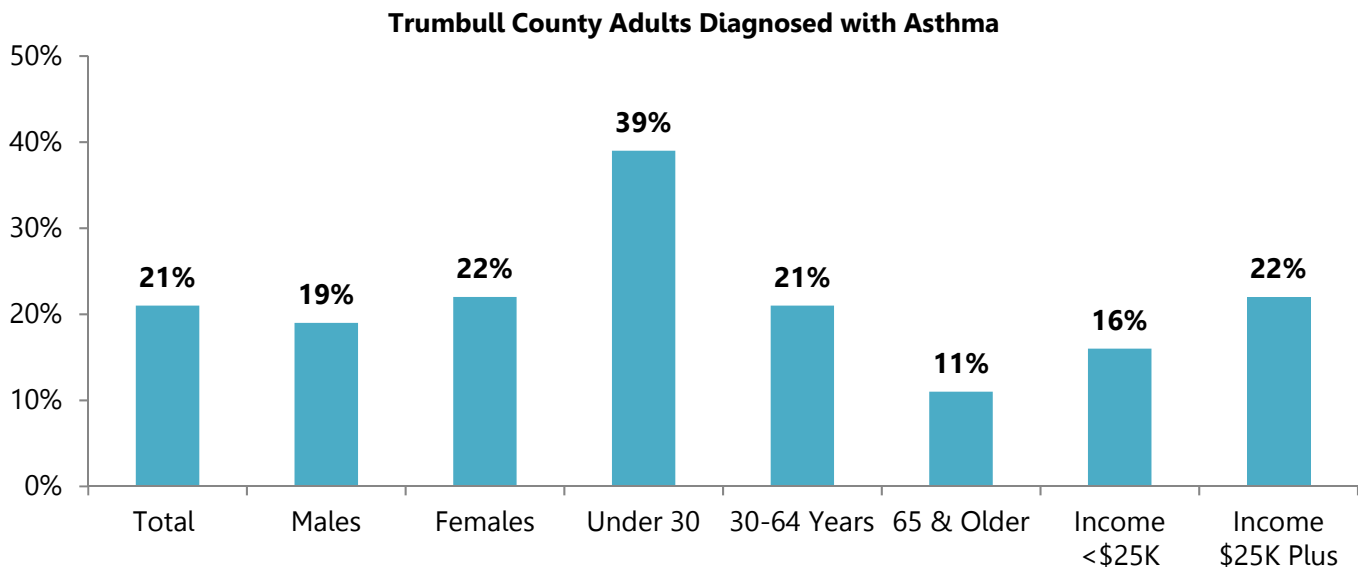
About one-fifth (21%) of Trumbull County adults had been diagnosed with asthma.

## Asthma and Other Respiratory Disease

- One-fifth (21%) of Trumbull County adults had been diagnosed with asthma.
- Twenty-four percent (24%) of those diagnosed with asthma were obese, and 21% were current smokers.
- Twelve percent (12%) of 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 4<sup>th</sup> leading cause of death in Trumbull County and the 4<sup>th</sup> leading cause of death in Ohio from 2015-2017. *(Source: Ohio Public Health Data Warehouse, 2015-2017)*.

Adult Comparisons	Trumbull County 2018-2019	Ohio 2017	U.S. 2017
Had ever been told they have asthma	21%	14%	14%

*The following graph shows the percentage of Trumbull County adults who were diagnosed with asthma. An example of how to interpret the information includes: 21% of adults were diagnosed with asthma, including 22% of females and 11% 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.*

## 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)*

# Chronic Disease: Diabetes

## Key Findings

Fifteen percent (15%) of Trumbull County adults had been diagnosed with diabetes.

## Diabetes

- Fifteen percent (15%) of Trumbull 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.
- Nearly one-third (32%) of adults with diabetes rated their health as fair or poor.
- Trumbull County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
  - Overweight or obese (93%)
  - High blood cholesterol (72%)
  - High blood pressure (70%)

### Diabetes by the Numbers

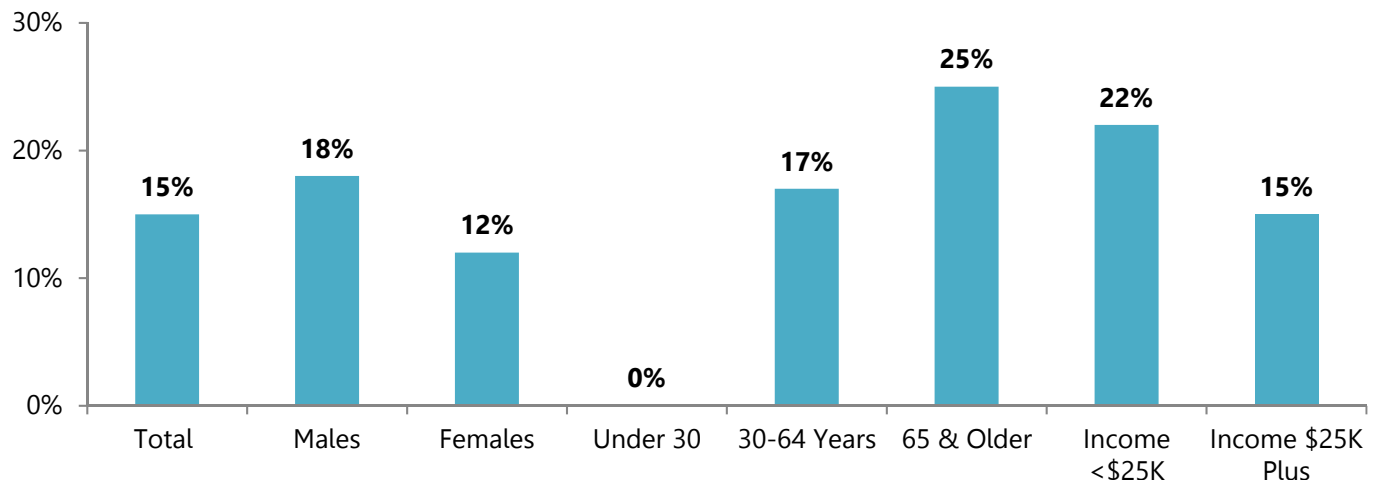
- Diabetes is the **seventh leading cause** of death in the US.
- Diabetes is the **No. 1** cause of kidney failure, lower-limb amputations, and adult-onset blindness.
- In the last **20 years**, the number of adults diagnosed with diabetes has more than **tripled** as the American population has aged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

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

Adult Comparisons	Trumbull County 2018-2019	Ohio 2017	U.S. 2017
Ever been told by a doctor they have diabetes (not pregnancy-related)	15%	11%	11%

The following graph shows the percentage of Trumbull County adults who were diagnosed with diabetes. An example of how to interpret the information includes: 15% of adults were diagnosed with diabetes, including 12% of females and 25% of adults ages 65 and older.

Trumbull County Adults Diagnosed with Diabetes (Not Pregnancy-Related)



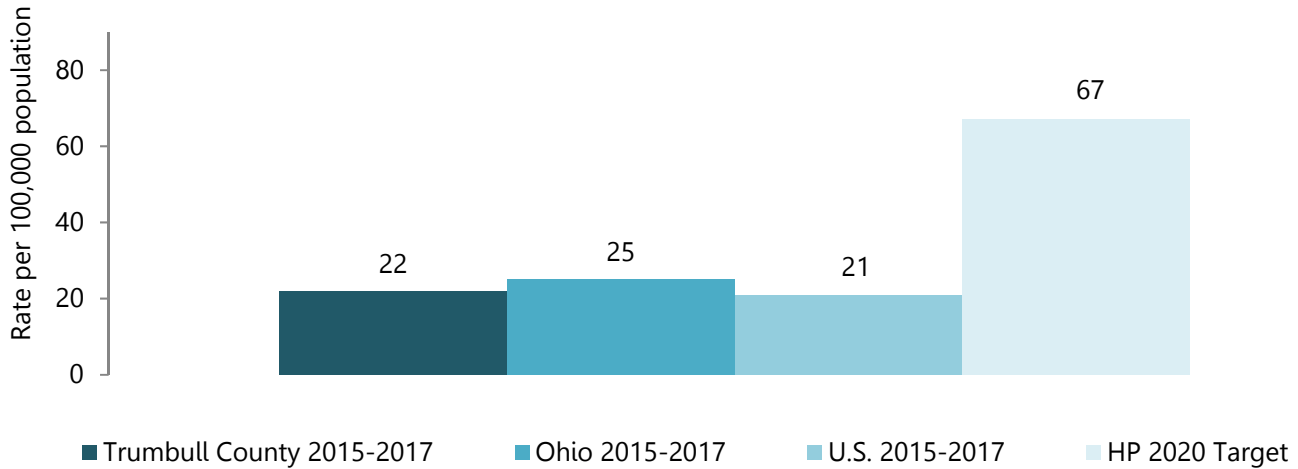
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

## Age-Adjusted Mortality Rates for Diabetes

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

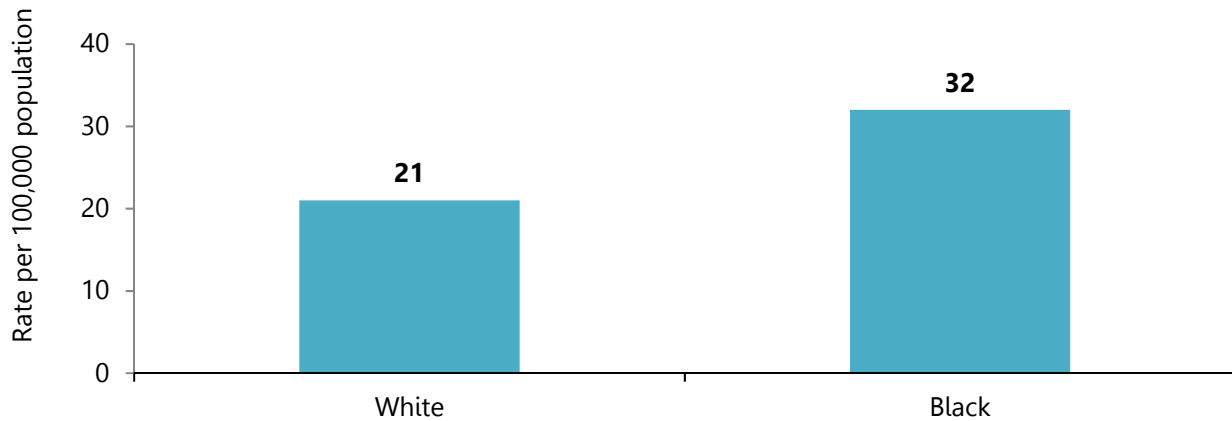
- From 2015-2017, Trumbull County's age-adjusted diabetes mortality rate was slightly higher than the U.S. rate, but lower than the Ohio rate and Healthy People 2020 target objective.
- From 2015-2017, the age-adjusted diabetes mortality rate for those who were black was higher than those who were white.

**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)

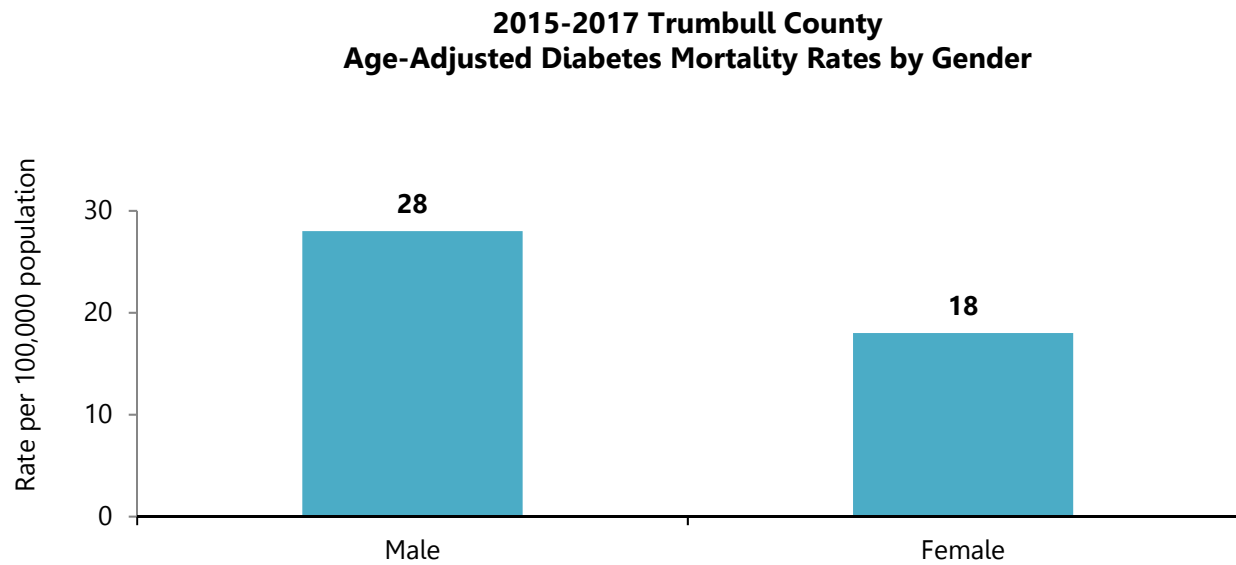
**2015-2017 Trumbull County Age-Adjusted Diabetes Mortality Rates by Race\***



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

## Age-Adjusted Mortality Rates for Diabetes, *continued*

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



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

# Chronic Disease: Quality of Life

## Key Findings

In 2018, 28% of Trumbull County adults were limited in some way because of a physical, mental or emotional problem.

## Impairments and Health Problems

- More than one-quarter (28%) of Trumbull County adults were limited in some way because of a physical, mental or emotional problem, increasing to 47% 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:
  - Back or neck problems (51%)
  - Arthritis/rheumatism (47%)
  - Chronic pain (40%)
  - Walking problems (37%)
  - Stress, depression, anxiety, or emotional problems (34%)
  - Lung/breathing problems (28%)
  - Sleep problems (27%)
  - Chronic illness (17%)
  - Memory loss (14%)
  - Fitness level (13%)
  - Eye/vision problems (13%)
  - Fractures, bone/joint injuries (12%)
  - Confusion (9%)
  - Hearing problems (7%)
  - Mental health illness/disorder (6%)
  - Dental problems (4%)
  - A learning disability (2%)
  - Substance dependency (1%)
  - Drug addiction (1%)
  - Other impairments/problems (12%)

Adult Comparisons	Trumbull County 2018-2019	Ohio 2017	U.S. 2017
Limited in some way because of physical, mental, or emotional problem	28%	21%*	21%*

\*2015 BRFSS

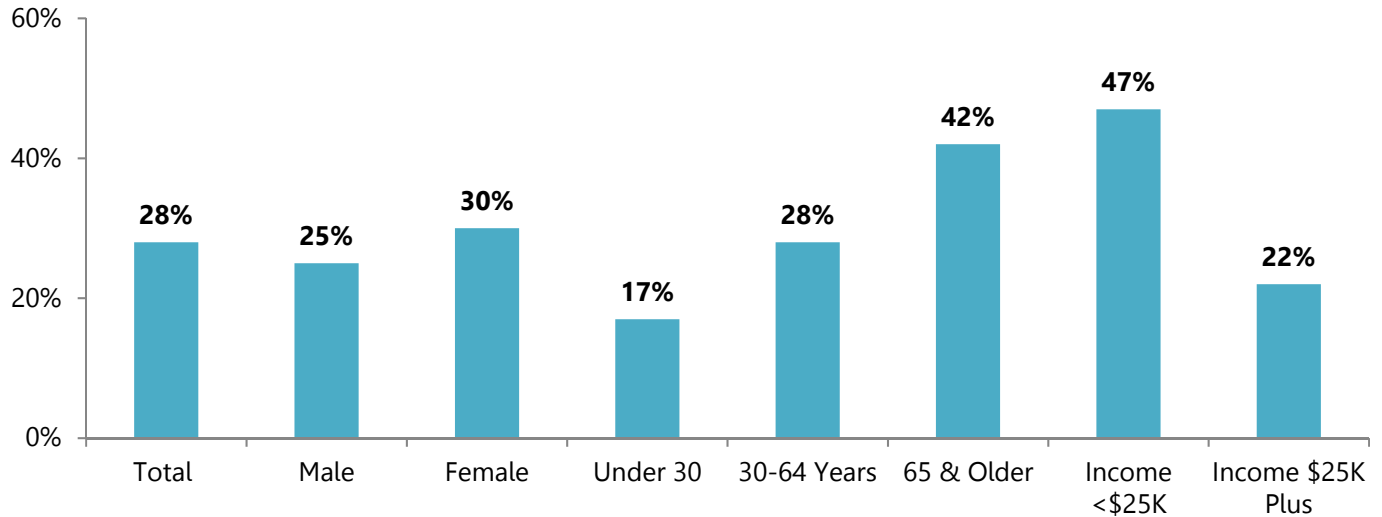
## Healthy People 2020 Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Trumbull 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	47%	36%

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

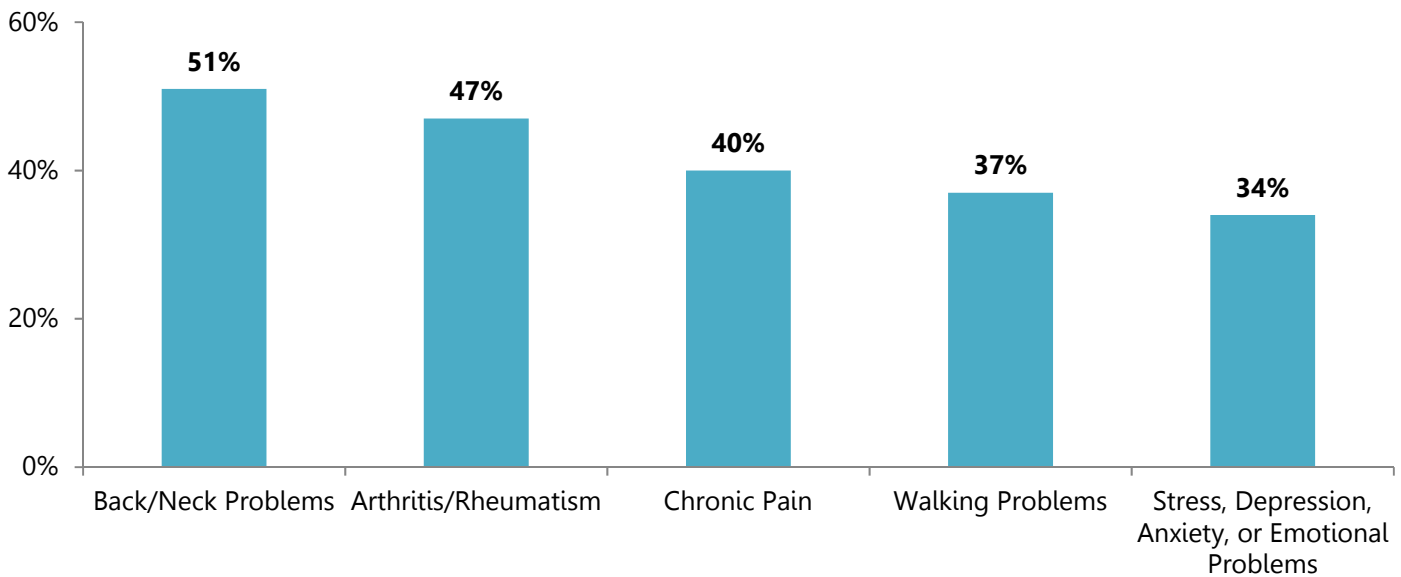
*The following graphs show the percentage of Trumbull County adults who were limited in some way and the most limiting health problems. An example of how to interpret the information shown on the graph includes: 28% of Trumbull County adults are limited in some way, including 25% of males and 42% of those ages 65 and older.*

**Trumbull County Adults Limited in Some Way**



*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.*

**Trumbull County Adult's Most Limiting Health Problems**





# Social Conditions: Social Determinants of Health

## Key Findings

One in nine (11%) Trumbull County adults had to choose between paying bills and buying food. Fifteen percent (15%) of adults experienced four or more Adverse Childhood Experiences (ACEs). Nearly half (49%) of Trumbull 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% (48%)
  - 30-50% (23%)
  - 50% or higher (14%)
  - Don't know (15%)
- Trumbull County adults indicated they own their home (78%), rent their home (17%), and have other arrangements (4%).
- Four percent (4%) of Trumbull County adults reported they were worried about losing their housing at some time in the future.

- In the past month, 13% of adults needed help meeting their general daily needs, such as food, clothing, shelter or paying utility bills, increasing to 42% of those with incomes less than \$25,000.
- Trumbull County adults received assistance for the following in the past year: healthcare (13%), food (12%), Medicare (12%), dental care (11%), prescription assistance (9%), utilities (9%), mental illness issues (7%), durable medical equipment (6%), home repair (6%), legal aid services (5%), rent/mortgage (4%), free tax preparation (4%), employment (4%), clothing (2%), credit counseling (2%), diapers (2%), unplanned pregnancy (2%), drug or alcohol addiction (2%), transportation (2%), gambling addiction (1%), affordable childcare (1%), and post-incarceration issues (<1%).

## 20,917 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 (11%), worried food would run out (8%), food assistance was cut (6%), loss of income led to food insecurity issues (4%), went hungry/ate less to provide more food for their family (4%), and were hungry but did not eat because they did not have money for food (4%).
- Nine percent (9%) of adults experienced more than one food insecurity issue.
- The median household income in Trumbull County was \$46,201. 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).*
- About sixteen percent (15.6%) of all Trumbull County residents were living in poverty, and 25% 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 Trumbull County was 5.3 as of April 2019 *(Source: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information, 2019).*
- There were 95,746 housing units. The owner-occupied housing unit rate was 72%. Rent in Trumbull County cost an average of \$653 per month *(Source: U.S. Census Bureau, 2017 American Community Survey 1-year Estimates).*

### 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)*

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

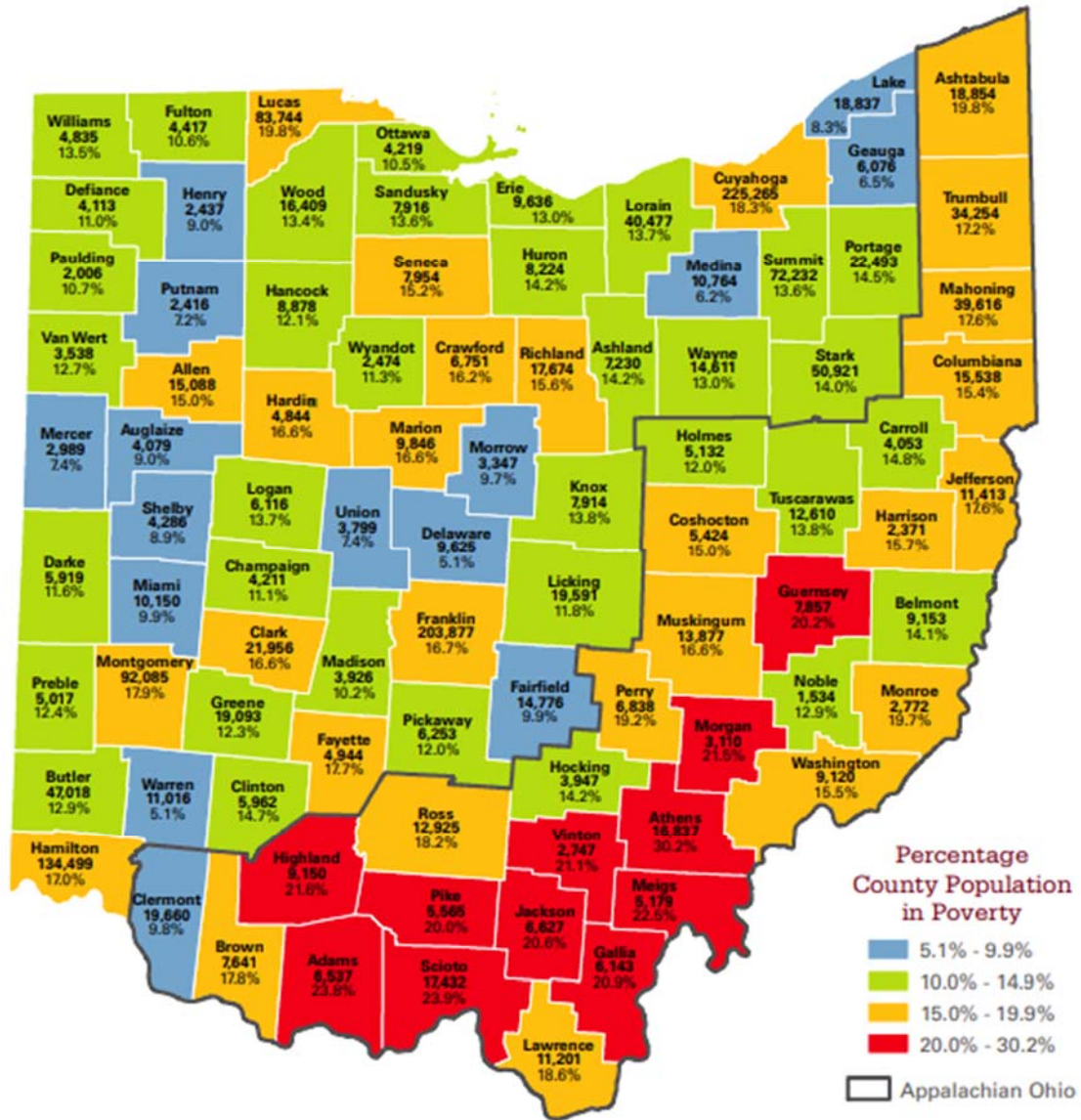
Type of Assistance	Needed Assistance	Received Assistance	Did Not Know Where to Look
Affordable child care	3%	1%	2%
Clothing	7%	3%	4%
Credit counseling	5%	2%	3%
Dental care	16%	11%	5%
Diapers	4%	3%	1%
Drug or alcohol addiction	3%	2%	1%
Durable medical equipment	7%	6%	1%
Employment	7%	4%	3%
Food	14%	12%	2%
Free tax preparation	6%	4%	2%
Gambling addiction	1%	1%	<1%
Health care	14%	13%	1%
Home repair	11%	6%	5%
Legal aid services	8%	5%	3%
Medicare	13%	12%	1%
Mental illness issues including depression	11%	7%	4%
Post incarceration transition issues	1%	<1%	1%
Prescription assistance	12%	9%	3%
Rent/mortgage	7%	4%	3%
Transportation	4%	2%	2%
Unplanned pregnancy	2%	2%	<1%
Utilities	13%	9%	4%

## 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 14.5% of the population, were in poverty.
- From 2012-2016, 17.2% of Trumbull 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

- Trumbull County adults reported that they or an immediate family member had the following literacy needs: learning computer skills (14%); reading and understanding instructions (5%); reading a map, signs, food ingredients and labels, etc. (3%); and completing a job application (3%).
- Ninety percent (90%) of Trumbull 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)*.
- Twelve percent (12%) of Trumbull 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

- Seven percent (7%) of Trumbull 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, 3% of Trumbull County adults felt they were treated worse than other races at work. Forty-four percent (44%) felt they were treated the same, and 3% reported they were treated better than other races. Thirteen percent (13%) 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 on 7/2/2018)*.
- Trumbull County adults experienced the following Adverse Childhood Experiences (ACEs):
  - Their parents became separated or were divorced (24%)
  - A parent or adult in their home swore at, insulted, or put them down (23%)
  - Lived with someone who was a problem drinker or alcoholic (20%)
  - Lived with someone who was depressed, mentally ill, or suicidal (14%)
  - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (11%)
  - 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 touched them sexually (9%)
  - Someone at least 5 years older than them or an adult tried to make them touch them sexually (6%)
  - Lived with someone who used illegal stress drugs, or who abused prescription medications (6%)
  - Their family did not look out for each other, feel close to each other, or support each other (5%)
  - Their parents were not married (4%)
  - 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 (2%)
- Fifteen percent (15%) of adults experienced four or more Adverse Childhood Experiences (ACEs).
- Two percent (2%) of Trumbull County adults were threatened abused in the past year. They were threatened by the following: a spouse or partner (38%), someone else (38%), their child (25%), and another person from outside the home (13%).

*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. Examples of how to interpret the information include: 19% 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 Trumbull 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
<b>Current drinker</b> (had at least one alcoholic beverage in the past 30 days)	44%	52%
<b>Were depressed</b> (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)	33%	9%
<b>Current smoker</b> (currently smoke on some or all days)	32%	17%
<b>Had two or more sexual partners</b> (in the past 12 months)	21%	7%
<b>Binge drinker</b> (drank five or more drinks for males and 4 or more for females on an occasion in the past 30 days)	19%	14%
<b>Overweight or Obese</b> (by Body Mass Index)	16%	48%
<b>Seriously contemplated suicide</b> (in the past 12 months)	14%	2%
<b>Misused prescription drugs</b> (used prescription drugs either not prescribed to them or used them to get high or feel more alert in the past 6 months)	11%	6%

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

## Health and Health Care

- In the past year, 6% of adults were uninsured, increasing to 9% of those with incomes less than \$25,000.
- Six percent (6%) of Trumbull County adults reported that a 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, 2% of Trumbull County adults felt their experiences were worse than other races. Forty-six percent (46%) felt their experiences were the same, and 10% reported their experiences were better than other races.
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Trumbull County adults.

## Neighborhood and Built Environment

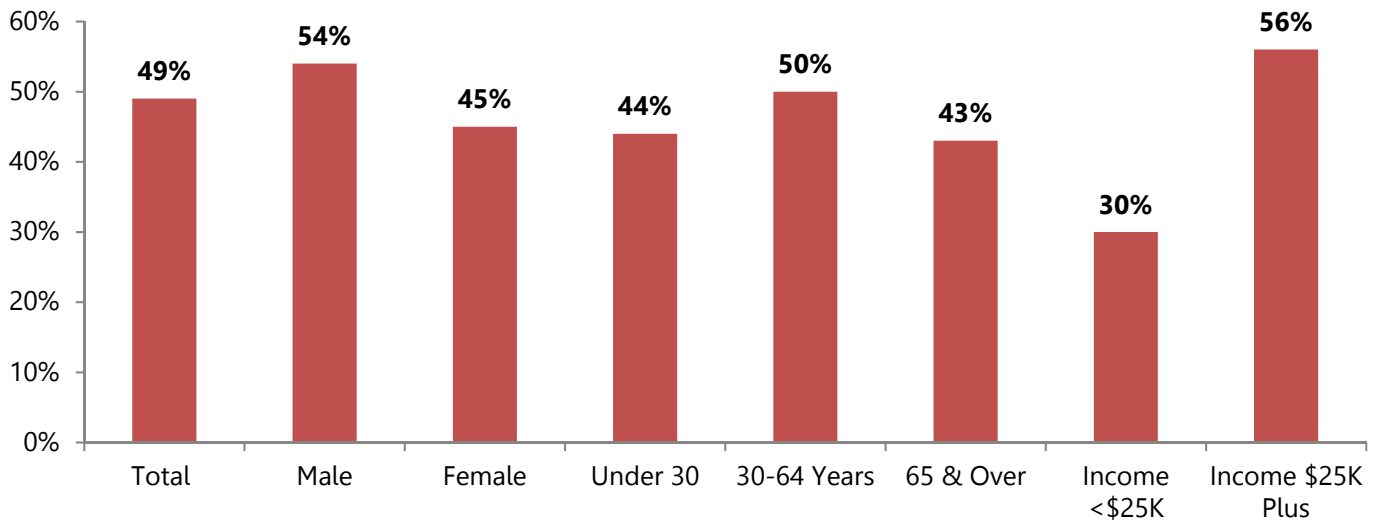
- Nearly one-quarter (23%) of Trumbull County adults reported that their neighborhood was extremely safe; 54% reported it to be quite safe, 14% reported it to be slightly safe, and 5% reported it to be not safe at all. Five percent (5%) reported that they did not know how safe from crime their neighborhood was.
- Thirteen percent (13%) of Trumbull County adults reported the following transportation issues: no car (5%), other car issues/expenses (4%), did not feel safe to drive (4%), could not afford gas (3%), suspended/no driver's license (2%), disabled (2%), limited public transportation available or accessible (2%), no public transportation available or accessible (2%), and no car insurance (2%). Fifty-seven percent (57%) of adults who reported having transportation issues had more than one issue.
- Trumbull County adults indicated they used the following forms of transportation regularly: their vehicle or family vehicle (91%), ride from a friend or family member (12%), walk (8%), bike (3%), public transportation (2%), and other (5%).



- Trumbull County adults reported doing the following while driving: talking on hands-free cell phone (35%); eating (29%); talking on hand-held cell phone (28%); texting (14%); not wearing a seatbelt (13%); using internet on their cell phone (9%); being under the influence of alcohol (4%); being under the influence of prescription drugs (3%); reading (2%); being under the influence of recreational drugs (<1%); and other activities (such as applying makeup, shaving, etc.) (2%). Of adult drivers, 31% had more than one distraction. Seven percent (7%) of adults reported they did not drive.
- Trumbull County adults reported regularly using the following to reduce their risk of injury: seat belt (85%), sunscreen (49%), life jacket (19%), motorcycle/ATV/snowmobile helmet (13%), and bike helmet (9%).
- Nearly half (49%) of Trumbull County adults kept a firearm in or around their home. Six percent (6%) of adults reported they were unlocked and loaded.

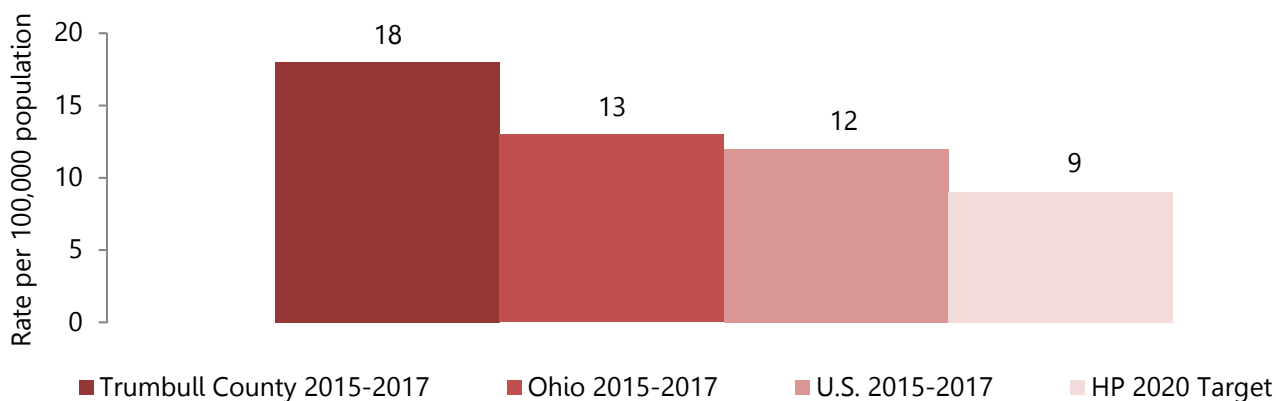
*The following graph shows the percentage of Trumbull County adults who had a firearm in or around the home. Examples of how to interpret the information shown on the graph include: 49% of all Trumbull County adults have a firearm in or around the home, including 54% of males and 44% of those under 30 years old.*

**Trumbull County Adults With a Firearm in the Home**



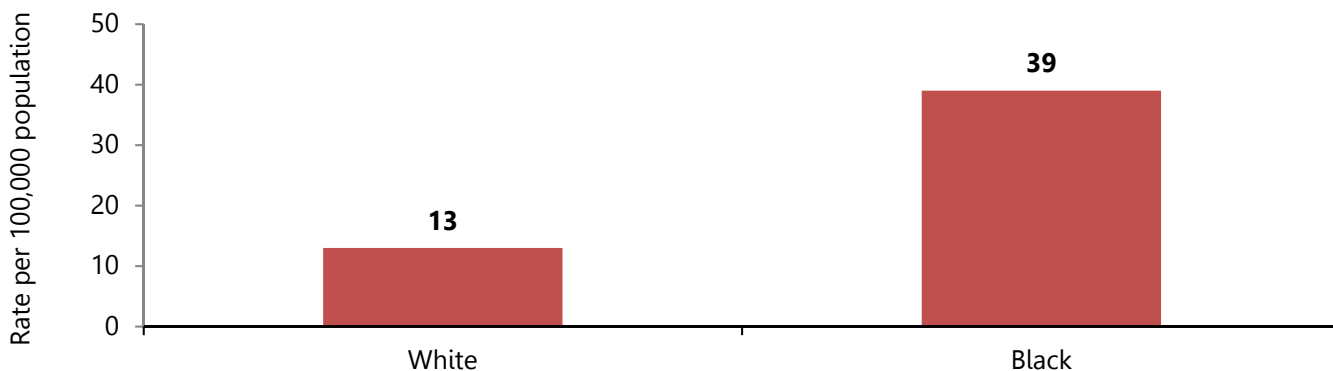
The following graphs show the Trumbull County, Ohio and U.S. age-adjusted mortality rates (per 100,000 population, 2000 standard) due to firearms in comparison to the Healthy People 2020 objective, as well as by race and gender.

### Healthy People 2020 Objectives and Age-Adjusted Firearm Mortality Rates



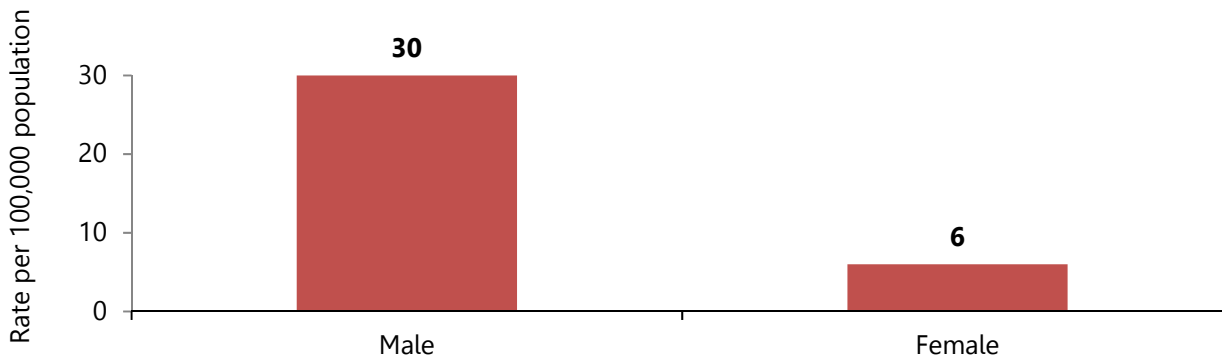
(Source: Ohio Public Health Data Warehouse, 2015-2017, CDC Wonder 2015-2017, Healthy People 2020)

### 2015-2017 Trumbull County Age-Adjusted Firearm Mortality Rates by Race\*



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

### 2015-2017 Trumbull County Age-Adjusted Firearm Mortality Rates by Gender



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



# Social Conditions: Environmental Conditions

## Key Findings

Trumbull County adults indicated that insects (11%), mold (9%), and moisture issues (7%) threatened their health in the past year.

**17,699 adults reported that insects threatened their or their family member's health in the past year.**

## Environmental Health

- 
- Trumbull County adults thought the following threatened their or family member's health in the past year:
  - Insects (11%)
  - Mold (9%)
  - Moisture issues (7%)
  - Plumbing problems (5%)
  - Temperature regulation (4%)
  - Chemicals found in products (4%)
  - Rodents (4%)
  - Sewage/waste water problems (3%)
  - Agricultural chemicals (3%)
  - Food safety/food borne illness (3%)
  - Air quality (3%)
  - Bed bugs (2%)
  - Fracking (2%)
  - Safety hazards (2%)
  - Unsafe water supply/wells (2%)
  - Asbestos (1%)
  - Lice (1%)
  - Lead paint (1%)
  - Radiation (1%)
  - Radon (1%)
  - Cockroaches (<1%)
- 
- Eight percent (8%) of Trumbull 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. Twenty-seven percent (27%) did not know the last time their drinking water source had been tested.
- More than half (59%) of Trumbull County adults who use a septic tank for wastewater indicated their septic tank was pumped within the past 5 years. Twenty-two percent (22%) did not know the last time their septic tank has been pumped.

## 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

- Trumbull County households had the following disaster preparedness supplies: working smoke detector (81%), cell phone (80%), working flashlight and working batteries (79%), cell phone with texting (76%), computer/tablet (62%), 3-day supply of prescription medication for each person who takes prescribed medicines (52%), 3-day supply of nonperishable food for everyone in the household (51%), home land-line telephone (42%), 3-day supply of water for everyone in the household (1 gallon of water per person per day) (40%), working battery-operated radio and working batteries (32%), generator (19%), communication plan (17%), family disaster plan (9%), 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 (82%), internet (64%), friends/family (62%), radio (61%), neighbors (42%), wireless emergency alerts (41%), Trumbull County Emergency Alert System (39%), Facebook (38%), newspapers (36%), text messages (28%), smart phone app (22%), landline phone (14%), other social media (9%), Twitter (6%), and other methods (4%).
- Seventy percent (70%) of Trumbull County adults would evacuate if public authorities announced a mandatory evacuation from their community due to a large-scale disaster or emergency.

# Social Conditions: Infant Health

## Key Findings

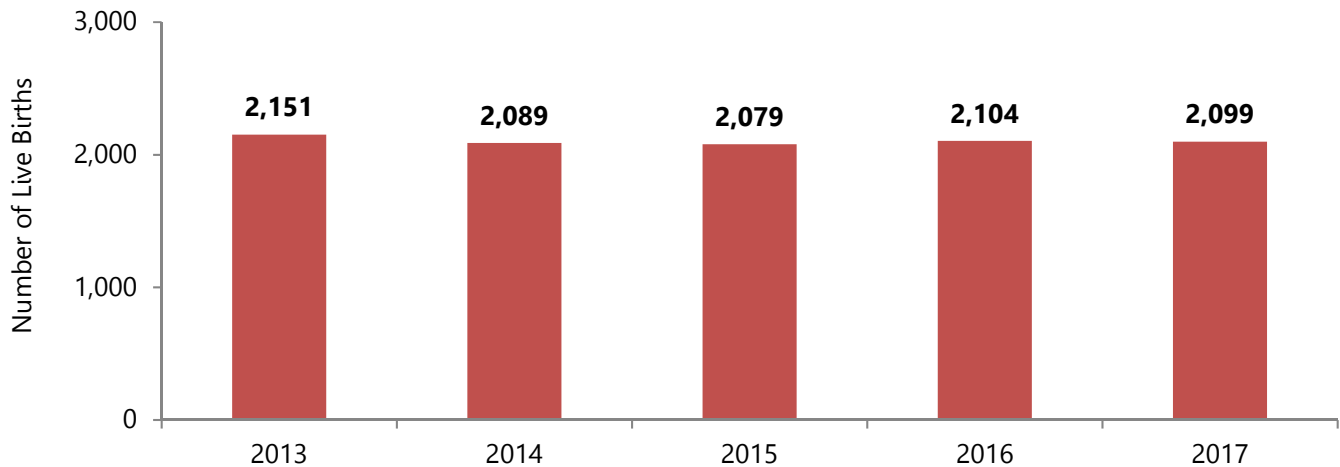
Trumbull County's infant mortality rate was 8.1 deaths per 1,000 live births, which was higher than Ohio, the U.S. and Healthy People 2020's infant mortality rates. From 2013 to 2017, the infant mortality rate for Trumbull County African Americans was 18.1, compared to 6.1 for Caucasians.

## Live Births

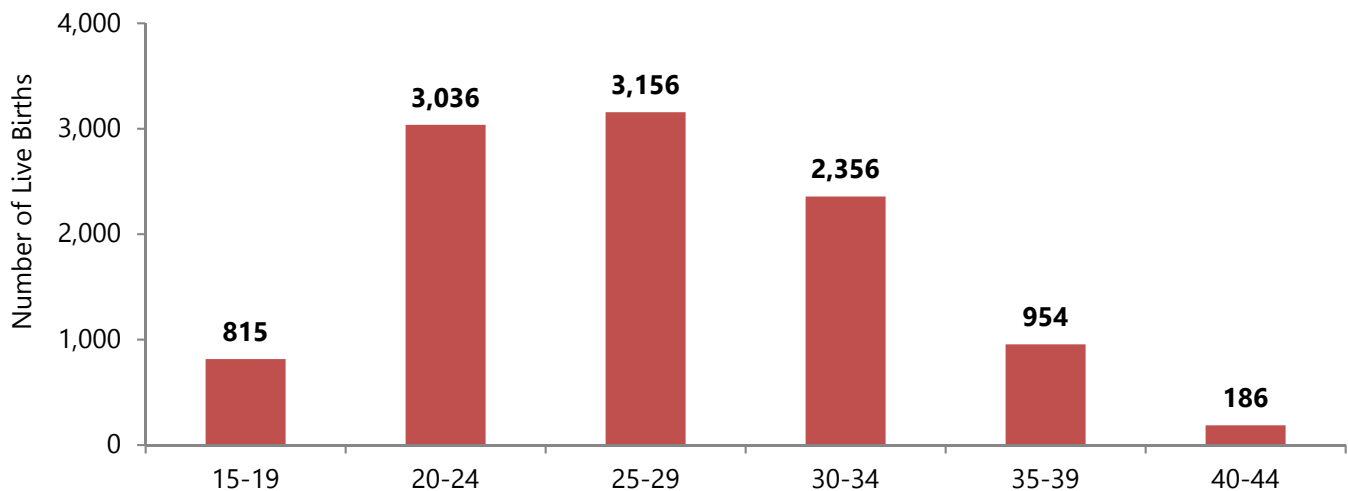
- Please note that birth data includes all births to adolescents and adults. Data available from Ohio Department of Health is for birth count only.

The following graphs show Trumbull County live births by year and age of mother.

**Trumbull County Total Live Births by Year**



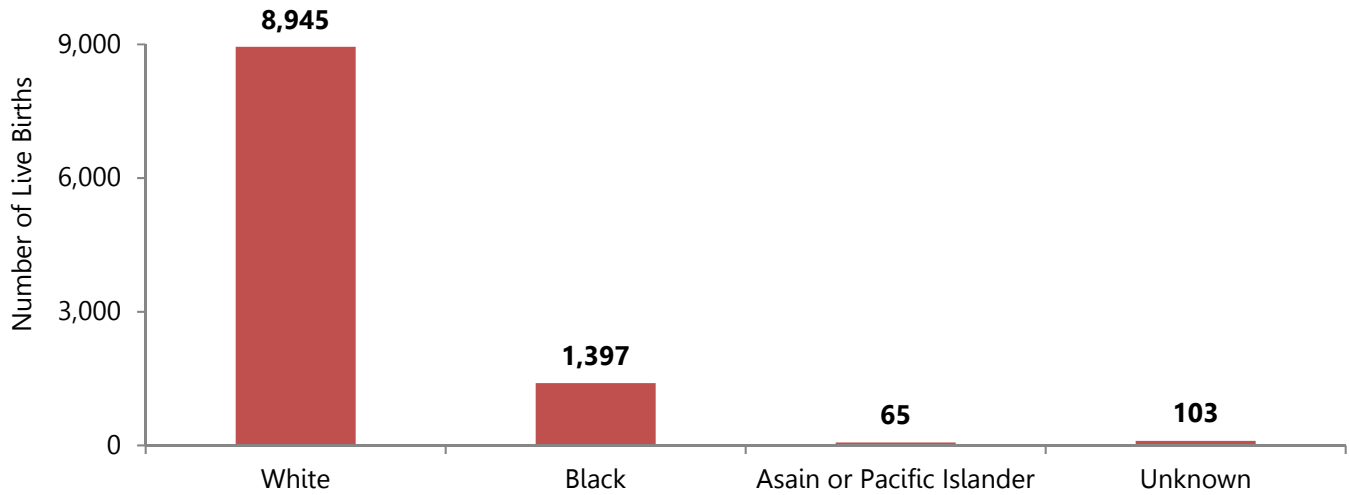
**Trumbull County Live Births by Age of Mother, 2013-2017**



(Source for graphs: ODH Information Warehouse, 2019)

The following graph shows Trumbull County live births by race of mother.

**Trumbull County Live Births by Race of Mother, 2013-2017**

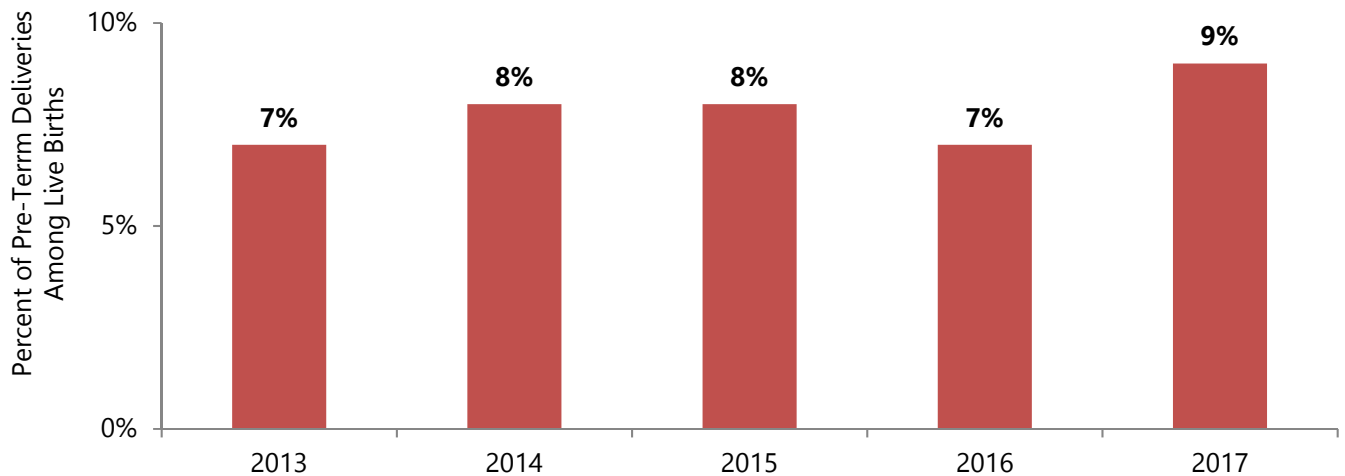


### Pre-Term Births

- Please note that birth data includes all births to adolescents and adults. Data available from Ohio Department of Health is for birth count only.

The following graph shows Trumbull County pre-term deliveries among live births by year.

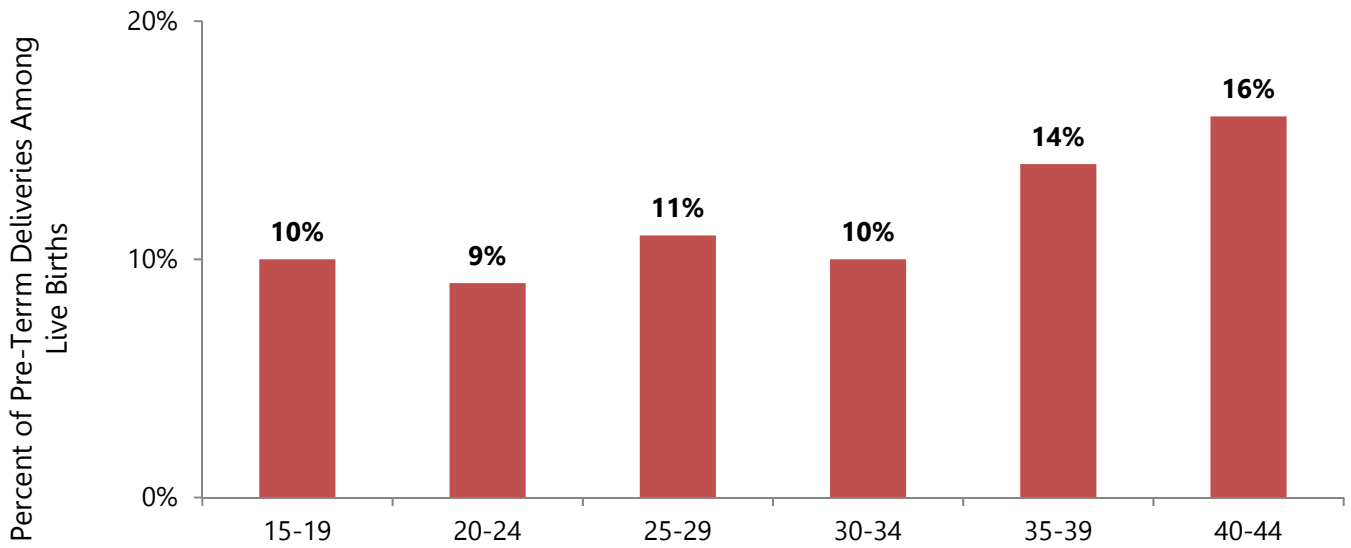
**Pre-Term Deliveries Among Trumbull County Resident Live Births by Year**



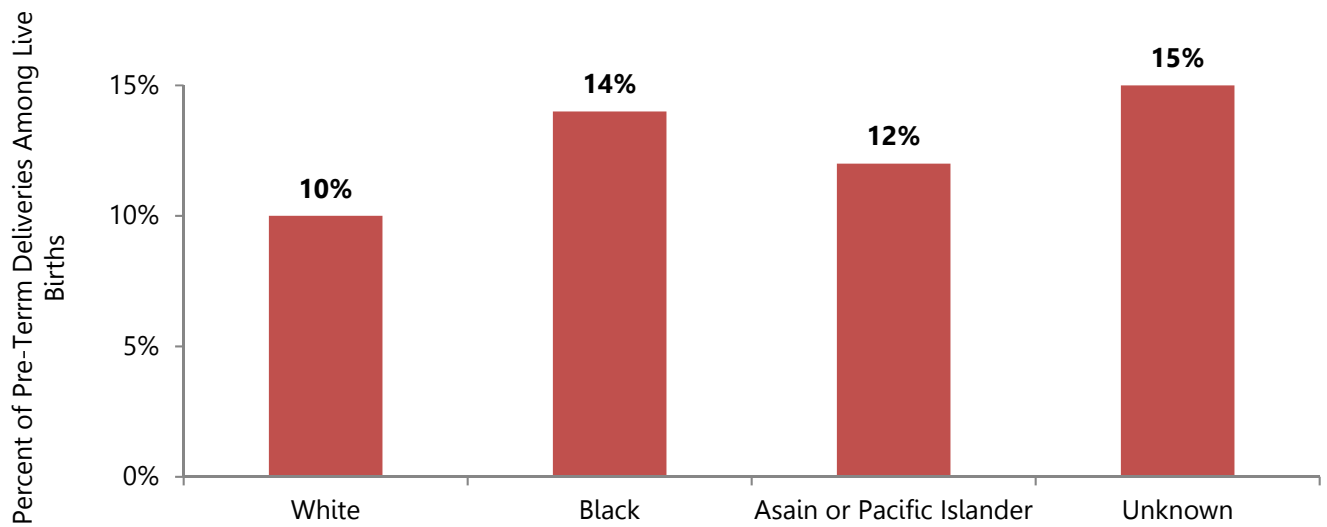
(Source for graphs: ODH Information Warehouse, 2019)

The following graphs show Trumbull County pre-term deliveries among live births by age of mother and race.

**Pre-Term Deliveries Among Trumbull County Resident Live Births by Age of Mother, 2013-2017**



**Pre-Term Deliveries Among Trumbull County Resident Live Births by Race of Mother, 2013-2017**



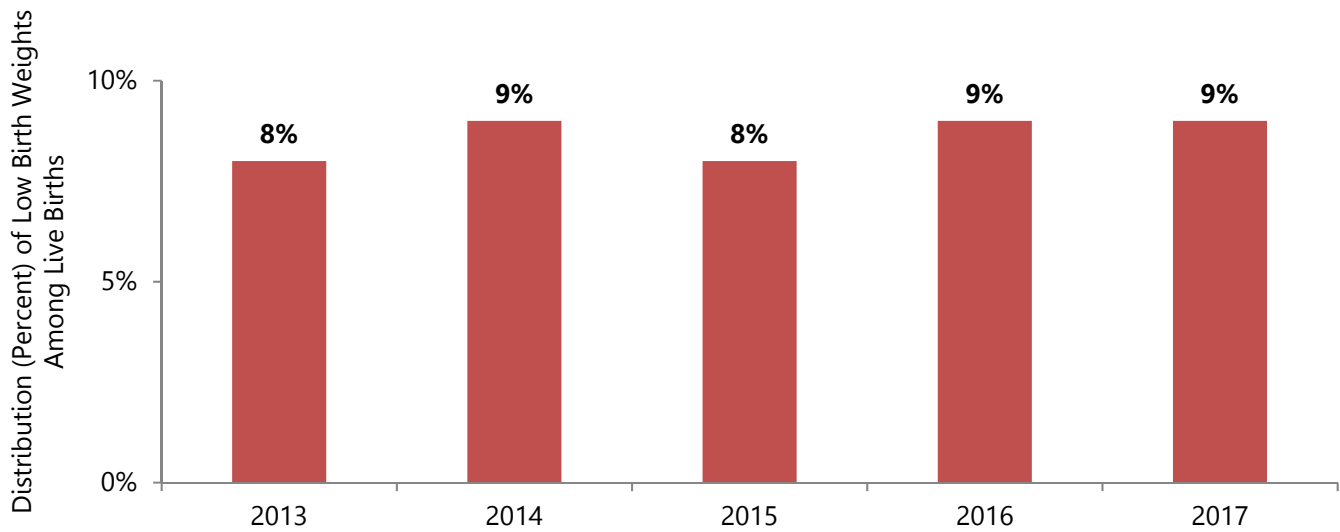
(Source for graphs: ODH Information Warehouse, 2019)

## Low Birth Weight

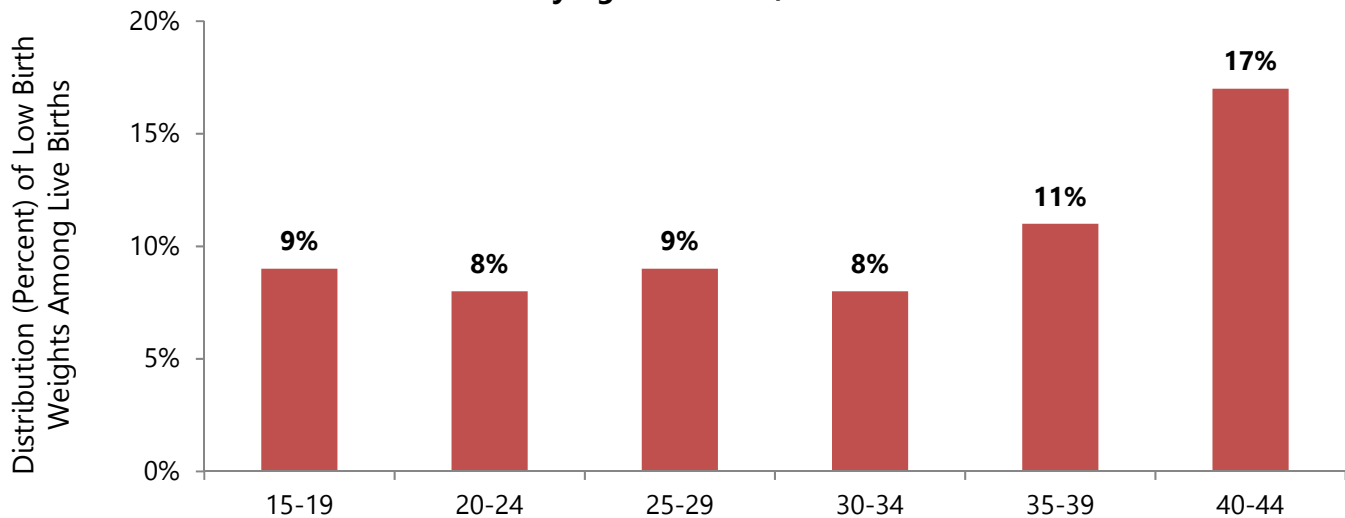
- Please note that birth data includes all births to adolescents and adults. Data available from Ohio Department of Health is for birth count only.

*The following graph shows the Trumbull County distribution of low birth weights among live births by year and age of mother.*

**Trumbull County  
Distribution of Low Birth Weights Among Live Births by Year**



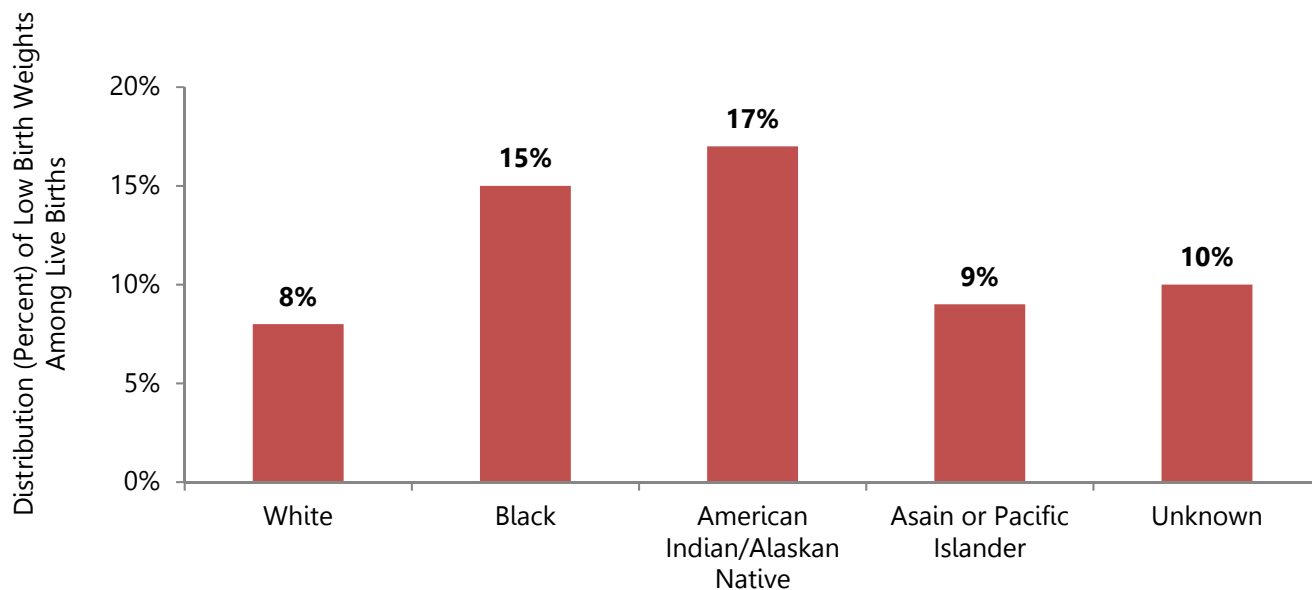
**Trumbull County  
Distribution of Low Birth Weights Among Live Births  
by Age of Mother, 2013-2017**



*(Source for graphs: ODH Information Warehouse, 2019)*

The following graph shows the Trumbull County distribution of low birth weights among live births by race of mother.

**Trumbull County  
Distribution of Low Birth Weights Among Live Births  
by Race of Mother, 2013-2017**

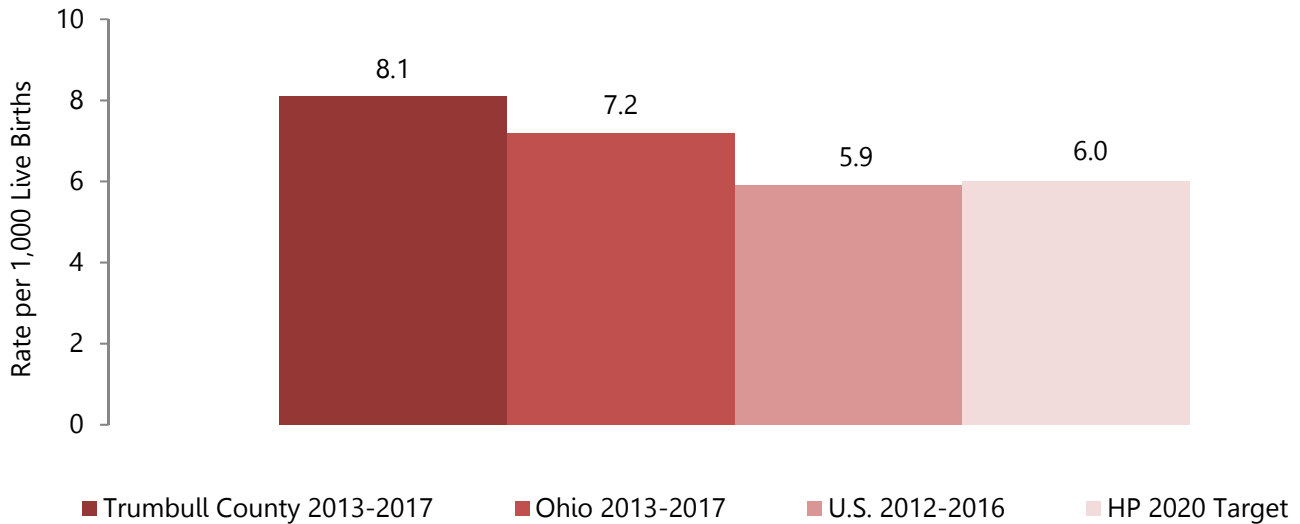


(Source for graph: ODH Information Warehouse, 2019)

## Infant Mortality

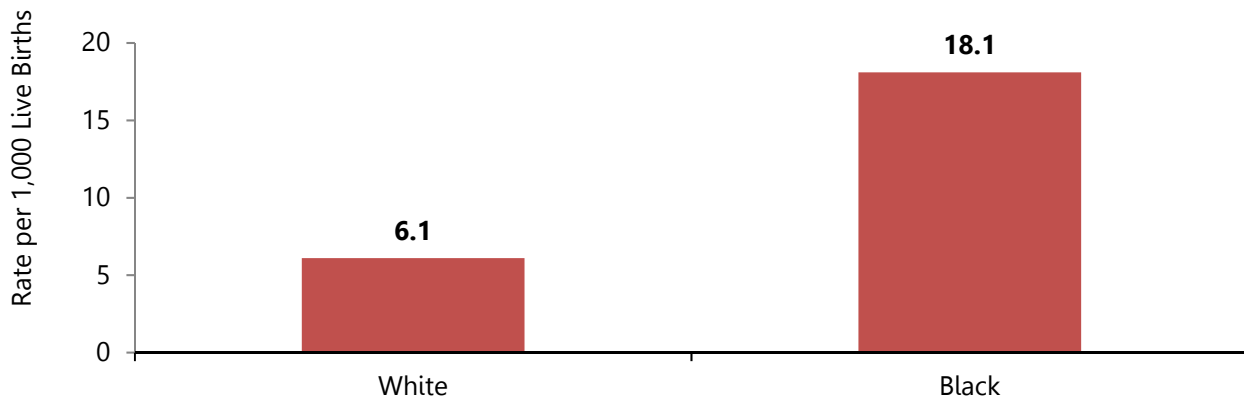
The following graphs show the Trumbull County, Ohio and U.S. infant mortality rates (per 1,000 live births) due to in comparison to the Healthy People 2020 objective, as well as by race.

### Healthy People 2020 Objectives and Infant Mortality Rates



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

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

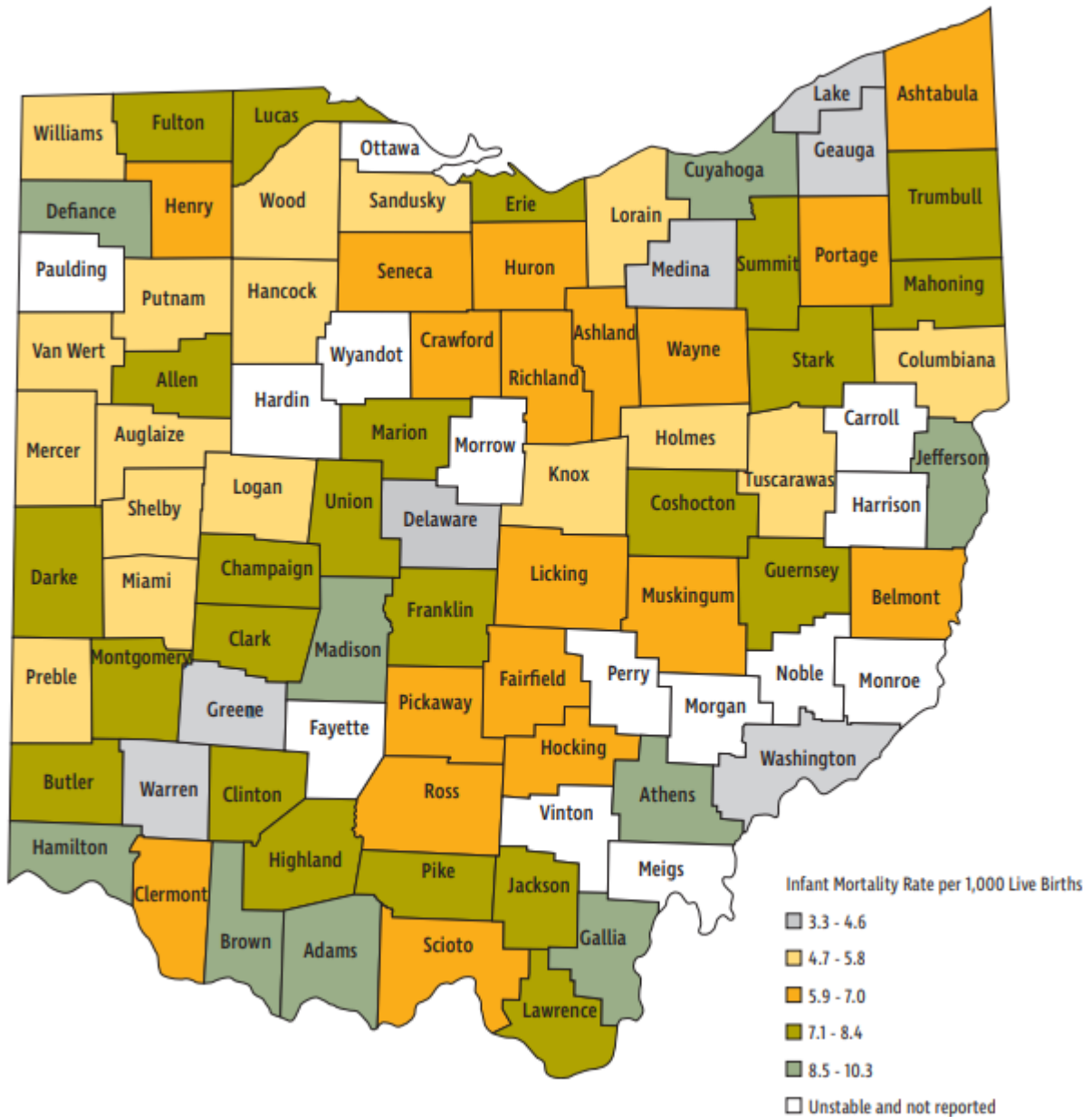


\*Races represented are white and black. All other races were N/A due to low rates.

(Sources for graphs: 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)



## Ohio Infant Mortality Average 5-Year Rate by County, 2013 to 2017



(Source: Ohio Department of Health, Bureau of Vital Statistics, 2017 Ohio Infant Mortality Data: General Findings, obtained from: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infant-and-fetal-mortality/reports/2017-ohio-infant-mortality-report-final>)

**Trumbull County Combined Health District (TCCHD)**  
**Car Seat Safety Instruction and Installation Class**

- Car seats issued to parents/caregivers after completing class:

	2016	2017	2018
<b>Number of Seats Issued</b>	160	153	133

*(Source: TCCHD, based on number of car seats distributed at each class.)*

**TCCHD Infant Safe Sleep Instruction Class**

- Cribs issued to parents/caregivers after completing class:

	2016	2017	2018
<b>Number of Cribs Issued</b>	63	219	181

*(Source: TCCHD, based on number of car seats distributed at each class.)*

# 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 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.

## 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.

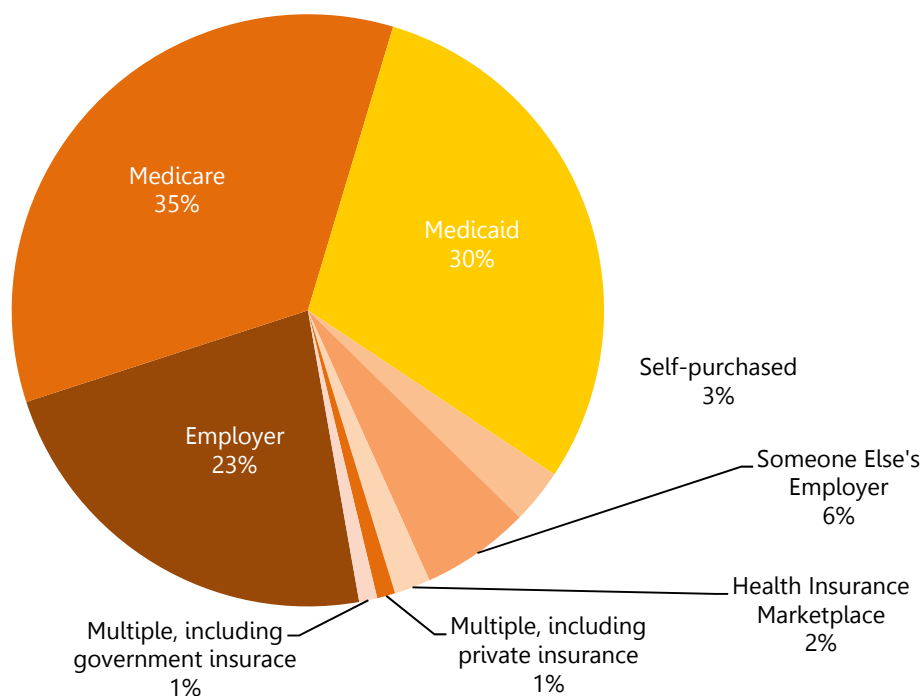
*(Source: KFF Henry J Kaiser Family Foundation, Health and Health Care for Blacks in the United States, Updated on 1/31/18)*

## Health 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.*

**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
<b>Medical</b>	94%	0%	6%
<b>Prescription Coverage</b>	93%	2%	5%
<b>Vision</b>	84%	11%	5%
<b>Dental</b>	81%	15%	4%
<b>Immunizations</b>	79%	4%	17%
<b>Outpatient Therapy</b>	67%	4%	29%
<b>Mental Health</b>	59%	7%	34%
<b>Preventive Health</b>	53%	6%	41%
<b>Transportation</b>	45%	19%	36%
<b>Alcohol and Drug Treatment</b>	37%	15%	48%
<b>Durable Medical Equipment</b>	36%	11%	53%
<b>Home Care</b>	33%	10%	57%
<b>Skilled Nursing/Assisted Living</b>	31%	8%	61%
<b>Hospice</b>	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%).

- 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.

Adult Comparisons	Mahoning and Trumbull County African Americans 2018-2019	Trumbull County 2018-2019*	Ohio African Americans 2017	U.S. African Americans 2017
<b>Health Status Perceptions</b>				
Rated general health as good, very good, or excellent	72%	81%	76%	78%
Rated general health as excellent or very good	30%	47%	40%	43%
Rated general health as fair or poor	28%	19%	24%	22%
Rated mental health as not good on four or more days (in the past 30 days)	40%	29%	26%	25%
Rated physical health as not good on four or more days (in the past 30 days)	37%	21%	26%	26%
Average number of days that physical health was not good (in the past 30 days)	7.6	4.6	N/A	N/A
Average number of days that mental health was not good (in the past 30 days)	6.7	5.0	N/A	N/A
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%	28%	26%	24%
<b>Healthcare Coverage, Access and Utilization</b>				
Uninsured	4%	6%	11%	11%
Had one or more persons they thought of as their personal healthcare provider	83%	90%	78%	83%
Visited a doctor for a routine checkup (in the past 12 months)	80%	73%	81%	84%
<b>Oral Health</b>				
Visited a dentist or a dental clinic (within the past year)	51%	62%	63%**	60%**
Visited a dentist or a dental clinic (5 or more years ago)	13%	11%	12%**	13%**
Had any permanent teeth extracted	63%	52%	52%**	62%**
Had all their natural teeth extracted (ages 65 and older)	10%	13%	24%**	20%**

N/A – Not Available

\*Trumbull County 2018-2019 does not directly compare to Mahoning and Trumbull County African Americans 2018-2019, Ohio African Americans 2017, or U.S. African Americans 2017. Please compare with caution.

\*\*2016 BRFSS

# 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.*

## 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.

### 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)*

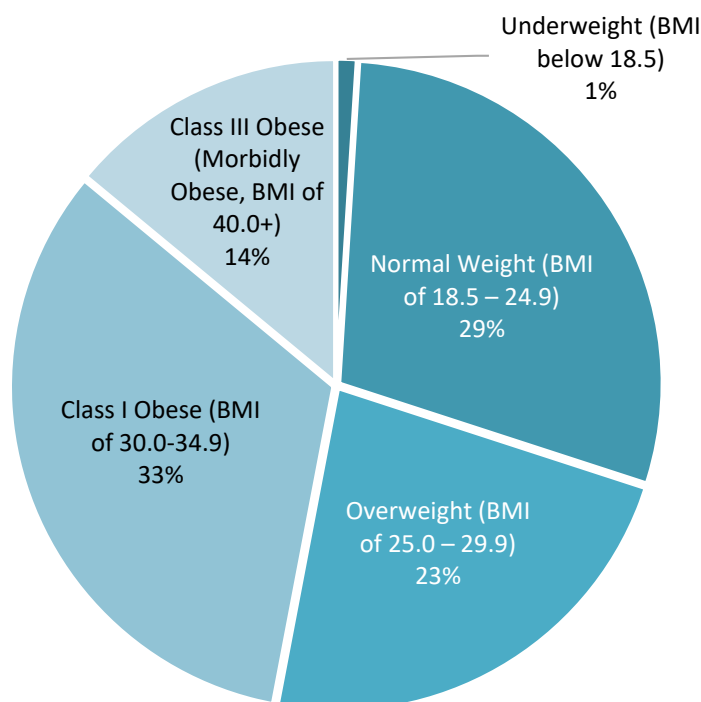
### Trumbull County African American Leading Causes of Death, 2015-2017

**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)*

**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%)

## 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%).

- 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 (42%), 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:
 

<ul style="list-style-type: none"> <li>— Recreational marijuana (14%)</li> <li>— Wax, oil with THC, edibles (7%)</li> <li>— Cocaine, crack, or coca leaves (7%)</li> <li>— Medical marijuana (4%)</li> <li>— Amphetamines, methamphetamine or speed (3%)</li> </ul>	<ul style="list-style-type: none"> <li>— Inappropriate use of over-the-counter medications (3%)</li> <li>— Heroin/fentanyl (2%)</li> <li>— Synthetic marijuana/K2 (2%)</li> <li>— Kraton (2%)</li> </ul>
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- 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:
 

<ul style="list-style-type: none"> <li>— Tramadol/Ultram (12%)</li> <li>— Tranquilizers such as Valium or Xanax (6%)</li> <li>— Codeine, Demerol, Morphine, Percocet, Dilaudid, or Fentanyl (6%)</li> <li>— Vicodin (5%)</li> <li>— OxyContin (3%)</li> </ul>	<ul style="list-style-type: none"> <li>— Ritalin, Adderall, Concerta, or other ADHD medication (2%)</li> <li>— Suboxone or Methadone (1%)</li> <li>— Steroids (1%)</li> <li>— Neurontin (1%)</li> </ul>
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- 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%).

- 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%)

- 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.

- 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%).

## *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	Trumbull County 2018-2019*	Ohio African Americans 2017	U.S. African Americans 2017
<b>Weight Status</b>				
<b>Overweight</b> (BMI of 25.0 – 29.9)	23%	35%	32%	33%
<b>Obese</b> (includes severely and morbidly obese, BMI of 30.0 and above)	47%	40%	42%	42%
<b>Tobacco Use</b>				
<b>Current smoker</b> (smoked on some or all days)	23%	18%	25%	17%
<b>Former smoker</b> (smoked 100 cigarettes in lifetime and now do not smoke)	18%	30%	19%	19%
<b>Alcohol Consumption</b>				
<b>Current drinker</b> (had at least one drink of alcohol within the past 30 days)	39%	52%	50%	42%
<b>Binge drinker</b> (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	21%	18%	17%	26%
<b>Drug Use</b>				
<b>Adults who used marijuana in the past 6 months</b>	4%	4%	N/A	N/A
<b>Adults who misused prescription drugs in the past 6 months</b>	15%	9%	N/A	N/A
<b>Chronic Disease Conditions</b>				
<b>Ever been told by a doctor they have diabetes</b> (not pregnancy-related)	16%	15%	14%	20%
<b>Ever diagnosed with arthritis</b>	43%	36%	27%	33%
<b>Had ever been told they have asthma</b>	18%	21%	18%	16%
<b>Ever diagnosed with Chronic Obstructive Pulmonary Disease (COPD), emphysema or chronic bronchitis</b>	9%	12%	8%	7%
<b>Ever been told they had skin cancer</b>	0%	4%	<1%	<1%
<b>Ever been told they had other types of cancer</b> (other than skin cancer)	0%	11%	6%	7%
<b>Cardiovascular Health</b>				
<b>Ever diagnosed with angina or coronary heart disease</b>	1%	6%	4%	5%
<b>Ever diagnosed with a heart attack, or myocardial infarction</b>	4%	6%	7%	5%
<b>Ever diagnosed with a stroke</b>	5%	5%	5%	6%
<b>Had been told they had high blood pressure</b>	58%	39%	40%	52%
<b>Had been told their blood cholesterol was high</b>	32%	40%	28%	38%
<b>Had their blood cholesterol checked within the last five years</b>	72%	80%	88%	93%
<b>Preventive Medicine</b>				
<b>Had a pap test in the past three years</b> (ages 21-65)	64%	65%	83%**	84%**
<b>Had a digital rectal exam within the past year</b>	19%	29%	N/A	N/A

N/A - Not Available

\*Trumbull County 2018-2019 does not directly compare to Mahoning and Trumbull County African Americans 2018-2019, Ohio African Americans 2017, or U.S. African Americans 2017. Please compare with caution.

\*\*2016 BRFSS

Adult Comparisons	Mahoning and Trumbull County African Americans 2018-2019	Trumbull County 2018-2019*	Ohio African Americans 2017	U.S. African Americans 2017
<b>Quality of Life</b>				
Limited in some way because of physical, mental or emotional problem	32%	28%	24%***	25%***
<b>Mental Health</b>				
Felt sad or hopeless for two or more weeks in a row in the past year	25%	16%	N/A	N/A
Seriously considered attempting suicide in the past year	8%	5%	N/A	N/A
Attempted suicide in the past year	1%	1%	N/A	N/A
<b>Sexual Behavior</b>				
Had more than one sexual partner in past year	12%	7%	N/A	N/A

N/A – Not Available

\*Trumbull County 2018-2019 does not directly compare to Mahoning and Trumbull County African Americans 2018-2019, Ohio African Americans 2017, or U.S. African Americans 2017. Please compare with caution.

\*\*\*2015 BRFSS

# 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%).

*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%

## 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 ingredient; 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.

- 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.

# Warren City: Health Status, Healthcare Access, Coverage, and Utilization

## Key Findings

**Note: The following information is for Warren adults.** Only 130 Warren 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 Warren community.

*Seven percent (7%) of Warren adults did not have health care coverage. Twenty-two percent (22%) rated their health status as fair or poor.*

## Health Status Perceptions

### General Health Status

- Nearly half (49%) of Warren adults rated their health as excellent or very good.
- Twenty-two percent (22%) of Warren adults rated their health as fair or poor.
- More than one-third (35%) of Warren 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.
- Warren adults reported the following motivates them or had motivated them to make positive changes in their health: to have more energy (50%), family/kids (47%), health scare/fear of illness (31%), exposure to a healthy environment (24%), financial incentives (18%), social support (15%), incentives other than financial (14%), discounted services (5%), and exposure to a negative environment (3%).

### Physical Health Status

- More than one-fourth (26%) of Warren adults rated their physical health as not good on four or more days in the previous month.
- Warren adults reported their physical health as not good on an average of 5.8 days in the previous month.

### Mental Health Status

- More than one-third (34%) of Warren adults rated their mental health as not good on four or more days in the previous month.
- Warren adults reported their mental health as not good on an average of 6.0 days in the previous month.

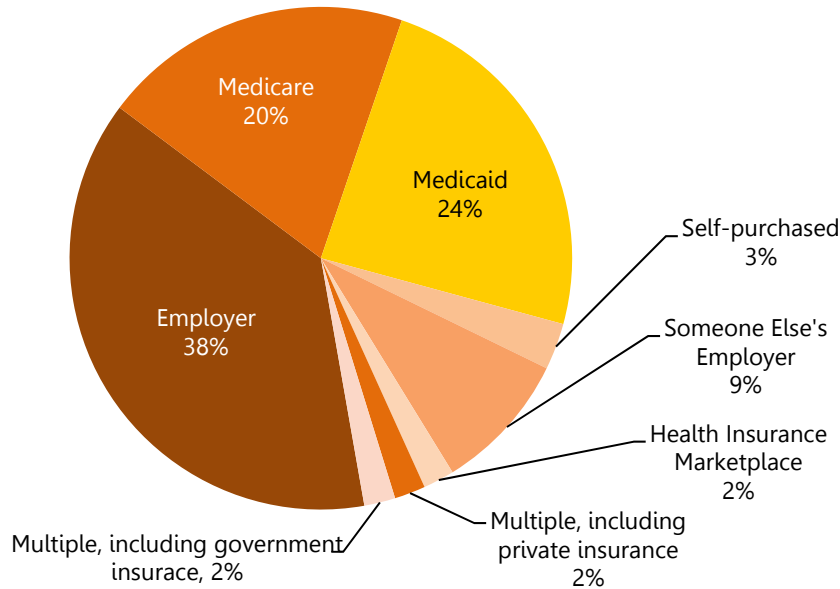
## Health Care Coverage

- In 2018, 93% of Warren adults had healthcare coverage.
- Seven percent (7%) of Warren adults did not have health care coverage.
- The following types of health care coverage were used: employer (38%), Medicaid or medical assistance (24%), Medicare (20%), someone else's employer (9%), self-paid plan (3%), Health Insurance Marketplace (2%), multiple-including private sources (2%), and multiple-including government sources (2%).

- Warren adult health care coverage included the following: medical (97%), prescription coverage (93%), immunizations (81%), vision/eyeglasses (76%), dental (74%), mental health (68%), preventive health (67%), outpatient therapy (66%), vision (60%), durable medical equipment (44%), alcohol and drug treatment (43%), skilled nursing/assisted living (34%), hospice (30%), home care (28%), and transportation (28%).
- The top reasons uninsured adults gave for being without health care coverage were:
  1. They lost their job or changed employers (33%)
  2. They could not afford to pay the premiums (30%)
  3. They became ineligible (15%)

*The following chart identifies sources of healthcare coverage for Warren adults.*

**Source of Health Coverage for Warren Adults**



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

Health Coverage Includes:	Yes	No	Don't Know
<b>Medical</b>	97%	0%	3%
<b>Prescription Coverage</b>	93%	2%	5%
<b>Immunizations</b>	81%	1%	18%
<b>Vision/Eyeglasses</b>	76%	14%	10%
<b>Dental</b>	74%	20%	6%
<b>Mental Health</b>	68%	1%	31%
<b>Preventive Health</b>	67%	1%	32%
<b>Outpatient Therapy</b>	66%	2%	32%
<b>Durable Medical Equipment</b>	44%	4%	52%
<b>Alcohol and Drug Treatment</b>	43%	2%	55%
<b>Skilled Nursing/Assisted Living</b>	34%	4%	62%
<b>Hospice</b>	30%	6%	64%
<b>Home Care</b>	28%	7%	65%
<b>Transportation</b>	28%	10%	62%



## Health Care Access and Utilization

- Ninety-one percent (91%) of Warren adults indicated they had at least one person they thought of as their personal doctor or health care provider.
- Two-thirds (67%) of Warren adults visited a doctor for a routine checkup in the past year.
- Sixty-one percent (61%) of Warren 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 (17%), cost/no insurance (10%), office wasn't open when they could get there (3%), too long of a wait for an appointment (1%), too embarrassed to seek help (1%), and other problems that prevented them from getting medical care (7%).
- Warren adults usually visited the following places when they were sick or needed advice about their health: a doctor's office (85%), urgent care center (26%), Internet (24%), a hospital emergency room (21%), family and friends (14%), a public health clinic or community health center (11%), chiropractor (9%), alternative therapies (6%), in-store health clinic (5%), 9-1-1/ambulance service (4%), VA (2%), health department (1%), and some other kind of place (3%). Four percent (4%) of Warren adults indicated they did not have a usual place.
- Warren adults reported the following reasons for using the Emergency Room (ER) for their healthcare: serious illness/injury (55%), their doctor told them to go there (17%), 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 (3%), and no primary care physician (2%).
- Twenty-one percent (21%) of Warren 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 (12%), too expensive (8%), did not think they needed it (5%), no generic equivalent of what was prescribed (3%), side effects (2%), no insurance (2%), fear of addiction (2%), stretched current prescription by taking less than what was prescribed (1%), and transportation (1%).
- Within the past year, when seeking healthcare, 1% of Warren adults felt their experiences were worse than other races. Fifty-five percent (55%) felt their experiences were the same as other races, and 11% reported their experiences were better than other races. Twenty-seven percent (27%) did not know how their health care experiences compared to other races.
- Warren adults reported they had looked for the following programs for themselves or a loved one: depression, anxiety or mental health (44%), elder care (22%), disability (19%), weight problems (18%), marital/family problems (16%), alcohol abuse (14%), tobacco cessation (12%), end-of-life/hospice care (11%), detoxification of opiates/heroin (11%), drug abuse (10%), cancer support group/counseling (9%), family planning (7%), and gambling abuse (2%).

## Oral Health

- In the past year, 56% of Warren adults had visited a dentist or dental clinic.
- Warren adults reported the following reasons for not visiting a dentist in the past year: cost (30%); fear, apprehension, nervousness, pain, and dislike going (27%); had no reason to go/had not thought of it (21%); had dentures (13%); could not find a dentist taking Medicaid patients (11%); did not have/know a dentist (6%); dentist did not accept their medical coverage (6%); transportation (3%); and other reasons (16%).
- More than two-fifths (45%) of Warren adults had one or more of their permanent teeth removed and 9% had all of their teeth removed.

Adult Comparisons	Warren City 2018-2019	Trumbull County 2018-2019	Ohio 2017	U.S. 2017
<b>Health Status Perceptions</b>				
<b>Rated general health as good, very good, or excellent</b>	78%	81%	81%	83%
<b>Rated general health as excellent or very good</b>	49%	47%	49%	51%
<b>Rated general health as fair or poor</b>	22%	19%	19%	18%
<b>Rated mental health as not good on four or more days</b> (in the past 30 days)	34%	29%	24%*	23%*
<b>Rated physical health as not good on four or more days</b> (in the past 30 days)	26%	21%	22%*	22%*
<b>Average number of days that physical health was not good</b> (in the past 30 days)	5.8	4.6	4.0**	3.7**
<b>Average number of days that mental health was not good</b> (in the past 30 days)	6.0	5.0	4.3**	3.8**
<b>Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation</b> (on at least one day during the past 30 days)	35%	28%	22%*	22%*
<b>Healthcare Coverage, Access and Utilization</b>				
<b>Uninsured</b>	7%	6%	9%	11%
<b>Had one or more persons they thought of as their personal healthcare provider</b>	91%	90%	81%	77%
<b>Visited a doctor for a routine checkup</b> (in the past 12 months)	67%	73%	72%	70%
<b>Visited a doctor for a routine checkup</b> (5 or more years ago)	4%	4%	7%	8%
<b>Oral Health</b>				
<b>Visited a dentist or a dental clinic</b> (within the past year)	56%	62%	68%*	66%*
<b>Visited a dentist or a dental clinic</b> (5 or more years ago)	12%	11%	11%*	10%*
<b>Had any permanent teeth extracted</b>	45%	52%	45%*	43%*
<b>Had all their natural teeth extracted</b> (ages 65 and older)	N/A	13%	17%*	14%*

N/A – Not Available

\*2016 BRFSS

\*\*2015 BRFSS

# Warren City: Health Behavior, Chronic Disease and Prevention

## Key Findings

**Note: The following information is for Warren adults.** Only 130 Warren 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 Warren community.

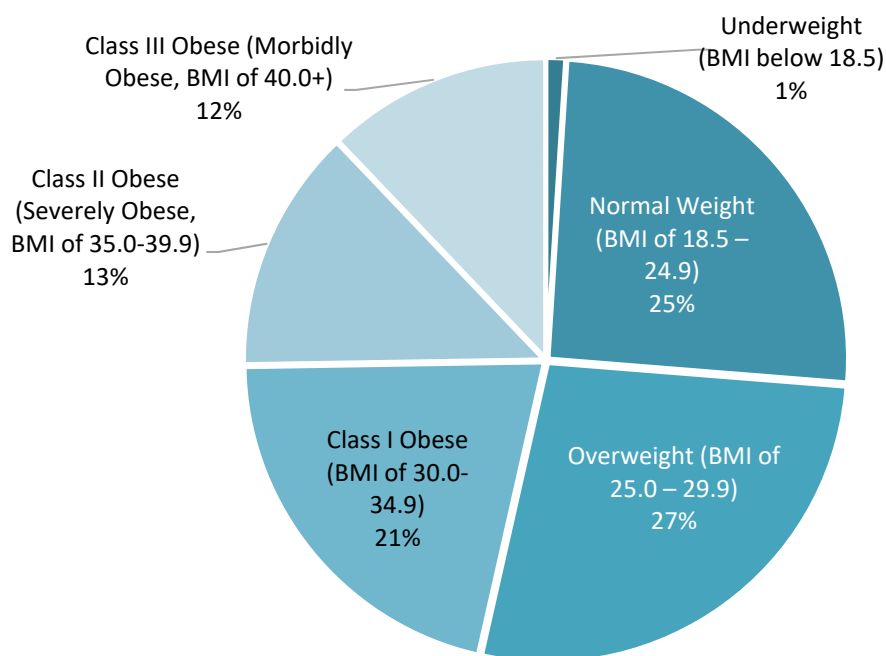
*Eighteen percent (18%) of Warren City adults were diagnosed with diabetes and 41% with high blood pressure. Nearly three-quarters (73%) of Warren City adults were either overweight (27%), obese (21%), severely obese (13%), or morbidly obese (12%). More than one-third (34%) of Warren City adults were limited in some way because of a physical, mental or emotional problem.*

## Health Behavior

### Weight Status

- Nearly three-fourths (73%) of Warren adults were either overweight (27%), obese (21%), severely obese (13%), or morbidly obese (12%) by Body Mass Index (BMI).
- More than two-fifths (43%) of Warren adults were trying to lose weight; 28% were trying to maintain their current weight or keep from gaining weight, and 3% were trying to gain weight.

*The following chart indicates the weight status of Warren 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)

- Warren adults did the following to lose weight or keep from gaining weight:
  - Exercised (39%)
  - Drank more water (34%)
  - Ate less food, fewer calories, or foods low in fat (32%)
  - Ate a low-carb diet (18%)
  - Used a weight loss program (4%)
  - Health coaching (2%)
  - Took prescribed medications (2%)
  - Smoked cigarettes (1%)
  - Participated in a prescribed dietary or fitness program (1%)
  - Went without eating 24 or more hours (1%)

### Physical Activity

- Nearly half (48%) of Warren adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. Thirty percent (30%) of Warren adults exercised 5 or more days per week. More than one-third (37%) of Warren adults did not participate in any physical activity in the past week, including 10% who were unable to exercise.
- Reasons for not exercising included: too tired (23%), pain or discomfort (19%), time (15%), weather (12%), self-motivation/will power (12%), laziness (9%), no personal reason (8%), no exercise partner (8%), did not like to exercise (6%), poorly maintained/no sidewalks (6%), already get enough exercise (5%), did not know what activities to do (4%), no gym available (3%), could not afford a gym membership (3%), ill or physically unable (3%), did not enjoy being active (3%), afraid of injury (3%), neighborhood safety (2%), no child care (1%), doctor advised them not to exercise (1%), too expensive (1%), transportation (1%), no walking, biking trails, or parks (1%), and other reasons (4%).
- Warren adults reported they used or visited the parks, bike trails, and walking paths in their community: very often (13%), somewhat often (17%), not very often (26%), and not at all (43%). One percent (1%) reported no parks, bike trails, or walking paths were available in their community.
- Warren adults reported the following would help them use community parks, bike trails, and walking paths more frequently:
  - More available parks, bike trails, and walking paths (40%)
  - More public events and programs involving parks, trails, and paths (40%)

### Warren City Bike Trail Use (as logged by TRAFx bike trail counters)

	2017	2018
<b>Number of People Using the Trail per Day</b>	13	15

(Source: Trumbull County Combined Health District based on data logged by TRAFx bike trail counters)

## Nutrition

- Four percent (4%) of Warren adults ate 5 or more servings of whole fruit per day; 16% ate 3-to-4 servings, 65% ate 1-to-2 servings, and 15% ate 0 servings.
- Six percent (6%) of Warren adults ate 5 or more servings of whole vegetables per day; 28% ate 3-to-4 servings, 62% ate 1-to-2 servings, and 5% ate 0 servings.
- More than one-fourth (29%) of Warren adults ate 5 or more servings of fruits and vegetables per day; 32% ate 3-to-4 servings, 38% ate 1-to-2 servings, and 1% ate 0 servings.
- Warren adults purchased their fruit and vegetables from the following places: large grocery stores (86%), local grocery stores (58%), farmer's market (34%), Dollar General/Store (25%), grow their own/garden (19%), corner/convenience stores (10%), food pantry (8%), Veggie Mobile/mobile produce market (3%), community garden (3%), group purchasing, community supported agriculture (2%), mail order food service (2%), and other places (2%).
- Warren adults reported the following reasons they chose the types of food they ate: taste/enjoyment (63%), cost (62%), healthiness of food (53%), food they were used to (36%), ease of preparation/time (33%), availability (30%), nutritional content (25%), calorie content (25%), what their family prefers (23%), if it is genetically modified (11%), if it is organic (8%), artificial sweetener content (6%), health care provider's advice (4%), if it is gluten free (4%), other food sensitivities (4%), if it is lactose free (3%), limitations set by WIC (1%), limitations due to dental issues (1%), and other reasons (5%).
- Warren adults reported the following barriers in consuming fruits and vegetables: too expensive (12%), transportation (3%), did not like the taste (2%), did not know how to prepare (2%), no access to fruits and vegetables (2%), no variety (1%), stores did not take EBT (1%), and other barriers (2%).
- More than one-fourth (27%) of Warren adults reported living 2 or more miles away from healthy food.
- In a typical week, Warren 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 (14%), and 5 or more times (10%). Twenty-three percent (23%) of Warren adults did not eat out in a restaurant or bring home take-out food in a typical week.
- One percent (1%) of Warren adults consumed 5 or more servings of sugar-sweetened beverages per day; 17% drank 3-to-4 servings per day, 40% consumed 1-to-2 servings per day, and 42% consumed 0 servings.
- Seventeen percent (17%) of Warren adults consumed 5 or more servings of caffeinated beverages per day; 19% consumed 3-to-4 servings per day, 46% consumed 1-to-2 servings of per day, and 18% drank 0 servings.

## Tobacco Use

- One-fifth (20%) of Warren adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- Two-fifths (40%) 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-third (32%) of Warren adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).
- Warren adults used the following tobacco products in the past year: cigarettes (26%), cigars (9%), e-cigarettes/vape pens (6%), little cigars (4%), cigarillos (3%), chewing tobacco, snuff, dip, and betel quid (3%), hookah (2%), dissolvable tobacco (2%), pipes (2%), and pouch (1%).

- Warren adults who have used e-cigarettes/vape pens in the past year put the following in it: e-liquid or e-juice with nicotine (63%), e-liquid or e-juice without nicotine (40%), homemade e-liquid or e-juice (20%), and marijuana or THC in your e-liquid (20%).
- Warren adults reported they would support an ordinance to ban smoking in the following places: vehicle with a minor present (67%), multi-unit housing (46%), college/university campuses (45%), parks or ball fields (44%), and fairgrounds (40%). Twenty-six percent (26%) of Warren adults reported they would not support an ordinance to ban smoking anywhere.

### *Alcohol Consumption*

- Over half (53%) of Warren adults had at least one alcoholic drink in the past month.
- Of those who drank, Warren adults drank 2.7 drinks on average.
- Almost one-fifth (19%) of Warren 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, 37% were considered binge drinkers.
- Twenty-four percent (24%) of current drinkers reported driving after drinking an alcoholic beverage.
- In the past month, 28% of current drinkers reported drinking while on prescription medications.

### *Drug Use*

- Four percent (4%) of adults reported using marijuana for recreational purposes in the past six months.
- 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.
- Warren adults reported that they **and/or** an immediate family member/someone in their household used the following drugs in the past 6 months:
 

<ul style="list-style-type: none"> <li>— Recreational marijuana (13%)</li> <li>— Medical marijuana (9%)</li> <li>— Inappropriate use of over-the-counter medications (6%)</li> <li>— Synthetic marijuana/K2 (6%)</li> <li>— Heroin/fentanyl (5%)</li> <li>— Wax, oil with THC edibles (5%)</li> <li>— Amphetamines, methamphetamine or speed (4%)</li> </ul>	<ul style="list-style-type: none"> <li>— Cocaine, crack, or coca leaves (4%)</li> <li>— Bath salts (3%)</li> <li>— Ecstasy or E, GHB, or Molly (3%)</li> <li>— Inhalants such as glue, toluene, gasoline, duster, or paint (3%)</li> <li>— Kraton (3%)</li> <li>— LSD, mescaline, peyote, psilocybin, DMT, or mushrooms (3%)</li> </ul>
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- Warren 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:
 

<ul style="list-style-type: none"> <li>— Codeine, Demerol, Morphine, Percocet, Dilaudid, or Fentanyl (7%)</li> <li>— Suboxone or Methadone (6%)</li> <li>— Vicodin (6%)</li> <li>— Tranquilizers such as Valium or Xanax (4%)</li> <li>— Steroids (4%)</li> </ul>	<ul style="list-style-type: none"> <li>— OxyContin (4%)</li> <li>— Ritalin, Adderall, Concerta, or other ADHD medication (4%)</li> <li>— Neurontin (4%)</li> <li>— Tramadol/Ultram (3%)</li> </ul>
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- Warren adults indicated they did the following with their unused prescription medication: took as prescribed (21%), threw them in the trash (17%), took them to a medication collection program (14%), kept them (11%), flushed them down the toilet (6%), kept them in a locked cabinet (6%), took them to Drug Take Back Days (3%), took them to the sheriff's office (1%), mailer to ship back to pharmacy (1%), and other (4%).
- Four percent (4%) of Warren 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: could not afford to go (4%), had not thought of it (3%), did not want to miss work (2%), stigma of seeking drug services (1%), stigma of seeking alcohol services (1%), fear (1%), did not know how to find a program (1%), could not get to the office or clinic (1%), transportation (1%), and other reasons (5%). Eighty-three percent (83%) of Warren adults indicated this type of program was not needed.

### *Sexual Behavior*

- Six percent (6%) of Warren adults reported they had intercourse with more than one partner in the past year.
- Warren adults used the following methods of birth control:
  - No partner/not sexually active (26%)
  - They or their partner were too old (18%)
  - Condoms (11%)
  - Hysterectomy (10%)
  - Vasectomy (9%)
  - Birth control pill (8%)
  - Tubes tied (7%)
  - Infertility (4%)
  - Withdrawal (3%)
  - Ovaries or testicles removed (2%)
  - Diaphragm or cervical ring (2%)
  - Having sex only at certain times (2%)
  - Shots (1%)
- Four percent (4%) of Warren adults were not using any method of birth control and 2% were trying to get pregnant.
- The following situations applied to Warren adults in the past year: had sex without a condom (30%), had anal sex without a condom (4%), tested for an STD (3%), engaged in sexual activity following alcohol or drug use they would not have done if sober (3%), had sex with someone they did not know (2%), treated for an STD (2%), had sexual activity with someone of the same gender (1%), injected any drug other than prescribed (1%), and had sex with someone they met on social media (1%).

### *Mental Health*

- During the past 12 months, 24% of Warren 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.
- Six percent (6%) of Warren adults seriously considered attempting suicide in the past year.
- Two percent (2%) of Warren adults reported actually attempting suicide in the past year.
- Warren adults indicated the following caused them anxiety, stress or depression:
  - Financial stress (39%)
  - Job stress (30%)
  - Other stress at home (23%)
  - Poverty/no money (20%)
  - Death of close family member or friend (20%)
  - Marital/dating relationships (17%)
  - Sick family member (16%)
  - Fighting in the home (13%)
  - Unemployment (12%)
  - Caring for a parent (8%)
  - Family member with a mental illness (8%)
  - Not having enough to eat (5%)
  - Not feeling safe in the community (4%)
  - Not feeling safe at home (3%)
  - Not having a place to live (1%)
  - Divorce/separation (1%)
  - Other (15%)



- Warren adults dealt with stress in the following ways:
  - Prayer/meditation (36%)
  - Listened to music (35%)
  - Talked to someone they trust (33%)
  - Ate more or less than normal (32%)
  - Exercised (31%)
  - Slept (30%)
  - Worked on a hobby (20%)
  - Worked (20%)
  - Drank alcohol (12%)
  - Smoked tobacco (9%)
  - Took it out on others (8%)
  - Used prescription drugs as prescribed (5%)
  - Called a professional (4%)
  - Used illegal drugs (1%)
  - Misused prescription drugs (1%)
  - Other ways (10%)
- Warren adults reported they or a family member were diagnosed with or treated for the following mental health issues:
  - Depression (32%)
  - Anxiety or emotional problems (26%)
  - An anxiety disorder (20%)
  - Bipolar disorder (12%)
  - Attention deficit disorder (ADD/ADHD) (12%)
  - Alcohol and illicit drug abuse (10%)
  - Post-traumatic stress disorder (PTSD) (8%)
  - Autism spectrum (8%)
  - Developmental disability (8%)
  - Other trauma (5%)
  - Eating disorder (4%)
  - Psychotic disorder (3%)
  - Life-adjustment disorder/issue (3%)
  - Problem gambling (2%)
  - Some other mental health disorder (11%)
- Twenty-four percent (24%) indicated they or a family member had taken medication for one or more mental health issues.

## Chronic Disease

### *Cardiovascular Health*

- Five percent (5%) of Warren adults reported they had survived a heart attack or myocardial infarction.
- Six percent (6%) 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.
- More than two-fifths (41%) of adults had been diagnosed with high blood pressure.
- Five percent (5%) of adults were told they were pre-hypertensive/borderline high.
- Ninety-four percent (94%) of adults had their blood pressure checked within the past year.
- Nearly two-fifths (38%) of adults had been diagnosed with high blood cholesterol.
- More than three-quarters (78%) of adults had their blood cholesterol checked within the past 5 years.

### *Cancer*

- Eleven percent (11%) of Warren adults were diagnosed with cancer at some point in their lives.
- Of those diagnosed with cancer, they reported the following types: breast (15%), cervical (15%), prostate (8%), skin cancer (8%), melanoma (8%), colon (8%), head and neck (8%), leukemia (8%), and other types of cancer (15%). Eight percent (8%) of Warren adults were diagnosed with multiple types of cancer.



- Warren adults have had the following cancer screenings: colorectal cancer in the past 5 years (29%), skin cancer in the past year (16%), oral cancer in the past year (14%), and lung cancer in the past 3 years (7%).

### *Arthritis*

- More than one-third (35%) of Warren adults were told by a health professional that they had arthritis.
- Warren adults were also diagnosed with the following: fibromyalgia (9%), rheumatoid arthritis (8%), gout (4%), and lupus (1%).

### *Asthma*

- In 2018, 21% of Warren adults had been diagnosed with asthma.
- Seventeen percent (17%) of adults were diagnosed with chronic obstructive pulmonary disorder (COPD), emphysema, or chronic bronchitis.

### *Diabetes*

- Eighteen percent (18%) of Warren adults had been diagnosed with diabetes (not pregnancy-related).
- Two percent (2%) of woman had been diagnosed with diabetes during pregnancy.

### *Quality of Life*

- More than one-third (34%) of Warren 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 (53%); back or neck problems (53%); chronic pain (45%); stress, depression, anxiety, or emotional problems (42%); walking problems (35%); sleep problems (33%); lung/breathing problems (27%); chronic illness (22%); memory loss (15%); confusion (13%); fractures, bone/joint injuries (11%); eye/vision problems (11%); mental health illness/disorder (9%); hearing problems (7%); fitness level (7%); a learning disability (2%); dental problems (2%); and other impairments/problems (9%).

## **Prevention**

### *Preventive Medicine*

- Nearly half (49%) of Warren adults had a flu vaccine during the past 12 months.
- Almost one-third (30%) of Warren adults have had a pneumonia shot in their life.
- Warren adults have had the following vaccines:
 

<ul style="list-style-type: none"> <li>— Measles, mumps, and rubella (MMR) in their lifetime (54%)</li> <li>— Tetanus booster (Td/Tdap) in the past 10 years (53%)</li> <li>— Chicken pox vaccine in their lifetime (45%)</li> </ul>	<ul style="list-style-type: none"> <li>— Zoster (shingles) vaccine in their lifetime (18%)</li> <li>— Human papillomavirus (HPV) vaccine in their lifetime (7%)</li> </ul>
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- In the past 12 months, Warren adults reported their doctor talked to them about the following topics: weight control (34%); family history (33%); immunizations (28%); depression, anxiety, or emotional problems (28%); safe use of prescription medication (24%); tobacco use (22%); PSA test (16%); falls (15%); safe use of opiate-based pain medications (12%); alcohol use (11%); bone density (9%); injury prevention (8%); family planning (7%); sexually transmitted diseases (6%); firearm safety (4%); self-testicular exams (4%); illicit drug abuse (3%); and domestic violence (1%).

### *Women's Health*

- Nearly two-thirds (66%) of Warren women had a mammogram at some time in their life, and 38% had one within the past year.
- Most (88%) Warren women had a clinical breast exam at some time in their life, and 53% had one within the past year.
- Ninety-four percent (91%) of Warren women had a Pap smear at some time in their life, and 43% reported having had the exam in the past year. More than two-thirds (68%) 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.
- Warren women used the following as their usual source of services for female health concerns: private gynecologist (56%), general or family physician (20%), community health center (5%), family planning clinic (5%), and health department clinic (1%). Eleven percent (11%) indicated they did not have a usual source of services for female health concerns.
- Nineteen percent (19%) of Warren women had been pregnant in the past 5 years.
- During their last pregnancy, Warren women: had a prenatal appointment in the first three months (77%), took a multi-vitamin with folic acid during pregnancy (77%), took folic acid/prenatal vitamin (54%), took a multi-vitamin with folic acid pre-pregnancy (46%), had a dental exam (23%), received WIC services (23%), took folic acid during pregnancy (23%), took folic acid pre-pregnancy (23%), consumed alcoholic beverages (23%), and experienced depression (15%).

### *Men's Health*

- Almost half (44%) of Warren males had a Prostate-Specific Antigen (PSA) test at some time in their life and 34% had one in the past year.
- Just over half (52%) of Warren men had a digital rectal exam in their lifetime and 35% had one in the past year.
- More than one-fourth (27%) of Warren males performed a self-testicular exam in the past year.

Adult Comparisons	Warren City 2018-2019	Trumbull County 2018-2019	Ohio 2017	U.S. 2017
<b>Weight Status</b>				
<b>Overweight</b> (BMI of 25.0 – 29.9)	27%	35%	34%	35%
<b>Obese</b> (includes severely and morbidly obese, BMI of 30.0 and above)	46%	40%	34%	32%
<b>Tobacco Use</b>				
<b>Current smoker</b> (smoked on some or all days)	20%	18%	21%	17%
<b>Former smoker</b> (smoked 100 cigarettes in lifetime and now do not smoke)	32%	30%	24%	25%
<b>Alcohol Consumption</b>				
<b>Current drinker</b> (had at least one drink of alcohol within the past 30 days)	53%	52%	54%	55%
<b>Binge drinker</b> (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	19%	18%	19%	17%
<b>Chronic Disease and Prevention</b>				
<b>Ever been told by a doctor they have diabetes</b> (not pregnancy-related)	18%	15%	11%	11%
<b>Ever diagnosed with arthritis</b>	35%	36%	29%	25%
<b>Had ever been told they have asthma</b>	21%	21%	14%	14%
<b>Ever diagnosed with Chronic Obstructive Pulmonary Disease (COPD), emphysema or chronic bronchitis</b>	17%	12%	8%	6%
<b>Ever been told they had skin cancer</b>	2%	4%	6%	6%
<b>Ever been told they had other types of cancer</b> (other than skin cancer)	9%	11%	7%	7%
<b>Had a digital rectal exam within the past year</b>	35%	29%	N/A	N/A
<b>Limited in some way because of physical, mental or emotional problem</b>	34%	28%	21%*	21%*
<b>Drug Use</b>				
<b>Adults who used marijuana in the past 6 months</b>	4%	4%	N/A	N/A
<b>Adults who misused prescription drugs in the past 6 months</b>	8%	9%	N/A	N/A
<b>Mental Health</b>				
<b>Felt sad or hopeless for two or more weeks in a row in the past year</b>	24%	16%	N/A	N/A
<b>Seriously considered attempting suicide in the past year</b>	6%	5%	N/A	N/A
<b>Attempted suicide in the past year</b>	2%	1%	N/A	N/A
<b>Sexual Behavior</b>				
<b>Had more than one sexual partner in past year</b>	6%	7%	N/A	N/A
<b>Cardiovascular Health</b>				
<b>Ever diagnosed with angina or coronary heart disease</b>	4%	6%	5%	4%
<b>Ever diagnosed with a heart attack, or myocardial infarction</b>	5%	6%	6%	4%
<b>Ever diagnosed with a stroke</b>	6%	5%	4%	3%
<b>Had been told they had high blood pressure</b>	41%	39%	35%	32%
<b>Had been told their blood cholesterol was high</b>	38%	40%	33%	33%
<b>Had their blood cholesterol checked within the last five years</b>	78%	80%	85%	86%

N/A- Not Available

\*2015 BRFSS

# Warren City: Social Determinants of Health

## Key Findings

**Note: The following information is for Warren adults.** Only 130 Warren 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 Warren community.

Sixteen percent (16%) of Warren adults had 4 or more adverse childhood experiences (ACEs) in their lifetime. One-fifth (20%) of Warren adults received food assistance in the past year.

## 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

- Warren adults reported the following percent of their household income goes to their housing:
  - Less than 30% (42%)
  - 30-50% (24%)
  - 50% or higher (17%)
  - Don't know (17%)
- Warren adults indicated they own their home (68%), rent their home (28%), and have other arrangements (4%).
- Seven percent (7%) of Warren adults reported they were worried about losing their housing at some time in the future.
- In the past month, 21% of 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 (19%), worried food would run out (13%), food assistance was cut (10%), 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 (7%), and loss of income led to food insecurity issues (6%).
- Nine percent (9%) of Warren adults experienced more than one food insecurity issue.
- More than one-third (35%) of Warren residents lived in poverty (*Source: U.S. Census, Quick Facts, Warren City, Ohio, 2018 Population Estimates*).

*Warren 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
<b>Affordable child care</b>	6%	1%	5%
<b>Clothing</b>	13%	3%	10%
<b>Credit counseling</b>	11%	2%	9%
<b>Dental care</b>	20%	10%	10%
<b>Diapers</b>	3%	0%	3%
<b>Drug or alcohol addiction</b>	7%	5%	2%
<b>Durable medical equipment</b>	7%	5%	2%
<b>Employment</b>	9%	3%	6%
<b>Food</b>	22%	20%	2%
<b>Free tax preparation</b>	12%	7%	5%
<b>Gambling addiction</b>	2%	1%	1%
<b>Health care</b>	23%	20%	3%
<b>Home repair</b>	15%	6%	9%
<b>Legal aid services</b>	9%	2%	7%
<b>Medicare</b>	16%	15%	1%
<b>Mental illness issues including depression</b>	21%	13%	8%
<b>Post incarceration transition issues</b>	2%	0%	2%
<b>Prescription assistance</b>	15%	11%	4%
<b>Rent/mortgage</b>	12%	4%	8%
<b>Transportation</b>	7%	2%	5%
<b>Unplanned pregnancy</b>	4%	2%	2%
<b>Utilities</b>	24%	15%	9%

**Education**

- Warren adults reported that they or an immediate family member had the following literacy needs: learning computer skills (18%); reading and understanding instructions (6%); reading a map, signs, food ingredient; and labels, etc. (4%); and completing a job application (4%).

**Social and Community Context**

- Warren adults reported doing the following while driving: talking on hands-free cell phone (39%); eating (25%); talking on hand-held cell phone (23%); not wearing a seatbelt (17%); texting (8%); using internet on their cell phone (6%); being under the influence of prescription drugs (4%); being under the influence of alcohol (1%); and other activities (such as applying makeup, shaving, etc.) (1%). Of adult drivers, 28% had more than one distraction. Four percent (4%) of Warren adults reported they did not drive.

- Adults reported regularly using the following to reduce their risk of injury: seat belt (88%), sunscreen (48%), life jacket (20%), bike helmet (12%), and motorcycle/ATV/snowmobile helmet (9%).
- Ten percent (10%) of Warren 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 Warren adults felt they were treated worse than other races at work. Forty-three percent (43%) felt they were treated the same, and 4% reported they were treated better than other races. Thirteen percent (13%) of adults did not know how their treatment at work compared to other races.
- Two percent (2%) of adults were threatened to be abused in the past year. They were threatened by the following: someone else (100%) and a spouse or partner (33%).
- Adults experienced the following Adverse Childhood Experiences (ACEs):
  - Their parents became separated or were divorced (30%)
  - A parent or adult in their home swore at, insulted, or put them down (25%)
  - Lived with someone who was a problem drinker or alcoholic (19%)
  - Lived with someone who was depressed, mentally ill, or suicidal (14%)
  - Someone at least 5 years older than them or an adult touched them sexually (13%)
  - Their parents or Warren adults in their home slapped, hit, kicked, punched, or beat each other up (12%)
  - A parent or adult in their home hit, beat, kicked, or physically hurt them (12%)
  - Someone at least 5 years older than them or an adult tried to make them touch them sexually (9%)
  - Lived with someone who used illegal stress drugs, or who abused prescription medications (9%)
  - Their family did not look out for each other, feel close to each other, or support each other (6%)
  - Someone at least 5 years older than them or an adult forced them to have sex (6%)
  - They didn't have enough to eat, had to wear dirty clothing, and had no one to protect them (5%)
  - Their parents were not married (4%)
  - Lived with someone who served time or was sentenced to serve time in prison, jail or correctional facility (4%)
- Sixteen percent (16%) of Warren adults experienced four or more Adverse Childhood Experiences (ACEs).

## Neighborhood and Built Environment

- Fourteen percent (14%) of adults reported that their neighborhood was extremely safe; 46% reported it to be quite safe, 21% reported it to be slightly safe, and 10% reported it to be not safe at all. Nine percent (9%) reported that they did not know how safe from crime their neighborhood was.
- Sixteen percent (16%) of Warren adults reported the following reasons for having transportation issues: other car issues/expenses (8%), could not afford gas (6%), no car (4%), suspended/no driver's license (3%), limited public transportation available or accessible (3%), no car insurance (3%), no public transportation available or accessible (2%), disabled (2%), and did not feel safe to drive (1%). Sixty-four percent (64%) of Warren adults who reported having transportation issues had more than one issue.
- Warren adults indicated they use the following forms of transportation regularly: their vehicle or family vehicle (94%), ride from a friend or family member (9%), walk (5%), bike (4%), public transportation (2%), and other (1%).
- More than one-third (35%) of Warren adults kept a firearm in or around their home. Four percent (4%) of Warren adults reported they were unlocked and loaded.

## Health and Health Care

- Eight percent (8%) of Warren adults reported that a 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, 1% of adults felt their experiences were worse than other races. Fifty-five percent (55%) felt their experiences were the same, and 11% reported their experiences were better than other races.

## Environmental Health

- Warren adults thought the following threatened their or family member's health in the past year:
 

— Mold (14%)	— Safety hazards (3%)
— Insects (11%)	— Sewage/waste water problems (1%)
— Moisture issues (11%)	— Agricultural chemicals (1%)
— Temperature regulation (7%)	— Food safety/food borne illness (1%)
— Plumbing problems (4%)	— Lead paint (1%)
— Air quality (4%)	— Lice (1%)
— Bed bugs (3%)	— Asbestos (1%)
— Chemicals found in products (3%)	— Rodents (1%)
— Unsafe water supply/wells (3%)	
- Nine percent (9%) of Warren 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.
- Half (50%) of Warren adults who use a septic tank for wastewater indicated their septic tank was pumped within the past 5 years. Forty-six percent (46%) did not know the last time their septic tank has been pumped.

## Disaster Preparedness

- Warren households had the following disaster preparedness supplies: working smoke detector (80%), cell phone (78%), working flashlight and working batteries (74%), cell phone with texting (74%), computer/tablet (59%), 3-day supply of prescription medication for each person who takes prescribed medicines (52%), 3-day supply of nonperishable food for everyone in the household (48%), 3-day supply of water for everyone in the household (1 gallon of water per person per day) (39%), home land-line telephone (35%), working battery-operated radio and working batteries (34%), communication plan (18%), generator (15%), disaster plan (12%), and family 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 (86%), internet (64%), friends/family (63%), radio (62%), Trumbull County Emergency Alert System (49%), neighbors (43%), Facebook (38%), wireless emergency alerts (36%), newspapers (36%), text messages (34%), smart phone app (24%), other social media (16%), landline phone (14%), Twitter (6%), and other methods (4%).
- Seventy-one percent (71%) of Warren 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 Trumbull 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 the aging population and residents of Southeast and Southwest Warren. 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 through placing ads or announcements in the media. Potential participants were screened to ensure they lived in Trumbull 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.



## **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 focus groups in Trumbull County. However, there were also major differences in the perceptions of health across the groups. There were many similarities between the Southeast and Southwest Warren populations in addition to major differences with the aging population. Participants from all three groups identified mental health and the opioid and drug epidemic as priorities that the county should focus on. Collectively, strengths in the county included the many health programs available to the community such as the programs at the Niles Wellness Center, St. Joes at the Mall, Silver Sneakers, farmer's markets, Mercy Health programs, and health fairs. All groups recognized that different factors can influence health status. Examples of social determinants of health that participants identified include health education, education, income, age, access to healthy food, access to public transportation, and the social environment people are exposed to.

Participants were aware of the following programs in Trumbull County: community gardens, food programs that provide families with healthy foods, faith-based programming, Senior Citizen's Opportunity for Personal Endeavor (SCOPE), Silver Sneakers, prescription discount programs, One Health Ohio, and St. Joes at the Mall. To be more successful, participants thought that programs should increase awareness and create more accessible transportation to get to programs, especially during the winter and for aging people. Other barriers to accessing services and resources were affordability, lack of interest, disability, and overlapping services. Participants provided advice to community agencies by stating that before decisions are made regarding program planning, seek input from community members directly to make sure the program is what the community wants, rather than what decision-makers want. More transparency in providing information to the public and eligibility criteria for programs would also be beneficial.

### **KEY FINDINGS OF AGING FOCUS GROUP**

Major topics covered in the focus group included having access to adequate and affordable health insurance and coverage, including prescription medications; having access to quality health care; physical activity and physical inactivity; and alcohol, tobacco and other drug use. The priority of limiting injury and violence was discussed to reducing drug abuse by increasing quality drug rehab facilities. There was a discussion on integrating physical and mental/behavioral health, but it focused more on social health and wellbeing rather than behavioral health. Concepts of maternal and child safety and infant mortality did not emerge during the focus groups.

### **KEY FINDINGS OF SOUTHWEST WARREN FOCUS GROUP**

Major topics covered in the focus group included transportation, mental health, and access to adequate and affordable quality health care. Reducing injury and violence was discussed with an emphasis on reducing drug abuse. There was a call to have more successful interventions that reduced overdoses and more successful rehab program outcomes. Integrating physical and mental/behavioral health was brought up for community members living in subsidized housing, but not so much for the general population. Concepts of maternal and child safety and infant mortality did not emerge during the focus groups.

## KEY FINDINGS OF SOUTHEAST WARREN FOCUS GROUP

Major topics covered in the focus group included transportation, access to healthy food and stores, mental health, access to adequate and affordable insurance, and drug rehab and prevention programs. Topics of improving maternal and child safety, infant mortality, and improving integration of physical and mental/behavioral health did not arise.

### Aging Population Focus Group

The focus group with the aging population consisted of six community members that identified with the aging population. Participants were recruited at the Niles Wellness Center to take part in the discussion. The focus group took place at the Niles Wellness Center.

#### Individual Priorities

Participants identified the following as priority health topics the county should work to address or prevent: drug and alcohol use, diabetes prevention and treatment, affordable prescription medications, and needing quality health care within the county instead of having to go outside of the county. Other priorities mentioned in the discussion less frequently were affordable mammograms, HPV vaccinations, more preventive programs, addressing the cost of co-payments, and availability of quality drug rehab programs.

#### Strengths

Health programs available to the community such as the Niles Wellness Center and St. Joe's at the Mall were identified as community strengths. The Mercy Health's dental van that provides mobile dental cleanings was important to the participants. They shared that many retired people did not have dental coverage, therefore the dental van was an option to receive affordable and adequate dental care.

#### Social Determinants of Health

Half of the participants thought that there were some people in the community who were healthier than others. Without probing with examples of social determinants of health, first, participants mentioned healthy eating, smoking status, and physical/social activity as factors that influenced health. Socializing was an important aspect of health that was mentioned. One participant had a doctor recommend getting out of the house for two hours every day to avoid being isolated from the community. The group thought young people were exposed to more peer pressure from friends which could influence their health negatively as they got older.

The aging population also mentioned that the younger age groups did not prioritize maintaining a healthy lifestyle. They thought that young people did not have the time to use exercise facilities because of their work schedules and that they didn't make exercising a priority either. One participant expressed that it didn't matter how many hours someone worked, they could find a way to be healthy if they really wanted to.

One participant's reasoning for living healthy was to be a positive role model for her kids and to not become a burden to them. This mentality could shape the norms of her family and community:

**"...I just keep thinking, well I'm doing it for my kids because I don't want to become a burden on my children and my children appreciate it. I keep hoping if they see me out here doing my thing and walking...maybe one day it will click, and they will start doing it."**

When the facilitator probed about specific socioeconomic factors, the participants did not believe that socioeconomic factors played a part in some people being healthier than others. Participants expressed that there was more of a level playing field as people got older, and socioeconomic factors played less of a part in people's lives.

### **Awareness**

When asked what programs, services, or resources within the community focused on improving health, participants shared the following. They were aware of SCOPE luncheons, transportation for the aging population, ONE Health Ohio, and Avamar Foundation. Participants thought that St. Joes at the Mall was convenient for many people, but it was usually crowded. Silver Sneakers was a program that the focus group members participated in. However, some participants did not like that each class they attended was structured the same and wanted some variation, while other participants liked the consistency of the program.

### **Barriers**

Major barriers to accessing and participating in programs, services, or resources in Trumbull County included fear of receiving painful treatments, lack of access to adequate and affordable insurance coverage, not having dental or eye coverage as people age, insurance not covering certain doctors, and general confusion regarding health care coverage. The majority of participants wanted consistency in health care coverage, so they could go to any doctor they wanted and have insurance cover it. Not having to pay extra for dental, optical, and specialists, or at least making the price more consistent for those services was recommended by the group. One participant shared a mistrust of the health care system because she believed pharmaceutical companies were withholding cures for cancer from the public. Some participants experienced a hard time trusting new doctors and said it was because of the high turnover of health care providers in the community.

### **Advice**

When asked what programs, services, or resources within the community focused on improving health, participants shared the following. Participants noted that effective modes of communication for reaching the aging population were newspapers, emails, mailings, and through organizations or agencies that pertain to certain health issues, such as the Arthritis Foundation. They were interested in a Walk-With-A-Doc program to have more interaction with medical professionals. The group mentioned they would like to be able to borrow, rent, or buy DVDs that guide them in chair yoga at home to ensure they stay active during the winter months or when they are unable to leave the house. Participants talked about the idea of health-related facilities offering educational sessions about different health topics. Participants recommended having lecture style workshops with group breakout sessions afterwards for more involved conversations. Potential topics of interest were diabetes, nutrition, cancer, arthritis, caregiving, Alzheimer's, health and emotional issues, prescription medications, mental illness, eyecare, and weight loss.

Many participants agreed that the one agency in particular, that serves the aging and disability community, was not as responsive as they should be. Participants said they had contacted the agency and they did not follow-up with the participants. They expressed that the county needs better doctors and should utilize public relations to raise awareness for the programs and educational resources available. Providing mental health programs for different ages that focus on non-prescription methods for coping with depression and anxiety could be beneficial.

They proposed creating cooking programs for the elderly and for people who only cook for one or two people. Participants suggested that classes could include learning how to freeze meals and how to waste less food when cooking for one person. They proposed that the community could have dinners where everyone cooks and then eats healthy meals together as a way to socialize. Younger people could benefit from classes that show how to make quick, nutritious meals. They also thought a community garden would be a great way for people of all ages to get together, socialize, and be active all while learning how to garden and cook what was grown. They mentioned that having raised gardening beds would allow the aging population to have better access to the gardens and keep them active as well.

An important piece of advice mentioned was that the aging population is a great resource for volunteers. Participants wanted service opportunities where they could go to a facility and cook for community members. They said they were looking for ways to make a difference in the community, if people would listen to their suggestions.

**“There are so many of us at this age, 65 and over...we could really have a good time, make a difference if people would just listen to some of our suggestions.”**

### **Health Inequities**

The majority of the group did not believe factors such as age, gender, physical ability, race, ethnicity, or sexual orientation mattered in accessing services. They thought age and sexual preference did not matter and if a person wanted to go do something, they could. However, one participant disagreed and thought white people were more privileged in Trumbull County. Most of the participants did agree that there was a lack of minority doctors and pharmacists in the county and thought that people of different race and ethnicities may not be able to relate to their health care providers.

### **Closing Remarks**

At the end of the focus group, participants had the opportunity to share any statements they wanted with health agencies. Participants suggested talking to state representatives to get grants to fund projects. They also mentioned that Trumbull County has unequal resources and less advanced programming compared to Mahoning County.

### **Southwest Warren Focus Group**

The Southwest Warren focus group was held at the Shelter House at Quinby Park. Ten participants, notably all African American, took part in the group that focused on the perceptions of people living in the Southwest Warren area.

### **Individual Priorities**

Participants identified the following as priority health topics the county should work to address or prevent: increasing the amount of mental health treatment centers and drug rehabilitation centers and improving access to healthy foods and stores. Addressing the issues of homelessness and drug addiction were also priorities. Other issues mentioned less frequently were transportation, agencies that can help people suffering from mental health issues and using city funding more appropriately for addiction service and response.

### **Strengths**

Strengths in the community identified by the group were Mercy Health programs, alternative programs for those with drug addiction to enroll in a program instead of jail time, health fairs, community festivals, the YMCA children's programs, churches, the Mahoning Valley Dream Center, and the Emerging Leaders program. Additional strengths included Trumbull County's low cost of living and job availability in smaller towns.

### **Social Determinants of Health**

Overall, participants agreed that some people in the community were healthier than others. Without probing with examples of social determinants of health, participants mentioned that access to healthy food, access to public transportation, the social environment a person is exposed to, housing, and mental health all impacted a person's health. Social cohesion was an important social determinant of health brought up by one participant. The participant was specifically talking about the interactions between people in subsidized housing and how it had a significant impact on a person's mental health and outlook on life. It was discussed that their community was a food desert and there was limited access to healthy food resources. Although there was access to some foods at the corner store and dollar stores, it was not the quality and nutritious food that would be available at a grocery store.

**“I went into Dollar General and this lady had \$210 worth of food...for her family. It was cereal, chips, things like chip chop ham, all that kind of stuff, and I felt sorry for her because maybe she can't get it anywhere else...That's a shame because she could of got better quality food and more nutritious food at the grocery store.”**

Public transportation was an issue for those without a personal vehicle. The bus system only came once an hour and stopped after a certain hour, which was identified as an issue for those who worked late. Participants also mentioned that the bus system did not run on the weekend, which was an immense barrier. One participant explained that she advocated through town hall meetings and with decision makers but had not been successful in creating change in the public transportation system because she was only one voice.

The participants then discussed how the mentality of people living in subsidized housing could influence health status. They shared that the social environment in subsidized housing was usually negative and stressful. The mindset of people was that they are stuck in that situation with no way out and it leads to depression and mental illness. The group also shared that there are stereotypes and discrimination, or prejudice based on housing status. For example, the inaccuracy that people staying in subsidized housing are addicted to drugs.

**“It's not drugs, it's the values the people instill in their children like what you have to do as a community to try to raise that child and the community don't care anymore. I think that's the biggest issue—there is nothing money or anything else is going to do to change, that's the people that have to change that.”**

### **Awareness**

Participants were aware of programs that Mercy Health sponsored. The Dream Center was mentioned as a supportive agency for the community that consistently provided information.

### **Barriers**

The following barriers to accessing or participating in programs were identified by focus group participants: lack of interest, disability, and some programs, especially those dealing with mental health, focus on medications rather than talking through the issue. Participants perceived that sometimes agencies had the appearance of being out in the community talking and working with people, but it was very superficial. Participants shared that it felt to them like the workers didn't actually care about the individual nor did they provide what they really needed. They shared that the people working in the community were not truly concerned with the health or wellbeing of other people. It was discussed that people working at the front desk of agencies or community resources were not always friendly or helpful, which creates a climate of not seeking services because of bad experiences.

To overcome these barriers, participants advised voting on the issues, if applicable. Participants thought that more resources needed to be provided to people living in subsidized housing. One participant said, the children are unsupervised and are destructive, do not act appropriately, and do not have the proper clothing for the weather because the children are taking care of each other. It was recommended to have an office within health agencies to address social services because sometimes a patient needs to form a relationship with a worker before they can share what they are struggling with. Participants wanted a place in the community where kids could play together, where counseling was offered, and other social services provided. It was suggested to evaluate the structure of programs to verify that funds were being used efficiently and that the programs were accomplishing what they intended to. The group suggested having a review board to determine if money is being wasted in the programs and evaluating employees to make sure their intention is to help people in need. Participants also shared that there needed to be more transparency in where levy funding was actually going when it gets passed.

## Advice

Participants provided advice to health agencies on how to help the community live a healthier lifestyle. One suggestion was to gather data and information from community members directly by surveys and more focus groups to make sure programming was what people needed and not just what a board wanted. A unique idea presented was offering incentives such as tax abatements for businesses to bring grocery stores into low income areas so the community can have better access to healthy foods. It was requested for agencies that ask questions about food insecurity to be more sensitive in the way they ask. Additionally, offering a step-by-step guide to help people get access to healthy foods would be helpful so that the community could get help for themselves.

One idea on how to integrate physical and behavioral health was to have doctors and psychiatrists placed in or near subsidized living facilities to increase access to adequate and affordable quality health care. In response to the discussion about the drug epidemic, there was a conversation about doctors and patients taking advantage of the health care system. Sometimes, patients try to get prescribed medication in order to receive a Social Security check and then do not take the medications. However, doctors keep writing the prescription because they get paid by the pharmaceutical companies for each prescription they write. Participants also mentioned that a doctor's first reaction is to prescribe medications instead of other solutions to the health problem. There is a perception that doctors are prescribing strong pain relief drugs for routine operations and are prescribed more often than needed.

The phone communication at [anonymous social service organization] was requested to be improved. Participants said it was very difficult for people to call and receive help because it was very inconsistent, and paperwork often gets lost. There is also inconsistency in the help you can get depending on which staff you speak to.

## Health Inequities

The group strongly agreed that factors such as age, gender, physical ability, race, ethnicity, and sexual orientation play a part in accessing programs, services, or health care in the community. It was brought up that racism was very prominent in Warren and participants experienced prejudice against different sexual orientations, gender, and age. It was discussed that White people get better response times from law enforcement and emergency personnel. Participants thought the judicial system was also prejudice because it was perceived in their community that if two people commit the same crime, a Caucasian person would get less time than an African American person.

Participants thought that job opportunities in the area were often influenced by who people knew, rather than their skillset. They also shared that transportation impacts access to job opportunities, which also influenced how healthy someone could be. Suggested opportunities to help reduce the transportation barrier were encouraging using bikes, Uber, Taxi's, and carpooling.

## Closing Remarks

At the close of the focus group, participants were able to provide concluding thoughts. The first comment was it takes a long time for [anonymous government agency] to administer disability benefits. Additionally, it was recommended to screen people working for government services more thoroughly because sometimes the people seeking services have a bad experience with the friendliness and amount of help they can get. A program they would be interested in for people with mental disabilities or parenting mothers is having health care professionals or an in-home caseworker make home visits weekly. They acknowledge that some agencies do conduct home visits for up to a few months, but participants wanted a longer-term program that helps people in homes with managing their mental illness or helping to raise children.

## Southeast Warren Focus Group

The Southeast Warren group was held at the Trumbull Homes Community Room. Eleven participants of a diverse racial background took part in the group that focused on the perceptions of people living in the Southeast Warren area.



## Individual Priorities

The majority of participants selected mental health as the most important health topic that Trumbull County needed to address. Second was providing senior citizens with attention, resources, more facilities, and access to programs and/or care that was more cost effective. Another common response was the availability of healthy eating choices in the community. Other priorities of participants were helping community members live a long life, health education, addressing drug addiction, and having a better standard of living.

## Strengths

Participants could only identify four strengths in the community: close hospitals, seasonal farmer's markets, an abundance of doctors, and Silver Sneakers.

## Social Determinants of Health

Most participants agree that there were some factors that influence some people to be healthier than others. Factors that influence health were amount of health education, motivation to be healthy, education, money, age, food choice, physical activity, genes, and lifestyle choices. When asked about how socioeconomic factors influence health, there was a discussion on the intersection of how income can influence access to insurance and health care, and how the affordability of resources or programs can impact health.

## Awareness

Most of the programs and services that participants were aware of focused on food and nutrition. Community gardens, Meals on Wheels, and food assistance programs through organizations like churches were brought up. Additionally, the faith-based programs are a community asset that provides various health resources like providing food to those in need and physical activity classes like line dances. The only youth program they were aware of was Inspiring Minds and had great things to say about it. Lastly, St. Joes at the Mall, Mercy Health, and the walking program at the mall were community resources touched on.

To improve awareness of public health programs, agencies need to get the word out more and address public transportation. Participants said that people may be unaware of the programs and the health benefits of participating. Public transportation might be growing but there are still many barriers like time involved and cost. Participants liked that some insurance companies provide transportation support, but it is a barrier that a person has to request it a certain amount of time in advance.

## Barriers

Common barriers identified were that aging people do not want to drive in the winter and there is a lack of awareness for community programs. There is also overlap between programs and services and the affordability is a barrier if it is not a free program. Also, there are too many restrictions from insurance companies for when and how procedures can be completed that inhibit a doctor's ability to make a choice based off a patient's best interest.

One group member talked about his experience with a food co-op; In the past, a co-op was popular among community members but was not sustainable because of the governmental regulations and the demand for volunteers. They had up to 300 community members participating and could take food stamps but could not sustain the unpaid volunteers required to keep the program going. It was difficult for the farmers to write a governmental grant to get funds to support the project. They delivered nutritious meals to senior citizens which provides both physical nourishment and also helped to provide social interaction to populations that are isolated from the community.

**“A lot of times they deliver to the senior citizens. You’d be surprised, if you deliver too, you might be the only visitor they have in a long time.”**

## Advice

Advice to overcome one transportation barrier would be to have receptionists ask those making appointments if they need transportation and direct them to where they can access transportation services. Communication methods to connect with the Southeast Warren members would be Facebook, flyers in bills or mail that get sent out, flyers at the rent office, and at grocery stores. Advice for the hospital setting is to provide more social workers to help patients receive services and resources as they return home from the hospital in addition to increasing the follow-up care for people leaving the hospitals to be more frequent than one visit after discharge.

In terms of healthy eating, participants want more grocery stores with longer hours. Many stores have to sell liquor to make a profit in the store. Crime also impacts people even feeling safe going to stores and determining which stores they're going to go into. Grocery store programs like click-list or delivery from the grocery stores is a good idea but participants do not think it would help their health and they would not participate in it because they would rather pick out their own foods than store staff.

**“There’s a lot of people that don’t have transportation to the big grocery store, so they have to depend on going to the dollar stores, the convenience stores, and just get junk food for food you know because...we can’t get grocery stores to come into this area because of the high crime.”**

Participants noticed that Mahoning County has more activities for community members compared to Trumbull County. If the participants were in charge of Trumbull County’s programs and services, they would create a new program for kids that will keep them occupied. The program would incorporate a computer room to learn, basketball, have transportation, home economics class to learn to cook, learn piano, have a recreation center, test prep for ACTs, and a study hall. They would have driver’s education back in the school and have programs that focus on science, music, art, theatre, and creative outlets that support emotional health. They wanted more activities during the winter time and mentioned that the YMCA is too costly for membership.

A community activity that the group thought of was having competitions like track and field between the East Side and West Side. Participants also wanted to have playgrounds available and a community garden that specifically is geared towards kids. The community previously they had a food co-op which was a valuable program because they delivered to people unable to leave the house which became a social activity for the aging population. Lastly, participants want more social programs for the aging population like bingo.

Recommendations for agencies providing services to community members are to ask community members for input rather than making top-down decisions, make sure programs go through the full chain of command, and to do their homework. Participants asked for transparency in providing information to those who need it. For example, there is confusion on eligibility requirements for Silver Sneakers so by providing eligible people with information up front, they can make an informed decision on if they will participate.

Final thoughts were that the aging population is very isolated and they need opportunities for social interaction. Participants want agencies to prioritize other ways to get well instead of using pills. Additionally, there is a general mistrust of the health care system because some people believe there is a cure for cancer, but pharmaceutical companies will not distribute it.



## **Health Inequities**

The participants agreed that factors such as age, gender, physical ability, race, ethnicity, and sexual orientation play a part in access to programs, services, and health care in Trumbull County. There is discrimination and prejudice from the health care system that people without insurance are treated differently than people with good insurance. Age is a factor that impacts access. Participants described that less time, resources, and money are spent on the aging population in the health care system. Income will dictate a person's quality of treatment and the type of insurance will also influence the quality of care such as adequate dental care is dependent of the type of insurance someone has.

## **Closing Remarks**

Participants were offered the opportunity to provide concluding thoughts at the end of the focus group. There was conversation about the advantages of medical marijuana but concern for recreational marijuana becoming legalized. Participants wanted the county to provide information on how to access to recovery services and about eligibility like what insurance is accepted as well as requirements for being admitted. Some participants thought more beds at recovery centers and more regulation in halfway houses would be beneficial because participants perceive that they are overcrowded.

## Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Association of Suicidology	<ul style="list-style-type: none"> <li>Facts &amp; Statistics, 2016</li> </ul>	<a href="http://www.suicidology.org/resources/facts-statistics">www.suicidology.org/resources/facts-statistics</a>
American Cancer Society, Cancer Facts and Figures, 2018. Atlanta: ACS, 2017	<ul style="list-style-type: none"> <li>2019 Cancer Facts and Figures</li> </ul>	<a href="http://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2019/cancer-facts-and-figures-2019.pdf">www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2019/cancer-facts-and-figures-2019.pdf</a>
American Cancer Society (ASC), 2017	<ul style="list-style-type: none"> <li>ACS Guidelines for Nutrition and Physical Activity</li> </ul>	<a href="http://www.cancer.org/healthy/eat-healthy-get-active/acs-guidelines-nutrition-physical-activity-cancer-prevention/guidelines.html">www.cancer.org/healthy/eat-healthy-get-active/acs-guidelines-nutrition-physical-activity-cancer-prevention/guidelines.html</a>
American College of Allergy, Asthma & Immunology, 2018	<ul style="list-style-type: none"> <li>Asthma Facts</li> </ul>	<a href="http://acaai.org/news/facts-statistics/asthma">acaai.org/news/facts-statistics/asthma</a>
American Heart Association, 2017	<ul style="list-style-type: none"> <li>Your Non-Smoking Life</li> </ul>	<a href="http://newjersey.heart.org/non-smoking-life/">newjersey.heart.org/non-smoking-life/</a>
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> <li>2010 - 2016 Adult Ohio and U.S. Correlating Statistics</li> </ul>	<a href="https://www.cdc.gov/brfss/index.html">https://www.cdc.gov/brfss/index.html</a>
Brady Campaign to Prevent Gun Violence	<ul style="list-style-type: none"> <li>Victims of Gun Violence</li> </ul>	<a href="http://www.bradycampaign.org/sites/default/files/Brady-Campaign-5Year-Gun-Deaths-Injuries-Stats_08-23-2018.pdf">www.bradycampaign.org/sites/default/files/Brady-Campaign-5Year-Gun-Deaths-Injuries-Stats_08-23-2018.pdf</a>
CDC, Alcohol and Public Health	<ul style="list-style-type: none"> <li>Alcohol Use and Your Health</li> </ul>	<a href="http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm">www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm</a>
CDC, Arthritis	<ul style="list-style-type: none"> <li>Key Public Health Messages</li> </ul>	<a href="http://www.cdc.gov/arthritis/about/key-messages.htm">www.cdc.gov/arthritis/about/key-messages.htm</a>
CDC, Asthma	<ul style="list-style-type: none"> <li>Common Asthma Triggers</li> </ul>	<a href="http://www.cdc.gov/asthma/triggers.html">www.cdc.gov/asthma/triggers.html</a>
CDC, Breast Cancer	<ul style="list-style-type: none"> <li>What Can I do to Reduce My Risk of Breast Cancer?</li> </ul>	<a href="http://www.cdc.gov/cancer/breast/basic_info/prevention.htm">www.cdc.gov/cancer/breast/basic_info/prevention.htm</a>
CDC, Cancer Prevention and Control	<ul style="list-style-type: none"> <li>Prostate Cancer Awareness</li> </ul>	<a href="http://www.cdc.gov/cancer/dcpc/resources/features/prostatecancer/index.html">www.cdc.gov/cancer/dcpc/resources/features/prostatecancer/index.html</a>
CDC, Diabetes	<ul style="list-style-type: none"> <li>About Diabetes</li> </ul>	<a href="http://www.cdc.gov/diabetes/basics/diabetes.html">www.cdc.gov/diabetes/basics/diabetes.html</a>
CDC, National Center for Health Statistics	<ul style="list-style-type: none"> <li>Men's and Women's Health Statistics</li> <li>Contraceptive Use in the United States</li> </ul>	<a href="http://www.cdc.gov/nchs/fastats/mens-health.htm">www.cdc.gov/nchs/fastats/mens-health.htm</a> <a href="http://www.cdc.gov/nchs/fastats/contraceptive.htm">www.cdc.gov/nchs/fastats/contraceptive.htm</a>
CDC, Oral Health	<ul style="list-style-type: none"> <li>Facts About Adult Oral Health</li> </ul>	<a href="http://www.cdc.gov/oralhealth/basics/adult-oral-health/index.html">www.cdc.gov/oralhealth/basics/adult-oral-health/index.html</a>
CDC, Smoking & Tobacco Use	<ul style="list-style-type: none"> <li>Smoking and Other Health Risks</li> </ul>	<a href="http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm">www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm</a>
CDC, Violence Prevention	<ul style="list-style-type: none"> <li>Adverse Childhood Experiences (ACE's)</li> </ul>	<a href="http://www.cdc.gov/violenceprevention/acestudy/index.html">www.cdc.gov/violenceprevention/acestudy/index.html</a>

# Appendix I: Health Assessment Information Source

Source	Data Used	Website
CDC, Centers for Disease Control and Prevention	<ul style="list-style-type: none"> <li>• Mold Prevention Tips</li> <li>• Suicide Rising Across the U.S.</li> </ul>	<a href="http://www.cdc.gov/mold/dampness_facts.htm">www.cdc.gov/mold/dampness_facts.htm</a>
		<a href="http://www.cdc.gov/vitalsigns/suicide/index.html">www.cdc.gov/vitalsigns/suicide/index.html</a>
CDC Wonder, About Underlying Cause of Death, 2008-2016	<ul style="list-style-type: none"> <li>• U.S. Comparisons</li> </ul>	<a href="http://wonder.cdc.gov/ucd-icd10.html">wonder.cdc.gov/ucd-icd10.html</a>
County Health Rankings	<ul style="list-style-type: none"> <li>• Food Environment Index</li> </ul>	<a href="http://countyhealthrankings.org">countyhealthrankings.org</a>
CDC, Sexually Transmitted Diseases Surveillance, 2017	<ul style="list-style-type: none"> <li>• U.S. Chlamydia and Gonorrhea Rates</li> <li>• STD's in Adolescents and Young Adults</li> </ul>	<a href="http://www.cdc.gov/std/stats/">www.cdc.gov/std/stats/</a>
Healthy People 2020: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> <li>• All Healthy People 2020 Target Data Points</li> <li>• Some U.S. Baseline Statistics</li> <li>• Predictors of Access to Health Care</li> <li>• Social Determinants of Health</li> </ul>	<a href="http://www.healthypeople.gov/2020/topicsobjectives2020">www.healthypeople.gov/2020/topicsobjectives2020</a>
National Institute on Drug Abuse	<ul style="list-style-type: none"> <li>• Drug Facts: Heroin</li> <li>• Abuse of Prescription Drugs</li> <li>• Drug Facts; Drugged Driving</li> </ul>	<a href="http://www.drugabuse.gov">www.drugabuse.gov</a>
Foundation for Advancing Alcohol Responsibility, 2017	<ul style="list-style-type: none"> <li>• Underage Drinking Statistics</li> </ul>	<a href="http://www.responsibility.org/get-the-facts/research/statistics/underage-drinking-statistics/">www.responsibility.org/get-the-facts/research/statistics/underage-drinking-statistics/</a>
National Alliance of Mental Illness, 2018	<ul style="list-style-type: none"> <li>• Know the Warning Signs</li> </ul>	<a href="http://www.nami.org/Learn-More/Know-the-Warning-Signs">www.nami.org/Learn-More/Know-the-Warning-Signs</a>
Ohio Department of Health, Information Warehouse	<ul style="list-style-type: none"> <li>• Hardin County and Ohio Unwed and Live Birth Statistics</li> <li>• Sexually Transmitted Diseases</li> <li>• Incidence of Cancer, 2011-2015</li> <li>• HIV/AIDS Surveillance Program</li> <li>• Statistics: Access to Health Services</li> <li>• 2014-2016 Hardin County and Ohio Leading Causes of Death</li> <li>• Age-Adjusted Mortality Rates</li> </ul>	<a href="http://www.odh.ohio.gov/">www.odh.ohio.gov/</a>
Ohio Department of Job & Family Services	<ul style="list-style-type: none"> <li>• Unemployment Rates</li> </ul>	<a href="http://ohiolmi.com/laus/current.htm">ohiolmi.com/laus/current.htm</a>
Ohio Department of Public Safety	<ul style="list-style-type: none"> <li>• 2017 Hardin County, City of Kenton, and Ohio Crash Facts</li> <li>• OSHP Computer-Aided Dispatch (CAD) System</li> </ul>	<a href="http://services.dps.ohio.gov/CrashOnline/CrashStatistics/Home">services.dps.ohio.gov/CrashOnline/CrashStatistics/Home</a>

# Appendix I: Health Assessment Information Sources

Source	Data Used	Website
Ohio Department of Health, General Findings	<ul style="list-style-type: none"> <li>2017 Ohio Drug Overdose Data</li> </ul>	<a href="http://odh.ohio.gov/wps/wcm/connect/gov/5deb684e-4667-4836-862b-cb5eb59acbd3/2017_OhioDrugOverdoseReport.pdf?MOD=AJPERES&amp;CONVERT_TO=url&amp;CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-5deb684e-4667-4836-862b-cb5eb59acbd3-moxPbu6">odh.ohio.gov/wps/wcm/connect/gov/5deb684e-4667-4836-862b-cb5eb59acbd3/2017_OhioDrugOverdoseReport.pdf?MOD=AJPERES&amp;CONVERT_TO=url&amp;CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-5deb684e-4667-4836-862b-cb5eb59acbd3-moxPbu6</a>
Ohio Development Services Agency	<ul style="list-style-type: none"> <li>Ohio Poverty Report, February 2018</li> </ul>	<a href="http://www.development.ohio.gov/files/research/p7005.pdf">www.development.ohio.gov/files/research/p7005.pdf</a>
Ohio Medical Marijuana Control Program, 2018	<ul style="list-style-type: none"> <li>Ohio Medical Marijuana Control Program</li> </ul>	<a href="http://www.medicalmarijuana.ohio.gov/">www.medicalmarijuana.ohio.gov/</a>
Ohio Mental Health and Addiction Services	<ul style="list-style-type: none"> <li>Opiate and Pain Reliever Doses Per Capita</li> <li>Opiate and Pain Reliever Doses Per Patient</li> <li>New Limits on Prescription Opiates Will Save Lives and Fight Addiction</li> </ul>	<a href="http://mha.ohio.gov/Portals/0/assets/Research/Maps/Ohio_OARRS_Opioids_2012_v2.pdf">mha.ohio.gov/Portals/0/assets/Research/Maps/Ohio_OARRS_Opioids_2012_v2.pdf</a>
Ohio State Highway Patrol	<ul style="list-style-type: none"> <li>Compliant Data</li> <li>Electronic Crash Records</li> <li>Felony Cases and Drug Arrests</li> <li>Hardin County Activity Statistics</li> </ul>	<a href="http://statepatrol.ohio.gov/">statepatrol.ohio.gov/</a>
The Henry Kaiser Family Foundation	<ul style="list-style-type: none"> <li>Key Facts about the Uninsured Population, 2017</li> <li>Health and Health Care for Blacks in the U.S., 2018</li> </ul>	<a href="http://www.kff.org/uninsured/factsheet/key-facts-about-the-uninsured-population/">www.kff.org/uninsured/factsheet/key-facts-about-the-uninsured-population/</a>
		<a href="http://www.kff.org/infographic/health-and-health-care-for-blacks-in-the-united-states/">www.kff.org/infographic/health-and-health-care-for-blacks-in-the-united-states/</a>
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> <li>American Community Survey 5-year estimates, 2012-2016</li> <li>Ohio and Hardin County 2016 Census Demographic Information</li> <li>Ohio and U.S. Health Insurance Sources</li> <li>Small Area Income and Poverty Estimates</li> <li>Federal Poverty Thresholds</li> </ul>	<a href="http://www.census.gov">www.census.gov</a>
United States Department of Agriculture (USDA), Food Insecurity in the U.S.	<ul style="list-style-type: none"> <li>Food Insecurity</li> </ul>	<a href="http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/interactive-charts-and-highlights/#characteristics">www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/interactive-charts-and-highlights/#characteristics</a>
Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Centers for Disease Control	<ul style="list-style-type: none"> <li>2013-2017 U.S. Youth correlating statistics</li> </ul>	<a href="https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=XX">https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=XX</a>

## Appendix II: Acronyms and Terms

<b>AHS</b>	<b>Access to Health Services</b> , Topic of Healthy People 2020 objectives
<b>Adult</b>	Defined as 19 years of age and older.
<b>Age-Adjusted Mortality Rates</b>	Death rate per 100,000 adjusted for the age distribution of the population.
<b>Adult Binge Drinking</b>	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
<b>AOCBC</b>	<b>Arthritis, Osteoporosis, and Chronic Back Conditions</b>
<b>BMI</b>	<b>Body Mass Index</b> is defined as the contrasting measurement/relationship of weight to height.
<b>BRFSS</b>	<b>Behavior Risk Factor Surveillance System</b> , an adult survey conducted by the CDC.
<b>CDC</b>	<b>Centers for Disease Control and Prevention</b> .
<b>Crude Death Rate</b>	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.
<b>Current Smoker</b>	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
<b>CY</b>	<b>Calendar Year</b>
<b>FY</b>	<b>Fiscal Year</b>
<b>HCNO</b>	<b>Hospital Council of Northwest Ohio</b>
<b>HDS</b>	<b>Heart Disease and Stroke</b> , Topic of Healthy People 2020 objectives
<b>HP 2020</b>	<b>Healthy People 2020</b> , a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
<b>Health Indicator</b>	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
<b>High Blood Cholesterol</b>	240 mg/dL and above
<b>High Blood Pressure</b>	Systolic $\geq$ 140 and Diastolic $\geq$ 90
<b>IID</b>	<b>Immunizations and Infectious Diseases</b> , Topic of Healthy People 2020 objectives
<b>N/A</b>	Data is not available.
<b>ODH</b>	<b>Ohio Department of Health</b>
<b>OSHP</b>	<b>Ohio State Highway Patrol</b>
<b>Race/Ethnicity</b>	<b>Census 2010:</b> 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.
<b>Weapon</b>	Defined in the YRBS as “a weapon such as a gun, knife, or club”
<b>Youth</b>	Defined as 12 through 18 years of age

**YPLL/65**

**Years of Potential Life Lost** before age 65. Indicator of premature death.

**Youth BMI**

**Underweight** is defined as BMI-for-age  $\leq$  5<sup>th</sup> percentile

**Classifications**

**Overweight** is defined as BMI-for-age 85<sup>th</sup> percentile to  $<$  95<sup>th</sup> percentile.

**Obese** is defined as  $\geq$  95<sup>th</sup> percentile.

**YRBS**

**Youth Risk Behavior Survey**, a youth survey conducted by the CDC

# Appendix III: Methods for Weighting the 2018 Trumbull 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 Trumbull County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Trumbull County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (4 different 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 Trumbull 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 Trumbull County Survey and the 2017 Census estimates.

<b>2018 Trumbull Survey</b>			<b>2017 Census Estimates</b>		<b>Weight</b>
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	200	49.14005	99,211	48.79046	0.99289
Female	202	49.63145	104,130	51.20954	1.03180

In this example, it shows that there was a slightly larger portion of males in the sample compared to the actual portion in Trumbull County. The weighting for males was calculated by taking the percent of males in Trumbull County (based on Census information) (48.79046%) and dividing that by the percent found in the 2018 Trumbull County sample (49.14005%) [ $48.79046 / 49.14005 =$  weighting of 0.99289 for males]. The same was done for females [ $51.20954 / 49.63145 =$  weighting of 1.03180 for females]. Thus, males' responses are weighted less by a factor of 0.99289 and females' responses weighted more by a factor of 1.03180.

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 2.65337 [ $1.03180$  (weight for females)  $\times$   $1.08609$  (weight for White)  $\times$   $2.35936$  (weight for age 35-44)  $\times$   $1.00356$  (weight for income \$50-\$75k)]. Thus, each individual in the 2018 Trumbull 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.

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	Trumbull Sample	%	Trumbull 2017 Census*	%	Weighting Value
<b>Sex:</b>					
Male	200	49.14005%	99,211	48.79046%	0.99289
Female	202	49.63145%	104,130	51.20954%	1.03180
<b>Age:</b>					
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
<b>Race:</b>					
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
<b>Household Income:</b>					
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 Trumbull County in each subcategory by the proportion of the sample in the Trumbull County survey for that same category.

\* Trumbull County population figures taken from the 2017 Census.



## Appendix IV: Trumbull County Sample Demographic Profile\*

Adult Variable	2018-2019 Adult Survey Sample	Trumbull County Census 2017 (1-year estimate)
<b>Sex</b>		
Male	48.2%	48.8%
Female	51.6%	51.2%
<b>Age</b>		
20-29	10.1%	11.9%
30-39	16.1%	10.1%
40-49	15.1%	12.2%
50-59	17.9%	14.9%
60 plus	32.7%	28.5%
<b>Race/Ethnicity</b>		
White	89.0%	87.9%
Black or African American	8.3%	8.3%
Hispanic Origin (may be of any race)	1.5%	1.8%
Asian	0%	0.5%
Other	2.2%	0.2%
American Indian and Alaska Native	2.8%	0.1%
<b>Marital Status†</b>		
Married Couple	51.8%	47.4%
Never been married/member of an unmarried couple	20.28%	28.3%
Divorced/Separated	18.2%	14.6%
Widowed	9.7%	7.9%
<b>Education†</b>		
Less than High School Diploma	9.8%	23.0%
High School Diploma	28.0%	40.7%
Some college/College graduate	62.3%	36.3%
<b>Income (Families)</b>		
\$14,999 and less	12.1%	9.2%
\$15,000 to \$24,999	10.0%	7.5%
\$25,000 to \$49,999	21.9%	26.8%
\$50,000 to \$74,999	21.4%	22.0%
\$75,000 or more	28.2%	34.7%

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 Trumbull 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.

# Appendix V: Demographics and Household Information

**Trumbull County Population by Age Groups and Gender U.S. Census 2010**

Age	Total	Males	Females
<b>Trumbull County</b>	<b>210,312</b>	<b>102,150</b>	<b>108,162</b>
<b>0-4 years</b>	<b>11,646</b>	<b>5,985</b>	<b>5,660</b>
1-4 years	9,442	4,858	4,584
< 1 year	2,204	1,128	1,076
1-2 years	4,645	2,360	2,285
3-4 years	4,797	2,498	2,299
<b>5-9 years</b>	<b>12,472</b>	<b>6,394</b>	<b>6,078</b>
5-6 years	4,817	2,452	2,365
7-9 years	7,655	3,942	3,713
<b>10-14 years</b>	<b>13,632</b>	<b>6,906</b>	<b>6,726</b>
10-12 years	8,141	4,157	3,984
13-14 years	5,491	2,749	2,742
12-18 years	19,875	10,133	9,742
<b>15-19 years</b>	<b>13,953</b>	<b>7,179</b>	<b>6,774</b>
15-17 years	8,882	4,544	4,338
18-19 years	5,071	2,635	2,436
20-24 years	11,548	5,861	5,687
25-29 years	11,274	5,618	5,656
30-34 years	11,069	5,639	5,430
35-39 years	12,215	6,041	6,174
40-44 years	13,449	6,665	6,784
45-49 years	15,334	7,428	7,906
50-54 years	16,931	8,303	8,628
55-59 years	15,888	7,599	8,289
60-64 years	14,284	6,850	7,434
65-69 years	10,570	5,012	5,558
70-74 years	8,238	3,794	4,444
75-79 years	6,746	2,971	3,775
80-84 years	5,735	2,170	3,565
85-89 years	3,634	1,296	2,338
90-94 years	1,348	359	989
95-99 years	299	72	227
100-104 years	44	7	37
105-109 years	3	0	3
110 years & over	0	0	1
<b>Total 85 years and over</b>	<b>5,328</b>	<b>1,734</b>	<b>3,594</b>
<b>Total 65 years and over</b>	<b>36,617</b>	<b>15,681</b>	<b>20,936</b>
<b>Total 19 years and over</b>	<b>160,903</b>	<b>76,876</b>	<b>84,027</b>

# TRUMBULL COUNTY PROFILE

(Source: U.S. Census Bureau, 2017)  
2017 ACS 1-year estimates

## General Demographic Characteristics

	Number	Percent (%)
<b>Total Population</b>		
2017 Total Population	200,380	100%
<b>Largest City - Warren City</b>		
2017 Total Population	40,244	100%
<b>Population by Race/Ethnicity</b>		
Total Population	200,380	100%
White	182,971	79.6%
African American	32,671	14.2%
Hispanic or Latino (of any race)	13,596	5.9%
Two or more races	6,308	2.7%
Asian	2,517	1.1%
Some other race	3,032	1.3%
American Indian and Alaska Native	534	0.2%
<b>Population by Age</b>		
Under 5 years	10,419	5.2%
5 to 17 years	7,592	3.8%
18 to 24 years	15,364	7.7%
25 to 44 years	44,474	22.2%
45 to 64 years	57,330	28.6%
65 years and more	42,304	21.2%
<b>Median age (years)</b>	<b>44.8</b>	N/A
<b>Household by Type</b>		
Total households	86,886	100%
Total families	54,970	63.3%
Households with children <18 years	19,077	22.0%
Married-couple family household	37,750	43.4%
Married-couple family household with children <18 years	10,995	12.7%
Female householder, no husband present	12,259	14.1%
Female householder, no husband present with children <18 years	6,345	7.3%
Nonfamily household (single person)	31,916	36.7%
Nonfamily household (single person) living alone	26,682	83.6%
Nonfamily household (single person) 65 years and >	12,288	38.5%
Households with one or more people <18 years	21,808	25.1%
Households with one or more people 60 years and >	40,228	46.3%
Average household size	2.26 people	N/A
Average family size	2.81 people	N/A

**General Demographic Characteristics, Continued**

<b>Housing Occupancy</b>		
Median value of owner-occupied units	\$105,700	N/A
Median housing units with a mortgage	\$982	N/A
Median housing units without a mortgage	\$400	N/A
Median value of occupied units paying rent	\$653	N/A
Median rooms per total housing unit	5.8	N/A
Total occupied housing units	86,886	N/A
No telephone service available	1,224	1.4%
Lacking complete kitchen facilities	1,520	1.7%
Lacking complete plumbing facilities	270	0.3%

**Selected Social Characteristics**

<b>School Enrollment</b>		
Population 3 years and over enrolled in school	40,912	100%
Nursery & preschool	2,261	5.5%
Kindergarten	1,597	3.9%
Elementary School (Grades 1-8)	18,892	46.2%
High School (Grades 9-12)	10,253	25.1%
College or Graduate School	7,909	19.3%
<b>Educational Attainment</b>		
Population 25 years and over	144,108	100%
< 9 <sup>th</sup> grade education	4,538	3.1%
9 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma	9,581	6.6%
High school graduate (includes equivalency)	66,705	46.3%
Some college, no degree	26,683	18.5%
Associate degree	9,710	6.7%
Bachelor's degree	17,941	12.4%
Graduate or professional degree	8,950	6.2%
Percent high school graduate or higher	N/A	90.2%
Percent Bachelor's degree or higher	N/A	18.7%
<b>Marital Status</b>		
Population 15 years and over	167,064	100%
Never married	47,279	28.3%
Now married, excluding separated	79,188	47.4%
Separated	3,007	1.8%
Widowed	13,198	7.9%
Widowed females	19,714	11.8%
Divorced	24,391	14.6%
Divorced females	25,227	15.1%
<b>Veteran Status</b>		
Civilian population 18 years and over	159,437	100%
Veterans 18 years and over	15,379	9.6%

**Selected Social Characteristics, Continued**

<b>Disability Status of the Civilian Non-Institutionalized Population</b>		
Total civilian noninstitutionalized population	197,022	100%
Civilian with a disability	29,929	15.2%
Under 18 years	40,896	20.8%
Under 18 years with a disability	2,204	1.1%
18 to 64 years	114,897	58.3%
18 to 64 years with a disability	13,995	7.1%
65 Years and over	41,229	20.9%
65 Years and over with a disability	13,730	7.0%

**Selected Economic Characteristics, Continued**

<b>Employment Status</b>		
Population 16 years and over	164,596	100%
16 years and over in labor force	91,254	55.4%
16 years and over not in labor force	73,342	44.6%
Females 16 years and over	85,010	100%
Females 16 years and over in labor force	43,647	51.3%
Population living with own children <6 years	11,075	100%
All parents in family in labor force	7,025	63.4%
<b>Class of Worker</b>		
Civilian employed population 16 years and over	86,617	100%
Private wage and salary workers	73,085	84.4%
Government workers	9,104	10.5%
Self-employed workers in own not incorporated business	4,428	5.1%
Unpaid family workers	0	0.0%
<b>Occupations</b>		
Employed civilian population 16 years and over	86,617	100%
Management, business, science, and art occupations	25,070	28.9%
Sales and office occupations	20,067	23.2%
Production, transportation, and material moving occupations	18,981	21.9%
Service occupations	13,497	15.6%
Natural resources, construction, and maintenance occupations	9,002	10.4%
<b>Leading Industries</b>		
Employed civilian population 16 years and over	86,617	100%
Educational, health and social services	19,981	23.1%
Trade (retail and wholesale)	12,251	14.2%
Manufacturing	17,003	19.6%
Arts, entertainment, recreation, accommodation, and food services	7,914	9.1%
Professional, scientific, management, administrative, and waste management services	5,932	6.8%
Transportation and warehousing, and utilities	4,917	5.7%
Construction	6,185	7.1%
Other services (except public administration)	3,963	4.6%
Finance, insurance, real estate and rental and leasing	3,185	3.7%
Public administration	2,927	3.4%
Information	1,600	1.8%
Agriculture, forestry, fishing and hunting, and mining	1,002	1.0%

<b>Income In 2017</b>		
Households	86,886	100%
< \$10,000	5,753	6.6%
\$10,000 to \$14,999	5,122	5.9%
\$15,000 to \$24,999	11,797	13.6%
\$25,000 to \$34,999	11,338	13.0%
\$35,000 to \$49,999	13,679	15.7%
\$50,000 to \$74,999	16,806	19.3%
\$75,000 to \$99,999	8,680	10.0%
\$100,000 to \$149,999	9,809	11.3%
\$150,000 to \$199,999	1,939	2.2%
\$200,000 or more	1,963	2.3%
<b>Median household income</b>	<b>\$46,201</b>	N/A
<b>Income in 2017</b>		
Families	54,970	100%
< \$10,000	2,943	5.4%
\$10,000 to \$14,999	2,063	3.8%
\$15,000 to \$24,999	4,097	7.5%
\$25,000 to \$34,999	5,707	10.4%
\$35,000 to \$49,999	9,002	16.4%
\$50,000 to \$74,999	12,102	22.0%
\$75,000 to \$99,999	7,061	12.8%
\$100,000 to \$149,999	8,442	15.4%
\$150,000 to \$199,999	1,704	3.1%
\$200,000 or more	1,849	3.4%
<b>Median family income</b>	<b>\$57,222</b>	N/A
<b>Per capita income in 2017</b>	<b>\$26,053</b>	N/A
<b>Poverty Status in 2017</b>		
Families	N/A	11.7%
Individuals	N/A	15.5%

(Source: U.S. Census Bureau, 2017)

### **Bureau of Economic Analysis (BEA) Per Capita Personal Income (PCPI) Figures**

	<b>Income</b>	<b>Rank of Ohio Counties</b>
BEA Per Capita Personal Income 2016	\$37,781	49 <sup>th</sup> of 88 counties
BEA Per Capita Personal Income 2015	\$37,081	49 <sup>th</sup> of 88 counties
BEA Per Capita Personal Income 2014	\$35,633	52 <sup>nd</sup> of 88 counties
BEA Per Capita Personal Income 2013	\$34,462	54 <sup>th</sup> of 88 counties
BEA Per Capita Personal Income 2012	\$34,476	46 <sup>th</sup> of 88 counties

(Source: Bureau of Economic Analysis, [https://apps.bea.gov/iTable/index\\_regional.cfm](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	Trumbull County	Ohio
Population in poverty	17.5%	15.4%
< 125% FPL (%)	21.8%	19.9%
< 150% FPL (%)	26.5%	24.3%
< 200% FPL (%)	36.9%	33.3%
Population in poverty (2001)	10.6%	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	Trumbull County	Ohio
Labor Force	86,600	5,752,300
Employed	81,300	5,495,300
Unemployed	5,300	256,900
Unemployment Rate* in August 2018	6.1	4.5
Unemployment Rate* in July 2018	6.6	4.9
Unemployment Rate* in August 2017	6.8	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>)

### Estimated Poverty Status in 2016

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
<b>Trumbull County</b>				
All ages in poverty	34,839	31,472 to 38,206	17.6%	15.9% to 19.3%
Ages 0-17 in poverty	11,967	10,415 to 13,519	29.2%	25.4% to 33.0%
Ages 5-17 in families in poverty	7,743	6,629 to 8,857	25.3%	21.7% to 28.9%
Median household income	\$45,929	\$43,441 to \$48,417		
<b>Ohio</b>				
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		
<b>United States</b>				
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>)*

# WARREN CITY PROFILE

(Source: U.S. Census Bureau, 2017)

2017 ACS 1-year estimates

## General Demographic Characteristics

	Number	Percent (%)
<b>Total Population</b>		
2017 Total Population	40,244	100%
<b>Population by Race/Ethnicity</b>		
Total Population	40,244	100%
White	27,180	67.5%
African American	11,135	27.7%
Hispanic or Latino (of any race)	1,079	2.7%
Two or more races	1,568	3.9%
Asian	151	0.4%
Some other race	97	0.2%
American Indian and Alaska Native	55	0.1%
<b>Population by Age</b>		
Under 5 years	2,665	6.6%
5 to 9 years	2,773	6.9%
10 to 14 years	2,433	6.0%
15 to 19 years	2,601	6.5%
20 to 24 years	2,920	7.3%
25 to 34 years	5,554	13.8%
35 to 44 years	4,388	10.9%
45 to 54 years	4,988	12.4%
55 to 59 years	2,567	6.4%
60 to 64 years	2,477	6.2%
65 to 74 years	3,653	9.1%
75 to 84 years	2,189	5.4%
85 years and over	1,036	2.6%
<b>Median age (years)</b>	<b>38.0</b>	<b>N/A</b>
<b>Household by Type</b>		
Total households	17,361	100%
Total families	9,284	53.5%
Households with children <18 years	4,401	25.3%
Married-couple family household	4,535	26.1%
Married-couple family household with children <18 years	1,564	9.0%
Female householder, no husband present	3,884	22.4%
Female householder, no husband present with children <18 years	2,439	14.0%
Nonfamily household (single person)	8,077	29.1%
Nonfamily household (single person) living alone	6,901	39.8%
Nonfamily household (single person) 65 years and >	2,793	16.1%
Households with one or more people <18 years	5,045	29.1%
Households with one or more people 60 years and >	5,269	30.3%
Average household size	2.17 people	N/A
Average family size	2.94 people	N/A

**General Demographic Characteristics, Continued**

<b>Housing Occupancy</b>		
Median value of owner-occupied units	\$62,500	N/A
Median housing units with a mortgage	4,636	N/A
Median housing units without a mortgage	4,196	N/A
Median value of occupied units paying rent	\$619	N/A
Median rooms per total housing unit	5.5	N/A
Total occupied housing units	17,361	N/A
No telephone service available	374	2.2%
Lacking complete kitchen facilities	142	0.8%
Lacking complete plumbing facilities	8	0%

**Selected Social Characteristics**

<b>School Enrollment</b>		
Population 3 years and over enrolled in school	8,917	8,917
Nursery school, preschool	309	3.5%
Kindergarten	429	4.8%
Elementary school (grades 1-8)	4,216	47.3%
High school (grades 9-12)	2,555	28.7%
College or graduate school	1,408	15.8%
<b>Educational Attainment</b>		
Population 25 years and over	26,852	26,852
Less than 9th grade	673	2.5%
9th to 12th grade, no diploma	3,237	12.1%
High school graduate (includes equivalency)	12,188	45.4%
Some college, no degree	5,369	20.0%
Associate's degree	1,732	6.5%
Bachelor's degree	2,758	10.3%
Graduate or professional degree	895	3.3%
Percent high school graduate or higher	N/A	85.4%
Percent bachelor's degree or higher	N/A	13.6%
<b>Marital Status</b>		
Population 15 years and over	32,373	100%
Never married	13,478	41.6%
Now married, excluding separated	10,145	31.3%
Separated	813	2.5%
Widowed	2,708	8.3%
Widowed females	2,096	6.4%
Divorced	5,229	16.1%
Divorced females	2,920	9.0%
<b>Veteran Status</b>		
Civilian population 18 years and over	30,713	100%
Veterans 18 years and over	3,214	10.5%

**Selected Social Characteristics, Continued**

<b>Disability Status of the Civilian Non-Institutionalized Population</b>		
Total civilian noninstitutionalized population	37,900	100%
Civilian with a disability	6,635	17.5%
Under 18 years	9,513	9,513
Under 18 years with a disability	538	5.7%
18 to 64 years	21,960	21,960
18 to 64 years with a disability	3,547	7.1%
65 Years and over	6,427	6,427
65 Years and over with a disability	2,550	39.7%

**Selected Economic Characteristics**

<b>Employment Status</b>		
Population 16 years and over	31,961	100%
16 years and over in labor force	15,690	49.1%
16 years and over not in labor force	16,271	50.9%
Females 16 years and over	16,641	100%
Females 16 years and over in labor force	8,220	49.4%
Population living with own children <6 years	3,170	100%
All parents in family in labor force	3,242	55.0%
<b>Class of Worker</b>		
Civilian employed population 16 years and over	14,294	14,294
Private wage and salary workers	11,839	82.8%
Government workers	1,825	12.8%
Self-employed in own not incorporated business workers	598	4.2%
Unpaid family workers	32	0.2%
<b>Occupations</b>		
Civilian employed population 16 years and over	14,294	14,294
Management, business, science, and arts occupations	3,810	26.7%
Service occupations	3,334	23.3%
Sales and office occupations	3,527	24.7%
Natural resources, construction, and maintenance occupations	726	5.1%
Production, transportation, and material moving occupations	2,897	20.3%
<b>Leading Industries</b>		
Civilian employed population 16 years and over	14,294	14,294
Agriculture, forestry, fishing and hunting, and mining	38	0.3%
Construction	493	3.4%
Manufacturing	2,398	16.8%
Wholesale trade	214	1.5%
Retail trade	1,924	13.5%
Transportation and warehousing, and utilities	564	3.9%
Information	119	0.8%
Finance and insurance, and real estate and rental and leasing	706	4.9%
Professional, scientific, and management, and administrative and waste management services	1,341	9.4%
Educational services, and health care and social assistance	3,511	24.6%
Arts, entertainment, and recreation, and accommodation and food services	1,671	11.7%
Other services, except public administration	659	4.6%

**Selected Economic Characteristics, Continued**

<b>Income In 2017</b>		
Total households	17,361	17,361
Less than \$10,000	2,862	16.5%
\$10,000 to \$14,999	1,862	10.7%
\$15,000 to \$24,999	3,156	18.2%
\$25,000 to \$34,999	1,918	11.0%
\$35,000 to \$49,999	2,815	16.2%
\$50,000 to \$74,999	2,580	14.9%
\$75,000 to \$99,999	1,159	6.7%
\$100,000 to \$149,999	693	4.0%
\$150,000 to \$199,999	169	1.0%
\$200,000 or more	147	0.8%
Median household income (dollars)	29,241	N/A
<b>Income in 2017</b>		
Families	9,284	100%
< \$10,000	1,255	13.5%
\$10,000 to \$14,999	939	10.1%
\$15,000 to \$24,999	1,152	12.4%
\$25,000 to \$34,999	786	8.5%
\$35,000 to \$49,999	1,731	18.6%
\$50,000 to \$74,999	1,697	18.3%
\$75,000 to \$99,999	928	10.0%
\$100,000 to \$149,999	572	6.2%
\$150,000 to \$199,999	121	1.3%
\$200,000 or more	103	1.1%
Median family income (dollars)	38,687	N/A
<b>Per capita income in 2017</b>	<b>\$17,999</b>	N/A
<b>Poverty Status in 2017</b>		
Families	N/A	30.2 %
Individuals	N/A	34.6%

*(Source: U.S. Census Bureau, 2017)*

# Appendix VI: County Health Rankings

	Trumbull County 2018	Ohio 2018	U.S. 2018
<b>Health Outcomes</b>			
<b>Premature death.</b> Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2014-2016)	8,700	7,700	6,700
<b>Overall health.</b> Percentage of adults reporting fair or poor health (age-adjusted) (2016)	16%	17%	16%
<b>Physical health.</b> Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2016)	3.8	4.0	3.7
<b>Mental health.</b> Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2016)	4.2	4.3	3.8
<b>Maternal and infant health.</b> Percentage of live births with low birthweight (< 2500 grams) (2010-2016)	9%	9%	8%
<b>Health Behaviors</b>			
<b>Tobacco.</b> Percentage of adults who are current smokers (2016)	22%	23%	17%
<b>Obesity.</b> Percentage of adults that report a BMI of 30 or more (2014)	33%	32%	28%
<b>Food environment.</b> Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2015)	7.1	6.6	7.7
<b>Physical inactivity.</b> Percentage of adults aged 20 and over reporting no leisure-time physical activity (2014)	26%	26%	23%
<b>Active living environment.</b> Percentage of population with adequate access to locations for physical activity (2010 & 2016)	80%	85%	83%
<b>Drug and alcohol abuse.</b> Percentage of adults reporting binge or heavy drinking (2016)	17%	19%	18%
<b>Drug and alcohol abuse and injury.</b> Percentage of driving deaths with alcohol involvement (2012-2016)	38%	34%	29%
<b>Infectious disease.</b> Number of newly diagnosed chlamydia cases per 100,000 population (2015)	361	489	479
<b>Sexual and reproductive health.</b> Teen birth rate per 1,000 female population, ages 15-19 (2010-2016)	30	28	27

(Source: 2018 County Health Rankings for Trumbull County, Ohio, and U.S. data)

	Trumbull County 2018	Ohio 2018	U. S. 2018
<b>Clinical Care</b>			
<b>Coverage and affordability.</b> Percentage of population under age 65 without health insurance (2015)	8%	8%	11%
<b>Access to health care/medical care.</b> Ratio of population to primary care physicians (2015)	2,190:1	1,310:1	1,320:1
<b>Access to dental care.</b> Ratio of population to dentists (2016)	1,960:1	1,660:1	1,480:1
<b>Access to behavioral health care.</b> Ratio of population to mental health providers (2017)	820:1	560:1	470:1
<b>Hospital utilization.</b> Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2015)	68	57	49
<b>Diabetes.</b> Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring (2014)	85%	85%	85%
<b>Cancer.</b> Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2014)	61%	61%	63%
<b>Social and Economic Environment</b>			
<b>Education.</b> Percentage of ninth-grade cohort that graduates in four years (2014-2015)	85%	81%	83%
<b>Education.</b> Percentage of adults ages 25-44 years with some post-secondary education (2012-2016)	49%	65%	65%
<b>Employment, poverty, and income.</b> Percentage of population ages 16 and older unemployed but seeking work (2016)	7%	5%	5%
<b>Employment, poverty, and income.</b> Percentage of children under age 18 in poverty (2016)	29%	20%	20%
<b>Employment, poverty, and income.</b> Ratio of household income at the 80th percentile to income at the 20th percentile (2012-2016)	4.4	4.8	5.0
<b>Family and social support.</b> Percentage of children that live in a household headed by single parent (2012-2016)	42%	36%	34%
<b>Family and social support.</b> Number of membership associations per 10,000 population (2015)	13	11	9
<b>Violence.</b> Number of reported violent crime offenses per 100,000 population (2012-2014)	237	290	380
<b>Injury.</b> Number of deaths due to injury per 100,000 population (2012-2016)	90	75	65

(Source: 2018 County Health Rankings for Trumbull County, Ohio, and U.S. data)

	Trumbull County 2018	Ohio 2018	U.S. 2018
<b>Physical Environment</b>			
<b>Air, water, and toxic substances.</b> Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2012)	11.3	11.3	8.7
<b>Air, water, and toxic substances.</b> 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
<b>Housing.</b> Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (2010-2014)	13%	15%	19%
<b>Transportation.</b> Percentage of the workforce that drives alone to work (2012-2016)	88%	83%	76%
<b>Transportation.</b> Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2012-2016)	24%	30%	35%

*(Source: 2018 County Health Rankings for Trumbull County, Ohio, and U.S. data)*

*N/A – Data is not available*



## Appendix VII: Health Assets and Resources

Warren		
Name	Address	Service description
Trumbull Memorial Hospital	1350 E Market St, Warren OH, 44483	Family Hospital
St. Joseph Warren Hospital	667 Eastland Ave SE, Warren OH, 44484	Hospital
Akron Children's Hospital Urgent Care Warren	5000 E Market St Warren, OH 44484	Urgent Care
Niles Hometown Urgent Care & Occupational Health	1997 Niles Cortland Rd SE Warren, OH 44484	Urgent Care
United Methodist Community Center	309 N Park Ave, Warren, OH 44481	Community Center
St. Joseph Community Care Center	611 Eastland Ave SE, Warren, OH 44484	Community Center
Community Skilled Health Care Centre	1320 Mahoning Ave. NW Warren, OH 44483	Community Health Care (Rehabilitation, Dementia, Intermediate Care, Assisted Living Residence)
Warren West Community Health Center (ONE Health Ohio)	716 Tod Ave SW, Warren, OH 44485	FQHC
Lloyd McCoy Health Center (ONE Health Ohio)	1977 Niles Rd SE, Warren, OH 44484	FQHC
Trumbull Family Fitness	210 High St NW, Warren, OH 44481	Rec Center
Reform Fitness and Aquatic Center	8094 E Market St, Warren, OH 44484	Rec Center
Global Health & Fitness Center	3806 Elm Rd, Warren, OH 44483	Rec Center
Gentle Family Dentistry	8799 E Market St, Warren, OH 44484	Dentist
Dental Health Group	1019 N Park Ave, Warren, OH 44483	Dentist
Snelson & Snelson, DDS	3919 E Market St #2, Warren, OH 44484	Dentist
Fonagy Joseph J DDS	2068 Mahoning Ave, Warren, OH 44483	Dentist
Ploumbis George C DDS	2239 E Market St, Warren, OH 44483	Dentist
Lowry Family Dental, Inc	1820 E Market St, Warren, OH 44483	Dentist
Morvay David A DDS Inc	628 Niles Cortland Rd SE, Warren, OH 44484	Dentist
Warren Family Dental Center	1978, 433 Niles Cortland Rd NE # 1, Warren, OH 44484	Dentist
Tereba Carol a DDS	2900 Elm Rd NE, Warren, OH 44483	Dentist
Huly Patrick R DDS	1706 North Rd SE, Warren, OH 44484	Dentist
Wilson Thomas J DDS	8401 Township Hwy 810 SE, Warren, OH 44484	Dentist
Musick Stephen M DDS	2760 Parkman Rd NW, Warren, OH 44485	Dentist
Wyand Terry L DDS	3843 E Market St, Warren, OH 44484	Dentist
Coleman Roy M DDS	542 Niles Cortland Rd SE, Warren, OH 44484	Dentist
Walton Robert a DDS	8003 E Market St, Warren, OH 44484	Dentist

Warren		
Name	Address	Service description
Robert E. Scheiber, DDS	2000 E Market St, Warren, OH 44483	Dentist
Ralph R Verioti Inc: Verioti Ralph R DDS	1515 E Market St, Warren, OH 44483	Dentist
LaPolla Kenneth D DDS	8588 E Market St, Warren, OH 44484	Dentist
Antolini Anthony P DDS	1820 E Market St, Warren, OH 44483	Dentist
Chester Family Dentistry	140 Highland Terrace Blvd Suite C, Warren, OH 44484	Dentist
Steven E. Watts DDS Inc.	542 Niles Cortland Rd SE, Warren, OH 44484	Dentist
Bavola Christine DDS	241 Niles Cortland Rd NE, Warren, OH 44484	Dentist
Krause Amy K DDS	8401 Township Hwy 810 SE, Warren, OH 44484	Dentist
Modern Dental Concepts	4817 Mahoning Ave, Warren, OH 44483	Dentist
Schuster John C DDS	8345 E Market St, Warren, OH 44484	Dentist
Buckeye Dental Clinic	2431 Niles Rd SE, Warren, OH 44484	Dentist
LaFuria Jeffrey C DMD	8501 E Market St, Warren, OH 44484	Dentist
Bernie's Dental Lab	1561 Woodland St NE, Warren, OH 44483	Dentist
Dr. Roy E Scott, DDS	1800 Elm Rd NE, Warren, OH 44483	Orthodontist
Martuccio & Bauer: Brad DMD	8096 E Market St # 3, Warren, OH 44484	Orthodontist