



# ASHTABULA COUNTY

## 2022 Community Health Needs Assessment

Released August, 2022



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# Acknowledgements

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## ***Healthy Ashtabula County***

Work on the 2022 Ashtabula County CHNA was overseen by a committee, *Healthy Ashtabula County*, consisting of the following community members. The Ashtabula County Health Department is the lead agency. Members of the Mental Health and Addiction Subcommittee are denoted with an asterisk and members of the Chronic Disease Subcommittee are denoted with a double asterisk. Lead agencies of subcommittees are italicized.

### **Ashtabula County Health Department\* \*\***

Jay Becker, Health Commissioner  
Jennifer Cleveland, Director, Quality & Performance  
Dave Shumate, Director of Nursing  
Allie Peterson, Epidemiology Specialist  
Ian Elliott, Health Educator  
Robert Jelf, Emergency Response Coordinator

### **Ashtabula City Health Department\* \*\***

Christine Hill, Health Commissioner  
Peggy Ducro, Director of Nursing  
Mariangeli Montalvo, Registrar / Administrative Assistant  
Terri Collett, Environmental Health Director  
Nichole Andrus, Director of Nursing

### **Conneaut City Health Department\* \*\***

Nichele Blood, Health Commissioner  
Karen Schmaeman, Director of Nursing

### **Ashtabula County Commissioners**

Kathryn Whittington  
JP Ducro

### **Ashtabula County Community Action Agency\*\***

Judith Barris, Executive Director  
Carmen Kuula, Resource & Development Director

### **Ashtabula County Department of JFS\***

Patrick Arcaro, Executive Director  
Tania Burnette, Executive Director, ACCSB

### **Ashtabula County Educational Service Center\***

Janie Gildersleeve, Truant Officer / Home School Specialist

### **Ashtabula County Juvenile Court\***

Honorable Albert S. Camplesse

### **Ashtabula County Medical Center\* \*\***

Tina Stasiewski, VP of Business Development  
Lori Gilhousen, RN, Diabetes Educator  
Emily Brown, DNP, Director, The Ashtabula Clinic  
Jordan Vosburg, Pharmacist

### **Ashtabula County Mental Health & Recovery Board\***

Miriam Walton, Executive Director  
Kaitie Park, Director, Operations, Prevention Planning & Evaluation  
Bridget Sherman, Director, Youth & Recovery Support

### **Catholic Charities of Ashtabula County\***

Jill Valentic, Executive Director  
Bill Daywalt, Supervisor, Protective Services

### **Community Counseling Center of Ashtabula County\***

Paul Bolino, CEO  
Matt Butler, Clinical Supervisor  
Loretta Buell, Clinical Supervisor

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### **Country Neighbor Program**

Barb Klingensmith, Executive Director

### **Healthy Northeast Ohio**

Libby McGraw, Regional Community Health Improvement Manager  
Sarah Szabo, Data Analyst

### **Lake Area Recovery Center\***

Jesse Wodring, Deputy Executive Director

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Peggy Senskey, Community Liaison  
Kelsey Weed, Community Education  
Mary Wynne-Peaspanen, Director, Sexual &  
Reproductive Health Services

### **Glenbeigh Hospital\***

Terri Ball, Director of Operations

### **University Hospitals\* \*\***

Denise Brown, Supervisor, Community  
Outreach and Wellness  
Denise DiDonato, Director, Operations &  
Clinical Services  
Dr. Lena Grafton, Program Manager, East  
Region Community Health  
Kellie McGinnis, Community Outreach RN  
Danielle Price, Director, Community Health  
Engagement

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Center for Health Affairs  
Community Counseling Center of Ashtabula County  
Conneaut City Health Department  
Signature Health / Family Planning Association of Northeast Ohio  
University Hospitals

# 2022 Ashtabula County Community Health Needs Assessment Overview

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## Community Health Needs Assessment Overview

*Healthy Ashtabula County* is pleased to provide a comprehensive overview of our community's health status and needs: 2022 Ashtabula County Community Health Needs Assessment ("CHNA").

The 2022 Ashtabula County CHNA is the result of a collaborative effort coordinated by *Healthy Ashtabula County*, which includes the Ashtabula County Health Department, the Ashtabula City Health Department, the Conneaut City Health Department, University Hospitals Conneaut Medical Center, University Hospitals Geneva Medical Center, Ashtabula County Medical Center, and many other partners. The intent of this effort is to help health departments, hospitals, social service agencies, other organizations, and community stakeholders better understand the health needs and priorities of Ashtabula County residents.

Characterizing and understanding the prevalence of acute and chronic health conditions, access to care barriers, health disparities, and other health issues can help direct community resources to where they will have the biggest impact. Participating organizations will begin using the data reported in the 2022 Ashtabula County CHNA to inform the development and implementation of strategic plans to meet the community's health needs, including the hospital's implementation strategy.

We hope the 2022 Ashtabula County CHNA serves as a guide to target and prioritize limited resources, be a vehicle for strengthening community relationships, and a source of information that contributes to keeping people healthy.

The 2022 Ashtabula County CHNA provides a comprehensive overview of the community's health status, illuminating areas of strength as well as areas in which there could be improvement.

Consistent with Public Health Accreditation Board requirements and IRS regulations, *Healthy Ashtabula County* will use this report to inform the development and implementation of strategies to address these findings. It is intended that a wide range of stakeholders will also use this report for their own planning efforts.

Subsequent planning documents and reports will be shared with community stakeholders and with the public. For example, the pages 108-110 of this report include a preliminary list of community assets and resources that could possibly be mobilized and leveraged to address the priority health issues identified by this process. This list will be reviewed and (if

necessary) revised by *Healthy Ashtabula County* and its partners after the health department's Community Health Improvement Plan is formulated. *Healthy Ashtabula County* will provide updates to this assessment as new data becomes available. Users of the 2022 Ashtabula County CHNA are encouraged to send feedback and comments that can help improve the usefulness of this information when future editions are developed. Questions and comments about the 2022 Ashtabula County CHNA may be directed to:

**Jay Becker**, MPA, Ashtabula County Health Department, Health Commissioner  
440-576-6010 | jbecker@ashtabulacountyhealth.com

**Karen Hines**, PhD, Illuminology  
614-447-3176 | karen@illuminology.net

**Danielle Price**, University Hospitals, Director, Community Health Engagement  
216-844-2391 | danielle.price3@uhhospitals.org

### **Hospital and Public Health Compliance**

Conducting periodic CHNAs are one critical way in which University Hospitals Conneaut Medical Center, University Hospitals Geneva Medical Center, and Ashtabula County Medical Center are working with partners to identify the greatest health needs, enabling them to ensure that resources are appropriately directed toward outreach, prevention, education, and wellness opportunities where the greatest impact can be realized. The 2022 Ashtabula County CHNA will serve as a foundation for developing a collaborative Implementation Strategy (IS) for hospital partners to address identified needs.

Similar to the CHNAs that hospitals conduct, completing a Community Health Assessment ("CHA") and a corresponding Community Health Improvement Plan ("CHIP") is an integral part of the process that local and state health departments must undertake to obtain accreditation through the Public Health Accreditation Board ("PHAB").

### **State of Ohio Requirements**

In 2016 the state of Ohio through ORC §3701.981 mandated that all tax-exempt hospitals collaborate with their local health departments on community health assessments (CHA) and community health improvement plans (CHIP). This was done to reduce duplication of resources and provide a more comprehensive approach to addressing health improvement. In addition, local hospitals are required to align with Ohio's State Health Assessment (SHA) and State Health Improvement Plan (SHIP). The required alignment of the CHNA/CHA process timeline and indicators became effective January 1, 2020.

Illuminology worked with *Healthy Ashtabula County* to create one county-level CHNA/CHA that serves both the hospital and health department, as well as the entire Ashtabula County community. This was done to exhibit their shared definition of community, data collection and analysis, and identification of priority needs. It aligns with the 2019 State Health Assessment, which is the most currently available report. This shift in the way health assessments are conducted is a deliberate attempt by the partners to work together more effectively and efficiently to comprehensively address the needs of the community. The 2022 Assessment also reflects the partners' desire to align health assessment planning both among partners at the local level and with state population health planning efforts - as described more fully in *Improving Population Health Planning in Ohio: Guidance for Aligning State and Local Efforts*, released by the Ohio Department of Health (ODH).

To view Ohio's State Health Assessment, State Health Improvement Plan or the 2020-2022 Basic Guidance manual, please visit: <https://odh.ohio.gov/about-us/sha-ship>.

### **Hospital Internal Revenue Services (IRS) Requirements**

The 2022 Ashtabula County CHNA meets the requirements set forth under Treas. Reg. §1.501(r) ("Section 501(r)") and for the purposes of meeting these requirements, serves as the 2022 CHNA for University Hospitals Conneaut Medical Center, University Hospitals Geneva Medical Centers, and Ashtabula County Medical Center. Certain hospitals as set forth in the Section 501(r) regulations are required to complete a CHNA and corresponding implementation strategy at least once every three years in accordance with regulations promulgated by the Internal Revenue Service pursuant to the Patient Protection and Affordable Care Act (ACA), 2010<sup>1</sup>. University Hospitals adopted the last joint UH Conneaut-Geneva CHNA on September 24, 2019. Ashtabula County Medical Center adopted its 2019 CHNA on October 30, 2019.

### **Definition of Community and Service Area Determination**

The community has been defined as Ashtabula County. In looking at the community population served by the hospital facilities and Ashtabula County as a whole, it was clear that all of the facilities and partnering organizations involved in the collaborative assessment define their community to be the same. For example, 91% of University Hospitals Conneaut Medical Center's discharges and 74% of University Hospitals Geneva Medical Center's discharges, and 96% of Ashtabula County Medical Center's discharges are residents of

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<sup>1</sup> The Patient Protection and Affordable Care Act (Pub. L. 111-148) added section 501(r) to the Internal Revenue Code, which imposes new requirements on nonprofit hospitals in order to qualify for an exemption under Section 501(c)(3) and adds new reporting requirements for such hospitals under Section 6033(b) of the Internal Revenue Code. UH followed the final rule entitled "Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals"; Requirement of a Section 4959 Excise Tax Return and Time for Filing the Return, was published by the IRS on December 31, 2014, and requires compliance after December 29, 2015.

Ashtabula County. In addition, many of the partner organizations provide services at the county-level. Defining the community as such also allows the hospitals to more readily collaborate with public health partners for both community health assessments and health improvement planning. Per Section 501(r) federal compliance, a joint CHNA is only allowable if it meets all the requirements of a separate CHNA; clearly identifies the hospital facilities involved; and if all of the collaborating hospital facilities and organizations included in the joint CHNA define their community to be the same. (§1.501r-3(b)(6)(v)) This assessment meets 501(r) federal compliance for UH Conneaut Medical Center, UH Geneva Medical Center, and Ashtabula County Medical Center.

### **Inclusion of Vulnerable Populations**

*Healthy Ashtabula County* ensured the inclusion of vulnerable populations by including a survey of youth, interviewing community members who have experience with vulnerable populations, and by exploring differences in the adult survey data based on vulnerable population inclusion. It is described more fully in the “About the Community Health Needs Assessment Process” section of this report. In addition, *Healthy Ashtabula County* itself includes a variety of human social service organizations working collaboratively to complete the assessment.

### **Process and Methods For Engaging Community**

This community health needs assessment process was commissioned by *Healthy Ashtabula County*. The names of the individual partners are listed on pages 3-4. This coalition has been in existence for over twenty years and has approximately 19 member organizations. Community members were involved in every step of the process from defining the scope to prioritizing health issues. Ashtabula County residents had opportunities to participate in the research via the adult survey, youth survey, community leader interviews, and the community poll. Outreach methods included email, social media, and mail.

### **Quantitative and Qualitative Data Analysis**

Primary data for the 2022 Ashtabula County CHNA were obtained by independent researchers from Illuminology via an adult survey, community leader interviews, and a community poll. The Ashtabula County Mental Health and Recovery Services Board provided primary data from a youth survey. Wherever possible, local findings have been compared to other relevant data. As we move forward with planning strategies, we continue to commit to serving those in our county who experience health and basic needs disparities. Finally, additional information was collected from secondary data sources (e.g. vital statistics, Ohio Disease Reporting System, etc.) to supplement findings from the primary data collection. Detailed data collection methods are described later in this section.

### **Identifying and Prioritizing Needs**

*Healthy Ashtabula County* selected the following prioritized health needs:

1. Adult depression/anxiety prevention and treatment (aligns with Ohio's priority health outcome of mental health and addiction)
2. Access to health care (aligns with Ohio's priority health factor of access to care)
3. Obesity prevention (aligns with Ohio's priority health factor of health behaviors including nutrition and physical activity and Ohio's priority health outcome of chronic disease)

University Hospitals Conneaut Medical Center, University Hospitals Geneva Medical Center, and Ashtabula County Medical Center will address all three priority areas

See pages 14-15 for more details about the prioritization process.

### **Potential Resources to Address Identified Needs**

Priorities identified through the planning process will result in a comprehensive 2023-2025 Ashtabula County Community Health Improvement Plan (CHIP). The CHIP will serve as the 2023-2025 Community Health Implementation Strategy (IS) for University Hospitals Conneaut and University Hospitals Geneva Medical Centers. Potential resources available can be found on pages 108-110.

### **Evaluation of Impact**

The evaluation of impact is a report on the actions taken and effectiveness of strategies implemented since the last CHNA. University Hospitals Conneaut and Geneva Medical Centers conducted their last CHNA in 2019. It can be found in Appendix I of this report. The Evaluation of Impact of Ashtabula County Medical Center's 2019 CHNA Implementation Strategy will be available in a separate document to be published by the hospital. It will be available on the hospital's website, [www.acmchealth.org](http://www.acmchealth.org), after November 1, 2022.

### **Community Health Improvement Plan (CHIP) Annual Report**

The CHIP Annual Report evaluates the progress of the CHIP. The most recent CHIP Annual Report, which evaluates the 2019-2022 CHIP, can be found in Appendix J.

### **CHNA Availability**

The 2022 Ashtabula County CHNA can be found at the following websites:

University Hospitals  
[www.UHhospitals.org/CHNA-IS](http://www.UHhospitals.org/CHNA-IS)

Ashtabula County Medical Center  
[www.acmchealth.org](http://www.acmchealth.org)

Ashtabula County Health Department  
[www.ashtabulacountyhealth.com](http://www.ashtabulacountyhealth.com)

Ashtabula City Health Department  
[www.cityofashtabula.com/health-department](http://www.cityofashtabula.com/health-department)

Conneaut City Health Department  
[www.conneautohio.gov/departments/health\\_department.php](http://www.conneautohio.gov/departments/health_department.php)

### **Written Comments**

University Hospitals solicited feedback on its 2019 UH Conneaut and Geneva Medical Centers CHNA, which is posted on its website, but did not receive any comments. Individuals are encouraged to submit written comments on the current joint Community Health Needs Assessment (CHNA) to [CommunityBenefit@UHhospitals.org](mailto:CommunityBenefit@UHhospitals.org). These comments provide additional information to hospital facilities regarding the broad interests of the community and help to inform future CHNAs and implementation strategies.

### **Adoption by Board**

The Board of Directors of University Hospitals adopted the 2022 Ashtabula County CHNA on September 21, 2022. The Board of Directors of Ashtabula County Medical Center adopted the 2022 Ashtabula County CHNA on October 26, 2022.

## About the Community Health Needs Assessment Process

The process followed by the 2022 Ashtabula County CHNA reflected an adapted version of the Robert Wood Johnson Foundation’s County Health Rankings and Roadmaps: Assess Needs and Resources process.<sup>1</sup> This process is designed to help stakeholders “understand current community strengths, resources, needs, and gaps,” so that they can better focus their efforts and collaboration.

### Project Management

*Healthy Ashtabula County* contracted with Illuminology, a central Ohio based research firm, to assist with this work. Illuminology is located at 5258 Bethel Reed Park, Columbus, OH 43220. Illuminology, represented by Karen A. Hines, Ph.D., and Orië V. Kristel, Ph.D., led the process for locating health status indicator data; for designing and conducting the community leader interviews, community poll, and adult survey; and for creating the summary report. Illuminology has 24 years of experience related to research design, analysis, and reporting, and has conducted numerous community health assessments.

*Healthy Ashtabula County* approved the process to be used in this health assessment. The primary phases of the Assess Needs and Resources process, as adapted for use in Ashtabula County, included the following steps.

**(1) Prepare to assess / generate questions.** On October 21, 2021, community leaders, stakeholders, and employees from participating organizations gathered virtually to discuss their perspectives on emerging health issues in Ashtabula County. Facilitated by Illuminology, this session provided an opportunity for community members to better understand the upcoming community health needs assessment process and to suggest indicators for consideration. Illuminology used the information from this session to identify which indicators could be assessed via secondary sources and which indicators needed to be included as part of the primary data collection efforts. See Appendix A for more information about this session.

**(2) Collect secondary data.** Secondary data for this health assessment came from national sources (e.g., U.S. Department of Health and Human Services: *Healthy People 2030*; U.S. Census Bureau), state sources (e.g., Ohio Department of Health’s Data Warehouse), and local sources (e.g., University Hospitals; Ashtabula County Medical Center). Data for Ashtabula County overall, Ashtabula City, Conneaut City, and Ohio were collected, when available. Rates and/or percentages were calculated when necessary. Illuminology located and recorded this information into a secondary data repository. All data sources are identified in the References section at the end of the report. To ensure community stakeholders are able

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<sup>1</sup> See <https://www.countyhealthrankings.org/take-action-to-improve-health/action-center/assess-needs-resources>

to use this report to make well-informed decisions, only the most recent data available at the time of report preparation are presented. To be considered for inclusion in the 2022 Ashtabula County CHNA, secondary data must have been collected or published in 2017 or later.

**(3) Collect and analyze primary data from adult residents.** A representative survey of Ashtabula County adult residents was conducted (i.e., Ashtabula County Health Survey). Fielded in multiple waves from January 13, 2022 through April 29, 2022, respondents completed a self-administered questionnaire, either on paper or online (see Appendix B).

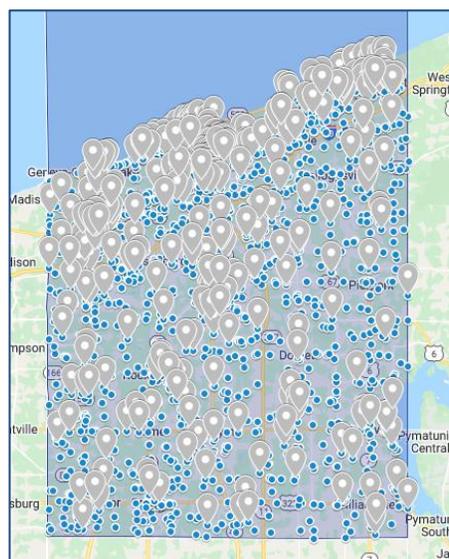
For the first round of mailing, a total of 2,200 addresses were randomly selected from the universe of residential addresses in Ashtabula County and 600 addresses were randomly selected from the universe of residential addresses in which the sample data indicated there was likely a young adult in the household. In early January, 2022, a notification letter was sent to each household, asking the adult in the household who most recently had a birthday to complete the survey online. About four weeks after the initial mailing, a hard copy of the survey was sent to households that had not yet completed the survey online. This mailing also included a cover letter, a Business Reply Mail envelope so respondents could complete the survey and mail it back at no cost to them, and (for some) a \$1 bill to encourage the household's participation. In an attempt to increase the response rate among younger respondents, the recipients chosen to receive the \$1 bill were randomly selected among households expected to have at least one young household member.

For the second round of mailing, an additional 500 addresses were randomly selected from the universe of residential addresses in Ashtabula County in which the sample data indicated there was likely a young adult in the household. In late March, 2022, a notification letter was sent to each household, asking the adult in the household who most recently had a birthday to complete the survey online.

For the third round of mailing, an additional 100 addresses were randomly selected from the universe of residential addresses in Ashtabula County in which the sample data indicated there was likely a young adult in the household. In early April, 2022, a notification letter was sent to each household, asking the adult in the household who most recently had a birthday to complete the survey online.

### Ashtabula County Health Survey Households

(● = randomly selected; ● = completed)



In total, 389 Ashtabula County adult residents completed the survey, or 12% of the total number of valid addresses (i.e., addresses that were not vacant or otherwise unable to be surveyed) that were invited to participate. With a random sample of this size, the margin of error is  $\pm 5\%$  at the 95% confidence level.

Before analyzing responses to the survey, survey weights were computed; this step allows researchers to produce more accurate statistical estimates at the overall county level. First, a base weight was created that adjusted for unequal probabilities of selection into the survey (i.e., compensating for the number of adults in the household and whether the household had an indicator that there was likely a young adult in the household). Then, this base weight was adjusted so that respondents' demographic characteristics (i.e., age, gender, educational attainment, presence of children in the household, and whether they are residents of Ashtabula City, Conneaut City, or another part of the County) aligned with population benchmarks for Ashtabula County. These population benchmarks were obtained from the U.S. Census Bureau's American Community Survey. This adjusted base weight was calculated via an iterative proportional fitting procedure within the STATA v17 software package; analyses of weighted data were conducted using complex survey [svy] commands within STATA v17.

In terms of geography, 86 residents from Ashtabula City and 45 residents from Conneaut City completed the survey; results are presented for these two geographies in addition to Ashtabula County overall.

**(4) Collect and analyze community outreach data.** Community input (mostly qualitative) was solicited in several forms.

1. **Community poll.** The Ashtabula County Health Department worked with Illuminology to design and deploy an informal, qualitative poll of community residents and stakeholders. The intent of this poll was to hear broad, high-level, open-ended community perspectives about the current state of health in Ashtabula County. The poll was widely publicized via promotion on the Ashtabula County Health Department Facebook page. Overall, 28 individuals who reported living or working in Ashtabula County responded to this poll between March 28, 2022 and April 2, 2022. See Appendix C for the questions asked as part of this poll.
2. **Community leader interviews.** The Ashtabula County Health Department worked with Illuminology to design a community leader interview guide that covered a wide range of topics, including overall health, health care access, poverty, transportation, nutrition and physical activity, substance abuse, and COVID-19. Illuminology completed 10 one-on-one or small group interviews. Interviewees included community members who work in health care, leaders of local organizations, and other residents. One interviewee was a representative for Ashtabula City and one

interviewee was a representative for Conneaut City. The interview guide used for these interviews can be found in Appendix D.

**(5) Present youth survey data.** The Ashtabula County Mental Health and Recovery Services Board facilitated the conduct of the OHYES! Survey, developed by the Ohio Department of Mental Health and Addiction Services, amongst students in Ashtabula County. A copy of the questions asked in this survey can be found in Appendix E. A great number of students – 1,902 – completed the youth survey. The titles of the tables presenting youth survey results include “(Youth)” at the end followed by this symbol: ‡. See Appendix F for the youth survey results that are supplemental to the results presented throughout the main body of this report.

**(6) Identify Prioritized Health Needs.** On June 30, 2022, representatives from member groups of *Healthy Ashtabula County* met in person to identify potential priority health needs from the data and insights presented in the 2022 Ashtabula County CHNA.

The meeting participants were divided into small groups, with each group asked to review a specific section of the 2022 Ashtabula County CHNA and to identify within up to six potential priority health needs for consideration by the larger group. In addition to sharing their personal experience and history during these small-group conversations, meeting participants were asked to consider the following criteria when prioritizing these health needs:

- **Equity:** Degree to which specific groups are disproportionately affected by an issue.
- **Size:** Number of persons affected, taking into account variance from benchmark data and targets.
- **Seriousness:** Degree to which the health issue leads to death, disability, and impairs one’s quality of life.
- **Feasibility:** Ability of organization or individuals to reasonably combat the health issue given available resources. Related to the amount of control and knowledge (influence) organization(s) have on the issue.
- **Severity of the Consequences of Inaction:** Risks associated with exacerbation of the health issue if not addressed at the earliest opportunity.
- **Trends:** Whether or not the health issue is getting better or worse in the community over time.
- **Intervention:** Any existing multi-level public health strategies proven to be effective in addressing the health issue.
- **Value:** The importance of the health issue to the community.
- **Social Determinant / Root Cause:** Whether or not the health issue is a root cause or social determinant of health that impacts one or more health issues.

After a total of 11 health needs were identified by the small groups, participants were asked to engage in a voting process to select three of the highest priority needs. In the first round of

voting, each participant was given 5 votes to cast for the needs they perceived to be the highest priority. Needs receiving the least amount of votes were then eliminated, and participants were asked to vote again with three votes to cast. This resulted in all but four needs being eliminated. Finally, a third hand vote was conducted to decide between two needs which received similar votes.

Overall, 22 representatives of *Healthy Ashtabula County* participated in this voting process, coming to a clear consensus about the community's prioritized health needs. These are displayed on page 40. The key issues will also be outlined in the 2023-2025 IS/CHIP.

**(7) Identify Community Assets and Resources.** In July 2022, *Healthy Ashtabula County* identified community assets and resources that could potentially address the prioritized health needs, including existing healthcare facilities, community organizations, and programs or other resources. Inclusion of these potential partners and resources in the 2022 Ashtabula County CHNA is consistent with hospital requirements for conducting a needs assessment.

**(8) Share results with the community.** This report presents the analysis and synthesis of all secondary, primary, and community outreach data collected during this effort. It will be posted on the Ashtabula County Health Department website (<https://www.ashtabulacountyhealth.com/>), University Hospitals' website ([www.UHhospitals.org/CHNA-IS](http://www.UHhospitals.org/CHNA-IS)), Ashtabula County Medical Center's website ([www.acmchealth.org](http://www.acmchealth.org)), as well as other *Healthy Ashtabula County* member websites. This report will be used in subsequent community prioritization and planning efforts and will be widely distributed to organizations that serve and represent residents in the county.

### How to Read This Report

**Key findings and *Healthy People 2030*.** As shown on page 2, the 2022 Ashtabula County CHNA is organized into multiple, distinct sections. Each section begins with story boxes that highlight and summarize the key research findings from the researchers' perspectives. For some indicators, Ashtabula County is compared to the U.S. Department of Health and Human Services *Healthy People 2030* goal, indicated by dark blue boxes containing the Ashtabula County outline in light blue. A ✓ icon inside the box indicates that the goal has been met, and an ✗ icon indicates that the goal has not been met.

**Community Voices.** Comments and findings from the community outreach data are included in several sections. The results of the community poll are indented on both sides and presented with blue borders on both sides. The findings of the community leader interviews are indented slightly and set off with an orange border on the left side.

**Comparison to the Ashtabula County 2019 Community Health Assessment.** Where possible, results were compared to data from the Ashtabula County 2019 Community Health

Assessment, and denoted by a clock symbol: 🕒. In addition, a table comparing 2019 data to 2022 can be found on page 43. The following differences between 2019 and 2022 data were noted.

### Areas of improvement from 2019 to 2022.

In 2022 compared to 2019:

- Fewer respondents went outside of Ashtabula County for healthcare (in the past year)
- Fewer respondents had ever been diagnosed with cancer
- Fewer respondents had ever been diagnosed with high blood cholesterol
- Fewer respondents had considered suicide (in the past year)
- Fewer respondents reported their mental health was not good on four or more days (in the past month)

It is worth noting that although decreased diagnoses of high blood cholesterol and cancer may seem like an improvement, this decline may be due to decreased screenings as a result of COVID-19.

### Areas of decline from 2019 to 2022.

In 2022 compared to 2019:

- More respondents had ever been diagnosed with coronary heart disease
- More respondents binge drank (in the past month)
- More respondents had household mold issues (in the past 12 months)

**Health disparities between populations or areas in the community.** Analyses explored statistically significant differences in results based on demographic factors such as age, gender, educational attainment, income, and geographic region. When these analyses suggested the presence of significant differences among specific populations, the report tables display a lightbulb symbol: 💡. When the differences are geographic, they are denoted by this symbol: ❖.

The following disparities were noted.

Disparities by Household Income. Those with lower household income were more likely to report a depressive disorder diagnosis, have had poor physical health days, and have been diagnosed with arthritis and coronary heart disease. They were less likely to have binge drank.

- Females with an annual household income of \$75,000 or more were more likely to have had a mammogram in the past two years compared to those with a household income of less than \$75,000: 97.1% v. 48.1%.
- Those with an annual household income of \$75,000 or more were more likely than those with a household income of less than \$75,000 to have binge drank at least once in the past month: 62.2% v. 29.3%.

- Those with annual household income of less than \$50,000 were physically active for more days, on average, than those with annual household income of \$50,000 or more: 4.3 v. 3.3.
- Those with an annual household income of less than \$75,000 are more likely to report a depressive disorder diagnosis than those with an annual household income of \$75,000 or more: 23.7% v. 11.7%.
- Days of poor mental health in the past 30 days, on average, differed by annual household income: 5.1 for those with less than \$50,000, 2.5 for those with \$50,000 to less than \$100,000, and 5.5 for those with \$100,000 or more.
- Those who had at least one poor mental health day that affected activities in the past 30 days differed by annual household income: 19.4% of those with less than \$50,000, 2.9% of those with \$50,000 to less than \$100,000, and 22.4% of those with \$100,000 or more.
- The likelihood of receiving mental health care differed by annual household income: 5.4% of those with less than \$50,000, 22.9% of those with \$50,000 to less than \$100,000, and 12.2% of those with \$100,000 or more.
- Those with an annual household income of less than \$50,000 were more likely to have at least one poor physical health day than those with an annual household income of \$50,000 or more: 51.7% v. 33.8%.
- Those with an annual household income of less than \$50,000 had more poor physical health days in the past 30 days, on average, than those with an annual household income of \$50,000 or more: 6.2 v. 1.5.
- Those with an annual household income of less than \$50,000 were more likely to have at least one poor physical health day that affected activities in the past 30 days than those with an annual household income of \$50,000 or more: 34.4% v. 17.2%.
- Those with an annual household income of less than \$50,000 had more poor physical health days that affected activities in the past 30 days, on average, than those with an annual household income of \$50,000 or more: 3.7 v. 0.8.
- Those with an annual household income of less than \$100,000 are more likely to have been diagnosed with arthritis than those with an annual household income of \$100,000 or more: 38.3% v. 17.0%.
- Those with an annual household income of less than \$75,000 are more likely to have been diagnosed with coronary heart disease than those with an annual household income of \$75,000 or more: 9.3% v. 2.3%.
- Those with an annual household income of less than \$75,000 are more likely to have had a heart attack than those with an annual household income of \$75,000 or more: 10.0% v. 2.1%.

*Disparities by Educational Attainment.* Those with lower educational attainment are more likely to be current smokers.

- Those with some college or less education are more likely to be current smokers (smoke every day or some days) than those with a Bachelor's degree or higher education: 23.5% v. 3.1%.
- Those with some college or more education are more likely to use the internet on an average day than those with a high school diploma or less education: 96.2% v. 70.5%.
- Percent who had at least one poor mental health day differed by education: 27.4% for those with a high school degree or less education, 59.0% for those with some college education, and 36.4% for those with a Bachelor's degree or more education.
- Arthritis increases as education decreases: 45.4% of those with a high school degree or GED or less reported arthritis, compared to 24.5% of those with some college, and 18.7% of those with a Bachelor's degree or more education.
- Those with some college or less education are more likely to have been diagnosed with high blood cholesterol than those with a Bachelor's degree or more education: 27.9% v. 17.0%.

Disparities by Age. Older adults tended to have higher chronic disease prevalence and poorer overall health. However, they had some positive health outcomes such as better mental health outcomes.

- Females ages 45-54 are more likely to have never had a mammogram compared to those 55 and older: 26.3% v. 0.6%.
- Those ages 18-34 are more likely to have litter/trash issues than those age 35 or older: 20.3% v. 3.3%.
- Number of hours watching television increases with age, on average: 1.8 per day for those age less than 45, 3.0 for those age 45-54, 3.5 for those age 55-64, and 4.5 for those age 65+.
- Average number of hours using the internet decreases with age: 4.6 per day for those age less than 45, 3.1 for those age 45-54, 2.5 for those age 55-64, and 1.8 for those age 65+.
- Those ages 18-34 are more likely to report a depressive disorder than those age 35 or older: 35.0% v. 12.7%.
- Those ages 18-34 are more likely to report an anxiety disorder than those age 35 or older: 39.6% v. 16.0%.
- Those under age 45 are more likely to have "very good" or "excellent" health than those age 45 or older: 67.2% v. 40.5%.
- Arthritis increases with age: 62.8% of those 55 or older reported arthritis, compared to 32.3% of those 45-55, and 9.6% of those 18-44.
- Those age 45 or older are more likely to have been diagnosed with cancer than those less than age 45: 17.3% v. 0.0%.

- Those age 45 or older are more likely to have been diagnosed with diabetes than those less than age 45: 22.5% v. 0.6%.
- Coronary heart disease increases with age: 21.3% of those 65 or older reported coronary heart disease, compared to 11.2% of those 55-64, and 0.0% of those 18-54.
- Heart attacks increase with age: 19.7% of those age 65 or older, compared to 10.3% of those 55-64, and 0.0% of those 18-54.
- High blood pressure increases with age: 70.1% of those 65 or older, compared to 47.5% of those 55-64, 38.7% of those 45-54, and 19.0% of those 18-44.
- High blood cholesterol increases with age: 49.5% of those 65 or older, compared to 40.5% of those 55-64, 27.3% of those 45-54, and 7.0% of those 18-44.

Disparities by Gender. Males and females reported similar health behaviors, with a few notable exceptions. Females are more likely to have mental health diagnoses; males are more likely to have been diagnosed with coronary heart disease and have had heart attacks.

- Females are more likely to use the internet on an average day than males: 92.1% v. 69.1%.
- Females are more likely to report a depressive disorder than males: 27.3% v. 9.3%.
- Females are more likely to report an anxiety disorder than males: 34.3% v. 7.6%.
- Females were more likely to have had at least one poor mental health day in the past 30 days than males: 45.2% v. 26.0%.
- Females were more likely to have had at least one poor mental health day that affected activities in the past 30 days than males: 18.7% v. 7.8%.
- Males are more likely to have been diagnosed with coronary heart disease than females: 12.8% v. 0.9%.
- Males are more likely to have had a heart attack than females: 13.4% v. 0.8%.

Disparities by location (Ashtabula City vs. Conneaut City vs. Ashtabula County as a whole).

Ashtabula City residents are more likely to report depressive or anxiety disorder diagnoses, to have had at least one poor physical health day, to have received mental health care in the past 12 months, and have more litter/trash and bed bug issues than those from Conneaut City or Ashtabula County as a whole. Conneaut City respondents are more likely to smoke every day than those from Ashtabula City or Ashtabula County as whole. Ashtabula City residents are less likely to have traveled outside of Ashtabula County for health care.

- Those in the city of Ashtabula are more likely to have litter/trash issues (13.1%), compared to those in Conneaut (5.0%) or Ashtabula County overall (7.5%).
- Those in the city of Ashtabula are more likely to have bed bug issues (6.6%), compared to those in Conneaut (0.0%) or Ashtabula County overall (2.0%).
- Those in Conneaut are more likely to smoke every day (38.7%), compared to those in the city of Ashtabula (20.2%) and Ashtabula County overall (15.9%).

- Those in Ashtabula County overall are more likely to have been diagnosed with coronary heart disease (6.7%), compared to those in the city of Ashtabula (4.3%) or Conneaut (0.3%).
- Those in the city of Ashtabula are less likely to travel outside of the county for health care (30%) compared to those in Conneaut (56%) or Ashtabula County overall (50%).

This legend is presented at the beginning of each section of the report as a reminder of the meaning of the symbols:

The following symbols indicate the presence of:



: a difference in responses between demographic groups of respondents



: a difference in responses between residents living in different regions of Ashtabula County



: a comparison between responses to the 2019 adult survey and 2022 adult survey

Overall, the lack of availability of health care seems to be worthy of future discussion and action. Many residents travel outside the county for care (especially specialty care). Some may not be able to access care due to lack of health care coverage, lack of transportation, or other issues.

Excerpts from the Ashtabula County Access to Care Report, which was developed in 2019 to understand health care access issues residents face in more detail, are presented in Appendix H.

Sources for all secondary data included in this document are marked by an endnote and described in the report's References section (see Appendix K). Caution should be used in drawing conclusions in cases where data are sparse (e.g., counts less than ten).

Adult primary data (i.e., from the Ashtabula Adult County Health Survey) are marked by the following endnote symbol: §. In some tables, the percentages may not sum to 100% due to rounding and/or because multiple responses were accepted. In some cases, outlying values were winsorized (i.e., replaced with the highest or lowest non-outlying value).

**Effects of the COVID-19 pandemic.** The COVID-19 pandemic reached the United States in January 2020, and the first case was confirmed in Ohio on March 9, 2020. The Ohio State of Emergency was declared on March 9<sup>th</sup> and a Stay-At-Home Order went into effect on March 23<sup>rd</sup>.

Survey respondents felt that COVID-19 was the most important health issue. Some survey respondents mentioned delaying health care due to the pandemic, and community leaders voiced that families with children faced particular challenges due to the pandemic.

## Community Profile

This section describes the demographic and household characteristics of the population in Ashtabula County, which is located in northeastern Ohio.

Ashtabula County was founded about 215 years ago and covers almost 703 square miles. Jefferson is the seat of this county.



### Resident Demographics<sup>1</sup>

		Ashtabula City*	Conneaut City*	Ashtabula County**	Ohio**
<b>Total Population</b>	Total population	18,171	12,613	97,241	11,689,100
<b>Gender</b>	Male	46.9%	55.6%	51.0%	49.0%
	Female	53.1%	44.4%	49.0%	51.0%
<b>Age</b>	Under 5 years	5.9%	3.5%	5.5%	5.9%
	5-19 years	20.5%	15.8%	18.5%	18.9%
	20-44 years	29.9%	33.7%	28.9%	31.6%
	45-64 years	27.3%	28.4%	27.4%	26.2%
	65 years and over	16.5%	18.6%	19.8%	17.5%
<b>Race</b>	White	91.3%	90.4%	95.5%	83.5%
	Black/African American	12.0%	10.8%	5.4%	14.4%
	American Indian/Alaskan Native	0.3%	0.8%	0.9%	0.8%
	Asian	0.2%	0.9%	N/A	3.0%
	Native Hawaiian/Other Pacific Islander	0.0%	0.1%	N/A	0.2%
	Some other race	0.5%	0.3%	0.6%	1.3%
<b>Ethnicity</b>	Hispanic/Latino (any race)	8.8%	2.9%	4.4%	4.0%
	Not Hispanic/Latino (White alone)	91.2%	97.1%	95.6%	96.0%
<b>Marital Status***</b>	Never married	34.9%	33.6%	30.3%	32.7%
	Now married (not currently separated)	35.9%	42.8%	45.5%	47.0%
	Divorced/separated	22.0%	16.9%	16.6%	13.9%
	Widowed	7.2%	6.7%	7.6%	6.3%

<sup>1</sup>Data are from 2015-2019 \*\*Data are from 2019 \*\*\*Denominator is population 15 years and over N/A=cannot be displayed because number of sample cases is too small

**Resident Households: Ashtabula County and Ohio<sup>1</sup>**

		Ashtabula County	Ohio
<b>Total Households</b>	Number of households	39,490	4,730,340
<b>Household Relationships*</b>	Married-couple family household	44.4%	45.0%
	Cohabiting couple household	10.2%	7.4%
	Male householder, no spouse/partner	18.6%	19.2%
	Female householder, no spouse/partner	26.8%	28.4%
<b>Grandparents As Caregivers</b>	Household with grandparents living with grandchildren	4.2%	3.1%
	<i>Household with grandparent responsible for own grandchildren under 18 years</i>	53.9%**	42.4%**
	<i>Household with grandparent not responsible for own grandchildren under 18 years</i>	46.1%**	57.6%**
<b>Household Size</b>	Average household size	2.4	2.4
	Average family size	2.9	3.0
<b>Household Income</b>	Less than \$10,000	7.5%	6.3%
	\$10,000 - \$14,999	5.2%	4.3%
	\$15,000 - \$24,999	13.5%	9.5%
	\$25,000 - \$34,999	14.3%	9.7%
	\$35,000 - \$49,999	12.2%	12.9%
	\$50,000 - \$74,999	20.6%	18.8%
	\$75,000 - \$99,999	11.1%	13.0%
	\$100,000 - \$149,999	10.0%	14.4%
\$150,000 - \$199,999	3.4%	5.7%	
\$200,000 or more	2.2%	5.4%	
<b>Transportation</b>	Households without a vehicle	9.0%	7.7%

Data are from 2019 \*Denominator is total households \*\*Denominator is households with grandparents living with grandchildren

**Resident Households: Cities in Ashtabula County<sup>1</sup>**

		Ashtabula City	Conneaut City
<b>Total Households</b>	Number of households	7,520	4,604
<b>Household Relationships*</b>	Married-couple family household	33.3%	47.2%
	Cohabiting couple household	8.6%	8.3%
	Male householder, no spouse/partner	21.5%	17.1%
	Female householder, no spouse/partner	36.7%	12.4%
<b>Grandparents As Caregivers</b>	Household with grandparents living with grandchildren	5.3%	3.5%
	<i>Household with grandparent responsible for own grandchildren under 18 years</i>	52.9%**	79.9%**
	<i>Household with grandparent not responsible for own grandchildren under 18 years</i>	47.1%**	20.1%**
<b>Household Size</b>	Average household size	2.4	2.3
	Average family size	3.2	2.9
<b>Household Income</b>	Less than \$10,000	16.2%	7.0%
	\$10,000 - \$14,999	11.9%	5.6%
	\$15,000 - \$24,999	13.8%	13.5%
	\$25,000 - \$34,999	13.8%	14.1%
	\$35,000 - \$49,999	13.8%	14.8%
	\$50,000 - \$74,999	14.9%	20.4%
	\$75,000 - \$99,999	8.3%	11.5%
	\$100,000 - \$149,999	5.2%	10.8%
	\$150,000 - \$199,999	1.1%	1.2%
	\$200,000 or more	0.9%	1.0%
<b>Transportation</b>	Households without a vehicle	16.6%	8.4%

Data are from 2015-2019 \*Denominator is total households \*\*Denominator is households with grandparents living with grandchildren

**Residents - Disability Information<sup>1</sup>**

		Ashtabula County	Ohio
<b>Disability Status*</b>	Total with a disability	18.1%	14.0%
	Under 18 years	7.5%	5.0%
	18 to 64 years	15.9%	11.8%
	65 years and over	36.7%	33.3%
<b>Disability By Type**</b>	Hearing difficulty	29.7%	26.5%
	Vision difficulty	15.5%	16.6%
	Cognitive difficulty	41.3%	39.4%
	Ambulatory difficulty	44.3%	50.0%
	Self-care difficulty	11.3%	17.7%
	Independent living difficulty	31.3%	34.7%

Data are from 2019 \*Denominator is civilian noninstitutionalized population in the specified age range \*\*Denominator is civilian noninstitutionalized population with a disability

**Residents - Disability Information: Cities in Ashtabula County<sup>1</sup>**

		Ashtabula City	Conneaut City
<b>Disability Status*</b>	Total with a disability	20.7%	18.0%
	Under 18 years	6.5%	12.6%
	18 to 64 years	21.0%	13.4%
	65 years and over	41.0%	36.3%
<b>Disability By Type**</b>	Hearing difficulty	29.6%	24.8%
	Vision difficulty	23.2%	17.8%
	Cognitive difficulty	44.1%	47.1%
	Ambulatory difficulty	45.0%	43.9%
	Self-care difficulty	18.0%	13.5%
	Independent living difficulty	36.3%	28.1%

Data are from 2015-2019 \*Denominator is civilian noninstitutionalized population in the specified age range \*\*Denominator is civilian noninstitutionalized population with a disability

**Languages Spoken<sup>1</sup>**

	Ashtabula City*	Conneaut City*	Ashtabula County*	Ohio**
Speak only English	96.1%	97.6%	94.7%	94.7%
Speak a language other than English	3.9%	2.4%	5.3%	5.3%
Spanish	3.3%	1.1%	2.0%	1.7%
Other languages	0.6%	1.3%	3.3%	3.6%

Denominator is population age 18 and older N/A=cannot be displayed because the number of sample cases is too small \*Data are from 2015-2019 \*\*Data are from 2019

## Community Profile

A statistical portrait of the adult respondents who completed the 2022 Ashtabula County Health Survey is shown below. These percentages have been weighted to match population benchmarks for age, gender, educational attainment, presence of children in the household, and Ashtabula and Conneaut City residence.

### 2022 Health Survey: Respondent Profiles<sup>§</sup>

		Ashtabula County
<b>Gender</b>		(n=382)
	Male	50.0%
	Female	50.0%
<b>Age</b>		(n=384)
	18-34	24.8%
	35-44	14.4%
	45-54	17.7%
	55-64	19.2%
	65+	23.8%
<b>Education</b>		(n=385)
	High school diploma / GED or less	59.7%
	Associate degree / some college	27.0%
	Bachelor's degree or more	13.3%
<b>Household Size</b>		(n=384)
	Average household size	2.7
<b>Household Income</b>		(n=367)
	Less than \$50,000	49.7%
	\$50,000 - \$74,999	18.1%
	\$75,000 - \$99,999	18.4%
	\$100,000 or more	13.8%
<b>Children Under 18 (In Household)</b>		(n=377)
	0 children	70.6%
	1-2 children	16.4%
	3 or more children	13.0%
<b>Residence within Ashtabula County</b>		(n=389)
	Ashtabula City resident	18.1%
	Conneaut City resident	13.6%
	Resides somewhere else within the county	68.3%

## Community Profile

Data reflecting Ashtabula’s youth population, from the Ohio Healthy Youth Environments Survey (OHYES!), is included throughout this document where relevant. Below is a statistical portrait of the youth who completed this survey in Ashtabula County.

### **Ashtabula’s Ohio Healthy Youth Environments Survey: Respondent Profile †**

		Ashtabula County Youth
		(n=1701)
<b>Gender</b>	Male	46.0%
	Female	50.0%
	Other	4.0%
		(n=1706)
<b>Age</b>	12	6.2%
	13	17.5%
	14	19.2%
	15	21.1%
	16	17.1%
	17	12.2%
	18 or older	6.7%
		(n=1711)
<b>Grade Level</b>	7th	17.7%
	8th	15.8%
	9th	23.9%
	10th	17.9%
	11th	11.9%
	12th	12.6%
	Ungraded or other grade	0.2%
		(n=1707)
<b>Race/ethnicity</b>	Hispanic or Latino	7.3%
	Not Hispanic or Latino	92.7%

# Making a Healthy Community: Priorities According to Residents

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This section details the findings of the Community Poll of Ashtabula residents along with similar questions asked in the adult survey and community leader interviews. Residents were asked to give their perceptions of the most important health issues facing their community, the barriers keeping the community from achieving optimal health, as well as the major effects of COVID-19. Residents were also asked to provide insight into how awareness of available community resources that promote health could be improved.

## *Key Findings*

### **Most Important Health Issues**

Residents of Ashtabula County commonly perceive ongoing issues regarding COVID-19, substance use and mental health issues, lacking access to medical care, and obesity as the most important health issues in the county.

### **Barriers to a Healthy Ashtabula County**

The main barriers keeping the county from optimal health were deemed to be lack of health care resources and sufficient health insurance, poverty, and lack of education as well as attitudes of individuals toward improving health issues.

### **COVID-19 and the Community**

Residents asked about how to deal with issues caused by COVID-19 were mainly concerned with alleviating the politicization of this health issue. The politicization causes mistrust in health recommendations coming from scientists and medical professionals, and fractures in community trust and collectivism.

### **Health Resources and Pride in Community**

Residents think greater awareness of local health resources could be accomplished more by direct interaction with the community of Ashtabula County, versus reliance on social media or other media sources. Several community leaders who were interviewed feel pride in the community.

## Perception of Most Important Health Issues in Ashtabula County

Over a third (42%) of survey respondents feel that issues related to COVID-19 (e.g., the virus in general, getting residents vaccinated, residents not acting to stop the spread) are the most important health issues in Ashtabula County. COVID-19 was followed by drug or alcohol addiction or abuse, lack of medical care access, and mental health issues. “Other” responses included social determinants (poverty, housing, jobs, education), specific health conditions, environmental factors impacting health, crime, and unspecified responses about the elderly.

### Resident Perception of Most Important Health Issues<sup>S\*</sup>

	Ashtabula City (n=59)	Conneaut City (n=44)	Ashtabula County (n=305)
Issue related to COVID-19	39.7%	61.7%	42.4%
Drug or alcohol addiction or abuse	20.6%	29.5%	23.0%
Lack of medical care access	6.5%	4.0%	10.0%
Mental health issues	6.2%	0.6%	7.9%
Obesity, physical activity, and nutrition	6.6%	0.5%	5.6%
Cancer	5.2%	8.4%	5.1%
Other	28.0%	5.5%	14.8%

*\*Percentages may sum to higher than 100%; multiple responses were accepted*

### Community Leaders - Most Important Health Issues

Community leaders most commonly mentioned substance abuse, mental health issues, and health care access as the most important health issues facing Ashtabula County.

Substance use, overdose are huge issues. Suicide is a huge issue. Anecdotal and from data. Obesity, chronic health concerns, like diabetes and high blood pressure are also big issues.

Mental health and drugs and alcohol...We were doing so much better with the opioid epidemic, we were seeing some of our deaths go down. COVID happened and it just started to rise again...We're slowly starting to see our deaths go down, but our substance abuse, not just opiates but methamphetamines stimulants, has been a real struggle. Our suicide numbers just have not, we've been chipping away at that for a while. And we've been kind of stagnant, which is not great, because we're also in the top 10 per capita counties in the state of Ohio. I hate the word obesity, but that also seems to be an issue.

Healthwise it would probably be obesity...drug use, and food insecurity.

It's alarming to me that our standard of living has declined so much in Ashtabula County. I think there's a real need for good health care, good education. And I think it's been a challenge of late, especially with the COVID pandemic...Well, I think part of it, location-wise, we've seen a number of industries leave the county. We're not as thriving as we once were back in the boom times.

Drug usage being one of them. Non-compliance with medications, mental health issues.

Probably depression is number one, I think it's not diagnosed very much or caught...Depression and the pain that comes along with depression, that it's probably misdiagnosis. It's something physical, where pain is often, and anger, and all those symptoms are usually related to that depression. I think that was probably number one for me...I think it's just under-diagnosed. I think there's this stigma with mental health. There's clearly a stigma with mental health.

It's definitely the access to care or being able to afford care. Now, I say that however, I do believe the access is here, I don't think that people necessarily want to go through all the hoops to get it...I think there's plenty of resources in Ashtabula City, it's just a matter of maneuvering those resources. And even for the most educated or most insured people, that sometimes can be difficult. So for those that don't have the time or don't have the means to do it, it's even harder...Well, whether it's signing up for health insurance through Medicaid programs or something like that, or just even knowing that people have the option of getting involved in some of those programs, some of it is just the stigma around being on a government plan or something like that, or being subsidized by the government...It's just navigating the whole healthcare environment.

We have diabetes big in the county, heart issues are big in the county. I think that's more on the preventative health side. I don't think we do enough preventative care and promoting exercise and healthy lifestyle. I know definitely in [Ashtabula City] here we have some food deserts so it's tough for people to get the right nutrition. They're going to Circle K or they're going to Walgreens and that's where they're doing the grocery shopping. So you know, just not a good thing and trying to educate them and get the transportation into good markets for food is a struggle which leads into health issues. [This is a problem both in Ashtabula City specifically and throughout the county.]

I think the opioid epidemic and addiction, mental health. Certainly, we have a high rate of smoking, or tobacco use, as well as obesity, I'd say diabetes and obesity also are problems that I know we have in the community.

So our county, you know, we got designated as Appalachia here, which is not a good thing, it's supposed to help us to get funding, but it's based on how healthy, how wealthy, our county is in our region. And so, a lot of our problems are driven, because we don't have a lot of wealthy people, people that can get health insurance can take care of themselves on their own. We have a high welfare population. We have access, I mean, we have three hospitals in our county. Being the largest county in the state of Ohio, that also contributes to some of the issues because...it's travel distance, etc...But we also have a high drug addiction, alcohol, opioid [use] was a huge problem in our county, still is. I think

it's gotten somewhat better, because we've been able to get some funding and some policing action to stop the drugs from coming in...obesity, mental health.

Respondents to the opt-in community poll mentioned many of the same topics as survey respondents and community leaders when asked about the most important health issue in the community.

### Community Poll: Most Important Health Issues

#### **Substance Use** - 10 mentions

- Respondents said "drugs", "drug use", "drug addiction" and "the drug epidemic", as well as "opioids" specifically.

#### **Health Care Access** - 7 mentions

- Respondents said "access to doctors", "access to affordable health care", "lack of affordable dental facilities", "cost of health care and medications", and "cancer treatment."

Other specific health care access issues were mentioned, including: "We need a Hospital in Southern Ashtabula County to replace the closed hospital in Andover", and "We need a closer place for women to have babies. It's a danger to women and infants to not have a maternity ward in our county."

Mental health, obesity, poverty and homelessness, and COVID each earned a few responses. Responses around COVID spoke to "COVID" in general, the spread of "misinformation," and "[not] complying with the recommendations put out by the health officials."

Other responses included "access to healthy food" (mentioned twice), specific health conditions like "diabetes" and "cancer", and "lifestyle choices". One participant also mentioned many environmental and safety concerns: "Poor city/village sewer systems. Lack of security for homeowners and their children along the Greenway trail. Abandoned buildings being used by homeless and drug activity. Littered beaches...Poor housing conditions."

## Barriers to a Healthy Ashtabula County

Responses to the community poll about the barriers to optimal health are shown next.

### Community Poll: Barriers to a Healthy Ashtabula County

#### **Lacking Access to Health Care** - 10 mentions

Respondents mentioned a lack of local health care resources in general, and specifically for chemical counseling and mental health care, women's health, and pediatric care.

- "Lack of mental health and drug addiction centers"
- "Lack of specialists especially in pediatric population in the area"
- "Low access to care, especially pediatric and women's health"
- "Lack of a hospital in Andover"
- "Having to travel distances to get specialized care, causing more problems with tiredness from traveling."
- "Access to doctors. Feel frustrated that it takes so long for appointments or so much travel will be involved to find one so we just wait and things get worse."

Some responses also mentioned how lack of insurance, or difficulty finding care with certain types of insurance, impedes access.

- "...hard for people to access care for addiction- lack of access to mental health resources (there are a few for Medicaid i.e. Signature Health, but even more limited for people with PPO or ACA insurance)"
- "People who are hooked on drugs or alcohol do not have insurance and cannot get help because they can't hold a job."

A couple responses mentioned lacking care quality or "proper" care

- "Access to healthcare, quality of mental healthcare"
- "Proper medical for all walks of life"

#### **Poverty** - 8 mentions

Poverty was the second most common barrier mentioned. Most poll responses of this kind stated simply mentioned "poverty", "low income" or "poor individuals". One respondent said, "No good paying jobs. People can't live on low wages."

### **Education** - 5 mentions

Responses spoke to lack of education in general, and “uneducated people not believing”. One respondent specified “education about proper nutrition”. Another stated there is a “lack of involvement with public schools to provide health and wellness information and care.”

### **Attitudes** - 5 mentions

Responses under this theme included “misinformation”, “lack of empathy” and compassion, as well as “willingness of people to seek help”, “failure of people listening to the advice being given”, along with “lack of community pride and systemic racism within the community and our elected officials.”

Other responses included:

- Lack of resources for optimal nutrition: “lack of healthy food options (grocery stores) for all the county”
- Lacking management of crime in general, and specifically drug-related: “better legal action taken against known drug dealers”
- Inadequate funding and actions by leaders: “our government does not address the needs of the community only their agendas”
- Responses mentioned once included: sedentary lifestyles, [lacking] community involvement, staffing (unspecified), and transportation.

## **Major Issues Caused by COVID-19**

### **Community Leaders - COVID-19**

Community leaders mentioned many negative impacts of COVID-19, such as isolation, lack of health care access, poor mental health, and negative effects on children.

And I watched my 14-year-old grandson practically live in his mask every time we walked out the door. And I said, the health department tells me we're safe, you can take your mask off. And he would get angry at his younger siblings for not leaving them on. And I just thought that was just a microcosm for me of what some of these kids must be going through, trying to protect themselves. And then looking at older people, they come in contact with people telling them if you get sick and give it to grandma, grandma might die on the news. Horrible for a person to hear...So I think it's just been very stressful. And I think the schools are seeing it...just the feeling of the environment. They feel the tension. They feel guilty.

COVID has definitely contributed to depression and/or anxiety because people are still afraid to go out and do things. Obviously, the access to health care has been inhibited,

because there's so many people who were sick at the same time. And, of course, the fact that people have left certain industries because they no longer want to work in the offices because of COVID has put a strain on numbers of organizations...to get the work done.

There's this uneasiness, maybe, and people that never experienced it before, because of, we go back to the isolation feeling going through COVID. And [I] think we all experienced a different feeling that we've never felt before in our lives, we just couldn't fathom going through a pandemic, it was almost like a movie in the beginning. And then it became real life for what, two years now. So it's been a challenge.

Of course, children were really impacted with not going to school. And that's the sad part too with who was out of there. They couldn't help it but they were kept home.

Financially speaking, the workforce was then all but demolished...people that were able to stay at home and get paid, and the workforce is including healthcare - people didn't have to come to work. So why bother coming to work, you can get paid to stay at home. That has been traumatizing for everybody that stuck it out through COVID. The people that were sick, the people that passed away - I don't know of anybody in this county that isn't related to or doesn't know somebody that passed away from COVID. And that wasn't someone 80 years old, that was somebody's husband, somebody's child, somebody's mom or dad that works with us, a lot of spouses, a lot of brothers, aunts, uncles, there's just a lot of people. And then the people that work in health care that saw so much death, that it is definitely something we have gone through and needed some extra services as health care workers. Because we all kind of have a thick skin. When you're literally doing CPR, one after another after another after another and you're losing people that have been in your community. ...And the people are dying...That's [something] not any of us have been used to...we don't work in trauma. We don't work in hospice, we don't work in those places, that you typically see people passing away... To go through so much death, whether in the nursing home or in our personal lives, it was just a lot.

[COVID] literally changed the lives of some of these students. Yeah. How many people had football scholarships or whatever it was, and they didn't go to college? Just it goes off in every different direction you can think of, I mean, financial aid to psychosocial to just everything.

One community leader commended the health departments for being such a great resource during COVID-19.

There was a time when we were meeting weekly with the health departments doing weekly updates, what are the latest developments? How can we keep our kids safe? What are the recommendations from ODH and, and it was an ongoing process because I think it impacted so many kids and I know we could not have done it without the health departments simply because we needed someone to lean on. We needed an expert in the field. We needed somebody to disseminate all the information, ...cut through the unnecessary information to deliver us exactly what we need to make decisions for our kids and our staff...We relied on them and they were very willing to help us...they would clear their schedule, they would get whatever hands on deck they needed to get that

information so we can implement what their requests were. So they were very accommodating and very necessary during that time.

Next, are the answers respondents to the community poll provided when asked about their perception of the major issues that community leaders should focus on addressing as a result of the COVID-19 pandemic.

### Community Poll: Major Issues Caused by COVID-19

#### **Increase Community Education About COVID-19** - 12 mentions

A majority of responses to this question focused on better communication to residents about COVID-19 to increase community vaccination rates and compliance with guidelines.

- "making people understand how important vaccines are"
- "focus on mask positivity and make wearing mask normal"

Multiple respondents specifically criticized the current politicization of a health care issue.

- "mistrust in the government which makes people wary of getting vaccinated and [susceptible to] misinformation."
- "ensuring a global pandemic is not made political"

Community members also expressed the need for "investing in preparedness for the next pandemic and improving communication," a desire to see requirements for masks and vaccines, and help to "school districts struggling with how to deal with COVID."

#### **Alleviate the Economic Effects of COVID-19 on Individuals** - 5 mentions

Responses around this theme spoke about poverty and inflation in general, along with comments that "employees having no choice but work sick because of finances." One respondent mentioned "internet issues" and commented in support of work from home policies:

"people need to work from home if their employer allows it and childcare is so very expensive." Respondents also mentioned "help with training for jobs and a fair wage" as well as "housing insecurity."

### **Resources to Better Prevent and Treat COVID-19** - 4 mentions

Responses often focused on access to low-cost follow-up care after a COVID-19 diagnosis, more freely available masks, and vaccines. Community members also responded about issues with testing access: "testing access especially when the hospitals just quit doing it."

### **Addressing Mental Health Impacts** - 3 mentions

Community members mentioned "anger" and "grief" caused by COVID-19. Multiple respondents mentioned mental health resources specifically to address the impact on children: "access to mental health care support for parents in helping children."

### **Fostering Businesses Within the Community** - 3 mentions

These comments specified that community leaders should "help restore the businesses in our community," especially small businesses. One respondent wants to see businesses kept open "without sacrificing health and safety."

Other comments included addressing food insecurity, attention to domestic violence as a result of isolation, seniors, and the long-term health effects of COVID-19.

## **Community leaders - Pride of the Community**

Although it was not explicitly solicited, one theme that arose organically in several interviews was that there are many great individuals in the county who work hard to serve the community, and leaders are proud of their peers and colleagues.

Ashtabula County has so many strong people willing to go above and beyond and do things - people don't even know that they're out there.

It's just being able to collaborate with each other and keeping that line of communication open. From experience, with our senior population, we know if there's an issue and we find out there's a difficult case that needs to take place. We prefer just to pick up the phone and call somebody and you know, people are always willing to want to help out. So that was one thing I could say about the county is that we definitely continue to work together on issues and very well and try to find solutions.

Well, I have to say that our health departments, both city and county, have done a wonderful job. I mean, they have worked very hard the last two years, especially with all

the vaccines, trying to get the information out there. And that was the other thing, many of our nonprofits work together, in order to try to get the message out, try to get the information to people. And I think they are to be celebrated, because I know it was very difficult for both city and county health departments.

[Community leaders] just seem to make things happen. And I think that brought such pride for me in Ashtabula County, you didn't see silos going on, that they were seriously concerned about our population. And they were going to do whatever it takes to make it through this situation and deliver services.

And just to witness it all, it was amazing to see. So very proud. And I'm also very proud of... I think there's still challenges...teachers, medical personnel. We always have respected the professions, but even more so from my perspective, that they were at the forefront of this pandemic. And they weathered the storm for us. And I think we still don't know what damage has happened because of the environment we've been in. But I'm just so proud of what our local people have been able to do.

I may be biased, but there's a lot of people out there and counting as far as I can see, doing good things for the town. I'll be honest with you, a lot of people, taking up different projects, taking up different fundraising, you name it. We have a lot of people that donate their time, which is one of the biggest things, trying to make a difference. And I see that a lot in the [Conneaut City] I found, to be honest with you...This is a great town. I'll be honest with you. And like I said, our health department, they're a great group of people and they really, really worked their backsides off to provide for the city and all the services that they do. Great group of people to work with.

## Access to Information About Health Resources

The adult survey asked residents whether they would like to receive help or information about the following issues, with an additional write-in option. These percentages should not be taken as a proxy for overall incidence of these needs but rather as a preliminary insight into what might be the most in-demand information or help needed by Ashtabula County residents. Other responses included utility assistance, help finding a dentist, roofing issues, weight loss, and arthritis.

### Would Like to Receive Help or Information About...<sup>§\*</sup>

	Ashtabula City (n=68)	Conneaut City (n=50)	Ashtabula County (n=362)
Depression, anxiety, or mental health	15.7%	10.2%	8.3%
Food assistance	4.1%	0.0%	3.8%
Elder care	6.6%	0.6%	3.6%
Rent/mortgage assistance	5.3%	4.9%	2.5%
Tobacco cessation	2.9%	4.9%	2.1%
End-of-life or hospice care	0.0%	0.0%	1.1%
Marital or family problems	0.0%	0.0%	0.8%
Post-incarceration transition	0.0%	5.3%	0.8%
Drug abuse	3.9%	0.0%	0.7%
Alcohol abuse	0.0%	0.0%	0.0%
Other	0.1%	2.0%	1.2%
None	77.3%	87.2%	86.2%

<sup>§\*</sup>Percentages may sum to higher than 100%; multiple responses were accepted

### Community Poll: Improving Health Resource Awareness

#### **Community Outreach** -15 mentions

A majority of responses shared a theme of improving visibility and presence in the community, including through better advertisement of available resources through public outreach that meet people physically where they are.

- "information tables set up at events, schools, libraries etc."
- "more advertising and public postings of what kind of services are available"
- "participation in local events"
- "information at places people are - summer events, festivals, etc."
- "reaching out to the people by sending speakers and supplies where the most vulnerable congregate"
- "inform patients of these services at the time of admission or discharge for doctors' offices or hospitals"

Schools in particular were mentioned (more often), along with churches (less often).

#### **Social Media** - 9 mentions

Many of these responses simply stated "social media". A few respondents specified a need for a "better social media presence" and use of Facebook and neighborhood apps.

Other responses included mailing information or utilizing newspapers (5 mentions), reaching people through the radio (2 mentions), going door-to-door, making phone calls to senior members of the community, and "updated websites."

Ashtabula County adults were also asked which information sources they would likely use if they wanted to learn more about a specific health condition. The other write-in option was the most common answer (36%), and the most popular responses were Google, a doctor, and medical websites.

**Sources of Information About a Specific Health Condition<sup>§</sup>**

	Ashtabula City (n=71)	Conneaut City (n=52)	Ashtabula County (n=389)
Friends or family	33.3%	31.0%	32.5%
Hospital website	21.8%	35.9%	25.1%
Health department website	18.6%	37.6%	20.8%
Social media	14.8%	25.5%	19.0%
Newspaper	1.5%	5.2%	6.0%
Magazine	1.8%	11.2%	5.0%
Other	33.6%	30.2%	35.8%
None of these	24.7%	27.0%	21.3%

*\*Percentages may sum to higher than 100%; multiple responses were accepted*

Mistrust in medical advice from official sources was measured through a question about trust in health departments to provide accurate health information. Ashtabula County adults most commonly reported that they moderately trusted their local health department (36%), and very much trusted the Ohio Department of Health (32%) to provide accurate health information. Respondents could have been thinking of city or county health departments when answering about their “local health department.”

**Trust in Local Health Department to Provide Accurate Information<sup>§</sup>**

	Ashtabula City (n=71)	Conneaut City (n=52)	Ashtabula County (n=385)
Completely	21.2%	25.6%	19.0%
Very much	35.4%	24.7%	29.8%
A moderate amount	32.1%	38.7%	36.1%
A little	11.4%	11.0%	11.2%
Not at all	0.0%	0.0%	4.0%

**Trust in Ohio Department of Health to Provide Accurate Information<sup>§</sup>**

	Ashtabula City (n=71)	Conneaut City (n=52)	Ashtabula County (n=385)
Completely	18.0%	20.8%	16.7%
Very much	37.5%	25.6%	32.4%
A moderate amount	33.5%	31.1%	30.6%
A little	11.0%	21.6%	14.6%
Not at all	0.0%	0.9%	5.7%

## Priority Health Needs

The prioritized health needs of Ashtabula County residents, as identified by *Healthy Ashtabula County*, include: **adult depression/anxiety prevention and treatment, access to health care, and obesity prevention**. Adult depression/anxiety prevention and treatment and access to health care are tied as the highest prioritized health needs.

Nearly 20% of Ashtabula County adult residents have ever been diagnosed with a depressive disorder and about 22% with an anxiety disorder. As noted by community leaders, mental health issues can negatively impact substance use behaviors and healthcare utilization.

Prioritized Health Need: Adult Depression/Anxiety Prevention and Treatment	
Specific indicators	See pages
<ul style="list-style-type: none"> <li>• Access to mental health care resources</li> </ul>	<ul style="list-style-type: none"> <li>• 46</li> </ul>
<ul style="list-style-type: none"> <li>• Mental health diagnoses/poor mental health days</li> </ul>	<ul style="list-style-type: none"> <li>• 87-90</li> </ul>

Specific indicators of health care access noted by *Healthy Ashtabula County* include access to transportation, health insurance status, and access to specialty care, mental health care, perinatal health care, and cancer screenings.

Prioritized Health Need: Access to Health Care	
Specific indicators	See pages
<ul style="list-style-type: none"> <li>• Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• 53</li> </ul>
<ul style="list-style-type: none"> <li>• Health insurance status</li> </ul>	<ul style="list-style-type: none"> <li>• 45</li> </ul>
<ul style="list-style-type: none"> <li>• Resource availability within the county/traveling for care</li> </ul>	<ul style="list-style-type: none"> <li>• 46-47, 51-52</li> </ul>
<ul style="list-style-type: none"> <li>• Healthcare utilization</li> </ul>	<ul style="list-style-type: none"> <li>• 47-50</li> </ul>

Another high priority health need for Ashtabula County residents is obesity prevention, which is related to the needs for improved access to healthy foods and increased physical activity by county residents.

Prioritized Health Need: Obesity Prevention	
Specific indicators	See pages
<ul style="list-style-type: none"> <li>• BMI</li> </ul>	<ul style="list-style-type: none"> <li>• 81</li> </ul>
<ul style="list-style-type: none"> <li>• Nutrition</li> </ul>	<ul style="list-style-type: none"> <li>• 81-83</li> </ul>
<ul style="list-style-type: none"> <li>• Physical activity</li> </ul>	<ul style="list-style-type: none"> <li>• 83-85</li> </ul>

Pages 108-110 of this report presents a list of potential partners, resources, and community assets that could potentially help to address these prioritized health needs.

For context, Ohio’s 2020-2022 State Health Improvement Plan (SHIP) identified three priority health factors important to improving communities’ health, with particular emphasis on the outcomes of **chronic disease, mental health and addiction, and maternal and infant health**. The three priority health factors include **community conditions, health behaviors, and access to care**, as shown below. For each of these priority health factors Ohio’s 2020-2022 SHIP also identified specific areas of focus, which are listed in the table below. Overall, there is a good alignment between the prioritized health needs identified for Ashtabula County and the priority health factors identified by Ohio’s 2020-2022 SHIP:

1. Adult depression/anxiety prevention and treatment aligns with Ohio’s priority health outcome of mental health and addiction.
2. Access to health care aligns with Ohio’s priority health factor of access to care.
3. Obesity prevention aligns with Ohio’s priority health factor of health behaviors including nutrition and physical activity and Ohio’s priority health outcome of chronic disease.

### Health Priority Factors Identified By Ohio’s 2020-2022 SHIP

Community Conditions
<ul style="list-style-type: none"> <li>• Housing affordability and quality</li> <li>• Poverty</li> <li>• K-12 student success</li> <li>• Adverse childhood experiences</li> </ul>
Health Behaviors
<ul style="list-style-type: none"> <li>• Tobacco/nicotine use</li> <li>• Nutrition</li> <li>• Physical activity</li> </ul>
Access to Care
<ul style="list-style-type: none"> <li>• Health insurance coverage</li> <li>• Local access to healthcare providers</li> <li>• Unmet need for mental health care</li> </ul>

Lastly, it should be noted that several other health needs were also considered by *Healthy Ashtabula County* as part of this prioritization process. Although these needs are clearly present in Ashtabula County, they did not receive the same level of endorsement as compared to the prioritized health needs reviewed previously.

The other health needs considered by *Healthy Ashtabula County* were:

## Priority Health Needs

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- Decreased fentanyl deaths
- Vaping/tobacco/pre-term smoking cessation
- Decreased binge drinking
- Decreased youth marijuana use
- Decreased poverty including increased food security, employment, and housing access and affordability.
- Suicide prevention, awareness, and intervention
- Decreased cancer deaths/improved cancer treatment access

## Changes in Health Indicators 2019-2022

This section of this report presents an overview of changes in health indicators over time in Ashtabula County. The health indicator cell is **green** if community health improved over time, **orange** if community health declined over time, and white if there was little change.<sup>1</sup> The sections of the report following this section present the indicators in more detail.

Health Indicator	2019 (Average number of observations =308)	2022 (Average number of observations =365)
Visited a doctor for routine visit (past year)	69%	70%
Went outside Ashtabula County for healthcare (past year)	63%	50%
Overall health is excellent or very good	42%	51%
Classified as overweight or obese by BMI	75%	78%
Ever diagnosed with coronary heart disease	3%	7%
Ever diagnosed with heart attack	5%	7%
Ever diagnosed with asthma	18%	16%
Ever diagnosed with cancer	15%	10%
Ever diagnosed with diabetes	13%	14%
Ever diagnosed with high blood pressure	42%	40%
Ever diagnosed with high blood cholesterol	40%	26%
Visited a dentist/dental clinic (past year)	58%	54%
Women age 21-65 who had a Pap test (past 3 years)	66%	69%
Current smokers	21%	21%
Considered suicide (past year)	6%	2%
Binge drinkers (past month)	23%	39%
Mold in the household (past 12 months)	5%	15%
Radon in the household (past 12 months)	<1%	0.3%
Insects in the household (past 12 months)	12%	16%
Bed bugs in the household (past 12 months)	1%	2%
Physical health was not good on four or more days (past month)	24%	25%
Mental health was not good on four or more days (past month)	36%	27%

<sup>1</sup> To test whether the difference between the 2019 and 2022 percentages was statistically significant, a 2-sample proportions test was computed for each health indicator. This analytic procedure calculates the difference between the 2019 and 2022 percentages, considers the total number of observations in each sample, and then computes a z statistic. When the z statistic was statistically significant ( $p < .05$ ), which suggests the difference between the two percentages is not due to chance alone, a green or orange color was used to mark the cell.

# Social Determinants of Health

This section provides insight into how Ashtabula County residents fare when it comes to many social determinants of health, including access to health care, levels of poverty, education outcomes, and other aspects of the community context, such as levels of crime and general feelings of safety. Social and structural determinants of health provide insight into what causes higher health risks or poorer health outcomes among specific populations, including community and other factors which contribute to health inequities or disparities.

## Key Findings

### Health Care Access

Though most residents have health insurance, 10% of Ashtabula County residents under 65 do not, missing the national goal for insured under 65 by about 2%. About half of residents travel outside the county for care, with a high number seeking specialist care. Residents may have difficulty accessing care or services due to transportation issues or lack of internet access. One effective way in which Ashtabula County recently provided health care access was via the Remote Area Medical Event (see Appendix G).

### Economic Stability

Nearly a third of Ashtabula County youth live in households under the federal poverty level, and almost 30% of residents spend greater than 30% of their monthly income on housing costs. Community leaders mentioned high poverty and homelessness.

### Education

Under 15% of Ashtabula County residents have a Bachelor’s degree or higher compared to nearly 30% for Ohio overall. While a majority of youth respondents to the OHYES! survey indicated they get passing grades, the graduation rate in Ashtabula County is lower than the state of Ohio and does not meet the national goal of 90.7%.

### Neighborhood and Environment

Overall, a majority of Ashtabula County adults and youth feel fairly safe in their community, with low percentages of adult residents being very or extremely worried about violent or property crime.

The following symbols indicate the presence of:



: a difference in responses between demographic groups of respondents



: a difference in responses between residents living in different regions of Ashtabula County



: a comparison between responses to the 2019 adult survey and 2022 adult survey

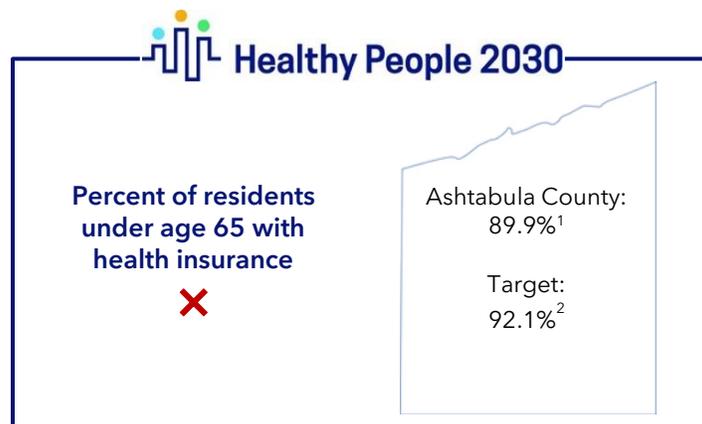
## Health Care Access

Affordability of health care is a major determinant of an individual’s willingness and ability to receive care necessary to the maintenance or improvement of their health. One factor of this affordability is the ability to utilize health insurance. Most Ashtabula County residents have health insurance, though around 10% do not, higher than the percentage of Ohio overall (7%).

### Health Insurance Coverage<sup>1</sup>

		Ashtabula City*	Conneaut City*	Ashtabula County**	Ohio**
<b>Without Health Insurance Coverage</b>	<b>Total without health insurance</b>	7.3%	7.0%	10.1%	6.6%
	Age 18 and under	4.1%	6.8%	12.9%	4.8%
	Adults age 19-64	10.7%	9.3%	12.3%	9.1%
	Adults age 65 and over	0.0%	1.1%	0.0%	0.5%

\*Data are from 2015-2019 \*\*Data are from 2019



## Health Resource Availability

The availability of health resources within the community is another determinant of health care access. The next table shows the ratios of health practitioners to residents in Ashtabula County and Ohio. The ratio of Ashtabula County physicians (both MDs and DOs) is 1 to every 1,072 Ashtabula County residents. This is much higher than the 1 to 299 ratio in the state of Ohio as a whole. Ashtabula County also lacks higher ratios of licensed dentists and psychologists to residents, compared to Ohio overall. Numbers of chemical counselors and psychiatrists could not be verified and are absent here.

### Licensed Practitioners

	Ashtabula County		Ohio	
	Count	Ratio*	Count	Ratio*
Licensed physicians: MDs & DOs <sup>3</sup>	91	1:1,072	51,456	1:299
Licensed dentists <sup>4,5</sup>	24**	1:4,066	7,156***	1:1,646
Licensed psychologists**** <sup>6</sup>	6	1:16,262	2,965	1:3,973

Data are from 2020, unless otherwise noted. \*Ratios calculated with 2020 Census population estimates \*\*Data represents current listings of active licenses maintained on e-License Ohio \*\*\*Data represents fiscal year July 1- June 30, 2020 \*\*\*\*Does not include school psychologists or Certified Ohio Behavioral Analysts

Half of respondents or their family members have traveled outside of Ashtabula County in order to receive some type of health care.

### Travel Outside of Ashtabula County for Health Care<sup>§</sup>

	Ashtabula City (n=70)	Conneaut City (n=53)	Ashtabula County (n=382)
Yes	29.8% ❖	55.7%	49.5%
No	70.2%	44.3%	50.5%

❖ Those in the city of Ashtabula are less likely to travel outside of the county for health care than those in Conneaut or Ashtabula County overall.

🕒 Percentage of respondents traveled outside of Ashtabula County for healthcare in 2019: 63%; in 2022: 50%.

Those who have traveled outside of Ashtabula County for health care in the past year have most commonly done so to seek out specialty care (46%). Less common reasons for seeking health care outside of Ashtabula County in the past year include primary care (36%) and dental care (14%).

**Type of Health Care Received Outside of Ashtabula County in Past 12 Months<sup>S\*</sup>**

	Ashtabula City (n=19)**	Conneaut City (n=26)	Ashtabula County (n=159)
Specialty care	62.2%	14.5%	45.6%
Primary care	29.4%	36.1%	36.1%
Dental care	0.0%	27.7%	14.3%
Women’s health care	6.2%	15.8%	8.3%
Another type of care	10.1%	12.5%	20.2%

*\*Of those who provided a response to a type of health care they traveled outside of Ashtabula County for. Percentages may sum to higher than 100%; multiple responses were accepted. \*\*Low numbers of responses; percentages may not be reliable.*

**Health Care Utilization**

A majority of respondents (70%) visited a doctor for a routine checkup within the year before taking the survey.

**Amount of Time Since Last Visiting Doctor for a Routine Checkup<sup>S</sup>**

	Ashtabula City (n=71)	Conneaut City (n=53)	Ashtabula County (n= 389)
Within the past year	70.6%	72.2%	69.7%
Within the past 2 years	7.6%	7.1%	10.8%
Within the past 5 years	4.4%	10.4%	7.0%
5 or more years ago	17.5%	10.4%	12.6%



Percentage of respondents age 19 and older reporting visiting a doctor in the past year for a routine checkup in 2019: 69%; in 2022: 70% .

Percentage of respondents from the city of Ashtabula reporting visiting a doctor in the past year for a routine checkup in 2019: 60%; in 2022: 71%.

Percentage of respondents from Conneaut reporting visiting a doctor in the past year for a routine checkup in 2019: 73%; in 2022: 72%.

## Social Determinants of Health

Almost 35% of all respondents delayed getting some sort of necessary health care in the past year. A majority of these respondents selected an “Other reason” which may reflect concerns about contracting or spreading COVID-19. Lack of insurance was the next most common reason chosen.

### Reasons for Delaying Needed Health Care in Past Year<sup>§</sup>

	Ashtabula City (n=71)	Conneaut City (n=53)	Ashtabula County (n=389)
Did not have insurance	7.9%	19.1%	7.4%
Could not afford the co-pay	1.4%	7.4%	4.8%
Did not have transportation	0.4%	4.8%	1.7%
Could not schedule appointment soon enough	1.2%	7.4%	7.6%
Could not schedule an appointment at all	0.9%	10.6%	4.2%
Other reason	28.1%	27.1%	17.8%
Did not delay getting needed health care	60.3%	68.2%	65.4%

*\*Percentages may sum to higher than 100%; multiple responses were accepted*

About half of respondents (54%) visited a dentist within the year before taking the survey; over 30% have not visited the dentist within the past 2 years.

### Amount of Time Since Last Visiting Dentist for any Reason<sup>§</sup>

	Ashtabula City (n=71)	Conneaut City (n=53)	Ashtabula County (n=388)
Within the past year	36.0%	68.9%	54.4%
Within the past 2 years	25.9%	12.5%	12.4%
Within the past 5 years	12.3%	7.1%	16.6%
5 or more years ago	25.8%	11.5%	16.6%



Percentage of respondents who visited a dentist within the past year in 2019: 58%; in 2022: 54%.

## Social Determinants of Health

The US Preventative Services Task Force recommends colorectal cancer screening for adults age 50 to 75.<sup>7</sup> Respondents age 50 and older were asked when they last had a colorectal cancer screening. Nearly 30% of survey respondents age 50-75 had never had this type of screening.

### Amount of Time Since Having Last Colorectal Cancer Screening (Sigmoidoscopy or Colonoscopy) (Age 50-75)<sup>§</sup>

	Ashtabula City (n=32)	Conneaut City (n=15)*	Ashtabula County (n=156)
Within the past year	12.9%	7.1%	16.6%
Within the past 2 years	4.9%	20.2%	8.0%
Within the past 3 years	1.5%	8.5%	9.7%
Within the past 5 years	16.6%	25.1%	24.0%
Within the past 10 years	15.0%	10.6%	8.6%
10 or more years ago	18.6%	7.0%	4.8%
Never	30.5%	21.6%	28.4%

\*Low number of respondents - percentages may be unreliable.

The American Cancer Society recommends that women should start having annual mammograms at age 45 and may opt to have mammograms every other year starting at age 55.<sup>8</sup> The next table displays the amount of time since having their last mammogram for women 45 and older who completed the survey. Less than half of women (46%) have had a mammogram within the past year; over 10% of them have never had a mammogram.

### Amount of Time Since Having Last Mammogram (Women 45 and older)<sup>§</sup>

	Ashtabula City (n=25)	Conneaut City (n=14)*	Ashtabula County (n=91)
Within the past year	38.9%	29.8%	45.9%
Within the past 2 years	38.8%	2.6%	20.9%
Within the past 3 years	0.3%	0.0%	7.2%
Within the past 5 years	0.0%	21.4%	4.1%
5 or more years ago	4.9%	26.7%	8.2%
Never	17.2%	19.6%	13.7%

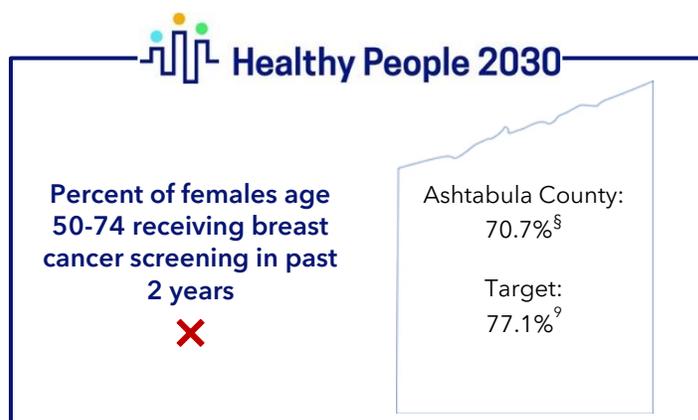
\*Low number of respondents - percentages may be unreliable.



Females ages 45-54 are more likely to have never had a mammogram compared to those 55 and older: 26.3% v. 0.6%.

## Social Determinants of Health

Females with an annual household income of \$75,000 or more were more likely to have had a mammogram in the past two years compared to those with a household income of less than \$75,000: 97.1% v. 48.1%.



According to the Mayo Clinic, doctors normally recommend Pap tests every three years for women age 21 to 65.<sup>10</sup> The next table displays the amount of time since having their last Pap test for women age 21 to 65 who completed the survey. A majority of these women (69%) have had a Pap test within the past three years, and only 2% have never had one in their lifetime.

### Amount of Time Since Having Last Pap Test (Women 21 to 65)<sup>§</sup>

	Ashtabula City (n=44)	Conneaut City (n=19)*	Ashtabula County (n=147)
Within the past year	52.7%	46.1%	37.1%
Within the past 2 years	12.4%	8.3%	20.5%
Within the past 3 years	0.9%	1.0%	11.0%
Within the past 5 years	1.6%	13.8%	9.1%
5 or more years ago	25.0%	30.8%	19.9%
Never	7.5%	0.0%	2.3%

\*Low number of responses - percentages may be unreliable

- 🕒 Percentage of female respondents age 21-65 in Ashtabula County reporting having a Pap test in the past three years in 2019: 66%; in 2022: 69%.

### Community Leaders - Health Care Access

Community leaders pointed out that there are health care access issues because it's unaffordable, services are not properly staffed, or the type of care simply doesn't exist in the county (in the cases of a maternity department and a crisis residential unit).

We don't have a very rich community. So the inability to get and continue to get the medications for, [for example], simple high blood pressure. I've literally seen people that I know in the community that just, I had no idea they weren't getting their meds because they couldn't afford it any longer. And then they had a stroke.

We see a particular challenge in that people who are under-insured and because of their high deductibles the cost of them is far greater, cash wise, to get into care. So when you have an incredibly high deductible, and maybe a high specialty cost, really, weekly therapy's not even kind of in the ballpark, because you just can't afford the copays. [These are] individuals that that are still working, but they still find themselves not able to, not earning enough, to make it to that next level. So because of that, those folks could get stuck where they're not quite qualifying for Medicaid, but they don't have great insurance. That population is a struggle, and Ashtabula has a really high number of that.

People don't have health care coverage. So that's a concern. Because if you're not doing preventative [care], small problems, like diabetes or heart issues become major issues because they're not treated ongoing.

[In terms of] health care access I would say one of the big problems that we have right now is maternity, our hospital closed down our OB ward. So right now, in our county, we don't have a place to deliver a baby.

ACMC had the maternity [department]. But they were only doing like one baby a week. So that tells you that everybody was going somewhere else. Well, you can't keep a maternity department open with one baby a week.

I think access to primary care is probably a challenge for us. I think all of the physicians locally, it's hard for them to take on new patients. I think we find that when people want to get a doctor, it's not always easy for them to find a general practitioner.

I do know that getting in to see a doctor nowadays is like pulling teeth. It takes a very long time to get an appointment. And if you have follow-up services, it takes even longer for that. COVID really set the healthcare system back.

The ones that are sometimes the most difficult is when we're dealing with individuals with bipolar disorder...because that's the stuff that you see out in the community more and,

having the types of services we need locally, to really address those individuals who are struggling with either schizophrenia or some sort of paranoia or delusions. So really trying to get those folks in - it's not so much that we don't have treatment providers that can treat them. The problem is that we don't always have, if somebody needs a more intensive treatment, but it's not that they need to be hospitalized. There's just a limited number of places in the state where we can get that and not any of them are here in Ashtabula County...We've all got workforce issues - behavioral health has workforce issues. So when I go to an agency or provider and say, "Hey, I need an ACT team, I need an Assertive Community Treatment Team, I need folks that wrap around individuals like that." We just don't have the staff to do that.

I think we only have whatever the fifth floor at Ashtabula County Medical Center has, I don't know what that is, 10 beds, maybe - that's it for inpatient psychiatric in the whole county. We do not have a crisis residential unit as a step down from the hospital in our county.

We definitely don't have the capacity. But that tends to not be an issue from a system perspective in terms of agencies, it's number of providers. So often we kind of hear oh, okay, so another agency needs to kind of come in and participate. I don't agree with that, because it's still the same pool of workers...We have a lot of solid agencies already in place. It's staffing them adequately, that's the issue.

We're seeing an issue right now is independently licensed clinicians that were paneled with commercial insurances, we're seeing a number of those folks retire. There's not enough of those people that are licensed...that can take those referrals when they retire...So they've got to go outside to kind of get that particular care.

We know that there are statistics that individuals with severe and persistent mental illness tend to die, on average, 10 to 25 years earlier than the general population. We know that a large reason for that is untreated or undiagnosed, or both, chronic medical conditions. So we've talked about that access, we need to make sure that those populations that haven't traditionally engaged in, or have that gap, that we need to focus on them and getting them into care. But overall access, I mean, is such an important point for any provider, whether it's physical health care, behavioral health care, specialty care...everybody's focused on that. And how do we eliminate those barriers to [access] all types of care? I don't think we do a great job of it as a health care system, we just have so many folks, and it's so hard to engage folks, when we get so caught up in process and protocol - we really need to simplify that system...I think we create our own roadblocks too often and regardless of the field of healthcare, it should be a lot easier to get in...We need to make it easier, top to bottom, easier to get access to care, easy to get into care and get it and then easier to get paid for it. Those things need to all improve - not just the blaming it on the provider and the point of referral.

Community leaders mentioned that the large geographic size of Ashtabula County makes transportation to access health care and other services difficult.

The landmass, the size of Ashtabula County, it's just difficult to get people where they need to be efficiently.

Sometimes it's just simple as people being able to get to doctor's appointments. And not having really a good resource to get to and from doctor's appointments, and having a good group of doctors that are fairly close that they can go to because of the insurance, maybe it requires them to go somewhere like Lake County or Cuyahoga County because of the insurance, otherwise they have to pay out of pocket. I do see some places have an issue with that. And also some places where some people have doctors that happen to be in Erie. So that becomes kind of limited access, I guess, if you will.

Transportation...that's the problem...The only regular bus we have is in Ashtabula City area somewhat, the most in the city. You can get a Medicaid ride to an appointment, but if you get that Medicaid ride, if you're a person in recovery, who's working, but you still need to get to see your doc and prescriptions...If you live and work in, let's say, Orwell, or Andover, and you need to get up here to Ashtabula, to see a psychiatrist, you might as well just call into work and say, I'm not coming to work today. The bus is going to pick you up early, and they're not going to bring you back until too late.

I go back to my own home community, it covers a large area, and probably distance-wise, we're talking 12 to 15 miles at the outreaches of the school system. So it's a significant challenge just to accommodate delivery services for meals, for medical services, for a visit. It's not just a quick around the corner type deal. And I think that's a challenge throughout the county, especially for food pantries, a number of things.

I live in a small town. We had one pharmacy, and a couple years ago, the building was bought. And when the building was bought, there was actually a prevention of no pharmacy could be put into, replaced in that facility, the next five years. As a result of that people in my community have to drive a minimum of 15 to 20 miles to get prescriptions.

### **Other Health Resource Access Issues**

The internet is an important resource for accessing information about health issues and accessing medical care through virtual telehealth visits with providers. However, some residents of Ashtabula County do not have access to this resource: about 12% of residents in the county do not have access to a computer, and 17% do not have access to the internet. The gap in access is wider in both major cities of Conneaut (17% without a computer, and nearly 22% without internet access) and Ashtabula City (19% without a computer, and 22% without internet access).

**Households' Internet Access Availability<sup>1</sup>**

	Ashtabula City*	Conneaut City*	Ashtabula County**	Ohio**
With a computer***	80.9%	83.1%	88.4%	91.8%
With dial-up internet subscription alone****	0.4%	1.2%	0.9%	0.2%
With a broadband/Internet subscription****	88.8%	86.1%	83.9%	92.1%
With no internet access***	22.4%	21.5%	17.3%	12.0%
Without a computer***	19.1%	16.9%	11.6%	8.2%

\*Data are from 2015-2019 \*\*Data are from 2019 \*\*\*Denominator is total number of households \*\*\*\*Denominator is total number of households with a computer

**Community Leaders - Broadband Internet**

Community leaders mentioned that there is a lack of broadband internet in the county, especially in the southern portion. Where internet is available, some residents are unable to access it because of cost. Leaders are working to expand internet access.

It was difficult for, we were hearing from a lot of families that were even struggling with [lack of internet] for the school piece....We had one mom call us and she's like, I'm leaving work. And then I have to go home and have to drive my kids to the library and sit outside in the parking lot so they can do their homework. And I just need some help here. ...And so it's not just the southern part of [the] county, there's blotches of the northern part of [the] county, they're still struggling too.

Access to internet service, we have plenty of it within [Ashtabula City]. I mean, there's not an area of the city that's not touched by either fiber or regular internet. However, the affordability of it for some was an issue. When [COVID-19] first started, we had kids in McDonald's parking lot using WiFi and stuff like that.

Broadband in our county is being worked on currently with federal dollars, local county dollars, state dollars, but that has always been a big thing. If you don't have access to a computer, in this day and age, you don't have access to information, contact, you can do doctor's appointments virtually now...If you don't have broadband, you don't have any way to make that happen. You also can't schedule appointments for rides, or there's just a lot of issues.

The county is on a big initiative right now for broadband throughout the whole county. South of 90, internet access is horrible.

I do know that the state passed an infrastructure policy or grant [for broadband internet] and I think that...the county was awarded something from that, or will be awarded.

## Economic Stability

Economic stability plays an important role in health, with at least one study on this topic showing that those with greater income had greater life expectancy (Chetty et al., 2016).<sup>11</sup>

In Ashtabula County, 32% of children are living below 100% federal poverty level (FPL), which is higher than the state of Ohio percentage (18%). The mean, median, and per capita income of Ashtabula County are also lower than the state of Ohio, and the difference is more pronounced when looking at just Ashtabula or Conneaut City.

### Income and Poverty<sup>1</sup>

	Ashtabula City*	Conneaut City*	Ashtabula County**	Ohio**
<b>Annual Household Income</b>				
Per capita income	\$18,454	\$22,159	\$27,416	\$32,780
Median household income	\$29,566	\$45,034	\$44,580	\$58,642
Mean household income	\$43,006	\$56,186	\$68,566	\$79,505
<b>Poverty Status of Those Under 18</b>				
In households below 100% FPL	41.9%	30.2%	32.4%	18.0%

\*Data are from 2015-2019 \*\*Data are from 2019

Around a third of households (29%) in Ashtabula County spend more than the recommended amount of their monthly income on housing costs.

### Cost-Burdened Households<sup>12</sup>

	Ashtabula County
>30% of income spent on housing costs	28.6%

Data are from 2015-2019

In 2019, the “Point in Time” (PIT) estimate of homeless in Ashtabula County was 86 individuals and 60 households.<sup>13</sup>

Economic instability is linked to food insecurity. People who are food insecure do not get adequate food or have disrupted eating patterns due to lack of money and other resources. In Ashtabula County, 16% of all residents are food insecure, and nearly 22% of children are estimated to be food insecure. These percentages are similar to the percentages for Ohio as a whole.

**Food Access**

		Ashtabula City*	Conneaut City*	Ashtabula County**	Ohio**
<b>Food Insecure Persons</b> <sup>14</sup>	Total residents	unavailable	unavailable	16.3%	13.2%
	Children	unavailable	unavailable	21.8%	17.4%
<b>Food Stamp Households</b> <sup>1</sup>	Total households	32.7%	18.3%	20.3%	12.0%
	With one or more people 60 years and over***	30.4%	33.2%	35.3%	34.8%
	With children under 18 years***	39.9%	39.1%	40.0%	43.9%

\*Data are from 2015-2019 \*\*Data are from 2019 \*\*\*Denominator is total households receiving food stamps

Some researchers use the food environment index when assessing access to nutritious foods. This index of factors that contribute to a healthy food environment ranges from 0 (worst) to 10 (best). Ashtabula County's food environment index score of 6.7 is similar to Ohio's score (6.8).<sup>15</sup>

Another economic indicator that may influence the health of the community is the unemployment rate. The unemployment rate in Ashtabula County in 2019 (4.3%) was slightly lower than the unemployment rate in Ohio (4.6%), using the Ohio Department of Job and Family Services' unemployment definition as those people, 16 years of age and over, who were "actively seeking work, waiting to be called back to a job from which they were laid off, or waiting to report within 30 days to a new payroll job." Those who have stopped looking for a new job (and who have therefore removed themselves from the civilian labor force) are not included in this statistic. The unemployment rate is more pronounced in the cities of Ashtabula and Conneaut.

**Employment Status**<sup>1</sup>

		Ashtabula City*	Conneaut City*	Ashtabula County**	Ohio**
<b>Unemployment Rate</b> <sup>***</sup>	Annual average unemployment rate	8.1%	7.9%	4.3%	4.6%
	<b>In labor force</b> <sup>****</sup>	51.1%	49.5%	57.8%	63.5%
<b>Employment Rate of Labor Force</b>	<i>Civilian labor force</i> <sup>*****</sup>	100.0%	100.0%	100.0%	99.8%
	Employed <sup>***</sup>	91.9%	92.1%	95.7%	95.4%
	Unemployed <sup>***</sup>	8.1%	7.9%	4.3%	4.6%
	<i>Armed forces</i> <sup>*****</sup>	0.0%	0.0%	0.0%	0.2%
	<b>Not in labor force</b> <sup>****</sup>	48.9%	50.5%	42.2%	36.5%

\*Data are from 2015-2019 \*\*Data are from 2019 \*\*\*Denominator is civilian labor force 16 years and over \*\*\*\*Denominator is total area population \*\*\*\*\*Denominator is total labor force

Readers who wish to learn more about the current state of jobs and public assistance (veterans' services, SNAP, etc.) in Ashtabula County are encouraged to access the Ohio Department of Job and Family Services' "QuickView" report, at <http://jfs.ohio.gov/County/QuickView/Index.stm>.

### **Community Leaders - Poverty and Homelessness**

Community leaders mentioned that poverty and homelessness are prevalent.

There are significant homeless populations in Ashtabula City, Conneaut City, and Geneva, likely at least in part because they are more populated areas and that's where many resources for homeless individuals are located.

We have a couple people, two or three, in Ashtabula that are working with the homeless, and then we have organizations that are helping to get some of these people help, if that makes sense. And we have a couple ministers, but you know, some people just don't want to be helped. And that's the hard part. And they're trying to clean up. Unfortunately, some of them are in our downtown [Ashtabula City]. And so they've been working to get them out of the downtown because it's disconcerting to people to have [homeless people] hanging out there, and one of the groups is at a park, so you can't really use the park - you just don't feel safe about it.

There are quite a few [homeless people] in Ashtabula City. They have a few I think, in Geneva, maybe in the township areas. We have a group that we meet with on a monthly basis. And we were all surprised when we found out hey, we have tent cities going on here.

For years and years, [Ashtabula City] has kind of borne the brunt of [poverty and homelessness]. Our Ashtabula Metropolitan Housing Authority, 95% of their units are in the city of Ashtabula. We have a pretty big county, but 95% of them are right here. So that's again, I say why we see more of it just because we have the resources...Yeah, again, because we have the soup kitchens, we have the homeless shelter, we have the access to care, we have the Medicaid doctors' offices. So that's why there's more of a concentration here. But they come from, like when we stop and talk, "I was from [somewhere outside of Ashtabula City], but it's easier to find stuff all located in a densely populated area."

Community leaders brought up a lack of high-paying jobs, generational or institutional poverty, and mental health and/or substance abuse issues as causes of poverty and homelessness.

I just think being the dead center, not that these communities are any better, but being in the center of like Youngstown, Erie, Cleveland, we're kind of located in the middle of

those high traffic...those communities tend to have a little bit higher pay rates for jobs. But with that being said, we are that center of traffic literally going between those communities. Not necessarily good traffic...traffic we don't necessarily want in our community. So I think being so close to all these areas that you can make more money without traveling super far, just crossing over Ashtabula County, you're already going to bump up.

Ashtabula County is a nice place to be in terms of scenery because we're up on the lake. In the past, a lot of people would travel north along the corridor along the east side of Ohio, from the southern states. West Virginia, and so forth...because it was easier to get on public assistance in Ohio at the time. I think that has helped or hurt us...in terms of increasing our poverty, but also the fact that there aren't that many well-paying jobs in Ashtabula County to start. We have a brain drain. So usually, when people graduate from high school, they'll leave the area and they'll go to college, and then they'll never come back. The high-paying jobs are kind of hard to get to in this area.

It's one of those things where you see these people [in poverty] and then they have children. And growing up they're on welfare and for whatever reason, they didn't work, whether it was a disability of some sort, which obviously, we don't have the inside scoop on. And then their kids seem to kind of follow suit. They could work. But for whatever reason they don't.

I want to say, for lack of a better term, institutionalized [poverty], I mean, we're in like, [the] fourth and fifth generation of, I think back in the day, the county very much embraced helping people and giving people a second chance and, you know, low-income housing and different things like that. But we never had a way of getting people out of low-income housing because of the job markets and things like that. I don't think that's the case today. However, like I said, you're dealing with [the] fourth and fifth generation of people knowing the system for lack of a better term. And I don't know if a lot of the county has never left the county. So they don't know what else is out there and what they can achieve.

Well, yeah, I guess, like, in the past, you know, like I said, 30 plus years, you know, we kind of see, you know, poverty has increased in our area to some degree, I mean, most of our [school] districts are running over 60% free and reduced lunch, which is a pretty high indicator. But what I'm seeing as being involved in education is we're almost a second generation of that type of mentality kind of really worries me. Institutional poverty, so to speak, where, you know, hey, my family grew up this way, there's nothing wrong with it, I can also grow up that same way. Which is a very difficult battle to fight. We need to spend a lot of time doing career exploration kinds of things. We are aware of that, and we do constantly try to battle that institutional poverty.

Well, I think it's generational to me, I think some of these people have grown up in this atmosphere where they've been able to live on welfare, they've been able to get free or reduced housing, they really don't know a better [or] different life that they want to accelerate to. I think the other thing is during COVID people got all this free money. We have plenty of jobs, plenty of good jobs, not only here, but around the country. People can go to work today if they want. Some of them don't want to.

At least in Ashtabula City, we have a significantly increasing problem with homelessness, it appears that many of the folks in those situations are battling a kind of a dual diagnosis of addiction and mental health challenges. And determining which really is the root cause, or which came first and led to the other, is I'm sure hard to say, and hard to determine. But I know many situations of people that have the opportunity to address their homelessness situation and are choosing not to either because of their addiction, or their mental health affecting their decision-making process - not thinking clearly.

People will get hooked on drugs, and they just cannot shake it and get off of it, because it is an addiction, and it is not a small undertaking to get out of there. Talking to some employers, they have signs and hiring bonuses. It's not for lack of jobs, it's probably more of a lack of ability to pass a drug test and stay clean. So that kind of becomes a problem for those folks. And not saying that's the only one but sometimes people who have no training, didn't have access to education, or what have you, maybe they're not skilled in anything. The ability to get some sort of training, vocational or going to college or what have you. And then there are people out there who like living on their own terms. I've met a few of those folks [who are] squatting in somebody's backwoods ...and it's like, hey, we just like camping and living off the land.

## Education

Educational attainment can affect employment opportunities and economic stability, which in turn impacts many health outcomes.

As shown in the following table, a lower percentage of Ashtabula County residents continue their education beyond an Associate degree, compared to Ohio overall. This trend is slightly more pronounced in the major cities of the county.

### Educational Attainment<sup>1</sup>

	Ashtabula City*	Conneaut City*	Ashtabula County**	Ohio**
Less than 9 <sup>th</sup> grade	4.8%	2.5%	3.8%	2.7%
9 <sup>th</sup> to 12 <sup>th</sup> grade (no diploma)	12.7%	10.5%	8.1%	6.5%
High school graduate / GED	44.5%	45.8%	45.5%	32.6%
Some college (no degree)	19.8%	20.8%	21.7%	20.1%
Associate degree	6.9%	7.6%	7.2%	8.7%
Bachelor's degree	8.1%	8.7%	10.0%	18.2%
Graduate / professional degree	3.2%	4.1%	3.7%	11.1%

\*Data are from 2015-2019 \*\*Data are from 2019

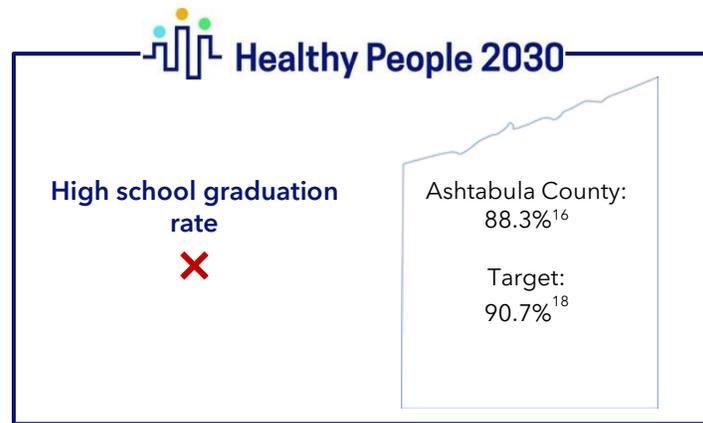
### Youth Educational Attainment

This section displays relevant data about youth educational outcomes in Ashtabula County, beginning with the graduation rates for the county's public school districts. The average four-year high school graduation rate across these public schools is 88.3%. This is lower than the average for public schools in Ohio overall (92.0%).<sup>16</sup>

### High School Graduation Rates in Ashtabula County<sup>17</sup>

	Ashtabula County School Districts
Ashtabula Area	75.6%
Conneaut Area	87.1%
Buckeye	92.1%
Geneva Area	94.9%
Jefferson Area	96.2%
Grand Valley	86.8%
Pymatuning Valley	97.8%

Data are from 2020



Turning to another indicator of educational success, a majority of students (78%) who responded to the OHYES! survey earned mostly A's and B's in the past year.

**Grades Attained in the Past 12 Months (Youth) †**

	Ashtabula County Youth (n=1704)
Mostly A's	51.6%
Mostly B's	26.1%
Mostly C's	11.5%
Mostly D's	3.2%
Mostly F's	2.8%
None of these grades	0.5%
Not sure	4.3%

The next table shows the distribution of youth survey respondents across Ashtabula County school districts. Overall, only 1.6% of students surveyed attend A-Tech.

**School District Attended by OHYES! Survey Respondents (Youth) †**

	Ashtabula County Youth (n=1702)
Conneaut Area City Schools	22.7%
Pymatuning Valley Local Schools	21.5%
Geneva Area City Schools	20.3%
Jefferson Area Local Schools	19.3%
Grand Valley Local Schools	9.9%
Ashtabula Area City Schools	6.0%
Buckeye Local Schools	0.4%
St. John School K-12	0.0%

## Neighborhood and Environment

Neighborhood and environment refer to what extent individuals feel safe in their community and how the environment influences their quality of life.

Few Ashtabula County residents are very or extremely worried about property or violent crime in their neighborhood, with most saying they are only slightly worried or not worried at all.

### Worried About Crime in Their Neighborhood<sup>§</sup>

		Ashtabula City (n=71)	Conneaut City (n=53)	Ashtabula County (n=388)
<b>Property Crime</b>	Not worried at all	33.6%	35.6%	29.3%
	Slightly worried	31.1%	35.1%	42.2%
	Moderately worried	26.4%	19.2%	20.2%
	Very worried	6.2%	5.4%	5.0%
	Extremely worried	2.8%	4.7%	3.3%
<b>Violent Crime</b>	Not worried at all	42.7%	49.5%	49.2%
	Slightly worried	27.0%	35.6%	30.7%
	Moderately worried	22.5%	14.9%	16.0%
	Very worried	5.6%	0.0%	2.4%
	Extremely worried	2.2%	0.0%	1.7%

A majority of youth also feel generally safe in the community.

### Feel Safe in Their Neighborhood/Town/Community (Youth)<sup>‡</sup>

		Ashtabula County Youth (n=1853)
Yes		87.8%
No		12.2%

Rates of different types of violent crime and property crime are shown in the next table.

**Violent and Property Crime<sup>19</sup>**

		Ashtabula County		Ohio	
		Count	Rate*	Count	Rate*
<b>Violent crime total</b>		49		32,872	
<b>Violent Crime</b>	Murder	N/A	**	686	0.1
	Forcible rape	11	0.2	5,721	0.5
	Robbery	5	0.1	11,129	1.0
	Aggravated assault	33	0.6	15,786	1.5
<b>Property crime total</b>		614		259,158	
<b>Property Crime</b>	Burglary	178	3.4	54,716	5.1
	Larceny/Theft	390	7.4	185,087	17.1
	Motor vehicle theft	46	0.9	19,355	1.8
	Arson***	1	0.0	1,783	0.2

\*Rates are per 1,000 of the population \*\*Counts of murder are suppressed and rates are not available \*\*\*Arson counts are more unreliable than other types of property crime and not included in property crime totals.

Counts of murder in Ashtabula County are suppressed to meet confidentiality restraints. As suppressed counts represent zero to nine persons, rates are also unstable, therefore it is undetermined whether the *Healthy People 2030* target of 5.5/100,000<sup>20</sup> is met.

In terms of household environmental health, insects and mold are the most common concerns, with each affecting around 15% of county residents.

**Household Environmental Health<sup>§</sup>**

		Ashtabula City (n=71)	Conneaut City (n=53)	Ashtabula County (average n=387)
<b>Issues Experienced in Past 12 Months</b>	Insects (mosquitos, ticks, flies)	20.8%	6.2%	15.5%
	Mold	21.3%	19.1%	15.4%
	Radon	0.0%	0.6%	0.3%
	Bed bugs	6.6% ❖	0.0%	2.0%
	Litter/trash	13.1% ❖	5.0%	7.5%
	Lead paint	1.9%	0.0%	2.9%

❖ Those in the city of Ashtabula are more likely to have bed bug issues and litter/trash issues, compared to those in Conneaut or Ashtabula County overall.

💡 Those ages 18-34 are more likely to have litter/trash issues than those age 35 or older: 20.3% v. 3.3%.

## Social Determinants of Health

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Percentage of respondents age 19 and older in Ashtabula County reporting insect issues in 2019: 12%; in 2022: 16%

Percentage of respondents age 19 and older in Ashtabula County reporting mold issues in 2019: 5%; in 2022: 15%.

Percentage of respondents age 19 and older in Ashtabula County reporting radon issues in 2019: 1%; in 2022: 1%.

Percentage of respondents age 19 and older in Ashtabula County reporting bed bug issues in 2019: 1%; in 2022: 2%.

### **Community Leaders - Trash and Litter**

Community leaders mentioned that litter and trash are issues in the community.

Trash is a big issue, but I certainly noticed that in the spring, we travel a lot for my son's basketball team, but just the lack of respect that everybody has, and it doesn't matter what demographic you're in, throwing the McDonald's bag out the car window. The amount of litter that we've seen over the last year is just, it's crazy. We just did a cleanup day, for three hours, two Saturdays ago - we collected almost 50,000 pounds of trash in three hours.

Let's see, trash, there are some people who refuse to get trash service. So we've had a few houses where they basically, instead of having a car in their garage, they have piles of trash and trash bags, which you know, bring pests in and whatnot. We had a house that we ended up finding out that they basically filled their basement full of trash. And when we go there, most of the time you go into someplace that's not so clean, and well-maintained, you'll see cockroaches and they'll go scurrying off. These ones did not. There, the place was just covered in bugs.

## Behavioral Risk Factors

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This section describes behaviors of Ashtabula County residents that may impact their health outcomes: substance use, nutrition, and physical activity.

### *Key Findings*

#### **Substance Use**

While low percentages of residents reported abusing prescription drugs, nearly 40% reported binge drinking at least once in the past month, and over a third reported knowing someone with an alcohol problem in the community. Over 15% of adults smoke cigarettes every day, and Ashtabula County does not meet the Healthy People 2030 target for current adult smokers. Youth cigarette use reported by the OHYES! survey is fairly low (under 5%).

#### **Weight, Nutrition, and Physical Activity**

A majority of residents do not think accessing fresh fruits and vegetables is difficult. Most residents report doing some kind of physical activity on a typical week. However, over three-quarters of Ashtabula County residents qualify as overweight or obese according to BMI estimates.

The following symbols indicate the presence of:



: a difference in responses between demographic groups of respondents



: a difference in responses between residents living in different regions of Ashtabula County



: a comparison between responses to the 2019 adult survey and 2022 adult survey

## Substance Use

Substance use can have major negative impacts on physical health and mental and social health. This section reports patterns of substance abuse in Ashtabula County.

### Tobacco and Nicotine Use

In Ashtabula County, 49.2% of adults reported smoking at least 100 cigarettes in their lives. Among them, 58.6% are former smokers - they currently do not smoke cigarettes at all.

#### Cigarette Smoking Frequency<sup>s</sup>

	Ashtabula City (n=70)	Conneaut City (n=52)	Ashtabula County (n= 383)
Every day	20.2%	38.7% ❖	15.9%
Some days	0.5%	1.3%	4.7%
Not at all	79.2%	60.0%	79.4%

- ❖ Those in Conneaut are more likely to smoke every day compared to those in the city of Ashtabula and Ashtabula County overall.
- 💡 Those with some college or less education are more likely to be current smokers (smoke every day or some days) than those with a Bachelor’s degree or higher education: 23.5% v. 3.1%.
- 🕒 Percentage of respondents smoke every day or some days in 2019: 21%; in 2022: 21%.



## Behavioral Risk Factors

Most youth surveyed in Ashtabula County have not smoked a cigarette in the past 30 days (96%). Of those who have, most smoked one or two days; however, nearly one in four smoked all 30 days.

### Cigarette Use in Past 30 Days (Youth) ‡

	Ashtabula County Youth (n=1834)
Yes	4.2%
No	95.8%

Overall, 0.7% of youth surveyed smoked over 10 days in the past month, with 0.3% smoking every day.

Compared to cigarette use, fewer adults in Ashtabula County use other forms of tobacco products some days or every day.

### Chewing Tobacco, Snuff, or Snus Frequency<sup>s</sup>

	Ashtabula City (n=67)	Conneaut City (n=45)	Ashtabula County (n=357)
Every day	0.0%	0.0%	4.6%
Some days	0.6%	0.0%	1.8%
Not at all	99.4%	100.0%	93.6%

### Other Forms of Tobacco Frequency<sup>s</sup>

	Ashtabula City (n=67)	Conneaut City (n=45)	Ashtabula County (n=353)
Every day	4.7%	0.0%	2.8%
Some days	0.0%	0.4%	0.5%
Not at all	95.3%	99.6%	96.7%

Compared to how many youth have smoked cigarettes in the past 30 days, fewer youth used tobacco products like chewing tobacco, snuff, or dip, snus or dissolvable tobacco products (2.4%). 2.6% of youth used some type of cigar in the past 30 days, with 1% smoking a cigar over 10 days, and 0.4% reporting they smoked cigars every day.

## Behavioral Risk Factors

While Ashtabula County adults show low percentages of e-cigarette use overall, respondents from Conneaut may use this product in slightly higher frequency compared to Ashtabula City (although this effect is not statistically significant).

### E-Cigarette Smoking Frequency<sup>§</sup>

	Ashtabula City (n=67)	Conneaut City (n=45)	Ashtabula County (n= 352)
Every day	2.1%	11.1%	3.9%
Some days	4.7%	0.4%	1.8%
Not at all	93.2%	88.5%	94.4%

Turning to youth e-cigarette use, about a quarter of youth in Ashtabula County have ever used an electronic vapor product. Of this group, 15% reported they used a product like this every day in the past month.

### Electronic Vape Use (Youth) †

	Ashtabula County Youth (n=1832)
Yes	24.4%
No	75.6%

### Frequency of Electronic Vape Use in Past Month (Youth) †

	Ashtabula County Youth (n=469)
0 days	52.2%
1 or 2 days	12.8%
3 to 5 days	6.6%
6 to 9 days	2.6%
10 to 19 days	6.2%
20 to 29 days	4.9%
All 30 days	14.7%

A majority of youth reported they vape for some other reason (57%) besides boredom, flavor of vape products, or any other listed response option.

**Reasons for Electronic Vape Use (Youth) ‡**

	Ashtabula County Youth (n=394)
I used them for some other reason	56.6%
I vape because I am bored	22.1%
They are available in flavors, such as mint, candy, fruit, or chocolate	21.6%
Family member used them	14.5%
I vape because my friends pressure me to	14.2%
They are less harmful than other forms of tobacco	10.2%
They are easier to get than other tobacco products	5.3%
To try to quit using other tobacco products	5.1%
They cost less than other tobacco products	3.8%

*\*Percentages may sum to higher than 100%; multiple responses were accepted*

Over one-third (42%) of respondents know someone in their community who has a drug abuse or addiction problem with alcohol, illegal drugs, and/or prescription pain medication.

**Know Anyone With A Drug Abuse Or Addiction Problem§**

	Ashtabula City (average n=68)	Conneaut City (average n=52)	Ashtabula County (average n=378)
Alcohol	48.2%	35.8%	37.3%
Heroin	23.1%	16.3%	16.5%
Prescription pain medication	33.6%	18.0%	21.9%
Methamphetamines	21.9%	12.3%	18.2%
At least one of the above	57.6%	37.1%	42.0%

*\*Percentages may sum to higher than 100%; multiple responses were accepted*

**Alcohol Use and Abuse**

Over a third of Ashtabula County adults (39%) reported binge drinking (i.e., five or more drinks on one occasion for men, four or more drinks on one occasion for women) at least once in the past month. This percentage of binge drinkers in the past 30 days does not meet the *Healthy People 2030* target of 25.4%.<sup>2</sup> Among those who binge drank, the average number of days on which they reported binge drinking was 7.1 days.

**Alcohol Use<sup>§</sup>**

	Ashtabula City (n=71)	Conneaut City (n=53)	Ashtabula County (n=389)
Binge drinkers	37.7%	34.9%	38.8%



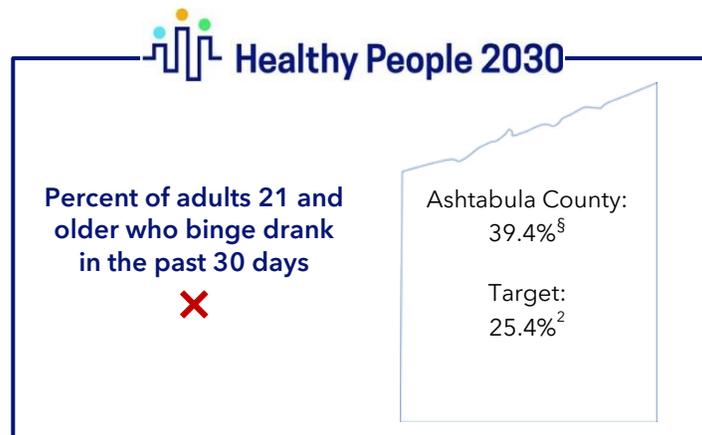
Those with an annual household income of \$75,000 or more were more likely than those with a household income of less than \$75,000 to have binge drank at least once in the past month: 62.2% v. 29.3%.



Percentage of respondents age 19 and older in Ashtabula County reporting binge drinking in the past month in 2019: 23%; in 2022: 39%.

Percentage respondents age 19 and older in the city of Ashtabula reporting binge drinking in the past month in 2019: 31%; in 2022: 38%.

Percentage respondents age 19 and older in Conneaut reporting binge drinking in the past month in 2019: 24%; in 2022: 35%.



A majority of youth have never drank more than a few sips of alcohol, though nearly 40% reported they have done this. For those who have, they first had more than this when they were at least 13 years old.

**Alcohol Use (Youth)‡**

	Ashtabula County Youth (n=1803)
Never drank more than a few sips of alcohol	61.1%
8 years old or younger	4.6%
9 or 10 years old	3.1%
11 or 12 years old	6.2%
13 or 14 years old	12.7%
15 or 16 years old	9.9%
17 years old or older	2.4%

Nearly a third of youth who had ever drunk alcohol had at least one alcoholic beverage in the past 30 days (32.3%). A majority of these youth did not drink over 2 days in this time frame (65%).

**Frequency of Alcohol Use (Youth)‡**

	Ashtabula County Youth (n=234)
1 or 2 days	65.0%
3 to 5 days	17.5%
6 to 9 days	7.7%
10-19 days	3.4%
20-29 days	3.4%
All 30 days	3.0%

Slightly under half of these youth (48%) reported they binge drank on at least one of these days, with the majority of youth binge drinking on 1 or 2 days.

**Frequency of Binge Drinking (Youth)‡**

	Ashtabula County Youth (n=235)
0 days	52.3%
1 day	19.6%
2 days	13.2%
3 to 5 days	5.5%
6 to 9 days	3.8%
10 to 19 days	2.6%
20 or more days	3.0%

## Behavioral Risk Factors

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Most youth who had consumed alcohol in the past 30 days did so on the weekends (80.2%) with 1.8% reporting they did so before school, and 2.2% indicating they usually did this after school.

### Marijuana Use

Few residents (8%) reported using marijuana in the past month; among those who did, the average number of days used was 18.7. Most reported using marijuana for solely medical reasons, to treat symptoms of a medical condition (46%). Fewer reported using marijuana for non-medical reasons, like to have fun or fit in (19%). 35% reported using marijuana for both medical and non-medical reasons.

#### Marijuana Use in Past 30 days<sup>§</sup>

	Ashtabula City (n=71)	Conneaut City (n=53)	Ashtabula County (n=389)
Used marijuana at least once	7.8%	10.7%	8.0%

For youth surveyed in Ashtabula County, the majority have never tried marijuana (83%). A majority of those who have tried this did so when they were at least 13 years old.

#### Age of First Marijuana Use (Youth)<sup>‡</sup>

	Ashtabula County Youth (n=1817)
I have never tried marijuana	83.3%
8 years old or younger	0.8%
9 or 10 years old	0.8%
11 or 12 years old	3.0%
13 or 14 years old	6.1%
15 or 16 years old	5.1%
17 years or older	0.9%

Of the youth who had ever tried marijuana, 42% used marijuana or hashish in the past 30 days.

### Abuse of Prescription Medication

Very low numbers of Ashtabula County residents reported using prescription medication that was not prescribed for them, or taking more medicine than was prescribed in order to feel good, high, more active, or more alert in the past 30 days (1%).

## Behavioral Risk Factors

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Most youth in Ashtabula County reported that they have never used prescription drugs without a doctor's prescription or differently than how a doctor told them to use it. Youth were told to think about use of drugs like OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, and Xanax.

### **History of Prescription Drug Abuse (Youth)†‡**

	Ashtabula County Youth (n=1810)
0 times	91.4%
1 or 2 times	4.3%
3 to 9 times	1.8%
10 to 19 times	0.8%
20 to 39 times	0.4%
40 or more times	1.3%

Of youth with any history of prescription drug abuse, a majority had not used prescription drugs not prescribed to them in the past 30 days, with 19% reporting they did this. Across all youth surveyed, this represents less than 2%.

Youth who had misused prescription drugs in the past were asked a follow up question specifically about pain medication. Slightly under half of youth who had abused prescription drugs in the past did abuse pain medication in particular. Overall, this represents about 4% of youth.

### **History of Prescription Pain Medicine Abuse (Youth)†‡**

	Ashtabula County Youth (n=158)
0 times	51.3%
1 or 2 times	22.8%
3 to 9 times	8.2%
10 to 19 times	3.8%
20 to 39 times	7.6%
40 or more times	6.3%

Slightly under half of youth who had ever abused prescription pain medicine reported doing so in the past month (46%). Overall this represents about 2% of youth.

**Prescription Pain Medicine Abuse in Past 30 Days (Youth)‡**

	Ashtabula County Youth (n=78)
Yes	46.2%
No	53.9%

**Other Narcotics Use and Abuse**

Most Ashtabula County Youth have never used any form of cocaine, inhalants, heroin, methamphetamines, ecstasy, hallucinogenic drugs, steroids, or synthetic marijuana in their life (95.6%). A majority of youth who had used any of these substances used inhalants (2.2%), hallucinogenic drugs (1.8%) or synthetic marijuana (1.7%). Of those who had ever used any of the aforementioned narcotic types, 24.1% had used hallucinogenic drugs in the past year, compared to 22.2% for synthetic marijuana, and 14.8% for inhalants. Less than 10 youth reported they used any other type of narcotic in the past year.

Most youth have not ever taken over the counter medicines for colds, allergies, or pain in order to get high (88.4%). 3.2% of youth reported they did this over 40 times during their life.

**How Youth Access Substances**

Most youth have not been offered, sold, or given an illegal drug on school property, on a school bus, at a friend’s house, or in their neighborhood (91.9%).

**Accessed Illegal Drugs (Youth)‡**

	Ashtabula County Youth (n=1766)
On school property	3.9%
On the school bus	1.5%
At a friend's house	3.6%
In my neighborhood	3.6%
None of the above	91.9%

*‡Percentages may sum to higher than 100%; multiple responses were accepted*

A majority (57%) of youth usually got alcohol because their parent or an unspecified someone else gave it to them.

**Means of Accessing Alcohol (Youth)‡**

	Ashtabula County Youth (n=232)
Someone gave it to me	28.5%
My parent gave it to me	28.5%
I gave someone else money to buy it for me	18.1%
I took it from a store or family member	14.2%
My friends' parent gave it to me	12.5%
I bought it in the store such as a liquor store, convenience store, supermarket, discount store, or gas station	5.6%
I bought it at a public event such as a concert or sporting event	2.2%
I got it some other way	30.2%

*\*Percentages may sum to higher than 100%; multiple responses were accepted*

Almost half of youth who have used an electronic vapor product in the past 30 days have borrowed one from someone else (48%). Over one-third (34%) of youth indicated they neither borrowed, bought these products, got someone else to buy them, or stole them, suggesting that youth access or describe this access in a different way.

**Means of Accessing Electronic Vapor Products (Youth)‡**

	Ashtabula County Youth (n=370)
I borrowed them from someone else	47.6%
I gave someone else money to buy them for me	23.8%
A person who can legally buy these products gave them to me	18.1%
I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store	10.3%
I got them on the internet	5.7%
I took them from a store or another person	4.6%
I got them some other way	34.1%

*\*Percentages may sum to higher than 100%; multiple responses were accepted*

A majority of youth have heard, read, or watched an advertisement about the prevention of substance use in the past 12 months (72.0%). However, only half of youth (51.1%) have talked with at least one of their parents about the dangers of substance use in the same time period.

**Substance Use Fatalities**

The next table shows the counts of fatal motor vehicle deaths. The count of motor vehicle deaths in 2019 does not meet the *Healthy People 2030* target of 10.1/100,000<sup>3</sup>.

**Motor Vehicle Activity**

	Ashtabula County		Ohio	
	Count	Rate*	Count	Rate*
Motor vehicle deaths <sup>4</sup>	15	15.4	1,164	10.0
Alcohol and drug related motor vehicle deaths <sup>5</sup>	9	**	597	5.1
Alcohol-related motor vehicle deaths <sup>4</sup>	5	**	366	3.1
Motor vehicle OVI activity calls for service <sup>6***</sup>	1,264		75,228	

*Data are from 2019 \*Rate per 100,000 population age 16 and over from 2019 ACS 5 year population estimates \*\*Rates based on counts of less than ten are considered unreliable \*\*\*Includes calls for service: Reckless/OVI*

Ashtabula County has lower rates of deaths from unintentional drug overdose of opiates (including prescription opiates), fentanyl and analogues, other synthetic narcotics, and other unspecified drugs, compared to Ohio overall. Note that these statistics do not indicate the overall prevalence of drug use or abuse among adults in Ashtabula County; rather, it only measures the extent to which such use results in death.

**Deaths From Unintentional Drug Overdose<sup>7\*</sup>**

	Ashtabula County		Ohio	
	Count	Rate*	Count	Rate*
Opiates	23	24.6	3,372	30.7
Heroin	1	**	520	4.7
Fentanyl and analogues	21	23.4	3,070	28.1
Benzodiazepines	1	**	371	3.3
Cocaine	2	**	1,206	10.7
Alcohol (all types)	0	**	579	5.1
Methadone	1	**	68	0.6
Hallucinogens	0	**	108	1.0
Barbiturates	0	**	10	0.1
Other opioids	1	**	370	3.3
Other narcotics	1	**	66	0.6
Prescription opiates	23	24.6	3,296	30.0
Other synthetic narcotics	21	23.4	3,074	28.1
Other unspecified drugs	10	12.0	2,095	18.9

*Data are from 2019 \*Rate per 100,000 population, age-adjusted \*\*Rates based on counts of less than ten are considered unreliable*

**Community Leaders - Substance Abuse**

Community leaders mentioned several perspectives on substance abuse including fentanyl increasing overdose deaths and the strong relationship between mental health and substance abuse issues.

They pointed out that substance abuse can be generational or institutional.

I've seen a generational effect, if you will, the parents were drug users...you see the kids that now, they kind of followed suit, or maybe take up drinking or what have you and you see that it's like, not the stereotype somebody but it's just like, maybe they didn't have a chance. They didn't see what else the world has to offer. And nobody can guide them off of that path...that just kind of breaks your heart when you see some of these little kids. And during [events] and stuff like that we get to meet some of the children [who] are just absolutely adorable, bright eyed, and you're kind of hoping that...it works out better for them.

Community leaders said that fentanyl is increasing overdose deaths.

It's always an uphill battle with substance use, and especially with fentanyl. So that now, the fallacy of an overdose is far greater chance because of that being out there. And folks aren't getting a second chance. So whereas before, if you could survive those things, you could still have an opportunity to enter treatment. With fentanyl in there too, some people don't have that - they die quickly. And that's a particular tragedy.

As of right now, heroin seems to be a really popular drug. Then it's sometimes cut with fentanyl. And...it used to be one round of Narcan and they were back up and running. And now it takes almost two drug boxes worth of Narcan to get them back to where they need to be.

Our deaths really took off and spiked when they introduced fentanyl into [other substances]. And fentanyl is in everything. Law enforcement tells me it's in everything from marijuana to methamphetamines. So it really is the key to the overdose deaths with the opiates.

There is really no experimental recreational drug use that's safe in any capacity. Because you're relying on drug dealers and criminals for the most part to be providing you with something that you really don't know what's in it, and one time can either kill you or have you addicted for a very, very long period of time.

Community leaders mentioned that methamphetamine can have major negative impacts on individuals and families, and it may be manufactured within the county.

I think that methamphetamine has a particular more longitudinal negative effect, that it deteriorates more the individual and the family over time; because it's such an inexpensive drug, it's pervasive. And it's chronic, and it has significant consequences. It's more gradual than the debilitation that's involved with opiate usage, for example. So I think that's a particular strain where it just seems to be squeezing in an already squeezed poverty population, and it's just a bad combination.

At one time Ashtabula County was only second to, I think, Akron for making meth...And it's because of being rural, they use the land to cook the meth. And because it's easily transported, in fact, [in] the back of your car, so they can move them all the time to their different places of making it. So I would say that's probably one of the highest...I mean, if you go on a walking trail, sometimes you even can smell it. It's in the woods somewhere.

Community leaders feel that substance abuse care and treatment can be improved by treating substance abuse in connection with mental health issues, providing easier access to controlled substances, and providing wraparound services and long-term recovery options.

We don't necessarily have those people coming to care that are having problems with alcohol, or having problems with cocaine. People tend to come in with poly substance difficulties...even 10, 15 years ago, we still had segregation in terms of, this is either a mental health issue or it's a substance abuse issue. And you need to go to the mental health provider first to take care of that or you need to go to the [substance use disorder] provider first and take care of that then come back here. The reality is, you know, it's individuals are coming in with difficulties and they need to be treated in one uniform fashion. Dividing that treatment out is really archaic. And despite that, we have an Ohio Department of Mental Health and Addiction Services...substance use is paid under different claims than mental health. So one still has to trump the other to get paid. That's old.

So we definitely need the government regulations to continue to help us to provide those allowances both at state and federal levels, so that we can get access to people. There's still federal legislation that requires people to be seen in person to be prescribed a controlled substance. There needs to be some relaxation of that, so that we can get people suboxone and certain medications for opioid use disorder, where the person doesn't have to...have access to care constantly.

We can never have enough wraparound service and social type services to provide support for people. The people involved with addiction recovery so often say that connection is the opposite of addiction. And it's making sure that people have resources and safe places and safe support systems that they can turn to, and not have to just try to be facing it on their own. And that's a whole combination of things, it's making sure that people have access to clean clothes, to a shower, to a roof over their head, to an opportunity to earn an income or have a job, to counseling services, to transportation. All barriers that if you're trying to bring yourself back up from nothing, that can be hard to get access to.

I think one of the big gaps that we have in the county here is, we've got a lot of short-term recovery options. And that's where the money is, that's where funding has been made available to organizations, to businesses, to come in and provide 30, 60, 90 days of treatment or therapy. And then when the insurance or the funding runs out for that, people are pretty much turned right back over to the environment that they left when they came into that system. I think we've seen time and time again, that for the majority of people that truly find a way to recover, it's a much longer-term process. It might be a year or two years, or three years of continued support systems, sober living, transitional housing, stepping up, or stepping down, depending on how you want to look at it in the level of care and service that you need. And we don't really have any solution for long-term residential transitional housing for people.

## Behavioral Risk Factors

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Community leaders mentioned that often, substance abuse and mental health issues are intertwined.

I think a lot of it has just been the added pressure and uncertainty, and people struggling with almost a situational depression. I wouldn't diagnose anybody, but we've seen folks that have never struggled with depression before really struggling with depression. And that's been brought on by these different emotions, and the adrenaline and everything else going on with COVID. And you bathe your brain in adrenaline long enough, and you're going to start having some depressive symptoms. And they don't know what this is. We've seen it with seniors who have never struggled with any amount of mental health problems at all. And as they get older and they start dealing with a lot of loss, all of a sudden they have these feelings of depression and they don't know what they are. How to cope with it. And alcohol is, like I said, a legal, sometimes relatively inexpensive coping skill.

I think a lot of our mental health issues drive the alcoholism and drug abuse that we see, especially in our homeless population. There are some significant mental issues there that I think are the crux of the other drugs and alcohol abuse that you see...and just things that have gone undiagnosed and untreated for so long, again, because of the stigma around mental health. And then it just gets to a point where you can't function in society. You start the drugs, you start the alcohol, now you're homeless, and it just snowballs.

Community leaders feel that substance abuse may be more prevalent in Ashtabula City because it's more populated and that's where many resources are located.

It's mostly staying within that heroin, cocaine, meth kind of range there...you see a difference only because [Ashtabula City is] the most populated area. And you see a difference, because we have the most treatment centers. So somebody that goes to treatment and then gets kicked out of treatment, they end up on my streets rather than the streets of [other areas]. So I think the problem exists in every corner of the county, you just see it more in Ashtabula City, because the resources are here, and because the population's here.

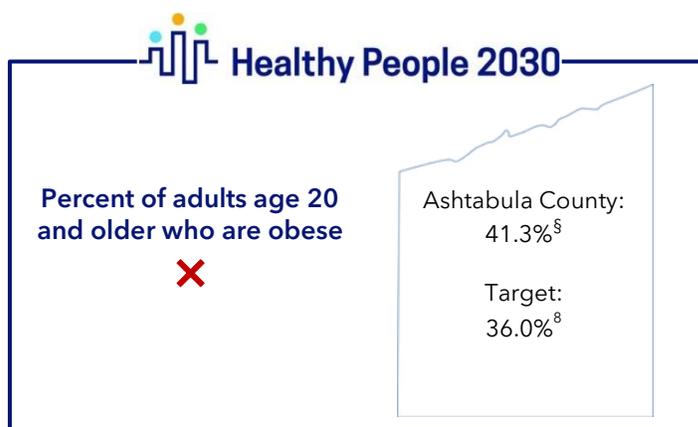
## Weight, Nutrition and Physical Activity

According to Body Mass Index (BMI) measurements, 36% of Ashtabula County adult respondents are overweight and 42% of respondents are obese. The percent of obese residents age 20 and older in Ashtabula County (41.3%) does not meet the *Healthy People 2030* target of 36.0%.<sup>8</sup>

### Adult Body Mass Index<sup>§</sup>

	Ashtabula City (n=61)	Conneaut City (n=48)	Ashtabula County (n=360)
Underweight (BMI < 18.5)	4.7%	0.0%	1.3%
Normal weight (BMI = 18.5 - 24.9)	14.0%	27.6%	20.8%
Overweight (BMI= 25 - 29.9)	38.4%	26.7%	36.0%
Obese (BMI > 29.9)	42.9%	45.7%	41.9%

 Percentage of respondents who are classified as overweight or obese according to BMI in 2019: 75%; in 2022: 78%.



BMI is just one measure of physical health. Age, sex, ethnicity, and muscle mass can influence the way BMI correlates with actual levels of body fat.<sup>9</sup> For example, a trained athlete may have a higher BMI due to increased muscle mass and may be deemed healthy by other measurements. Other ways to measure health are shown next, in the form of nutrition and physical activity.

### Nutrition

While a majority of Ashtabula County residents reported it was not difficult at all to access fresh fruits and vegetables, 33% reported it was at least slightly difficult.

**Difficulty of Getting Fresh Fruits and Vegetables<sup>§</sup>**

	Ashtabula City (n=71)	Conneaut City (n=53)	Ashtabula County (average n=388)
Not difficult at all	73.4%	59.6%	66.6%
Slightly difficult	18.1%	19.7%	17.0%
Moderately difficult	8.0%	15.6%	12.1%
Very difficult	0.3%	5.1%	3.7%
Extremely difficult	0.2%	0.0%	0.7%

Most Ashtabula County youth reported having one to four servings of fruits and vegetables per day, and about 40% reported having a non-diet soft drink one to three times during the past seven days.

**Servings of Fruits and Vegetables Per Day (Youth)<sup>‡</sup>**

	Ashtabula County Youth (n=1895)
1 to 4 servings per day	78.6%
5 or more servings per day	12.8%
I do not like fruits or vegetables	5.4%
I cannot afford fruits or vegetables	0.8%
I do not have access to fruits or vegetables	2.4%

**Regular Soft Drink Consumption in Past Week (Youth)<sup>‡</sup>**

	Ashtabula County Youth (n=1896)
I did not drink soda or pop during the past 7 days	32.2%
1 to 3 times during the past 7 days	40.2%
4 to 6 times during the past 7 days	9.1%
1 time per day	9.1%
2 times per day	5.3%
3 times per day	1.6%
4 or more times per day	2.4%

### Community Leaders - Access to Health Foods

Community leaders mentioned that the county would benefit from better access to healthy foods.

I think we have some challenges in our community with not a lot of options for grocery stores in some communities. I think we have created a culture of people using convenience stores for grocery stores, which obviously have a very limited amount of healthy options and choices available to people...I think there's been an effort in our community to try to bring back more of the local foods and farmers markets, for locally sourced meat, and fruits and vegetables. But I think that's still on a pretty small scale and that's once a week...We need to try to support those efforts as much as possible.

### Physical Activity

The vast majority (80.2%) of Ashtabula County adults said they participated in physical activity for at least 60 minutes at least once during the past 7 days. On average, Ashtabula County adults participated in physical activity on 4.7 days. For comparison, the U.S. Department of Health recommends adults spend at least 2.5 hours per week (about 10 hours a month) doing moderate-intensity aerobic activity.<sup>10</sup>

#### Physical Activity in Past Seven Days<sup>s</sup>

	Ashtabula City	Conneaut City	Ashtabula County
Were physically active for at least 60 minutes on at least one day	(n=70) 85.4%	(n=53) 78.4%	(n=379) 80.2%
Average number of days	(n=60) 4.7	(n=41) 4.4	(n=304) 4.7
Did exercises to strengthen or tone muscles on at least one day	(n=69) 46.2%	(n=53) 44.4%	(n=382) 37.3%
Average number of days	(n=32) 3.6	(n=24) 4.1	(n=142) 4.1



Those with annual household income of less than \$50,000 were physically active for more days, on average, than those with annual household income of \$50,000 or more: 4.3 v. 3.3.

## Behavioral Risk Factors

Most Ashtabula County residents reported watching television and using the internet on an average day. They sleep for about 6.7 hours each night, on average.

### Other Activities Affecting Health<sup>s</sup>

	Ashtabula City	Conneaut City	Ashtabula County
Watches television on an average day	(n=69) 90.6%	(n=51) 89.6%	(n=379) 86.6%
Average number of hours watched	(n=62) 4.0	(n=46) 3.2	(n=328) 3.7
Uses the internet on an average day	(n=69) 85.5%	(n=52) 90.3%	(n=382) 81.1%
Average number of hours spent on the internet	(n=59) 4.0	(n=47) 3.3	(n=310) 4.0
Average hours of sleep per night	(n=70) 6.6	(n=53) 6.2	(n=388) 6.7



Number of hours watching television increases with age, on average: 1.8 per day for those age less than 45, 3.0 for those age 45-54, 3.5 for those age 55-64, and 4.5 for those age 65+.

Females are more likely to use the internet on an average day than males: 92.1% v. 69.1%.

Those with some college or more education are more likely to use the internet on an average day than those with a high school diploma or less education: 96.2% v. 70.5%.

Average number of hours using the internet decreases with age: 4.6 per day for those age less than 45, 3.1 for those age 45-54, 2.5 for those age 55-64, and 1.8 for those age 65 or older.

## Behavioral Risk Factors

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The majority of Ashtabula County youth participated in physical activity for at least three of the past seven days, and more than half played on at least one sports team in the past year.

### Days Participated in Physical Activity (Youth)‡

	Ashtabula County Youth (n=1902)
0 days	9.0%
1 day	7.1%
2 days	9.0%
3 days	13.0%
4 days	13.2%
5 days	16.7%
6 days	10.3%
7 days	21.7%

### Sports Team Participation in Past Year (Youth)‡

	Ashtabula Count Youth (n=1711)
0 teams	43.3%
1 team	20.3%
2 teams	17.6%
3 or more teams	18.8%

The most common reasons youth gave for not participating in after-school activities were: no activities interest them (27.4%), they do not feel they're good enough (14.8%), they have no time because of schoolwork (12.6%), or are afraid other kids might make fun of them (12.3%). 12.2 % stated they don't like the other students who are participating in after school activities.

## Mental and Social Health

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The 2022 CHNA also measured mental and social health, an important component of overall health.

### Key Findings

#### Mental Health

Depression and anxiety diagnoses were more commonly reported by younger residents and female residents. Over a third of adult residents reported at least one poor mental health day in the past month; few reported suicidal ideation. **Nearly 20% of youth surveyed by the OHYES! reported seriously considering suicide in the past 12 months - this number is alarmingly high.**

#### Social Health

Over a third of youth surveyed reported they experienced bullying in the past year, and over half of these youth were bullied on school property. A majority of adult respondents (62%) feel they always or usually get the social and emotional support they need.

The following symbols indicate the presence of:



: a difference in responses between demographic groups of respondents



: a difference in responses between residents living in different regions of Ashtabula County



: a comparison between responses to the 2019 adult survey and 2022 adult survey

## Mental and Social Health

According to the survey, 20% of Ashtabula County adult respondents have been diagnosed with a depressive disorder and 22% have been diagnosed with an anxiety disorder. Ashtabula City adult respondents reported higher rates of depressive and anxiety disorder diagnoses than the county as a whole.

### Diagnoses of Mental Health Conditions<sup>§</sup>

		Ashtabula City (average n=69)	Conneaut City (average n=53)	Ashtabula County (average n=365)
<b>Ever Been Told That You Had...</b>	A depressive disorder	36.4%	6.1% ❖	19.5%
	An anxiety disorder	35.8%	9.2%	22.1%

❖ Those in Conneaut are less likely to report a depressive disorder diagnosis than those in the city of Ashtabula or Ashtabula County overall.



Those ages 18-34 are more likely to report a depressive disorder diagnosis than those age 35 or older: 35.0% v. 12.7%. One positive interpretation of this difference is recent efforts to destigmatize mental illness leading younger people to seek help.

Females are more likely to report a depressive disorder than males: 27.3% v. 9.3%.

Those with an annual household income of less than \$75,000 are more likely to report a depressive disorder diagnosis than those with an annual household income of \$75,000 or more: 23.7% v. 11.7%.

Those ages 18-34 are more likely to report an anxiety disorder than those age 35 or older: 39.6% v. 16.0%.

Females are more likely to report an anxiety disorder than males: 34.3% v. 7.6%.

Less than half of respondents (37%) indicated that they had at least one poor mental health day in the past month; among them, the average number of poor mental health days reported was 11 days.

### Poor Mental Health Days in the Past 30 Days<sup>§</sup>

	Ashtabula City	Conneaut City	Ashtabula County
<b>Percent</b> who had poor mental health day(s)	(n=70) 50.2%	(n=52) 33.9%	(n=386) 36.8%
<b>Days</b> of poor mental health (average)*	(n=35) 12.6	(n=18) 8.9	(n=142) 11.0

## Mental and Social Health



Females were more likely to have had at least one poor mental health day than males: 45.2% v. 26.0%.

Percent who had at least one poor mental health day differed by education: 27.4% for those with a high school degree or less education, 59.0% for those with some college education, and 36.4% for those with a Bachelor's degree or more education.

Days of poor mental health differed by annual household income: 5.1 for those with less than \$50,000, 2.5 for those with \$50,000 to less than \$100,000, and 5.5 for those with \$100,000 or more.



Percentage of respondents who had poor mental health for four or more days in the past 30 days in 2019: 36%; in 2022: 27%.

### Days When Poor Mental Health Affected Activities in the Past 30 Days<sup>s</sup>

	Ashtabula City	Conneaut City	Ashtabula County
<b>Percent</b> who had poor mental health day(s) that affected activities	(n=70) 19.7%	(n=47) 29.2%	(n=381) 13.5%
<b>Days</b> of poor mental health affecting activities (average)*	(n=14)* 11.1	(n=14)* 7.2	(n=51) 9.7

\*Among those who had at least one poor mental health day \*\*Low numbers of respondents - average may not be reliable



Females were more likely to have had at least one poor mental health day that affected activities than males: 18.7% v. 7.8%.

Those who had at least one poor mental health day that affected activities differed by annual household income: 19.4% of those with less than \$50,000, 2.9% of those with \$50,000 to less than \$100,000, and 22.4% of those with \$100,000 or more.

For youth in the past 12 months, 36.9% of 1,838 respondents felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.

Ashtabula County had a lower suicide rate than the state of Ohio in 2019 (13.8 compared to 15.2)<sup>1</sup>. However, when looking at 5-year trends (from 2015-2019), Ashtabula County's rate was higher at 20.6 compared to Ohio's 14.7. Ashtabula County does not meet the Healthy People 2030 target for suicide rate (12.8/100,000)<sup>2</sup>.

**Suicide<sup>1</sup>**

	Ashtabula County		Ohio	
	Count	Rate*	Count	Rate*
Suicides	16	13.8	1,809	15.2

Data are from 2019 \*Rate per 100,000 population, age-adjusted



A majority of respondents to the adult survey (62%) feel they always or usually get the social and emotional support they need.

**Social and Emotional Support<sup>§</sup>**

	Ashtabula City (n=71)	Conneaut City (n=53)	Ashtabula County (n=384)	
<b>How Often Respondents Get the Social and Emotional Support They Need</b>	Always	48.1%	42.5%	38.4%
	Usually	19.1%	15.7%	24.0%
	Sometimes	16.0%	29.1%	19.2%
	Rarely	8.3%	0.0%	4.7%
	Never	8.5%	12.7%	13.7%

**Received Mental Health Care in Past 12 months<sup>§</sup>**

	Ashtabula City (n=71)	Conneaut City (n=53)	Ashtabula County (n=389)
Talked with a psychologist, psychiatrist, counselor, or other mental health care professional about how they were feeling	12.9%	2.6% ❖	12.0%

❖ Those in Conneaut were less likely than those in the city of Ashtabula or Ashtabula County overall to have received mental health care in the past 12 months.

## Mental and Social Health



The likelihood of receiving mental health care differed by annual household income: 5.4% of those with less than \$50,000, 22.9% of those with \$50,000 to less than \$100,000, and 12.2% of those with \$100,000 or more.

About 40% of Ashtabula youth have received mental health care at some point during their lives.

### Received Mental Health Care (Youth)<sup>‡</sup>

	Ashtabula County Youth (n=1836)
During the past 12 months	28.6%
Between 12 and 24 months	4.6%
More than 24 months	6.3%
Never	46.0%
Not sure	14.6%

Nearly 20% of Ashtabula County youth reported seriously considering attempting suicide in the past 12 months. This number is alarmingly high.

### Suicidal Ideation<sup>§‡</sup>

	Ashtabula City Adults (n=71)	Conneaut City Adults (n=53)	Ashtabula County Adults (n=389)	Ashtabula County Youth (n=1836)
Seriously considered attempting suicide in past 12 months	3.8%	1.5%	2.1%	18.4%



Percentage of respondents who seriously considered suicide in the past 12 months in 2019: 6%; in 2022: 2%.

44.9% of youth who had ever seriously considered this reported that they attempted suicide in the past 12 months, with 24.3% of them attempting 1 time, with 15.3% of youth who had considered attempting suicide making 2 or 3 attempts.

21% of youth who attempted suicide in the past 12 months (33 individuals) had this result in injury, poisoning, or overdose that had to be treated by a doctor or nurse.

About 71% of youth reported feeling safe at school most of the time or all of the time.

**Felt Safe at School in Past Year (Youth)‡**

	Ashtabula County Youth (n=1869)
Never	3.8%
Rarely	7.1%
Sometimes	18.7%
Most of the time	45.8%
All of the time	24.7%

Nearly 65% of youth were not bullied in the past year; among those who were bullied, they were most commonly teased, taunted, or called harmful names, had mean rumors spread about them, or were kept out of a “group.”

**Type of Bullying Experienced in Past Year (Youth)‡**

	Ashtabula County Youth (n=1848)
Teased, taunted, or called harmful names	27.0%
Spread mean rumors about or kept out of a "group"	21.1%
Teased, taunted, or threatened by e-mail, cell phone, or other electronic methods	9.9%
You were hit, kicked, punched, or people took your belongings	9.0%
Nude or semi-nude pictures used to pressure someone to have sex who does not want to, blackmail, intimidate, or exploit another person	3.1%
None of the above	63.2%

*‡Percentages may sum to higher than 100%; multiple responses were accepted*

## Mental and Social Health

About 24% to 37% of youth were emotionally bothered by feelings such as nervousness over the past 2 weeks.

### Emotional State Over Past 2 Weeks (Youth)‡

	Ashtabula County Youth (average n=1834)
<b>Youth who have been bothered more days than not or nearly every day by...</b>	
Feeling nervous, anxious, or on edge	36.8%
Not being able to stop or control worrying	28.5%
Feeling down, depressed, or hopeless	28.1%
Little interest or pleasure in doing things	23.9%

*\*Percentages may sum to higher than 100%; multiple responses were accepted*

Youth stress management techniques most commonly include avoiding people who create "drama" and doing physical activity.

### Stress Management Techniques (Youth)‡

	Ashtabula County Youth (n=1824)
Avoid people who create "drama"	44.7%
Physical activity (exercise, sports, skateboarding, motocross, etc.)	43.5%
Express myself through the arts and literature (dance, music, art, writing, etc.)	34.1%
Get support from others	25.4%
Participate in hobbies or community service	24.5%
Limit exposure to social media (Facebook, Twitter, Instagram, etc.)	15.6%
Meditate, pray, use relaxation techniques	15.0%
I do not have any stress	13.4%

*\*Percentages may sum to higher than 100%; multiple responses were accepted*

## Mental and Social Health

In terms of Adverse Childhood Experiences, youth most commonly mentioned living with someone who was depressed, mentally ill, or suicidal; having parents who are separated or divorced; or having a parent or adult at home swear at them, insult them, or put them down.

### Adverse Childhood Experiences - Adults in Home\* (Youth)‡

	Ashtabula County Youth (n=1835)
Lived with someone who was depressed, mentally ill, or suicidal	33.7%
Lived with someone who was a problem drinker or alcoholic	24.7%
Lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility	20.2%
Lived with someone who used illegal street drugs, or who abused prescription medication	18.1%
None of the above has happened to me	53.3%

\*Percentages may sum to higher than 100%; multiple responses were accepted

### Adverse Childhood Experiences - Experiences with Parents or Other Adults\* (Youth)‡

	Ashtabula County Youth (n=1832)
Your parents became separated or divorced	41.0%
A parent or adult in your home swore at you, insulted you, or put you down	36.0%
Your parents were not married	18.9%
A parent or adult in your home hit, beat, kicked, or physically hurt you in any way (not including spanking)	10.7%
Your parents or adults in your home slapped, hit, kicked, punched, or beat each other up	10.4%
None of the above has happened to me	38.8%

\*Percentages may sum to higher than 100%; multiple responses were accepted

52% of Ashtabula County Youth reported that they feel there are a lot of adults in their neighborhood, town, or community whom they could talk to about something important.

The following table presents domestic violence incidents in 2019. Total incidents include DVI charge, other charge, and no charge.

### Domestic Violence\*

	Ashtabula County		Ohio	
Domestic violence incidents <sup>3</sup>	436		76,203	
<b>Total victims<sup>4</sup></b>	438		65,281	
Victim with injury <sup>4</sup>	186	42.5%*	26,936	41.3%*

Data are from 2019 \*Percentage of all people involved in incidents who were injured

The following table presents the number of child abuse reports in 2018. Note: this may not be accurate to the total counts of child abuse, which may be underreported.

**Child Abuse<sup>5\*</sup>**

	Ashtabula County		Ohio	
	Count	Percent**	Count	Percent**
<b>Total child abuse reports</b>	<b>872</b>		<b>101,293</b>	
Physical abuse	240	28%	30,264	30%
Neglect	275	32%	25,827	26%
Sexual abuse	130	15%	9,137	9%
Emotional maltreatment	10	1%	1,203	1%
Family in need of services/dependency/other	169	19%	17,001	17%
Multiple allegations of abuse/neglect	48	6%	17,861	18%

*Data are from 2018 \*Percent rounded to nearest whole number by source \*\*Denominator is total child abuse reports*

**Community Leaders - Mental and Social Health**

Community leaders mentioned that trauma causes mental and social health issues. These issues are difficult to handle because of the stigma surrounding them, and they lead to anger and negatively impact physical health. Children are experiencing a lot of mental and social health issues, in part due to COVID-19.

Trauma is a big issue...Our generational trauma is an issue because generational poverty is an issue in our county. That's a huge factor that plays into all of this. We've seen through our own internal data, that our [Adverse Childhood Experiences] score average is pretty high. So we know that we're bringing a lot of Adverse Childhood Experiences to the table, we're seeing that repeat generationally, the effect on people's lifespans, it has an effect on their overall health later in life. As well as their substance abuse issues.

I think there's still a stigma attached to [mental health issues]. Which is unfortunate. I think it's not as accessible or affordable to people. I'm always concerned about that. I know, in our school systems, they've tried to develop programs for our younger population. And that's been a struggle...I think we need to break down some of the stigma attached to it.

I think no matter where you are, I think in the US, anger has really taken hold of so many...It's just sad that everybody's so uptight. And that goes back to your mental health too. I'm sure, but it's a different world out there than it used to [be]. Individuals with a severe and persistent mental illness have a life expectancy, that sometimes it's 25 years shorter than everyone else. That's pretty significant. The root

cause of that is not suicide. The root cause of that is some of your medications cause weight gain, that they don't always attend to their primary health care needs. So they're not seeing a primary care physician on a regular basis, they're not taking anything for blood pressure, diabetes, they're just not attending to that. And if they do see a doctor, for those types of things, they're a little bit less likely to get medication on a regular basis. They may not be as mobile or as active, so they're not participating in a lot of physical activity. And we also know that they have a tendency to use tobacco products a little more than the general population. And you mix that with some of the medications and some of the other lifestyle choices that they might be making, and you start to have an individual with a lot of health care issues that can shorten their life.

Collective experience over the past two years of school inconsistency is that has magnified [children's] feelings of anxiety, their feelings of depression and isolation, and subsequent difficulties and [lack of] reconnection. Because of the inconsistency of coming back to school and being out and being back in. That has been a real issue.

Currently, our issue is COVID and the self-isolation. There are a lot, a lot, a lot of very young children that are struggling through this... We have more, I'm just going to use the term cutters, self-injurious behaviors in an elementary school than we've ever seen before. It's scary. So on top of maybe not the best home life to begin with, COVID and all the homeschooling and the isolation, on top of puberty happening for a lot of these kids. I mean, that was just a lot to bottle up... A really rough past few years for them.

Now, the bad thing about it is, in my opinion, as a 30 plus year educator is our kids were not in school for periods of time, whether it be a week, whether... even this past year, we had 175 students who chose to stay online all year. So that's 175 kids that are not in school. That we as educators have a hard time supporting. We need to see kids, we need to put our eyes on kids, we need to make sure that we know they're protected, that they're safe, that they're being fed, that they're being taken care of. You can't do it via Zoom, you cannot do it unless your eyes are on them. And then you can watch that child progress.

If you've ever been in elementary school, at the start of a school day those kids as they come in the door, they need hugs and kisses, you know what I mean? And they need that social emotional support. And guess what today I'm going to be saying it's going to be okay. And... [now] they're getting temperature checks. They're wearing facemasks. If you're literally hugging kids like this, you know where you can't put your arms [around them], you can't touch, you can't guide them, you can't support them when they're having an emotional type issue. That's a tough thing to deal with when you're dealing with a second or third grader. You can't pick them up and hug them when they're crying. You can't help them when they're hurt. So and then they need that, but we just couldn't do it, unfortunately.

## Maternal and Infant Health

This section reviews maternal and child health in Ashtabula County.

### Key Findings

#### Infant Health

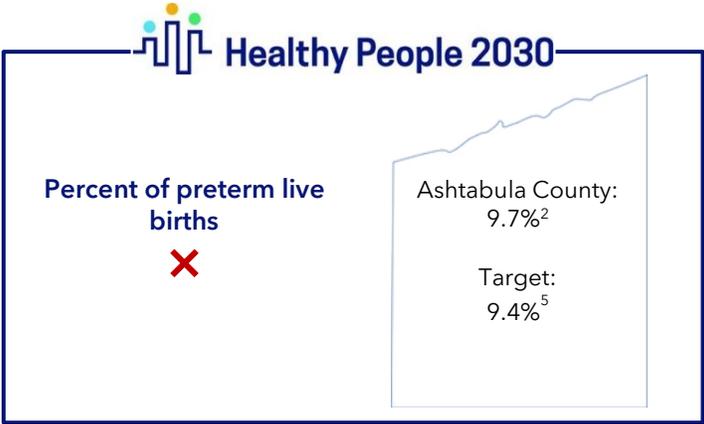
Ashtabula County is very close to meeting the *Healthy People 2030* target for percent of preterm live births.

The next table presents birth and infant health data. The count of total infant deaths is too low to compute a reliable rate, therefore it is undetermined whether the *Healthy People 2030* target of 5.0/1,000<sup>1</sup> is met.

#### Infant Health Indicators

		Ashtabula County		Ohio	
		Count		Count	
<b>Total Births<sup>2**</sup></b>		1,021		129,313	
		Count	Rate*	Count	Rate*
<b>Infant Mortality Rate<sup>3***</sup></b>	Total	6	*****	929	6.9
	White	30	5.7	518	5.1
	Black	2	*****	356	14.3
	American Indian	0	*****	3	*****
<b>Infant Mortality Rate by Race/Ethnicity<sup>4****</sup></b>	Asian / Other Pacific Islander	0	*****	21	4.4
	Unknown Race	0	*****	31	8.8
	Hispanic	1	*****	45	5.8
	Non-Hispanic	31	5.8	883	6.9
		Count	Percent	Count	Percent
<b>Low Birth Weight<sup>2**</sup></b>	Low birth weight babies (<2500 grams)	59	5.8%	9,163	7.1%
	Very low birth weight babies (<1500 grams)	N/A	N/A	1,805	1.4%
<b>Preterm Births<sup>2**</sup></b>	Preterm births (<37 weeks)	98	9.7%	13,328	10.3%
<b>Tobacco Use<sup>2**</sup></b>	Cigarette use during 3 <sup>rd</sup> trimester	175	17.7%	11,628	9.2%

\*Rate per 1,000 using live birth data \*\*Data are from 2020 \*\*\*Data are from 2019 \*\*\*\*Data are from 2015-2019. \*\*\*\*\*Rates based on counts of less than 10 are unreliable. N/A = Data blinded to protect confidentiality.



# Death, Illness, and Injury

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This section presents the leading causes of death, illness, and injury for residents of Ashtabula County.

## Key Findings

### Overall Physical Health Ratings and Chronic Illness

About 50% of Ashtabula County respondents reported that in general their health is “excellent” or “very good.” 40% of residents reported being diagnosed with high blood pressure, 36% with arthritis, and 26% with high cholesterol. Poorer physical health outcomes were reported by older residents and those with lower household income.

### Emergency Room Utilization

Some of the leading causes for admission to the ED include sepsis, COVID-19, and shortness of breath.

### Top Causes of Mortality

Heart disease is the leading cause of mortality in Ashtabula County, followed by cancer.

The following symbols indicate the presence of:



: a difference in responses between demographic groups of respondents



: a difference in responses between residents living in different regions of Ashtabula County



: a comparison between responses to the 2019 adult survey and 2022 adult survey

## Death, Illness, and Injury

The majority of Ashtabula County adult respondents report that in general their health is “good,” “very good,” or “excellent.”

### Perceptions of Health Status<sup>§</sup>

	Ashtabula City Adults (n=70)	Conneaut City Adults (n=53)	Ashtabula County Adults (n=388)
Excellent	18.7%	2.1%	13.2%
Very good	17.5%	59.3%	37.4%
Good	47.7%	31.9%	40.7%
Fair	14.4%	2.1%	6.7%
Poor	1.7%	4.7%	2.1%

 Those under age 45 are more likely to have “very good” or “excellent” health than those age 45 or older: 67.2% v. 40.5%.

 Percentage of respondents who had “very good” or “excellent” health care in 2019: 42%; in 2022: 51%.

About 42% of Ashtabula County adults reported having at least one poor physical health day in the past 30 days; the average number of days reported was 9.

### Poor Physical Health Days in the Past 30 Days<sup>§</sup>

	Ashtabula City (n=70)	Conneaut City (n=52)	Ashtabula County (n=385)
<b>Percent</b> who had poor physical health day(s)	62.4% 	41.7%	41.7%
<b>Days</b> of poor physical health (average)*	7.1	10.3	9.1

*\*Among those who had a least one poor physical health day*

 Those in the city of Ashtabula are more likely than those in Conneaut or Ashtabula County overall to have had at least one poor physical health day in the past month.

 Those with an annual household income of less than \$50,000 were more likely to have at least one poor physical health day than those with an annual household income of \$50,000 or more: 51.7% v. 33.8%.

Those with an annual household income of less than \$50,000 had more poor physical health days, on average, than those with an annual household income of \$50,000 or more: 6.2 v. 1.5.

## Death, Illness, and Injury

- Percentage of respondents age 19 and older in Ashtabula County who had four or more poor physical health days in the past month in 2019: 24%; in 2022: 25%.

About 26% of adults in Ashtabula County indicated that, in the past month, they had at least one poor physical health day that affected their activities. The average number of days this occurred in the past month was 9.

### Days Poor Physical Health Affected Activities in the Past 30 Days<sup>§</sup>

	Ashtabula City	Conneaut City	Ashtabula County
<b>Percent</b> who had at least one poor physical health day that affected activities	(n=70) 43.2%	(n=52) 28.3%	(n=385) 25.7%
<b>Days</b> poor physical health affected activities (average)*	(n=30) 7.0	(n=15) 13.4	(n=99) 8.5

\*Among those who had a least one poor physical health day that affected activities

- Those with an annual household income of less than \$50,000 were more likely to have at least one poor physical health day that affected activities than those with an annual household income of \$50,000 or more: 34.4% v. 17.2%.

Those with an annual household income of less than \$50,000 had more poor physical health days that affected activities, on average, than those with an annual household income of \$50,000 or more: 3.7 v. 0.8.

## ED and Hospital Utilization

The following information reflects data from the Ashtabula County Medical Center. In 2021, there were 28,478 ED visits to this hospital.

The top causes for emergency department visits were:

- Falls
- Issues associated with chronic illness (symptom exacerbation)
- COVID-19 symptoms
- Traffic accidents
- Assault (including gunshot wounds)
- Struck by an object
- Burns
- Animal bites

The leading causes for admission to the hospital from the ED in 2021 were as follows:

- Sepsis
- COVID-19
- Heart Failure

## Death, Illness, and Injury

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- Pneumonia
- COPD
- Diabetes
- Atrial Fibrillation
- UTI
- Intestinal Obstruction
- Kidney Failure
- Cerebral Infarction
- Cellulitis
- Chest Pain
- Diverticulitis
- Cancer
- Myocardial Infarction
- Femur Fracture
- Pulmonary Embolism
- Hypertensive Urgency/Emergency/Crisis
- Hyperkalemia

The top reasons for non-emergency department hospital admissions in the same year were:

- Unilateral Primary Osteoarthritis
- Sepsis
- Cancer
- Fracture
- Acute Kidney Failure
- Atherosclerosis of Native Arteries
- Atrial Fibrillation
- Attention of Ileostomy
- Diverticulitis
- Hypertensive Heart Disease
- Pneumonitis
- UTI
- COVID-19
- Respiratory Failure
- Diabetes
- Hyperkalemia
- Acute post-procedural pain
- Pneumonia
- Occlusion and Stenosis of arteries
- Hepatic failure

## Death, Illness, and Injury

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In 2021, the University Hospitals facilities in Ashtabula County had a total of 4,450 ED admissions. The next table provides counts for the top 20 reasons for ED admissions, including their Internal Classification of Diseases Codes.

### Admits to Ashtabula County University Hospital EDs

	Number of admissions
R06.02 - Shortness of breath	1155
R53.1 - Weakness	271
R45.851 - Suicidal ideations	263
R41.82 - Altered mental status unspecified	260
U07.1 - COVID-19	165
R11.2 - Nausea with vomiting unspecified	120
R07.9 - Chest pain unspecified	117
R10.9 - Unspecified abdominal pain	89
R42 - Dizziness and giddiness	84
R50.9 - Fever unspecified	84
R10.84 - Generalized abdominal pain	66
J18.9 - Pneumonia unspecified organism	57
R79.89 - OTH SPEC abnormal findings BLD CHEM	57
M25.552 - Pain in left hip	50
K62.5 - Hemorrhage of anus and rectum	46
R00.2 - Palpitations	46
R10.13 - Epigastric pain	44
M25.551 - Pain in right hip	42
R44.3 - Hallucinations unspecified	42
R55 - Syncope and collapse	38

### Mortality

Heart disease is the leading cause of death in Ashtabula County, followed by cancer. The rates of these causes of death for the state of Ohio are included for comparison in the next table, though the actual order of leading causes of death differs slightly for the state overall.

**Mortality - Leading Causes<sup>1\*</sup>**

Description	Ashtabula County		Ohio	
	Count	Rate*	Count	Rate*
Total Deaths	1,261	924.2	123,705	828.5
Diseases of the heart (I00-I09, I11, I113, I20-I51)	317	223.7	29,159	189.2
Malignant neoplasms (C00-C97)	263	186.2	25,166	163.2
Accidents (unintentional injuries) (V01-X59, Y85-Y86)	67	66.6	8,291	67.7
Chronic lower respiratory diseases (J40-J47)	94	66.4	7,168	46.0
Cerebrovascular Disease (I60-I69)	56	39.1	6,504	42.3
Diabetes mellitus (E10-E14)	47	35.2	3,876	25.5
Septicemia (A40-A41)	28	20.2	1,902	12.5
Nephritis nephrotic syndrome and nephrosis (N00-N07N17-N19N25-N27)	27	18.2	2,162	14.2
Alzheimer's disease (G30)	26	17.9	5,235	33.7
Chronic liver disease and cirrhosis (K70K73-K74)	20	14.6	1,622	11.2

Data are from 2019 \*Rate per 100,000 population, age-adjusted

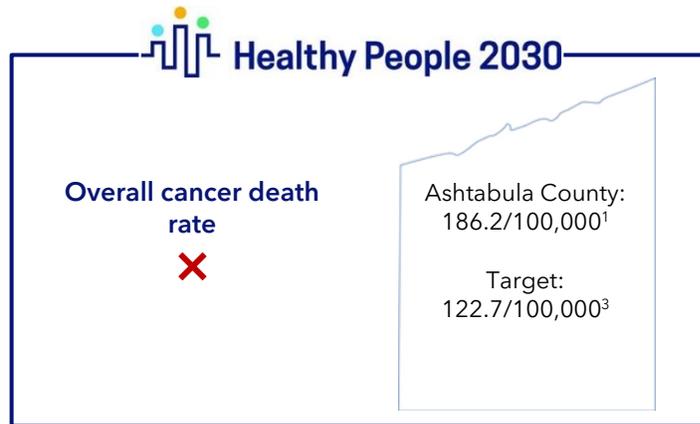
With regard to cancer incidence rates, prostate cancer (male) and lung and bronchus cancer had the highest incidence rates in Ashtabula County. The rates of incidence for these cancers for the state of Ohio are included for comparison, though the actual order of cancers with the highest incidence differs slightly for the state overall.

**Cancer Incidence Rates - Top Cancers<sup>2\*</sup>**

	Ashtabula County		Ohio	
	Count	Rate*	Count	Rate*
Prostate (male)	82	115.4	9,105	118.9
Lung and Bronchus	97	67.0	10,134	63.9
Breast (female)	80	61.4	10,149	70.1
Colon and rectum	60	42.7	5,608	37.8
Uterus (female)	27	36.4	2,545	31.6

Data are from 2019. \*Rate per 100,000 population, average annual numbers, age-adjusted; rates are sex specific for cancer of the breast, prostate, and uterus.

Ashtabula County does not meet the *Healthy People 2030* target for overall cancer death rate.

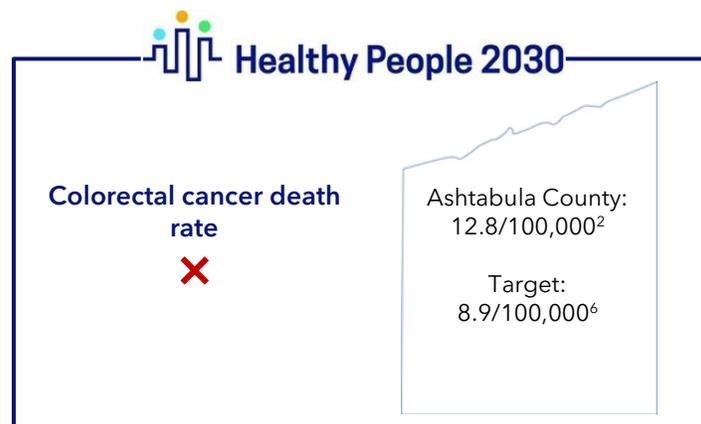


Lung and bronchus cancers have the highest mortality rate in Ashtabula County. The rate of breast cancer in 2019 met Healthy People 2030 target of 15.3/100,000<sup>4</sup>, while the rate of prostate cancer does not meet this target (16.9/100,000).<sup>5</sup>

**Cancer Mortality Rates - Top Cancers<sup>2\*</sup>**

	Ashtabula County		Ohio	
	Count	Rate*	Count	Rate*
Lung and Bronchus	75	52.4	6,447	40.9
Prostate (male)	12	18.9	1,214	18.9
Pancreas	22	14.3	2,004	12.7
Colon and rectum	17	12.8	2,118	13.8
Breast	16	11.6	1,761	11.8

*Data are from 2019 \*Rate per 100,000 population, average annual numbers, age-adjusted; rates are sex specific for cancer of the breast and prostate*



## Death, Illness, and Injury

The counts of Hepatitis A, acute Hepatitis B, and acute Hepatitis C are too low to compute a reliable rate, therefore it is undetermined whether the *Healthy People 2030* targets of 0.4/100,000<sup>7</sup>, 0.9/100,000<sup>8</sup>, and 0.8/100,000<sup>9</sup> (respectively) are met.

### Infectious Disease Incidence

Description	Ashtabula County		Ohio	
	Count	Rate*	Count	Rate*
AIDS/HIV (persons living with a diagnosis of HIV infection) <sup>10</sup>	117	121.2	25,096	214.6
Hepatitis A (Acute) <sup>11</sup>	0	0.0	1,624	13.9
Hepatitis B (Acute) <sup>12</sup>	0	0.0	131	1.1***
	5	**	1,895	16.2
Hepatitis C (Acute) <sup>13</sup>	1	**	238	2.0***
Hepatitis C (Total) <sup>13</sup>	95	97.9	12,972	111.0

*Data are from 2020, except Hepatitis A (2019) \*Rate per 100,000 population \*\*Rates based on counts of less than 10 are unreliable. \*\*\*Rates not calculated by ODH. The census population estimate used to calculate rates may be different from the estimate used for ODH calculated rates.*

Turning to chronic health conditions, 40% of adult Ashtabula County respondents have at some point been told by a health professional that they have high blood pressure, 36% have been diagnosed with arthritis, and 26% have been diagnosed with high blood cholesterol.

### Diagnoses of Chronic Health Conditions<sup>5</sup>

	Ashtabula City Adults (average n=69)	Conneaut City Adults (average n=51)	Ashtabula County Adults (average n=366)
Arthritis	33.4%	32.9%	35.8%
Asthma	22.3%	5.9%	15.6%
Cancer	4.8%	8.0%	10.0%
Coronary heart disease	4.3%	0.3%	6.7% ❖
Diabetes	15.6%	22.0%	14.2%
A heart attack	8.9%	0.0%	7.0%
High blood pressure	49.4%	30.5%	39.9%
High blood cholesterol	26.9%	29.2%	26.2%

#### ❖ Differences by geography:

Those in Ashtabula County overall are more likely to have been diagnosed with coronary heart disease, compared to those in the city of Ashtabula or Conneaut.



### **Differences by household income:**

Those with an annual household income of less than \$100,000 are more likely to have been diagnosed with arthritis than those with an annual household income of \$100,000 or more: 38.3% v. 17.0%.

Those with an annual household income of less than \$75,000 are more likely to have been diagnosed with coronary heart disease than those with an annual household income of \$75,000 or more: 9.3% v. 2.3%.

Those with an annual household income of less than \$75,000 are more likely to have had a heart attack than those with an annual household income of \$75,000 or more: 10.0% v. 2.1%.

### **Differences by education:**

Arthritis increases as education decreases: 45.4% of those with a high school degree or GED or less education reported arthritis, compared to 24.5% of those with some college, and 18.7% of those with a Bachelor's degree or more education.

Those with some college or less education are more likely to have been diagnosed with high blood cholesterol than those with a Bachelor's degree or more education: 27.9% v. 17.0%.

### **Differences by age:**

Arthritis increases with age: 62.8% of those 55 or older reported arthritis, compared to 32.3% of those 45-55, and 9.6% of those 18-44.

Those age 45 or older are more likely to have been diagnosed with cancer than those less than age 45: 17.3% v. 0.0%.

Those age 45 or older are more likely to have been diagnosed with diabetes than those less than age 45: 22.5% v. 0.6%.

Coronary heart disease increases with age: 21.3% of those 65 or older reported coronary heart disease, compared to 11.2% of those 55-64, and 0.0% of those 18-54.

Heart attacks increase with age: 19.7% of those age 65 or older, compared to 10.3% of those 55-64, and 0.0% of those 18-54.

High blood pressure increases with age: 70.1% of those 65 or older, compared to 47.5% of those 55-64, 38.7% of those 45-54, and 19.0% of those 18-44.

High blood cholesterol increases with age: 49.5% of those 65 or older, compared to 40.5% of those 55-64, 27.3% of those 45-54, and 7.0% of those 18-44.

### **Differences by gender:**

Males are more likely to have been diagnosed with coronary heart disease than females: 12.8% v. 0.9%.

Males are more likely to have had a heart attack than females: 13.4% v. 0.8%.



Percentages of respondents age 19 and older reporting diagnoses in 2019 in Ashtabula County: high blood pressure 42%, angina or coronary heart disease 3%, heart attack 5%, high blood cholesterol 40%, cancer 15%, asthma 18%, and diabetes 13%.

Percentages of respondents age 19 and older reporting diagnoses in 2019 in Ashtabula City: high blood pressure 43%, angina or coronary heart disease 3%, heart attack 8%, high blood cholesterol 35%, asthma 23%, and diabetes 16%.

Percentages of respondents age 19 and older reporting diagnoses in 2019 in Conneaut City: high blood pressure 59%, angina or coronary heart disease 6%, heart attack 3%, high blood cholesterol 41%, asthma 9%, and diabetes 18%.

# Community Assets and Resources

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## **Health Assets & Resources available to address community health and social needs**

### **Cancer Resources**

American Cancer Society  
Bula Beauty Supplies and Elegant Essentials (Cosmetic)  
Cancer Care Co-Payment Assistance  
Cancer Hope Network  
Colonoscopy Assistant  
Conneaut City Health Department- Medical equipment  
James Lung Cancer Screenings  
Look Good, Feel Good  
Mammovan  
MedWorks USA-Breast & Cervical Cancer Program Screening  
Ostomy Supplies  
Reach to Recovery  
Signature Health- Cancer screenings and referrals to specialists  
Susan G. Komen Foundation  
UH Conneaut & Geneva- free mammograms for uninsured women, cancer support groups, and Seidman Cancer Center

### **Chronic Disease Resources**

ACMC and U  
ARC  
Ashtabula County IPOD Committee  
Ashtabula County Mental Health Board  
BOTVIN Life Skills in collaboration  
Children Services  
Community Counseling Center  
Country Neighbor  
Discounted Health Care- Lake Co Free Clinic  
Health Departments of Ashtabula County  
Ohio Asthma, American Lung County Association & Smoking Cessation  
Ohio Tobacco Quit Line  
Patient Assistance Programs for Rx Assistance-Sanofi  
State Road Occupational Medical Facility  
UH Conneaut & Geneva- Discounted health care and smoking cessation programs  
Signature Health- Infectious Disease testing and treatment

### **Food & Shelter Resources**

Ashtabula Dream Center  
Birth Care Inc. - maternity and infant clothing  
Country Neighbor Program  
Eaglesville Bible Church  
Faith Lutheran Church  
Friends in Service Here (FISH)  
Geneva Interchurch Food Pantry  
Go Ministries  
Lighthouse Harvest Foundation  
Manna Project  
Mary's Kitchen  
Messiah Lutheran Pantry  
Our Lady of Peace Neighbor to Neighbor  
Pierpont Presbyterian Church Pantry  
Pymatuning Community Church Pantry  
Salvation Army  
Spiderweb (Jefferson, clothing and household)  
St. Peter's Church Hope and Future Food Pantry  
Signature Health- Walk in case managers to assist with seeking food and shelter  
UH Conneaut Medical Center Food for Life Market

### **Mental Health & Substance Abuse Resources**

Ashtabula County Health Department  
Ashtabula County Mental Health and Recovery Services Board  
Ashtabula County Substance Abuse Leadership Team  
Community Counseling Center  
Glenbeigh  
Lake Area Recovery Center  
Ohio Department of Health  
Ohio Department of Mental Health and Addiction Services  
Signature Health

### **Nutrition & Physical Activity Resources**

ACMC- Kid Fit  
Ashtabula County Board Children's Services  
Ashtabula County Catholic Services Charities  
Ashtabula County Child and Family Health Services  
Ashtabula County Elementary Schools  
Ashtabula County Job and Family Services

## Community Assets and Resources

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Ashtabula County Metro Parks  
Ashtabula County Nutrition & Fitness Guide  
Ashtabula County WIC Clinic & Head Start Program  
Health Departments of Ashtabula County, Well Child Clinics  
IPOD Manual  
Local Farmers markets  
Longest Day of Play Committee  
Maternal and Child Health Improvement Committee of Ashtabula County  
OSU-Ashtabula County Cooperative Extension Service  
Pediatrician offices in Ashtabula County  
Primary Care Providers of Ashtabula County  
Signature Health- FQHC- Diet and Nutrition, Physical Exams, Sports Physicals  
UH Conneaut and Geneva- AWBW Walks  
YMCA

### **Suicide Prevention Resources**

Ashtabula County Coroner's Office  
Ashtabula County Incident Response Team  
Ashtabula County LOSS Team  
Ashtabula County Mental Health and Recovery Services Board  
Ashtabula County Suicide Prevention Coalition  
Ashtabula County, funeral directors  
Community Counseling Center  
Crisis Text Line  
Help Network of Northeast Ohio  
Ohio Suicide Prevention Foundation & Coalition  
UH Conneaut and Geneva- Lifeskills  
Signature Health

## Appendix A: Ashtabula County CHA Kickoff Session

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The following page shows a debriefing of the Ashtabula County CHA Kickoff Session.

## **Ashtabula County's 2022 Community Health Assessment Kickoff**

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On October 21, 2021, a group of 21 Ashtabula County community members representing a diverse array of public health, health system, social service, and other governmental entities participated in a robust discussion about the upcoming community health assessment (CHA) effort. Healthy Ashtabula County members were present and helped to lead the breakout groups.

After receiving a brief orientation to the plan for this CHA effort, the community members were randomly assigned to one of 5 small groups. Each of these smaller breakout groups discussed the same set of three questions, identifying what a healthy county looks like, the barriers to reaching that healthy ideal, and the most important issues that should be considered as part of this CHA effort.

After finishing the small group conversations, the community members returned to the main larger group and reviewed the results of the “most important issues to be considered” discussions. That process revealed clear consensus regarding the topics that should be considered and incorporated into this CHA effort. At a high level, these topics include:

- Mental health / addiction
- Access to health care / health resource availability
- Obesity and other chronic health conditions
- Social determinants of health
- Health literacy

Several indicators and constructs were suggested as specific ones to consider including in the upcoming CHA effort.

## Appendix B: Ashtabula County Adult Survey Questionnaire

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The following pages show the Ashtabula County CHA Adult Survey Questionnaire.

# ASHTABULA COUNTY HEALTH SURVEY

This survey should be completed by the adult (age 18+) at this address who **MOST RECENTLY** had a birthday. **All responses will remain confidential; please answer honestly.**

## ABOUT YOUR COMMUNITY

1. In your opinion, what is the most important health issue affecting the people who live in Ashtabula County? [Please write your answer below]

## ABOUT YOUR OVERALL HEALTH

***These questions ask about your physical and mental health.***

2. Would you say that in general your health is... [Circle one answer]

Excellent	Very good	Good	Fair	Poor
-----------	-----------	------	------	------

3. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your **physical health not good**? [Write a number] \_\_\_ \_\_\_

4. And during the past 30 days, for about how many days did **poor physical health** keep you from doing your usual activities, such as self-care, work, or recreation? [Write a number] \_\_\_ \_\_\_

5. Thinking about your mental health, which includes stress, depression, and problems with emotions, for about how many days during the past 30 days was your **mental health not good**? [Write a number] \_\_\_ \_\_\_

6. And during the past 30 days, for about how many days did **poor mental health** keep you from doing your usual activities, such as self-care, work, or recreation? [Write a number] \_\_\_ \_\_\_

7. During the past 12 months, how often did you get the social and emotional support you need? [Circle one answer]

Always	Usually	Sometimes	Rarely	Never
--------	---------	-----------	--------	-------

8. During the past 12 months, did you talk with a psychologist, psychiatrist, counselor, or other mental health care professional about how you were feeling? [Circle one answer]

Yes	No
-----	----

9. During the past 12 months, did you ever seriously consider attempting suicide? [Circle one answer]

Yes	No
-----	----

***Please call the National Suicide Prevention Lifeline (800-273-8255) if you need to talk with someone about suicide or how you are feeling right now.***

{PLEASE TURN OVER AND COMPLETE THE BACK}

Unique ID here

10. Has a doctor, nurse, or other health professional EVER told you that you had...

[For each question, circle one answer]

10a. Asthma?	Yes	No
10b. Arthritis?	Yes	No
10c. Cancer?	Yes	No
10d. Coronary heart disease?	Yes	No
10e. Diabetes?	Yes	No
10f. A heart attack?	Yes	No
10g. High blood pressure?	Yes	No
10h. High blood cholesterol?	Yes	No
10i. An anxiety disorder?	Yes	No
10j. A depressive disorder?	Yes	No

## HEALTH CARE AND CHECKUPS

**These questions ask about different kinds of health care you may have received recently.**

11. About how long has it been since you last visited a **dentist or dental clinic** for any reason? Include visits to dental specialists, such as orthodontists. [Circle one answer]

Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 5 years (at least 2 years but less than 5 years ago)	5 or more years ago
---	--	---	---------------------

12. About how long has it been since you last visited a **doctor** for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

[Circle one answer]

Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 5 years (at least 2 years but less than 5 years ago)	5 or more years ago
---	--	---	---------------------

13. During the past 12 months, did you **delay** getting needed **health care** for any of the following reasons, or did you not delay getting needed health care? [Fill in the circles that apply]

- |  |  |
|--|--|
| <input type="radio"/> Delayed getting health care because you didn't have insurance      | <input type="radio"/> Delayed getting health care because you couldn't schedule an appointment soon enough |
| <input type="radio"/> Delayed getting health care because you couldn't afford the co-pay | <input type="radio"/> Delayed getting health care because you couldn't schedule an appointment at all      |
| <input type="radio"/> Delayed getting health care because you didn't have transportation | <input type="radio"/> Delayed getting health care because of some other reason                             |
|  | <input type="radio"/> Did not delay getting needed health care   |

14. During the past 12 months, did you go outside of Ashtabula County to receive needed health care? [Circle one answer]

Yes	No (Go to Question 16)
-----	---------------------------

15. What kind of health care did you receive outside of Ashtabula County? [Please write your answer below]

{PLEASE COMPLETE THE NEXT PAGE}

16. Would you or a family member like to receive help or information for any of the following issues?

[Fill in the circles that apply]

- Depression, anxiety, or mental health
- Alcohol abuse
- Drug abuse
- Tobacco cessation
- Elder care assistance
- Marital or family problems
- End-of-life or hospice care
- Post-incarceration transition
- Food assistance
- Rent/mortgage assistance
- Other (please specify): \_\_\_\_\_
- None of these

17. How much do you trust your local health department to provide accurate health information?

[Circle one answer]

Completely	Very much	A moderate amount	A little	Not at all
------------	-----------	-------------------	----------	------------

18. How much do you trust the Ohio Department of Health to provide accurate health information?

[Circle one answer]

Completely	Very much	A moderate amount	A little	Not at all
------------	-----------	-------------------	----------	------------

**[NOTE: If you are 49 years of age or younger, please go to Question 20.]**

19. The next question is about colorectal cancer screening. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since you had a sigmoidoscopy or colonoscopy? This does not include a colorectal screening done at home. [Circle one answer]

Within the past year <small>(anytime less than 12 months ago)</small>	Within the past 2 years <small>(at least 1 year but less than 2 years ago)</small>	Within the past 3 years <small>(at least 2 years but less than 3 years ago)</small>	Within the past 5 years <small>(at least 3 years but less than 5 years ago)</small>	Within the past 10 years <small>(at least 5 years but less than 10 years ago)</small>	10 or more years ago	Never
--	---	--	--	--	----------------------	-------

**[NOTE: If you are male, please go to Question 22.]**

20. A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?

[Circle one answer]

Within the past year <small>(anytime less than 12 months ago)</small>	Within the past 2 years <small>(at least 1 year but less than 2 years ago)</small>	Within the past 3 years <small>(at least 2 years but less than 3 years ago)</small>	Within the past 5 years <small>(at least 3 years but less than 5 years ago)</small>	5 or more years ago	Never
--	---	--	--	---------------------	-------

**[NOTE: If you are 44 years of age or younger, please go to Question 22.]**

21. A mammogram is an x-ray of each breast to look for breast cancer. How long has it been since you had your last mammogram? [Circle one answer]

Within the past year <small>(anytime less than 12 months ago)</small>	Within the past 2 years <small>(at least 1 year but less than 2 years ago)</small>	Within the past 3 years <small>(at least 2 years but less than 3 years ago)</small>	Within the past 5 years <small>(at least 3 years but less than 5 years ago)</small>	5 or more years ago	Never
--	---	--	--	---------------------	-------

{PLEASE TURN OVER AND COMPLETE THE BACK}

## OTHER BEHAVIORS AND EXPERIENCES

**The next questions ask about physical activity.**

22. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.) [Write a number] \_\_\_ \_\_\_
23. During the past 7 days, on how many days did you do exercises to **strengthen or tone your muscles**, such as push-ups, sit-ups, or weightlifting? [Write a number] \_\_\_ \_\_\_
24. On average, how many hours per day do you spend **watching television**? [Write a number] \_\_\_ \_\_\_
25. On average, how many hours per day do you spend **on the Internet**? This includes browsing the web on a desktop, laptop, or cell phone, using apps on a cell phone, checking email, social media usage, etc. [Write a number] \_\_\_ \_\_\_
26. On an average night, how many hours of sleep do you get? [Write a number] \_\_\_ \_\_\_

**The next questions ask about other health behaviors and issues.**

27. If you wanted to learn more about a specific health condition, which of the following information sources would you likely use? [Fill in the circles that apply]
- |  |   |
|--|---|
| <input type="radio"/> Social media                 | <input type="radio"/> Magazine(s)                   |
| <input type="radio"/> Friends or family            | <input type="radio"/> Newspaper(s)                  |
| <input type="radio"/> Health department website(s) | <input type="radio"/> Other (please specify): _____ |
| <input type="radio"/> Hospital website(s)          | <input type="radio"/> None of these                 |

28. How difficult is it for you to get fresh fruits and vegetables? [Circle one answer]

Extremely difficult	Very difficult	Moderately difficult	Slightly difficult	Not difficult at all
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29. Have you smoked at least 100 cigarettes in your life? [Circle one answer]

Yes	No
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30. How often do you...

30a. Smoke cigarettes?	Every day	Some days	Not at all
30b. Use e-cigarettes (e.g., Juul)?	Every day	Some days	Not at all
30c. Use chewing tobacco, snuff, or snus?	Every day	Some days	Not at all
30d. Use other tobacco/nicotine product(s)?	Every day	Some days	Not at all

31. One drink is equal to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. Considering all types of alcoholic beverages, how many times during the past 30 days did you have (if male, 5 drinks or more | if female, 4 drinks or more) on an occasion? [Write a number] \_\_\_ \_\_\_

{PLEASE COMPLETE THE NEXT PAGE}

32. Do you personally know anyone in Ashtabula County who has an abuse or addiction problem with... [For each question, circle one answer]

32a. Heroin?	Yes	No
32b. Methamphetamines?	Yes	No
32c. Prescription pain medicine?	Yes	No
32d. Alcohol?	Yes	No

33. During the past 30 days, on how many days did you use prescription medication that was not prescribed for you, or take more medicine than was prescribed for you, in order to feel good, high, more active, or more alert? [Write a number] \_\_\_

34. During the past 30 days, on how many days did you use marijuana or cannabis? [Write a number] \_\_\_  
 (If you wrote zero (0), go to Question 36)

35. When you used marijuana or cannabis during the past 30 days, was it usually...? [Circle one answer]

For medical reasons (to treat symptoms of a health condition)	For non-medical reasons (to have fun or fit in)	For both medical and non-medical reasons
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**The next questions ask about your household and the area where you live.**

36. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson. Thinking about the area where you live, how worried are you about property crime? [Circle one answer]

Extremely worried	Very worried	Moderately worried	Slightly worried	Not worried at all
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37. Violent crime includes the offenses of murder, rape, robbery, and aggravated assault. Thinking about the area where you live, how worried are you about violent crime? [Circle one answer]

Extremely worried	Very worried	Moderately worried	Slightly worried	Not worried at all
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38. The following issues are sometimes associated with poor health. During the past 12 months, has each of the following issues been present in or around your household? [For each question, circle one answer]

38a. Lead paint?	Yes	No
38b. Mold?	Yes	No
38c. Radon?	Yes	No
38d. Bedbugs?	Yes	No
38d. Other insects (flies, roaches, etc.)?	Yes	No
38e. Litter/trash?	Yes	No

## OTHER QUESTIONS

**These questions are for statistical purposes only. All responses will remain confidential.**

39. What is your age? [Write a number] \_\_\_ \_\_\_

40. How much do you weigh without shoes? [Write a number] \_\_\_ \_\_\_ \_\_\_ pounds

41. How tall are you without shoes? [Write two numbers] \_\_\_ feet / \_\_\_ \_\_\_ inches

42. Which of the following best describes your gender? [Circle one answer]

Male	Female	Transgender	Non-binary	I prefer not to classify myself
------	--------	-------------	------------	---------------------------------

43. This question is about your racial background. Which of the following categories do you consider yourself to be? [Circle one answer]

White	Black or African-American	Some other race (please specify):
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44. This question is about Hispanic ethnicity. Are you of Hispanic, Latino, or Spanish origin?  
[Circle one answer]

Yes	No
-----	----

45. Including yourself, how many people live in your household? [Write a number] \_\_\_ \_\_\_

46. And how many of these people are under age 18? [Write a number] \_\_\_ \_\_\_

47. Do you live in Ashtabula City, or do you live somewhere else in Ashtabula County? [Circle one answer]

Live in Ashtabula City	Live somewhere else
------------------------	---------------------

48. Do you live in Conneaut City, or do you live somewhere else in Ashtabula County? [Circle one answer]

Live in Conneaut City	Live somewhere else
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49. What is the highest level of education you have completed? [Circle one answer]

Less than 12 <sup>th</sup> grade (no diploma)	High school degree/GED	Some college (no degree)	Associate's degree	Bachelor's degree	Graduate or professional degree
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50. Which of the following categories includes the total income of everyone living in your home in 2021, before taxes? [Circle one answer]

Less than \$25,000	Between \$25,000 and \$49,999	Between \$50,000 and \$74,999	Between \$75,000 and \$99,999	\$100,000 or more
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{YOU ARE FINISHED! PLEASE USE THE ENVELOPE PROVIDED TO RETURN THIS SURVEY.  
**THANK YOU!**}

## Appendix C: Ashtabula County Community Poll

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The next page shows the Ashtabula County Community Poll.

## Community poll

1. In your opinion, what is the most important health issue affecting the people who live in Ashtabula County? (May also include the phrase "setting aside COVID-19" if preferred. This is the same question asked in the adult survey, and so far it appears that COVID-19 is a very prevalent response.)
2. Given your vision for a healthy Ashtabula County, what do you think are the biggest barriers or issues that are keeping the County from getting there?
3. Looking to the near and far future, what are the major issues caused by COVID-19 that community leaders should focus on addressing?
4. What would be the best way for Ashtabula County to increase residents' awareness of its local resources/services/programs that work to improve community health?
5. The next few questions are about you. Do you live in Ashtabula County, Ohio, or do you live in a different county?
  - I live in Ashtabula County, Ohio
  - I live in a different county
6. Do you work in Ashtabula County, Ohio, do you work in a different county, or are you not currently working?
  - I work in Ashtabula County, Ohio
  - I work in a different county
  - I'm not currently working
7. Please type the name of your organization in the space below.

## Appendix D: Ashtabula County Community Leader Interview Guide

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The next pages show the Ashtabula County Community Leader Interview Guide.

## **Ashtabula County Community Health Assessment Community Interview Guide**

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This is a conversational roadmap, not a script to be followed word for word. The interviewer will ask questions as applicable, taking into account the amount of time remaining.

When the interviewee's role in the community makes them well-suited to speaking about specific populations of interest (e.g., low income families, youth, individuals with disabilities, Non-English speaking populations), broad questions about health of the community can be shifted to focus on the population of interest when applicable.

*Example:*

- *Based on what you've seen or heard, what mental health issues are present for the community's youth population?*
- *Based on what you've seen or heard, what nutritional issues are present in the community's disabled population?*

### **MOST IMPORTANT HEALTH ISSUES**

1. What do you think are the most important health issues in Ashtabula County?

### **OVERALL PHYSICAL AND MENTAL HEALTH**

2. Based on what you've seen or heard, what physical health issues are present in the community?
  - a. What chronic physical conditions do you see as problematic in the community?
  - b. (Probe on obesity, if applicable)
  - c. (If applicable) Would you say that most residents tend to get the recommended vaccines, including the flu vaccine, or are there issues with vaccinations?
3. Based on what you've seen or heard, what mental health issues are present in the community?
  - a. What effects do mental health conditions have on people or systems in the community?
  - b. (Probe on effects on those who have the conditions themselves, those who interact with people with mental health conditions in some way, and the systems in place in the community)
  - c. (Probe on issues with staffing skilled people to fill positions, staff burnout)
  - d. (Probe on issue of people being unwilling to admit mental health issues due to stigma)

### **SUBSTANCE ABUSE/ADDICTION**

4. Based on what you've seen or heard, what are the most serious substance abuse issues present in the community?
  - a. (Probe on tobacco cigarettes, vaping nicotine, smokeless tobacco, heroin, methamphetamines, prescription pain meds, and alcohol, if applicable)

- b. (Probe on effects on those who abuse substances themselves, those who interact with people who abuse substances in some way, and the systems in place in the community)
- c. (Probe on issues with staffing skilled people to fill positions for substance abuse treatment, staff burnout)

### **HEALTH CARE ACCESS**

- 5. Based on what you've seen or heard, what are the most serious health care access issues that affect people in the community?
  - a. What are causes for residents delaying or not seeking health care?
  - b. Do community members commonly seek health care outside of Ashtabula County?
    - i. Why?
    - ii. What type of care do they seek?
    - iii. Where do they go?
  - c. (Probe on emergency treatment, urgent care, pharmacy, and X-rays, if applicable)
  - d. (Probe on rehab / inpatient care facilities, if applicable)
  - e. (Probe on psychiatric stabilization facilities / beds, if applicable)
  - f. (Probe on first responders (sheriff's department, fire, & EMS), if applicable)

### **POVERTY AND LACK OF TRANSPORTATION**

- 6. Based on what you've seen or heard, what are the primary causes of poverty in the community?
- 7. What barriers to transportation exist in the community?
- 8. What issues do you see with housing access and quality in the community?

### **HEALTH EDUCATION**

- 9. Based on what you've seen or heard, what issues with health education are present in the community?
  - a. (Probe to understand whether there are issues with formal and/or informal health education)
  - b. (Probe to understand whether there are issues with the sources of health education people use)
- 10. Based on what you've seen or heard, what issues with health knowledge are present in the community?
  - c. (Probe to understand whether residents are aware of health services)

### **COVID-19**

- 11. Based on what you've seen or heard, what are the biggest issues COVID-19 has caused among the community?
- 12. Looking to the near and far future, what are the major issues caused by COVID-19 that community leaders should focus on addressing?

### **SUMMARY/IMPROVEMENT/CLOSURE**

13. (Briefly summarize key issues discussed.) What ideas do you have for how leaders in Ashtabula County can improve the health of the community, or reduce the impact of some of these issues? (Probe until no more ideas)
14. Given everything we've discussed today, what else do you think I should know?

**IF TIME ALLOWS (OR IF TOPIC IS PARTICULARLY RELEVANT TO INTERVIEWEE'S KNOWLEDGE / EXPERIENCE)**

**ELDER CARE**

15. Based on what you've seen or heard, what are the most serious issues affecting the health of the community's elderly population?

**NUTRITION AND PHYSICAL ACTIVITY**

16. Based on what you've seen or heard, what nutritional issues are present in the community?
  - a. How much of a problem is access to healthy foods in the community?
  - b. From your perspective, what factors keep some people in the community from eating adequate amounts of fruit and vegetables?
  - c. What nutritional issues do you see with children, specifically?
17. Based on what you've seen or heard, what issues with physical activity are present in the community?

**ENVIRONMENTAL HEALTH**

18. Based on what you've seen or heard, what are the most serious environmental health issues present in the community? (Probe on air, water, trash, plumbing if necessary)

## Appendix E: Ashtabula County OHYES! Survey Questionnaire

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The next pages show the youth OHYES! survey questionnaire.

**The next question asks about physical activity.**

1. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

**The next questions ask about what you ate or drank during the past 7 days.**

2. On average how many servings of fruits and vegetables do you have per day? (Do not include French fries, Kool-Aid, or fruit flavored drinks.)

- 1 to 4 servings per day
- 5 or more servings per day
- 0 – I do not like fruits or vegetables
- 0 – I cannot afford fruits or vegetables
- 0 – I do not have access to fruits or vegetables

3. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop).

- I did not drink soda or pop during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

4. During the past 7 days, on how many days did you eat breakfast?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

**The next questions ask about other health-related topics.**

5. When was the last time you saw a doctor or a nurse for a check-up when you were not sick or injured?

- During the past 12 months
- Between 12 and 24 months
- More than 24 months
- Never
- Not sure

**The next question asks about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.**

6. During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 or more times

7. When was the last time you saw a dentist for a check-up exam, teeth cleaning, or other dental work?

- During the past 12 months
- Between 12 and 24 months
- More than 24 months
- Never
- Not sure

**The next questions ask about school.**

8. I enjoy coming to school.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

9. I feel like I belong at my school.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

10. I can go to adults at my school for help if I needed it.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

11. My school provides various opportunities to learn about and appreciate different cultures and ways of life.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

12. My parents talk to me about what I do in school.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

13. My parents push me to work hard at school.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

14. During the past 12 months, how often did your parents check on whether you had done your homework?

- Never or almost never
- Sometimes
- Often
- All the time

**The next questions ask about safety and violence-related behaviors.**

15. In the past year, how often did you feel safe and secure at school?

- Never
- Rarely
- Sometimes
- Most of the time
- All of the time

16. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

17. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

18. During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

- I did not date or go out with anyone during the past 12 months
- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

**The next questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.**

19. What types of bullying have you experienced in the past 12

months? (CHECK ALL THAT APPLY)

You were hit, kicked, punched, or people took your belongings

Teased, taunted, or called harmful names

Spread mean rumors about or kept out of a "group"

Teased, taunted, or threatened by e-mail, cell phone, or other electronic methods

Nude or semi-nude pictures used to pressure someone to have sex that does not want to, blackmail, intimidate, or exploit another person

None of the above – **SKIP TO #24**

20. During the past 12 months, have you ever been bullied on school property?

Yes  
No

21. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)

Yes  
No

22. During the past 12 months, how many times were you in a physical fight?

0 times – **SKIP TO #24**  
1 time  
2 to 5 times  
6 or more times

23. During the past 12 months, how many times were you in a physical fight on school property?

0 times  
1 time  
2 to 5 times  
6 or more times

24. I feel safe in my neighborhood (town, community).

Yes  
No

**The next questions ask about vehicle safety.**

25. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

0 times  
1 time  
2 or 3 times  
4 or 5 times  
6 or more times

26. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

I did not drive a car or other vehicle during the past 30 days – **SKIP TO #28**

0 times  
1 time  
2 or 3 times  
4 or 5 times  
6 or more times

27. During the past 30 days, on how many days did you text or email while driving a car or other vehicle?

0 days  
1 or 2 days  
3 to 5 days  
6 to 9 days  
10 to 19 days  
20 to 29 days  
All 30 days

**The next questions ask about behavioral health.**

28. On an average school night, how many hours of sleep do you get?

4 hours or less  
5 hours  
6 hours  
7 hours  
8 hours  
9 hours  
10 or more hours

29. Over the past 2 weeks, have you been bothered by feeling nervous, anxious, or on edge?

Not at all  
Several days  
More days than not  
Nearly every day

30. Over the past 2 weeks, have you been bothered by not being able to stop or control worrying?

Not at all  
Several days  
More days than not  
Nearly every day

31. Over the past 2 weeks, have you been bothered by feeling down, depressed, or hopeless?

Not at all  
Several days  
More days than not  
Nearly every day

32. Over the past 2 weeks, have you been bothered by little interest or pleasure in doing things?

Not at all  
Several days  
More days than not  
Nearly every day

33. When you are stressed out, how do you manage it?

(CHECK ALL THAT APPLY)

I do not have any stress

Physical activity (exercise, sports, skateboarding, motocross, etc.)

Meditate, pray, use relaxation techniques

Participate in hobbies or community service

Express myself through the arts and literature (dance, music, art, writing, etc.)

Get support from others

Avoid people who create "drama"

Limit exposure to social media (Facebook, Twitter, Instagram, etc.)

34. When was the last time you saw a doctor, nurse, therapist, social worker, or counselor for a mental health problem?

During the past 12 months

Between 12 and 24 months

More than 24 months

Never

Not sure

35. Have you ever experienced any of the following?

(CHECK ALL THAT APPLY)

Lived with someone who was depressed, mentally ill or suicidal

Lived with someone who was a problem drinker or an alcoholic

Lived with someone who used illegal street drugs, or who abused prescription medication

Lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility

None of the above has happened to me

36. Have you ever experienced any of the following?

(CHECK ALL THAT APPLY)

Your parents became separated or were divorced

Your parents were not married

Your parents or adults in your home slapped, hit, kicked, punched or beat each other up

A parent or adult in your home hit, beat, kicked, or physically hurt you in any way (not including spanking)

A parent or adult in your home swore at you, insulted you, or put you down

None of the above has happened to me

37. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

Yes

No

38. During the past 12 months, did you ever seriously consider attempting suicide?

Yes

No – **SKIP TO #41**

39. During the past 12 months, how many times did you actually attempt suicide?

0 times – **SKIP TO #41**

1 time

2 or 3 times

4 or 5 times

6 or more times

40. If you attempted suicide during the past 12 months, did any attempt result in injury, poisoning, or overdose that had to be treated by a doctor or nurse?

Yes

No

**The next questions ask about tobacco use.**

41. During the past 30 days, did you smoke all or part of a cigarette?

Yes

No – **SKIP TO #44**

42. During the past 30 days, on how many days did you

smoke cigarettes?

0 days

1 or 2 days

3 to 5 days

6 to 9 days

10 to 19 days

20 to 29 days

All 30 days

43. During the past 30 days, how did you usually get your own cigarettes? (CHECK ALL THAT APPLY)

I bought them in a store such as a convenience store, supermarket, discount store, or gas station

I got them on the Internet

I bought them from a vending machine

I gave someone else money to buy them for me

I borrowed (or bummed) them from someone else

A person 18 years or older gave them to me  
I took them from a store  
I took them from a family member  
I got them some other way

44. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, snus or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal or Camel Snus? (Do not count any electronic vapor products.)

0 days  
1 or 2 days  
3 to 5 days  
6 to 9 days  
10 to 19 days  
20 to 29 days  
All 30 days

45. During the past 30 days, on how many days did you smoke cigars, cigarillos or little cigars?

0 days  
1 or 2 days  
3 to 5 days  
6 to 9 days  
10 to 19 days  
20 to 29 days  
All 30 days

**The next questions ask about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens and mods.**

46. Have you ever used an electronic vapor product?  
Yes  
No – **SKIP TO #50**

47. During the past 30 days, on how many days did you use an electronic vapor product?

0 days  
1 or 2 days  
3 to 5 days  
6 to 9 days  
10 to 19 days  
20 to 29 days  
All 30 days

48. During the past 30 days, how did you usually get your electronic vapor products? (CHECK ALL THAT APPLY)  
I bought them in a store such as a convenience

store, supermarket, discount store, gas station, or vape store  
I got them on the Internet  
I gave someone else money to buy them for me  
I borrowed them from someone else  
A person who can legally buy these products gave them to me  
I took them from a store or another person  
I got them some other way

49. What are the main reasons you have used electronic vapor products? (CHECK ALL THAT APPLY)  
Family member used them  
Friend used them  
I vape because I am bored  
I vape because my friends pressure me to  
To try to quit using other tobacco products  
They cost less than other tobacco products  
They are easier to get than other tobacco products  
They are less harmful than other forms of tobacco  
They are available in flavors, such as mint, candy, fruit, or chocolate  
I used them for some other reason

**The next questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

50. How old were you when you had your first drink of alcohol other than a few sips?

I have never had a drink of alcohol other than a few sips – **SKIP TO #56**  
8 years old or younger  
9 or 10 years old  
11 or 12 years old  
13 or 14 years old  
15 or 16 years old  
17 years old or older

51. During the past 30 days did you drink one or more drinks of an alcoholic beverage?

Yes  
No – **SKIP TO #56**

52. During the past 30 days, on how many days did you have at least one drink of alcohol?

0 days  
1 or 2 days  
3 to 5 days  
6 to 9 days

10 to 19 days  
20 to 29 days  
All 30 days

53. During the past 30 days, on how many days did you have 4 or more drinks (for females) or 5 or more drinks (for males) of alcohol in a row, within a couple of hours?

0 days  
1 day  
2 days  
3 to 5 days  
6 to 9 days  
10 to 19 days  
20 or more days

54. During the past 30 days, how did you usually get your alcohol? (CHECK ALL THAT APPLY)

I bought it in the store such as liquor, convenience store, supermarket, discount store, or gas station  
I bought it a public event such as a concert or sporting event  
I gave someone else money to buy it for me  
Someone gave it to me  
I took it from a store or family member  
My parent gave it to me  
My friend's parent gave it to me  
I got it some other way

55. When do you usually drink alcohol?

Before school  
During school  
After school  
Week nights  
Weekends

**The next questions ask about marijuana use. Marijuana also is called pot, weed, or cannabis.**

56. How old were you when you tried marijuana for the first time?

I have never tried marijuana – **SKIP TO #61**  
8 years old or younger  
9 or 10 years old  
11 or 12 years old  
13 or 14 years old  
15 or 16 years old  
17 years old or older

57. During the past 30 days, have you used marijuana or hashish?

Yes

No – **SKIP TO #61**

58. During the past 30 days, how many times did you use marijuana?

0 times  
1 or 2 times  
3 to 9 times  
10 to 19 times  
20 to 39 times  
40 or more times

59. During the past 30 days, how did you usually use marijuana?

I smoked it in a joint, bong, pipe, or blunt  
I ate it in food such as brownies, cakes, cookies, or candy  
I drank it in tea, cola, alcohol, or other drinks  
I vaporized it  
I used it some other way

60. When do you usually use marijuana?

Before school  
During school  
After school  
Week nights  
Weekends

**The next questions ask about prescription drugs.**

61. During your life, how many times have you taken any prescription drugs (such as OxyContin, Percocet, Vicodin, and codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription or differently than how a doctor told you to use it?

0 times – **SKIP TO #67**  
1 or 2 times  
3 to 9 times  
10 to 19 times  
20 to 39 times  
40 or more times

62. During the past 30 days, have you used prescription drugs not prescribed to you?

Yes  
No

**The next questions ask about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For these questions, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.**

63. During your life, how many times have you taken a prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?

0 times— **SKIP TO #67**

1 or 2 times

3 to 9 times

10 to 19 times

20 to 39 times

40 or more times

64. During the past 30 days, have you used prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?

Yes

No

65. What type of prescription drug do you take most often without a doctor's prescription or differently than how a doctor told you to use it?

Pain relievers or painkillers, such as OxyContin, Percocet, Vicodin, Lortab, or codeine

Tranquilizers or anti-anxiety drugs such as Xanax, or Valium

Sleeping pills, sedatives and other depressants such as Ambien, or phenobarbital

Stimulants or amphetamines such as Ritalin (also called Vitamin R or Study Drug)

Not sure

66. When do you usually use prescription drugs not prescribed to you?

Before school

During school

After school

Week nights

Weekends

#### **The next questions ask about other drugs.**

67. During your life, have you ever used any of the following? (CHECK ALL THAT APPLY):

\*\*I have never used any of these substances in my life\*\* – **SKIP TO #69**

Any form of cocaine, including powder, crack or freebase

Inhalants, sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high

Heroin (also called smack, junk, or China White)

Methamphetamines (also called speed, crystal meth, crank, ice, or meth)

Ecstasy (also called MDMA, Molly)

Hallucinogenic drugs, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms

Steroid pills or shots without a doctor's prescription

Synthetic marijuana (Spice, fake weed, K2, King Kong, Yucatan, Fire, or Skunk)

68. During the past year, have you used any of the following? (CHECK ALL THAT APPLY):

\*\*I have not used any of these substances in the past year\*\*

Any form of cocaine, including powder, crack or freebase

Inhalants, sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high

Heroin (also called smack, junk, or China White)

Methamphetamines (also called speed, crystal meth, crank, ice, or meth)

Ecstasy (also called MDMA, Molly)

Hallucinogenic drugs, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms

Steroid pills or shots without a doctor's prescription

Synthetic marijuana (Spice, fake weed, K2, King Kong, Yucatan, Fire, or Skunk)

69. During your life, how many times have you taken over-the-counter medications such as cold medicine, allergy medicine, or pain reliever to get high?

0 times

1 or 2 times

3 to 9 times

10 to 19 times

20 to 39 times

40 or more times

70. During the past 12 months, has anyone offered, sold, or given you an illegal drug at any of the following places? (CHECK ALL THAT APPLY)

On school property

On the school bus

At a friend's house

In my neighborhood

None of the above

71. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?

Yes

No

72. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.

Yes

No

**The next questions ask about how much risk is involved with using alcohol, tobacco or drugs.**

73. How much do you think people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?

No risk

Slight risk

Moderate risk

Great risk

74. How much do you think people risk harming themselves physically or in other ways if they smoke one or more packs of cigarettes per day?

No risk

Slight risk

Moderate risk

Great risk

75. How much do you think people risk harming themselves physically or in other ways if they use electronic vapor products every day?

No risk

Slight risk

Moderate risk

Great risk

76. How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?

No risk

Slight risk

Moderate risk

Great risk

77. How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?

No risk

Slight risk

Moderate risk

Great risk

**The next questions ask about how your parents or parent figure would feel if you used alcohol, tobacco or drugs.**

78. How wrong do your parents feel it would be for you

to have one or two drinks of an alcoholic beverage nearly every day?

Not at all wrong

A little bit wrong

Wrong

Very wrong

79. How wrong do your parents feel it would be for you to smoke tobacco?

Not at all wrong

A little bit wrong

Wrong

Very wrong

80. How wrong do your parents feel it would be for you to use electronic vapor products?

Not at all wrong

A little bit wrong

Wrong

Very wrong

81. How wrong do your parents feel it would be for you to smoke marijuana?

Not at all wrong

A little bit wrong

Wrong

Very wrong

82. How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?

Not at all wrong

A little bit wrong

Wrong

Very wrong

**The next questions ask about how your friends, not just acquaintances, would feel if you used alcohol, tobacco or drugs.**

83. How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?

Not at all wrong

A little bit wrong

Wrong

Very wrong

84. How wrong do your friends feel it would be for you to smoke tobacco?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

85. How wrong do your friends feel it would be for you to use electronic vapor products?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

86. How wrong do your friends feel it would be for you to smoke marijuana?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

87. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?

- Not at all wrong
- A little bit wrong
- Wrong
- Very wrong

88. How do you feel about someone your age trying marijuana or hashish once or twice?

- Neither approve nor disapprove
- Somewhat disapprove
- Strongly disapprove

89. How do you feel about someone your age using marijuana once a month or more?

- Neither approve nor disapprove
- Somewhat disapprove
- Strongly disapprove

90. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?

- Neither approve nor disapprove
- Somewhat disapprove
- Strongly disapprove

**The next questions ask about gambling.**

91. During the past 12 months, how often did you gamble money or things while playing cards, betting on

personal skills or sports teams, buying lottery tickets or scratch-offs, or in internet gaming including skins or loot boxes?

- I did not gamble money or personal items during the past 12 months – **SKIP TO #96**
- Less than once a month
- About once a month
- About once a week
- Daily

92. During the last 12 months, have you ever gambled more than you planned to?

- Yes
- No

93. During the last 12 months, have you ever felt bad about the amount you bet, or about what happens when you bet money or things?

- Yes
- No

94. During the last 12 months, have you ever hidden from family or friends any betting slips, I.O.U.s, lottery tickets, money or things that you've won, or other signs of gambling?

- Yes
- No

95. Have you ever not been honest with people important to you about how much you gamble?

- Yes
- No

**The next questions ask about other home or school related topics.**

96. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)

- 0 teams
- 1 team
- 2 teams
- 3 or more teams

97. I do not participate in organized after-school activities because (Check all that apply):

- Does not apply - I am able to participate in all after-school activities I want to
- No activities interest me
- I do not like the group of students who are participating
- I'm afraid other kids would make fun of me

I have no time because of school work  
I have no time because of a job  
I have no time because I have to do things for my family  
My parents won't let me  
It costs too much  
I have no way to get to or home from activities  
I do not think I am good enough  
I was not chosen for the team  
I have health conditions that make it difficult  
I am concerned about my weight

98. How often, if ever, do your parents limit the times of day or length of time when you can use an electronic device (including TV, computer, tablet, cellphone or other electronic device) for non-school related purposes such as watching/streaming TV series or movies, playing games, accessing the internet, or using social media?  
Never  
Rarely  
Sometimes  
Often

99. There are a lot of adults in my neighborhood (town, community) I could talk to about something important.  
Yes  
No

100. During the past 30 days, where did you usually sleep?  
In my parent's or guardian's home  
In the home of a friend, family member or other person because I had to leave my home or my parent or guardian cannot afford housing  
In a shelter or emergency housing  
In a motel or hotel  
In a car, park, campground, or other public place  
I do not have a usually place to sleep  
Somewhere else

101. During the past 30 days, did you ever live away from your parent or guardian because you were kicked out, ran away or were abandoned, or did that not happen?  
Lived away from parent or guardian  
Did not happen

102. How old are you?  
11 years old or younger (Ineligible)  
12 years old  
13 years old  
14 years old  
15 years old  
16 years old  
17 years old  
18 years old or older

103. What is your sex?  
Female  
Male  
Other  
\_\_\_\_\_

104. In what grade are you?  
7th grade  
8th grade  
9th grade  
10th grade  
11th grade  
12th grade  
Ungraded or other grade

105. Are you Hispanic or Latino?  
Yes  
No

106. What is your race? (CHECK ALL THAT APPLY)  
American Indian or Alaska Native  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
White

**The next 2 questions ask about having a disability or a long-term (6 months or longer) health problem. A disability or long-term health problem can cause physical, emotional, learning, hearing, communication, speech, vision, or attention problems.**

107. Do you have a disability or long-term health problem that keeps you from doing everyday activities such as bathing, getting dressed, doing school work, playing sports, or being with friends?  
Yes  
No  
Not sure

108. Have you ever been told by a doctor, nurse or parent that you have a disability or long-term health problem?

Yes

No

Not sure

109. How many times have you ever moved to a new address?

0 times

1 time

2 times

3 times

4 or more times

110. During the past 12 months, how would you describe your grades in school?

Mostly A's

Mostly B's

Mostly C's

Mostly D's

Mostly F's

None of these grades

Not sure

111. Which school district do you attend?

Ashtabula Area City Schools

Buckeye Local Schools

Conneaut Area City Schools

Geneva Area City Schools

Grand Valley Local Schools

Jefferson Area Local Schools

Pymatuning Valley Local Schools

St. John School K-12

112. Do you attend A-Tech?

Yes

No

## Appendix F: Ashtabula County OHYES! Survey Additional Health Indicators

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The next pages show the additional health indicators from the Ashtabula County OHYES! survey.

## Substance Use

<b>During the past 30 days....</b>		Ashtabula County Youth
Did you drink one or more drinks of an alcoholic beverage? (n=724)	Yes	32.3%
	No	67.7%
Have you used marijuana or hashish? (n=308)	Yes	41.9%
	No	58.1%
Have you used prescription drugs not prescribed to you? (n=159)	Yes	18.9%
	No	81.1%
<b>During the past 30 days, on how many days did you smoke cigarettes?</b>		Ashtabula County Youth (n=88)
	0 days	29.6%
	1 or 2 days	27.3%
	3 to 5 days	8.0%
	6 to 9 days	6.8%
	10 to 19 days	6.8%
	20 to 29 days	3.4%
	All 30 days	18.2%
<b>During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?</b>		Ashtabula County Youth (n=1832)
	0 days	97.4%
	1 or 2 days	1.0%
	3 to 5 days	0.4%
	6 to 9 days	0.1%
	10 to 19 days	0.5%
	20 to 29 days	0.1%
	All 30 days	0.4%
<b>During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, snus or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal or Camel Snus? (Do not count any electronic vapor products.)</b>		Ashtabula County Youth (n=1831)
	0 days	97.6%
	1 or 2 days	0.9%
	3 to 5 days	0.4%

6 to 9 days	0.4%
10 to 19 days	0.2%
20 to 29 days	0.2%
All 30 days	0.3%

<b>During your life, how many times have you taken over the-counter medications such as cold medicine, allergy medicine, or pain reliever to get high?</b>	Ashtabula County Youth (n=1771)
0 times	88.4%
1 or 2 times	2.7%
3 to 9 times	2.5%
10 to 19 times	2.2%
20 to 39 times	1.1%
40 or more times	3.2%

<b>During your life, have you ever used any of the following? (CHECK ALL THAT APPLY)</b>	Ashtabula County Youth (n=1761)
I have never used any of these substances in my life	95.63%
Any form of cocaine, including powder, crack or freebase	0.68%
Inhalants, sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high	2.16%
Heroin (also called smack, junk, or China White)	0.40%
Methamphetamines (also called speed, crystal meth, crank, ice, or meth)	0.51%
Ecstasy (also called MDMA, Molly)	0.57%
Hallucinogenic drugs, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms	1.82%
Steroid pills or shots without a doctor's prescription	0.51%
Synthetic marijuana (Spice, fake weed, K2, King Kong, Yucatan, Fire, or Skunk)	1.70%

<b>During the past year, have you used any of the following? (CHECK ALL THAT APPLY)</b>	Ashtabula County Youth (n=108)
Hallucinogenic drugs, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms	24.1%
Synthetic marijuana (Spice, fake weed, K2, King Kong, Yucatan, Fire, or Skunk)	22.2%
Inhalants, sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high	14.8%
Any form of cocaine, including powder, crack or freebase	8.3%
Ecstasy (also called MDMA, Molly)	7.4%
Methamphetamines (also called speed, crystal meth, crank, ice, or meth)	3.7%
Steroid pills or shots without a doctor's prescription	3.7%

Heroin (also called smack, junk, or China White)	1.9%
I have never used any of these substances in the past year	47.2%

<b>When do you usually drink alcohol?</b>	Ashtabula County Youth (n=227)
Before school	1.8%
During school	2.2%
After school	9.3%
Week nights	6.6%
Weekends	80.2%

<b>When do you usually use marijuana?</b>	Ashtabula County Youth (n=122)
Before school	3.3%
During school	2.5%
After school	6.6%
Week nights	6.6%
Weekends	81.2%

<b>When do you usually use prescription drugs not prescribed to you?</b>	Ashtabula County Youth (n=69)
Before school	23%
During school	3%
After school	19%
Week nights	30%
Weekends	25%

<b>What type of prescription drug do you take most often without a doctor's prescription or differently than how a doctor told you to use it?</b>	Ashtabula County Youth (n=77)
Pain relievers or painkillers, such as OxyContin, Percocet, Vicodin, Lortab, or codeine	35.1%
Tranquilizers or anti-anxiety drugs such as Xanax, or Valium	10.4%
Sleeping pills, sedatives and other depressants such as Ambien, or phenobarbital	19.5%
Stimulants or amphetamines such a Ritalin (also called Vitamin R or Study Drug)	1.3%
Not sure	33.8%

<b>During the past 30 days, how did you usually get your own cigarettes? (CHECK ALL THAT APPLY)</b>	Ashtabula County Youth (n=74)
I borrowed (or bummed) them from someone else	39.2%

I took them from a family member	33.8%
I got them some other way	29.7%
A person 18 years or older gave them to me	25.7%
I gave someone else money to buy them for me	23.0%
I bought them in a store such as a convenience store, supermarket, discount store, or gas station	10.8%
I bought them from a vending machine	5.4%
I got them on the internet	4.1%
I took them from a store	4.1%

<b>How much do you think people risk harming themselves physically or in other ways when...</b>		Ashtabula County Youth
They have five or more drinks of an alcoholic beverage once or twice a week (n=1769)	No risk	11.3%
	Slight risk	22.3%
	Moderate risk	37.2%
	Great risk	29.2%
They smoke one or more packs of cigarettes per day (n=1771)	No risk	9.8%
	Slight risk	14.3%
	Moderate risk	26.7%
	Great risk	49.2%
They use electronic vapor products every day (n=1769)	No risk	11.1%
	Slight risk	24.2%
	Moderate risk	31.0%
	Great risk	33.7%
They smoke marijuana once or twice a week (n=1770)	No risk	20.5%
	Slight risk	27.3%
	Moderate risk	24.9%
	Great risk	27.2%
They use prescription drugs that are not prescribed to them (n=1762)	No risk	7.8%
	Slight risk	10.6%
	Moderate risk	25.4%
	Great risk	56.2%

<b>How wrong do your parent or guardian feel it would be for you to...</b>		Ashtabula County Youth
Have one or two drinks of an alcoholic beverage nearly everyday (n=1764)	Not at all wrong	5.4%
	A little bit wrong	9.9%
	Wrong	22.7%
	Very wrong	62.1%

Smoke tobacco (n=1770)	Not at all wrong	2.7%
	A little bit wrong	4.6%
	Wrong	18.4%
	Very wrong	74.3%
Use electronic vapor products (n=1772)	Not at all wrong	3.4%
	A little bit wrong	7.7%
	Wrong	20.8%
	Very wrong	68.1%
Smoke marijuana (n=1760)	Not at all wrong	6.7%
	A little bit wrong	9.7%
	Wrong	15.6%
	Very wrong	68.0%
Use prescription drugs not prescribed to them (n=1765)	Not at all wrong	2.7%
	A little bit wrong	3.7%
	Wrong	11.8%
	Very wrong	81.8%

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<b>How wrong do your friends feel it would be for you to...</b>	Ashtabula County Youth	
Have one or two drinks of an alcoholic beverage nearly every day? (n=1748)	Not at all wrong	10.2%
	A little bit wrong	20.1%
	Wrong	32.6%
	Very wrong	37.1%
Smoke tobacco? (n=1745)	Not at all wrong	8.0%
	A little bit wrong	15.8%
	Wrong	30.4%
	Very wrong	45.8%
Use electronic vapor products? (n=1745)	Not at all wrong	17.8%
	A little bit wrong	17.4%
	Wrong	26.2%
	Very wrong	38.6%
Smoke marijuana? (n=1742)	Not at all wrong	17.7%
	A little bit wrong	14.8%
	Wrong	23.0%
	Very wrong	44.5%
Use prescription drugs not prescribed to you? (n=1742)	Not at all wrong	4.7%
	A little bit wrong	8.6%
	Wrong	26.4%

Very wrong 60.4%

<b>How do you feel about someone your age...</b>		Ashtabula County Youth
Trying marijuana or hashish once or twice? (n=1739)	Neither approve/disapprove	28.5%
	Somewhat Disapprove	21.0%
	Strongly disapprove	50.6%
Using marijuana once a month or more? (n=1743)	Neither approve/disapprove	30.1%
	Somewhat disapprove	19.9%
	Strongly disapprove	50.0%
Having one or two drinks of an alcoholic beverage nearly every day? (n=1748)	Neither approve/disapprove	15.9%
	Somewhat disapprove	21.5%
	Strongly disapprove	62.6%

<b>During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?</b>	Ashtabula County Youth (n=1771)
Yes	72.0%
No	28.0%

<b>During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.</b>	Ashtabula County Youth (n=1773)
Yes	51.1%
No	48.9%

### School

I enjoy coming to school. (n=1871)	Strongly disagree	17.6%
	Disagree	16.1%
	Neither agree nor disagree	40.9%
	Agree	21.8%
	Strongly agree	3.6%
I feel like I belong at my school. (n=1867)	Strongly disagree	11.8%
	Disagree	13.0%
	Neither agree nor disagree	33.6%
	Agree	34.7%
	Strongly agree	6.9%

I can go to adults at my school for help if I needed it. (n=1866)	Strongly disagree	9.0%
	Disagree	10.9%
	Neither agree nor disagree	24.9%
	Agree	43.5%
	Strongly agree	11.7%
My school provides various opportunities to learn about and appreciate different cultures and ways of life. (n=1869)	Strongly disagree	8.2%
	Disagree	14.9%
	Neither agree nor disagree	30.0%
	Agree	39.8%
	Strongly agree	7.1%
My parents talk to me about what I do in school. (n=1867)	Strongly disagree	6.0%
	Disagree	11.5%
	Neither agree nor disagree	17.6%
	Agree	50.1%
	Strongly agree	14.8%
My parents push me to work hard at school. (n=1869)	Strongly disagree	2.9%
	Disagree	5.8%
	Neither agree nor disagree	14.8%
	Agree	45.8%
	Strongly agree	30.7%
During the past 12 months, how often did your parents check on whether you had done your homework? (n=1868)	Never or almost never	22.1%
	Sometimes	28.5%
	Often	25.0%
	All the time	24.4%
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? (n=1871)	0 days	82.7%
	1 day	8.3%
	2 or 3 days	4.9%
	4 or 5 days	1.9%
	6 or more days	2.3%
During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property? (n=1870)	0 times	89.0%
	1 time	5.4%
	2 or 3 times	3.3%
	4 or 5 times	1.3%
	6 or more times	1.0%

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<b>I do not participate in organized after-school activities because... (CHECK ALL THAT APPLY)</b>	Ashtabula County Youth (n=1668)
No activities interest me	27.4%

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I do not think I am good enough	14.8%
I have no time because of schoolwork	12.6%
I'm afraid other kids would make fun of me	12.5%
I do not like the group of students who are participating	12.2%
I am concerned about my weight	10.5%
I have no time because I have to do things for my family	10.3%
I have no way to get to or home from activities	9.8%
I have no time because of a job	7.7%
It costs too much	7.3%
I have health conditions that make it difficult	5.8%
My parents won't let me	3.0%
I was not chosen for the team	2.0%
Does not apply - I am able to participate in all after-school activities I want to	55.9%

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<b>Have you ever been bullied on school property?</b> (n=698)	Ashtabula County Youth
Yes	59.6%
No	40.4%

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<b>How many times were you in a physical fight on school property?</b> (n=175)	Ashtabula County Youth
0 times	52.6%
1 time	33.1%
2 to 5 times	10.9%
6 or more times	3.4%

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### Health and Safety

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<b>Have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)</b>	Ashtabula County Youth (n=694)
Yes	44.5%
No	55.5%

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<b>During the past 30 days, where did you usually sleep?</b>	Ashtabula County Youth (n=1709)
In my parent's or guardian's home	95.9%
In the home of friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing	2.1%
In a shelter or emergency housing	0.5%
In a motel or hotel	0.3%

In a car, park, campground, or other public place	0.1%
I do not have a usual place to sleep	0.5%
Somewhere else	0.8%

<b>During the past 30 days, did you ever live away from your parent or guardian because you were kicked out, ran away, were abandoned, or did that not happen?</b>	Ashtabula County Youth (n=1704)
Lived away from parent or guardian	4.1%
Did not happen	95.9%

<b>There are a lot of adults in my neighborhood (town, community) I could talk to about something important.</b>	Ashtabula County Youth (n=1713)
Yes	51.9%
No	48.1%

<b>During the past 7 days, on how many days did you eat breakfast?</b>	Ashtabula County Youth (n=1901)
0 days	20.8%
1 day	10.2%
2 days	12.6%
3 days	10.2%
4 days	6.8%
5 days	10.2%
6 days	4.9%
7 days	24.3%

<b>How often, if ever, do your parents limit the times of day or length of time when you can use an electronic device (including TV, computer, tablet, cellphone or other electronic device) for non-school related purposes such as watching/streaming TV series or movies, playing games, accessing the internet, or using social media?</b>	Ashtabula County Youth (n=1708)
Never	48.6%
Rarely	24.2%
Sometimes	16.7%
Often	10.5%

<b>How many times were you in a physical fight?</b>	Ashtabula County Youth (n=698)
0 times	74.9%
1 time	14.6%
2 to 5 times	8.6%

6 or more times 1.9%

---

**During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)**

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Ashtabula County Youth  
(n=1869)

I did not date or go out with anyone during the past 12 months	41.4%
0 times	52.1%
1 time	2.1%
2 or 3 times	2.3%
4 or 5 times	1.0%
6 or more times	1.1%

---

**Over the past 2 weeks, have you been bothered by...**

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Ashtabula County Youth

Feeling nervous, anxious, or on edge? (n=1835)	Not at all	31.6%
	Several days	31.6%
	More days than not	13.5%
	Nearly every day	23.4%
Not being able to stop or control worrying? (n=1836)	Not at all	45.5%
	Several days	26.0%
	More days than not	12.5%
	Nearly every day	16.0%
Have you been bothered by feeling down, depressed, or hopeless? (n=1835)	Not at all	46.2%
	Several days	25.7%
	More days than not	11.6%
	Nearly every day	16.5%
Have you been bothered by little interest or pleasure in doing things? (n=1829)	Not at all	51.1%
	Several days	25.0%
	More days than not	11.7%
	Nearly every day	12.2%

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**During the past 12 months, how many times did you actually attempt suicide?**

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Ashtabula County Youth (n=341)

0 times	55.1%
1 time	24.3%
2 or 3 times	15.3%
4 or 5 times	3.2%
6 or more times	2.1%

## Appendix G: Ashtabula County RAM Event Summary

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The next pages show the summary from the Ashtabula County RAM (Remote Area Medical) event.

## **RAM (Remote Area Medical) 2022 Statistics and Focus Group Report**

Provided by the Ashtabula City Health Department

- Ashtabula RAM event held April 2 and April 3, 2022
- This is the third time a RAM event has been held in Ashtabula County
- The 2022 event was held in a new location - Lakeside High School
- Free Dental, Vision and Medical services were provided (cleanings, extractions, fillings, women's health, general medical wellness exams, vision exams and glasses provided on site, and chiropractic services)
- RAM pet health vouchers (vaccinations and spay/neuter) distributed
- Agencies represented include: Ashtabula City Health Department, Ashtabula County Community Action Agency, Ashtabula County Health Department, ACMC, Catholic Charities, Conneaut City Health Department, Community Counseling Center, Country Neighbor, Lake County Free Clinic, Mental Health Recovery Board, NAMI, Signature Health and University Hospitals Conneaut and Geneva
- Translators were available on site
- 543 patients registered for services and \$255,758 in free services were provided
- Ashtabula City Health Department with the assistance of the Conneaut City Health Department provided FREE COVID 19 vaccinations and distributed FREE COVID 19 Rapid Antigen Self Tests (RAT)
- 1099 RAT's distributed
- 27 COVID 19 vaccinations given
- 25 patients participated in a focus group survey (available in English and Spanish)

### **Focus Group Survey Key Findings** (grouped by theme)

#### **Please tell us the types of barriers you face in seeking healthcare...**

Insurance barriers 15 responses - high cost of insurance/high deductible, scheduling difficulties, problems with pre-approval or prior authorization and no insurance

Provider issues 9 responses - long wait to see provider, doesn't like virtual visits, surgical services limited, limited availability of services

Financial barriers 3 responses

Social barriers 2 responses - concerns about being around others, people are not nice

Transportation barriers 2 responses

Other barriers 2 responses - don't go to the doctor and health anxiety

#### **How has COVID 19 affected you personally...**

Employment issues/financial issues 10 responses

Emotional strain/mental health issues/anxiety and stress 8 responses

COVID illness and long-term health effects after COVID 6 responses

Death and hospitalization 5 responses

Limited social activities or travel plans 3 responses

Childcare and/or eldercare 2 responses

Mask wearing/handwashing/gloves 2 responses

Not affected by COVID 19 1 response

## Appendix H: Ashtabula County Access to Care Report - Excerpts

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The next pages show excerpts from the Ashtabula County Access to Care Report.

## Excerpts from the Ashtabula County Access to Care Report

September 13, 2019

This section provides insight into health challenges experienced by the Ashtabula County residents (inclusive of Conneaut and Ashtabula City), including factors which contribute to health challenges among specific populations. Multiple factors, including community conditions, aspects of the built environment (such as, access to parks and recreation, sidewalks and transportation), policies (e.g., taxation, education, insurance, etc) and other unique factors influence an individual's ability to achieve their optimal health status, which may often be beyond an individual's control. This section explores social determinants, which include structural determinants, including access to health care, levels of poverty, education outcomes, and other aspects of the community context - such as levels of crime and general feelings of safety.

### Health Resource Availability

Ashtabula County has been identified by the Health Research and Services Administration (HRSA) of the US Department of Health and Human Services, as Professional Shortage Areas (HPSAs)<sup>1</sup>. HPSA's are designated areas identified as having geographic, populations, and facilities with too few primary, dental, and mental health care providers. The capacity and service level adequacy for each HPSA is provided in the table below with resource availability:

Healthcare Professional Shortage Area (HPSA) Designation Score		
Primary Care	Oral Health	Mental Health
HPSA Primary Care Shortage area with a score of 8 with a partially rural status. The HPSA point is Orwell.	Oral Health Capacity Shortage Area with a score of 17, rural status and low-income population HPSA	High need geographic HPSA (entire County) with an HPSA score for mental health of 10 with designated status as "rural".

- **Un/underserved populations or "at-risk"**
  - Ashtabula County is designed as a Medically Underserved Areas/Populations (MUA/P) are identified by the Health Resources & Service Administration (HRSA) as geographic areas and populations with lack of access to primary care services. Examples of populations categorized as MUA/P include the homeless, low-income, Medicaid-eligible, Native Americans, Migrant farmworkers. The MUA/P designation is calculated based on four criteria, reflected in the graphic below. The MUA/P is a measure of populations that may face additional barriers to care based on economic, cultural, or linguistic challenges. The Index of Medical Underservice (IMU) can range from 0 to 100,

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<sup>1</sup> US Department of Health & Human Services (HHS), Health Research and Services Administration (HRSA), "HRSA Health Workforce: What is a Shortage Designation?" Accessed on March 4, 2019 at <https://bhwh.hrsa.gov/shortage-designation/> what-is-shortage-designation.

where 0 represents completely underserved; indexes of less than 62 qualify as MUA/P.

- As of June 11, 2015, Ashtabula City was designated as a MUA/P with an IMU score of 58.6 determined by MUP Low Income and rural status. The northeast-most points of Ashtabula County, which encompass Ashtabula City, and are home to the Ashtabula County Medical Center, are identified by HRSA as Medically Underserved Areas/Populations.<sup>2</sup>
- **Poverty:** Low income census tracts are present in the northwestern and southeastern portions of Ashtabula County, and within the neighborhoods adjacent to the Ashtabula County Medical Center. Poverty rates are most prevalent (above 35% FPL) within ZIP codes 44003, 44004, and 44093. Poverty rates are comparatively higher among African American and Hispanic (or Latino) populations, which exceed Ohio averages for those groups.<sup>3</sup>
- **Un/underinsured:** The percentage of people uninsured in Ashtabula County has declined in recent years, due to two primary factors. First, between 2010 and 2015, unemployment rates at the local (Ashtabula County), state, and national level decreased significantly. Many receive health insurance coverage through their (or a family member's) employer. Second, in 2010 the Patient Protection and Affordable Care Act (ACA, 2010) was enacted, and Ohio was among the states that expanded Medicaid eligibility. In 2014, eleven out of the 14 ZIP codes in the ACMC community had uninsured rates above ten percent. Following the passage of the Affordable Care Act, in June 2012, the Supreme Court ruled in honor of providing states with the discretion to expand Medicaid eligibility. Ohio was one of the first states to expand eligibility which accounted for 76% of Ohio's ACA enrollment and purchased placed through the federal exchange program in 2013. In addition, this ruling expanded Medicaid eligibility among low-income individuals, pregnant women, children, low income elderly persons and persons with disabilities. The Ohio Medicaid Network consists of approximately 83,000 providers under the Ohio Department of Medicaid which covers 2.9 million Ohio residents. Medicaid expansion is a significant factor which reduced barriers to care and increased service availability among millions of Ohioans.
- **Amish:** Roughly 281,700 Amish reside in 30 states in the United States, with the largest population residing in Ohio (65,475), followed by Pennsylvania and Indiana (64% of the total Amish population reside within one of these three states). The Amish believe good health is a gift from God and that illness is God's Will. Most Amish don't view illness in terms of symptoms, but as the inability to function in work. Amish are more likely to rely on folk remedies and other types of alternative care. While all believe in God as the Ultimate Healer, health care practices vary considerably among the Amish. The Amish Ordnung

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<sup>2</sup> Source: Health Resource & Services Administration. Medically Underserved Areas and Populations (MUA/Ps). Accessed at <https://bhwh.hrsa.gov/shortage-designation/muap> on August 31, 2019.

<sup>3</sup> <https://bhwh.hrsa.gov/shortagedesignation/muap>

is a set of rules the Amish live by. Practices may vary among church districts. Different Amish orders interpret information in their individual "Ordnung" differently. For example, the church does not specifically prohibit immunizations; however, they are not encouraged. Specific Ordnungs can be interpreted to support the non-acceptance of all or some immunizations. Since a key aspect of Amish culture is to avoid dependence on government assistance, public assistance and other services, such as free immunizations can be seen as assistance from the government. Some Amish also distrust modern medicine. The Amish face higher health risks and increased barriers to care. Amish populations are most prevalent within the Orwell-Windsor area. Immunization data by zip code as of August 2019 reveal the Windsor area (southwest portion of the county has the lowest rate of immunizations with 11.9% for 2+HPVs and 26.8% for 1+MCV%. Additionally, the Windsor area has the lowest rate in the County for children 6 years of age with 2 doses of MMR vaccine with a rate of 42% and for children ages 19-35 months of age with a 4th dose of DTaP vaccine at 39.5%. This area is not one of the Census tracts with high poverty; however, this area has a large Amish population. The Amish do not participate in the US Census, so the total number or vaccination rates are difficult to determine. The southern portion of Ashtabula County is designated as a HPSA with no pediatricians and only one family practice clinic which provides immunizations. Although the immunization rate for the entire County could be improved upon, the rates in the northern portion are significantly higher than the southern portion, especially the southeastern quadrant of the County. While Ashtabula City, Conneaut, and Geneva all have census tracts with higher rates of poverty in the northern portion of the County, immunizations rates are much higher due to fewer Amish and two large pediatric practices. Communities with low rates of immunization are particularly at risk for outbreaks of vaccine-preventable diseases. Other vaccine-preventable deaths that have occurred among Ashtabula County Amish children/adolescents included:

- 6-week-old - pertussis
- 1-year-old - meningitis
- 9-month-old - pneumonia
- Adolescent - complications of chickenpox

Vaccine preventable disease has been at the forefront of public health initiatives in the U.S. for several decades. Despite acknowledged success, childhood immunizations rates continue to be lower in select populations, including Amish communities. Input Gathered from the Amish ACHD's Nursing Director and others assess barriers to care considering knowledge, beliefs, attitudes, and opinions of Amish parent relative to the immunization of Amish children through a study published by the American Journal of Infection Control. The study gathered input from within the Amish community using a quantitative design method (surveys) conducted in 2016 of knowledge, beliefs, attitudes, and opinions. 84 Amish parents completed the survey (76 females and 8 males, all of the Old Order). Findings reflect fear, especially concern over too many recommended immunizations and concerns that immunizations would overwhelm a child's system, were the most frequently reported reason

for not having children immunized<sup>4</sup>. Religious factors and access to care were not among reasons most reported. For many years, ACHD has worked to address health care service needs in a culturally competent manner by providing health education, especially to increase immunization coverage, which was identified as a need as part of the Ohio Department of Health's Get Vaccinated Ohio Grant. Culturally competent strategies include staggering the immunization schedule, based on concerns by Amish of overwhelming children's bodies, following an alternate schedule since Amish will not accept certain vaccines. Beyond immunization outreach and education, the Ashtabula County Health Department and its partners have worked over many years to build rapport within the Amish community. Since transportation is a significant issue among the Amish, Ashtabula County Health Department collaborates with Family Planning to bring a Mammovan to provide free screenings. In addition, ACHD collaborative with Cuyahoga County Board of Health to bring a Breast and Cervical Cancer mobile Health Van and has worked with Ronald McDonald Dental Mobile Unit to provide free dental services. Additional strategies implemented include referring Amish families to the DNA Diagnostic Testing for genetic testing in Geauga County and hosting numerous Amish Health Fairs to provide health information and health education. In addition, ACHD has convened meetings with elders to determine strategic Satellite Immunization Clinics and aided in the enrollment of Amish families into Medicaid. Finally, ACHD has partnered with Project Huffnung (Project Hope) to provide health screenings and education on prevention of cancer to the Amish community.

- **Elderly:** Elderly populations present unique and long-term healthcare needs. In 2014, the highest proportions of persons aged 65 and older resided in ZIP codes 44048 and 44003, versus the lowest proportion of persons aged 65 and older who reside in ZIP code 44099 (see map below). As Ashtabula County's demographics change, so will its health care service needs. While the population has remained relatively stagnant, 2015-2020 projects are that overall population size will fall by 0.2%, due to reduced birth rates and individuals traveling outside of the County for education and employment opportunities. While the population in Ashtabula County is projected to decrease by 0.2 percent between 2015 and 2020; the number of persons 65 years of age and older in the community is projected to increase by 12.8 percent over this period. According to primary data collected as part of the 2016 Ashtabula County Medical Center's CHNA, community members identified elder care as one of the primary challenges in the community. The capacity to meet these needs, given the capacity of the current health care system remains a significant issue.

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<sup>4</sup> Kettunen C, Nemecek J, Wenger O. "Evaluation of low immunization coverage among the Amish population in rural Ohio". American Journal of Infection Control, Iss. 45 (2017) 6:30-4.

## Appendix I: University Hospitals Evaluation of Impact

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The next pages contain the evaluation of impact detailing UH Conneaut and Geneva Medical Centers' community health improvement efforts since the 2019 CHNA.



## Evaluation of Impact

## **UH Conneaut and Geneva Medical Centers**

UH Conneaut Medical Center and UH Geneva Medical Center are both 25-bed critical access hospitals serving Ashtabula County. These acute-care hospitals are federally designated as Critical Access Hospitals, and offer a spectrum of services including cardiology, critical care medicine, orthopedics, oncology, pain management, family medicine, women’s health, sleep medicine, and general surgery. UH Conneaut Medical Center and UH Geneva Medical Center are located approximately 30 miles apart, with UH Geneva Medical Center situated in the Northwestern portion of Ashtabula County, and UH Conneaut Medical Center located in the Northeastern portion of Ashtabula County, less than five miles from the Ohio-Pennsylvania border.

### **Evaluation of Impact: UH Conneaut and Geneva Medical Centers’ Community Health Improvement Efforts**

The following evaluation of impact pertains to the actions taken since the last Ashtabula County CHNA in 2019. The assessment was done jointly between UH Conneaut and UH Geneva Medical Centers, in collaboration with the Ashtabula County Health Department, and in alignment with Ohio’s State Health Assessment (SHA) and State Health Improvement Plan (SHIP). The 2019 CHNA was adopted by University Hospitals in September of 2019, and the 2020-2022 Implementation Strategy was adopted in March of 2020. This evaluation report covers the period January 2019 – December 2021. Outcomes from the 2020-2022 period will be further analyzed in early 2023, in order to include 2022 progress in total, and to further inform prospective 2023 implementation strategies.

Upon review of the 2019 Community Health Needs Assessments, hospital leadership for UH Conneaut and UH Geneva Medical Centers’ isolated three top priority community health needs:

- 1. Chronic Disease Prevention**
- 2. Mental Health and Addiction**
- 3. Cross-cutting Factor: Healthcare System and Access**

To combat each community health issue, the following objectives were established to lend the hospitals’ staff expertise and resources:

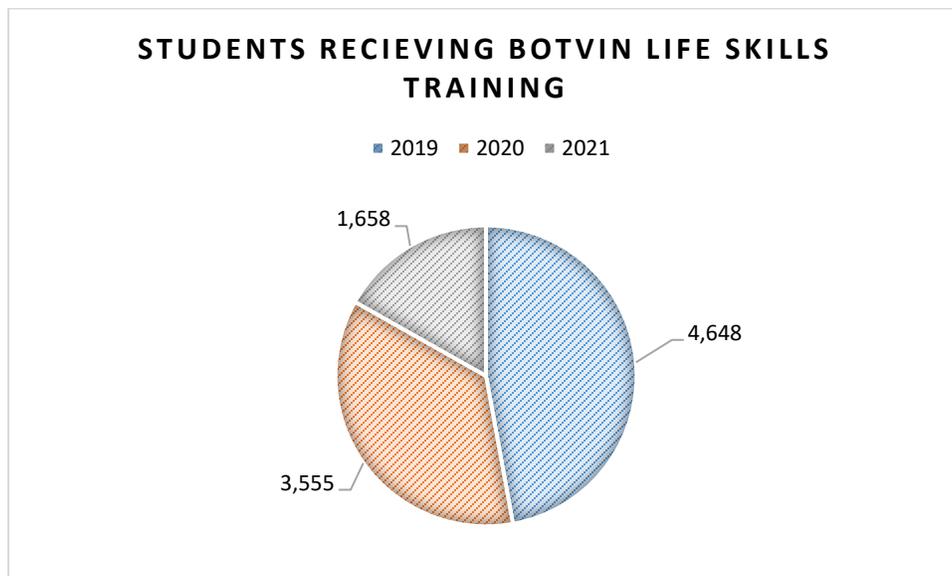
- Ensure all school districts have at least one school-based alcohol/other drug prevention program
- Host at least one drug take-back day
- Implement an exercise prescription program in two additional primary care offices
- Provide at least two hypertension screening events annually
- Conduct one diabetes prevention program class and screening for 300 people annually
- Connect 40% of Ashtabula County adults who attend monthly health screenings with a primary care provider
- Implement a social determinants of health screening process in two different locations
- Expand the Hospital to Home outreach service to include patients in the primary care setting

### **Impact**

From 2019 to 2021, UH Conneaut and UH Geneva Medical Centers implemented several community health improvement strategies, in alignment with the aforementioned health priorities. In 2019, 184

individuals were enrolled in diabetes education programs, 1,934 exercise prescriptions were provided, and Botvin Life Skills Training, a substance abuse and violence prevention program, was provided to 4,648 students (grades 3-10) throughout Geneva, Buckeye, Ashtabula, Grand Valley, Conneaut, Pymatuning Valley, and Jefferson school districts. Moreover, 1,114 blood pressure, glucose, and cholesterol screenings were provided to the general public. As it relates to increasing access to primary care, 169 individuals without an established primary care provider (PCP) who received no-cost screenings were referred to a PCP.

Despite the burden placed on both hospitals as a result of the COVID-19 pandemic beginning in 2020, UH Conneaut and UH Geneva Medical Centers successfully provided Botvin Life Skills training to 3,555 Ashtabula County students, administered 272 hypertension screenings and 187 diabetes screenings, and provided education and drug disposal bags to 184 Ashtabula County residents. Forty individuals without an established PCP who received a no-cost screening were referred to a PCP.



In 2021, 122 individuals were screened for hypertension, 126 individuals were screened for diabetes, and 30 individuals without an established PCP were referred to a PCP. Moreover, and beginning in early 2021, UH Conneaut and UH Geneva Medical Centers provided considerable support throughout the Ashtabula County community in response to the COVID-19 pandemic. Between April and October of 2021, the medical centers collectively supported 7,256 COVID-19 vaccinations across five unique community vaccine collaborations, which were collectively comprised of 10 community partner agencies. The respective vaccination efforts were reinforced by 1,089 hours of UH Conneaut and UH Geneva Medical Center staff time.

### Hospital Leadership Interviews

In order to provide a qualitative context regarding UH Conneaut and UH Geneva Medical Centers' successes and opportunities for improvement related to the implementation strategies, a discussion guide comprised of four anchor questions was utilized to frame an interview with UH Conneaut and UH Geneva Medical Center leadership and caregivers on February 10, 2022:

1. Overall, what strategies worked well since their inception, or naturally found traction within the community?
2. What strategies experienced barriers to implementation, or were unable to be implemented?
3. How did the COVID-19 pandemic impact your implementation strategies?
4. Were there new relationships that resulted from the COVID-19 pandemic response that could potentially be leveraged in the future to improve the community's health?

As a result of this conversation, the following qualitative themes emerged pertaining to UH Conneaut and UH Geneva Medical Center's community health implementation strategy from 2019-2021: 1) Need for additional resource navigation, 2) Access to care, and 3) Community relationships bolstered. The following quotes illustrate these themes:

### ***Need for Additional Resource Navigation***

"One obstacle we run into regardless of pandemic or not pandemic, and it almost seems like it goes in waves, is patient engagement into their own health, and wanting to connect with the resources that we offer and the programs..."

"As far as the population we serve, a lot of times...it's that middle age group, that population we really want to target and engage, between the 30 and 50 range, seem to be the most that I encounter it with. Other than that, sometimes the ones that have, regardless of age, have the chronic condition, the CHF (congestive heart failure) or the COPD (chronic obstructive pulmonary disease), that feel they are controlling it okay at home, but they're not; they could use some extra resources ..."

### ***Access to Care***

"... in reference to the social determinants of health, both of our organizations are by the lake, and in the north part of our county. With our county being the largest county in Ohio, you know, we are eight hundred and five square miles just in our county, and I think ... we try to tap that southern part of the county, but a lot of those people ... it comes to transportation and access."

"... something that is near and dear to me, we're seeing a high amount of hypertension in our community ... we are desperately trying to start a hypertension management program ..."

### ***Community Relationships Bolstered***

"... the schools have always been very receptive to the programming, and once they were able to let us back in, they were ready, and ... we are back in full force in all of the schools, so definitely a good relationship there too."

Despite the epic disruption in anticipated programming caused by the COVID-19 pandemic, UH Conneaut and UH Geneva Medical Centers successfully pivoted during this unprecedented circumstance to continue to engage the community and provide valuable information, support and access to COVID-19 vaccination.

## Appendix J: Community Health Improvement Plan (CHIP) Annual Report

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The next pages show the Community Health Improvement Plan (CHIP) Annual Report.

# CHIP

ASHTABULA COUNTY  
COMMUNITY HEALTH  
IMPROVEMENT PLAN  
YEARS 1-2 ANNUAL REPORT

2019-2021

Prepared by:



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# Executive Summary

The **Health Departments of Ashtabula County (HDAC)** Community Health Improvement Plan (CHIP) is a 3-year (2019-2022) **multi-sector, collaborative plan** designed to address two community-identified health priorities: 1) Mental Health & Addiction and 2) Chronic Disease. The Health Departments of Ashtabula County collaborates with 22 Lead Agencies, each with expertise in one of the priority areas, to plan and implement the CHIP strategies through the convening and coordination of CHIP Action Teams and Subcommittees.

In May 2022, the CHIP completed its **third year of implementation**. To evaluate progress and assess the year's activities, **Ashtabula County Health Department (ACHD)**, HDAC, Lead Agencies, and subcommittees completed an **annual review process** comprised of two main components: 1) An assessment and revision process for each of the CHIP strategies, and 2) A subcommittee survey to assess overall structure and function of the subcommittees tasked with CHIP strategy implementation. **This initial "annual" report covers two years (2019-2021) but subsequent reports will be done for each year.**

In addition to providing background on the structure, leadership, and community processes used for the development of the CHIP, this report contains the following components:

- Description of the **strategy assessment and subcommittee survey tools** used to support the annual review process
- Reflections on the **impact of the COVID-19 pandemic** on the CHIP strategies
- A **summary of the CHIP priority areas**, including long-term goals, notable highlights from CHIP year 1, and an updated list of partners
- Key **findings and recommendations** from the subcommittee survey to inform CHIP year 3 strategy implementation
- **Lessons learned** from the HDAC and the CHIP Lead Agencies

## Feasibility and Effectiveness of Strategies

Nalxone Kit distribution, Warmlines and mental health (virtual) trainings continued effectively throughout the pandemic. The Maternal and Child Health program was discontinued due to funding loss, and new avenues for tobacco cessation are still being explored since the demands of the former program put too great a strain on health department staff and resources. Health forums, farmer's market programs, and physical activity events, such as Longest Day of Play were cancelled during the pandemic.

As a result of the annual review process, the following strategy revisions were completed: 1) **Links to Cessation Support** added three new strategies to the three existing strategies, 2) **Smoke-free Policies** added three new strategies to five existing strategies, 3) **Community-**

**wide Physical Activity Campaign** added two strategies to the seven existing strategies, 4) **Community Health Workers** added two strategies to the two existing strategies, 5) **Health Care Access** made language revisions to one of their two strategies, and 6) **Improved Health Equity** added two new strategies to the three existing strategies.

A comparison between CHIP Year 2 and Year 3 strategies and a detailed breakdown of these revisions is included in [Appendix A: CHIP Year 3 Strategies](#), pg. 20

## CHA & CHIP Background

### 2017-2018: Conducting the Community Health Assessment

In 2019, a Steering Committee comprised of various community stakeholders convened to conduct a Community Health Assessment (CHA). A mixed-methods, data-driven approach was utilized, including a Local Public Health Systems Assessment, Survey, Community Health Status Assessment, and a series of community member and stakeholder focus groups to gather more detailed and contextualized feedback.

Data collected from the CHA process were compiled in a report and shared with the community through four listening sessions where participants identified four issues that most impacted their overall health and quality of life in Ashtabula County. The Steering Committee used a formula that weighted community feedback from the survey and listening sessions, and secondary data on the community's health status and behaviors to rank the seven community-identified priorities.

From this prioritization process, the community arrived at the following two priority areas for health improvement:

- **Mental Health and Addiction**
- **Chronic Disease**

Throughout the prioritization processes, the effects of **Social Determinants of Health and Prevention & Health Behaviors** were continually identified by the community as impacting health and overall quality of life. The Steering Committee determined that these areas would be the "lenses" through which the priority areas were addressed, and in which the strategies were chosen.



## 2017-2018: Community Health Improvement Plan Development

In 2018, community partners, with support from the Hospital Council of Northwest Ohio, used the **findings from the CHA to develop the 2019-2022 Ashtabula County CHIP**. Existing community partners and stakeholders formed broad, diverse planning groups to guide and inform the work of the plan. Community and environmental factors contributing to each of the four priority areas were identified, and long-term goals were developed. Partners then worked to identify possible community strategies to impact the long-term goals.

Action Team	Lead Agency
Mental Health & Addiction	Ashtabula County Mental Health & Recovery Board
Chronic Disease	Health Departments of Ashtabula County

When the 2019-2022 CHIP was completed in September 2018, the two planning committees transitioned into **Action Teams** to support each of the priority areas, and the lead coordinators of those Action Teams became the **Lead Agencies**. The Lead Agencies have agreed to take on the responsibility of convening the teams, assigning work as necessary, holding participants accountable for strategy level work, and reporting information to Ashtabula County Health Department and the CHIP Steering Committee. Due to the number of strategies and partners involved, Action Teams are further broken down into **Subcommittees** dedicated to accomplishing specific strategies within their respective priority areas. A graphic illustrating the structure of the CHIP is included in the next page.

### Health Department Role in the CHIP

The Health Departments of Ashtabula County provide **backbone support** to the CHIP, including providing technical assistance to CHIP Action Teams and Subcommittees, raising resources, conducting evaluations, and ensuring the sustainability of the plan. HDAC has an interest in the welfare of Ashtabula County, in addition to the wellbeing of everyone in the community. Its mission is to prevent disease, promote wellness, and protect and improve the environment in Ashtabula County. HDAC’s dedicated staff works to prevent epidemics and the spread of disease, protect against environmental hazards, prevent injuries, promote and encourage healthy behaviors, respond to disasters, assist communities in recovery, and assure the quality and accessibility of health services.

A more detailed summary of the CHIP leadership and structure, including specifics on the overall approach guiding the plan is included in [Appendix B: CHIP Leadership and Structure](#), pg. 22.

# CHIP Structure

Provides guidance and strategic oversight for the direction and Implementation of the CHIP

**Steering Committee**

*Overarching leadership*

**Health Departments**

*Backbone Support*

Provides technical assistance, raises resources, conducts evaluation, and ensures overall sustainability of the CHIP

## Action Teams & Lead Agencies

Action Teams address the two CHIP priority areas. Lead agencies are local organizations that coordinate each of the Action Teams. The Agencies were selected based on subject-matter expertise and capacity to lead the work.

**Mental Health & Addiction**



Led by Ashtabula County Mental Health & Recovery Services



**Chronic Disease**



Led by Health Departments of Ashtabula County



## Subcommittees

Each Action Team has several subcommittees dedicated to addressing the specific Focus Areas and strategies identified in the CHIP

# Annual Review Process

## Strategy Assessments

Throughout CHIP Years 1-2, Action Teams submitted quarterly progress reports to the HDAC noting progress, needs, and the status of each CHIP strategy. An important aspect of the annual review process involves the HDAC, Lead Agencies, and subcommittees working collaboratively to reflect upon progress made, and revise the 3-year strategies, if needed. In the first year of the plan, the HDAC team developed a strategy assessment tool to guide this process. This year, HDAC utilized a modified and updated version of the original strategy assessment tool, the updated version included the following components:

- **CHIP Year 1-2 Progress:** Compilation of the strategy's status, and progress reports submitted for Year 2
- **Strategy Implementation:** Guiding questions to assess overall strategy implementation, including effectiveness, priority, community assets, and impact on the three CHIP lenses: Prevention, Health Behaviors, and Social Determinants of Health
- **Strategy Revisions (if applicable):** A subcommittee survey to assess overall structure and function of the subcommittees tasked with CHIP strategy implementation or be placed on hold for Year 3. Guiding questions to determine and justify if the strategy needs to be modified, combined with another strategy, or be placed on hold for Year 3
- **Long-Term Goal Alignment:** Indication of which CHIP long-term goal(s) the strategy addresses

The results of the strategy assessments, including the updated CHIP Year 3 strategies for each priority area can be found in [Appendix A: CHIP Year 3 Strategies](#), pg. 20

## Subcommittee Survey

To operationalize the work, each Action Team convenes several subcommittees assigned to specific strategies within the plan for implementation. Subcommittees are composed of 5 to 20 partners and are often led by organizations other than the Lead Agencies. To assess the overall structure and function of the subcommittees across the CHIP, the HDAC developed a subcommittee survey containing questions in the following categories: 1) Structure, vision, and make-up, 2) Communications, 3) Roles and Alignment of Activities, 4) Strategy Implementation, and 5) Broad CHIP Alignment.

A summary of the survey results, key findings, and recommendations is included in the [Subcommittee Survey Findings](#) section, pg.17

# Impacts of the COVID-19 Pandemic

The pandemic has highlighted the importance of multi-sector, collaborative work that responds to the changing times and community context. The pandemic has also shown **community strength lies in its community partnerships** together addressing big challenges. The CHIP partners have demonstrated creativity and perseverance throughout this year, and in many ways, the collaborations and partnerships established through the CHIP have supported the community's response to COVID-19.

Though the pandemic has changed the implementation timelines for almost all strategies in the plan, it has not changed the Action Team's **commitment to the long-term goals**. Below are some of the ways in which the CHIP Action Teams and Subcommittees have refocused, and tailored their work to our current community context:

- The pandemic posed several challenges for the **Chronic Disease** Action Team including a drop in participation, the loss of key health department staff, and with health department and hospital representatives as leads, the team was pulled away to focus almost exclusively on COVID-19 reduction and mitigation efforts. On April 20, 2022, HDAC presented a call to participate in IPOD, which resulted in three new organizations pledging to participate.
- **Mental Health & Addiction** Action Team continued to meet to address multiple initiatives throughout the COVID-19 pandemic.
- Considering the HDAC's central role in responding to the COVID-19 pandemic, the Ashtabula County Health Department **formed a QI Coordinator position** to increase planning capacity and implementation support to the CHIP Lead Agencies, Action Teams, and Subcommittees.

## Goals, Progress Highlights, and Partners

### Mental Health & Addiction



Lead  
Agency:  
**Ashtabula County Mental Health & Recovery  
Services**



In 2011, Ashtabula County service providers formed the Prevention Coalition, a collaborative group to address mental health, addiction and suicide priorities in the county. Considering the priorities and partners involved, the PC was perfectly positioned to then transition as the CHIP **Mental Health & Addiction** Action Team, with the Ashtabula County Mental Health and Recovery Services serving as the Lead Agency.

In CHIP Year 1-2, the **Mental Health & Addiction** Action Team continued to engage several community sectors and organizations interested in **improving mental health and addiction outcomes**, in areas including Naloxone Access, safe disposal of prescription drugs, increase awareness of suicide, improve mental health outcomes, and improve social competence, behavior, and resiliency in youth.

## 2019-2022 Mental Health & Addiction Long-Term Goals

- Increase awareness of free naloxone distribution sites by October 1, 2022
- Have at least one prescription drug take-back day annually
- Provide at least three Gatekeeper trainings annually
- Facilitate an assessment on awareness and understanding of trauma-informed care at least once a year
- All school districts will have at least one school-based alcohol/other drug prevention program by October 1, 2022.
- Train at least two individuals in PAX tools by October 1, 2022

## Year 1-2 Highlights

The bulleted list below includes highlights from the **Mental Health & Addiction Action Team** during Quarter 4, 2019 through Quarter 3, 2022.

- **Signature Health** started a Dual-Diagnosis Peer Education & Support Group every Friday at 3:30pm—open to the community
- ACMHRS has started a **PAX Good Behavior Newsletter** to share information and tools with teachers for classroom improvements.
- ACMHRS videos **Compassion Fatigue and the Disease of Addiction** are complete, and will be put on jump drives. They will be distributed to all first responders and other interested individuals
- Catholic Charities holds **Opening Doors** (ten-week parenting class) and **Getting Ahead** (16 session workshop assisting those who wish to rise out of poverty)
- 10-week **Celebrating Families** program (evidence-based curriculum for families with substance use disorder) held at Community Counseling Center
- Close to 350 Ashtabula County school staff trained in the **PAX Good Behavior Game**
- **P.A.R.T. Conference** (substance abuse and mental health prevention, awareness, recovery and treatment for Professionals) is held virtually throughout the month of October
- Staff in one school district was recently trained in the **Signs of Suicide** program.

- Ashtabula County Health Department held **NARCAN training** and distribution 2/20/2020
- Participated in **Drug Take Back Days**, and coordinate distribution of drug-disposal bags, and continuing public education activities
- Over 500 **NarCan** kits have been distributed by ACMHRS, ACHD, and partners

## Mental Health & Addiction Partners

The list below includes community-based organizations and groups that have contributed to advancing the goals and strategies of the CHIP Mental Health & Addiction Action Team.

**Table 1. Mental Health & Addiction Partners**

Ashtabula County Mental Health & Recovery Services
Ashtabula County Health Department
Ashtabula City Health Department
Conneaut City Health Department
Catholic Charities of Ashtabula County
Community Counseling Center of Ashtabula County
Family Planning Association
Lake Area Recovery Center
Signature Health
University Hospitals Conneaut/Geneva Medical Center
YMCA of Ashtabula County

## Chronic Disease

**Lead Agency: Health Care/Public Health**



I.P.O.D.  
Interventions on the Prevention of Ongoing Diseases

The CHIP **Chronic Disease** Action Team is composed of health systems, and those seeking to **decrease chronic disease in Ashtabula County**. In year 3, additional partnerships and collaborations have been established with health departments and hospitals to advance the strategies under the plan.

## 2019-2022 Chronic Disease Long-Term Goals

- Prescriptions for Physical Activity
- Hypertension screening and follow-up
- Diabetes Prevention Program and prediabetes screening & referral

- Implement a Health Choices Campaign
- Decrease the percentage of third graders considered obese from 36.3% to 34% in 2019
- Decrease the percentage of Ashtabula County Head Start preschoolers considered obese from 14% to 12% in 2019

### Year 1-2 Highlights

The bulleted list below includes highlights from the **Chronic Disease Action Team** during Quarter 4, 2019 through Quarter 3, 2021.

- Implement an **Exercise Prescription Program** into two additional primary care offices by October 22, 2022
- Provide at least two free/reduced cost hypertension events annually
- **Help Me Grow Program** provided services for expectant mothers, newborns, infants and toddlers up to age 3
- **Adolescent Health and Resiliency** includes after school programs on nutrition, physical activity, dating violence, smoking and drug abuse prevention and safety
- July 10, 2019 completed **Health Assets & Resources List**
- Children who regularly attend childcare at the YMCA will receive a **gratis youth membership**

### Chronic Disease Partners

The list below includes organizations and groups that have contributed to advancing the goals and strategies of the CHIP Chronic Disease Action Team.

**Table 2. Chronic Disease Partners**

Ashtabula County Health Department
Ashtabula City Health Department
Conneaut City Health Department
Ashtabula County Department of Job & Family Services
Ashtabula County Medical Center
Catholic Charities of Ashtabula County
Family & Children First Council
OSU Extension
University Hospitals Conneaut/Geneva Medical Center
YMCA of Ashtabula County

# Subcommittee Survey Findings

To operationalize the CHIP strategies, the four Action Teams host several **subcommittees assigned to one or more specific strategies** within the plan. Subcommittees are composed of members from varying community sectors interested in advancing the goals and strategies under each of the priority areas.

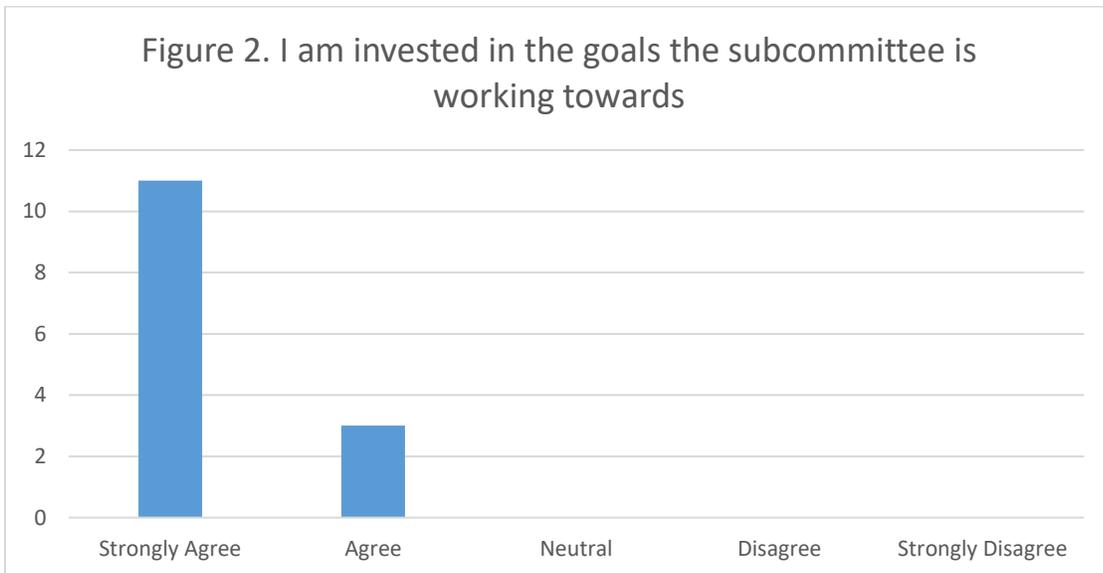
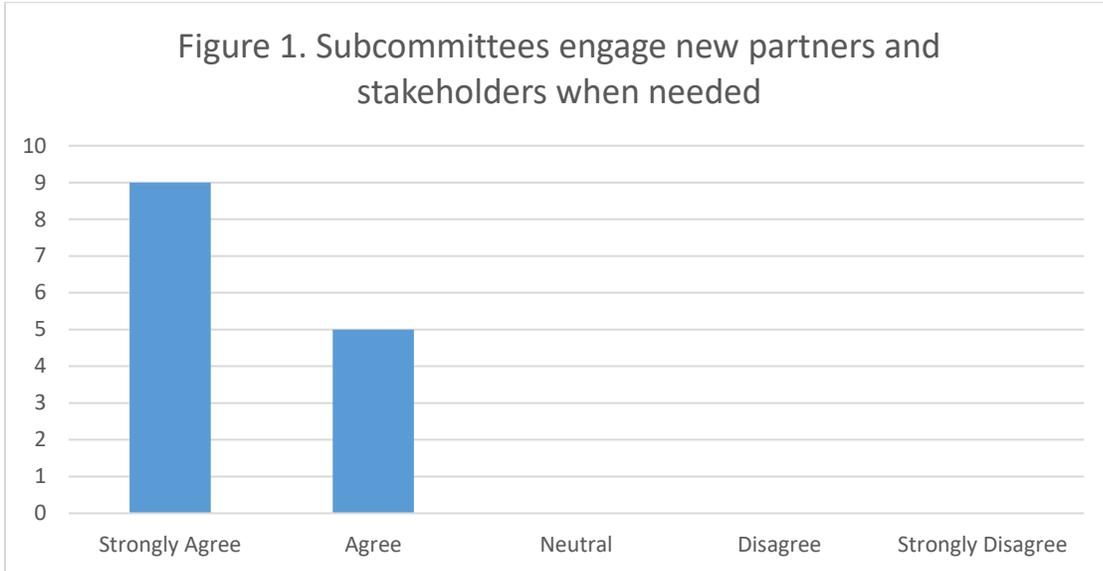
As part of the Annual Review process, subcommittee members and conveners, were asked to participate in a survey to assess overall subcommittee function, including: 1) Structure, vision, and make-up, 2) communications, 3) roles and alignment of activities, 4) strategy implementation, and 5) broad CHIP alignment. The sections below outline the survey findings and offer recommendations and next steps to inform CHIP Year 3 implementation.

## Subcommittee Structure, Vision, and Make-Up

Each CHIP subcommittee was asked to have at least 2-3 members participate in the survey. Participants could include the subcommittee members, conveners, or lead agency representatives. A total of **14 subcommittee participants** completed the survey. The chart below illustrates the percent of participants that completed the survey from each action team: Mental Health & Addiction (6) and Chronic Disease (8).

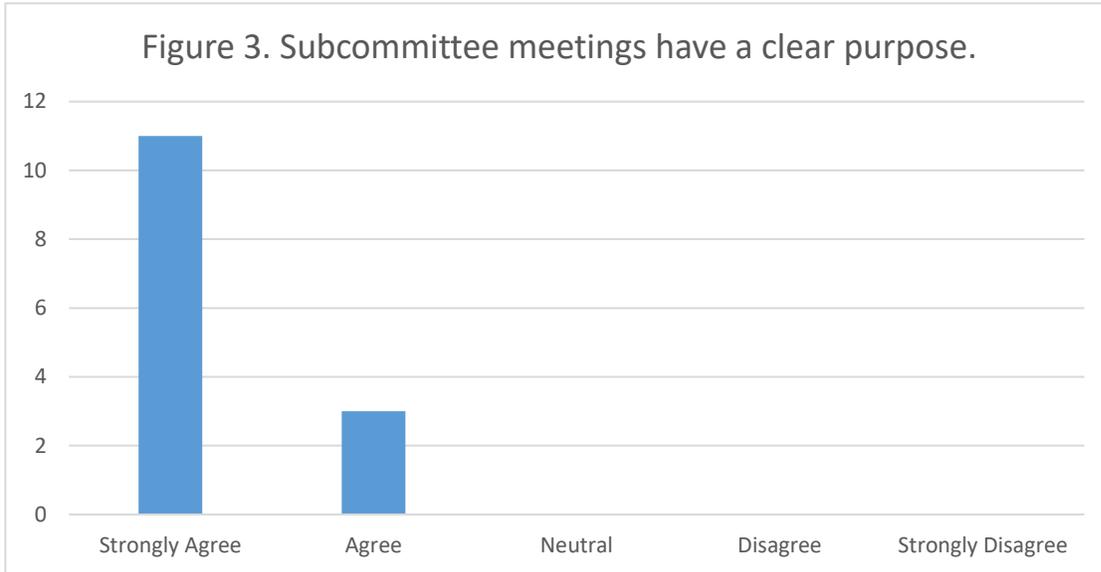
Half of subcommittee participants (50%) expressed they formally met as a subcommittee **once a month**, and 50% of participants **followed-up on action items** with other members in between formal meetings, which suggests work is progressing outside of formal meeting times.

In terms of subcommittee make-up, 100% of survey participants agreed or strongly agreed the subcommittee **engaged new partners and stakeholders** when needed (Figure 1). 100% participants agreed or strongly agreed the members in the subcommittee were **invested in the goals** they were working towards (Figure 2).

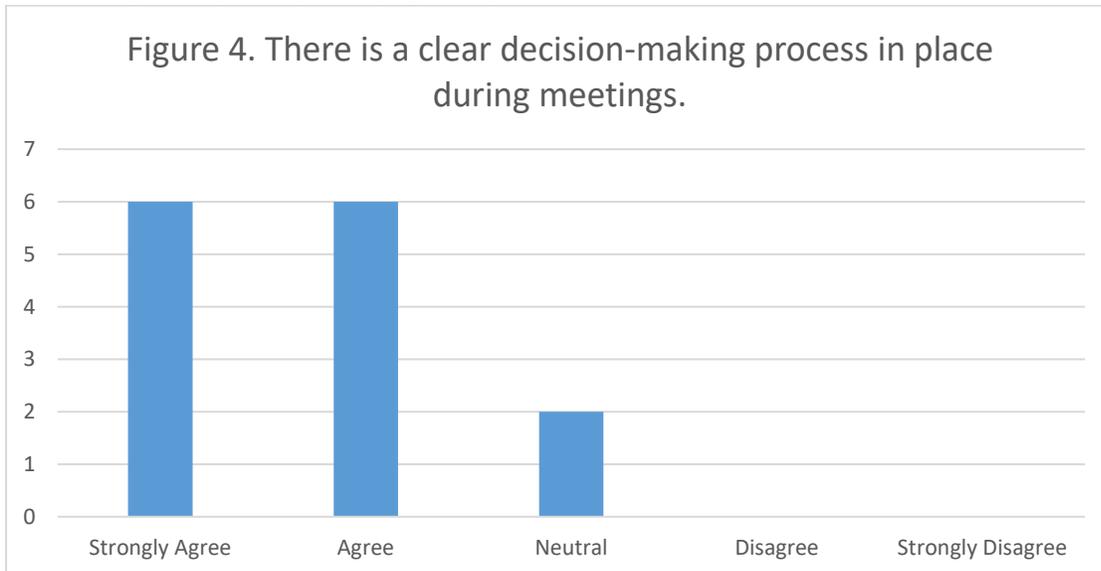


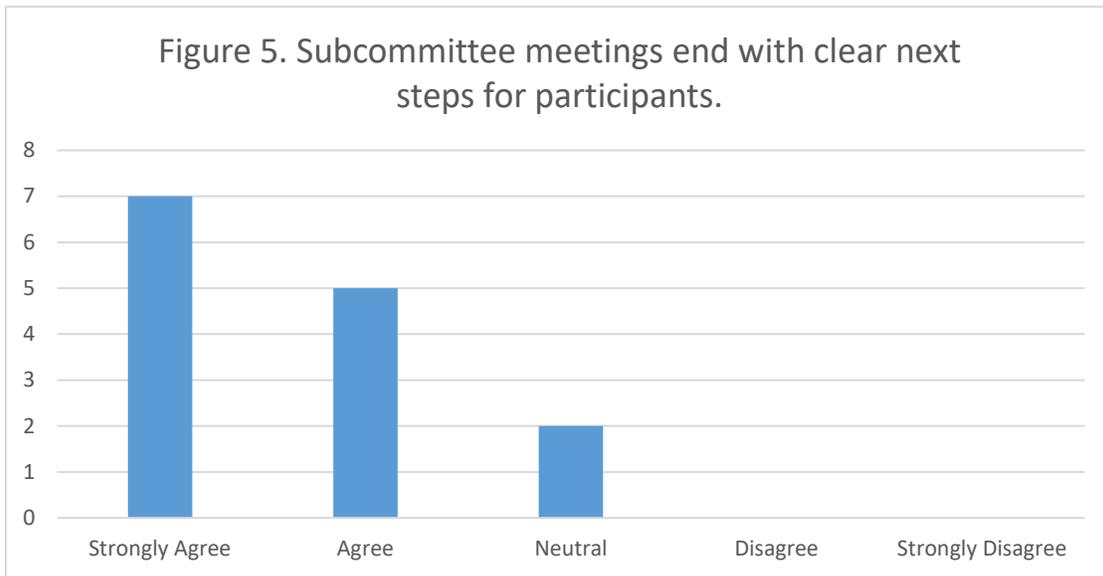
### Communications

Due to the number of strategies and organizations involved, ongoing communication among partners is crucial to the success and sustainability of the plan. The survey included five questions regarding subcommittee communications during and in-between meetings. Overall, survey participants (100%) agreed or strongly agreed subcommittee **meetings have a clear purpose** (Figure 3).



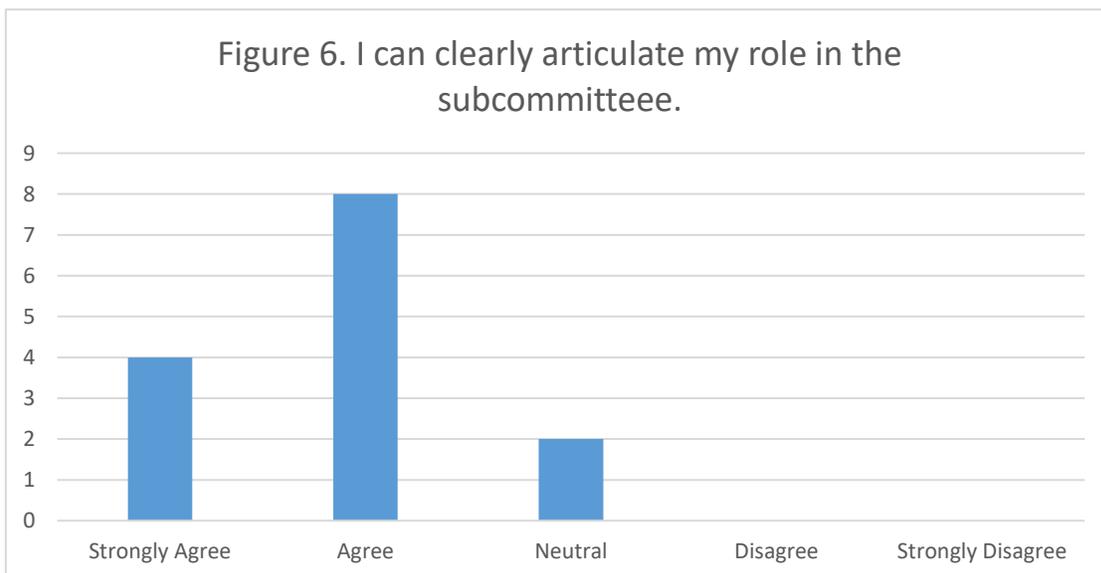
Additionally, 86% of participants agreed or strongly agreed there is a clear **decision-making process** in place during meetings, while 14% were neutral (Figure 4). Lastly, most participants (86%) also expressed agreement that subcommittee **meetings end with clear next steps** for participants (Figure 5).



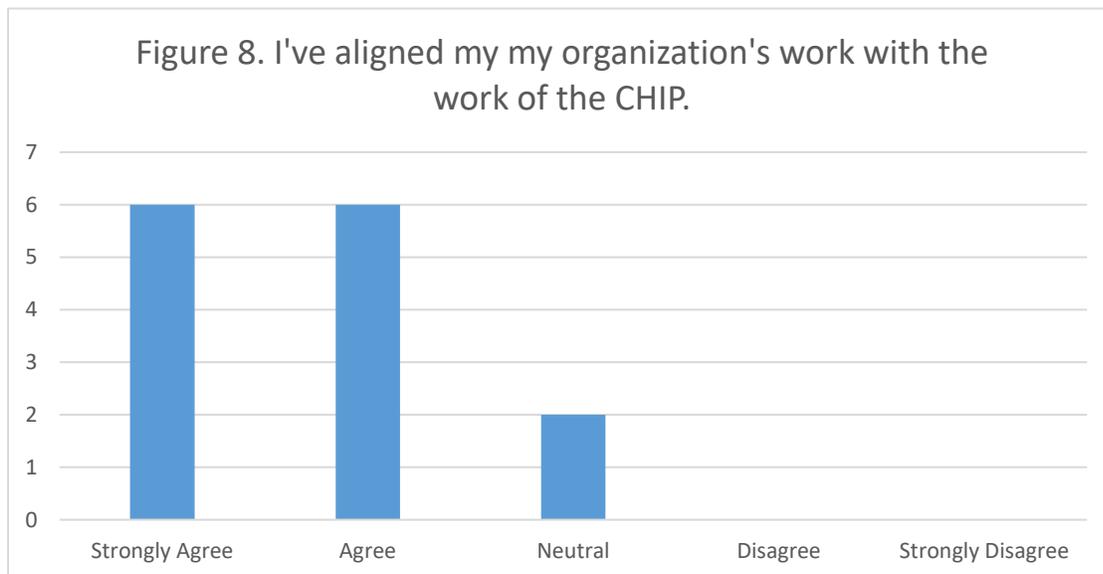
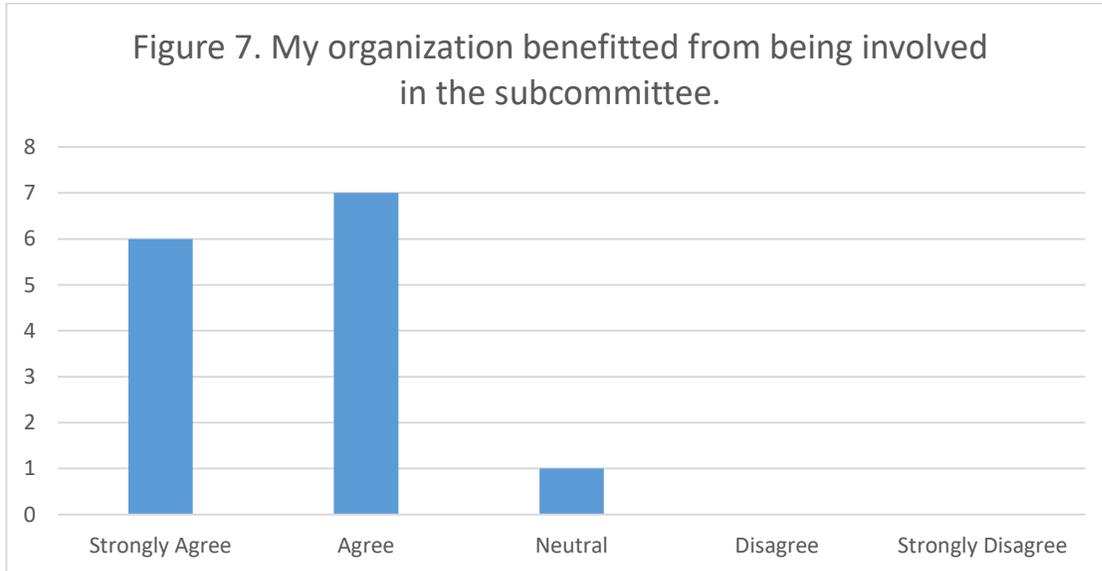


### Roles and Alignment of Activities

The survey included four questions regarding roles and activity alignment among the partners and organizations involved. From the subcommittee members that participated, 86% of them agreed or strongly agreed they could **clearly articulate their role** in the subcommittee, while 14% disagreed or had no opinion (Figure 6).



93% of participants agreed or strongly agreed their organization had **benefitted from being involved** in the subcommittee, while about 7% were neutral (Figure 7). About 86% of participants agreed or strongly agreed partners had **aligned their organization’s work with the work of the CHIP** (Figure 8).

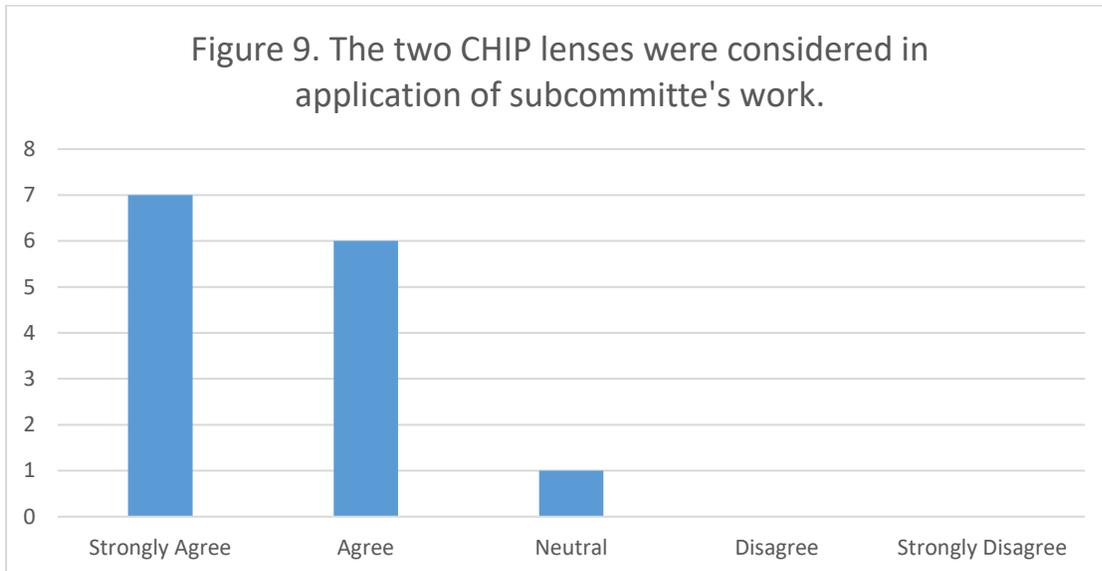


### Strategy Implementation

Subcommittees are tasked with turning the strategy(s) into action, this section included two questions to understand overall implementation across subcommittees. When asked if the subcommittee had an **active action plan**, 14% of participants indicated their subcommittee was still in the assessment and planning phases, while 86% of participants indicated they did have an active action plan for implementation

### Broad CHIP Alignment

While each subcommittee focuses on one or two strategies, their work is an important piece of the larger CHIP which includes other priority areas and three CHIP lenses (Health Behaviors & social Determinants of Health). When asked whether the **two CHIP lenses** were being considered in the application of their subcommittee's work (50% strongly agreed; 43% agreed; 7% were neutral) (Figure 9). Additionally, only 71% of participants strongly agreed or agreed they had a good understanding of what the **other CHIP action teams** were working on (Figure 10).



## Key Findings and Recommendations

Key Findings	Recommendations
<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Mental Health &amp; Addiction Subcommittee had regularly scheduled formal meetings that serve a specific purpose or objective</li> <li>• Subcommittee members are invested in their strategies, and include new partners and stakeholders to advance the work when needed</li> <li>• Most participants expressed their organization had aligned their work to the work of the CHIP</li> <li>• Most participants also expressed their organization had benefitted from being involved in the CHIP</li> </ul>	<ul style="list-style-type: none"> <li>• Increase communication across CHIP Action Teams and Subcommittees about current initiatives, progress, and accomplishments</li> <li>• Chronic Disease subcommittee needs to recruit additional lead agencies outside of healthcare and public health in order to ensure continuity during a health-related emergencies</li> <li>• Provide opportunities for cross- sharing of resources, best practices, and lessons learned across CHIP Action Teams and Subcommittees, specifically for strategies that closely align</li> </ul>
<p><b>Areas for Improvement</b></p> <ul style="list-style-type: none"> <li>• Though subcommittee members are invested in the work, some expressed they could not clearly describe their specific role</li> <li>• Chronic Disease subcommittee challenges developed in the onset of the COVID-19 pandemic pulling away members who worked in healthcare/public health</li> <li>• The application of the two CHIP lenses to the plan’s strategies is not clearly defined at the subcommittee level</li> <li>• Some participants expressed not being aware of the other CHIP action team’s strategies and initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Establish a process and mechanism to further define and evaluate the application of the two CHIP lenses across all levels of the CHIP</li> <li>• When possible, Lead Agencies and conveners should discuss the roles of subcommittee members, including expectations and opportunities for involvement on specific tasks, projects, etc.</li> </ul>

## HDAC & Lead Agency Lessons Learned

CHIP Year 1-2 have solidified the importance of **strong core partnerships** that maintain **momentum and commitment** to the plan's goals and strategies, despite external disruptions. These core partnerships, both between the HDAC and Lead Agencies, and between Lead Agencies and their respective subcommittees serve as the foundation for the CHIP. Below are factors identified by the Lead Agencies and HDAC, which have contributed to the continued momentum experienced throughout CHIP:

- **Memorandums of Understanding (MOUs)** between HDAC and the Lead Agencies, and at times between the Lead Agencies and Subcommittee conveners to define expectations
- **Consistent communication and reporting mechanisms**, including: 1) Quarterly progress reports, 2) Lead agency check-in meetings, 3) CHIP Steering Committee meetings, and 4) Establishing a comprehensive annual report and review process
- **A common agenda and shared mission alignment** to the goals and strategies of the CHIP among participating organizations
- **Backbone and coordination support** such as HDAC and Lead Agency representatives, to provide staffing, resources, and skills to convene and coordinate work among participating organizations
- **Funding and resource sharing** across organizations to support the plan's initiatives and ensure sustainability

In reflecting on CHIP Year 1-2, HDAC and Lead Agencies identified the following areas of focus going into Year 3 of implementation: 1) Consistent communication and reporting, both to the community and within the CHIP groups, and 2) Resource sharing across organizations involved in CHIP work. HDAC and Lead Agencies have discussed opportunities to improve the internal reporting processes so that milestones and progress made throughout the year can be more easily shared and communicated across CHIP partners, and throughout the community. The core CHIP team has also started discussing opportunities to maximize efforts by aligning work and partnerships with other CHIP teams and subcommittees of similar or overlapping focuses.

In CHIP Year 3, CHIP Action Teams and Subcommittees are looking forward to building upon the capacity-building, planning, and assessment that has occurred in the last two years of CHIP to further support implementation, strengthen collaborations, and continue to adapt to the community's needs and context.

## CHIP Sponsors

Thank you to our community partners and sponsors for without their **continued support and contributions** year 1-2 of the CHIP would have not been possible:

- Ashtabula County Health Department
- Ashtabula City Health Department
- Conneaut City Health Department
- Ashtabula County Children Services
- Ashtabula County Commissioners
- Ashtabula County Community Action Agency
- Ashtabula County Families and Children First Council
- Ashtabula County Department of Job & Family Services
- Ashtabula County Medical Center
- Ashtabula County Mental Health & Recovery Services
- Ashtabula Regional Home Health Services
- Ashtabula County YMCA
- Catholic Charities of Ashtabula County
- Community Counseling Center
- Country Neighbor Program
- Edgewood Nazarene Church
- Family Planning Association
- Kent State-Ashtabula
- Lake Area Recovery Center
- OSU Extension
- Signature Health
- The Center for Health Affairs
- University Hospitals Conneaut Medical Center
- University Hospitals Geneva Medical Center



**Ashtabula County  
Medical Center**

ACMC Healthcare System

An affiliate of

 **Cleveland Clinic**



## Appendix A: CHIP Year 3 Strategies

The Lead Agencies in collaboration with HDAC worked with subcommittees and partners to evaluate CHIP Year 1-2 progress and revise their specific strategies to inform Year 3 implementation. The **revised strategies** under each of the priority areas are listed in the column titled CHIP Year 3 below, changes or new additions are noted in bold.

### Prevention and Health Behavior Strategies

CHIP Year	CHIP Year 3
224 Naloxone Kits Distributed- efforts expanded from just the Health Department to Treatment Agencies, Churches and 1st Responders—who began a “leave behind” program which allowed them to leave naloxone at the site following a nonfatal overdose.	466 Naloxone Kits Distributed between Health Department, Treatment Agencies, First Responders and churches. Expanded the number of organizations distributing Naloxone
Around 500 Deterra Medication Disposal Bags were distributed to Ashtabula Co. Seniors through services provided by Country Neighbor. Deterra Bags were also distributed with Naloxone Kits.	Over 500 Deterra Bags were distributed, directed toward Senior Citizens in Ashtabula County
Mental Health First Aid and Question, Persuade, Refer (suicide prevention gatekeeper trainings) began being offered Virtually	Mental Health First Aid and Question, Persuade, Refer trainings continued to be offered virtually, and started to be offered in person toward the end of 2021.
Suicide Postvention Training provided with Dr. Frank Campbell—Local Outreach to Suicide Survivors.	Provided “Thinking of you” care packages to seniors in south county—filled with care line information and outreach materials as a way to show seniors we are thinking of them, and let them know to reach out if they need help.
Initiated a campaign asking area residents to send greeting cards to Country Neighbor that they could distribute to seniors when they drop off meals.	Overdose Deaths in 2021 decreased by 30.7%
Botvin LifeSkills programs began to be offered virtually in many school districts	Prevention Education: Catch My Breath (in-person or virtual) Trauma Informed Care trainings (virtual) Botvin Lifeskills (in person)
Around 100 additional school staff attended various PAX trainings (PAX GBG, Heroes...)	Maintained drug take back days through University Hospitals and CEAAC Task Force
Wellness checks at businesses	Women’s health screenings in workplaces

## Social Determinants of Health Strategies

CHIP Year 2	CHIP Year 3
The Quick Response Team started back up in later 2020, continuing with Naloxone Distribution—Responded to 205 Non-Fatal Overdoses	Quick Response Team responded to 285 Non-fatal overdoses in 2021
Mental Health and Recovery Services Board website provided Behavioral Health Screening Tools—expanded awareness of these tools through social media.	Treatment Agencies provided staff to be trained in Community Reinforcement and Family Training (CRAFT)—a training for Concerned Significant others wanting to get their loved on into treatment.
ACMC build depression screening tool into their EHR	Expanded Prevention Services to a team of providers, as opposed to one prevention specialist
10+types of Support Groups provided	University Hospitals & Ashtabula County Medical Center began initiating Buprenorphine in the ED and linking patient to treatment with area providers.
Warmlines and Crisis textlines promoted for Healthcare workers and Community members	MHRS Board updated Prescription drop-box brochure
Prevention Education: Catch My Breath (in-person or virtual) Trauma Informed Care trainings (virtual) Botvin Lifeskills (in person)	Distributed COVID Careline Materials to agencies, libraries, Drs. Offices
Increase the focus of chronic diseases by decreasing the number of strategies	Increase the focus of chronic diseases by decreasing the number of strategies
Tobacco policy for the IPOD	Tobacco policy for the IPOD
Improve transportation options	Work with libraries on hosting telehealth appointments
Work with physicians to implement Prescriptions for Physical Activity into office visits	UH/ACMC posted prescriptions for physical activity on their websites

# Appendix B: Summary of CHIP Leadership & Structure

The CHIP utilizes S.M.A.R.T. criteria (Specific-Measurable-Achievable-Relevant & Timed) as a best practice approach to inform the implementation of the plan. This approach recognizes the following components as crucial to addressing complex, and multi-faceted community priorities: 1) Participants and organizations committed to a shared agenda, 2) Established goals to evaluate progress, 3) Continuous communications and coordinated activities among key partners to ensure success, and Backbone support to provide technical assistance that is 4) directional, and that 5) adheres to an established timeframe. The sections below provide a breakdown of how the CHIP operationalizes the S.M.A.R.T. Approach to our specific community context in the planning, implementation, and oversight of its strategies.

## CHIP Steering Committee

A group of 12–15 individuals representing organizations that have been involved throughout the entirety of the CHA and CHIP process. Individuals on the committee are high-level decision makers within key stakeholder organizations in Ashtabula County. The committee is tasked with **generating resources, anticipating barriers to implementation, building relationships, and ensuring collaboration** across Action Teams, and providing guidance for managing political relationships, among other things.

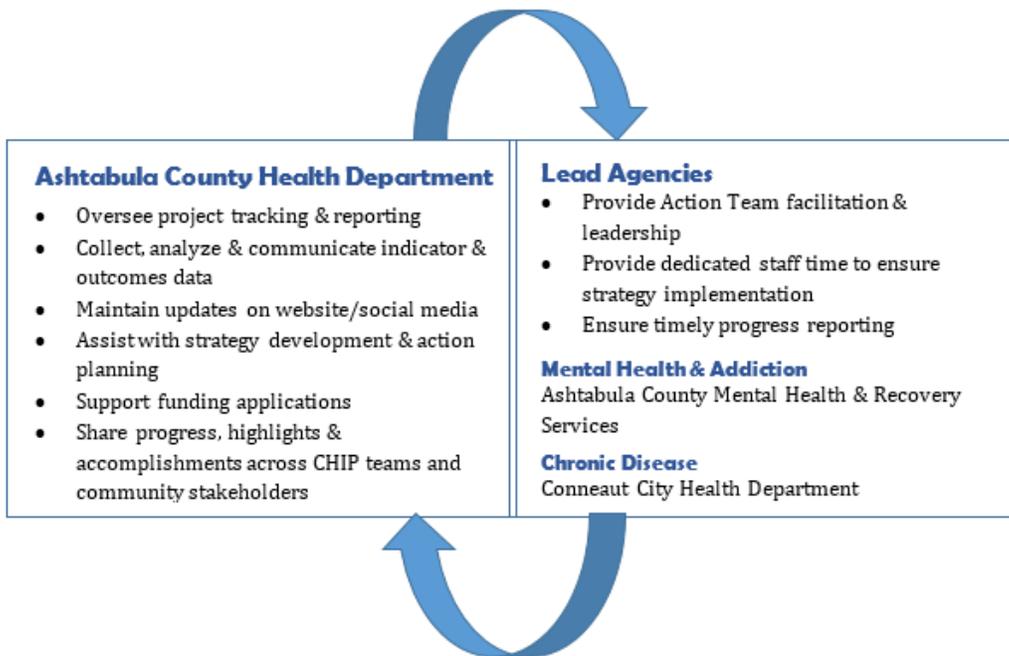
## Health Department Administration

Ashtabula County Health Department provides administrative backbone support for the implementation, evaluation, funding, and revision of the CHIP. ACHD staff provide support and participate in CHIP activities, but staff specifically tasked with CHIP implementation include the Health Commissioner and the Quality Improvement Coordinator.

ACHD provides technical assistance to the Lead Agencies, Action Teams, and Subcommittees including: 1) Support strategy development, action planning, and implementation, 2) Seek resources and apply for funding, 3) Provides updates and data to Healthy Northeast Ohio for publication, and 5) Build relationships and connect individuals and organizations to advance the work of the CHIP.

## Lead Agencies

Two community organizations (i.e. “Lead Agencies”) have taken ownership of the two CHIP priority areas. These are HDAC and partner agency ACMHRS, both of which have a proven track record of working collaboratively on their respective issue within the community. These agencies



participated throughout the CHA and CHIP process and have committed themselves to the three-year implementation of the CHIP.

## Action Teams

The two priority areas of the CHIP are being implemented through the work of community partners that comprise the four action teams. These teams are each led by the Lead Agencies and are tasked with implementing the strategies that were identified throughout the creation of the CHIP. Action teams meet at least quarterly and pull together many community stakeholders. Action teams delegate subcommittees to focus on one or two strategies within the plan.

## Subcommittees

Subcommittees are tasked with the implementation of one or two specific strategies within the plan and are usually comprised of action team members. Subcommittees are convened by either the Lead Agency, or by key community partners that have a stake in the project and have committed to seeing the project through.

## Reporting

To both ensure accountability and measure progress, routine reporting mechanisms have been put into place:

- **Quarterly Reports:** At the end of each quarter Lead Agencies work with each subcommittee to complete a progress report tool. Using the quarterly reporting tool provided by ACHD, the Lead Agencies provide progress notes, key partnerships, goals for next quarter, and barriers to implementation. They then assign each strategy a “status”

(on track, low risk, high risk, off track, or inactive). These categorizations provide a snapshot of how well the strategies are moving and which areas need additional attention or support.

- **Annual Report:** At the end of each CHIP year, ACHD works with Lead Agencies to compile highlights, progress, and survey findings into an annual report. This report is shared with all CHIP members, the Ashtabula County Commissioners, Ashtabula County Board of Health, and posted to the ACHD website.
- **Board of Health:** At least twice per year the HDAC, sometimes in conjunction with the Lead Agencies, provides an oral update on the status and progress of the CHIP to the Boards of Health in their jurisdiction.

## Annual Review Process

At the end of each CHIP year, the HDAC works with Lead Agencies to assess every strategy in the CHIP. The strategies are assessed for effectiveness, priority, community assets, and impact on the two CHIP lenses: Health Prevention & Behaviors and Social Determinants of Health. The strategy assessments are an opportunity to evaluate each strategy, and revise, remove, and/or add strategies, if necessary, based on the community context. An updated version of the CHIP with the edited strategies is formally published each year.

Ashtabula County Health Department  
Ashtabula City Health Department  
Conneaut City Health Department



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

**Ashtabula County Health Department**

12 W. Jefferson St.  
Jefferson OH 44047  
440-576-6010  
Jay Becker, Commissioner

**Ashtabula City Health Department**

4717 Main Ave.  
Ashtabula OH 44004  
440-992-7122  
Chris Hill, Commissioner

**Conneaut City Health Department**

327 Mill St.  
Conneaut, OH 44030  
440-593-3087  
Nichele Blood, Commissioner

## Community Profile

- <sup>1</sup> U.S. Census Bureau, American Community Survey 1 Year Estimates (Ashtabula County and Ohio), 2019; U.S. Census Bureau, American Community Survey 5 Year Estimates (Ashtabula County and Conneaut City), 2019

## Social Determinants of Health

- <sup>1</sup> U.S. Census Bureau, American Community Survey 1 Year Estimates (Ashtabula County and Ohio), 2019; U.S. Census Bureau, American Community Survey 5 Year Estimates (Ashtabula County and Conneaut City), 2019
- <sup>2</sup> Healthy People 2030 Objective AHS-01, U.S. Department of Health and Human Services
- <sup>3</sup> State Medical Board of Ohio Annual Report, 2020
- <sup>4</sup> Ohio State Dental Board (Ohio), 2020
- <sup>5</sup> eLicense Ohio (Ashtabula County), 2022
- <sup>6</sup> Ohio Board of Psychology, 2020
- <sup>7</sup> JAMA. 2021;325(19):1965-1977. doi:10.1001/jama.2021.6238. Corrected on August 24, 2021.
- <sup>8</sup> Oeffinger KC, Fontham ET, Etzioni R, et al. Breast cancer screening for women at average risk: 2015 guideline update From the American Cancer Society. JAMA. 2015;314(15):1599-1614.
- <sup>9</sup> Healthy People 2030 Objective C-05, U.S. Department of Health and Human Services
- <sup>10</sup> Mayo Clinic Staff (2019) "Pap smear: Overview"
- <sup>11</sup> Chetty, R., Stepner, M., Abraham, S., Lin, S., Scuderi, B., Turner, N., Bergeron, A. & Cutler, D. (2016). The association between income and life expectancy in the United States, 2001-2014. Jama, 315(16), 1750-1766.
- <sup>12</sup> U.S. Census Bureau, Burdened Households (5-year estimate) in Ashtabula County, OH [DP04ACS039007], retrieved from FRED, Federal Reserve Bank of St. Louis; <https://fred.stlouisfed.org/series/DP04ACS039007>, March 24, 2022.
- <sup>13</sup> 2019 Point in Time Count, Ohio Balance of State Continuum of Care. Coalition on Housing and Homelessness in Ohio.
- <sup>14</sup> Feeding America, Map the Meal Gap, 2019
- <sup>15</sup> University of Wisconsin Population Health Institute, County Health Rankings, 2021
- <sup>16</sup> Ohio Department of Education. Report Portal, 4-year longitudinal graduation rate (district) - demographic overview (Ashtabula County), 2020; Ohio Department of Education. Report Portal, 4-year longitudinal graduation rate (state) - demographic overview (Ohio), 2020
- <sup>17</sup> Ohio Department of Education, District Graduation Rates, 2020
- <sup>18</sup> Healthy People 2030 Objective AH-08, U.S. Department of Health and Human Services
- <sup>19</sup> Ohio Office of Criminal Justice Services, Crime by County Statistics (Ashtabula County and Ohio), 2017
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