

ILLUMINOLOGY



ASHTABULA COUNTY

**2025 Community Health
Needs Assessment**

September 2025

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Acknowledgments

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Community Counseling Center of Ashtabula County

Conneaut City Health Department

Signature Health

University Hospitals

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Healthy Ashtabula County is pleased to provide a comprehensive overview of our community's health status and needs: the 2025 Ashtabula County CHNA.

The 2025 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 Regional 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 2025 Ashtabula County CHNA to inform the development and implementation of strategic plans to meet the community's health needs, including the hospitals' implementation strategy.



We hope the 2025 Ashtabula County CHNA serves as a guide to target and prioritize limited resources, a vehicle for strengthening community relationships, and a source of information that contributes to keeping people healthy.

The 2025 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, see page 92 for 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 2025 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 2025 Ashtabula County CHNA may be directed to:

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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 Regional 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 2025 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 and retain accreditation through the Public Health Accreditation Board (PHAB).

Hospital and Public Health Compliance

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 needs assessments (CHNA) 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 and health departments are required to align with Ohio's State Health Assessment (SHA) and State Health Improvement Plan (SHIP). The required alignment of the CHNA process timeline and indicators became effective January 1, 2020.



Illuminology worked with *Healthy Ashtabula County* to create one county-level CHNA that serves both the hospitals and health departments, 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 2023 State Health Assessment, which is the most currently available report. This shift in the way health needs 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 2025 Assessment also reflects the partners' desire to align health needs 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, please visit: <https://odh.ohio.gov/about-us/state-health-assessment>, and for the State Health Improvement Plan, please visit: <https://odh.ohio.gov/about-us/sha-ship>.

Hospital Internal Revenue Services (IRS) Requirements and PHAB (Public Health Accreditation Board) Requirements

The 2025 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 2025 CHNA for University Hospitals Conneaut Medical Center, University Hospitals Geneva Medical Center, and Ashtabula Regional 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. University Hospitals' Board of Directors adopted the last joint UH Conneaut-Geneva CHNA on September 21, 2022 and last Implementation Strategy on March 21, 2023. Ashtabula Regional Medical Center's Board of Directors adopted the last ARMC CHNA on October 26, 2022 and last Implementation Strategy on February 22, 2023.

The 2025 Ashtabula County CHNA meets the requirements set forth under the Public Health Accreditation Board's 2022 Standards and Measures for Reaccreditation and for the purposes of meeting these requirements, serves as the 2025 CHA for Ashtabula County Health Department, Ashtabula City Health Department, and Conneaut City Health Department. Ohio health departments are required to complete a CHA and corresponding Community Health Improvement Plan at least once every three to five years.

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 the facilities and partnering organizations involved in the collaborative assessment define their community to be the same. For example, 51.7% of University Hospitals Conneaut Medical Center's discharges and 73.7% of University Hospitals Geneva Medical Center's discharges in 2024 were residents of Ashtabula County. 96% of Ashtabula Regional Medical Center's discharges are residents of 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 needs 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 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 Regional Medical Center.

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 and ARMC 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.

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 exploring differences in the adult survey data based on vulnerable population inclusion. This 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*. This coalition has been in existence for over twenty years and has 25 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, stakeholder interviews, and the community poll. Outreach methods included email, social media, and mail.

Quantitative and Qualitative Data Analysis

Primary data for the 2025 Ashtabula County CHNA were obtained by independent researchers from Illuminology via an adult survey, stakeholder 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 priorities:

1. Metabolic disorders (aligns with Ohio’s priority health factor health behaviors and priority health outcome chronic disease)
2. Life skills and health resource education (aligns with Ohio’s priority health factors community conditions and access to care)
3. Suicide prevention / addressing isolation (aligns with Ohio’s priority health outcome mental health and addiction)

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

See pages 12 & 20-23 for more details about the prioritization process.



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' Evaluation of Impact can be found in Appendix G of this report. Ashtabula Regional Medical Center's Evaluation of Impact can be found in Appendix H of this report.

Community Health Improvement Plan (CHIP) Annual Reports

The CHIP Annual Reports evaluate the progress of the CHIP. The 2023 and 2024 CHIP Annual Reports, which evaluate the 2023-2025 CHIP, can be found in Appendix I.

Hospital Visit Data

Ashtabula Regional Medical Center and University Hospitals provided data related to visits to their hospitals (see pages 85-88). Moving forward, in partnership, they will work to generate prevalence estimates of outcomes by Census tract using the Electronic Health Records from both hospital systems.

Adoption by Board

The Board of Directors of *Healthy Ashtabula County* adopted the 2025 Ashtabula County CHNA on August 22, 2025. The Board of Directors of University Hospitals adopted the 2025 Ashtabula County CHNA on September 11, 2025. The Board of Directors of Ashtabula Regional Medical Center adopted the 2025 Ashtabula County CHNA on September 24, 2025.

Community Health Needs Assessment Process

The process followed by the 2025 Ashtabula County CHNA reflected an adapted version of the Robert Wood Johnson Foundation's County Health Rankings and Roadmaps: Assess Needs and Resources process. 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 Ori V. Kristel, Ph.D., led the process for locating health status indicator data; for designing and conducting the stakeholder interviews, community poll, and adult survey; and for creating the summary report. Illuminology has 27 years of experience related to research design, analysis, and reporting, and has conducted numerous community health needs assessments.

Healthy Ashtabula County approved the process to be used in this health needs assessment. The following phases of the health needs assessment process, as adapted for use in Ashtabula County, included the following steps.

(1) Prepare to assess / generate questions. On December 10, 2024, community leaders, stakeholders, and employees from participating organizations gathered at the Ashtabula County Health Department 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 needs 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., Ashtabula Regional Medical Center; University Hospitals; Remote Area Medical). 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 table captions or footnotes. To ensure community stakeholders are able 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 2025 Ashtabula County CHNA, secondary data must have been collected or published in 2018 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 March 19th, 2025 through May 14th, 2025, respondents completed a self-administered questionnaire, either on paper or online (see Appendix B).

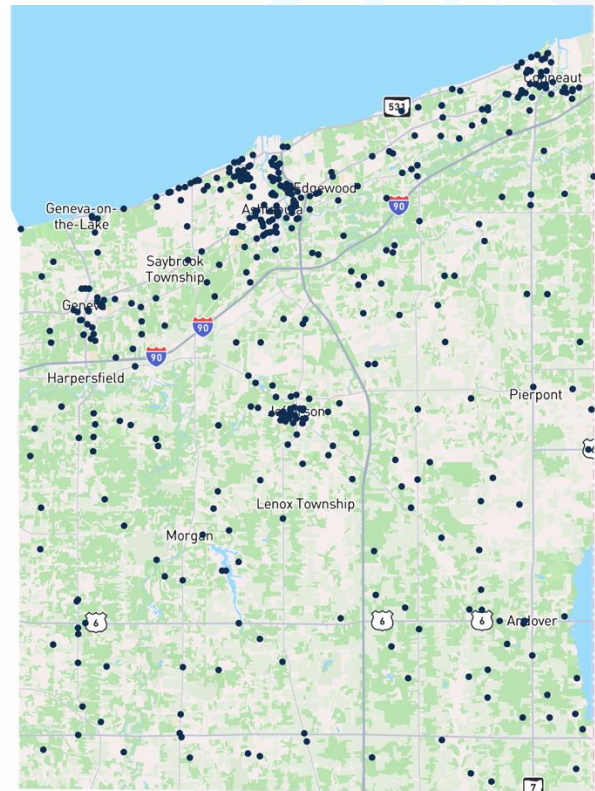
For the survey mailing, a total of 2,200 addresses were randomly selected from the universe of residential addresses in Ashtabula County and 1,200 addresses were randomly selected from the universe of residential addresses in which the sample data indicated there was likely a young adult in the household. In mid-March, 2025, 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 500 randomly selected participants, their mailing included a \$1 bill to encourage the household's participation. 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 and a Business Reply Mail envelope so respondents could complete the survey and mail it back at no cost to them.

In total, 439 Ashtabula County adult residents completed the survey, or 13% of the valid addresses (not vacant or otherwise unreachable). With a random sample of this size, the margin of error is $\pm 4.6\%$ at the 95% confidence level. In terms of geography, 99 residents from Ashtabula City and 52 residents from Conneaut City completed the survey; results are presented for these two geographies in addition to Ashtabula County overall.

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.

Map of Residents Who Completed The Representative Survey



(4) Conduct community poll. *Healthy Ashtabula County* worked with Illuminology to design and deploy a short survey of community residents and stakeholders. The intent of this poll was to provide an opportunity for community members who weren't randomly selected to complete the representative survey to participate in the community health needs assessment. The poll was publicized by Healthy Ashtabula County and other community organizations. Overall, 114 individuals who reported living in Ashtabula County responded to this poll between April 23, 2025 and May 30, 2025. See Appendix C for the questions asked and responses to this poll.

(5) Conduct community stakeholder interviews. *Healthy Ashtabula County* 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, and substance abuse. Illuminology completed interviews with 12 stakeholders across nine organizations. Interviewees included community members who work in health care, leaders of local organizations, and other residents. Two interviewees were representatives 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.

(6) 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. All questions asked in this survey and the breakdown of responses can be found in Appendix F. Tables presenting youth data throughout the report have light blue headers.

Community Health Needs Assessment Process

(7) Identify Prioritized Health Needs. On August 7, 2025, 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 2025 Ashtabula County CHNA.

The meeting participants were divided into small groups, with each group asked to review a specific section of the 2025 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 9 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. Three needs had over 20 votes, and the group agreed that those should be the three priority needs.

Overall, 29 representatives of Healthy Ashtabula County participated in this need identification and voting process, coming to a clear consensus about the community's prioritized health needs. These are displayed on page 20. The key needs will also be outlined in the 2026-2028 Implementation Strategies/Community Health Improvement Plan.

(7) Share results on hospital websites, health department websites, and the *Healthy Ashtabula County* website. 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), and Ashtabula Regional Medical Center's website (<https://www.armchealth.org/about-us/community-health-needs-assessment/>) 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.



Community Health Needs Assessment Process

How to Read This Report

Key findings and *Healthy People 2030*. As shown on page 2, the 2025 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 with text next to the *Healthy People 2030* logo (<https://odphp.health.gov/healthypeople>).

Community Voices. The findings of the community stakeholder interviews are indented slightly and set off with a blue border on the left side.

Comparison to the Ashtabula County 2022 Community Health Needs Assessment. Where possible, results were compared to data from the Ashtabula County 2022 Community Health Needs Assessment and denoted by a light blue clock symbol. In addition, a table comparing 2022 data to 2025 data can be found on page 84.

Health disparities between populations or areas in the community. Analyses explored statistically significant differences in results based on demographic factors such as age, gender, income, and geographic region. When these analyses suggested the presence of significant differences among specific populations, the report tables display a magnifying glass symbol.

There are many examples throughout the report in which those with lower household income have significantly poorer health outcomes than those with higher household income.

Sources for all secondary data are identified in table captions or footnotes. 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 representative survey of adults) are displayed in graphs throughout the report. In some cases, the percentages may not sum to 100% due to rounding and/or because multiple responses were accepted. Some outlying values were winsorized (i.e., replaced with the highest or lowest non-outlying value).

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 1,368 square miles. Jefferson is the county seat, and Ashtabula is the largest city of this county.

RESIDENT DEMOGRAPHICS		ASHTABULA CITY	CONNEAUT CITY	ASHTABULA COUNTY	OHIO
Total Population	Total population	17,919	12,378	97,343	11,780,046
Gender	Male	49.0%	59.7%	51.2%	49.3%
	Female	51.0%	40.3%	48.8%	50.7%
Age	Under 5 years	6.4%	4.7%	5.60%	5.7%
	5-19 years	17.8%	17.1%	18.4%	19.0%
	20-64 years	57.7%	62.6%	56.1%	57.4%
	65+ years	18.2%	15.6%	19.9%	17.9%
Race/ Ethnicity	White	79.3%	87.6%	89.6%	76.5%
	African American	8.0%	8.1%	3.8%	12.1%
	Asian	0.6%	0.5%	0.4%	2.4%
	Indigenous	0.0%	0.1%	0.1%	0.1%
	Other race	3.9%	0.2%	1.2%	0.4%
	Two or more races	8.2%	3.5%	5.0%	3.9%
Disability Status	Hispanic/Latino (any race)	12.5%	2.0%	4.8%	4.6%
	People with a disability	22.4%	20.8%	17.0%	14.2%
Household Languages	Spanish	7.4%	0.5%	3.0%	3.0%
	Other Indo-European	0.4%	1.2%	2.5%	3.1%
	Asian & Pacific Island	0.5%	0.0%	0.4%	1.5%
	Other languages	0.5%	0.2%	0.5%	1.2%
	Limited English proficiency	1.8%	0.0%	0.9%	1.5%

Data are from 2019-2023. Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

HOUSEHOLD CHARACTERISTICS		ASHTABULA CITY	CONNEAUT CITY	ASHTABULA COUNTY	OHIO
Marital Status (15+ years old)	Currently married	35.2%	36.6%	45.6%	47.1%
	Separated	3.9%	3.2%	2.0%	1.5%
	Divorced	17.4%	14.6%	14.7%	11.9%
	Widowed	7.2%	7.4%	8.0%	6.2%
	Never Married	36.3%	38.2%	29.7%	33.3%
Household Size	Household size (avg)	2.3	2.3	2.4	2.4
Household Members	Kids present	28.8%	31.8%	28.3%	28.3%
	Seniors present	30.3%	30.8%	36.0%	31.3%
	Grandparents as caregivers	--	--	10.9%	7.0%
Transportation	Without a vehicle	11.7%	9.6%	7.8%	7.40%
Internet	With broadband internet	87.0%	87.6%	85.8%	88.8%

Data are from 2019-2023. Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

A statistical portrait of the adult respondents who completed the 2025 Ashtabula County Health Survey is shown below. These percentages have been weighted to match population benchmarks for age, gender, household income, presence of children in the household, and Ashtabula and Conneaut City residence.

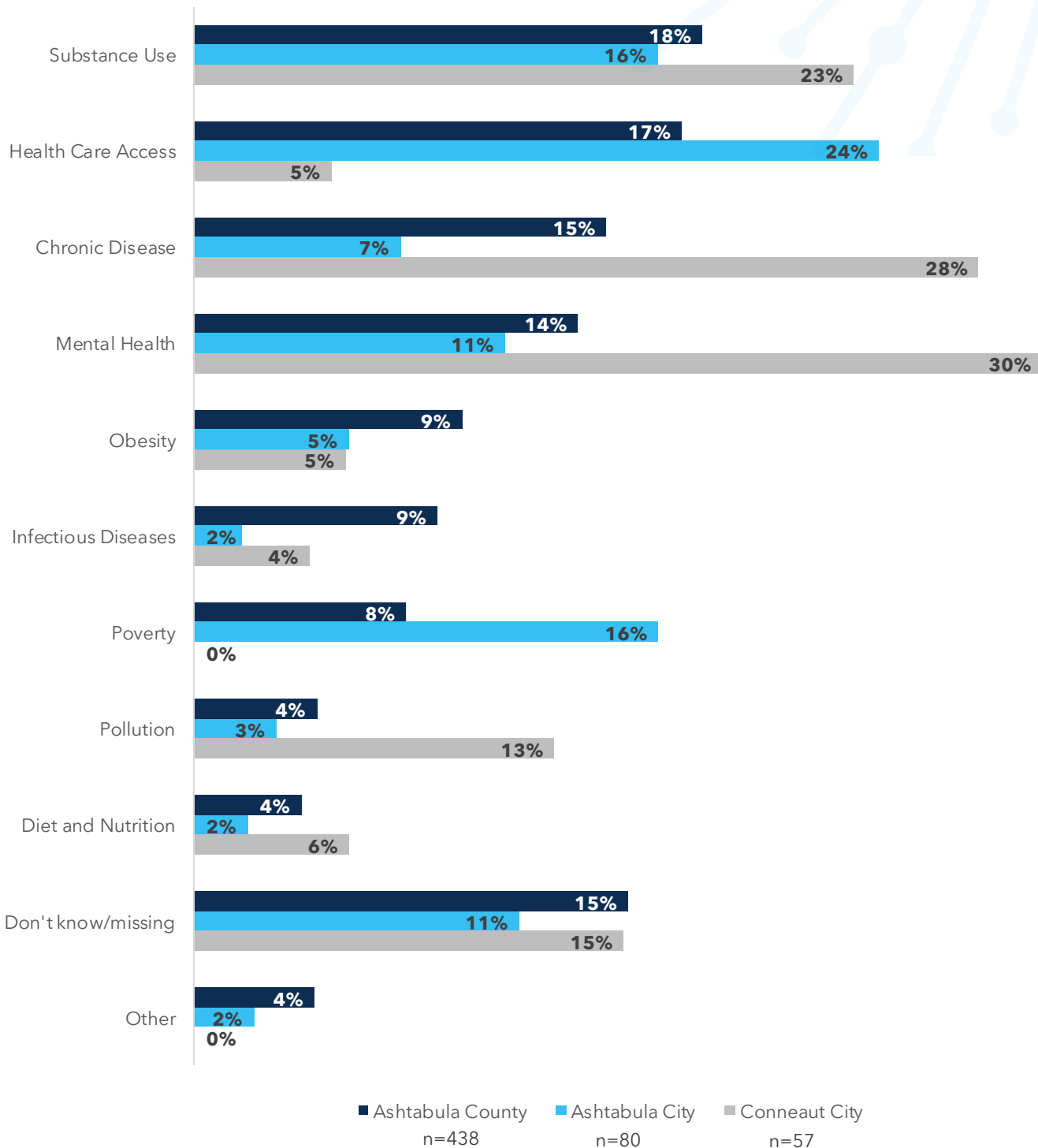
RESPONDENT DEMOGRAPHICS		ASHTABULA COUNTY
Gender	Male	48.8%
	Female	49.0%
	Non-binary	1.1%
	I prefer not to classify myself	1.0%
Age	18-29	17.4%
	30-39	14.7%
	40-49	15.3%
	50-59	17.5%
	60-69	18.1%
	70 or older	16.9%
Race/ Ethnicity	White	97.4%
	Black or African American	1.3%
	Other race	1.3%
Education	Less than 12 th grade (no diploma)	13.2%
	High school degree/GED	43.3%
	Some college (no degree)	20.5%
	Associate's degree	8.4%
	Bachelor's degree	9.8%
	Graduate or professional degree	4.9%
Income	Less than \$25,000	20.4%
	Between \$25,000 and \$49,999	24.8%
	Between \$50,000 and \$74,999	18.6%
	Between \$75,000 and \$99,999	13.6%
	\$100,000 or more	22.6%
Geography	Somewhere else	68.7%
	Ashtabula City	18.3%
	Conneaut City	13.0%

RESIDENTS' PRIORITIES

This section describes what residents perceive as the most important health issues in the community, according to the representative survey of adults and the stakeholder interviews.

According to the representative survey, residents perceive substance use, health care access, chronic disease, and mental health as the most important health issues.

In your opinion, what is the most important health issue affecting the people who live in Ashtabula County?



Community Voices – Important Health Issues

Community leaders feel that chronic conditions like cardiovascular disease, diabetes, and cancer are major physiological health concerns in the county. They also discussed how these are often interconnected with other concerns such as mental health issues, generational poverty, and substance use.

"Poor health in general, like COPD, CHF, diabetes, both type 1, type 2, alcoholism, smoking, all the same stuff that goes on all over our county."

"We do seem to have a high cancer rate that may or may not have been caused from the chemical cleanup and the chemicals that were in our ground for so long or disposed of inappropriately for so long."

"High rate of cancer. And then also the whole emotional piece that goes along with that. So it's not only the diagnosis."

"Obesity. And diabetes and cardiac [disease], which would then link to high blood pressure, cholesterol."

"Always anxiety and depression top the list for sure. And I would say in our region, too, just the impact of generational poverty and then generational trauma that goes along with that, are a lot of what we see."

"We hear that there's a lot of cases of cancer...Whether it's cancer or some kind of medical issue you're going to find. Our community tends to find out when it's maybe too late. Or they're scared to pursue the actual treatment.... In Ashtabula, it's either breast cancer or prostate."

"Over the last five years we have an exploding homeless population...There's people living in little tent cities throughout the community that I have never seen in my whole life...These homeless people that, whether it's [related to] mental health or drug addiction."

"Dual diagnosis drug addiction and mental illness. We have a high suicide rate for the size county we have."

"Opioid addictions, amphetamines, methamphetamines, other classic drugs of abuse. Marijuana, you name it. Alcohol."

"It's unfortunate that it exists for not only those who are afflicted with those addiction diseases, but for the families who also are coping with those who are addicted. We see the toll it takes on everybody. It's a strain on law enforcement, it's a strain on the court system, and you're seeing this cycle with some of them who are repeat offenders through the recidivism."

"There's mental health and then there's drugs...We're helping people who are medicating themselves because they're not going to get mental health services. But then when the time comes to getting health, they may be rejected for services because they're under the influence, but it's actually there to medicate their mental health."

Community Voices – Youth Health Important Issues

Health issues among youth that community leaders are concerned about include unstable home environments, substance use, obesity, and mental health problems.

"We definitely have a vaping problem because we have a new vape shop in town. And that would be your school age kids and younger adults."

"The whole vaping thing just is amazing because what's next with vaping is they're doing other things like Zyn, they're putting this like it's okay, like it's normal."

"[Kids] are more exposed to substance abuse right now than we've ever seen in the past. And the kids are growing up in those environments. The family unit is different right now than it's ever been and the kids are exposed to that at an earlier age."

"Twenty years ago, no matter where you went, you know, there's basketball fields, all basketball courts and football fields and softball fields all over this county, and they would be filled with kids and people playing and being involved in leagues. You drive around now, they're all empty. The kids are just not involved in those type of activities."

"Our teachers, our counselors, our support services in the schools are doing a very good job of paying attention to the kids, figuring out who needs help, what kind of assistance they need, communicating that back to the family. But then it drops there. The families don't see the urgency in doing that. They don't see the necessity of following through with what the school is recommending."

"Unstable situations at home. Instability at home is going to be probably the largest issue."

"Child obesity is a huge problem in our county, but we have a committee that's working on that and they have done some exceptional work."

"[Youth mental health care is] not high quality. And everything that I've ever had that's under 18, especially if they need to be admitted, is always out of county."

"Our younger [residents]...that went through Covid at a very...influential time. They were stuck at home and not having any socialization. And I see some of that with my own kids, my friend's kids, and they don't have the social skills that other kids have. They seem immature, they're anxious, they, they have, I feel like a lot of depression."

PRIORITY HEALTH NEEDS

The prioritized health needs of Ashtabula County residents, as identified by *Healthy Ashtabula County*, include: **metabolic disorders, life skills and health resource education, and suicide prevention / addressing isolation.**

PRIORITIZED HEALTH NEED: METABOLIC DISORDERS	
RELEVANT INDICATORS	SEE PAGES
BMI	50
Coronary heart disease diagnoses	80-81
High cholesterol diagnoses	80-81
High blood pressure diagnoses	80-81
Diabetes diagnoses	80-81
Leading causes of death	82

Metabolic disorders are conditions that disrupt the normal chemical processes your body uses to convert food into energy, often leading to an imbalance of substances like sugars, fats, and proteins. Preventing these disorders is crucial for human health because they are major risk factors for developing other severe chronic illnesses, including type 2 diabetes, cardiovascular disease, and stroke.

According to the research in the 2025 Ashtabula County Community Health Needs Assessment, 8% of Ashtabula County adult residents overall, and 20% of Conneaut City adult residents, have ever been diagnosed with coronary heart disease. 34% of Ashtabula County adult residents have ever been diagnosed with high blood cholesterol and 40% with high blood pressure. 78% of Ashtabula County adult residents are overweight or obese. 16% of Ashtabula County adult residents have ever been diagnosed with diabetes. According to secondary data, diseases of the heart are the leading cause of death in Ashtabula County (rate of 206.5/100,000). *Healthy Ashtabula County* noted that a local advising health professional perceives a trend that metabolic disorders will begin causing more deaths than communicable diseases. In addition, he feels that reducing sugar consumption may be a key to preventing metabolic disorders.

PRIORITY HEALTH NEEDS

PRIORITIZED HEALTH NEED: LIFE SKILLS AND HEALTH RESOURCE EDUCATION

RELEVANT INDICATORS	SEE PAGES
Readiness for school rates	28
Preferred sources of health information	29
Trust in local and state health departments	31
Mold in residences	46

Healthy Ashtabula County signaled a need for more focus on life skills, such as readiness for school (e.g., knowledge of the alphabet), writing checks, and cooking healthy food, that can help break the cycle of generational poverty. According to secondary data, only 30% of children in Ashtabula County demonstrated readiness for kindergarten.

Knowledge of how to mitigate mold also needs improvement, as 19% of Ashtabula County adult residents reported mold in their residence, up from 15% in 2022.

Health resource education was identified as another key issue; more Ashtabula County adult residents reported relying on their friends or family as primary sources of health information (36%) than on health department websites (30%), magazines (4%), or newspapers (4%), suggesting a need for more outreach to educate the public on health conditions and health resources. Given the high levels of trust in their local health department (83%) and the Ohio Department of Health (80%) reported by Ashtabula County adult residents, these health departments would be a logical source of outreach focused on increasing the knowledge levels of the trusted connections of people in need.



PRIORITY HEALTH NEEDS

PRIORITIZED HEALTH NEED: SUICIDE PREVENTION / ADDRESSING ISOLATION	
RELEVANT INDICATORS	SEE PAGES
Adult television & internet time	53
Adult mental health diagnoses and suicidal ideation	55, 57
Youth depression and suicidal ideation	57
Adult social and emotional support	60
Youth sports participation	62

Healthy Ashtabula County expressed concern regarding levels of isolation among county residents that they link to increases in rates of depression, suicide and suicidal ideation, and other mental health concerns among residents of all ages - but especially among Ashtabula County youth. Almost 49% of Ashtabula County youth reported feeling depressed several days, more days than not, or nearly every day over the past two weeks, and more than 37% reported having stopped doing some usual activity due to feeling sad or hopeless every day for two weeks or more. More than 15% of Ashtabula County youth reported seriously considering attempting suicide in the past year. *Healthy Ashtabula County* noted that participation in team sports has traditionally provided youth with the opportunity to form vital social connections, but almost 43% of Ashtabula County youth did not play on any sports team over the past year.

29% of Ashtabula County adult residents reported ever having been diagnosed with a depressive disorder; this figure rises to 33% for Ashtabula City residents. 33% of Ashtabula County adult residents reported ever having been diagnosed with an anxiety disorder; this rises to 47% for Ashtabula City residents and 46% for Conneaut City residents. 4% of Ashtabula County adult residents reported suicidal ideation in the past year, up from 2% in 2022. Multiple data points support *Healthy Ashtabula County's* concerns regarding adult isolation: about 14% of Ashtabula County adult residents reported rarely or never getting the social or emotional support needed in the past 12 months; they also reported spending a combined average of 6.9 hours daily watching television and on the Internet, which would appear to leave little time for offline social connections.

Page 92 of this report presents a list of community assets and resources that could potentially help to address these prioritized health needs.

For context, Ohio's 2020-2022 State Health Improvement Plan (SHIP) identified three cross-cutting factors (i.e., social determinants of health that include community conditions, health behaviors, and access to care) as well as three health outcome categories (i.e., mental health and addiction, chronic disease, and maternal and infant health) that should be considered when planning to improve the community's health. Overall, there is good alignment between the 2025 Ashtabula County CHNA's prioritized health needs and Ohio's 2020-2022 SHIP.

SHIP Priority Factors	Alignment with Ashtabula Prioritized Health Need(s)	SHIP Priority Outcomes	Alignment with Ashtabula Prioritized Health Need(s)
Community conditions - Housing affordability and quality - Poverty - K-12 student success - Adverse childhood experiences	Life skills and resource education	Mental health and addiction - Depression - Suicide - Youth drug use - Drug overdose deaths	Suicide prevention / addressing isolation
Health behaviors - Tobacco/nicotine use - Nutrition - Physical activity	Metabolic disorders	Chronic disease - Heart disease - Diabetes - Childhood conditions (asthma, lead)	Metabolic disorders
Access to care - Health insurance coverage - Local access to healthcare providers - Unmet need for mental health care	Life skills and resource education	Maternal and infant health - Preterm births - Infant mortality - Maternal morbidity	

Source for SHIP Priority Factors and SHIP Priority Outcomes:
<https://dam.assets.ohio.gov/image/upload/odh.ohio.gov/SHIP/2020-2022/2020-2022-SHIP.pdf>

Ohio's 2023 State Health Assessment (SHA) has been released. The SHA will help inform the priorities for the 2025 - 2029 SHIP. Although the priorities for the 2025-2029 SHIP have not been identified, input on preferred priorities is closely aligned with the priorities from the 2020-2022 SHIP (and therefore the priorities identified for the 2025 Ashtabula County CHNA).

The full, original list of health issues considered during the Prioritization Session is listed below in no particular order.

Mental health and substance misuse

Substance misuse
 Anxiety and depression
 Suicide prevention/isolation

General health, death, and illness

Metabolic disorders
 Unintentional injuries (fall-related)

Social determinants of health

Health resource education
 Life skills education
 Food insecurity
 Access to care

SOCIAL DETERMINANTS OF HEALTH

This section provides insight into how Ashtabula County residents fare when it comes to many social determinants of health, including levels of poverty, access to health care, and education outcomes. 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

- ▶ About 67% of adult residents have been to the doctor for a routine checkup in the past year and about 60% of adult residents have been to a dental clinic in the past year
- ▶ About 50% of residents traveled outside of Ashtabula County for health care, most commonly specialty care; these results are similar to the 2022 CHNA
- ▶ Community stakeholders mentioned that those in the south part of the county are somewhat geographically isolated and may be less likely to seek out health care

Financial Hardship

- ▶ Community stakeholders mentioned that financial hardships cause issues for some residents and there are challenges with food insecurity and lack of affordable housing

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).¹

EMPLOYMENT		ASHTABULA CITY	CONNEAUT CITY	ASHTABULA COUNTY	OHIO
Population (16+ yrs)	In labor force	60.3%	51.7%	57.9%	63.3%
	Employed in civilian labor force	52.9%	45.5%	53.9%	60.1%
	Unemployed in civilian labor force	7.4%	6.2%	4.0%	3.1%

Data are from 2019-2023. Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

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. The percentage of the population who lack adequate access to food is slightly higher in Ashtabula County than Ohio (18% and 15%, respectively).

INCOME & POVERTY		ASHTABULA CITY	CONNEAUT CITY	ASHTABULA COUNTY	OHIO
Income	Median household Income ¹	\$43,782	\$50,585	\$55,507	\$69,680
Poverty	People below 100% FPL ¹	31.6%	21.5%	18.3%	13.2%
	People below 125% FPL ¹	37.0%	28.6%	22.9%	16.9%
	People below 200% FPL ¹	54.1%	48.5%	40.4%	29.4%
Children	In households below 100% FPL ¹	39.0%	33.0%	26.0%	18.0%
Food Insecurity	Food insecure households ²	--	--	17.6%	15.3%
	SNAP households ¹	33.3%	22.9%	18.5%	12.4%

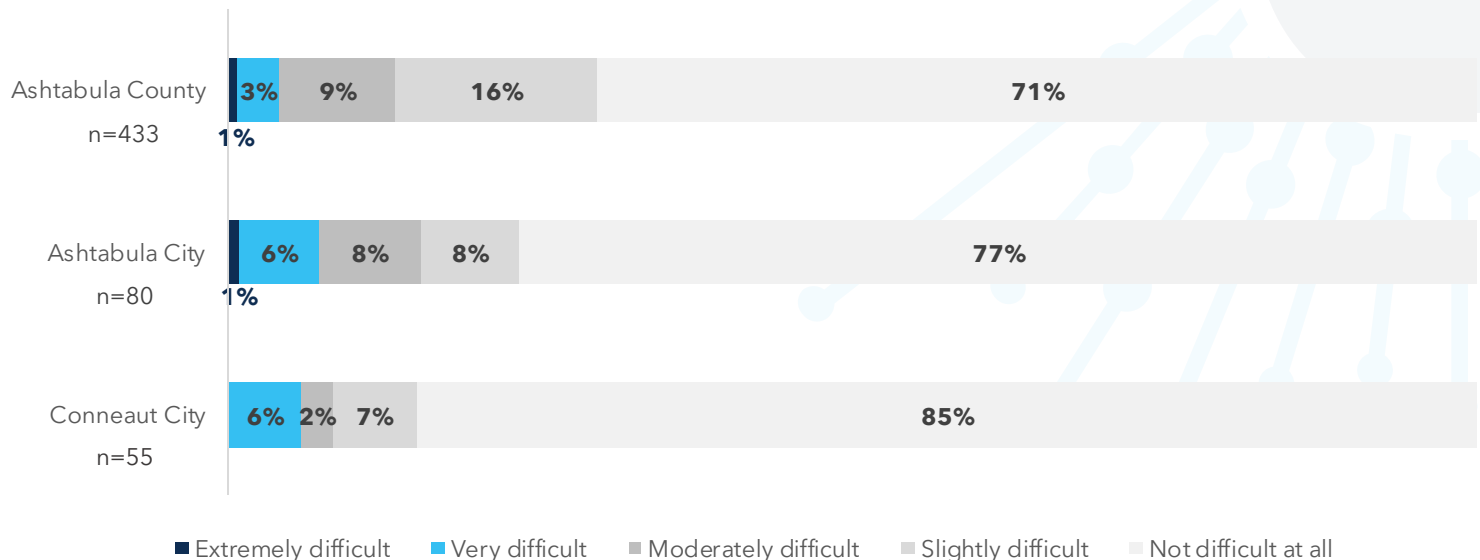
Data are from 2019-2023. Sources: ¹U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023; ²Feeding America, Map the Meal Gap, 2023

 **Healthy People 2030 objective not met:** people living below poverty level (Ashtabula County **18.3%** vs. Target **8.0%**)

¹Chetty, 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.

According to the representative survey, about 13% of residents feel it's extremely, very, or moderately difficult to get fresh fruits and vegetables.

How difficult is it for you to get fresh fruits and vegetables?



Getting fresh fruits and vegetables not difficult at all - in 2022: 67% & in 2025:71%.



Those with household income less than \$50,000 are more likely to have at least slight difficulty getting fruits and vegetables (38.8%) than those with household income \$50,000 or more (21.8%).

The spending-to-income ratio for renting and owning homes is slightly higher in Ashtabula County than in Ohio.

SPENDING		ASHTABULA COUNTY	OHIO
Spending-to-Income Ratio	Home renter	18.0%	16.8%
	Homeowner	15.5%	14.6%
	Adult day care	12.0%	11.3%
	Health Insurance	8.5%	6.8%
	Day care center & preschool	7.5%	7.5%
	Gas and other fuels	4.3%	3.4%
	Home child care	4.3%	3.3%

Data are from 2024. Source: Spending-to-Income Ratios. Claritas Consumer Spending Dynamix, 2024. Conduent Healthy Communities Institute. Retrieved from healthynco.org

Community Voices – Financial Hardship

Community leaders discussed the negative health effects that can result from residents who don't have the means to meet their basic needs. Lack of affordable housing options and food insecurity were also mentioned.

"We can talk about mental health issues, we could talk about obesity, all those different health issues, but a big core problem in all that is these children are coming from economically disadvantaged families, therefore creating these other issues that they have to deal with."

"Whatever health ramifications come from having to choose between paying your rent or filling prescriptions. Whatever happens when you become homeless and you have no place to live. The health problems come from not being able to have your basic needs met."

"When you don't have enough to eat, when you don't have a place to live. Those can either stem from mental health issues or they can cause some mental health issues."

"That population of that ALICE group of them just making it where they make a little bit too much to get federal help but not enough to really make it [Asset Limited, Income Constrained, Employed]. That group in our county is getting bigger."

"Having a home that you can afford and you can pay the utilities and have food. We would be so much healthier if we could make sure that those three things are covered. The agencies that I work with all have programs for that, but there aren't enough resources. There isn't enough money to make it so that everybody can have that."

"For the people that are living paycheck to paycheck, there is a lack of affordable housing."

"Working poor will choose their job over their health. Taking care of themselves while working is probably not even a thought...There's no self care...Those living in poverty also most likely live around a food desert."

"There are a couple different food banks that come once a month. And the demand for that as of last year had almost doubled."

Education

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

Regarding young children in Ashtabula County, 30% are considered to have “demonstrated readiness” to begin kindergarten, meaning they entered with “sufficient skills, knowledge and abilities to engage with kindergarten-level instruction.” Additionally, almost all third graders met the threshold needed in reading proficiency to move to fourth grade.

CHILDHOOD EDUCATION		ASHTABULA CITY	CONNEAUT CITY	ASHTABULA COUNTY	OHIO
Childhood Education	Students ready for kindergarten ¹	20.3%	31.2%	29.6%	36.5%
	3rd graders with reading proficiency ²	99.3%	99.1%	99.7%	98.3%
	High school graduation rate ³	--	--	91.0%	92.5%

Data are from 2022-2023. Sources: ¹Ohio Department of Education & Workforce. Kindergarten readiness assessment, 2022-2023; ²Ohio Department of Education & Workforce. Third grade reading guarantee, 2022-2023; ³Ohio Department of Education & Workforce, 2022-2023. Conduent Healthy Communities Institute. Retrieved from healthyneo.org

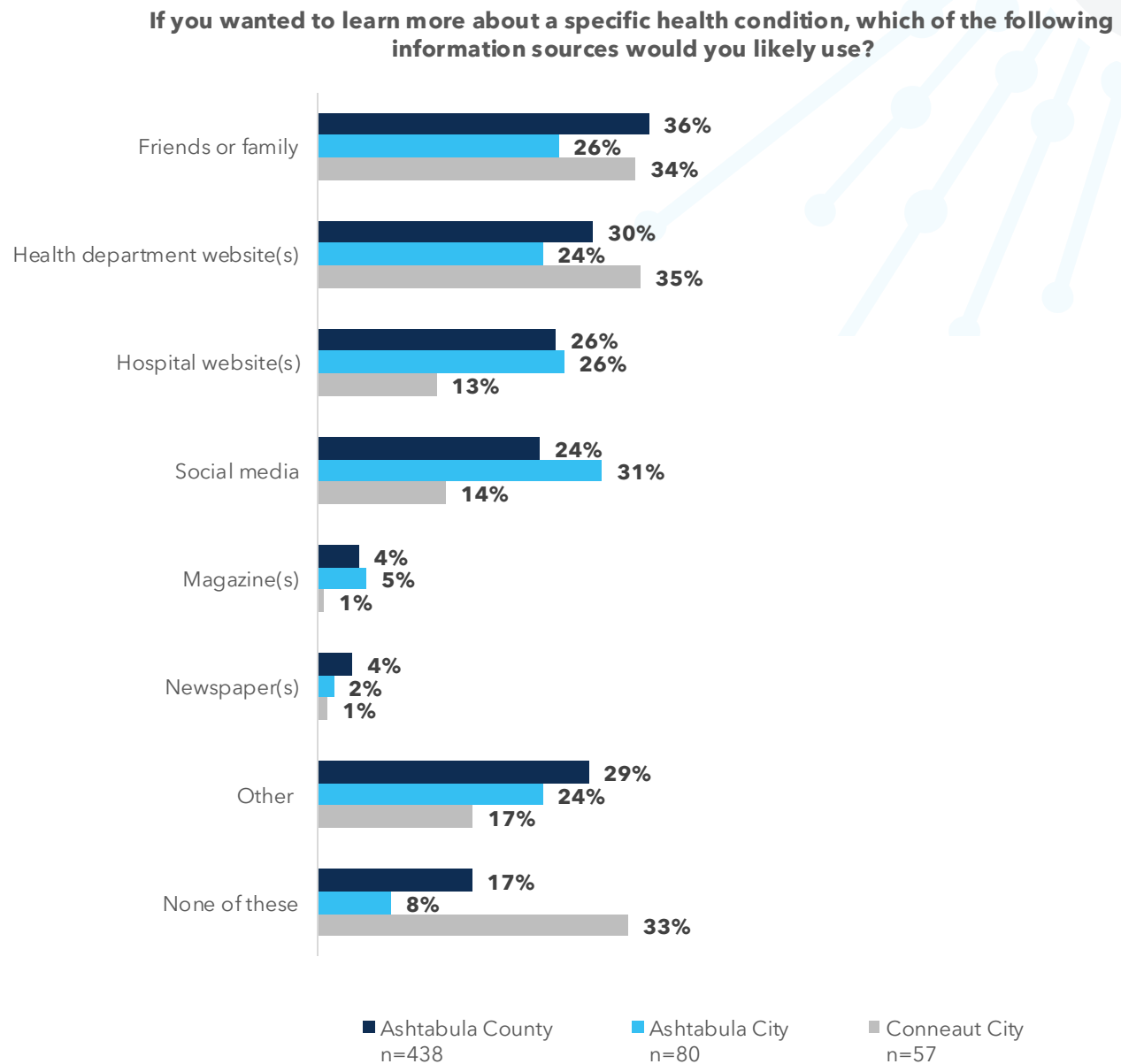
A lower percentage of Ashtabula County residents continue their education beyond an associate degree, compared to Ohio overall.

EDUCATIONAL ATTAINMENT		ASHTABULA CITY	CONNEAUT CITY	ASHTABULA COUNTY	OHIO
Educational Attainment	No high school	4.2%	1.6%	4.0%	2.6%
	Some high school, no diploma	12.0%	12.7%	8.5%	5.7%
	High school graduate	43.3%	43.2%	42.2%	32.3%
	Some college, no degree	20.2%	19.8%	20.4%	19.4%
	Associate's degree	7.5%	6.7%	8.9%	9.0%
	Bachelor's degree	8.6%	11.3%	10.6%	19.0%
	Graduate or professional degree	4.3%	4.8%	5.4%	11.9%

Data are from 2019-2023. Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

 **Healthy People 2030 objective met:** high school students who graduate in 4 years (Ashtabula **91.0%** vs. Target **90.7%**)

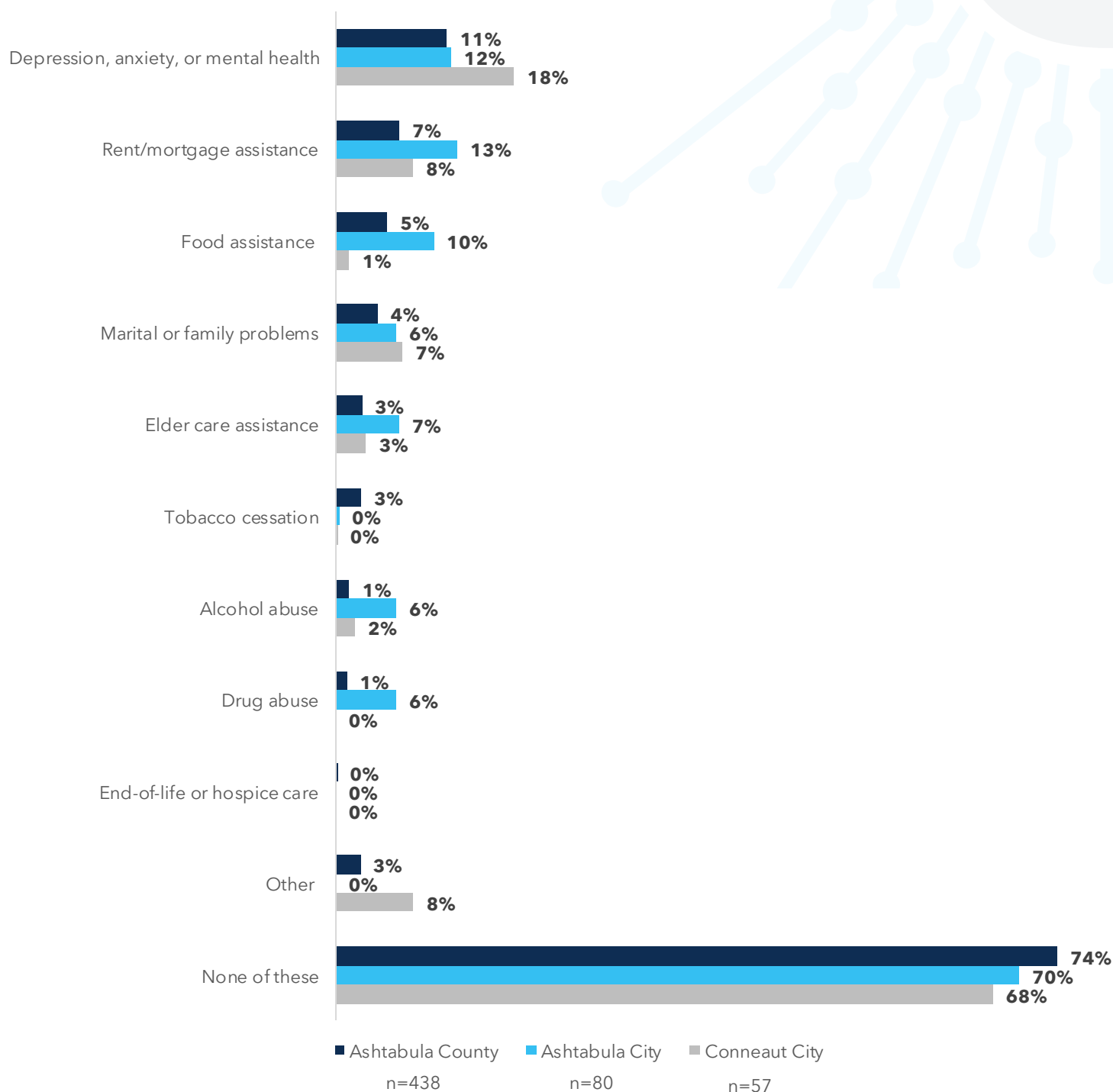
The exposure to and quality of education about health specifically can have important impacts on health behaviors and outcomes. According to the representative survey, if trying to learn more about a specific health condition, around a third of residents would rely on friends or family, health department website(s), hospital website(s), or social media. The most common “other” responses were to ask a doctor or explore online sources.



As age increases, likelihood of wanting to use the health department website to learn about a specific health condition decreases: 35.5% for those 18-59, 26.9% for those 60-69, and 9.7% for those 70 and older.

About three quarters of residents (74%) would not like to receive information about any of the health issues listed.

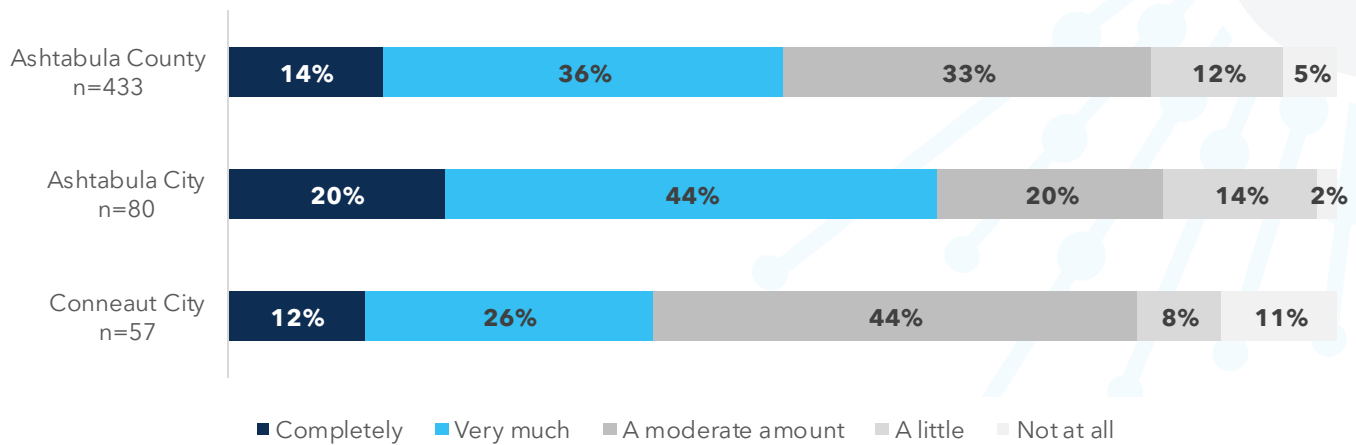
Would you or a family member like to receive help or information for any of the following issues?



Those with household income less than \$25,000 are more likely to want to receive information about depression, anxiety, or mental health (30.3%) than those with household income \$25,000 or more (6.9%).

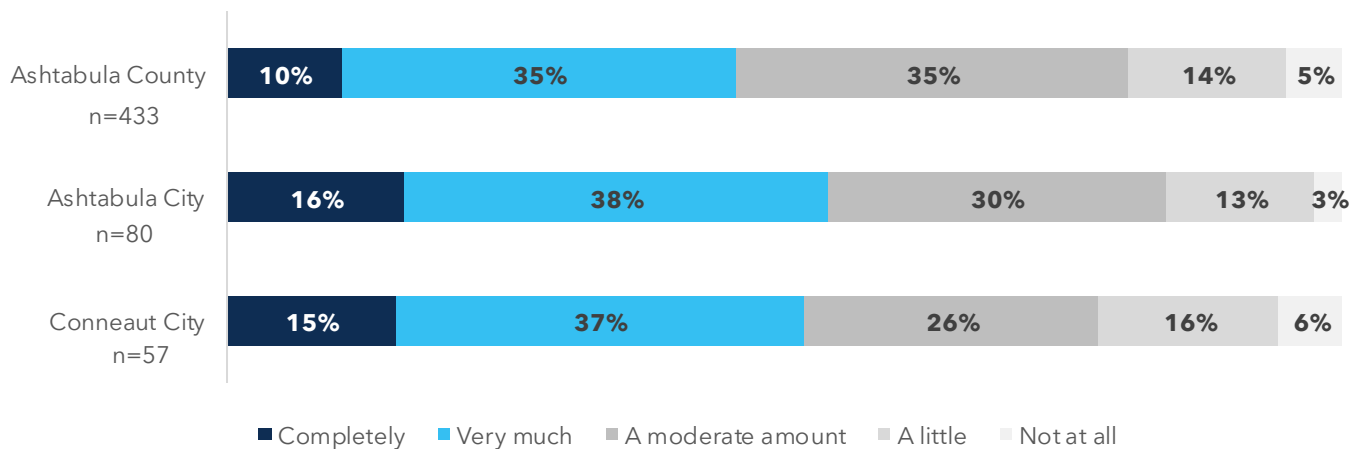
According to the representative survey, 83% of respondents trust the local health department either completely, very much, or a moderate amount to provide accurate health information.

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



According to the representative survey, 80% of respondents trust the Ohio Department of Health either completely, very much, or a moderate amount to provide accurate health information.

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



Those without any children in the household are more likely to trust the local health department very much or completely (57.4%) than those with at least one child in the household (31.9%).

Those with household income \$25,000 or more are more likely to trust the local health department very much or completely (55.3%) than those with household income less than \$25,000 (31.5%).

Those without any children in the household are more likely to trust the Ohio Department of Health very much or completely (52.9%) than those with at least one child in the household (27.4%).

Community Voices – Health Knowledge

Community leaders are concerned that Ashtabula residents aren't receiving enough information about how to lead healthier lives. Residents often don't know what services are available, how to access services, or how to properly manage chronic health conditions.

"Education is a big thing. We see that with diabetes. We see that with blood pressure, especially folks who are newly diagnosed There's a lot of lacking education on what to eat and how to maintain a blood pressure log. Or you have diabetes you should be checking your sugar, and these are your ranges."

"There is a larger percentage than we think that don't know either what's available here or maybe they don't realize how unhealthy the choices are that they're making."

"The main issue is the education of the importance of annual physical and things like that."

Health Care Access

Healthcare access is the ability of individuals to obtain necessary and appropriate health services in a timely manner, encompassing availability, accessibility, affordability, acceptability, and quality of care. It is critically important because it leads to improved health outcomes, prevents disease, reduces health disparities, and enhances overall quality of life for individuals and communities. Ultimately, equitable healthcare access forms a cornerstone of a thriving society by ensuring its members can lead healthy, productive lives.

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		ASHTABULA CITY	CONNEAUT CITY	ASHTABULA COUNTY	OHIO
Health Insurance	Total with health insurance	91.9%	92.8%	90.5%	93.6%
Insurance Type	Private Health Insurance	40.7%	57.7%	57.3%	68.2%
	Public Health Coverage	63.7%	49.6%	47.0%	38.0%
Age	Age 65+ without health coverage	0.0%	0.4%	0.4%	0.5%
	Age 19-64 without health coverage	11.3%	4.2%	11.1%	8.8%
	Age ≤18 without health coverage	5.8%	2.5%	11.9%	4.7%

Data are from 2019-2023. Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

The ratios of physicians, dentists, and mental health providers to the population are higher in Ashtabula County than they are for Ohio as a whole.

HEALTH CARE PROVIDERS		ASHTABULA COUNTY	OHIO
Licensed Practitioners	Physicians (MDs and DOs) ^{1*}	1:1,470	1:269
	Dentists ^{1*}	1:4,409	1:1,538
	Mental health providers ^{2*}	1:457	1:307
	Obstetric Clinicians ^{3**}	9.6	--

Data are from 2021-2023. *Ratio of practitioners to population using 2019-2023 US Census Bureau population estimates. **Rate per 10,000 births. Sources: ¹U.S. Department of Health & Human Services, Health Resources & Services Administration. Area Health Resources Files, 2022. Retrieved from <https://data.hrsa.gov/topics/health-workforce/ahrf>; ²University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2023; ³Distribution of Obstetric Clinicians: Ohio, 2021. US Health Resources and Services Administration (HRSA), Area Health Resources Files, 2023; American Board of Family Medicine, 2018-2021; Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES), November 2023 file; National Center for Health Statistics, 2022 final natality data. Retrieved from www.marchofdimes.org/peristats.

Community Voices – Healthcare Access Issues

Community leaders discussed how barriers to health services such as transportation, lack of specialty care, and high costs negatively effect the health of county residents. They are especially concerned about the lack of labor and delivery units in the county.

"Some better form of transportation would be very helpful to bring south county residents to up to north county where the doctors are."

"There's a lot of people in our community who don't have a working car, and being a small, mostly rural county, we don't have a robust public transit system. Transportation to regular doctor visits and to pharmacies and things like that is an obstacle."

"Pregnant women could better served here by having some options for OB. OBGYNs and a place to give birth here. It's almost an hour away where you have to go. So that isn't ideal."

"We have three hospitals and we can't deliver a baby in our county. That's a huge insult to women's healthcare... It's horrible that the three hospitals here couldn't figure out how one of them could stay open to deliver babies."

"Cost. And we see that a lot. These people that can't afford that medication... can't afford to go to the specialist. Healthcare cost is definitely the big one."

"Access to health care sometimes is difficult just because of things like money and transportation in the lower poverty areas."

"People have to travel out of the area to give birth. There's one allergist in the city and he's here one day."

"If you have insurance, they make you jump through so many hoops to get [mental health care], and then you still have outrageous co pays that a person can't afford to go more than once a week. And so we probably need more mental health providers. But I think if you really have a mental health illness, that going once a week for an hour isn't going to help."

Since 1985, Remote Area Medical (RAM) has provided free healthcare services to those in need through the operation of mobile pop-up clinics around the country. Ashtabula County has been organizing and providing RAM mobile pop-up clinics since 2018. RAM's free clinics deliver quality services to underserved and uninsured individuals who do not have access to or cannot afford a doctor. Services provided include dental, vision and medical care. Dental care patients receive dental cleanings, fillings, extractions and dental X-rays. For many this is the only way they will have access to this important care. Vision patients can receive eye exams, eye health evaluations, eyeglass prescriptions, and pick out frames to have their eyeglasses made on-site in the mobile vision lab. All patients have access to a variety of medical services based on clinic volunteer specialties, including podiatry, family health, women's health and more. RAM's philosophy is part of larger effort to bring people together to address health care issues in their communities and to see those communities transformed for a better and healthier future.

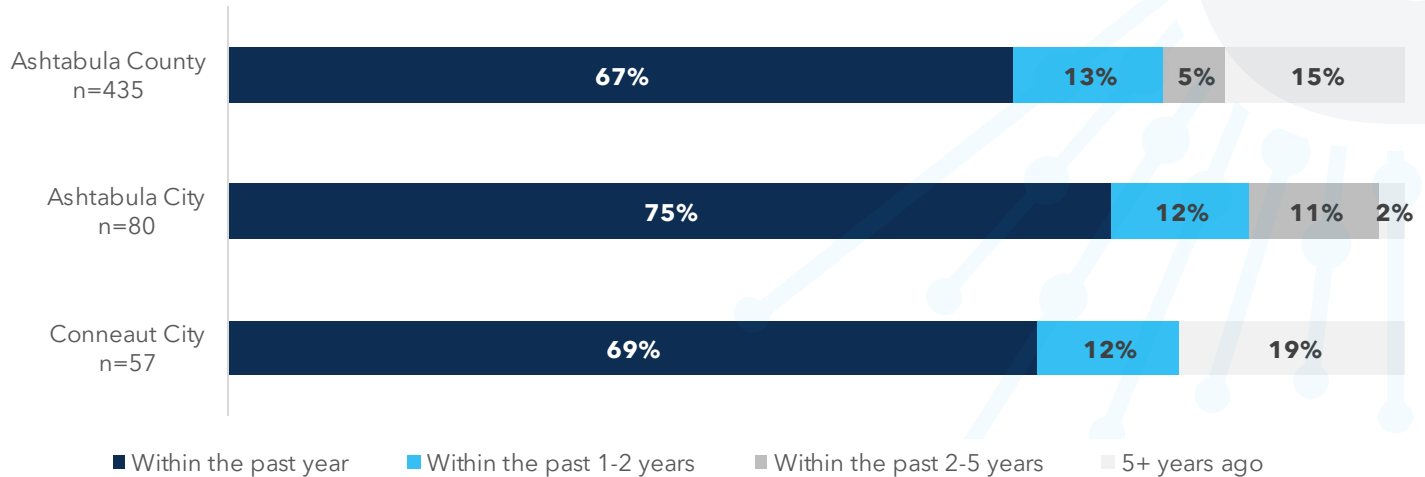
On March 22-23, 2025, Remote Area Medical (RAM; www.ramusa.org) held a pop-up mobile health clinic in Ashtabula. They provided free dental, vision, and medical services on a first-come, first-served basis to about 450 people.

RAM POP-UP		ALL PATIENTS
Adult Patients	Unique patients	397
	Total encounters	550
	Total value of care	\$272,873
Child Patients	Unique patients	54
	Total encounters	66
	Total value of care	\$64,033
Service Summary	Glasses	248
	Extractions	229
	Fillings	134
	Cleanings	106
	Medical Exams	75
	Dentures	0

Data are from 2025. Source: Remote Area Medical. Ashtabula Pop-Up Mobile Clinic Summary, March 22-23, 2025

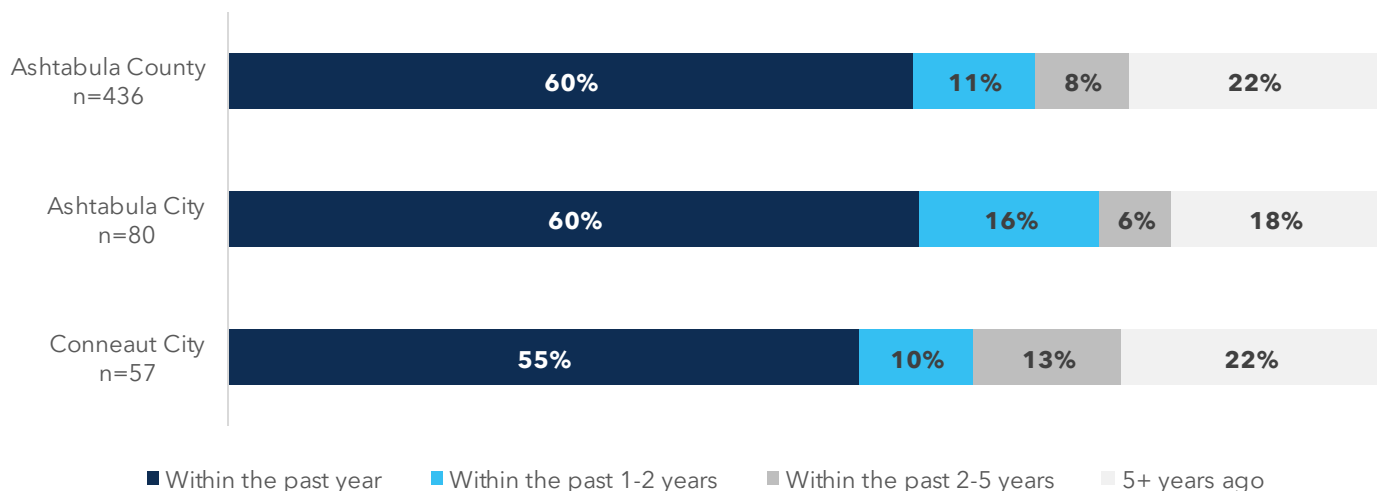
According to the representative survey, about 67% of Ashtabula County residents last visited a doctor for a routine checkup in the past year.

About how long has it been since you last visited a doctor for a routine checkup?



According to the representative survey, about 60% of Ashtabula County residents last visited a dentist or dental clinic within the past year.

About how long has it been since you last visited a dentist or dental clinic for any reason?



Visited a doctor for routine visit (past year) in 2022:70% & in 2025:67%.
Visited a dentist/dental clinic (past year) in 2022:54% & in 2025:60%.

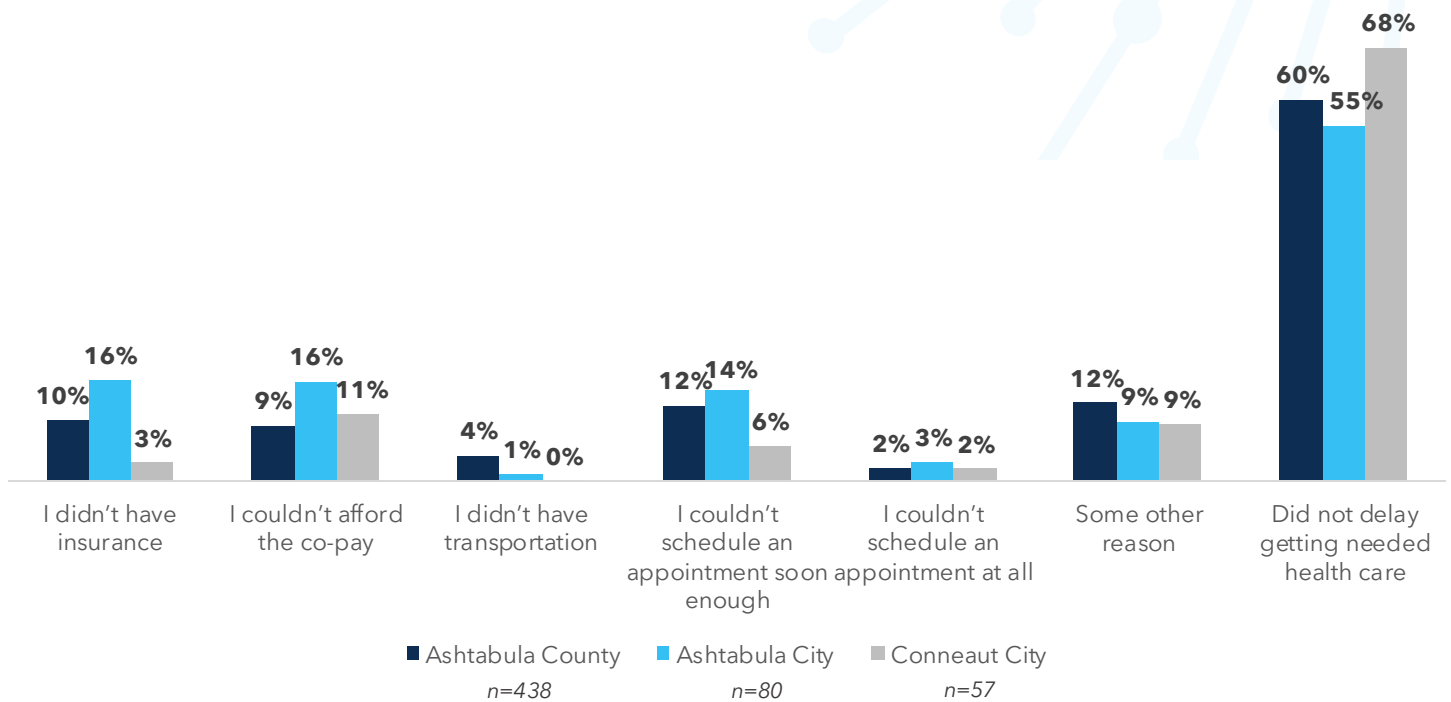


The likelihood of having visited a doctor for a routine checkup in the past year increases as age increases: 39.3% for those 18-29, 40.1% for those 30-39, 73.0% for those 40-49, and 81.7% for those 50 or older.

The likelihood of having visited a dentist in the past year generally increases as income increases: 32.5% for those with income less than \$25,000, 57.1% for those with income between \$25,000 and \$49,999, 44.9% for those with income between \$50,000 and \$74,999, 74.3% for those with income between \$75,000 and \$99,999, and 86.6% for those with income \$100,000 or more.

According to the representative survey, the most common reasons for delaying health care were because residents couldn't schedule an appointment soon enough, didn't have insurance, or couldn't afford the co-pay.

During the past 12 months, did you delay getting needed health care for any of the following reasons?

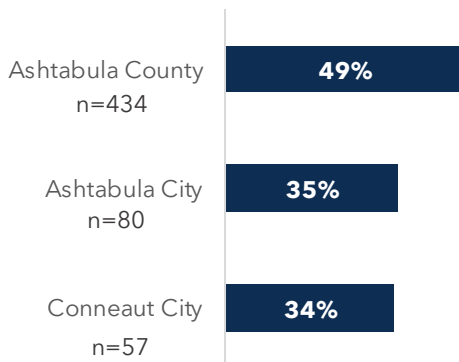


As age increases, the likelihood of delaying health care for at least one reason decreases: 49.9% for those 18-59, 27.8% for those 60-69, and 16.5% for those 70 or older.

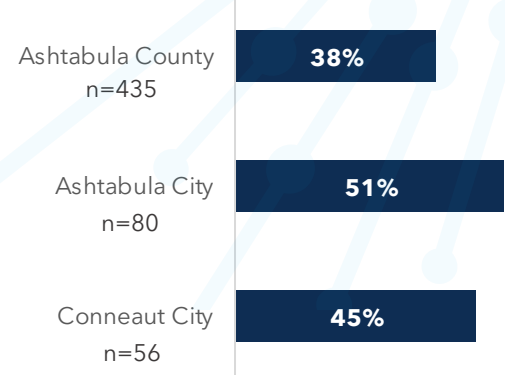
Those with household income less than \$25,000 are more likely to have delayed health care for at least one reason (54.8%) than those with household income \$25,000 or more (36.3%). (Effect is marginally significant)

According to the representative survey, 38% of residents had a health appointment by video or phone and 49% traveled outside of Ashtabula County to receive needed health care.

During the past 12 months, did you go outside of Ashtabula County to receive needed health care?



In the past 12 months, did you have an appointment with a doctor, nurse, or other health professional by video or by phone?



Went outside Ashtabula County for healthcare (past year) in 2022:50% & in 2025:49%.



Those age 70 or older were more likely to have traveled outside of Ashtabula County to receive health care in the past 12 months (63.7%) than those 18-69 (45.6%).

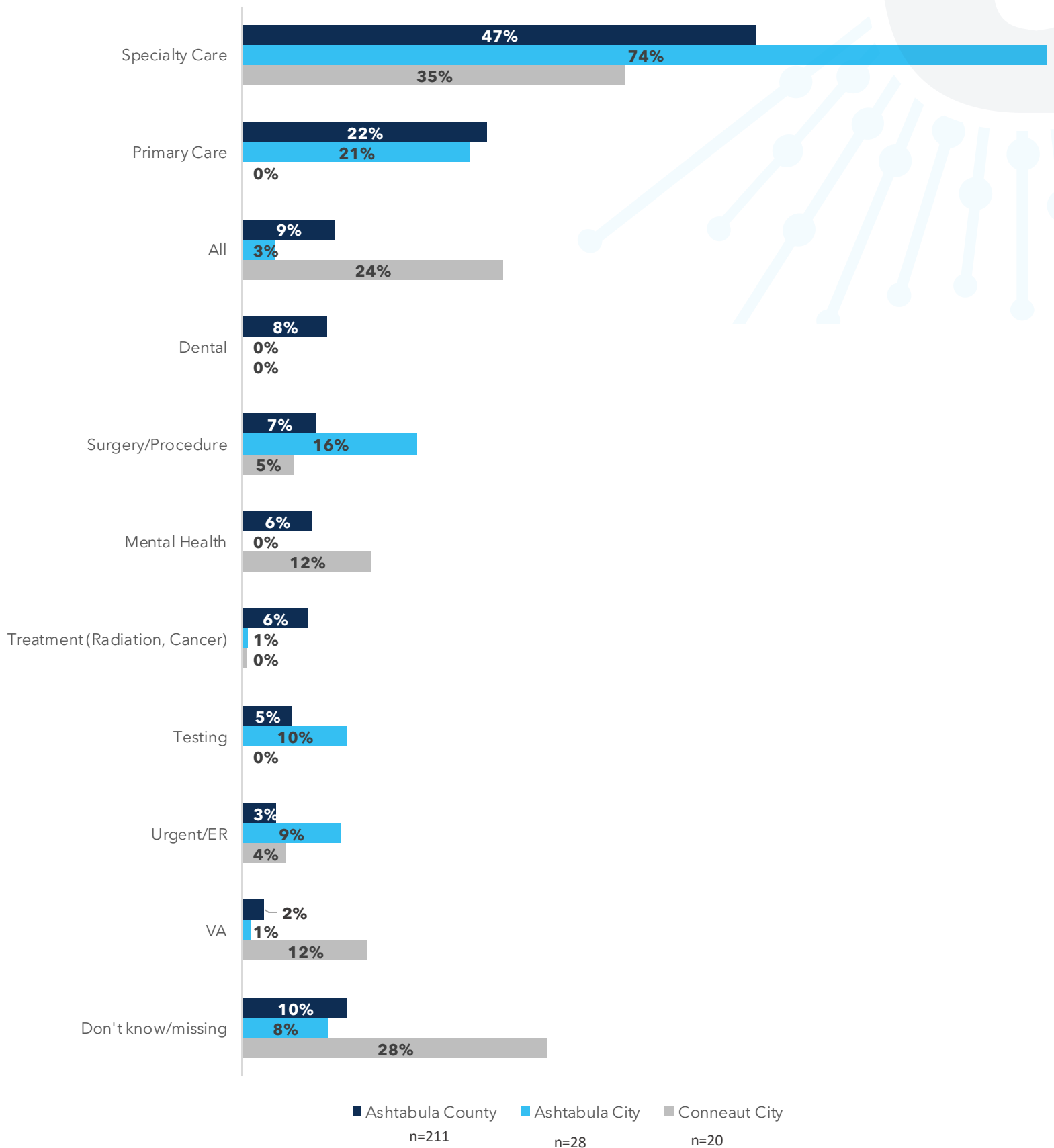
Those who live outside of Ashtabula City were more likely to have traveled outside of Ashtabula County to receive health care in the past 12 months (51.7%) than those who live in Ashtabula City (35.1%). (Effect is marginally significant)

Those with household income \$25,000 or more were more likely to have traveled outside of Ashtabula County to receive health care in the past 12 months (53.7%) than those with household income less than \$25,000 (26.8%).

Those who live in Ashtabula City are more likely to have had a telehealth appointment in the past 12 months (50.7%) than those who live outside of Ashtabula City (34.7%). (Effect is marginally significant)

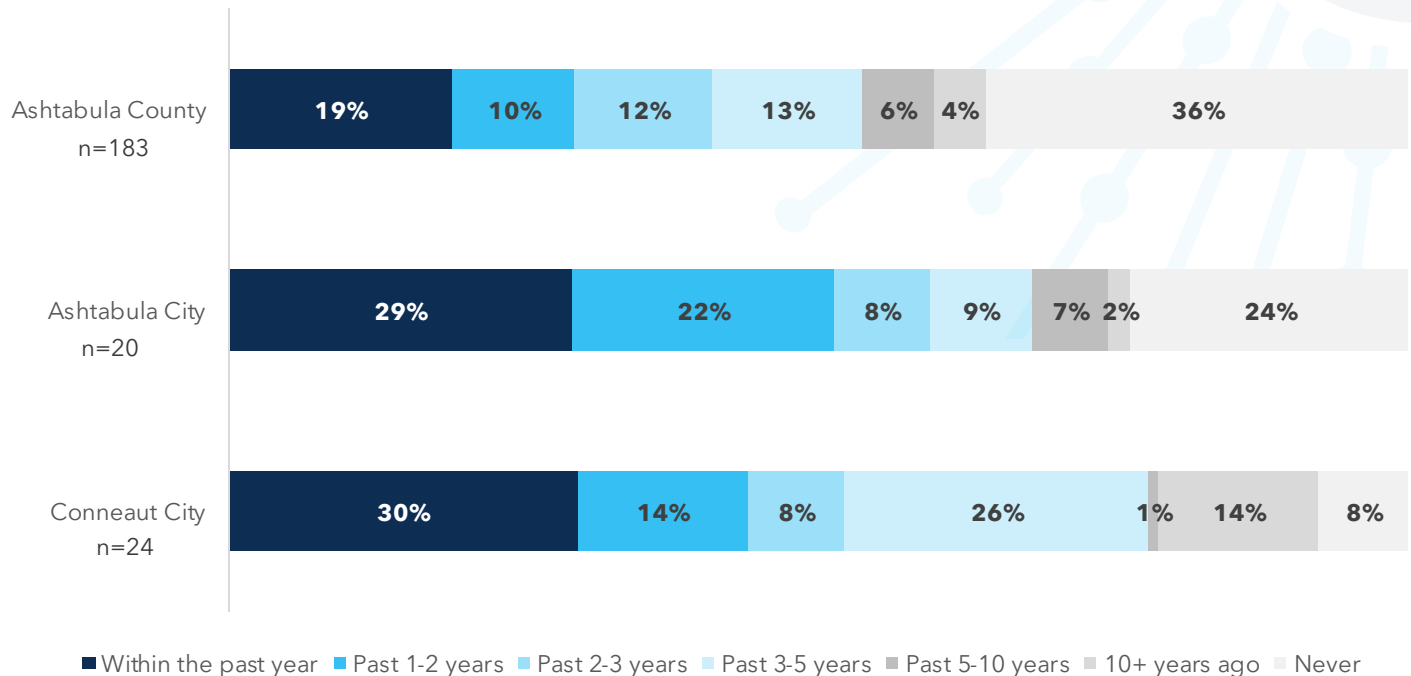
Those with household income less than \$25,000 are more likely to have had a telehealth appointment in the past 12 months (55.5%) than those with household income \$25,000 or more (33.8%).

What kind of health care did you receive outside of Ashtabula County?



The US Preventative Services Task Force recommends colorectal cancer screening for adults age 50 to 75. According to the representative survey, over 30% of survey respondents age 50-75 had never had this type of screening.

How long has it been since you had a sigmoidoscopy or colonoscopy? (age 50+)



Age 50 and older - ever had colorectal cancer screening in 2022:72% & in 2025:64%.



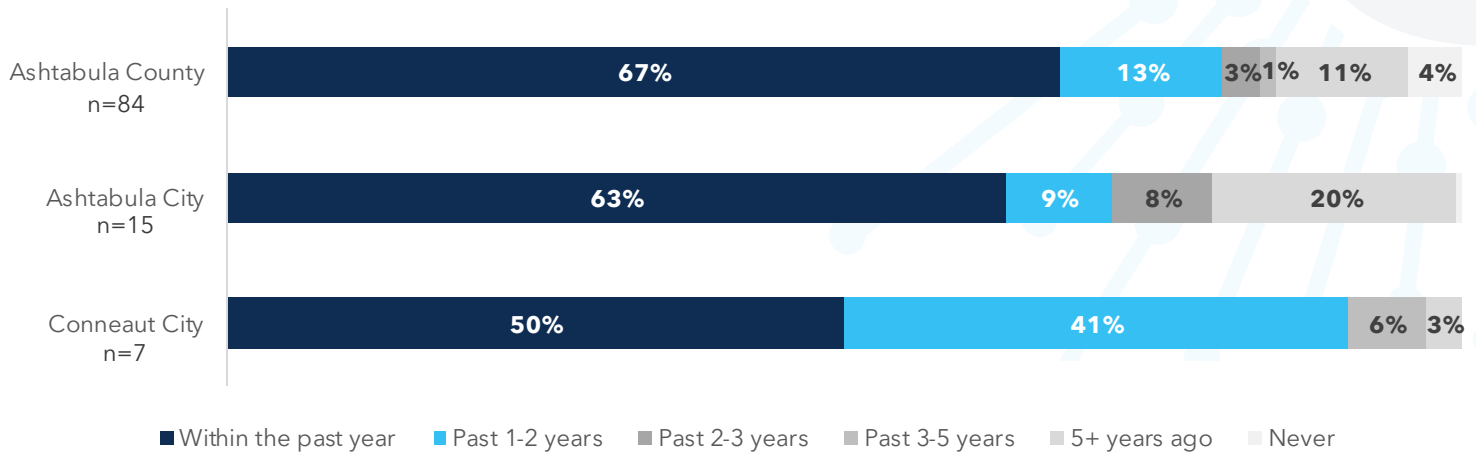
Likelihood of having ever had a colorectal cancer screening increases by age: 40.7% for those age 50-59, 74.2% for those age 60-69, and 93.7% for those age 70 or older.

Likelihood of having ever had a colorectal cancer screening differs by geography: 92.3% for Conneaut City, 76.4% for Ashtabula City, and 64.1% for those outside of Conneaut City and Ashtabula City.

Those with household income \$25,000 or more are more likely to have ever had a colorectal cancer screening (73.7%) than those with household income less than \$25,000 (34.6%).

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. According to the representative survey, 67% of women 45 or older have had a mammogram within the past year; 13% have had one in the past 1-2 years.

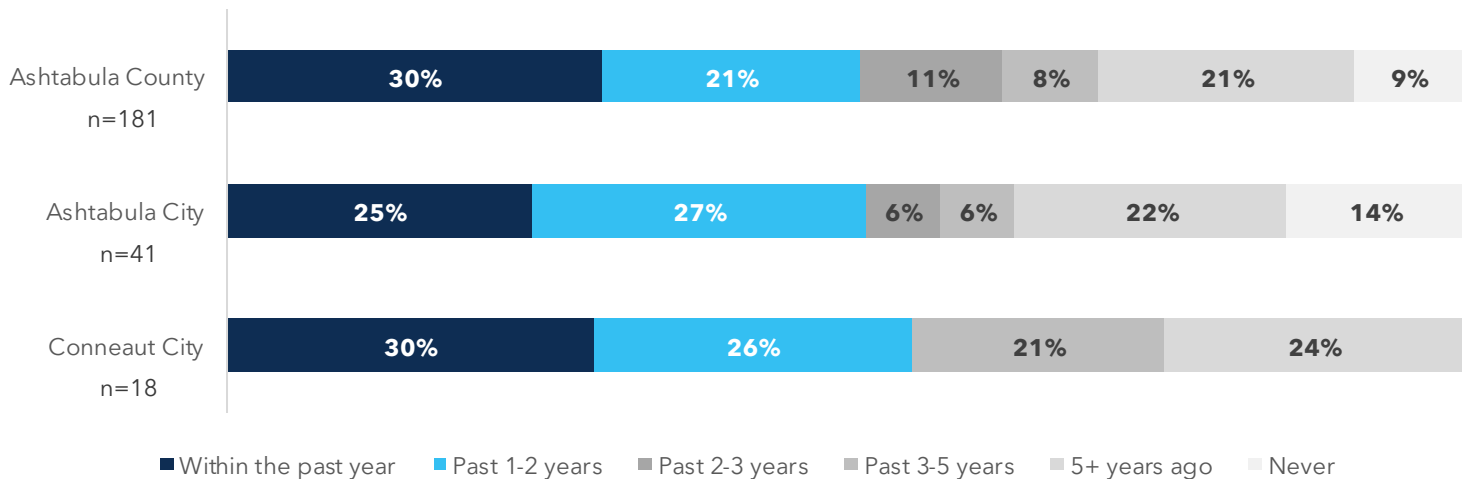
A mammogram is an x-ray of each breast to look for breast cancer. How long has it been since you had your last mammogram?



Healthy People 2030 objective not met: females age 50-74 who had a mammogram in the past 2 years (Ashtabula County **66.5%** vs. Target **80.3%**) *Note that survey data reported above include women age 45 and older to align with American Cancer Society recommendations

According to the Mayo Clinic, doctors normally recommend Pap tests every three years for women age 21 to 65. According to the representative survey, about 60% of women age 21 to 65 have had a Pap test within the past 3 years.

How long has it been since you had your last Pap test?



Women age 45 and older who had mammogram (within the past 2 years) in 2022:**67%** & in 2025:**81%**. (statistically significant)

Women age 21-65 who had a Pap test (past 3 years) in 2022:69% & in 2025:63%.

Healthy People 2030 objective not met: females age 21-65 who had a Pap test in the past 3 yrs (Ashtabula County **62.9%** vs. Target **79.2%**)

Incorporating school-based health centers is one strategy to improve youth access to medical care. In May 2025, Ashtabula Area City Schools opened school-based health centers in two schools in partnership with Ashtabula Regional Medical Center.

According to the youth survey, almost half of youth (43%) either didn't have a routine doctor's visit within the past year or didn't know if they had. See Appendix E for school vaccine data from the Ohio Department of Health.

ROUTINE DOCTOR VISIT	ASHTABULA COUNTY YOUTH
During the past 12 months	56.90%
Between 12 and 24 months	11.75%
More than 24 months	4.19%
Never	3.30%
Not sure	23.86%

When was the last time you saw a doctor or a nurse for a check-up when you were not sick or injured?
(N=1362)

According to the youth survey, almost half of youth (41%) either didn't have a dental care visit within the past year or didn't know if they had.

DENTAL CARE	ASHTABULA COUNTY YOUTH
During the past 12 months	58.55%
Between 12 and 24 months	13.34%
More than 24 months	7.84%
Never	3.39%
Not sure	16.88%

When was the last time you saw a dentist for a check-up exam, teeth cleaning, or other dental work?
(N=1327)

Community Voices – Health Services Workforce Issues

Community leaders are concerned about staffing shortages in health care and social services. Qualified workers are leaving the county, and there are difficulties in attracting new ones to the area.

"There's a wage war also with hiring people with the credentials. Usually there's not enough in the budget to give someone starting what they're looking for."

"Whether it be mental health, teachers, educational aides, secretaries, administrative assistants, whatever, there's a definite shortage in staffing...Without having those qualified candidates, you're not dealing with the best possible people in those positions, and the results aren't as well as they could be."

"Nowadays, doctors don't want to move to these small counties because there's a much less degree of things that well educated people would want to do for entertainment...If you're a doctor or a well educated somebody, you're probably not moving to Ashtabula county to hang out."

"The doctors, they come and go. In the past, because they had roots in our communities, they lived in our community, their kids were friends with all of us, it was harder to quit and leave. Now it seems like there's a disconnect. 'If I get a better offer, I'm gone.'"

"There's a lot of treatment centers here in Ashtabula County. The biggest issue is the workforce. There are wait lists for case management services."

"Our younger population of people aren't coming back to take these roles. The doctors aren't coming back here, the lawyers aren't coming back here, teachers aren't coming back here. All of those service folks aren't returning. We're having what they call a bit of a brain drain."

Neighborhood and Physical Environment

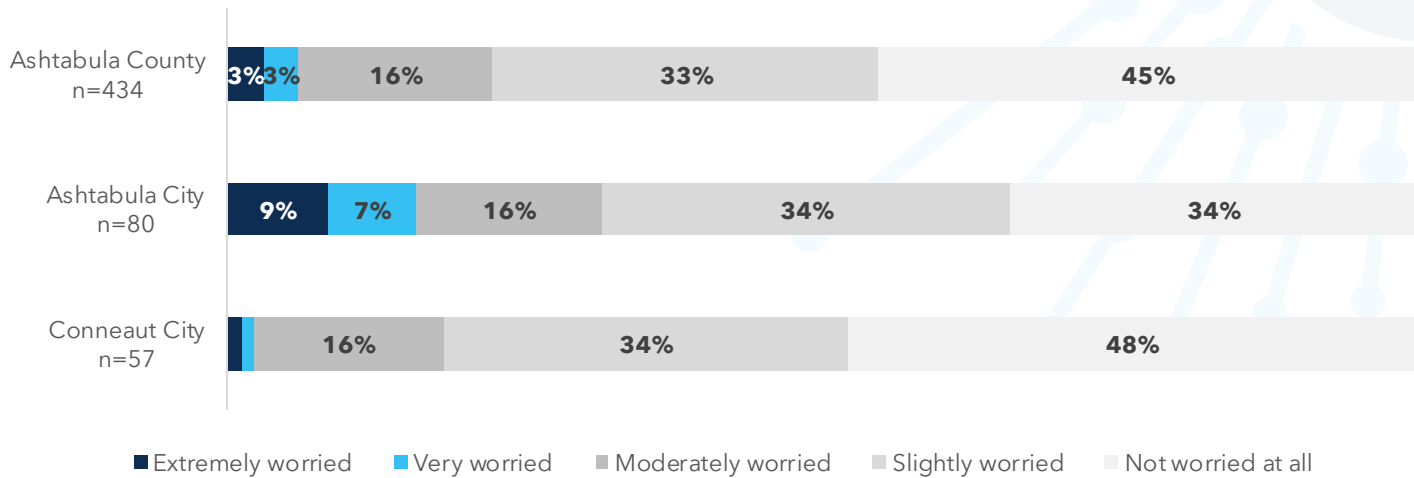
Neighborhood and environment refers to what extent individuals feel safe in their community and how the environment influences their quality of life.

NEIGHBORHOOD ACTIVITY		ASHTABULA COUNTY	OHIO
Crime*	Violent crime ¹	1.2	3.6
	Property crime ²	12.7	31.0
Mortality	Homicides ²	0	695
	Suicides ³	24	1,365
Abuse	Child abuse & neglect cases ⁴	60	10,437
	Domestic violence incidents ⁵	117	28,910
Substance Use	Unintentional drug overdose deaths ⁶	20	2,320
	Naloxone administrations by EMS ⁷	226	22,081
Motor Vehicle Incidents	Fatal crashes (overall) ⁸	20	1077
	Fatal crashes (alcohol involvement) ⁸	5	341
	Reckless/OVI calls for service ⁹	1,264	63,298

Data are from 2023-2024. *Rate per 1,000 population. Sources: ¹Violent Crime Rate. Ohio Department of Public Safety, Office of Criminal Justice Services, 2023. Conduent Healthy Communities Institute. Retrieved from healthynco.org; ²Ohio Department of Public Safety, Office of Criminal Justice Services. Crime in Ohio Counties Dashboard, 2023. Retrieved from <https://ocjs.ohio.gov/research-and-data/data-reports-and-dashboards/crime-in-ohio-counties>; ³Ohio Department of Health, Bureau of Vital Statistics. DataOhio Portal. Mortality Interactive Dashboard, 2024; ⁴Ohio Department of Children & Youth, DataOhio Portal. Child Abuse and Neglect Referrals and Outcomes, 2024; ⁵Ohio Bureau of Criminal Identification and Investigation, Domestic Violence Incidents by County and Agency Report, 2024; ⁶Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2023, and from provisional data for years 2024 and later, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10-provisional.html>; ⁷Ohio Emergency Medical Services, Naloxone Administration by Ohio EMS Providers by County, Ohio, 2024; ⁸Ohio State Highway Patrol. OSTATS Crash Dashboard, 2024. Retrieved from <https://statepatrol.ohio.gov/dashboards-statistics/ostats-dashboards/crash-dashboard>; ⁹Ohio State Highway Patrol Operational Report. 2023. Retrieved from <https://statepatrol.ohio.gov/dashboards-statistics/patrol-operational-reports>

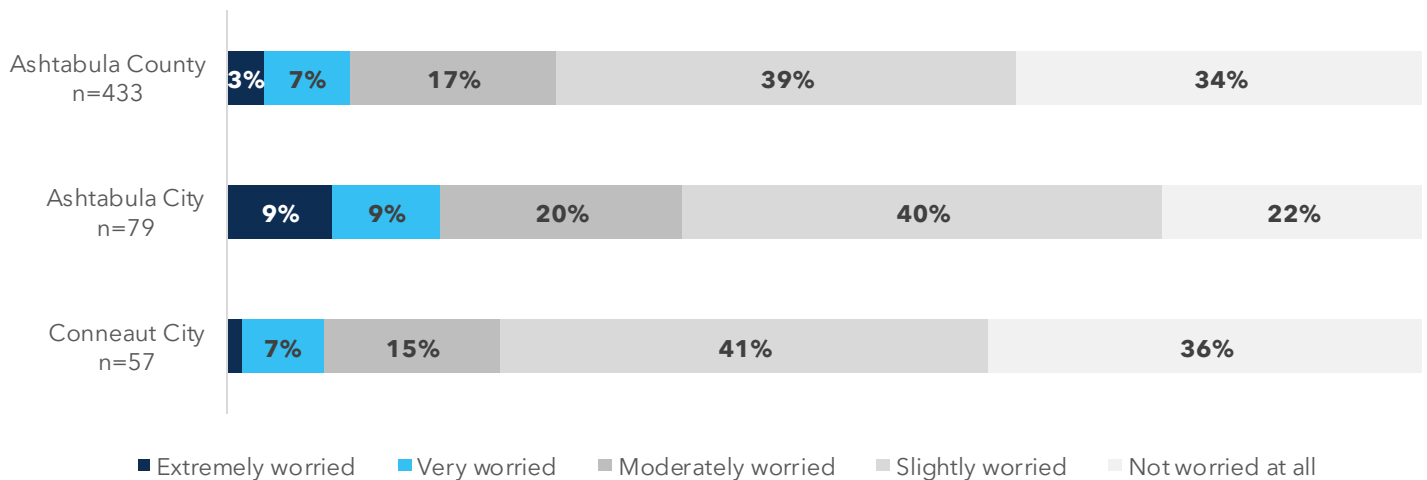
According to the representative survey, only 6% of residents are extremely or very worried about violent crime in the area where they live; 16% are moderately worried.

Thinking about the area where you live, how worried are you about violent crime?

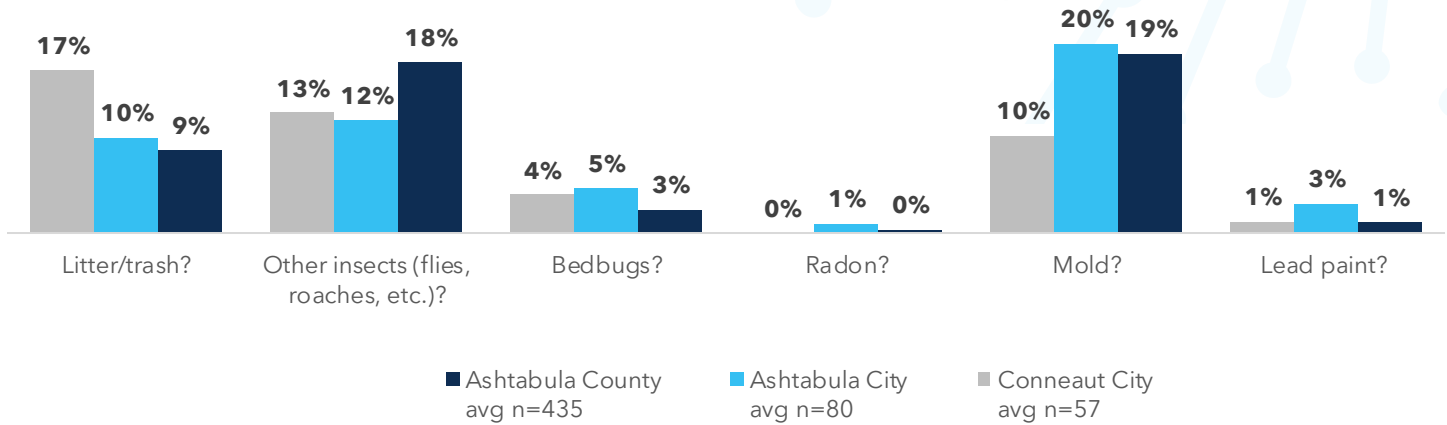


According to the representative survey, 10% of residents are extremely or very worried about property crime in the area where they live; 17% are moderately worried.

Thinking about the area where you live, how worried are you about property crime?



During the past 12 months, has each of the following issues been present in or around your household?



Mold in the household (past 12 months) in 2022:15% & in 2025:19%.
 Radon in the household (past 12 months) in 2022:0% & in 2025:0%.
 Insects in the household (past 12 months) in 2022:15% & in 2025:18%.
 Bed bugs in the household (past 12 months) in 2022:2% & in 2025:3%.
 Litter/trash in the household (past 12 months) in 2022:8% & in 2025:9%.
 Lead paint in the household (past 12 months) in 2022:**3%** & in 2025:**1%**. (statistically significant)

Community Voices – Geographical Challenges

Being a large county in the extreme northeast corner of the state with more urbanized areas in the north and more rural areas in the south presents problems for the health and wellness of county residents. Community leaders are especially concerned about how the lack of transportation options is often a barrier to accessing health care.

"The nucleus of Ohio is always going to be central Ohio. And the farther out from Columbus, the farther out from Cleveland we are, the more of a disadvantage we are...Pretty well forgotten from a bureaucratic standpoint."

"A lot of people in south county have poor to none access to the Internet broadband services. There is actually maybe one or two doctor's offices in south county versus probably 20 or 30 in north County. There are no hospitals, no freestanding EDs. They're totally reliant on EMS to provide their services in south County."

"We're a large county ,and if you live south around 90 and you don't have appropriate transportation, you can't get to where all these services are located. Whether it be gyms or mental health organizations or YMCA, those type of support areas, they're all north of 90. So transportation is an obstacle for sure. "

"We have ambulances down in the very southern part of the county who it may take 30 minutes to get to. There's definitely lack of EMS coverage as far as quick responses just because of the geographical area that we have to cover."

"There's a large part of our community, the southern part, that's more rural and more geographically isolated... There is that kind of 'We take care of our own' mentality in our more rural communities. That prevents them from participating and seeking out health care regularly."

BEHAVIORAL RISK FACTORS

This section describes behaviors of Ashtabula County residents that may impact their health outcomes.



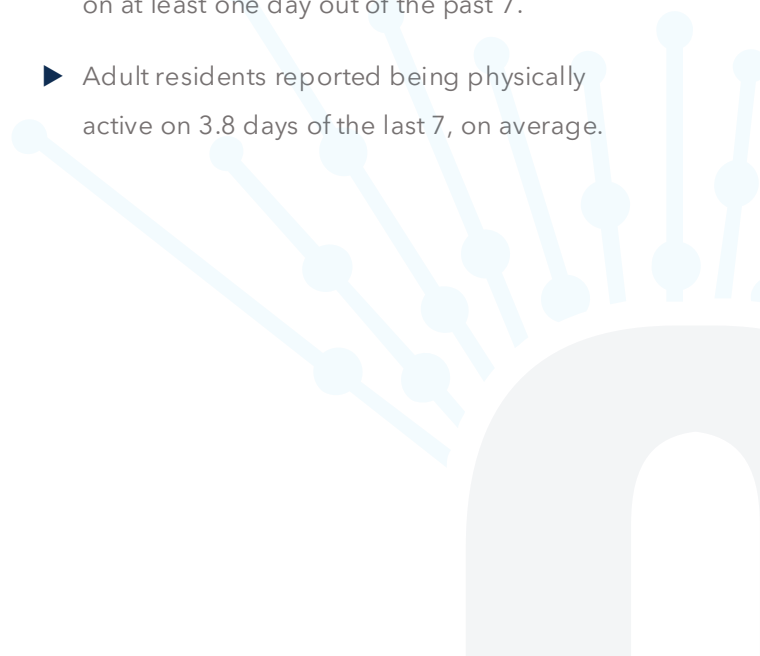
KEY FINDINGS

Weight

- ▶ 77% of adult residents are either overweight or obese, similar to the results of the 2022 CHNA.
- ▶ 36% of adult residents said they had ever been told by a health professional that they were obese. This percentage was higher for those with lower household income, and almost double for females versus males.

Physical Activity

- ▶ 93% of youth reported being physically active on at least one day out of the past 7.
- ▶ Adult residents reported being physically active on 3.8 days of the last 7, on average.

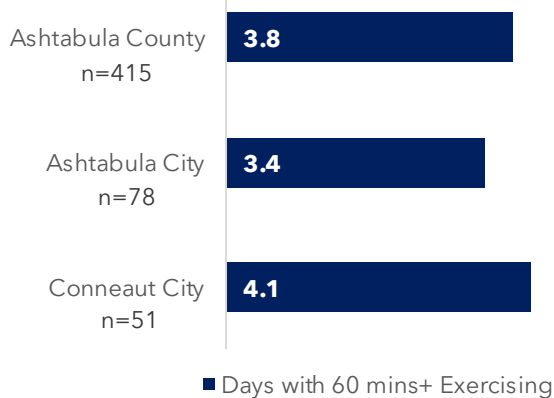


Weight, Nutrition, and Physical Activity

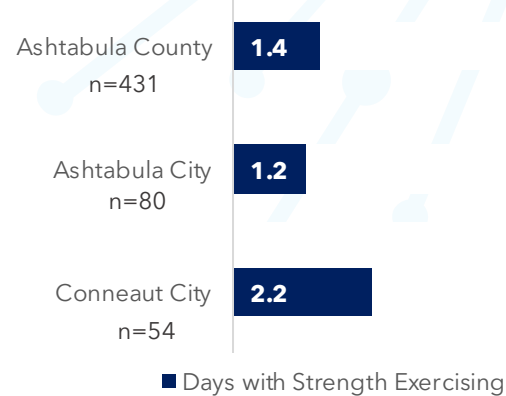
Ashtabula County adult residents were active 3.8 days, on average.

Ashtabula County adult residents did exercises to strengthen or tone 1.4 days, on average.

During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?



During the past 7 days, on how many days did you do exercises to strengthen or tone your muscles?



Average number of days physically active (past 7) in 2022:4.7 & in 2025:3.8.
Average number of days did strengthening activity (past 7) in 2022:4.1 & in 2025:1.4.

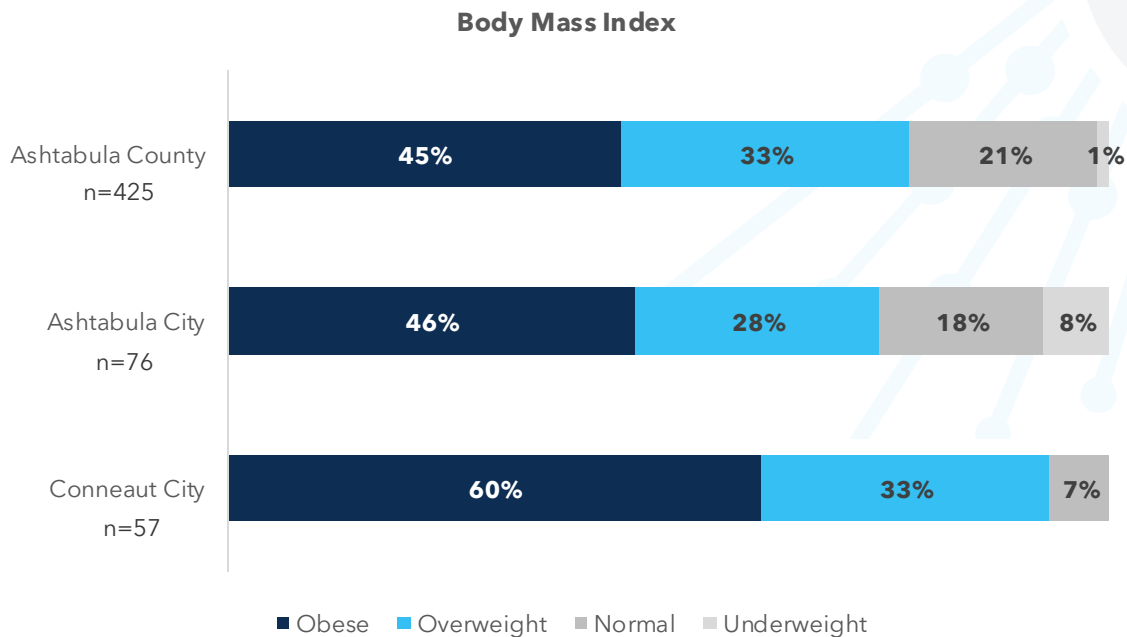
About 93% of Ashtabula County youth said that they participated in physical activity in the last 7 days.

PHYSICAL ACTIVITY	ASHTABULA COUNTY YOUTH
0 days	6.62%
1 day	4.12%
2 days	8.53%
3 days	11.10%
4 days	13.46%
5 days	17.13%
6 days	7.72%
7 days	31.32%

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.) (N=1360)



According to the representative survey, 45% of Ashtabula County residents are obese and 33% are overweight.



Classified as overweight or obese by BMI in 2022:78% & in 2025:77%.



Being obese decreases as age increases: 54.2% for those age 18-49, 37.3% for those 50-59, 35.1% for those 60-69, and 34.5% for those 70 and older. (marginally significant)

Those with household income less than \$50,000 are more likely to be obese (52.2%) than those with household income \$50,000 or more (38.7%). (marginally significant)

Those living in Conneaut City are more likely to be obese (60.4%) than those living outside of Conneaut City (42.1%). (marginally significant)



Healthy People 2030 objective not met: adults age 20+ with a BMI $\geq$ 30 (Ashtabula County **44.4%** vs. Target **36.0%**)

The representative survey also asked whether respondents had ever been told by a health professional that they were obese: 36% in Ashtabula County (n=416), 42% in Ashtabula City (n=78), and 53% in Conneaut City (n=53) had ever been told that.



Those with household income less than \$50,000 are more likely to have been diagnosed with obesity (43.8%) than those with household income \$50,000 or more (30.2%). (marginally significant)

Females are more likely to have been diagnosed with obesity (48.2%) than males (25.3%).

Those living in Conneaut City are more likely to have been diagnosed with obesity (52.7%) than those living outside of Conneaut City (34.1%). (marginally significant)

Over 90% of Ashtabula County youth consumes 1 or more servings of fruits or vegetables per day.

FRUIT AND VEGETABLE CONSUMPTION	ASHTABULA COUNTY YOUTH
1 to 4 servings per day	74.78%
5 or more servings per day	16.27%
I do not like fruits or vegetables	5.55%
I cannot afford fruits or vegetables	1.11%
I do not have access to fruits or vegetables	2.29%

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.) (N=1352)

Over 70% of Ashtabula County youth consumed at least 1 soda or pop in the last 7 days.

SODA CONSUMPTION	ASHTABULA COUNTY YOUTH
I did not drink soda or pop during the past 7 days	29.13%
1 to 3 times during the past 7 days	38.10%
4 to 6 times during the past 7 days	10.23%
1 time per day	10.60%
2 times per day	6.23%
3 times per day	2.22%
4 or more times per day	3.48%

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). (N=1349)

Sleep Time

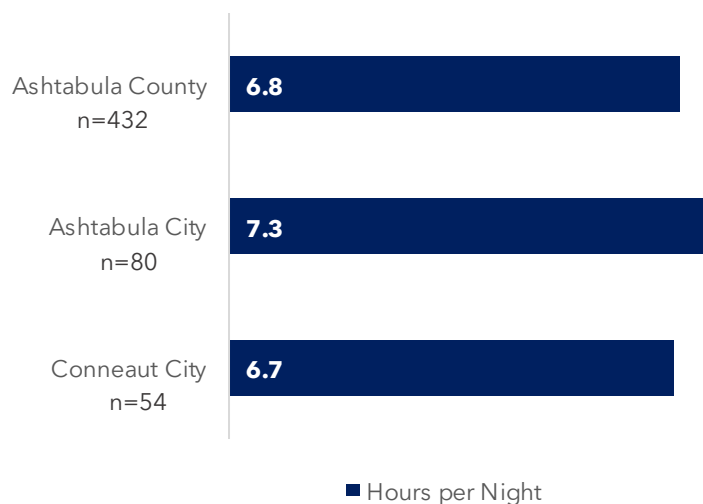
Over 50% of Ashtabula County youth sleep less than 6 hours on an average school night.

SLEEP	ASHTABULA COUNTY YOUTH
4 hours or less	13.35%
5 hours	15.22%
6 hours	21.78%
7 hours	20.84%
8 hours	20.30%
9 hours	5.78%
10 or more hours	2.73%

On an average school night, how many hours of sleep do you get? (N=1281)

On average Ashtabula County adult residents sleep 6.8 hours in a night.

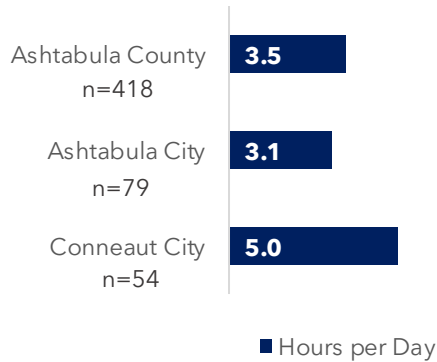
On an average night, how many hours of sleep do you get?



Television and Internet Time

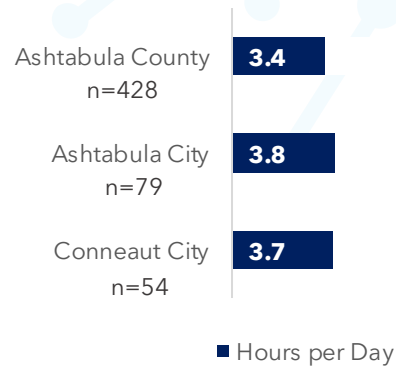
Ashtabula County adult residents watch an average of 3.5 hours of television per day.

On average, how many hours per day do you spend watching television?



Ashtabula County adult residents spend an average of 3.4 hours on the internet per day.

On average, how many hours per day do you spend on the Internet?



Those with no children in the household watch more hours of television per day on average (4.1) than those with at least one child in the household (2.0).

Those who live in Conneaut City watch more hours of television per day on average (5.0) than those who live outside of Conneaut City (3.2).

As income increases the number of hours watching television per day on average generally decreases: 5.4 for less than \$25,000, 3.8 for \$25,000 to \$49,999, 3.3 for \$50,000 to \$74,999, 2.6 for \$75,000 to \$99,999, and 2.2 for \$100,000 or more.

As age increases the number of hours using the internet per day generally decreases: 5.3 for those 18-29, 4.3 for those 30-39, 3.5 for those 40-49, 3.5 for those 50-59, 2.3 for those 60-69, and 1.9 for those 70 and older.

MENTAL HEALTH AND SUBSTANCE MISUSE

Mental health and substance misuse are integral to overall health because they profoundly impact an individual's ability to cope with daily stressors, maintain relationships, make sound decisions, and engage in self-care, all of which are foundational to physical well-being. Untreated mental health conditions and substance misuse can exacerbate or lead to chronic physical illnesses like cardiovascular disease and diabetes, underscoring the interconnectedness of mind and body in achieving holistic health.

KEY FINDINGS

Mental Health

- ▶ 33% of adult residents have been diagnosed with anxiety and 29% with depression – both are significantly higher than the 2022 CHNA.
- ▶ 15% of youth and 4% of adults reported they had seriously considered attempting suicide in the past year.
- ▶ Those with lower household income experience more poor mental health on a variety of outcome measures.

Substance Misuse

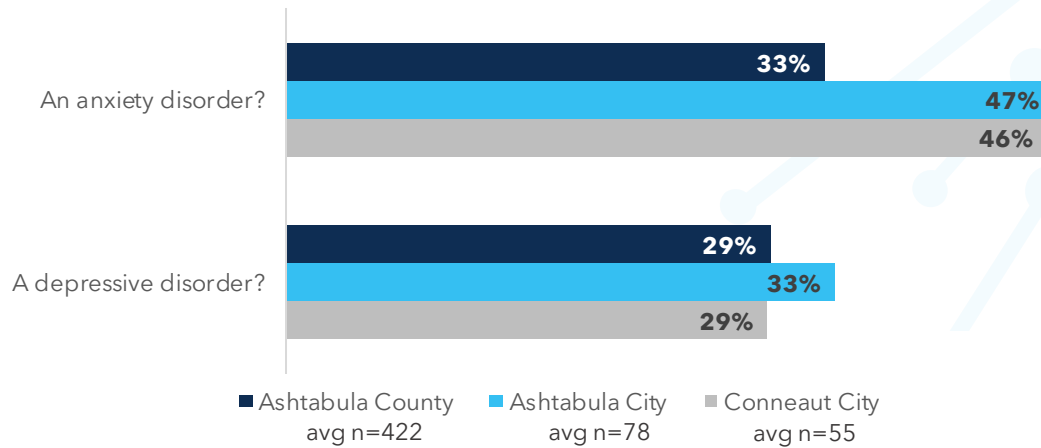
- ▶ 20% of youth have ever vaped, and among them, 43% reported vaping at least one time in the past 30 days.
- ▶ 32% of adult residents reported binge drinking at least once within the past 30 days, significantly lower than 39% from the 2022 CHNA.
- ▶ 18% of adult residents used marijuana in the past 30 days, significantly higher than 8% from the last CHNA.



Mental and Social Health

According to the representative survey, 33% of respondents reported ever being diagnosed with an anxiety disorder and 29% were diagnosed with a depressive disorder.

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

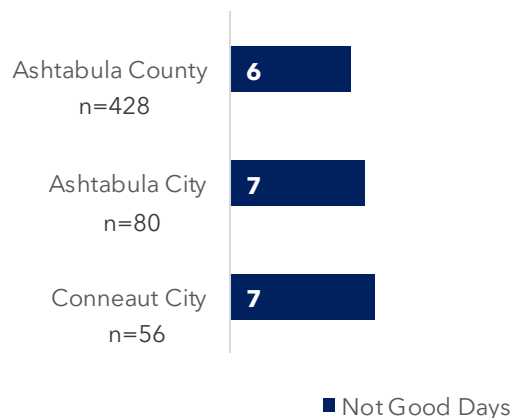


Ever diagnosed with an anxiety disorder in 2022: **22%** & in 2025: **33%**. (statistically significant).
 Ever diagnosed with a depressive disorder in 2022: **20%** & in 2025: **29%**. (statistically significant).

Those with household income less than \$50,000 are more likely to have been diagnosed with anxiety (43.7%) than those with household income less than \$50,000 (24.9%).
 Females were more likely to have been diagnosed with anxiety (48.1%) than males (16.3%).
 Those with household income less than \$25,000 are more likely to have been diagnosed with depression (52.8%) than those with household income less than \$25,000 (24.0%).

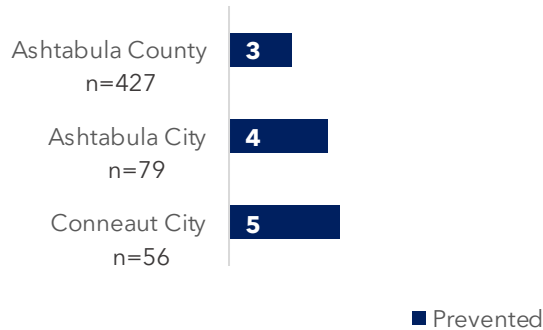
According to the representative survey, respondents reported having about 6 days of the last 30 when their mental health was not good.

Thinking about your mental health, about how many days during the past 30 days was your mental health not good?



According to the representative survey, respondents reported having about 3 days of the last 30 when poor mental health prevented them from their daily activities.

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?



As age increases, average number of poor mental health days decreases: 7.7 for those 18-59, 2.5 for those 60-69, and 2.1 for those 70 or older.

Those with household income less than \$25,000 were more likely to have at least one poor mental health day (67.4%) than those with household income \$25,000 or greater (48.5%).

Females were more likely to have at least one poor mental health day (66.3%) than males (36.0%).

Those with household income less than \$25,000 had more poor mental health days that affected activities on average (8.6) than those with household income \$25,000 or greater (1.9).

Those age 18-59 had more mental health days that affected activities on average (4.3) than those 60 or older (1.0).

According to the youth survey, more than 12% of the respondents reported being bothered by not being able to stop or control worrying nearly every day.

WORRY	ASHTABULA COUNTY YOUTH
Not at all	48.51%
Several days	26.02%
More days than not	12.74%
Nearly every day	12.74%

Over the past 2 weeks, have you been bothered by not being able to stop or control worrying? (N=1272)

According to the youth survey, more than 11% of respondents reported feeling down, depressed, or hopeless nearly every day in the past 2 weeks.

FEELING DEPRESSED	ASHTABULA COUNTY YOUTH
Not at all	51.06%
Several days	25.77%
More days than not	11.86%
Nearly every day	11.31%

Over the past 2 weeks, have you been bothered by feeling down, depressed, or hopeless? (N=1273)

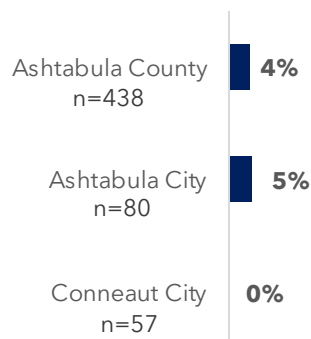
According to the youth survey, more than 37% of the respondents reported they stopped doing some usual activity due to feeling sad or hopeless every day for two weeks or more.

FEELING SAD	ASHTABULA COUNTY YOUTH
Yes	37.63%
No	62.37%

During the last 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? (N=1281)

According to the representative survey, 4% of the respondents seriously considered attempting suicide in the past year.

During the past 12 months, did you ever seriously consider attempting suicide?



Seriously considered attempting suicide (past 12 months) in 2022: **2%** & in 2025: **4%**. (statistically significant)

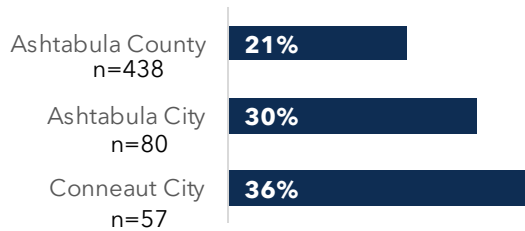
According to the youth survey, more than 15% of the respondents reported seriously considering attempting suicide in the past year.

SUICIDE CONSIDERATION	ASHTABULA COUNTY YOUTH
Yes	15.23%
No	84.77%

During the past 12 months, did you ever seriously consider attempting suicide? (N=1280)

According to the representative survey, about 21% of respondents talked to a psychologist, psychiatrist, counselor, or other mental health care professional in past 12 months.

During the past 12 months, did you talk with a psychologist, psychiatrist, counselor, or other mental health care professional about how you were feeling?



Received mental health care (past 12 months) in 2022:12% & in 2025:21%. (statistically significant)



Those age 18-59 were more likely to have received mental health care in the past 12 months (28.4%) than those 60 or older (8.2%).

Those who live in Conneaut City were more likely to have received mental health care in the past 12 months (36.5%) than those who live outside of Conneaut City (19.1%).

Those with household income less than \$25,000 were more likely to have received mental health care in the past 12 months (45.4%) than those with household income \$25,000 or greater (15.4%).

According to the youth survey, more than 32% of the respondents talked to a psychologist, psychiatrist, counselor, or other mental health care professional in past 12 months.

MENTAL HEALTH CARE	ASHTABULA COUNTY YOUTH
During the past 12 months	32.68%
Between 12 and 24 months	5.77%
More than 24 months	7.18%
Never	38.77%
Not sure	15.60%

When was the last time you saw a doctor, nurse, therapist, social worker, or counsellor for a mental health problem? (N=1282)

According to the youth survey, more than 32% of respondents have lived with someone who was depressed, mentally ill, or suicidal.

ADVERSE CHILDHOOD EXPERIENCES	ASHTABULA COUNTY YOUTH
Lived with someone who was depressed, mentally ill, or suicidal	32.19%
Lived with someone who was a problem drinker or alcoholic	24.61%
Lived with someone who used illegal street drugs, or who abused prescription medication	15.39%
Lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility	21.09%
None of the above has happened to me	53.91%

Have you ever experienced any of the following? (CHECK ALL THAT APPLY) (N=1280)

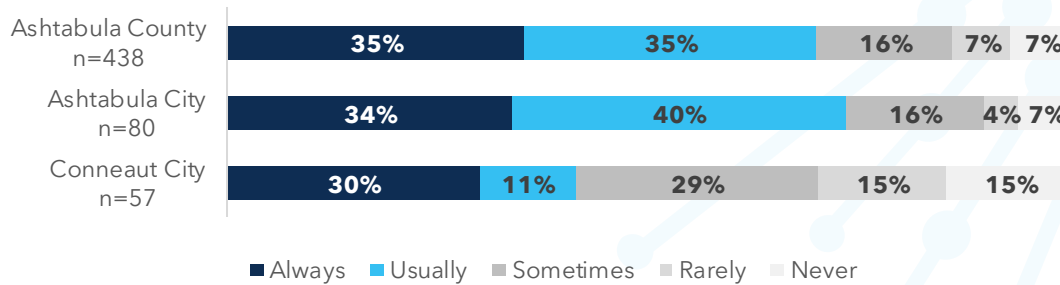
According to the youth survey, over one-third of the respondents have experienced their parents separating or divorcing, and over one-third have been verbally abused by a parent or adult in their home.

ADVERSE CHILDHOOD EXPERIENCES	ASHTABULA COUNTY YOUTH
Your parents became separated or divorced	39.66%
Your parents were not married	24.82%
Your parents or adults in your home slapped, hit, kicked, punched, or beat each other up	14.44%
A parent or adult in your home hit, beat, kicked, or physically hurt you in any way (not including spanking)	12.33%
A parent or adult in your home swore at you, insulted you, or put you down	35.44%
None of the above has happened to me	38.64%

Have you ever experienced any of the following? (CHECK ALL THAT APPLY) (N=1281)

According to the representative survey, about 14% of respondents rarely or never got the social or emotional support needed in the past 12 months.

During the past 12 months, how often did you get the social and emotional support you need?



Receive needed social support always or usually in 2022: **62%** & in 2025: **70%**.
(statistically significant)



Those who live outside of Conneaut City were more likely to get the social and emotional support they need usually or always (73.9%) than those who live in Conneaut City (41.1%).

Those with household income \$25,000 or greater were more likely to get the social and emotional support they need usually or always (75.2%) than those with household income less than \$25,000 (46.3%).

According to the youth survey, about a quarter of respondents either agree or strongly agree that they enjoy coming to school.

SCHOOL ENJOYMENT	ASHTABULA COUNTY YOUTH
Strongly disagree	17.38%
Disagree	17.38%
Neither agree nor disagree	39.38%
Agree	20.94%
Strongly agree	4.91%

I enjoy coming to school. (N=1323)

According to the youth survey, over one-third of the respondents either agree or strongly agree that they belong at their school.

FEELINGS OF BELONGING	ASHTABULA COUNTY YOUTH
Strongly disagree	13.07%
Disagree	14.73%
Neither agree nor disagree	34.67%
Agree	31.72%
Strongly agree	5.82%

I feel like I belong at my school. (N=1324)

According to the youth survey, more than 66% of the respondents felt safe and secure at school most or all of the time.

FEELINGS OF SAFETY	ASHTABULA COUNTY YOUTH
Never	3.94%
Rarely	9.84%
Sometimes	19.53%
Most of the time	43.22%
All of the time	23.47%

In the past year, how often did you feel safe and secure at school? (N=1321)

According to the youth survey, direct verbal abuse was the most reported (34.71%) type of bullying respondents had experienced.

BULLYING	ASHTABULA COUNTY YOUTH
You were hit, kicked, punched, or people took your belongings	14.30%
Teased, taunted, or called harmful names	34.71%
Spread mean rumors about or kept out of a "group"	29.51%
Teased, taunted, or threatened by e-mail, cell phone, or other electronic methods	13.15%
Nude or semi-nude pictures used to pressure someone to have sex that does not want to, blackmail, intimidate, or exploit another person	3.52%
None of the above	53.44%

What types of bullying have you experienced in the past 12 months? (CHECK ALL THAT APPLY) (N=1308)

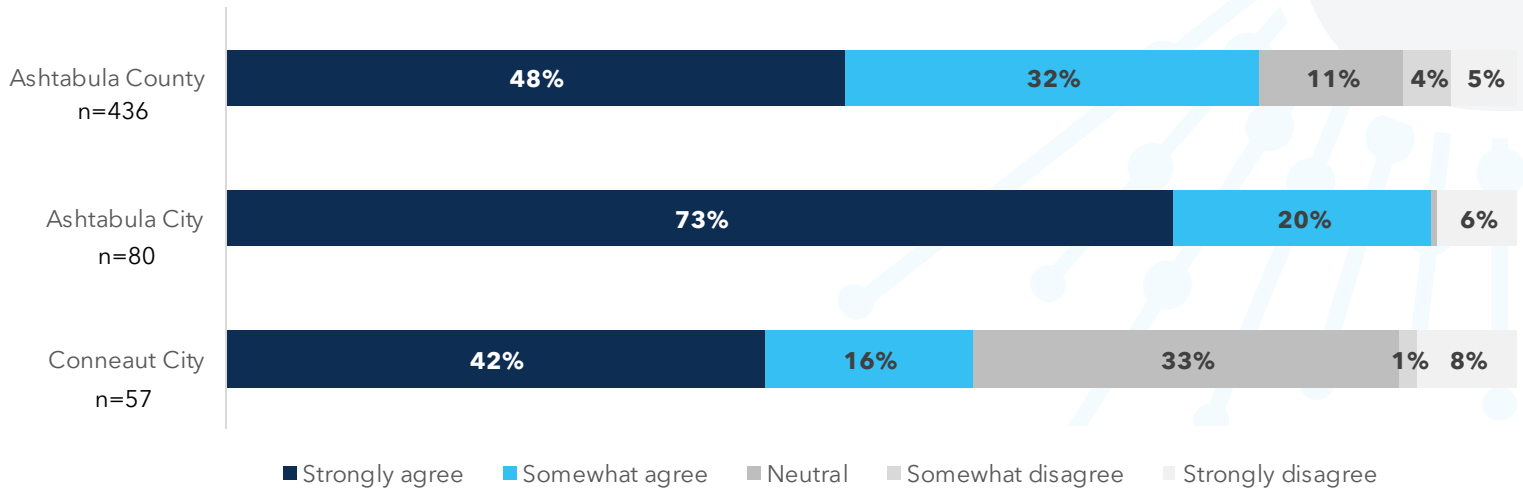
About 43% of Ashtabula County youth did not participate in any sports teams, while the remaining 57% were involved in one or more teams, with 20% on three or more.

SPORTS TEAMS	ASHTABULA COUNTY YOUTH
0 teams	42.69%
1 team	19.57%
2 teams	17.42%
3 or more teams	20.31%

During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.) (N=1211)

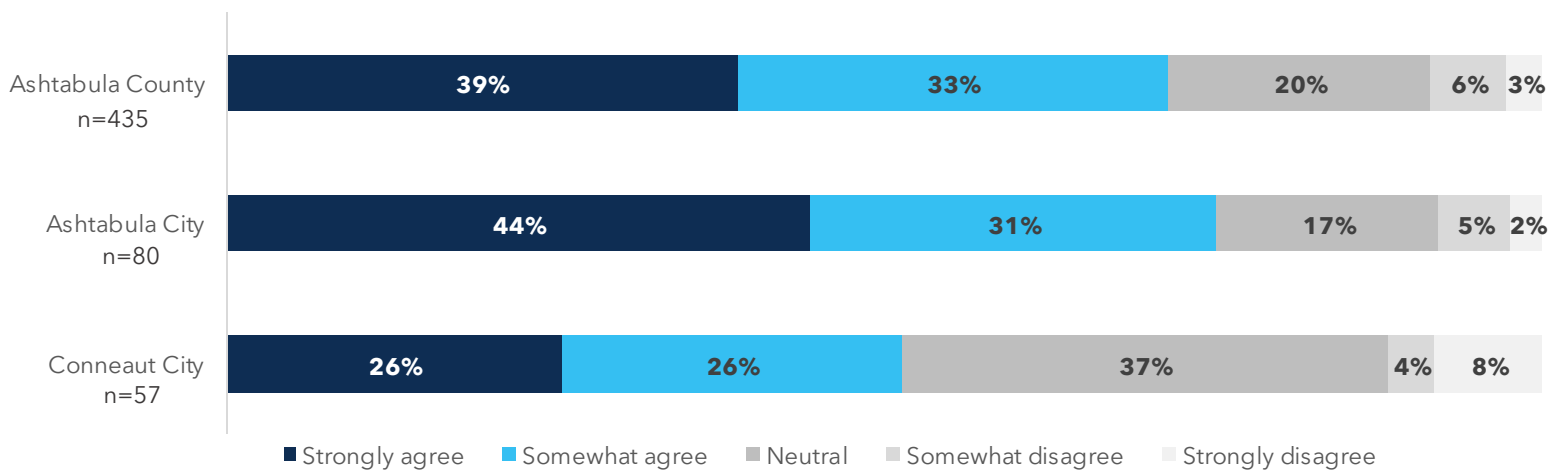
According to the representative survey, 80% of respondents strongly or somewhat agree that a person with mental illness would improve if given the treatment and support.

I believe a person with mental illness would improve if given the treatment and support.



According to the representative survey, 72% of respondents strongly or somewhat agree that a person with mental illness can eventually get better.

I believe a person with mental illness can eventually get better.



As age increases, the likelihood of strongly agreeing that a person with mental illness would improve if given treatment and support generally decreases: 92.8% for those 18-39, 83.0% for those 40-49, 75.4% for those 50-59, 68.1% for those 60-69, and 70.4% for those 70 or older.

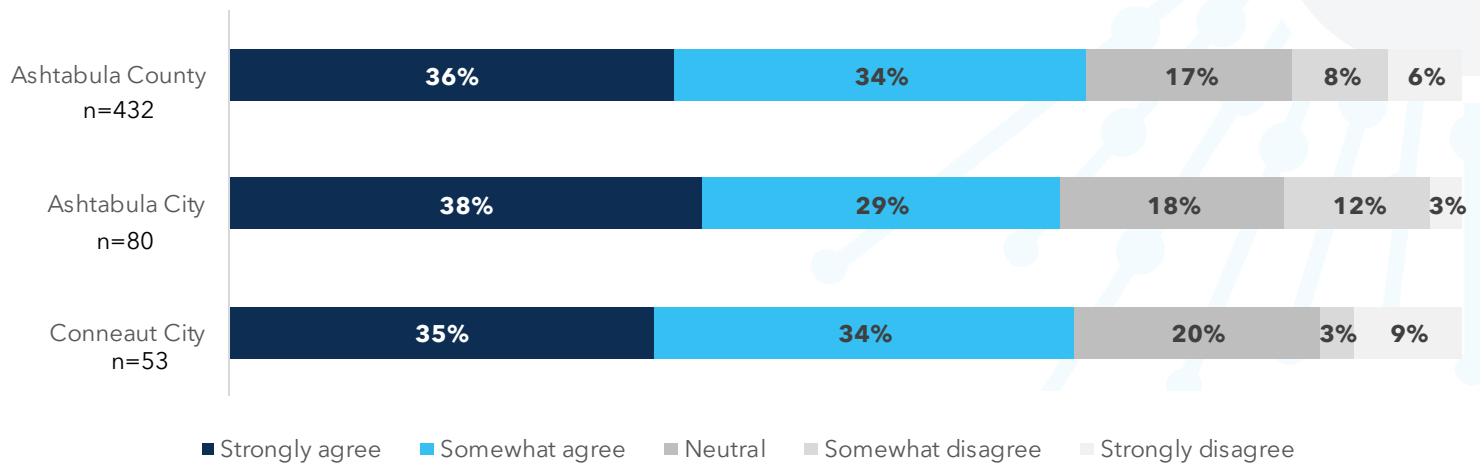
Those who live outside of Conneaut City are more likely to strongly agree that a person with mental illness would improve if given treatment and support (83.3%) than those who live in Conneaut City (57.8%).

As age increases, the likelihood of strongly agreeing that a person with mental illness can eventually get better decreases: 81.4% for those 18-49, 60.3% for those 50-59, 65.3% for those 60-69, and 61.8% for those 70 or older.

Those who live outside of Conneaut City are more likely to strongly agree that a person with mental illness can eventually get better (74.5%) than those who live in Conneaut City (51.3%).

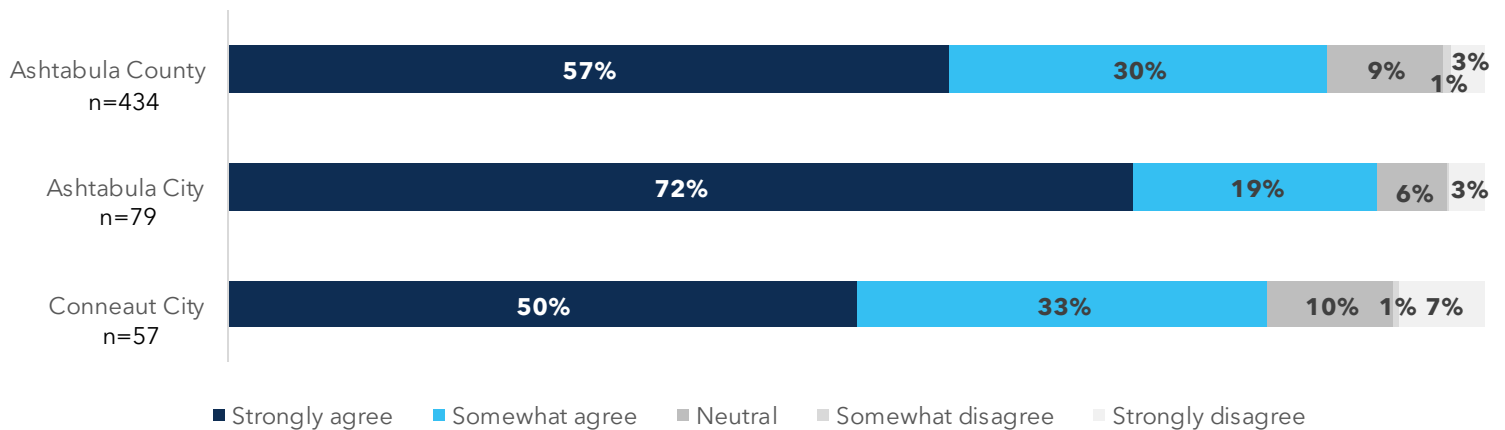
According to the representative survey, 70% of respondents strongly or somewhat agree that a person with mental illness can be as successful at work as others without mental illness.

I believe a person with mental illness can be as successful at work as others without mental illness.



According to the representative survey, 87% of respondents strongly or somewhat agree that treatment can help people with mental illness lead improved lives.

Treatment can help people with mental illness lead improved lives.



As age increases, the likelihood of strongly agreeing that a person with mental illness can be as successful at work as others without mental illness generally decreases: 84.6% for those 18-39, 73.9% for those 40-49, 50.5% for those 50-59, 63.4% for those 60-69, and 63.4% for those 70 or older.

Females are more likely to strongly agree that a person with mental illness can be as successful at work as others without mental illness (80.0%) than males (59.3%).

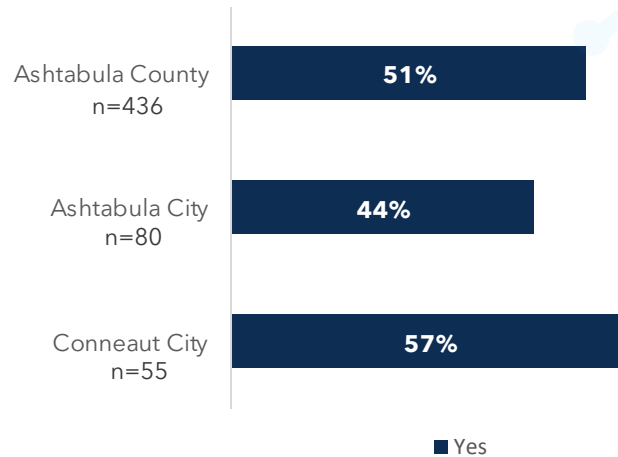
As age increases, the likelihood of strongly agreeing that treatment can help people with mental illness lead improved lives generally decreases: 100.0% for those 18-39, 91.5% for those 40-49, 73.2% for those 50-59, 82.1% for those 60-69, and 79.5% for those 70 or older.

Females are more likely to strongly agree that that treatment can help people with mental illness lead improved lives (72.6%) than males (42.0%).

Substance Misuse

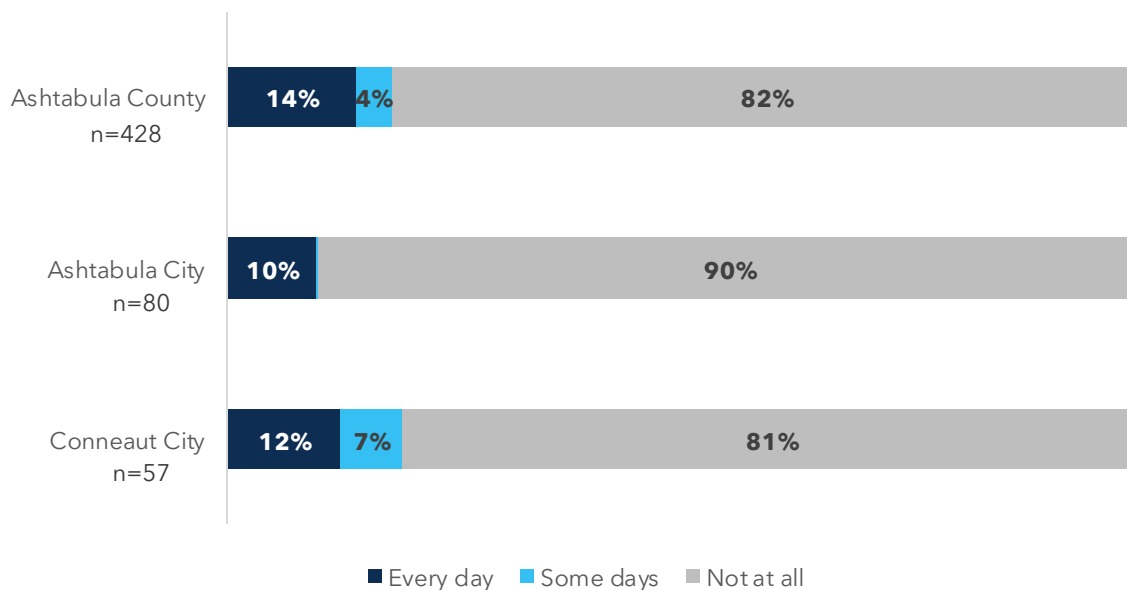
While almost half (51%) of adult Ashtabula County residents reported having smoked at least 100 cigarettes in their life, only a small percentage of adult Ashtabula County residents reported smoking cigarettes every day (14%) and a very small percentage reported using e-cigarettes (3%), chewing tobacco, snuff, or snus (2%), or other tobacco products (1%) every day.

Have you smoked at least 100 cigarettes in your life?

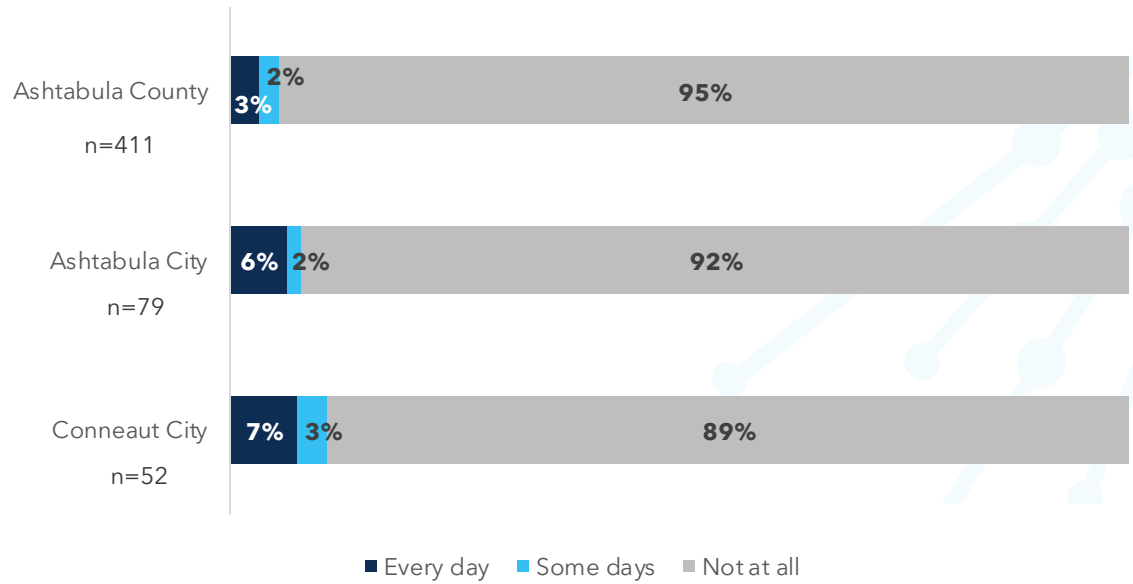


Those age 18-29 are less likely to have ever smoked at least 100 cigarettes (20.2%) than those age 30 or older (57.1%).

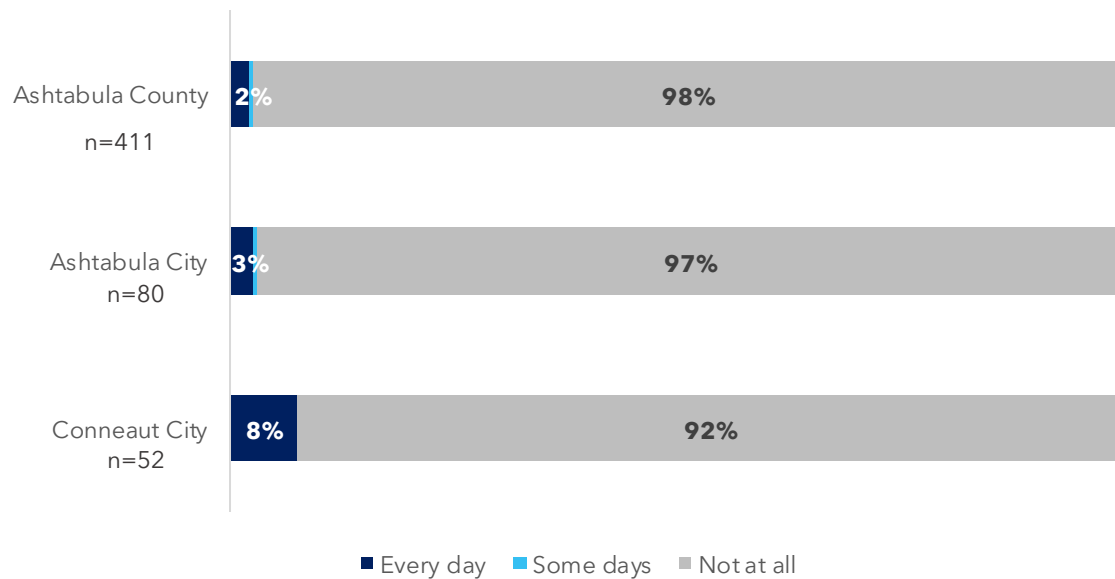
How often do you smoke cigarettes?



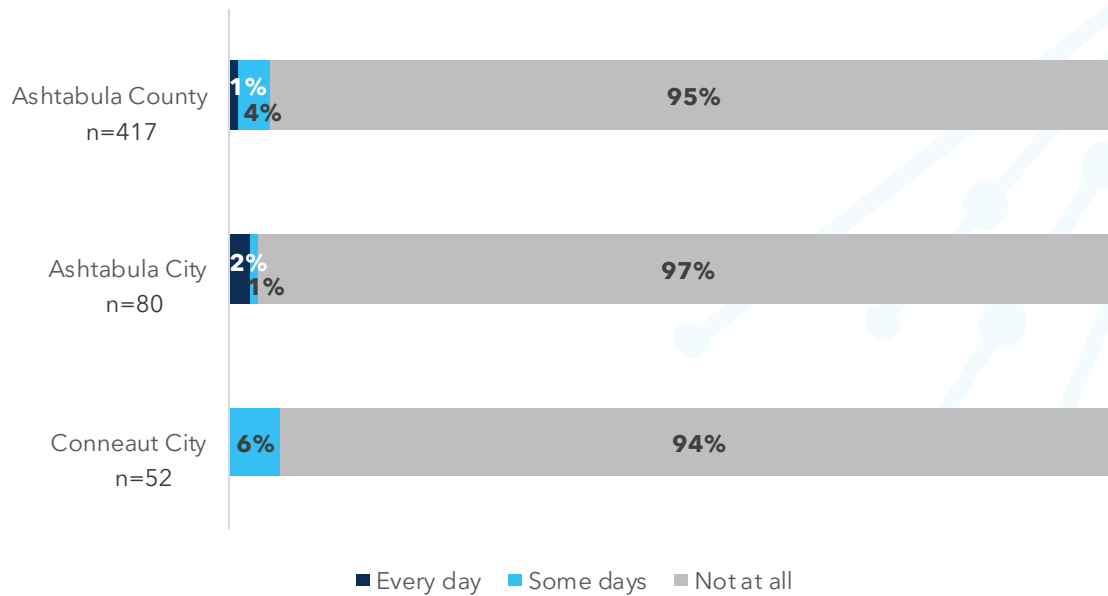
How often do you use e-cigarettes (e.g., Juul)?



How often do you use chewing tobacco, snuff, or snus?



How often do you use other tobacco/nicotine product(s)?



Current smokers in 2022: 21% & in 2025: 18%.

Current chewing tobacco, snuff, or snus users in 2022: **6%** & in 2025: **3%**. (statistically significant)

Current e-cigarette users in 2022: 6% & in 2025: 5%.

Current other forms of tobacco users in 2022: 3% and in 2025: 5%.

According to the youth survey, only 4% of respondents smoked all or part of a cigarette in the past 30 days.

CIGARETTE SMOKING	ASHTABULA COUNTY YOUTH
Yes	3.99%
No	96.01%

During the past 30 days, did you smoke all or part of a cigarette? (N=1278)

According to the youth survey, 20% of respondents ever used an electronic vapor product.

VAPING	ASHTABULA COUNTY YOUTH
Yes	19.72%
No	80.28%

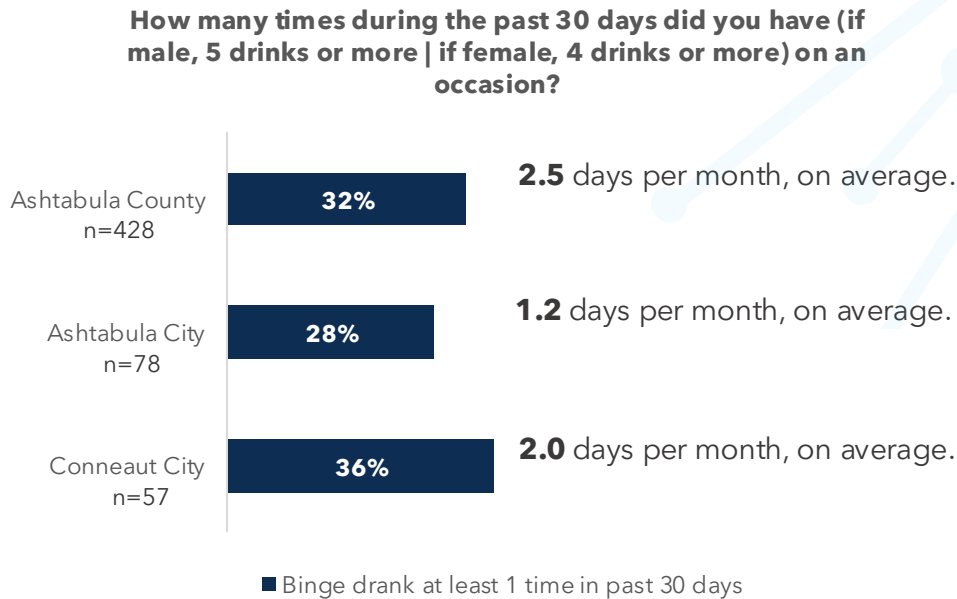
Have you ever used an electronic vapor product? (N=1278)

According to the youth survey, about 43% of the respondents who had ever used an electronic vapor product used one of those products at least once in the past 30 days.

VAPING	ASHTABULA COUNTY YOUTH
0 days	57.25%
1 or 2 days	15.27%
3 to 5 days	3.44%
6 to 9 days	3.44%
10 to 19 days	5.73%
20 to 29 days	2.67%
30 days	12.21%

During the past 30 days, on how many days did you use an electronic vapor product? (N=262)

According to the representative survey, almost one-third (32%) of adult respondents reported binge drinking at least once in the past month.



Reported binge drinking at least once in past month in 2022: **39%** & in 2025: **32%**. (statistically significant)



Those age 18-69 were more likely to have reported binge drinking at least once in the past 30 days (34.7%) than those age 70 or older (17.3%).



Healthy People 2030 objective not met: Adults 21+ who reported binge drinking in the past 30 days (5+ drinks if male; 4+ drinks if female) (Ashtabula County **31.9%** vs. Target **25.4%**)

According to the youth survey, the majority of Ashtabula County youth (71%) have never had more than a few sips of alcohol, while the rest tried it at various ages, most commonly between 13 and 14 years old (9%).

ALCOHOL	ASHTABULA COUNTY YOUTH
I have never had a drink of alcohol other than a few sips	70.66%
8 years old or younger	4.76%
9 or 10 years old	3.81%
11 or 12 years old	5.23%
13 or 14 years old	8.64%
15 or 16 years old	5.00%
17 years old or older	1.90%

How old were you when you had your first drink of alcohol other than a few sips? (N=1261)

According to the youth survey, among respondents who had ever had a drink of alcohol, 25% of them drank one or more drinks of an alcoholic beverage within the past 30 days.

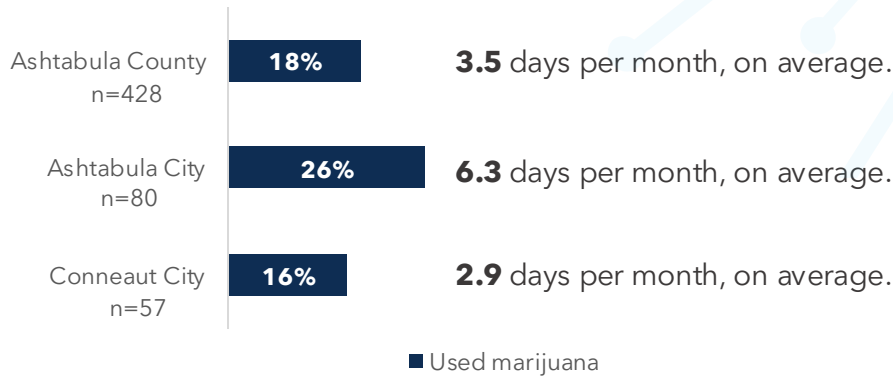
ALCOHOL	ASHTABULA COUNTY YOUTH
Yes	25.32%
No	74.68%

During the past 30 days did you drink one or more drinks of an alcoholic beverage? (N=387)

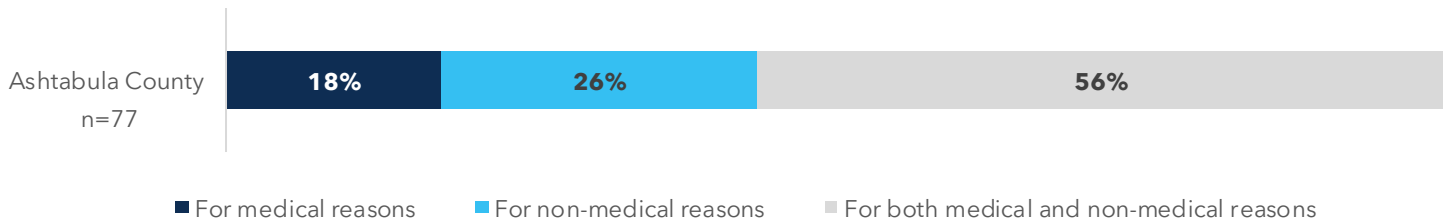
Marijuana was legalized for adult (21+) recreational use in Ohio on November 7, 2023. The law officially took effect on December 7, 2023. Medical dispensaries are currently selling recreational products, but regulatory systems for broader retail sales are still in process.

According to the representative survey, less than one-fifth (18%) of adult respondents used marijuana or cannabis in the previous 30 days. On average, adult respondents used marijuana or cannabis three days over the previous 30 days, with the majority (56%) using these substances for both medical and non-medical reasons. Smoking was the most common method of marijuana or cannabis use reported.

Percentage of respondents who used marijuana in past 30 days



When you used marijuana or cannabis during the past 30 days, was it usually...?



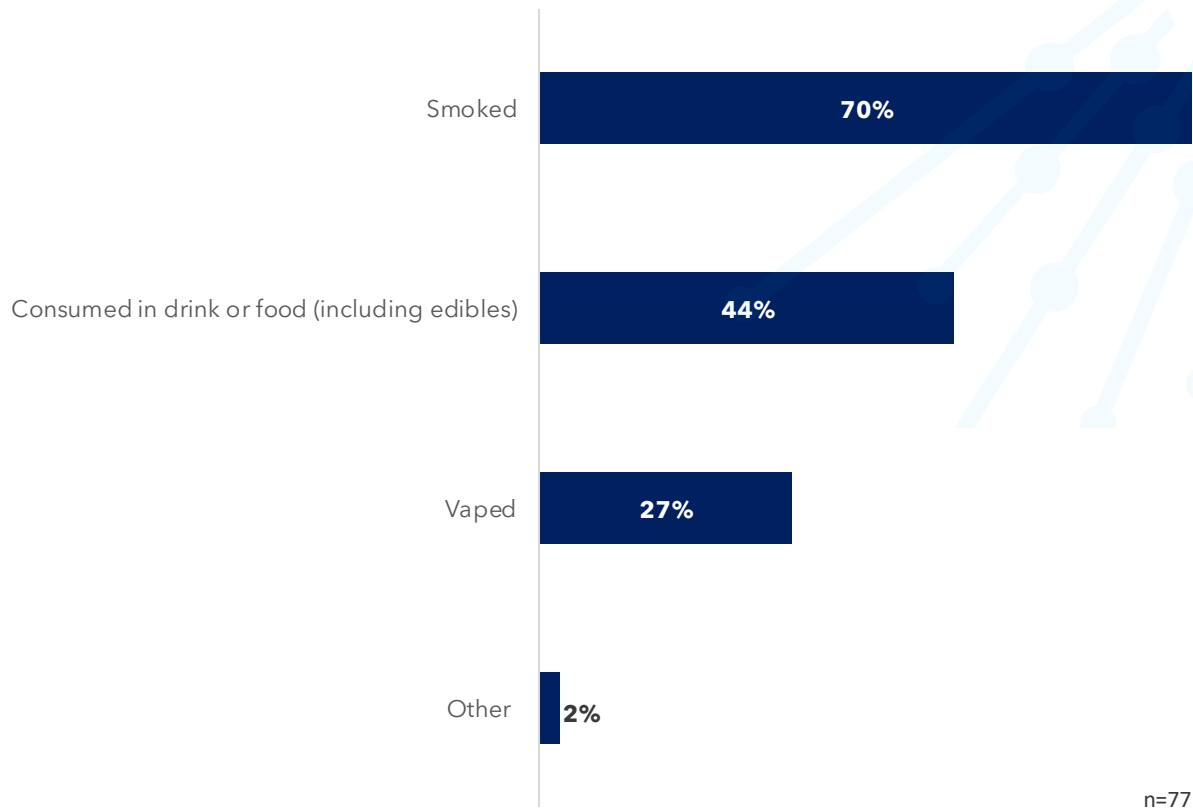
Marijuana users (past month) in 2022: **8%** & in 2025: **18%**. (statistically significant)



As age increases, the likelihood of using marijuana at least once in the past 30 days decreases: 31.7% for those 18-39, 7.3% for those 40-49, 16.0% for those 50-59, 11.5% for those 60-69, and 10.5% for those 70 or older.

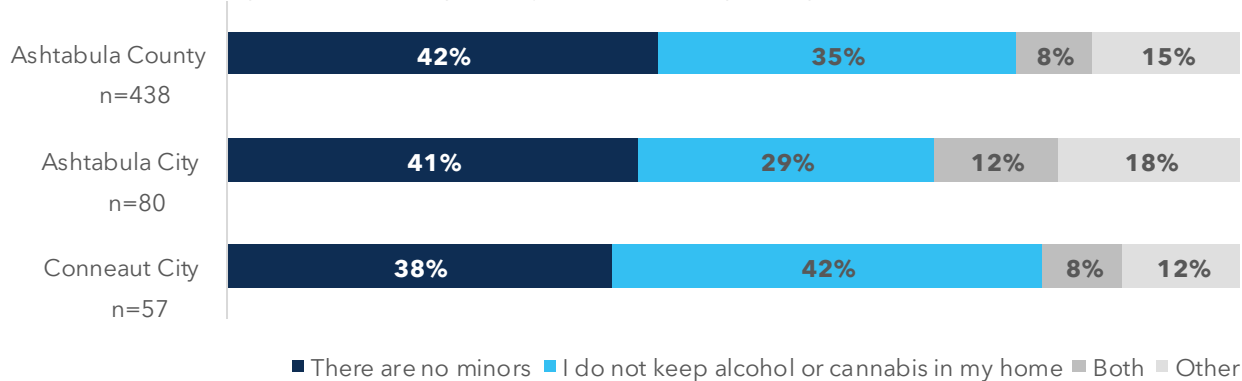
Those with household income less than \$25,000 are more likely to have used marijuana at least one time in the past 30 days (37.8%) than those with household income \$25,000 or more (13.2%).

When you used marijuana or cannabis in the past 30 days, which of the following methods did you use?



According to the representative survey, about 85% of adult respondents either don't have minors in their home, don't keep alcohol or cannabis in their home, or both. Among those who do have minors in the home and store alcohol or cannabis in their home, they most commonly store alcohol or cannabis out of reach, out of sight, secured and locked, in a refrigerator, or in a cabinet.

If you keep alcohol or cannabis/marijuana in your home, how do you store it to prevent consumption by minors? (multiple responses allowed)



According to the youth survey, the majority of Ashtabula County youth (86%) have never had marijuana.

MARIJUANA	ASHTABULA COUNTY YOUTH
I have never tried marijuana	85.90%
8 years old or younger	1.33%
9 or 10 years old	0.70%
11 or 12 years old	2.58%
13 or 14 years old	5.25%
15 or 16 years old	3.92%
17 years old or older	0.31%

How old were you when you tried marijuana for the first time? (N=1277)

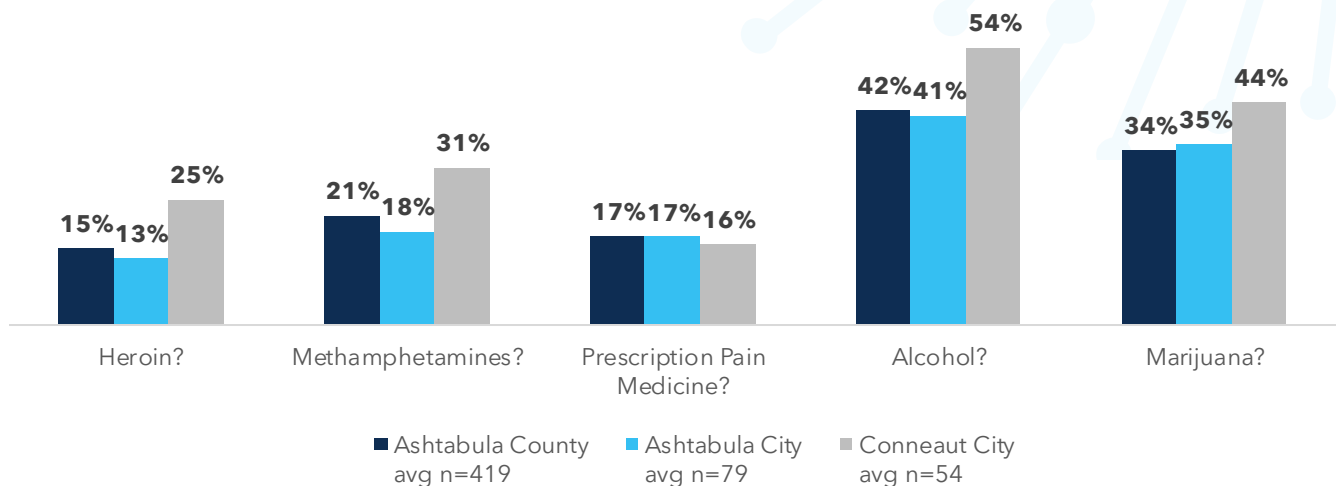
According to the youth survey, among respondents who had ever had marijuana, 36% of them used marijuana in the past 30 days.

MARIJUANA	ASHTABULA COUNTY YOUTH
Yes	35.48%
No	64.52%

During the past 30 days, have you used marijuana or hashish? (N=186)

According to the representative survey, 42% of respondents know someone in Ashtabula County who has an abuse or addiction problem with alcohol and 34% know someone with an abuse or addiction problem with marijuana.

Do you personally know anyone in Ashtabula County who has an abuse or addiction problem with...



Those with at least one child in the household are more likely to know someone with a methamphetamine abuse problem (44.3%) than those without any children in the household (12.9%).

Those age 18-49 are more likely to know someone with a methamphetamine abuse problem (35.0%) than those age 50 or older (9.5%).

Those with at least one child in the household are more likely to know someone with a prescription pain medicine abuse problem (34.8%) than those without any children in the household (10.8%).

Those with at least one child in the household are more likely to know someone with an alcohol abuse problem (60.2%) than those without any children in the household (34.9%).

As age increases, the likelihood of knowing someone with a marijuana abuse problem decreases: 41.6% for those 18-59, 29.6% for those 60-69, and 9.6% for those 70 or older.

According to the adult survey, taking 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 was very uncommon. Ashtabula County ($n=431$): .6 days, Ashtabula City ($n=80$): .21 days, and Conneaut City ($n=57$): 0 days on average in the past 30 days.

Community Voices – Mental Health and Substance Misuse

Community leaders feel that depression, anxiety, suicide risk, and trauma are issues. They are also concerned about opioids, methamphetamines, alcohol, and vaping.

(Quotes also displayed in Residents' Priorities section)

"Always anxiety and depression top the list for sure. And I would say in our region, too, just the impact of generational poverty and then generational trauma that goes along with that, are a lot of what we see."

"Dual diagnosis drug addiction and mental illness. We have a high suicide rate for the size county we have."

"Opioid addictions, amphetamines, methamphetamines, other classic drugs of abuse. Marijuana, you name it. Alcohol."

"It's unfortunate that it exists for not only those who are afflicted with those addiction diseases, but for the families who also are coping with those who are addicted. We see the toll it takes on everybody. It's a strain on law enforcement, it's a strain on the court system, and you're seeing this cycle with some of them who are repeat offenders through the recidivism."

"There's mental health and then there's drugs... We're helping people who are medicating themselves because they're not going to get mental health services. But then when the time comes to getting health, they may be rejected for services because they're under the influence, but it's actually there to medicate their mental health."

"We definitely have a vaping problem because we have a new vape shop in town. And that would be your school age kids and younger adults."

"The whole vaping thing just is amazing because what's next with vaping is they're doing other things like Zyn, they're putting this like it's okay, like it's normal."

"[Kids] are more exposed to substance abuse right now than we've ever seen in the past. And the kids are growing up in those environments. The family unit is different right now than it's ever been and the kids are exposed to that at an earlier age."

"[Youth mental health care is] not high quality. And everything that I've ever had that's under 18, especially if they need to be admitted, is always out of county."

"Our younger [residents]...that went through Covid at a very...influential time. They were stuck at home and not having any socialization. And I see some of that with my own kids, my friend's kids, and they don't have the social skills that other kids have. They seem immature, they're anxious, they, they have, I feel like a lot of depression."

MATERNAL AND INFANT HEALTH

This section describes the health of expectant mothers and infants in Ashtabula County.

KEY FINDINGS

- The Healthy People 2030 targets of mothers who did not smoke during pregnancy, infant mortality rate, and preterm live births were not met in Ashtabula County.

MATERNAL & INFANT HEALTH		ASHTABULA COUNTY	OHIO
Maternal Health	Cigarette use during 3 rd trimester ¹	9.2%	5.2%
	Gestational diabetes ¹	7.5%	9.1%
	Complications from birth ¹	1.9%	2.1%
	Breastfeeding at discharge ¹	75.0%	77.1%
Infant Health	Total births ¹	971	126,896
	Infant mortality rate ²	7.9	7.0
	Low birth weight babies ³	6.2%	8.7%
	Preterm birth rate ³	9.7%	11.3%

Data are from 2019-2024. Sources: ¹Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database. Data are from the Natality Records 2016-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program; ²Ohio Department of Children & Youth Annual Report: Infant Mortality, 2023; ³Ohio Department of Health, Bureau of Vital Statistics. DataOhio Portal. Births Interactive Dashboard, 2024

 **Healthy People 2030 objective not met:** mothers who did not smoke cigarettes during pregnancy (Ashtabula County **90.8%** vs. Target **95.7%**)

 **Healthy People 2030 objective not met:** infant deaths in the first year of life (Ashtabula County **7.9** vs. Target **5.0**)

 **Healthy People 2030 objective not met:** preterm infants born before 37 completed weeks of gestation (Ashtabula County **9.7%** vs. Target **9.4%**)

GENERAL HEALTH, DEATH, AND ILLNESS

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



KEY FINDINGS

General Health

- ▶ Adult residents with lower household income have more poor general health.
- ▶ 31% of adult residents reported having 4 or more poor physical health days in the last 30; this is significantly higher than 25% from the 2022 CHNA.

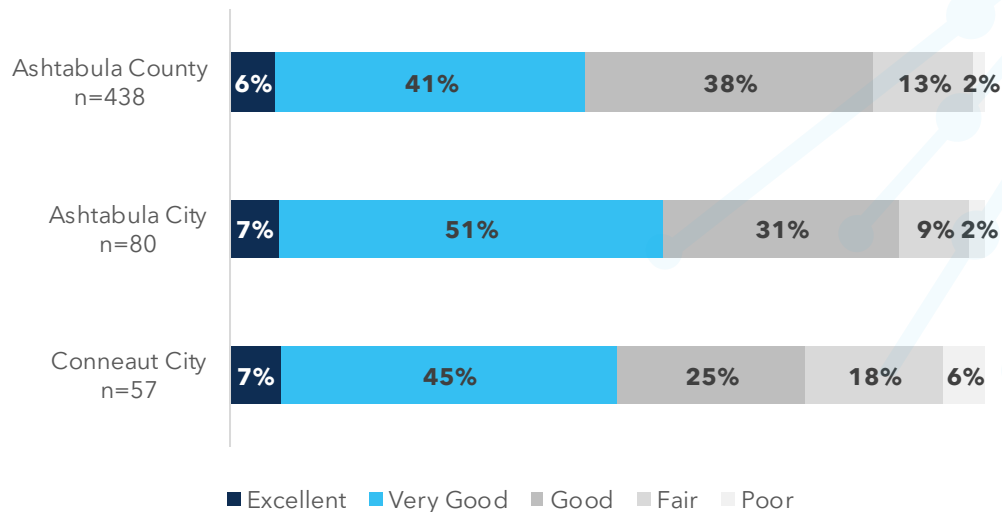
Death and Illness

- ▶ The percentage of adult residents who have been diagnosed with high cholesterol increased significantly from 26% in 2022 to 34% in 2025.
- ▶ The Healthy People 2030 targets are not met for unintentional injury death rate, heart disease death rate, lung cancer death rate, and colorectal cancer death rate.

General Health

According to the representative survey, 41% of residents have very good general health and 38% of respondents have good general health.

Would you say that in general your health is...



Overall health is excellent or very good in 2022:51% & in 2025:47%.

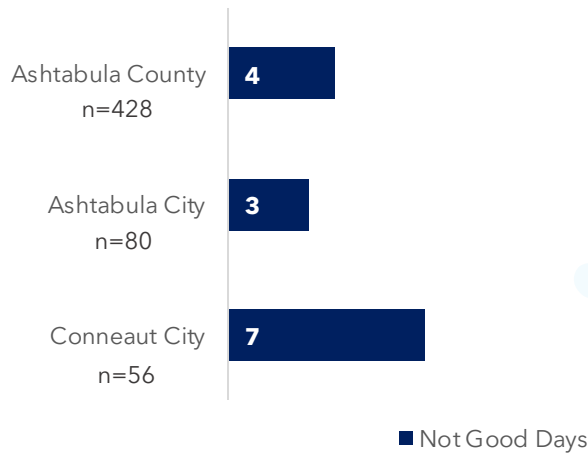


As age increases, likelihood of having very good or excellent health decreases: 66.5% for those 18-29, 60.6% for those 30-39, and 39.3% for those 40 or older.

Those with household income \$25,000 or greater are more likely to have very good or excellent health (51.7%) than those with household income less than \$25,000 (29.7%).

According to the representative survey, residents did not have good physical health on 4 of the past 30 days, on average.

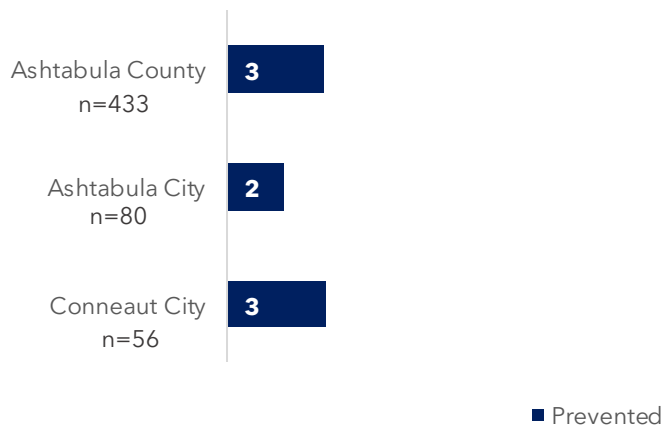
Thinking about your physical health, for how many days during the past 30 days was your physical health not good?



Physical health was not good on four or more days (past month) in 2022:**25%** & in 2025:**31%**. (statistically significant)

According to the representative survey, poor physical health prevented residents from doing their normal activities on an average of 3 of the past 30 days.

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?



Those with household income less than \$25,000 had more poor physical health days on average (6.8) than those with household income \$25,000 or greater (3.7).

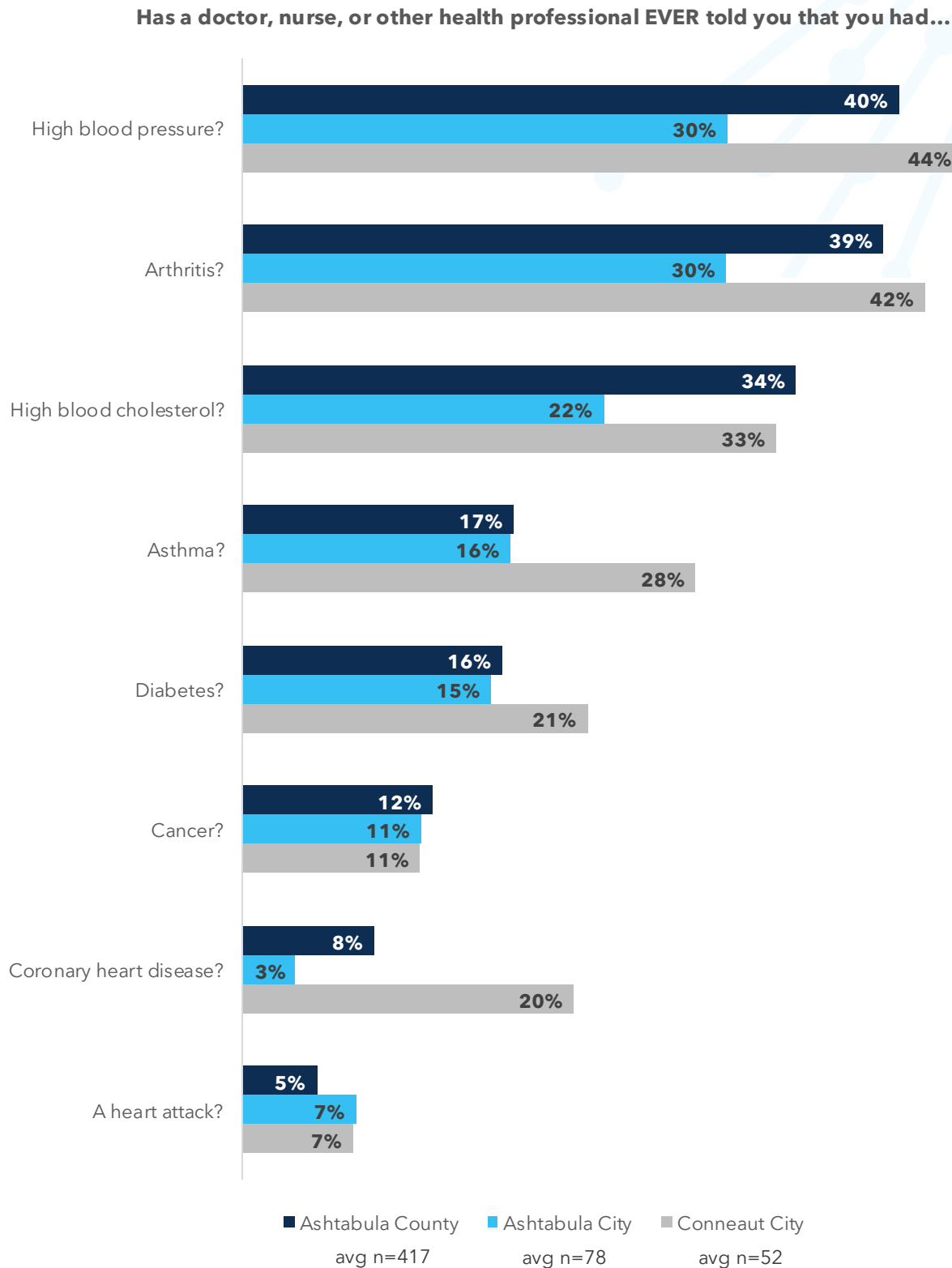
As age increases, average number of poor physical health days increases: 3.7 for those 18-59, 4.6 for those 60-69, and 6.2 for those 70 or older.

Those with household income less than \$25,000 had more poor physical health days preventing from doing their normal activities on average (5.4) than those with household income \$25,000 or greater (2.1).

As age increases, average number of poor physical health days preventing residents from doing their normal activities increases: 0.2 for those 18-29, 1.3 for those 30-39, 1.8 for those 40-49, and 4.3 for those 50 or older.

Illness and Death

According to the representative survey, over a third of respondents have been diagnosed with each of the following conditions: high blood cholesterol, arthritis, and high blood pressure.



Many subgroup differences exist for chronic illnesses – most of them related to age.



Ever diagnosed with arthritis in 2022:36% & in 2025:39%.
 Ever diagnosed with coronary heart disease in 2022:7% & in 2025:8%.
 Ever diagnosed with heart attack in 2022:7% & in 2025:5%.
 Ever diagnosed with asthma in 2022:16% & in 2025:17%.
 Ever diagnosed with cancer in 2022:10% & in 2025:12%.
 Ever diagnosed with diabetes in 2022:14% & in 2025:16%.
 Ever diagnosed with high blood pressure in 2022:40% & in 2025:40%.
 Ever diagnosed with high blood cholesterol in 2022:**26%** & in 2025:**34%**. (statistically significant)



As age increases the likelihood of having been diagnosed with arthritis increases: 7.9% for those 18-29, 14.6% for those 30-39, 24.9% for those 40-49, 60.1% for those 60 or older.

As age increases the likelihood of having been diagnosed with cancer increases: 5.8% for those 18-59, 10.4% for those 60-69, and 36.4% for those 70 or older.

As age increases the likelihood of having been diagnosed with coronary heart disease increases: 3.1% for those 18-59, 11.1% for those 60-69, and 24.8% for those 70 or older.

As age increases the likelihood of having been diagnosed with diabetes increases: 10.8% for those 18-59, 22.8% for those 60-69, and 28.9% for those 70 or older.

As age increases the likelihood of having had a heart attack increases: 1.1% for those 18-59, 9.7% for those 60-69, and 13.1% for those 70 or older.

As age increases the likelihood of having been diagnosed with high blood pressure increases: 30.8% for those 18-59, 53.9% for those 60-69, and 60.6% for those 70 or older.

As age increases the likelihood of having been diagnosed with high cholesterol increases: 22.6% for those 18-59, 50.3% for those 60-69, and 58.3% for those 70 or older.

Those with household income \$50,000 or more are more likely to have been diagnosed with high cholesterol (39.4%) than those with household income less than \$50,000 (27.4%). (Effect is marginally significant)

 **Healthy People 2030 objective met:** adults with high blood pressure (Ashtabula County **40.1%** vs. Target **41.9%**)

Heart disease and cancer are the leading causes of death in Ashtabula County, but both have lower rates than the state of Ohio.

INFECTIOUS DISEASE		ASHTABULA COUNTY	OHIO
Infectious Diseases*	Chlamydia incidence ¹	246.4	464.2
	Gonorrhea incidence ²	46.4	168.8
	HIV prevalence ³	108.4	7.3
	Total Hep B cases ⁴	11.3	17.0
	Total Hep C cases ⁵	75.2	74.3

Data are from 2023. *Rates per 100,000 population. Sources: ¹Ohio Department of Health, Chlamydia: Map of Cases by County, 2023; ²Ohio Department of Health, Gonorrhea: Map of Cases by County, 2023; ³Ohio Department of Health, HIV Surveillance Program, 2023; ⁴Ohio Department of Health, Viral Hepatitis Surveillance Program, Hepatitis B: Five year Status Report, 2023; ⁵Ohio Department of Health, Viral Hepatitis Surveillance Program, Hepatitis C: Five year Status Report, 2023

DEATHS		ASHTABULA COUNTY	OHIO
Total Deaths	Total Deaths	1,219	126,646
Leading Causes of Death*	Diseases of heart	206.5	244.6
	Malignant neoplasms	150.8	212.7
	Accidents (unintentional injuries)	71.1	45.6
	Cerebrovascular diseases	55.1	63.3
	Chronic lower respiratory diseases	54.8	56.8

Data are from 2024. *Rates per 100,000 population. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2023, and from provisional data for years 2024 and later, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program

 **Healthy People 2030 objective not met:** coronary heart disease deaths (Ashtabula County **206.5** vs. Target **71.1**)

 **Healthy People 2030 objective not met:** unintentional injury deaths (Ashtabula County **71.1** vs. Target **43.2**)

Ashtabula County does not meet the Healthy People 2030 targets for lung cancer or colorectal cancer.

CANCER		ASHTABULA COUNTY	OHIO
Cancer Incidence ^{1*}	Prostate	110.1	125.1
	Lung and Bronchus	73.1	60.4
	Breast	62.1	70.5
	Colon & Rectum	36.4	36.2
Cancer Mortality ^{2*}	Trachea, bronchus and lung	37.3	36.6
	Breast	12.1	11.3
	Colon, rectum and anus	10.1	14.5
	Pancreas	8.1	12.4

Data are from 2022-2024. *Rates per 100,000 population. Sources: ¹Ohio Department of Health, Bureau of Vital Statistics. DataOhio Portal. Invasive Cancer Report Builder End-of-Year Incidence Data Interactive Dashboard, 2022; ²Ohio Department of Health, Bureau of Vital Statistics. DataOhio Portal. Mortality Interactive Dashboard, 2024



Healthy People 2030 objective not met: lung cancer deaths (Ashtabula County **37.3** vs. Target **25.1**)



Healthy People 2030 objective not met: colorectal cancer deaths (Ashtabula County **10.1** vs. Target **8.9**)

Community Voices – Senior Health

Community leaders discussed the major health concerns and access issues among older county residents, including mental health issues and transportation limitations.

"We do have an aging population. There are a lot of seniors in the area. There's a lot of organizations that try to help and reach out to the seniors. Our senior population has a lot of pride, and they don't want to look for the help. They want to feel like they can do it on their own and not access some of those services."

"We see a lot of that loneliness and isolation, depression among seniors...I'm not sure that the individuals identify that's what's wrong. And first of all, even if they did, they wouldn't talk about it...[they believe] you just don't air your dirty laundry in public."

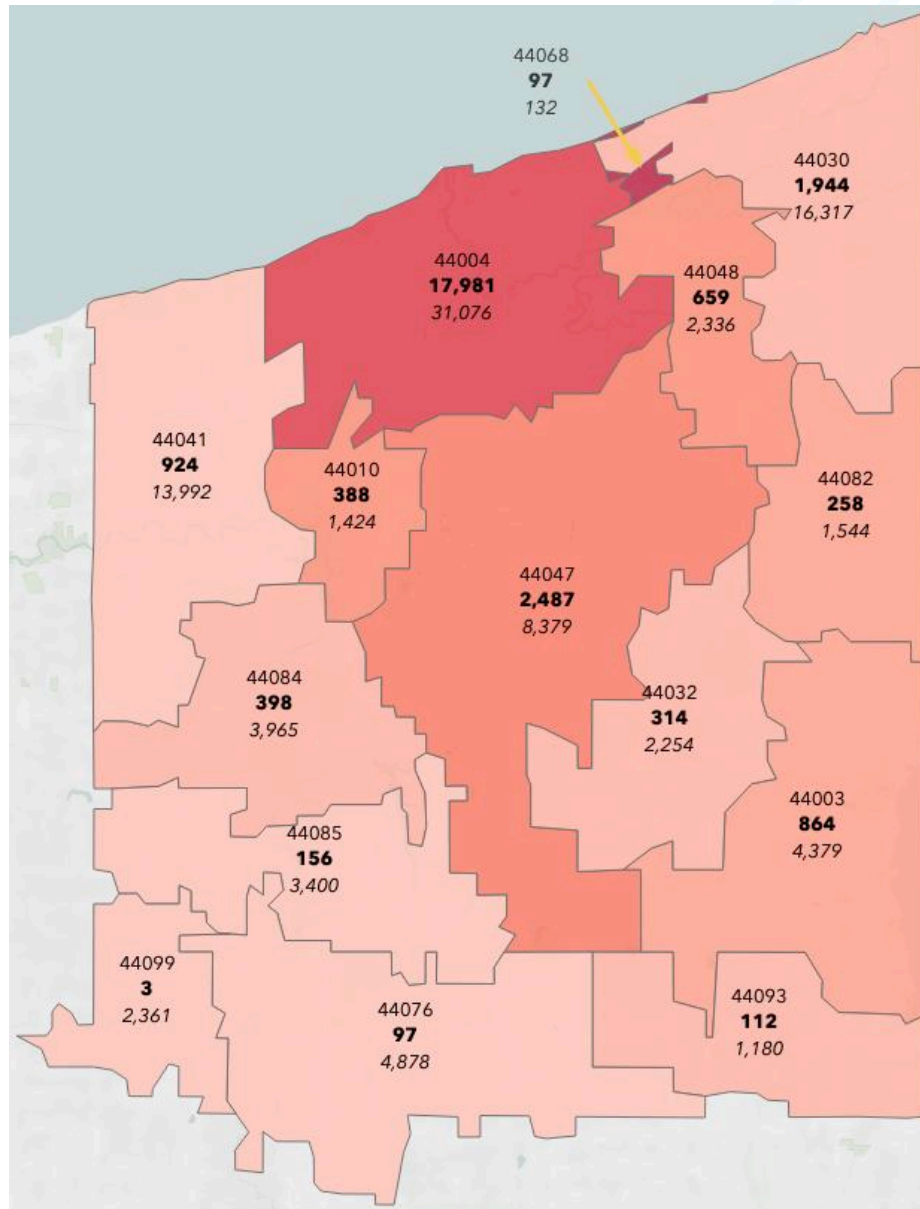
"As you get older, you have more and more health issues and more things that need medicine and, you know, not being able to get to the doctor or maybe not being able to afford your medicines is very worrisome."

"We do see the very elderly who maybe don't drive anymore lack [health care] because there are no visiting physicians. Telehealth has kind of gone away a little bit. And getting those patients to their appointments and things can be a struggle."

"

Emergency Department and Hospital Utilization

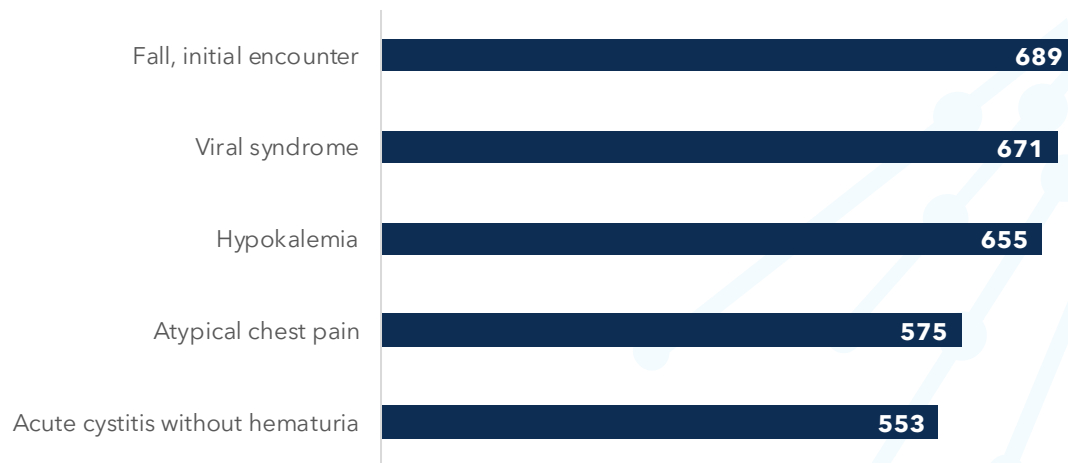
In 2024 there were 28,739 emergency department (ED) encounters by Ashtabula County residents at Ashtabula Regional Medical Center (ARMC). The map below shows the number of ED encounters by postal code (in bold), as well as the total population in each postal code (in italics).



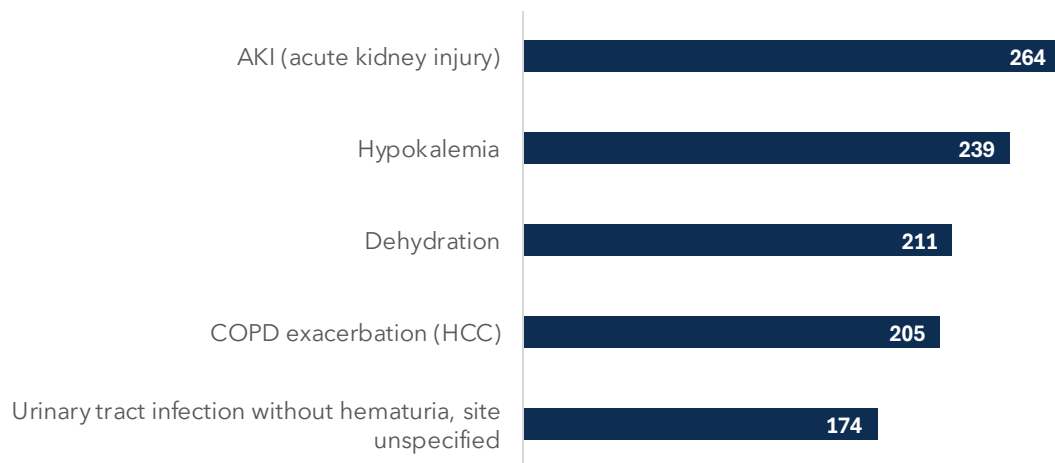
Zip code 44005 is considered a PO Box zip code and does not have a population specified. Zip code 44005 had 216 encounters.

The top reasons for emergency department encounters by Ashtabula County residents at Ashtabula Regional Medical Center were falls and viral syndromes.

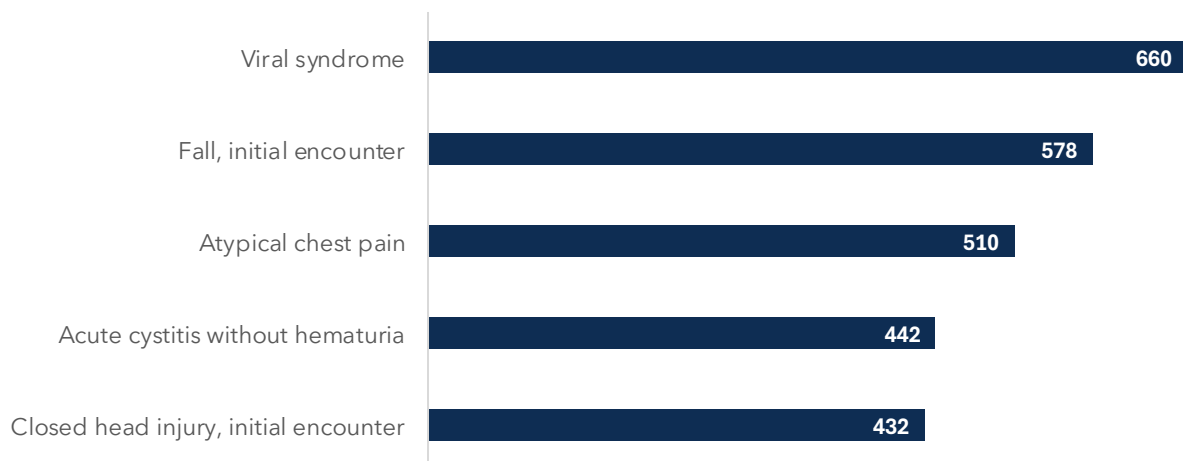
ARMC ED Encounters - Top Diagnoses



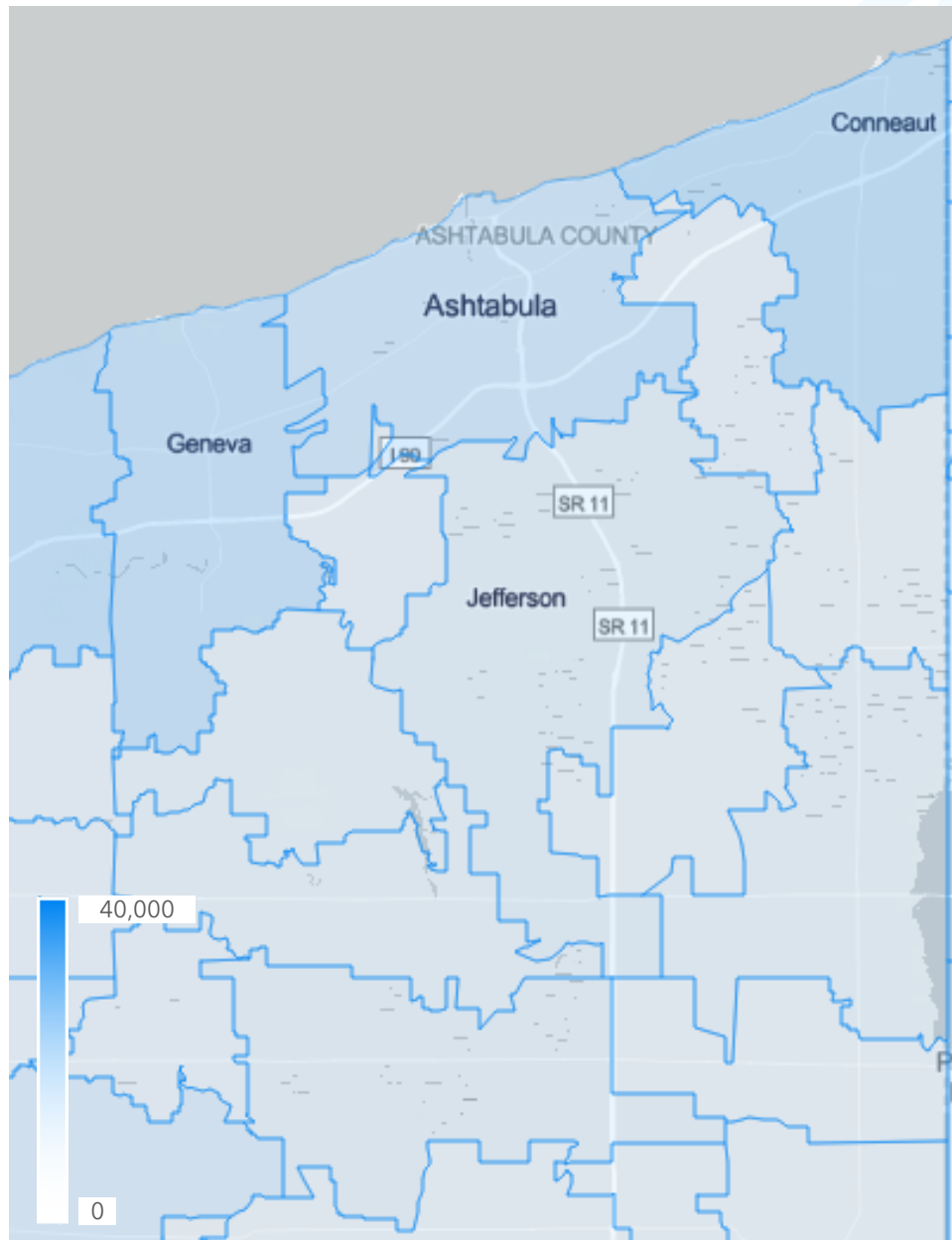
ARMC ED Encounters - Top Admit Diagnoses



ARMC ED Encounters - Top Discharge Diagnoses

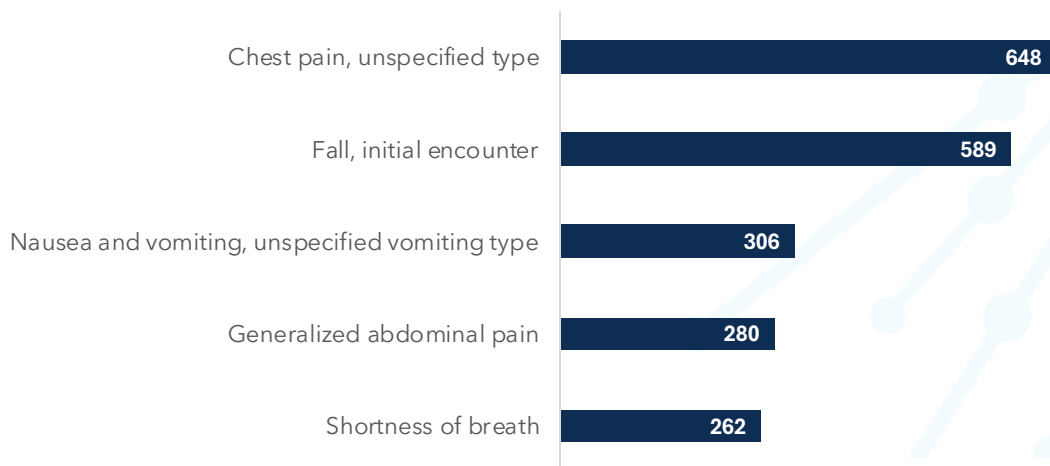


In 2024 there were 23,815 emergency department (ED) encounters at University Hospitals (UH) by Ashtabula County residents. The data comprise all encounters at all UH locations, including those outside of Ashtabula County. A map of ED encounters by postal code is shown next.

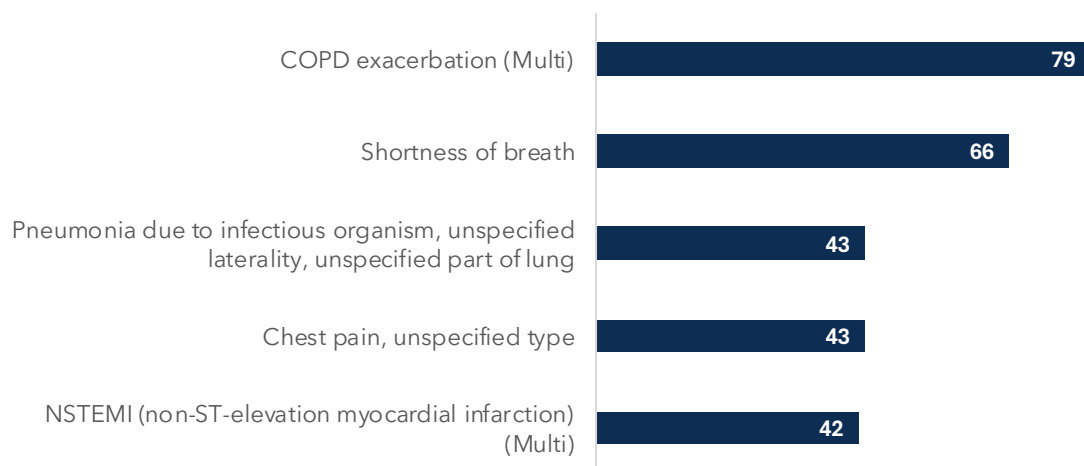


The top reasons for emergency department encounters by Ashtabula County residents at University Hospitals were chest pain and falls. The data comprise all encounters at all UH locations, including those outside of Ashtabula County.

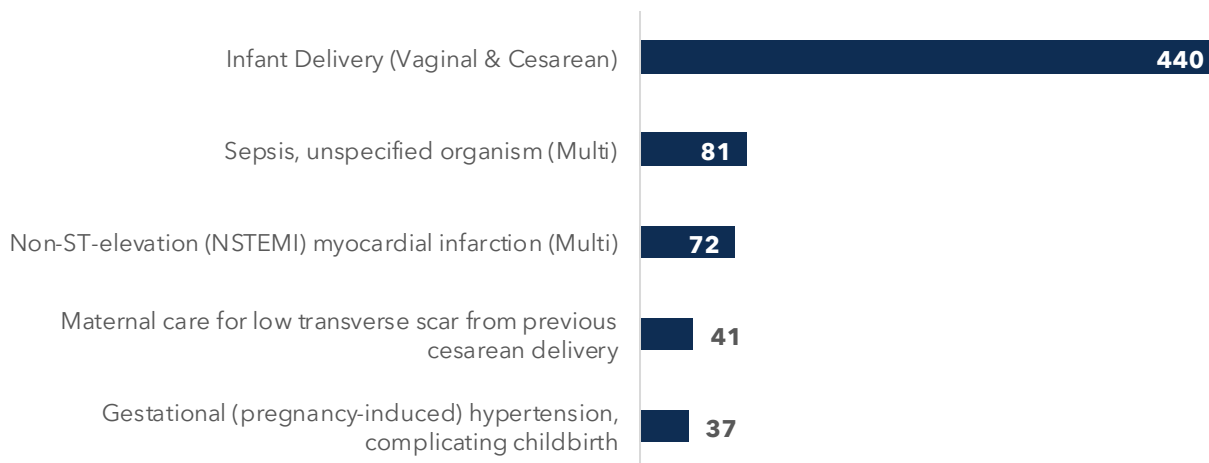
UH ED Encounters - Top Diagnoses



UH ED Encounters - Top Inpatient Stay Diagnoses



UH Non-ED Admissions - Top Primary Diagnoses



Changes in Health Indicators 2022-2025

The following table presents an overview of changes in health indicators over time in Ashtabula County. To test whether the difference between the 2022 and 2025 percentages was statistically significant, a 2-sample proportions test was computed for each health indicator. This analytic procedure calculates the difference between the 2022 and 2025 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, the indicator and its percentages are bolded.

HEALTH INDICATOR	2022 (Average number of observations=365)	2025 (Average number of observations=430)
Visited a doctor for routine visit (past year)	70%	67%
Went outside Ashtabula County for healthcare (past year)	50%	49%
Age 50 and older - ever had colorectal cancer screening	72%	64%
Women age 45 and older who had mammogram (past 2 years)	67%	81%
Overall health is excellent or very good	51%	47%
Classified as overweight or obese by BMI	78%	77%
Ever diagnosed with arthritis	36%	39%
Ever diagnosed with coronary heart disease	7%	8%
Ever diagnosed with heart attack	7%	5%
Ever diagnosed with asthma	16%	17%
Ever diagnosed with cancer	10%	12%
Ever diagnosed with diabetes	14%	16%
Ever diagnosed with high blood pressure	40%	40%
Ever diagnosed with high blood cholesterol	26%	34%
Ever diagnosed with a depressive disorder	20%	29%
Ever diagnosed with an anxiety disorder	22%	33%
Receive needed social support always or usually	62%	70%
Received mental health care (past 12 months)	12%	21%*
Seriously considered attempting suicide (past 12 months)	2%	4%
Visited a dentist/dental clinic (past year)	54%	60%
Women age 21-65 who had a Pap test (past 3 years)	69%	63%
Current smokers	21%	18%
Current chewing tobacco, snuff, or snus use	6%	3%
Current e-cigarette users	6%	5%
Current other forms of tobacco users	3%	5%
Binge drinkers (past month)	39%	32%
Marijuana users (past month)	8%	18%
Getting fresh fruits and vegetables not difficult at all	67%	71%
Average number of days physically active (past 7)	4.7	3.8
Average number of days did strengthening activity (past 7)	4.1	1.4
Mold in the household (past 12 months)	15%	19%
Radon in the household (past 12 months)	0.3%	0.4%
Insects in the household (past 12 months)	15%	18%
Bed bugs in the household (past 12 months)	2%	3%
Litter/trash in the household (past 12 months)	8%	9%
Lead paint in the household (past 12 months)	3%	1%
Physical health was not good on four or more days (past month)	25%	31%
Mental health was not good on four or more days (past month)	27%	41%

*Unclear if change is driven by positive increase in mental health care access or negative trend in mental health wellbeing.

HEALTHY PEOPLE 2030 SUMMARY

The table below displays the Healthy People 2030 objectives relevant to the data in this report with their targets and Ashtabula County's results. The Ashtabula County data are red when the targets are not met and green when the targets are met.

HEALTHY PEOPLE 2030 OBJECTIVES		ASHTABULA COUNTY	HP 2030 TARGET
SOCIAL DETERMINANTS OF HEALTH	People living below poverty level	18.3%	8.0%
	High school students who graduate in 4 yrs	91.0%	90.7%
	Females age 50-74 who had a mammogram in the past 2 yrs	66.5%	80.3%
	Females age 21-65 who had a Pap test in the past 3 yrs	62.9%	79.2%
BEHAVIORAL RISK FACTORS	Adults age 20+ with a BMI $\geq$ 30	44.4%	36.0%
MENTAL HEALTH AND SUBSTANCE MISUSE	Adults 21+ who reported binge drinking past 30 days (5+ drinks if male; 4+ drinks if female)	31.9%	25.4%
MATERNAL AND INFANT HEALTH	Mothers who did not smoke cigarettes during pregnancy	90.8%	95.7%
	Infant deaths in the first yr of life	7.9	5.0
	Preterm infants born before 37 completed wks of gestation	9.7%	9.4%
GENERAL HEALTH, DEATH, AND ILLNESS	Adults with high blood pressure	40.1%	41.9%
	Coronary heart disease deaths	206.5	71.1
	Unintentional injury deaths	71.1	43.2
	Lung cancer deaths	37.3	25.1
	Colorectal cancer deaths	10.1	8.9

COUNTY HEALTH RESOURCES

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

ARMC and UH
ARC
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
Catholic Charities
Conneaut Human Resources Center
Country Neighbor Program
Eagleville Bible Church
Faith Lutheran Church
Feed our Vets
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
Samaritan House
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

COUNTY HEALTH RESOURCES (cont'd)

Nutrition & Physical Activity Resources

- ARMC- 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
- Ashtabula County Metro Parks
- Ashtabula County Nutrition & Fitness Guide
- Ashtabula County WIC Clinic & Head Start Program
- Health Departments of Ashtabula County, Well Child Clinics
- Local Farmers markets
- 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- Age Well Be Well 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 Botvin Lifeskills
- Signature Health

APPENDIX A: Kickoff Meeting Debrief

The following pages display the kickoff meeting debrief.



Ashtabula County's 2025 Community Health Assessment Kickoff Debrief



On December 10th, 2024, a group of 22 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.

After receiving a brief orientation to the plan for this CHA effort, the community members split up into three groups. The groups discussed several questions across three rounds, and some members switched groups between each round such that the groups were different for each round:

Discussion Questions:

Round 1: What does a healthy Ashtabula County look like to you?

Round 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?

Round 3: Overall, what do you believe are the three most important issues that should be considered in our upcoming community health assessment and planning work?

After finishing the small group conversations, the community members shared their groups' perceptions of the most important issues to be considered in the CHA process to the large group. The groups discussed many similar issues, and a major theme of access to resources that maintain and improve health emerged. These include access to healthcare, affordable housing, healthy food, transportation, and information. As such, the following issues should be incorporated into this effort (at a broad level):

- **Physical and mental health care**
 - More providers in the county
 - Insurance issues
 - Preventative medicine
- **Housing**
 - Safe, affordable housing
 - Reduce homelessness
- **Healthy food**
 - More fresh foods
 - Eliminate food deserts
- **Transportation**
- **Information**
 - Life skills knowledge
 - Communication about available resources
 - Health education

Other issues mentioned by groups included:

- Affordable recreation
- Reducing stigma
- Employment
 - Living wages
- Feelings of community
- Eliminating health disparities

In small groups, participants also mentioned some improvements to organizations that they hope to make as a result of the CHA assessment process, including addressing funding issues, staffing/workforce issues, improving communication within and between agencies, and ensuring programs meet the needs of various demographic groups in the population (e.g., children, parents, cultural beliefs).

The following indicators and constructs for potential inclusion in the Community Health Assessment come from participants' conversations during the kickoff meeting. Note that this list of indicators and constructs is not a final, comprehensive one; it will continue to evolve as this project proceeds.

Potential constructs to measure in adult or youth surveys or interviews or to obtain via secondary data

Health care and services access / utilization

- Health resource availability (licensed physicians, dentists, number who take Medicaid)
- Facilities for specialized care (prenatal, pediatric, other specialists)
- Utilization of preventative screenings
- Last visit to PCP
- Utilization of health care services outside the county, and reasons for traveling for care
- ED and non-ED visits by major diagnosis
- ED visits for mental health reasons/substance abuse reasons
- Wait times for services
- Access to pharmacies and prescription assistance
- Health insurance access by type & age
- Public awareness of services/resources
- Reasons for not accessing services
- How community leaders can motivate residents to participate in available services, access available resources
- How services can optimize care coordination to meet the needs of residents
- Services/resources needed
- Transportation access to services
- Trust in health care organizations
- Staffing/workforce issues in healthcare

Physical health

- Life expectancy
- Leading causes of death
- Obesity rates
- Rates of chronic disease
- Physical well-being (overall health, poor health days)

Mental and social health & addiction

- Primary mental health issues
- Primary addiction issues
- Current prevalence of depression, anxiety, suicidal ideation
- Current prevalence of substance use: opiates, methamphetamines, alcohol (heavy/binge drinking), cigarette use, (teen) vaping, marijuana, heroin, prescription drugs
- Unintentional overdose rates
- Suicide rate
- Challenges in providing mental health and substance use services
- Mental/behavioral health provider availability
- Affordability of mental/behavioral health providers
- Current use of mental/behavioral health providers
- Public awareness of mental health services
- Counts/rates of child abuse (ACEs)
- Mental well-being (overall health, poor health days)
- Mental health stigma
- Narcan administrations
- Staffing/workforce issues in healthcare

Health behaviors

- Access to healthy foods
- Exercise patterns
- Nutrition choices/healthy eating patterns
- Sleep quality
- Socialization

Health education and literacy

- Awareness and utilization of local public health information resources
- How to reach various demographics with health information
- Trusted sources for health information
- Health education in school

Social determinants / demographics

- Age
- Race/ethnicity
- Cultural/religious diversity
- Educational attainment
- Household size
- Family types (including grandparents raising kids)
- Housing types
- Household income
- Stability of housing
- Homelessness
- Homeless shelters
- Cost-burdened households (owners and renters)
- Food insecurity (free/reduced school lunch, food pantries)
- SNAP households
- Access to broadband internet and cellular service
- Accessibility to green spaces/leisure spaces/walkable areas
- Recreational opportunities including walking trails, green spaces, and gyms
- Community gardens
- Social connectedness
- Child care (availability, cost)
- Public schools (graduation, Ohio Report Card)
- Employment rate
- Quality of employment opportunities
- Perceptions of public safety resources
- Perceptions of quality of housing/neighborhoods
- Public safety (crime, including domestic violence)
- Transportation (HHs w/o a car)
- Public transportation
- Pollution

Vulnerable populations

- Older adults, children, parents of non-adult children, those with difficult accessing affordable housing, those with disabilities

APPENDIX B: Adult Survey Questionnaire

The following pages display the adult representative 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. How much do you agree or disagree with the following statements about mental health?

[For each statement, circle one answer]

a. I believe a person with mental illness would improve if given the treatment and support.	Strongly disagree	Somewhat disagree	Neutral or unsure	Somewhat agree	Strongly agree
b. I believe a person with mental illness can eventually get better.	Strongly disagree	Somewhat disagree	Neutral or unsure	Somewhat agree	Strongly agree
c. I believe a person with mental illness can be as successful at work as others without mental illness.	Strongly disagree	Somewhat disagree	Neutral or unsure	Somewhat agree	Strongly agree
d. Treatment can help people with mental illness lead improved lives.	Strongly disagree	Somewhat disagree	Neutral or unsure	Somewhat agree	Strongly agree

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

[For each question, circle one answer]

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

HEALTH CARE AND CHECKUPS

These questions ask about different kinds of health care you may have received recently.12. 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
---	--	---	---------------------

13. 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
---	--	---	---------------------

14. In the past 12 months, did you have an appointment with a doctor, nurse, or other health professional by video or by phone, or did you not have an appointment like that? [Circle one answer]

Yes	No
-----	----

15. 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]

- | | |
|--|--|
| ☐ Did not delay getting needed health care | ☐ Delayed getting health care because you couldn't schedule an appointment soon enough |
| ☐ Delayed getting health care because you didn't have insurance | ☐ Delayed getting health care because you couldn't schedule an appointment at all |
| ☐ Delayed getting health care because you couldn't afford the co-pay | ☐ Delayed getting health care because of some other reason |
| ☐ Delayed getting health care because you didn't have transportation | |

16. 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 18)

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

18. 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 | ☐ End-of-life or hospice care |
| ☐ Alcohol abuse | ☐ Post-incarceration transition |
| ☐ Drug abuse | ☐ Food assistance |
| ☐ Tobacco cessation | ☐ Rent/mortgage assistance |
| ☐ Elder care assistance | ☐ Other (please specify): _____ |
| ☐ Marital or family problems | ☐ None of these |

19. 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

20. 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 22.]

21. 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 (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 3 years (at least 2 years but less than 3 years ago)	Within the past 5 years (at least 3 years but less than 5 years ago)	Within the past 10 years (at least 5 years but less than 10 years ago)	10 or more years ago	Never
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[NOTE: If you are male, please go to Question 24.]

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

[NOTE: If you are 44 years of age or younger, please go to Question 24.]

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

OTHER BEHAVIORS AND EXPERIENCES

The next questions ask about physical activity.

24. 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] ____

25. 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] ____

26. On average, how many hours per day do you spend **watching television**? [Write a number] ____

27. 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] ____

28. 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.

29. 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]

- | | |
|--|---|
| ☐ Social media | ☐ Magazine(s) |
| ☐ Friends or family | ☐ Newspaper(s) |
| ☐ Health department website(s) | ☐ Other (please specify): _____ |
| ☐ Hospital website(s) | ☐ None of these |

30. 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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31. Have you smoked at least 100 cigarettes in your life? [Circle one answer]

Yes	No
-----	----

{PLEASE TURN OVER AND COMPLETE THE BACK}

32. How often do you...

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

33. 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] ____

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

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

35. 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] ____

36. 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 39)

37. 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
--	--	---

38. When you used marijuana or cannabis in the past 30 days, which of the following methods did you use? [Fill in the circles that apply]

- ☐ Smoked
 ☐ Consumed in drink or food (including edibles)
- ☐ Vaped
 ☐ Other (please specify): _____

39. If you keep alcohol or cannabis/marijuana in your home, how do you store it to prevent consumption by minors?

- ☐ N/A -There are no minors in my home
☐ N/A - I do not keep alcohol or cannabis/marijuana in my home

Please write in how alcohol or cannabis/marijuana is stored:

The next questions ask about your household and the area where you live.

40. 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
----------------------	-----------------	-----------------------	---------------------	-----------------------

41. 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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{PLEASE COMPLETE THE NEXT PAGE}

42. 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]

a. Lead paint? Yes No

b. Mold? Yes No

c. Radon? Yes No

d. Bedbugs? Yes No

d. Other insects (flies, roaches, etc.)? Yes No

e. Litter/trash? Yes No

OTHER QUESTIONS

These questions are for statistical purposes only. All responses will remain confidential.

43. What is your age? [Write a number] ____

44. How much do you weigh without shoes? [Write a number] ____ pounds

45. How tall are you without shoes? [Write two numbers] ____ feet / ____ inches

46. Which of the following best describes your gender? [Circle one answer]

Male	Female	Transgender	Non-binary	I prefer not to classify myself
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47. 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):
-------	---------------------------	-----------------------------------

48. This question is about Hispanic ethnicity. Are you of Hispanic, Latino, or Spanish origin?

[Circle one answer]

Yes	No
-----	----

49. Including yourself, how many people live in your household? [Write a number] ____

50. And how many of these people are under age 18? [Write a number] ____

51. Do you live in Ashtabula City, Conneaut City, or do you live somewhere else in Ashtabula County?

[Circle one answer]

Live in Ashtabula City	Live in Conneaut City	Live somewhere else
------------------------	-----------------------	---------------------

52. What is the highest level of education you have completed? [Circle one answer]

Less than 12 th 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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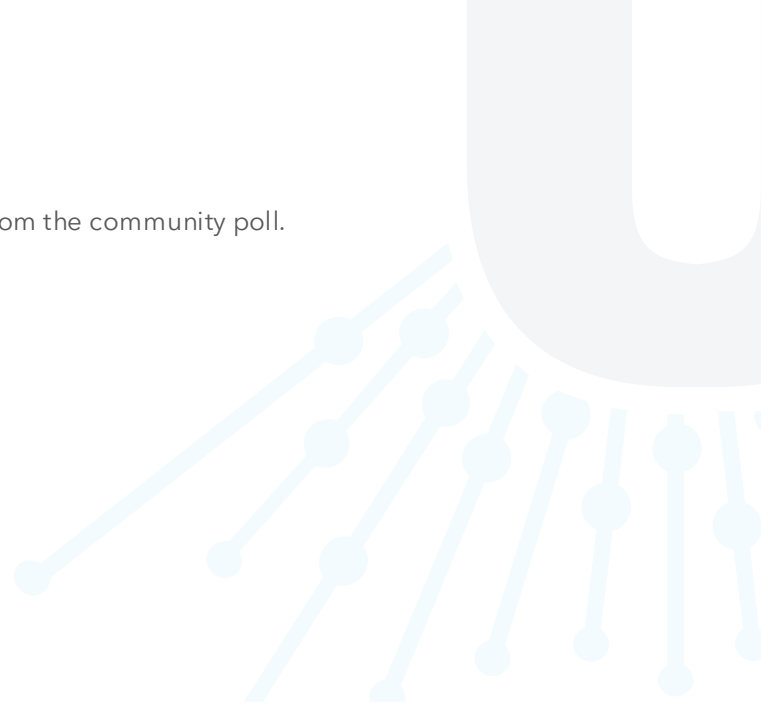
53. Which of the following categories includes the total income of everyone living in your home in 2024, before taxes? [Circle one answer]

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: Community Poll

The following pages display the questions and responses from the community poll.



ASHTABULA COUNTY HEALTH SURVEY

n=114

1. Are you a resident of Ashtabula County, or are you not a resident of Ashtabula County?

I am a resident (100%)	I am not a resident [TERMINATE]
---------------------------	------------------------------------

ABOUT YOUR COMMUNITY

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

Respondents most commonly mentioned topics related to mental health, substance use and addiction, health care access, obesity and chronic disease, and poverty and economic factors.

ABOUT YOUR OVERALL HEALTH

These questions ask about your physical and mental health.

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

Excellent (3.5%)	Very good (34.2%)	Good (49.1%)	Fair (11.4%)	Poor (1.8%)
---------------------	----------------------	-----------------	-----------------	----------------

4. 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**? **Average = 5.4 days**

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**? **Average = 7.5 days**

6. How often do you get the social and emotional support you need? [Circle one answer]

Always (21.1%)	Usually (37.7%)	Sometimes (29.0%)	Rarely (8.8%)	Never (3.5%)
-------------------	--------------------	----------------------	------------------	-----------------

7. How much do you agree or disagree with the following statements about mental health?

[For each statement, circle one answer]

a. I believe a person with mental illness would improve if given the treatment and support.	Strongly disagree (5.6%)	Somewhat disagree (2.8%)	Neutral or unsure (3.7%)	Somewhat agree (33.3%)	Strongly agree (54.6%)
b. I believe a person with mental illness can eventually get better.	Strongly disagree (3.5%)	Somewhat disagree (6.1%)	Neutral or unsure (13.2%)	Somewhat agree (37.7%)	Strongly agree (39.5%)
c. I believe a person with mental illness can be as successful at work as others without mental illness.	Strongly disagree (3.5%)	Somewhat disagree (5.3%)	Neutral or unsure (11.4%)	Somewhat agree (37.7%)	Strongly agree (42.1%)
d. Treatment can help people	Strongly	Somewhat	Neutral or	Somewhat	Strongly

with mental illness lead improved lives.	disagree (3.5%)	disagree (0.9%)	unsure (4.4%)	agree (32.5%)	agree (58.8%)
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HEALTH CARE ACCESS

These questions ask about your access to health care and services.

8. 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]
- ☐ Did not delay getting needed care (51.8%)
 - ☐ Did not have insurance (6.1%)
 - ☐ Could not afford the co-pay (16.7%)
 - ☐ Did not have transportation (0.9%)
 - ☐ Could not schedule an appointment soon enough (26.3%)
 - ☐ Could not schedule an appointment at all (7.9%)
 - ☐ Other [Please specify]: (15.8%)
9. About how long has it been since you last visited a **doctor** for a routine checkup (i.e., “well visit”)? 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) (79.7%)	Within the past 2 years (at least 1 year but less than 2 years ago) (12.4%)	Within the past 5 years (at least 2 years but less than 5 years ago) (5.3%)	5 or more years ago (2.7%)
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10. In the past 12 months, did you go outside of Ashtabula County to receive needed health care? [Circle one answer]

Yes (62.3%)	No [Go to Q12] (37.7%)
----------------	------------------------------

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

Respondent most commonly said they would travel for specialty care or surgical procedures.

HEALTH BEHAVIORS AND LIFESTYLE

The next questions ask about physical activity and other health behaviors and issues.

12. 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.) **Average = 3.5 days**

13. Have you smoked at least 100 cigarettes in your life? [Circle one answer]

Yes (46.9%)	No (53.1%)
----------------	---------------

14. How often do you...

a. Smoke cigarettes?	Every day (11.5%)	Some days (4.4%)	Not at all (84.1%)
b. Use e-cigarettes (vaping; e.g., Juul)?	Every day (0.9%)	Some days (3.6%)	Not at all (95.5%)
c. Use chewing tobacco, snuff, or snus?	Every day	Some days	Not at all

	(2.7%)	(0.9%)	(96.4%)
d. Use other tobacco/nicotine product(s)?	Every day (2.7%)	Some days (0.9%)	Not at all (96.4%)

15. 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? **Average = 1.5 times**

OTHER HEALTH TOPICS

16. What types of help or services from local organizations would be most helpful to you? [Please write your answer]

Respondents most commonly said they'd like to receive mental health care or counseling, senior or elderly services, or transportation.

17. What are the biggest issues facing **youth** in Ashtabula County? [Please write your answer]

Respondents most commonly mentioned boredom/lack of activities, substance abuse, mental health, lack of support/family issues, and peer pressure and bullying.

OTHER QUESTIONS

These questions are for statistical purposes only. All responses will remain confidential.

18. What is your age? [Write a number] ____

18-29 = 2.7%
30-39 = 16.2%
40-49 = 25.2%
50-59 = 26.1%
60-69 = 23.4%
70+ = 6.3%

19. How much do you weigh without shoes? [Write a number] ____ pounds

20. How tall are you without shoes? [Write two numbers] ____ feet / ____ inches

BMI:

Underweight = 0.0%
Normal = 18.1%
Overweight = 24.8%
Obese = 57.1%

21. Which of the following best describes your gender? [Circle one answer]

Male	Female	Transgender	Non-binary	I prefer not to classify myself
------	--------	-------------	------------	---------------------------------

(18.4%)	(81.6%)	(0.0%)	(0.0%)	(0.0%)
---------	---------	--------	--------	--------

22. Including yourself, how many people live in your household? **Average = 2.7 people**

23. And how many of these people are under age 18? **Average = 0.7 people**

24. What is your zip code?

44003 = 0.9%

44004 = 27.9%

44010 = 3.6%

44030 = 44.1%

44032 = 0.9%

44041 = 3.6%

44047 = 8.1%

44048 = 4.5%

44068 = 2.7%

44082 = 0.9%

44084 = 1.8%

44093 = 0.9%

25. What is the highest level of education you have completed? [Circle one answer]

Less than 12 th grade (no diploma) (1.8%)	High school degree/GED (12.5%)	Some college (no degree) (20.5%)	Associate's degree (23.2%)	Bachelor's degree (18.8%)	Graduate or professional degree (23.2%)
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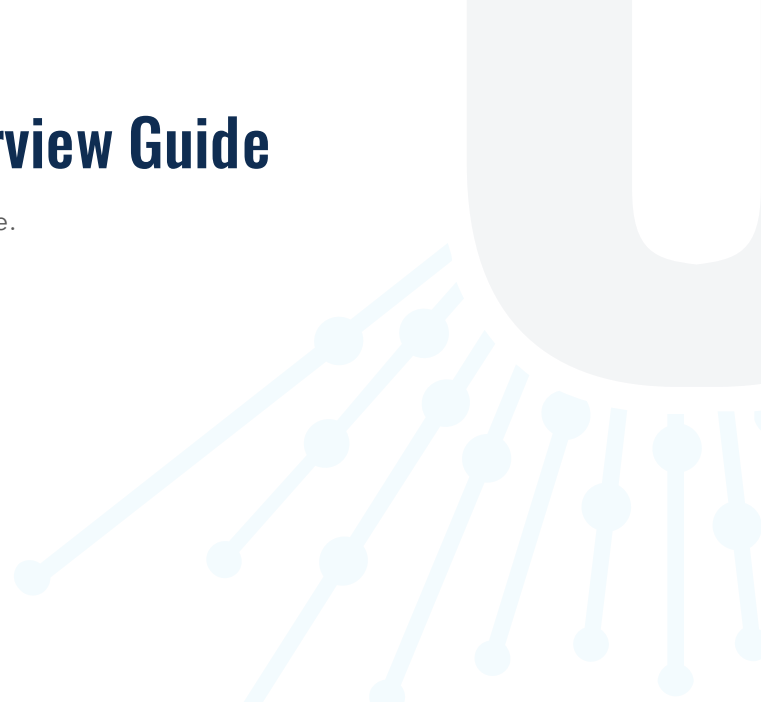
26. Which of the following categories includes the total income of everyone living in your home in 2024, before taxes? [Circle one answer]

Less than \$25,000 (3.7%)	Between \$25,000 and \$49,999 (22.9%)	Between \$50,000 and \$74,999 (26.6%)	Between \$75,000 and \$99,999 (21.1%)	\$100,000 or more (25.7%)
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YOU ARE FINISHED! THANK YOU!

APPENDIX D: Stakeholder Interview Guide

The following pages display the stakeholder interview guide.



Ashtabula County Community Health Assessment Community Stakeholder Interview Guide

INTRODUCTIONS, GUIDELINES, PERMISSIONS

- Greetings!
- Explain purpose of conversation: Ashtabula County is starting its Community Health Assessment and Planning process, which has the ambitious goal of improving the health and wellness of residents. As part of this process, my research firm – Illuminology – will interview community leaders and conduct surveys with residents about a variety of health issues and topics. Today, I'm excited to talk with you and hear your perspectives on health in Ashtabula County!
- Obtain recording permissions.
- To start, can you please tell me a little bit about your role and your organization?
- (NOTE: This guide presents a conversational roadmap, not a script to be followed word for word. The moderator will ask questions as applicable, taking into account the amount of time remaining.)
- (NOTE: 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, older adults), broad questions about the community's health can be shifted to focus on a specific population of interest.)

MOST IMPORTANT HEALTH ISSUES

1. What do you think are the most important health issues facing those who live in Ashtabula County? [IF ASKED – COULD BE PHYSICAL, MENTAL, OR OTHER TYPES OF HEALTH]
 - a. Why?
 - b. What other health issues face those who live in Ashtabula County? [PROBE DEEPLY]

OVERALL PHYSICAL HEALTH

2. What **physical health issues** are present in the community [that we haven't already discussed]?

MENTAL HEALTH AND ADDICTION

3. What **mental health issues** are present in the community [that we haven't already discussed]? [PROBE TO UNDERSTAND ROLE OF DEPRESSION, ANXIETY, TRAUMA, STRESSORS, LONELINESS; UNDERSTAND TYPES OF PEOPLE AFFECTED]
4. What **addiction issues** are present in the community [that we haven't already discussed]? [PROBE TO UNDERSTAND ROLE OF ALCOHOL, CANNABIS, HEROIN, FENTANYL, METHAMPHETAMINES, COCAINE, HALLUCINOGENS, PRESCRIPTION PAIN MEDICATIONS, GAMBLING, SOCIAL MEDIA; UNDERSTAND TYPES OF PEOPLE AFFECTED] [ADDITIONAL PROBES - AS NEEDED/AS ARE RELEVANT]
 - a. Stigma associated with mental health and or addiction
 - b. Access to mental health/addiction services
 - c. Staffing issues for mental health/addiction services; burnout

HEALTH CARE ACCESS AND SERVICES

5. What **health care access issues** are present in the community [that we haven't already discussed]? [PROBES - AS NEEDED/AS ARE RELEVANT]
 - a. Causes for residents delaying or not seeking health care
 - b. Gaps in services
 - c. Staffing issues exist for health organizations
 - d. Care coordination issues/improvement
 - e. Gaps in communication about services
 - f. Ideas for motivating residents to use services

POVERTY/TRANSPORTATION/HOUSING/ENVIRONMENTAL HEALTH

6. Do you see residents not having the means to meet their basic needs as an issue in the community, or not so much? Tell me more.
7. Do you see lack of affordable housing as an issue in the community, or not so much? Tell me more.
8. What barriers to transportation exist in the community? (generally and for health care and social services)
9. What are the most serious environmental health issues present in the community? (Probe on air, water, trash, plumbing if necessary)
10. With Ashtabula County being the largest county in Ohio, geographically, what challenges does that pose?

HEALTH EDUCATION

11. Based on what you've seen or heard, how well informed are residents about how to be healthy?
 - a. Where do you think residents get their information about health and wellness?
12. What issues with health knowledge or communication are present in the community?

VULNERABLE POPULATIONS

13. Based on what you've seen or heard, what population groups in Ashtabula County may require specific assistance to be healthier? [Use examples to the extent helpful: Older adults, children, parents of non-adult children, those with difficulty accessing affordable housing, those with disabilities, non-English speaking or ESL individuals]
14. [IF NOT ALREADY DISCUSSED] Based on what you've seen or heard, what are the biggest issues facing youth in Ashtabula County?
 - a. Do you feel that there are options for high-quality physical health care for youth in Ashtabula County, or not so much? Tell me more.
 - b. Do you feel that there are options for high-quality mental health care for youth in Ashtabula County, or not so much? Tell me more.

SUMMARY/IMPROVEMENT/CLOSURE

15. (Briefly summarize key issues discussed.) What ideas do you have for specific actions that leaders in Ashtabula County could do that would improve the health of the community, or reduce the impact of some of these issues?

- a. Can you think of any policy or systems changes, at the County level, that could help to improve the health of the community?
16. Given everything we've discussed today, what else do you think I should know?
-

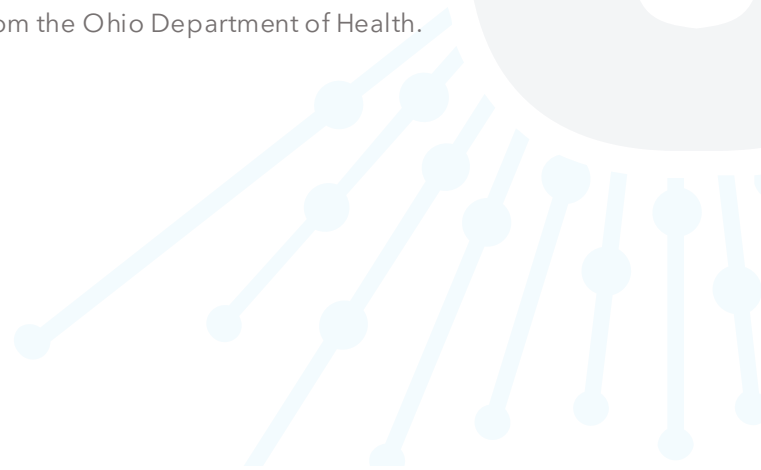
IF TIME ALLOWS:

NUTRITION AND PHYSICAL ACTIVITY

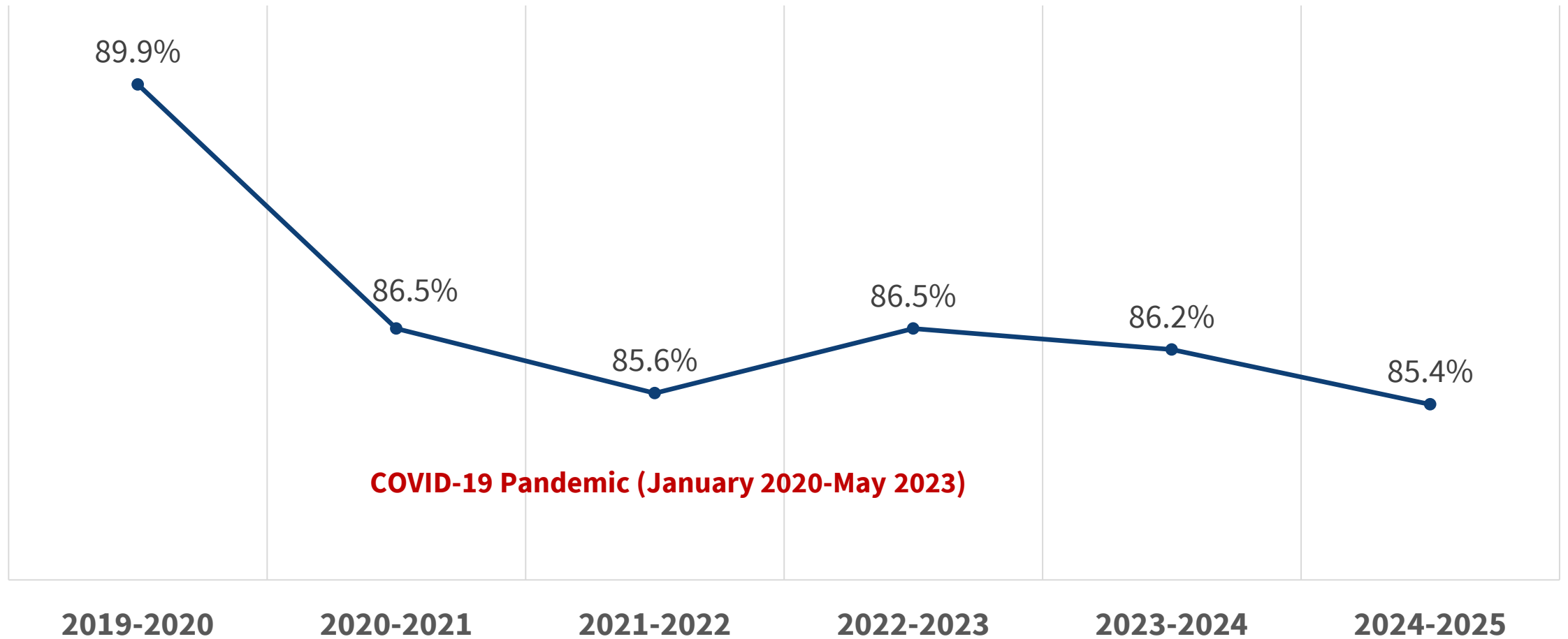
17. Based on what you've seen or heard, what nutritional issues are present in the community?
- a. From your perspective, what factors keep some people in the community from eating adequate amounts of fruit and vegetables?
 - b. What nutritional issues do you see with children, specifically?
18. Based on what you've seen or heard, what issues with physical activity are present in the community?

APPENDIX E: School Vaccine Data

The following pages display some Ohio school vaccine data from the Ohio Department of Health.



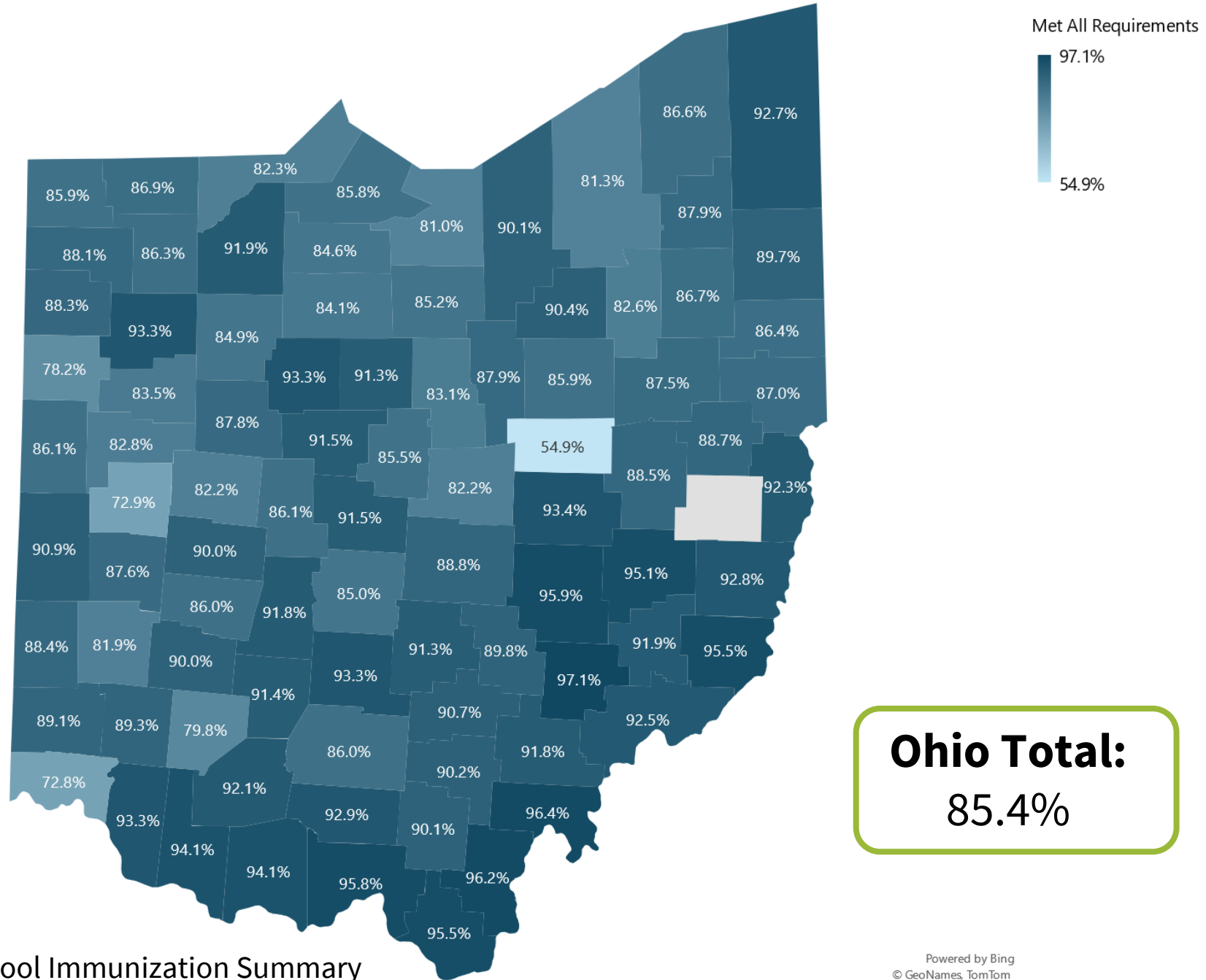
The **total percent of kindergarteners who met all requirements** was 85.4% in the 2024-2025 school year.



Source: Ohio Department of Health, Annual School Immunization Summary

2024-2025 School Year.

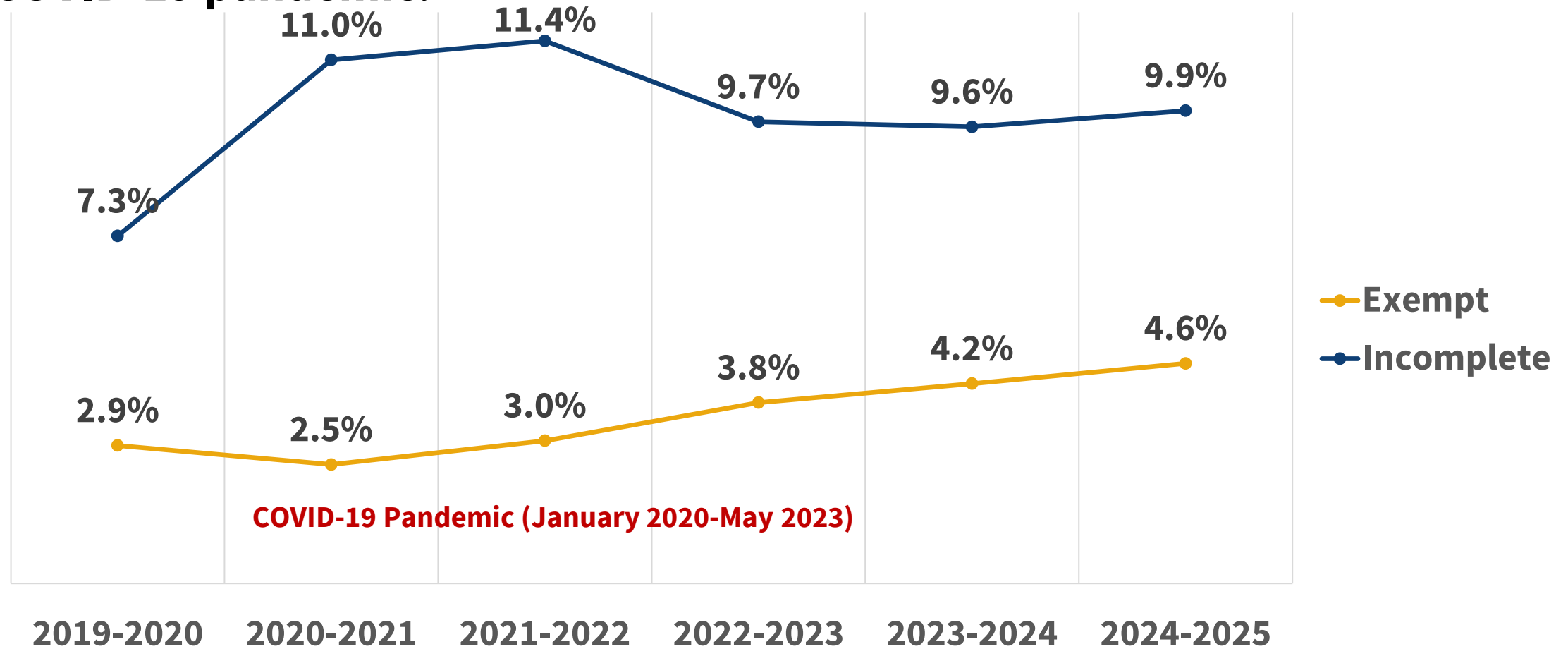
Coverage rates for kindergarteners who met all requirements vary by county.



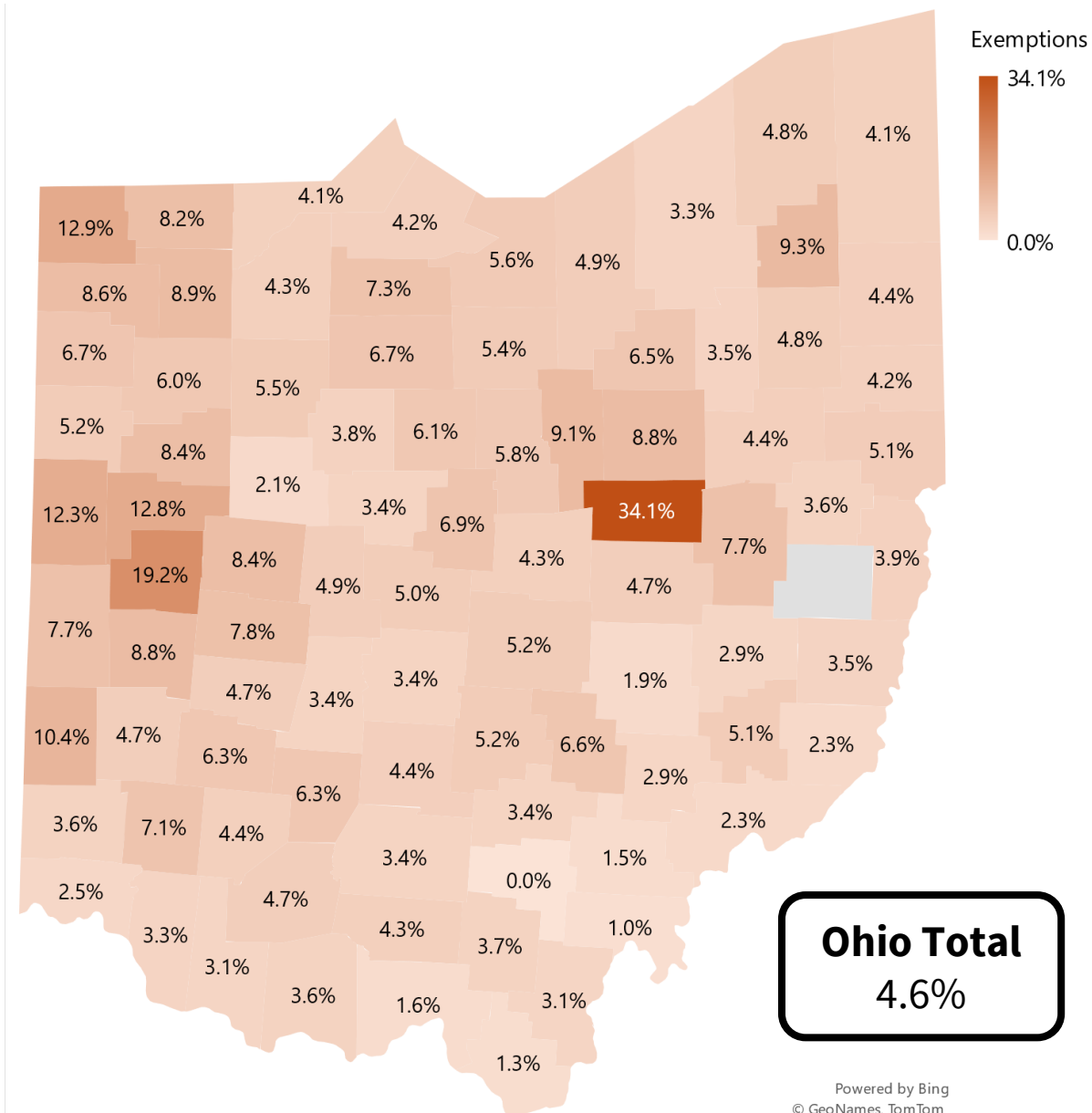
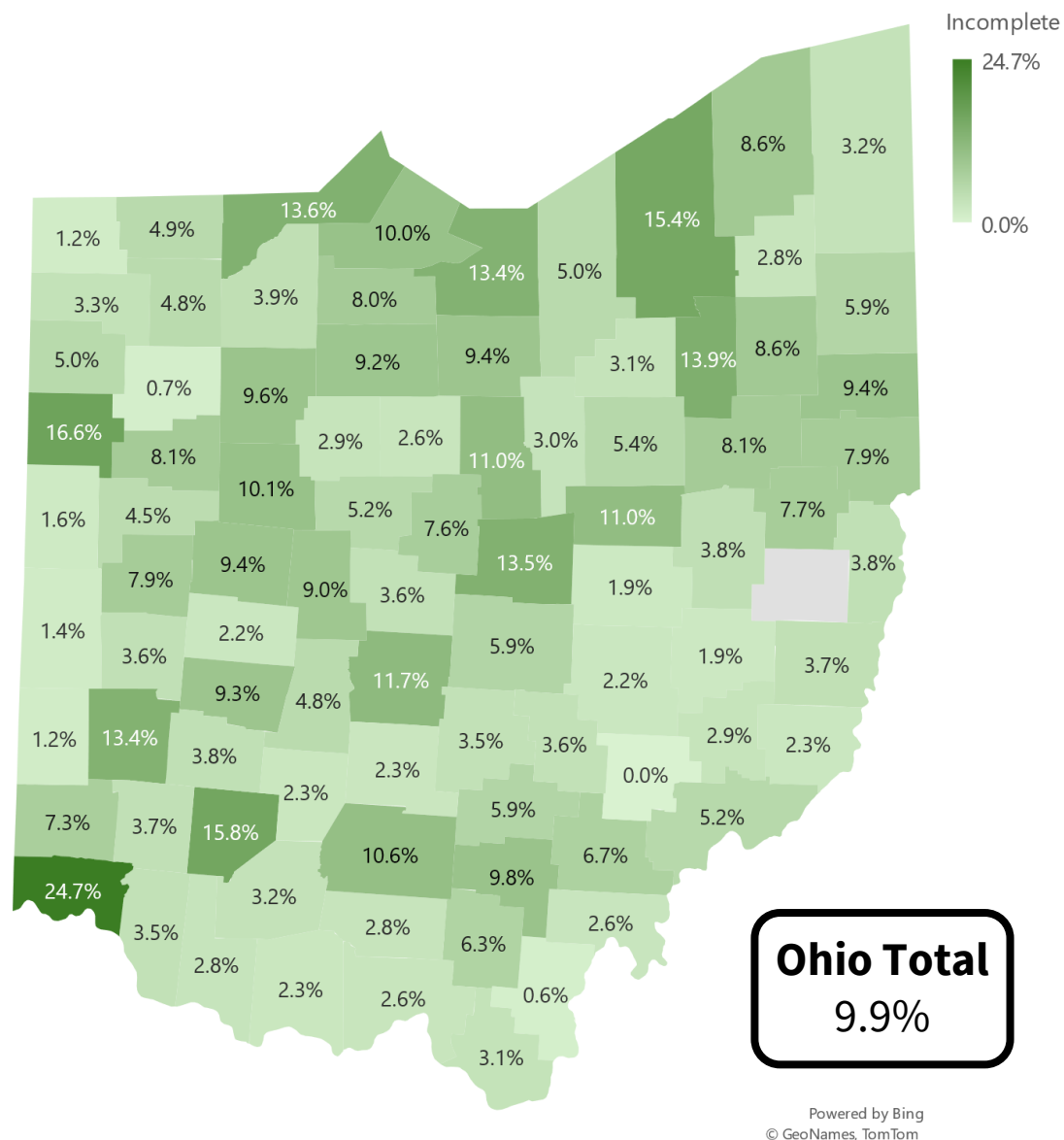
Source: Ohio Department of Health, Annual School Immunization Summary

Percent of total incomplete records rose slightly from the previous school year and has remained above pre-pandemic levels.

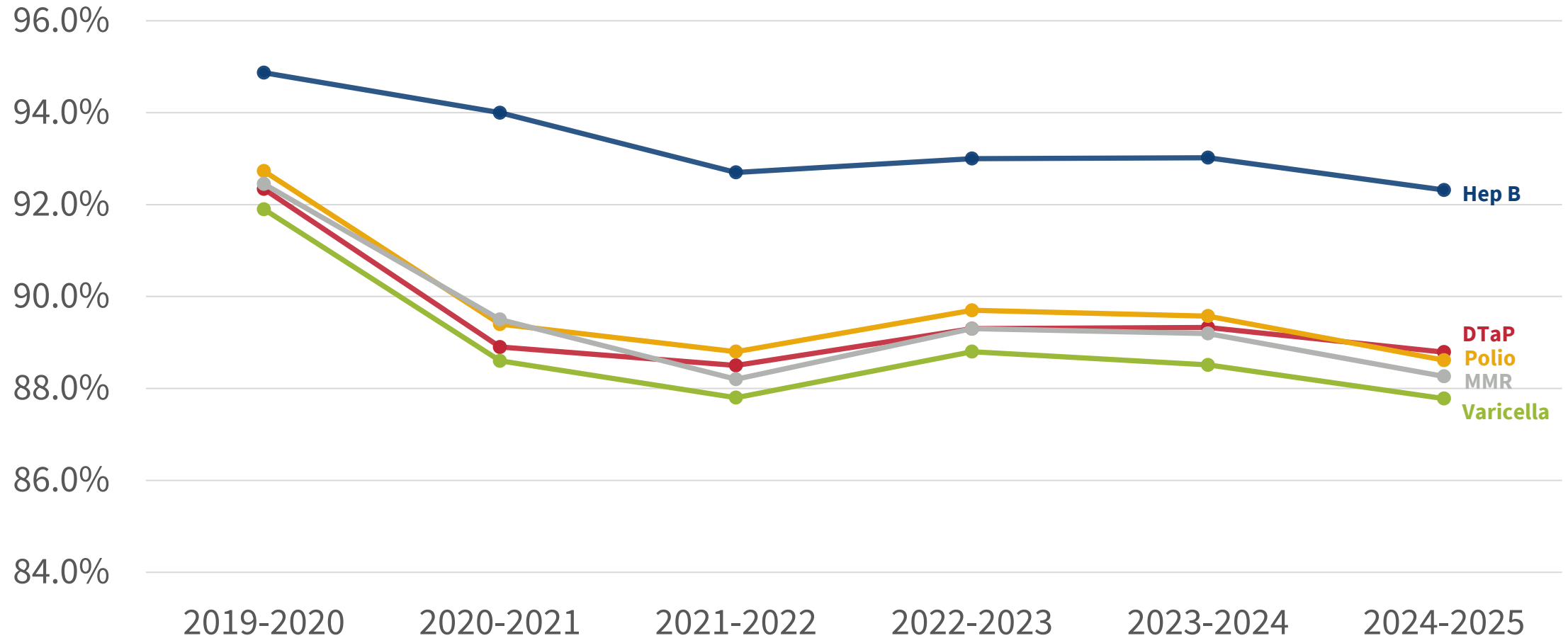
Ohio has seen an increase in exemptions since 2020-2021 school year, the COVID-19 pandemic.



2024-2025 school year: Kindergarten **incomplete** and **exemption** rates **vary by county.**

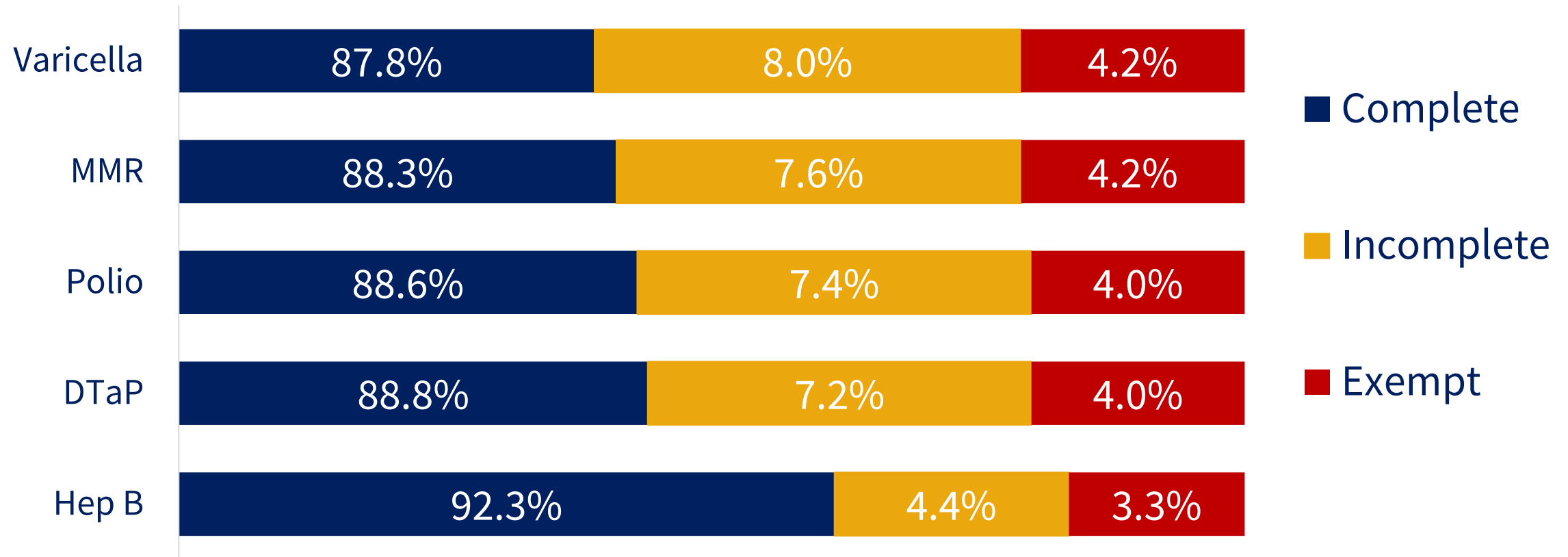


In 2024-2025, kindergarten **coverage decreased for all individual required antigens.** Largest decreases from the previous school year were seen for **Polio** (1%) and **MMR** (0.9%).

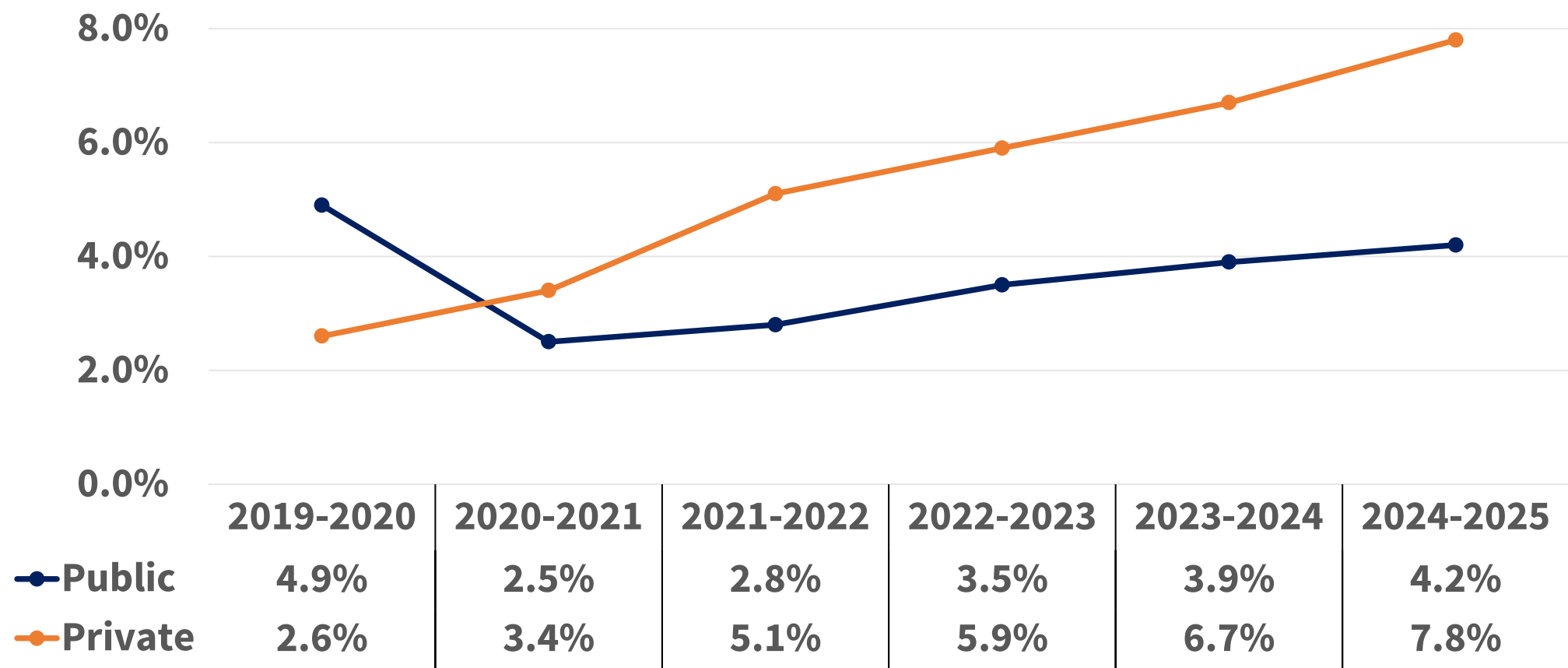


Source: Ohio Department of Health, Annual School Immunization Summary

In 2024-2025, **all single antigens saw an increase in both incomplete and exemptions** reported. With a 0.2% to 0.6% increase in incomplete and an 0.2% to 0.4% increase in exemption rates as compared to the previous school year.



Both public and private schools have seen an increase in total exemptions since the pandemic. Over the last school year, **public school** total exemptions **rate rose 0.3%**. **Private school** total exemptions **rate rose 1.1%**.



Source: Ohio Department of Health, Annual School Immunization Summary

APPENDIX F: Youth Survey Results

The following pages display the youth survey results



2024 Ashtabula County Youth Survey

Q1	Q1. 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.)		
	Answer Choices	Percent	Frequency
	0 days	6.62%	90
	1 day	4.12%	56
	2 days	8.53%	116
	3 days	11.10%	151
	4 days	13.46%	183
	5 days	17.13%	233
	6 days	7.72%	105
	7 days	31.32%	426
		Answered	1360
		Skipped	5

Q2	Q2. 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.)		
	Answer Choices	Responses	
	1to 4 servings per day	74.78%	1011
	5 or more servings per day	16.27%	220
	I do not like fruits or vegetables	5.55%	75
	I cannot afford fruits or vegetables	1.11%	15
	I do not have access to fruits or vegetables	2.29%	31
		Answered	1352
		Skipped	13

Q3	Q3. 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).		
	Answer Choices	Responses	
	I did not drink soda or pop during the past 7 days	29.13%	393
	1 to 3 times during the past 7 days	38.10%	514
	4 to 6 times during the past 7 days	10.23%	138
	1 time per day	10.60%	143
	2 times per day	6.23%	84
	3 times per day	2.22%	30
	4 or more times per day	3.48%	47
		Answered	1349
		Skipped	16

Q4	Q4. During the past 7 days, on how many days did you eat breakfast?		
	Answer Choices	Responses	
	0 days	22.40%	302
	1 day	10.68%	144
	2 days	10.61%	143
	3 days	9.64%	130
	4 days	7.05%	95
	5 days	9.94%	134
	6 days	4.67%	63
	7 days	25.00%	337
Answered		1348	
Skipped		17	

Q5	Q5. When was the last time you saw a doctor or a nurse for a check-up when you were not sick or injured?		
	Answer Choices	Responses	
	During the past 12 months	56.90%	775
	Between 12 and 24 months	11.75%	160
	More than 24 months	4.19%	57
	Never	3.30%	45
	Not sure	23.86%	325
	Answered	1362	
Skipped		3	

Q6	Q6. During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?		
	Answer Choices	Responses	
	0 times	79.32%	1051
	1 time	10.87%	144
	2 times	3.55%	47
	3 times	1.74%	23
	4 or more times	4.53%	60
	Answered	1325	
Skipped		40	

Q7	Q7. When was the last time you saw a dentist for a check-up exam, teeth cleaning, or other dental work?		
	Answer Choices	Responses	
	During the past 12 months	58.55%	777
	Between 12 and 24 months	13.34%	177
	More than 24 months	7.84%	104
	Never	3.39%	45
	Not sure	16.88%	224
	Answered	1327	
Skipped		38	

Q8	Q8. I enjoy coming to school.		
	Answer Choices	Responses	
	Strongly disagree	17.38%	230
	Disagree	17.38%	230
	Neither agree nor disagree	39.38%	521
	Agree	20.94%	277
	Strongly agree	4.91%	65
	Answered	1323	
	Skipped	42	

Q9	Q9. I feel like I belong at my school.		
	Answer Choices	Responses	
	Strongly disagree	13.07%	173
	Disagree	14.73%	195
	Neither agree nor disagree	34.67%	459
	Agree	31.72%	420
	Strongly agree	5.82%	77
	Answered	1324	
	Skipped	41	

Q10	Q10. I can go to adults at my school for help if I needed it.		
	Answer Choices	Responses	
	Strongly disagree	8.19%	108
	Disagree	11.46%	151
	Neither agree nor disagree	23.22%	306
	Agree	43.17%	569
	Strongly agree	13.96%	184
	Answered	1318	
	Skipped	47	

Q11	Q11. My school provides various opportunities to learn about and appreciate different cultures and ways of life.		
	Answer Choices	Responses	
	Strongly disagree	6.15%	81
	Disagree	12.22%	161
	Neither agree nor disagree	28.98%	382
	Agree	44.39%	585
	Strongly agree	8.27%	109
	Answered	1318	
	Skipped	47	

Q12	Q12. My parents talk to me about what I do in school.		
	Answer Choices	Responses	
	Strongly disagree	4.70%	62
	Disagree	12.06%	159
	Neither agree nor disagree	17.45%	230
	Agree	50.23%	662
	Strongly agree	15.55%	205
		Answered	1318
		Skipped	47

Q13	Q13. My parents push me to work hard at school.		
	Answer Choices	Responses	
	Strongly disagree	2.95%	39
	Disagree	7.18%	95
	Neither agree nor disagree	15.26%	202
	Agree	44.86%	594
	Strongly agree	29.76%	394
		Answered	1324
		Skipped	41

Q14	Q14. During the past 12 months, how often did your parents check on whether you had done your homework?		
	Answer Choices	Responses	
	Never or almost never	20.77%	275
	Sometimes	28.85%	382
	Often	27.27%	361
	All the time	23.11%	306
		Answered	1324
		Skipped	41

Q15	Q15. In the past year, how often did you feel safe and secure at school?		
	Answer Choices	Responses	
	Never	3.94%	52
	Rarely	9.84%	130
	Sometimes	19.53%	258
	Most of the time	43.22%	571
	All of the time	23.47%	310
		Answered	1321
		Skipped	44

Q16	Q16. 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?		
	Answer Choices		Responses
	0 days	78.89%	1039
	1 day	7.90%	104
	2 or 3 days	6.23%	82
	4 or 5 days	3.04%	40
	6 or more days	3.95%	52
	Answered		1317
Skipped		48	

Q17	Q17. 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?		
	Answer Choices		Responses
	0 times	84.00%	1108
	1 time	6.90%	91
	2 or 3 times	4.40%	58
	4 or 5 times	2.05%	27
	6 or more times	2.65%	35
	Answered		1319
	Skipped		46

Q18	Q18. 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.)		
	Answer Choices		Responses
	I did not date or go out with anyone during the past 12 months	37.27%	495
	0 times	53.24%	707
	1 time	3.46%	46
	2 or 3 times	3.09%	41
	4 or 5 times	1.28%	17
	6 or more times	1.66%	22
Answered			1328
Skipped			37

Q19	Q19. What types of bullying have you experienced in the past 12 months? (CHECK ALL THAT APPLY)		
	Answer Choices	Responses	
	You were hit, kicked, punched, or people took your belongings	14.30%	187
	Teased, taunted, or called harmful names	34.71%	454
	Spread mean rumors about or kept out of a "group"	29.51%	386
	Teased, taunted, or threatened by e-mail, cell phone, or other electronic methods	13.15%	172
	Nude or semi-nude pictures used to pressure someone to have sex that does not want to, blackmail, intimidate, or exploit another person	3.52%	46
	None of the above	53.44%	699
		Answered	1308
		Skipped	57

Q20	Q20. During the past 12 months, have you ever been bullied on school property?		
	Answer Choices	Responses	
	Yes	66.56%	408
	No	33.44%	205
		Answered	613
		Skipped	752

Q21	Q21. During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)		
	Answer Choices	Responses	
	Yes	39.97%	245
	No	60.03%	368
		Answered	613
		Skipped	752

Q22	Q22. During the past 12 months, how many times were you in a physical fight?		
	Answer Choices	Responses	
	0 times	68.99%	425
	1 time	18.18%	112
	2 to 5 times	9.90%	61
	6 or more times	2.92%	18
		Answered	616
		Skipped	749

Q23	Q23. During the past 12 months, how many times were you in a physical fight on school property?		
	Answer Choices		Responses
	0 times	50.00%	96
	1 time	31.25%	60
	2 to 5 times	16.15%	31
	6 or more times	2.60%	5
	Answered		192
	Skipped		1173

Q24	Q24. I feel safe in my neighborhood (town, community).		
	Answer Choices		Responses
	Yes	87.31%	1135
	No	12.69%	165
	Answered		1300
	Skipped		65

Q25	Q25. 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?		
	Answer Choices		Responses
	0 times	87.58%	1142
	1 time	4.98%	65
	2 or 3 times	3.07%	40
	4 or 5 times	1.07%	14
	6 or more times	3.30%	43
	Answered		1304
	Skipped		61

Q26	Q26. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?		
	Answer Choices		Responses
	I did not drive a car or other vehicle during the past 30 days	51.99%	678
	0 times	45.09%	588
	1 time	0.84%	11
	2 or 3 times	0.46%	6
	4 or 5 times	0.84%	11
	6 or more times	0.77%	10
	Answered		1304
	Skipped		61

Q27	Q27. During the past 30 days, on how many days did you text or email while driving a car or other vehicle?		
	Answer Choices	Responses	
	0 days	78.39%	486
	1 or 2 days	7.26%	45
	3 to 5 days	4.03%	25
	6 to 9 days	1.94%	12
	10 to 19 days	2.90%	18
	20 to 29 days	1.45%	9
	All 30 days	4.03%	25
	Answered		620
	Skipped		745

Q28	Q28. On an average school night, how many hours of sleep do you get?		
	Answer Choices	Responses	
	4 hours or less	13.35%	171
	5 hours	15.22%	195
	6 hours	21.78%	279
	7 hours	20.84%	267
	8 hours	20.30%	260
	9 hours	5.78%	74
	10 or more hours	2.73%	35
	Answered		1281
	Skipped		84

Q29	Q29. Over the past 2 weeks, have you been bothered by feeling nervous, anxious, or on edge?		
	Answer Choices	Responses	
	Not at all	36.90%	473
	Several days	30.19%	387
	More days than not	14.27%	183
	Nearly every day	18.64%	239
	Answered		1282
	Skipped		83

Q30	Q30. Over the past 2 weeks, have you been bothered by not being able to stop or control worrying?		
	Answer Choices	Responses	
	Not at all	48.51%	617
	Several days	26.02%	331
	More days than not	12.74%	162
	Nearly every day	12.74%	162
	Answered	1272	
	Skipped	93	

Q31	Q31. Over the past 2 weeks, have you been bothered by feeling down, depressed, or hopeless?		
	Answer Choices	Responses	
	Not at all	51.06%	650
	Several days	25.77%	328
	More days than not	11.86%	151
	Nearly every day	11.31%	144
	Answered	1273	
	Skipped	92	

Q32	Q32. Over the past 2 weeks, have you been bothered by little interest or pleasure in doing things?		
	Answer Choices	Responses	
	Not at all	52.86%	674
	Several days	25.33%	323
	More days than not	12.39%	158
	Nearly every day	9.41%	120
	Answered	1275	
	Skipped	90	

Q33	Q33. When you are stressed out, how do you manage it? (CHECK ALL THAT APPLY)		
	Answer Choices	Responses	
	I do not have any stress	17.09%	217
	Physical activity (exercise, sports, skateboarding, motocross, etc.)	43.86%	557
	Meditate, pray, use relaxation techniques	16.30%	207
	Participate in hobbies or community service	24.41%	310
	Express myself through the arts and literature (dance, music, art, writing, etc.)	33.62%	427
	Get support from others	24.57%	312
	Avoid people who create "drama"	42.28%	537
	Limit exposure to social media (Facebook, Twitter, Instagram, etc.)	14.57%	185
	Answered	1270	
	Skipped	95	

Q34	Q34. When was the last time you saw a doctor, nurse, therapist, social worker, or counselor for a mental health problem?		
	Answer Choices	Responses	
	During the past 12 months	32.68%	419
	Between 12 and 24 months	5.77%	74
	More than 24 months	7.18%	92
	Never	38.77%	497
	Not sure	15.60%	200
	Answered	1282	
	Skipped	83	

Q35	Q35. Have you ever experienced any of the following? (CHECK ALL THAT APPLY)		
	Answer Choices	Responses	
	Lived with someone who was depressed, mentally ill, or suicidal	32.19%	412
	Lived with someone who was a problem drinker or alcoholic	24.61%	315
	Lived with someone who used illegal street drugs, or who abused prescription medication	15.39%	197
	Lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility	21.09%	270
	None of the above has happened to me	53.91%	690
	Answered	1280	
	Skipped	85	

Q36	Q36. Have you ever experienced any of the following? (CHECK ALL THAT APPLY)		
	Answer Choices	Responses	
	Your parents became seperated or divorced	39.66%	508
	Your parents were not married	24.82%	318
	Your parents or adults in your home slapped, hit, kicked, punched, or beat each other up	14.44%	185
	A parent or adult in your home hit, beat, kicked, or physically hurt you in any way (not including spanking)	12.33%	158
	A parent or adult in your home swore at you, insulted you, or put you down	35.44%	454
	None of the above has happened to me	38.64%	495
	Answered	1281	
	Skipped	84	

Q37	Q37. During the last 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?		
	Answer Choices		Responses
	Yes	37.63%	482
	No	62.37%	799
	Answered		1281
	Skipped		84

Q38	Q38. During the past 12 months, did you ever seriously consider attempting suicide?		
	Answer Choices		Responses
	Yes	15.23%	195
	No	84.77%	1085
	Answered		1280
	Skipped		85

Q39	Q39. During the past 12 months, how many times did you actually attempt suicide?		
	Answer Choices		Responses
	0 times	53.50%	107
	1 time	17.50%	35
	2 or 3 times	17.50%	35
	4 or 5 times	7.00%	14
	6 or more times	4.50%	9
	Answered		200
	Skipped		1165

Q40	Q40. 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?		
	Answer Choices		Responses
	Yes	24.21%	23
	No	75.79%	72
	Answered		95
	Skipped		1270

Q41	Q41. During the past 30 days, did you smoke all or part of a cigarette?		
	Answer Choices		Responses
	Yes	3.99%	51
	No	96.01%	1227
	Answered		1278
	Skipped		87

Q42	Q42. During the past 30 days, on how many days did you smoke cigarettes?		
	Answer Choices	Responses	
	0 days	35.59%	21
	1 or 2 days	32.20%	19
	3 to 5 days	8.47%	5
	6 to 9 days	6.78%	4
	10 to 19 days	3.39%	2
	20 to 29 days	6.78%	4
	All 30 days	6.78%	4
	Answered		59
	Skipped		1306

Q43	Q43. During the past 30 days, how did you usually get your own cigarettes? (CHECK ALL THAT APPLY)		
	Answer Choices	Responses	
	I bought them in a store such as a convenience store, supermarket, discount store, or gas station	8.16%	4
	I got them on the internet	6.12%	3
	I bought them from a vending machine	12.24%	6
	I gave someone else money to buy them for me	24.49%	12
	I borrowed (or bummed) them from someone else	30.61%	15
	A person who can legally buy them gave them to me	18.37%	9
	I took them from a store	10.20%	5
	I took them from a family member	26.53%	13
	I got them some other way	42.86%	21
	Answered		49
	Skipped		1316

Q44	Q44. 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.)		
	Answer Choices	Responses	
	0 days	96.26%	1235
	1 or 2 days	1.56%	20
	3 to 5 days	0.78%	10
	6 to 9 days	0.31%	4
	10 to 19 days	0.16%	2
	20 to 29 days	0.31%	4
	All 30 days	0.62%	8
	Answered		1283
	Skipped		82

Q45	Q45. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?		
	Answer Choices		Responses
	0 days	96.65%	1240
	1 or 2 days	0.70%	9
	3 to 5 days	0.55%	7
	6 to 9 days	0.78%	10
	10 to 19 days	0.31%	4
	20 to 29 days	0.23%	3
	All 30 days	0.78%	10
		Answered	1283
		Skipped	82

Q46	Q46. Have you ever used an electronic vapor product?		
	Answer Choices		Responses
	Yes	19.72%	252
	No	80.28%	1026
			Answered 1278
		Skipped	87

Q47	Q47. During the past 30 days, on how many days did you use an electronic vapor product?		
	Answer Choices		Responses
	0 days	57.25%	150
	1 or 2 days	15.27%	40
	3 to 5 days	3.44%	9
	6 to 9 days	3.44%	9
	10 to 19 days	5.73%	15
	20 to 29 days	2.67%	7
	All 30 days	12.21%	32
		Answered	262
		Skipped	1103

Q48	Q48. During the past 30 days, how did you usually get your electronic vapor products?		
	Answer Choices		Responses
	I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store	13.76%	30
	I got them on the internet	4.59%	10
	I gave someone else money to buy them for me	22.48%	49
	I borrowed them from someone else	49.08%	107
	A person who can legally buy these products gave them to me	13.30%	29
	I took them from a store or another person	7.34%	16
	I got them some other way	31.65%	69
		Answered	218
		Skipped	1147

Q49	Q49. What are the main reasons you have used electronic vapor products? (CHECK ALL THAT APPLY)		
	Answer Choices	Responses	
	Family member used them	22.78%	54
	I vape because I am bored	19.41%	46
	I vape because my friends pressure me to	14.35%	34
	To try to quit using other tobacco products	4.22%	10
	They cost less than other tobacco products	4.64%	11
	They are easier to get than other tobacco products	4.22%	10
	They are less harmful than other forms of tobacco	8.02%	19
	They are available in flavors, such as mint, candy, fruit, or chocolate	21.10%	50
	I used them for some other reason	54.01%	128
Answered		237	
Skipped		1128	

Q50	Q50. How old were you when you had your first drink of alcohol other than a few sips?		
	Answer Choices	Responses	
	I have never had a drink of alcohol other than a few sips	70.66%	891
	8 years old or younger	4.76%	60
	9 or 10 years old	3.81%	48
	11 or 12 years old	5.23%	66
	13 or 14 years old	8.64%	109
	15 or 16 years old	5.00%	63
	17 years old or older	1.90%	24
Answered		1261	
Skipped		104	

Q51	Q51. During the past 30 days did you drink one or more drinks of an alcoholic beverage?		
	Answer Choices	Responses	
	Yes	25.32%	98
	No	74.68%	289
	Answered		387
Skipped		978	

Q52	Q52. During the past 30 days, on how many days did you have at least one drink of alcohol?		
	Answer Choices	Responses	
	1 or 2 days	64.00%	64
	3 to 5 days	14.00%	14
	6 to 9 days	6.00%	6
	10-19 days	10.00%	10
	20-29 days	3.00%	3
	All 30 days	3.00%	3
	Answered	100	
	Skipped	1265	

Q53	Q53. 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?		
	Answer Choices	Responses	
	0 days	54.55%	54
	1 day	12.12%	12
	2 days	13.13%	13
	3 to 5 days	9.09%	9
	6 to 9 days	7.07%	7
	10 to 19 days	0.00%	0
	20 or more days	4.04%	4
	Answered	99	
	Skipped	1266	

Q54	Q54. During the past 30 days, how did you usually get your alcohol? (CHECK ALL THAT APPLY)		
	Answer Choices	Responses	
	I bought it in the store such as a liquor, convenience store, supermarket, discount store, or gas station	9.09%	9
	I bought it at a public event such as a concert or sporting event	4.04%	4
	I gave someone else money to buy it for me	12.12%	12
	Someone gave it to me	36.36%	36
	I took it from a store or family member	12.12%	12
	My parent gave it to me	18.18%	18
	My friends' parent gave it to me	10.10%	10
	I got it some other way	37.37%	37
	Answered	99	
	Skipped	1266	

Q55	Q55. When do you usually drink alcohol?		
	Answer Choices	Responses	
	Before school	1.06%	1
	During school	7.45%	7
	After school	5.32%	5
	Week nights	11.70%	11
	Weekends	74.47%	70
		Answered	94
		Skipped	1271

Q56	Q56. How old were you when you tried marijuana for the first time?		
	Answer Choices	Responses	
	I have never tried marijuana	85.90%	1097
	8 years old or younger	1.33%	17
	9 or 10 years old	0.70%	9
	11 or 12 years old	2.58%	33
	13 or 14 years old	5.25%	67
	15 or 16 years old	3.92%	50
	17 years or older	0.31%	4
		Answered	1277
		Skipped	88

Q57	Q57. During the past 30 days, have you used marijuana or hashish?		
	Answer Choices	Responses	
	Yes	35.48%	66
	No	64.52%	120
		Answered	186
		Skipped	1179

Q58	Q58. During the past 30 days, how many times did you use marijuana?		
	Answer Choices	Responses	
	0 times	8.96%	6
	1 or 2 times	32.84%	22
	3 to 9 times	17.91%	12
	10 to 19 times	14.93%	10
	20 to 39 times	10.45%	7
	40 or more times	14.93%	10
		Answered	67
		Skipped	1298

Q59	Q59. During the past 30 days, how did you usually use marijuana?		
	Answer Choices	Responses	
	I smoked it in a joint, bong, pipe, or blunt	40.91%	27
	I ate it in food such as brownies, cakes, cookies, or candy	13.64%	9
	I drank it in tea, cola, alcohol, or other drinks	0.00%	0
	I vaporized it	37.88%	25
	I used it in some other way	7.58%	5
	Answered	66	
	Skipped	1299	

Q60	Q60. When do you usually use marijuana?		
	Answer Choices	Responses	
	Before school	4.55%	3
	During school	6.06%	4
	After school	24.24%	16
	Week nights	15.15%	10
	Weekends	50.00%	33
	Answered	66	
	Skipped	1299	

Q61	Q61. 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?		
	Answer Choices	Responses	
	0 times	92.46%	1178
	1 or 2 times	3.61%	46
	3 to 9 times	1.57%	20
	10 to 19 times	0.24%	3
	20 to 39 times	0.24%	3
	40 or more times	1.88%	24
	Answered	1274	
	Skipped	91	

Q62	Q62. During the past 30 days, have you used prescription drugs not prescribed to you?		
	Answer Choices	Responses	
	Yes	26.80%	26
	No	73.20%	71
	Answered	97	
	Skipped	1268	

Q63	Q63. 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?		
	Answer Choices	Responses	
	0 times	50.00%	49
	1 or 2 times	17.35%	17
	3 to 9 times	10.20%	10
	10 to 19 times	8.16%	8
	20 to 39 times	3.06%	3
	40 or more times	11.22%	11
	Answered	98	
	Skipped	1267	

Q64	Q64. 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?		
	Answer Choices	Responses	
	Yes	50.98%	26
	No	49.02%	25
	Answered	51	
	Skipped	1314	

Q65	Q65. 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?		
	Answer Choices	Responses	
	Pain relievers or painkillers, such as OxyContin, Percocet, Vicodin, Lortab, or codeine	43.14%	22
	Tranquilizers or anti-anxiety drugs such as Xanax, or Valium	15.69%	8
	Sleeping pills, sedatives and other depressants such as Ambien, or phenobarbital	9.80%	5
	Stimulants or amphetamines such as Ritalin (also called Vitamin R or Study Drug)	0.00%	0
	Not sure	31.37%	16
	Answered	51	
	Skipped	1314	

Q66	Q66. When do you usually use prescription drugs not prescribed to you?		
	Answer Choices	Responses	
	Before school	13.04%	6
	During school	10.87%	5
	After school	30.43%	14
	Week nights	21.74%	10
	Weekends	23.91%	11
	Answered	46	
	Skipped	1319	

Q67	Q67. During your life, have you ever used any of the following? (CHECK ALL THAT APPLY)		
	Answer Choices	Responses	
	I have never used any of these substances in my life	95.27%	1189
	Any form of cocaine, including powder, crack or freebase	1.36%	17
	Inhalants, sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high	3.37%	42
	Heroin (also called smack, junk, or China White)	0.96%	12
	Methamphetamines (also called speed, crystal meth, crank, ice, or meth)	1.20%	15
	Ecstasy (also called MDMA, Molly)	0.80%	10
	Hallucinogenic drugs, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms	1.92%	24
	Steroid pills or shots without a doctor's prescription	1.44%	18
	Synthetic marijuana (Spice, fake weed, K2, King Kong, Yucatan, Fire, or Skunk)	1.76%	22
		Answered	1248
		Skipped	117

Q68	Q68. During the past year, have you used any of the following? (CHECK ALL THAT APPLY)		
	Answer Choices	Responses	
	I have never used any of these substances in the past year	54.05%	40
	Any form of cocaine, including powder, crack or freebase	12.16%	9
	Inhalants, sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high	27.03%	20
	Heroin (also called smack, junk, or China White)	6.76%	5
	Methamphetamines (also called speed, crystal meth, crank, ice, or meth)	12.16%	9
	Ecstasy (also called MDMA, Molly)	12.16%	9
	Hallucinogenic drugs, such as LSD, acid, PCP, angel dust, mescaline, or mushrooms	20.27%	15
	Steroid pills or shots without a doctor's prescription	12.16%	9
	Synthetic marijuana (Spice, fake weed, K2, King Kong, Yucatan, Fire, or Skunk)	10.81%	8
		Answered	74
		Skipped	1291

Q69	Q69. 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?		
	Answer Choices	Responses	
	0 times	87.35%	1098
	1 or 2 times	3.74%	47
	3 to 9 times	2.78%	35
	10 to 19 times	1.75%	22
	20 to 39 times	1.11%	14
	40 or more times	3.26%	41
	Answered	1257	
	Skipped	108	

Q70	Q70. 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)		
	Answer Choices	Responses	
	On school property	4.28%	54
	On the school bus	2.06%	26
	At a friend's house	3.17%	40
	In my neighborhood	4.20%	53
	None of the above	91.36%	1152
	Answered	1261	
	Skipped	104	

Q71	Q71. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?		
	Answer Choices	Responses	
	Yes	62.71%	787
	No	37.29%	468
	Answered	1255	
	Skipped	110	

Q72	Q72. 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.		
	Answer Choices	Responses	
	Yes	48.29%	607
	No	51.71%	650
	Answered	1257	
	Skipped	108	

Q73	Q73. 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?		
	Answer Choices	Responses	
	No risk	11.80%	148
	Slight risk	16.83%	211
	Moderate risk	36.52%	458
	Great risk	34.85%	437
		Answered	1254
		Skipped	111

Q74	Q74. 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?		
	Answer Choices	Responses	
	No risk	10.64%	133
	Slight risk	14.56%	182
	Moderate risk	27.68%	346
	Great risk	47.12%	589
		Answered	1250
		Skipped	115

Q75	Q75. How much do you think people risk harming themselves physically or in other ways if the use electronic vapor products every day?		
	Answer Choices	Responses	
	No risk	11.98%	150
	Slight risk	19.25%	241
	Moderate risk	30.11%	377
	Great risk	38.66%	484
		Answered	1252
		Skipped	113

Q76	Q76. How much do you think people risk harming themselves physically or in other ways if the smoke marijuana once or twice a week?		
	Answer Choices	Responses	
	No risk	17.97%	225
	Slight risk	24.60%	308
	Moderate risk	25.48%	319
	Great risk	31.95%	400
		Answered	1252
		Skipped	113

Q77	Q77. 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?		
	Answer Choices		Responses
	No risk	9.04%	113
	Slight risk	10.56%	132
	Moderate risk	25.52%	319
	Great risk	54.88%	686
	Answered		1250
	Skipped		115

Q78	Q78. How wrong do your parent or guardian feel it would be for you to have one or two drinks of an alcoholic beverage nearly everyday?		
	Answer Choices		Responses
	Not at all wrong	5.05%	63
	A little bit wrong	9.54%	119
	Wrong	22.12%	276
	Very wrong	63.30%	790
	Answered		1248
	Skipped		117

Q79	Q79. How wrong do your parent or guardian feel it would be for you to smoke tobacco?		
	Answer Choices		Responses
	Not at all wrong	3.69%	46
	A little bit wrong	4.57%	57
	Wrong	17.55%	219
	Very wrong	74.20%	926
	Answered		1248
	Skipped		117

Q80	Q80. How wrong do your parent or guardian feel it would be for you to use electronic vapor products?		
	Answer Choices		Responses
	Not at all wrong	4.20%	53
	A little bit wrong	6.10%	77
	Wrong	18.54%	234
	Very wrong	71.16%	898
	Answered		1262
	Skipped		103

Q81	Q81. How wrong do your parent or guardian feel it would be for you to smoke marijuana?		
	Answer Choices	Responses	
	Not at all wrong	7.25%	91
	A little bit wrong	9.32%	117
	Wrong	15.46%	194
	Very wrong	67.97%	853
		Answered	1255
		Skipped	110

Q82	Q82. How wrong do your parent or guardian feel it would be for you to use prescription drugs not prescribed to you?		
	Answer Choices	Responses	
	Not at all wrong	2.70%	34
	A little bit wrong	4.61%	58
	Wrong	14.22%	179
	Very wrong	78.47%	988
		Answered	1259
		Skipped	106

Q83	Q83. How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?		
	Answer Choices	Responses	
	Not at all wrong	7.17%	89
	A little bit wrong	15.62%	194
	Wrong	30.03%	373
	Very wrong	47.18%	586
		Answered	1242
		Skipped	123

Q84	Q84. How wrong do your friends feel it would be for you to smoke tobacco?		
	Answer Choices	Responses	
	Not at all wrong	6.78%	84
	A little bit wrong	11.38%	141
	Wrong	29.06%	360
	Very wrong	52.78%	654
		Answered	1239
		Skipped	126

Q85	Q85. How wrong do your friends feel it would be for you to use electronic vapor products?		
	Answer Choices	Responses	
	Not at all wrong	12.31%	153
	A little bit wrong	14.24%	177
	Wrong	25.26%	314
	Very wrong	48.19%	599
		Answered	1243
		Skipped	122

Q86	Q86. How wrong do your friends feel it would be for you to smoke marijuana?		
	Answer Choices	Responses	
	Not at all wrong	12.60%	156
	A little bit wrong	11.55%	143
	Wrong	24.07%	298
	Very wrong	51.78%	641
		Answered	1238
		Skipped	127

Q87	Q87. How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?		
	Answer Choices	Responses	
	Not at all wrong	3.89%	48
	A little bit wrong	7.38%	91
	Wrong	26.76%	330
	Very wrong	61.96%	764
		Answered	1233
		Skipped	132

Q88	Q88. How do you feel about someone your age trying marijuana or hashish once or twice?		
	Answer Choices	Responses	
	Neither approve nor disapprove	20.78%	257
	Somewhat Disapprove	18.19%	225
	Strongly disapprove	61.03%	755
		Answered	1237
		Skipped	128

Q89	Q89. How do you feel about someone your age using marijuana once a month or more?		
	Answer Choices	Responses	
	Neither approve nor disapprove	20.90%	259
	Somewhat disapprove	18.00%	223
	Strongly disapprove	61.10%	757
		Answered	1239
		Skipped	126

Q90	Q90. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?		
	Answer Choices	Responses	
	Neither approve or disapprove	13.72%	171
	Somewhat disapprove	15.97%	199
	Strongly disapprove	70.30%	876
		Answered	1246
		Skipped	119

Q91	Q91. 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?		
	Answer Choices	Responses	
	I did not gamble money or personal items during the past 12 months	81.97%	1009
	Less than once a month	8.29%	102
	About once a month	4.47%	55
	About once a week	1.95%	24
	Daily	3.33%	41
		Answered	1231
		Skipped	134

Q92	Q92. During the last 12 months, have you ever gambled more than you planned to?		
	Answer Choices	Responses	
	Yes	26.09%	60
	No	73.91%	170
		Answered	230
		Skipped	1135

Q93	Q93. 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?		
	Answer Choices	Responses	
	Yes	24.78%	56
	No	75.22%	170
		Answered	226
		Skipped	1139

Q94	Q94. 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?		
	Answer Choices		Responses
	Yes	11.61%	26
	No	88.39%	198
	Answered		224
	Skipped		1141

Q95	Q95. Have you ever not been honest with people important to you about how much you gamble?		
	Answer Choices		Responses
	Yes	20.98%	47
	No	79.02%	177
	Answered		224
	Skipped		1141

Q96	Q96. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)		
	Answer Choices		Responses
	0 teams	42.69%	517
	1 team	19.57%	237
	2 teams	17.42%	211
	3 or more teams	20.31%	246
	Answered		1211
	Skipped		154

Q97	Q97. I do not participate in organized after-school activities because (CHECK ALL THAT APPLY)		
	Answer Choices	Responses	
	Does not apply - I am able to participate in all after-school activities I want to	55.41%	656
	No activities interest me	26.01%	308
	I do not like the group of students who are participating	11.99%	142
	I'm afraid other kids would make fun of me	15.29%	181
	I have no time because of schoolwork	11.15%	132
	I have no time because of a job	4.98%	59
	I have no time because I have to do things for my family	10.73%	127
	My parents won't let me	3.89%	46
	It costs too much	6.42%	76
	I have no way to get to or home from activities	7.52%	89
	I do not think I am good enough	14.61%	173
	I was not chosen for the team	3.72%	44
	I have health conditions that make it difficult	6.08%	72
	I am concerned about my weight	11.23%	133
	Answered	1184	
	Skipped	181	

Q98	Q98. 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?		
	Answer Choices	Responses	
	Never	47.91%	584
	Rarely	22.97%	280
	Sometimes	17.97%	219
	Often	11.16%	136
	Answered	1219	
	Skipped	146	

Q99	Q99. There are a lot of adults in my neighborhood (town, community) I could talk to about something important.		
	Answer Choices	Responses	
	Yes	57.37%	697
	No	42.63%	518
	Answered	1215	
	Skipped	150	

Q100	Q100. During the past 30 days, where did you usually sleep?		
	Answer Choices	Responses	
	In my parent's or guardian's home	92.09%	1118
	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	2.80%	34
	In a shelter or emergency housing	1.81%	22
	In a motel or hotel	0.25%	3
	In a car, park, campground, or other public place	0.25%	3
	I do not have a usual place to sleep	0.33%	4
	Somewhere else	2.47%	30
		Answered	1214
		Skipped	151

Q101	Q101. 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?		
	Answer Choices	Responses	
	Lived away from parent or guardian	6.44%	78
	Did not happen	93.56%	1134
		Answered	1212
		Skipped	153

Q102	Q102. How old are you?		
	Answer Choices	Responses	
	11 years old or younger	0.41%	5
	12 years old	9.16%	111
	13 years old	31.52%	382
	14 years old	23.76%	288
	15 years old	12.87%	156
	16 years old	9.49%	115
	17 years old	7.92%	96
	18 years old or older	4.87%	59
		Answered	1212
		Skipped	153

Q103	Q103. What is your sex?		
	Answer Choices	Responses	
	Male	45.47%	547
	Female	50.54%	608
	Other	3.99%	48
	Other (please specify)		81
		Answered	1203
		Skipped	162

Q104	Q104. What grade are you in?		
	Answer Choices	Responses	
	7th grade	33.88%	413
	8th grade	28.79%	351
	9th grade	11.57%	141
	10th grade	10.66%	130
	11th grade	6.48%	79
	12th grade	8.04%	98
	Ungraded or other grade	0.57%	7
		Answered	1219
		Skipped	146

Q105	Q105. Are you Hispanic or Latino?		
	Answer Choices	Responses	
	Yes	11.96%	145
	No	88.04%	1067
		Answered	1212
		Skipped	153

Q106	Q106. What is your race? (CHECK ALL THAT APPLY)		
	Answer Choices	Responses	
	White or Caucasian	89.65%	1074
	Black or African American	11.44%	137
	Asian or Asian American	3.84%	46
	American Indian or Alaska Native	6.76%	81
	Native Hawaiian or other Pacific Islander	3.26%	39
		Answered	1198
		Skipped	167

Q107	Q107. 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 good friends?		
	Answer Choices	Responses	
	Yes	7.11%	86
	No	79.57%	962
	Not sure	13.32%	161
		Answered	1209
		Skipped	156

Q108	Q108. Have you ever been told by a doctor, nurse, or parent that you have a disability or long-term health problem?		
	Answer Choices	Responses	
	Yes	12.49%	151
	No	75.43%	912
	Not sure	12.08%	146
		Answered	1209
		Skipped	156

Q109	Q109. How many times have you ever moved to a new address?		
	Answer Choices	Responses	
	0 times	25.33%	306
	1 time	22.02%	266
	2 times	13.66%	165
	3 times	13.66%	165
	4 or more times	25.33%	306
		Answered	1208
		Skipped	157

Q110	Q110. During the past 12 months, how would you describe your grades in school?		
	Answer Choices	Responses	
	Mostly A's	48.26%	582
	Mostly B's	25.21%	304
	Mostly C's	13.35%	161
	Mostly D's	3.57%	43
	Mostly F's	4.31%	52
	None of these grades	0.66%	8
	Not sure	4.64%	56
		Answered	1206
		Skipped	159

Q111	Q111. Which school district do you attend?		
	Answer Choices	Responses	
	Ashtabula Area City Schools	17.15%	207
	Buckeye Local Schools	4.23%	51
	Conneaut Area City Schools	29.41%	355
	Geneva Area City Schools	0.58%	7
	Grand Valley Local Schools	15.74%	190
	Jefferson Area Local Schools	21.87%	264
	Pymatuning Valley Local Schools	10.77%	130
	St. John School K-12	0.25%	3
		Answered	1207
		Skipped	158

Q112	Q112. Do you attend A-tech?		
	Answer Choices		Responses
	Yes	2.80%	34
	No	97.20%	1179
	Answered		1213
	Skipped		152

APPENDIX G: University Hospitals' Evaluation of Impact

The following pages display the UH 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. Designated as Critical Access Hospitals by the federal government, both hospitals are positioned to ensure that individuals in the surrounding rural areas have access to emergency care and other essential medical services. Services offered by UH Conneaut and/or UH Geneva include:

Harrington Heart and Vascular Institute –	Pulmonology
Cardiology	Podiatry
Emergency Medicine	Sleep Medicine
Family Medicine	Sleep Testing Center
Gastroenterology	General Surgery
Dermatology	Rheumatology
Infectious Disease	Women’s Urology
Seidman Cancer Center - Oncology	OB/GYN
Infusion Center	Internal Medicine
Ear, Nose and Throat	Wound Care
Audiology	Cardiac Rehabilitation
Pain Management	Pulmonary Rehabilitation
Pediatrics	

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 2022. 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 2022 CHNA was adopted by University Hospitals in September of 2022, and the 2023-2025 Implementation Strategy was adopted in March of 2023. This evaluation report covers the period January 2023 – December 2024. Outcomes from the 2023-2025 period will be further analyzed in early 2026, in order to include 2025 progress in total, and to further inform prospective 2026 implementation strategies.

Upon review of the 2022 Community Health Needs Assessments, hospital leadership for UH Conneaut and UH Geneva Medical Centers’ isolated three top priority community health needs:

1. Access to Care
2. Prevent Obesity and Chronic Conditions by Promoting Nutrition and Physical Activity

3. Prevent and Promote Treatment of Depression and Anxiety Across the Lifespan

To combat each community health issue, the following objectives were established to lend the hospitals' staff expertise and resources:

- Connect 40% of Ashtabula County adults who attend monthly health screenings with a primary care provider (if they do not have one).
- Increase enrollment in diabetes education program by 5%.
- Implement a nutrition and exercise program in two additional primary care offices. Establish new nutrition and exercise programs in two schools.
- Conduct one DPP class annually as appropriate. Provide diabetes screening to 300 people annually.
- Provide at least two hypertension screening events annually. Provide Hypertension Oversight Monitoring and Education Program (HOME).
- All school districts will have at least one school-based alcohol/other drug prevention program that educates students on causes and stigmas that prevent individuals from seeking holistic care for their mental and physical health needs.

Impact

In 2023 and 2024, UH Conneaut and Geneva Medical Centers made significant strides in community outreach within Ashtabula County, focusing on three key priorities: access to care, preventing obesity and chronic conditions by promoting nutrition and physical activity, and preventing and promoting treatment of depression and anxiety across the lifespan. Their efforts have had a substantial impact on the local community, reaching thousands of residents through various programs and initiatives.

One of the major highlights was the implementation of the Botvin Life Skills Training program in grades 3-10 across all Ashtabula County school districts. This program educated students on the causes and stigmas associated with seeking holistic care for mental and physical health needs. Over the two years, UH Conneaut and Geneva engaged a total of 3,889 participants in this program, with UH Conneaut contributing 2,368 participants and UH Geneva 1,521 participants. Additionally, the centers conducted numerous screening events to increase awareness of diabetes, hypertension, and other chronic conditions. In total, Conneaut held 21 events with 296 participants, while Geneva organized 49 events with 791 participants, providing essential screenings and referrals for follow-up care.

Efforts to improve access to care included the addition of two Advanced Practice Providers in Ashtabula and Conneaut, enhancing primary care services. The centers also launched the Hypertension Oversight Monitoring and Education Program (HOME) in 2022, which

continued to support patients in 2023 and 2024. Furthermore, the Certified Diabetes Care and Education Specialist (CDCES) program saw a combined enrollment of 34 participants, offering one-on-one sessions to help manage diabetes effectively. These initiatives aimed to connect community members with primary care providers and promote nutritional education.

To address obesity and chronic conditions, UH Conneaut and Geneva partnered with local organizations such as the YMCA and Metro Parks to implement nutrition and exercise programs. They established new programs in primary care offices and schools, and tracked the number of committed referral partners, which totaled 23 across both years. These efforts were complemented by educational materials and events designed to promote healthy lifestyles. Overall, the outreach work by UH Conneaut and Geneva have significantly contributed to improving health outcomes and access to care in Ashtabula County, demonstrating their commitment to the well-being of the community.

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 March 7, 2025:

1. What were the most significant successes and strategies in program implementation and community engagement?
2. What strategies experienced barriers to implementation, or were unable to be implemented?
3. How have community partnerships strengthened program implementation and community engagement?
4. Are there any opportunities 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 2023-2025: 1) Enhancing Community Engagement and Outreach, 2) Strengthening Collaborative Partnerships, 3) Addressing Health Needs through Targeted Programs, and

4) Overcoming Challenges and Innovating for Better Health Outcomes. The following quotes illustrate these themes:

Enhancing Community Engagement and Outreach

The community engagement and outreach efforts at UH Conneaut and UH Geneva Medical Centers have seen remarkable success, particularly through their initiatives at senior centers, pop-up events, and provider spotlight events. At the Madison and Ashtabula senior centers, biometric screenings and cognitive social activities have garnered a strong following. The team noted, "Our senior centers are doing well, especially Madison and Ashtabula Senior Center. We have a very strong following there". These activities have had a positive impact on the community, fostering a sense of connection and well-being among participants.

Pop-up events have been strategically designed to eliminate access to care and transportation obstacles, with collaboration from over 19 community agencies. Despite varying levels of community engagement, pairing these events with meal sites has shown promise for higher turnout. The UH team highlighted the challenge and adaptation, stating, "The challenge with that is getting the community engaged... This year, we're pairing with meal sites... We're hoping that that'll be a really good turnout". Provider spotlight events have successfully catered to different age groups and preferences by offering a mix of evening events and lunch-and-learns. This approach has received positive feedback and increased participation. The UH team shared, "I think the 50-50 mix will work nice. We'll be able to hit more target populations other than just one age group". These efforts collectively enhance community engagement and outreach, making health services more accessible and inclusive.

Strengthening Collaborative Partnerships

UH Conneaut and UH Geneva Medical Centers have significantly strengthened their collaborative partnerships, particularly with the Mental Health and Recovery Services Board, the Community Counseling Center, and local YMCAs. The collaboration with the Mental Health and Recovery Services Board has been pivotal for the Botvin programs and substance abuse prevention initiatives. The UH team emphasized the importance of community volunteers and local agencies, stating, "We collaborate with our Mental Health and Recovery Services Board and our local community counseling center, which has been a huge help". This partnership has ensured the continuity and effectiveness of these programs. The Community Counseling Center has provided substantial support for mental health initiatives, positively impacting the community. This collaboration has been crucial in delivering mental health services and education.

Engagement with local YMCAs has also been highly successful, particularly for health screenings and educational events. Programs like Silver Sneakers have seen high participation and positive outcomes. The UH team highlighted this success, mentioning, "Our Ashtabula Y.M.C.A. and our Madison Y.M.C.A. are very initiative-driven... [Their team] actually does their Silver Sneakers land and water". These partnerships have been instrumental in promoting community health and wellness in Ashtabula County.

Addressing Health Needs through Targeted Programs

UH Conneaut and UH Geneva Medical Centers have implemented several targeted programs to address specific health needs in the community. The Botvin life skills program, aimed at preventing drug dependency and abuse, has been particularly successful. The program has seen consistent participation from schools and community volunteers, with the team noting, "We have one consistent community volunteer... He goes into the Geneva schools, and we've had him for a few years now. Wonderful!". Additionally, drug take-back initiatives continue to provide essential services through local pharmacies and police departments.

Efforts to reduce obesity have been bolstered by educational programs and community events. Heart disease prevention has been addressed through regular screening events and the hypertension oversight medication and education program. The UH team explained, "We do screening events at the senior centers on a regular basis... The hypertension oversight medication and education program is a free program that we offer". These efforts have had a significant impact on preventing heart disease in the community. Diabetes management has also seen success through one-on-one sessions with certified diabetic educators. The team highlighted the personalized nature of these programs, stating, "[We do] one-on-one sessions... [Our] numbers over the years have been higher". These targeted programs collectively address critical health needs, improving overall community health outcomes.

Overcoming Challenges and Innovating for Better Health Outcomes

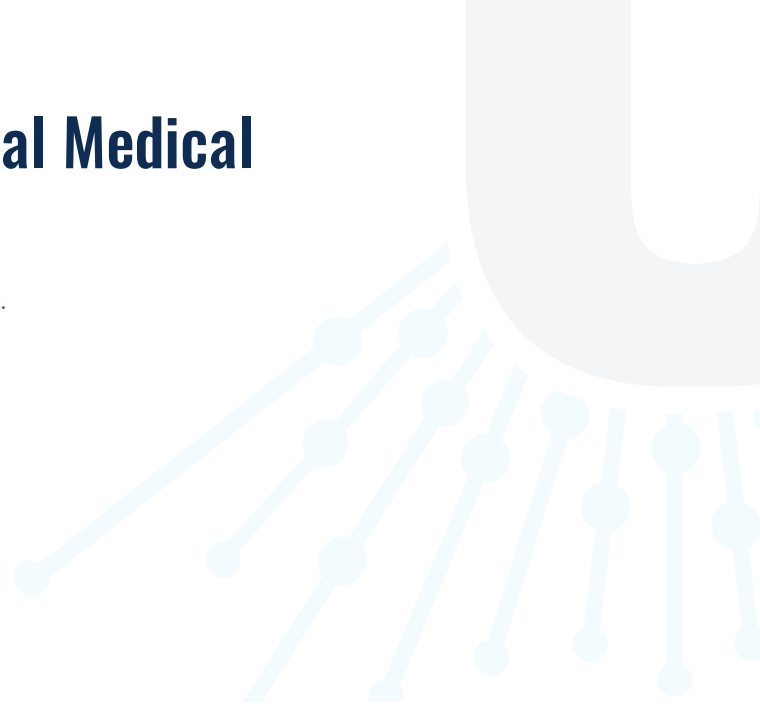
UH Conneaut and UH Geneva Medical Centers shared that the COVID-19 pandemic has had a lingering effect on community engagement and program participation. To overcome these obstacles and improve health outcomes, the team has employed creative strategies, such as adapting event formats and leveraging community partnerships to better meet the needs of their target populations.

The Hospital to Home program provides crucial support to patients post-discharge, focusing on conditions like COPD, CHF, and pneumonia. The UH team explained, "It's really nice because it's free... We give them an educational folder... and then [we] meet

with them at the bedside prior to discharge". The program includes personalized follow-up calls and free supplies, such as digital scales and marked tumblers, to help patients manage their conditions effectively. New initiatives are being planned to expand programs and address emerging health trends like pneumonia. The team mentioned, "We're adding on a big focus on pneumonia... I've been having meetings with our lead supervisor and respiratory therapy departments to see how we can collaborate". These efforts highlight the commitment to continuous improvement and innovation in community health strategies.

APPENDIX H: Ashtabula Regional Medical Center's Evaluation of Impact

The following pages display the ARMC Evaluation of Impact.



EVALUATION OF IMPACT – 2022 CHNA IMPLEMENTATION STRATEGY

Hospital Overview

Ashtabula Regional Medical Center (ARMC) is located in Ashtabula County, the largest geographic county in the State of Ohio. ARMC is a private, non-profit, community-based hospital with 70 staffed beds. Emergency care and inpatient services are provided at the hospital's main campus in the City of Ashtabula. Outpatient services are provided in Ashtabula, Conneaut, Geneva, Jefferson, and Orwell ensuring that over 90% of Ashtabula County residents reside within 15 miles of an ARMC facility.

Ashtabula County residents have access to the following clinical specialties when receiving care at Ashtabula Regional Medical Center:

- Allergy
- Cardiology (including an Electrophysiology specialty clinic)
- Emergency Medicine
- Endocrinology
- Family Medicine / Primary Care
- Gastroenterology
- Neurology
- Oncology
- Ophthalmology
- Orthopaedics
- Otolaryngology
- Pain Management
- Pediatrics (including Gastroenterology and Pulmonology specialty clinics)
- Podiatry
- Psychiatry
- Pulmonology
- Sleep Medicine
- Surgery
- Urology
- Vascular Surgery

Mission Statement

Ashtabula Regional Medical Center provides quality healthcare to positively impact the health of our community.

Since 1904, ARMC has been committed to ensuring high quality healthcare is available in Ashtabula County. It is the story of a hospital's evolution from a one-room wood-framed building that provided care to injured railroad workers to a full-service hospital that provides a full spectrum of care in the largest geographic county in the State of Ohio.

Prioritization of Health Needs

Members of *Healthy Ashtabula County*, of which ARMC is an active participant, analyzed the data obtained as part of the 2022 Community Health Needs Assessment and identified a number of health-related issues among residents of Ashtabula County. Representatives from ARMC participated in the prioritization process.

Significant Health Needs

Members of *Healthy Ashtabula County* identified the following as the most significant community health needs in Ashtabula County:

- Depression and Anxiety Prevention and Treatment
- Access to Healthcare
- Obesity Prevention

The ARMC Healthcare System Board of Directors approved the 2022 Community Health Needs Assessment in October of 2022 and the associated Implementation Strategy in March of 2023.

The CHNA and Implementation Strategy align with the State of Ohio's most recent State Health Assessment and the State Health Improvement Plan.

The 2022 Implementation Strategy for Ashtabula Regional Medical Center included a combination of strategies that were driven by *Healthy Ashtabula County* with participation and/or support by ARMC, as well as ARMC-specific strategies.

Identified Health Need: Depression and Anxiety Prevention and Treatment	
Action Steps	Highlighted Impact
Offer inpatient and outpatient behavioral health services.	- For the period of 2022-2024, there were 1,304 discharges from the ARMC inpatient behavioral medicine unit, with approximately 50-65% of those having a primary or secondary diagnosis of depression; and approximately 25-50% with underlying anxiety (not the admitting diagnosis). - For the period of 2022-2024, there were 5,981 outpatient psychiatry visits, with approximately 30% of those with a primary diagnosis and 70% with a secondary diagnosis of depression or anxiety.
Provide routine screening in provider offices.	- Patients aged 12+ are asked questions about feelings of hopelessness, sadness, depression during the rooming/intake process at ARMC provider offices. - The need for more in-depth/comprehensive screening or referral for treatment is identified based on the patient's answer patients.

ARMC's collaboration with Community Counseling Center of Ohio continued for the 2022-2024 period. A Healthcare Access Navigator is employed by Community Counseling Center and funded by the Ashtabula County Mental Health Recovery Services Board. The Healthcare Access Navigator assists with connecting patients of ARMC primary care providers with behavioral health and substance use resources in the community.

The Healthcare Access Navigator is in each of ARMC's five (5) Family Health Centers weekly to encourage dialogue between the organizations and discuss patient referral needs.

An integrated or collaborative care model that brings together primary care and behavioral health can:

- Help ensure patients get the physical health care and mental health care they need
- Improve health outcomes
- Improve compliance with treatment plans
- Reduce overall healthcare costs
- Allow for a cross-system, team-based approach so each provider can focus on what they are good at

The Healthcare Access Navigator is a two-way collaboration. ARMC primary care providers identify patients who may need referral for mental health and/or substance use disorder treatment. The staff at Community Counseling Center identify clients who don't have a primary care provider and have a process to refer that client to one of our PCPs.

The Healthcare Access Navigator program optimizes community resources and effectively coordinates and integrates whole-person care. It allows Ashtabula Regional Medical Center and Community Counseling Center to focus on our respective areas of strength, increase collaboration to achieve objectives, and improve outcomes.

Community Counseling Center operates on a Fiscal Year of July 1 – June 30. Below are results for the portions of the Fiscal Years that are included in the 2022 Community Health Needs Assessment time period:

FY 2022	35 adults screened 34 referrals to Primary Care
FY 2023	217 adults screened 16 referrals to Mental Health 5 referrals to Substance Use Disorders
FY 2024	Data not available
FY 2025	79 adults screened 43 referrals to Mental Health 39 referrals to Primary Care

Identified Health Need: Obesity Prevention	
Action Steps	Highlighted Impact
Exercise prescription program at ACMC-owned fitness center.	ARMC providers offer patients a two-month free membership to the hospital-owned fitness center.
Wellness Kitchen.	- ARMC hosts a monthly Wellness Kitchen in which easy, healthy recipes are shared and prepared via the hospital's YouTube Channel. - ARMC caregivers, as well as a variety of collaborating organizations, also talk about the services offered during the Wellness Kitchen episodes.
Weight Management Program.	ARMC-owned fitness center offers a structured weight management program to members and non-members.

Identified Health Need: Access to Care	
Action Steps	Highlighted Impact
Recruit Primary Care Providers.	For the period 2022-2024, ARMC recruited four (4) primary care providers to Ashtabula County.
Offer walk-in Express Care services for acute illness or injury.	For the period 2022-2024, there were 23,582 patient visits in the ARMC Express Care.
Connect Express Care patients to a primary care provider.	- A list of primary care providers who are welcoming new patients is offered to patients. - An attempt is made to have patient scheduled with a primary care provider before he/she leaves Express Care.
Connect community members at outreach events to a primary care provider.	For the period 2022-2024, ARMC participated in over 25 community- or hospital-sponsored events at which over 200 residents who indicated they did not have a primary care provider were given information about how to establish with an ARMC provider.
Recruit specialists.	For the period 2022-2024, ARMC recruited three (3) specialists to Ashtabula County.
Collaborate with Cleveland Clinic to provide specialists and specialty clinics for services not available in the community.	Cleveland Clinic specialists on site full-time at Ashtabula County Medical Center included: - Cardiology - Oncology - Orthopaedics - Urology Cleveland Clinic specialty clinics on site at Ashtabula County Medical Center include: - Electrophysiology - Pediatric Gastroenterology - Pediatric Pulmonology
Provide transportation assistance.	For the period 2022-2024, ARMC's Health Express Shuttle provided 8,167 free rides to healthcare appointments and services.

APPENDIX I: 2023 and 2024 CHIP Annual Reports

The following pages display 2023 and 2024 CHIP Annual Reports.





Community Health Improvement Plan **Annual Report** 2022-2025 Cycle

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Prepared by:
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Date: 1/21/2024

Executive Summary

The **Health Departments of Ashtabula County (HDAC)** Community Health Improvement Plan (CHIP) is a 3-year (2023-2025) **multi-sector, collaborative plan** designed to address three community-identified health priorities: 1) Obesity Prevention, 2) Anxiety & Depression Prevention & Treatment Over the Lifespan, and 3) Access to Care, and a health equity strategy, 1) Strengthening & Sustaining the collaborative that is Healthy Ashtabula County. HDAC collaborate with 32 agencies or individuals, 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.

To evaluate progress and assess 2023 activities, **Ashtabula County Health Department** and priority teams performed a **quarterly review process** comprised of two main components: 1) An assessment and revision process for each of the CHIP strategies, and 2) a survey to assess overall structure and function of the subcommittees tasked with CHIP strategy implementation. 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
- A **summary of the CHIP priority areas**, including long-term goals and an updated list of partners
- Key **findings and recommendations** from the subcommittee survey to inform CHIP year 2 strategy implementation
- **Lessons learned** from the HDAC and the CHIP Lead Agencies

2021-2022: The Community Health Needs Assessment

Illuminology performed the Community Health Assessment and data collected from the CHA was compiled in a report and shared with the community through listening sessions where participants identified three 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 community-identified priorities.

From this prioritization process, the community arrived at the following priority areas for health improvement:

- Obesity Prevention
- Anxiety & Depression Prevention & Treatment
- Access to Care
- An additional lens to address the three health priorities - **Healthy Equity:** Strengthening & Sustaining the Healthy Ashtabula County collaborative.

Throughout the prioritization processes, **Social Determinants of Health** and **Health Equity** 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.

2022-2023: Community Health Improvement Plan Development

In the fall of 2022, community partners, with support from Emily Franz, CHIP consultant, used the findings from the CHA to develop the 2023-2025 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.

When the 2023-2025 CHIP was completed in December of 2022, the planning committees transitioned into Priority Teams. Priority Leads of the 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. A graphic illustrating the structure of the CHIP is included in the next page.

Ashtabula County Health Department's Director of Quality & Performance coordinates CHIP planning and oversees the implementation and functioning of Healthy Ashtabula County.

Health Department Role in the CHIP

A 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, pages 21-22.

CHIP Structure

Provides guidance and strategic oversight for the direction and implementation of the CHIP

Steering Committee

Overarching Leadership

Health Department

Backbone Support

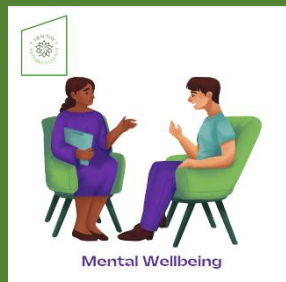
Provides technical assistance, conducts evaluations, and ensures overall sustainability of the CHIP

Action Teams & Lead Agencies

Action teams address the three CHIP Priority areas. Lead agencies are city health departments or local agencies that coordinate each of the action teams. The agencies were selected based on subject-matter expertise and capacity to lead the work



Conneaut City Health Department



Ashtabula County Mental Health & Recovery Services Board



Conneaut City/Ashtabula City Health Departments

Lens: Social Determinants of Health

STRENGTHEN &
SUSTAIN

Lens: Health Equity



HEALTHY ASHTABULA COUNTY

Ashtabula County Health Department

Process for Monitoring and Revision

Priority leads convened groups monthly and communicated with their groups regularly via email. ACHD Director of Quality & Performance sent quarterly surveys to each priority lead to obtain progress reporting. Progress reports detailed the previous three months and implementation of activities. There was frequent communication between group members when opportunities arose in the community that members could participate in and that might further help us meet our objectives.

Responses with supporting materials were compiled, and the Director of Quality & Performance created a quarterly report that was sent to the group, and also made available to the public on the ACHD website, and later, on the Healthy Ashtabula County website.

Feasibility and Effectiveness of Strategies

Despite the loss of some programming due to the pandemic, as a result of the formal review process, the following strategy revisions were implemented: establishment of Warrior Nourish (initial site of school-based nutrition campaign); health forums, Social Media Campaigns via Instagram and a new website to organize health-related events, healthy recipes, as well as Healthy Ashtabula County-related updates. Harvest in the Harbor, farmer's markets, and physical activity and nutritional partnerships with schools filled the gaps, including one left by the discontinuing of Longest Day of Play (Obesity Priority Group). ACHD installed a Project DAWN needle drop off box and began recurring Harm Reduction meet-ups at libraries throughout the county. The Stigma reduction workgroup devised ways to promote Words Matter and get evidence-based initiatives out to the community, held the P.A.R.T. conference and increased the number of non-mental health professionals who were trained in mental health first aid (Mental Health Priority Group).

One of the most complex set of strategies fall under the Access to Care priority. Members of the Access to Care Team met monthly to discuss telehealth services and outreach to the southern portions of the county. Broadband expansion, spearheaded by the Ashtabula County Commissioners is bringing connectivity to rural Ashtabula County.

Behind the scenes ACHD was working with multiple entities on the viability of telehealth services through the ACHD and establishing a FQHC or school-based clinics through Appalachian Community Grant Program and Nationwide Children's Hospital. The Nationwide Children's Hospital school-based clinic model has been implemented throughout Ohio, driven by the concept that one can improve community health by addressing the Social Determinants of Health. ACHD staff developed a logistical, financial and administrative narrative and analysis for the Appalachian Community Grant application and through discussion determined expanding to a mobile clinic division model would best meet the needs of county residents based on geographic configuration.

After additional discussion, however, the ACHD Board of Health decided not to move forward with the grant application process for school-based health clinics.

Telehealth remains in the discussion stage, mostly due to limitations in infrastructure. It was determined after much research and discussion that the up-front costs to implement an FQHC at the ACHD would pose too significant a challenge.

The next focus of some members of the priority team was to ensure resources were maximized for the Remote Area Medical event in April 2024. Ashtabula County Health Department's Director of Nursing wanted to brainstorm ways to increase transportation options for those most in need of this free medical and dental care event.

The Access to Care Team will continue its long-range planning and evaluating options. We saw a new Access to Care Report and a proliferation of Community Health Workers/Navigators in various sites throughout Ashtabula County to increase health equity (Access to Care Priority Group).

In Year One of the 2023-2025 Cycle, the Obesity Prevention Priority Team addressed all eight of their strategic objectives and were able to add additional activities to their list.

The Mental Wellbeing Priority Team met six of their 11 strategic objectives and expanded on two. They are making sustained progress on all of their objectives and report on their progress regularly through their newsletter to over 600 recipients.

Progress on Priority Health Issues from Community Health Improvement Plan

✓ Addressed ∞ In Process 🌱 Expanded ✗ Determined to be unfeasible

Priority 1

Obesity Prevention

- ✓ 1.1: Form a committee to examine policies, such as Good Food Here (from the Ohio Food and Beverage Guidelines Toolkit) and engage local resources (local farmers, 4H, etc.) to develop a program for healthy food taste testing and recipe cards in local grocery stores.
Timeline: 3/31/23
- ✓ 1.2: Develop a community permaculture for free fruits and vegetables working with schools and community members (possibly, integrating Veggie U and community gardening in school curricula).
12/21/23
- ✓ 2.1: Develop a community wide physical activity campaign containing health promotion messages on health risks for youth.
6/1/23
- ✓ 2.2: Address school programs to increase physical activity (e.g., in the classroom, recess, or study hall periods) among middle and high schools.
8/31/23
- ✓ 3.1: Create or partner with non-profit organizations to create fitness and  nutritional support/educational activities for residents that include online and in-person options for exercise and healthy eating lifestyles.
2/28/23
- ✓ 3.2: Engage local fitness centers and schools to honor a 30- or 60-day free exercise subscription to the entire community.
2/28/23
- ✓ 3.3: Develop a community wide physical activity campaign containing health promotion messages on health risks (e.g., high blood pressure or high cholesterol) for adults.
3/31/23

Priority 2

Mental Wellbeing

- ✓ 1.1: Form a workgroup to address causes/stigmas preventing individuals from seeking care based on the results of our Rural County Stigma Survey completed in November 2021.
Timeline: 1/31/23

- ✓ 1.2: Engage with those with lived experience/impacted/special populations who do not seek care due to stigma to develop several anti-stigma messages/slogans/phrases.
4/28/23
- ∞ 1.3: Integrate anti-stigma messages/slogans/phrases into promotional messages (e.g., social media, billboards, videos/PSAs, etc.) into Healthy Ashtabula County's campaign.
5/31/23
- ✓ 1.4: Implement anti-stigma campaign using multiple modes (e.g., social media, web, PSAs, billboards, etc.) to the public and targeting healthcare and criminal justice settings. *
6/30/23-12/31/25
- ∞ 2.1: Develop strategies to embed linkages to behavioral health care treatment and retention from hospitals to treatment providers.
12/31/24
- ∞ 2.2: Work with hospitals and treatment providers to embed linkages (implement the strategies developed).
12/31/25
- ✓ 3.1: Expand the number of non-behavioral health and social services providers trained in Mental Health First Aid, trauma-informed care or Question, Persuade, and Refer (QPR).
12/31/25
- ∞ 3.2: Develop a tip sheet for providers (targeting primary care) to use to help them ask about and screen for mental health among clients (e.g., PHQ-9 or ACEs questionnaires, SBIRT).
3/31/23
- ∞ 3.3: Circulate the tip sheet developed among providers (e.g., embedding within EHRs/EMRs, websites, and/or social media).
6/30/23
- ✓ 3.4: Utilize county-wide partnerships to enhance the distribution of Mental Health and SUB Treatment Resource Manuals.
8/31/23
- ✓ 3.5
Provide monthly newsletters to Healthy Ashtabula County Partners that includes local resources, events and other helpful information.
2/31/25

Priority 3

Access to Care

- ✓ 1.1: Convene partners to assess access to care (including, at a minimum, primary care and behavioral health providers).
1/31/23
- ✓ 1.2: Host meeting(s) to identify data available on populations who lack access or experience barriers (data could be from the CHNA, surveys, ED/ER visits, etc.) and data on the availability and gaps in services (e.g., the number and geographic distribution of providers, or patient/provider ratios).
3/31/23
- ✓ 1.3: Collect data and host meeting(s) to draw conclusions about the causes of barriers to access to care (e.g., transportation or other social or structural determinants of health) and emerging issues (e.g., changes in the availability of services or providers, or reimbursement/insurance, legislative, or other changes).
4/28/23
- ✓ 1.4: Draft Access to Care Assessment Report specifically addressing access to primary care and behavioral health, which includes: An evaluation of access to care strategies implemented by gathering data directly from those experiencing barriers; populations who lack access or experience barriers; an assessment of the availability and gaps in services; conclusions drawn about the causes of barriers; and emerging issues related to access to care.
6/30/23
- ∞ 2.1: Review Access to Care Assessment Report findings with partners and identify 1-2 strategies that could be implemented related to achieving policy changes or additional resources to facilitate access.
8/31/23
- ∞ 2.2: Identify under/uninsured individuals, including those who are un/under-employed and not receiving employer sponsored benefits, the Chamber of Commerce to identify the County's largest employers who do not offer health insurance, and/or small business associations to identify self-employed and un/under-employed individuals who are uninsured.
10/31/23
- ✓ 2.3: Identify insurance enrollment/navigators/case managers available in Ashtabula County who are available to provide insurance enrollment assistance and eligibility criteria.
11/30/23

- ✘ 2.4: Work with insurance companies to create transparency in out of pocket, copay, and other medical expenditures to prevent individuals from not seeking care due to costs.
1/31/24
- ∞ 2.5: Develop a program to integrate mobile insurance registration within EMS, targeting the Southern portion of the County.
1/31/24
- ∞ 3.1: Identify for comparison, nurse advocate programs successfully implemented in other communities which assist with insurance enrollment, navigation, and cost transparency.
12/31/23
- ∞ 3.2: Meet with social service and health care providers and establish signed Memoranda of Understanding (MOUs) to link or coordinate care. The MOUs will list activities, responsibilities, scopes of work, and timelines to integrate social services and health care.
1/31/24
- ∞ 3.3: Advocate for legislation to expand affordability, coverage, or cost transparency to increase access, focusing on preventative care and barriers faced among the working poor.
12/31/25
- ∞ 4.1 Assess telehealth options available based on insurance coverage/provider to determine if there are gaps in service eligibility or coverage.
10/31/23
- ✘ 4.2: Meet with insurance providers to explore options to expand telehealth service coverage.
11/30/23
- ✓ 4.3: Promote the Affordable Connectivity Program (ACP) by advertising in churches, senior centers, public housing, lobbies and other public places to increase broadband access among 6,800 households in Ashtabula County (targeting the Southern portion).
12/31/23
- ✓ 4.4: Develop and promote a directory/tri-fold of available telehealth services and providers based on insurance provider and instructional materials to assist individuals in using telehealth services.
12/31/23
- ✓ 4.5: Circulate the tri-fold and informational materials on how to access telehealth services, service providers, and community health centers (such as, the

resource center in Conneaut) through 2-1-1, by providing information to those gaining access to broadband.

12/31/25

- ∞ 4.6: Host educational session(s) for individuals on how to access telehealth and record sessions to post links to Healthy Ashtabula County partner pages for community members to access for future viewing.

12/31/25

- ✓ 4.7: Embed community health resource centers to conduct preliminary screenings (e.g., blood pressure, blood sugar, O2 (oxygen) levels, etc.) prior to telehealth visits with telehealth technology available to assist those without computers or who are less tech-savvy (locations include: Andover library, SCAD, community centers, etc.).

12/31/25

Priority 4

Strengthening & Sustaining Healthy Ashtabula County

- ✓ 1.1: Form a cross-sector coalition to advance equity engaging, at a minimum, the health sector, non-health sector, and community members representing historically excluded or marginalized populations.

12/31/23

- ✓ 1.2: Establish a shared purpose and priorities for the committee, including, how data or data findings will be shared, a decision-making process which includes community involvement, and a common way of assessing progress towards outcomes either in the CHIP or other equity initiatives.

3/31/23

- ∞ 1.3: Identify strategies to advance equity and methods to sustain the coalition.

6/30/23

- ∞ 1.4: Examine the Healthy Ashtabula County membership through a "health equity lens" to ensure representation from community members or organizations that represent populations disproportionately affected by conditions contributing to poorer health outcomes, by:

- Identifying ways to strategically recruit new members based on health equity considerations, priority areas (obesity, depression/anxiety, and access to care), resource needs and policy-setting.
- Encouraging community engagement by implementing at least one strategy to eliminate barriers to participation among community members, consistent with an adopted community engagement model or framework.
- Exploring options to retain existing members, such as, hosting meetings in locations or day/hours most convenient for members or eliminating

barriers to participation (for example, hosting meetings in a virtual environment or childcare arrangements).
8/31/23

- ✓ 2.1: Develop a concise roadshow presentation or video synopsis of CHNA data and CHIP strategies.
12/31/23
- ∞ 2.2: Identify whether relationships could be built with other sectors (e.g., schools to support data collection or implementation of CHIP strategies or business community) to support or offset current infrastructure related needs of the group.
6/30/24
- ✓ 2.3: Present the roadshow presentation to civic organizations (e.g., Kiwanis, 4H, etc.), businesses (e.g., Chambers of commerce), schools/universities (e.g., A-Tech and others) and/or circulate the Healthy Ashtabula County video through web and social media outlets to raise awareness about the purpose, goals, and ways to get involved with Healthy Ashtabula County.
6/30/24
- ∞ 2.4: Explore opportunities to submit a joint funding proposal to support the CHIP's implementation, including whether a 501(c)(3) status foundation or agency could support going after new or diverse funding opportunities.
12/31/24
- ∞ 2.5: Determine the feasibility and resourcing (time and money) of a Healthy Ashtabula County website and/or expanding use of social media (e.g., cross-posting among partners or creating a #HealthyAshtabula hashtag).
12/31/24

Promotion of Strengthening and Sustaining Healthy Ashtabula County began with a roadshow in the Fall with presentation to the League of Women Voters.

Stakeholders as well as Subject Matter Experts will convene in mid-January to study the feasibility of making Healthy Ashtabula County a non-profit. The need stems in large part from the success of the priority teams. Initiatives developed by priority teams will require funding to keep our impact sustainable in the long term and provide the framework necessary for financial and administrative oversight.

In early January 2024, the Healthy Ashtabula County website was unveiled. Produced by a volunteer stakeholder, it will showcase the work and resources from each priority area.

Stakeholder Survey: Priority Team Structure, Vision, and Make-Up

Stakeholders that participated on priority team activities were invited to complete the survey. A total of **19 participants** completed the survey.

In terms of subcommittee make-up, 95% 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).

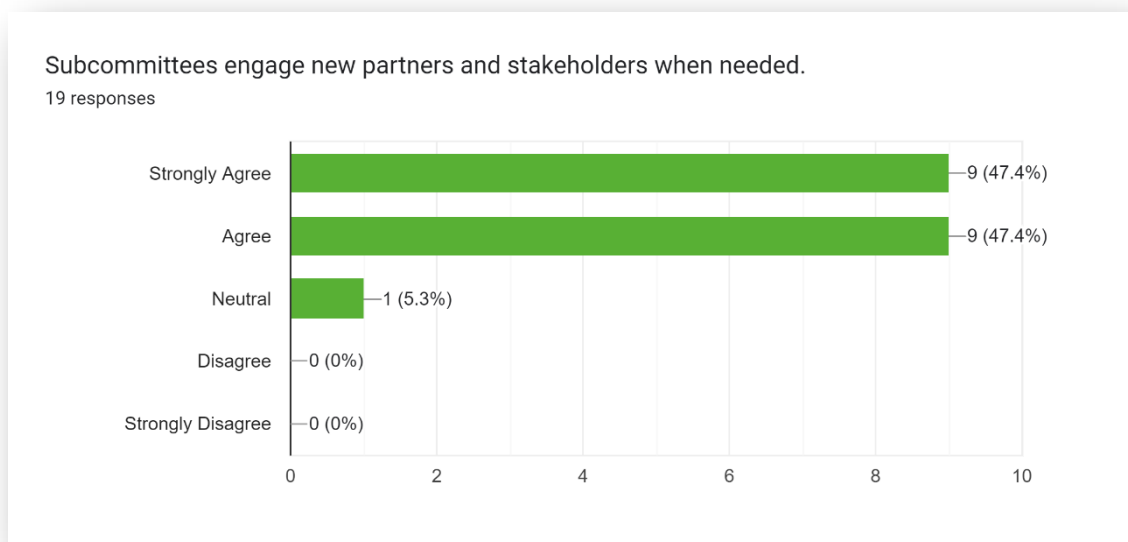


Figure 1

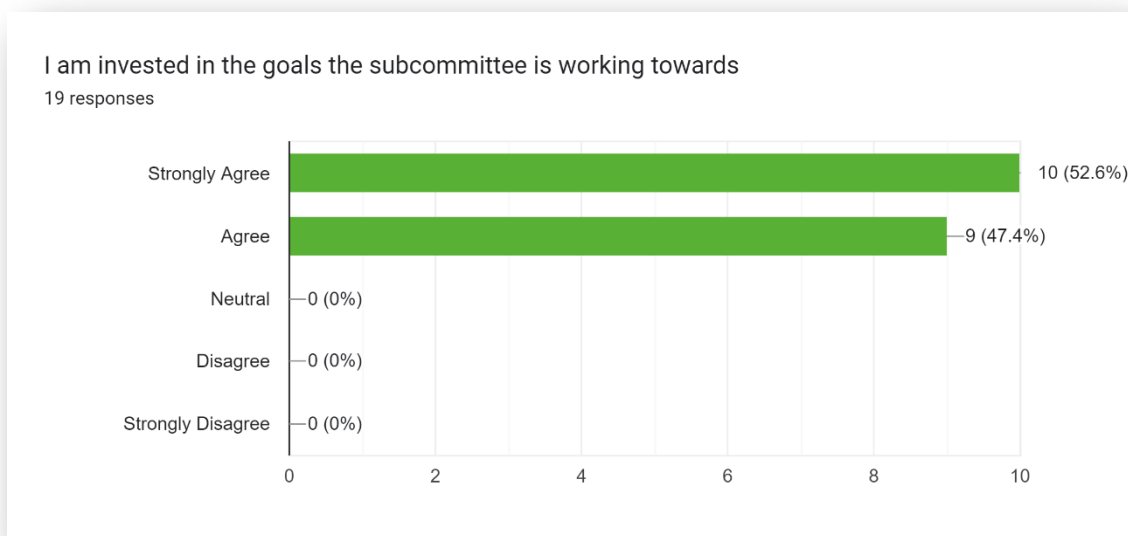


Figure 2

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 questions regarding subcommittee communications during and in-between meetings. Overall, survey participants (90%) agreed or strongly agreed subcommittee **meetings have a clear purpose** (Figure 3).

Additionally, 84% of participants agreed or strongly agreed there is a clear decision-**making process** in place during meetings, while 16% were neutral (Figure 4).

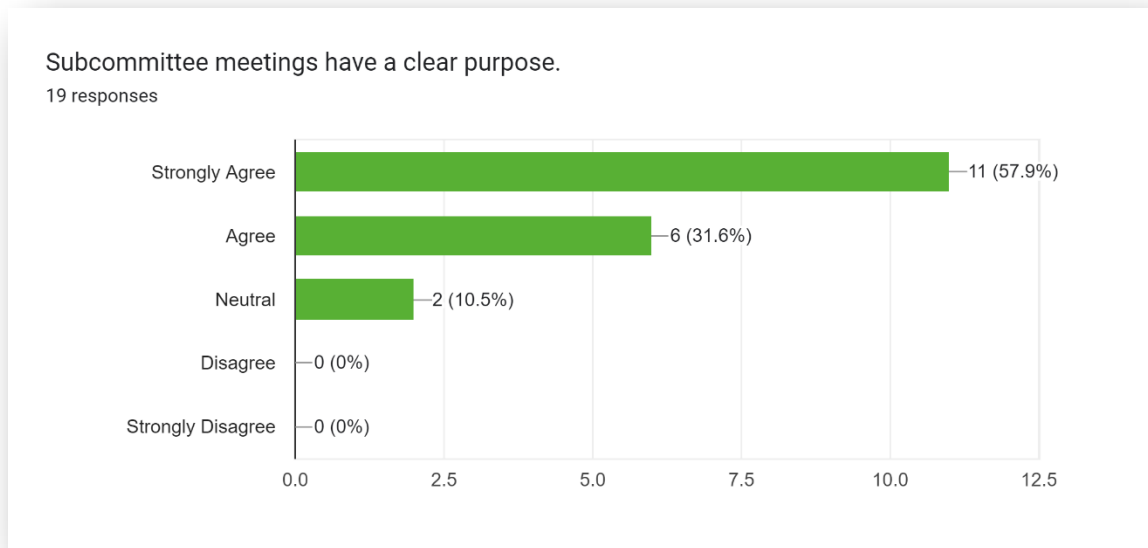


Figure 3

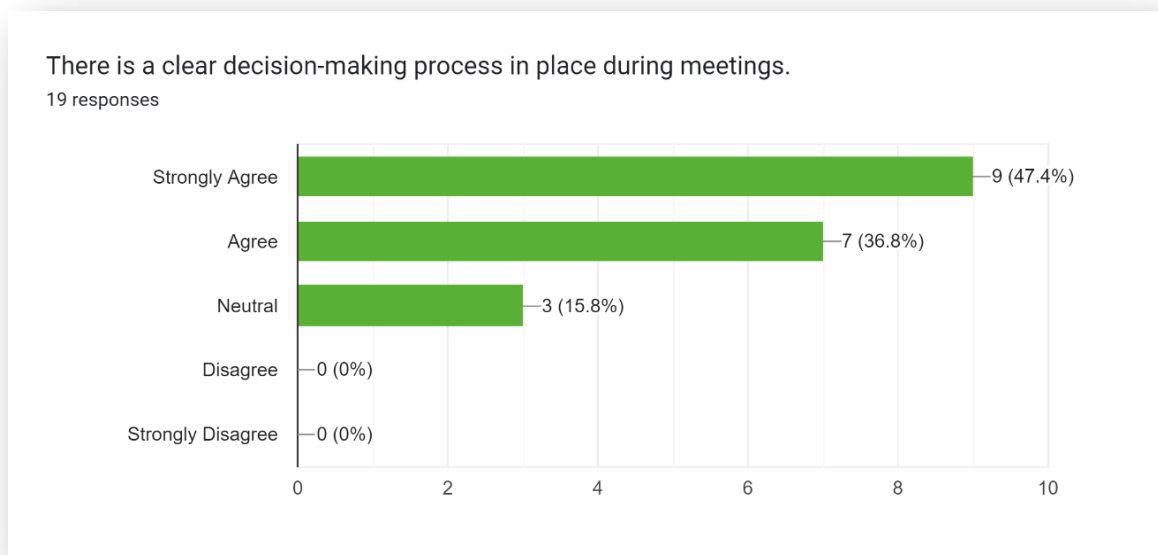


Figure 4

Roles and Alignment of Activities

The survey included questions regarding roles and activity alignment among the partners and organizations involved. From the subcommittee members that participated, 79% of them agreed or strongly agreed they could **clearly articulate their role** in the subcommittee, while 21% were neutral (Figure 5).

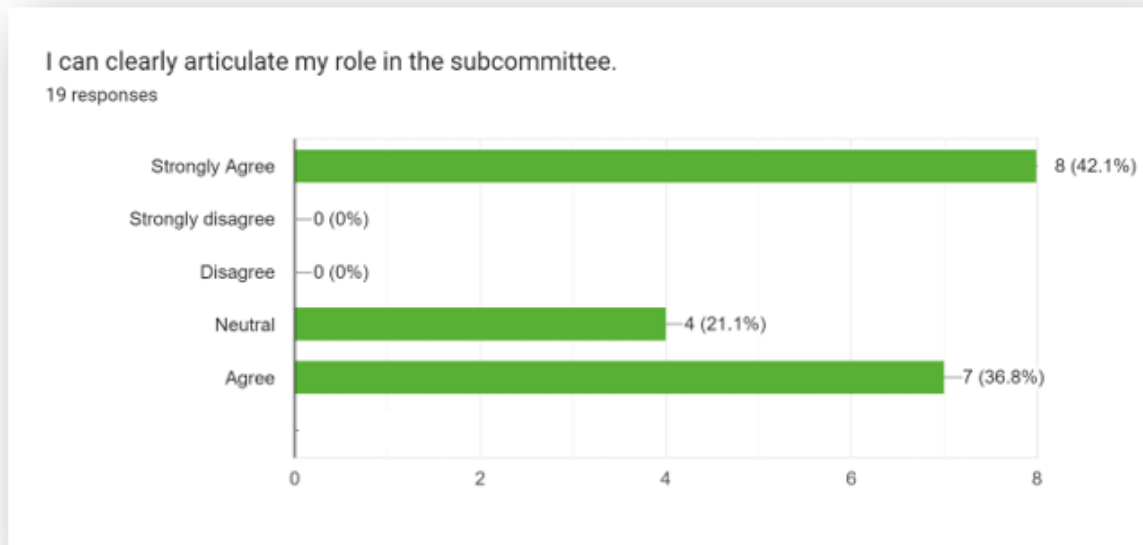


Figure 5

79% of participants agreed or strongly agreed their organization had **benefitted from being involved** in the subcommittee, while about 21% were neutral (Figure 6).

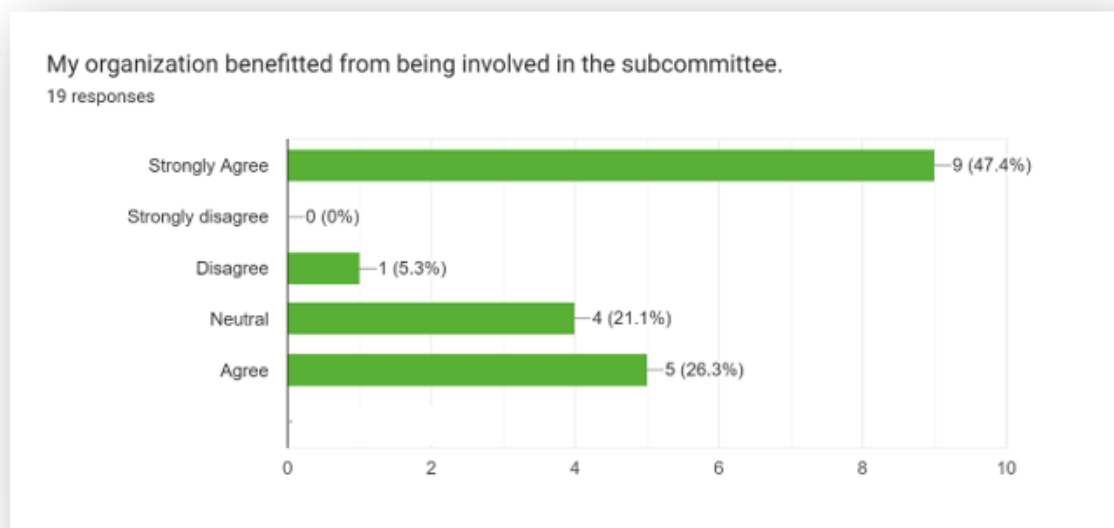


Figure 6

About 79% of participants agreed or strongly agreed partners had **aligned their organization's work with the work of the CHIP** while 21% were neutral. (Figure 7).

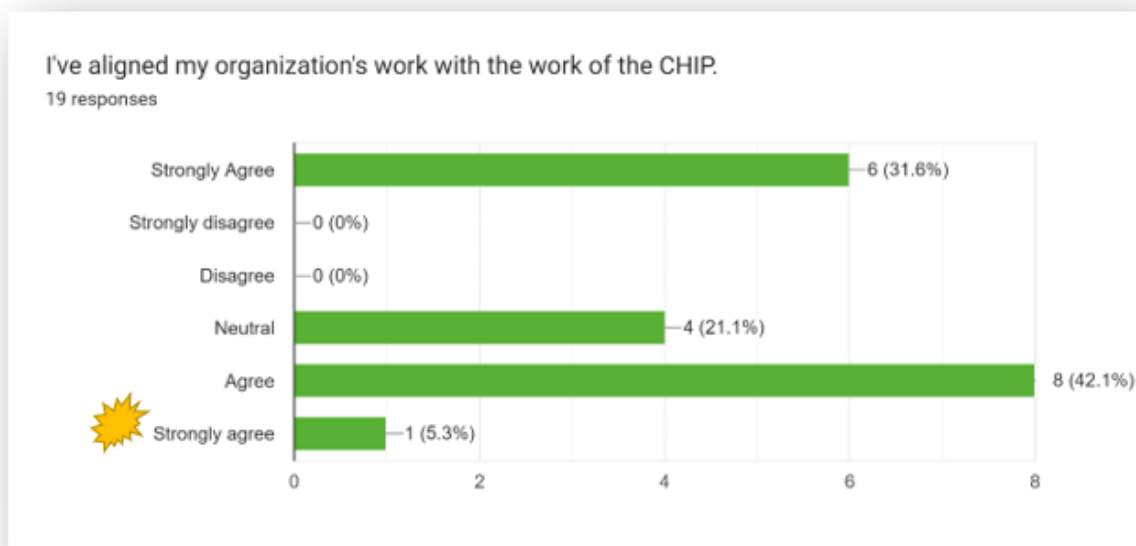


Figure 7

☀ NOTE: unintended replication of choice had no significant impact on overall results

Broad CHIP Alignment

While each subcommittee focuses on several strategies, their work is an important piece of the larger CHIP which includes other priority areas and the value of **Strengthening and Sustaining Healthy Ashtabula County** collaboration. When asked whether this was considered of their subcommittee's work, 79% agreed or strongly agreed and 21% were neutral (Figure 8). Additionally, only

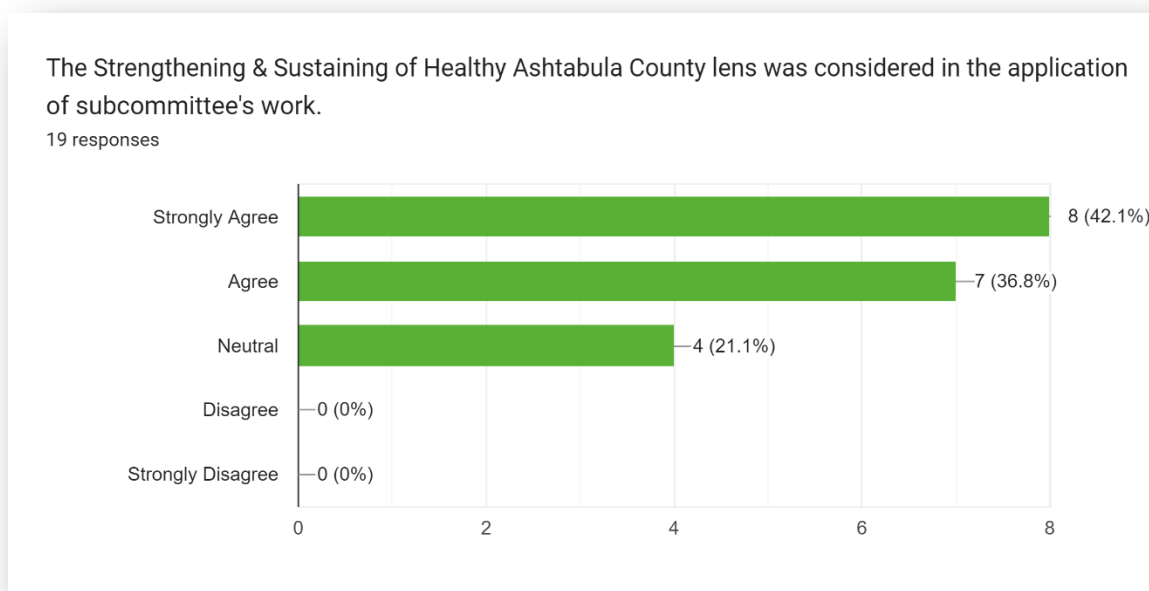


Figure 8

68% of participants strongly agreed or agreed they had a good understanding of what the **other CHIP action teams** were working on (Figure 9)

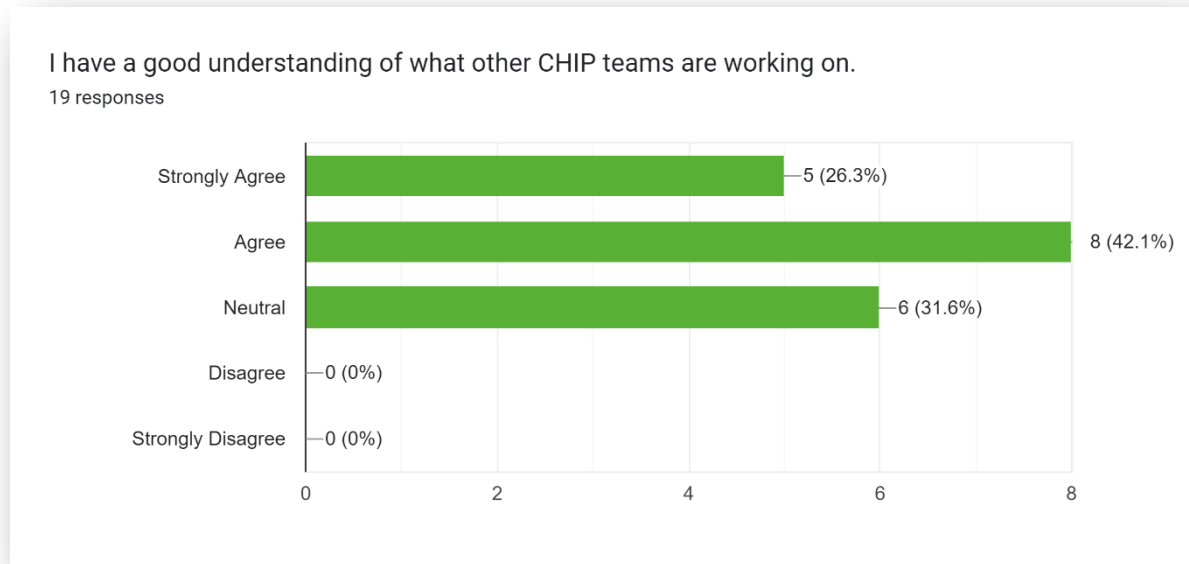


Figure 9

CHIP Sponsors

Thank you to our community partners and sponsors for without their continued support and contributions the CHIP would not be possible:

1. Ashtabula County Health Department
2. Ashtabula County Board of Health
3. Ashtabula City Health Department
4. Conneaut City Health Department
5. Ashtabula County Commissioners
6. Ashtabula County Community Action Agency
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32. Ashtabula County Y

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 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 Director of Quality & Performance.

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

Four community organizations (i.e. "Lead Agencies") have taken ownership of the four CHIP priority areas. These are Conneaut City Health Department (Obesity Prevention & Access to Care); Ashtabula County Mental Health & Recovery Services Board (Mental Wellbeing), and Ashtabula County Health Department (Strengthening & Sustaining Healthy Ashtabula County). These organizations have a proven track record of working collaboratively on their respective issues within the community, and participated throughout the CHA and CHIP process and have committed themselves to the three-year implementation cycle 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 monthly and pull together many community stakeholders. Action teams delegate subcommittees to focus on one or two strategies within the plan.

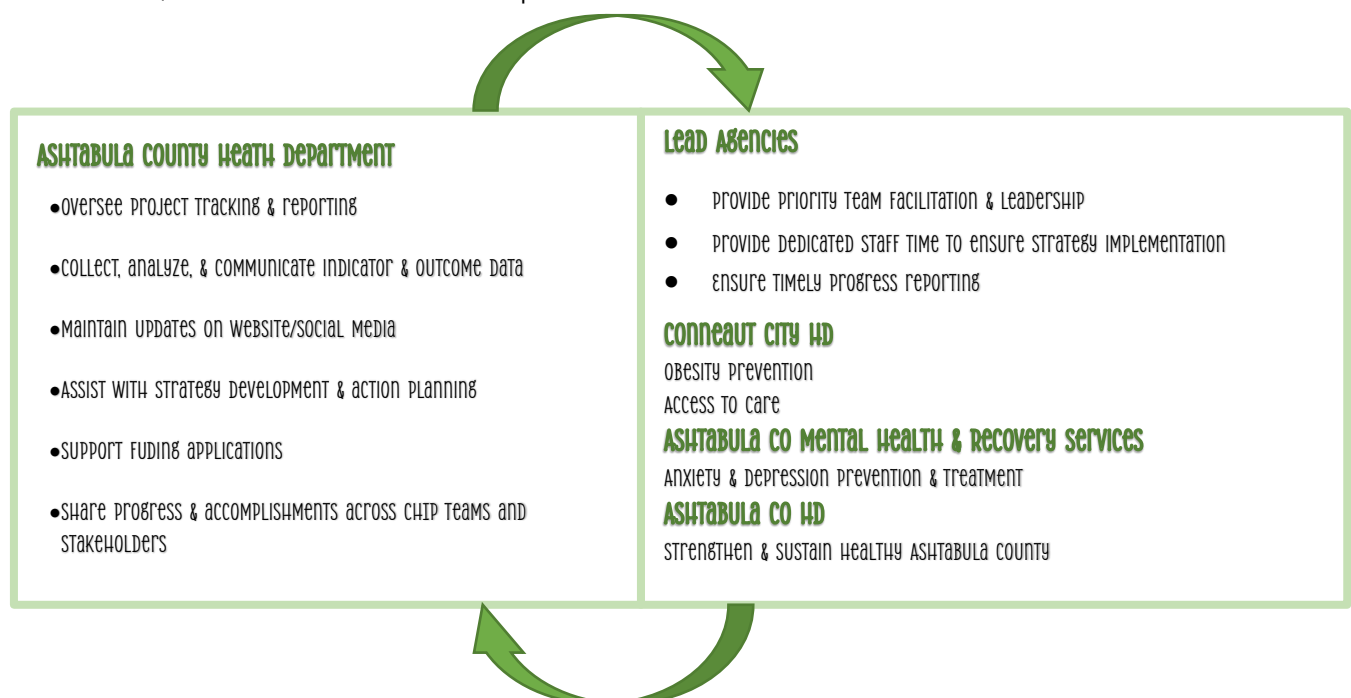
Subcommittees

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:** The Director of Quality & Performance provides quarterly updates on the status and progress of the CHIP to the Ashtabula County Board of Health.
- **Public:** The Director of Quality & Performance is responsible for adding quarterly CHIP Reports to the ACHD website in addition to the CHIP & CHA Plans, the Access to Care Plan, and the CHIP Annual Report.





Conneaut City
Health Department



Public Health
Prevent. Promote. Protect.



ASHTABULA





Comprised of public and private partnerships, Healthy Ashtabula County is the implementation arm of the 2023-2025 Community Health Improvement Plan - a long-term, systematic effort to address public health priorities.

healthyashtabulacounty.com



Community Health Improvement Plan **Annual Report** 2022-2025 Cycle

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Prepared by:
Allie Maraffi
Administrator/Director of Quality

Date: 2/12/2025

Executive Summary

The **Health Departments of Ashtabula County (HDAC)** Community Health Improvement Plan (CHIP) is a 3-year (2023-2025) **multi-sector, collaborative plan** designed to address three community-identified health priorities: 1) Obesity Prevention, 2) Anxiety & Depression Prevention & Treatment Over the Lifespan, and 3) Access to Care, and a health equity strategy, 1) Strengthening & Sustaining the collaborative that is Healthy Ashtabula County. HDAC collaborate with 32 agencies or individuals, 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.

To evaluate progress and assess 2023 activities, **Ashtabula County Health Department** and priority teams performed a **quarterly review process** comprised of two main components: 1) An assessment and revision process for each of the CHIP strategies, and 2) a survey to assess overall structure and function of the subcommittees tasked with CHIP strategy implementation. 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
- A **summary of the CHIP priority areas**, including long-term goals and an updated list of partners
- Key **findings and recommendations** from the subcommittee survey to inform CHIP year 2 strategy implementation
- **Lessons learned** from the HDAC and the CHIP Lead Agencies

2021-2022: The Community Health Needs Assessment

Illuminology performed the Community Health Assessment and data collected from the CHA was compiled in a report and shared with the community through listening sessions where participants identified three 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 community-identified priorities.

From this prioritization process, the community arrived at the following priority areas for health improvement:

- Obesity Prevention
- Anxiety & Depression Prevention & Treatment
- Access to Care
- An additional lens to address the three health priorities - **Healthy Equity:** Strengthening & Sustaining the Healthy Ashtabula County collaborative.

Throughout the prioritization processes, **Social Determinants of Health** and **Health Equity** 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.

2022-2023: Community Health Improvement Plan Development

In the fall of 2022, community partners, with support from Emily Franz, CHIP consultant, used the findings from the CHA to develop the 2023-2025 Ashtabula County Community Health Improvement Plan. 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.

When the 2023-2025 CHIP was completed in December of 2022, the planning committees transitioned into Priority Teams. Priority Leads of the 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. A graphic illustrating the structure of the CHIP is included in the next page.

Ashtabula County Health Department’s Administrator/Director of Quality coordinates CHIP planning and oversees the implementation and functioning of Healthy Ashtabula County.

Health Department Role in the CHIP

A 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, pages 21-22.

CHIP Structure

Provides guidance and strategic oversight for the direction and implementation of the CHIP

Steering Committee

Overarching Leadership

Health Department

Backbone Support

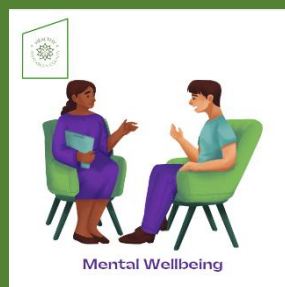
Provides technical assistance, conducts evaluations, and ensures overall sustainability of the CHIP

Action Teams & Lead Agencies

Action teams address the three CHIP Priority areas. Lead agencies are city health departments or local agencies that coordinate each of the action teams. The agencies were selected based on subject-matter expertise and capacity to lead the work



Conneaut City Health Department



Ashtabula County Mental Health & Recovery Services Board



Conneaut City/Ashtabula City Health Departments

Lens: Social Determinants of Health

STRENGTHEN &
SUSTAIN



HEALTHY ASHTABULA COUNTY

Lens: Health Equity

Ashtabula County Health Department

Feasibility and Effectiveness of Strategies

Process for Monitoring and Revision

Priority leads convened groups monthly and communicated with their groups regularly via email. ACHD Administrator/Director of Quality sent quarterly surveys to each priority lead to obtain progress reporting. Progress reports detailed the previous three months and implementation of activities. There was frequent communication between group members when opportunities arose in the community that members could participate in and that might further help us meet our objectives.

Responses with supporting materials were compiled, and the Administrator/Director of Quality created a quarterly report that was sent to the group, and also made available to the public on the ACHD website, and later, on the Healthy Ashtabula County website.

Feasibility and Effectiveness of Strategies

Despite the loss of some programming due to the pandemic, as a result of the formal review process, the following strategy revisions were implemented: establishment of Warrior Nourish (initial site of school-based nutrition campaign); health forums, Social Media Campaigns via Instagram, Facebook, and a new website to organize health-related events, healthy recipes, as well as Healthy Ashtabula County-related updates. Harvest in the Harbor, farmer's markets, and physical activity and nutritional partnerships with schools filled the gaps, including one left by the discontinuing of Longest Day of Play (Obesity Priority Group). ACHD installed a Project DAWN needle drop off box, clean syringe exchange program, and began recurring Harm Reduction meet-ups at libraries throughout the county. The Stigma Reduction workgroup devised ways to promote Words Matter and get evidence-based initiatives out to the community, held the P.A.R.T. conference and increased the number of non-mental health professionals who were trained in Mental Health First Aid (Mental Health Priority Group).

One of the most complex set of strategies falls under the Access to Care priority. Members of the Access to Care Team met monthly to discuss telehealth services and outreach to the southern portions of the county. Broadband expansion, spearheaded by the Ashtabula County Commissioners, is bringing connectivity to rural Ashtabula County.

The Access to Care Team will continue its long-range planning and evaluating options. We saw a proliferation of Community Health Workers in various sites throughout Ashtabula County to increase health equity.

In Year Two of the 2023-2025 Cycle, the Obesity Prevention Priority Team addressed all eight of their strategic objectives and were able to add additional activities to their list. One successful activity that was initiated in 2024 was the creation of a weekly Pilates class. One member of the Obesity Prevention Priority Team became a certified Pilates instructor, and offers the class for free at the Ashtabula County Health Department.

The Mental Wellbeing Priority Team met six of their 11 strategic objectives and expanded on two. They are making sustained progress on all of their objectives and report on their progress regularly through their newsletter to over 600 recipients.

Progress on Priority Health Issues from Community Health Improvement Plan

- ✓ Addressed ∞ In Process ⚙ Expanded ✗ Determined to be unfeasible

Priority 1

Obesity Prevention

- ✓ 1.1: Form a committee to examine policies, such as Good Food Here (from the Ohio Food and Beverage Guidelines Toolkit) and engage local resources (local farmers, 4H, etc.) to develop a program for healthy food taste testing and recipe cards in local grocery stores.
Timeline: 3/31/23
- ✓ 1.2: Develop a community permaculture for free fruits and vegetables working with schools and community members (possibly, integrating Veggie U and community gardening in school curricula).
12/21/23
- ✓ 2.1: Develop a community wide physical activity campaign containing health promotion messages on health risks for youth.
6/1/23
- ✓ 2.2: Address school programs to increase physical activity (e.g., in the classroom, recess, or study hall periods) among middle and high schools.
8/31/23
- ✓ ⚙ 3.1: Create or partner with non-profit organizations to create fitness and nutritional support/educational activities for residents that include online and in-person options for exercise and healthy eating lifestyles.
2/28/23
- ✓ 3.2: Engage local fitness centers and schools to honor a 30- or 60-day free exercise subscription to the entire community.
2/28/23
- ✓ 3.3: Develop a community wide physical activity campaign containing health promotion messages on health risks (e.g., high blood pressure or high cholesterol) for adults.
3/31/23

Priority 2

Mental Wellbeing

- ✓ 1.1: Form a workgroup to address causes/stigmas preventing individuals from seeking care based on the results of our Rural County Stigma Survey completed in November 2021.
Timeline: 1/31/23
- ✓ 1.2: Engage with those with lived experience/impacted/special populations who do not seek care due to stigma to develop several anti-stigma messages/slogans/phrases.
4/28/23
- ✓ 1.3: Integrate anti-stigma messages/slogans/phrases into promotional messages (e.g., social media, billboards, videos/PSAs, etc.) into Healthy Ashtabula County's campaign.
5/31/23
- ✓ 1.4: Implement anti-stigma campaign using multiple modes (e.g., social media, web, PSAs, billboards, etc.) to the public and targeting healthcare and criminal justice settings. *
6/30/23-12/31/25
- ∞ 2.1: Develop strategies to embed linkages to behavioral health care treatment and retention from hospitals to treatment providers.
12/31/24
- ∞ 2.2: Work with hospitals and treatment providers to embed linkages (implement the strategies developed).
12/31/25
- ✓ 3.1: Expand the number of non-behavioral health and social services providers trained in Mental Health First Aid, trauma-informed care or Question, Persuade, and Refer (QPR).
12/31/25
- ∞ 3.2: Develop a tip sheet for providers (targeting primary care) to use to help them ask about and screen for mental health among clients (e.g., PHQ-9 or ACEs questionnaires, SBIRT).
3/31/23
- ∞ 3.3: Circulate the tip sheet developed among providers (e.g., embedding within EHRs/EMRs, websites, and/or social media).
6/30/23
- ✓ 3.4: Utilize county-wide partnerships to enhance the distribution of Mental Health and SUB Treatment Resource Manuals.

8/31/23

- ✓ 3.5
Provide monthly newsletters to Healthy Ashtabula County Partners that includes local resources, events and other helpful information.
2/31/25

Priority 3

Access to Care

- ✓ 1.1: Convene partners to assess access to care (including, at a minimum, primary care and behavioral health providers).
1/31/23
- ✓ 1.2: Host meeting(s) to identify data available on populations who lack access or experience barriers (data could be from the CHNA, surveys, ED/ER visits, etc.) and data on the availability and gaps in services (e.g., the number and geographic distribution of providers, or patient/provider ratios).
3/31/23
- ✓ 1.3: Collect data and host meeting(s) to draw conclusions about the causes of barriers to access to care (e.g., transportation or other social or structural determinants of health) and emerging issues (e.g., changes in the availability of services or providers, or reimbursement/insurance, legislative, or other changes).
4/28/23
- ✓ 1.4: Draft Access to Care Assessment Report specifically addressing access to primary care and behavioral health, which includes: An evaluation of access to care strategies implemented by gathering data directly from those experiencing barriers; populations who lack access or experience barriers; an assessment of the availability and gaps in services; conclusions drawn about the causes of barriers; and emerging issues related to access to care.
6/30/23
- ∞ 2.1: Review Access to Care Assessment Report findings with partners and identify 1-2 strategies that could be implemented related to achieving policy changes or additional resources to facilitate access.
8/31/23

- ∞ 2.2: Identify under/uninsured individuals, including those who are un/under-employed and not receiving employer sponsored benefits, the Chamber of Commerce to identify the County's largest employers who do not offer health insurance, and/or small business associations to identify self-employed and un/under-employed individuals who are uninsured.
10/31/23
- ✓ 2.3: Identify insurance enrollment/navigators/case managers available in Ashtabula County who are available to provide insurance enrollment assistance and eligibility criteria.
11/30/23
- ✗ 2.4: Work with insurance companies to create transparency in out of pocket, copay, and other medical expenditures to prevent individuals from not seeking care due to costs.
1/31/24
- ∞ 2.5: Develop a program to integrate mobile insurance registration within EMS, targeting the Southern portion of the County.
1/31/24
- ∞ 3.1: Identify for comparison, nurse advocate programs successfully implemented in other communities which assist with insurance enrollment, navigation, and cost transparency.
12/31/23
- ∞ 3.2: Meet with social service and health care providers and establish signed Memoranda of Understanding (MOUs) to link or coordinate care. The MOUs will list activities, responsibilities, scopes of work, and timelines to integrate social services and health care.
1/31/24
- ∞ 3.3: Advocate for legislation to expand affordability, coverage, or cost transparency to increase access, focusing on preventative care and barriers faced among the working poor.
12/31/25
- ∞ 4.1 Assess telehealth options available based on insurance coverage/provider to determine if there are gaps in service eligibility or coverage.
10/31/23

- ✗ 4.2: Meet with insurance providers to explore options to expand telehealth service coverage.
11/30/23
- ✓ 4.3: Promote the Affordable Connectivity Program (ACP) by advertising in churches, senior centers, public housing, lobbies and other public places to increase broadband access among 6,800 households in Ashtabula County (targeting the Southern portion).
12/31/23
- ✓ 4.4: Develop and promote a directory/tri-fold of available telehealth services and providers based on insurance provider and instructional materials to assist individuals in using telehealth services.
12/31/23
- ✓ 4.5: Circulate the tri-fold and informational materials on how to access tele-health services, service providers, and community health centers (such as, the resource center in Conneaut) through 2-1-1, by providing information to those gaining access to broadband.
12/31/25
- ∞ 4.6: Host educational session(s) for individuals on how to access telehealth and record sessions to post links to Healthy Ashtabula County partner pages for community members to access for future viewing.
12/31/25
- ✓ 4.7: Embed community health resource centers to conduct preliminary screenings (e.g., blood pressure, blood sugar, O2 (oxygen) levels, etc.) prior to telehealth visits with telehealth technology available to assist those without computers or who are less tech-savvy (locations include: Andover library, SCAD, community centers, etc.).
12/31/25

Priority 4

Strengthening & Sustaining Healthy Ashtabula County

- ✓ 1.1: Form a cross-sector coalition to advance equity engaging, at a minimum, the health sector, non-health sector, and community members representing historically excluded or marginalized populations.
12/31/23
- ✓ 1.2: Establish a shared purpose and priorities for the committee, including, how data or data findings will be shared, a decision-making

process which includes community involvement, and a common way of assessing progress towards outcomes either in the CHIP or other equity initiatives.

3/31/23

- ∞ 1.3: Identify strategies to advance equity and methods to sustain the coalition.

6/30/23

- ∞ 1.4: Examine the Healthy Ashtabula County membership through a "health equity lens" to ensure representation from community members or organizations that represent populations disproportionately affected by conditions contributing to poorer health outcomes, by:

- Identifying ways to strategically recruit new members based on health equity considerations, priority areas (obesity, depression/anxiety, and access to care), resource needs and policy-setting.
- Encouraging community engagement by implementing at least one strategy to eliminate barriers to participation among community members, consistent with an adopted community engagement model or framework.
- Exploring options to retain existing members, such as, hosting meetings in locations or day/hours most convenient for members or eliminating barriers to participation (for example, hosting meetings in a virtual environment or childcare arrangements).

8/31/23

- ✓ 2.1: Develop a concise roadshow presentation or video synopsis of CHNA data and CHIP strategies.

12/31/23

- ∞ 2.2: Identify whether relationships could be built with other sectors (e.g., schools to support data collection or implementation of CHIP strategies or business community) to support or offset current infrastructure related needs of the group.

6/30/24

- ✓ 2.3: Present the roadshow presentation to civic organizations (e.g., Kiwanis, 4H, etc.), businesses (e.g., Chambers of commerce), schools/universities (e.g., A-Tech and others) and/or circulate the Healthy Ashtabula County video through web and social media outlets to raise awareness about the purpose, goals, and ways to get involved with Healthy Ashtabula County.

6/30/24

- ∞ 2.4: Explore opportunities to submit a joint funding proposal to support the CHIP's implementation, including whether a 501(c)(3) status foundation or agency could support going after new or diverse funding opportunities.

12/31/24

- ✓ 2.5: Determine the feasibility and resourcing (time and money) of a Healthy Ashtabula County website and/or expanding use of social media (e.g., cross-posting among partners or creating a #HealthyAshtabula hashtag).

12/31/24

Stakeholders as well as Subject Matter Experts will convene in mid-January to study the feasibility of making Healthy Ashtabula County a non-profit. The need stems in large part from the success of the priority teams. Initiatives developed by priority teams will require funding to keep our impact sustainable in the long term and provide the framework necessary for financial and administrative oversight.

In early January 2024, the Healthy Ashtabula County website was unveiled. Produced by a volunteer stakeholder, it showcases the work and resources from each priority area.

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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 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 Administrator/Director of Quality.

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

Three community organizations (i.e. "Lead Agencies") have taken ownership of the four CHIP priority areas. These are Conneaut City Health Department (Obesity Prevention & Access to Care); Ashtabula County Mental Health & Recovery Services Board (Mental Wellbeing), and Ashtabula County Health Department (Strengthening & Sustaining Healthy Ashtabula County). These organizations have a proven track record of working collaboratively on their respective issues within the community, and participated throughout the CHA and CHIP process and have committed themselves to the three-year implementation cycle of the CHIP.

Action Teams

The three 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 monthly and pull together many community stakeholders. Action teams delegate subcommittees to focus on one or two strategies within the plan.

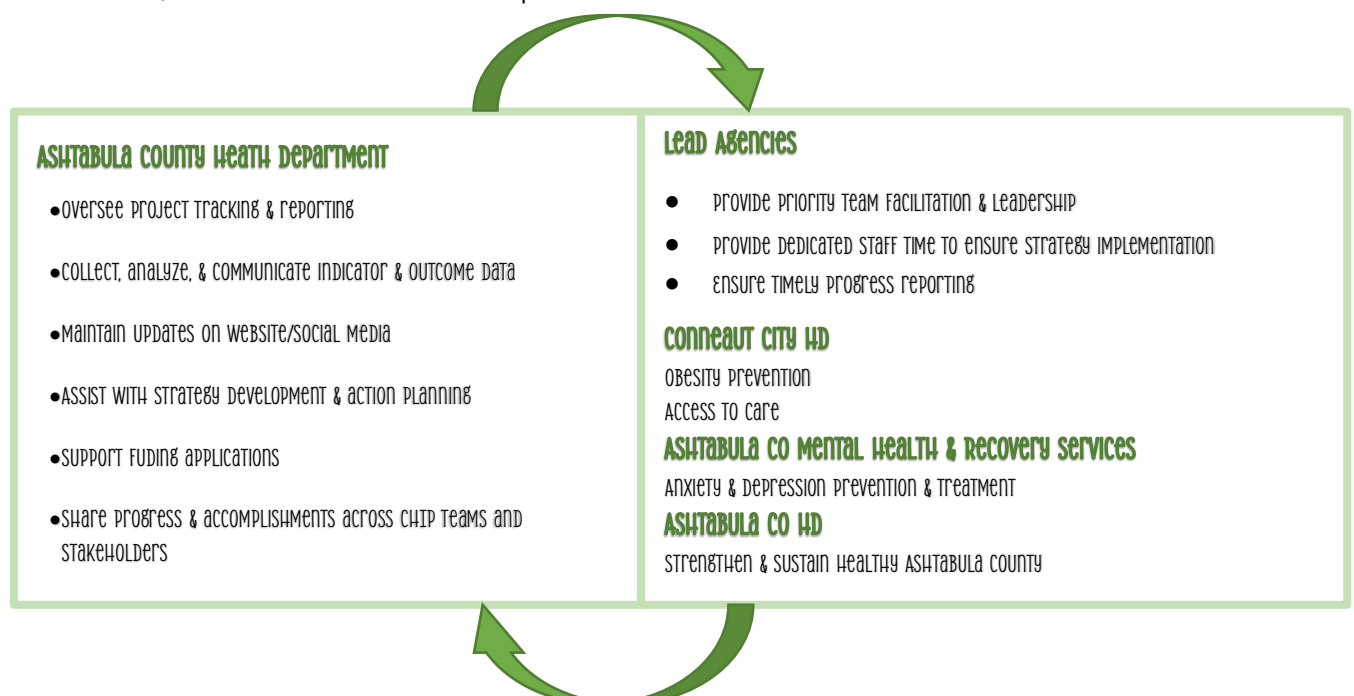
Subcommittees

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 and Healthy Ashtabula County websites.
- **Board of Health:** The Administrator/Director of Quality provides quarterly updates on the status and progress of the CHIP to the Ashtabula County Board of Health.
- **Public:** The Administrator/Director of Quality is responsible for adding quarterly CHIP Reports to the ACHD website in addition to the CHIP & CHA Plans, the Access to Care Plan, and the CHIP Annual Report.





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Comprised of public and private partnerships, Healthy Ashtabula County is the implementation arm of the 2023-2025 Community Health Improvement Plan - a long-term, systematic effort to address public health priorities.

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