ILLUMINOLOGY

ASHTABULA COUNTY

2026-2028 Community Health Improvement Plan

LETTER TO THE COMMUNITY

On behalf of Healthy Ashtabula County, the Health Departments of Ashtabula County are pleased to present the 2026-2028 Community Health Improvement Plan (CHIP). This community-wide strategic plan articulates our collective mission to "improve the health status of Ashtabula County residents through implementation of the Ashtabula County Health Improvement Plan" and serves as a roadmap toward improving the health and well-being of Ashtabula County residents in three priority areas: metabolic disorders, life skills & health resource education, and suicide prevention / addressing isolation.

This 2026-2028 Ashtabula County CHIP describes our plan of action to improve the community's health, which will lead to Ashtabula County becoming a safer and healthier place to live, work, play, and call home. It is the result of the collaborative work of many community members, partners, stakeholders, health department staff and external consultants. The priority areas, objectives, and strategies were informed by robust data summarized within Healthy Ashtabula County's 2025 Community Health Needs Assessment (CHNA), aligned with state and national priorities, and are grounded by scientifically-credible/evidence-based interventions.

Ashtabula County is fortunate to have many agencies committed to improving the health of its residents. Thank you to all who participated in the development of plan and contribution of their time, energy, and resources towards its implementation.

The work goes on.

Jay Becker
Chairperson
Healthy Ashtabula County
Board of Directors

Ryan Tattrie
Vice Chairperson
Healthy Ashtabula County
Board of Directors

EXECUTIVE SUMMARY

Representatives from *Healthy Ashtabula County* participated in large and small group discussions on August 7, 2025. During this in-person session, community members worked to review the recently completed Community Health Needs Assessment (CHNA) and identified the most important health issues facing residents in Ashtabula County:

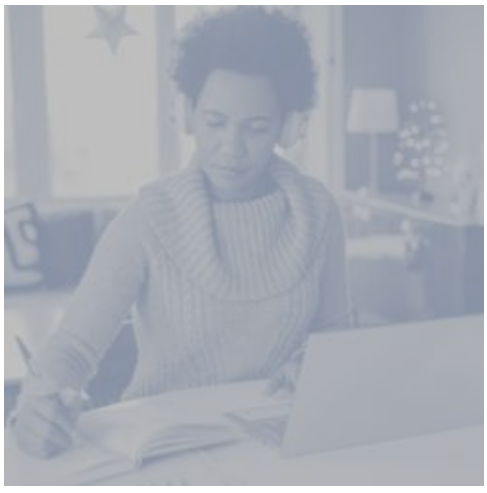
Metabolic disorders

Life skills and health resource education

Suicide prevention / Addressing isolation

The community members split into three work groups to begin drafting health improvement plans for each health priority, following a systematic process informed by County Health Rankings. The plans drafted by each group detail the specific goals, objectives, action steps, and measures that will be used to address the community health priorities and track progress over time.

Implementation of the CHIP will begin in 2026. On an annual basis, *Healthy Ashtabula County* will publish a report outlining progress made towards accomplishing the goals outlined in the work plan and reconvene community partners to discuss progress and necessary revisions. The original group of community partners, along with additional community members, will be invited to provide ongoing guidance and support throughout the implementation of this CHIP and any revisions that may be necessary; the composition of this group will be expanded and maintained as this work progresses. The CHIP is scheduled to be implemented over a three-year period.



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INTRODUCTION

Beginning in 2025, *Healthy Ashtabula County* completed a comprehensive assessment of the health and health needs of its residents. The 2025 Ashtabula County Community Health Needs Assessment (CHNA) considered a wide range of information, including disease rates, quality of life issues, causes of death, community resources, and self-reported health status to paint a picture of the health of Ashtabula County residents. Residents and partners can access the most recent CHNA on the following websites:

- Ashtabula County Health Department: https://ashtabulacountyhealth.com/plans-%26-reports
- Ashtabula City Health Department: https://www.cityofashtabula.com/_files/ugd/b232bb_6baff980ea93460a975c29076fda3cba.pdf
- Conneaut City Health Department: https://www.conneautohio.gov/departments/health_department/index.php
- Ashtabula Regional Medical Center: https://www.armchealth.org/about-us/community-health-needs-assessment/
- University Hospitals: https://www.uhhospitals.org/-/media/files/about-uh/community-benefit/ashtabula-county-2025-chna.pdf

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.

Based on the 2025 Ashtabula County CHNA, the community health stakeholders embarked on a comprehensive strategic planning process focused on improving the health of the community. This began with a review and identification of priority health needs (considering the 2025 CHNA data) and finished with the creation of a Community Health Improvement Plan (CHIP) for addressing those priorities. The CHIP is comprehensive and long term, detailing action steps that will be used by public health system partner organizations as they implement projects, programs, and policies in Ashtabula County.

This report provides a description of the process used to engage the community and stakeholders in the development of the CHIP. Following the process summary, there is a section for each identified priority, listing the goals and strategies selected for each health priority, as well as information to demonstrate the significance of this priority. A work plan that includes more detailed objectives, action steps, and evidence-based strategies for each priority is available in Appendix A. This report concludes with a list of community resources that could be engaged to improve the health of the community.

Healthy Ashtabula County contracted with Illuminology, a central Ohio research firm, to design the CHIP process, to facilitate multiple group meetings, and to draft this document.

ACKNOWLEDGEMENTS

Healthy Ashtabula County

Work on the 2025 Ashtabula County Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) was overseen by a committee, Healthy Ashtabula County, consisting of the following community members.

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Conneaut City Health Department
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Matt Butler

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Ashtabula City Health Department
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Ashtabula Regional Medical Center
Catholic Charities of Ashtabula County
Community Counseling Center of Ashtabula County
Conneaut City Health Department
Signature Health
University Hospitals

CHIP DEVELOPMENT PROCESS

Identifying the Community's Priority Health Needs

On August 7, 2025, community members representing an array of public health, public safety, hospital, healthcare, social service, and community organizations met in person to identify potential priority health needs of the community using the Ashtabula County 2025 Community Health Needs Assessment.

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 disproportionally 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.

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

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 priority health needs are reviewed in the next section of this report.

Creating the Community Health Improvement Plan

After identifying the three priority health needs, Ashtabula County community health stakeholders had the opportunity to indicate their interest in participating in work groups to develop three work plans. Then, the CHIP work groups began their efforts to create the work plans that comprise the main portion of the CHIP. They considered the priorities and needs of residents in the community in order to identify goals, key measures, objectives, action steps, time frames, and accountable persons/organizations related to each priority area. The product of these meetings was a work plan for each of three prioritized health issues; these work plans define the actions of this CHIP. Detailed work plans can be found in Appendix A.

During the work group meetings, members reviewed the findings from the 2025 CHNA that were relevant to their priority health need. They also discussed, broadly, what they would ideally like the community to look like in terms of the priority need and what the barriers would be to achieving that ideal (including social determinants of health and health inequities that might make it more difficult to achieve the ideal).

Several overarching principles were considered during the creation of these work plans: the concepts of evidence-based public health practice, social determinants of health, SMART objectives (specific, measurable, achievable and actionable, relevant, and time-oriented), and priority alignment with Ohio's 2020-2022 State Health Improvement Plan.

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
BMI
Coronary heart disease diagnoses
High cholesterol diagnoses
High blood pressure diagnoses
Diabetes diagnoses
Leading causes of death

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.

PRIORITIZED HEALTH NEED: LIFE SKILLS AND HEALTH RESOURCE EDUCATION
RELEVANT INDICATORS
Readiness for school rates
Preferred sources of health information
Trust in local and state health departments
Mold in residences

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.

PRIORITIZED HEALTH NEED: SUICIDE PREVENTION / ADDRESSING ISOLATION
RELEVANT INDICATORS
Adult television & internet time
Adult mental health diagnoses and suicidal ideation
Youth depression and suicidal ideation
Adult social and emotional support
Youth sports participation

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.

The Ashtabula County Health Department, Ashtabula City Health Department, and Conneaut City Health Department will address all 3 priority needs in the 2026-2028 Community Health Improvement Plan.

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).

OVERVIEW OF CHIP GOALS & STRATEGIES

Metabolic Disorders

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.

Alignment with National Priorities

Healthy People 2030 goals that relate to metabolic disorders are Objective NWS-03 (reduce the proportion of adults with obesity), Objective HDS-04 (reduce the proportion of adults with high blood pressure), and Objective HDS-02 (reduce coronary heart disease deaths).

Alignment with SHIP

Metabolic disorders align with Ohio's priority factor "health behaviors" as well as health outcome "chronic disease."

Goal 1: Improve nutrition and physical activity in Ashtabula County.
Strategy 1: Offer cooking demonstrations, recipes, and nutrition education within food pantries.
Strategy 2: Increase community gardens
Strategy 3: Provide and expand on nutrition and physical activity education within schools.
Strategy 4: Provide nutrition and physical activity education within senior centers.
Strategy 5: Expand community physical activity classes/opportunities.
Strategy 6: Expand distribution of Rx for Parks pamphlet and Ashtabula Food Guide.

Goal 2: Increase access to health screenings.
Strategy 1: Increase access to health screenings in the community.

Life Skills and Health Resource Education

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. Knowledge of how to mitigate mold also needs improvement and health resource education was identified as another key issue.

Alignment with National Priorities

The Healthy People 2030 goal in the 2025 CHNA that relates to life skills and resource education is Objective AH-08 (increase the proportion of high school students who graduate in 4 years).

Alignment with SHIP

Life skills and resource education aligns with Ohio's priority health factors "community conditions" and "access to care."

Goal 1: Improve kindergarten readiness in Ashtabula County

Strategy 1: Conduct research to understand performance gaps in kindergarten readiness.
Strategy 2: Connect with early childhood professionals (e.g., early intervention specialists, preschool/daycare teachers) and collaborate to promote kindergarten readiness.
Strategy 3: Expand education to parents about how to increase kindergarten readiness.

Goal 2: Increase financial literacy in Ashtabula County to help break the cycle of generational poverty

Strategy 1: Provide financial literacy education through schools.
Strategy 2: Provide financial literacy education through community organizations, community events, and social media.

Goal 3: Prevent and reduce hazards in the home.

Strategy 1: Provide education about various home health hazards (e.g., lead, insects).
Strategy 2: Provide instructions and materials for preventing and treating household mold.

Goal 4: Increase health resource awareness and education in Ashtabula County.

Strategy 1: Provide health resource awareness and education through community organizations, community events, and social media.

Suicide Prevention / Addressing Isolation

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 and especially among Ashtabula County youth.

Alignment with SHIP

Suicide prevention / addressing isolation aligns with Ohio's priority health outcome "mental health and addiction."

Goal 1: Reduce suicide ideation, attempts, and completions and reduce isolation in Ashtabula County.

Strategy 1: Continue and expand Sources of Strength program in schools.
Strategy 2: Continue and expand QPR (Question, Persuade, Refer) and Mental Health First Aid trainings.
Strategy 3: Continue current mental health and recovery resource awareness campaign and explore future grant funding.
Strategy 4: Continue and expand mental health resources for seniors.
Strategy 5: Continue and expand Maternal Mental Health Hotline advertising.
Strategy 6: Expand Recovery Friendly Workplace program.
Strategy 7: Expand advertising of 988.
Strategy 8: Provide gun safety resources and education.
Strategy 9: Explore intergenerational activities to combat loneliness.

SUMMARY & NEXT STEPS

The 2026-2028 Ashtabula County Community Health Improvement Plan is the culmination of stakeholder efforts to identify the most important health issues in Ashtabula County and collaboratively develop plans to address those issues. These detailed work plans created by stakeholders outline goals, objectives, and strategies developed for the purpose of improving the health of Ashtabula County residents (see Appendix A).

Healthy Ashtabula County will publish annual CHIP reports to share updates on the progress made towards work plan objectives. These reports will include narrative summaries, quantitative and qualitive data, and other actionable insights. The original CHIP planning participants, along with any new community partners, will meet yearly to review these progress reports and discuss successful progress towards goals and identify opportunities for improvement.

Revisions to the CHIP components (timelines, objectives, lead agencies, etc.) may be proposed based on feedback and evaluation findings. Community stakeholders will review and reach agreement on any proposed changes. Any formal revisions to the CHIP will be clearly documented and dated, and updated CHIP documents will be made publicly available.

Participation in this process is open to Ashtabula County residents and community organizations. If you or your organization would like to participate in or comment on the CHIP, please contact Allie Maraffi, Ashtabula County Health Department, at 440-812-0249 or amaraffi@ashtabulacountyhealth.com.

APPENDIX A: Detailed Findings and CHIP Work Plans

The following pages display the detailed findings from each priority area and the CHIP work plans.

METABOLIC DISORDERS

Priority: Metabolic Disorders

Healthy Ashtabula County noted that a local advising health professional perceives a trend that metabolic disorders will begin causing more deaths than communicable diseases.

Alignment with National Priorities

Healthy People 2030 goals that relate to metabolic disorders are Objective NWS-03 (reduce the proportion of adults with obesity), Objective HDS-04 (reduce the proportion of adults with high blood pressure), and Objective HDS-02 (reduce coronary heart disease deaths).

Alignment with SHIP

Metabolic disorders align with Ohio's priority factor "health behaviors" as well as health outcome "chronic disease."

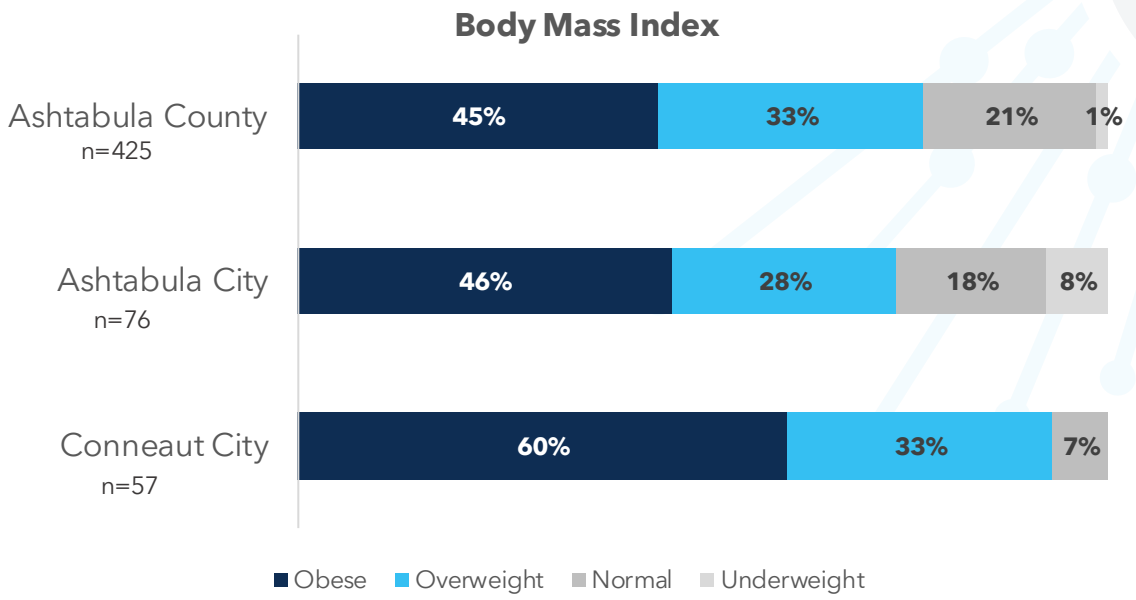
Consideration of social determinants of health or health inequities

The work group discussed the importance of equitable access to nutritious food and opportunities for physical activity, both of which may help prevent and/or alleviate symptoms of chronic disease. Increasing access to health screenings could catch early signs of disease.

Policy changes to consider

The work group wants to explore the possibility of acquiring grant funding to expand community gardens and physical activity classes. They also mentioned expanding nutrition and physical education in schools, and providing mobile health screening units in community locations.

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 ≥ 30 (Ashtabula County **44.4%** vs. Target **36.0%**)

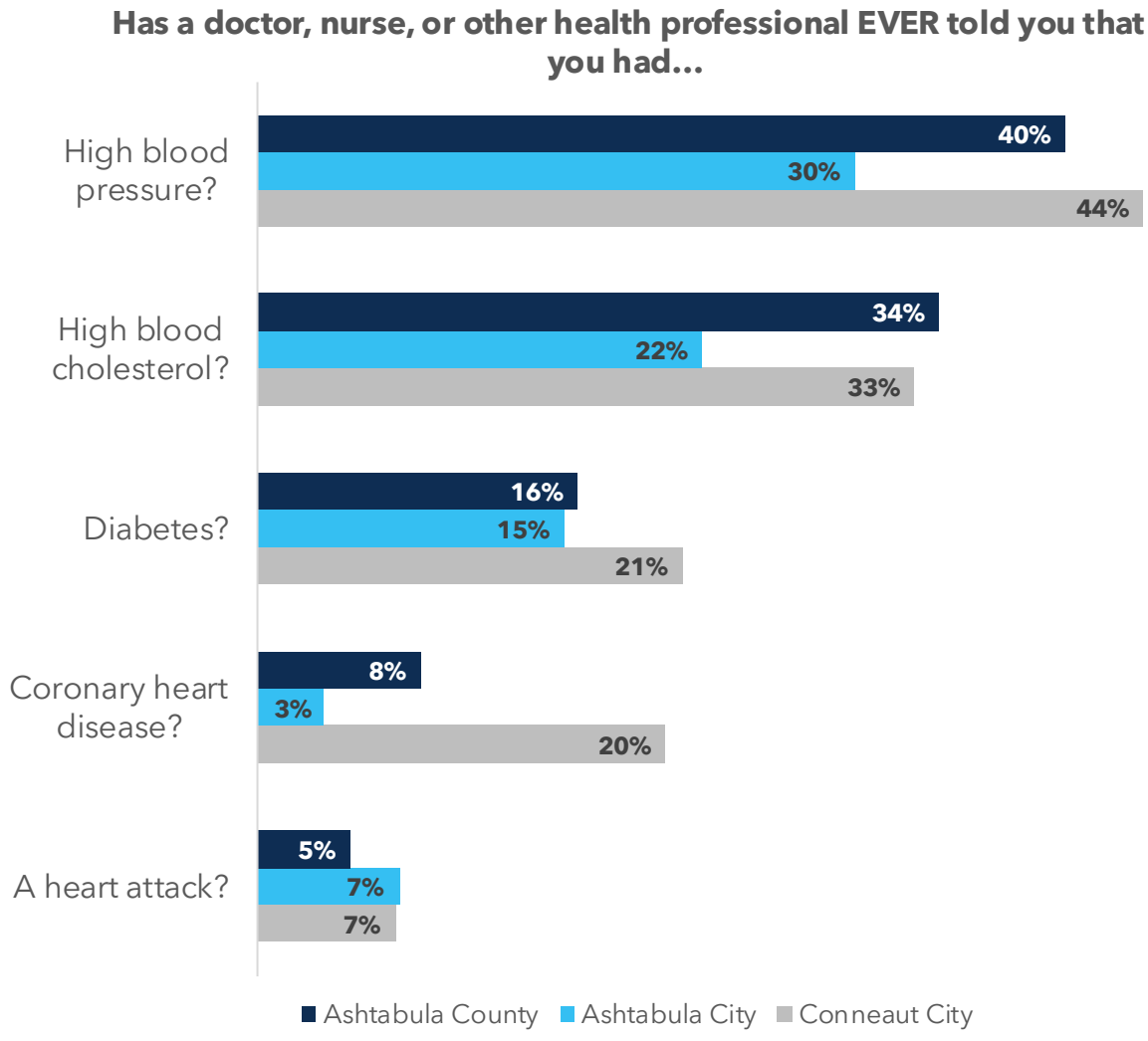
The representative survey also asked whether respondents had ever been told by a health professional that they were obese: 36% in Ashtabula County (n=416), 42% in Ashtabula City (n=78), and 53% in Conneaut City (n=53) had ever been told that.

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)

According to the representative survey, over a third of respondents have been diagnosed with high blood pressure (40%) and high cholesterol (34%).



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

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 **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 **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)

According to stakeholders interviewed for the CHNA…

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

"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."

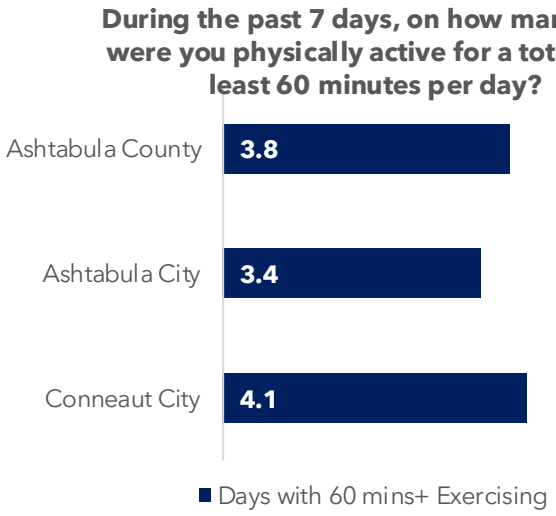
Heart disease is the leading cause of death in Ashtabula County.

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**)

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



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)

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)

Goal 1: Improve nutrition and physical activity in Ashtabula County.

Objective 1: By December 31, 2028, decrease the percentage of adults who are obese from 44.6% to 40.1%.
Objective 2: By December 31, 2028, increase the average number of days adults are physically active in a week from 3.8 to 4.2.
Objective 3: By December 31, 2028, increase the percentage of youth who are physically active at least three days in a week from 81% to 89%.
Objective 4: By December 31, 2028, increase the percentage of youth who consume fruits or vegetables at least once a day from 91% to 99%.

Strategy 1: Offer cooking demonstrations, recipes, and nutrition education within food pantries. Activity 1: Provide demonstrations and recipes that are relevant to the items provided to families. Activity 2: Contact Ashtabula Dream Center about those receiving meals using their kitchen to help with food prep (give back, social opportunity, learn skills). Activity 3: Contact OSU Extension to inquire about existing nutrition education curriculum.	**Objectives** 1, 4	**Lead Agencies[1]** Country Neighbor, Ashtabula Dream Center, OSU Extension, Conneaut Arts Center, University Hospitals, Ashtabula Regional Medical Center, Conneaut Resource Center	**Measures** Number of residents reached/educated
Strategy 2: Increase community gardens. Activity 1: Connect with apartment complexes to explore the possibility of establishing community gardens with a master gardener. Activity 2: Investigate the possibility of using HAC grants for community garden plots. Activity 3: Investigate hydroponic community gardens. Activity 4: Introduce community gardening in schools and/or expand on current gardening efforts (e.g., Jefferson Area HS greenhouse, ATEC horticulture).	1, 4	OSU Extension, Healthy Ashtabula County, Conneaut Resource Center	Number of community gardens

[1] Healthy Ashtabula County is an overarching support mechanism for all strategies in this work plan.

Goal 1: Improve nutrition and physical activity in Ashtabula County.

Objective 1: By December 31, 2028, decrease the percentage of adults who are obese from 44.6% to 40.1%.
Objective 2: By December 31, 2028, increase the average number of days adults are physically active in a week from 3.8 to 4.2.
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Objective 4: By December 31, 2028, increase the percentage of youth who consume fruits or vegetables at least once a day from 91% to 99%.

	Objectives Addressed	Lead Agencies[1]	Measures
Strategy 3: Provide and expand on nutrition and physical activity education within schools. Activity 1: Continue education currently being provided on nutrition and physical activity. Activity 2: Expand nutrition and physical education within schools (e.g., teach more topics like macro/micronutrients, food labels; reach more students in health classes; incorporate more schools like city schools; incorporate more initiatives like the Team Tressel Fitness Challenge).	3, 4	Ashtabula County Health Department, University Hospitals, Ashtabula City Health Department, Conneaut City Health Department, Educational Service Center	Number of students educated
Strategy 4: Provide nutrition and physical activity education within senior centers. Activity 1: Provide ideas for healthy, simple, inexpensive meals. Activity 2: Provide information about the benefits of physical activity. Activity 3: Collect attendance/participation statistics.	1, 2	University Hospitals, Ashtabula Regional Medical Center	Number of seniors reached

[1] Healthy Ashtabula County is an overarching support mechanism for all strategies in this work plan.

Goal 1: Improve nutrition and physical activity in Ashtabula County.

Objective 1: By December 31, 2028, decrease the percentage of adults who are obese from 44.6% to 40.1%.
Objective 2: By December 31, 2028, increase the average number of days adults are physically active in a week from 3.8 to 4.2.
Objective 3: By December 31, 2028, increase the percentage of youth who are physically active at least three days in a week from 81% to 89%.
Objective 4: By December 31, 2028, increase the percentage of youth who consume fruits or vegetables at least once a day from 91% to 99%.

	Objectives Addressed	Lead Agencies[1]	Measures
Strategy 5: Expand community physical activity classes/opportunities. Activity 1: Continue and expand physical activity classes (e.g., mat Pilates, chair Pilates, Geri Fit, other activities). Activity 2: Explore additional locations for physical activity offerings (e.g., YMCA, apartment complexes). Activity 3: Provide and promote hybrid, virtual, and online classes (e.g., Teams livestreams, create YouTube channel, We Thrive Together). Activity 4: Explore grant funding opportunities to increase the number of instructors. Activity 5: Collect attendance/participation statistics.	1, 2, 3	Healthy Ashtabula County	Number of participants
Strategy 6: Expand distribution of Rx for Parks pamphlet and Ashtabula Food Guide. Activity 1: Explore options for increasing distribution of materials. Activity 2: Develop a comprehensive system for collecting data to track who receives materials from where (e.g., tracking spreadsheets, QR codes).	1, 2, 3, 4	Ashtabula County Health Department, University Hospitals, Healthy Ashtabula County, Ashtabula Regional Medical Center	Number of pamphlets / guides distributed

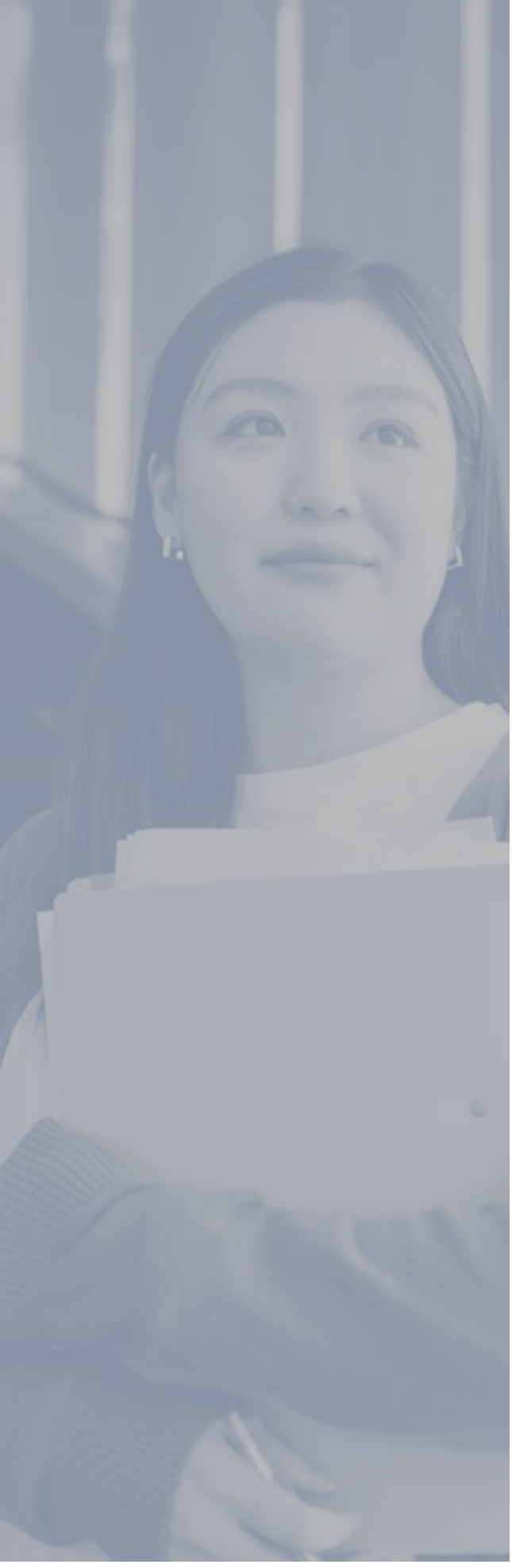
[1] Healthy Ashtabula County is an overarching support mechanism for all strategies in this work plan.

Goal 2: Increase access to health screenings

Objective 1: By December 31, 2028, increase the percentage of women age 45+ who had a mammogram in the past two years from 81% to 89%.
Objective 2: By December 31, 2028, increase the percentage of women age 21-65 who had a Pap test in the past three years from 63% to 69%.
Objective 3: By December 31, 2028, increase the percentage of adults age 50+ who ever had a colorectal cancer screening from 64% to 70%.

Strategy 1: Increase access to health screenings in the community. Activity 1: Provide mobile screening units at community locations (e.g., libraries). Activity 2: Explore other opportunities to increase access to health screenings, including ODH's Breast & Cervical Cancer Project.	**Objectives Addressed** 1, 2, 3	**Lead Agencies[1]** Cleveland Clinic, Ashtabula County Health Department, Metroparks, University Hospitals, Signature Health, Ashtabula Regional Medical Center	**Measures** Number of screenings provided

[1] Healthy Ashtabula County is an overarching support mechanism for all strategies in this work plan.



LIFE SKILLS AND HEALTH RESOURCE EDUCATION

Priority: Life Skills and Health Resource Education

Healthy Ashtabula County signaled a need for more focus on life skills, such as readiness for school, writing checks, and cooking healthy food, that can help break the cycle of generational poverty.

Alignment with National Priorities

The Healthy People 2030 goal in the 2025 CHNA that relates to life skills and resource education is Objective AH-08 (increase the proportion of high school students who graduate in 4 years).

Alignment with SHIP

Life skills and resource education aligns with Ohio's priority health factors "community conditions" and "access to care."

Consideration of social determinants of health or health inequities

The work group discussed how improving knowledge and skills-based educational opportunities for children and adults can help residents overcome generational poverty.

Policy changes to consider

The work group members want to investigate changes that would improve early childhood education and reduce home health hazards.

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

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

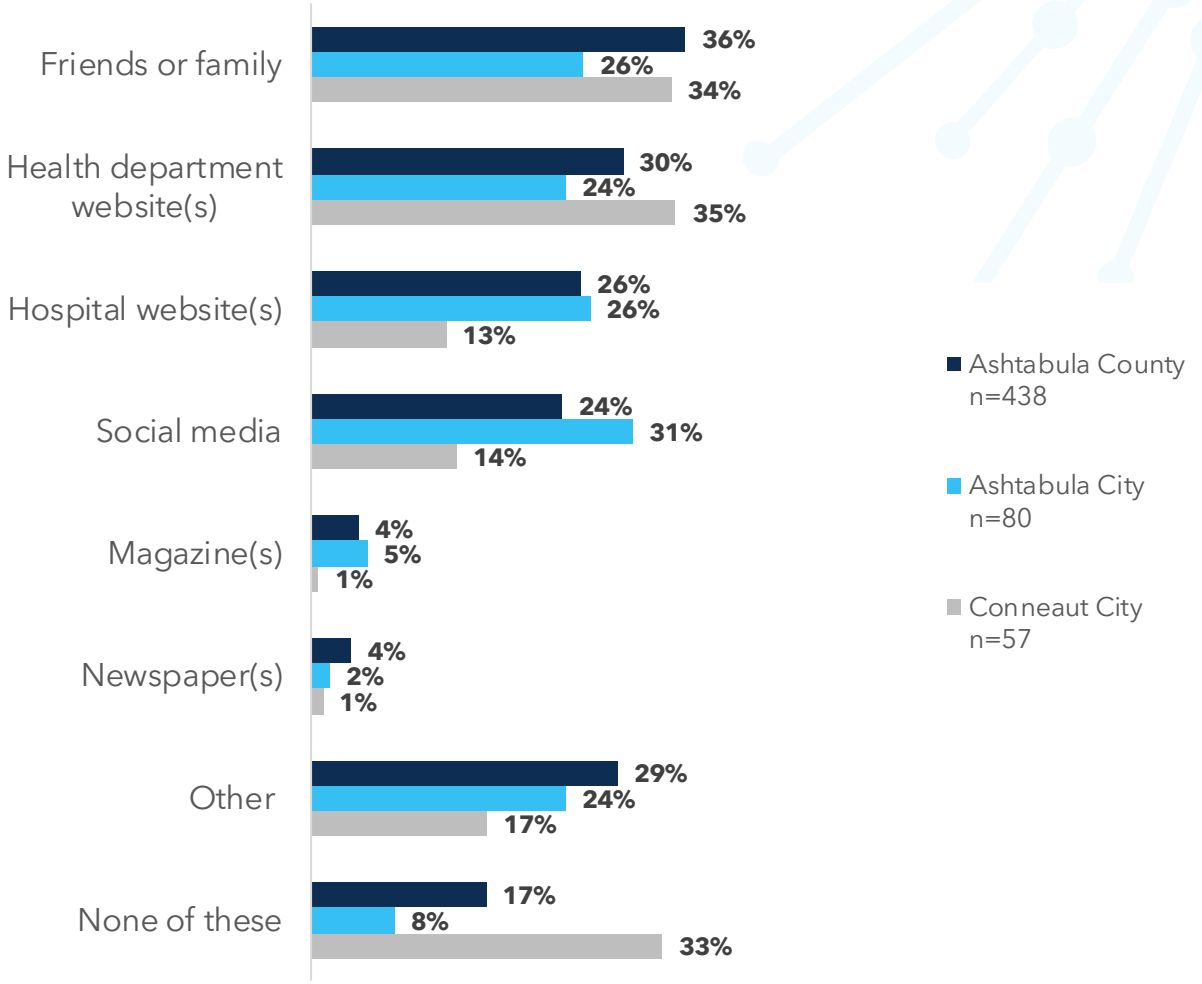
A lower percentage of Ashtabula County residents continue their education beyond an associate degree, compared to Ohio overall.

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

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 websites(s), hospital website(s), or social media. The most common "other" responses were to ask a doctor or explore online sources.

If you wanted to learn more about a specific health condition, which of the following information sources would you likely use?



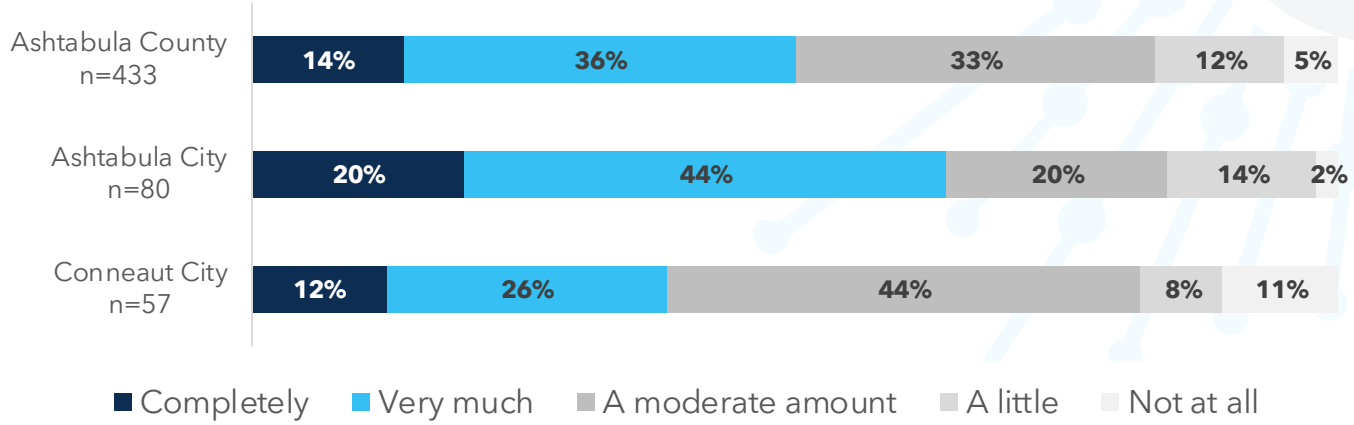
As **age** increases, likelihood of wanting to use the **health department website** to learn about a specific health condition decreases: 35.5% for those 18-59, 26.9% for those 60-69, and 9.7% for those 70 and older.

According to stakeholders interviewed for the CHNA…

"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."

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?

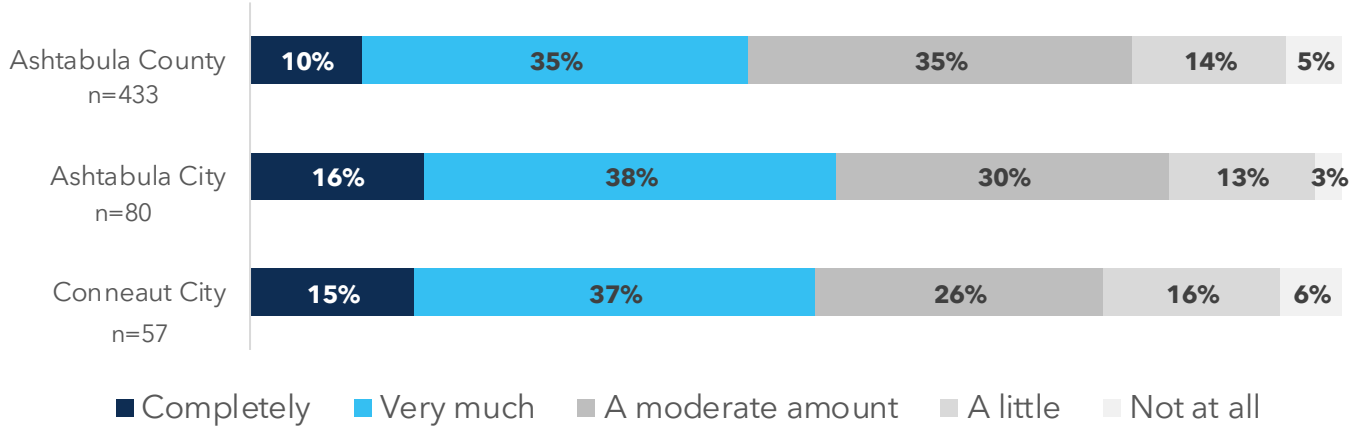


Those without any **children in the household** are more likely to trust the **local health department** very much or completely (57.4%) than those with at least one child in the household (31.9%).

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%).

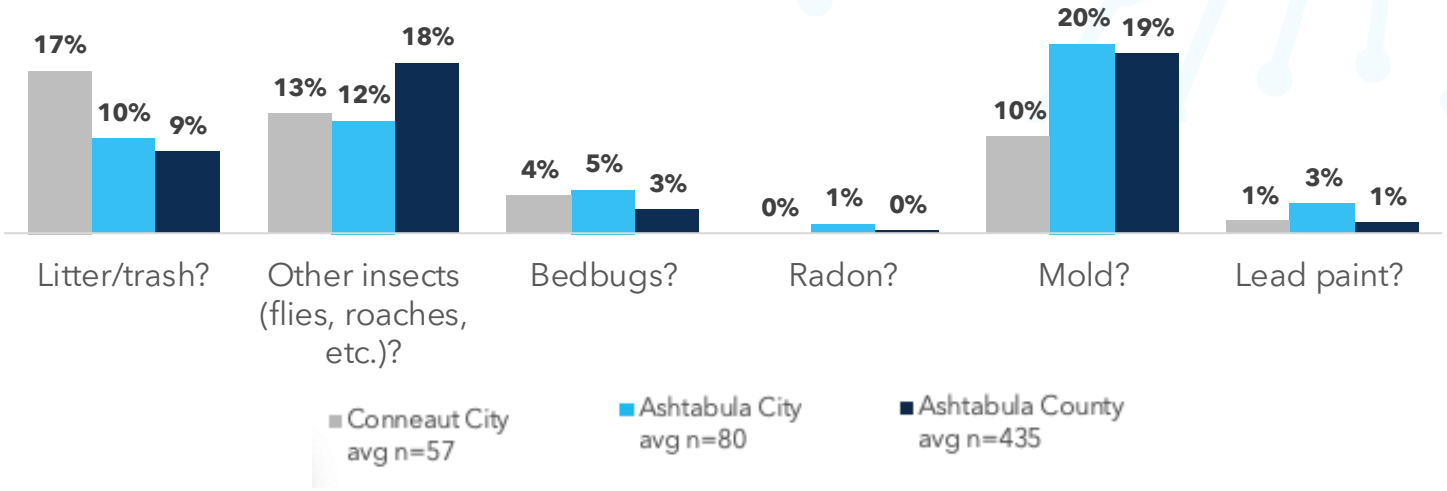
According to the representative survey, 80% of respondents trust the Ohio Department of Health either completely, very much, or a moderate amount to provide accurate health information.

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 **Ohio Department of Health** very much or completely (52.9%) than those with at least one child in the household (27.4%).

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 difference)

Goal 1: Improve kindergarten readiness in Ashtabula County.

Objective 1: By December 31, 2028, increase the percentage of students with an overall Kindergarten Readiness Assessment Revised (KRA-R) score of "demonstrating readiness" from 28.5% to 31.4%.

	Lead Agencies[1]	Measures
Strategy 1: Conduct research to understand performance gaps in kindergarten readiness. Activity 1. Investigate which schools and/or school districts in Ashtabula County have lower percentages of kindergarteners who meet readiness requirements. Activity 2. Investigate if there are areas of assessment in which kindergarteners are less likely to meet readiness requirements (e.g., social skills, language and literacy, mathematics, and physical well-being and motor development). Activity 3. Understand the differences between the KRA-R and other screenings/assessments completed by kindergartners. Activity 4. Understand the implications of poor scores on the KRA-R. Activity 5. Develop a plan to collect feedback from kindergarten teachers and elementary school administrators about KRA-R scores.	Ashtabula County Educational Service Center (ESC)	Summary written describing what was learned
Strategy 2: Connect with early childhood professionals (e.g., early intervention specialists, preschool/daycare teachers) and collaborate to promote kindergarten readiness. Activity 1. Understand how early intervention specialists are impacting kindergarten readiness. Activity 2. Explore how CHIP work group can expand on what early childhood professionals are doing regarding kindergarten readiness.	Ashtabula County Children Services Board	Number of collaborations
Strategy 3: Expand education to parents about how to increase kindergarten readiness. Activity 1. Develop plan to reach parents of children ages 2-5 who are not in preschool/daycare and educate them on kindergarten readiness (e.g., via pediatricians' offices, mailings, social media). Activity 2. Provide additional kindergarten readiness activities (e.g., library events, camps).	Henderson Library, Healthy Ashtabula County (HAC)	Number of parents reached

[1] Healthy Ashtabula County is an overarching support mechanism for all strategies in this work plan.

Goal 2: Increase financial literacy in Ashtabula County to help break the cycle of generational poverty.

Objective 1: By December 31, 2028, increase financial literacy education opportunities in schools and throughout the community.

Strategy 1: Provide financial literacy education through schools. Activity 1. Offer financial literacy education at technical schools. Activity 2. Strengthen financial literacy lessons in high schools. Activity 3. Connect with extracurricular school clubs to use their fundraising efforts as real-world financial literacy education opportunities. Activity 4. Provide financial literacy education at school events.	**Lead Agencies[1]** Community First Credit Union, Ashtabula County Health Department (ACHD)	**Measures** - Number of students educated - Number of events
Strategy 2: Provide financial literacy education through community organizations, community events, and social media. Activity 1. Design and administer a survey to understand what type of financial education offerings would be most beneficial. Activity 2. Provide financial literacy education at community organizations and events (e.g., flyers available at food pantries). Activity 3. Create and deploy a social media series, branding financial literacy education as "hacks" or "tips."	Community First Credit Union, Healthy Ashtabula County	- Social media engagement - Number of events

[1] Healthy Ashtabula County is an overarching support mechanism for all strategies in this work plan.

Goal 3: Prevent and reduce health hazards in the home.

Objective 1: By December 31, 2028, reduce mold in households from 18.9% to 17.0%.
Objective 2: By December 31, 2028, reduce bed bugs in households from 2.5% to 2.3%.
Objective 3: By December 31, 2028, reduce other insects in households from 18.0% to 16.2%.
Objective 4: By December 31, 2028, maintain (1.2%) or decrease lead paint in households.

	Objectives Addressed	Lead Agencies[1]	Measures
Strategy 1: Provide education about various home health hazards (e.g., lead paint, insects). Activity 1. Disseminate information about home health hazards (e.g., handouts, posts on HealthyAshtabulaCounty.com, etc.). Activity 2. Host programs about home health hazards taught by the health departments of Ashtabula County. Activity 3. Inform renters of tenants' rights and landlord responsibilities related to home health hazards. Activity 4. Distribute homeowners' maintenance guides with tips for preventing home health hazards.	1, 2, 3, 4	Healthy Ashtabula County (HAC), Ashtabula County Health Department (ACHD), Ashtabula City Health Department, Conneaut City Health Department	- Number of residents educated
Strategy 2: Provide instructions and materials for preventing and treating household mold. Activity 1. Disseminate information about ventilation, moisture control, and budget-conscious options for preventing and treating household mold. Activity 2. Provide recommended instructions and supplies for household mold removal.	1	HAC, ACHD, Ashtabula City Health Department, Conneaut City Health Department	- Number of residents educated - Number of appliances and supplies distributed

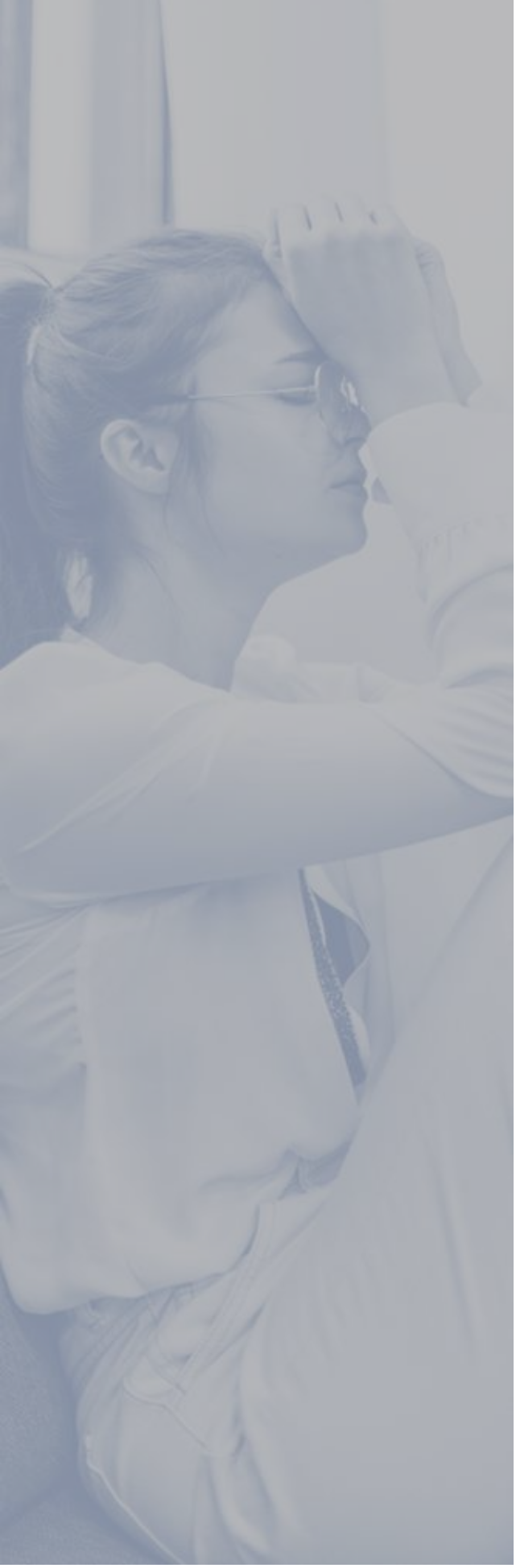
[1] Healthy Ashtabula County is an overarching support mechanism for all strategies in this work plan.

Goal 4: Increase health resource awareness and education in Ashtabula County.

Objective 1: By December 31, 2028, create and disseminate health resource awareness and educational information.

Strategy 1: Provide health resource awareness and education through community organizations, community events, and social media. Activity 1. Create a directory/map of health resources (e.g., blood pressure monitoring kiosks/kits in libraries). Activity 2. Disseminate information about health resources on websites (e.g., HealthyAshtabulaCounty.com) and social media that link back to trusted sources. Activity 3. Connect with organizations to provide information about directory/map of health resources throughout the community (e.g., churches, libraries, schools, hospitals, community/social clubs). Activity 4. Identify trusted figures to distribute information about health resources in more rural areas (e.g., Orwell, Andover).	**Lead Agencies**[1] Healthy Ashtabula County	**Measures** Number of residents educated

[1] Healthy Ashtabula County is an overarching support mechanism for all strategies in this work plan.



SUICIDE PREVENTION / ADDRESSING ISOLATION

Priority: Suicide Prevention / Addressing Isolation

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.

Alignment with SHIP

Suicide prevention / addressing isolation aligns with Ohio's priority health outcome "mental health and addiction."

Consideration of social determinants of health or health inequities

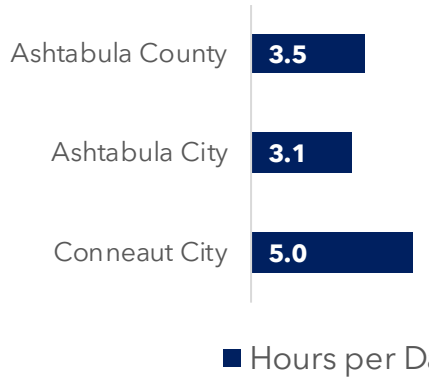
The work group mentioned expanding mental health support programming for vulnerable populations (e.g., youth, seniors, rural residents, pregnant people).

Policy changes to consider

The work group is interested in exploring future grant funding for mental health awareness campaigns and programming. They are also interested in exploring partnerships with schools, workplaces, and community organizations.

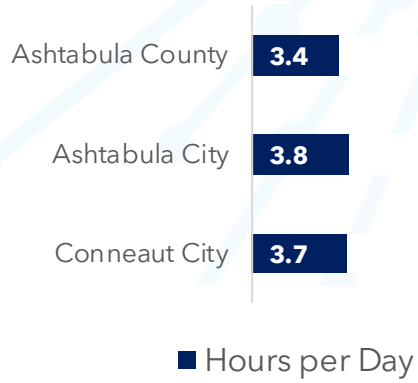
Ashtabula County adult residents watch an average of 3.5 hours of television per day.

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).

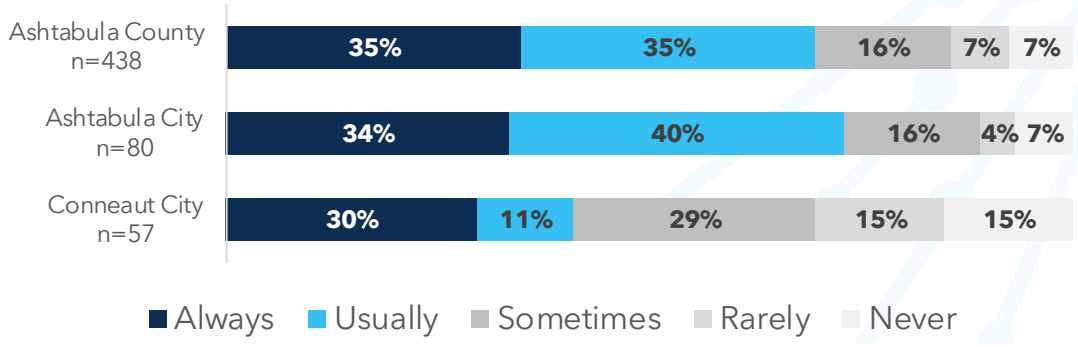
Those who live in **Conneaut City** watch more hours of **television** per day on average (5.0) than those who live outside of Conneaut City (3.2).

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.

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%).

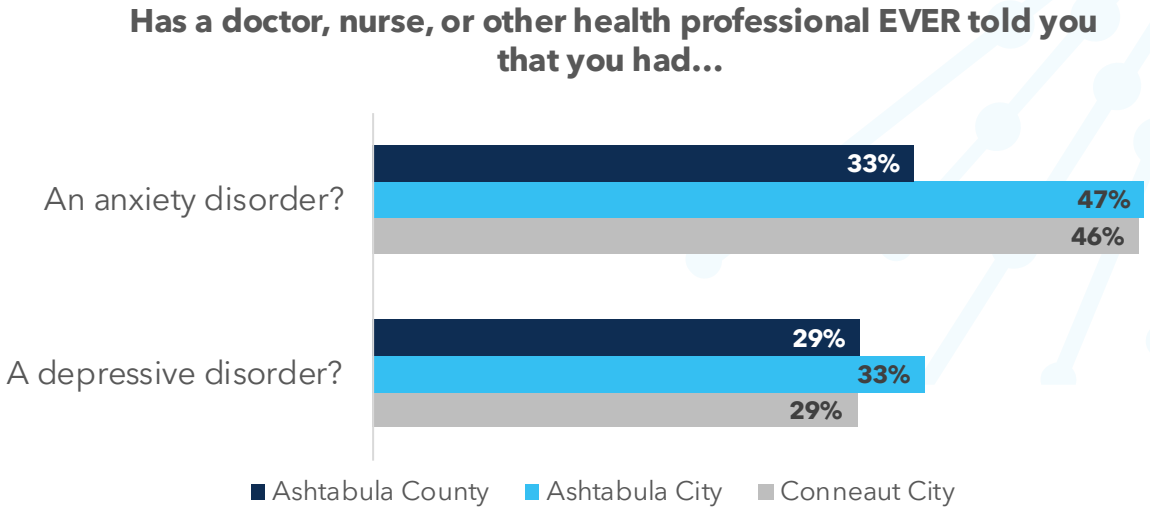
Those with **household income** $25,000 or greater were more likely to get the **social and emotional support** they need usually or always (75.2%) than those with household income less than $25,000 (46.3%).

According to stakeholders interviewed for the CHNA…

"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."

"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."

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



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%).

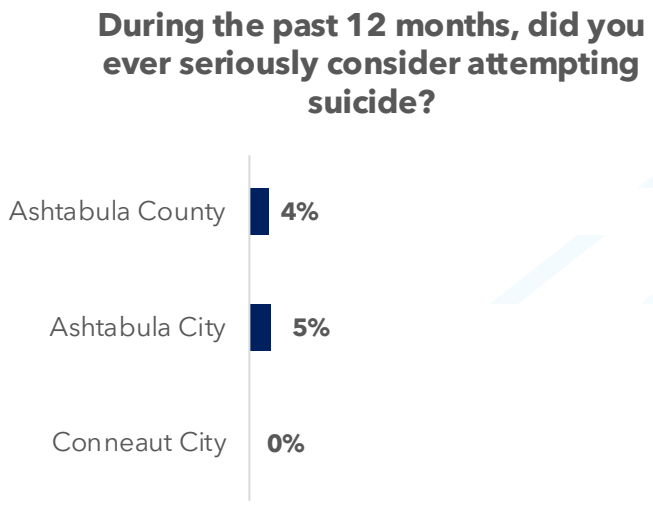
Females were more likely to have been diagnosed with **anxiety** (48.1%) than males (16.3%).

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 stakeholders interviewed for the CHNA…

"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."

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



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

According to the youth survey, 15% of the respondents seriously considered 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 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)

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 stakeholders interviewed for the CHNA…

"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."

"[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 have, I feel like a lot of depression."

Goal 1: Reduce suicide ideation, attempts, and completions and reduce isolation in Ashtabula County.

Objective 1: By December 31, 2028, reduce suicide ideation among adults from 4.4% to 4.0%.
Objective 2: By December 31, 2028, reduce the percentage of adults who rarely or never get the social or emotional support they need from 14.3% to 12.9%.
Objective 3: By December 31, 2028, reduce the number of suicide deaths from 24 to 22.
Objective 4: By December 31, 2028, reduce suicide ideation among youth from 15.2% to 13.7%.
Objective 5: By December 31, 2028, reduce persistent sadness, hopelessness, or depressive thoughts on several days or more among youth from 48.9% to 44.0%.

	Objectives Addressed	Lead Agencies[1]	Measures
Strategy 1: Continue and expand Sources of Strength program in schools. Activity 1: Continue current implementation and expand to at least one new school building. Activity 2: Have students, teachers, administrators, and prevention specialists share what they like about the program to encourage other school districts to adopt it. Activity 3: Investigate the time and monetary investment needed to implement the program in additional schools.	3, 4, 5	Ashtabula County Mental Health and Recovery Services (MHRS), Ravenwood Health, Educational Service Center (ESC)[2]	- Number of schools participating - Number of students in program
Strategy 2: Continue other mental health programs in schools. Activity 1: Continue providing mental health programs besides Sources of Strength in schools.	3, 4, 5	Signature Health	- Number of students in programs
Strategy 3: Continue and expand QPR (Question, Persuade, Refer) and Mental Health First Aid (MHFA) trainings. Activity 1: Continue current implementation. Activity 2: Identify and target rural areas for expansion. Activity 3: Partner with local organizations for expansion (e.g., Chamber of Commerce).	1, 2, 3, 4, 5	Ashtabula County MHRS, Ravenwood Health, Signature Health	- Number of people receiving QPR training - Number of people receiving MHFA training

[1] Healthy Ashtabula County, Ashtabula County MHRS, the Prevention Coalition, and the Suicide Prevention Coalition are overarching support mechanisms for all strategies in this work plan.
[2] Needs to be confirmed.

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Strategy 4: Continue current mental health and recovery resource awareness campaign and explore future grant funding and programs. Activity 1: Continue current implementation of video campaign through grant end (August 2026). Activity 2: Continue promoting Wellness Map and booklet with treatment and recovery resources. Activity 3: Explore other free programs and grant funding to promote mental health and recovery. Activity 4: Explore ways to also include resources for reducing isolation.	**Objectives Addressed** 1, 2, 3, 4, 5	**Lead Agencies[1]** Ashtabula County MHRS, Healthy Ashtabula County	**Measures** Number of residents reached

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	Objectives Addressed	Lead Agencies[1]	Measures
Strategy 5: Continue and expand mental health resources for seniors. Activity 1: Continue and expand WISE program for seniors.	1, 2, 3	Ashtabula County MHRS[2]	Number of WISE programs conducted
Strategy 6: Continue and expand Maternal Mental Health Hotline advertising. Activity 1: Increase swag distribution (e.g., at libraries, doctor's offices, G.O. Ministry, WIC sitting area – Community Action).	1, 2, 3, 4, 5	Ashtabula County MHRS, University Hospitals, Ashtabula Regional Medical Center	Number of swag pieces distributed *(note – number of calls not added because it's not a direct measure of the activity and it's unclear whether more calls is a positive or negative outcome)*

[1] Healthy Ashtabula County, Ashtabula County MHRS, the Prevention Coalition, and the Suicide Prevention Coalition are overarching support mechanisms for all strategies in this work plan.
[2] Supporting partners include Ashtabula Senior Center, Conneaut Senior Center, Country Neighbor, Community Action, and What If Network.

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	Objectives Addressed	Lead Agencies[1]	Measures
Strategy 7: Expand Recovery Friendly Workplace program. Activity 1: Reach out to more workplaces (through SHRM, Kiwanis, Rotary, etc.).	1, 2, 3	Ashtabula County MHRS	- Number of workplaces reached - Number of workplaces participating

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	Objectives Addressed	Lead Agencies[1]	Measures
Strategy 8: Expand advertising of 988. Activity 1: Increase signage (e.g., billboards, signs on bridges). Activity 2: Increase awareness of 988 and Mobile Response and Stabilization Services (MRSS) among students and school staff (e.g., info on school-issued technology and school websites).	1, 2, 3, 4, 5	Ashtabula County MHRS, Healthy Ashtabula County	Advertising engagement
Strategy 9: Provide gun safety resources and education. Activity 1: Provide gun locks. Activity 2: Provide educational materials with statistics about gun-related deaths. Activity 3: Reach out to gun shows, gun clubs, and gun shops for distribution of locks and educational materials.	3	Ashtabula County MHRS, Erie VA	Number of locks with education distributed
Strategy 10: Explore intergenerational activities to combat loneliness. Activity 1: Contact youth and senior organizations about collaborating (e.g., schools, senior centers, nursing homes). Activity 2: Investigate appropriate activities (e.g., community gardens, pen pals).	1, 2, 3, 4, 5	Educational Service Center, OSU Extension, Senior Care Network	- Number of activities - Number of participants

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APPENDIX B: Community Resources

The following pages display community resources that could be leveraged to help improve the health of the community.

COMMUNITY HEALTH RESOURCES

Health assets & resources available to address community health and social needs.

Cancer Resources (relevant to Metabolic Disorders)

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 (relevant to Metabolic Disorders)

ARMC and UH
ARC
Ashtabula County Mental Health Board
BOTVIN Life Skills
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 (relevant to Life Skills and Health Resource Education and Metabolic Disorders)

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 (relevant to Suicide Prevention / Addressing Isolation)

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

Nutrition & Physical Activity Resources (relevant to Metabolic Disorders)

ARMC- Kid Fit
Ashtabula County Board Children's Services
Ashtabula County Catholic Services Charities
Ashtabula County Child and Family Health Services
Ashtabula County Educational Service Center (ESC)
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 (relevant to Suicide Prevention / Addressing Isolation)

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