

**Ashtabula County
Medical Center**
ACMC Healthcare System

An affiliate of



Community Health Needs Assessment Final Report

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TABLE OF CONTENTS

I. EXECUTIVE SUMMARY	3
II. HOSPITAL & COMMUNITY PROFILE	5
III. METHODOLOGY	6
IV. KEY CHNA FINDINGS	6
A. Secondary Data Profile	6
B. Key Informant Interviews	14
V. CONCLUDING THOUGHTS	19
VI. Appendix A: Key Informant Participants	21

Executive Summary

Background

Ashtabula County Medical Center (ACMC) conducted a comprehensive Community Health Needs Assessment (CHNA), starting in February, 2013. The CHNA was conducted between February and April of 2013. The assessment was conducted in a timeline to comply with requirements set forth in the Affordable Care Act, as well as to further the hospital's commitment to community health and population health management. The findings from the assessment will be utilized by ACMC to guide its community benefit initiatives and to engage partners to address the known community health needs in Ashtabula County, Ohio. Through this process, the organization will be a stronger partner in the community and the health of those in the surrounding neighborhoods will be elevated.

Research Components

ACMC undertook a multi-faceted approach to identifying the needs in the communities it serves. A variety of quantitative and qualitative research strategies were implemented as part of the CHNA. These components included the following:

- Secondary Data of Ashtabula County
- Key Informant Surveys of area professionals

Both of these components provided ACMC with a unique perspective on the community's needs from existing data sources and also through feedback from area experts familiar with the health and wellness needs of those living in Ashtabula County. Summaries of both of these components are included in this report. A detailed account of the findings for each component can be found within the individual component report.

Key Findings

A number of community needs were identified as a result of conducting the CHNA. When looking at the key themes that emerged across the various research components, the following needs are pronounced.

- Poverty, social determinants
- Transportation
- Weight, nutrition
- Addiction
- Access to care for uninsured

Hospital & Community Profile

Hospital Overview

Ashtabula County Medical Center is located in Ashtabula, Ohio. ACMC is a non-profit hospital that provides both inpatient and outpatient services to individuals in northeastern Ohio. The Ashtabula County Medical Center health care team is committed to preserving the human rights and dignity of those who receive our care and those who provide it. Through the conduct of the CHNA, Ashtabula County Medical Center will be able to better the lives, its mission, and demonstrate its commitment to the greater community of residents it serves.

Definition of Service Area

The vast majority of patients served by Ashtabula County Medical Center come from within Ashtabula County, Ohio. While some exceptions exist and there are slight variations throughout the county, it can safely be concluded that the service area for ACMC is Ashtabula County. For purposes of the CHNA, the secondary data reflects Ashtabula County statistics. Additionally, the key informants that were included in the telephone interviews represent various agencies, non-profit organizations, and healthcare providers from within Ashtabula County. The map below highlights the location of Ashtabula County in northeastern Ohio.



Methodology

Secondary Data Profile

Existing data, meaning data tracked on a regular basis by other institutions and governmental groups, were gathered and integrated into a "Secondary Data Profile." Examples of data points include indicators around social determinants of health (poverty, education, and housing), mortality rates, cancer statistics, communicable disease data, and maternal and child health measures. County-level data was obtained and where available, the local-level data was compared to state and national benchmarks. Data sources are noted throughout the full secondary data report and all attempts were made to include the most recent data at the county level.

Key Informant Surveys

Key informant surveys were conducted with 12 professionals and key contacts from throughout Ashtabula County. Working with the leadership from ACMC, 21 prospective individuals were identified and invited to participate in the study. The key informants included elected officials, healthcare providers, health and human services experts, and leadership from various area non-profit organizations. A detailed list of participants can be found in Appendix A. The content of the questionnaire focused on key health concerns, access to care, and existing community assets and resources. Questions included both open-ended items to gather qualitative feedback, as well as, questions to which respondents provided ratings. It should be noted that while the key informant feedback is informative and helpful with understanding community needs, the small number of completed interviews does not allow for statistical generalization to the population as a whole.

Research Partner

ACMC contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. Holleran has more than 21 years of experience in conducting public health research and community health assessments. The firm provided the following assistance:

- Collected and interpreted secondary data
- Conducted, analyzed, and interpreted data from Key Informant Interviews
- Prepared all final reports for the CHNA

Community engagement and feedback were an integral part of the CHNA process. ACMC sought community input through interviews with key community leaders and professionals who are intimately familiar with the needs of residents living in Ashtabula County.

Key CHNA Findings

A. SECONDARY DATA PROFILE

One of the key components of the CHNA is the “Secondary Data Profile.” This report details multiple indicators related to health and wellness within Ashtabula County. It is important to note that social determinants such as income and education can significantly impact health outcomes and were also included in the report. Research has shown that indicators such as poverty, lower education levels, and in some instances, race or ethnicity, can be associated with greater risk factors and poorer health outcomes.

Social Determinants of Health

It is estimated that roughly 101,600 individuals live in Ashtabula County. **Population projections** from Truven Health Analytics predict that by the end of 2017, the population is expected to decline by about 1%. This is in addition to a 1.2% decline between 2000 and 2010. This is in contrast to slight population growth throughout Ohio and more moderate growth throughout the U.S. In addition to population decline, the number of older adults (65 years and older) is higher in Ashtabula County compared to statewide and nationally. Sixteen percent (16%) of Ashtabula County residents are 65 years of age or older, compared to 13.8% for Ohio and 12.9% nationwide. Ashtabula County residents are primarily White (92.4%). The racial diversity in Ashtabula County is less than statewide and nationally.

Overall Population (2012)

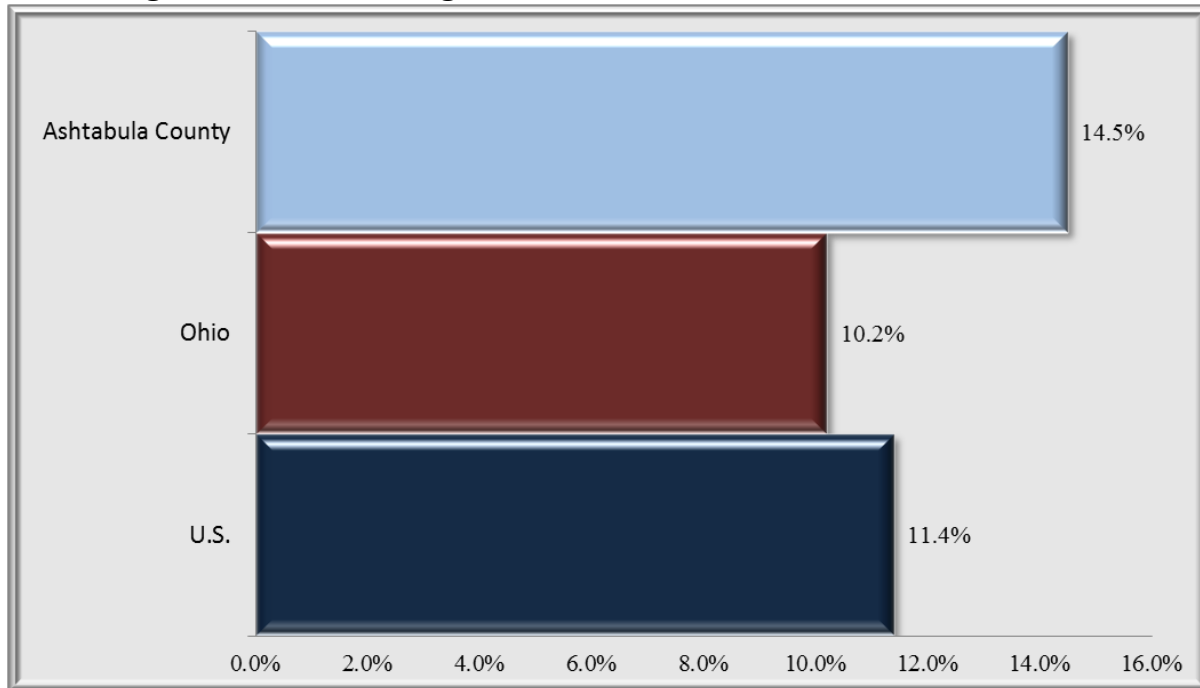
	U.S.		Ohio		Ashtabula County	
Population (2012)	313,095,504		11,542,065		101,637	
Population (2017)	325,256,782		11,568,846		100,602	
Population change ('12- '17)	3.9%		0.2%		-1.0%	
Gender	n	%	n	%	n	%
Male	154,449,013	49.3	5,635,449	48.8	49,877	49.1
Female	158,646,491	50.7	5,906,616	51.2	51,760	50.9

Source: Truven Health Analytics, 2013

In Ashtabula County, 14.5% of the estimated 46,121 **housing units** were deemed vacant in 2012. This is in contrast to 10.2% for Ohio as a whole and 11.4% throughout the U.S. The average years of residency is higher in Ashtabula County compared to Ohio and the U.S, which is consistent with an older population. While the vast majority of households in Ashtabula County have plumbing facilities, kitchens and telephone access, the percent that do not exceeds state and national figures. One percent (1%) of households lack complete plumbing facilities, 1.7% are

without complete kitchen facilities, and 3.0% are without telephone service (inclusive of both landline and cell phone service).

Percentage of vacant housing units, 2012



The median **household income** is lower in Ashtabula County than in Ohio and the U.S. and 2017 projections show that the county will continue to be below the state and national income levels for the next several years. Six percent (6%) of Ashtabula County households receive supplemental security income compared to 4.8% throughout Ohio and 4.7% nationwide. While more individuals are receiving supplemental income, the average amount of this income is lower than Ohio and the U.S. overall. When looking at cash public assistance programs, 2.6% of households in the county receive this support, which is lower than statewide (3.4%) and nationally (2.8%). Conversely, 17.7% of households in Ashtabula County received food stamp/SNAP benefits in the past 12 months compared to 13.9% for Ohio and 11.7% nationally. Across all age categories, **poverty levels** in Ashtabula County exceed state and national statistics. Nearly 14% of all families, roughly 53% of single-mother households with children, and approximately 25% of children less than 18 years of age, live in poverty in Ashtabula County. When looking at the senior population, 11.3% live in poverty, which is higher than poverty statistics among older adults throughout Ohio and nationally.

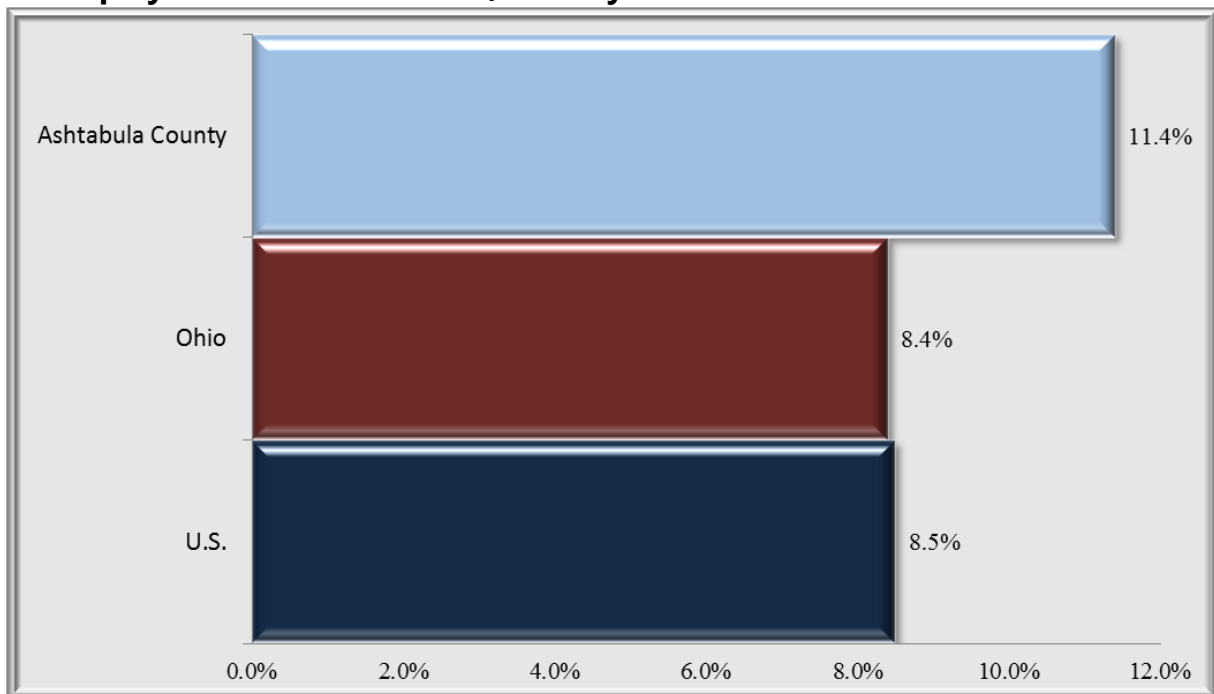
Household and Per Capita Income (2012)

	U.S.	Ohio	Ashtabula County
Household Income			
Total Households (2012)	118,582,551	4,609,221	39,420
Total Households (2017)	123,450,986	4,621,953	39,000
Household change ('12 - '17)	4.1%	0.3%	-1.1%
Median household income (2012)	\$47,787	\$46,322	\$43,436
Median household income (2017)	\$48,835	\$46,933	\$44,093
Median household income change ('12 - '17)	2.2%	1.3%	1.5%
Mean household income (2012)	\$60,076	\$56,757	\$52,535
Mean household income (2017)	\$61,690	\$57,712	\$53,359
Mean household income change ('12 - '17)	2.7%	1.7%	1.9%

Source: Truven Health Analytics, 2013

The **unemployment rate** at the end of January of 2013 was 11.4% within Ashtabula County. At that same time, the statewide rate was 8.4% and the national rate stood at 8.5%. Ashtabula County's rate is substantially higher than the state and national averages.

Unemployed civilian labor force, January 2013



It is estimated by the U.S. Census that 86% of Ashtabula County adults have **health insurance** coverage. This is slightly below the Ohio percentage (88%), but higher than the national percentage (84.8%). According to a different source, the 2011 countywide survey sponsored by Ashtabula County Health Needs Assessment Committee, 42% of residents receive their health insurance from their employer, 18% from someone else’s employer, 17% have coverage through Medicare, and 7% receive Medicaid benefits.

Health Indicators

The overall age-adjusted **Mortality rate** for Ashtabula County is 909.6, which is higher than that of Ohio and the U.S. Diseases of the Heart are the number one cause of death among Ashtabula County residents. This is consistent with the rank nationally and statewide. The age-adjusted mortality rates within Ashtabula County for Heart disease, Cancer, and accidents (unintentional injuries) are all higher than the corresponding state and national rates. Conversely, mortality rates for Chronic Lower Respiratory diseases, Stroke, and Alzheimer’s disease are all below the state and national benchmarks.

Mortality, per age-adjusted 100,000 (2008)

	U.S.		Ohio		Ashtabula County	
	n	Rate	n	Rate	n	Rate
All Ages	2,471,984	758.3	109,750	844.0	1,112	909.6
Adult (age 18 years and over)	N/A	N/A	108,001	1,160.4	1,095	1,253.4
Child (age 1 – 14 years) ^a	38,440	63.1	396	19.0	5	33.0

Sources: Ohio Department of Health, 2010
Centers for Disease Control and Prevention, 2011

^a Represents a crude rate, not age-adjusted

Top Six Leading Causes of Death, All Ages per age-adjusted 100,000 (2010)

	U.S.	Ohio	Ashtabula County
The following are the top six leading causes of death in ranking order of the United States.			
Diseases of Heart	192.9	191.7	232.4
Malignant Neoplasms (Cancer)	185.9	187.3	204.6
Chronic Lower Respiratory diseases	44.6	50.4	44.1
Cerebrovascular diseases (Stroke)	41.8	42.4	37.7
Accidents (Unintentional injuries)	38.2	41.6	42.3
Alzheimer’s disease	27.0	29.7	19.6

Sources: Ohio Department of Health, n.d.
Centers for Disease Control and Prevention, 2012

The crude **birth rate** in Ashtabula County is below that of Ohio and the U.S. overall. In 2010, there were 11.4 births per 1,000 individuals compared to 12.1 in Ohio and 13.0 nationwide. Several maternal health indicators suggest **risky behaviors during pregnancy**. In Ashtabula County, there are a higher proportion of unwed mothers, more pregnancies among teenage females, fewer mothers receiving prenatal care in the first trimester, and a significantly higher number of expecting mothers who smoke during pregnancy. Cigarette use among expectant mothers in Ashtabula County is roughly three times higher than the national rate.

Birth Characteristics (2010)

	U.S.		Ohio		Ashtabula County	
	n	%	n	%	n	%
Low birth weight	325,563	8.2	11,877	8.6	85	7.4
Unwed births	1,633,471	40.8	60,066	43.7	573	49.6
Birth with first trimester prenatal care	N/A	70.8 ^a	78,416	73.0	653	63.0
Births to mothers who smoked	N/A	10.4 ^a	24,721	17.8	335	29.0

Sources: Ohio Department of Health, n.d.
Centers for Disease Control and Prevention, 2012

^a Statistics represent 2007 data

The rate for deaths due to **Suicide** in Ashtabula County exceeds the state and national rates. In Ashtabula County, there were 17.4 deaths per 100,000 individuals compared to 11.2 in Ohio and 11.3 nationwide. A 2011 community survey of area adults revealed that 45% of adults living in Ashtabula County have had at least one day of poor mental health in the previous month. Nationally, that same number is closer to 36%. This identifies a higher number of poor mental health days among Ashtabula County residents than adults living elsewhere. A survey of Ashtabula County youth reveals that 15% reported contemplating suicide at some point during the previous 12 months. The percentage increases to 21% when looking at just female teenagers in the county.

The overall age-adjusted **Cancer** rate for Ashtabula County exceeds the state and national rates. This pattern holds true for both males and females. Specific Cancers in which Ashtabula County exceeds state and national incidences include Colorectal Cancer, Lung Cancer, and Prostate Cancer. The female Breast Cancer rate is the exception in Ashtabula County; it is lower than throughout Ohio and the country. When looking at Cancer mortality rates, county residents fare worse than statewide and nationally. Across all major Cancer types, Ashtabula County residents are more likely to die if they have Cancer than residents living elsewhere throughout the state and U.S.

Average Annual Cancer Incidence Rate by Site per age-adjusted 100,000 (2003 - 2007)

	U.S.		Ohio		Ashtabula County	
	n	Rate	n	Rate	n	Rate
Female Breast	955,443	121.2	8,073	119.9	69	109.3
Colorectal	718,518	49.4	6,370	51.1	68	57.5
Male	366,385	57.9	3,184	60.0	33	62.4
Female	352,133	42.8	3,186	44.5	36	54.2
Lung & Bronchus	1,006,949	69.6	9,295	75.0	94	79.7
Male	550,644	87.3	5,142	96.3	53	100.4
Female	456,305	56.6	4,152	59.8	41	63.3
Prostate	1,014,330	155.9	7,961	145.5	100	187.5
All sites	6,940,087	476.8	58,136	470.0	604	513.6
Male	3,609,629	561.8	29,591	548.4	320	605.5
Female	3,330,458	417.8	28,545	418.6	284	445.4

Sources: Ohio Department of Health, 2010

Centers for Disease Control and Prevention, 2011

The 2013 **County Health Rankings** report ranked Ashtabula County 59th out of the 88 counties in Ohio for health outcomes. This is based on a scale of 1 (healthiest county) to 88 (least healthy county). Ashtabula County's mortality rank was lower at 65 and its morbidity (health status) rank was higher at 55. Ashtabula County residents are more likely to report poor or fair health, experience a higher number of poor physical health days, and have an increased number of poor Mental Health days. Low birth-rate figures for the county are above what is seen nationally, but lower than Ohio overall. Rankings for health behaviors, which indicate risky activities among Ashtabula County adults, and clinical care indicators, are particularly low in Ashtabula County. Ashtabula County ranks 80th overall for health behaviors such as cigarette smoking, Obesity, physical inactivity, excessive drinking, and teen birth rates, and 69th for clinical care indicators. The clinical indicators reveal that there are fewer primary care physicians in Ashtabula County than throughout Ohio and nationally, and there is a higher proportion of preventable hospital stays per 1,000 Medicare enrollees.

Health Factors (2012)

	National Benchmark ^a	Ohio	Ashtabula County	Ashtabula County Rank (of 88)
Health Factors				74
Health Behaviors				80
Adult smoking (Adults who smoked \geq 100 cigarettes in their life and currently smoke)	14%	22%	29%	N/A
Adult Obesity (BMI \geq 30)	25%	30%	31%	
Physical inactivity (Adults aged 20 years+)	21%	27%	32%	
Excessive drinking	8%	17%	18%	
Motor vehicle crash death rate per 100,000	12	12	17	
Chlamydia rate per 100,000	84	420	69	
Teen birth rate per 1,000 (Aged 15–19)	22	4	47	
Clinical Care				69
Uninsured (Population <65 years)	11%	14%	16%	N/A
Primary care physician density	631:1	1,101:1	2,805:1	
Preventable hospital stays per 1,000 Medicare enrollees	49	78	100	
Diabetic screening (Diabetic Medicare enrollees that receive HbA1c test)	89%	83%	81%	
Mammography screening (Medicare enrollees)	74%	66%	65%	

Source: County Health Rankings, 2013

^a National benchmark represents the 90th percentile, i.e., only 10% are better

Secondary Data Profile: Concluding Thoughts

The following conclusions are drawn from comparisons of Ashtabula County to Ohio and United States secondary data. The most pronounced areas of need identified in the secondary data include:

- **Social determinants of health:** Ashtabula County compares unfavorably to state and national statistics across a number of population and household statistics. This includes a higher rate of poverty, greater unemployment, fewer individuals with a college degree, more vacant homes, and population decline, to name a few. These indicators often correlate with poorer health outcomes among a given population.
- **Uninsured:** Related to a number of the social determinants of health is the proportion of individuals with health insurance coverage. A number of statistics are available to depict

health insurance coverage among county residents. While they each differ slightly, all are below state and national statistics.

- **Mortality rates:** The age-adjusted mortality rates for Ashtabula County reveal that more individuals are dying in the county. Specifically, rates are higher for deaths due to diseases of the Heart and Stroke.
- **Maternal health:** While the overall birth rate in the county is lower than elsewhere, expecting mothers in the county are more likely to demonstrate high-risk behaviors. For example, teen pregnancies in the county are higher, expecting mothers are more likely to smoke while pregnant, and they are less likely to have adequate prenatal care in the first trimester compared to throughout Ohio and the U.S.
- **Mental Health:** The Suicide rate is elevated in Ashtabula County and area adults are more likely to report poor mental health in a typical month.
- **Cancer:** Incidence rates for Cancer (overall, Colorectal, Lung and Prostate) are higher in Ashtabula County as are mortality rates due to Cancer.
- **Asthma:** Adults and children living in Ashtabula County are more likely to have been diagnosed with Asthma than adults and children across Ohio and the Nation.
- **Obesity:** Obesity rates are higher in Ashtabula County. Additionally, there is a higher density of fast food restaurants in the county.
- **Tobacco & Alcohol:** There are a higher percentage of adults who engage in excessive Alcohol consumption in Ashtabula County. Adult smoking is also more pronounced in the county compared to statewide and nationally.

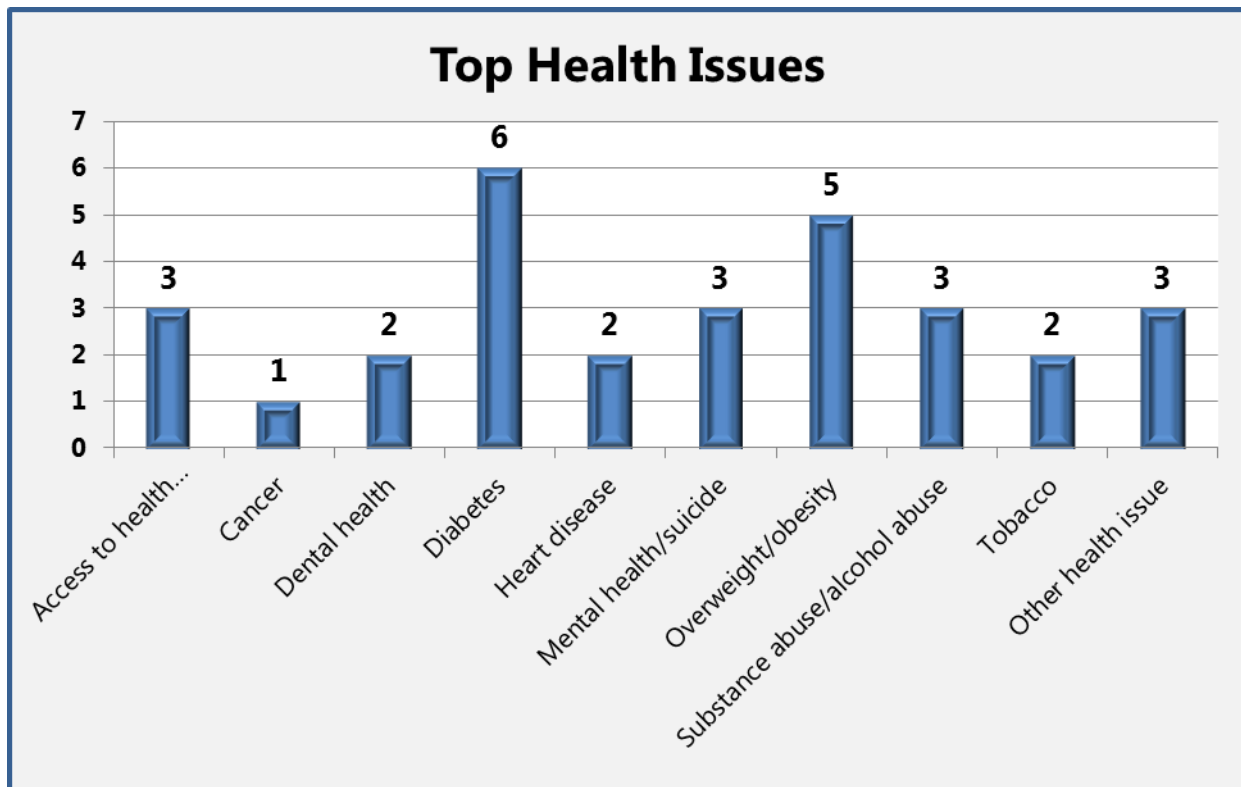
ACMC is encouraged to utilize the secondary data in conjunction with the key informant interview feedback to interpret the findings and make appropriate conclusions as to key priority areas within the community.

B. KEY INFORMANT INTERVIEWS

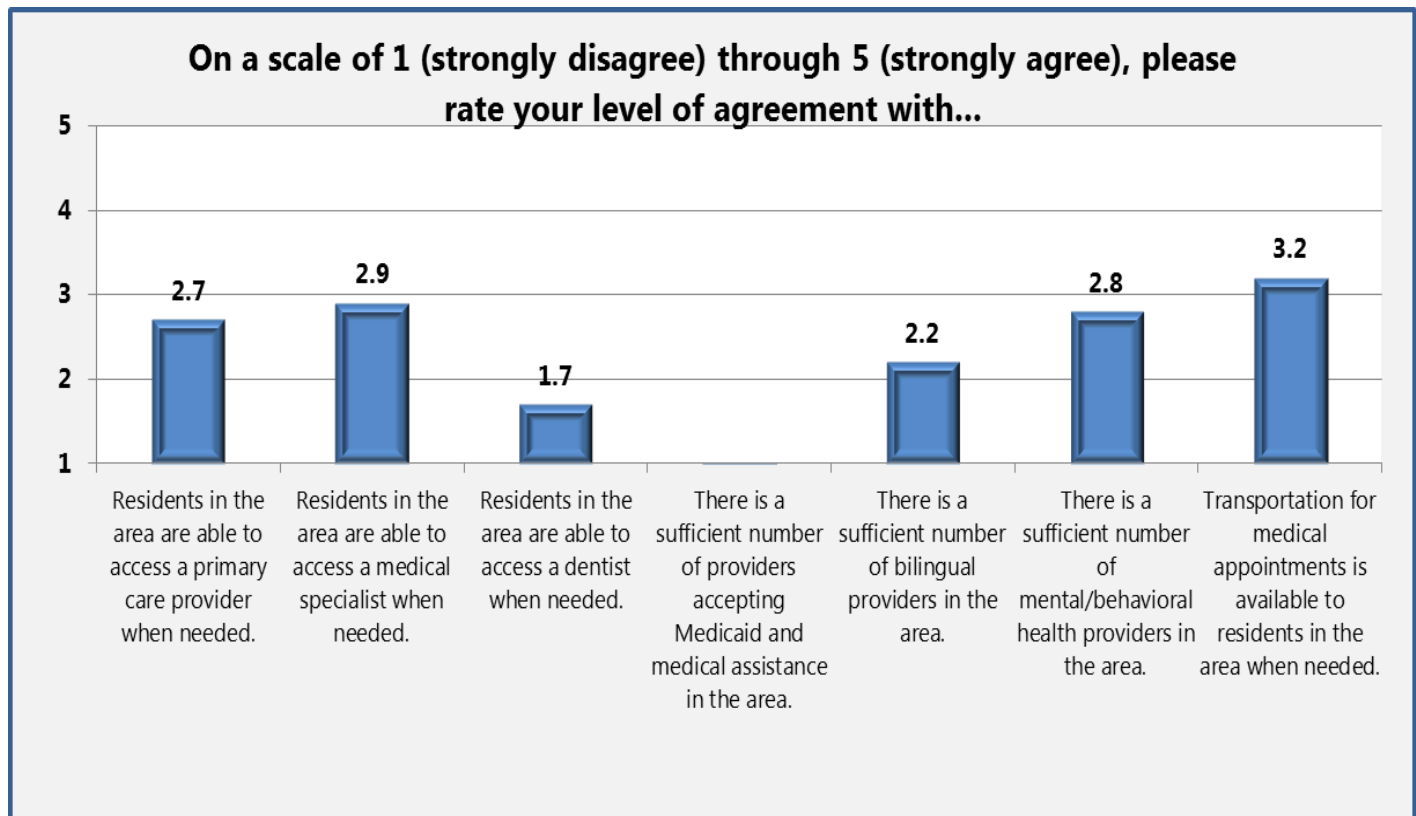
Overview of Findings

The 12 individuals who were interviewed were asked a variety of open-ended questions and they also provided ratings to a series of Likert-scale questions. It should be noted that while a total of 12 individuals were interviewed, two of the representatives elected to participate in a joint interview. For this reason, a number of the charts identify a count of 11 completed interviews.

The initial set of questions on the key informant survey asked the participants to identify what they felt the top health issues were in Ashtabula County. More than one health issue could be identified. As revealed below, Diabetes was mentioned by the largest number of individuals followed by health concerns related to obesity and being overweight. Multiple individuals also mentioned access to healthcare for the uninsured/underinsured, mental health issues, and addiction to Drugs and/or Alcohol as significant health issues within the county. The overlap among these issues was also noted by the key informants. For example, individuals with severe Mental Health and/or Addiction issues are less likely to be employed and also have greater access to care issues. Similarly, there is a direct connection between Diabetes and Obesity.



The key informants were presented with a series of seven statements and they were asked to rate their level of agreement or disagreement with the statement on a scale of 1 (strongly disagree) through 5 (strongly agree). The bar graph below displays the average ratings for each statement on the 1 through 5 scale. The responses averaged from a low of 1.7 (access to dentist) to a high of 3.2 (transportation to medical appointments). Access to a dentist, the availability of bilingual providers, and sufficient numbers of providers accepting Medicaid or medical assistance were all rated a 2.4 and lower. In general, it can be concluded that access to care was rated negatively within Ashtabula County.

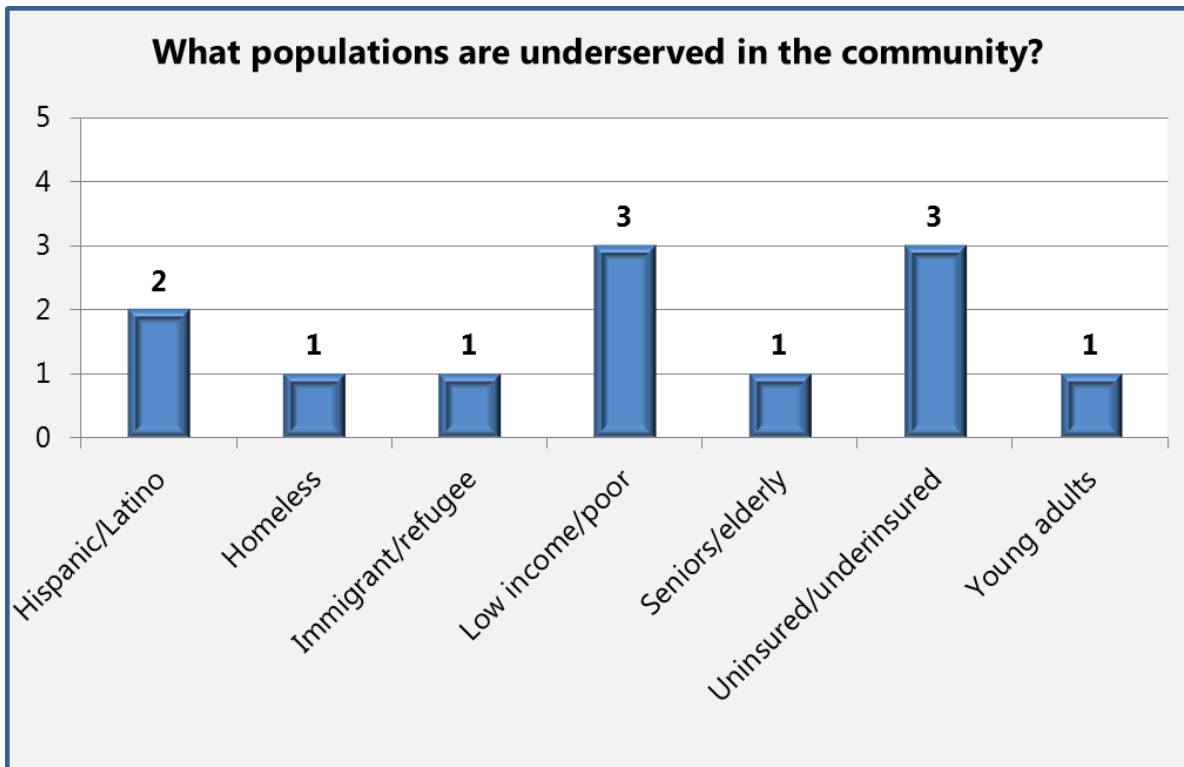


The lack of insurance coverage among a number of residents in Ashtabula County was noted as the primary barrier for individuals seeking health care services. Additional strong concerns were shared regarding transportation barriers in the county. Public transportation, in general, is perceived to be lacking, but transportation to medical appointments, particularly specialty care, was identified as a more prominent issue. It was noted that a few providers, like the hospital, provide transportation options, but that there needs to be more. Cost, in general, was also viewed as a deterrent to seeking needed medical care. Expenses related to insurance co-pays or deductibles, as well as, prescription medication costs are a challenge for a number of Ashtabula County residents.

Related to access to care issues are the “safety net” providers in the county. The key informants were asked where they feel that most uninsured or underinsured individuals living in Ashtabula County go when they need medical care. All but one individual mentioned the hospital emergency department. The remaining individual mentioned that they go to an area health clinic/FQHC (Federally Qualified Health Center). A number of comments were made about the need for a free health clinic in Ashtabula County

“Poverty is a big issue. People just don’t have the money. There is a barrier to transportation to specialist providers.”

All of those interviewed agreed that there are specific populations who live in Ashtabula County that are not being adequately served by local health services. The low-income and poor residents living in Ashtabula County along with the uninsured/underinsured were mentioned as the most underserved. The Hispanic/Latino population in the county was mentioned by two of the individuals interviewed.



When asked what services may be missing in Ashtabula County, the most mentions were for free or low-cost dental care. A number of comments were made about limited options in the county

for those without dental insurance. Many individuals either leave oral health issues untreated or travel outside of the county for services if needed. Transportation to medical appointments was once again mentioned as a missing service in the county. The key informants were also asked if they perceive there to be long waiting lists for any particular services. Waiting times for dental services and transportation were mentioned the most. Specifically, dental care for the uninsured and underinsured was emphasized as the longest wait time.

The interviews concluded with three open-ended questions. The first of these three asked for feedback about what challenges people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy. Common themes were evident throughout the responses. The following list bullets these key themes.

- Higher cost for nutritious foods is a limitation; high poverty rates and unemployment are related issues.
- The public is not fully educated about nutrition and healthy lifestyles.
- Foods through public assistance and food banks are not always the healthiest.
 - Long winter and cold, snowy weather deters physical activity.
 - Too few free or low-cost fitness and recreational options.

“I think not having the nutritional food at an affordable price and no access to fresh produce is a problem. What is the priority? A family chooses to eat mac and cheese over a head of lettuce.”

Others commented that the weather in the area and high unemployment is a “major factor” with Depression, and Drug and Alcohol use in the area. These all have an obvious negative impact on healthy living. Many residents were also perceived to be lacking a complete understanding of the impact of poor nutrition, lack of exercise, and risky behaviors such as cigarette use. Several individuals also commented on the need to begin educating area children about healthy lifestyle choices through schools and other venues.

It was also important to gather feedback during the interviews about what is working and being done well in the community with respect to health and quality of life. A number of strengths in the community were noted, but many of the key informants mentioned that more is still needed. The following list summarizes the key strengths in the community and what is being done well.

- Hospital outreach activities have been beneficial.
- Free flu shots to the community.
- The last community health assessment helped identify concerns and convene partners.

- Some free transportation options exist.
- Some efforts are underway around prevention of Mental Health and Addiction issues.
- There is ample open green space and natural recreation areas (beaches, lake) that are free.
- Strong faith community; Churches have helped build trust with the Hispanic population.
- The small size of the county promotes collaborative work.

Key Informant Interviews: Concluding Thoughts

Throughout the interviews, a number of key themes emerged. These are bulleted below, in no particular order.

- The social determinants of health, such as poverty and unemployment, appear to be having a significant, negative impact on the health of area residents.
- There are too few resources for the uninsured and underinsured.
- Dental care is very limited, particularly for those without insurance.
- Some transportation assistance is available, but more is needed.
- Recommendations were made to have more free options for physical activity and recreational opportunities.
- There is a great need for educating area residents about nutrition and healthy lifestyle choices.
- Diabetes and weight issues are the top health concerns among area professionals.
- Addiction to Drugs and Alcohol is a concern in the area and is compounded by high unemployment rates, mental health issues (depression), and poverty.
- The hospital emergency department carries a great deal of the primary care burden for the uninsured and underinsured.
- There has been increased collaboration in recent years among organizations and providers and it needs to continue.

The results of these key informant interviews should be examined in conjunction with the secondary data gathered as part of the full community health needs assessment.

CONCLUDING THOUGHTS

Each of the research components from the CHNA reveal specific points of feedback that are worthy of attention from ACMC and its partners. However, it is important to undertake a process that pulls key themes from each component and prioritizes the community needs. Select highlights from the CHNA are listed below.

- **Access to care:** There are a higher number of uninsured individuals living in Ashtabula County. Key informants reported there are too few options for individuals without health insurance when seeking not only primary care, but specialty care, including dental care and other health specialties. The hospital emergency department continues to be the safety net in the county for those without insurance. The secondary data shows that the primary care physician ratio is poorer in Ashtabula County, with fewer primary care physicians. There is also a higher rate of hospital admissions for preventable conditions. Additional barriers to accessing care include transportation and cost in general, such as co-pays, prescription medications, etc.

- **Cancer:** The Cancer incidence rates in Ashtabula County are higher than statewide and nationally across nearly all types of Cancers. Mortality rates due to Cancer are also elevated above Ohio and U.S. rates.

- **Impact of social determinants of health:** The role of poverty, unemployment, and various other population indicators on the health of Ashtabula County residents cannot be underscored. These statistics reveal unfavorable figures for the local area in this regard and this should be taken into consideration when interpreting the various other health and clinical measures.

- **Maternal health:** The maternal health indicators suggest that expectant mothers in Ashtabula County are more likely to demonstrate risky behaviors while pregnant. This includes inadequate prenatal care during the first trimester and smoking while pregnant. Both of these measures compare unfavorably to state and national statistics. Additionally, the percentage of teenage pregnancies in Ashtabula County is elevated above Ohio and U.S. figures.

- **Mental Health:** The Mental Health indicators, including Suicide rates and self-report measures of Mental Health, suggest that area adults and teens are more likely to struggle with poor Mental Health symptoms.
- **Motor vehicle death rate:** The mortality rates due to both accidents and motor vehicle crashes are higher for Ashtabula County than statewide and nationally.
- **Substance abuse (Smoking, Alcohol, Drugs):** The key informants shared concerns about excessive Alcohol and Drug use in the county and the secondary data confirms that these statistics are higher than elsewhere. Smoking is also higher among expectant mothers. The connection between Addiction and Mental Health issues was also mentioned by area professionals.
- **Weight & nutrition:** Obesity rates are higher in Ashtabula County and the density of fast-food restaurants is above what is seen statewide. Key informants also shared concerns about cost barriers to accessing fresh fruits and vegetables. These same individuals also observed a lack of education about healthy eating and active lifestyles among county residents. The relationship between Obesity and Diabetes, Heart Disease, and other chronic conditions was noted by the professionals who were interviewed.

The next steps for ACMC will include an interpretation process of the CHNA findings and an implementation planning process that prioritizes the key community health needs and identifies appropriate intervention strategies for the benefit of the greater community.

APPENDIX A: Key Informant Participants

First Name	Organization
Tania Burnette	Children's Services Board
Dan Claypool	Ashtabula County Commissioner
Mike Habowski	ACMC
Imraan Haniff, MD	ACMC
Alice Harden	Salvation Army
Christine Hill	Ashtabula City Health Department
Chris Kettunen	Ashtabula County Health Department
Deb Newcomb	Conneaut Human Resource Center
David Parker, MD	ACMC
Kathy Regal	Community Counseling Center
Raymond Saporito	Ashtabula County Health Department
Lynn Zalewski	Catholic Charities
