



# 2019 Community Health Needs Assessment

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**Ashtabula County  
Medical Center**  
ACMC Healthcare System

An affiliate of

 **Cleveland Clinic**

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# EXECUTIVE SUMMARY

## Introduction

Ashtabula County Medical Center (ACMC) conducted a comprehensive Community Health Needs Assessment (CHNA) in 2019 to identify significant health needs in the community served by the hospital.

The assessment was conducted to comply with requirements set forth in the Affordable Care Act, in accordance with the timeline established by IRS regulations, and to complement Ohio's State Health Assessment.

The CHNA includes both primary and secondary data that was collected and analyzed to formulate key findings. Primary data included a survey of Ashtabula County adults as well as feedback from key stakeholder interviews. Secondary data was collected from various state and federal sources.

The goal of the CHNA is to enhance the hospital's commitment to the health and well-being of the community it serves. Ashtabula County Medical Center will use the findings from the assessment to guide its community benefit initiatives, including developing collaborations to improve the health of Ashtabula County.

## Research Components

ACMC used a variety of qualitative and quantitative research methodologies to identify the needs of the community it serves. Those components included:

- Secondary data of Ashtabula County
- Ashtabula County resident survey
- Key stakeholder interviews

Each component provided a unique perspective on community health needs and enabled ACMC to gain a broad perspective on the community's health needs. Summaries of these components are included in separate sections of the CHNA.

## Significant Health Needs

A number of community health needs were identified as a result of conducting the CHNA. Significant Health Needs, or Key Findings, were based on the assessment of both primary and secondary data. Needs that appeared on at least two of the three research components were determined to be significant.

Based on findings from the research, the following overarching categories were identified as the most significant community health needs in Ashtabula County:

- Access to Care
- Chronic Disease
- Mental Health and Addiction
- Social Determinants of Health

### Access to Care

Access to Care includes lack of certain specialists, limited specialist options, and shortage of primary care providers. It also includes long wait times for an appointment, inconvenient hours and poor attitude of front-line staff.

### Chronic Disease

Heart disease, cancer, and diabetes are leading causes of death for Ashtabula County residents. Obesity, which is also prevalent in Ashtabula County, directly contributes to these chronic diseases.

### Mental Health and Addiction

Although Ashtabula County has experienced a decline in unintentional overdose deaths in recent years, the opiate epidemic, as well as the continued presence of methamphetamine, presents a significant health challenge.

Ashtabula County has a higher rate of suicide deaths than the state and nation.

### Social Determinants of Health

Poverty, food insecurity and transportation issues have a direct correlation to the health status of Ashtabula County residents.

## REGULATORY REQUIREMENTS

Federal law, as outlined in the Affordable Care Act, requires that non-profit, tax-exempt hospitals conduct a Community Health Needs Assessment every three years, as well as adopt an Implementation Strategy that details how the hospital will address the significant health needs that were identified in the CHNA.

The regulations require that APMC:

- Take into account input from persons representing the broad interests of the community served, including those with expertise in public health
- Make the CHNA widely available to the public

The CHNA must include certain information, including but not limited to:

- A description of the community and how it was determined
- A description of the methodology used to determine the community health needs
- A prioritized list of the community's health needs

Non-profit, tax-exempt hospitals are also required to report information about the CHNA process and the community benefits it provides on IRS Form 990, Schedule H. Community benefits, as described in the instructions for Schedule H, are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs.

Community benefit activities and programs seek to achieve certain objectives, including:

- Improving access to health services
- Enhancing public health
- Advancing increased general knowledge
- Relief of a government burden to improve health

Community need for the activity or program must be established to be reported. Conducting a Community Health Needs Assessment is one method of establishing need. By focusing on the following questions, the CHNA can identify significant health needs for a population or geographic area:

- Who in the community is most vulnerable in terms of health status or access to care?
- What are the unique health status and/or access needs for these populations?
- Where do these people live in the community?
- Why are these problems present?

The State of Ohio conducts a State Health Assessment (SHA) and develops a State Health Improvement Plan (SHIP). Likewise, local county Health Departments also conduct Community Health Assessments (CHA) and develop Community Health Improvement Plans (CHIP).

The Community Health Improvement Plan developed by the Health Department and the Implementation Strategy developed by the hospital are required to align with the SHIP.

# HOSPITAL AND COMMUNITY PROFILE

## Hospital Overview

Since 1904, Ashtabula County Medical Center (ACMC) has been committed to ensuring high quality healthcare is available in Ashtabula County.

Ashtabula County Medical Center is located in Ashtabula, Ohio. ACMC is a private, non-profit hospital that provides inpatient and outpatient services, and is the only full-service hospital in Ashtabula County, the largest geographic county in the State of Ohio. Inpatient services are provided at the hospital's main campus in the City of Ashtabula. Inpatient care is provided on two Medical-Surgical Units, as well as in the Intensive Care Unit, Maternity Unit, Behavioral Medicine Unit, and Skilled Nursing Unit. Outpatient services are provided in Ashtabula, Conneaut, Geneva and Jefferson, ensuring that 85% of Ashtabula County residents reside within 15 miles of an ACMC facility. The hospital employs over 70 providers (physicians, nurse practitioners, physician assistants) in over 20 specialties.

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

- Allergy/Immunology
- Cardiology
- Emergency Medicine
- Family Medicine
- Gastroenterology
- Internal Medicine (including Hospitalists)
- Nephrology
- Neurology
- Obstetrics/Gynecology (including High-Risk OB specialty clinic)
- Oncology
- Ophthalmology
- Orthopaedics
- Otolaryngology
- Pain Management
- Pediatrics (including Cardiology, Endocrinology, Gastroenterology, Pulmonology specialty clinics)
- Podiatry
- Psychiatry
- Pulmonology
- Sleep Medicine
- Sports Medicine
- Surgery
- Urology
- Vascular Surgery

## Mission Statement

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

## Service Area Definition

Although federal regulations require hospitals to identify a specific community being served as part of the CHNA, those regulations do not dictate how that community is defined. Hospitals are permitted to use relevant facts and circumstances, including but not limited to: geographic location, target populations, and principal function.

For this assessment, Ashtabula County Medical Center chose to define its service area through the inpatient discharge metric. The overwhelming majority (97%) of patients served by Ashtabula County Medical Center live in Ashtabula County, Ohio.

### Ashtabula County Medical Center, Inpatient Discharges by Zip Code – 2018

| City             | Zip Code | Discharges   |
|------------------|----------|--------------|
| Ashtabula        | 44004    | 3,471        |
| Conneaut         | 44030    | 646          |
| Jefferson        | 44047    | 560          |
| Geneva           | 44041    | 24           |
| Kingsville       | 44048    | 195          |
| Andover          | 44003    | 152          |
| Rock Creek       | 44084    | 103          |
| Dorset           | 44032    | 88           |
| Pierpont         | 44082    | 77           |
| Austinburg       | 44010    | 71           |
| North Kingsville | 44068    | 37           |
| Ashtabula        | 44005    | 35           |
| Orwell           | 44076    | 28           |
| Williamsfield    | 44093    | 25           |
| Rome             | 44085    | 24           |
| Unionville       | 44088    | 0            |
| Windsor          | 44099    | 0            |
| All Others       |          | 175          |
| <b>TOTAL</b>     |          | <b>5,928</b> |

*(Source: Ohio Hospital Association Insight Database)*

The map below highlights Ashtabula County's location in northeastern Ohio.





## METHODOLOGY

### Secondary Data

Secondary data, or existing data that is tracked regularly by organizations, governmental entities and other institutions, are an important component of the CHNA.

The secondary data incorporated into the CHNA include population changes and projections, demographics, economic and education indicators, and incidence and mortality rates, among others. County-level data was obtained, and when possible, that data was compared to state and national benchmarks to portray an objective view of the community health of Ashtabula County. Data sources are noted throughout the CHNA.

Secondary data sources include, but are not limited to: US Census Bureau, Ohio Department of Health, Centers for Disease Control and Prevention, and County Health Rankings.

### Ashtabula County Resident Survey

The survey was developed as part of the 2019 Ashtabula County Health Department Community Health Assessment. ACMC is a participating agency in the development of both the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP) for Ashtabula County. The Ashtabula County Health Department hired the Hospital Council of Northwest Ohio (HCNO) to consult on and assist with the development of its 2019 CHA and CHIP.

Ashtabula County adults (ages 19 and older) participated in a self-administered survey. The survey questions were modeled after the national and state Behavioral Risk Factor Surveillance System (SRFSS) instrument of the Centers for Disease Control and Prevention. There were 308 completed surveys returned, equaling a 28% response rate and a +/- 5.57% confidence level.

All individual responses were anonymous, but aggregated to present group data. Health education researchers at the University of Toledo analyzed the data, which was weighted by age, gender, race and income using 2017 Census data to be representative of Ashtabula County.

## Key Stakeholder Interviews

Key members of the Ashtabula County community were identified and asked to provide feedback regarding the health of the Ashtabula County community. Participants were asked a series of questions that focused on health concerns, access to care, socio-economic issues, and existing community resources. Key stakeholders represented the following organizations with first-hand knowledge of community health in Ashtabula County:

- APMC Primary Care Physician
- APMC Emergency Department Physician
- APMC Care Management
- APMC Regional Home Health
- Community Counseling Center
- United Way of Ashtabula County
- Catholic Charities of Ashtabula County
- Ashtabula County YMCA
- Legal Aid Society
- Ashtabula County Community Action Agency
- Country Neighbor
- Goodwill Industries
- Samaritan House
- Beatitude House
- Girl Scouts of North East Ohio
- American Red Cross

Though the small number of key informant interviews does not permit for statistical generalization to all of Ashtabula County, the feedback presents a more granular understanding of the health issues facing Ashtabula County because each contact approaches the questions from his/her personal perspective and experience.

## Data Limitations

It is important to consider the limitations of data when interpreting results. Findings of this CHNA may differ from those of other organizations due to variances in data sources, service area definition, community developments, and the timing of data extraction.

Every attempt was made to use the most recent data available at the time the research was conducted. However, the availability of secondary data on which this assessment relies to measure community health often lags behind. Additionally, the dating of the data may vary from source to source, inhibiting a direct year-to-year comparison. The impact of more recent economic and public policy changes may not be reflected in all secondary data.

Self-reported data, as was obtained through the survey of Ashtabula County adults, carries its own limitations. Not only is it subject to personal perception, it is also subject to influence by several factors in existence at the time the survey is completed.

Individual key stakeholders were asked the same set of questions in the same order. However, the focus group of United Way of Ashtabula County partner charities responded to a limited sub-set of questions due to time constraints.

## Collaborating Organizations

As a member of the Ashtabula County Community Health Needs Assessment Committee and by incorporating resident survey data from the 2019 Ashtabula County Community Needs Assessment, ACMC collaborated with the following organizations in completing this assessment:

- Ashtabula County Health Department
- Ashtabula City Health Department
- Conneaut City Health Department
- Ashtabula County Commissioners
- Ashtabula County Community Action Agency
- Ashtabula County Job & Family Services
- Community Counseling Center
- Catholic Charities of Ashtabula County
- Ashtabula County Mental Health Recovery Services Board
- University Hospitals Conneaut and Geneva Medical Centers
- Signature Health
- Center for Health Affairs
- Hospital Council of Northwest Ohio

## KEY FINDINGS

### Secondary Data

The use of secondary data in the CHNA is to convey an objective look at various aspects of life in Ashtabula County, including overall demographics (population, population change, race/ethnicity) and health indicators (leading causes of death, additional select causes of death, cancer mortality and incidence, maternal/child indicators, communicable diseases, and county health rankings). Social determinants (access to healthcare, income, employment, educational attainment, insurance status poverty, housing, and food insecurity) are also included in this report because they can significantly impact health and health outcomes.

### Demographics

According to the US Census Bureau, 97,807 individuals resided in Ashtabula County in 2017. This is a 3.6% decrease from 2010. This is significantly lower than prior estimates and is contrary to the population growth in both Ohio and the United States.

**Ashtabula County Population Change, 2010-2017**

|                | Ashtabula County | Ohio       | United States |
|----------------|------------------|------------|---------------|
| 2010           | 101,488          | 11,536,730 | 308,758,105   |
| 2017           | 97,807           | 11,658,609 | 325,719,178   |
| Percent Change | (3.6%)           | 1.1%       | 5.5%          |

*(Source: US Census Bureau Quick Facts)*

The data from the US Census Bureau also shows that Ashtabula County has a higher percentage of persons aged 65 or older, at 18.6% of the population compared to 16.7% and 15.6% in Ohio and the United States, respectively. The majority of Ashtabula County residents are white (93.1%), making Ashtabula County less diverse than the state and country. Ashtabula County also has a higher rate of persons under age 65 living with a disability (11.2%) than the state (10%) and the nation (8.7%).

**Ashtabula County Key Demographic Profile**

|  | Ashtabula County | Ohio  | United States |
|--|------------------|-------|---------------|
| Persons under age 18                   | 22.2%            | 22.3% | 22.6%         |
| Persons over age 65                    | 18.6%            | 16.7% | 15.6%         |
| White                                  | 93.2%            | 82.2% | 76.6%         |
| Black/African American                 | 3.8%             | 12.9% | 13.4%         |
| Hispanic/Latino                        | 4.2%             | 3.8%  | 18.1%         |
| Persons under age 65 with a disability | 11.2%            | 10.0% | 8.7%          |

*Note: Percentages of White, Black/African American, and Hispanic/Latino do not reflect mixed race*

*(Source: US Census Bureau Quick Facts)*

The estimated population for Ashtabula County in 2018 was 97,493. The largest segment of the population, 49,989, was between the ages of 25 and 64. The following table shows the population estimates by age group.

**Ashtabula County Population by Age Group, 2018**

| TOTAL - 2018 | 97,493 |
|--------------|--------|
| Ages 0-4     | 5,562  |
| Ages 5-14    | 12,124 |
| Ages 15-19   | 5,892  |
| Ages 20-24   | 5,337  |
| Ages 15-44   | 33,449 |
| Ages 25-64   | 49,989 |
| Ages 65-84   | 16,312 |
| Ages 65+     | 18,589 |
| Ages 85+     | 2,277  |

*(Source: Ohio Development Services Agency)*

Ashtabula County’s population declined by 5.1% between 2000 and 2018, compared to a 3% population growth for Ohio during the same time frame. By 2030, Ashtabula County will experience an 11.6% decline in population from 2010, compared to the State of Ohio that is expected to experience a slight overall population increase of 0.7%. . The county’s population is expected to continue to decline through 2040.

*(Source: Ohio Development Services Agency).*

**Ashtabula County Population Projections**

| 2010 Census | 101,497 |
|-------------|---------|
| 2015        | 97,810  |
| 2020        | 95,160  |
| 2025        | 92,510  |
| 2030        | 89,760  |
| 2035        | 87,040  |
| 2040        | 84,510  |

*(Source: Ohio Development Services Agency)*

## Health Indicators

### Mortality Rates

The overall age-adjusted mortality rate in Ashtabula County is 912.9 per 100,000, well above the rate of 824.9 for Ohio and 730.4 for the United States. With the exception of Alzheimer’s Disease, Ashtabula County’s outcomes for the six leading causes of death are worse than both the state and nation.

**Leading Causes of Death, 2012-2017**  
Age-adjusted, per 100,000 population

|                            | Ashtabula County | Ohio  | United States |
|----------------------------|------------------|-------|---------------|
| Overall Mortality Rate     | 912.9            | 824.9 | 730.4         |
| Diseases of the Heart      | 217.1            | 187.5 | 167.7         |
| Cancer                     | 190.1            | 176.2 | 159.4         |
| Lower Respiratory Diseases | 59.2             | 48.9  | 41.2          |
| Stroke                     | 37.8             | 40.9  | 37.0          |
| Accidents                  | 59.6             | 56.3  | 43.2          |
| Alzheimer’s Disease        | 23.1             | 29.9  | 27.4          |

(Source: CDC Wonder)

Other selected causes of death for which Ashtabula County exceeds the state and national rates are suicide, liver disease, and diabetes mellitus.

**Selected Causes of Death, 2012-2017**  
Age-adjusted, per 100,000 population

|                   | Ashtabula County | Ohio | United States |
|-------------------|------------------|------|---------------|
| Suicide           | 20.1             | 13.5 | 13.2          |
| Liver Disease     | 11.9             | 10.5 | 10.5          |
| Diabetes Mellitus | 33.1             | 25.4 | 21.2          |

(Source: CDC Wonder)

The rate of years of potential life lost in Ashtabula County is significantly higher than for the state, and almost three times as high as the best performing county in Ohio.

### **Years of Potential Life Lost, 2017**

(Years of potential life lost before age 75, age-adjusted per 100,000 population)

|  |       |
|--|-------|
| Ashtabula County                       | 104.5 |
| Ohio                                   | 87.8  |
| Best Performing Ohio County – Delaware | 44.4  |
| Worst Performing Ohio County – Pike    | 138.2 |

(Source: Ohio Department of Health, Bureau of Vital Statistics; Ohio Department of Health State Health Assessment, 2019)

## Cancer Incidence and Mortality

The age-adjusted cancer incidence rate for Ashtabula County was higher than Ohio for the following cancers: larynx, liver and intrahepatic bile duct, lung and bronchus, oral cavity and pharynx, pancreas, stomach, thyroid and uterus.

**Cancer Incidence Rate, 2016**  
Age-adjusted, per 100,000 population

| Cancer Site/Type                 | Ashtabula County | Ohio         |
|----------------------------------|------------------|--------------|
| Bladder                          | 20.2             | 21.2         |
| Brain and Other CNS              | 4.3              | 7.0          |
| Breast                           | 52.5             | 68.9         |
| Cervix                           | NA               | 8.1          |
| Colon and Rectum                 | 32.4             | 40.2         |
| Esophagus                        | 4.3              | 5.4          |
| Hodgkins-Lymphoma                | NA               | 2.8          |
| Kidney and Renal Pelvis          | 9.8              | 17.4         |
| Larynx                           | 5.3              | 3.9          |
| Leukemia                         | 8.9              | 11.6         |
| Liver and Intrahepatic Bile Duct | 8.4              | 7.0          |
| Lung and Bronchus                | 77.6             | 64.9         |
| Melanoma of Skin                 | 25.2             | 26.2         |
| Multiple Myeloma                 | NA               | 6.1          |
| Non-Hodgkins Lymphoma            | 11.8             | 18.6         |
| Oral Cavity and Pharynx          | 14.7             | 11.7         |
| Ovary                            | 8.4              | 9.5          |
| Pancreas                         | 15.6             | 12.0         |
| Prostate                         | 82.8             | 100.7        |
| Stomach                          | 7.6              | 6.0          |
| Testis                           | NA               | 5.4          |
| Thyroid                          | 16.7             | 15.6         |
| Uterus                           | 43.4             | 31.0         |
| <b>TOTAL</b>                     | <b>423.5</b>     | <b>456.1</b> |

*NA – rates may be unstable for case counts less than five or when population counts are not available.*

*(Source: Ohio Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions)*

For the period of 2014-2016, the age-adjusted cancer mortality rates in Ashtabula County were higher than Ohio's for: brain and other, colon and rectum, esophagus, kidney and renal pelvis, Leukemia, lung and bronchus, non-Hodgkins lymphoma, ovary, pancreas, prostate, and uterus.

**Cancer Mortality Rate, 2014-2016**  
Age-adjusted, per 100,000 population

| Cancer Site/Type                 | Ashtabula County | Ohio         |
|----------------------------------|------------------|--------------|
| Bladder                          | 3.9              | 5.0          |
| Brain and Other CNS              | 5.3              | 4.6          |
| Breast                           | 8.9              | 12.4         |
| Cervix                           | NA               | 2.2          |
| Colon and Rectum                 | 17.5             | 15.4         |
| Esophagus                        | 5.8              | 5.0          |
| Hodgkins-Lymphoma                | NA               | 0.3          |
| Kidney and Renal Pelvis          | 5.5              | 3.8          |
| Larynx                           | NA               | 1.3          |
| Leukemia                         | 8.7              | 6.9          |
| Liver and Intrahepatic Bile Duct | 6.0              | 6.0          |
| Lung and Bronchus                | 55.8             | 48.6         |
| Melanoma of Skin                 | NA               | 2.7          |
| Multiple Myeloma                 | 2.9              | 3.5          |
| Non-Hodgkins Lymphoma            | 7.0              | 6.2          |
| Oral Cavity and Pharynx          | 2.3              | 2.9          |
| Ovary                            | 7.6              | 7.3          |
| Pancreas                         | 13.0             | 11.8         |
| Prostate                         | 20.6             | 19.0         |
| Stomach                          | NA               | 2.7          |
| Testis                           | NA               | 0.3          |
| Thyroid                          | NA               | 0.5          |
| Uterus                           | 6.9              | 5.2          |
| <b>TOTAL</b>                     | <b>908.2</b>     | <b>822.1</b> |

*NA – rates may be unstable for case counts less than five or when population counts are not available.*

*(Source: Ohio Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions)*

Mental Health and Addiction

Ashtabula County has experienced a decline in age-adjusted unintentional drug overdose deaths. The county performs better than the state overall, but is significantly higher than the best performing county in Ohio.

**Unintentional Drug Overdose Death Rate, 2017**

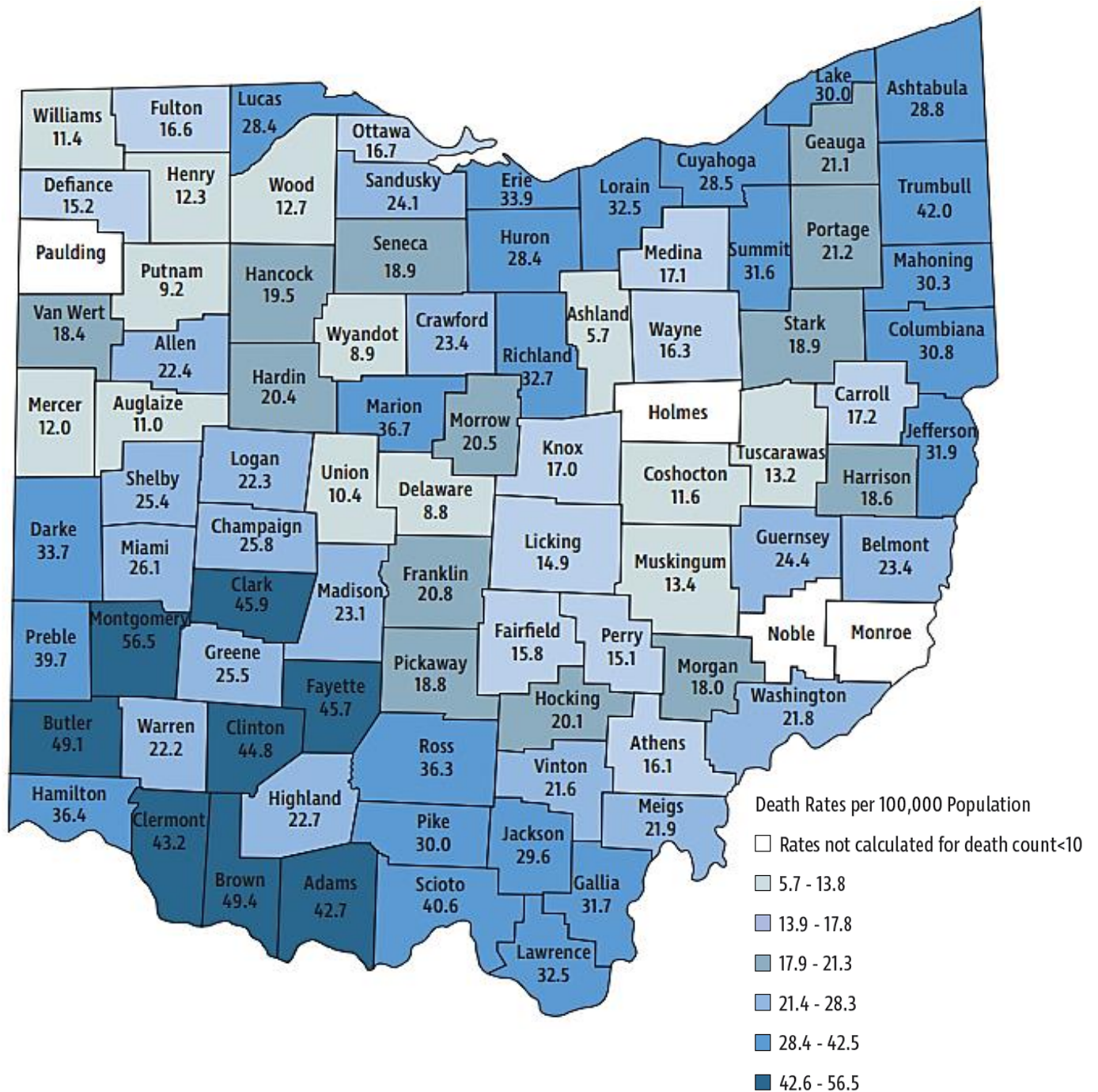
(Number of deaths to drug overdose per 100,000 population, age-adjusted)

|  |              |
|--|--------------|
| <b>Ashtabula County</b>                            | <b>30.1</b>  |
| <b>Ohio</b>  | <b>44.1</b>  |
| <b>Best Performing Ohio County – Wood/Delaware</b> | <b>14.8</b>  |
| <b>Worst Performing Ohio County – Montgomery</b>   | <b>106.7</b> |

*(Source: Ohio Department of Health)*



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



(Source: Ohio Department of Health, 2017 Ohio Drug Overdoes Data)

Maternal/Child Indicators

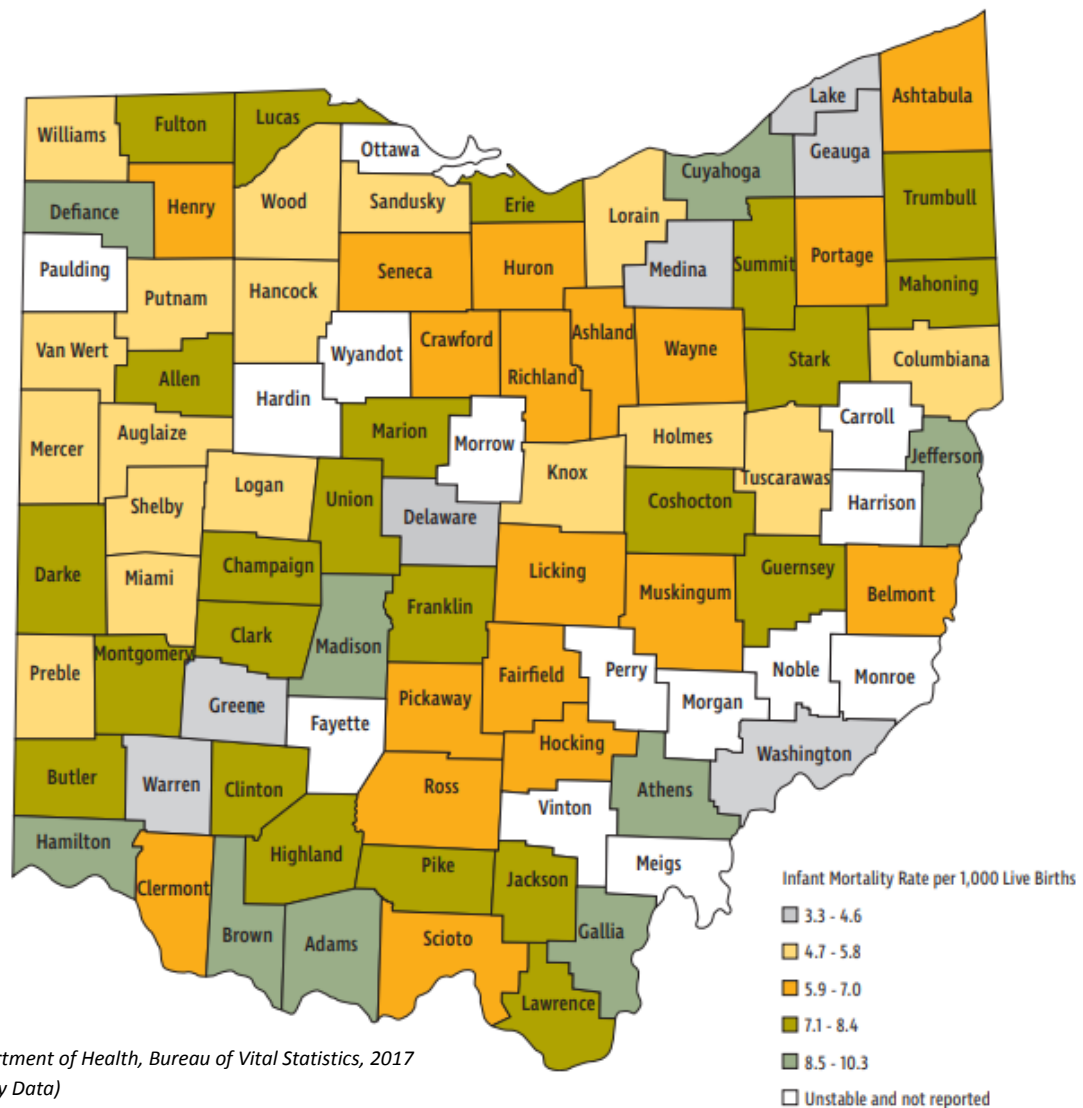
Ashtabula County’s average infant mortality rate for 2013-2017 was below the state average and well below the worst performing Ohio counties, but almost twice that of Ohio’s best performing county.

**Infant Mortality, 2013-2017 average, per 1,000 Live Births**

|   |             |
|---|-------------|
| <b>Ashtabula County</b>                                   | <b>6.5</b>  |
| <b>Ohio</b>   | <b>7.2</b>  |
| <b>Healthy People 2020 Target</b>                         | <b>N/A</b>  |
| <b>Best Performing Ohio County – Washington</b>           | <b>3.3</b>  |
| <b>Worst Performing Ohio County – Adams and Jefferson</b> | <b>10.3</b> |

(Source: Ohio Department of Health Bureau of Vital Statistics; Ohio Department of Health State Health Assessment, 2019)

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



(Source: Ohio Department of Health, Bureau of Vital Statistics, 2017 Ohio Infant Mortality Data)

Ashtabula County’s percentage of pre-term births (<37 weeks gestation) for 2017 was almost twice the best performing Ohio county and higher than the Healthy People 2020 Target. However, it was slightly lower than the state average and significantly lower than the worst performing Ohio county.

**Percent of Live Births that are Pre-Term, 2017**

|   |            |
|---|------------|
| <b>Ashtabula County</b>                     | <b>10%</b> |
| <b>Ohio</b>                                 | 10.4%      |
| <b>Healthy People 2020 Target</b>           | 9.4%       |
| <b>Best Performing Ohio County – Holmes</b> | 5.4%       |
| <b>Worst Performing Ohio County – Meigs</b> | 14.1%      |

*(Source: Ohio Department of Health Bureau of Vital Statistics; Ohio Department of Health State Health Assessment, 2019)*

County Health Rankings

County Health Rankings provides comparative data for counties by incorporating various health status indicators, broken into categories of health behaviors, clinical care, social and economic factors, and physical environment. For the state of Ohio, the rankings are on a scale of 1 (the healthiest) to 88 (the least healthy). Ashtabula County ranks in the top half of Ohio counties for Physical Environment, but in the bottom half for all other categories, including six categories in the bottom quartile. Ashtabula County also compares unfavorably overall compared to Ohio and the top performing county in the United States.

### County Health Rankings

|                                      | Ashtabula County - 2016 | Ashtabula County - 2019 | Ohio 2019 | United States 2019* |
|--------------------------------------|-------------------------|-------------------------|-----------|---------------------|
| <b>Health Outcomes</b>               | <b>62</b>               | <b>68</b>               |           |                     |
| <b>Length of Life</b>                | <b>65</b>               | <b>65</b>               |           |                     |
| Premature Death                      | 8,711.6                 | 9,600                   | 8,500     | 5,400               |
| <b>Quality of Life</b>               | <b>59</b>               | <b>69</b>               |           |                     |
| Poor or fair health**                | 16.8%                   | 18.0%                   | 17.0%     | 12.0%               |
| Poor physical health days**          | 4.0                     | 4.3                     | 4.0       | 3.0                 |
| Poor mental health days**            | 4.2                     | 4.2                     | 4.3       | 3.1                 |
| Low birthweight                      | 8.0%                    | 8.0%                    | 9.0%      | 6.0%                |
| <b>Health Factors</b>                | <b>79</b>               | <b>81</b>               |           |                     |
| <b>Health Behaviors</b>              | <b>68</b>               | <b>78</b>               |           |                     |
| Adult smoking**                      | 22.1%                   | 22.0%                   | 23.0%     | 14.0%               |
| Adult obesity                        | 30.7%                   | 37.0%                   | 32.0%     | 26.0%               |
| Food environmental index             | 6.6                     | 7.1                     | 6.7       | 8.7                 |
| Physical inactivity                  | 26.2%                   | 30.0%                   | 25.0%     | 19.0%               |
| Access to exercise opportunities     | 63.1%                   | 73.0%                   | 84.0%     | 91.0%               |
| Excessive drinking**                 | 15.9%                   | 17.0%                   | 19.0%     | 13.0%               |
| Alcohol-impaired driving deaths      | 40.3%                   | 40.0%                   | 33.0%     | 13.0%               |
| Sexually transmitted infections      | 271.9                   | 319.4                   | 520.9     | 152.8               |
| Teen births                          | 42.0                    | 35.0                    | 26.0      | 14.0                |
| <b>Clinical Care</b>                 | <b>80</b>               | <b>80</b>               |           |                     |
| Uninsured                            | 14.6%                   | 9.0%                    | 7.0%      | 6.0%                |
| Primary care physicians              | 2,559:1                 | 2,890:1                 | 1,300:1   | 1,050:1             |
| Dentists                             | 2,755:1                 | 2,270:1                 | 1,620:1   | 1,260:1             |
| Mental health providers              | 1,340:1                 | 860:1                   | 470:1     | 310:1               |
| Mammography screening                | 54.0%                   | 38.0%                   | 41.0%     | 49.0%               |
| <b>Social &amp; Economic Factors</b> | <b>76</b>               | <b>77</b>               |           |                     |
| High school graduation               | 89.7%                   | 88.0%                   | 85.0%     | 96.0%               |
| Some college                         | 47.9%                   | 46.0%                   | 65.0%     | 73.0%               |
| Unemployment                         | 7.0%                    | 5.9%                    | 5.0%      | 2.9%                |
| Children in poverty                  | 32.1%                   | 28.0%                   | 20.0%     | 11.0%               |
| Income inequality                    | 4.5                     | 4.6                     | 4.8       | 3.7                 |
| Children in single-parent households | 38.9%                   | 36.0%                   | 36.0%     | 20.0%               |
| Social associations                  | 11.8                    | 12.2                    | 11.2      | 21.9                |
| Violent crime                        | 139.9                   | 135.0                   | 293.0     | 63.0                |
| Injury deaths                        | 73.9                    | 92.0                    | 82.0      | 57.0                |
| <b>Physical Environment</b>          | <b>82</b>               | <b>35</b>               |           |                     |
| Air pollution-particulate matter**   | 13.8                    | 11.0                    | 11.5      | 6.1                 |
| Severe housing problems              | 17.0%                   | 15.0%                   | 15.0%     | 9.0%                |
| Driving alone to work                | 83.4%                   | 85.0%                   | 83.0%     | 72.0%               |
| Long commute-driving alone           | 32.9%                   | 35.0%                   | 30.0%     | 15.0%               |

Note: \*US Top Performers=90<sup>th</sup> percentile; \*\*Data should not be compared with prior years  
(Source: County Health Rankings)

The following table shows additional measures reported via County Health Rankings, though these measures are not included in the overall ranking. They do, however, help provide deeper context of the health of Ashtabula County compared to Ohio and the top performing county in the United States.

### County Health Rankings, Additional Measures, 2019

|   | Ashtabula County | Ohio     | United States* |
|---|------------------|----------|----------------|
| <b>Additional Health Outcomes</b>               |                  |          |                |
| Life Expectancy                                 | 75.6             | 77.0     | 81.0           |
| Premature age-adjusted mortality                | 470              | 400      | 280            |
| Child mortality                                 | 50               | 60       | 40             |
| Infant mortality                                | 7                | 7        | 4              |
| Frequent physical distress                      | 13.0%            | 13.0%    | 9.0%           |
| Frequent mental distress                        | 13.0%            | 14.0%    | 10.0%          |
| Diabetes prevalence                             | 14.0%            | 12.0%    | 9.0%           |
| HIV prevalence                                  | 131              | 213      | 49             |
| <b>Additional Health Behaviors</b>              |                  |          |                |
| Food insecurity                                 | 15.0%            | 15.0%    | 9.0%           |
| Limited access to healthy foods                 | 10.0%            | 7.0%     | 2.0%           |
| Drug overdose deaths                            | 38               | 37       | 10             |
| Motor vehicle crash deaths                      | 15               | 10       | 9              |
| Insufficient sleep                              | 40.0%            | 38.0%    | 27.0%          |
| <b>Additional Clinical Care</b>                 |                  |          |                |
| Uninsured adults                                | 10.0%            | 8.0%     | 6.0%           |
| Uninsured children                              | 6.0%             | 4.0%     | 3.0%           |
| Other primary care providers                    | 2,717:1          | 1,161:1  | 726:1          |
| <b>Additional Social &amp; Economic Factors</b> |                  |          |                |
| Disconnected youth                              | 12.0%            | 6.0%     | 4.0%           |
| Median household income                         | \$45,200         | \$54,100 | \$67,100       |
| Children eligible for free or reduced lunch     | 56.0%            | 39.0%    | 32.0%          |
| Residential segregation – Black/White           | 57               | 69       | 23             |
| Residential segregation – non-White/White       | 46               | 58       | 15             |
| Homicides                                       | 8                | 6        | 2              |
| Firearm fatalities                              | 12               | 12       | 7              |
| <b>Additional Physical Environment Factors</b>  |                  |          |                |
| Homeownership                                   | 70.0%            | 66.0%    | 80.0%          |
| Severe housing cost burden                      | 13.0%            | 13.0%    | 7.0%           |

Note: \* US Top Performer =90<sup>th</sup> percentile  
 (Source: County Health Rankings, 2019)

### Medically Underserved Areas/Populations

The Health Resources and Services Administration uses an Index of Medical Underservice to designate areas and/or populations as being medically underserved. The following variables are used in calculating the index: ratio of primary care physicians per 1,000 population, infant mortality rate, percentage of population below the poverty level, and percentage of the population age 65 or older.

There are nine census tracts in the City of Ashtabula that are identified as being medically underserved.

*(Source: Health Resources and Services Administration)*

### Health Professional Shortage Areas

A geographic area may be designated a federal Health Professional Shortage Area (HPSA) if a shortage of primary care, dental care, or mental health care professionals is present.

Within APMC's service area, there are 16 minor civil divisions designated as primary care HPSAs. All of Ashtabula County is designated a HPSA for both dental health and mental health.

**Ashtabula County Health Professional Shortage Areas**

| HPSA Name              | HPSA Type     | Designation Type     |
|------------------------|---------------|----------------------|
| Andover Township       | Primary Care  | Minor Civil Division |
| Cherry Valley Township | Primary Care  | Minor Civil Division |
| Colebrook Township     | Primary Care  | Minor Civil Division |
| Dorset Township        | Primary Care  | Minor Civil Division |
| Hartsgrove Township    | Primary Care  | Minor Civil Division |
| Lenox Township         | Primary Care  | Minor Civil Division |
| Morgan Township        | Primary Care  | Minor Civil Division |
| New Lyme Township      | Primary Care  | Minor Civil Division |
| Orwell Township        | Primary Care  | Minor Civil Division |
| Richmond Township      | Primary Care  | Minor Civil Division |
| Rome Township          | Primary Care  | Minor Civil Division |
| Trumbull Township      | Primary Care  | Minor Civil Division |
| Wayne Township         | Primary Care  | Minor Civil Division |
| Williamsfield Township | Primary Care  | Minor Civil Division |
| Windsor Township       | Primary Care  | Minor Civil Division |
| Ashtabula County       | Dental Health | County               |
| Ashtabula County       | Mental Health | County               |

*(Source: Health Resources and Services Administration, 10/2019)*

## Social Determinants of Health

### Income, Employment and Education

Ashtabula County compares unfavorably to Ohio and the United States for income, employment, and education.

The median household income is lower in Ashtabula County than in Ohio or the United States. The county's unemployment rate of 5.9% is higher than the state and national average. Fewer individuals in Ashtabula County receive a high school diploma, 85.7%, which is below Ohio's 89.9% and the nation's 87.3%. Additionally, only 13.4% of Ashtabula County residents hold a bachelor's degree, compared to 27.2% of Ohioans and 30.9% of Americans.

**Ashtabula County Income, Employment and Education Indicators**

|                                  | Ashtabula County | Ohio     | United States |
|----------------------------------|------------------|----------|---------------|
| Median Per Capita Income         | \$21,936         | \$29,011 | \$31,177      |
| Median Household Income          | \$43,017         | \$52,407 | \$57,652      |
| Unemployment Rate                | 5.9%             | 5.0%     | 4.8%          |
| Percent with High School Diploma | 85.7%            | 89.8%    | 87.3%         |
| Percent with Bachelor's Degree   | 13.4%            | 27.2%    | 30.9%         |

*Note: Data accurate as of date reports were run  
(Source: US Census Bureau Quick Facts)*





## Housing

There are 38,381 occupied housing units in Ashtabula County.

**Ashtabula County Housing Characteristics, 2013-2017**

| Characteristic                                       | Number | Percent |
|--|--------|---------|
| Households with children under 18                    | 10,026 | 26.1%   |
| Married couple, family household                     | 18,091 | 47.1%   |
| Female householder, no husband, children under 18    | 2,868  | 7.4%    |
| Households with one or more persons age 60 and older | 16,696 | 43.5%   |
| Households with no telephone service                 | 903    | 2.4%    |
| Households that lack complete kitchen facilities     | 579    | 1.5%    |
| Households that lack complete plumbing facilities    | 272    | 0.7%    |

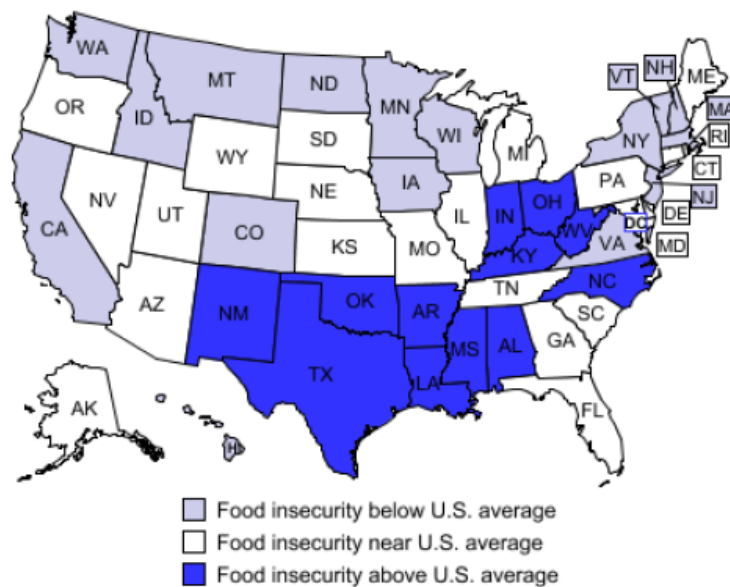
*(Source: US Census Bureau, 2017; 2013-2017 ACS 5-year estimates)*

## Food Insecurity

Households that are food secure have access – at all times – to enough food to ensure all members of the household have an active, healthy life. Households that are food-insecure are uncertain of having, or cannot acquire enough food to meet the needs of all members of the household at some time during the year.

The State of Ohio's prevalence of food insecurity is higher than the US average.

**Prevalence of Food Insecurity, 2016-2018 Average**



*(Source: USDA, Economic Research Services)*

## Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are traumatic events that occur before the age of 18. They include all types of neglect and abuse, as well as parental mental illness, substance abuse, divorce, incarceration, and domestic violence. (Source: [www.childwelfare.gov/topics/preventing/preventionmonth/resources/ace](http://www.childwelfare.gov/topics/preventing/preventionmonth/resources/ace))

ACEs have been linked to risky behaviors, chronic health conditions, low life potential and early death. As the number of ACEs increases, so does the risk for these outcomes. (Source: [www.cdc.gov/violenceprevention/childabuseandneglect/cestudy/aboutace](http://www.cdc.gov/violenceprevention/childabuseandneglect/cestudy/aboutace))

Ashtabula County has a higher percentage of two drug-related ACE indicators than Ohio, and a significantly higher percentage than the best performing county in the state.

### **Children Removed from Home Due to Parental Drug Use, 2015** (Percent of children removed due to drug use as a percentage of all children removed from parental custody)

|  |             |
|--|-------------|
| <b>Ashtabula County</b>                                      | <b>58%</b>  |
| <b>Ohio</b>  | <b>50%</b>  |
| <b>Best Performing Ohio County – Wood</b>                    | <b>4%</b>   |
| <b>Worst Performing Ohio County – Seneca/Hardin/Van Wert</b> | <b>100%</b> |

(Source: Public Children Services Association of Ohio Opiate Survey)

### **Children Removed Due to Parental Opiate Use, 2015** (Percent of children removed due to parental opiate use as a percentage of all children removed from parental custody)

|   |             |
|---|-------------|
| <b>Ashtabula County</b>                       | <b>31%</b>  |
| <b>Ohio</b>                                   | <b>28%</b>  |
| <b>Best Performing Ohio County – Van Wert</b> | <b>0%</b>   |
| <b>Worst Performing Ohio County – Hardin</b>  | <b>100%</b> |

(Source: Public Children Services Association of Ohio Opiate Survey)

## KEY FINDINGS

### Ashtabula County Adult Resident Survey

For the 2019 Community Health Needs Assessment, a decision was made for Ashtabula County Medical Center to use resident survey results that were gathered through the development of the Ashtabula County Health Department's Community Health Assessment (CHA) process. Representatives of ACMC are active members of the Ashtabula County Health Needs Assessment Committee and serve on sub-committees and task forces to address identified health needs in the county.

A sample of Ashtabula County residents over the age of 19 were mailed a survey that contained 114 structured questions that were modeled after the survey instrument utilized by the Centers for Disease Control and Prevention for its Behavioral Risk Factor Surveillance System. The survey process involved a three-wave mailing, and included a small financial incentive for completion. The survey response rate of 28% provided 308 completed surveys.

To ensure the survey data was representative of Ashtabula County, the data was weighted by age, gender, race, and income using 2017 Census data. More information on how the weightings were created can be found in Appendix III of the 2019 Ashtabula County Community Health Assessment at [www.ashtabulacountyhealth.com](http://www.ashtabulacountyhealth.com).

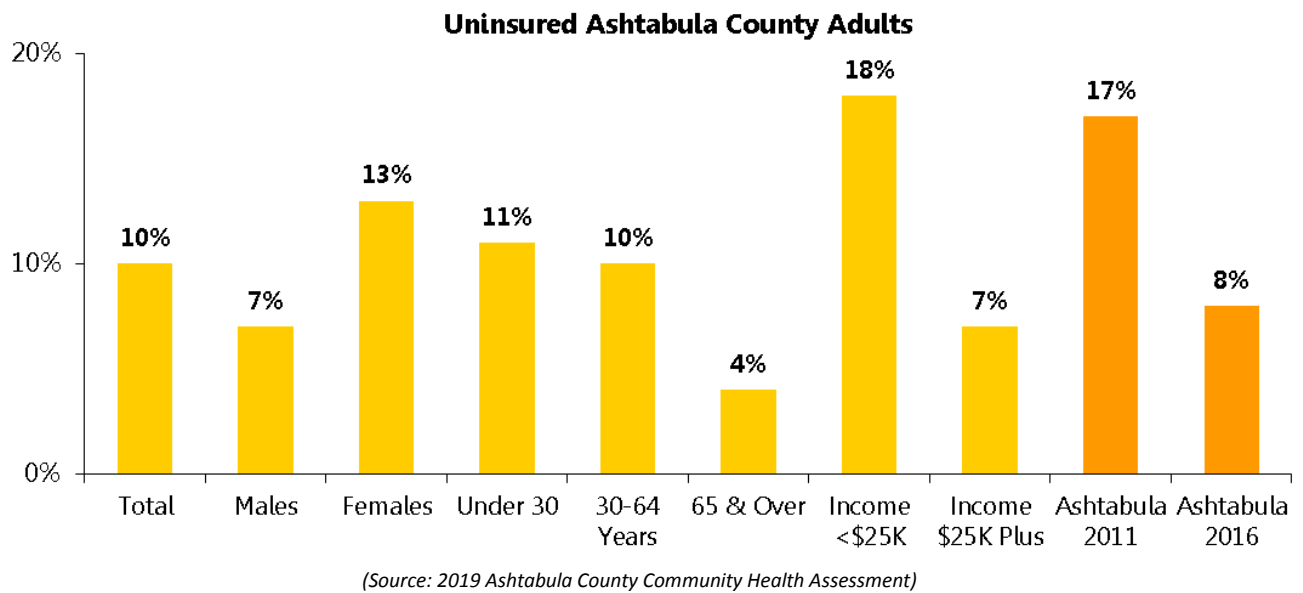
Not all data collected as part of the 2019 Ashtabula County Community Health Assessment are included in ACMC's 2019 CHNA. Data presented in this report reflect issues or concerns that were repeatedly mentioned during Key Stakeholder Interviews or data that were prevalent during the collection and review of secondary data.

A link to the full 2019 Ashtabula County Community Health Assessment can also be found on the Ashtabula County Medical Center's website at [www.acmchealth.org/about-us/community-health-needs-assessment/](http://www.acmchealth.org/about-us/community-health-needs-assessment/).

## Healthcare Access

### Healthcare Coverage

As indicated in the 2019 Ashtabula County Community Health Assessment, according to survey results, 90% of adults in Ashtabula County had some form of insurance, with employer-sponsored (48% when including spouses/partners covered on employer-sponsored plan), Medicare (26%) and Medicaid (11%) being the top three sources of healthcare insurance. *(Source: 2019 Ashtabula County Community Needs Assessment)*



Of those Ashtabula County adults with insurance, 99% of them have medical coverage and 93% have prescription coverage. However, only 63% of survey respondents indicated that their healthcare coverage includes dental or vision, and only 57% and 38% have coverage for mental health or alcohol and drug treatment, respectively. *(Source: 2019 Ashtabula County Community Needs Assessment)*

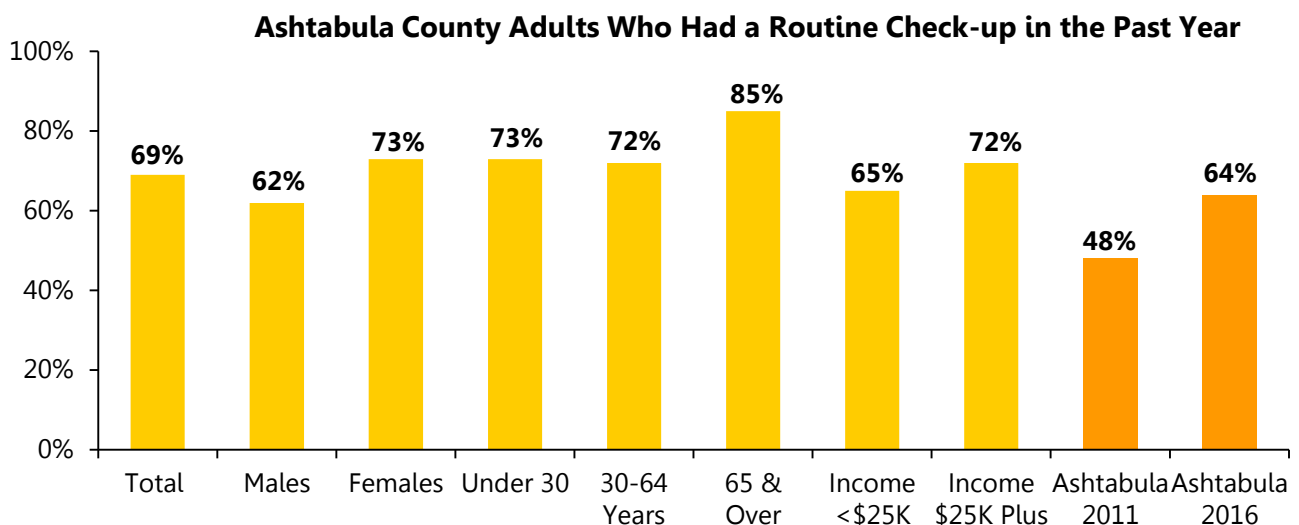
| <b>Health Coverage Includes:</b>       | <b>Yes</b> | <b>No</b> | <b>Don't Know</b> |
|--|------------|-----------|-------------------|
| <b>Medical</b>                         | 99%        | 0%        | 1%                |
| <b>Prescription Coverage</b>           | 93%        | 5%        | 2%                |
| <b>Preventive Health</b>               | 82%        | 1%        | 17%               |
| <b>Immunizations</b>                   | 80%        | 2%        | 18%               |
| <b>Outpatient Therapy</b>              | 71%        | 3%        | 26%               |
| <b>Dental</b>                          | 63%        | 31%       | 6%                |
| <b>Vision/Eyeglasses</b>               | 63%        | 29%       | 8%                |
| <b>Mental Health</b>                   | 57%        | 4%        | 39%               |
| <b>Alcohol and Drug Treatment</b>      | 38%        | 6%        | 56%               |
| <b>Durable Medical Equipment</b>       | 33%        | 4%        | 63%               |
| <b>Skilled Nursing/Assisted Living</b> | 25%        | 5%        | 70%               |
| <b>Home Care</b>                       | 23%        | 6%        | 71%               |
| <b>Transportation</b>                  | 21%        | 11%       | 68%               |
| <b>Air Ambulance</b>                   | 18%        | 10%       | 72%               |
| <b>Hospice</b>                         | 18%        | 5%        | 77%               |

*(Source: 2019 Ashtabula County Community Health Assessment)*

## Utilization

A combined 83% of Ashtabula County adults indicated they have at least one person they identify as their personal healthcare provider, which is higher than Ohio (72%) and the United States (70%) in 2017. That equals the response in the 2016 Ashtabula County Community Health Assessment and is an increase over the 2011 survey response (74%). *(Source: 2019 Ashtabula County Community Health Assessment)*

Although 90% of adults in Ashtabula County indicated they have healthcare coverage, only 69% said they had visited a provider for a routine check-up in the previous year. However, that is a significant increase over 2011 when only 48% of Ashtabula County adults indicated they had visited a doctor for a routine checkup in the past year. The 2019 percentage increased to 85% for adults over age 65. *(Source: 2019 Ashtabula County Community Health Assessment)*



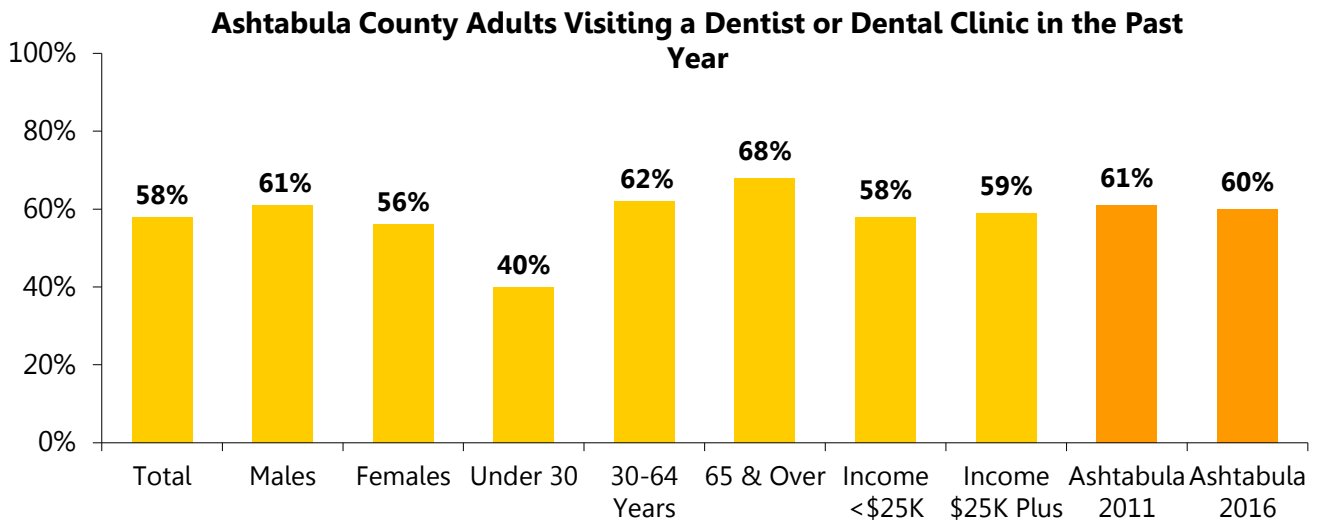
*Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.  
(Source: 2019 Ashtabula County Community Health Assessment)*

Sixty-two percent of adults in Ashtabula County used an Emergency Department for health care. Reasons for using the Emergency Department were: serious illness/injury (52%), could not get into see primary care physician (13%), doctor told them to go there (7%), and did not have primary care physician (5%). *(Source: 2019 Ashtabula County Community Health Assessment)*

Additionally, 63% of adults went outside of Ashtabula County in the past year for the following healthcare services: speciality care (27%), primary care (27%), dental services (21%), OB/GYN (14%), orthopaedics (8%), cardiac (6%), mental health/counseling (6%), ENT (6%), and cancer (5%). *(Source: 2019 Ashtabula County Community Health Assessment)*

## Oral Health

There is a connection between oral health and overall physical health. According to the resident survey responses in the 2019 Ashtabula County Community Health Assessment, 58% of adults in Ashtabula Clinic had visited a dentist or dental clinic in the past year. Additionally, 73% of the survey respondents with dental coverage visited the dentist in the previous year, compared to only 51% of those without dental insurance. (Source: 2019 Ashtabula County Community Needs Assessment)



(Source: 2019 Ashtabula County Community Health Assessment)

## Health Behaviors

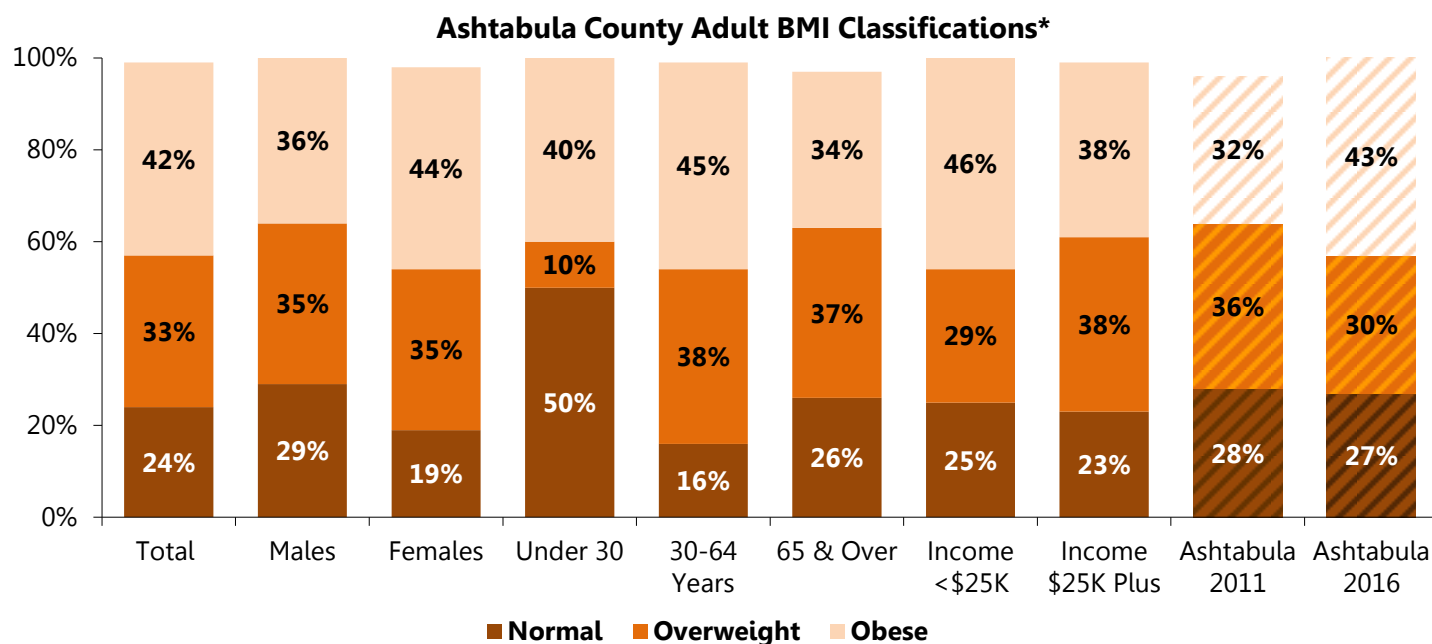
### Adult Weight Status

Results of the survey administered for the 2019 Ashtabula County Community Health Assessment, 75% of Ashtabula County adults are either overweight or obese based on body mass index (BMI). The total number of Ashtabula County adults who are obese is 31,965. Being overweight or obese elevates the risk for developing a wide variety of health issues, including diabetes, heart disease, and many forms of cancer. (Source: 2019 Ashtabula County Community Health Assessment)

Physical activity and nutrition are two key components to weight management.

Based on survey responses to the 2019 Ashtabula County Community Health Assessment, adults in Ashtabula County spent an average of 2.7 hours watching TV, 1.6 hours on their cell phone, 1.2 hours on their computer or tablet (not including work) and 0.2 hours playing video games daily. The top five reasons for not exercising were: self-motivation/will power (22%), weather (22%), time (21%), too tired (18%) and laziness (17%). (Source: 2019 Ashtabula County Community Health Assessment)

Survey responses also indicate that 4% of Ashtabula County adults ate no servings of fruits and vegetables per day, 35% ate 1-2 servings, 42% ate 3-4 servings, and 19% ate 5 or more servings per day. (Source: 2019 Ashtabula County Community Health Assessment)



(Source: 2019 Ashtabula County Community Health Assessment)



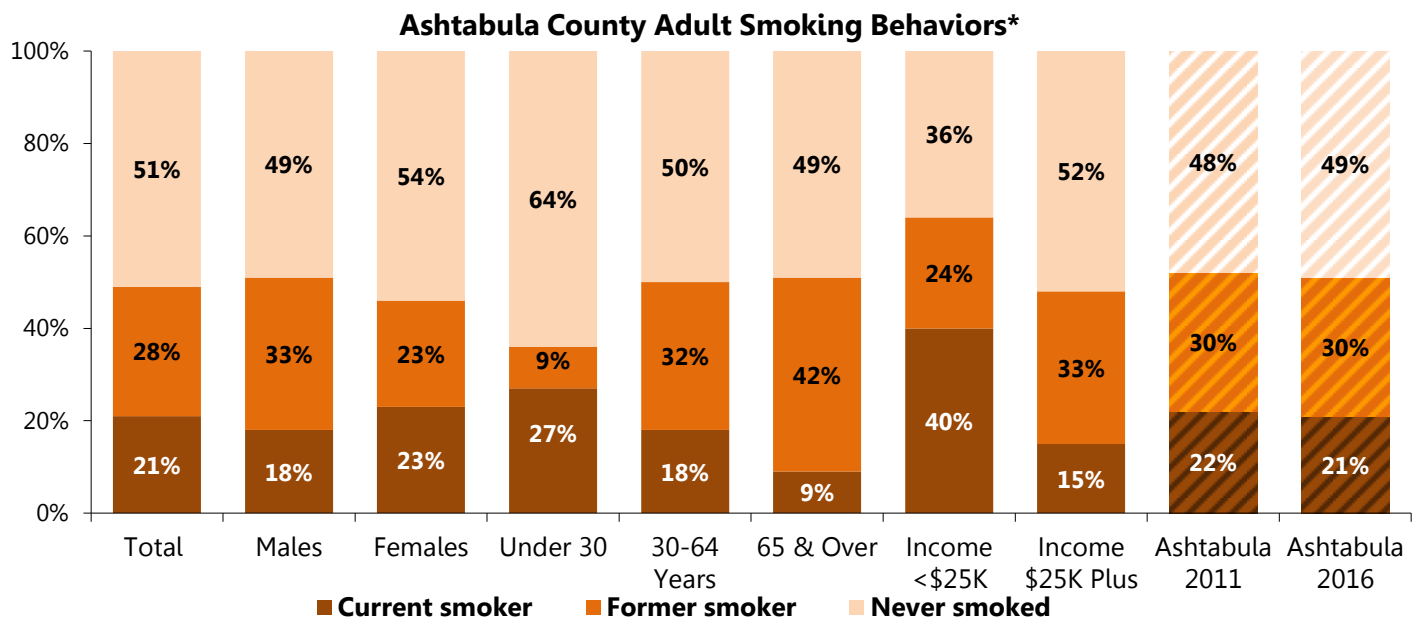
## Tobacco Use

Ashtabula County’s adult smoking rate (21%) equaled Ohio’s, but was higher than the nation’s (17%). Results of the 2019 Ashtabula County Community Health Assessment survey show that 15,982 adults in Ashtabula County are smokers and an additional 28% considered themselves former smokers. *(Source: 2019 Ashtabula County Community Needs Assessment)*

| Adult Comparisons   | Ashtabula County 2011 | Ashtabula County 2016 | Ashtabula County 2019 | Ohio 2017 | U.S. 2017 |
|---|-----------------------|-----------------------|-----------------------|-----------|-----------|
| <b>Current smoker</b> (currently smoke some or all days)                    | 22%                   | 21%                   | 21%                   | 21%       | 17%       |
| <b>Former smoker</b> (smoked 100 cigarettes in lifetime & now do not smoke) | 30%                   | 30%                   | 28%                   | 24%       | 25%       |

*(Source: 2019 Ashtabula County Community Health Assessment)*

Survey results also showed that 40% of Ashtabula County adult smokers were more likely to have an annual income of less than \$25,000 and 11% were more likely to have been diagnosed with Chronic Obstructive Pulmonary Disease, emphysema or chronic bronchitis. *(Source: 2019 Ashtabula County Community Health Assessment)*



*(Source: 2019 Ashtabula County Community Health Assessment)*

\*Respondents were asked “Have you smoked at least 100 cigarettes in your entire life? If yes, do you now smoke cigarettes every day, some days, or not at all?”

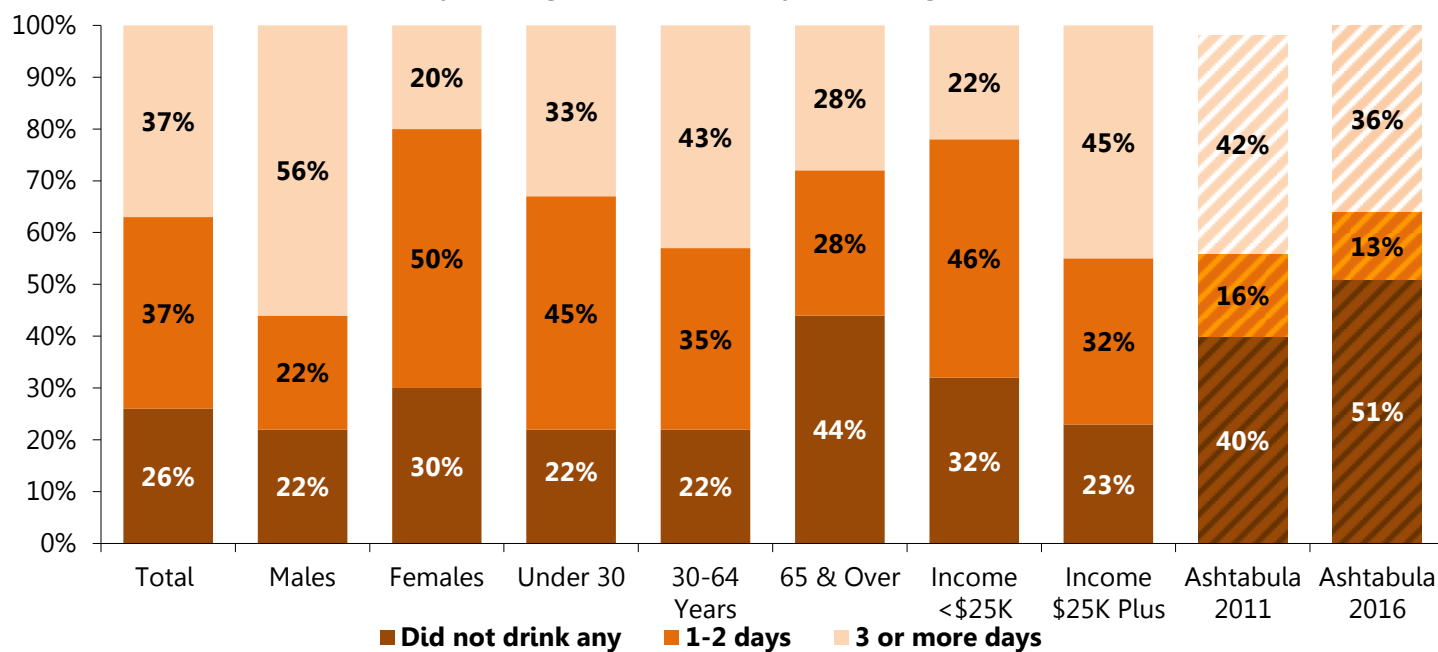
## Alcohol Consumption

Ashtabula County has a higher rate of residents who identify as being a current drinker (74%) compared to Ohio (54%) and the United States (55%). For purposes of the survey, a current drinker is defined as someone who had at least one alcoholic drink in the past month. At the time of the survey, then, 56,319 Ashtabula County adults had at least one alcoholic drink in the previous month. This was a significant increase from the data reported on the 2016 survey, which had actually decreased from 2011. Consideration should be given to possibility of data being skewed due to the timing of the 2019 survey versus previous years. Residents received the survey in January following the holiday season. Previous surveys were sent at different times of the year. (Source: 2019 Ashtabula County Community Health Assessment)

| Adult Comparisons   | Ashtabula County 2011 | Ashtabula County 2016 | Ashtabula County 2019 | Ohio 2017 | U.S. 2017 |
|---|-----------------------|-----------------------|-----------------------|-----------|-----------|
| <b>Current Drinker</b> (drank alcohol at least once in the past month)  | 51%                   | 49%                   | 74%                   | 54%       | 55%       |
| <b>Binge drinker</b> (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days) | 21%                   | 24%                   | 23%                   | 19%       | 17%       |
| <b>Drove after having perhaps too much alcohol to drink</b> (in the past month)   | N/A                   | N/A                   | 6%                    | 4%*       | 4%*       |

(Source: 2019 Ashtabula County Community Health Assessment; \*2016 BRFSS)

**Ashtabula County Average Number of Days Drinking Alcohol in the Past Month\***

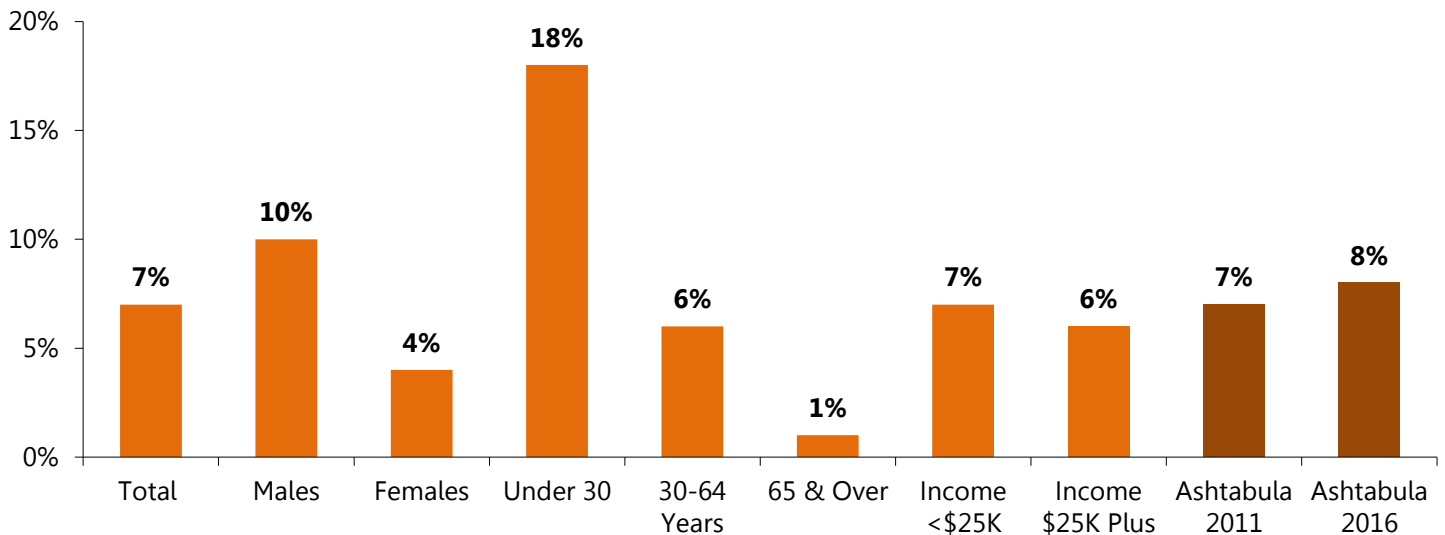


(Source: 2019 Ashtabula County Community Health Assessment)

## Drug Use

The percentage of Ashtabula County adults who reported having used recreational marijuana or hashish in the past six months in 2019 (7%) has remained relatively consistent as reported in the 2016 and 2011 Ashtabula County Community Health Assessments, (8% and 7%, respectively). Comparative data for Ohio and the United States is not available. *(Source: 2019 Ashtabula County Community Health Assessment)*

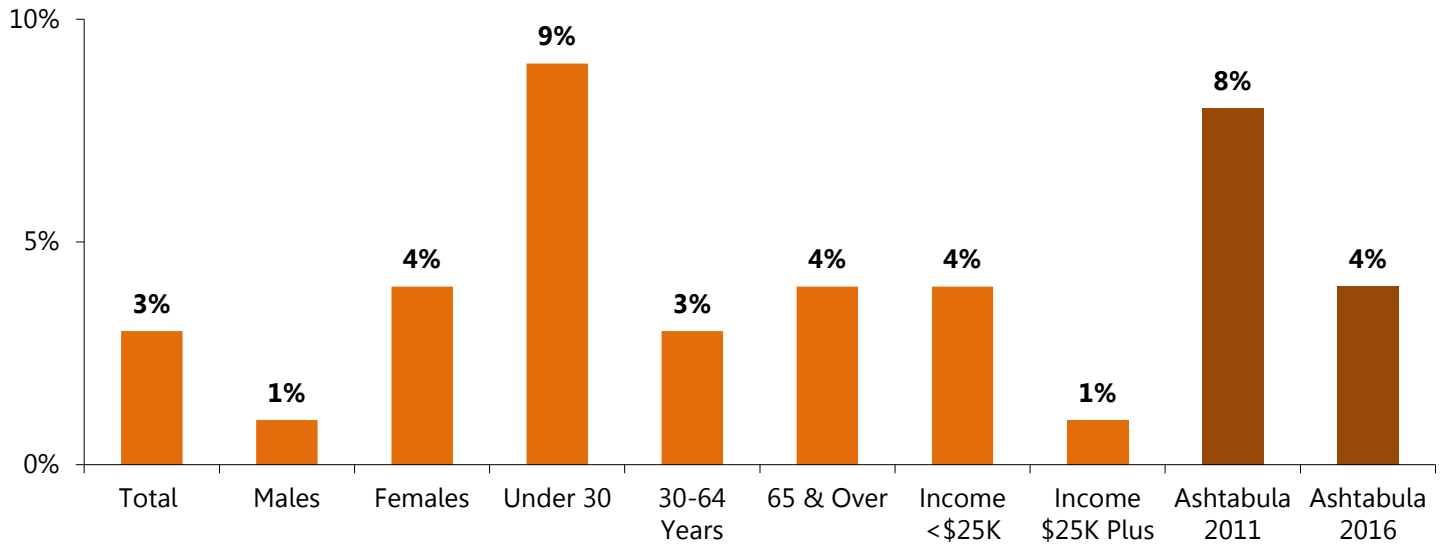
### **Ashtabula County Adult Recreational Marijuana or Hashish Use in Past 6 Months**



*(Source: 2019 Ashtabula County Community Health Assessment)*

Ashtabula County saw a decrease in the percentage of adults who misused medications in the previous six months. Misuse of medication includes taking medication not prescribed for them or taking more than prescribed to feel good or high and/or more active or alert. Comparative data for Ohio and the United States is not available.

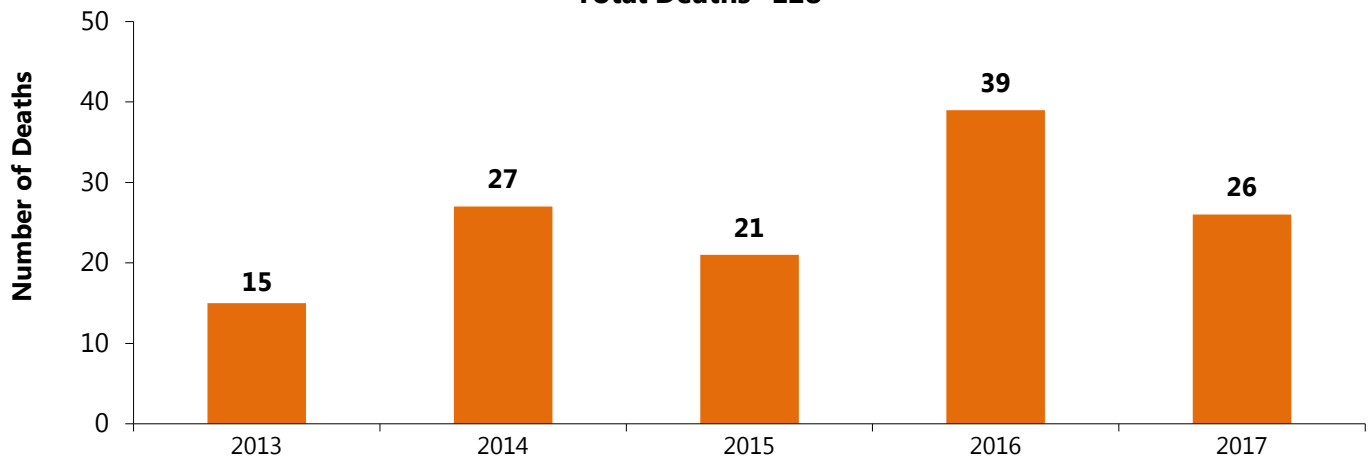
### Ashtabula County Adult Medication Misuse in Past 6 Months



(Source: 2019 Ashtabula County Community Health Assessment)

After a spike in 2016, the rate of total unintentional drug overdose deaths in Ashtabula County has declined.

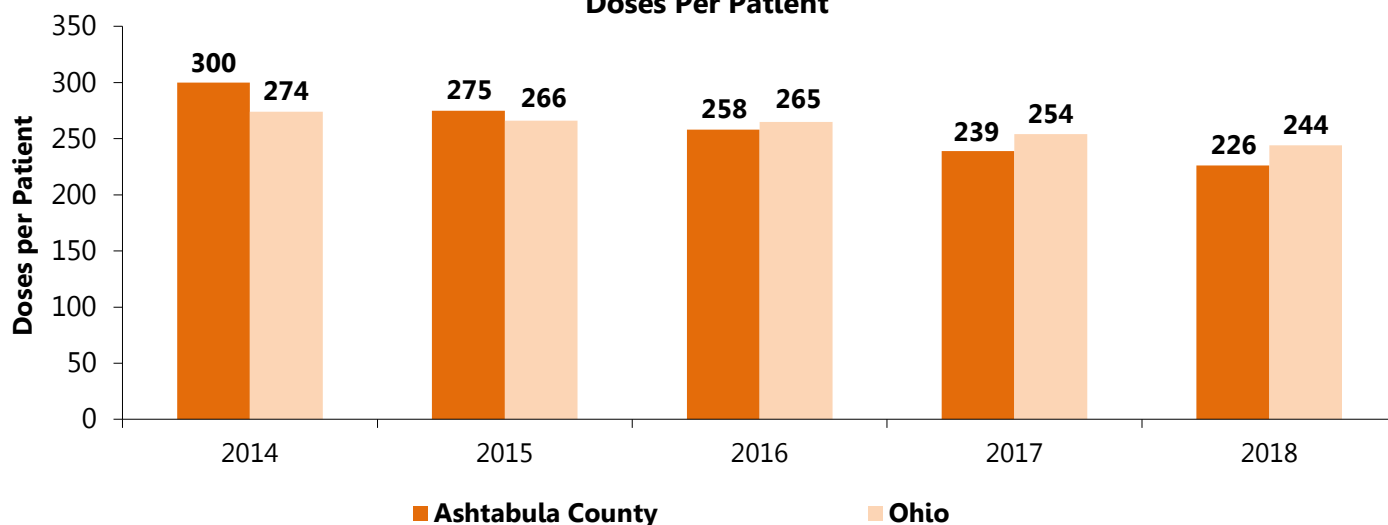
### Ashtabula County Unintentional Drug Overdose Deaths, 2013-2017 Total Deaths=128



(Source: 2019 Ashtabula County Community Health Assessment)

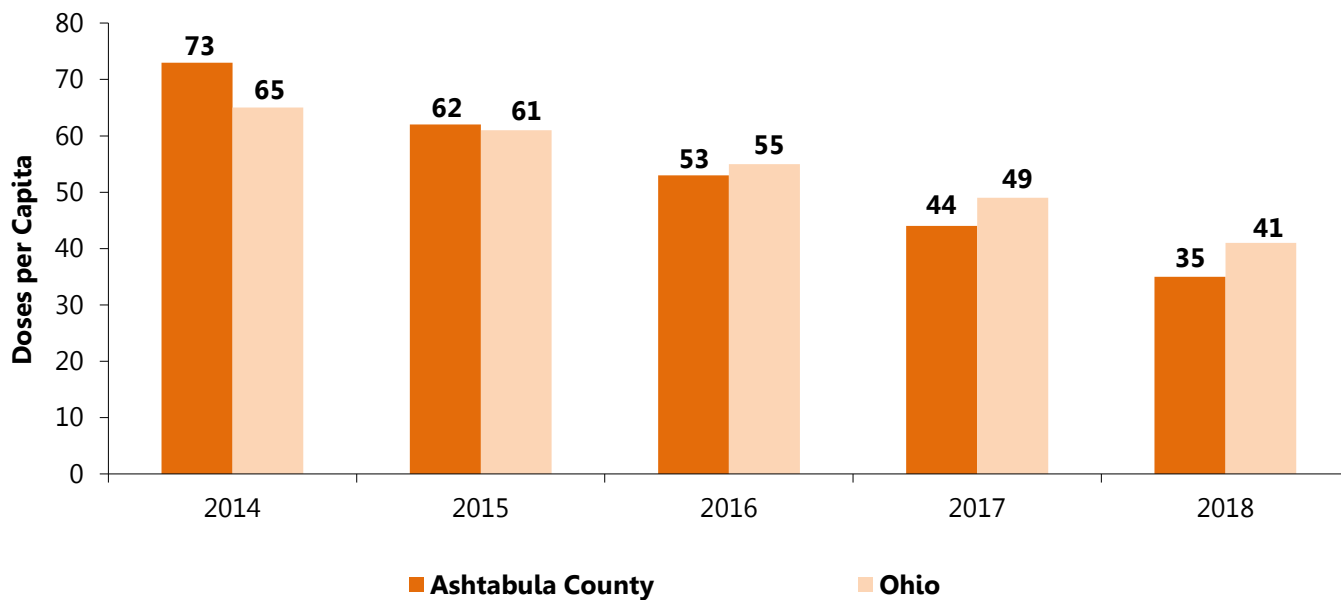
A connection between prescriptions for opiates and pain relievers and substance abuse has gained more attention recently, especially in light of several states, including Ohio, choosing to file suit against pharmaceutical companies that manufacture opioids. Since 2014, both Ashtabula County and Ohio have seen a trend of fewer opiate and pain reliever doses per patient and per capita.

**Ashtabula County and Ohio Number of Opiate and Pain Reliever Doses Per Patient**



Source: Ohio Automated Prescription Reporting System, 2014-2018;  
2019 Ashtabula County Community Health Assessment

**Ashtabula County and Ohio Number of Opiate and Pain Reliever Doses Per Capita**

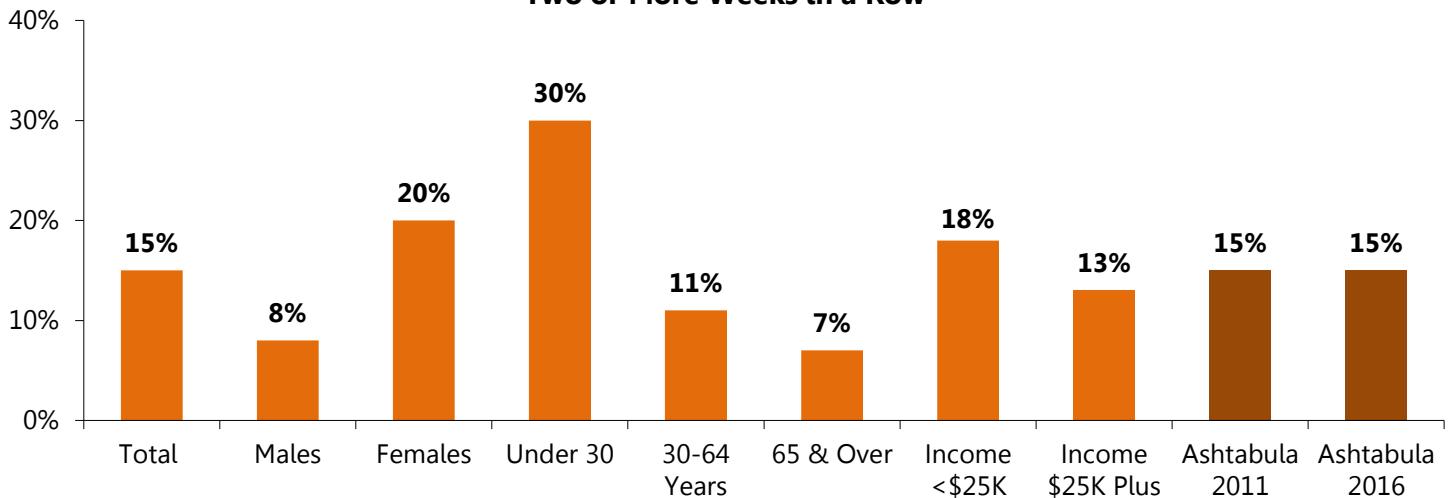


Source: Ohio Automated Prescription Reporting System, 2014-2018;  
2019 Ashtabula County Community Health Assessment

## Mental Health

Fifteen percent of Ashtabula County adults felt sad or hopeless nearly every day for a period of two weeks or more. Six percent of Ashtabula County adults considered attempting suicide, with less than one percent reported having attempted suicide in the past year. (Source: 2019 Ashtabula County Community Health Assessment)

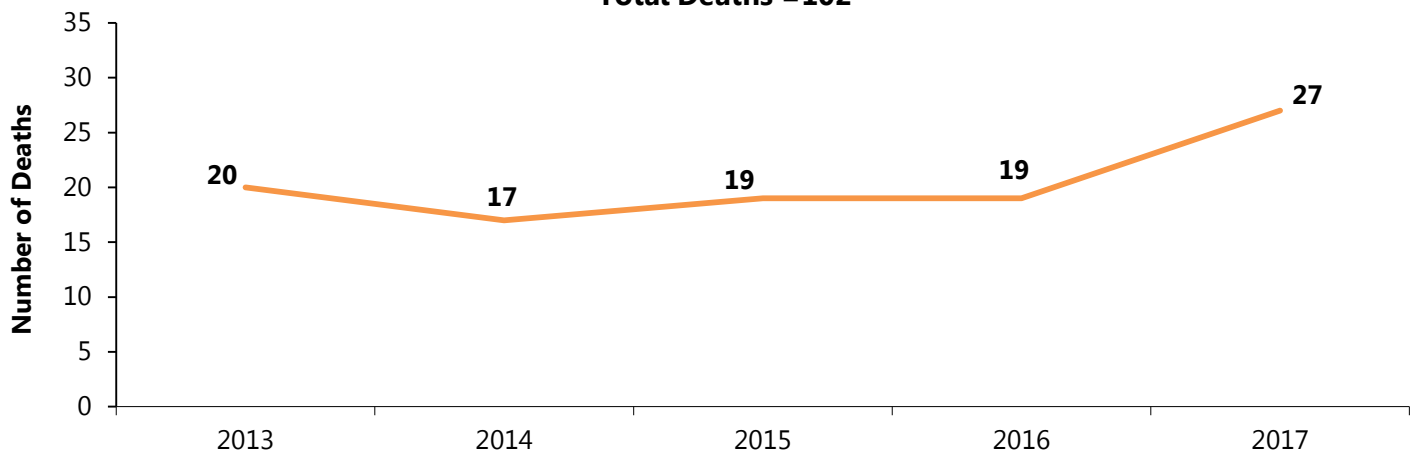
### Ashtabula County Adults Feeling Sad or Hopeless for Two or More Weeks in a Row



(Source: 2019 Ashtabula County Community Health Assessment)

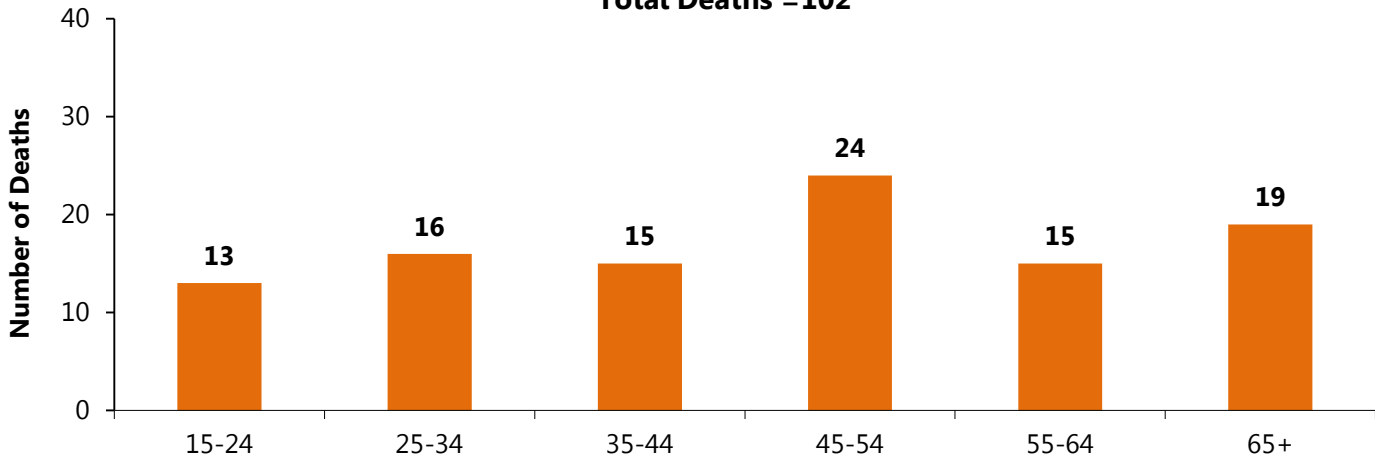
### Ashtabula County Number of Suicide Deaths by Year 2013-2017

Total Deaths = 102



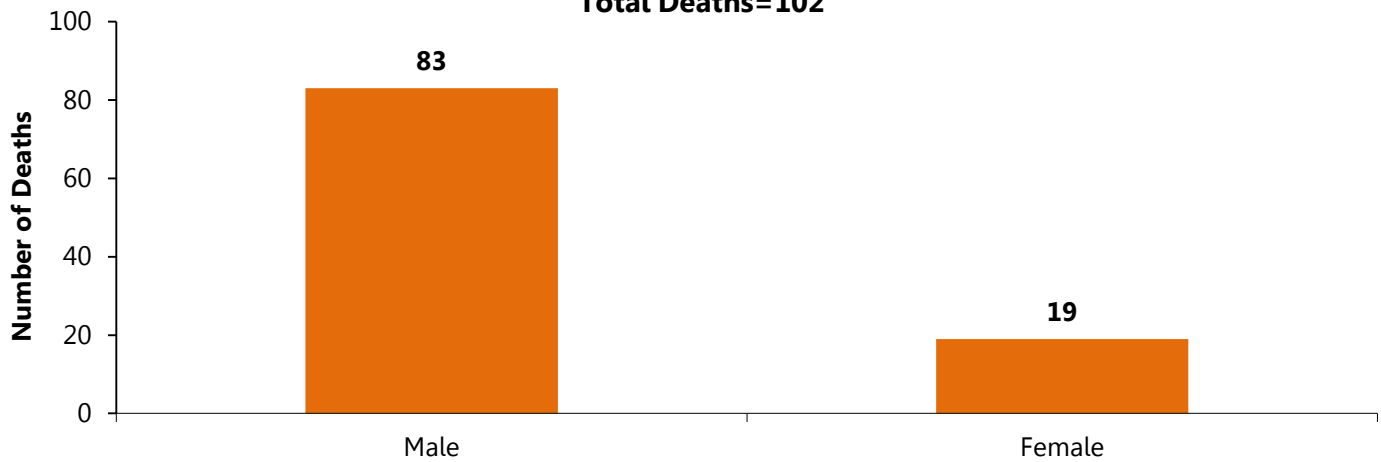
(Source: Ohio Department of Health, Ohio Public Data Warehouse, Mortality, Leading Causes of Death, updated 5/9/19; 2019 Ashtabula County Community Health Assessment)

**Ashtabula County Number of Suicide Deaths By Age Group  
2013-2017  
Total Deaths = 102**



*(Source: Ohio Department of Health, Ohio Public Data Warehouse, Mortality, Leading Causes of Death, updated 5/9/19;  
2019 Ashtabula County Community Health Assessment)*

**Ashtabula County Number of Suicide Deaths by Gender  
2013-2017  
Total Deaths=102**



*(Source: Ohio Department of Health, Ohio Public Data Warehouse, Mortality, Leading Causes of Death, updated 5/9/19;  
2019 Ashtabula County Community Health Assessment)*

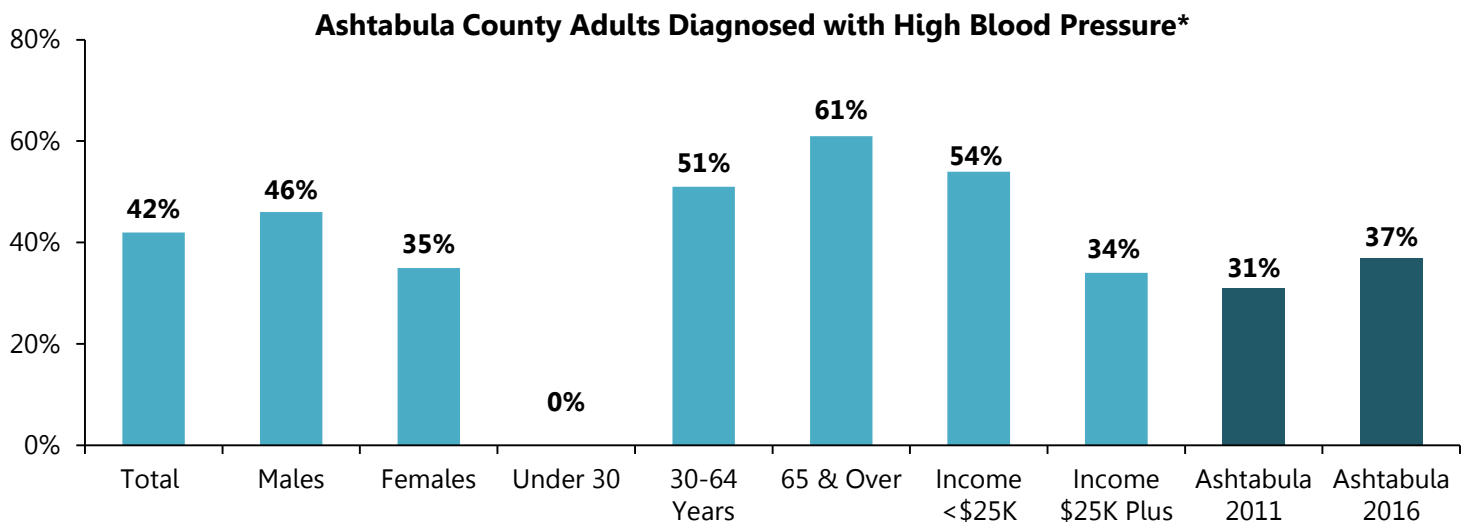
## Chronic Disease

### Cardiovascular Health

Based on data from the Ohio Public Health Data Warehouse, 2015-2017, heart diseases are the leading causes of death for both Ashtabula County (25% of all deaths) and Ohio (23% of all deaths) with stroke rounding out the top five (4% for Ashtabula County and 5% for Ohio). *(Source: Ohio Public Health Data Warehouse; 2019 Ashtabula County Community Health Assessment)*

High blood pressure, high cholesterol, obesity, and smoking are four risk factors for heart disease and stroke. Survey results indicate that 42% of Ashtabula County adults have been diagnosed with high blood pressure, 40% have been diagnosed with high cholesterol, 42% are obese, and 21% identify as current smokers. The rates for high blood pressure and high cholesterol in 2019 continue an upward trend from both the 2016 and 2011 Ashtabula County Community Health Assessments. *(Source: 2019 Ashtabula County Community Health Assessment)*

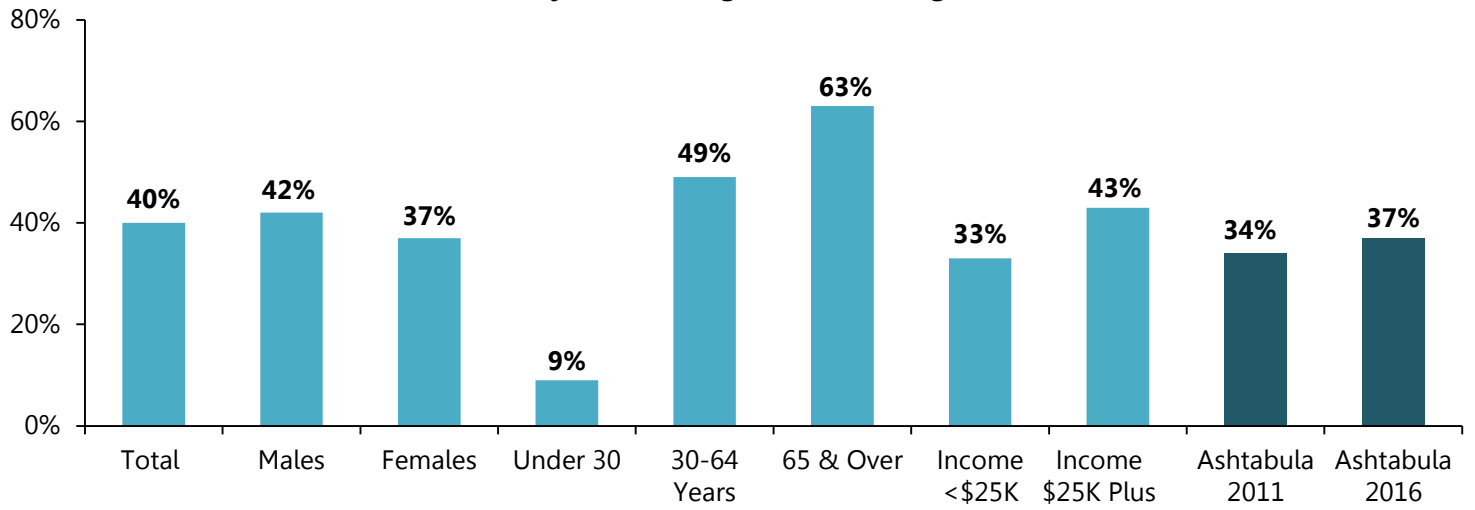
The following graphs show the percentage of Ashtabula County adults diagnosed with high blood pressure and high cholesterol broken down by gender, age, and income. The graph also compares the total percentage for 2019 compared to 2011 and 2016 when previous Ashtabula County Community Health Assessments were released.



*\*Does not include respondents who indicated high blood pressure during pregnancy only.  
(Source: 2019 Ashtabula County Community Health Assessment)*



### Ashtabula County Adults Diagnosed with High Blood Cholesterol



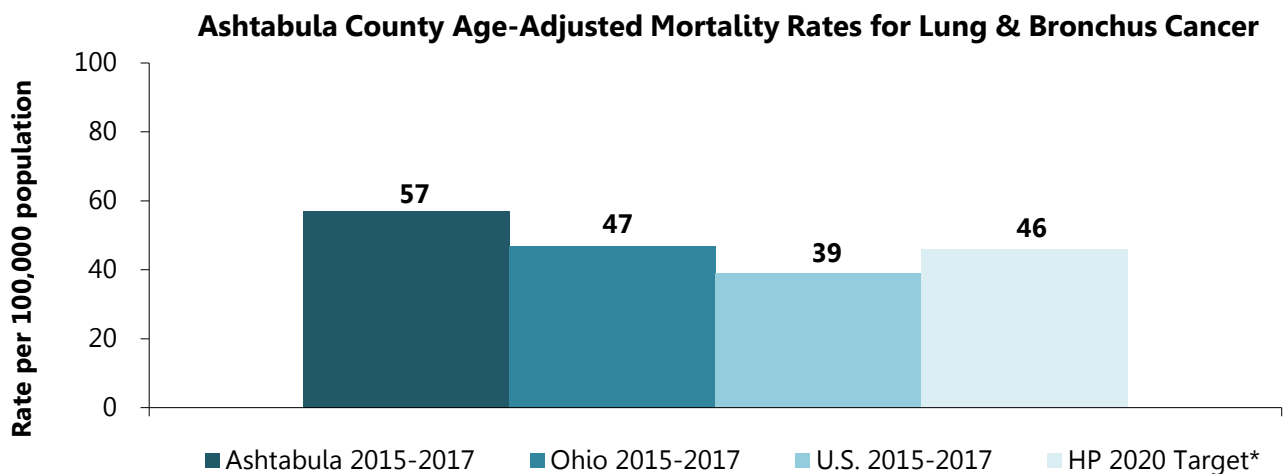
(Source: 2019 Ashtabula County Community Health Assessment)

## Cancer

Data from the Ohio Department of Public Health Warehouse, 2015-2017, shows that cancer is the second leading cause of death for both Ashtabula County and Ohio, representing 21% of total deaths for both. From 2015 to 2017, there were 773 deaths from cancer in Ashtabula County. Lung and bronchus cancers represented the largest percentage of cancer deaths (17%), followed by breast (14%), colon and rectum (10%), and prostate (10%). (Source: Ohio Cancer Incidence, Ohio Department of Health Public Health Data Warehouse; 2019 Ashtabula County Community Health Assessment)

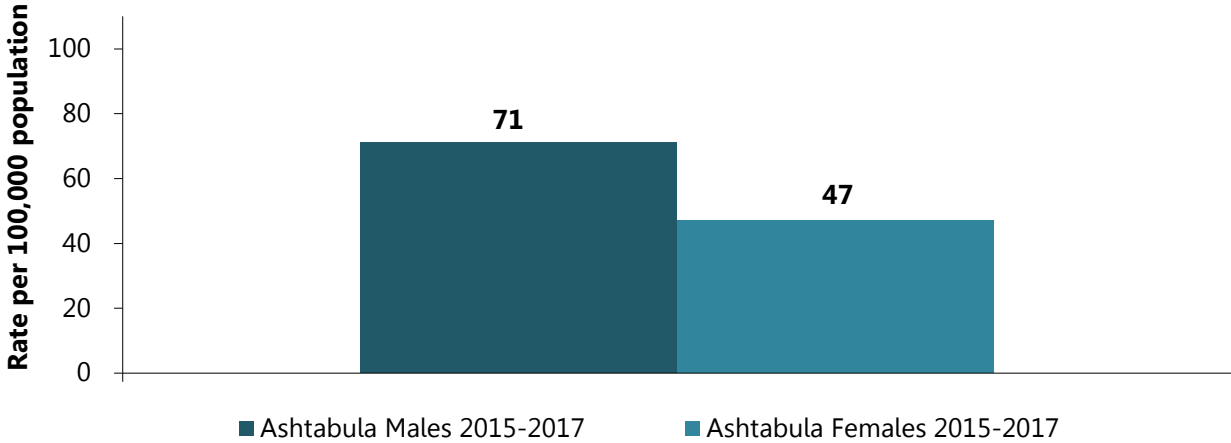
### *Lung and Bronchus Cancer*

According to the American Cancer Society, 81% of lung cancer deaths in the United States are caused by smoking. Men and women who smoke are almost 25 times more likely to develop lung cancer than non-smokers. (Source: American Cancer Society, Facts & Figures 2019; 2019 Ashtabula County Community Health Assessment)



\*Healthy People 2020 Target data is for lung cancer only  
(Sources: Healthy People 2020; Ohio Public Health Data Warehouse 2015-2017; CDC Wonder 2015-2017;  
2019 Ashtabula County Community Health Assessment)

### Ashtabula County Age-Adjusted Mortality Rates by Gender for Lung & Bronchus Cancer

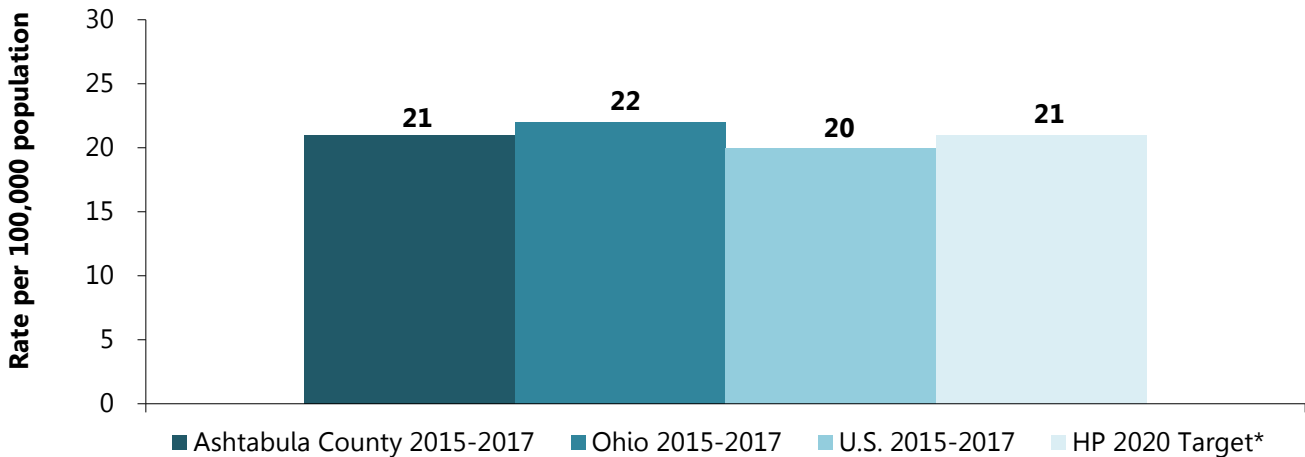


(Sources: Healthy People 2020; Ohio Public Health Data Warehouse 2015-2017; 2019 Ashtabula County Community Health Assessment)

#### Breast Cancer

While breast cancer is the second most common form of cancer in Ashtabula County, the age-adjusted mortality rate for breast cancer is the same as the Healthy People 2020 Target. Slightly more than half (58%) of Ashtabula County females over the age of 40 had a mammogram in the past year, and only 47% reported having had a clinical breast exam in the past year. (Source: 2019 Ashtabula County Community Health Assessment)

### Ashtabula County Female Age-Adjusted Mortality Rates for Breast Cancer



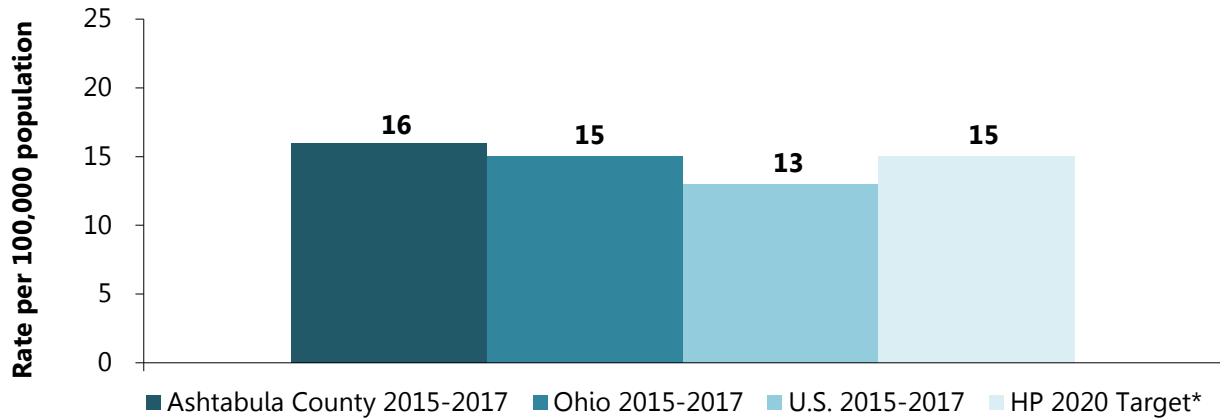
(Source: Healthy People 2020; Ohio Public Health Data Warehouse 2015-2017; CDC Wonder 2015-2017; 2019 Ashtabula County Community Health Assessment)

### Colon and Rectum Cancer

Between 2015 and 2017, 9% of all male and female cancer deaths in Ashtabula County were from colon and rectum cancer. (Source: Ohio Public Health Data Warehouse 2017; 2019 Ashtabula County Community Health Assessment)

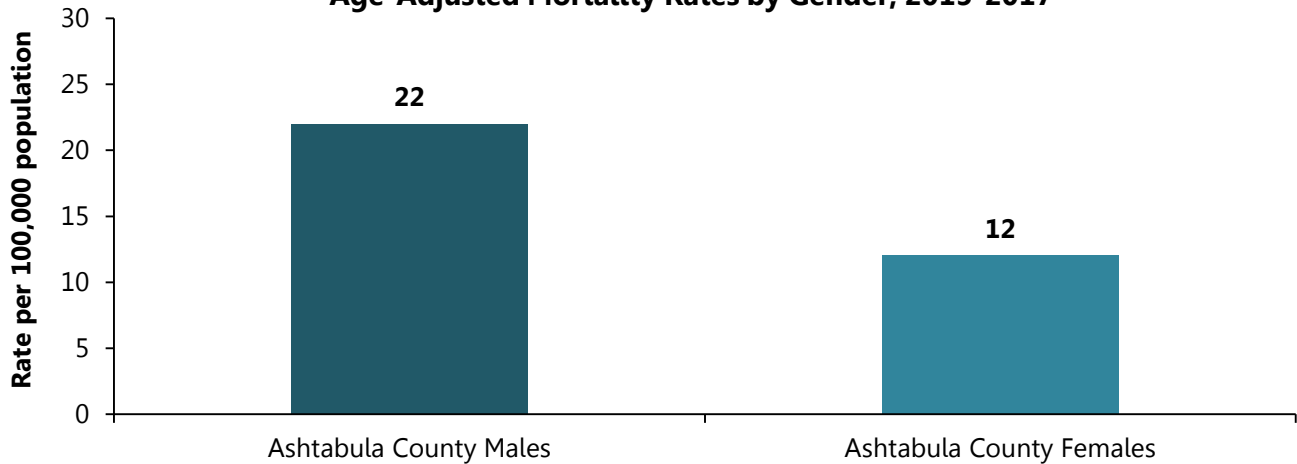
Ashtabula County's age-adjusted mortality rate for colon and rectum cancer is slightly higher than that for Ohio, the United States and the Healthy People 2020 Target.

### Ashtabula County Age-Adjusted Mortality Rates for Colorectal Cancer



(Source: Healthy People 2020; Ohio Public Health Data Warehouse 2015-2017; CDC Wonder 2015-2017; 2019 Ashtabula County Community Health Assessment)

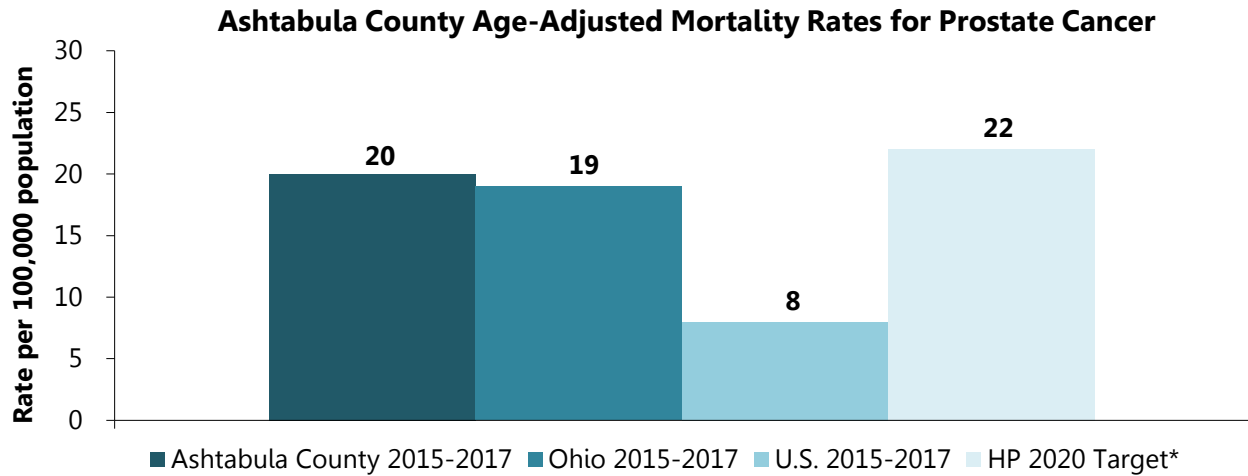
### Ashtabula County Colorectal Cancer Age-Adjusted Mortality Rates by Gender, 2015-2017



(Source: Healthy People 2020; Ohio Public Health Data Warehouse 2015-2017; CDC Wonder 2015-2017; 2019 Ashtabula County Community Health Assessment)

### Prostate Cancer

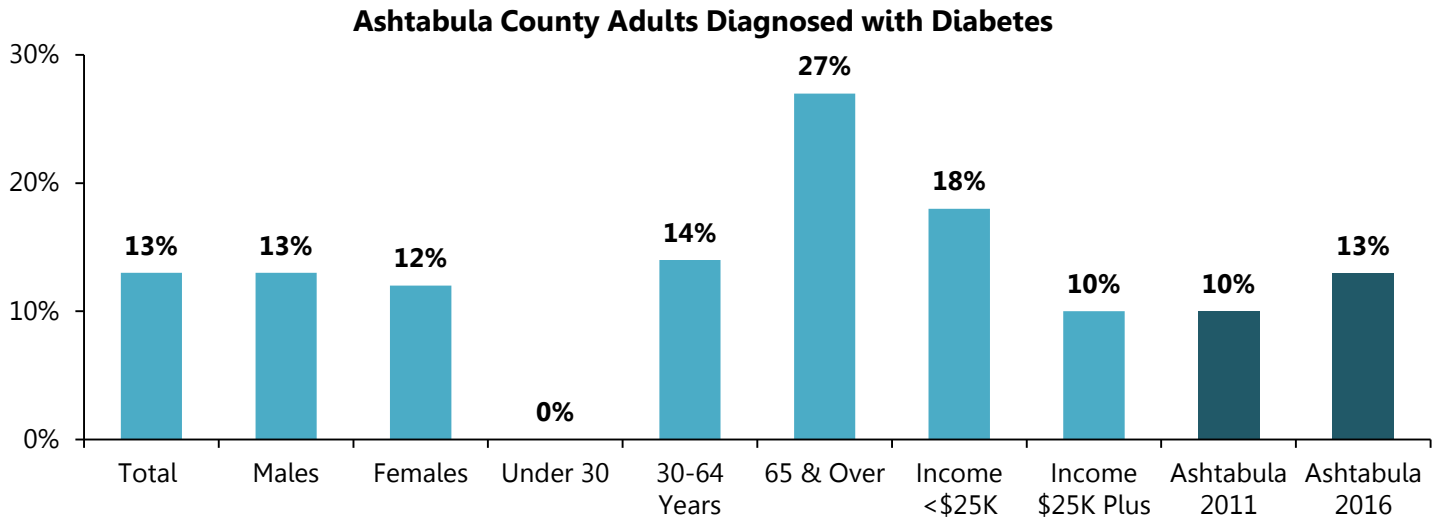
Prostate cancer can be effectively treated when detected early. More than half (55%) of men in Ashtabula County had a digital rectal exam in their lifetime, and 14% had one in the past year. (Source: 2019 Ashtabula County Community Health Assessment)



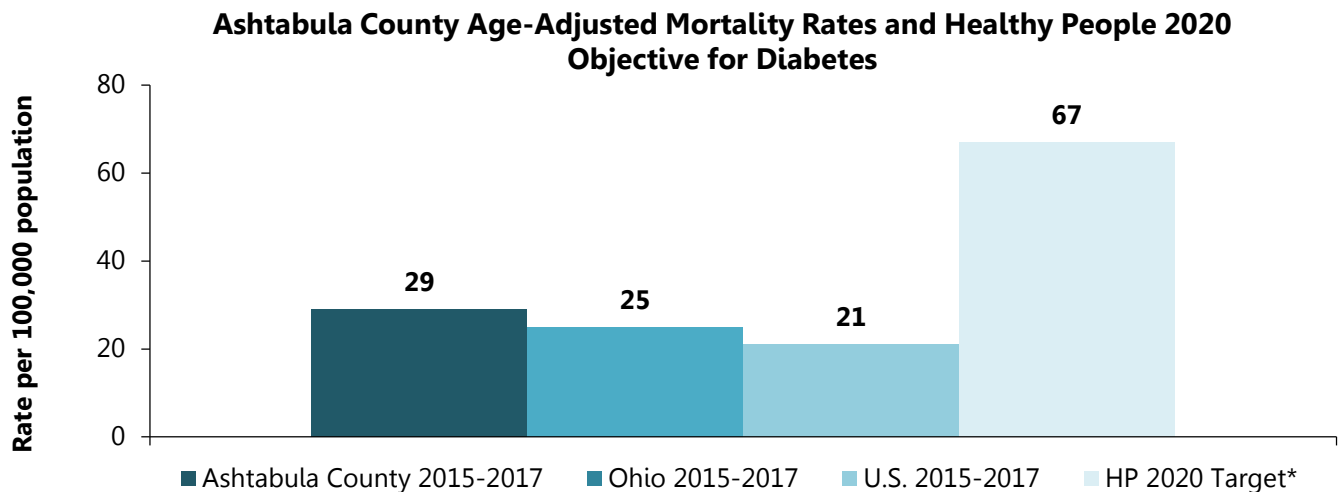
(Sources: Healthy People 2020; Ohio Public Health Data Warehouse 2015-2017; CDC Wonder 2015-2017; 2019 Ashtabula County Community Health Assessment)

## Diabetes

Survey results indicate that 13% – 9,894 – of Ashtabula County adults had been diagnosed with diabetes, with those over age 65 and those with income less than \$25,000 having higher incidence. Additionally, 35% of adults in Ashtabula County with diabetes rated their overall health as fair or poor. (Source: 2019 Ashtabula County Community Health Assessment)



(Source: 2019 Ashtabula County Community Health Assessment)



Note: The Healthy People 2020 Target rate is for all diabetes-related deaths  
 (Sources: Ohio Public Health Data Warehouse 2015-2017; CDC Wonder 2015-2017; Healthy People 2020; 2019 Ashtabula County Community Health Assessment)

## Social Conditions: Social Determinants of Health

### Poverty

Nineteen percent (19%) of Ashtabula County residents were living in poverty. That percentage increased to 28% for children and youth ages 0-17. *(Source: US Census Bureau, Small Area Income and Poverty Estimates, 2017; 2019 Ashtabula County Community Health Assessment)*

### Housing

There were 46,118 housing units in Ashtabula County. The owner-occupied housing rate was 70%. Rent in Ashtabula County costs an average of \$648 per month. *(Source: US Census Bureau, American Community Survey, 2013-2017; 2019 Ashtabula County Community Health Assessment)*

### Food Insecurity

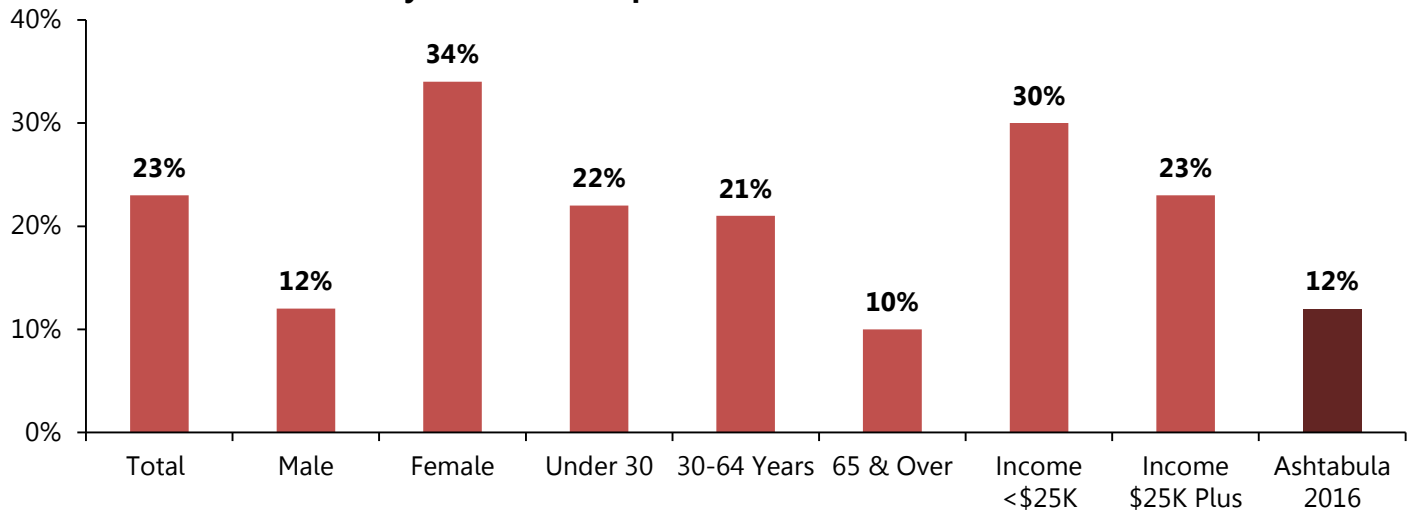
Seventeen percent (17%) of Ashtabula County adults had experienced at least one issue related to hunger/food insecurity in the past year. Specific experiences included: choosing between buying food and paying bills (12%), worried they would run out of food (7%), ate less or went hungry to provide more food for their family (6%), developed food insecurity issues due to loss of income (9%), had food assistance benefit cut (7%), or did not eat because did not have enough money for food (4%). Ten percent of adults experienced more than one issue related to food insecurity/hunger in the past year. *(Source: 2019 Ashtabula County Community Health Assessment)*

### Adverse Childhood Experiences

Twenty-three percent, or 17,505, of Ashtabula County adults experienced four or more Adverse Childhood Experiences (ACEs) in their lifetime. That is almost double the percentage reported on the 2016 assessment. *(Source: 2019 Ashtabula County Community Needs Assessment)*

The following graph shows the percentage of Ashtabula County adults who experienced four or more ACEs in their lifetime broken down by gender, age, and income. The graph also compares the total percentage for 2019 compared to 2011 and 2016 when previous Ashtabula County Community Health Assessments were released.

### Ashtabula County Adults Who Experienced Four or More ACEs in their Lifetime



*Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall.  
(Source: 2019 Ashtabula County Community Health Assessment)*



## KEY FINDINGS

### Key Stakeholder Interviews

To overcome the limitations of secondary data, the most current of which may lag three years behind, and the self-reported data obtained through the Ashtabula County adult survey, interviews were conducted with several individuals who have personal and/or professional knowledge of factors impacting the health and well-being of Ashtabula County and its residents. The feedback obtained through these interviews provides a ‘boots-on-the-ground’, more objective portrait of the current state of Ashtabula County’s community health.

Individuals who participated in the key stakeholder interviews include a primary care physician, an emergency department physician, representatives from several social service agencies (individually and as part of a focus group), a mental health professional, and a care management social worker.

Each participant was asked a series of questions to gain insight into current challenges and available resources. To ensure confidentiality, responses are not attributed directly to any one key stakeholder. Rather, the information is presented as an aggregate response for each question topic.

#### Factors of Good Community Health

- Coordination of chronic disease management
- Health literacy
- Safe, affordable housing
- Social health – free community activities
- Stigma reduction
- Prescription assistance
- Collaboration
- Population Health approach
- Financial guidance/counseling
- Prevention programs
- Affordability of care
- Accessibility
- Choice model
- Established continuum of care

### Significant Health Concerns in Ashtabula County

- Obesity
- Substance abuse/Addiction
- Diabetes
- Aging population
- Availability of specialists
- Timely access to physicians
- Heart disease – Congestive Heart Failure
- Respiratory issues – Chronic Obstructive Pulmonary Disease, Pneumonia
- Nutrition
- Barriers to accessing wrap-around services
- Chronic disease management
- Smoking
- Preventive care for youth
- Mental health
- Students with learning disabilities
- Teen pregnancy

### Greatest Threat to Ashtabula County's Overall Health

- Obesity – stated by 75% of those interviewed as the greatest threat
- Substance abuse/Addiction
- Chronic health/disease
- Housing

When asked what posed the greatest threat to Ashtabula County's overall health, obesity was most frequently mentioned, followed by addiction. Obesity's role in diabetes, heart disease, various cancers, and other chronic health conditions was noted. Limited access to fresh, unprocessed foods, the unfavorable ratio of fast food opportunities to affordable exercise opportunities, and long, cold winters impeding year-round exercise in Ashtabula County contribute to obesity.

Substance abuse/addiction was mentioned by more than half of those interviewed. Most also made a connection between substance abuse/addiction and mental health. Substance abuse/addiction does not discriminate based on culture, gender, or socioeconomic status, making it a threat to every corner of Ashtabula County. Praise was given to the Mental Health Recovery Services Board for its efforts to improve substance abuse/addiction and mental health treatment, but it was noted that the need for treatment programs, for both substance abuse/addiction and mental health, far exceeds the current resources available in the county. The stigma associated with, and an inability to recognize the need for, mental health treatment are additional contributing factors.

### Population or Group Most Affected

- Poor/low income
- Seniors
- Youth
- Veterans
- Victims of domestic violence

### Significant Barriers to Accessing Healthcare

- Transportation
- Cost
- Healthcare literacy
- Fear
- Poverty/Low-income
- Availability of physician appointment when needed
- Attitude of front-line healthcare workers
- Availability of specialty physicians

Healthcare literacy was mentioned by several participants. The expansion of Medicaid in Ohio provided health insurance to many residents who previously were not covered, but many do not understand how to access the healthcare system or how to use their benefits. For example, transportation is a covered benefit for Medicaid subscribers yet transportation continues to be identified as a major barrier to accessing care.

Poverty/low-income was also mentioned by numerous participants. Many Ashtabula County residents are forced to choose between buying groceries and paying rent or going to the doctor.

The lack of a county-wide transportation system, which was also identified as a barrier in the 2013 and 2016 Community Health Needs Assessments, continues to be a barrier for many Ashtabula County residents. It was noted that the hospital provides a free shuttle to and from medical appointments, but it fills up fast and does not go to all areas in the county due to the size of the county.

More than half of those interviewed identified availability of specialty physicians as a barrier to health for Ashtabula County residents. Availability was further split into two categories: lack of a certain specialty (either completely or on a limited basis) and long wait time for an appointment. Specialties lacking in Ashtabula County include optometry, endocrinology, rheumatology, dental (for Medicaid and uninsured) and bariatrics. High-risk obstetrics was also mentioned because there is only one physician and he is in the county only one day per week. Specialties with long wait times that create a barrier to care include psychiatry, cardiology, and dermatology.

### Programs in Ashtabula County

- Remote Area Medical (RAM)
- Bridges Out of Poverty
- Financial Fitness Fair
- Opiate Summit
- Guardianship
- Dragon Empowerment Center
- 211
- Feed the Hope
- Longest Day of Play
- Substance Abuse Leadership Team

Ashtabula County was the first county in the state of Ohio to host a Remote Area Medical (RAM) clinic. This free clinic offered medical, dental and vision care, providing access to healthcare that county residents may otherwise not have. At the 2019 RAM clinic, over 1,600 people received care valued at over \$900,000.

Bridges Out of Poverty and the Financial Fitness Fair were mentioned as examples of programs that are designed to help residents learn how to help themselves.

The Dragon Empowerment Center in the Ashtabula Area City School District was identified as a model that other districts should emulate. The Dragon Empowerment Center is embedded in one of the district's elementary schools and offers medical, dental, vision and counseling to students, their parents, and district staff. By reducing or eliminating health-related challenges, the learning potential of students is enhanced which helps set them on a good course for future success.

### Organizations Positioned to Improve Community Health

- Hospitals
- United Way partners charities (19 agencies in Ashtabula County)
- Catholic Charities
- Ashtabula County Community Action
- Ashtabula County YMCA
- Schools
- Libraries
- Home Health agencies
- Community Counseling Center
- Community/Senior Centers

### Difficult to Access Healthcare Services and/or Specialties

- HIV programming
- Interventional Cardiac Care
- Optometry
- Dental – for Medicaid population
- High Risk OB/GYN
- Psychiatry
- Home health
- Endocrinology
- Dermatology
- Rheumatology
- Bariatrics

### Quality of Life in Ashtabula County

The overall consensus of those interviewed was that quality of life in Ashtabula County is fair-to-good. There is a lot of good in Ashtabula County: Lake Erie, parks, Arts Centers in Ashtabula and Conneaut, sense of collaboration among agencies, and strong healthcare. One respondent noted that there is most likely a difference between the stakeholder’s personal perception and those Ashtabula County residents who are facing various hardships. For example, someone who is worried about food and shelter will view quality of life much differently than someone who does not have those concerns.

All respondents acknowledged areas of opportunity for Ashtabula County that would enhance quality of life. Those include: county-wide transportation, wide-spread substance use, greater variety for shopping (even for basic needs), more free/low-cost community activities, and improved internet access (specifically for the southern parts of the county).

### Emerging Health Needs/Concerns

- Suicide
- Opiate epidemic
- Availability of healthcare professionals
- Dementia/Alzheimer’s

### Suggestions for Improving Health in Ashtabula County

- School nurse in every school
- Housing for those with barriers (felony, drug use)
- Free programming
- Adult day care
- Medical/Legal partnership
- Education
- Inpatient options for adolescent behavioral health
- Free clinic

Almost two-thirds of those interviewed expressed that addressing various social determinants of health (poverty, housing, education, etc.) was more important than recruiting providers, even in specialties currently lacking in Ashtabula County. Those interviewed felt that, though there are access challenges in several specialties, Ashtabula County is well-positioned with a broad spectrum of providers – especially at ACMC. It was also noted that providers are strategically located to serve the vast majority of county residents, though the southern part of the county remains underserved. It was stated that it doesn't matter how many physicians are here, where they are located, or what specialties are available, if residents don't go because they cannot afford co-pays or can't get to a doctor due to lack of transportation.

## ACTIONS TAKEN SINCE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT

The 2016 Community Health Needs Assessment conducted by Ashtabula County Medical Center identified six significant health needs:

- Access to Affordable Healthcare
- Chronic Diseases and Other Health Conditions
- Economic, Development and Community Conditions
- Health Professions Recruitment
- Healthcare for the Elderly
- Wellness

Ashtabula County Medical Center undertook the following actions in response to the identified needs.

### Access to Affordable Healthcare

#### Remote Area Medical (RAM) Clinic

- In 2018, Ashtabula County became the first county in the state of Ohio to host a RAM clinic
- RAM clinics, which provide free medical, dental and vision care, were held in 2018 and 2019
- Over 2,600 individuals received care valued at over \$1,000,000 (combined) at the RAM clinics
- A member of ACMC's executive team serves on the RAM Ashtabula Leadership Team
- Ashtabula County Medical Center and the ACMC Medical Staff provided monetary donations to off-set operational costs of the RAM clinic
- Over 35 ACMC caregivers volunteered at the RAM clinic
- As a result of RAM Ashtabula, the state of Ohio enacted legislation that allows licensed out-of-state medical professionals to volunteer at free events like RAM without being required to pay for a temporary Ohio license

#### Primary Care Recruitment

- From 2017 to 2019, ACMC recruited the following primary care providers to Ashtabula County (for purposes of this assessment, OB/GYN is grouped with primary care)
  - 1 Family Medicine
  - 1 Internal Medicine
  - 2 Obstetrics/Gynecology

### Specialty Care Recruitment

- From 2017 to 2019, ACMC recruited the following specialty providers to Ashtabula County
  - 1 Orthopaedic Surgeon
  - 1 Gastroenterologist
  - 1 Oncologist
  - 1 Pain Management Specialist
  - 1 Psychiatrist
  - 1 Urologist
  - 1 Otolaryngologist
  - 2 Cardiologist

### Specialty Clinic Collaboration with Cleveland Clinic

- Cleveland Clinic providers offer the following specialty clinics on-site at Ashtabula County Medical Center
  - High Risk Obstetrics/Maternal Fetal Medicine
  - Pediatric Cardiology
  - Pediatric Endocrinology
  - Pediatric Gastroenterology
  - Pediatric Pulmonology

### Health Express Shuttle

- ACMC contracts with Community Care Ambulance to provide free transportation to and from appointments at the hospital and with providers employed by the hospital
- From 2017 to 2019, approximately 10,000 free rides were provided to patients

### Express Care

- Ashtabula County Medical Center offers low-cost, walk-in care for minor illness and injury at four Express Care locations in Ashtabula County (Ashtabula, Conneaut, Geneva and Jefferson)
- Express Care visits totaled 23,214 in 2017 and 25,559 in 2018



## Chronic Disease and Other Health Conditions

### Decrease Hypertension

- ACMC launched an awareness campaign to educate the community about the signs, symptoms and dangers of hypertension; tactics included: social media posts, on-hold messages, community newsletter articles, public service announcements, and television interviews
- ACMC offered free blood pressure screenings at over 20 community events
- ACMC participated in 'Celebrate Your Plate', a 7-county regional initiative with the Center for Health Affairs

### Decrease Diabetes and Pre-Diabetes

- ACMC launched an awareness campaign to educate the community about the signs, symptoms and dangers of hypertension; tactics included: social media posts, on-hold messages, community newsletter articles, public service announcements, and television interviews
- ACMC offered free blood glucose screenings at over 10 community events
- ACMC participated in 'Celebrate Your Plate', a 7-county regional initiative with the Center for Health Affairs

### Increase Colonoscopy Screening

- ACMC published numerous articles about colon cancer and the importance of screening colonoscopy
- ACMC began a proactive campaign to reach out to patients who meet the criteria for screening colonoscopy yet who had not received the procedure

## Healthcare for the Elderly

### Adopt a Grandparent Program

- To avoid duplication of services and creating a strain on community resources, ACMC did not pursue establishing an 'Adopt a Grandparent' program upon learning of another organization's intent to establish a similar program

## Mental Health and Addiction

### Decrease Suicide Rates

- APMC provided financial support to Buckeye Local School District to implement the Signs of Suicide Prevention program; over 75 teachers and staff at Edgewood High School and Braden Middle School received training and materials to better prepare them to recognize students at-risk for suicide and how to intervene

### Decrease Illicit Drug Use

- A member of APMC's executive team actively participates on the Ashtabula County Substance Abuse Leadership Team, Ashtabula County Prevention Coalition, and Ashtabula County Drug Court Advisory Committee

## Maternal and Infant Health

Although not identified in the 2016 Community Health Needs Assessment as a significant need, APMC included initiatives in hopes of reducing smoking during pregnancy and decreasing the percentage of low birth rate births to align with a priority area for the state of Ohio.

- A nurse was imbedded into the obstetrics provider office to facilitate early-pregnancy/unknown pregnancy appointments
- Free smoking cessation programs were offered for pregnant women under the care of an APMC OB/GYN
- APMC OB/GYN providers were made aware of the ability to prescribe nicotine patches at no cost to the patient

## 2019 OHIO STATE HEALTH ASSESSMENT

The Ohio Department of Health (ODH) released the 2019 State Health Assessment (SHA) in September 2019. The purpose of the 2019 SHA is two-fold: to update the findings of the 2016 SHA and to inform priorities and strategies for the 2020-2022 State Health Improvement Plan (SHIP). The 2019 SHA can be found online at <https://odh.ohio.gov/wps/portal/gov/odh/about-us/shap-ship/>

The components of the 2019 SHA included qualitative and quantitative data. ODH compiled secondary data and created the online SHA. Secondary data topics include: health outcomes and behaviors; healthcare spending, access, and quality; public health and prevention; social, economic, and physical environment factors; and disparities, trends, and comparisons between Ohio and the United States. The Health Policy Institute of Ohio (HPIO) oversaw an online survey and facilitated five regional forums, with assistance from the Hospital Council of Northwest Ohio (HCNO). Additionally, input was sought from the SHA/SHIP Steering Committee, comprised of directors from 13 state agencies, and the SHA/SHIP Advisory Committee, comprised of over 100 members representing hospitals, local health departments, health-related organizations, and sectors beyond health. *(Source: Ohio Department of Health State Health Assessment, 2019)*

### Summary of Key Findings: Regional Forums

The 2017-2019 SHIP priorities continue to be consistent with local community priorities

- Mental health and addiction, chronic disease, and maternal and infant health remain priorities for local communities
- Several cross-cutting factors should be emphasized in the next SHIP: poverty, transportation, physical activity and nutrition, and access to care

Each Ohio community is unique, yet strengths, challenges and priorities are shared across the state

- The SHIP can provide an array of priorities that are relevant to urban, suburban, rural and Appalachian communities, while adapting to community needs by providing flexibility to local communities to select evidence-informed strategies that match a community's strengths and challenges

Opportunities exist to improve the next SHA/SHIP to ensure usefulness for local partners

- Key to the success of the 2019 SHA and the 2020-2022 SHIP include concise and user-friendly materials that are widely disseminated to a broad range of partners

*(Source: Ohio Department of Health State Health Assessment, 2019)*

## Summary of Key Findings: Online State Health Assessment

Overall wellbeing of Ohioans has declined

- Trends in premature death, life expectancy and overall health status indicate health of Ohioans has worsened
  - In 2010, the life expectancy of an Ohioan at birth was 77.6 years; in 2017 it was only 76.5 years
  - The life expectancy for black/African American Ohioans in 2017 was 72.8 years compared to 77 years for white Ohioans
- Unintentional injuries, including drug overdose, cancer, and heart disease were leading causes of premature death in 2017

Many Ohioans lack opportunities to reach their full health potential

- Several groups experience much worse outcomes than the state overall
- Those groups include black/African American, as well as Ohioans with lower incomes, disabilities, or who live in Appalachian counties
  - Historical and contemporary injustices compound over a lifetime; in addition to shorter lives, this can lead to higher rates of infant deaths, blood pressure, and late-stage cancer diagnosis

Priority topics in the 2017-2019 SHIP remain relevant

- Mental health and addiction, chronic disease, and maternal and infant health are still significant challenges in Ohio

Underlying drivers of health must be addressed

- The following cross-cutting factors need to be addressed: physical activity; tobacco use; access to dental and mental health care; income and unemployment; adverse childhood experiences; transportation; lead poisoning risk; and racism, discrimination and disparities

New concerns emerge in the wake of Ohio's addiction crisis

- Drug use has contributed to increases in both hepatitis C and children in foster care

*(Source: Ohio Department of Health State Health Assessment, 2019)*