

2019



Ashtabula County **Community Health Assessment**

Examining the health of Ashtabula County

Released July 29, 2019

Foreword

In May of 2018, the local health departments of Ashtabula County convened a meeting with area health and human services agencies to initially discuss the implementation of a Community Health Needs Assessment of Ashtabula County Residents in 2019. All health and human service agencies at the May 2018 meeting agreed to meet again in 2018 to discuss the importance of completing a Community Health Needs Assessment in 2019. In the early fall of 2018, it was agreed by all health and human service agencies in attendance at a county health department meeting, that we complete a Community Health Needs Assessment in 2019.

A Community Health Needs Assessment is often used by local health and human service agencies to evaluate the health status of residents and identify health issues and concerns within a community.

The 2019 Ashtabula County Community Health Needs Assessment builds upon a previous County Health Needs Assessment completed in 2016. Conducting Community Health Needs Assessment every three to five years allows health and human service agencies to track and evaluate health issues and concerns over time.

This Community Health Needs Assessment report provides updated and statistical health status information on county residents. This report not only provides information on county death and disease rates, but also contains information on how county residents perceive the health status of the county, as well as how residents perceive the quality, accessibility and availability of health care services in Ashtabula County.

It is also worth mentioning that the 2019 Ashtabula County Health Needs Assessment Report allows for health and human service providers in Ashtabula County to directly compare health status indicators such as death and disease data with those found in the 2016 Community Health Needs Assessment Report.

As in the 2016 Health Needs Assessment Report, the major health problems confronting Ashtabula County residents as found in the 2019 Health Needs Assessment Report pertain to lifestyle. Choices that Ashtabula County residents make pertaining to diet, exercise, smoking, abuse of alcohol and drugs appear to contribute to the leading causes of death and disease in Ashtabula County.

Four of the five leading causes of death listed in the 2019 Ashtabula County Health Needs Assessment Report are heart disease, cancer, pneumonia and chronic obstructive pulmonary disease. All of these leading causes of death are to a certain extent associated with lifestyle choices. Unfortunately, the 2016 Ashtabula County Health Needs Assessment Report indicated that heart disease, cancer and chronic obstructive pulmonary disease were leading causes of death. Thus, there were no major changes in the leading causes of death between the 2016 and 2019 Community Health Needs Assessment reports.

These community health problems found in 2016 and 2019 in Ashtabula County have prompted county health and human service agencies to focus on these problems. A number of county health and human service agencies in Ashtabula County in 2017 developed a Community Health Improvement Plan that attempts to reduce the incidence of most of the aforementioned health problems. The Community Health Improvement Plan of Ashtabula County contains objectives, strategies and programs to reduce the incidence of the said community health problems, and covers the time period of 2017 to 2020. It is anticipated that based on the 2019 Ashtabula County Health Needs Assessment report that a revised Community Health Improvement Plan for Ashtabula County will continue to contain objectives, strategies and programs to address most of the five leading causes of death of Ashtabula County residents. Additional programs and expansion of existing health prevention programs in Ashtabula County that are designed to address the said community health problems will most likely occur in the near future. The revised Community Health Improvement Plan will cover the time period of September 2019 to September 2022.

In the end, the 2019 Community Health Needs Assessment should increase public awareness of Ashtabula County residents of the priority health problems facing Ashtabula County. To that end, the Community Health Needs Assessment in conjunction with the Community Health Improvement Plan for Ashtabula County should provide a mechanism for Ashtabula County health and human service providers to offer additional health prevention and promotion programs to improve the health status of Ashtabula County residents.

Sincerely,

Raymond J. Saporito, M.P.H., R.S.
Health Commissioner
Ashtabula County Health Department

Christine Hill, R.N.
Health Commissioner
Ashtabula City Health Department

Nichele Johnson, R.S. Health
Commissioner
Conneaut City Health Department

Acknowledgements

Funding for the Ashtabula County Health Assessment was Provided by:

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
Ashtabula County Mental Health Recovery Board
Ashtabula County Children's Services
Ashtabula County Regional Home Health Services
Catholic Charities of Ashtabula County
Community Counseling Center of Ashtabula County
Signature Health/Family Planning Association of Northeast Ohio
Ashtabula County Medical Center
University Hospitals
Center for Health Affairs

Project Management, Secondary Data, Data Collection, and Report Development Hospital Council of Northwest Ohio

The Hospital Council of Northwest Ohio (HCNO) is a 501(c)3 non-profit regional hospital association located in Toledo, Ohio. They facilitate community health needs assessments and planning processes in 40+ counties in Ohio, Michigan, and Oregon. Since 2004, they have used a process that can be replicated in any county that allows for comparisons from county to county, within the region, the state, and the nation. HCNO works with coalitions in each county to ensure a collaborative approach to community health improvement that includes multiple key stakeholders, such as those listed above. All HCNO project staff have their master of public health (MPH) degree, with emphasis on epidemiology and health education.

Britney L. Ward, MPH

Director of Community Health Improvement

Selena Coley, MPH

Community Health Improvement Coordinator

Emily A. Golias, MPH, CHES

Community Health Improvement Coordinator

Erin Rauschenberg

Undergraduate Assistant

Margaret Wielinski, MPH

Assistant Director of Community Health Improvement

Tessa Elliott, MPH

Community Health Improvement Coordinator

Emily Stearns, MPH, CHES

Community Health Improvement Coordinator

Alyssa Miller

Graduate Assistant

Data Collection & Analysis

Joseph A. Dake, Ph.D., MPH

Professor and Chair
School of Population Health
University of Toledo

Aaron J. Diehr, PhD, CHES

Consultant

To see Ashtabula County data compared to other counties, please visit the Hospital Council of Northwest Ohio's Data Link website at:

<http://www.hcno.org/community-services/data-link/>

The 2019 Ashtabula County Health Assessment is available on the following websites:

Ashtabula County Health Department

<http://www.ashtabulacountyhealth.com/>

Hospital Council of Northwest Ohio

<http://www.hcno.org/community-services/community-health-assessments/>

Contact Information:

Raymond J. Saporito, MPH, R.S.

Health Commissioner

Ashtabula County Health Department

rsaporito@ashtabulacountyhealth.com

Table of Contents

Executive Summary	Pages 5-19
Primary Data Collection Methods	Pages 5-6
Secondary Data Collection Methods	Page 6
Mobilizing for Action through Planning & Partnerships (MAPP) Process Overview	Pages 7-8
2016 Ohio State Health Assessment (SHA)	Page 9
Data Summary	Pages 10-19
Trend Summary	Pages 20-22
HEALTH CARE ACCESS	
Health Care Coverage	Pages 23-25
Access and Utilization	Pages 26-29
Preventive Medicine	Pages 30-32
Women’s Health	Pages 33-34
Men’s Health	Pages 35-36
Oral Health	Pages 37-38
HEALTH BEHAVIORS	
Health Status Perceptions	Pages 39-41
Weight Status	Pages 42-45
Tobacco Use	Pages 46-48
Alcohol Consumption	Pages 49-51
Drug Use	Pages 52-58
Sexual Behavior	Pages 59-62
Mental Health	Pages 63-66
CHRONIC DISEASE	
Cardiovascular Health	Pages 67-71
Cancer	Pages 72-77
Asthma and Other Respiratory Disease	Pages 78-80
Arthritis	Pages 81-82
Diabetes	Pages 83-84
Quality of Life	Pages 85-88
SOCIAL CONDITIONS	
Social Determinants of Health	Pages 89-93
Environmental Conditions	Page 94
Parenting	Pages 95-98
APPENDICES	
APPENDIX I — Health Assessment Information Sources	Pages 99-100
APPENDIX II — Acronyms and Terms	Pages 101-102
APPENDIX III — Weighting Methods	Pages 103-104
APPENDIX IV — Ashtabula County Sample Demographic Profile	Page 105
APPENDIX V — Demographics and Household Information	Pages 106-112
APPENDIX VI — County Health Rankings	Pages 113-115
APPENDIX VII — Ashtabula City Data Summary	Pages 116-120
APPENDIX VIII — Conneaut City Data Summary	Pages 121-123
APPENDIX IX — Geneva City Data Summary	Pages 124-125
APPENDIX X — Health Assets and Resources	Pages 126-128

Executive Summary

This executive summary provides an overview of health-related data for Ashtabula County adults (ages 19 and older) who participated in a county-wide health assessment survey from January through March 2019. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instrument used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS). The Hospital Council of Northwest Ohio (HCNO) collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report.

Primary Data Collection Methods

DESIGN

This community health assessment was cross-sectional in nature and included a written survey of adults within Ashtabula County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

INSTRUMENT DEVELOPMENT

One survey instrument was designed and pilot tested for adults in this study. As a first step in the design process, health education researchers from the University of Toledo and staff members from HCNO met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults. The investigators decided to derive the majority of the survey items from the BRFSS. This decision was based on being able to compare local data with state and national data.

The project coordinator from HCNO conducted a series of meetings with the planning committee from Ashtabula County. During these meetings, HCNO and the planning committee reviewed and discussed banks of potential survey questions from the BRFSS survey. Based on input from the Ashtabula County planning committee, the project coordinator composed a draft of the survey containing 114 items. Health education researchers from the University of Toledo reviewed and approved the drafts.

SAMPLING

The sampling frame for the adult survey consisted of adults ages 19 and over living in Ashtabula County. There were 76,107 persons ages 19 and over living in Ashtabula County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error of the survey findings). A sample size of at least 382 adults was needed to ensure this level of confidence. The random sample of mailing addresses was obtained from Melissa Global Intelligence in Rancho Santa Margarita, California.

PROCEDURE

Prior to mailing the survey, the project team mailed an advance letter to 1,200 adults in Ashtabula County. This advance letter was personalized; printed on Ashtabula County Health Needs Assessment Committee letterhead; and signed by Raymond J. Saporito, MPH, R.S., Health Commissioner, Ashtabula County Health Department. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’ confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Three weeks following the advance letter, the project team implemented a three-wave mailing process to maximize the survey return rate. The initial mailing included a personalized hand-signed cover letter (on Ashtabula County Health Needs Assessment Committee letterhead) describing the purpose of the study, a questionnaire, a self-addressed stamped return envelope, and a \$2 incentive. Approximately three weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire, and another reply envelope. A third wave postcard was sent three weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent.

The response rate for the mailing was 28% (n=308; CI=± 5.57). Since the power analysis recommended 382 completed surveys but 308 were returned, the level of power was reduced and confidence interval broadened to ± 5.57%.

DATA ANALYSIS

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using SPSS 24.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Ashtabula County, the adult data collected was weighted by age, gender, race, and income using 2017 Census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix III.

LIMITATIONS

As with all county assessments, it is important to consider the findings in light of all possible limitations. First, the Ashtabula County adult assessment had a high response rate. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Ashtabula County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

Furthermore, while the survey was mailed to random households in Ashtabula County, those responding to the survey were more likely to be older. For example, only 11 respondents were under the age of 30. While weightings are applied during calculations to help account for this sort of variation, it still presents a potential limitation (to the extent that the responses from these 11 individuals might be substantively different from the majority of Ashtabula County residents under the age of 30).

It is important to note that although several questions were asked using the same wording as the Centers for Disease Control and Prevention (CDC) questionnaires, the data collection method differed. The CDC adult data was collected using a set of questions from the total question bank, and participants were asked the questions over the telephone rather than through a mailed survey.

Lastly, caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Secondary Data Collection Methods

HCNO collected secondary data from multiple websites, including county-level data, whenever possible. HCNO utilized sites such as the Behavioral Risk Factor Surveillance System (BRFSS), numerous CDC sites, U.S. Census data, and Healthy People 2020, among other national and local sources. All data is included as a citation in the section of the report with which it corresponds, and the URLs are available in the references at the end of this report. All primary data collected in this report is from the 2019 Ashtabula County Community Health Assessment (CHA).

Mobilizing for Action through Planning & Partnerships (MAPP) Process Overview

National Public Health Accreditation status through the Public Health Accreditation Board (PHAB) requires Community Health Assessments (CHAs) to be completed at least every five years. The purpose of the community health assessment is to learn about the health of our community, including health issues and disparities, contributing factors that impact health outcomes, and community assets and resources that can be mobilized to improve population health.

This 2019 CHA was developed using the Mobilizing Action through Partnerships and Planning (MAPP) process, which is a nationally adopted framework developed by the National Association of County and City Health Officials (NACCHO) (see Figure 1.1). MAPP is a community-driven planning process for improving community health and is flexible in its implementation, meaning that the process does not need to be completed in a specific order. This process was facilitated by HCNO in collaboration with a broad range of local agencies representing a variety of sectors of the community. This process involved the following six phases:

1. Organizing for success and partnership development

During this first phase, community partners examined the structure of its planning process to build commitment and engage partners in the development of a plan that could be realistically implemented. With a steering committee already in place, members examined current membership to determine whether additional stakeholders and/or partners should be engaged, its meeting schedule (which occurs on a quarterly basis and more frequently as needed), and responsibilities of partnering organizations for driving change. The steering committee ensured that the process involved local public health, health care, faith-based communities, schools, local leadership, businesses, organizations serving minority populations, and other stakeholders in the community health improvement process.

2. Visioning

Next, steering committee members re-examined its vision and mission. Vision and values statements provide focus, purpose, and direction to the CHA/CHIP so that participants collectively achieve a shared vision for the future. A shared community vision provides an overarching goal for the community—a statement of what the ideal future looks like. Values are the fundamental principles and beliefs that guide a community-driven planning process.

3. The four assessments

While each assessment yields valuable information, the value of the four MAPP assessments is multiplied considering results as a whole. The four assessments include: The Community Health Status Assessment (CHSA), the Local Public Health System Assessment (LPHSA), the Forces of Change (FOC) Assessment, and the Community Themes and Strengths Assessment (CTSA).

4. Identifying strategic issues

The process to formulate strategic issues occurs during the prioritization process of the CHA/CHIP. The committee considers the results of the assessments, including data collected from community members (primary data) and existing statistics (secondary data) to identify key health issues. Upon identifying the key health issues, an objective ranking process is used to prioritize health needs for the CHIP.

In order to identify strategic issues, the steering community considers findings from the visioning process and the MAPP assessments in order to understand why certain issues remain constant across the assessments. The steering committee uses a strategic approach to prioritize issues that would have the greatest overall impact to drive population health improvement and would be feasible, given the resources available in the community and/or needed, to accomplish. The steering committee also arranged issues that were related to one another, for example, chronic disease related conditions, which could be addressed through increased or improved coordination of preventative services. Finally, the steering committee members considered the urgency of issues and the consequences of not addressing certain items.

Figure 1.1 The MAPP Framework



5. Formulate goals and strategies

Following the prioritization process, a gap analysis is completed in which committee members identify gaps within each priority area, identify existing resources and assets, and potential strategies to address the priority health needs. Following this analysis, the committee to formulate various goals, objectives, and strategies to meet the prioritized health needs.

6. Action cycle

The steering committee begins implementation of strategies as part of the next community health improvement cycle. Both progress data to track actions taken as part of the CHIP's implementation and health outcome data (key population health statistics from the CHA) are continually tracked through ongoing meetings. As the end of the CHIP cycle, partners review progress to select new and/or updated strategic priorities based on progress and the latest health statistics.

2016 Ohio State Health Assessment (SHA)

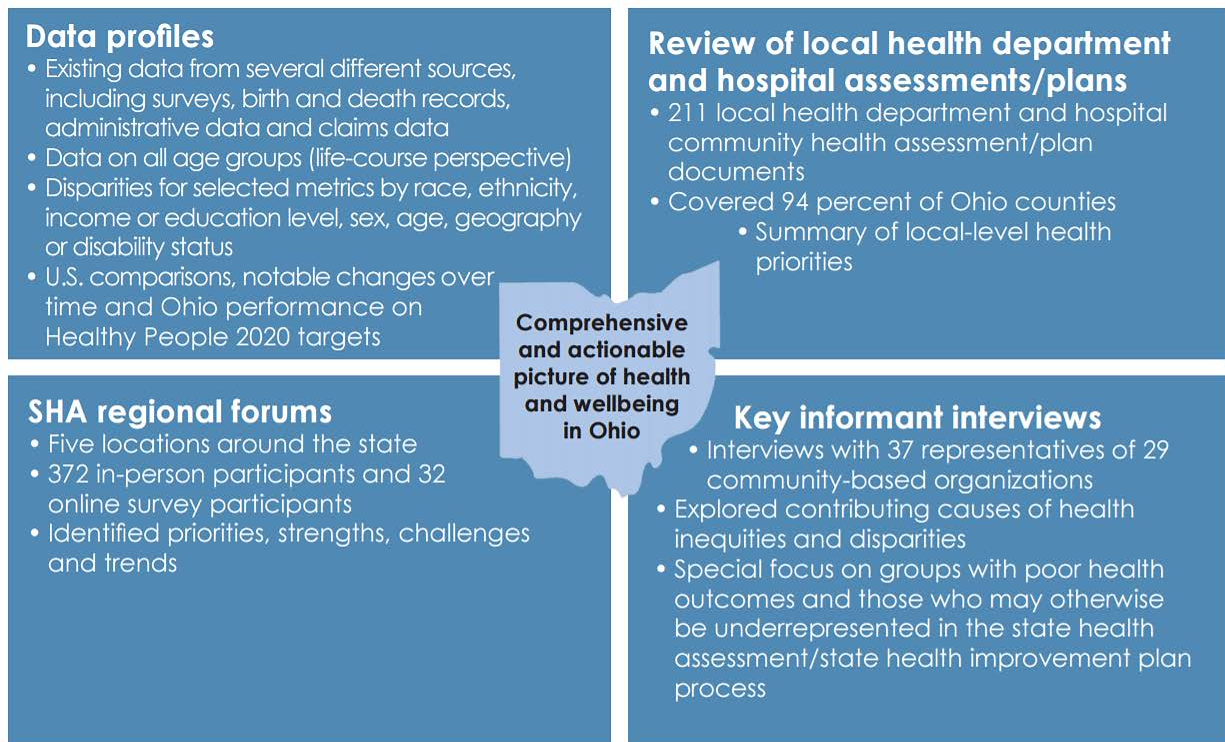
The 2016 Ohio state health assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, a review of local health department and hospital assessments and plans, and key informant interviews.

Similar to the 2016 Ohio SHA, the 2019 Ashtabula County Community Health Assessment (CHA) examined a variety of metrics from various areas of health including, but not limited to, health behaviors, chronic disease, access to health care, and social determinants of health. Additionally, the CHA studied themes and perceptions from local public health stakeholders from a wide variety of sectors. **Note: This symbol will be displayed in the trend summary when an indicator directly aligns with the 2016 Ohio SHA.**

The interconnectedness of Ohio's greatest health challenges, along with the overall consistency of health priorities identified in this assessment, indicates many opportunities for collaboration between a wide variety of partners at and between the state and local level, including physical and behavioral health organizations and sectors beyond health. It is our hope that this CHA will serve as a foundation for such collaboration.

To view the full 2016 Ohio State Health Assessment, please visit: http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/chss/ship/SHA_FullReport_08042016.pdf?la=en

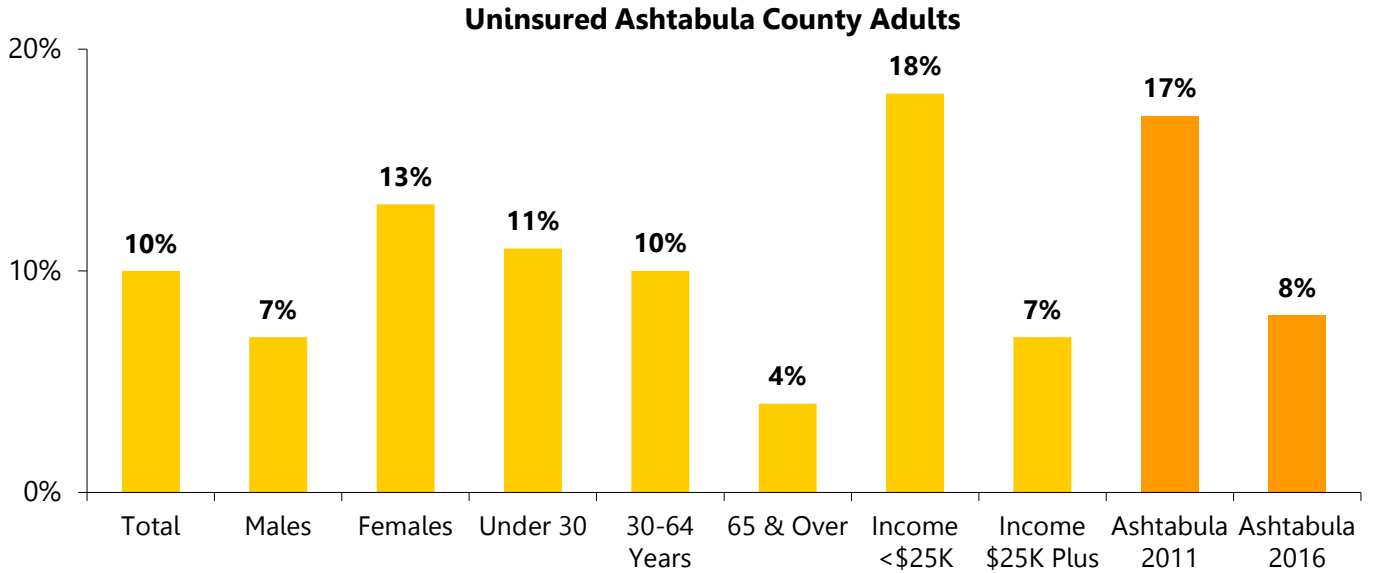
FIGURE 1.1 | State Health Assessment (SHA) Sources of Information



Data Summary | Health Care Access

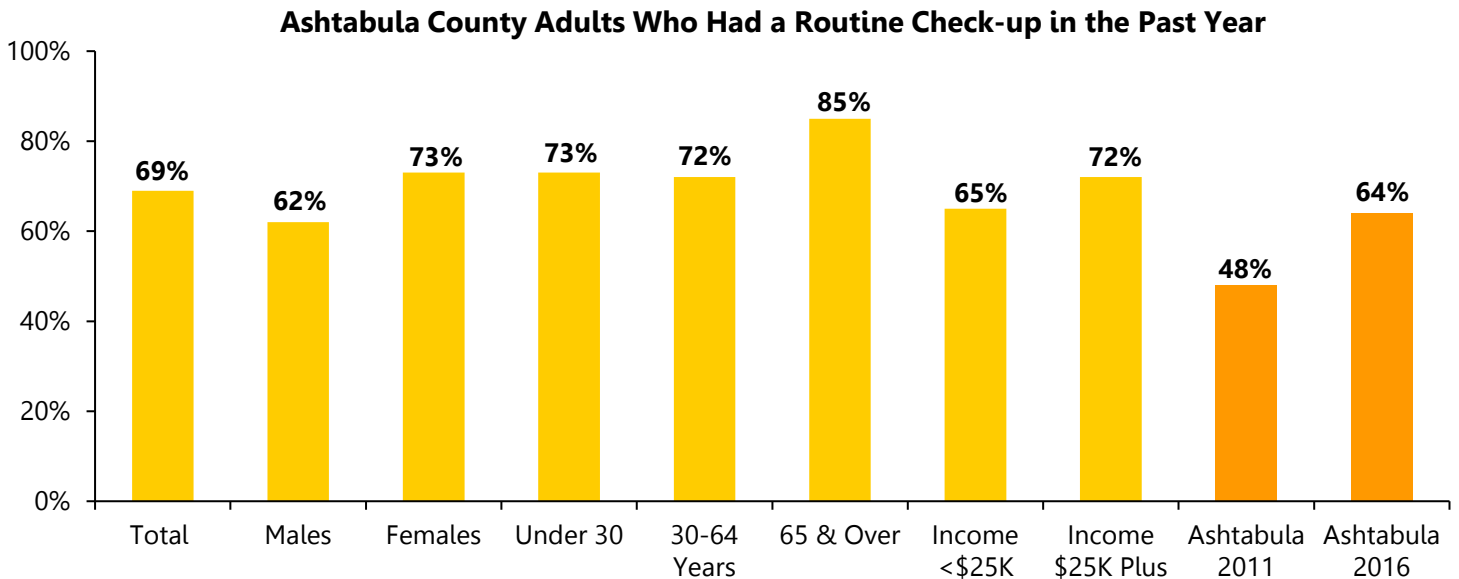
HEALTH CARE COVERAGE

Ten percent (10%) of Ashtabula County adults were without health care coverage. The top reason adults gave for being without health care coverage was they could not afford to pay the insurance premiums (72%).



ACCESS AND UTILIZATION

Sixty-nine percent (69%) of Ashtabula County adults had visited a doctor for a routine checkup in the past year. Almost two-thirds (63%) of adults went outside of Ashtabula County for health care services in the past year.

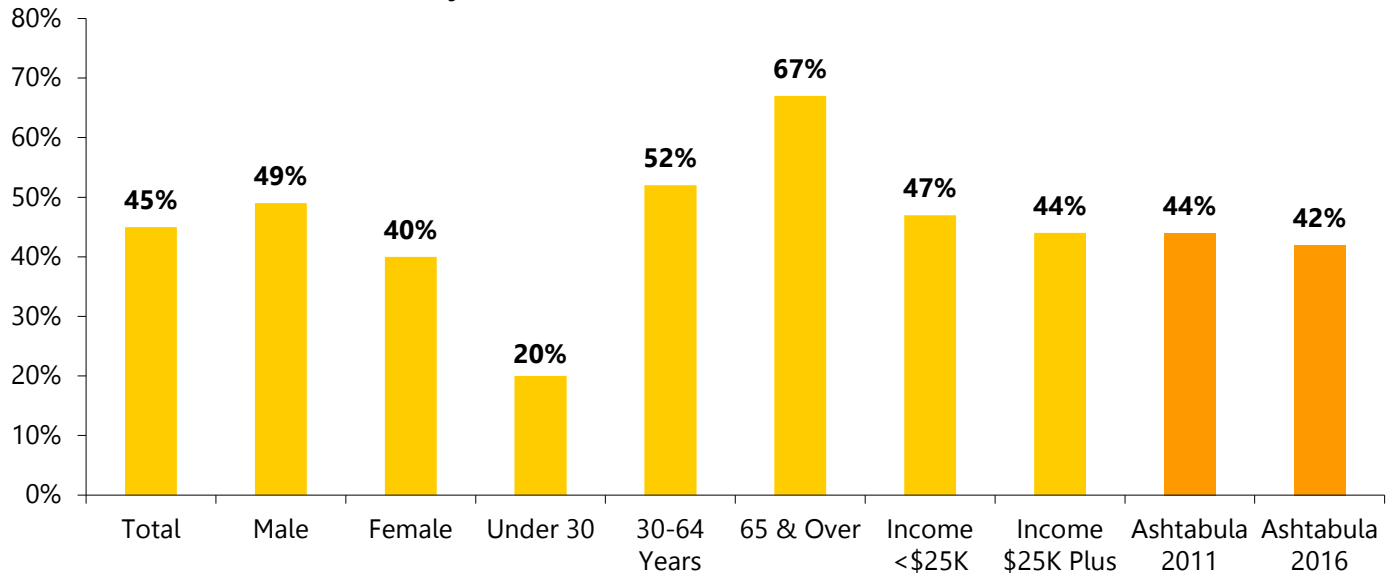


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

PREVENTIVE MEDICINE

More than two-thirds (69%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. Sixty-seven percent (67%) of adults age 65 and over received a flu vaccine in the past year.

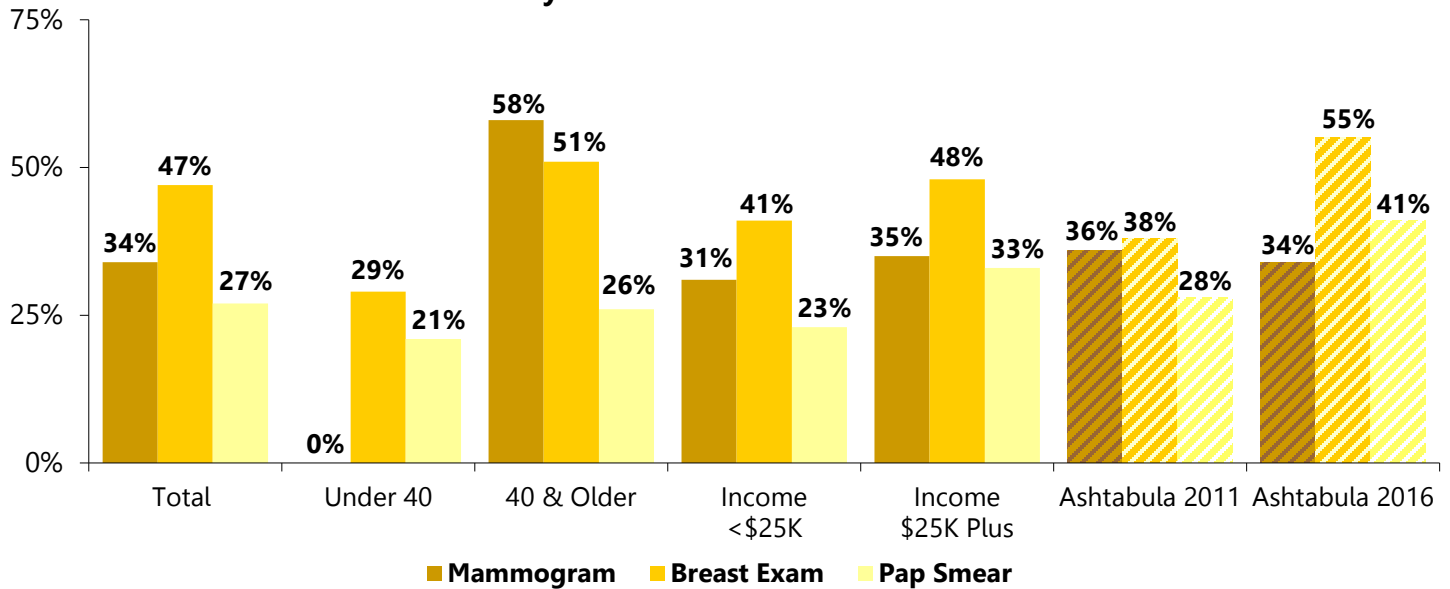
Ashtabula County Adults Who Received a Flu Vaccine Within the Past Year



WOMEN'S HEALTH

Over half (58%) of Ashtabula County women over the age of 40 reported having a mammogram in the past year. Forty-seven percent (47%) of women had a clinical breast exam in the past year, and 66% of women ages 21 to 65 had a Pap smear to detect cancer of the cervix in the past three years. Seventy-nine percent (79%) of Ashtabula County women were overweight or obese, 37% had high blood cholesterol, 35% had high blood pressure, and 23% were identified as current smokers, known risk factors for cardiovascular diseases.

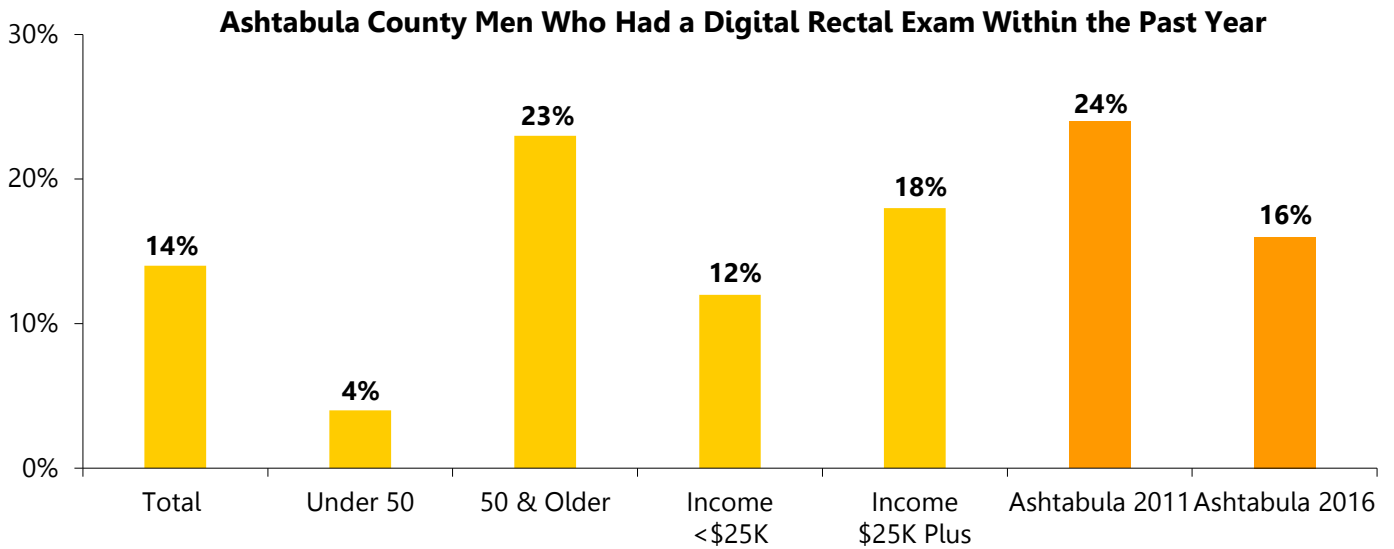
Ashtabula County Women's Health Exams Within the Past Year



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

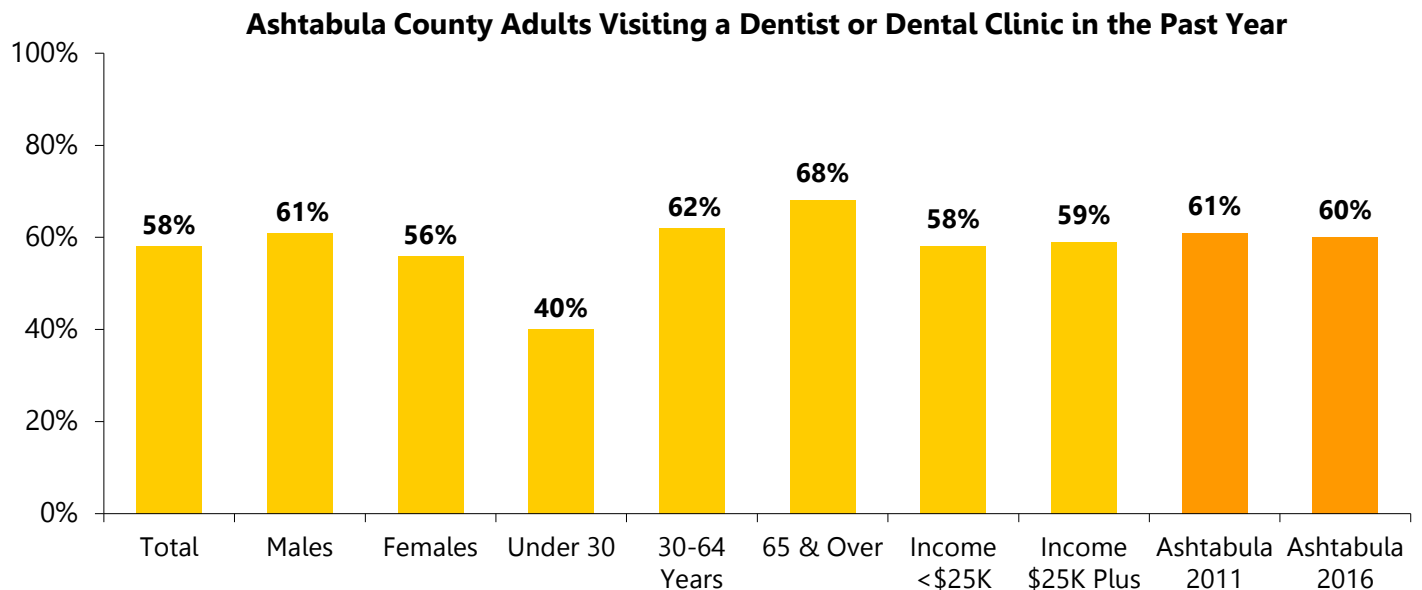
MEN'S HEALTH

Fourteen percent (14%) of men had a digital rectal exam in the past year. One-quarter (25%) of Ashtabula County males performed a testicular self-exam in the past year. Seventy-one percent (71%) of men were overweight or obese, 46% had high blood pressure, 42% had high blood cholesterol, and 18% were identified as current smokers, known risk factors for cardiovascular diseases.



ORAL HEALTH

Fifty-eight percent (58%) of Ashtabula County adults had visited a dentist or dental clinic in the past year. The top two reasons adults gave for not visiting a dentist or dental clinic in the past year were cost (40%) and fear, apprehension, nervousness, pain and dislike going (26%).

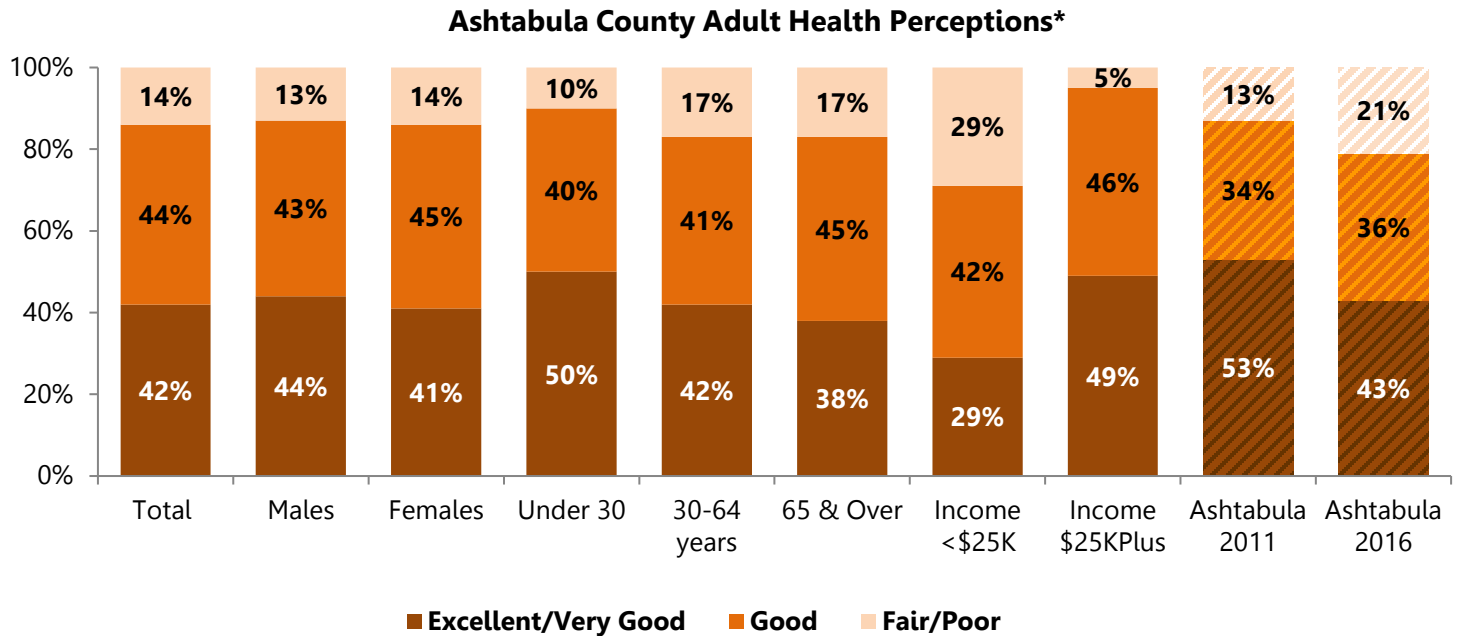


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Data Summary | Health Behaviors

HEALTH STATUS PERCEPTIONS

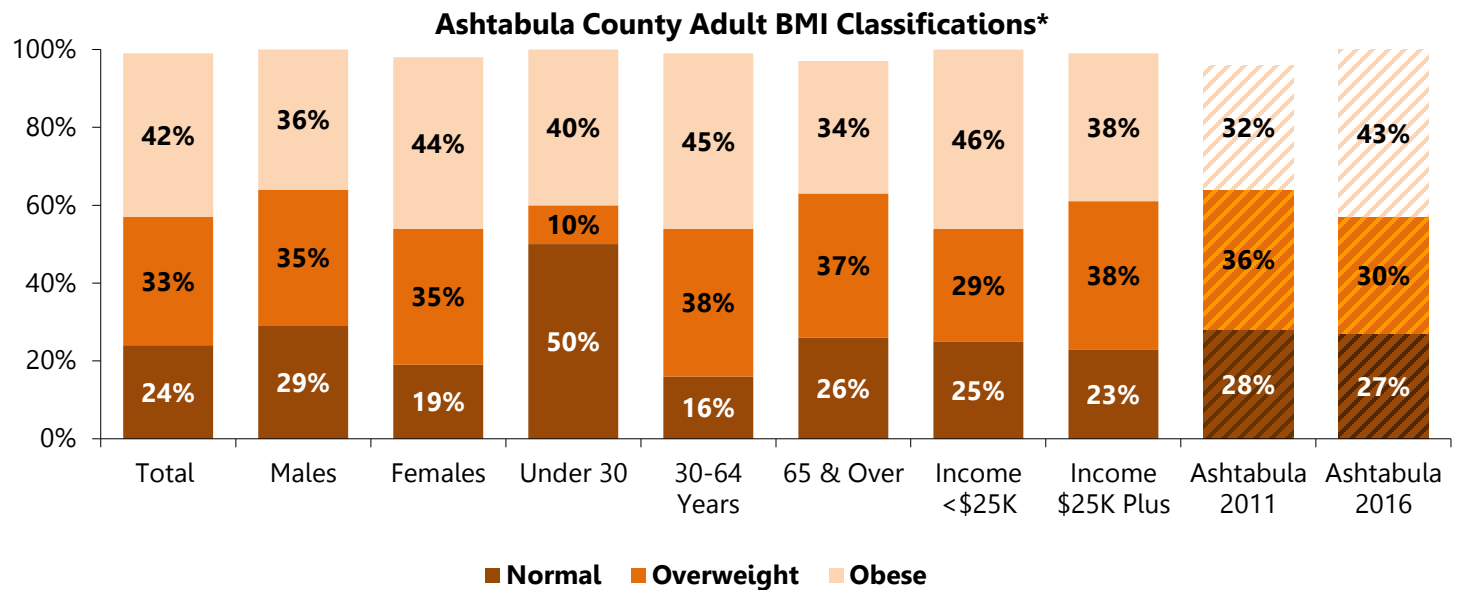
Over two-fifths (42%) of Ashtabula County adults rated their health status as excellent or very good. Conversely, 14% of adults described their health as fair or poor, increasing to 29% of those with incomes less than \$25,000.



*Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"

WEIGHT STATUS

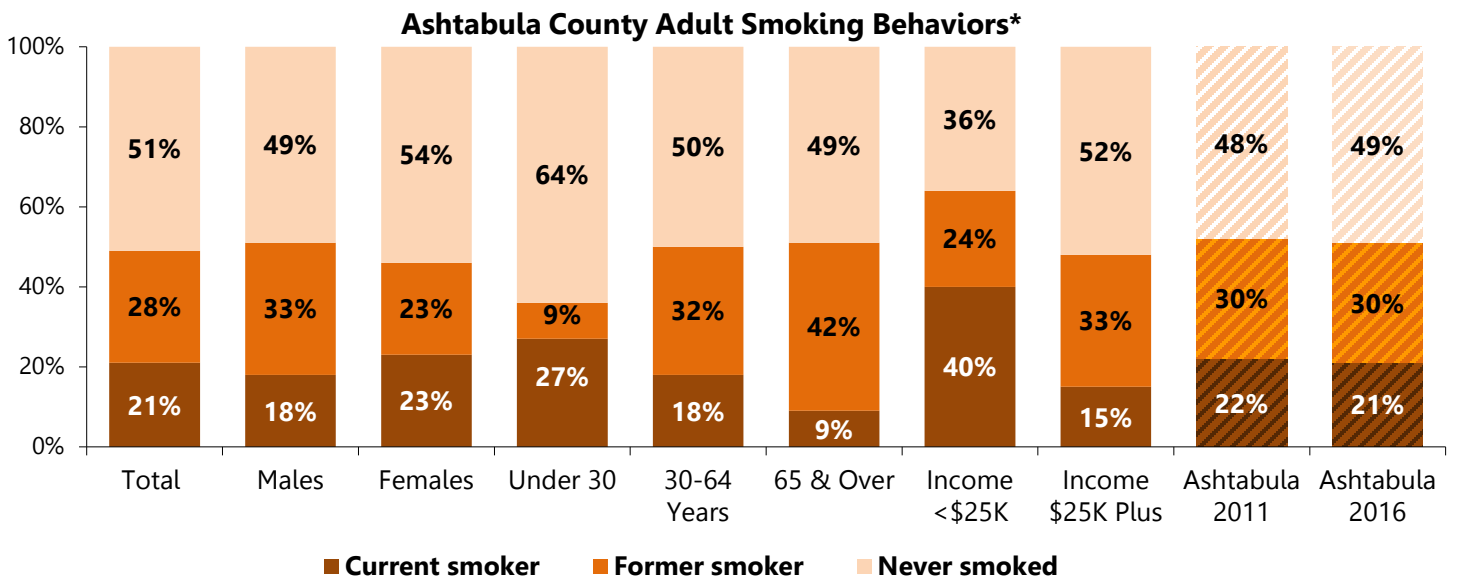
Seventy-five percent (75%) of Ashtabula County adults were overweight or obese based on body mass index (BMI). The top three reasons adults gave for not exercising were self-motivation/will power (22%), weather (22%), and time (21%).



*Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight.
 Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

TOBACCO USE

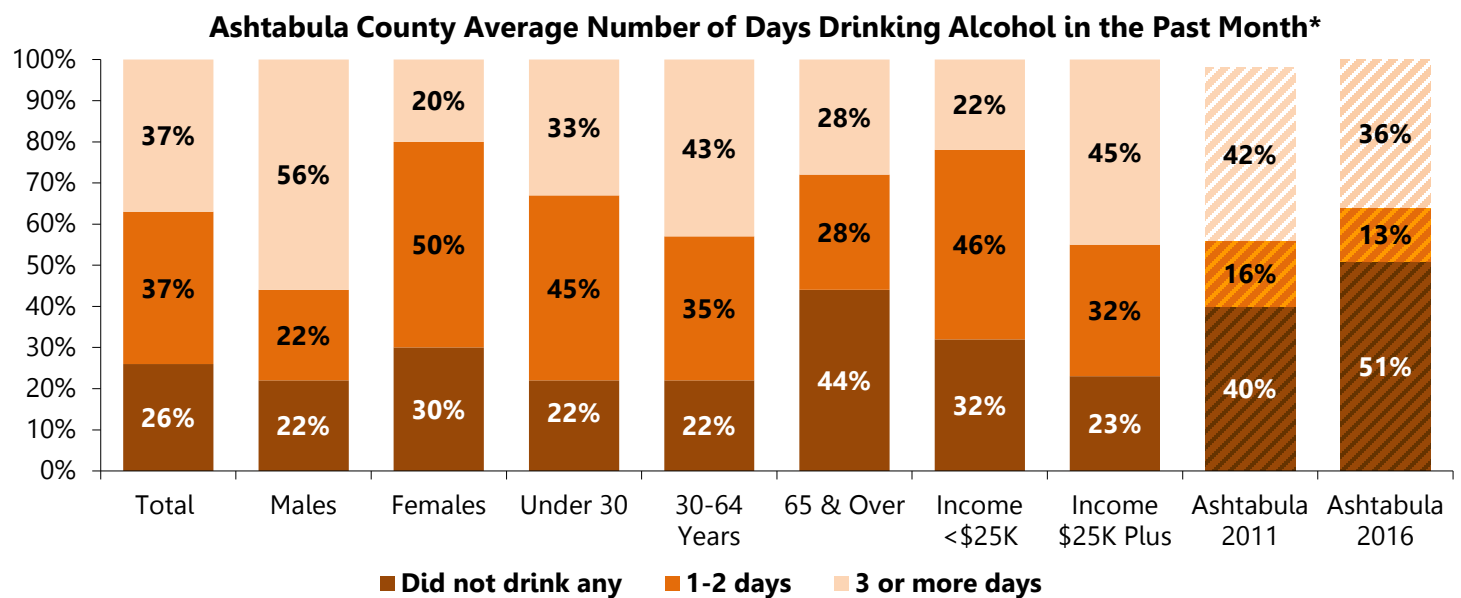
About one-in-five (21%) Ashtabula County adults were current smokers, and 28% were considered former smokers. Eight percent (8%) of adults used e-cigarettes or other electronic vaping products in the past year. One-fifth (20%) of adults used an e-cigarette or other electronic vaping product at least one time in their life.



**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

Nearly three-quarters (74%) of Ashtabula County adults had at least one alcoholic drink in the past month and would be considered current drinkers. Over one-fifth (23%) of all adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.



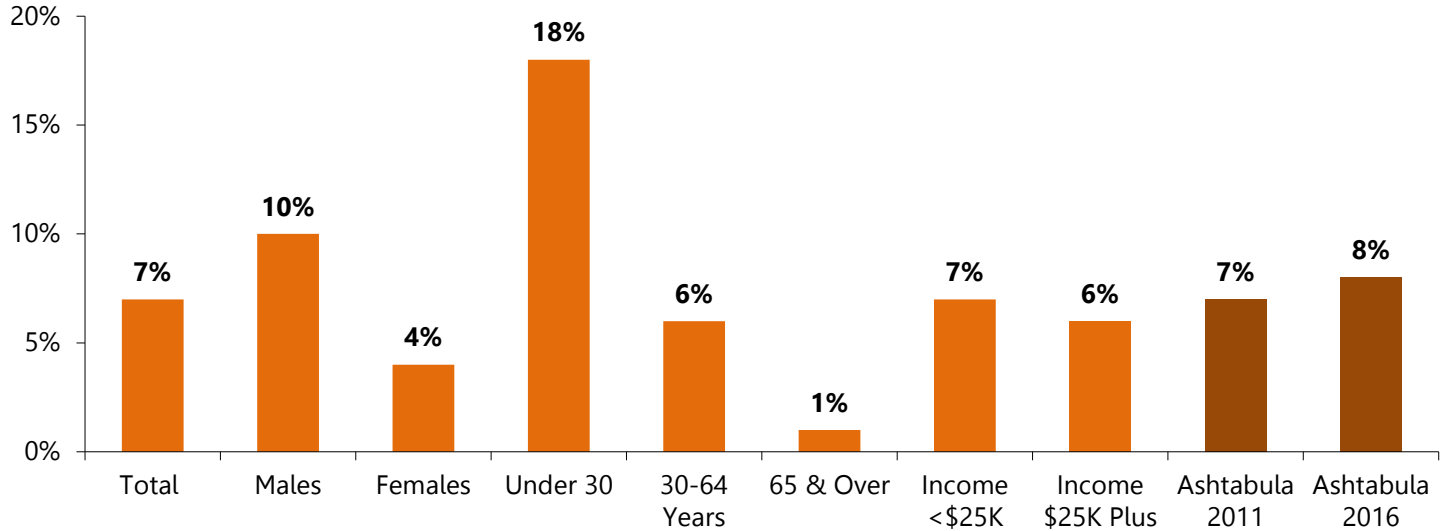
**Percentages may not equal 100% as some respondents answered, "don't know".*

Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

DRUG USE

Seven percent (7%) of Ashtabula County adults had used recreational marijuana or hashish during the past 6 months. Three percent (3%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

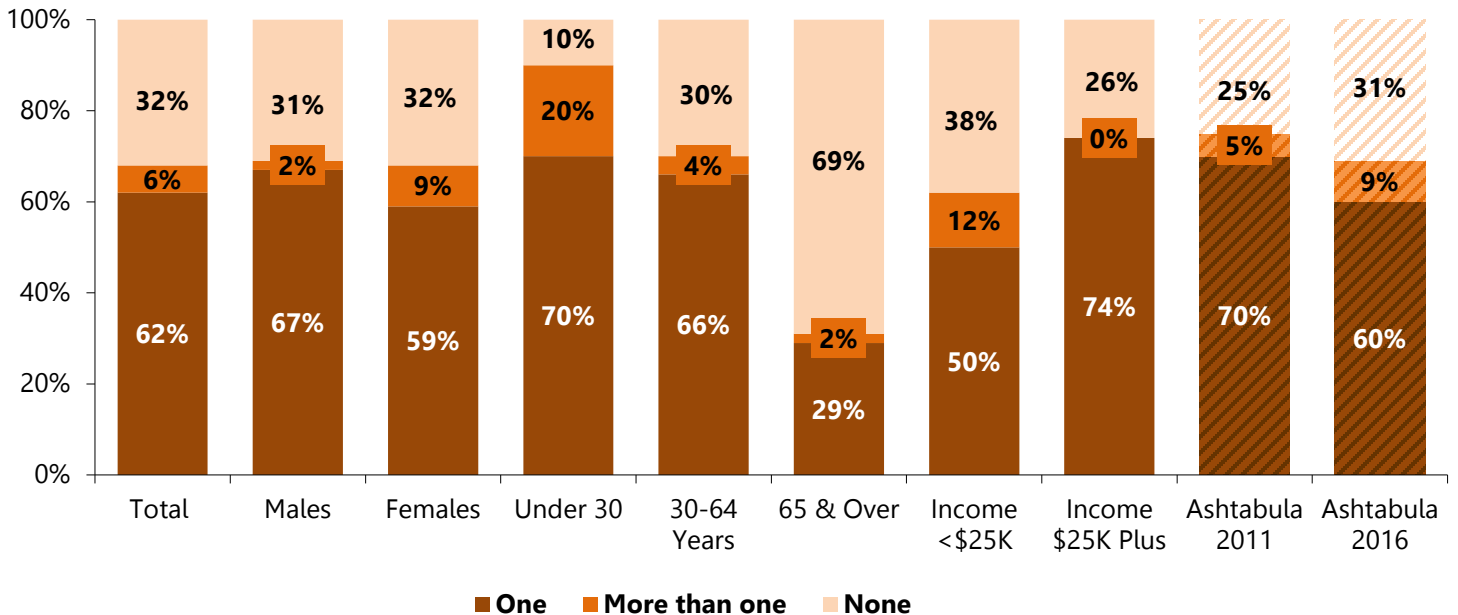
Ashtabula County Adult Recreational Marijuana or Hashish Use in Past 6 Months



SEXUAL BEHAVIOR

Sixty-eight percent (68%) Ashtabula County adults had sexual intercourse in the past year. Six percent (6%) of adults had more than one sexual partner in the past year.

Ashtabula County Number of Sexual Partners in the Past Year*

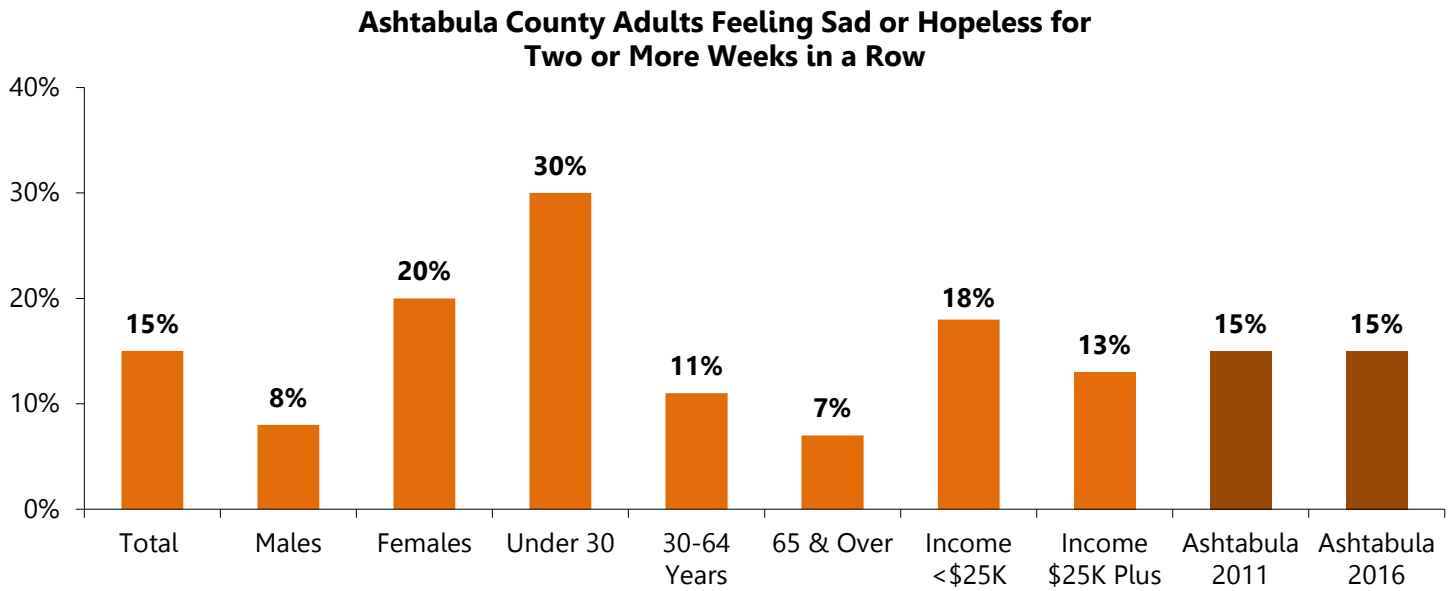


*Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"

Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

MENTAL HEALTH

Six percent (6%) of Ashtabula County adults considered attempting suicide in the past year. Fifteen percent (15%) of adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities in the past year.

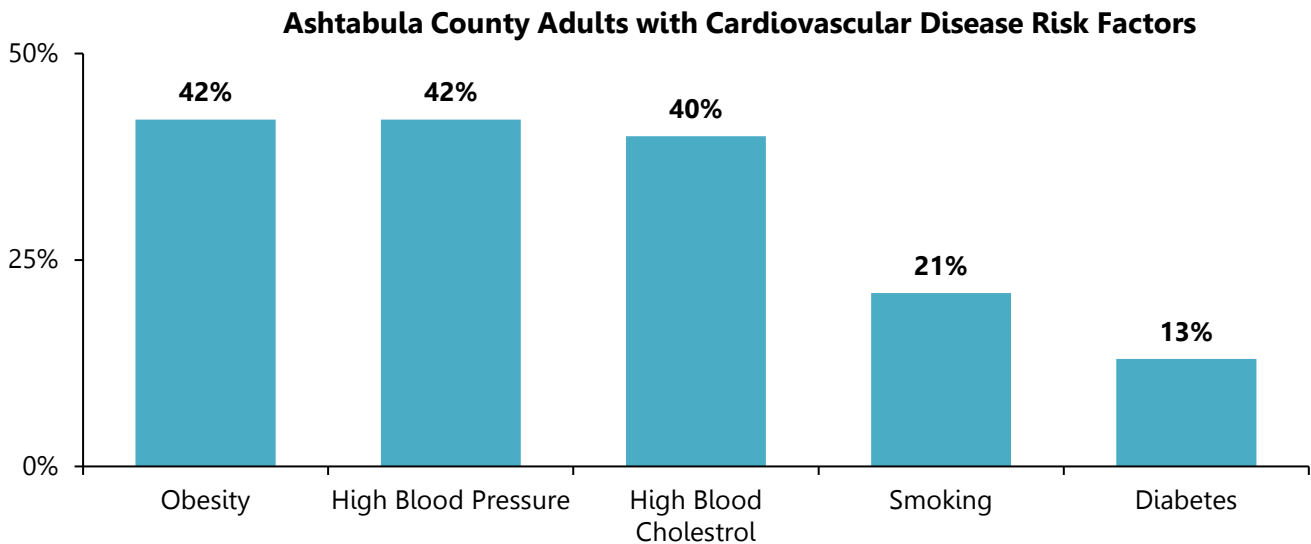


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

Five percent (5%) of adults had survived a heart attack and 3% had survived a stroke at some time in their life. Forty-two percent (42%) of adults had been diagnosed with high blood pressure, 42% were obese, 40% were diagnosed with high blood cholesterol, and 21% were current smokers, four known risk factors for heart disease and stroke.

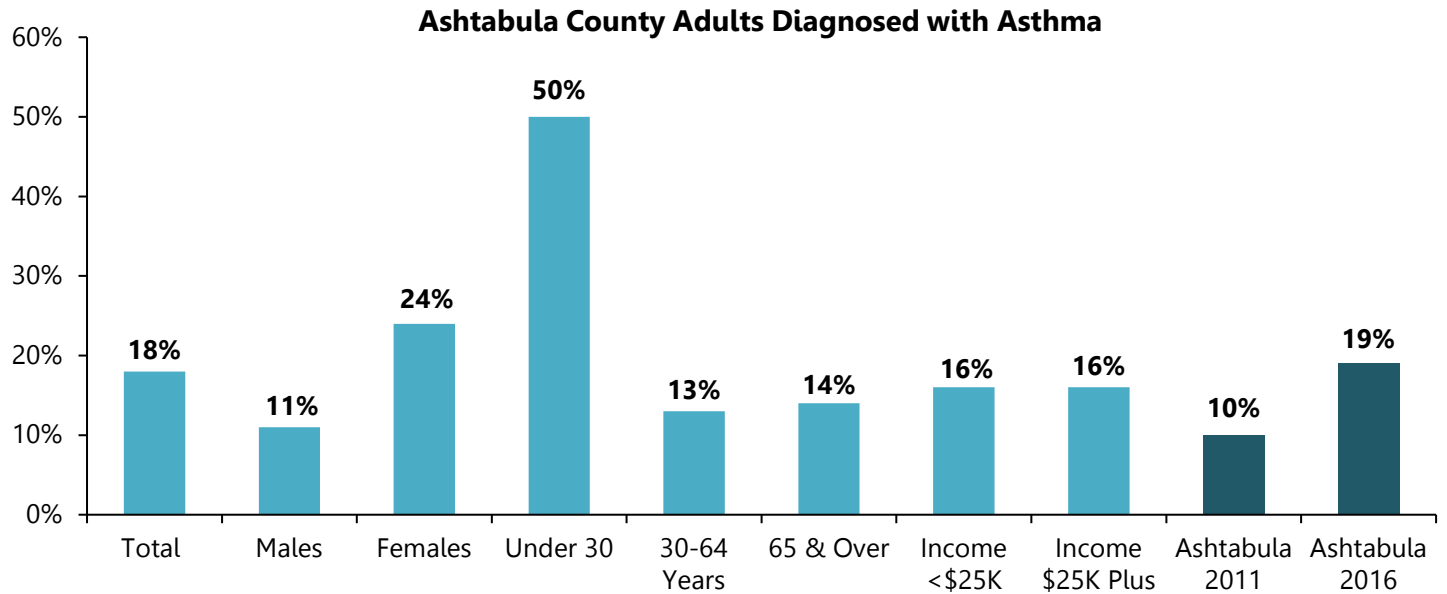


CANCER

Fifteen percent (15%) of Ashtabula County adults had been diagnosed with cancer at some time in their life.

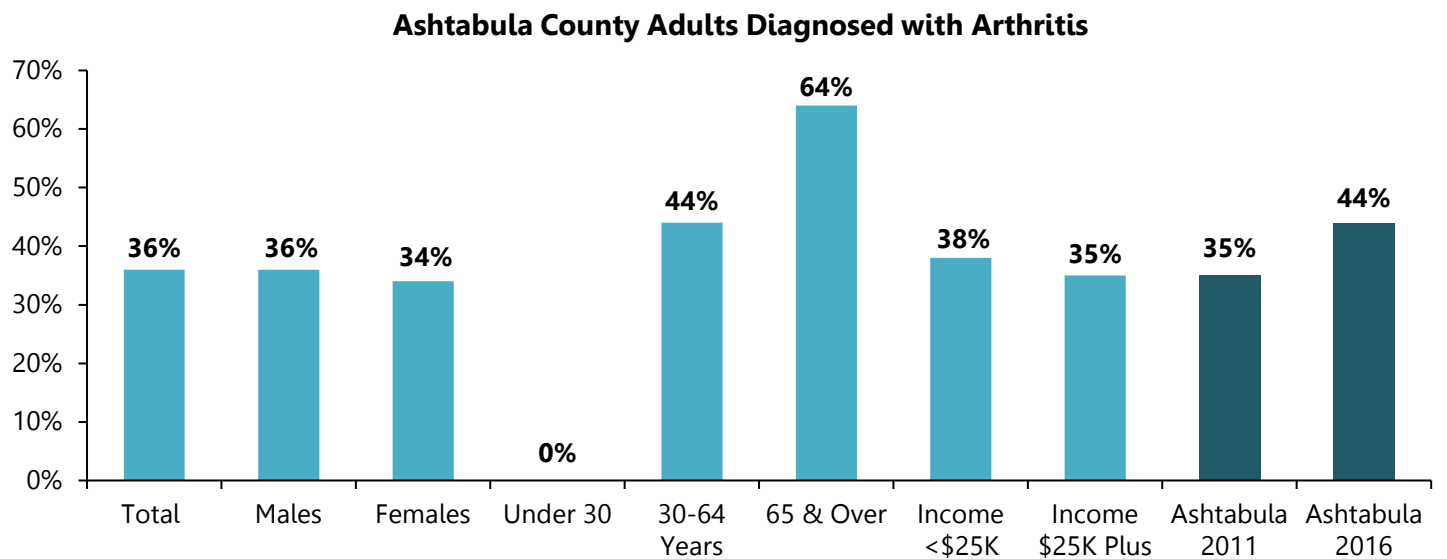
ASTHMA AND OTHER RESPIRATORY DISEASE

Nearly one-fifth (18%) of Ashtabula County adults had been diagnosed with asthma.



ARTHRITIS

More than one-third (36%) of Ashtabula County adults were diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia.

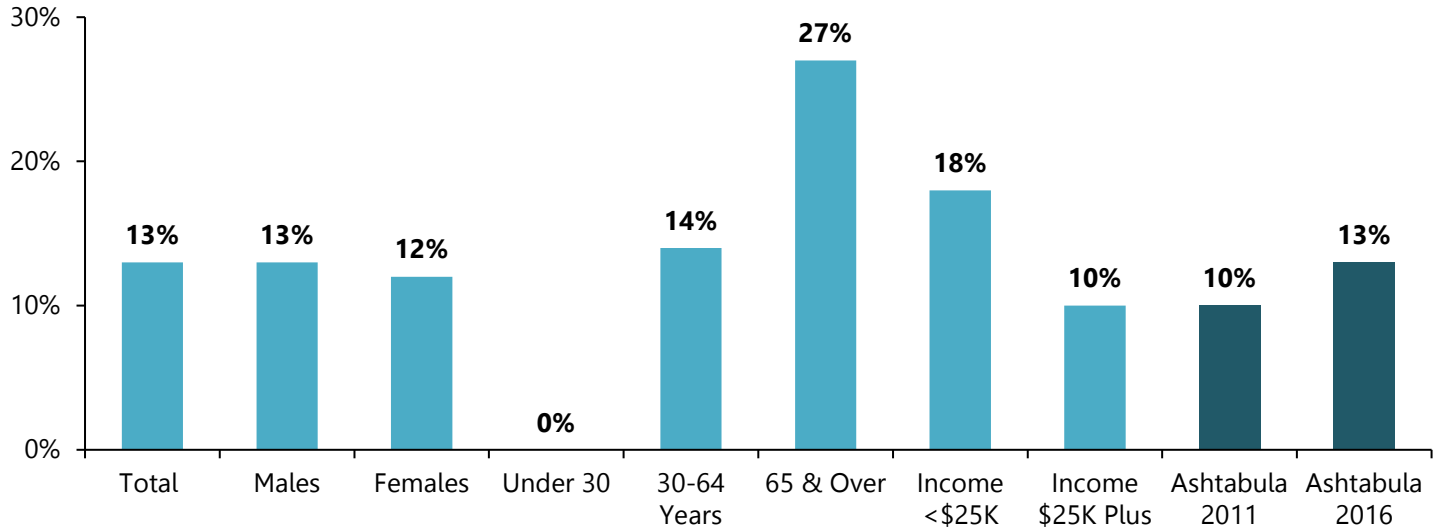


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

DIABETES

Thirteen percent (13%) of Ashtabula County adults had been diagnosed with diabetes. Over one-third (35%) of adults with diabetes rated their health as fair or poor.

Ashtabula County Adults Diagnosed with Diabetes

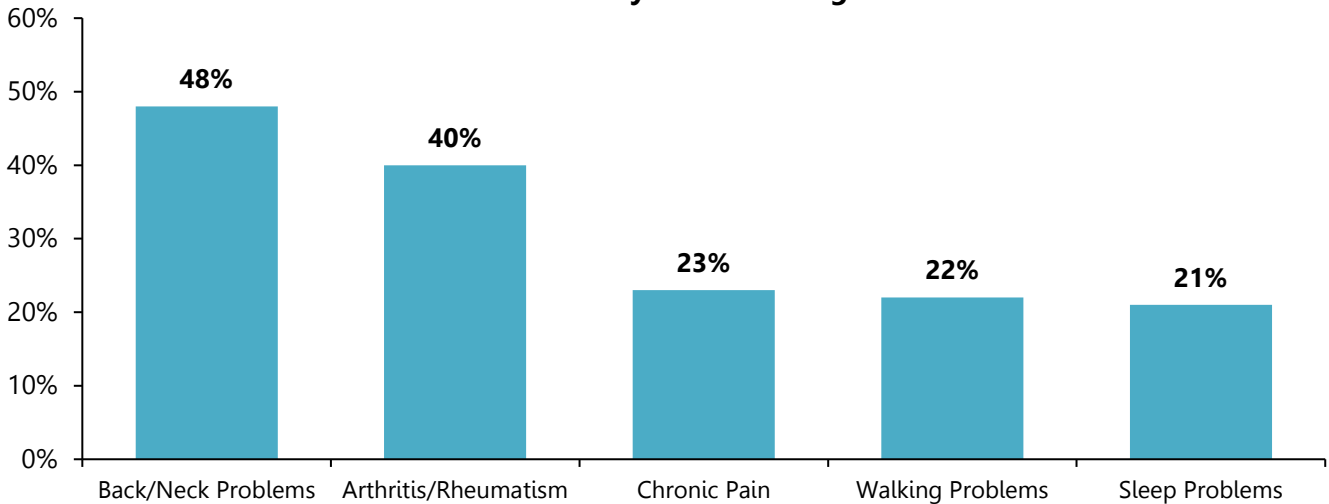


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

QUALITY OF LIFE

Over half (54%) of Ashtabula County adults reported they were limited in some way because of a physical, mental or emotional problem. The most limiting health problems were back or neck problems (48%), arthritis/rheumatism (40%), chronic pain (23%), walking problems (22%), and sleep problems (21%).

Ashtabula County Most Limiting Health Problems

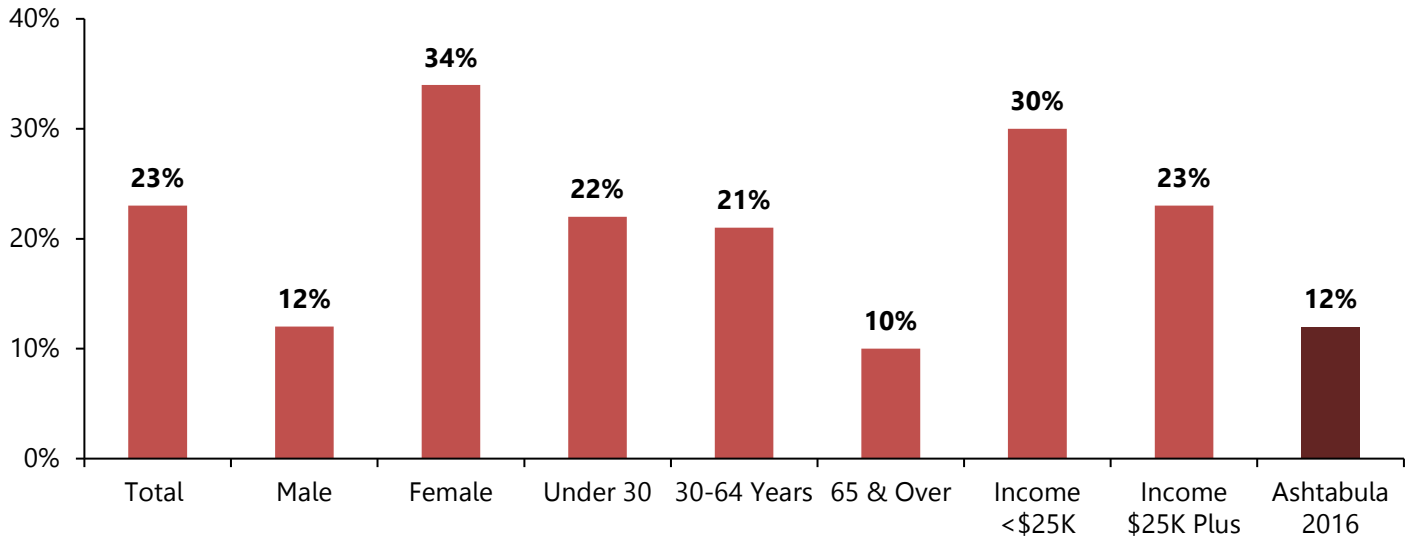


Data Summary | Social Conditions

SOCIAL DETERMINANTS OF HEALTH

Over one-fifth (23%) of Ashtabula County adults had four or more adverse childhood experiences (ACEs) in their lifetime. Seventeen percent (17%) of adults had experienced at least one issue related to hunger/food insecurity in the past year.

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 survey.





ENVIRONMENTAL HEALTH

Ashtabula County adults reported the following as the top four issues that threatened their health in the past year: insects (12%), temperature regulation (6%), rodents (5%), and mold (5%). Seventy-eight percent (78%) of adults reported they had a working smoke detector in their home.

PARENTING

More than four-fifths (86%) of parents indicated their child had received all recommended immunizations. Forty-two percent (42%) of parents discussed dating and relationships with their 10-to-17-year-old child.

Trend Summary


Variables	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S. 2017
Health Care Coverage					
Uninsured	17%	8%	10%	8%	11%
Access and Utilization					
Had at least one person they thought of as their personal doctor or health care provider 	74%	83%	83%	81%	77%
Visited a doctor for a routine checkup in the past year 	48%	64%	69%	72%	70%
Preventive Medicine					
Had a pneumonia vaccination (age 65 and over)	62%	69%	69%	76%	75%
Had a flu vaccine in the past year (age 65 and over)	N/A	70%	67%	63%	61%
Had a shingles or Zoster vaccination in lifetime	N/A	15%	25%	29%	29%
Women's Health					
Had a mammogram within the past two years (age 40 and older)	69%	70%	73%	74%*	73%*
Had a Pap smear within the past three years (age 21-65)	N/A	63% [±]	66%	82%*	80%*
Men's Health					
Had a digital rectal exam within the past year	24%	16%	14%	N/A	N/A
Oral Health					
Adults who had visited the dentist in the past year	61%	60%	58%	68%*	66%*
Adults who had one or more permanent teeth removed	N/A	56%	58%	45%*	43%*
Adults 65 years and older who had all their permanent teeth removed	N/A	17%	12%	17%*	14%*
Health Status Perceptions					
Rated health as excellent or very good	48%	43%	42%	49%	51%
Rated health as fair or poor	19%	22%	14%	19%	18%
Rated physical health as not good on four or more days (in the past 30 days)	25%	31%	24%	23%	22%
Average days that physical health not good in past month 	N/A	5.8	3.8	4.0 [¥]	3.7 [¥]
Rated mental health as not good on four or more days (in the past 30 days)	29%	40%	36%	26%	24%
Average days that mental health not good in past month 	N/A	7.0	6.1	4.3 [¥]	3.8 [¥]
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	25%	30%	39%	24%	23%





N/A - Not Available

*2016 BRFSS

¥2016 BRFSS data as compiled by 2019 County Health Rankings

±Pap smear was reported for women ages 19 and over



 Indicates alignment with the Ohio State Health Assessment

Variables	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S. 2017
Weight Status					
Obese	32%	43%	42%	34%	31%
Overweight	36%	30%	33%	34%	35%
Tobacco Use					
Current smoker (currently smoke some or all days) 	22%	21%	21%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	30%	30%	28%	24%	25%
Alcohol Consumption					
Current Drinker (drank alcohol at least once in the past month)	51%	49%	74%	54%	55%
Binge drinker (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%
Drove after having perhaps too much alcohol to drink (in the past month)	N/A	N/A	6%	4%*	4%*
Drug Use					
Adults who used recreational marijuana or hashish in the past 6 months	7%	8%	7%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	8%	4%	3%	N/A	N/A
Adults who used recreational drugs in the past 6 months	1%	1%	3%	N/A	N/A
Sexual Behavior					
Had more than one sexual partner in the past year	5%	9%	6%	N/A	N/A
Mental Health					
Considered attempting suicide in the past year	8%	7%	6%	N/A	N/A
Felt so sad or hopeless almost every day for two weeks or more in a row	15%	15%	15%	N/A	N/A
Cardiovascular Disease					
Had angina or coronary heart disease 	N/A	5%	3%	5%	4%
Had a heart attack 	7%	5%	5%	6%	4%
Had a stroke	6%	4%	3%	4%	3%
Had high blood pressure 	31%	37%	42%	35%	32%
Had high blood cholesterol	34%	37%	40%	33%	33%
Had blood cholesterol checked within past 5 years	N/A	78%	80%	85%	86%


N/A - Not available

*2016 BRFSS Data

 Indicates alignment with the Ohio State Health Assessment (SHA)

Variables	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S. 2017
Asthma, Arthritis and Diabetes					
Ever been told they have asthma 	10%	19%	18%	14%	14%
Ever diagnosed with chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis	N/A	11%	8%	8%	7%
Ever diagnosed with arthritis	35%	44%	36%	29%	25%
Ever been told by a doctor they have diabetes (not pregnancy-related) 	10%	13%	13%	11%	11%
Had been diagnosed with pre-diabetes or borderline diabetes	N/A	6%	6%	2%	2%
Quality of Life					
Limited in some way because of physical, mental, or emotional problems	31%	36%	54%	N/A	N/A

N/A- Not available

 Indicates alignment with the Ohio SHA

Health Care Access: Health Care Coverage

Key Findings

Ten percent (10%) of Ashtabula County adults were without health care coverage. The top reason adults gave for being without health care coverage was they could not afford to pay the insurance premiums (72%).

7,611 Ashtabula County adults were uninsured.

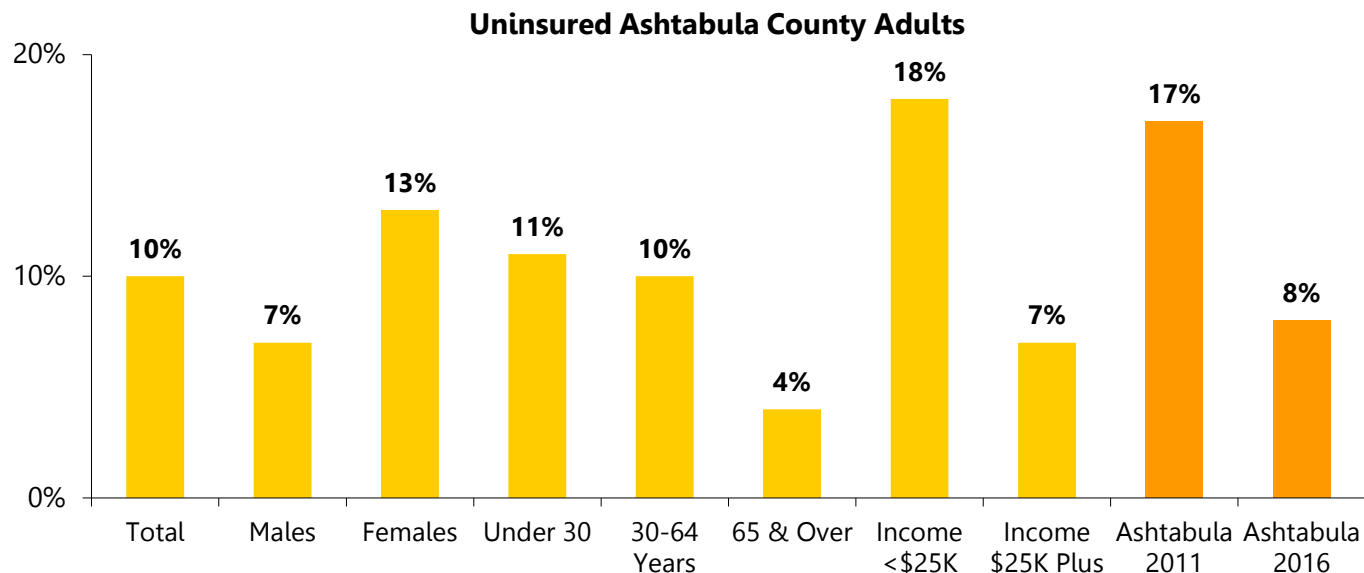
Health Care Coverage

- In 2019, 90% Ashtabula County adults had health care coverage, leaving 10% who were uninsured.
- The following types of health care coverage were used:
 - Employer (38%)
 - Medicare (26%)
 - Medicaid or medical assistance (11%)
 - Someone else’s employer (10%)
 - Self-paid plan (6%)
 - Military, CHAMPUS, TriCare, CHAMPVA, or the VA (3%)
 - Health Insurance Marketplace (1%)
- Ashtabula County adult health care coverage included the following:
 - Medical (99%)
 - Prescription coverage (93%)
 - Preventive health (82%)
 - Immunizations (80%)
 - Outpatient therapy (71%)
 - Dental (63%)
 - Vision/eyeglasses (63%)
 - Mental health (57%)
 - Alcohol and drug treatment (38%)
 - Durable medical equipment (33%)
 - Skilled nursing/assisted living (25%)
 - Home care (23%)
 - Transportation (21%)
 - Air ambulance (18%)
 - Hospice (18%)
- Top three reasons uninsured adults gave for being without health care coverage were:
 1. They could not afford to pay the insurance premiums (72%)
 2. They lost their job or changed employers (33%)
 3. Their employer does not/stopped offering coverage (21%)

Note: Percentages do not equal 100% because respondents could select more than one reason

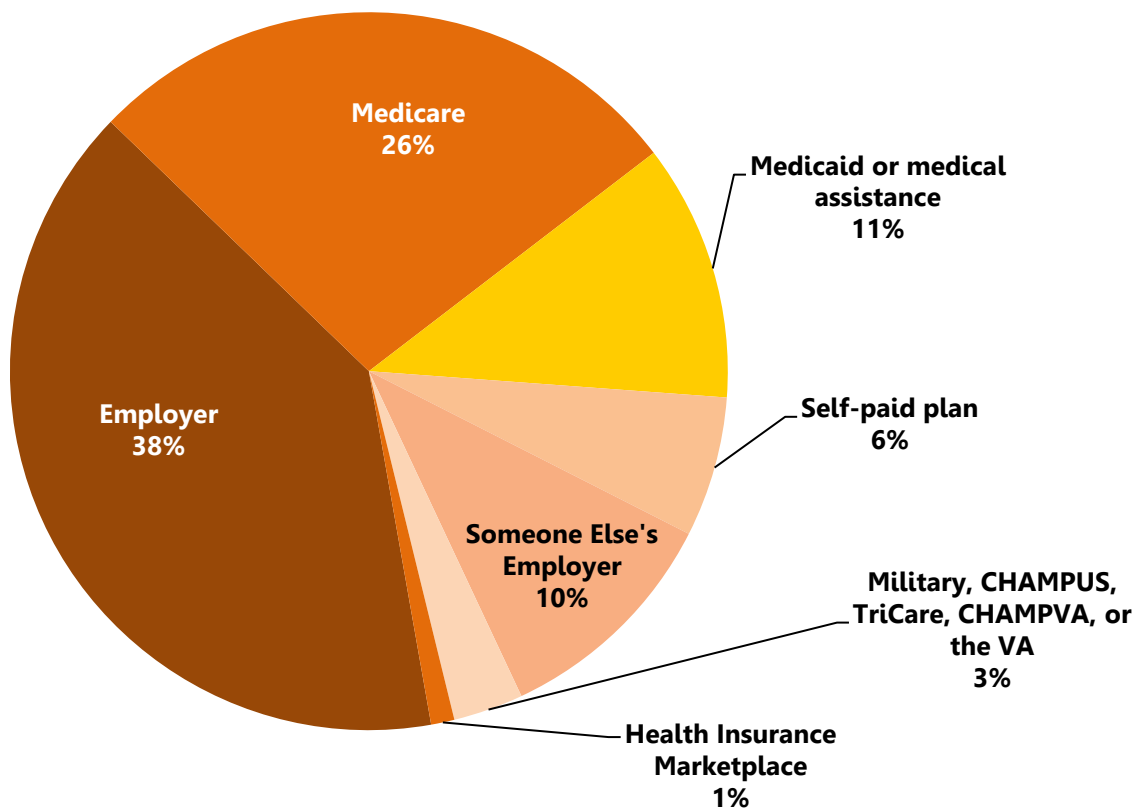
Adult Comparisons	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S. 2017
Uninsured	17%	8%	10%	8%	11%

The following graph shows the percentages of Ashtabula County adults who were uninsured. An example of how to interpret the information in the graph includes: 10% of all Ashtabula County adults were uninsured, including 18% of those with incomes less than \$25,000 and 13% of females. The pie chart shows sources of Ashtabula County adults' health care coverage.



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 of Health Coverage for Ashtabula County Adults



The following table shows what is included in Ashtabula County adults' insurance coverage.

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

Healthy People 2020 Access to Health Services (AHS)

Objective	Ashtabula County 2019	Ohio 2017	U.S. 2016*	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health care insurance	100% age 18-24 86% age 25-34 90% age 35-44 85% age 45-54 90% age 55-64	87% age 18-24 90% age 25-34 90% age 35-44 91% age 45-54 93% age 55-64	85% age 18-24 84% age 25-34 87% age 35-44 90% age 45-54 93% age 55-64	100%

*U.S. baseline is age-adjusted to the 2000 population standard

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

(Sources: Healthy People 2020 Objectives, 2016 BRFSS, 2017 BRFSS, 2019 Ashtabula County Health Assessment)

Health Care Access: Access and Utilization

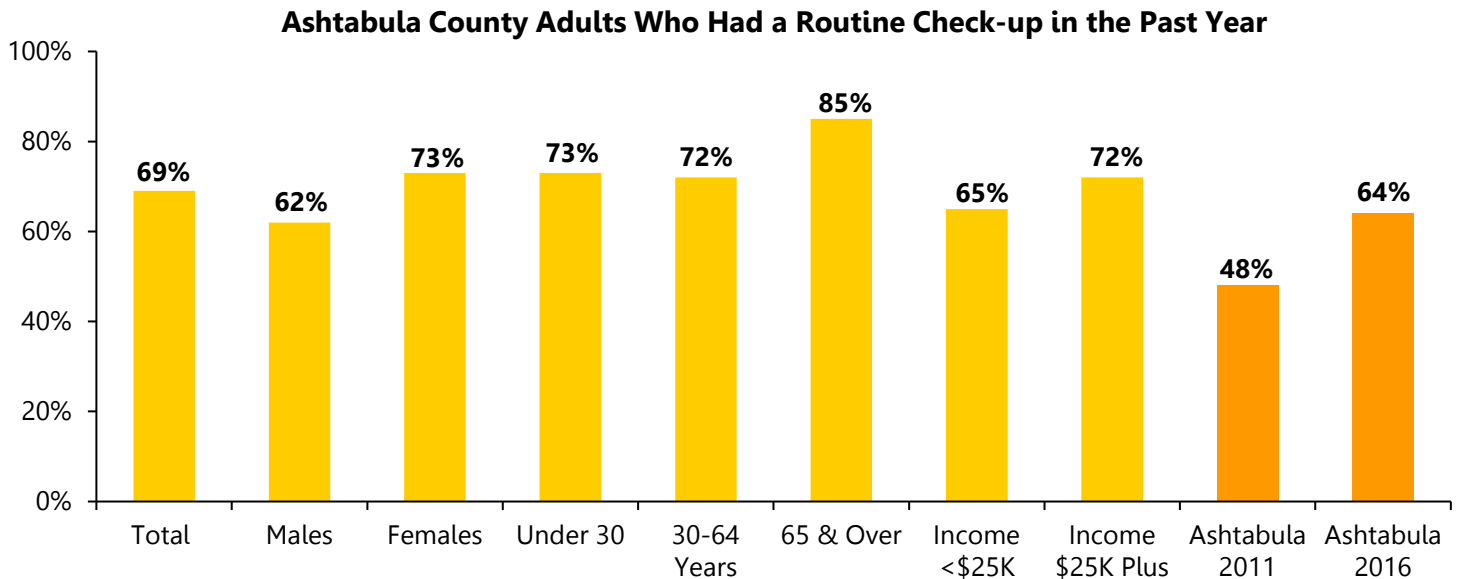
Key Findings

Sixty-nine percent (69%) of Ashtabula County adults had visited a doctor for a routine checkup in the past year. Almost two-thirds (63%) of adults went outside of Ashtabula County for health care services in the past year.

Health Care Access

- Sixty-nine percent (69%) of Ashtabula County adults visited a doctor for a routine checkup in the past year, increasing to 85% of those over the age of 65.
- More than half (53%) of Ashtabula County adults reported they had one person they thought of as their personal doctor or health care provider. Thirty percent (30%) of adults had more than one person they thought of as their personal health care provider, and 16% did not have one at all.

The following graph shows the percentage of Ashtabula County adults who had a routine check-up in the past year. An example of how to interpret the information on the graph includes: 69% of all Ashtabula County adults have had a routine check-up in the past year, including 73% of females and 85% of those 65 years and older.



Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S. 2017
Had at least one person they thought of as their personal doctor or health care provider	74%	83%	83%	81%	77%
Visited a doctor for a routine checkup in the past year	48%	64%	69%	72%	70%

- Sixty-three percent (63%) of adults went outside of Ashtabula County for the following health care services in the past year:
 - Specialty care (27%)
 - Primary care (27%)
 - Dental services (21%)
 - Obstetrics/gynecology (14%)
 - Female health services (9%)
 - Orthopedic care (8%)
 - Cardiac care (6%)
 - Mental health care/counseling (6%)
 - Ear, nose, and throat care (6%)
 - Dermatological (skin) care (5%)
 - Podiatry (foot/ankle) care (5%)
 - Pediatric care (5%)
 - Cancer care (5%)
 - Addiction services (2%)
 - Pediatric therapies (1%)
 - Bariatric (obesity) care (<1%)
 - Other services (14%)
- Reasons for going outside of Ashtabula County for health care services included the following: did not like local services/providers (20%), better quality program (19%), service not locally available (16%), bad experience locally (11%), used to live there (8%), word of mouth (8%), wait list too long (4%), work there (3%), inconvenient hours (2%), insurance restriction (2%), confidentiality/anonymity (<1%) and other reasons (13%).
- Nearly three-fourths (74%) of Ashtabula County adults traveled less than 20 miles for health care. Twenty-one percent (21%) traveled 20 to 40 miles, 4% traveled 41 to 60 miles and 1% traveled more than 60 miles.
- Sixty-two percent (62%) of adults had used an emergency room for their health care for the following reasons: serious illness/injury (52%), could not get in to see their primary physician because of time of day/too long of a wait (13%), doctor told them to go there (7%), did not have a primary physician (5%), and it's what they have always done/what they are used to (1%).
- Adults usually visited the following places for health care services and advice:
 - Doctor's office (65%)
 - Urgent care center (9%)
 - Hospital emergency room (6%)
 - Family and friends (4%)
 - Department of Veteran's Affairs (VA) (3%)
 - Internet (3%)
 - Multiple places, including a doctor's office (2%)
 - Multiple places, not including a doctor's office (1%)
 - Chiropractor (1%)
 - Public health clinic or community health center (1%)
 - Telemedicine (1%)
 - Some other kind of place (<1%)
- Six percent (6%) of adults indicated they had no usual place for health care services.
- Ashtabula County adults reported the following might prevent them from seeing a doctor if they were sick, injured, or needed some kind of health care:
 - Cost (38%)
 - Doctor/health professional would not take their insurance (18%)
 - Difficult to get an appointment (16%)
 - Inconvenient hours (11%)
 - Worried they might find something wrong (10%)
 - Could not get time off work (9%)
 - Difficult to find/no transportation (6%)
 - Do not trust or believe doctors (5%)
 - Frightened of the procedure or doctor (4%)
 - Could not find childcare (1%)
 - Language barrier (1%)
 - Discrimination (<1%)
 - Some other reason (6%)

- Ashtabula County adults did not get the following major or preventive care because of cost: lab testing (19%), colonoscopy (11%), Pap smear (10%), mammogram (9%), medication (8%), mental health services (7%), surgery (6%), weight loss program (6%), immunizations (5%), family planning services (5%), PSA test (4%), and smoking cessation (3%).
- In the past year, adults felt their health care experiences were the same as other races (63%), better than other races (6%), worse than some races but better than other races (1%), and worse than other races (<1%). Seven percent (7%) of adults only encountered people of the same race, and 18% did not know how their experiences compared to people of other races.
- More than one-quarter (26%) of adults did not get their prescriptions from their doctor filled in the past year. Those who did not get their prescriptions filled gave the following reasons: cost (53%), they did not think they needed it (22%), they stretched their current prescription by taking less than prescribed (21%), side effects (20%), no prescriptions to be filled (14%), there was no generic equivalent (13%), they did not have insurance (7%), they were taking too many medications (7%), fear of addiction (6%), and transportation (1%).

Availability of Services

Ashtabula County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the following programs)	Ashtabula County adults who have looked but have <u>NOT</u> found a specific program	Ashtabula County adults who have looked and have found a specific program
Depression, Anxiety, or Some Other Mental Health Problem (21% of all adults looked)	32%	68%
Disability (12% of all adults looked)	23%	77%
Weight Problem (8% of all adults looked)	29%	71%
Assist in Care for the Disabled (either in-home or out-of-home) (7% of all adults looked)	38%	62%
Assist in Care for the Elderly (either in-home or out-of-home) (6% of all adults looked)	32%	68%
Marital/Family Problems (5% of all adults looked)	21%	79%
End-of-Life or Hospice Care (4% of all adults looked)	9%	91%
Tobacco Cessation (4% of all adults looked)	67%	33%
Cancer Support/Counseling (3% of all adults looked)	25%	75%
Family Planning (3% of all adults looked)	40%	60%
Drug Abuse (3% of all adults looked)	67%	33%
Alcohol Abuse (2% of all adults looked)	40%	60%
Detoxification for Opiates/Heroin (2% of all adults looked)	71%	29%
Gambling Abuse (1% of all adults looked)	100%	0%

What can be Done to Improve the Health of Rural Americans?

Rural Americans face numerous health disparities compared with their urban counterparts. More than 46 million Americans, or 15% of the U.S. population, live in rural areas. Some rural areas have characteristics that put residents at higher risk of death, such as long travel distances to specialty and emergency care, exposures to specific environmental hazards, and higher rates of poverty. The gaps in health in rural areas can be addressed. For example, health care providers in rural areas can:

- **Screen patients for high blood pressure and make blood pressure control a quality improvement goal**
 - High blood pressure is a leading risk factor for heart disease and stroke.
- **Increase cancer prevention and early detection**
 - Rural health care providers should participate in the state-level [comprehensive control coalitions](#). Comprehensive cancer control programs focus on cancer prevention, education, screening, access to care, support for cancer survivors, and overall good health.
- **Encourage physical activity and healthy eating to reduce obesity**
 - Obesity has been linked to a variety of serious chronic illnesses, including diabetes, heart disease, cancer, and arthritis.
- **Promote smoking cessation**
 - Cigarette smoking is the leading cause of preventable disease and death in the United States and is the most significant risk factor for chronic lower respiratory disease.
- **Identify additional support for families who have children with mental, behavioral, or developmental disorders**
 - Children with these issues would benefit from increased access to mental and behavioral health care; programs that support parents and caregivers; and increased opportunities to learn, play, and socialize. Because children in rural areas with these disorders more often experience financial difficulties, poor parental mental health, and a lack of neighborhood resources, these children may need additional support.
- **Promote motor vehicle safety**
 - Rural health care providers should encourage patients to always wear a seat belt and counsel parents and child care providers to use age- and size-appropriate car seats, booster seats, and seat belts on every trip.
- **Engage in safer prescribing of opioids for pain**
 - Health care providers should follow the [CDC guidelines](#) when prescribing opioids for chronic pain and educate patients on the risks and benefits of opioids and using nonpharmacologic therapies to provide greater benefit.

(Source: CDC, Centers for Disease Control and Prevention, Rural Health, About Rural Health, Updated on August 2, 2017)

Health Care Access: Preventive Medicine

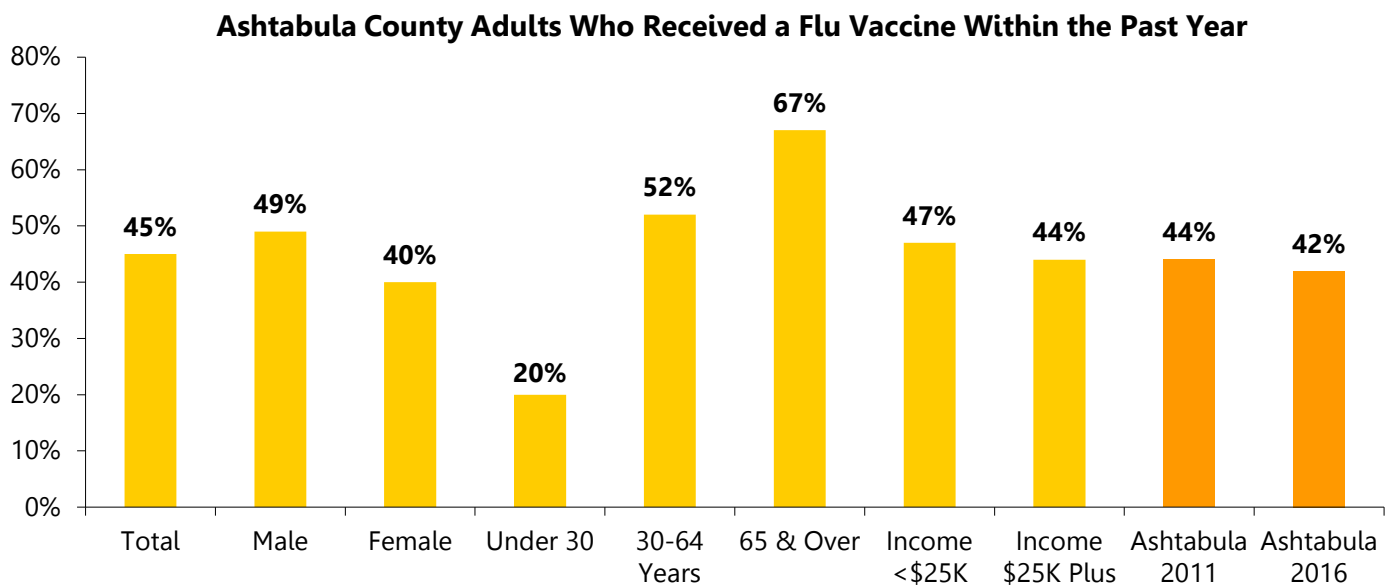
Key Findings

More than two-thirds (69%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. Sixty-seven percent (67%) of adults age 65 and over received a flu vaccine in the past year.

Preventive Medicine

- Forty-five percent (45%) of Ashtabula County adults received a flu vaccine during the past 12 months, increasing to 67% of adults ages 65 and over.
- Reasons for not getting a flu vaccine included the following: did not need it (29%), does not think the vaccine works (11%), get sick from it (9%), cost (5%), vaccine was not effective (4%), time (2%), insurance would not pay for it (2%), transportation (<1%), and other reasons (15%).
- About one-third (32%) of adults had a pneumonia vaccine in their life, increasing to 69% of those ages 65 and over.
- Ashtabula County adults had the following vaccines:
 - MMR in their lifetime (72%)
 - Tetanus booster (including Tdap) in the past 10 years (64%)
 - Chicken pox in their lifetime (54%)
 - Hepatitis B in their lifetime (35%)
 - Hepatitis A in their lifetime (26%)
 - Zoster (shingles) vaccine in their lifetime (25%)
 - Human papillomavirus (HPV) vaccine in their lifetime (16%)

The following graph shows the percentage of Ashtabula County adults who received a flu vaccine within the past year. An example of how to interpret the information in the graph includes: 45% of all adults received the flu vaccine in the past year, including 67% of those ages 65 and older.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall

Adult Comparisons	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S. 2017
Had a pneumonia vaccination (age 65 and over)	62%	69%	69%	76%	75%
Had a flu vaccine in the past year (age 65 and over)	N/A	70%	67%	63%	61%
Had a shingles or Zoster vaccination in lifetime	N/A	15%	25%	29%	29%

N/A - Not Available

Healthy People 2020 Immunization and Infectious Diseases (IID)

Objective	Ashtabula County 2019	Healthy People 2020 Target
IID-13.1: Increase the percentage of non-institutionalized high-risk adults aged 65 years and older who are vaccinated against pneumococcal disease	69%	90%
IID-12.7: Increase the percentage of non-institutionalized high-risk adults aged 65 years and older who are vaccinated annually against seasonal influenza	67%	90%
IID-14: Increase the percentage of adults who are vaccinated against zoster (shingles)	25%	30%

Note: U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2019 Ashtabula County Health Assessment)

Preventive Health Screenings and Exams

- Ashtabula County adults indicated a doctor or health professional talked to them about following topics in the past year:
 - Family history (40%)
 - Weight control (38%)
 - Immunizations (37%)
 - Depression, anxiety, or emotional problems (29%)
 - Mammography screening (28%)
 - Appropriate use of prescription pain medication (26%)
 - Tobacco use (21%)
 - Alternative pain therapy (18%)
 - Falls (14%)
 - Bone density (12%)
 - Prostate-specific antigen (PSA) test (12%)
 - Alcohol use (11%)
 - Family planning (9%)
 - Domestic violence (7%)
 - Genetic testing (7%)
 - Safe use of opiate based pain medication (7%)
 - Self-testicular exams (5%)
 - Illicit drug abuse (4%)
 - Injury prevention (4%)
 - Firearm safety (3%)
 - Sexually transmitted diseases (STDs) (2%)
- Ashtabula County adults indicated the following motivated them to make positive changes in their health: family/kids (26%), to have more energy (14%), health scare/fear of illness (13%), social support (10%), financial incentives (10%), exposure to a healthy environment (3%), incentives other than financial (2%), and discounted services (1%).

**Ashtabula County Adults Having Discussed Health Care Topics
With Their Health Care Professional in the Past 12 Months**

Health Care Topics	Total 2011	Total 2016	Total 2019
Family History	15%	23%	40%
Weight Control (Diet, Physical Activity)	N/A	N/A	38%
Immunizations	17%	28%	37%
Depression, Anxiety, or Emotional Problems	18%	23%	29%
Mammography screening	N/A	N/A	28%
Appropriate Use of Prescription Pain Medication	11%	16%	26%
Tobacco Use	12%	19%	21%
Alternative Pain Therapy	N/A	N/A	18%
Falls	N/A	N/A	14%
Bone Density	N/A	N/A	12%
Prostate-specific antigen (PSA) test	N/A	N/A	12%
Alcohol Use	8%	9%	11%
Family Planning	N/A	N/A	9%
Domestic Violence	3%	4%	7%
Genetic Testing	N/A	N/A	7%
Safe use of opiate-based pain medication	N/A	N/A	7%
Self-Testicular Exams	N/A	N/A	5%
Illicit Drug Abuse	2%	3%	4%
Injury Prevention Such as Safety Belt Use, Helmet Use or Smoke Detectors	6%	5%	4%
Firearm Safety	N/A	N/A	3%
Sexually Transmitted Diseases (STDs)	N/A	N/A	2%

N/A-Not Available

Health Care Access: Women's Health

Key Findings

Over half (58%) of Ashtabula County women over the age of 40 reported having a mammogram in the past year. Forty-seven percent (47%) of women had a clinical breast exam in the past year, and 66% of women ages 21 to 65 had a Pap smear to detect cancer of the cervix in the past three years. Seventy-nine percent (79%) of Ashtabula County women were overweight or obese, 37% had high blood cholesterol, 35% had high blood pressure, and 23% were identified as current smokers, known risk factors for cardiovascular diseases.

Women's Health Screenings

- Sixty-two percent (62%) of women had a mammogram at some time in their life, and 34% had this screening in the past year.
- Over half (58%) of women ages 40 and over had a mammogram in the past year, and 73% had one in the past two years.
- Eighty-four percent (84%) of Ashtabula County women had a clinical breast exam at some time in their life, and 47% had one within the past year. Sixty-six percent (66%) of women ages 40 and over had a clinical breast exam in the past two years.
- Seventy-eight percent (78%) of Ashtabula County women had a Pap smear at some time in their life, and 27% reported having had the exam in the past year. Sixty-six percent (66%) of women ages 21 to 65 had a Pap smear in the past three years.

Women's Health Concerns

- Women used the following as their usual source of services for female health concerns:
 - Private gynecologist (51%)
 - General or family physician (31%)
 - Family planning clinic (5%)
 - Community health center (1%)
 - Some other place (1%)
- Twelve percent (12%) of adults indicated they did not have a usual source of services for female health concerns.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Ashtabula County, the 2019 needs assessment has identified that:
 - 79% of women were overweight or obese (2017 BRFSS reports 64% for Ohio and 2016 BRFSS reports 59% for U.S.)
 - 37% were diagnosed with high blood cholesterol (2017 BRFSS reports 33% for Ohio 2016 BRFSS reports 35% for U.S.)
 - 35% were diagnosed with high blood pressure (2017 BRFSS reports 33% for Ohio 2016 BRFSS reports 30% for U.S.)
 - 23% were current smokers (2017 BRFSS reports 20% for Ohio 2016 BRFSS reports 14% for U.S.)
 - 12% had been diagnosed with diabetes (2017 BRFSS reports 11% for Ohio and 2016 BRFSS reports 11% for U.S.)

Ashtabula County Female Leading Causes of Death, 2015 – 2017

Total female deaths: 1,769

1. Heart Diseases (23% of all deaths)
2. Cancers (20%)
3. Chronic Lower Respiratory Diseases (7%)
4. Stroke (5%)
5. Accidents, Unintentional Injuries (4%)

(Source: Ohio Public Health Data Warehouse, 2015-2017)

Ohio Female Leading Causes of Death, 2015–2017

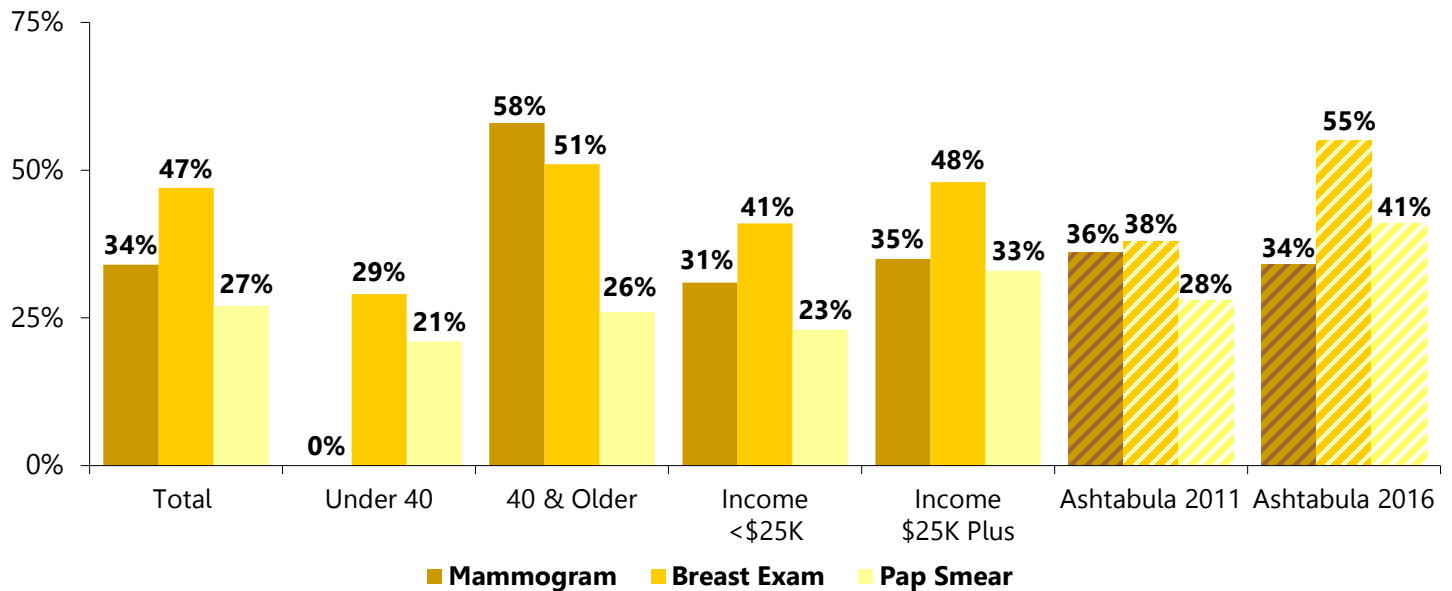
Total Female Deaths: 180,539

1. Heart Diseases (22% of all deaths)
2. Cancers (20%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (6%)
5. Alzheimer's Disease (6%)

(Source: Ohio Public Health Data Warehouse, 2015-2017)

The following graph shows the percentage of Ashtabula County females who had various health exams in the past year. An example of how to interpret the information shown on the graph includes: 34% of Ashtabula County females had a mammogram within the past year, 47% had a clinical breast exam, and 27% had a Pap smear.

Ashtabula County Women's Health Exams Within the Past Year



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S. 2017
Had a mammogram within the past two years (age 40 and older)	69%	70%	73%	74%*	73%*
Had a Pap smear within the past three years (age 21-65)	N/A	63%†	66%	82%*	80%*

N/A-Not Available

*2016 BRFSS

†Pap smear was reported for women ages 19 and over

Health Care Access: Men's Health

Key Findings

Fourteen percent (14%) of men had a digital rectal exam in the past year. One-quarter (25%) of Ashtabula County males performed a testicular self-exam in the past year. Seventy-one percent (71%) of men were overweight or obese, 46% had high blood pressure, 42% had high blood cholesterol, and 18% were identified as current smokers, known risk factors for cardiovascular diseases.

Men's Health Screenings

- More than half (55%) of men had a digital rectal exam in their lifetime, and 14% had one in the past year.
- One-quarter (25%) of Ashtabula County males performed a testicular self-exam in the past year.

Men's Health Concerns

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Ashtabula County, the 2019 needs assessment has identified that:
 - 71% of men were overweight or obese (2017 BRFSS reports 72% for Ohio and 2016 reports 71% for U.S.)
 - 46% were diagnosed with high blood pressure (2017 BRFSS reports 37% for Ohio and 2016 reports 34% for U.S.)
 - 42% were diagnosed with high blood cholesterol (2017 BRFSS reports 34% for Ohio and 2016 reports 38% for U.S.)
 - 18% of all men were current smokers (2017 BRFSS reports 22% for Ohio and 2016 BRFSS reports 19% for U.S.)
 - 13% had been diagnosed with diabetes (2017 BRFSS reports 11% for Ohio and 2016 BRFSS reports 11% for U.S.)

Ashtabula County Male Leading Causes of Death, 2015 – 2017

Total male deaths: 1,842

1. Heart Diseases (26% of all deaths)
2. Cancers (23%)
3. Chronic Lower Respiratory Diseases (6%)
4. Accidents, Unintentional Injuries (6%)
5. Stroke (3%)

(Source: Ohio Public Health Data Warehouse, 2015-2017)

Ohio Male Leading Causes of Death, 2015–2017

Total Male Deaths: 180,695

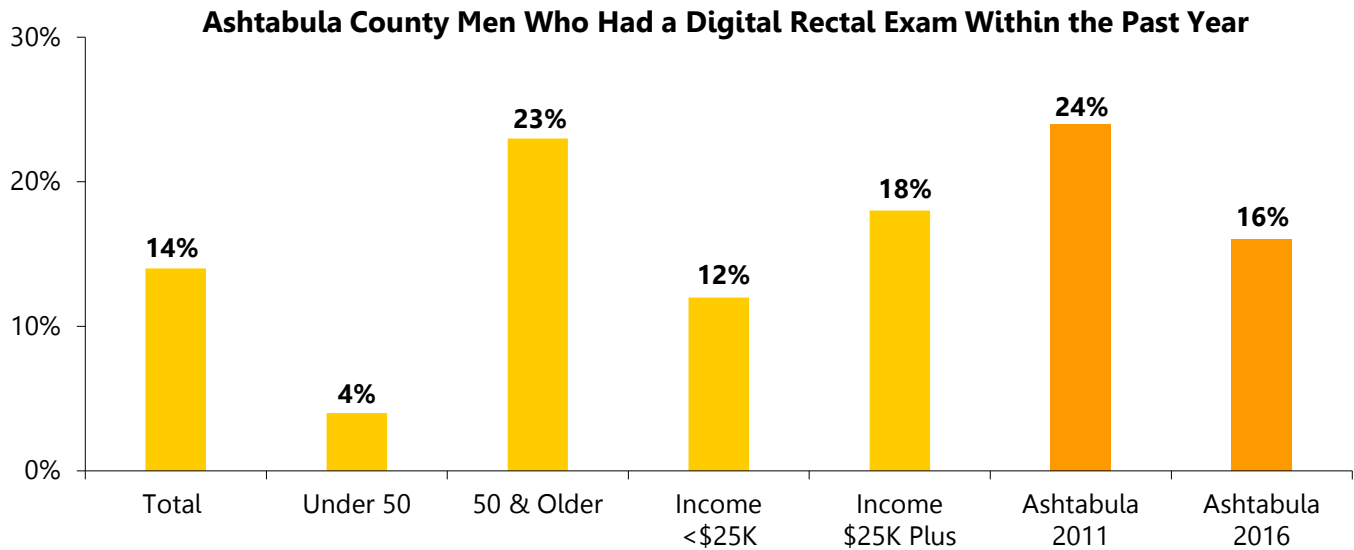
1. Heart Diseases (24% of all deaths)
2. Cancers (22%)
3. Accidents, Unintentional Injuries (8%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (4%)

(Source: Ohio Public Health Data Warehouse, 2015-2017)

Adult Comparisons	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S. 2017
Had a digital rectal exam within the past year	24%	16%	14%	N/A	N/A

N/A - Not Available

The following graph shows the percentage of Ashtabula County male adults who had a digital rectal exam in the past year. An example of how to interpret the information includes: 14% of Ashtabula County males had a digital rectal exam within the past year.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

U.S. Men's Health Data

- Approximately 12% of adult males ages 18 years or older reported fair or poor health.
- Sixteen percent (16%) of adult males in the U.S. currently smoke.
- Of the adult males in the U.S., 31% had five or more drinks in one day at least once in the past year.
- Fifty-eight percent (58%) of adult males in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- Thirty-seven percent (37%) of men 20 years and over are obese.
- There are 12% of males under the age of 65 without health care coverage.
- The leading causes of death for males in the United States are heart disease, cancer and accidents (unintentional injuries).

(Source: CDC, National Center for Health Statistics, Men's Health, Fast Stats, Updated on May 3, 2017)

Health Care Access: Oral Health

Key Findings

Fifty-eight percent (58%) of Ashtabula County adults had visited a dentist or dental clinic in the past year. The top two reasons adults gave for not visiting a dentist or dental clinic in the past year were cost (40%) and fear, apprehension, nervousness, pain and dislike going (26%).

Oral Health

- In the past year, 58% of Ashtabula County adults had visited a dentist or dental clinic.
- More than two-thirds (73%) of Ashtabula County adults with dental insurance have been to the dentist in the past year, compared to 51% of those without dental insurance.
- Ashtabula County adults reported the following reasons for not visiting a dentist or dental clinic in the past year:
 - Cost (40%)
 - Fear, apprehension, nervousness, pain, dislike going (26%)
 - No reason to go/had not thought of it (10%)
 - Have dentures (10%)
 - Multiple reasons, including cost (5%)
 - Dentist did not accept their medical coverage (5%)
 - Did not have or know a dentist (1%)
 - Could not get into a dentist (1%)
 - Could not find a dentist that takes Medicaid (1%)
- More than half (58%) of adults had one or more of their permanent teeth removed, increasing to 77% of those ages 65 and over.
- Twelve percent (12%) of Ashtabula County adults ages 65 and over had all of their permanent teeth removed.
- Ashtabula County adults reported experiencing the following oral health issues:
 - Pain (16%)
 - Difficulty eating/chewing (13%)
 - Oral bleeding (7%)
 - Loose teeth (5%)
 - Skipped meals due to pain (4%)
 - Problems with dentures (4%)
 - No teeth (2%)
 - Missed work due to mouth pain (1%)

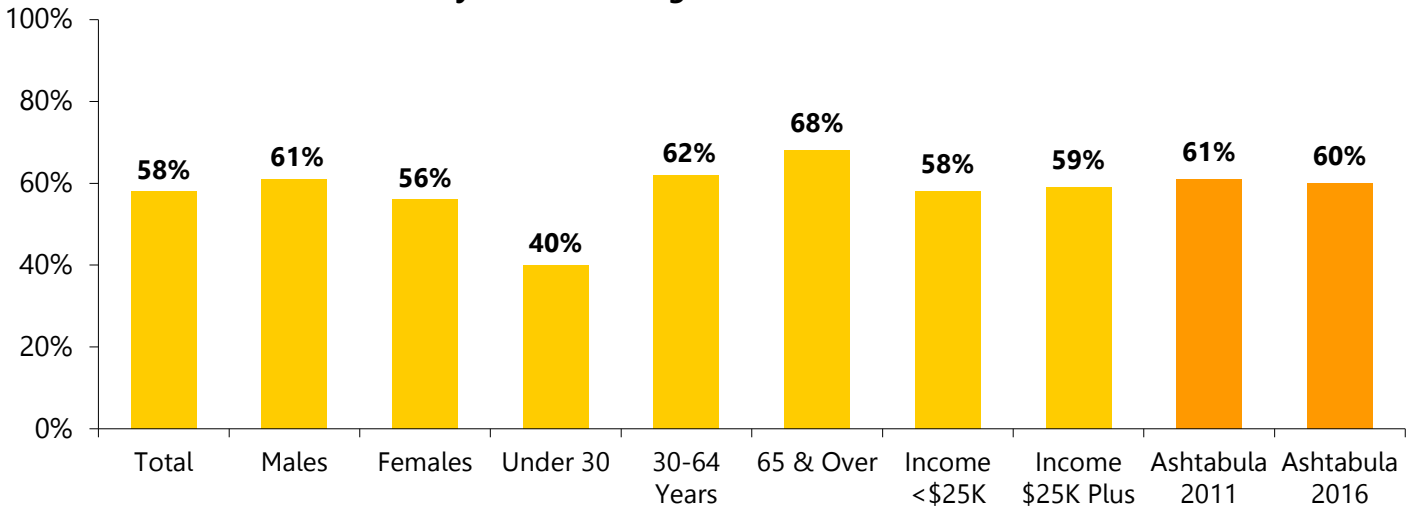
Adult Comparisons	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S. 2017
Adults who had visited the dentist in the past year	61%	60%	58%	68%*	66%*
Adults who had one or more permanent teeth removed	N/A	56%	58%	45%*	43%*
Adults 65 years and older who had all their permanent teeth removed	N/A	17%	12%	17%*	14%*

N/A-Not Available

*2016 BRFSS

The following graph shows the percentage of Ashtabula County adults who had visited a dentist or dental clinic in the past year. An example of how to interpret the information on the graph includes: 58% of adults had been to the dentist or dental clinic in the past year, including 61% of males.

Ashtabula County Adults Visiting a Dentist or Dental Clinic in the Past Year



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
Time Since Last Visit to Dentist/Dental Clinic					
Males	61%	14%	11%	10%	1%
Females	56%	6%	14%	19%	1%
Total	58%	10%	13%	15%	1%

Facts About Adult Oral Health

- The baby boomer generation is the first where most people will keep their natural teeth over their entire lifetime. This is largely because of the benefits of water fluoridation and fluoride toothpaste. However, threats to oral health, including tooth loss, continue throughout life.
- The major risks for tooth loss are tooth decay and gum disease that may increase with age because of problems with saliva production; receding gums that expose "softer" root surfaces to decay-causing bacteria; or difficulties flossing and brushing because of poor vision, cognitive problems, chronic disease, and physical limitations.
- Although more adults are keeping their teeth, many continue to need treatment for dental problems. This need is even greater for members of some racial and ethnic groups—about 3 in 4 Hispanics and non-Hispanic black adults have an unmet need for dental treatment, as do people who are poor. These individuals are also more likely to report having poor oral health.
- In addition, some adults may have difficulty accessing dental treatment. For every adult aged 19 years or older without medical insurance, there are three who don't have dental insurance.
- Oral health problems include the following: untreated tooth decay, gum disease, tooth loss, oral cancer, and chronic diseases such as arthritis, heart disease, and strokes.

(Source: Centers for Disease Control and Prevention, Division of Oral Health, Adult Oral Health, October 23, 2017)

Health Behaviors: Health Status Perceptions

Key Findings

Over two-fifths (42%) of Ashtabula County adults rated their health status as excellent or very good. Conversely, 14% of adults described their health as fair or poor, increasing to 29% of those with incomes less than \$25,000.

General Health Status

- Over two-fifths (42%) of Ashtabula County adults rated their health as excellent or very good. Ashtabula County adults with higher incomes (49%) were most likely to rate their health as excellent or very good, compared to 29% of those with incomes less than \$25,000.
- Fourteen percent (14%) of adults rated their health as fair or poor.
- Ashtabula County adults were most likely to rate their health as fair or poor if they:
 - Had high blood pressure (71%) or high blood cholesterol (51%)
 - Had been diagnosed with diabetes (33%)
 - Had an annual household income under \$25,000 (29%)
 - Were divorced (23%) or widowed (9%)
- Thirty-nine percent (39%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation in the past month

Physical Health Status

- Twenty-four percent (24%) of Ashtabula County adults rated their physical health as not good on four or more days in the previous month.
- Ashtabula County adults reported their physical health as not good on an average of 3.8 days in the previous month.
- Ashtabula County adults were most likely to rate their physical health as not good if they:
 - Were male (48%)
 - Were 65 years of age or older (41%)
 - Had an annual household income less than \$25,000 (40%)

Mental Health Status

- Over one-third (36%) of Ashtabula County adults rated their mental health as not good on four or more days in the previous month.
- Ashtabula County adults reported their mental health as not good on an average of 6.1 days in the previous month.
- Ashtabula County adults were most likely to rate their mental health as not good if they:
 - Were under the age of 30 (80%)
 - Were female (68%)
 - Had an annual household income less than \$25,000 (56%)

The table shows the percentage of adults with poor physical and mental health in the past 30 days.

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past 30 Days*					
Males	41%	20%	14%	3%	12%
Females	48%	18%	10%	1%	10%
Total	44%	19%	11%	2%	11%
Mental Health Not Good in Past 30 Days*					
Males	54%	14%	7%	0%	11%
Females	30%	18%	8%	4%	35%
Total	43%	15%	7%	2%	28%

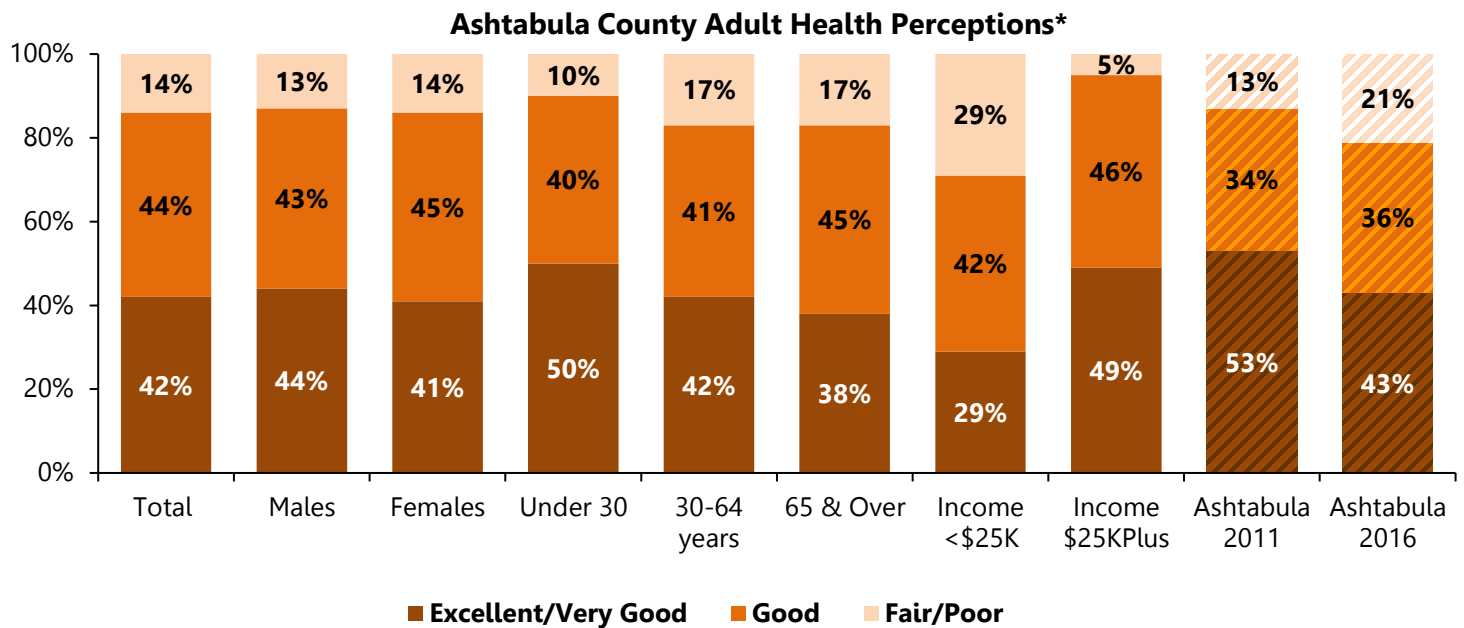
*Totals may not equal 100% as some respondents answered, "Don't know".

Adult Comparisons	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S. 2017
Rated health as excellent or very good	48%	43%	42%	49%	51%
Rated health as fair or poor	19%	22%	14%	19%	18%
Rated physical health as not good on four or more days (in the past 30 days)	25%	31%	24%	23%	22%
Average days that physical health not good in past month	N/A	5.8	3.8	4.0 [‡]	3.7 [‡]
Rated mental health as not good on four or more days (in the past 30 days)	29%	40%	36%	26%	24%
Average days that mental health not good in past month	N/A	7.0	6.1	4.3 [‡]	3.8 [‡]
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	25%	30%	39%	24%	23%

N/A-Not Available

[‡]2016 BRFSS data as compiled by 2019 County Health Rankings

The following graph shows the percentage of Ashtabula County adults who described their personal health status as excellent/very good, good, and fair/poor. An example of how to interpret the information includes: 42% of all Ashtabula County adults, 44% of males, and 38% of those ages 65 and older rated their health as excellent or very good.



**Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"
 Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.*

Health Behaviors: Weight Status

Key Findings

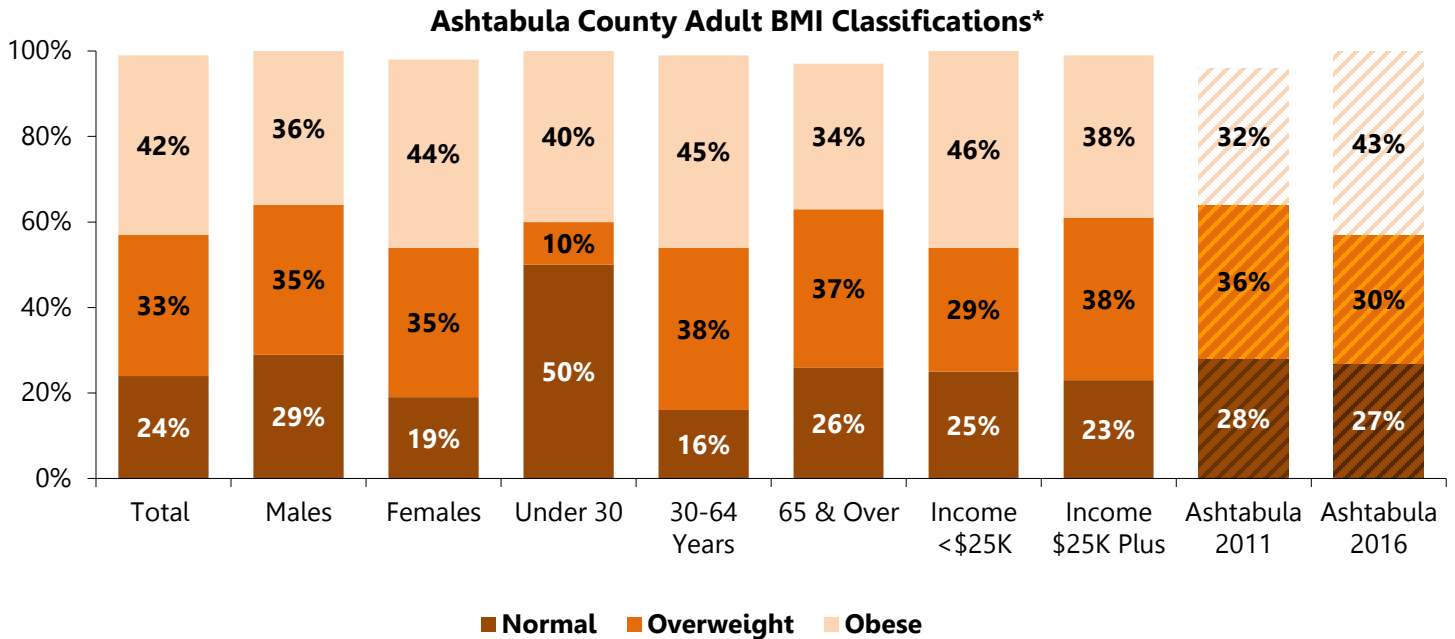
Seventy-five percent (75%) of Ashtabula County adults were overweight or obese based on body mass index (BMI). The top three reasons adults gave for not exercising were self-motivation/will power (22%), weather (22%), and time (21%).

31,965 Ashtabula County adults were obese.

Weight Status

- Seventy-five percent (75%) of Ashtabula County adults were either overweight (33%) or obese (42%) by body mass index (BMI), putting them at elevated risk for developing a variety of diseases.

The following graph shows the percentage of Ashtabula County adults who were normal weight, overweight or obese by body mass index (BMI). An example of how to interpret the information includes: 24% of all adults were classified as normal weight, 33% were overweight, and 42% were obese.



*Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight.

Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

Adult Comparisons	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S. 2017
Obese	32%	43%	42%	34%	31%
Overweight	36%	30%	33%	34%	35%

Physical Activity

- In the past week, adults spent an average of 203 minutes (approximately 3.4 hours) doing some type of physical activity or exercise.
- Ashtabula County adults spent an average of 2.7 hours watching TV, 1.6 hours on their cell phone, 1.2 hours on the computer/tablet (outside of work), and 0.2 hours playing video games on an average day of the week.
- Adults reported the following reasons for not exercising:
 - Self-motivation/will power (22%)
 - Weather (22%)
 - Time (21%)
 - Too tired (18%)
 - Laziness (17%)
 - Pain or discomfort (14%)
 - Do not like exercise (14%)
 - Could not afford a gym membership (12%)
 - Poorly maintained/no sidewalks (11%)
 - Chose not to exercise (10%)
 - No exercise partner (9%)
 - Ill or physically unable (8%)
 - Did not know what activity to do (6%)
 - No child care (4%)
 - No gym available (4%)
 - No walking, biking trails, or parks (4%)
 - Afraid of injury (3%)
 - No transportation to a gym or other exercise opportunity (3%)
 - Neighborhood safety (2%)
 - Too expensive (1%)
 - Lack of opportunities for those with physical impairments or challenges (1%)
 - Doctor advised them not to exercise (<1%)

Nutrition

The table below indicates the number of servings of fruit, vegetables, sugar-sweetened beverages, and caffeinated beverages Ashtabula County adults consumed daily.

	5 or more servings	3-4 servings	1-2 servings	0 servings
Fruit	1%	10%	73%	16%
Vegetables	2%	23%	70%	5%
Sugar-sweetened beverages	3%	13%	33%	51%
Caffeinated beverages	7%	31%	51%	11%

- In 2019, 35% of adults ate 1 to 2 servings of fruits and/or vegetables per day, 42% ate 3 to 4 servings per day, and 19% ate 5 or more servings per day. Four percent (4%) of adults ate no servings of fruits and vegetables per day.
- Ashtabula County adults reported the following reasons they chose the types of food they ate:
 - Taste/enjoyment (73%)
 - Cost (52%)
 - Healthiness of food (51%)
 - Ease of preparation/time (46%)
 - Food they were used to (40%)
 - What their family prefers (37%)
 - Availability (32%)
 - Nutritional content (29%)
 - Calorie content (26%)
 - If it was organic (13%)
 - Artificial sweetener content (12%)
 - If it was genetically modified (8%)
 - Other food sensitivities (7%)
 - Limitations due to dental issues (6%)
 - Health care provider's advice (5%)
 - Availability of food at the food pantry (4%)
 - If it was gluten free (4%)
 - If it was lactose free (3%)
 - Limitations set by WIC (<1%)
 - Other reasons (4%)
- Adults reported the following barriers to consuming fruits and vegetables: too expensive (21%), did not like the taste (7%), did not know how to prepare (2%), transportation (1%), no variety (1%), no access (1%), stores do not take electronic benefit transfer (<1%), and other barriers (5%).

- Adults reported the following would help them use community parks, bike trails, and walking paths more frequently:
 - More available parks, bike trails, and walking paths (36%)
 - Designated safe routes (28%)
 - Improvements to existing parks, trails, and paths (25%)
 - Better promotion and advertising of existing parks, trails, and paths (25%)
 - More public events and programs involving parks, trails, and paths (16%)

Employee Wellness

- Ashtabula County adults had access to wellness programs through their employer or spouse's employer with the following features:
 - Free/discounted gym membership (13%)
 - Lower insurance premiums for participation in wellness program (11%)
 - Health risk assessment (9%)
 - Free/discounted smoking cessation program (7%)
 - Free/discounted weight loss program (6%)
 - On-site health screenings (5%)
 - Gift cards or cash for participation in wellness program (5%)
 - Lower insurance premiums for positive changes in health status (5%)
 - Healthier food options in vending machines or cafeteria (4%)
 - On-site health education classes (4%)
 - On-site fitness facility (3%)
 - Gift cards or cash for positive changes in health status (3%)
- Twenty-eight percent (28%) of adults did not have access to any wellness programs.

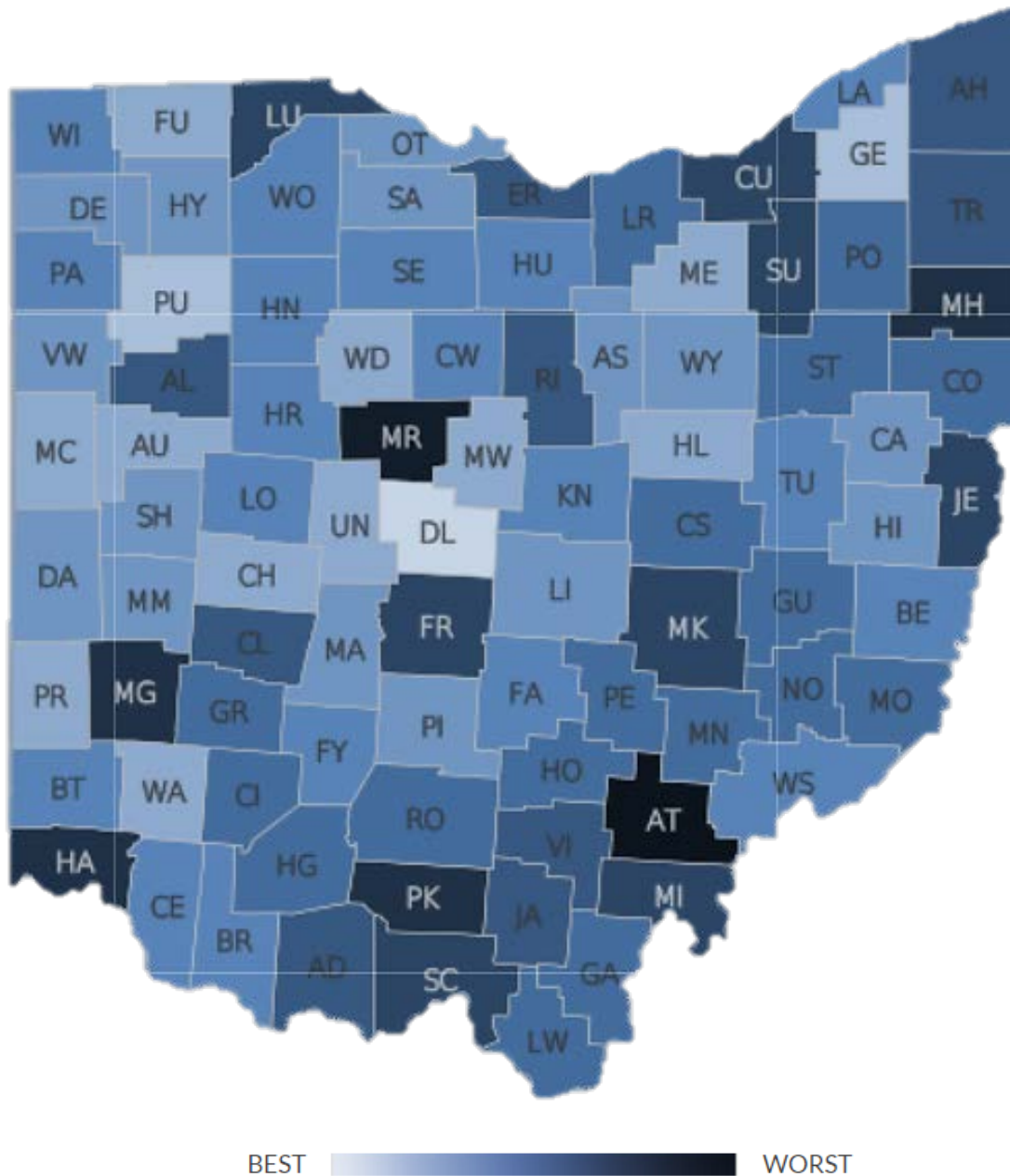
Summary of the American Cancer Society (ACS) Guidelines on Nutrition and Physical Activity

1. *Achieve and maintain a healthy weight throughout life*
 - Be as lean as possible throughout life without being underweight
 - Avoid excess weight gain at all ages. For those who are overweight or obese, losing even a small amount of weight has health benefits and is a good place to start.
 - Get regular physical activity and limit intake of high calorie foods and drinks as keys to help maintain a healthy weight.
2. *Be physically active*
 - Get at least 150 minutes of moderate intensity or 75 minutes of vigorous intensity activity each week (or a combination of these), preferably spread throughout the week.
 - Limit sedentary behavior such as sitting, lying down, watching TV, and other forms of screen-based entertainment.
 - Doing some physical activity above usual activities, no matter what one's level of activity, can have many health benefits.
3. *Eat a healthy diet, with an emphasis on plant foods*
 - Choose foods and drinks in amounts that help you get to and maintain a healthy weight.
 - Limit how much processed meat and red meat you eat.
 - Eat at least 2½ cups of vegetables and fruits each day.
 - Choose whole grains instead of refined grain products.

(Source: American Cancer Society, Summary of the ACS Guidelines on Nutrition and Physical Activity, Updated on April 13, 2017)

The Food Environment Index measures the quality of the food environment in a county on a scale from 0 to 10 (zero being the worst value in the nation and 10 being the best). The two variables used to determine the measure are limited access to healthy foods (i.e., the percentage of the population who are low income and do not live close to a grocery store) & food insecurity (i.e., the percentage of the population who did not have access to a reliable source of food during the past year).

- The food environment index in Ashtabula County is 7.1.
- The food environment index in Ohio is 6.6.



(Source: USDA Food Environment Atlas, as compiled by County Health Rankings 2019)

Health Behaviors: Tobacco Use

Key Findings

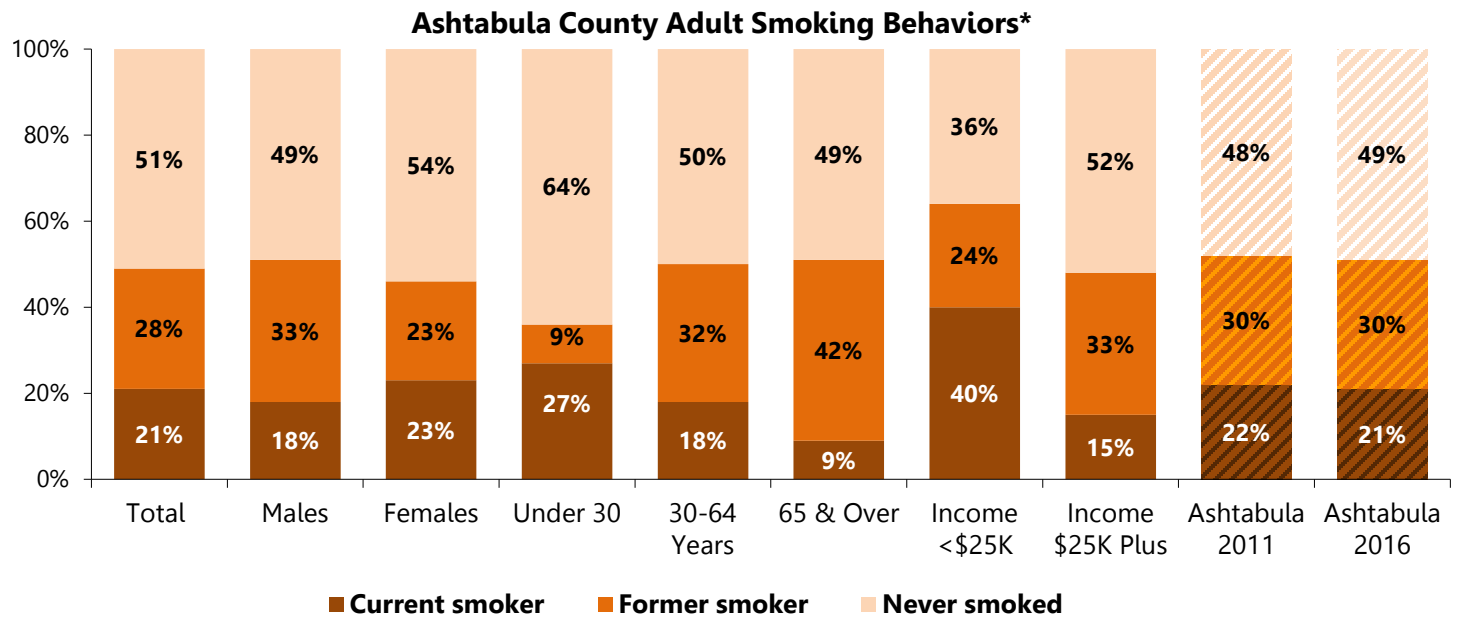
About one-in-five (21%) Ashtabula County adults were current smokers, and 28% were considered former smokers. Eight percent (8%) of adults used e-cigarettes or other electronic vaping products in the past year. One-fifth (20%) of adults used an e-cigarette or other electronic vaping product at least one time in their life.

15,982 Ashtabula County adults were current smokers.

Tobacco Use

- About one-in-five (21%) Ashtabula County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- Over one-quarter (28%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).
- Ashtabula County adult smokers were more likely to have:
 - An annual income less than \$25,000 (40%)
 - Been divorced (26%)
 - Been diagnosed with COPD, emphysema, or chronic bronchitis (11%)
- Sixty-three percent (63%) of current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.

The following graph shows the percentage of Ashtabula County adults' smoking behaviors. An example of how to interpret the information includes: 21% of all adults were current smokers, 28% were former smokers, and 51% had never smoked.



*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?"
 Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

- Ashtabula County adults used the following tobacco products in the past year: cigarettes (24%); e-cigarettes or other electronic vaping products (8%); chewing tobacco, snuff or snus (4%); cigars (3%); little cigars (1%); pipes (1%); and cigarillos (<1%).
- One-fifth (20%) of adults used an e-cigarette or other electronic vaping product at least one time in their life, increasing to 26% of those with incomes less than \$25,000.
- Adults that had used e-cigarettes/vapes in the past 12 months reported putting the following in them:
 - E-liquid or e-juice with nicotine (25%)
 - E-liquid or e-juice without nicotine (9%)
 - Marijuana or THC in the e-liquid (6%)
 - Homemade e-liquid or e-juice (0%)
- Ashtabula County adults had the following rules/practices about smoking in their home: never allowed (71%), allowed anywhere (13%), not allowed when children are present (10%) and allowed in certain rooms (5%).
- Adults had the following rules/practices about smoking in their car: never allowed (60%), not allowed when children are present (13%), allowed with windows open (11%) and allowed anywhere (10%).
- Adults indicated they would support an ordinance to ban smoking and vaping in the following places: vehicle with a minor present (72%), college/university campuses (54%), multi-unit housing (53%), parks or ball fields (49%), and fairgrounds (46%). Twenty-six percent (26%) of adults reported they would not support an ordinance to ban smoking and vaping in any of listed places.

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

E-Cigarette Health Effects

- **Most e-cigarettes contain nicotine, which has known health effects.**
 - Nicotine is highly addictive.
 - Nicotine is toxic to developing fetuses.
 - Nicotine can harm adolescent brain development, which continues into the early-to-mid-20s.
 - Nicotine is a health danger for pregnant women and their developing babies.
- **Besides nicotine, e-cigarette aerosol can contain substances that harm the body.**
 - This includes cancer-causing chemicals and tiny particles that reach deep into lungs. However, e-cigarette aerosol generally contains fewer harmful chemicals than smoke from burned tobacco products.
- **E-cigarettes can cause unintended injuries.**
 - Defective e-cigarette batteries have caused fires and explosions, some of which have resulted in serious injuries. Most explosions happened when the e-cigarette batteries were being charged.
 - The Food and Drug Administration (FDA) collects data to help address this issue.
 - In addition, acute nicotine exposure can be toxic. Children and adults have been poisoned by swallowing, breathing, or absorbing e-cigarette liquid through their skin or eyes.

(Source: CDC, *Smoking & Tobacco Use, About Electronic Cigarettes (E-Cigarettes)*, updated August 30, 2018)

Cigarette Smoking and Tobacco Use Among People of Low Socioeconomic Status

- Adults who have lower levels of educational attainment, who are unemployed, or who live at, near, or below the U.S. federal poverty level are considered to have low socioeconomic status (SES).
- In the U.S., people living below the poverty level and people having lower levels of educational attainment have higher rates of cigarette smoking than the general population.

Cigarette smoking disproportionately affects the health of people with low SES. Lower-income cigarette smokers suffer more from diseases caused by smoking than do smokers with higher incomes.

- Populations in the most socioeconomically deprived groups have higher lung cancer risk than those in the most affluent groups.
- People with less than a high school education have higher lung cancer incidence than those with a college education.
- People with family incomes of less than \$12,500 have higher lung cancer incidence than those with family incomes of \$50,000 or more.
- People living in rural, deprived areas have 18–20% higher rates of lung cancer than people living in urban areas.
- Lower-income populations have less access to health care, making it more likely that they are diagnosed at later stages of diseases and conditions.

People with low SES tend to smoke cigarettes more heavily.

- People living in poverty smoke cigarettes for a duration of nearly twice as many years as people with a family income of three times the poverty rate.
- People with high school education smoke cigarettes for a duration of more than twice as many years as people with at least a bachelor's degree.
- Blue-collar workers are more likely to start smoking cigarettes at a younger age and to smoke more heavily than white-collar workers.

Secondhand smoke exposure is higher among people living below the poverty level and those with less education.

- Low SES populations are more likely to suffer the harmful health consequences of exposure to secondhand smoke.
- Blue-collar workers are more likely to be exposed to secondhand smoke at work than white-collar workers.
- Service workers, especially bartenders and wait staff, report the lowest rates of workplace smoke-free policies than other occupation categories.

(Source: CDC, Smoking & Tobacco Use, Cigarette Smoking and Tobacco Use Among People of Low Socioeconomic Status, updated August 21, 2018)

Health Behaviors: Alcohol Consumption

Key Findings

Nearly three-quarters (74%) of Ashtabula County adults had at least one alcoholic drink in the past month and would be considered current drinkers. Over one-fifth (23%) of all adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.

56,319 adults had at least one alcoholic drink in the past month.

Alcohol Consumption

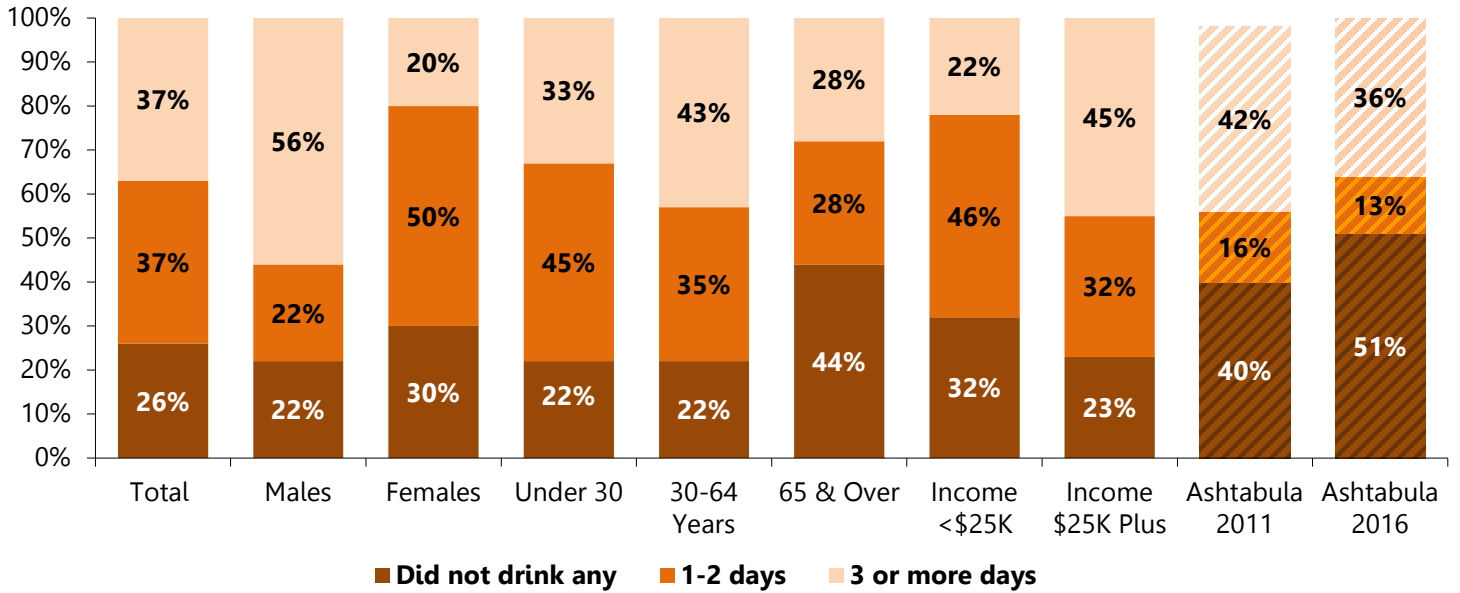
- Nearly three-quarters (74%) of Ashtabula County adults had at least one alcoholic drink in the past month, increasing to 78% of males and 77% those with incomes more than \$25,000.
- Of those who drank, Ashtabula County adults drank 3.6 drinks on average, increasing to 4.5 drinks for males and 4.1 drinks for those with incomes less than \$25,000.
- Over one-fifth (23%) of Ashtabula County adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. Of those who drank in the past month, 50% had at least one episode of binge drinking.
- Six percent (6%) of adults reported driving after having perhaps too much alcohol to drink in the past month.
- Ashtabula County adults experienced the following in the past six months:
 - Drove after having any alcoholic beverage (11%)
 - Used prescription drugs while drinking (6%)
 - Drank more than they expected (5%)
 - Spent a lot of time drinking (3%)
 - Drank more to get the same effect (2%)
 - Tried to quit or cut down but could not (2%)
 - Failed to fulfill duties at work, home, or school (2%)
 - Gave up other activities to drink (1%)
 - Continued to drink despite problems caused by drinking (1%)
 - Drank to ease withdrawal symptoms (1%)
 - Had legal problems (1%)
 - Placed themselves or their family in harm (<1%)

Adult Comparisons	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S. 2017
Current Drinker (drank alcohol at least once in the past month)	51%	49%	74%	54%	55%
Binge drinker (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%
Drove after having perhaps too much alcohol to drink (in the past month)	N/A	N/A	6%	4%*	4%*

N/A – Not Available
*2016 BRFSS

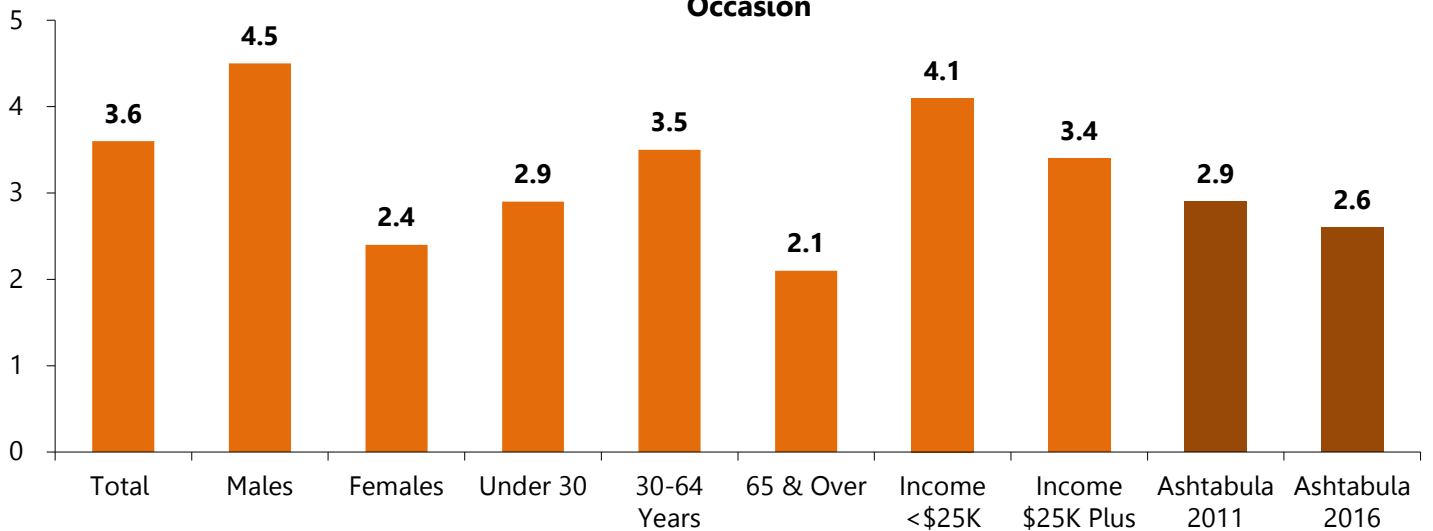
The following graphs show the percentage of Ashtabula County adults who consumed alcohol and the amount consumed on average in the past month. An example of how to interpret the information shown on the first graph includes: 26% of all Ashtabula County adults did not drink alcohol, 22% of Ashtabula County males did not drink, and 30% of adult females reported they did not drink.

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



*Percentages may not equal 100% as some respondents answered, "don't know"

Ashtabula County Adults Average Number of Drinks Consumed Per Drinking Occasion



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

Economic Costs of Excessive Alcohol Use

- Excessive alcohol consumption cost the United States \$249 billion in 2010. This cost amounts to about \$2.05 per drink, or about \$807 per person.
- Costs due to excessive drinking largely resulted from losses in workplace productivity (72% of the total cost), health care expenses (11%), and other costs due to a combination of criminal justice expenses, motor vehicle crash costs, and property damage.
- Excessive alcohol use cost states and DC a median of \$3.5 billion in 2010, ranging from \$488 million in North America to \$35 billion in California.
 - Excessive alcohol consumption cost Ohio \$8.5 billion in 2010. This cost amounts to \$2.10 per drink or \$739 per person.
- Binge drinking, defined as consuming four or more drinks per occasion for women or five or more drinks per occasion for men, was responsible for 77% of the cost of excessive alcohol use in all states and DC.
- About \$2 of every \$5 of the economic costs of excessive alcohol use were paid by federal, state, and local governments.

(Source: CDC, Alcohol and Public Health – Excessive Drinking, updated June 13, 2018)

The following table shows motor vehicle accident statistics for the cities of Ashtabula, Conneaut, and Geneva; Ashtabula County; and Ohio. The table shows:

- Six percent of the total crashes in Ashtabula County in 2016 were alcohol-related, as opposed to 4% for Ohio.
- More than half (53%) of all fatal injury crashes in Ashtabula County were alcohol-related, as compared to 30% of alcohol-related fatal injury crashes in Ohio.
- Of the total number of alcohol-related crashes (126) in Ashtabula County, 58% were property damage only, 36% were non-fatal injury, and 6% were fatal injury.
- There were 12,205 alcohol-related crashes in Ohio in 2016. Of those crashes, 56% were property damage only, 41% were non-fatal injury, and 3% were fatal injury.

	City of Ashtabula 2016	City of Conneaut 2016	City of Geneva 2016	Ashtabula County 2016	Ohio 2016
Total Crashes	432	177	37	2,120	305,958
Alcohol-Related Total Crashes	25	8	3	126	12,243
Fatal Injury Crashes	0	0	1	15	1,054
Alcohol-Related Fatal Crashes	0	0	1	8	313
Alcohol Impaired Drivers in Crashes	25	7	2	120	11,958
Injury Crashes	80	36	17	539	77,513
Alcohol-Related Injury Crashes	6	4	1	45	5,076
Property Damage Only	352	141	22	1,566	227,391
Alcohol-Related Property Damage Only	19	4	1	73	6,854
Deaths	0	0	1	16	1,133
Alcohol-Related Deaths	0	0	1	8	346
Total Non-Fatal Injuries	111	53	18	809	112,330
Alcohol-Related Injuries	9	5	1	60	7,199

(Source: Ohio Department of Public Safety, Crash Reports, Updated 12/12/2017, Traffic Crash Facts)

Health Behaviors: Drug Use

Key Findings

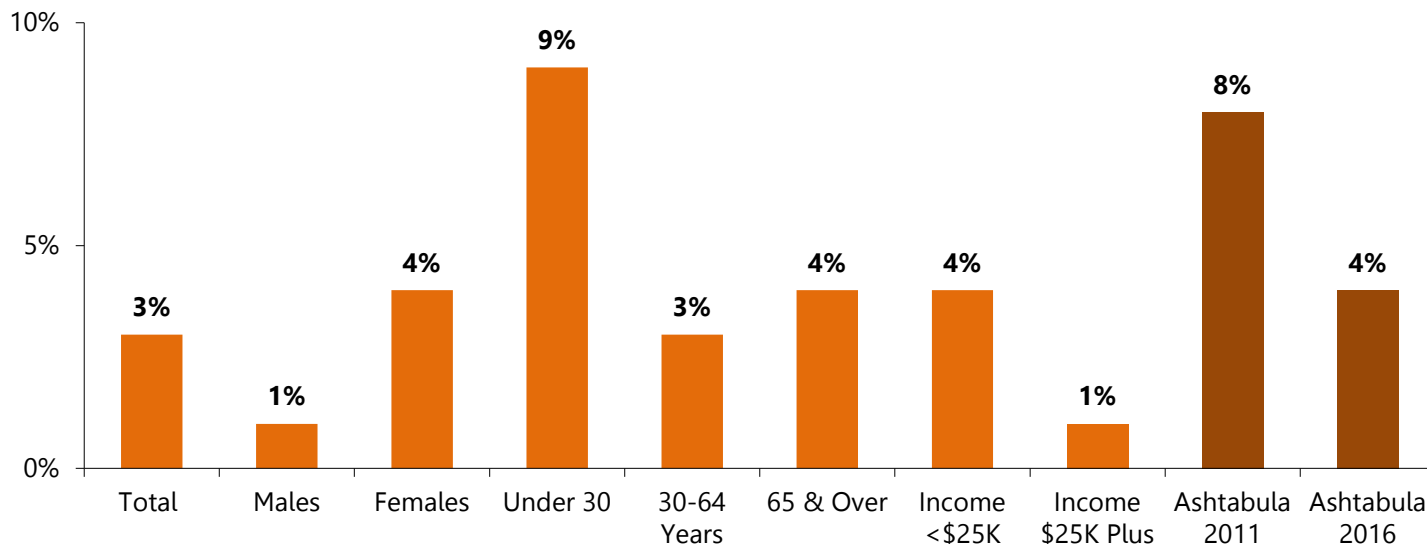
Seven percent (7%) of Ashtabula County adults had used recreational marijuana or hashish during the past 6 months. Three percent (3%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

Prescription Drug Misuse

- Three percent (3%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.
- Adults who misused prescription medication obtained their medication from the following: bought from a drug dealer (40%), primary care physician (33%), from multiple doctors (27%), from an ER or urgent care doctor (20%), free from friend or family member (20%) and bought from friend or family member (7%).
- Adults misused the following over-the-counter drugs in the past 6 months:
 - Cough and cold medicines, such as Nyquil, Robitussin, Coricidin, or pseudoephedrine (8%)
 - Sleeping pills, such as Tylenol PM, Unisom (3%)
 - Energy boosters, such as Vivarin or Stackers (1%)
 - Weight loss or diet pills (1%)
 - Other drugs (<1%)
- Ashtabula County adults indicated they did the following with their unused prescription medication: took as prescribed (27%), kept it (16%), took it to the medication collection program (12%), flushed it down the toilet (12%), threw it in the trash (8%), kept in a locked cabinet (4%), took it to the sheriff's office (2%), took it back on Drug Take Back Days (2%), used drug deactivation pouches (2%), mailer to ship back to pharmacy (1%), sold it (<1%), drugs were stolen (<1%), and some other method (4%). Forty-seven percent (47%) of adults did not have unused medication.

The following graph shows adult medication misuse in the past 6 months. An example of how to interpret the information in the graph includes: 3% of adults used misused medication in the past 6 months, including 9% of those under the age of 30.

Ashtabula County Adult Medication Misuse in Past 6 Months



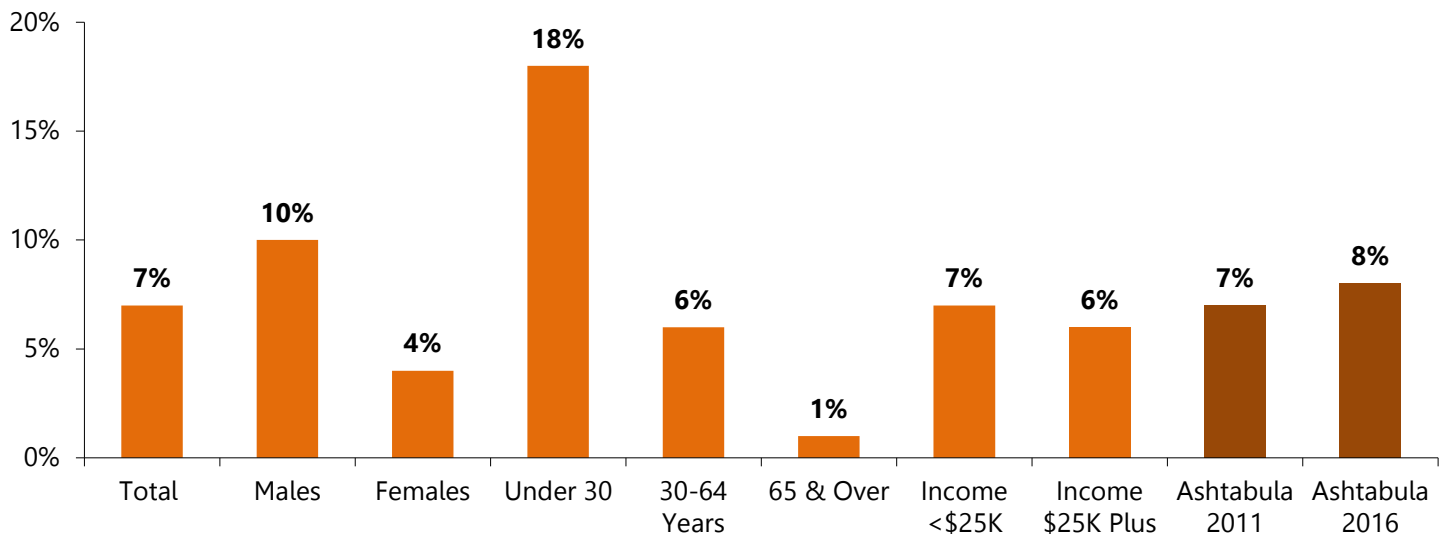
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

Marijuana and Other Drug Use

- Seven percent (7%) of Ashtabula County adults had used recreational marijuana or hashish in the past 6 months, increasing to 18% of those under the age of 30.
- Three percent (3%) of adults reported using other recreational drugs in the past 6 months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- One percent (1%) of adults used a program or service to help with an alcohol or drug problem for them or a loved one. Reasons for not using such a program included the following: stigma of seeking drug services (3%), transportation (2%), could not afford to go (2%), insurance did not cover it (2%), did not want to get in trouble (2%), fear (1%), had not thought of it (1%), stigma of seeking alcohol services (1%), did not know how to find a program (1%), no program available (<1%), wait time (<1%), did not want to miss work (<1%), and other reason (2%). Ninety-two percent (92%) of adults indicated such a program was not needed.

The following graph shows adult recreational marijuana or hashish use in the past 6 months. An example of how to interpret the information in the graph includes: 7% of Ashtabula County adults used recreational marijuana or hashish in the past 6 months, including 10% of males.

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

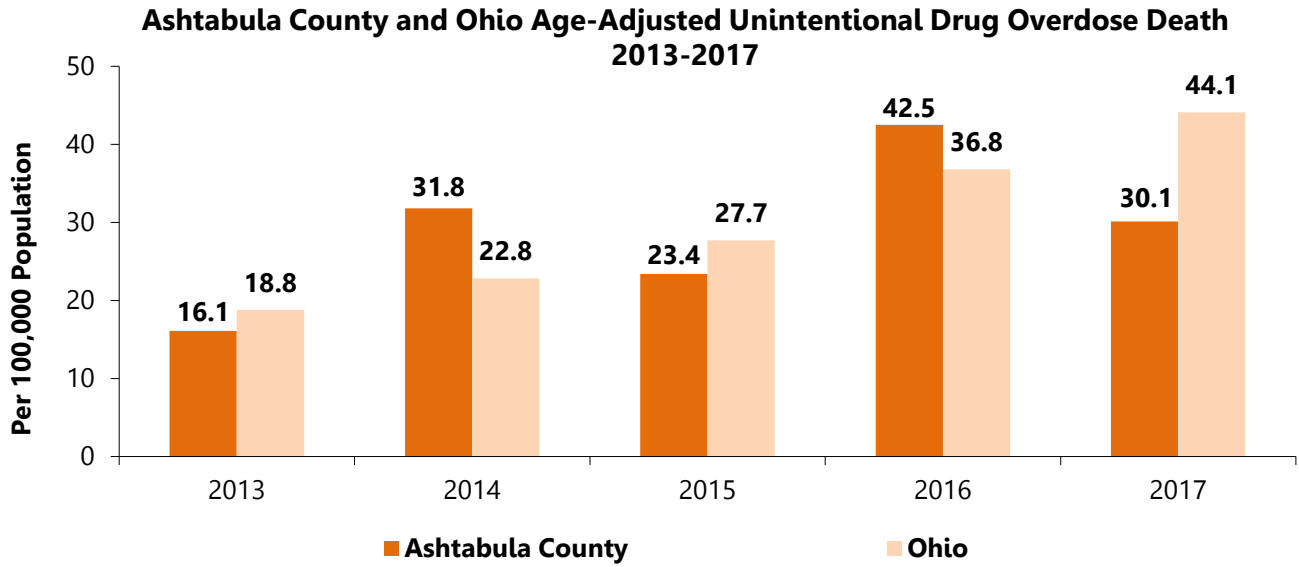


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

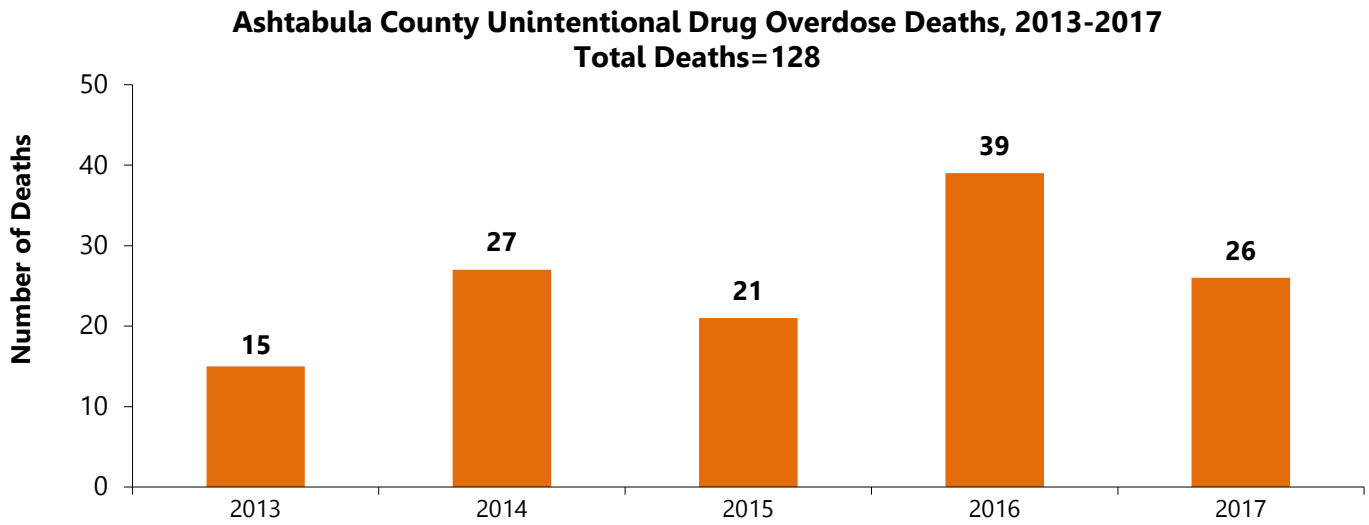
Adult Comparisons	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S. 2017
Adults who used recreational marijuana or hashish in the past 6 months	7%	8%	7%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	8%	4%	3%	N/A	N/A
Adults who used recreational drugs in the past 6 months	1%	1%	3%	N/A	N/A

N/A- Not Available

The following graph shows the Ashtabula County and Ohio age-adjusted unintentional drug overdose deaths from 2013 to 2017.



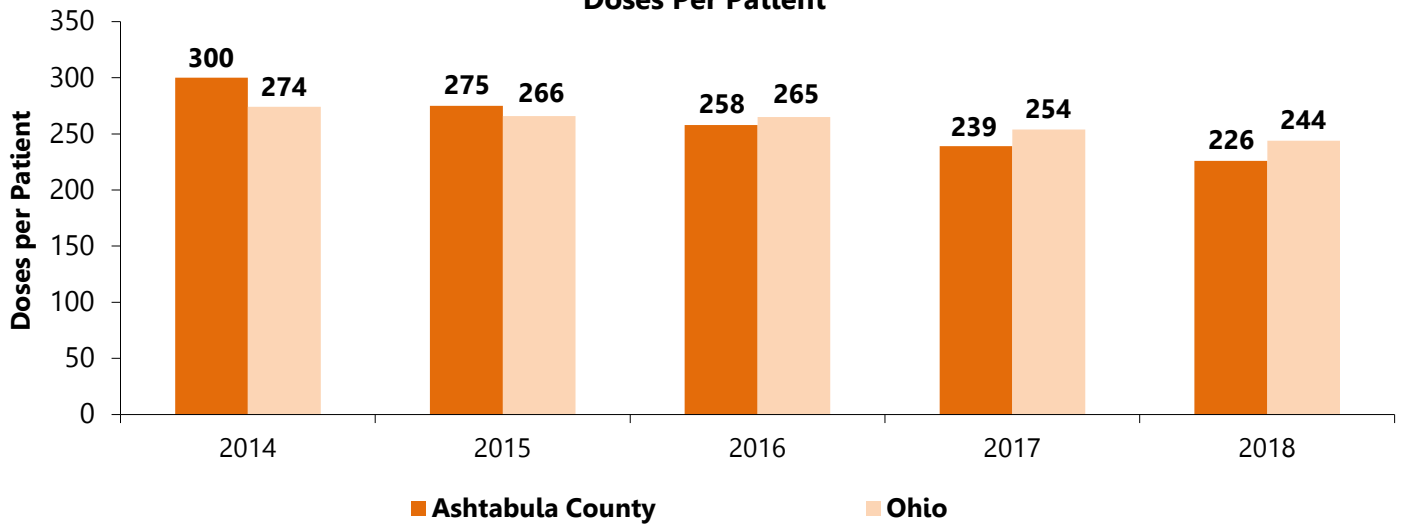
The following graph shows the number of unintentional drug overdose deaths from 2013 to 2017 in Ashtabula County.



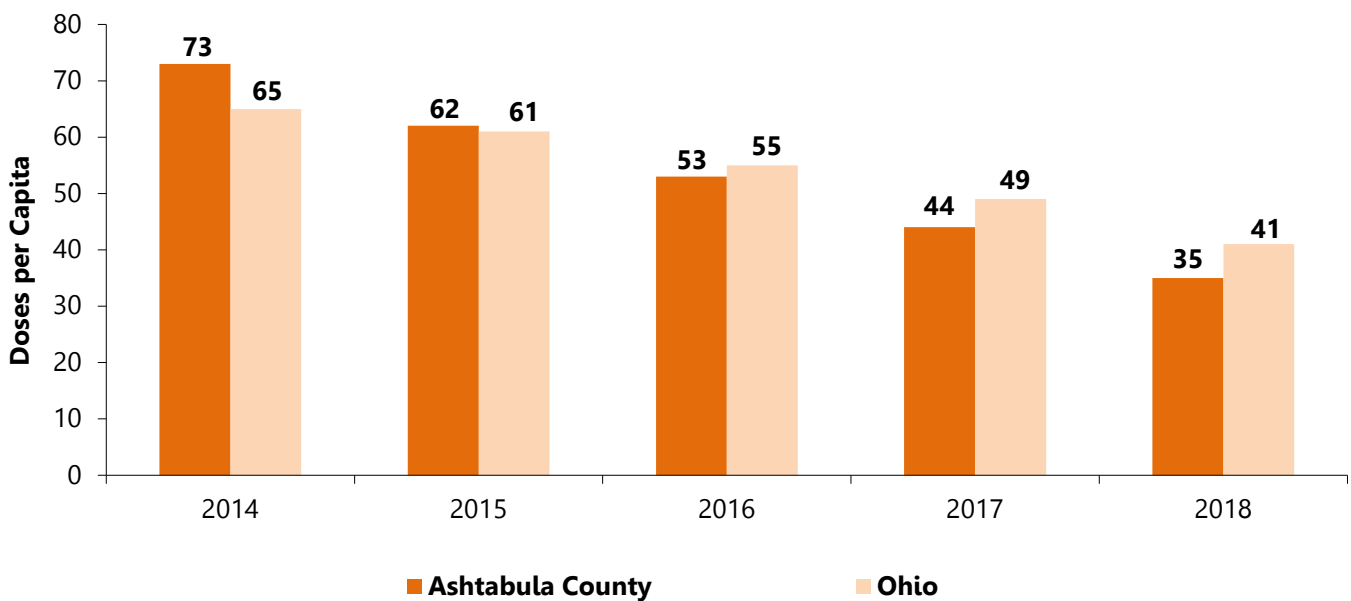
(Source for graphs: Ohio Public Health Data Warehouse, 2013-2017, Updated 5/9/19)

The following graphs are data from the Ohio Automated Prescription Reporting System (OARRS) indicating Ashtabula County and Ohio opioid doses per patient, as well as opioid doses per capita.

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

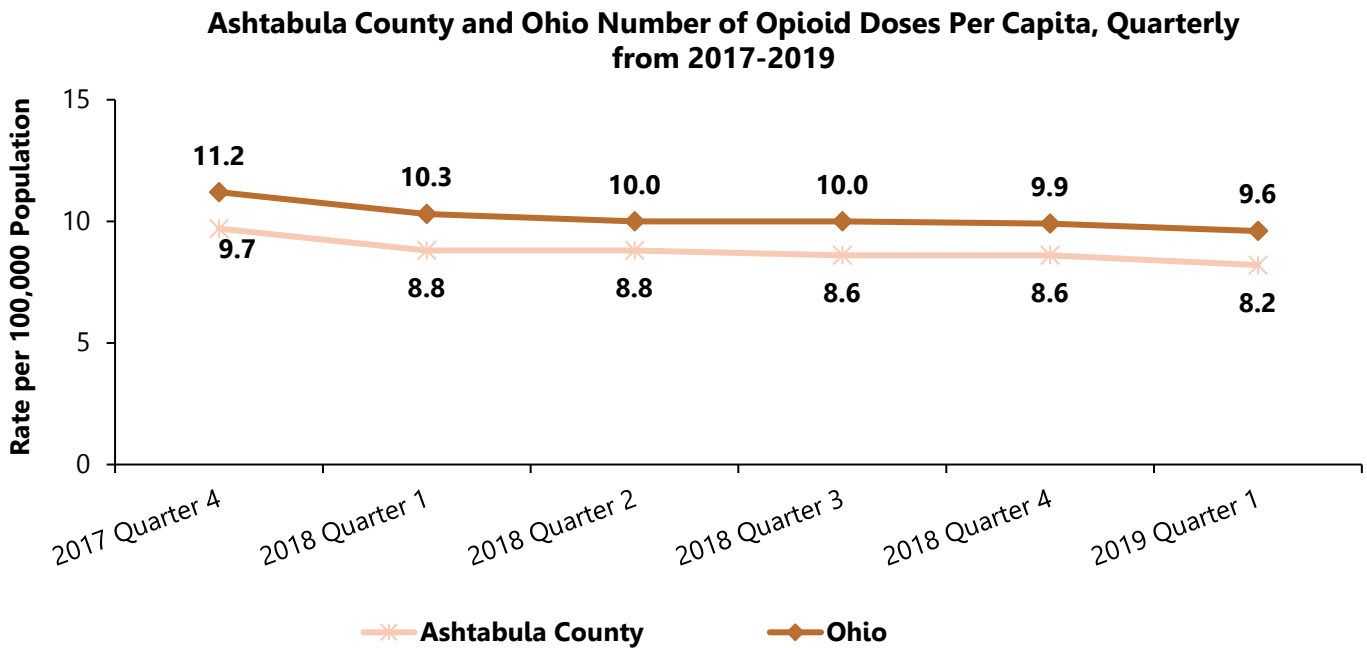
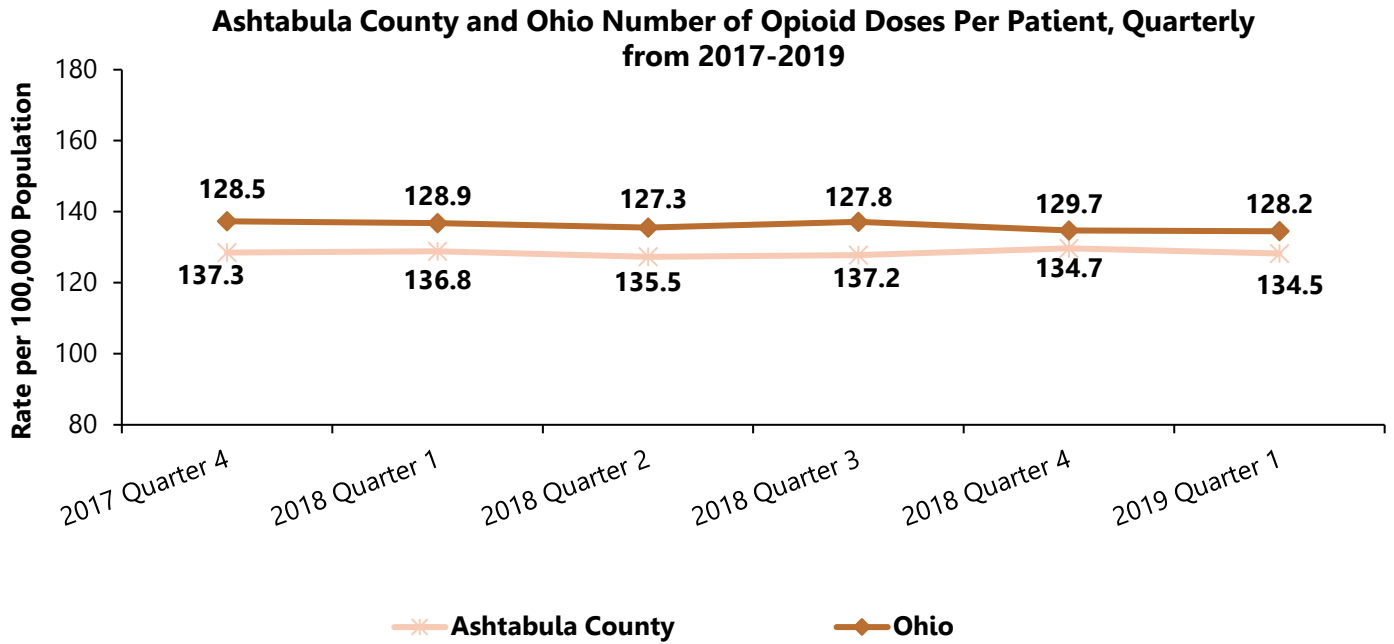


Ashtabula County and Ohio Number of Opiate and Pain Reliever Doses Per Capita



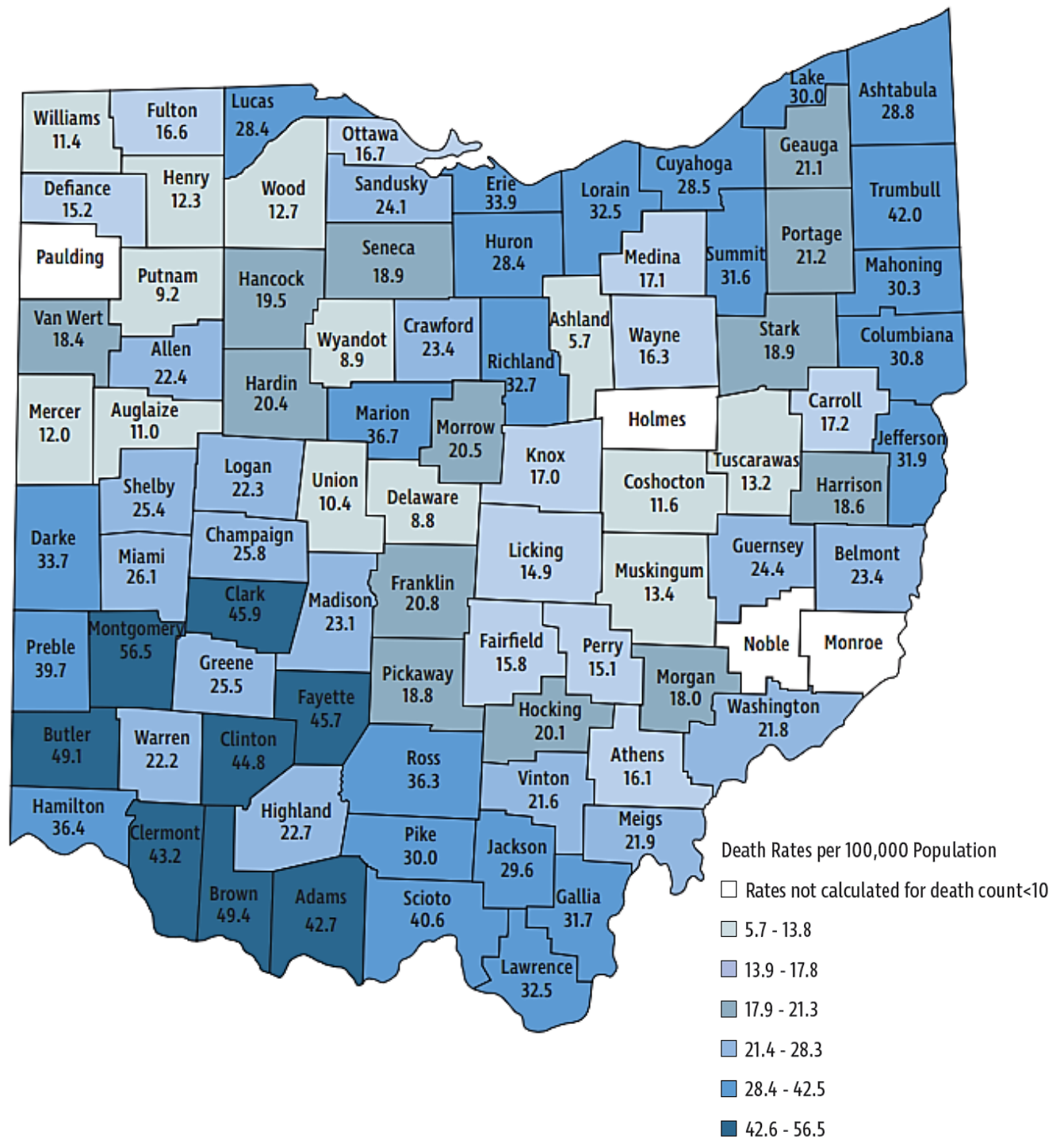
(Source for graphs: Ohio's Automated Rx Reporting System, 2014-2018)

The following graphs show Ashtabula County and Ohio quarterly opioid doses per patient and unintentional drug overdose deaths.



(Source for graphs: Ohio's Automated Rx Reporting System, 2017-2018, retrieved on 5/10/19)

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 Overdose Data: General Findings)

Felony Cases and Drug Arrests January – June 2018

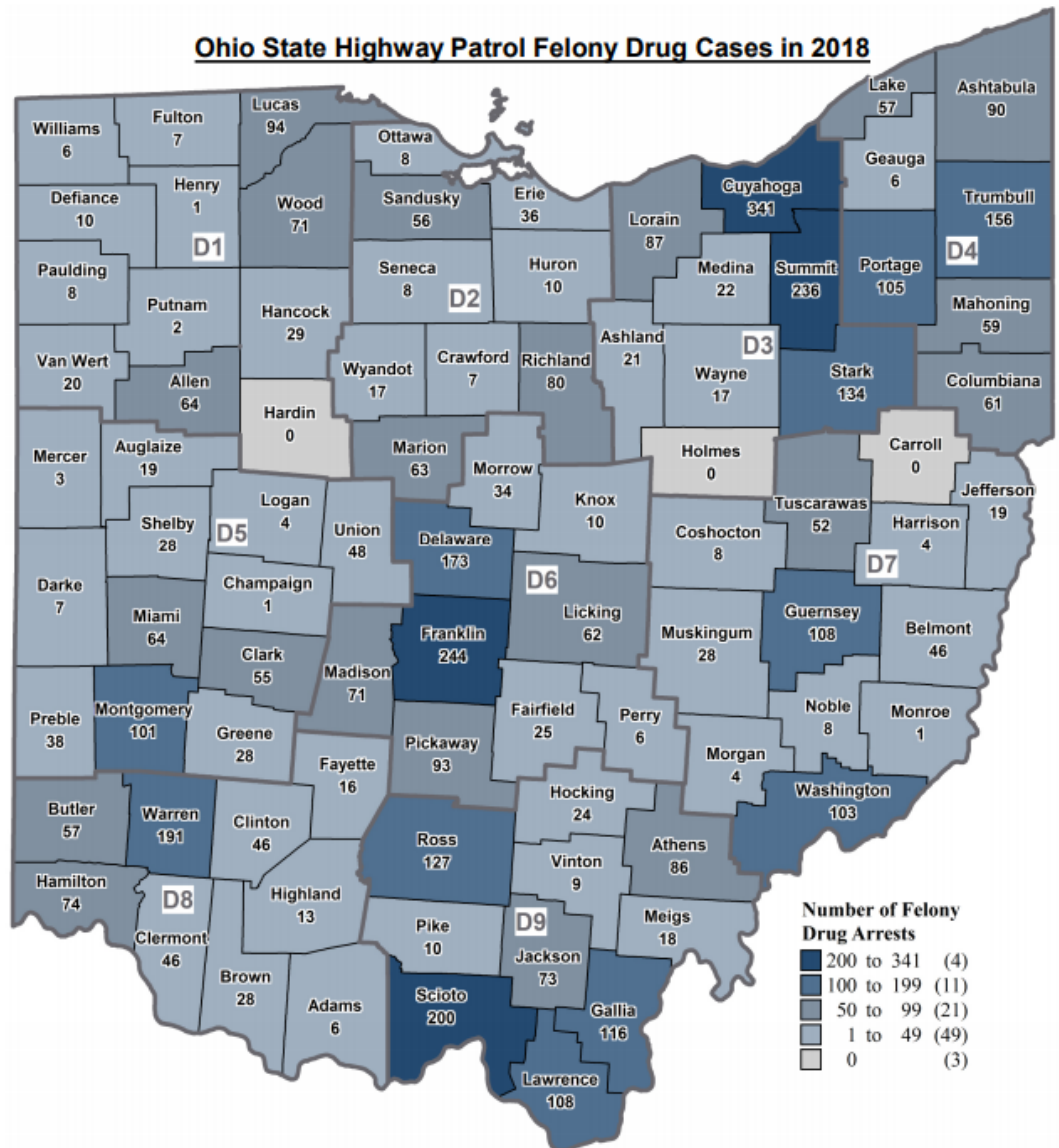
- Ohio State Highway Patrol (OSHP) investigated a wide range of felony offenses in 2018 including homicide/death (45), robbery/burglary (7), larceny (686), assault (2,170), false pretense (185), vice (4,768), property crimes (153), and various other types of felony offenses (307).
- OSHP Troopers made 16,956 total drug arrests in 2018 - a 2% increase from 2017 and a 20% rise over the previous 3-year average (2015-2017). Total drug arrests in 2018 were 76% higher than they were in 2013.

Ohio State Highway Patrol Felony Drug Cases in 2018

OSHP felony cases by type ¹	
Homicide/Death	45
Robbery/Burglary	7
Larceny	686
Assault	2,170
False pretense ²	185
Vice ³	4,768
Property crimes	153
Other investigations	307
Total:	8,321

OSHP drug arrests	
Total drug arrests	16,956
Felony drug cases	4,732

OSHP drug seizures in grams	
Marijuana	2,181,948
Cocaine	229,521
Methamphetamine	194,682
Heroin	133,383
OSHP scheduled pill seizures	
Opiate	25,475
Stimulant	4,700
Depressant	8,210
Hallucinogen	736



(Source: Ohio State Highway Patrol, Felony Cases and Drug Arrests, January – June 2018)

Health Behaviors: Sexual Behavior

Key Findings

Sixty-eight percent (68%) Ashtabula County adults had sexual intercourse in the past year. Six percent (6%) of adults had more than one sexual partner in the past year.

Sexual Behavior

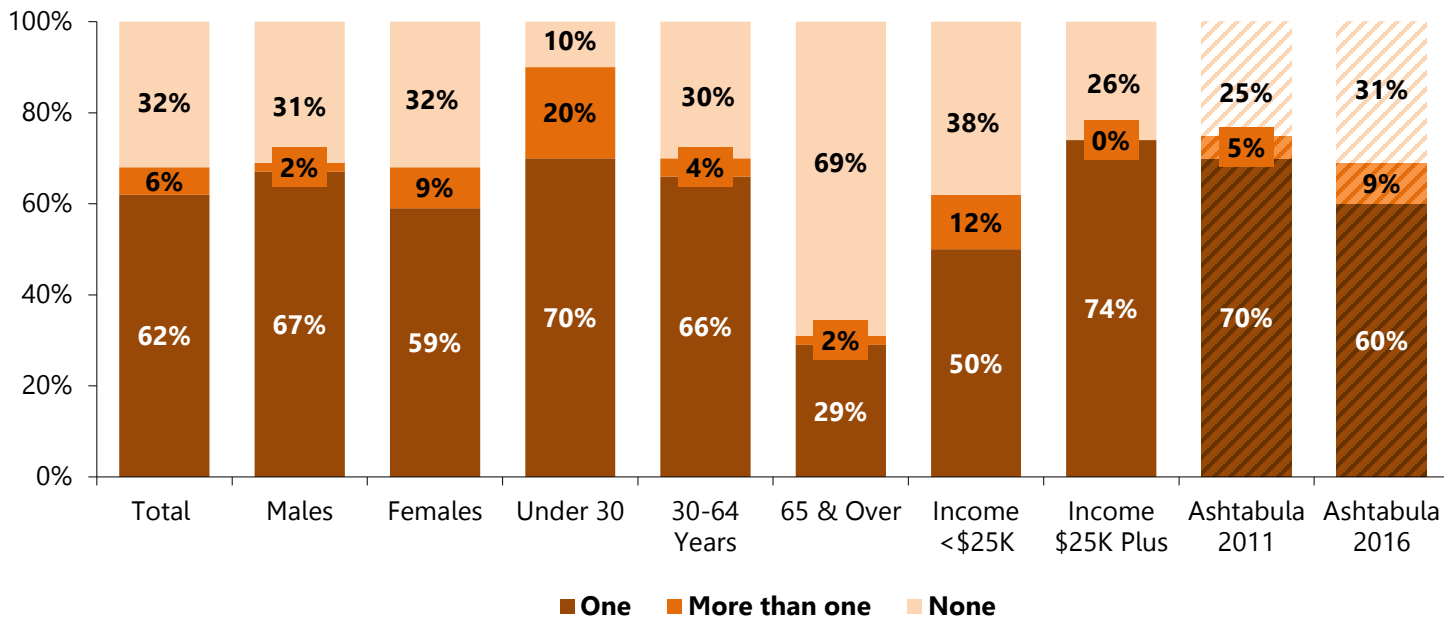
- Over three-fifths (68%) of Ashtabula County adults had sexual intercourse in the past year. Six percent (6%) of adults reported they had intercourse with more than one partner in the past year, increasing to 20% of those under the age of 30.
- Ashtabula County adults used the following methods of birth control:
 - They or their partner were too old (16%)
 - Vasectomy (15%)
 - Tubes tied (12%)
 - Condoms (11%)
 - Infertility (7%)
 - Birth control pill (7%)
 - Hysterectomy (6%)
 - Withdrawal (5%)
 - Abstinence (2%)
 - Contraceptive implant (2%)
 - Ovaries or testicles removed (1%)
 - IUD (1%)
 - Shots (<1%)
 - Rhythm method (<1%)
- Three percent (3%) of adults reported they and their partner were trying to get pregnant, and 1% were currently pregnant.
- Nine percent (9%) of Ashtabula County adults were not using any method of birth control.
- The last time Ashtabula County adults had sexual intercourse, 13% said they used a condom to prevent pregnancy, and 2% said they used one to prevent diseases such as chlamydia, syphilis, gonorrhea and AIDS. Nine percent (9%) indicated they used a condom to prevent both pregnancy and disease.
- Twenty-nine percent (29%) of adults have been tested for HIV. Reasons for not getting tested included the following: no reason to be tested (68%), did not think they could have HIV (7%), did not want to know (2%), privacy (1%), and did not know where to go (<1%).
- The following situations applied to Ashtabula County adults:
 - Had sex without a condom in the past year (33%)
 - Had anal sex (7%)
 - Had sexual activity with someone of the same gender (5%)
 - Had anal sex without a condom in the past year (5%)
 - Tested positive for HPV (4%)
 - Had sex with someone they met on social media (3%)
 - Had sex with someone they did not know (2%)
 - Had 4 or more sexual partners in the past year (2%)
 - Engaged in sexual activity following alcohol or other drug use that they would not have done if sober (2%)
 - Been forced to have sex (2%)
 - Treated for an STD in the past year (1%)
 - Tested positive for Hepatitis C (1%)
 - Injected any drug other than those prescribed in the past year (<1%)

Adult Comparisons	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S. 2017
Had more than one sexual partner in the past year	5%	9%	6%	N/A	N/A

N/A – Not Available

The following graph shows the number of sexual partners Ashtabula County adults had in the past year. An example of how to interpret the information in the graph includes: 62% of all Ashtabula County adults had one sexual partner in the last 12 months, and 6% had more than one; 9% of females had more than one partner in the past year.

Ashtabula County Number of Sexual Partners in the Past Year*

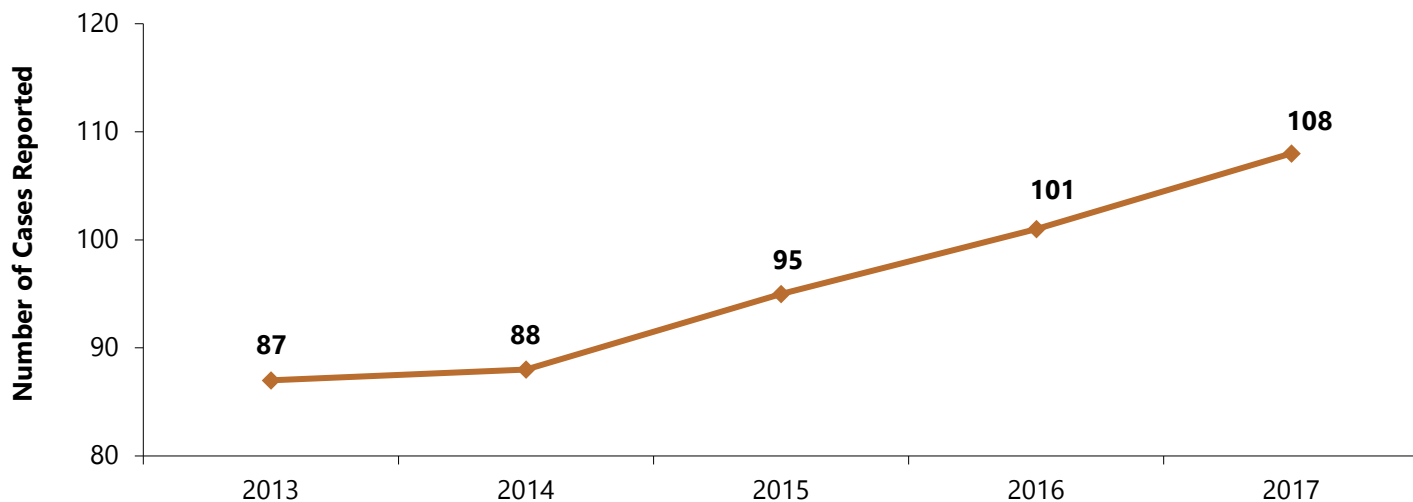


*Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"
Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

The following graph shows the number of Ashtabula County HIV/AIDS cases from 2013 to 2017. The graph shows:

- From 2013 to 2017, the number of Ashtabula County HIV/AIDS cases steadily increased.

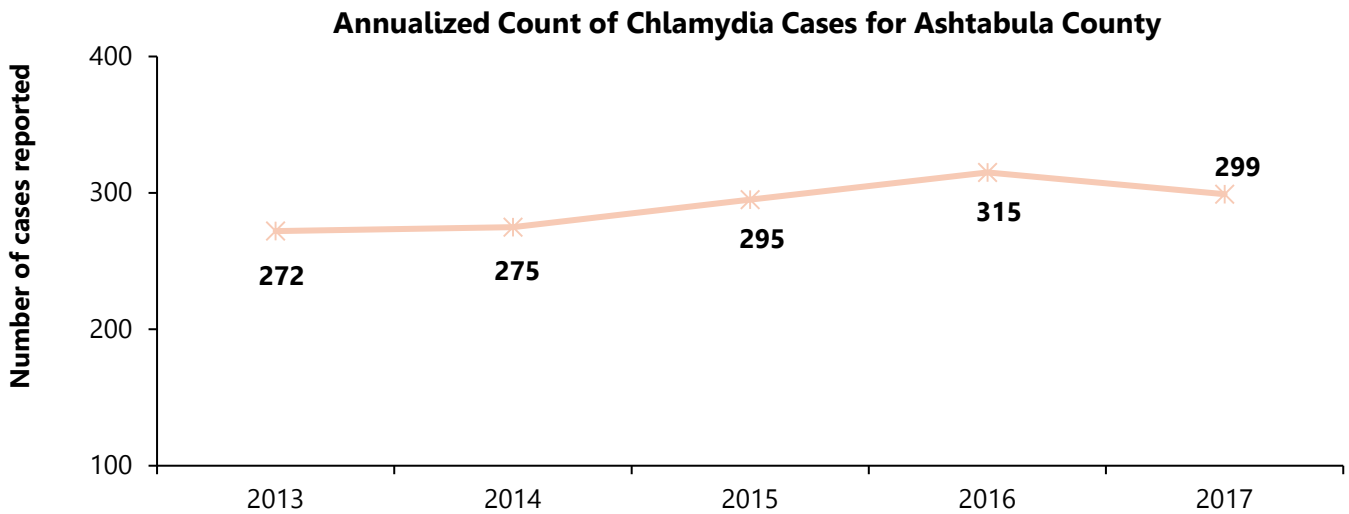
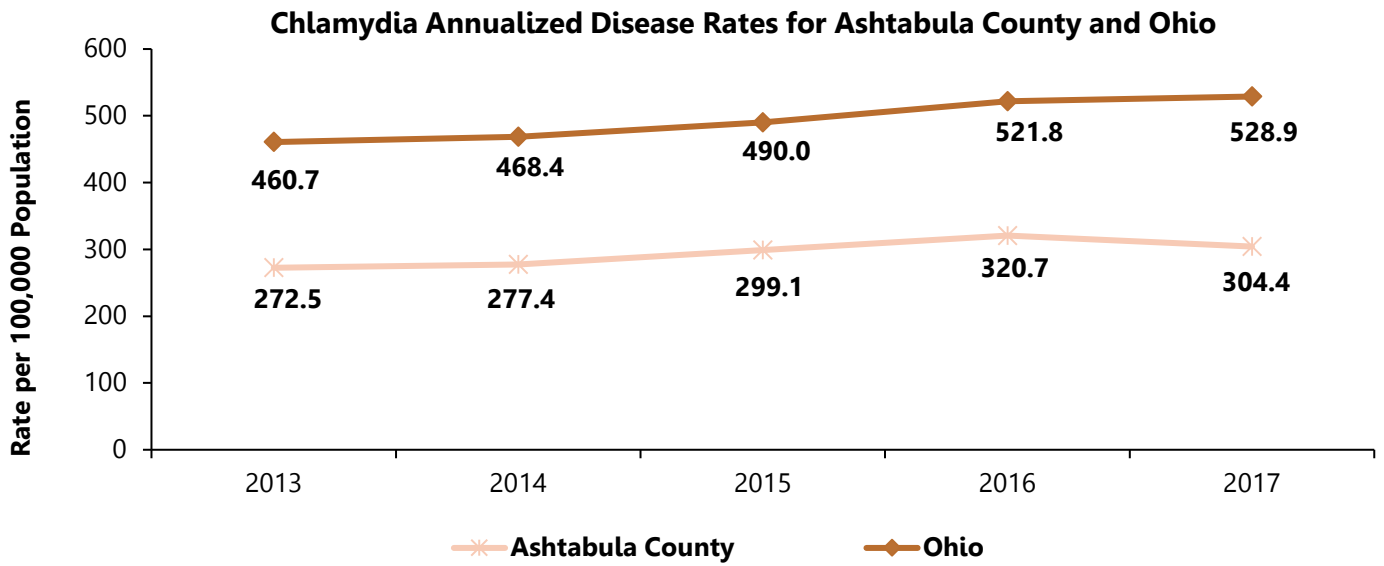
Living with HIV/AIDS in Ashtabula County



(Source for graphs: ODH, STD Surveillance, data reported through 6/30/18)

The following graphs show Ashtabula County chlamydia disease rates per 100,000 population and the number of chlamydia disease cases. The graphs show:

- Ashtabula County chlamydia rates decreased from 2016 to 2017. Ashtabula County rates remained below the Ohio rates.

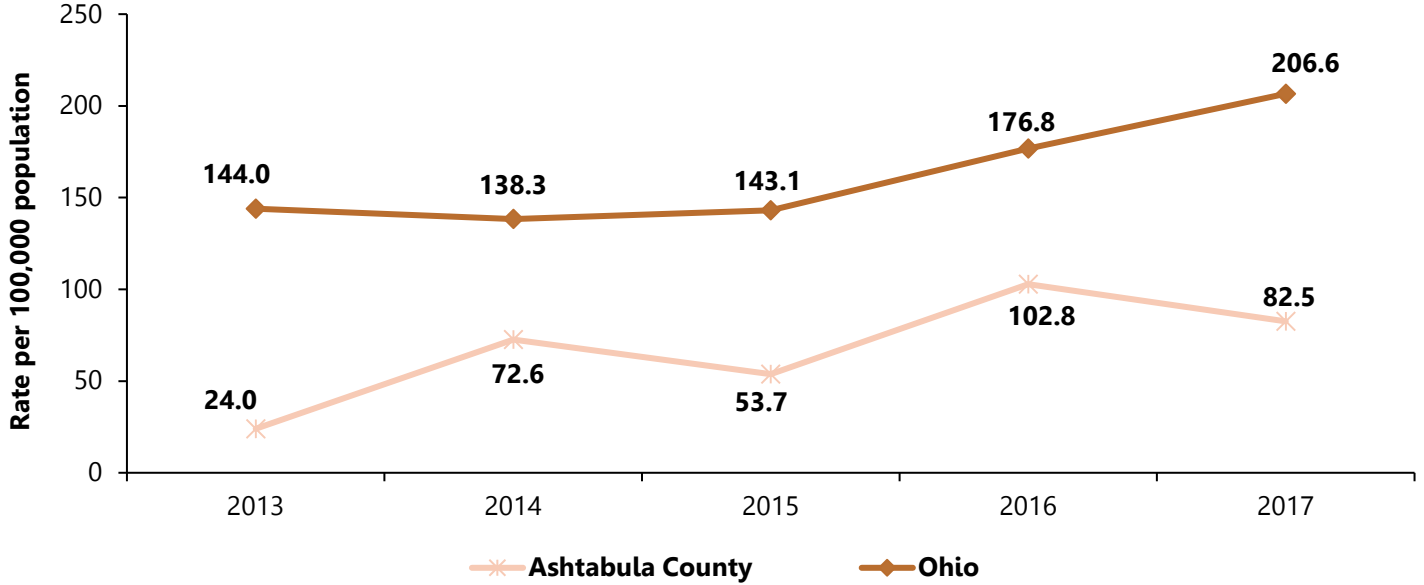


(Source for graphs: ODH, STD Surveillance, data reported through 5/24/18)

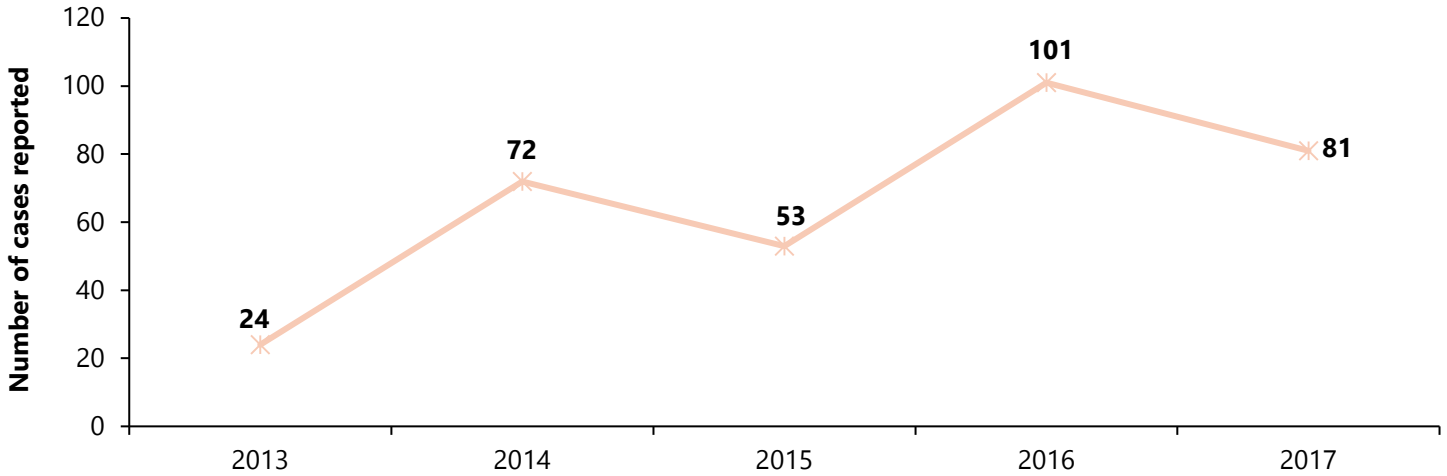
The following graphs show Ashtabula County gonorrhea disease rates per 100,000 population and the number of gonorrhea disease cases. The graphs show:

- The Ashtabula County gonorrhea rate increased from 2015 to 2016.
- The Ohio gonorrhea rate stayed about the same from 2013 to 2015 but increased from 2015 to 2017.

Gonorrhea Annualized Disease Rates for Ashtabula County and Ohio



Annualized Count of Gonorrhea Cases for Ashtabula County



(Source for graphs: ODH, STD Surveillance, data reported through 5/24/18)

Health Behaviors: Mental Health

Key Findings

Six percent (6%) of Ashtabula County adults considered attempting suicide in the past year. Fifteen percent (15%) of adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities in the past year.

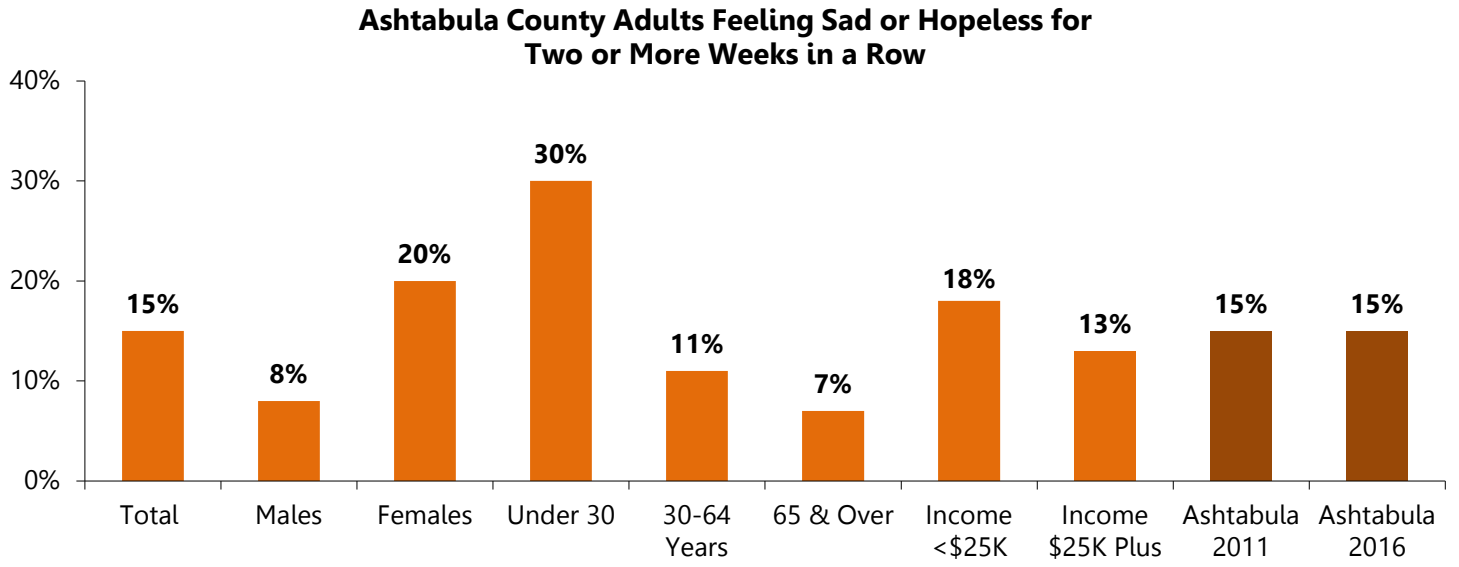
Mental Health

- In the past year, 15% of Ashtabula County adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities.
- Six percent (6%) of Ashtabula County adults considered attempting suicide in the past year.
- Less than one percent (<1%) of adults reported attempting suicide in the past year.
- Adults indicated they would do the following if they knew someone who was suicidal: talk to them (64%), try to calm them down (57%), call 911 (48%), call a crisis line (45%), take them to the ER (25%), call a friend (20%), call their spiritual leader (15%), text a crisis line (11%), and nothing (1%).
- Ashtabula County adults dealt with stress in the following ways: talked to someone they trust (52%), listened to music (45%), slept (36%), engaged in prayer/meditation (32%), worked on a hobby (29%), ate more or less than normal (28%), exercised (27%), worked (24%), drank alcohol (16%), smoked tobacco (16%), took it out on others (9%), talked to a professional (4%), used prescription drugs as prescribed (3%), used illegal drugs (3%), misused prescription drugs (<1%), self-harmed (<1%), and other ways (9%).
- Twelve percent (12%) of Ashtabula adults used a program or service for help with depression, anxiety, or other emotional problem for themselves or a loved one. Reasons for not using a program or service to help with depression, anxiety, or emotional problems included the following:
 - Could not afford to go (9%)
 - Fear (7%)
 - Had not thought of it (6%)
 - Other priorities (6%)
 - Stigma of seeking mental health services (5%)
 - Co-pay/deductible too high (3%)
 - Did not know how to find a program (2%)
 - Too long of a wait to see a doctor (1%)
 - Transportation (1%)
 - Could not get to the office or clinic (<1%)
 - Could not find a mental health doctor or provider (<1%)
 - Other reasons (4%)
- Sixty-seven percent (67%) of adults indicated they did not need a program or service for help with depression, anxiety, or other emotional problems for themselves or a loved one.

Adult Comparisons	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S. 2017
Considered attempting suicide in the past year	8%	7%	6%	N/A	N/A
Felt so sad or hopeless almost every day for two weeks or more in a row	15%	15%	15%	N/A	N/A

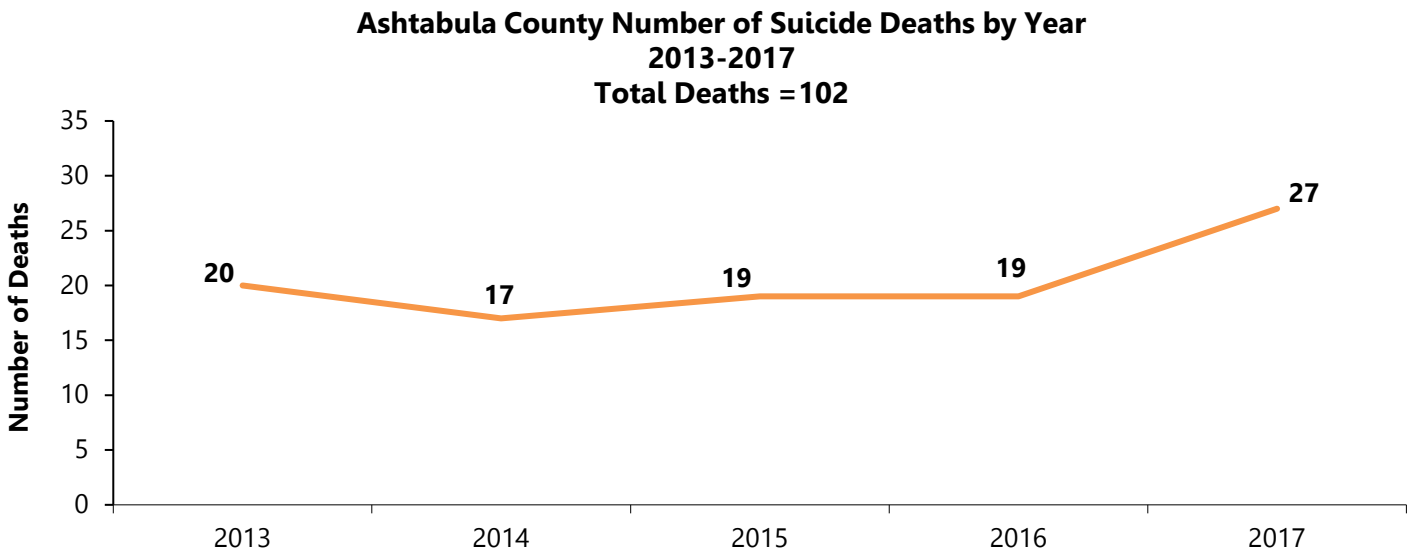
N/A –Not Available

The following graph shows Ashtabula County adults who felt sad or hopeless for two or more weeks in a row in the past year. An example of how to interpret the information includes: 15% of all adults felt sad or hopeless for two or more weeks in a row, including 20% of females and 18% of those with incomes less than \$25,000.



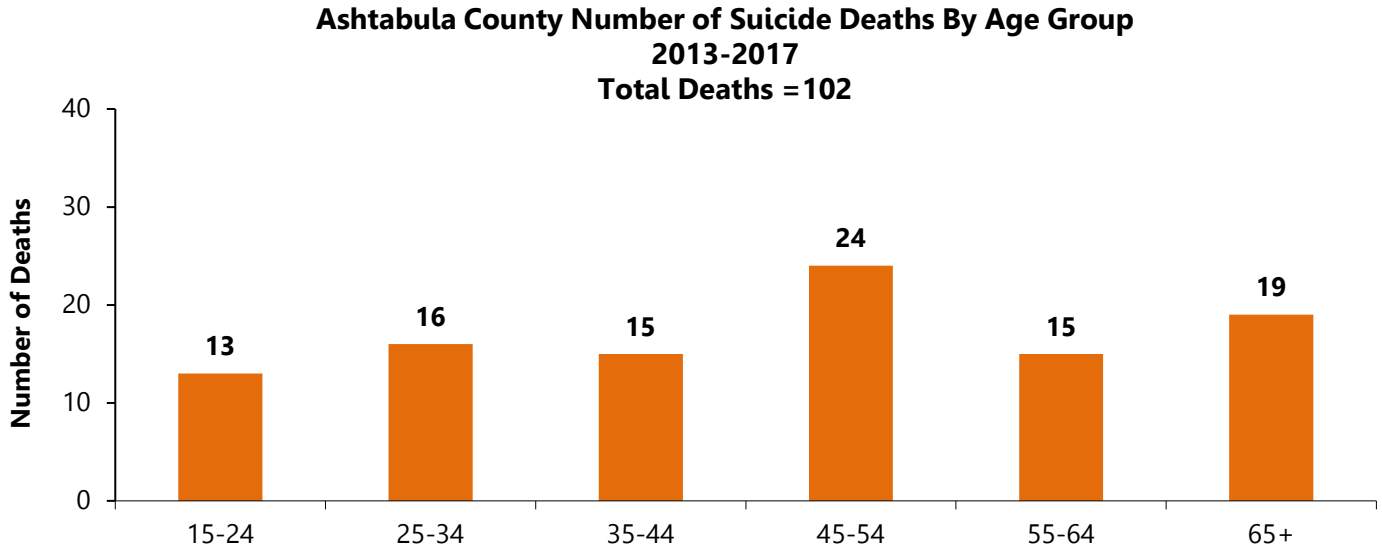
Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

The graph below shows the number of suicide deaths by year in Ashtabula County.



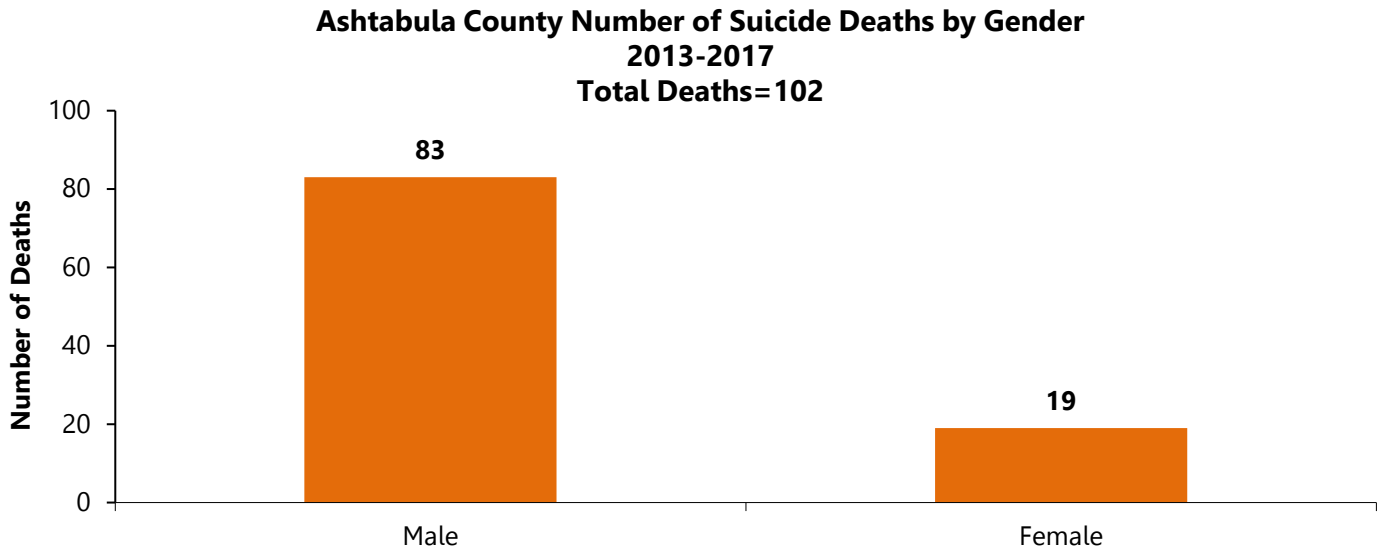
(Source: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 5/9/19)

The graph below shows the number of suicide deaths by age group in Ashtabula County.



(Source: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 5/9/19)

The graph below shows the number of suicide deaths by gender in Ashtabula County.



(Source: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 5/9/19)

Suicide Rising Across the U.S.

- Suicide is a leading cause of death in the U.S.
- Suicide rates have increased more than 30% in half of states since 1999.
- Nearly 45,000 lives were lost to suicide in 2016.
- More than (54%) half of people who died by suicide did not have a known mental health condition.
- Many factors contribute to suicide among those with and without known mental health conditions such as relationship problems, crisis in the past or upcoming two weeks, physical health problems, problematic substance use, or job/financial problems.
- Making sure government, public health, health care, employers, education, the media and community organizations are working together is important for preventing suicide. Public health departments can bring together these partners to focus on comprehensive state and community efforts with the greatest likelihood of preventing suicide.
- States and communities can:
 - Identify and support people at risk of suicide.
 - Teach coping and problem-solving skills to help people manage challenges with their relationships, jobs, health, or other concerns.
 - Promote safe and supportive environments. This includes safely storing medications and firearms to reduce access among people at risk.
 - Offer activities that bring people together so they feel connected and not alone.
 - Connect people at risk to effective and coordinated mental and physical health care.
 - Expand options for temporary help for those struggling to make ends meet.
 - Prevent future risk of suicide among those who have lost a loved one to suicide.

(Source: CDC, Suicide rising across the US, Updated on June 11, 2018)

Chronic Disease: Cardiovascular Health

Key Findings

Five percent (5%) of adults had survived a heart attack and 3% had survived a stroke at some time in their life. Forty-two percent (42%) of adults had been diagnosed with high blood pressure, 42% were obese, 40% were diagnosed with high blood cholesterol, and 21% were current smokers, four known risk factors for heart disease and stroke.

Heart Disease and Stroke

- Five percent (5%) of Ashtabula County adults reported they had survived a heart attack or myocardial infarction, increasing to 7% of those over the age of 65.
- Three percent (3%) of Ashtabula County adults reported they had survived a stroke, increasing to 7% of those over the age of 65.
- Three percent (3%) of adults reported they had angina or coronary heart disease, increasing to 5% of those over the age of 65.
- Two percent (2%) of adults reported they had congestive heart failure, increasing to 5% of those over the age of 65.

High Blood Pressure (Hypertension)

- More than two-fifths (42%) of adults had been diagnosed with high blood pressure.
- Eight percent (8%) of adults were told they were pre-hypertensive/borderline high.
- Over four-fifths (84%) of adults had their blood pressure checked within the past year.
- Ashtabula County adults diagnosed with high blood pressure were more likely to have:
 - Been ages 65 years or older (61%)
 - Been classified as obese by body mass index (59%)
 - Rated their overall health as fair or poor (23%)

High Blood Cholesterol

- Forty percent (40%) of adults had been diagnosed with high blood cholesterol.
- Four-fifths (80%) of adults had their blood cholesterol checked within the past 5 years.
- Ashtabula County adults with high blood cholesterol were more likely to have:
 - Been ages 65 years or older (63%)
 - Been classified as obese by body mass index (51%)
 - Have rated their overall health as fair or poor (18%)

Ashtabula County Leading Causes of Death, 2015-2017

Total Deaths: 3,611

1. Heart Disease (25% of all deaths)
2. Cancer (21%)
3. Chronic Lower Respiratory Diseases (7%)
4. Accidents, Unintentional Injury (5%)
5. Stroke (4%)

(Source: Ohio Public Health Data Warehouse, 2015-2017)

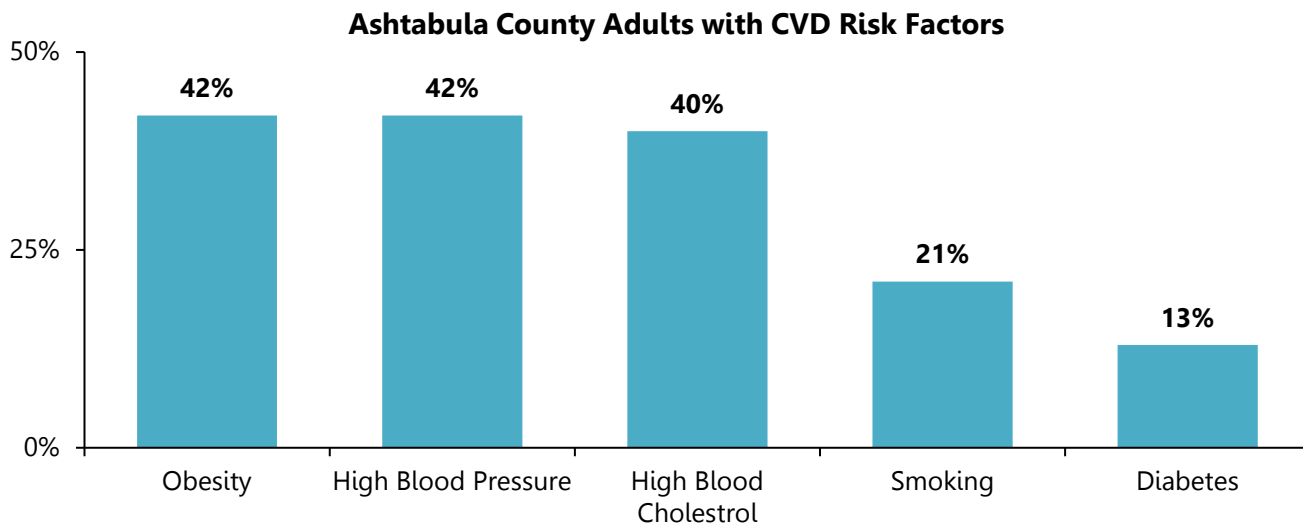
Ohio Leading Causes of Death, 2015-2017

Total Deaths: 361,238

1. Heart Diseases (23% of all deaths)
2. Cancer (21%)
3. Accidents, Unintentional Injuries (7%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (5%)

(Source: Ohio Public Health Data Warehouse, 2015-2017)

The following graph demonstrates the percentage of Ashtabula County adults who had major risk factors for developing cardiovascular disease (CVD).



(Source: 2019 Ashtabula County Health Assessment)

Adult Comparisons	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S. 2017
Had angina or coronary heart disease	N/A	5%	3%	5%	4%
Had a heart attack	7%	5%	5%	6%	4%
Had a stroke	6%	4%	3%	4%	3%
Had high blood pressure	31%	37%	42%	35%	32%
Had high blood cholesterol	34%	37%	40%	33%	33%
Had blood cholesterol checked within past 5 years	N/A	78%	80%	85%	86%

N/A – Not Available

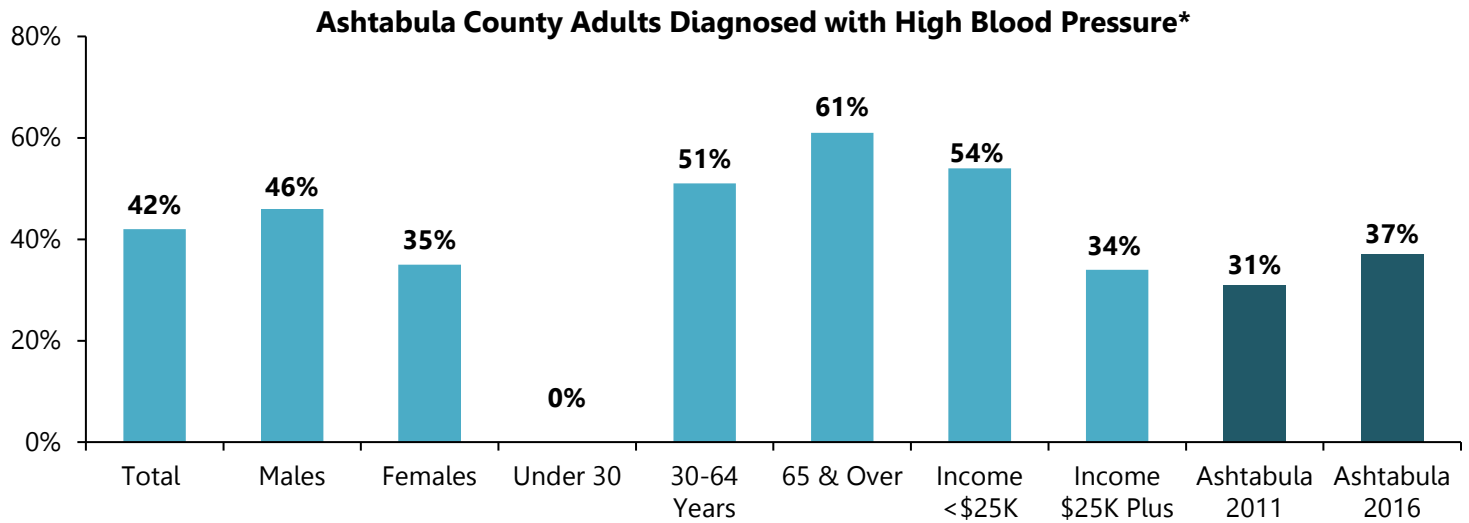
Healthy People 2020 Objectives Heart Disease and Stroke (HDS)

Objective	Ashtabula Survey Baseline 2019	2017 U.S. Baseline	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	42%	32% Adults age 18 and up	27%
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	80%	86% Adults age 18 and up	82%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	40%	33% Adults age 20+ with TBC > 240 mg/dl	14%

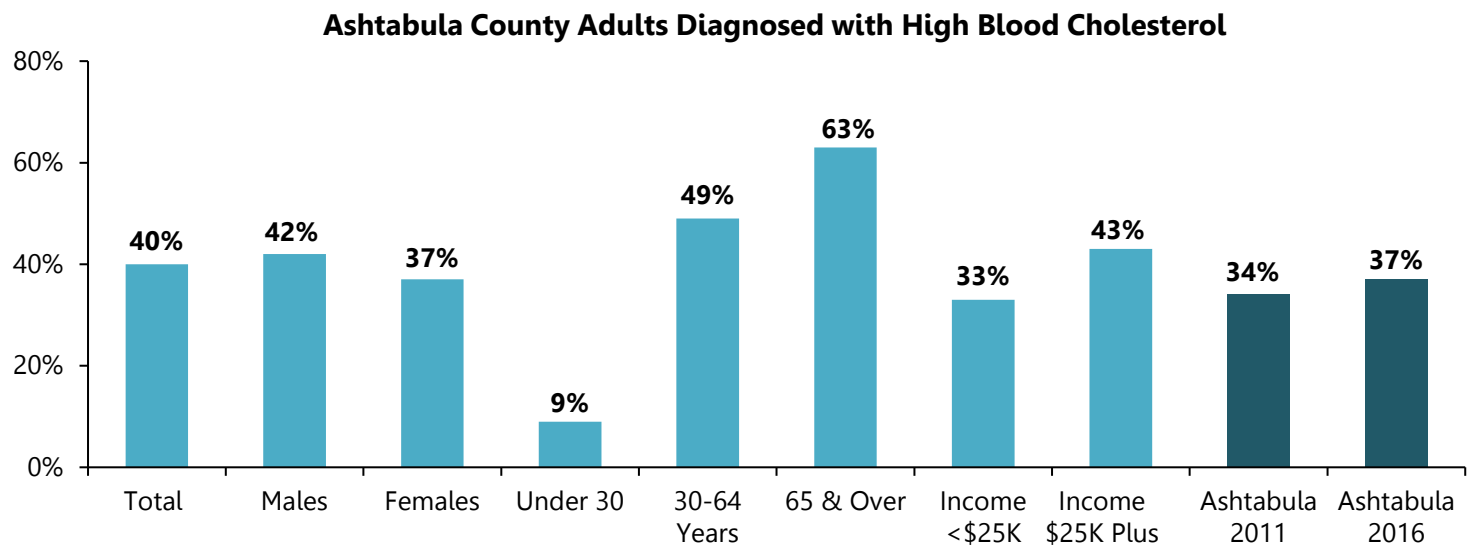
Note: All U.S. figures age-adjusted to 2000 population standard.

(Source: Healthy People 2020, 2017 BRFSS, 2019 Ashtabula County Health Assessment)

The following graphs show the percent of Ashtabula County adults who had been diagnosed with high blood pressure and high blood cholesterol. An example of how to interpret the information on the first graph includes: 42% of all Ashtabula County adults had been diagnosed with high blood pressure, including 46% of all males and 61% of those 65 years and older.



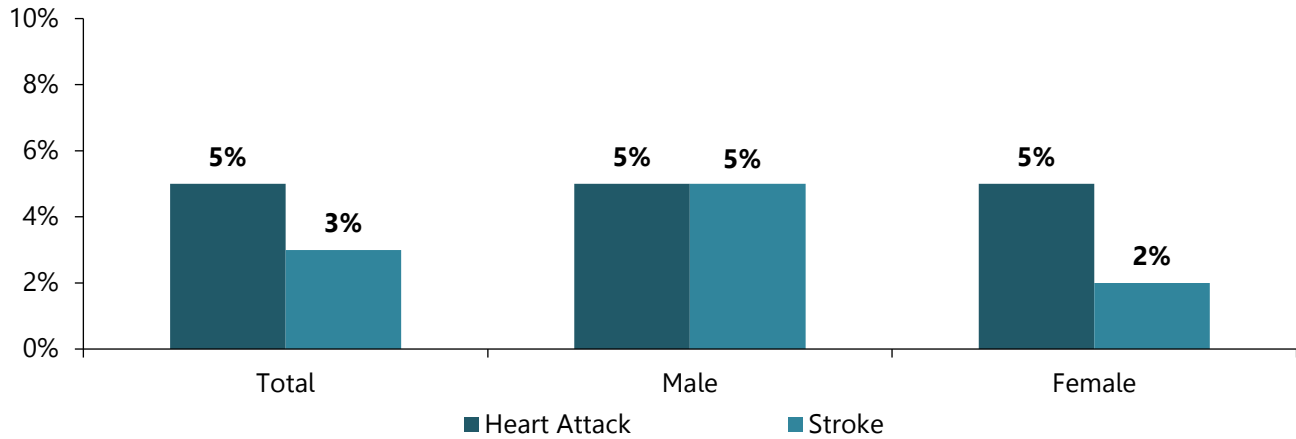
*Does not include respondents who indicated high blood pressure during pregnancy only.



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows the percentage of Ashtabula County adults who had survived a heart attack or stroke in their lifetime by gender. An example of how to interpret the information includes: 5% of Ashtabula County males survived a stroke compared to 2% of females.

Ashtabula County Adults Who Had Survived a Heart Attack or Stroke In Their Lifetime



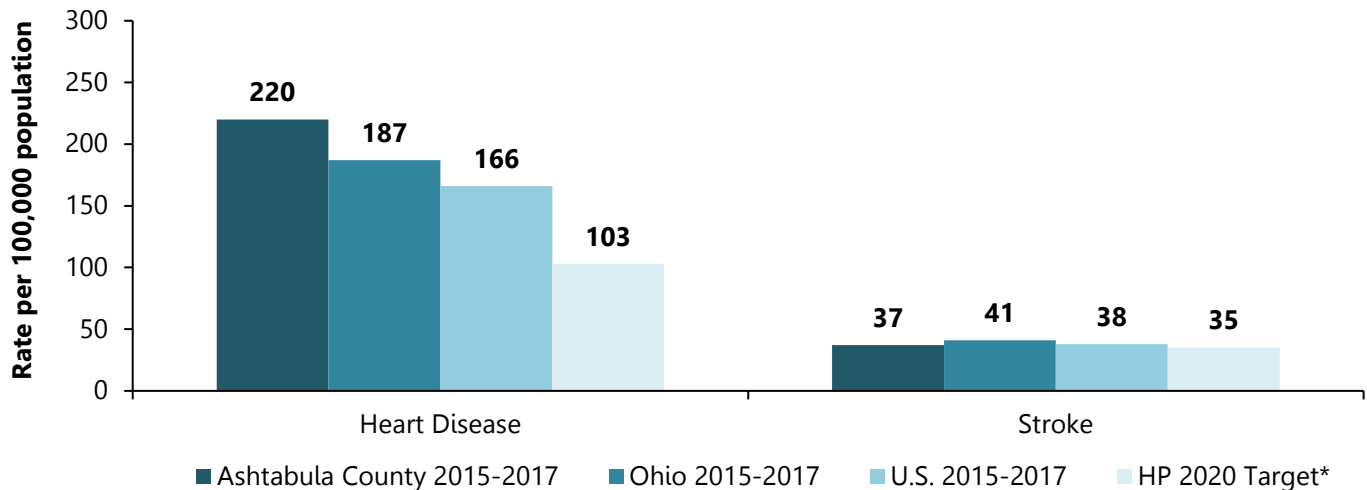
(Source: 2019 Ashtabula County Health Assessment)

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows the Ashtabula County, Ohio and U.S. age-adjusted mortality rates per 100,000 population for heart disease and stroke in comparison to the Healthy People 2020 target objective.

- When age differences are accounted for, the statistics indicate that from 2015 to 2017, the Ashtabula County heart disease mortality rate was greater than the figure for the state, the U.S., and the Healthy People 2020 target.
- The Ashtabula County age-adjusted stroke mortality rate from 2015 to 2017 was lower than the state and the U.S. figure, but higher as the Healthy People 2020 target objective.

Ashtabula County Age-Adjusted Heart Disease and Stroke Mortality Rates

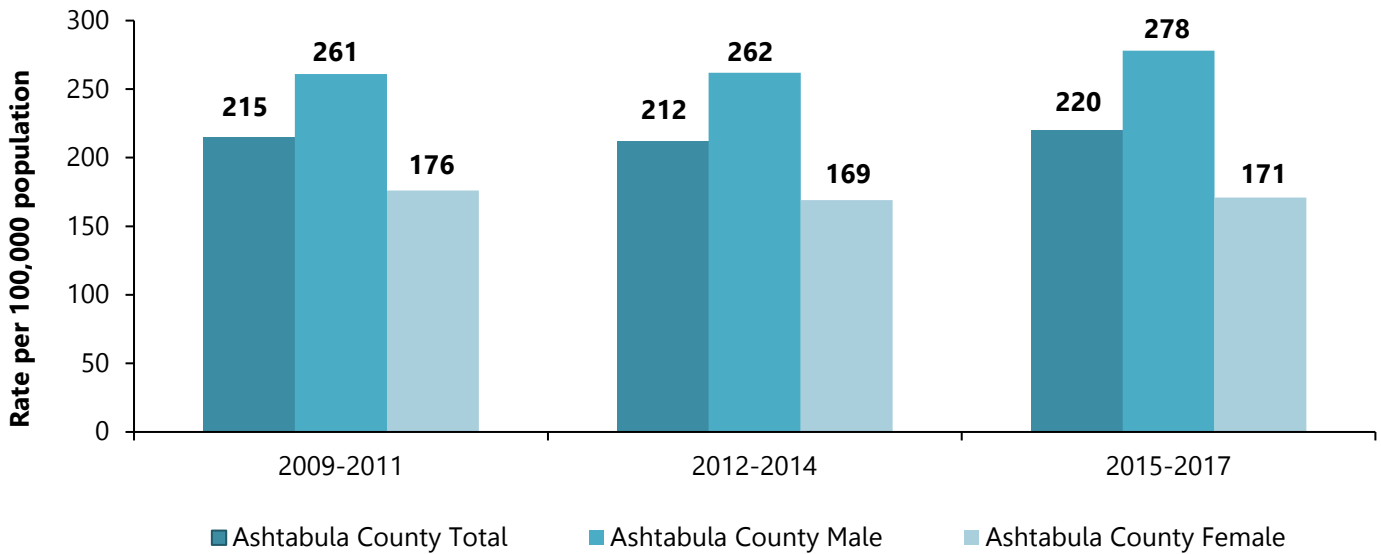


*The Healthy People 2020 Target objective for coronary heart disease is reported for heart attack mortality.
 (Source: Ohio Public Health Data Warehouse, 2015-2017, CDC Wonder 2015-2017, Healthy People 2020)

The following graphs show the age-adjusted mortality rates per 100,000 population for heart disease and stroke by gender.

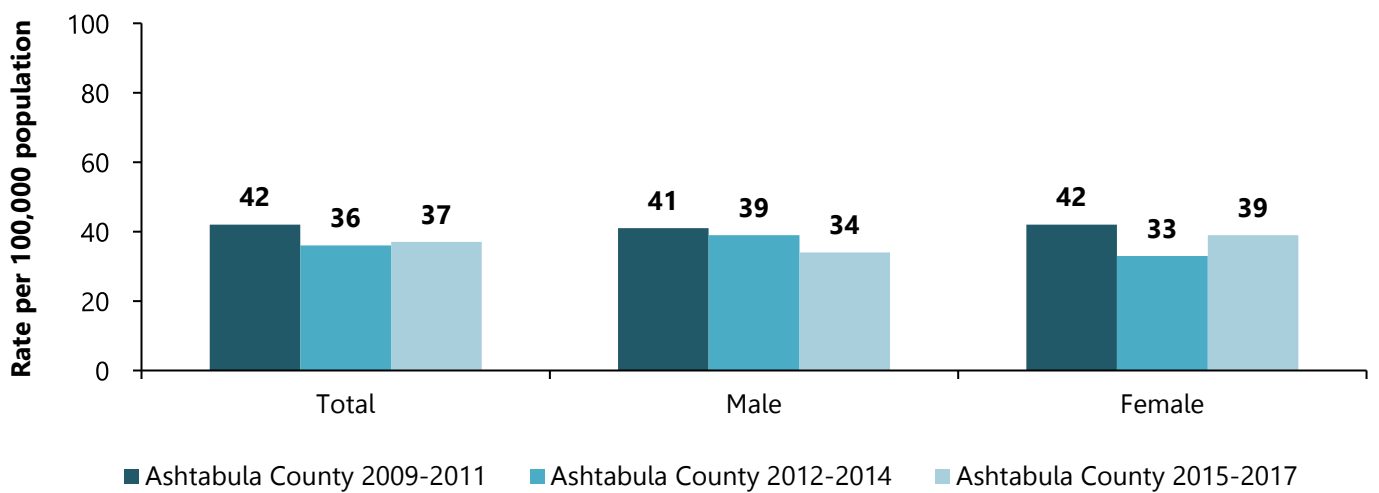
- From 2009 to 2017, the Ashtabula County stroke mortality rate was higher for males than for females.

Ashtabula County Age-Adjusted Heart Disease Mortality Rates by Gender



(Source: Ohio Public Health Data Warehouse, 2009-2017)

Ashtabula County Age-Adjusted Stroke Mortality Rates by Gender



(Source: Ohio Public Health Data Warehouse, 2009-2017)

Chronic Disease: Cancer

Key Findings

Fifteen percent (15%) of Ashtabula County adults had been diagnosed with cancer at some time in their life.

Cancer

- Fifteen percent (15%) of Ashtabula County adults were diagnosed with cancer at some point in their lives, increasing to 31% of those over the age of 65.
- Of those diagnosed with cancer, they reported the following types: cervical (30%), prostate (29%), breast (26%), other skin cancer (11%), leukemia (9%), lung (5%), colon/intestine (5%), bladder (5%), melanoma (2%), non-Hodgkin's lymphoma (2%), pancreatic (2%), esophageal (2%), renal (2%), and other types of cancer (9%).

Ashtabula County Incidence of Cancer, 2012-2016

All Types: 2,915

- Lung and Bronchus: 502 cases (17%)
- Breast: 401 cases (14%)
- Colon and Rectum: 289 cases (10%)
- Prostate: 283 cases (10%)

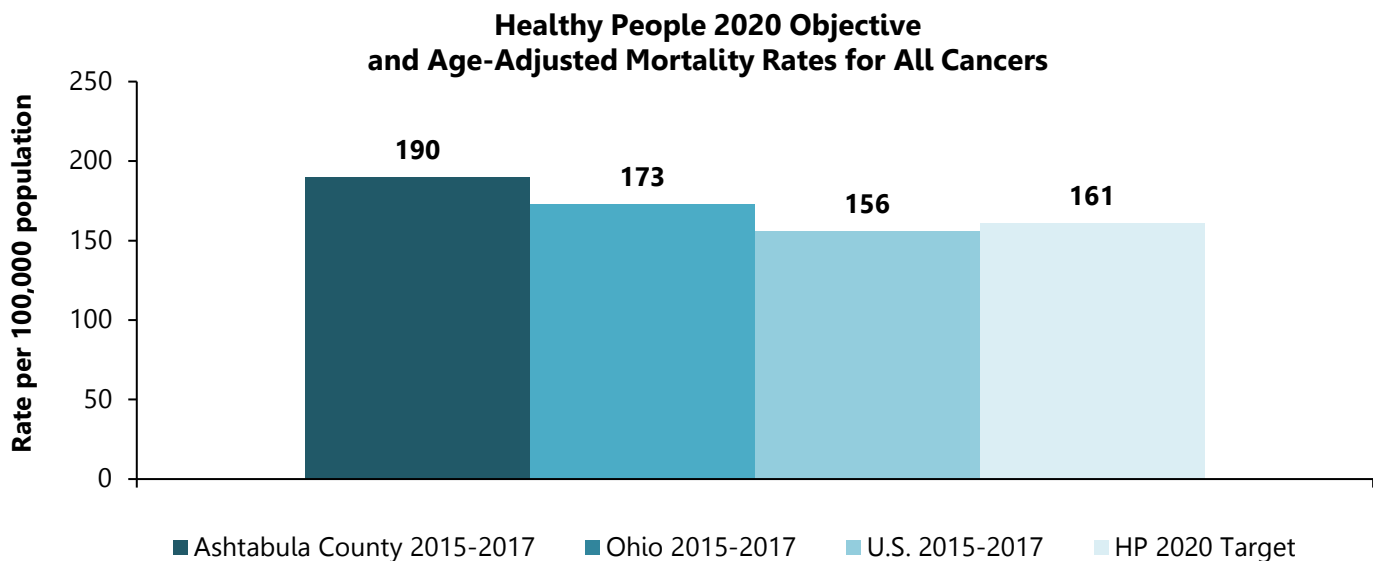
In 2015-2017, there were 773 cancer deaths in Ashtabula County.

(Source: Ohio Cancer Incidence, ODH Ohio Public Health Data Warehouse, Updated 5/9/19)

Cancer Facts

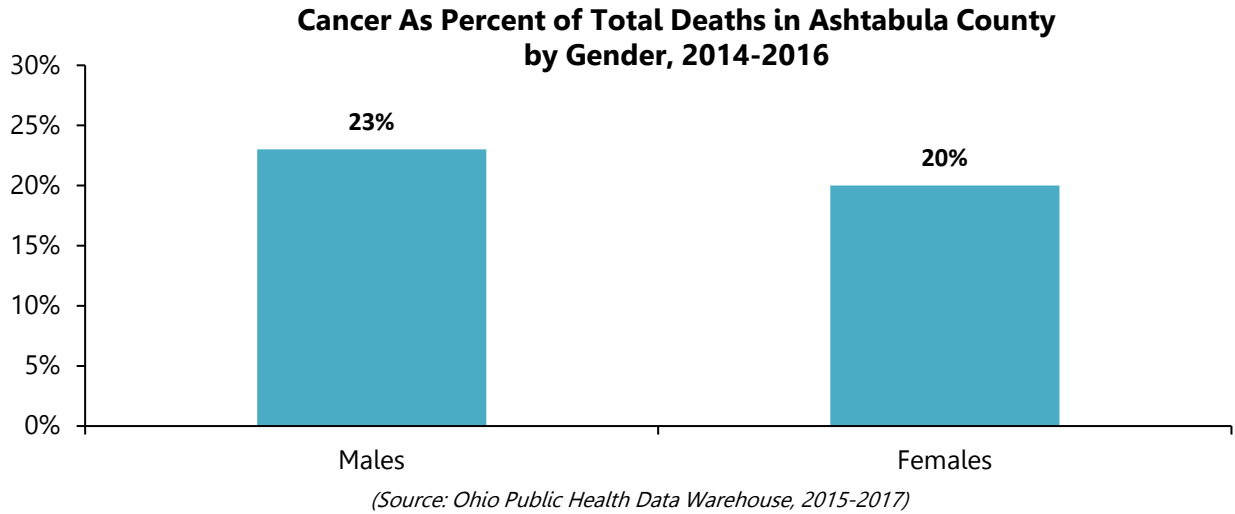
- The Ohio Public Health Data Warehouse indicates that from 2015-2017, cancers caused 21% (773 of 3,611 total deaths) of all Ashtabula County resident deaths. The largest percent (17%) of 2015-2017 cancer deaths were from lung and bronchus cancers *(Source: Ohio Public Health Data Warehouse, 2015-2017)*.
- The American Cancer Society states that about 606,880 Americans are expected to die of cancer in 2019. Cancer is the second leading cause of death in the U.S., exceeded only by heart disease *(Source: American Cancer Society, Facts & Figures 2019)*.

The following graph shows the Ashtabula County, Ohio and U.S. age-adjusted mortality rates (per 100,000 population, 2000 standard) for all types of cancer in comparison to the Healthy People 2020 objective.



(Source: Ohio Public Health Data Warehouse, CDC Wonder, Healthy People 2020)

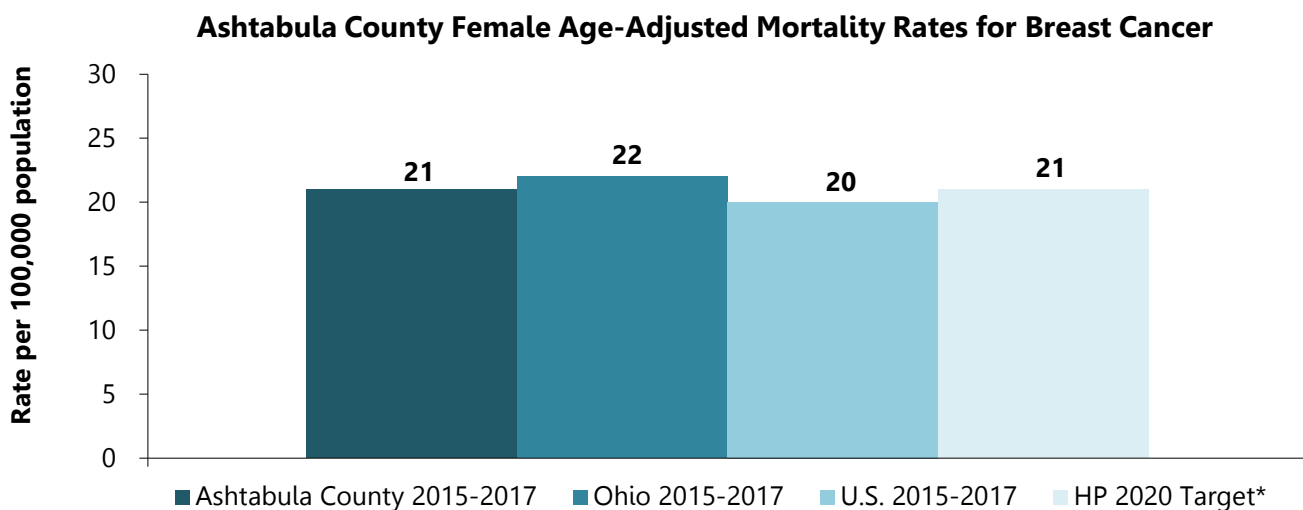
The following graph shows cancer as a percent of total deaths in Ashtabula County.



Breast Cancer

- Forty-seven percent (47%) of Ashtabula County females reported having had a clinical breast examination in the past year.
- Over half (58%) of Ashtabula County females over the age of 40 had a mammogram in the past year.
- For women at average risk of breast cancer, recently updated American Cancer Society screening guidelines recommend that those 40 to 44 years of age have the option to begin annual mammography, those 45 to 54 should undergo annual mammography, and those 55 years of age and older may transition to biennial mammography or continue annual mammography. Women should continue mammography as long as overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual magnetic resonance imaging (MRI) is recommended in addition to mammography, typically starting at age 30 *(Source: American Cancer Society, Facts & Figures 2019).*

The following graph shows the Ashtabula County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for breast cancer in comparison with the Healthy People 2020 objective.

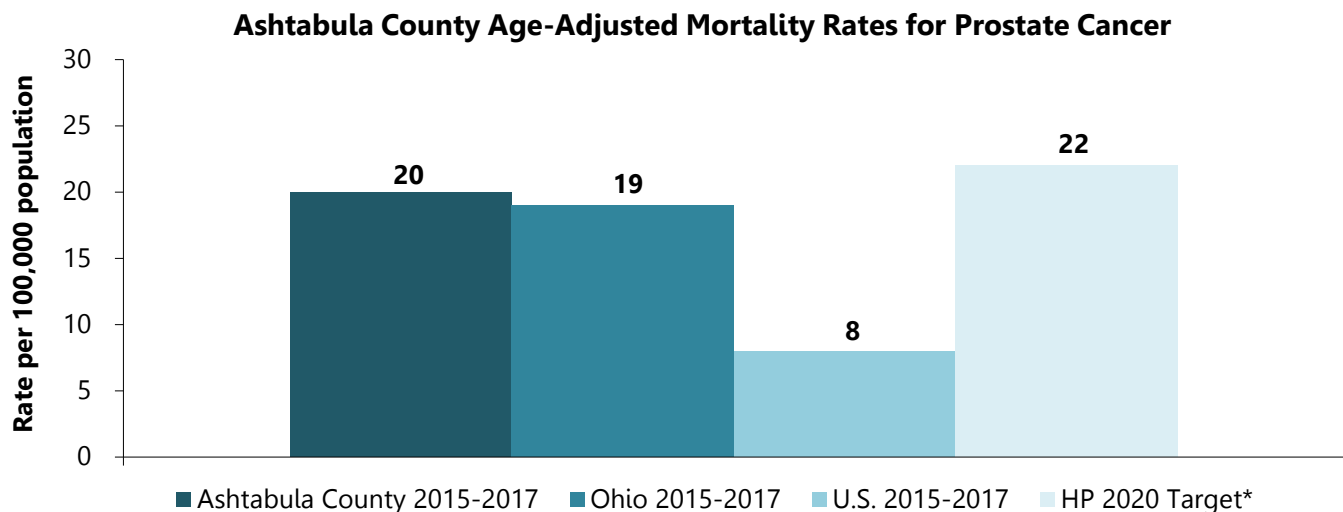


(Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017)

Prostate Cancer

- More than half (55%) of men had a digital rectal exam in their lifetime, and 14% had one in the past year.
- ODH statistics indicate that prostate cancer deaths accounted for 8% of all male cancer deaths from 2015-2017 in Ashtabula County (Source: Ohio Public Health Data Warehouse, 2015-2017).
- No organizations presently endorse routine prostate cancer screening for men at average risk because of concerns about the high rate of overdiagnosis (detecting disease that would never have caused symptoms), along with the significant potential for serious side effects associated with prostate cancer treatment. The American Cancer Society recommends that beginning at age 50, men who are at average risk of prostate cancer and have a life expectancy of at least 10 years have a conversation with their health care provider about the benefits and limitations of PSA testing and make an informed decision about whether to be tested based on their personal values and preferences. Men at high risk of developing prostate cancer (black men or those with a close relative diagnosed with prostate cancer before the age of 65) should have this discussion beginning at age 45, and men at even higher risk (those with several close relatives diagnosed at an early age) should have this discussion beginning at age 40 (Source: American Cancer Society, Facts & Figures 2019).

The following graph shows the Ashtabula County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for prostate cancer in comparison with the Healthy People 2020 objective.



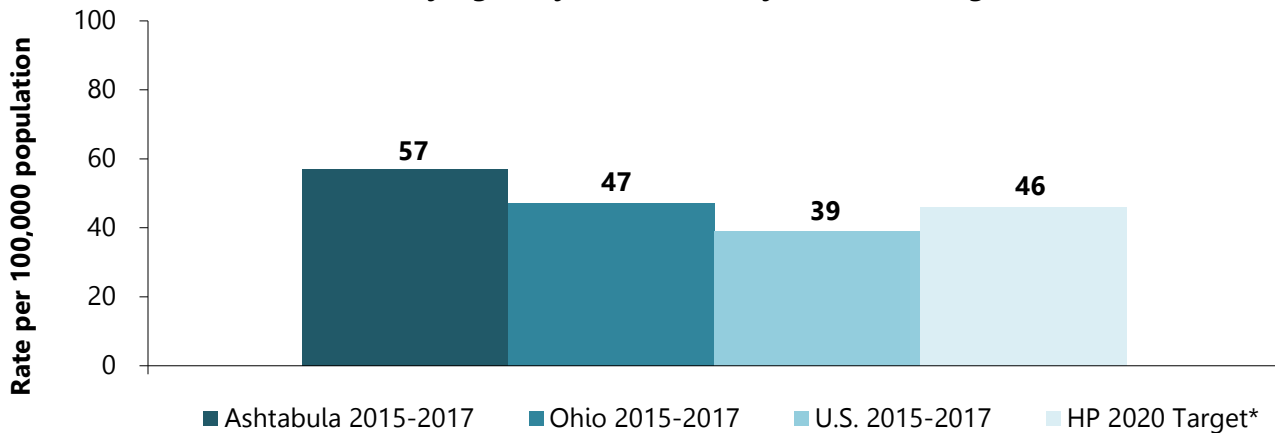
(Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017)

Lung Cancer

- In Ashtabula County, 18% of male adults and 23% of female adults were current smokers.
- The Ohio Department of Health (ODH) reports that lung and bronchus cancer was the leading cause of male cancer deaths (n=134) and female cancer deaths (n=103) from 2015-2017 in Ashtabula County (Source: Ohio Public Health Data Warehouse, 2015-2017).
- According to the American Cancer Society, smoking causes 81% of lung cancer deaths in the U.S. Men and women who smoke are about 25 times more likely to develop lung cancer than nonsmokers (Source: American Cancer Society, Facts & Figures 2019).

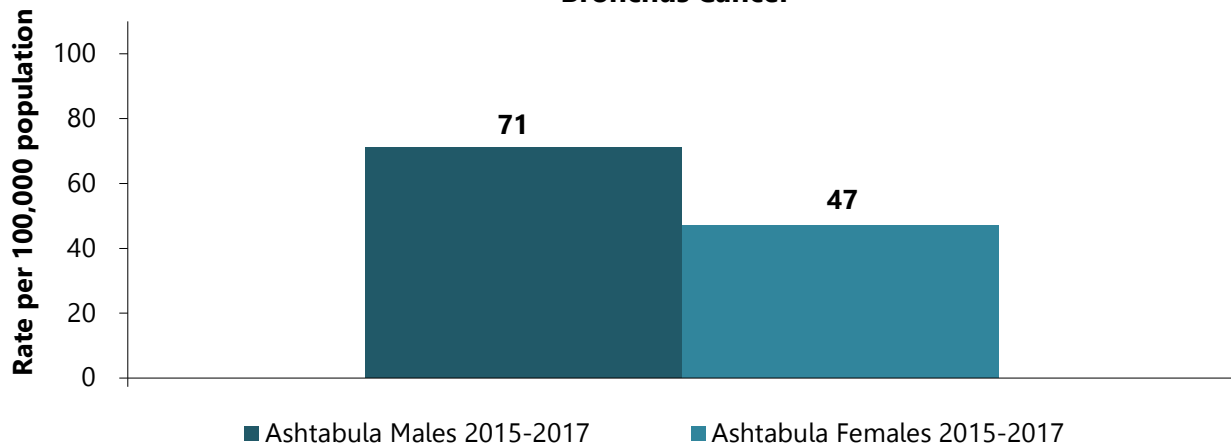
The following graphs show the Ashtabula County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for lung and bronchus cancer in comparison with the Healthy People 2020 objective, as well as by gender.

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



*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)

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



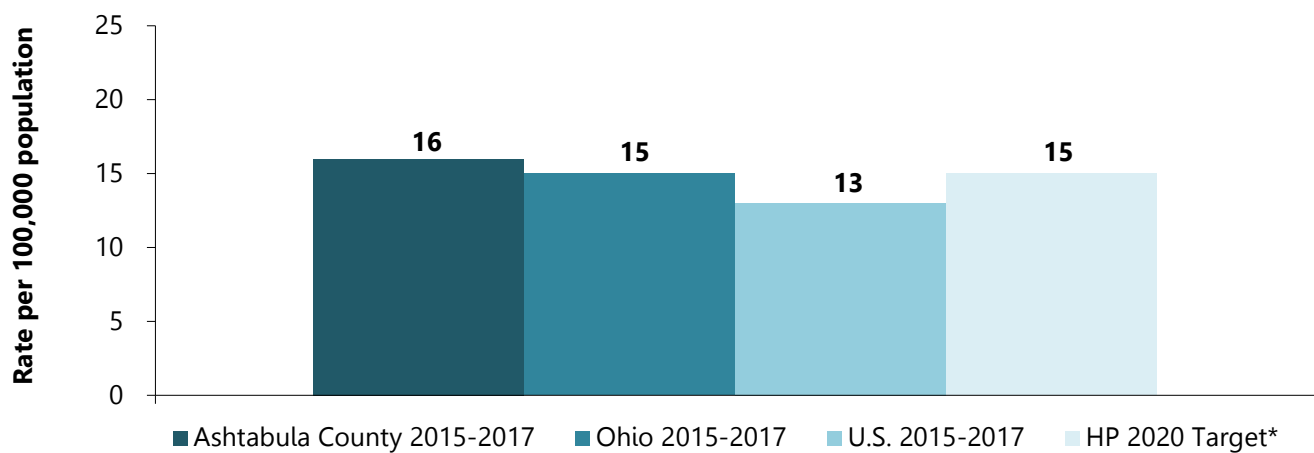
(Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2015-2017)

Colorectal Cancers

- ODH indicates that colon and rectal cancer deaths accounted for 9% of all male and female cancer deaths from 2015-2017 in Ashtabula County (Source: Ohio Public Health Data Warehouse, 2017).
- Modifiable factors that increase colorectal cancer risk include obesity, physical inactivity, long-term smoking, high consumption of red or processed meat, low calcium intake, moderate to heavy alcohol consumption, and very low intake of fruits and vegetables and whole-grain fiber. Hereditary and medical factors that increase risk include a personal or family history of colorectal cancer and/or polyps, certain inherited genetic conditions, a personal history of chronic inflammatory bowel disease, and type 2 diabetes (Source: American Cancer Society, Facts & Figures 2019).

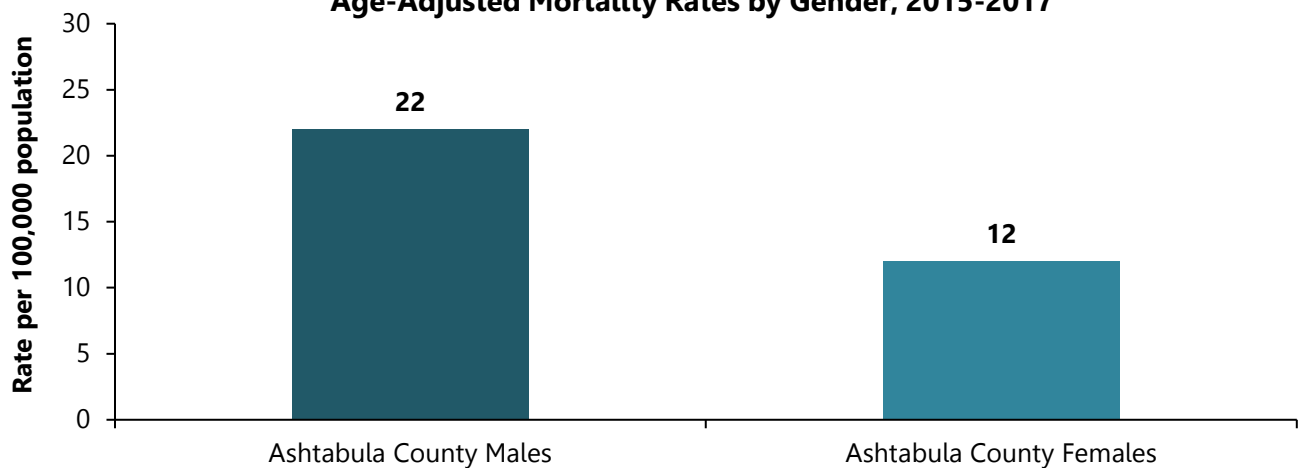
The following graphs show Ashtabula County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for colorectal cancer in comparison with the Healthy People 2020 objective, as well as by gender.

Ashtabula County Age-Adjusted Mortality Rates for Colorectal Cancer



(Source: Healthy People 2020, Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017)

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



(Source: Ohio Public Health Data Warehouse 2015-2017)

Ashtabula County Incidence of Cancer, 2012-2016

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer	Age-Adjusted Rate
Lung and Bronchus	502	17%	74.3
Breast	401	14%	62.3
Colon & Rectum	289	10%	44.5
Prostate	283	10%	83.9
Other Sites/Types	226	8%	36.9
Bladder	158	5%	23.3
Melanoma of Skin	127	4%	20.5
Non-Hodgkins Lymphoma	116	4%	18.3
Uterus	112	4%	33
Kidney & Renal Pelvis	93	3%	14.7
Thyroid	91	3%	17.3
Pancreas	83	3%	12.1
Leukemia	75	3%	12.2
Oral Cavity & Pharynx	73	3%	11
Liver & Intrahepatic Bile Duct	54	2%	8.2
Stomach	50	2%	7.4
Esophagus	41	1%	5.7
Brain and Other CNS	32	1%	5.7
Larynx	26	1%	3.9
Ovary	25	1%	7.8
Multiple Myeloma	22	1%	3.3
Cervix	15	1%	5.7
Testis	12	<1%	5.6
Hodgkins Lymphoma	9	<1%	1.9
Total	2,916	100%	450.2

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 3/28/18)

2019 Cancer Estimates

- In 2019, more than 1.7 million new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about eighteen percent of the new cancer cases expected to occur in the U.S. in 2018 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 606,880 Americans are expected to die of cancer in 2019.
- 81% of lung cancer deaths in the U.S are attributed to smoking.
- In 2019, estimates predict that there will be 67,150 new cases of cancer and 25,440 cancer deaths in Ohio.
- Of the new cancer cases in Ohio, approximately 9,680 (14%) will be from lung and bronchus cancers and 3,750 (6%) will be from melanoma (skin) cancer.
- About 10,240 new cases of female breast cancer are expected in Ohio.
- New cases of male prostate cancer in Ohio are expected to be 5,340 (8%).

(Source: American Cancer Society, Facts and Figures 2019)

Chronic Disease: Asthma and Other Respiratory Disease

Key Findings

Nearly one-fifth (18%) of Ashtabula County adults had been diagnosed with asthma.

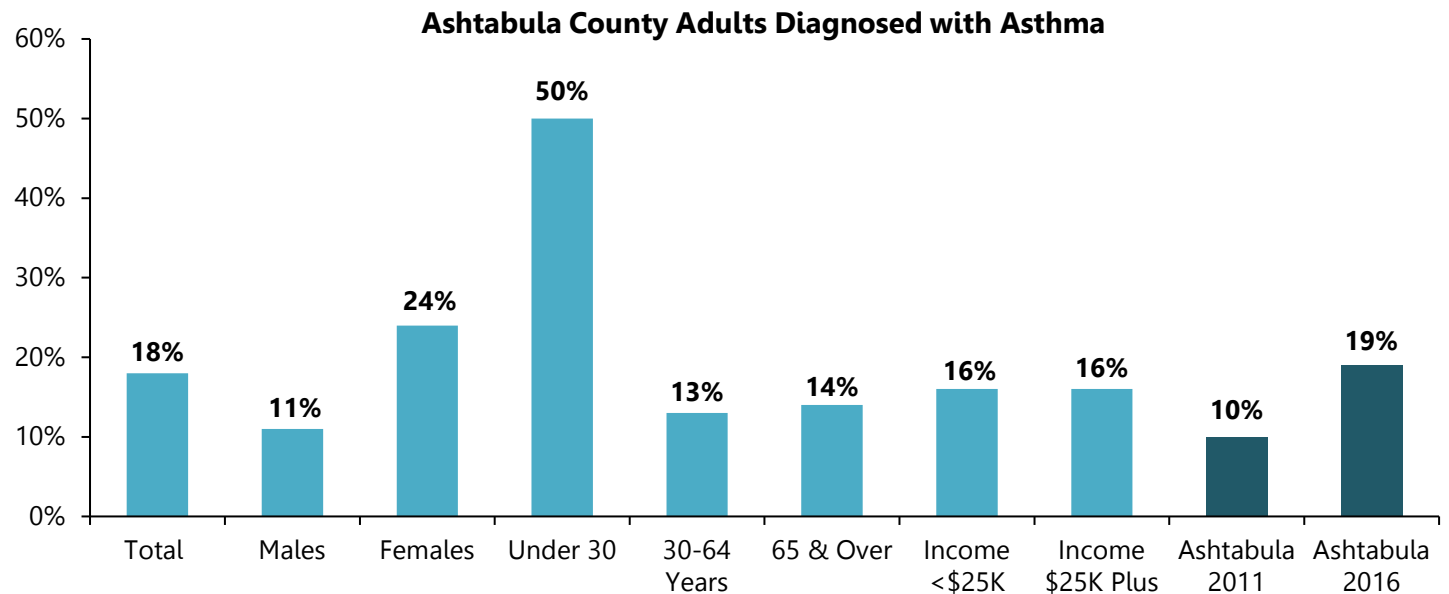
Asthma and Other Respiratory Disease

- In 2019, 18% of Ashtabula County adults had been diagnosed with asthma, increasing to 24% of females.
- Eight percent (8%) of adults had been diagnosed with COPD, emphysema, or chronic bronchitis, increasing to 15% of those over the age of 65 and 16% of those with incomes less than \$25,000.

Adult Comparisons	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S. 2017
Ever been told they have asthma	10%	19%	18%	14%	14%
Ever diagnosed with chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis	N/A	11%	8%	8%	7%

N/A-Not Available

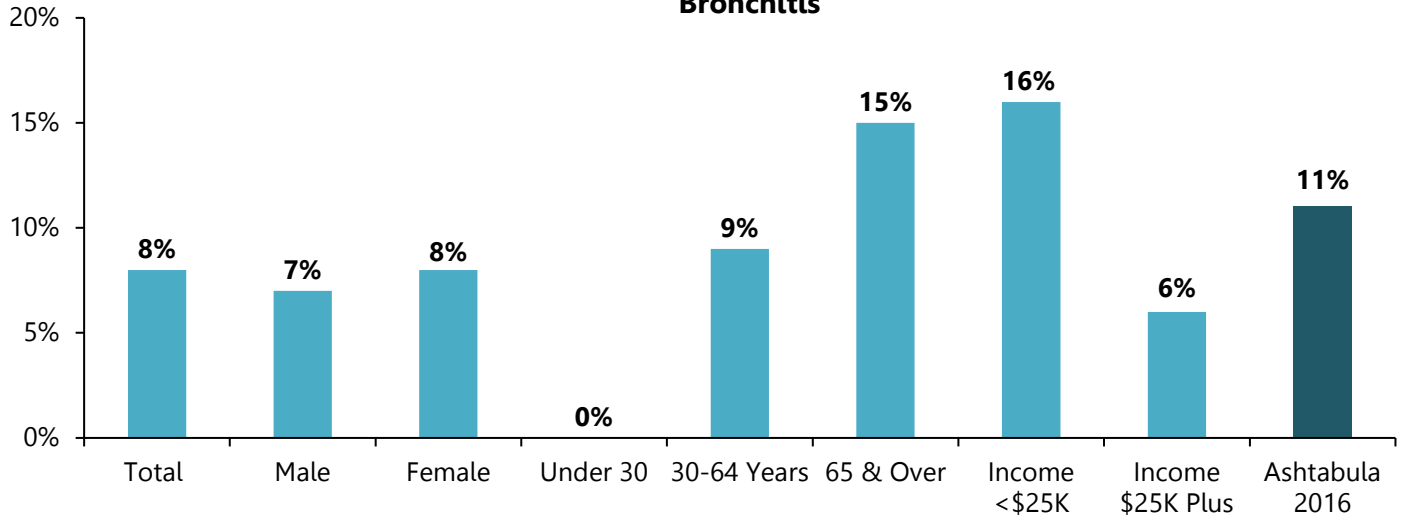
The following graph shows the percentage of Ashtabula County adults who were diagnosed with asthma. An example of how to interpret the information includes: 18% of adults were diagnosed with asthma, including 24% of females.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows the percentage of Ashtabula County adults who were diagnosed with COPD, emphysema, or chronic bronchitis. An example of how to interpret the information includes: 8% of adults were diagnosed with COPD, emphysema, or chronic bronchitis, including 16% of adults with incomes less than \$25,000.

Ashtabula County Adults Diagnosed with COPD, Emphysema, or Chronic Bronchitis

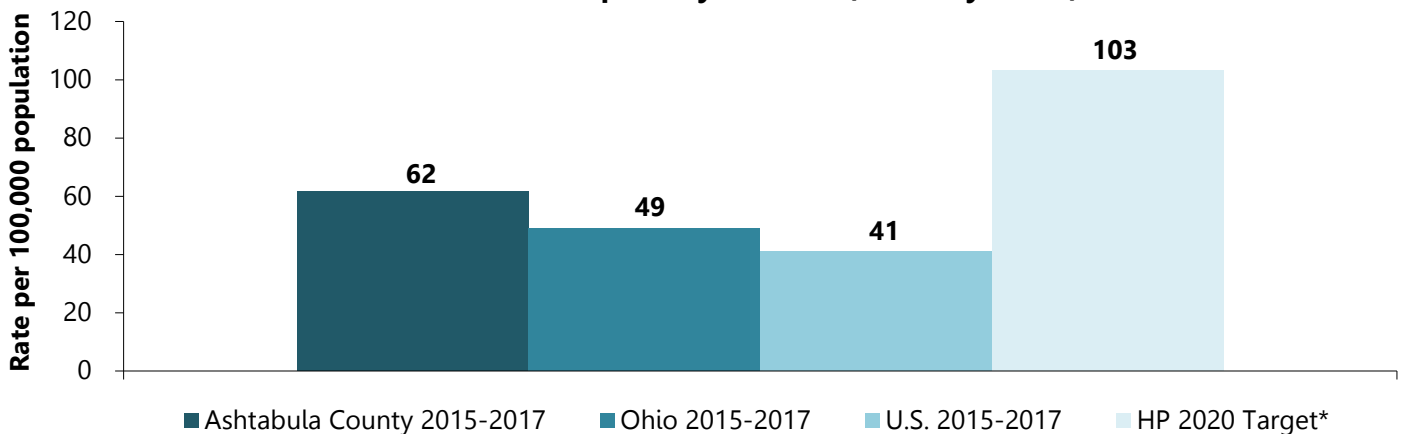


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows the Ashtabula County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for chronic lower respiratory diseases (formerly COPD) in comparison with the Healthy People 2020 objective. The graph shows:

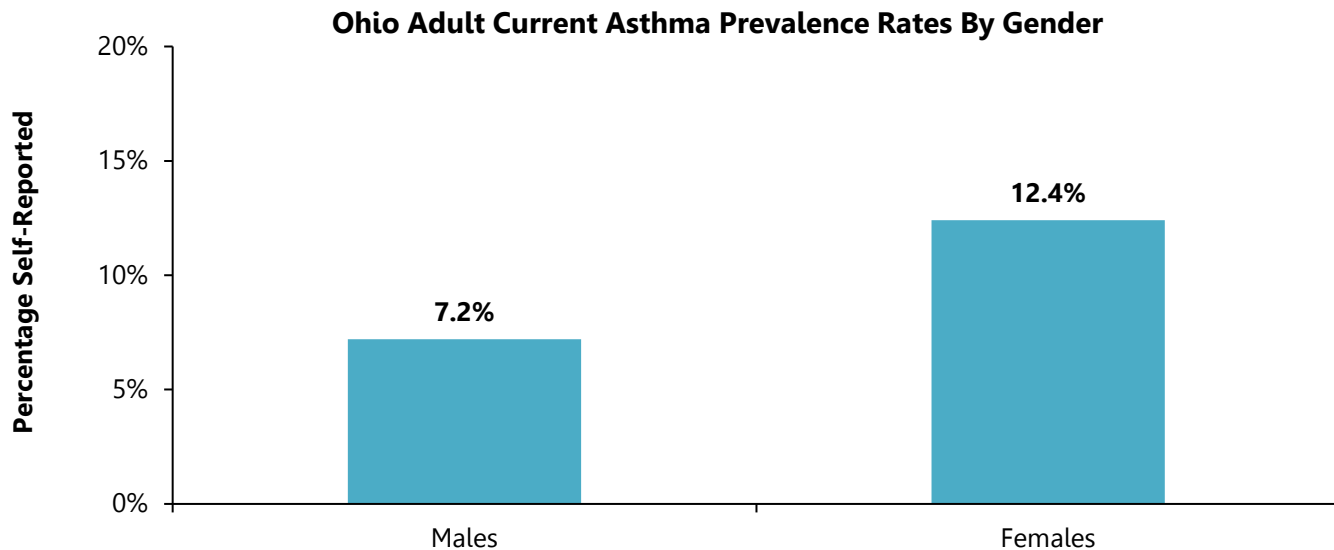
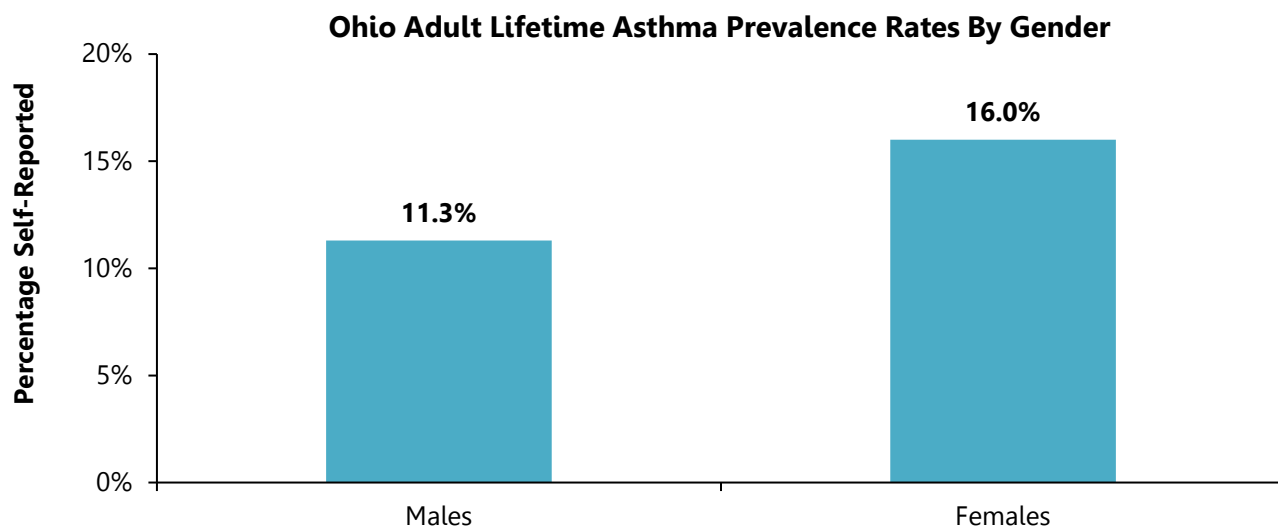
- From 2015 to 2017, Ashtabula County’s age-adjusted mortality rate for chronic lower respiratory disease was higher than the Ohio and U.S. rates, but lower than the Healthy People 2020 target objective rate.

Age-Adjusted Mortality Rates for Chronic Lower Respiratory Diseases (Formerly COPD)



Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017
 *Healthy People 2020’s target rate and the U.S. rate are for adults aged 45 years and older.

The following graphs demonstrate the lifetime and current prevalence rates of asthma by gender for Ohio residents.



(Source: 2017 BFRSS)

Asthma Facts

- The number of Americans with asthma grows every year. Currently, 26.5 million Americans have asthma.
- Asthma mortality is almost 4,000 deaths per year.
- Asthma results in 439,000 hospitalizations and 1.8 million emergency room visits annually.
- Patients with asthma reported 14.2 million visits to a doctor's office and 1.3 million visits to hospital outpatient departments.
- Effective asthma treatment includes monitoring the disease with a peak flow meter, identifying and avoiding allergen triggers, using drug therapies including bronchodilators and anti-inflammatory agents, and developing an emergency plan for severe attacks.

(Source: American College of Allergy, Asthma, & Immunology, Asthma Facts, updated 6/13/18)

Chronic Disease: Arthritis

Key Findings

More than one-third (36%) of Ashtabula County adults were diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia.

Arthritis

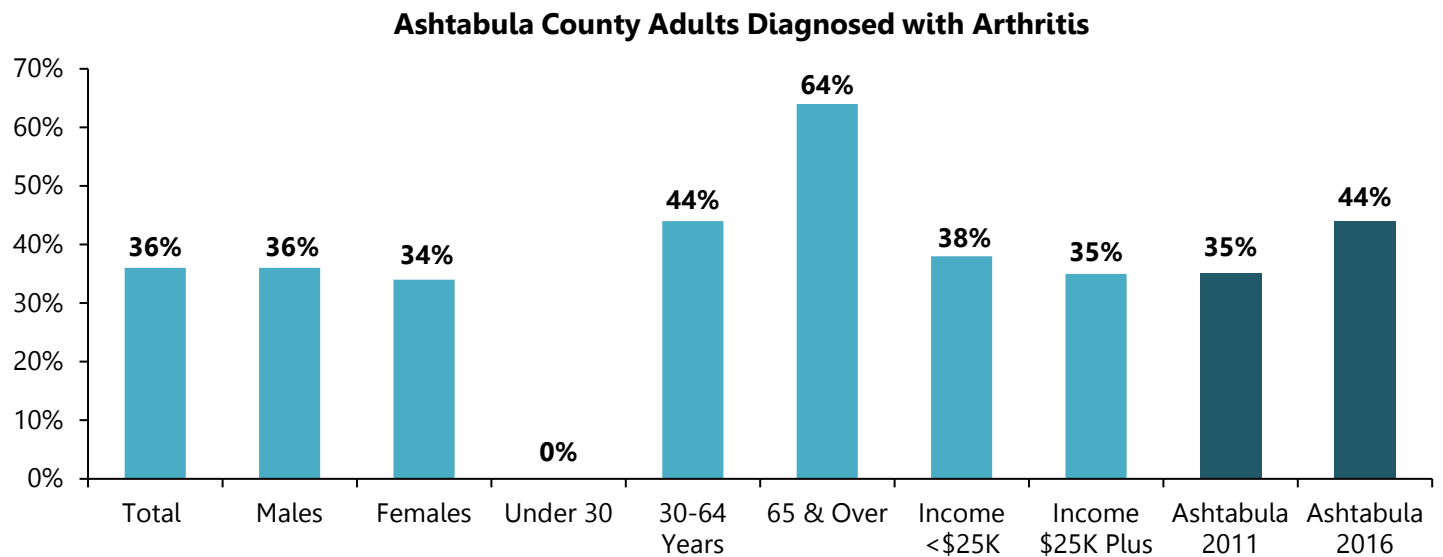
- More than one-third (36%) of Ashtabula County adults were told by a health professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia, increasing to 64% of those over the age of 65.
- Over three-fourths (80%) of adults diagnosed with arthritis were overweight or obese.

Arthritis in the U.S.

- In the United States, 54 million people (23% of all adults) have arthritis. It is a leading cause of work-related disability. The annual direct costs are at least **\$140 billion**.
- Arthritis commonly occurs with other chronic diseases. About half of US adults with heart disease or diabetes and one-third of people who have obesity also have arthritis. Having arthritis and other chronic conditions can reduce quality of life, reduce physical activity, and make disease management harder.

(Source: CDC. National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), updated on October 19, 2018)

The following graph shows the percentage of Ashtabula County adults who were diagnosed with arthritis. An example of how to interpret the information includes: 36% of adults were diagnosed with arthritis, including 64% of adults over the age of 65.



Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S. 2017
Ever diagnosed with arthritis	35%	44%	36%	29%	25%

Arthritis: Key Public Health Messages

Early diagnosis of arthritis and self-management activities can help people decrease their pain, improve function, and stay productive. Key self-management activities include the following:

- **Learn Arthritis Management Strategies:** Arthritis management strategies provide those with arthritis with the skills and confidence to effectively manage their condition. Self-Management Education has proven to be valuable for helping people change their behavior and better manage their arthritis symptoms. Interactive workshops such as the Arthritis Self-Management Program and the Chronic Disease Self-Management Program are low-cost (about \$25 – \$35) and available in communities across the country. Attending one of these programs can help a person learn ways to manage pain, exercise safely, and gain control of arthritis.
- **Be Active:** Research has shown that physical activity decreases pain, improves function, and delays disability. Make sure you get at least 30 minutes of moderate physical activity at least 5 days a week. You can get activity in 10-minute intervals.
- **Watch your weight:** The prevalence of arthritis increases with increasing weight. Research suggests that maintaining a healthy weight reduces the risk of developing arthritis and may decrease disease progression. A loss of just 11 pounds can decrease the occurrence (incidence) of new knee osteoarthritis and a modest weight loss can help reduce pain and disability.
- **See your doctor:** Although there is no cure for most types of arthritis, early diagnosis and appropriate management is important, especially for inflammatory types of arthritis. For example, early use of disease-modifying drugs can affect the course of rheumatoid arthritis. If you have symptoms of arthritis, see your doctor and begin appropriate management of your condition.
- **Protect your joints:** Joint injury can lead to osteoarthritis. People who experience sports or occupational injuries or have jobs with repetitive motions like repeated knee bending have more osteoarthritis. Avoid joint injury to reduce your risk of developing osteoarthritis.

(Source: Centers for Disease Control and Prevention, Arthritis: Key Public Health Messages, Updated on 2/7/18)

Chronic Disease: Diabetes

Key Findings

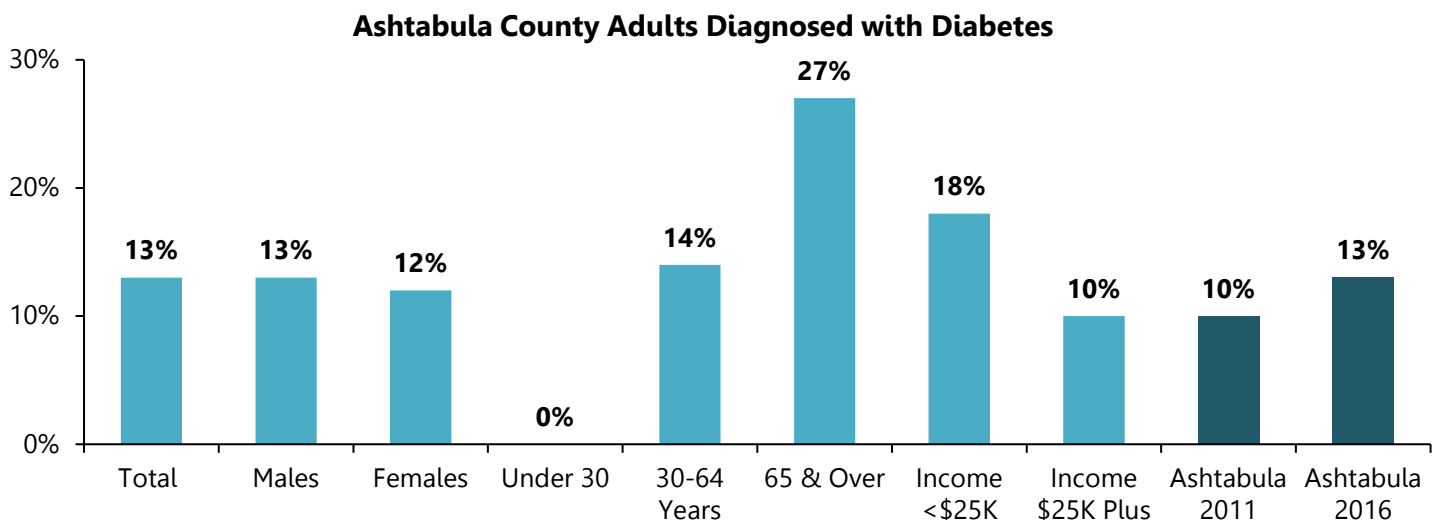
Thirteen percent (13%) of Ashtabula County adults had been diagnosed with diabetes. Over one-third (35%) of adults with diabetes rated their health as fair or poor.

9,894 of adults had been diagnosed with diabetes in their lifetime

Diabetes

- Thirteen percent (13%) of Ashtabula County adults had been diagnosed with diabetes, increasing to 27% of those over the age of 65 and 18% of those with incomes less than \$25,000.
- Six percent (6%) adults had been diagnosed with pre-diabetes.
- Ashtabula County adults with diabetes were using the following to treat their diabetes:
 - Diet control (66%)
 - 6-month checkup with provider (59%)
 - Exercise (59%)
 - Diabetes pills (55%)
 - Annual vision exam (53%)
 - Checking A1C annually (52%)
 - Checking blood sugar (50%)
 - Checking their feet (38%)
 - Insulin (17%)
 - Get a dental exam (17%)
 - Use injectables (e.g., Vyettea, Victoza, Bydurean) (10%)
 - Taking a class (2%)
- Over one-third (35%) of adults with diabetes rated their overall health as fair or poor.
- Ashtabula County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - 88% were obese or overweight
 - 80% had been diagnosed with high blood pressure
 - 78% had been diagnosed with high blood cholesterol

The following graph shows the percentage of Ashtabula County adults who were diagnosed with diabetes. An example of how to interpret the information includes: 13% of adults were diagnosed with diabetes, including 27% of adults ages 65 and older and 18% of those with incomes less than \$25,000.



Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

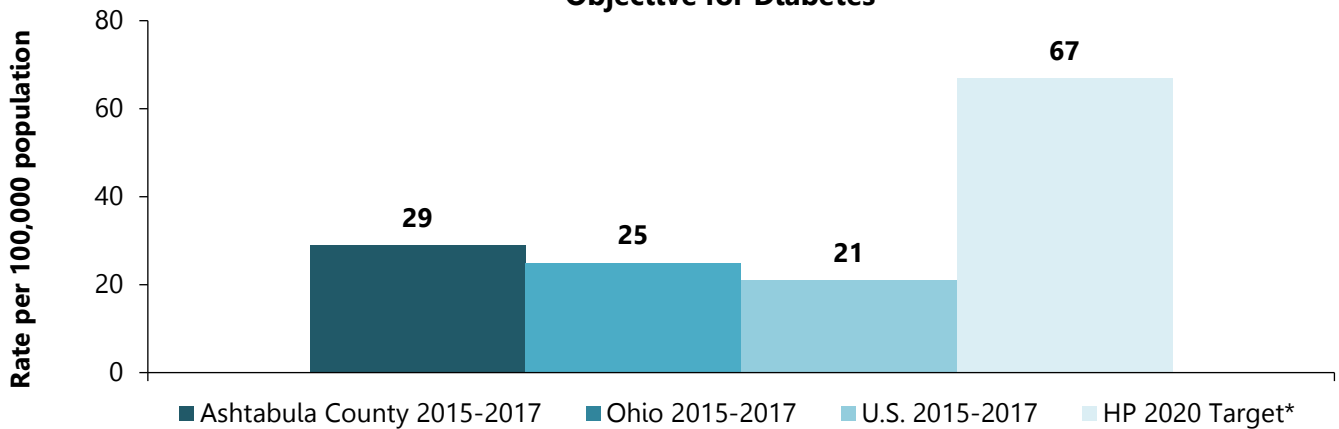
Adult Comparisons	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S. 2017
Ever been told by a doctor they have diabetes (not pregnancy-related)	10%	13%	13%	11%	11%
Had been diagnosed with pre-diabetes or borderline diabetes	N/A	6%	6%	2%	2%

N/A-Not Available

The following graph shows the Ashtabula County, Ohio and U.S. age-adjusted mortality rates (per 100,000 population, 2000 standard) for diabetes in comparison to the Healthy People 2020 objective. The graph shows:

- When age differences are accounted for, Ashtabula County had a higher diabetes mortality rate than Ohio and the U.S. but a lower mortality rate than the Healthy People 2020 objective.

Ashtabula County Age-Adjusted Mortality Rates and Healthy People 2020 Objective for Diabetes



*Note: The Healthy People 2020 rate is for all diabetes-related deaths
 (Source: Ohio Public Health Data Warehouse, 2015-2017, CDC Wonder, 2015-2017, Healthy People 2020)

Chronic Disease: Quality of Life

Key Findings

Over half (54%) of Ashtabula County adults reported they were limited in some way because of a physical, mental or emotional problem. The most limiting health problems were back or neck problems (48%), arthritis/rheumatism (40%), chronic pain (23%), walking problems (22%), and sleep problems (21%).

Impairments and Health Problems

- Over half (54%) of Ashtabula County adults were limited in some way because of a physical, mental or emotional problem, increasing to 68% of those with incomes less than \$25,000.
- Among those who were limited in some way, the following most limiting problems or impairments were reported:
 - Back or neck problems (48%)
 - Arthritis/rheumatism (40%)
 - Chronic pain (23%)
 - Walking problems (22%)
 - Sleep problems (21%)
 - Stress, depression, anxiety, or emotional problems (20%)
 - Fitness level (19%)
 - Chronic illness [e.g., diabetes, cancer, heart and stroke related problems, high blood pressure] (16%)
 - Fractures, bone/joint injuries (14%)
 - Mental illness/disorder (13%)
 - Lung/breathing problems (9%)
 - Eye/vision problems (7%)
 - Dental problems (7%)
 - Hearing problems (7%)
 - Substance dependency (6%)
 - Confusion (6%)
 - Memory loss (4%)
 - Drug addiction (4%)
 - Learning disability (1%)
 - Other impairment/problem (8%)

Adult Comparisons	Ashtabula County 2011	Ashtabula County 2016	Ashtabula County 2019	Ohio 2017	U.S 2017
Limited in some way because of physical, mental, or emotional problems	31%	36%	54%	N/A	N/A

N/A-Not Available

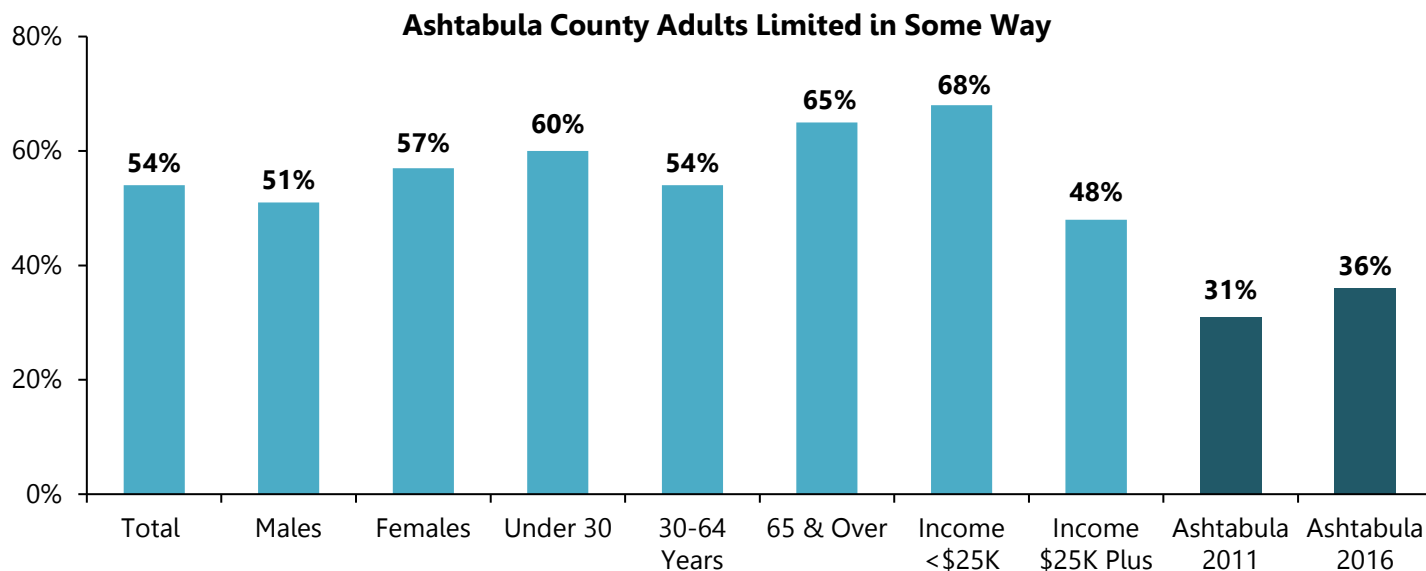
Healthy People 2020

Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

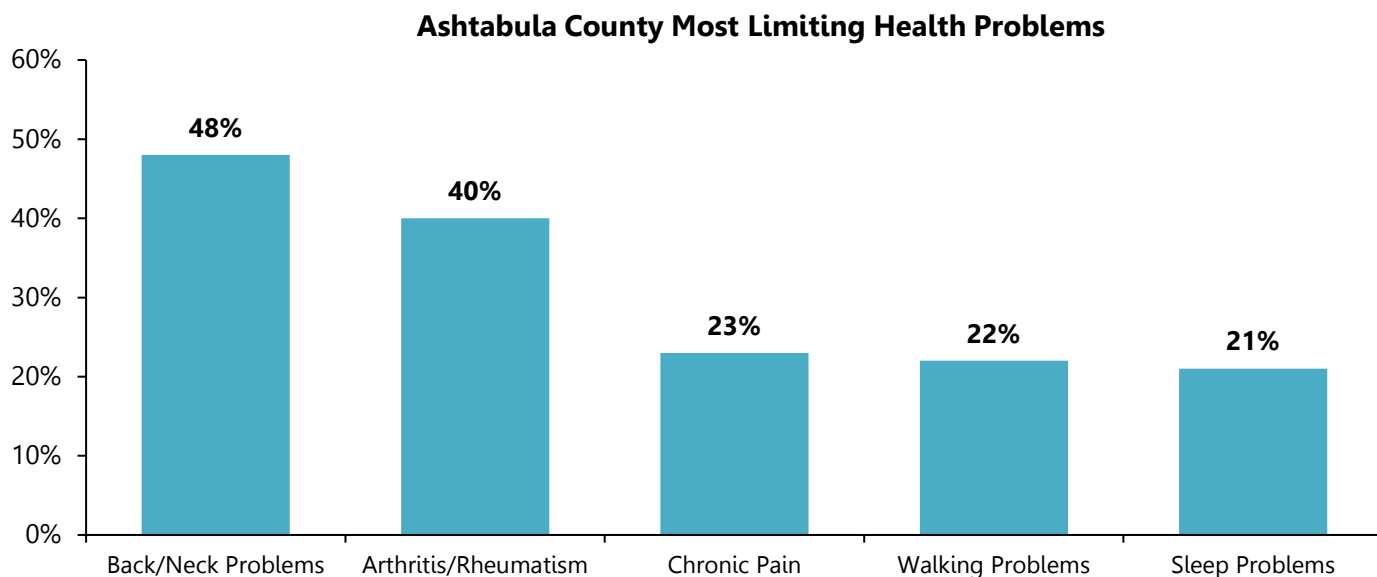
Objective	Ashtabula County 2019	Healthy People 2020 Target
AOCBC-2: Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	40%	36%

Note: U.S. baseline is age-adjusted to the 2000 population standard
 (Sources: Healthy People 2020 Objectives, 2019 Ashtabula County Health Assessment)

The following graphs show the percentage of Ashtabula County adults who were limited in some way and the most limiting health problems. An example of how to interpret the information shown on the first graph includes: 54% of Ashtabula County adults were limited in some way, including 57% of females and 68% of those with incomes less than \$25,000.



Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.



Ashtabula County Adults Most Limiting Problems or Impairments

	2011	2016	2019
Back or neck problems	21%	43%	48%
Arthritis/rheumatism	15%	46%	40%
Chronic pain	N/A	36%	23%
Walking problems	12%	25%	22%
Sleep problems	N/A	21%	21%
Stress, depression, anxiety, or emotional problems	11%	37%	20%
Fitness level	N/A	16%	19%
Chronic illness (e.g., diabetes, cancer, heart and stroke related problems, high blood pressure)	N/A	22%	16%
Fractures, bone/joint injuries	N/A	10%	14%
Mental illness/disorder	N/A	N/A	13%
Lung and breathing problems	8%	16%	9%
Eye/vision problems	N/A	10%	7%
Dental problems	N/A	7%	7%
Hearing problems	N/A	5%	7%
Substance dependency	N/A	2%	6%
Confusion	N/A	N/A	6%
Memory loss	N/A	N/A	4%
Drug addiction	N/A	1%	4%
Learning disability	N/A	N/A	1%
Other impairment/problem	N/A	N/A	8%

N/A-Not Available

Social Environment

- Ashtabula County adults reported they were involved in school, community, or neighborhood activities at the following frequencies: weekly (15%), monthly (12%), several times a year (20%), about once a year (19%), less often than that (8%), and never (27%).
- Adults reported they got together or talked with friends or neighbors daily (23%), weekly (46%), monthly (17%), less often than that (8%), and never (7%).
- In the past month, adults reported they participated in the following activities: contribute to charity (48%), went to a friend's house for dinner (38%), had friends over for dinner (38%), attended a church social function (29%), volunteer work (27%), went to a meeting of a club or civic organization (25%), and donated blood (5%).
- Thirty-nine percent (39%) of adults reported they had relationships with more than five people who they trusted and could turn to when in need of support. Fifty-seven percent (57%) of adults reported they had up to five people, and 4% reported they had no one.
- Ashtabula County adults reported they agreed/strongly agreed with the following statements regarding the place where they live and their neighborhood:
 - People in their neighborhood generally get along with each other (96%)
 - Children are safe in their neighborhood (91%)
 - People in their neighborhood can be trusted (75%)
 - People in their neighborhood know each other (72%)
 - People in their neighborhood are willing to help one another (72%)
 - People in their neighborhood are afraid to go out at night due to violence (12%)
 - Gangs are a serious problem in their neighborhood (4%)

Neighborhood Perceptions	Strongly Agree	Agree	Disagree	Strongly Disagree
People in their neighborhood generally get along with each other	29%	67%	3%	1%
Children are safe in their neighborhood	27%	64%	7%	2%
People in their neighborhood can be trusted	14%	61%	23%	2%
People in their neighborhood know each other	17%	55%	24%	4%
People in their neighborhood are willing to help one another	17%	55%	26%	2%
People in their neighborhood are afraid to go out at night due to violence	1%	11%	48%	40%
Gangs are a serious problem in their neighborhood	1%	3%	32%	64%

- Ashtabula County adults reported they agreed/strongly agreed with the following statements regarding relationship characteristics:
 - They know people will help them if they really need it (94%)
 - They have people who appreciate them for who they are (94%)
 - They feel a strong emotional tie with at least one other person (93%)
 - They often meet or talk with family or friends (93%)
 - They have someone to talk to about decisions in their life (93%)
 - They have close relationships that make them feel good (88%)
 - When they feel lonely, they have several people they can talk with (86%)
 - They have close relationships that help them cope with stress (86%)

Relationship Characteristics	Strongly Agree	Agree	Disagree	Strongly Disagree
They know people will help them if they really need it	47%	47%	5%	1%
They have people who appreciate them for who they are	46%	48%	4%	2%
They feel a strong emotional tie with at least one other person	56%	37%	6%	1%
They often meet or talk with family or friends	39%	54%	5%	2%
They have someone to talk to about decisions in their life	45%	48%	5%	2%
They have close relationships that make them feel good	41%	47%	11%	1%
When they feel lonely, they have several people they can talk with	36%	50%	13%	1%
They have close relationships that help them cope with stress	38%	48%	13%	1%

Social Conditions: Social Determinants of Health

Key Findings

Over one-fifth (23%) of Ashtabula County adults had four or more adverse childhood experiences (ACEs) in their lifetime. Seventeen percent (17%) of adults had experienced at least one issue related to hunger/food insecurity in the past year.

Economic Stability

- In the past year, Ashtabula County adults attempted to get assistance from the following sources:
 - Job & Family Services (20%)
 - WIC/Health Department (15%)
 - Friend or family member (14%)
 - Food pantries (8%)
 - Somewhere else (7%)
 - Church (7%)
 - Ashtabula County Community Action Commission (6%)
 - Other charities (5%)
 - Legal Aid (5%)
 - Personal debts/budgeting (3%)
 - United Way (1%)
- Four percent (4%) did not know where to look for assistance.
- Seventeen percent (17%) of adults had experienced at least one issue related to hunger/food insecurity in the past year. They experienced the following: had to choose between paying bills and buying food (12%), loss of income led to food insecurity issues (9%), their food assistance was cut (7%), worried food might run out (7%), went hungry/ate less to provide more food for their family (6%), and did not eat because they did not have enough money for food (4%).
- Ten percent (10%) of adults experienced more than one issue related to hunger/food insecurity in the past year.
- The median household income in Ashtabula County was \$45,157. The U.S. Census Bureau reports median income levels of \$54,077 for Ohio and \$60,336 for the U.S. (Source: U.S. Census Bureau, *Small Area Income and Poverty Estimates, 2017*).
- Nineteen percent (19%) of all Ashtabula County residents were living in poverty, and 28% of children and youth ages 0-17 were living in poverty (Source: U.S. Census Bureau, *Small Area Income and Poverty Estimates, 2017*).
- The unemployment rate for Ashtabula County was 3.2 as of April 2019 (Source: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information).
- There were 46,118 housing units. The owner-occupied housing unit rate was 70%. Rent in Ashtabula County cost an average of \$648 per month (Source: U.S. Census Bureau, *American Community Survey, 2013-2017*).

Food Insecurity

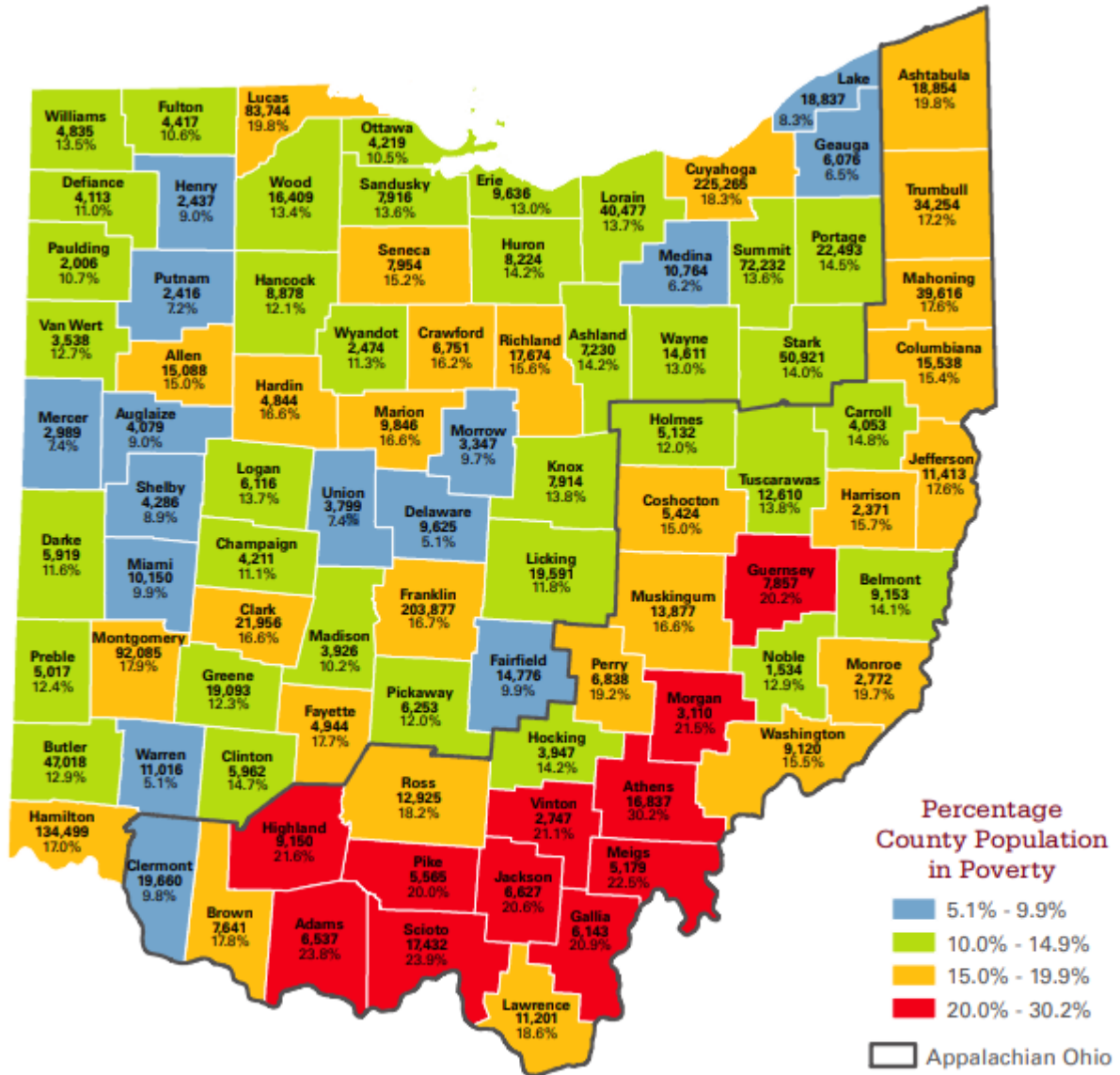
- Food secure households had access, at all times, to enough food for an active, healthy life for all household members. 88.2 percent (112.3 million) of U.S. households were food secure throughout 2017.
- Food-insecure households are uncertain of having, or unable to acquire, at some time during the year, enough food to meet the needs of all their members because they had insufficient money or other resources for food. 11.8 percent (15.0 million) of U.S. households were food insecure at some time during 2017.
- Food-insecure households include those with low food security and very low food security.
 - 7.3 percent (9.3 million) of U.S. households had low food security in 2017.
 - 4.5 percent (5.8 million) of U.S. households had very low food security at some time during 2017.
- Households with very low food security are food insecure to the extent that normal eating patterns of some household members were disrupted at times during the year, with self-reported food intake below levels considered adequate.

(Source: United States Department of Agriculture (USDA), *Food Insecurity in the U.S., Interactive Charts and Highlights, Updated on September 5, 2018*)

The map below shows the variation in poverty rates across Ohio during the 2013-17 period.

- The 2013 to 2017 American Community Survey 5-year estimates that approximately 1,683,890 Ohio residents, or 14.9% of the population, were in poverty.
- From 2013 to 2017, 3,538 or 19.8% of Ashtabula County residents were in poverty.

Estimated Poverty Rates in Ohio by County (2013-2017)



(Source: 2013-2017 American Community Survey 5-year estimates, as compiled by Ohio Development Services Agency, Office of Research, Ohio Poverty Report, February 2019)

Health and Health Care

- In the past year, 10% of adults were uninsured.
- Sixty-nine percent (69%) of Ashtabula County adults visited a doctor for a routine checkup in the past year, increasing to 85% of those over the age of 65.
- More than half (53%) of Ashtabula County adults reported they had one person they thought of as their personal doctor or health care provider. Thirty percent (30%) of adults had more than one person they thought of as their personal health care provider, and 16% did not have one at all.
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Ashtabula County adults.

Neighborhood and Built Environment

- Ashtabula County adults reported doing the following while driving: eating (40%), talking on hand-held cell phone (38%), talking on hands-free cell phone (36%), texting (16%), not wearing a seatbelt (16%), using Internet on their cell phone (10%), were under the influence of alcohol (6%), reading (2%), being under the influence of recreational drugs (1%), were under the influence of prescription drugs (1%), and other activities (such as applying makeup, shaving, etc.) (1%).
- Twelve percent (12%) of Ashtabula County adults had the following transportation issues: suspended/no driver's license (5%), no car (4%), no car insurance (3%), could not afford gas (3%), did not feel safe to drive (3%), disabled (2%), no public transportation available or accessible (1%), cost of public or private transportation (1%), limited public transportation available or accessible (1%), and other car issues/expenses (3%).
- Six percent (6%) of adults reported they had more than one transportation issue.

Education

- Eighty-six percent (86%) of Ashtabula County adults 25 years and over had a high school diploma or higher *(Source: U.S. Census Bureau, American Community Survey 5-year Estimates, 2013-2017).*
- Fourteen percent (14%) had less than a high school diploma *(U.S. Census Bureau, American Community Survey 5-year Estimates, 2013-2017).*

Social and Community Context

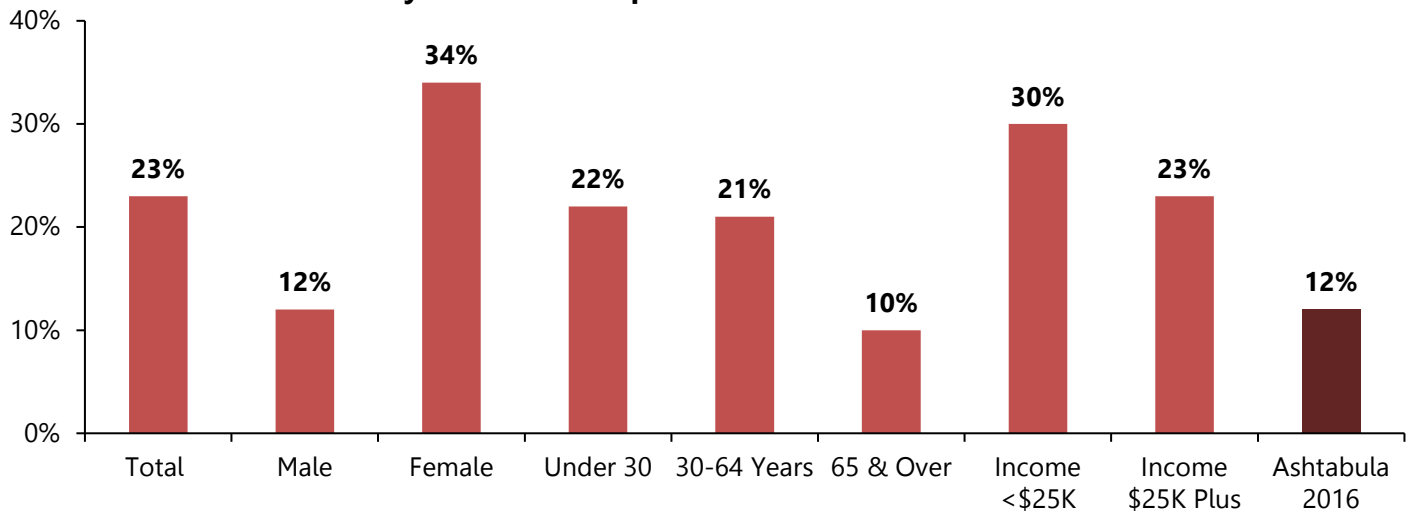
- Ashtabula County adults experienced the following in the past 12 months:
 - A close family member went to the hospital (53%)
 - Death of a family member or close friend (34%)
 - Had bills they could not pay (27%)
 - Experienced a decline in their own health (19%)
 - Someone in their household lost their job/had their hours at work reduced (16%)
 - Someone close to them had a problem with drinking or drugs (15%)
 - They were a caregiver (12%)
 - Household income was cut by 50% (11%)
 - Moved to a new address (8%)
 - Had someone homeless living with them/sleeping on their couch (7%)
 - Their family was at risk of losing their home (4%)
 - Were threatened or abused by someone physically, emotionally, sexually, and/or verbally (3%)
 - Were homeless (3%)
 - Became separated or divorced (2%)
 - Knew someone who lived in a hotel (2%)
 - Their child was threatened or abused by someone physically, emotionally, sexually, and/or verbally (1%)
 - Witnessed someone in their family being hit or slapped (1%)

- Ashtabula County adults experienced the following adverse childhood experiences (ACEs):
 - A parent or adult in their home swore at, insulted, or put them down (27%)
 - Their parents became separated or were divorced (24%)
 - Lived with someone who was a problem drinker or alcoholic (24%)
 - Lived with someone who was depressed, mentally ill, or suicidal (20%)
 - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (18%)
 - A parent or adult in their home hit, beat, kicked, or physically hurt them (15%)
 - Someone at least 5 years older than them or an adult touched them sexually (13%)
 - Their family did not look out for each other, feel close to each other, or support each other (13%)
 - Lived with someone who used illegal street drugs, or who abused prescription medications (12%)
 - Someone at least 5 years older than them or an adult tried to make them touch them sexually (11%)
 - Lived with someone who served time or was sentenced to serve time in prison, jail or other correctional facility (9%)
 - Did not have enough to eat, had to wear dirty clothes, and had no one to protect them (5%)
 - Someone at least 5 years older than them or an adult forced them to have sex (5%)
 - Their parents were not married (5%)
- Twenty-three percent (23%) of adults experienced four or more adverse childhood experiences (ACEs).

17,505 adults experienced four or more ACEs in their lifetime.

The following graph shows the percentage of Ashtabula County adults who had experienced four or more adverse child experiences (ACEs) in their lifetime. An example of how to interpret the information on the graph includes: 23% of all Ashtabula County adults had experienced four or more ACEs in their lifetime, including 34% of females.

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 survey.

The table below indicates correlations between those who experienced four or more ACEs in their lifetime and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 40% of those who experienced four or more ACEs were current smokers, compared to 11% of those who did not experience any ACEs.

Behaviors of Ashtabula County Adults
Experienced Four or More ACEs vs. Did Not Experience Any ACEs

Adult Behaviors	Experienced Four or More ACEs	Did Not Experience Any ACEs
Classified as overweight or obese by BMI	86%	76%
Current drinker (had at least one alcoholic beverage in the past month)	81%	70%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	69%	33%
Current smoker (currently smoke on some or all days)	40%	11%
Felt sad or hopeless for two or more weeks in a row	30%	6%
Contemplated suicide in the past 12 months	12%	1%
Used recreational drugs in the past 6 months	11%	2%
Medication misuse in the past 6 months	3%	1%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Social Conditions: Environmental Health

Key Findings

Ashtabula County adults reported the following as the top four issues that threatened their health in the past year: insects (12%), temperature regulation (6%), rodents (5%), and mold (5%). Seventy-eight percent (78%) of adults reported they had a working smoke detector in their home.

Environmental Health

- Ashtabula County adults thought the following threatened their health in the past year:
 - Insects (12%)
 - Temperature regulation (6%)
 - Rodents (5%)
 - Mold (5%)
 - Chemicals found in household products (4%)
 - Air quality (2%)
 - Plumbing problems (2%)
 - Moisture issues (2%)
 - Food safety/food borne illness (2%)
 - Agricultural chemicals (2%)
 - Safety hazards (1%)
 - Sewage/waste water problems (1%)
 - Bed bugs (1%)
 - Unsafe water supply/wells (1%)
 - Sanitation issues (1%)
 - Lyme disease (1%)
 - Excess medication in the home (<1%)
 - Fracking (<1%)
 - Asbestos (<1%)
 - Radiation (<1%)
 - Radon (<1%)

Disaster Preparedness

- Ashtabula County households had the following disaster preparedness supplies:
 - Cell phone (85%)
 - Working flashlight and working batteries (84%)
 - Cell phone with texting (81%)
 - Working smoke detector (78%)
 - Computer/tablet (76%)
 - 3-day supply of nonperishable food for everyone in the household (58%)
 - 3-day supply of prescription medication for each person who takes prescribed medicines (55%)
 - Home land-line telephone (52%)
 - Working battery-operated radio and working batteries (45%)
 - 3-day supply of water for everyone in the household (1 gallon of water per person per day) (38%)
 - Generator (34%)
 - Communication plan (22%)
 - A disaster plan (13%)
 - Family disaster plan (11%)

Social Conditions: Parenting

Key Findings

More than four-fifths (86%) of parents indicated their child had received all recommended immunizations. Forty-two percent (42%) of parents discussed dating and relationships with their 10-to-17-year-old child.

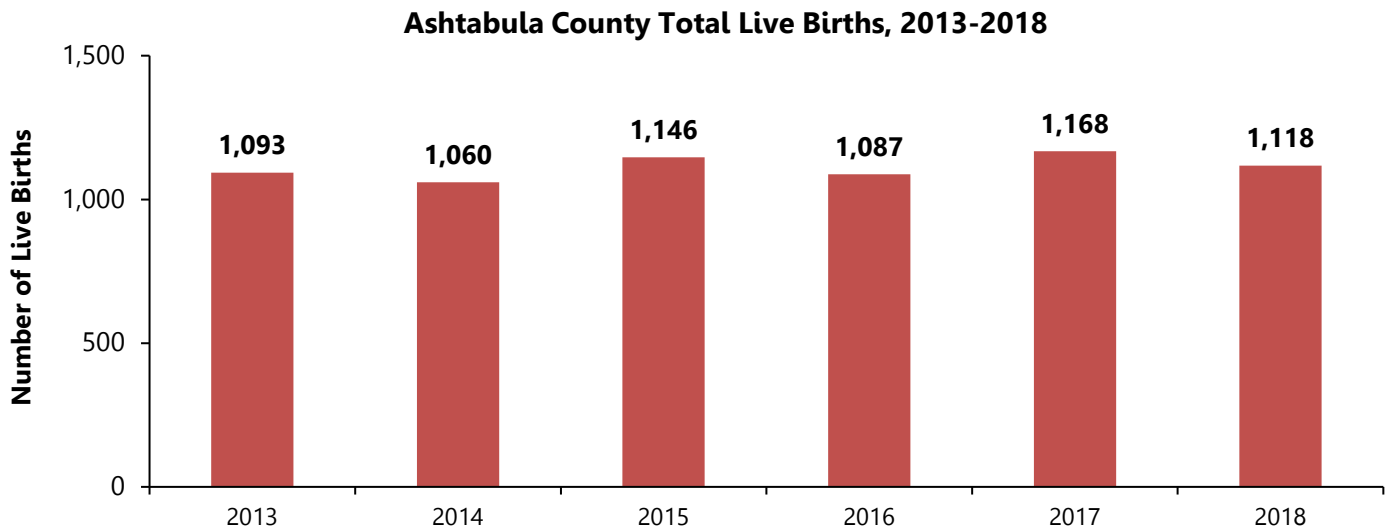
Parenting

- Eighty-eight percent (88%) of parents indicated their child had received the recommended immunizations. Reasons for not immunizing their child included the following: personal beliefs (7%), pre-existing health issues (4%), and other reasons (3%).
- Parents were aware of the following programs/services for their infant-to-5-year-old child: school (11%), WIC (6%), and Children's Services (3%).
- In the past year, parents took their child to the doctor for the following types of appointments: regular check-ups (77%), dental visits (74%), other visits for illness (62%), injuries (22%), behavioral problems (16%), ear infections (15%), asthma (7%), and head lice (6%).
- In the past year, parents missed at least one day of work due to the following issues with their child: medical appointments (46%), illnesses or injuries (46%), unreliable/lack of child care (8%), and behavioral or emotional problems (5%).
- Parents discussed the following sexual health and other health topics with their 10-to-17-year-old in the past year:
 - Social media issues (59%)
 - Career plan/post-secondary education (48%)
 - Bullying (43%)
 - Dating and relationships (42%)
 - Weight status (42%)
 - Negative effects of alcohol, tobacco, illegal drugs or misusing prescription drugs (40%)
 - Volunteering (36%)
 - School/legal consequences of using tobacco/alcohol/other drugs (33%)
 - Refusal skills/peer pressure (31%)
 - Abstinence/how to refuse sex (31%)
 - Anxiety/depression/suicide (30%)
 - Body image (27%)
 - Energy drinks (25%)
 - Birth control/condom use/safer sex/STD prevention (20%)

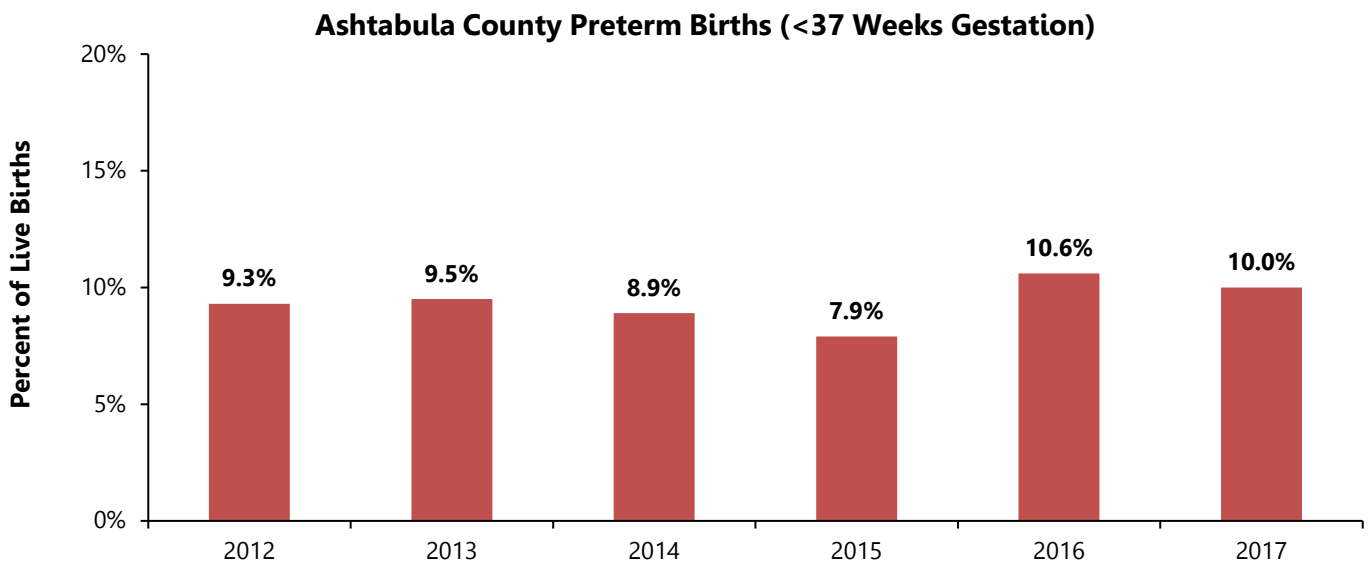
Maternal and Infant Health

The following graphs show the number of live births in Ashtabula County and the percent of preterm births by year. Please note that the pregnancy outcomes data include all births to adults and adolescents.

- From 2013-2018, there was an average of 1,112 live births per year in Ashtabula County.



Note: Births occurring in Ohio to non-Ohio residents are not included in the graph.

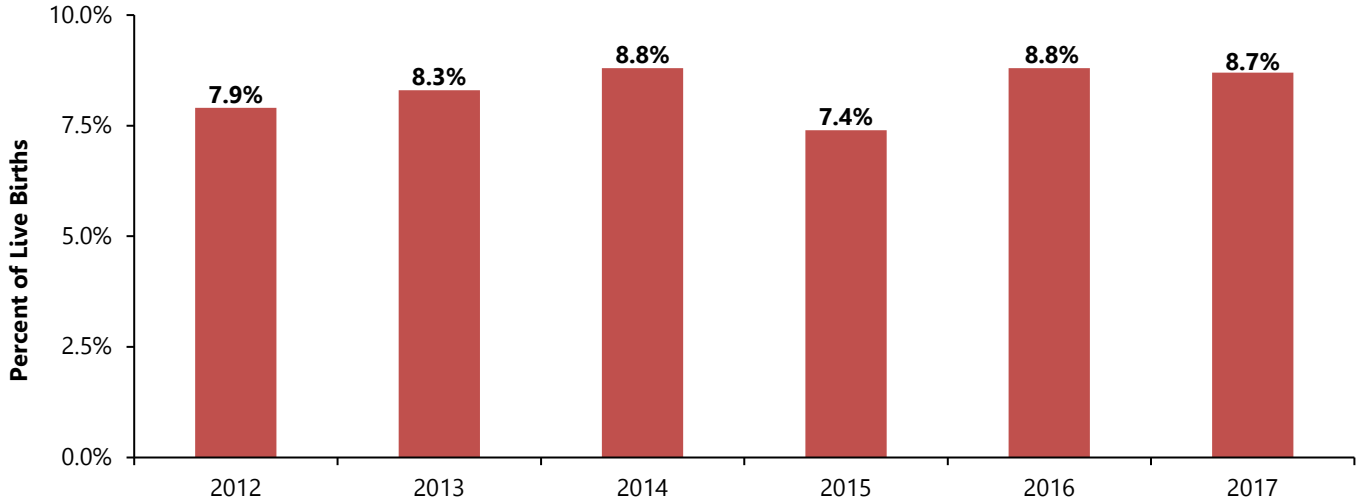


(Source for graphs: ODH, Ohio Public Health Data Warehouse Updated 7-17-19)

The following graph shows the percent of live births in Ashtabula County that were low birthweight. Please note that the pregnancy outcomes data include all births to adults and adolescents.

- Low birth weight is defined as weighing less than 2,500 grams or 5 pounds, 8 ounces, but greater than 3 pounds, 4 ounces. Very low birth weight is a term used to describe babies who are born weighing less than 3 pounds, 4 ounces.
- In 2017, approximately 8.7% of the Ashtabula County births were low birth weight.

Ashtabula County Low Birth Weight Births



(Source: ODH, Ohio Public Health Data Warehouse, Updated 3-4-19)

Neonatal, Post-Neonatal and Infant Mortality in 2017

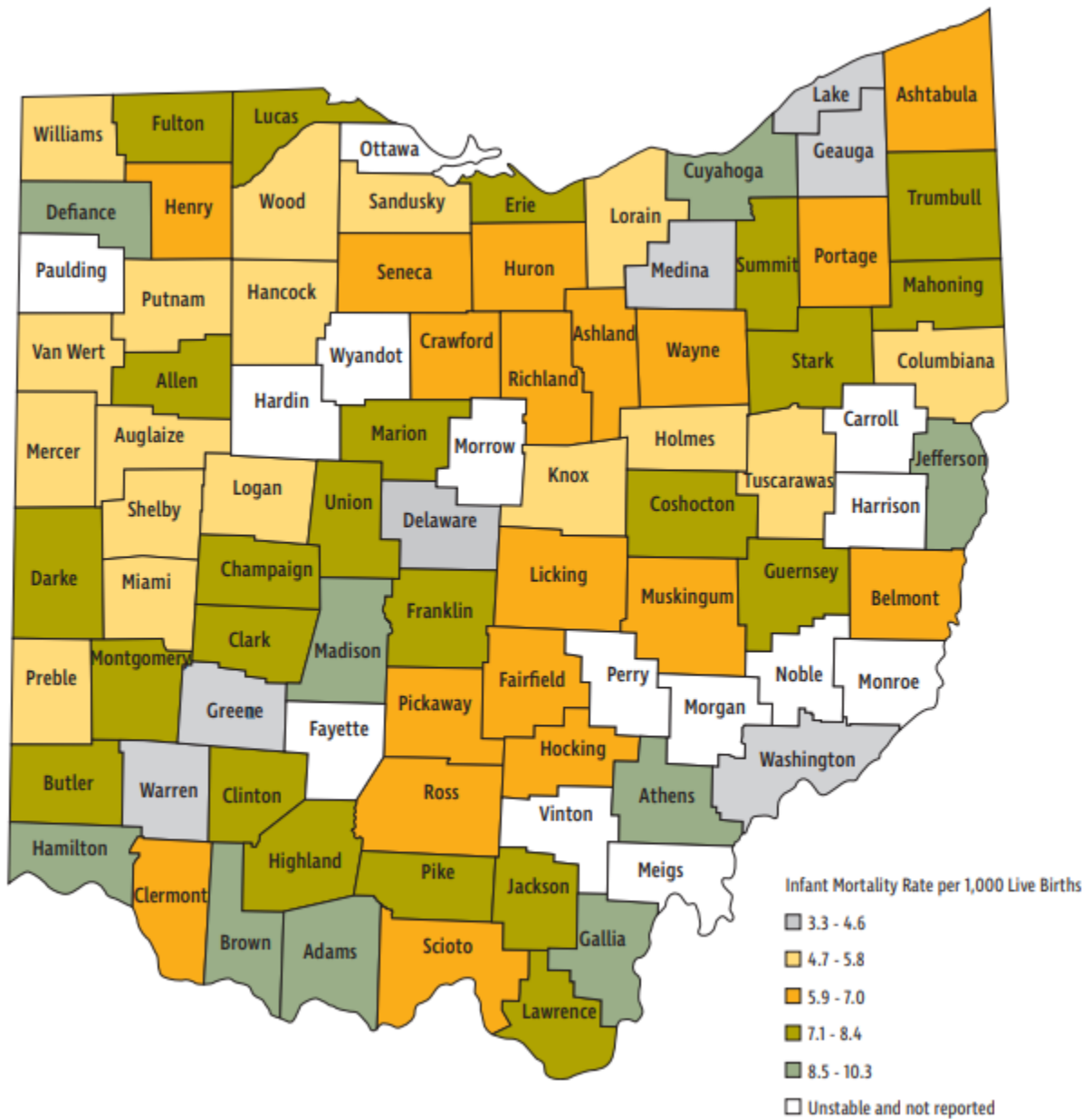
	Number of Neonatal Deaths*	Number of Post-Neonatal Deaths**	Total Number of Infant Deaths	Number of Births
Ashtabula	5	3	8	1,168
Ohio	684	298	982	136,895

*Neonatal death is defined as a death of live born infant during the first 28 days of life.

** Post-neonatal death is defined as a death of an infant between 29 days and 364 days of life.

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

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



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

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Cancer Society, Cancer Facts and Figures 2018. Atlanta: ACS, 2018	<ul style="list-style-type: none"> 2018 Cancer Facts, Figures, and Estimates 	www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2018.html
American Cancer Society, Nutrition and Physical Activity	<ul style="list-style-type: none"> Summary of the ACS Guidelines on Nutrition and Physical Activity 	www.cancer.org/healthy/eat-healthy-get-active/acs-guidelines-nutrition-physical-activity-cancer-prevention/summary.html
American College of Allergy, Asthma & Immunology	<ul style="list-style-type: none"> Asthma Facts 	http://acaai.org/news/facts-statistics/asthma
Arthritis at a Glance, 2016, Centers for Disease Control & Prevention,	<ul style="list-style-type: none"> Arthritis Statistics 	www.cdc.gov/chronicdisease/resources/publications/aag/arthritis.htm
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> 2017 Adult Ohio and U.S. Correlating Statistics 	www.cdc.gov/brfss
CDC, Arthritis	<ul style="list-style-type: none"> Arthritis: Key Public Health Messages 	www.cdc.gov/arthritis/about/key-messages.htm
CDC, Division of Oral Health	<ul style="list-style-type: none"> Facts About Adult Oral Health 	www.cdc.gov/oralhealth/basics/adult-oral-health/index.html
CDC, Excessive Drinking	<ul style="list-style-type: none"> Economic Costs of Excessive Alcohol Use 	www.cdc.gov/features/costsofdrinking/index.html
CDC, Rural Health	<ul style="list-style-type: none"> Rural Health Recommendations 	www.cdc.gov/ruralhealth/about.html
CDC, Smoking and Tobacco Use	<ul style="list-style-type: none"> Smoking and Other Health Risks 	www.cdc.gov/tobacco/disparities/low-ses/index.htm
	<ul style="list-style-type: none"> E-Cigarette Health Effects 	www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html
CDC, Vital Signs	<ul style="list-style-type: none"> Suicide Rising Across the US 	www.cdc.gov/vitalsigns/suicide/index.html
CDC, Wonder, U.S.	<ul style="list-style-type: none"> About Underlying Cause of Death, 2013-2015 	http://wonder.cdc.gov/ucd-icd10.html
County Health Rankings	<ul style="list-style-type: none"> Physical and Mental Health Status Food Environment Index 	www.countyhealthrankings.org/app/ohio/2017/measure/factors/133/map
Healthy People 2020: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> All Healthy People 2020 Target Data Points Some U.S. Baseline Statistics 	www.healthypeople.gov/

Ohio Automated RX Reporting System (OARRS), Quarterly County Data	<ul style="list-style-type: none"> Ohio Automated Rx Reporting System Opioid Doses Per Capita Opioid Doses Per Patient 	www.ohiopmp.gov/Portal/Reports.aspx
Ohio Department of Health, STD Surveillance Data	<ul style="list-style-type: none"> STD Surveillance 	https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/std-surveillance/data-and-statistics/sexually-transmitted-diseases-data-and-statistics
	<ul style="list-style-type: none"> HIV/AIDS Surveillance Program 	https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/hiv-aids-surveillance-program/welcome-to
Ohio Department of Health, Information Warehouse	<ul style="list-style-type: none"> Ashtabula County and Ohio Birth Statistics 	http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality
	<ul style="list-style-type: none"> Ashtabula County Cancer Incidence Surveillance System 	http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/StateLayoutLockdownCancers
	<ul style="list-style-type: none"> Ashtabula County and Ohio Leading Causes of Death 	http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality
	<ul style="list-style-type: none"> Ashtabula County and Ohio Mortality Statistics 	http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality
	<ul style="list-style-type: none"> Ashtabula County and Ohio Unintentional Drug Overdose Deaths 	http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality
	<ul style="list-style-type: none"> County and State Infant Mortality Data 	https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infant-and-fetal-mortality/reports/2017-ohio-infant-mortality-report-final
Ohio Department of Public Safety, Crash Report	<ul style="list-style-type: none"> City, County, and State Crash Reports 	https://publicsafety.ohio.gov/wps/portal/gov/odps/what-we-do/crash-reports/
Ohio State Highway Patrol	<ul style="list-style-type: none"> Felony Cases and Drug Arrests 	www.statepatrol.ohio.gov/doc/2019_FelonyAndDrug.pdf
United States Department of Agriculture (USDA), Food Insecurity in the U.S.	<ul style="list-style-type: none"> Food Insecurity 	www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/interactive-charts-and-highlights/#characteristics
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> American Community Survey 5-year estimate, 2017 	www.census.gov/programs-surveys/acs/
	<ul style="list-style-type: none"> Federal Poverty Threshold 	www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html
	<ul style="list-style-type: none"> Ohio and Ashtabula County 2015 Census Demographic Information 	https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml
	<ul style="list-style-type: none"> Small Area Income and Poverty Estimates 	www.census.gov/programs-surveys/saipe/data/datasets.html

Appendix II: Acronyms and Terms

ACS	A mbulatory C are S ensitive conditions or discharges are conditions for which hospital admission could be prevented by interventions in primary care.
AHS	A ccess to H ealth S ervices, Topic of Healthy People 2020 objectives
AOCBC	A rthritis, O steoporosis, and C hronic B ack C onditions, Topic of Healthy People 2020 objectives
Adult	Defined as 19 years of age and older.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Adult Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
BMI	B ody M ass I ndex is defined as the contrasting measurement/relationship of weight to height.
BRFSS	B ehavior R isk F actor S urveillance S ystem, an adult survey conducted by the CDC.
CDC	C enters for D isease C ontrol and P revention.
CMS	C enter for M edicare and M edicaid S ervices
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
DRE	D igital R ectal E xam
HCNO	H ospital C ouncil of N orthwest O hio
HDS	H eart D isease and S troke, Topic of Healthy People 2020 objectives
HP 2020	H ealthy P eople 2020 , a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic ≥ 140 and Diastolic ≥ 90
IID	I mmunizations and I nfectious D iseases, Topic of Healthy People 2020 objectives
IVP	I njury and V iolence P revention, Topic of Healthy People 2020 objectives
MHMD	M ental H ealth and M ental D isorders, Topic of Healthy People 2020 objectives
N/A	Data is not available.
NVSS	N ational V ital S tatistics S ystem
NWS	N utrition and W eight S tatus, Topic of Healthy People 2020 objectives
OARRS	O hio A utomated Prescription (Rx) R eporting S ystem
ODH	O hio D epartment of H ealth
OSHP	O hio S tate H ighway P atrol

Race/Ethnicity	Census 2010: U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as “a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.” Data are presented as “Hispanic or Latino” and “Not Hispanic or Latino.” Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, “White alone” or “Black alone”, means the respondents reported only one race.
SA	Substance Abuse , Topic of Healthy People 2020 objectives
Ohio SHA/SHIP	Ohio State Health Assessment/State Health Improvement Plan
TSE	Testicular Self-Exam
TU	Tobacco Use , Topic of Healthy People 2020 objectives
YPLL/65	Years of Potential Life Lost before age 65. Indicator of premature death.
ZCTA	Zip Code Tabulation Area

Appendix III: Methods for Weighting the 2019 Ashtabula County Needs Assessment Data

Data from sample surveys have the potential for bias if there are different rates of response for different segments of the population. In other words, some subgroups of the population may be more represented in the completed surveys than they are in the population from which those surveys are sampled. If a sample has 25% of its respondents being male and 75% being female, then the sample is biased towards the views of females (if females respond differently than males). This same phenomenon holds true for any possible characteristic that may alter how an individual responds to the survey items.

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2019 Ashtabula County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Ashtabula County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), Age (8 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Ashtabula County within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2019 Ashtabula County Survey and the 2017 Census estimates.

2019 Ashtabula Survey			2017 Census		Weight
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	160	54.23729	49,509	50.20077	0.925577
Female	135	45.76271	49,113	49.79923	1.088205

In this example, it shows that there was a slightly larger portion of males in the sample compared to the actual portion in Ashtabula County. The weighting for males was calculated by taking the percent of males in Ashtabula County (based on Census information) (50.20077%) and dividing that by the percent found in the 2019 Ashtabula County sample (54.23729%) [$50.20077 / 54.23729 =$ weighting of 0.925577 for males]. The same was done for females [$49.79923 / 45.76271 =$ weighting of 1.088205 for females]. Thus males' responses are weighted slightly less by a factor of 0.925577 and females' responses weighted slightly greater by a factor of 1.088205.

This same thing was done for each of the 19 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 2.83663 [1.08821 (weight for females) \times 0.96515 (weight for White) \times 2.41971 (weight for age 35-44) \times 1.11618 (weight for income \$50-\$75k)]. Thus, each individual in the 2019 Ashtabula County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 24.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

1. **Total weight** (product of 4 weights) – for all analyses that did not separate age, race, sex, or income.
2. **Weight without sex** (product of age, race, and income weights) – used when analyzing by sex.
3. **Weight without age** (product of sex, race, and income weights) – used when analyzing by age.
4. **Weight without race** (product of age, sex, and income weights) – used when analyzing by race.
5. **Weight without income** (product of age, race, and sex weights) – used when analyzing by income.
6. **Weight without sex or age** (product of race and income weights) – used when analyzing by sex and age.
7. **Weight without sex or race** (product of age and income weights) – used when analyzing by sex and race.
8. **Weight without sex or income** (product of age and race weights) – used when analyzing by sex and income.

Category	Ashtabula County Sample	%	2017 Census*	%	Weighting Value
Sex:					
Male	160	54.23729	49,509	50.20077	0.925577
Female	135	45.76271	49,113	49.79923	1.088205
Age:					
20 to 34 years	15	5.15464	16,516	22.21087	4.30891
35 to 44 years	19	6.52921	11,748	15.79882	2.41971
45 to 54 years	40	13.74570	14,128	18.99946	1.38221
55 to 59 years	27	9.27835	6,841	9.19984	0.99154
60 to 64 years	51	17.52577	7,721	10.38327	0.59246
65 to 74 years	88	30.24055	10,041	13.50323	0.44653
75 to 84 years	41	14.08935	4,993	6.71463	0.47658
85+ years	10	3.43643	2,372	3.18989	0.92826
Race:					
White (NH)	284	93.11475	88,631	89.86940	0.96515
Non-White	21	6.88525	9,991	10.13060	1.47135
Household Income:					
Less than \$25,000	85	30.35714	11,297	29.43383	0.96959
\$25,000 to \$34,999	30	10.71429	4,593	11.96686	1.11691
\$35,000 to \$49,999	47	16.78571	5,907	15.39043	0.91688
\$50,000 to \$74,999	49	17.50000	7,497	19.53310	1.11618
\$75,000 to \$99,999	23	8.21429	4,228	11.01587	1.34106
\$100,000 to \$149,999	39	13.92857	3,530	9.19726	0.66032
\$150,000 or more	7	2.50000	1,329	3.46265	1.38506

Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Ashtabula County in each subcategory by the proportion of the sample in the Ashtabula County survey for that same category.

*Ashtabula County population figures taken from the 2017 Census estimates.

Appendix IV: Ashtabula County Sample Demographic Profile*

Variable	2019 Ashtabula County Adult Survey Sample*	Ashtabula County Census 2013-2017 (5-year estimate)	Ohio Census 2017 (1-year estimate)
Age			
20-29	14.7%	11.2%	13.3%
30-39	10.7%	11.2%	12.5%
40-49	19.5%	13.0%	12.0%
50-59	17.8%	14.4%	13.7%
60 plus	31.7%	25.5%	23.4%
Race/Ethnicity			
White	93.1%	92.9%	81.3%
Black or African American	2.6%	3.7%	12.4%
American Indian and Alaska Native	1.5%	0.2%	0.2%
Asian	0%	0.5%	2.2%
Other	1.9%	0.4%	0.9%
Hispanic Origin (may be of any race)	2.1%	4.0%	3.7%
Marital Status†			
Married Couple	50.5%	47.9%	47.4%
Never been married/member of an unmarried couple	25.2%	28.5%	32.6%
Divorced/Separated	16.1%	16.3%	13.7%
Widowed	6.7%	7.3%	6.3%
Education†			
Less than High School Diploma	4.5%	14.3%	9.7%
High School Diploma	34.0%	44.8%	33.3%
Some college/ College graduate	60.4%	40.9%	56.9%
Income (Families)			
\$14,999 and less	13.9%	10.3%	6.9%
\$15,000 to \$24,999	11.7%	8.3%	6.6%
\$25,000 to \$49,999	23.1%	28.4%	21.2%
\$50,000 to \$74,999	20.4%	22.5%	19.5%
\$75,000 or more	22.3%	30.5%	45.9%

* The percents reported are the actual percent within each category who responded to the survey. The data contained within the report however are based on weighted data (weighted by age, race, sex, and income). Percents may not add to 100% due to missing data (non-responses).

† The Ohio and Ashtabula County Census percentages are slightly different than the percent who responded to the survey. Marital status is calculated for those individuals 15 years and older. Education is calculated for those 25 years and older.

Appendix V: Demographics and Household Information

Ashtabula County Population by Age Groups and Gender U.S. Census 2010

	Total	Males	Females
Ashtabula County	101,497	50,693	50,804
0-4 years	6,326	3,280	3,046
1-4 years	5,072	2,607	2,465
< 1 year	1,254	673	581
1-2 years	2,471	1,283	1,188
3-4 years	2,601	1,324	1,277
5-9 years	6,428	3,256	3,172
5-6 years	2,516	1,298	1,218
7-9 years	3,912	1,958	1,954
10-14 years	6,857	3,470	3,387
10-12 years	4,068	2,053	2,015
13-14 years	2,789	1,417	1,372
12-18 years	9,940	5,046	4,894
15-19 years	6,903	3,543	3,360
15-17 years	4,396	2,254	2,142
18-19 years	2,507	1,289	1,218
20-24 years	5,500	2,861	2,639
25-29 years	5,468	2,870	2,598
30-34 years	5,584	2,901	2,683
35-39 years	6,277	3,217	3,060
40-44 years	6,821	3,467	3,354
45-49 years	7,791	3,995	3,796
50-54 years	8,016	4,057	3,959
55-59 years	7,396	3,719	3,677
60-64 years	6,253	3,064	3,189
65-69 years	4,891	2,416	2,475
70-74 years	3,547	1,644	1,903
75-79 years	2,854	1,256	1,598
80-84 years	2,275	948	1,327
85-89 years	1,471	525	946
90-94 years	663	171	492
95-99 years	153	27	126
100-104 years	21	6	15
105-109 years	2	0	2
110 years & over	0	0	0
Total 85 years and over	2,310	729	1,581
Total 65 years and over	15,877	6,993	8,884
Total 19 years and over	76,107	37,730	38,377

ASHTABULA COUNTY PROFILE

(Source: U.S. Census Bureau, 2017)
2013-2017 ACS 5-year estimates

General Demographic Characteristics

	Number	Percent (%)
Total Population		
2017 Total Population	98,622	100%
Largest City – Ashtabula City		
2017 Total Population	18,385	100%
Population by Race/Ethnicity		
Total Population	98,622	100%
White	91,628	92.9%
Two or more races	2,275	2.3%
Hispanic or Latino (of any race)	3,937	4.0%
African American	3,607	3.7%
Asian	479	0.5%
Some other race	403	0.4%
American Indian and Alaska Native	189	0.2%
Population by Age		
Under 5 years	5,513	5.6%
5 to 17 years	16,637	16.9%
18 to 24 years	7,722	7.8%
25 to 44 years	22,654	22.9%
45 to 64 years	28,690	29.0%
65 years and more	17,406	17.6%
Median age (years)	42.5	N/A
Household by Type		
Total households	38,381	100%
Total families	24,991	65.1%
Households with children <18 years	10,026	26.1%
Married-couple family household	18,091	47.1%
Married-couple family household with children <18 years	6,141	16.0%
Female householder, no husband present	4,855	12.6%
Female householder, no husband present with children <18 years	2,868	7.4%
Nonfamily household (single person)	13,390	34.9%
Nonfamily household (single person) living alone	11,238	83.9%
Nonfamily household (single person) 65 years and >	4,667	34.9%
Households with one or more people <18 years	11,322	29.5%
Households with one or more people 60 years and >	16,696	43.5%
Average household size	2.48 people	N/A
Average family size	3.05 people	N/A

General Demographic Characteristics, Continued

Housing Occupancy		
Median value of owner-occupied units	\$106,300	N/A
Median housing units with a mortgage	\$1,071	N/A
Median housing units without a mortgage	\$380	N/A
Median value of occupied units paying rent	\$648	N/A
Median rooms per total housing unit	5.8	N/A
Total occupied housing units	38,381	N/A
No telephone service available	903	2.4%
Lacking complete kitchen facilities	579	1.5%
Lacking complete plumbing facilities	272	0.7%

Selected Social Characteristics

School Enrollment		
Population 3 years and over enrolled in school	21,345	100%
Nursery & preschool	1,053	4.9%
Kindergarten	866	4.1%
Elementary School (Grades 1-8)	10,229	47.9%
High School (Grades 9-12)	5,560	26.0%
College or Graduate School	3,637	17.0%
Educational Attainment		
Population 25 years and over	68,750	100%
< 9 th grade education	3,043	4.4%
9 th to 12 th grade, no diploma	6,773	9.9%
High school graduate (includes equivalency)	30,770	44.8%
Some college, no degree	13,767	20.0%
Associate degree	5,201	7.6%
Bachelor's degree	6,082	8.8%
Graduate or professional degree	3,114	4.5%
Percent high school graduate or higher	N/A	85.7%
Percent Bachelor's degree or higher	N/A	13.4%
Marital Status		
Population 15 years and over	80,521	100%
Never married	22,948	28.5%
Now married, excluding separated	38,570	47.9%
Separated	1,207	1.5%
Widowed	5,878	7.3%
Widowed females	4,476	5.6%
Divorced	11,917	14.8%
Divorced females	5,968	7.4%
Veteran Status		
Civilian population 18 years and over	76,386	100%
Veterans 18 years and over	8,141	10.7%

Selected Social Characteristics, Continued

Disability Status of the Civilian Non-Institutionalized Population		
Total civilian noninstitutionalized population	95,570	100%
Civilian with a disability	15,054	15.8%
Under 18 years	22,142	23.2%
Under 18 years with a disability	173	0.8%
18 to 64 years	56,994	59.6%
18 to 64 years with a disability	1,750	3.1%
65 Years and over	16,434	17.2%
65 Years and over with a disability	1,054	6.4%

Selected Economic Characteristics

Employment Status		
Population 16 years and over	79,229	100%
16 years and over in labor force	43,338	54.7%
16 years and over not in labor force	35,891	45.3%
Females 16 years and over	39,662	100%
Females 16 years and over in labor force	20,206	50.9%
Population living with own children <6 years	6,300	100%
All parents in family in labor force	3,294	52.3%
Class of Worker		
Civilian employed population 16 years and over	40,003	100%
Private wage and salary workers	32,209	83.0%
Government workers	4,383	11.0%
Self-employed workers in own not incorporated business	2,348	5.9%
Unpaid family workers	63	0.2%
Occupations		
Employed civilian population 16 years and over	40,003	100%
Production, transportation, and material moving occupations	9,975	24.9%
Management, business, science, and art occupations	10,425	26.1%
Sales and office occupations	8,572	21.4%
Service occupations	7,353	18.4%
Natural resources, construction, and maintenance occupations	3,678	9.2%
Leading Industries		
Employed civilian population 16 years and over	40,003	100%
Manufacturing	9,695	24.2%
Educational, health and social services	9,361	23.4%
Trade (retail and wholesale)	4,891	12.2%
Arts, entertainment, recreation, accommodation, and food services	3,181	8.0%
Transportation and warehousing, and utilities	2,413	6.0%
Professional, scientific, management, administrative, and waste management services	2,140	5.3%
Construction	2,521	6.3%
Other services (except public administration)	1,662	4.2%
Finance, insurance, real estate and rental and leasing	1,326	3.3%
Public administration	1,361	3.4%
Agriculture, forestry, fishing and hunting, and mining	790	2.0%
Information	662	1.7%

Selected Economic Characteristics, Continued

Income In 2017		
Households	36,704	100%
< \$10,000	3,024	8.2%
\$10,000 to \$14,999	3,032	8.3%
\$15,000 to \$24,999	5,046	13.7%
\$25,000 to \$34,999	3,894	10.6%
\$35,000 to \$49,999	5,359	14.6%
\$50,000 to \$74,999	6,733	18.3%
\$75,000 to \$99,999	4,581	12.5%
\$100,000 to \$149,999	3,235	8.8%
\$150,000 to \$199,999	827	2.3%
\$200,000 or more	973	2.7%
Median household income	\$44,173	N/A
Income in 2017		
Families	23,734	100%
< \$10,000	1,284	5.4%
\$10,000 to \$14,999	840	3.5%
\$15,000 to \$24,999	1,979	8.3%
\$25,000 to \$34,999	2,969	12.5%
\$35,000 to \$49,999	3,905	16.5%
\$50,000 to \$74,999	4,812	20.3%
\$75,000 to \$99,999	3,609	15.2%
\$100,000 to \$149,999	2,799	11.8%
\$150,000 to \$199,999	797	3.4%
\$200,000 or more	740	3.1%
Median family income	\$52,385	N/A
Per capita income in 2017	\$23,297	N/A
Poverty Status in 2017		
Families	N/A	14.2%
Individuals	N/A	19.8%

Bureau of Economic Analysis (BEA) Per Capita Personal Income (PCPI) Figures

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2017	\$36,974	64 th of 88 counties
BEA Per Capita Personal Income 2016	\$35,615	64 th of 88 counties
BEA Per Capita Personal Income 2015	\$32,246	67 th of 88 counties
BEA Per Capita Personal Income 2014	\$34,091	67 th of 88 counties
BEA Per Capita Personal Income 2013	\$32,501	68 th of 88 counties

(Source: Bureau of Economic Analysis, https://apps.bea.gov/iTable/index_regional.cfm)

Note: BEA PCPI figures are greater than Census figures for comparable years due to deductions for retirement, Medicaid, Medicare payments, and the value of food stamps, among other things

Poverty Rates, 5-year averages, 2013 to 2017

Category	Ashtabula	Ohio
Population in poverty	19.8%	14.9%
< 125% FPL (%)	26.2%	19.3%
< 150% FPL (%)	31.2%	23.6%
< 200% FPL (%)	43.0%	32.5%
Population in poverty (1999)	12.1%	10.6%

(Source: *The Ohio Poverty Report*, Ohio Development Services Agency, February 2019, <http://www.development.ohio.gov/files/research/P7005.pdf>)

Employment Statistics

Category	Ashtabula	Ohio
Labor Force	44,100	5,770,200
Employed	41,500	5,483,100
Unemployed	2,600	287,000
Unemployment Rate* in April 2019	3.9	3.3
Unemployment Rate* in March 2019	5.1	4.1
Unemployment Rate* in April 2018	5.0	4.3

*Rate equals unemployment divided by labor force.

(Source: Ohio Department of Job and Family Services, February 2019, <http://ohiolmi.com/laus/current.htm>)

Estimated Poverty Status in 2017

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Ashtabula County				
All ages in poverty	18,127	15,860 to 20,394	19.3%	16.9 to 21.7
Ages 0-17 in poverty	6,011	4,984 to 7,038	28.4%	23.5 to 33.3
Ages 5-17 in families in poverty	4,090	3,337 to 4,843	26.0%	21.2 to 30.8
Median household income	\$45,157	\$41,553 to \$48,761		
Ohio				
All ages in poverty	1,575,401	1,551,281 to 1,599,521	13.9%	13.7 to 14.1
Ages 0-17 in poverty	507,119	493,056 to 521,182	19.8%	19.2 to 20.4
Ages 5-17 in families in poverty	339,888	328,221 to 351,555	18.2%	17.6 to 18.8
Median household income	\$54,077	\$53,670 to \$54,484		
United States				
All ages in poverty	42,583,651	42,342,619 to 42,824,683	13.4%	13.3 to 13.5
Ages 0-17 in poverty	13,353,202	13,229,339 to 13,477,065	18.4%	19.2 to 20.4
Ages 5-17 in families in poverty	9,120,503	9,033,090 to 9,207,916	17.3%	17.1 to 17.5
Median household income	\$60,336	\$60,250 to \$60,422		

(Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, https://www.census.gov/data-tools/demo/saie/saie.html?s_appName=saie&map_yearSelector=2017&map_geoSelector=aa_c)

Federal Poverty Thresholds in 2018 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$13,064					
1 Person 65 and >	\$12,043					
2 people Householder < 65 years	\$16,815	\$17,308				
2 People Householder 65 and >	\$15,178	\$17,242				
3 People	\$19,642	\$20,212	\$20,231			
4 People	\$25,900	\$26,324	\$25,465	\$25,554		
5 People	\$31,234	\$31,689	\$30,718	\$29,967	\$29,509	
6 People	\$35,925	\$36,068	\$35,324	\$34,612	\$33,553	\$32,925
7 People	\$41,336	\$41,594	\$40,705	\$40,085	\$38,929	\$37,581
8 People	\$46,231	\$46,640	\$45,800	\$45,064	\$44,021	\$42,696
9 People or >	\$55,613	\$55,883	\$55,140	\$54,516	\$53,491	\$52,082

(Source: U. S. Census Bureau, Poverty Thresholds 2018, <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>)

Appendix VI: County Health Rankings

	Ashtabula County	Ohio	U.S.
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2015-2017)	9,600	8,500	6,900
Overall health. Percentage of adults reporting fair or poor health (age-adjusted) (2016)	18%	17%	16%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2016)	4.3	4.0	3.7
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2016)	4.2	4.3	3.8
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2011-2017)	8%	9%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2016)	22%	23%	17%
Obesity. Percentage of adults that report a BMI of 30 or more (2015)	37%	32%	29%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2015-2016)	7.1	6.7	7.7
Physical inactivity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2015)	30%	25%	22%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2018)	73%	84%	84%
Drug and alcohol abuse. Percentage of adults reporting binge or heavy drinking (2016)	17%	19%	18%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2013-2017)	40%	33%	29%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2016)	319.0	520.9	497.3
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2011-2017)	35	26	25

(Source: 2019 County Health Rankings for Ashtabula County, Ohio and U.S. data)

	Ashtabula County 2019	Ohio 2019	U.S. 2019
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2016)	9%	7%	10%
Access to health care/medical care. Ratio of population to primary care physicians (2016)	2,890:1	1,300:1	1,330:1
Access to dental care. Ratio of population to dentists (2017)	2,720:1	1,620:1	1,460:1
Access to behavioral health care. Ratio of population to mental health providers (2018)	860:1	470:1	440:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2016)	6,268	5,135	4,520
Mammography screening. Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2016)	38%	41%	41%
Flu vaccinations. Percentage of Medicare enrollees that had an annual flu vaccination (2016)	46%	47%	45%
Social and Economic Factors			
Education. Percentage of ninth-grade cohort that graduates in four years (2017-2018)	88%	85%	85%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2013-2017)	46%	65%	65%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2017)	6.0%	5.0%	4.4%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2017)	28%	20%	18%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2013-2017)	4.6	4.8	4.9
Family and social support. Percentage of children that live in a household headed by single parent (2013-2017)	36%	36%	33%
Family and social support. Number of membership associations per 10,000 population (2016)	12.0	11.2	9.3
Violence. Number of reported violent crime offenses per 100,000 population (2014-2016)	135	293	386
Injury. Number of deaths due to injury per 100,000 population (2013-2017)	92	82	67

(Source: 2019 County Health Rankings for Ashtabula County, Ohio and U.S. data)

	Ashtabula County 2019	Ohio 2019	U.S. 2019
Physical Environment			
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2014)	11.0	11.5	8.6
Air, water, and toxic substances. Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation (2017)	No	N/A	N/A
Housing. Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (2011-2015)	15%	15%	18%
Transportation. Percentage of the workforce that drives alone to work (2013-2017)	85%	83%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2013-2017)	35%	30%	35%

*(Source: 2019 County Health Rankings for Ashtabula County, Ohio and U.S. data)
N/A – Not Available*

Appendix VII: Ashtabula City Data Summary

Adult Variables	Ashtabula City 2016	Ashtabula City 2019	Ashtabula County 2019	Ohio 2017	U.S. 2017
Health Care Coverage					
Uninsured	3%	13%	10%	8%	11%
Health Care Access and Utilization					
Had at least one person they thought of as their personal doctor or health care provider	N/A	72%	83%	81%	77%
Visited a doctor for a routine checkup in the past year	N/A	60%	69%	72%	70%
Preventive Medicine					
Had a pneumonia vaccination (age 65 and over)	70%	N/A	69%	76%	75%
Had a flu vaccine in the past year (age 65 and over)	66%	N/A	67%	63%	61%
Had a shingles or Zoster vaccination in lifetime	13%	N/A	25%	29%	29%
Women's Health					
Had a mammogram within the past two years (age 40 and older)	72%	N/A	73%	74%*	73%*
Had a pap test within the past three years (age 21-65)	67% [‡]	N/A	66%	82%*	80%*
Men's Health					
Had a digital rectal exam within the past year	18%	7%	14%	N/A	N/A
Oral Health					
Adults who had visited the dentist in the past year	63%	53%	58%	68%*	66%*
Adults who had one or more permanent teeth removed	57%	56%	58%	45%*	43%*
Adults 65 years and older who had all their permanent teeth removed	20%	N/A	12%	17%*	14%*
Health Status Perceptions					
Rated health as excellent or very good	36%	33%	42%	49%	51%
Rated health as fair or poor	28%	19%	14%	19%	18%
Weight Status					
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	50%	50%	42%	34%	31%
Overweight (BMI of 25.0 – 29.9)	27%	16%	33%	34%	35%
Tobacco Use					
Current smoker (currently smoke some or all days)	18%	29%	21%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	29%	20%	28%	24%	25%

N/A - Not Available

*2016 BRFSS

[‡]In 2016, pap test was reported for women ages 19 and over

Adult Variables	Ashtabula City 2016	Ashtabula City 2019	Ashtabula County 2019	Ohio 2017	U.S. 2017
Alcohol Consumption					
Current Drinker (drank alcohol at least once in the past month)	47%	25%	74%	54%	55%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	22%	31%	23%	19%	17%
Mental Health					
Considered attempting suicide in the past year	11%	15%	6%	N/A	N/A
Felt so sad or hopeless almost every day for two weeks or more in a row	13%	26%	15%	N/A	N/A
Cardiovascular Health					
Had angina or coronary heart disease	8%	3%	3%	5%	4%
Had a heart attack	5%	8%	5%	6%	4%
Had a stroke	1%	5%	3%	4%	3%
Had high blood pressure	46%	43%	42%	35%	32%
Had high blood cholesterol	40%	35%	40%	33%	33%
Had blood cholesterol checked within past 5 years	83%	77%	80%	85%	86%
Asthma, Arthritis and Diabetes					
Ever been told they have asthma	16%	23%	18%	14%	14%
Ever diagnosed with chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis	N/A	9%	8%	8%	7%
Ever diagnosed with arthritis	48%	37%	36%	29%	25%
Ever been told by a doctor they have diabetes (not pregnancy-related)	16%	16%	13%	11%	11%
Quality of Life					
Limited in some way because of physical, mental, or emotional problems	35%	56%	54%	N/A	N/A

N/A - Not available

Ashtabula City Health Department Focus Group 2019 Qualitative Data

INTRODUCTION AND BACKGROUND

The Ashtabula City Health Department (ACHD) collaborated with Leadership Ashtabula County to design the focus group survey. The survey was modified from its original electronic format to allow for the option of a hard copy paper completion. Focus groups for the ACHD were conducted in April, May and June of 2019. Focus groups are useful to find a range of opinions across groups of people and are used to gain insight for community needs. The ACHD incorporated focus groups to complement our City trend data from this County Health Needs Assessment. Focus groups allow participants to share their thoughts and opinions. The qualitative data collected in these focus groups compliment the quantitative data captured in the Ashtabula County Health Needs Assessment Survey. Qualitative data provides a deeper understanding as to why participants from the community feel and act a certain way, while quantitative data identifies the extent of a specific health issue.

PARTICIPANT RECRUITMENT

Participants were approached at the Ashtabula Remote Area Medical Clinic (RAM) and informed about the details of the focus group process. Verbal explanations were given on how to complete the survey. ACHD staff served as facilitators and gave each participant time to read and respond to the survey questions. ACHD staff was available for additional dialogue and support. Participants were screened to ensure they lived in the Ashtabula 44004 zip code region and were over the age of 18 years. Electronic surveys were made available for participation to various Ashtabula City resident and stakeholder list serve groups.

PROCEDURE

The ACHD collaborated with Leadership Ashtabula County in multiple meetings and virtual meetings to design and format the topics to be covered in the focus group survey. The questions asked were related to health priorities, strengths and barriers of the community, social determinants of health and health inequities. Paper surveys were provided to all 44004 residents that attended the RAM clinic and the electronic surveys were sent out via email. 27 total of surveys were completed at the RAM clinic. An overview of the purpose of the survey was included with the email and electronic link to take the survey. 35 total surveys were sent and 13 surveys were completed electronically. All survey data was tallied together for a complete set of results. Paper and electronic results were tallied individually by source.

ANALYSIS

Leadership Ashtabula County provided a Program Manager to analyze the data results. Excel and pdf data reports were provided to the ACHD from the Qualtrics electronic survey data collected.

LIMITATIONS

Limitations to consider for RAM participants were the event total attendance and individual's time restrictions. Limitations for the electronic survey participants were due to our targeted existing list serves and willingness to participate.

OVERALL FINDINGS AND REMARKS

Several themes emerged consistently across the focus groups conducted. Cost was the number one answer to barriers to receiving health care with insurance coverage (not enough or none) being second. Adult obesity, Childhood obesity and chronic disease were the top three health problems in our community. The health problems identified in the Community Health Needs Assessment are echoed in the results of our focus group surveys. The Ashtabula City Health Department along with the Ashtabula County Health Needs Assessment Committee are working on Community Health Improvement Projects to help combat these issues.

SURVEY RESULTS (TOP THREE ANSWERS)

Which of the following do you consider to be barriers to receiving healthcare?

1 – Cost, 2 – Insurance Coverage (not enough or none) and 3 – Dissatisfaction of the healthcare system

Participants were instructed to check all that apply. Which of the following do you see as health problems in the community?

1 – Adult obesity, 2 – Childhood obesity and 3 – Chronic disease (heart and lung disease, smoking, diabetes, cancer...)

ASHTABULA CITY PROFILE

	Number	Percent (%)
Total Population		
2017 Total Population	18,385	100%
Population by Race/Ethnicity		
Total Population	18,385	100%
White Alone	16,269	88.4%
Hispanic or Latino	1,700	9.2%
Black or African American	2,499	13.5%
Asian	40	0.2%
Two or More Races	830	4.5%
Some other race	196	1.0%
American Indian and Alaska Native	222	1.2%
Population by Age		
Under 5 Years	1,184	6.4%
5 to 19 Years	3812	20.7%
20 to 44 Years	5553	30.2%
45 to 64 Years	4964	27%
65 Years of More	2872	15.6%
Median age (years)	38.0	N/A
Household by Type		
Total Households	7,641	100%
Family households (families)	4,381	57.3%
With own children <18 years		
Married-Couple Family Household	2,400	31.4%
With own children <18 years		
Female Householder, No Husband Present	1,593	20.8%
With own children <18 years		
Non-Family Households	3,260	42.6%
Householder living alone	2,847	37.3%
Householder 65 years and older	999	13.1%
Households with Individuals < 18 years	2,377	31.1%
Average Household Size	2.37 People	N/A
Average Family Size	3.14 People	N/A

(Source: U.S. Census Bureau, 2013-2017 ACS 5-year estimates, 2017)

Appendix VIII: Conneaut City Data Summary

Adult Variables	Conneaut City 2016	Conneaut City 2019	Ashtabula County 2019	Ohio 2017	U.S. 2017
Health Care Coverage					
Uninsured	17%	6%	10%	8%	11%
Health Care Access and Utilization					
Had at least one person they thought of as their personal doctor or health care provider	N/A	87%	83%	81%	77%
Visited a doctor for a routine checkup in the past year	N/A	73%	69%	72%	70%
Preventive Medicine					
Had a pneumonia vaccination (age 65 and over)	77%	N/A	69%	76%	75%
Had a flu vaccine in the past year (age 65 and over)	73%	N/A	67%	63%	61%
Had a shingles or Zoster vaccination in lifetime	12%	N/A	25%	29%	29%
Women's Health					
Had a mammogram within the past two years (age 40 and older)	62%	N/A	73%	74%*	73%*
Had a pap test within the past three years (age 21-65)	38% [‡]	N/A	66%	82%*	80%*
Men's Health					
Had a digital rectal exam within the past year	5%	11%	14%	N/A	N/A
Oral Health					
Adults who had visited the dentist in the past year	47%	65%	58%	68%*	66%*
Adults who had one or more permanent teeth removed	60%	73%	58%	45%*	43%*
Adults 65 years and older who had all their permanent teeth removed	20%	N/A	12%	17%*	14%*
Health Status Perceptions					
Rated health as excellent or very good	41%	37%	42%	49%	51%
Rated health as fair or poor	20%	17%	14%	19%	18%
Weight Status					
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	42%	25%	42%	34%	31%
Overweight (BMI of 25.0 – 29.9)	26%	64%	33%	34%	35%
Tobacco Use					
Current smoker (currently smoke some or all days)	35%	9%	21%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	26%	42%	28%	24%	25%

N/A - Not Available

*2016 BRFSS

[‡]In 2016, pap test was reported for women ages 19 and over

Adult Variables	Conneaut City 2016	Conneaut City 2019	Ashtabula County 2019	Ohio 2017	U.S. 2017
Alcohol Consumption					
Current Drinker (drank alcohol at least once in the past month)	51%	12%	74%	54%	55%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	20%	24%	23%	19%	17%
Mental Health					
Considered attempting suicide in the past year	2%	12%	6%	N/A	N/A
Two or more weeks in a row felt sad or hopeless	4%	9%	15%	N/A	N/A
Cardiovascular Health					
Had angina or coronary heart disease	2%	6%	3%	5%	4%
Had a heart attack	21%	3%	5%	6%	4%
Had a stroke	9%	0%	3%	4%	3%
Had high blood pressure	51%	59%	42%	35%	32%
Had high blood cholesterol	41%	41%	40%	33%	33%
Had blood cholesterol checked within past 5 years	84%	88%	80%	85%	86%
Asthma, Arthritis and Diabetes					
Ever been told they have asthma	4%	9%	18%	14%	14%
Ever diagnosed with chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis	N/A	9%	8%	8%	7%
Ever diagnosed with arthritis	48%	29%	36%	29%	25%
Ever been told by a doctor they have diabetes (not pregnancy-related)	2%	18%	13%	11%	11%
Quality of Life					
Limited in some way because of physical, mental, or emotional problems	22%	53%	54%	N/A	N/A

N/A - Not available

CONNEAUT CITY PROFILE

	Number	Percent (%)
Total Population		
2017 total Population	12,708	100%
Population by Race/Ethnicity		
Total Population	12,708	100%
White Alone	11,359	89.4%
Hispanic or Latino	308	2.4%
African American	1,051	8.3%
Asian	13	0.1%
Two or More Races	196	1.5%
Other	20	0.2%
American Indian and Alaska Native	94	0.7%
Population by Age		
Under 5 Years	410	3.2%
5 to 19 Years	2,033	16%
20 to 44 Years	4,440	34.9%
45 to 64 Years	3,682	29.0%
65 Years of More	2,143	16.9%
Median age (years)	41.5	
Household by Type		
Total Households	4,645	100%
Family households (families)	2,993	64.4%
With own children <18 years		
Married-Couple Family Household	2,323	50.0%
With own children <18 years		
Female Householder, No Husband Present	360	7.8%
With own children <18 years		
Non-Family Households	1,652	35.6%
Householder living alone	1,374	29.6%
Householder 65 years and older	772	16.6%
Households with Individuals < 18 years	1,019	21.9%
Average Household Size	2.33 People	N/A
Average Family Size	2.85 People	N/A

(Source: U.S. Census Bureau, 2013-2017 ACS 5-year estimates, 2017)

Appendix IX: Geneva City Data Summary

Adult Variables	Geneva City 2016	Geneva City 2019	Ashtabula County 2019	Ohio 2017	U.S. 2017
Health Care Coverage					
Uninsured	5%	7%	10%	8%	11%
Health Care Access and Utilization					
Had at least one person they thought of as their personal doctor or health care provider	63%	84%	83%	81%	77%
Visited a doctor for a routine checkup in the past year	65%	69%	69%	72%	70%
Preventive Medicine					
Had a pneumonia vaccination (age 65 and over)	55%	82%	69%	76%	75%
Had a flu vaccine in the past year (age 65 and over)	75%	50%	67%	63%	61%
Women's Health					
Had a mammogram within the past two years (age 40 and older)	75%	59%	73%	74%*	73%*
Had a pap test within the past three years (age 21-65)	4% [‡]	77%	66%	82%*	80%*
Men's Health					
Had a digital rectal exam within the past year	11%	19%	14%	N/A	N/A
Oral Health					
Adults who had visited the dentist in the past year	50%	53%	58%	68%*	66%*
Adults who had one or more permanent teeth removed	45%	64%	58%	45%*	43%*
Adults 65 years and older who had all their permanent teeth removed	8%	18%	12%	17%*	14%*
Health Status Perceptions					
Rated health as excellent or very good	52%	38%	42%	49%	51%
Rated health as fair or poor	19%	11%	14%	19%	18%
Weight Status					
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	30%	41%	42%	34%	31%
Overweight (BMI of 25.0 – 29.9)	35%	42%	33%	34%	35%
Tobacco Use					
Current smoker (currently smoke some or all days)	28%	20%	21%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	30%	34%	28%	24%	25%

N/A - Not Available

*2016 BRFSS

[‡]In 2016, pap test was reported for women ages 19 and over

Adult Variables	Geneva City 2016	Geneva City 2019	Ashtabula County 2019	Ohio 2017	U.S. 2017
Alcohol Consumption					
Current Drinker (drank alcohol at least once in the past month)	55%	77%	74%	54%	55%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	28%	39%	23%	19%	17%
Mental Health					
Considered attempting suicide in the past year	3%	3%	6%	N/A	N/A
Two or more weeks in a row felt sad or hopeless	8%	5%	15%	N/A	N/A
Cardiovascular Health					
Had angina or coronary heart disease	3%	3%	3%	5%	4%
Had a heart attack	<1%	2%	5%	6%	4%
Had a stroke	3%	2%	3%	4%	3%
Had high blood pressure	34%	38%	42%	35%	32%
Had high blood cholesterol	38%	48%	40%	33%	33%
Had blood cholesterol checked within past 5 years	68%	77%	80%	85%	86%
Asthma, Arthritis and Diabetes					
Ever been told they have asthma	35%	20%	18%	14%	14%
Ever diagnosed with chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis	N/A	2%	8%	8%	7%
Ever diagnosed with arthritis	43%	32%	36%	29%	25%
Ever been told by a doctor they have diabetes (not pregnancy-related)	21%	15%	13%	11%	11%

N/A - Not available

Appendix X: Health Assets & Resources

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

Compiled from CHIP and IPOD Resource Manual on July 10, 2019

Cancer Resources		
American Cancer Society	Bula Beauty Supplies and Elegant Essentials (Cosmetic)	Cancer Care Co-Payment Assistance
Cancer Hope Network	Colonoscopy Assistant	Conneaut City Health Department-Medical equipment
James Lung Cancer Screenings	Look good, Feel good	Mammovan
MedWorks USA-Breast & Cervical Cancer Program Screening	Ostomy Supplies	Reach to Recovery
Susan G. Komen Foundation	UHGMC- free mammograms for uninsured women	

Chronic Disease Resources		
ACMC and U	ARC	Ashtabula County IPOD Committee
Ashtabula County Mental Health Board	BOTVIN Life Skills in collaboration	Children Services
Community Counseling Center	Country Neighbor	Discounted Health Care- Lake Co Free Clinic
Health Departments of Ashtabula County	Ohio Asthma, American Lung Association & Smoking Cessation	Ohio Tobacco Quit Line
Patient Assistance Programs for Rx Assistance-Sanofi	State Road Occupational Medical Facility	UH Conneaut & Geneva Discounted Health Care
UH – Geneva/Conneaut	UH – Smokeless Program	

Food & Shelter Resources

Andover First United Methodist Church	Ashtabula Dream Center	Birth Care Inc (maternity and infant clothing)
Conneaut Food Pantry	Country Neighbor Program	Eaglesville Bible Church
Faith Lutheran Church	Friends in Service Here (FISH)	Geneva Interchurch Food Pantry
Go Ministries	Lighthouse Harvest Foundation	Manna Project
Mary's Kitchen	Messiah Lutheran Pantry	Our Lady of Peace Neighbor to Neighbor
Pierpont Presbyterian Church Pantry	Pymatuning Community Church Pantry	Salvation Army
Spiderweb (Jefferson, clothing and household)	St. Peter's Church Hope and Future Food Pantry	

Mental Health & Substance Abuse Resources

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

Nutrition & Physical Activity Resources

ACMC (Kid Fit)	Ashtabula County Board Children's Services	Ashtabula County Catholic Charities
Ashtabula County Child and Family Health Services	Ashtabula County Elementary Schools	Ashtabula County Job and Family Services
Ashtabula County Metro Parks	Ashtabula County Nutrition & Fitness Guide	Ashtabula County WIC Clinic & Head Start Program
Health Departments of Ashtabula County, Well Child Clinics	IPOD Manual	Local Farmers markets
Longest Day of Play Committee	Maternal and Child Health Improvement Committee of Ashtabula County	OSU-Ashtabula County Cooperative Extension Service
Pediatricians offices in Ashtabula County	Primary Care Providers of Ashtabula County	UH Conneaut/Geneva
YMCA		

Suicide Prevention Resources

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