ILLUMINOLOGY

ASHTABULA COUNTY

2025 Community Health Needs Assessment

September 2025

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Signature Health
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COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

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

The 2025 Ashtabula County CHNA is the result of a collaborative effort coordinated by *Healthy Ashtabula County*, which includes the Ashtabula County Health Department, the Ashtabula City Health Department, the Conneaut City Health Department, University Hospitals Conneaut Medical Center, University Hospitals Geneva Medical Center, Ashtabula Regional Medical Center, and many other partners. The intent of this effort is to help health departments, hospitals, social service agencies, other organizations, and community stakeholders better understand the health needs and priorities of Ashtabula County residents.

Characterizing and understanding the prevalence of acute and chronic health conditions, access to care barriers, health disparities, and other health issues can help direct community resources to where they will have the biggest impact. Participating organizations will begin using the data reported in the 2025 Ashtabula County CHNA to inform the development and implementation of strategic plans to meet the community's health needs, including the hospitals' implementation strategy.

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

The 2025 Ashtabula County CHNA provides a comprehensive overview of the community's health status, illuminating areas of strength as well as areas in which there could be improvement.

Consistent with Public Health Accreditation Board requirements and IRS regulations, *Healthy Ashtabula County* will use this report to inform the development and implementation of strategies to address these findings. It is intended that a wide range of stakeholders will also use this report for their own planning efforts.

Subsequent planning documents and reports will be shared with community stakeholders and with the public. *Healthy Ashtabula County* will provide updates to this assessment as new data becomes available. Users of the 2025 Ashtabula County CHNA are encouraged to send feedback and comments that can help improve the usefulness of this information when future editions are developed. Questions and comments about the 2025 Ashtabula County CHNA may be directed to:

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Hospital and Public Health Compliance

Conducting periodic CHNAs are one critical way in which University Hospitals Conneaut Medical Center, University Hospitals Geneva Medical Center, and Ashtabula Regional Medical Center are working with partners to identify the greatest health needs, enabling them to ensure that resources are appropriately directed toward outreach, prevention, education, and wellness opportunities where the greatest impact can be realized. The 2025 Ashtabula County CHNA will serve as a foundation for developing a collaborative Implementation Strategy (IS) for hospital partners to address identified needs.

Similar to the CHNAs that hospitals conduct, completing a Community Health Assessment (CHA) and a corresponding Community Health Improvement Plan (CHIP) is an integral part of the process that local and state health departments must undertake to obtain and retain accreditation through the Public Health Accreditation Board (PHAB).

Definition of Community and Service Area Determination

The community has been defined as Ashtabula County. In looking at the community population served by the hospital facilities and Ashtabula County as a whole, it was clear that all the facilities and partnering organizations involved in the collaborative assessment define their community to be the same. For example, 51.7% of University Hospitals Conneaut Medical Center's discharges and 73.7% of University Hospitals Geneva Medical Center's discharges in 2024 were residents of Ashtabula County. 96% of Ashtabula Regional Medical Center's discharges are residents of Ashtabula County. In addition, many of the partner organizations provide services at the county level. Defining the community as such also allows the hospitals to more readily collaborate with public health partners for both community health needs assessments and health improvement planning.

Inclusion of Vulnerable Populations

Healthy Ashtabula County ensured the inclusion of vulnerable populations by including a survey of youth, interviewing community members who have experience with vulnerable populations, and exploring differences in the adult survey data based on vulnerable population inclusion. This is described more fully in the "About the Community Health Needs Assessment Process" section of this report. In addition, *Healthy Ashtabula County* itself includes a variety of human social service organizations working collaboratively to complete the assessment.

Process and Methods For Engaging Community

This community health needs assessment process was commissioned by *Healthy Ashtabula County*. This coalition has been in existence for over twenty years and has 25 member organizations. Community members were involved in every step of the process from defining the scope to prioritizing health issues. Ashtabula County residents had opportunities to participate in the research via the adult survey, youth survey, stakeholder interviews, and the community poll. Outreach methods included email, social media, and mail.

Quantitative and Qualitative Data Analysis

Primary data for the 2025 Ashtabula County CHNA were obtained by independent researchers from Illuminology via an adult survey, stakeholder interviews, and a community poll. The Ashtabula County Mental Health and Recovery Services Board provided primary data from a youth survey. Wherever possible, local findings have been compared to other relevant data. As we move forward with planning strategies, we continue to commit to serving those in our county who experience health and basic needs disparities. Finally, additional information was collected from secondary data sources (e.g., vital statistics, Ohio Disease Reporting System, etc.) to supplement findings from the primary data collection. Detailed data collection methods are described later in this section.

Identifying and Prioritizing Needs

Healthy Ashtabula County selected the following priorities:

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

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

Community Health Needs Assessment Process

The process followed by the 2025 Ashtabula County CHNA reflected an adapted version of the Robert Wood Johnson Foundation's County Health Rankings and Roadmaps: Assess Needs and Resources process. This process is designed to help stakeholders "understand current community strengths, resources, needs, and gaps," so that they can better focus their efforts and collaboration.

Project Management

Healthy Ashtabula County contracted with Illuminology, a central Ohio based research firm, to assist with this work. Illuminology is located at 5258 Bethel Reed Park, Columbus, OH 43220. Illuminology, represented by Karen A. Hines, Ph.D., and Orie V. Kristel, Ph.D., led the process for locating health status indicator data; for designing and conducting the stakeholder interviews, community poll, and adult survey; and for creating the summary report. Illuminology has 27 years of experience related to research design, analysis, and reporting, and has conducted numerous community health needs assessments.

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

(1) Prepare to assess / generate questions. On December 10, 2024, community leaders, stakeholders, and employees from participating organizations gathered at the Ashtabula County Health Department to discuss their perspectives on emerging health issues in Ashtabula County. Facilitated by Illuminology, this session provided an opportunity for community members to better understand the upcoming community health needs assessment process and to suggest indicators for consideration. Illuminology used the information from this session to identify which indicators could be assessed via secondary sources and which indicators needed to be included as part of the primary data collection efforts.

(2) Collect secondary data. Secondary data for this health needs assessment came from national sources (e.g., U.S. Department of Health and Human Services: *Healthy People 2030*; U.S. Census Bureau), state sources (e.g., Ohio Department of Health's Data Warehouse), and local sources (e.g., Ashtabula Regional Medical Center; University Hospitals; Remote Area Medical). Data for Ashtabula County overall, Ashtabula City, Conneaut City, and Ohio were collected, when available. Rates and/or percentages were calculated when necessary. Illuminology located and recorded this information into a secondary data repository. All data sources are identified in table captions or footnotes. To ensure community stakeholders are able to use this report to make well-informed decisions, only the most recent data available at the time of report preparation are presented. To be considered for inclusion in the 2025 Ashtabula County CHNA, secondary data must have been collected or published in 2018 or later.

(3) Collect and analyze primary data from adult residents. A representative survey of Ashtabula County adult residents was conducted (i.e., Ashtabula County Health Survey). Fielded in multiple waves from March 19th, 2025 through May 14th, 2025, respondents completed a self-administered questionnaire, either on paper or online.

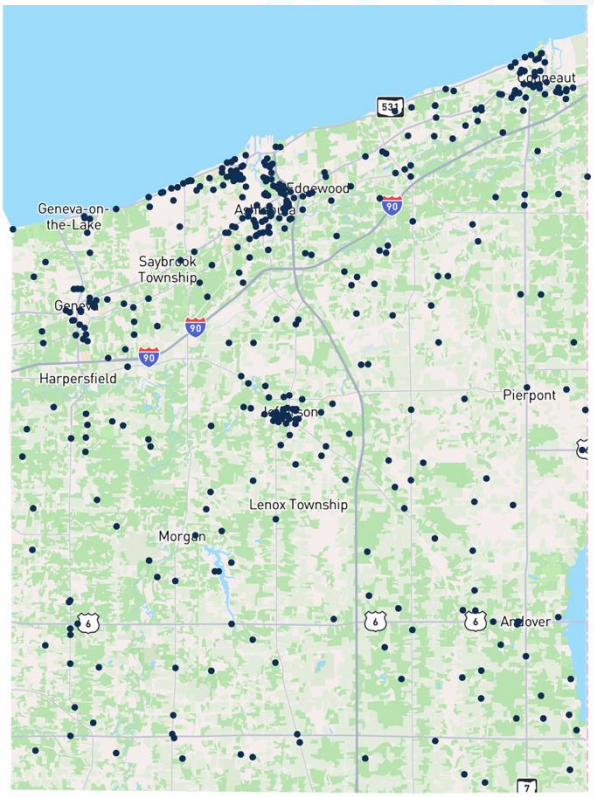
For the survey mailing, a total of 2,200 addresses were randomly selected from the universe of residential addresses in Ashtabula County and 1,200 addresses were randomly selected from the universe of residential addresses in which the sample data indicated there was likely a young adult in the household. In mid-March, 2025, a notification letter was sent to each household, asking the adult in the household who most recently had a birthday to complete the survey online.

For 500 randomly selected participants, their mailing included a $1 bill to encourage the household's participation. About four weeks after the initial mailing, a hard copy of the survey was sent to households that had not yet completed the survey online. This mailing also included a cover letter and a Business Reply Mail envelope so respondents could complete the survey and mail it back at no cost to them.

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

Before analyzing responses to the survey, survey weights were computed; this step allows researchers to produce more accurate statistical estimates at the overall county level. First, a base weight was created that adjusted for unequal probabilities of selection into the survey (i.e., compensating for the number of adults in the household and whether the household had an indicator that there was likely a young adult in the household). Then, this base weight was adjusted so that respondents' demographic characteristics (i.e., age, gender, educational attainment, presence of children in the household, and whether they are residents of Ashtabula City, Conneaut City, or another part of the County) aligned with population benchmarks for Ashtabula County. These population benchmarks were obtained from the U.S. Census Bureau's American Community Survey. This adjusted base weight was calculated via an iterative proportional fitting procedure within the STATA v17 software package; analyses of weighted data were conducted using complex survey [svy] commands within STATA v17.

Map of Residents Who Completed The Representative Survey



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

(5) Conduct community stakeholder interviews. *Healthy Ashtabula County* worked with Illuminology to design a community leader interview guide that covered a wide range of topics, including overall health, health care access, poverty, transportation, nutrition and physical activity, and substance abuse. Illuminology completed interviews with 12 stakeholders across nine organizations. Interviewees included community members who work in health care, leaders of local organizations, and other residents. Two interviewees were representatives for Ashtabula City and one interviewee was a representative for Conneaut City.

(6) Present youth survey data. The Ashtabula County Mental Health and Recovery Services Board facilitated the conduct of the OHYES! Survey, developed by the Ohio Department of Mental Health and Addiction Services, amongst students in Ashtabula County.

Community Health Needs Assessment Process

(7) Identify Prioritized Heath Needs. On August 7, 2025, representatives from member groups of *Healthy Ashtabula County* met in person to identify potential priority health needs from the data and insights presented in the 2025 Ashtabula County CHNA.

The meeting participants were divided into small groups, with each group asked to review a specific section of the 2025 Ashtabula County CHNA and to identify within up to six potential priority health needs for consideration by the larger group. In addition to sharing their personal experience and history during these small-group conversations, meeting participants were asked to consider the following criteria when prioritizing these health needs:

- **Equity:** Degree to which specific groups are disproportionally affected by an issue.
- **Size:** Number of persons affected, taking into account variance from benchmark data and targets.
- **Seriousness:** Degree to which the health issue leads to death, disability, and impairs one's quality of life.
- **Feasibility:** Ability of organization or individuals to reasonably combat the health issue given available resources. Related to the amount of control and knowledge (influence) organization(s) have on the issue.
- **Severity of the Consequences of Inaction:** Risks associated with exacerbation of the health issue if not addressed at the earliest opportunity.
- **Trends:** Whether or not the health issue is getting better or worse in the community over time.
- **Intervention:** Any existing multi-level public health strategies proven to be effective in addressing the health issue.
- **Value:** The importance of the health issue to the community.
- **Social Determinant / Root Cause:** Whether or not the health issue is a root cause or social determinant of health that impacts one or more health issues.

After a total of 9 health needs were identified by the small groups, participants were asked to engage in a voting process to select three of the highest priority needs. In the first round of voting, each participant was given 5 votes to cast for the needs they perceived to be the highest priority. Three needs had over 20 votes, and the group agreed that those should be the three priority needs.

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

(8) Share results on hospital websites, health department websites, and the *Healthy Ashtabula County* website. This report presents the analysis and synthesis of all secondary, primary, and community outreach data collected during this effort. It will be posted on the Ashtabula County Health Department website (https://www.ashtabulacountyhealth.com/), University Hospitals' website (www.UHhospitals.org/CHNA-IS) , and Ashtabula Regional Medical Center's website (https://www.armchealth.org/about-us/community-health-needs-assessment/) as well as other *Healthy Ashtabula County* member websites. This report will be used in subsequent community prioritization and planning efforts and will be widely distributed to organizations that serve and represent residents in the county.

Community Health Needs Assessment Process

How to Read This Report

Key findings and *Healthy People 2030*. As shown on page 2, the 2025 Ashtabula County CHNA is organized into multiple, distinct sections. Each section begins with story boxes that highlight and summarize the key research findings from the researchers' perspectives. For some indicators, Ashtabula County is compared to the U.S. Department of Health and Human Services *Healthy People 2030* goal, indicated with text next to the *Healthy People 2030* logo (https://odphp.health.gov/healthypeople).

Comparison to the Ashtabula County 2022 Community Health Needs Assessment. Where possible, results were compared to data from the Ashtabula County 2022 Community Health Needs Assessment. A table comparing 2022 data to 2025 data can be found on page 20.

Sources for all secondary data are identified in table captions or footnotes. Caution should be used in drawing conclusions in cases where data are sparse (e.g., counts less than ten).

PRIORITY HEALTH NEEDS

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

PRIORITIZED HEALTH NEED: METABOLIC DISORDERS
RELEVANT INDICATORS
BMI
Coronary heart disease diagnoses
High cholesterol diagnoses
High blood pressure diagnoses
Diabetes diagnoses
Leading causes of death

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

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

PRIORITY HEALTH NEEDS

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

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

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

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

PRIORITY HEALTH NEEDS

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

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

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

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

Mental health and substance misuse
Substance misuse
Anxiety and depression
Suicide prevention/isolation

General health, death, and illness
Metabolic disorders
Unintentional injuries (fall-related)

Social determinants of health
Health resource education
Life skills education
Food insecurity
Access to care

SOCIAL DETERMINANTS OF HEALTH

This section provides insight into how Ashtabula County residents fare when it comes to many social determinants of health, including levels of poverty, access to health care, and education outcomes. Social and structural determinants of health provide insight into what causes higher health risks or poorer health outcomes among specific populations, including community and other factors which contribute to health inequities or disparities.

KEY FINDINGS

Health Care Access

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

Financial Hardship

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

BEHAVIORAL RISK FACTORS

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

KEY FINDINGS

Weight

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

Physical Activity

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

MENTAL HEALTH AND SUBSTANCE MISUSE

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

KEY FINDINGS

Mental Health

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

Substance Misuse

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

MATERNAL AND INFANT HEALTH

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

KEY FINDINGS

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

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

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

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

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

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

Changes in Health Indicators 2022-2025

The following table presents an overview of changes in health indicators over time in Ashtabula County. To test whether the difference between the 2022 and 2025 percentages was statistically significant, a 2-sample proportions test was computed for each health indicator. This analytic procedure calculates the difference between the 2022 and 2025 percentages, considers the total number of observations in each sample, and then computes a z statistic. When the z statistic was statistically significant ($p<.05$), which suggests the difference between the two percentages is not due to chance alone, the indicator and its percentages are bolded.

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

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

HEALTHY PEOPLE 2030 SUMMARY

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

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

Creating the Community Health Improvement Plan

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

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

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

OVERVIEW OF CHIP GOALS & STRATEGIES

Metabolic Disorders

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

Alignment with National Priorities

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

Alignment with SHIP

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

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

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

Life Skills and Health Resource Education

Healthy Ashtabula County signaled a need for more focus on life skills, such as readiness for school (e.g., knowledge of the alphabet), writing checks, and cooking healthy food, that can help break the cycle of generational poverty. Knowledge of how to mitigate mold also needs improvement and health resource education was identified as another key issue.

Alignment with National Priorities

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

Alignment with SHIP

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

Goal 1: Improve kindergarten readiness in Ashtabula County

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

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

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

Goal 3: Prevent and reduce hazards in the home.

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

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

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

Suicide Prevention / Addressing Isolation

Healthy Ashtabula County expressed concern regarding levels of isolation among county residents that they link to increases in rates of depression, suicide and suicidal ideation, and other mental health concerns among residents of all ages and especially among Ashtabula County youth.

Alignment with SHIP

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

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

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