2019

Ashland County

Community Health Needs Assessment

Examining the health of Ashland County

Data compiled and collected in 2018/2019
Released on October 24th, 2019

Foreword

The Ashland County Health Department, on behalf of the Ashland Community Health Assessment Committee is pleased to present this publication, the result of the 2019 health needs assessment of adults and youth in Ashland County. The data was collected through surveys of health status and health behavior that were conducted by the Hospital Council of Northwest Ohio (HCNO). The survey results are reported along with health statistics and information gathered from the Ohio Department of Health and other relevant national, state and local data sources.

This report provides a "snapshot" of where county residents currently stand in terms of their health and health behaviors. The data components of this comprehensive review can serve as strategic planning sources for organizations and individuals who are striving to make Ashland County a healthier community. In this era of rising costs and shrinking revenues, it is imperative that we focus our limited resources on those services and activities that will have the greatest positive impact on county residents' health. In that respect, the report's information can influence the current course of action and support new areas of interest. An added value with this year's report is the access to data from similar studies that have been completed in more than 40 other Ohio counties; this information is available at www.hcno.org, and provides opportunities for comparison, sharing, and cross jurisdictional collaboration in planning.

This report would not have been possible without the assistance of several community leaders and organizations. We thank them for their support in making this health needs assessment a reality. The Ashland County Health Department would like to thank University Hospitals, Ashland County Mental Health & Recovery Board, City of Ashland, and the Ashland County Commissioners for providing assistance with the financial supports as well as conveying their community-wide support on such an invaluable project for the improved health and wellness of all Ashland County residents. We are especially grateful to the Hospital Council of Northwest Ohio for providing professional expertise and guidance throughout the process, in developing and conducting surveys, collecting and analyzing data, and presenting information in a format that is useful and easy to comprehend. We encourage you to be open to new ideas and collaborations as you use this report in considering the health needs of Ashland County residents. It takes all of us, working together, to guide Ashland County towards a healthier future.

Sincerely,

Sarah Goodwill Humphrey, MPH, CPH, RS
Health Commissioner
Ashland County Health Department

Acknowledgements

This report has been funded by:

Ashland County Health Department
University Hospitals
Ashland County Mental Health & Recovery Board
Ashland County Commissioners
City of Ashland

This report has been commissioned by the Ashland County Community Health Assessment Committee:

Mark Burgess, City of Ashland
Sarah Goodwill Humphrey, Ashland County Health Department
Steve Stone, Ashland County Mental Health & Recovery Board
Kathy Witmer, University Hospitals Samaritan Medical Center
Danielle Price, University Hospitals

With special thanks to our Community Health Partners, including:

Ashland City Schools
Mapleton Local Schools
Ashland County Community Academy
Ashland County Family & Children First Council
Ashland County Catholic Charities
Ashland County Council on Aging
Ashland County Board of Developmental Disabilities
Appleseed Community Mental Health Center
Ashland County Board of Health
Ashland YMCA
Ashland County Chamber of Commerce
Ashland Parenting Plus
Ashland County EMA
Ashland County Job & Family Services
Safe Haven of Ashland, Ohio

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Written Comments
Individuals are encouraged to submit written comments, questions, or other feedback about University Hospitals' strategies to communitybenefit@UHhospitals.org. Please make sure to include the name of the UH Facility that you are commenting about, and if possible, a reference to the appropriate section within the document.

Comments may also be submitted to Sarah Humphrey, Health Commissioner at the Ashland County Health Department. Contact information is provided above.

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's degree in public health, with emphasis on epidemiology and health education.

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Hospital Utilization and Discharge Data Compilation and Analyses

Cypress Research Group

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

http://www.hcno.org/community/data-indicator.html

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

Ashland County Health Department
https://www.ashlandhealth.com/

Hospital Council of Northwest Ohio
http://www.hcno.org/community/reports.html

Mental Health and Recovery Board of Ashland County
https://www.ashlandmhrb.org/

University Hospitals
www.UHhospitals.org/CHNA-IS

Table of Contents

Executive Summary

This executive summary provides an overview of health-related data for Ashland County adults (ages 19 and older) who participated in a county-wide health needs assessment survey from September through November 2018. 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 needs assessment process and, integrated sources of primary and secondary data into the final report. The primary adult data within the 2019 Ashland County Health Needs Assessment was collected and compiled in 2018 and the primary youth data was collected and compiled in 2019.

The 2019 Ashland County Community Health Needs Assessment represents an exciting collaboration between University Hospitals Samaritan Medical Center ("UH Samaritan Medical Center") and Ashland County Health Department and the associated Ashland County Community Health Assessment Committee. This assessment meets the requirements set forth under Treas. Reg. § 1.501(r) ("501(r) Regulations") and for the purposes of meeting these requirements, serves as the 2019 Community Health Needs Assessment ("CHNA") for UH Samaritan Medical Center. Conducting periodic CHNAs are one critical way in which UH Samaritan Medical Center is working with partners to identify the greatest health needs, enabling it to ensure its resources are appropriately directed toward outreach, prevention, education and wellness opportunities where the greatest impact can be realized. The 2019 Ashland County CHNA will serve as a foundation for developing a collaborative Implementation Strategy (IS) 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 accreditation through the Public Health Accreditation Board ("PHAB"). This assessment meets the requirements for PHAB accreditation. The Ohio Department of Health requires all local health departments to apply to become accredited through PHAB by 2018 and to be accredited by 2020. The initial 2015 CHA and 2016-18 CHIP conducted by the Ashland County Health Department were performed independently from hospital CHNAs.

Additionally, the state of Ohio through ORC §3701.981, mandates that all tax-exempt hospitals collaborate with their local health departments on community health assessments (CHA) and community health improvement plans (CHIP). This will reduce duplication of resources and provide a more comprehensive approach to addressing health improvement. In addition, local hospitals have to align with Ohio's State Health Assessment (SHA) and State Health Improvement Plan (SHIP). This requires alignment of the CHNA/CHA process timeline and indicators beginning, January 1, 2020.

HCNO worked with the Ashland County Community Health Assessment committee to create one county-level CHNA/CHA that serves both the hospital and health department, as well as the entire Ashland County community. This was done to exhibit their shared definition of community, data collection and analysis and identification of priority needs. It also aligns with the same three-year interval as the 2019 State Health Assessment. This shift in the way health assessments are conducted is a deliberate attempt by the partners to work together more effectively and efficiently to comprehensively address the needs of the community. The 2019 Assessment also reflects the partners' desire to align health assessment planning both among partners at the local level and with state population health planning efforts – as described more fully in *Improving Population Health Planning in Ohio: Guidance for Aligning State and Local Efforts*, released by the Ohio Department of Health (ODH).

Hospital Internal Revenue Services (IRS) Requirements

Certain hospitals as set forth in the Section 501(r) regulations are required to complete a CHNA and corresponding implementation strategy at least once every three years in accordance with regulations promulgated by the Internal Revenue Service pursuant to the Patient Protection and Affordable Care Act (ACA), 2010[1]. University Hospitals adopted the last UH Samaritan Medical Center CHNA on September 21, 2016.

DEFINITION OF COMMUNITY & SERVICE AREA DETERMINATION

The community has been defined as Ashland County. Most (78%) of UH Samaritan Medical Center's discharges are residents of Ashland County. In addition, University Hospitals collaborates with multiple stakeholders, most of which provide services at the county-level. In looking at the community population served by the hospital facilities and Ashland County as a whole, it was clear that all of the facilities and partnering organizations involved in the collaborative assessment, define their community to be the same. Defining the community as such also allows the hospitals to more readily collaborate with public health partners for both community health assessments and health improvement planning. Per Section 501(r) federal compliance, a joint CHNA is only allowable if it meets all the requirements of a separate CHNA; clearly identifies the hospital facilities involved; and if all of the collaborating hospital facilities and organizations included in the joint CHNA define their community to be the same[2]. This assessment meets 501(r) federal compliance for UH Samaritan Medical Center.

INCLUSION OF VULNERABLE POPULATIONS

The Ashland collaborative, which includes UH Samaritan Medical Center, intentionally elected to use a random household survey to incorporate a broad range of perspectives across the county. The data is de-identified and aggregated in such a way to show several demographic categories such as income, gender, age, geography, etc. to further identify populations experiencing adverse conditions. It is described more fully in the Primary Data Collection Methods section of this report. Additionally, the planning committee itself includes a variety of human service organizations working collaboratively to complete the assessment.

PROCESS & METHODS FOR ENGAGING COMMUNITY

This community health assessment process was commissioned by the Ashland County Community Health Assessment Committee who met several times throughout 2018 to define the scope of the collaborative assessment, address public health and hospital required elements, and to define the process to be used to in the collection of primary, secondary, quantitative, and qualitative data. Multiple community partners, including the general public, were asked to attend a survey question selection meeting in the Ashland community. The draft results were unveiled through email list servs, social media, and public notices, encouraging participation from the community in reviewing initial data, and identifying and prioritizing needs. Ashland County Community Health Partners will continue to be invited to participate in the strategy development stage of the process. They are identified in the Acknowledgements section at the beginning of this report.

Lastly, the mail survey, described more fully in the Primary Data Collection Methods section of this report was the primary instrument used to engage and receive input from the broader community.

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[1] The Patient Protection and Affordable Care Act (Pub. L. 111-148) added Section 501(r) to the Internal Revenue Code, which imposes new requirements on nonprofit hospitals in order to qualify for an exemption under Section 501(c)(3) and adds new reporting requirements for such hospitals under Section 6033(b) of the Internal Revenue Code. UH followed the final rule entitled "Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals"; Requirement of a Section 4959 Excise Tax Return and Time for Filing the Return, was published by the IRS on December 31, 2014, and requires compliance after December 29, 2015.

[2] §1.501r-3(b)(6)(v)

QUANTITATIVE & QUALITATIVE DATA ANALYSIS

Data for the 2019 CHNA were obtained by independent researchers from the Toledo-based Hospital Council of Northwest Ohio and their partners at the University of Toledo, who administered surveys to a cross-sectional, randomized sample of Ashland County residents as follows: adults aged 19 years and older, and youth aged 12 to 18 years. The survey instruments contained both customized questions and a set of core questions taken from the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System and the Youth Risk Behavior Surveillance System. The number of surveys completed and analyzed met the threshold for statistical significance at the 95% confidence level, with a 5.25% margin of error. Wherever possible, local findings have been compared to other local, regional, state, and national 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 health department data sources (e.g. vital statistics, Ohio Disease Reporting System, etc.) to supplement findings from the surveys. Detailed data collection methods are described later in this section.

IDENTIFYING & PRIORITIZING NEEDS

The Ashland County Community Health Assessment Committee, of which UH Samaritan Medical Center is a member, met in April 2019 to review the findings of the primary and secondary data.

Ashland County Health Department, on behalf of the Ashland County Community Health Assessment Committee, contracted with HCNO, a neutral, regional, nonprofit hospital association, to facilitate the CHNA/CHA and IS/CHIP. The health department invited various community stakeholders to participate in the community health assessment process. Data from the 2019 Ashland County Health Needs Assessment was carefully considered and categorized into community priorities. This was done using the National Association of County and City Health Officials' (NACCHO) national framework, Mobilizing for Action through Planning and Partnerships (MAPP). This process will also be used to develop the Community Health Improvement Plan/Implementation Strategy. Over the next three years, these priorities and strategies will be implemented at the county-level with the hope to improve population health and create lasting, sustainable change.

Based on the 2019 Ashland County Health Needs Assessment, key issues were identified by age group. Overall, there were 10 key issues identified by the committee. Each organization was given 5 votes. The committee then voted and came to a consensus on the priority areas. This process determined the priorities that Ashland County will focus on over the next three years. Strategies for the key issues will be outlined in the 2020-2022 IS/CHIP.

Ashland County is focused on the following two priority areas: mental health and addiction and chronic disease. The two priority areas reflect the broad interests of the community. Additionally, Ashland County will focus on the following cross-cutting factors within the strategy development process that will affect each priority area: public health system, prevention, and health behaviors; and social determinants of health.

UH Samaritan Medical Center will be implementing strategies in both the identified priority areas.

POTENTIAL RESOURCES AVAILABLE TO ADDRESS NEEDS

Priorities identified through the MAPP planning process, will result in a comprehensive 2020-2022 Ashland County Community Health Improvement Plan (CHIP), The CHIP will serve as the Community Health Implementation Strategy (IS) for UH Samaritan Medical Center. Potential resources available can be found in Appendix VIII.

EVALUATION OF IMPACT

The evaluation of impact is a report on the actions taken and effectiveness of strategies implemented since the last community health needs assessment. UH Samaritan Medical Center conducted its last CHNA in 2016. It can be found on page 31 of this report.

CHNA AVAILABILITY

The 2019 Ashland County Community Health Needs Assessment, as well as the various other assessments used in creating this report can be found at the following websites:

University Hospitals: www.UHhospitals.org/CHNA-IS

Ashland County Health Department: https://www.ashlandhealth.com/

Hospital Council of Northwest Ohio: http://www.hcno.org/community-services/community-health-assessments/

ADOPTION BY BOARD

University Hospitals adopted the 2019 Ashland County Community Health Needs Assessment (CHNA) on September 24, 2019. This assessment meets the CHNA requirements set forth under Treas. Reg. § 1.501(r) and serves as the 2019 Community Health Needs Assessment for UH Samaritan Medical Center.

Public Health Accreditation Board (PHAB)

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 community: the health of the population, identify areas for health improvement, identify contributing factors that impact health outcomes, and identify community assets and resources that can be mobilized to improve population health.

PHAB standards highly recommend that national models of methodology are utilized in compiling CHAs. The 2019 CHA was completed using the National Association of County and City Health Officials (NACCHO) Mobilizing Action through Partnerships and Planning (MAPP) process. MAPP is a community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with various local agencies representing a variety of sectors.

This assessment includes a variety of data and information from various sources, focusing on primary data at the county level. Supporting data, such as secondary data, demographics, health disparities (including age, gender, and income-based disparities), and social determinants of health, can be found throughout the report. For a more detailed approach on primary data collection methods, please see the next section.

Primary Data Collection Methods

DESIGN

This community health needs assessment was cross-sectional in nature and included a written survey of adults and adolescents within Ashland 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

Three survey instruments were designed and pilot tested for this study: one for adults and two for adolescents in grades 6 through 12. 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 and adolescents. The investigators decided to derive most of the adult survey items from the BRFSS and many of the adolescent survey items from the YRBSS. This decision was based on being able to compare local data with state and national data.

The project coordinator from the Hospital Council of Northwest Ohio conducted a series of meetings with the Ashland County Community Health Assessment Committee. During these meetings, HCNO and the Ashland County Community Health Assessment Committee reviewed and discussed banks of potential survey questions. Based on input from the Ashland County Community Health Assessment Committee, the project coordinator composed drafts of each survey. The adult survey contained 112 items. The adolescent surveys contained 73 items for the high school version and 59 for the middle school version. Health education researchers from the University of Toledo reviewed and approved the drafts.

SAMPLING | Adult Survey

The sampling frame consisted of adults ages 19 and older living in Ashland County. There were 39,631 persons ages 19 and older living in Ashland 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 380 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.

SAMPLING | Adolescent Survey

Youth in grades 6 through 12 in Ashland County public school districts were used as the sampling frame for the adolescent survey. Using the U.S. Census Bureau data, it was determined that approximately 5,288 youth ages 12 to 18 years old live in Ashland County. A sample size of 358 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error. Students were randomly selected and surveyed in the schools.

PROCEDURE | Adult Survey

Prior to mailing the survey, an advance letter was mailed to 1,200 adults in Ashland County. This advance letter was personalized; printed on Ashland County Community Health Assessment Committee letterhead; and signed by Sarah Goodwill Humphrey (Health Commissioner, Ashland County Health Department) and Jill Hartson (Marketing and Volunteer Services Coordinator, University Hospitals Samaritan Medical Center). The letter introduced the county health needs 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, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Ashland County Community Health 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 the recipients 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 30% (n=349: CI=± 5.25). Prior to surveys being sent, a power analysis was conducted which concluded that 380 surveys would need to be returned to have a ± 5% confidence interval which is standard. However, there were only 349 surveys returned, thus reducing the level of power and broadening the confidence level to ± 5.25%.

PROCEDURE | Adolescent Survey

The survey was approved by participating superintendents. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 93% (n=428: CI=± 4.54).

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 23.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Ashland County, the adult data collected was weighted by age, gender, race, and income using 2016 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 IV.

LIMITATIONS

As with all county health needs assessments, it is important to consider the findings with respect to all possible limitations. First, the Ashland 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 Ashland County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

Also, it is important to note that although several questions were asked using the same wording as the CDC questionnaires, the adult data collection method differed. The CDC adult data was collected using a set of questions from the total question bank, and adults were asked the questions over the telephone rather than via mail survey. The youth CDC survey was administered in schools in a similar fashion as this county health needs assessment.

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 sites, including county-level data, whenever possible. HCNO utilized sites such as the Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), 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 Ashland County Community Health Needs Assessment. All other data is cited accordingly.

Hospital Utilization Data Collection Methods

HCNO worked with staff from University Hospitals and Cypress Research Group to incorporate hospital discharge and utilization data within the community health needs assessment. The hospital utilization data included within the community health needs assessment is from January 2017 through December 2017. Data is broken down into gender and age, where applicable.

Each hospital provides data to the Ohio Hospitalization Association (OHA) for state-wide consolidated reporting. Those data are at the patient level, where patients are de-identified. Each data record represents a single hospital admission; hence, individuals who are hospitalized multiple times are included in the database for each time they are admitted/discharged from the hospital.

The hospital utilization data allows us to track the number of discharges for any Ohio-based acute care hospital over time. The database includes key demographic information (age, gender, race, county of residence) as well as information related to the hospitalization (primary diagnosis, and all secondary diagnoses). The data allowed us to isolate inpatients both in terms of where they were hospitalized (regardless of where they live) and where they live (regardless of where they were hospitalized).

For more information regarding hospital utilization data, see Health Care Access and Utilization.

2016 Ohio State Health Assessment (SHA)

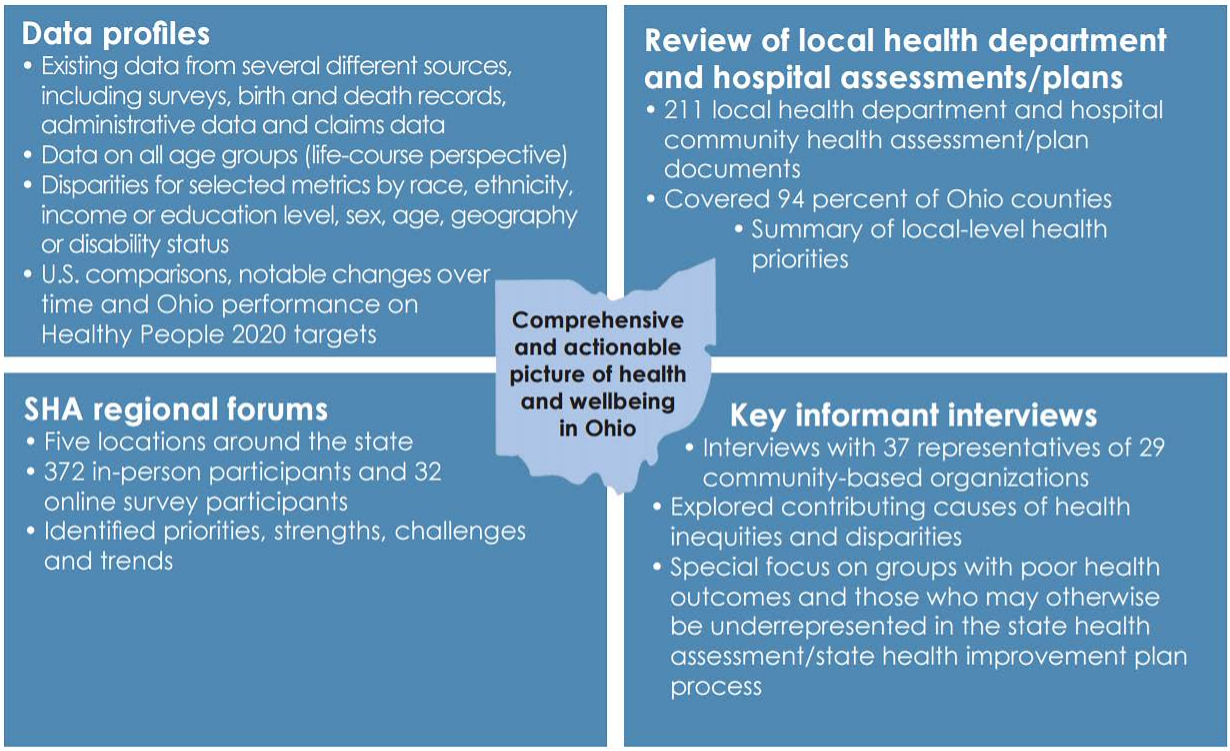
The 2016 Ohio State Health Assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, a review of local health department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

Similar to the 2016 Ohio SHA, the 2019 Ashland County Community Health Needs Assessment 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

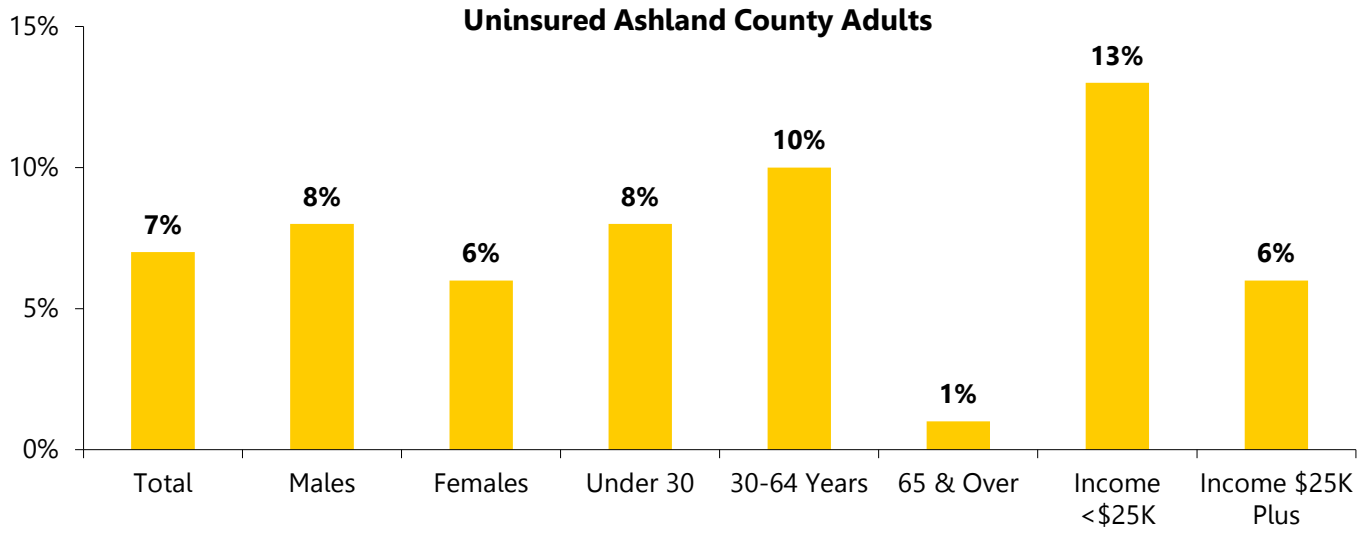
FIGURE 1.1 | State Health Assessment (SHA) Sources of Information



Data Summary | Health Care Access

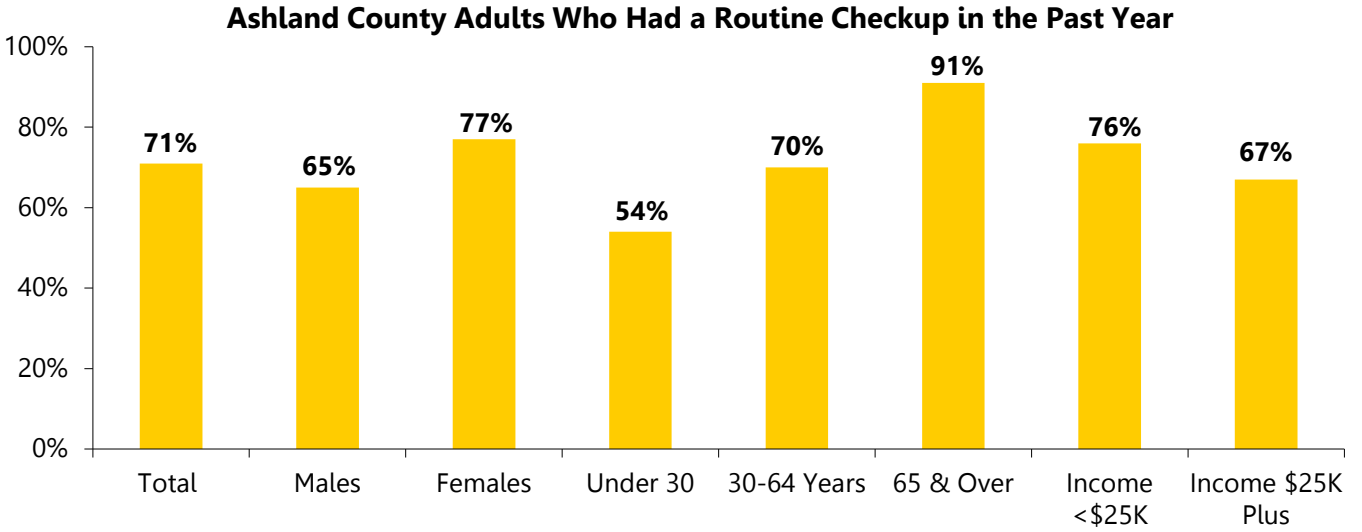
HEALTH CARE COVERAGE

Seven percent (7%) of Ashland County adults were without health care coverage in 2018. Those most likely to be uninsured were those with an income level under $25,000.



ACCESS AND UTILIZATION

Seventy-one percent (71%) of Ashland County adults had visited a doctor for a routine checkup in the past year. Over three-fifths (63%) of adults went outside of Ashland County for health care services in the past year.



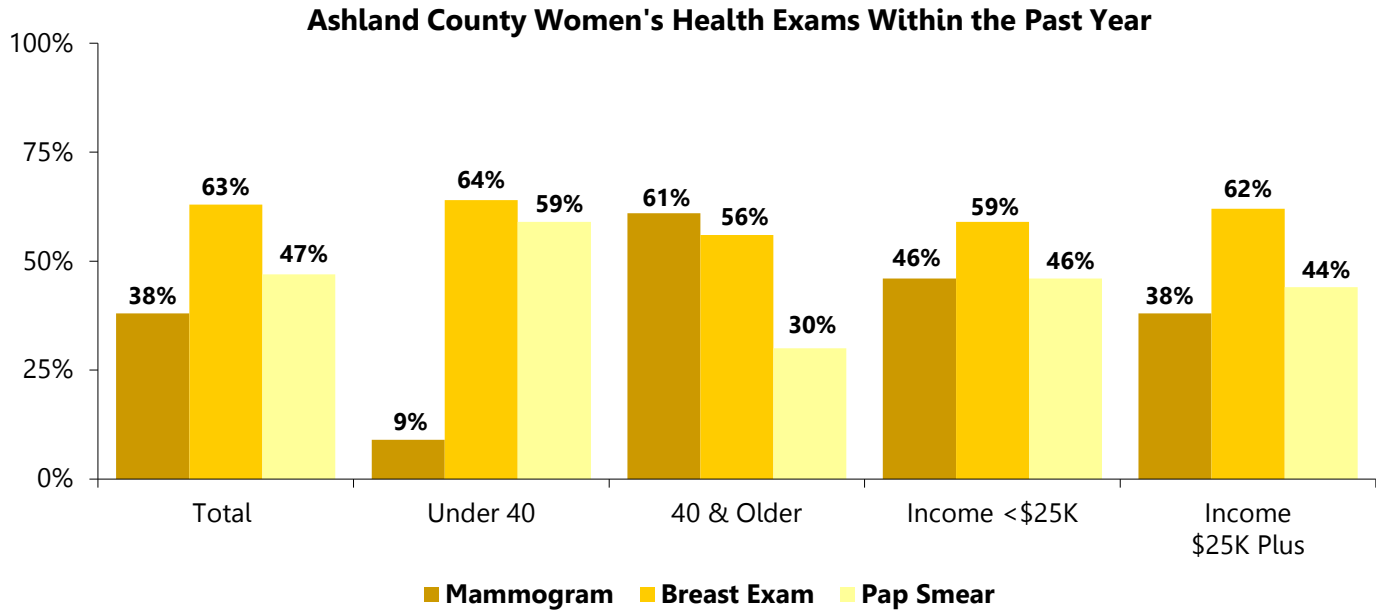
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

PREVENTIVE MEDICINE

In 2018, 45% of Ashland County adults had a flu vaccine. Sixty-nine percent (69%) of adults had a vision exam in the past two years.

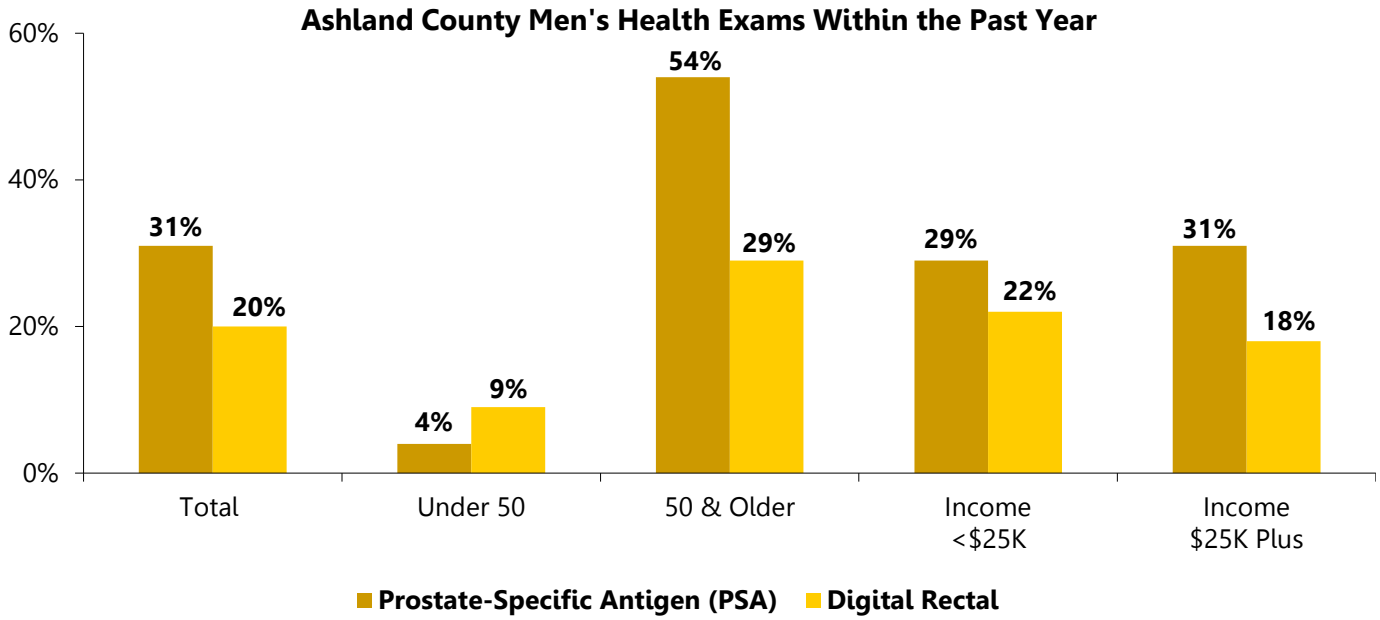
WOMEN'S HEALTH

In 2018, 61% of Ashland County women over the age of 40 reported having a mammogram in the past year. Sixty-three percent (63%) of women ages 19 and over had a clinical breast exam and 47% had a Pap smear to detect cancer of the cervix in the past year. Four percent (6%) of women survived a heart attack and 3% survived a stroke at some time in their life. Sixty-two percent (62%) of women were obese, 27% had high blood pressure, 24% had high blood cholesterol, and 19% were identified as current smokers, all known risk factors for cardiovascular diseases.



MEN'S HEALTH

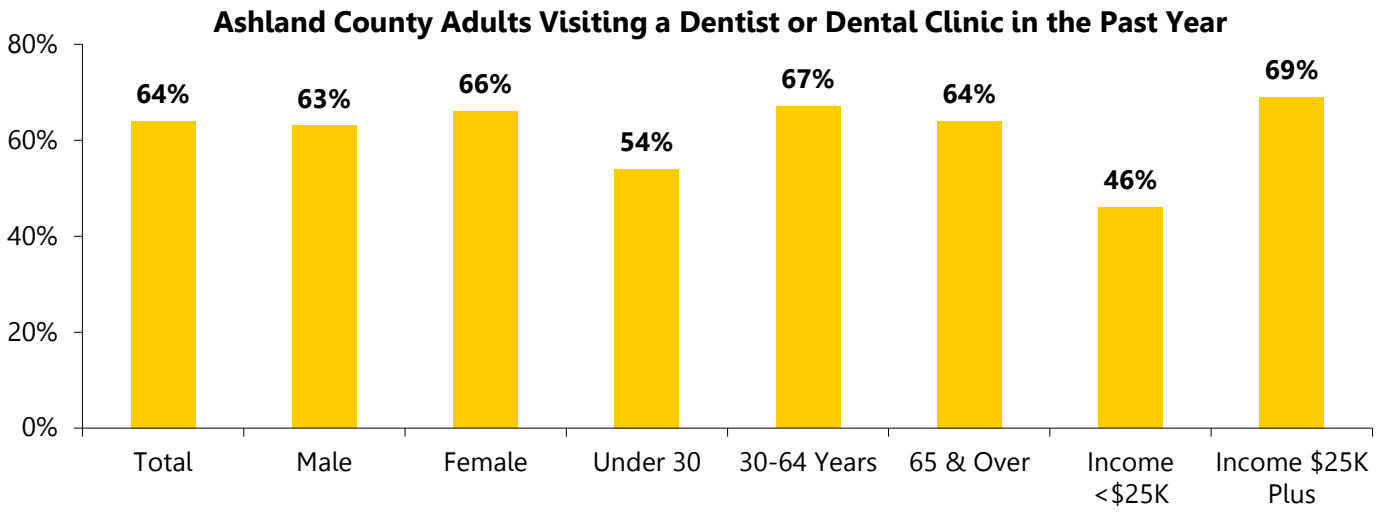
In 2018, 54% of Ashland County males over the age of 50 had a prostate-specific antigen (PSA) test in the past year. Ten percent (10%) of men survived a heart attack and 3% survived a stroke at some time in their life. Almost half (47%) of men had been diagnosed with high blood cholesterol, 31% had high blood pressure, and 10% were identified as current smokers, which, along with obesity (36%), all known risk factors for cardiovascular diseases.



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.

ORAL HEALTH

Sixty-four percent (64%) of Ashland County adults visited a dentist or dental clinic in the past year. Twenty-six percent (26%) of adults did not visit a dentist in the past year due to cost.

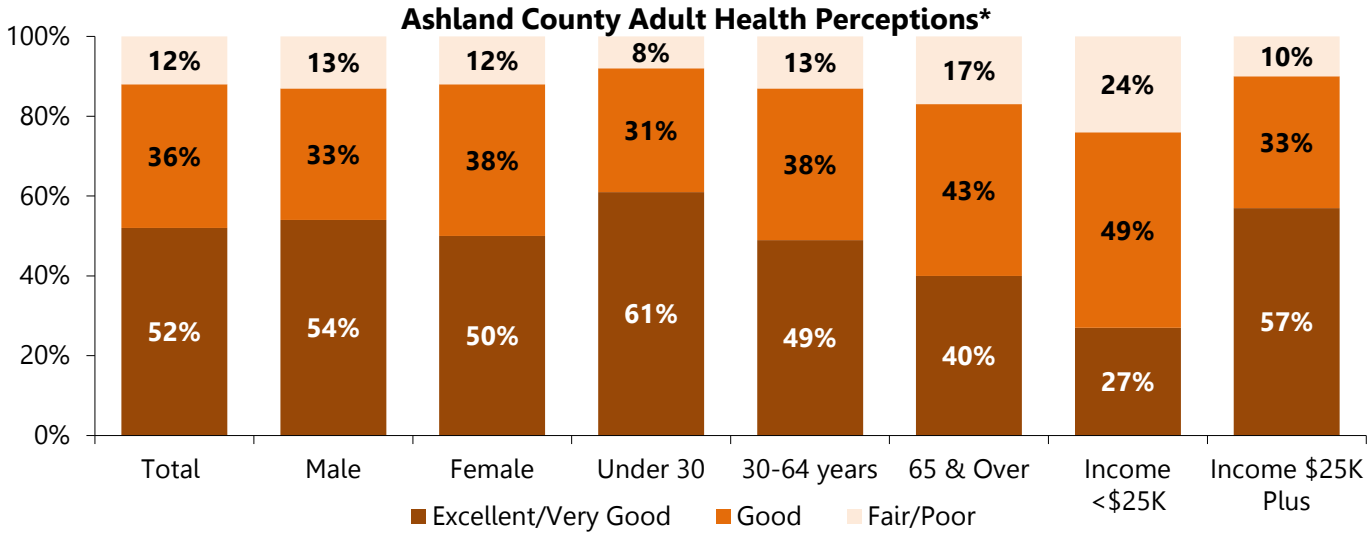


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Data Summary | Health Behaviors

HEALTH STATUS PERCEPTIONS

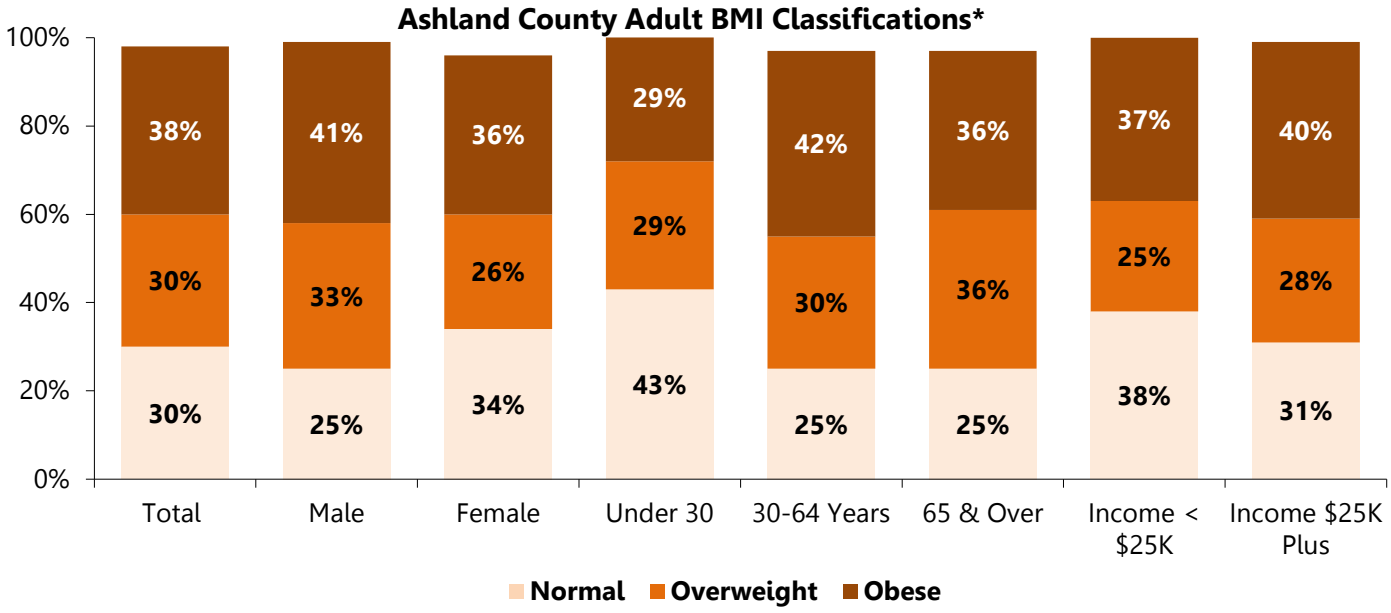
In 2018, 52% of Ashland County adults rated their health status as excellent or very good. Conversely, 12% of adults described their health as fair or poor, increasing to 24% of those with incomes less than $25,000.



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

ADULT WEIGHT STATUS

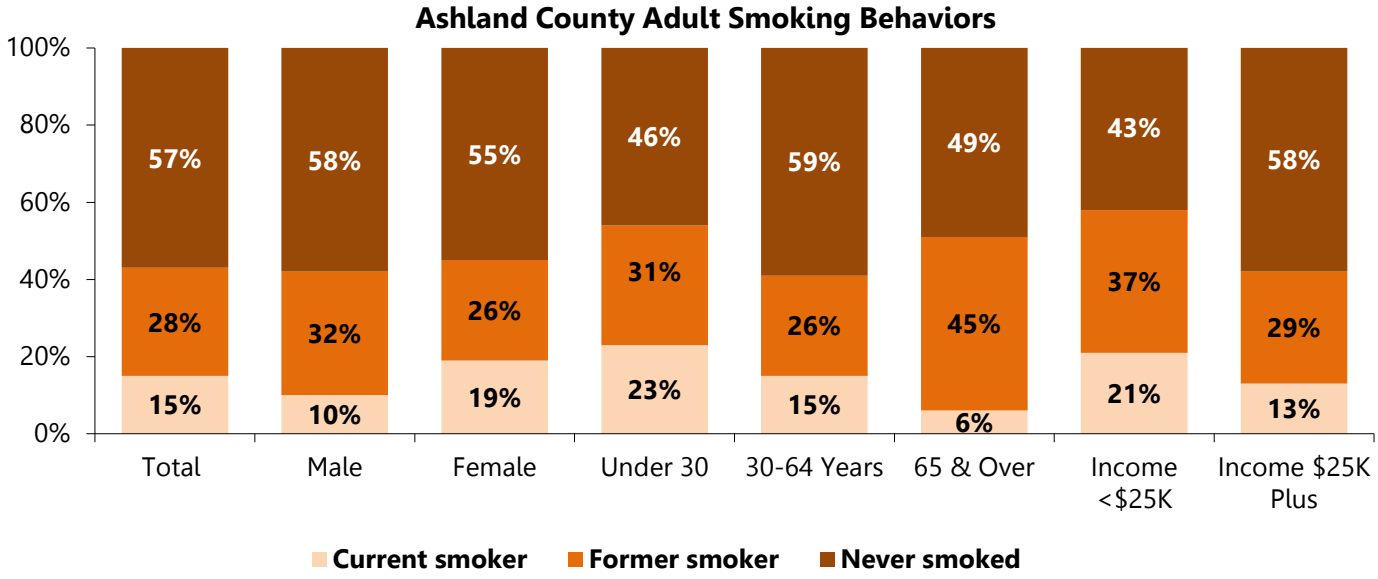
More than two-thirds (68%) of Ashland County adults were overweight or obese based on Body Mass Index (BMI). Sixty percent (60%) of adults engaged in some type of physical activity or exercise for at least 30 minutes on 3 or more days per week.



**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.

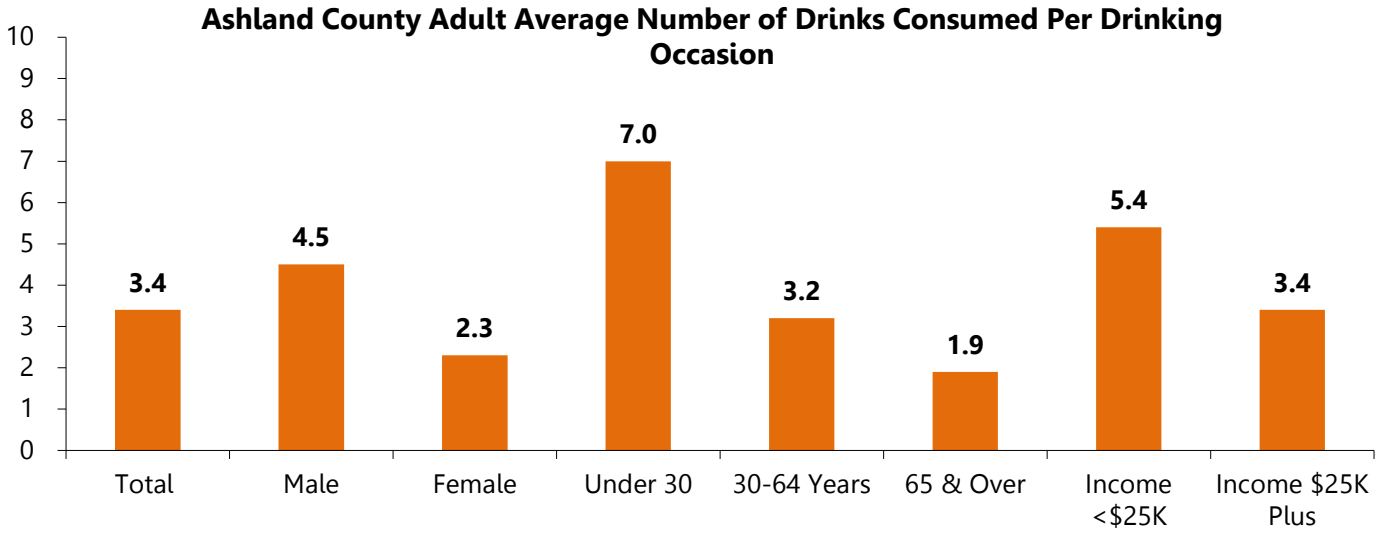
ADULT TOBACCO USE

In 2018, 15% of Ashland County adults were current smokers, and 28% were considered former smokers. Three percent (3%) of adults used e-cigarettes/vape pens in the past year. Forty-two percent (42%) of adults did not know if e-cigarette vapor was harmful to themselves or others.



ADULT ALCOHOL CONSUMPTION

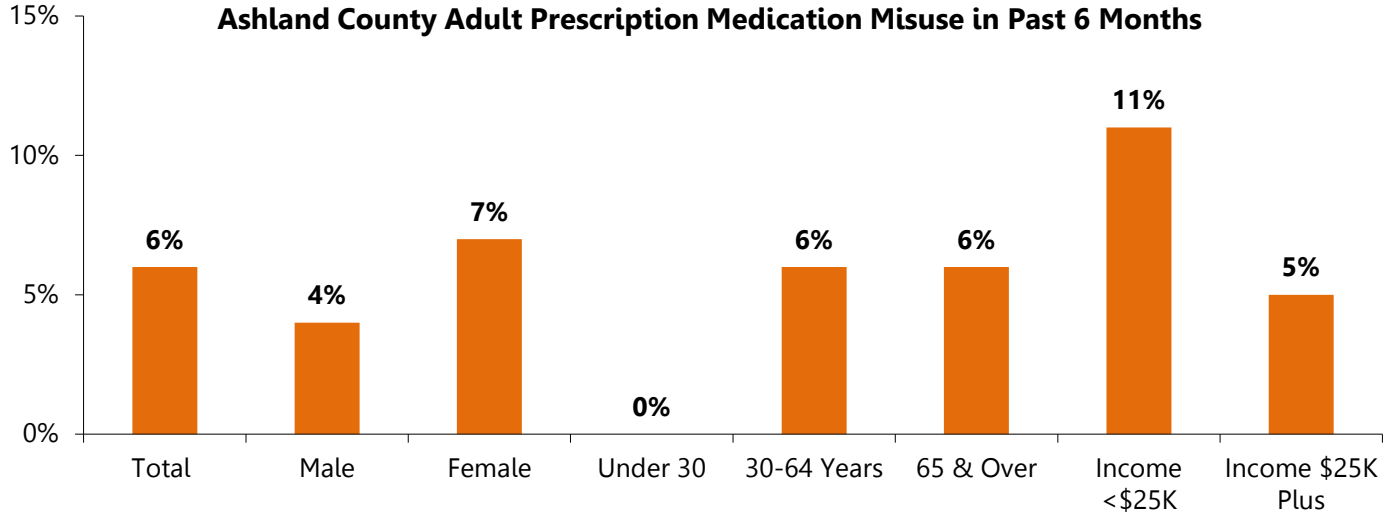
Fifty-four percent (54%) of Ashland County adults had at least one alcoholic drink in the past month and would be considered current drinkers. Nearly one-quarter (23%) of all adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.



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.

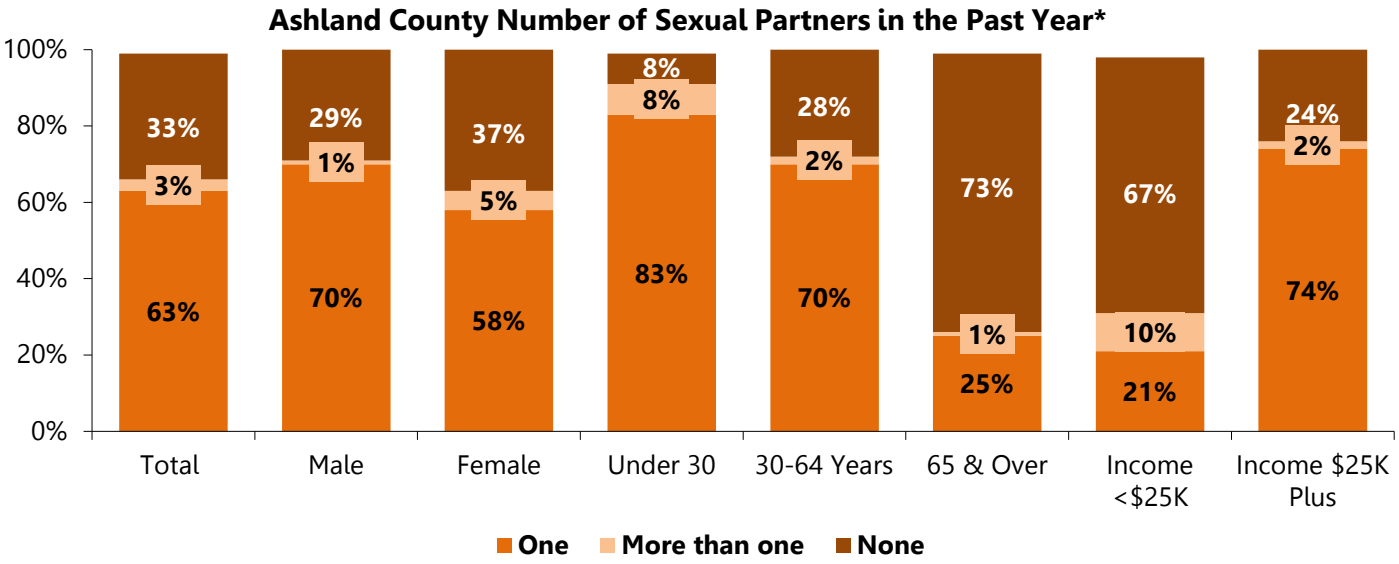
ADULT DRUG USE

Four percent (4%) of Ashland County adults had used recreational marijuana during the past 6 months. Six percent (6%) 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, increasing to 11% of those with incomes less than $25,000.



ADULT SEXUAL BEHAVIOR

In 2018, 66% of Ashland County adults had sexual intercourse. Three percent (3%) of adults had more than one partner in the past year. Seven percent (7%) of adults had been tested for an STD 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.

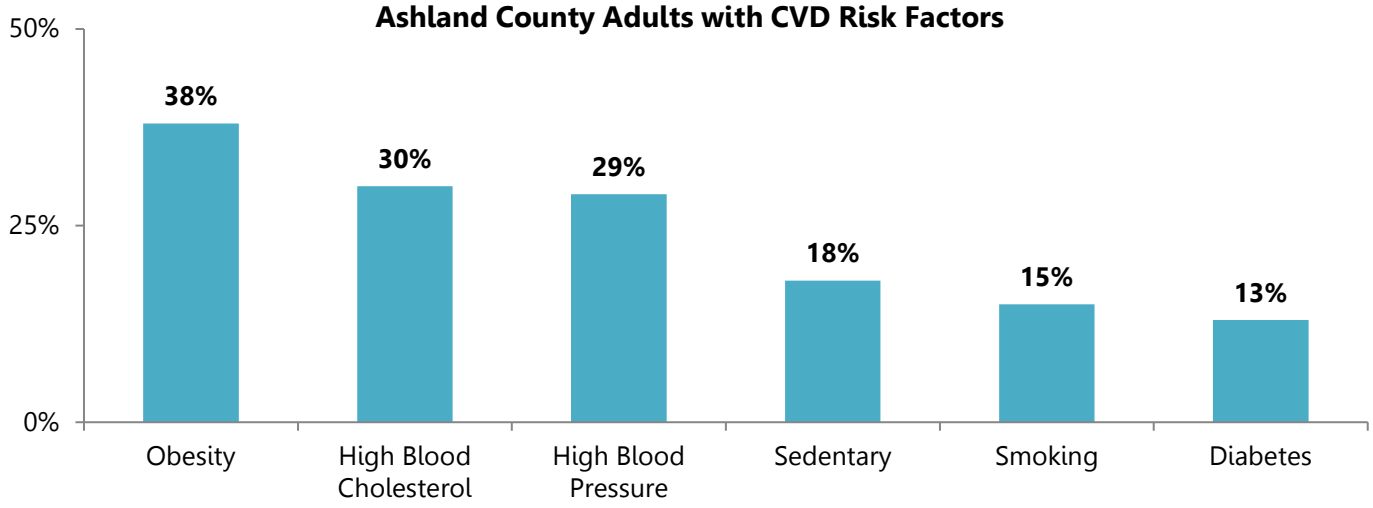
ADULT MENTAL HEALTH

In 2018, 1% of Ashland County adults considered attempting suicide. Thirteen percent (13%) of Ashland County adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems.

Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

In 2018, 7% of adults had survived a heart attack and 3% had survived a stroke at some time in their life. More than one-third (38%) of Ashland County adults were obese, 30% had high blood cholesterol, 29% had high blood pressure, and 15% were current smokers, four known risk factors for heart disease and stroke.



CANCER

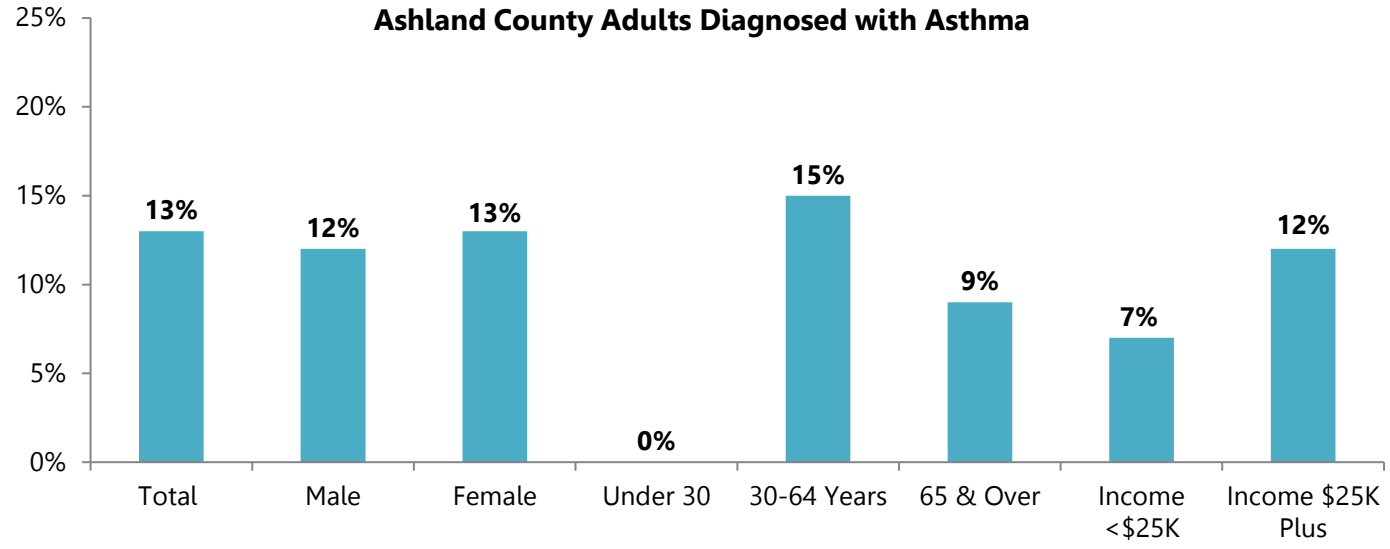
Thirteen percent (13%) of Ashland County adults had been diagnosed with cancer at some time in their life.

ARTHRITIS

Thirty percent (30%) of Ashland County adults were ever told by a health professional that they had some form of arthritis.

ASTHMA

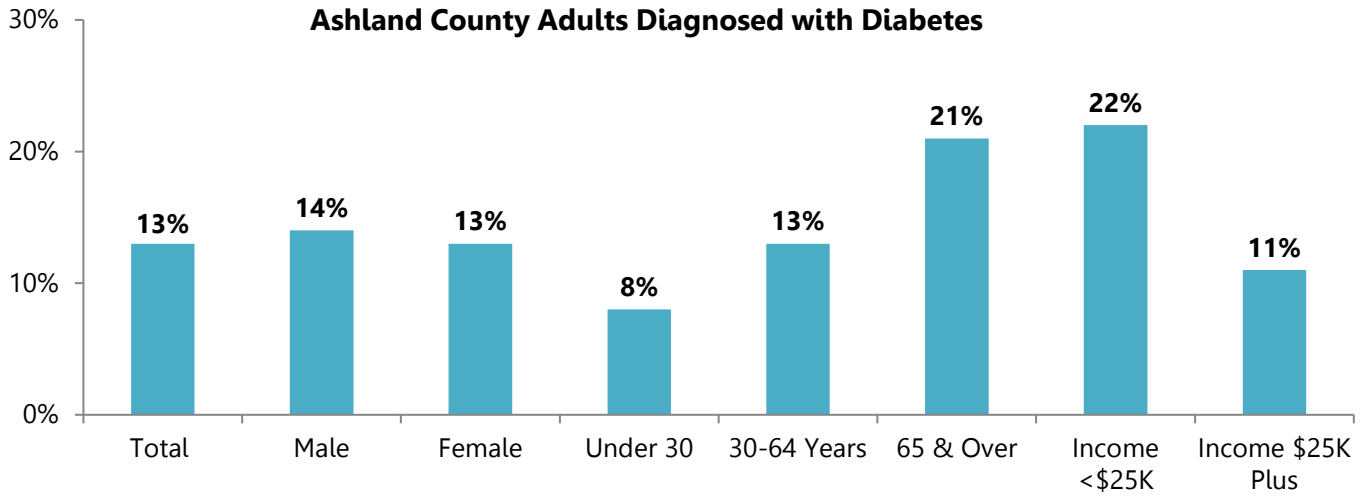
Thirteen percent (13%) of Ashland County adults had been diagnosed with asthma in their lifetime.



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.

DIABETES

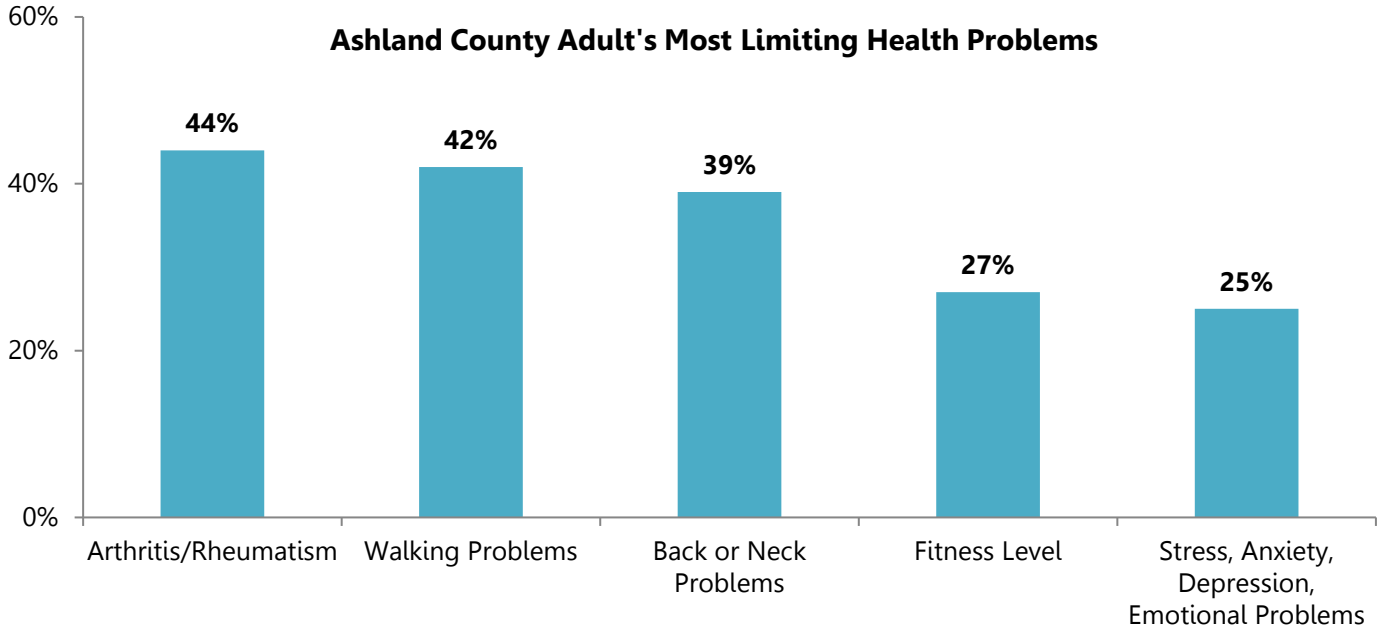
Thirteen percent (13%) of Ashland County adults had been diagnosed with diabetes in their lifetime.



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.

QUALITY OF LIFE

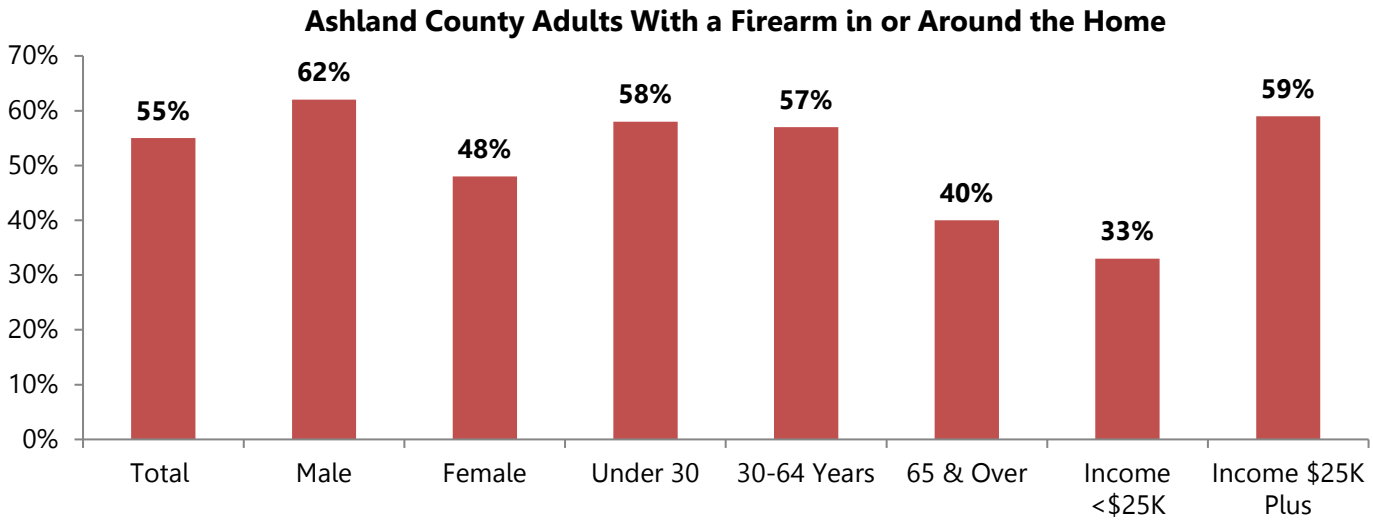
In 2018, 20% of Ashland County adults were limited in some way because of a physical, mental or emotional problem. The most limiting health problems were arthritis (44%); walking problems (42%), back or neck problems (39%); fitness level (27%); and stress, anxiety, depression, and emotional problems (25%).



Data Summary | Social Conditions

SOCIAL DETERMINANTS OF HEALTH

Fourteen percent (14%) of Ashland County adults had four or more Adverse Childhood Experiences (ACEs) in their lifetime. Seven percent (7%) of adults had experienced more than one issue related to food insecurity in the past year. Thirty-eight percent (38%) of adults reported that every family member who lived in their household ate a meal together every day of the week.



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

Ashland County adults reported insects (10%) as the top environmental health issues that threatened their health in the past year. Thirteen percent (13%) of adults reported their household was well prepared to handle a large-scale disaster or emergency.

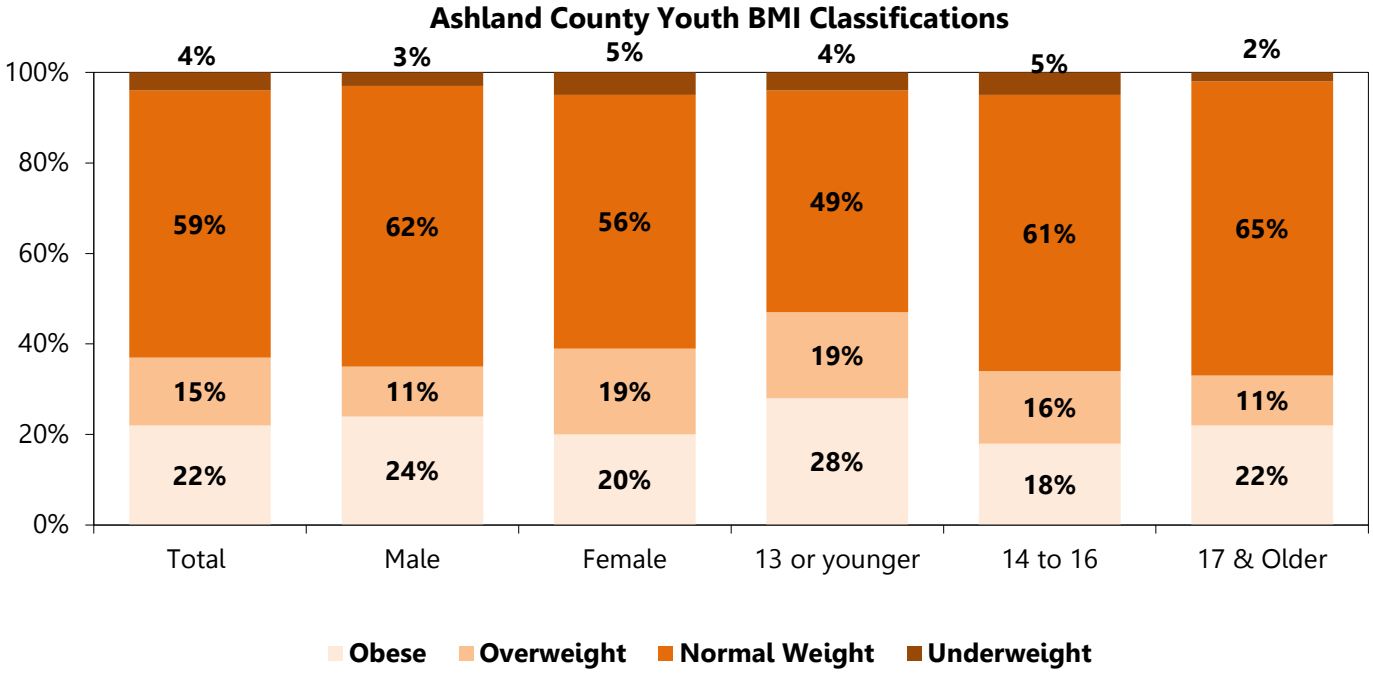
PARENTING

Thirty-one percent (31%) of parents reported missing work at least once in the past year due to their child's illness or injuries. Seventy-nine percent (79%) of parents reported their child had received all recommended immunization shots for their age.

Data Summary | Youth Health

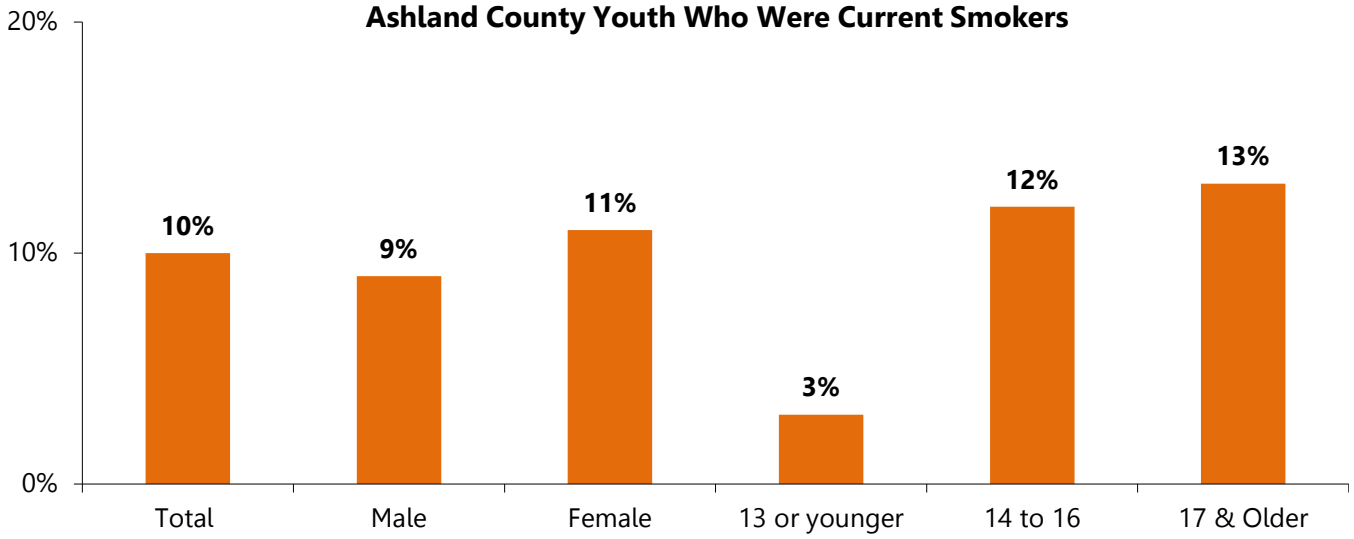
YOUTH WEIGHT STATUS

More than one-fifth (22%) of Ashland County youth were obese, according to body mass index (BMI) by age. When asked how they would describe their weight, 33% of youth reported that they were slightly or very overweight. Seventeen percent (17%) of youth did not participate in at least 60 minutes of physical activity on any day in the past week.



YOUTH TOBACCO USE

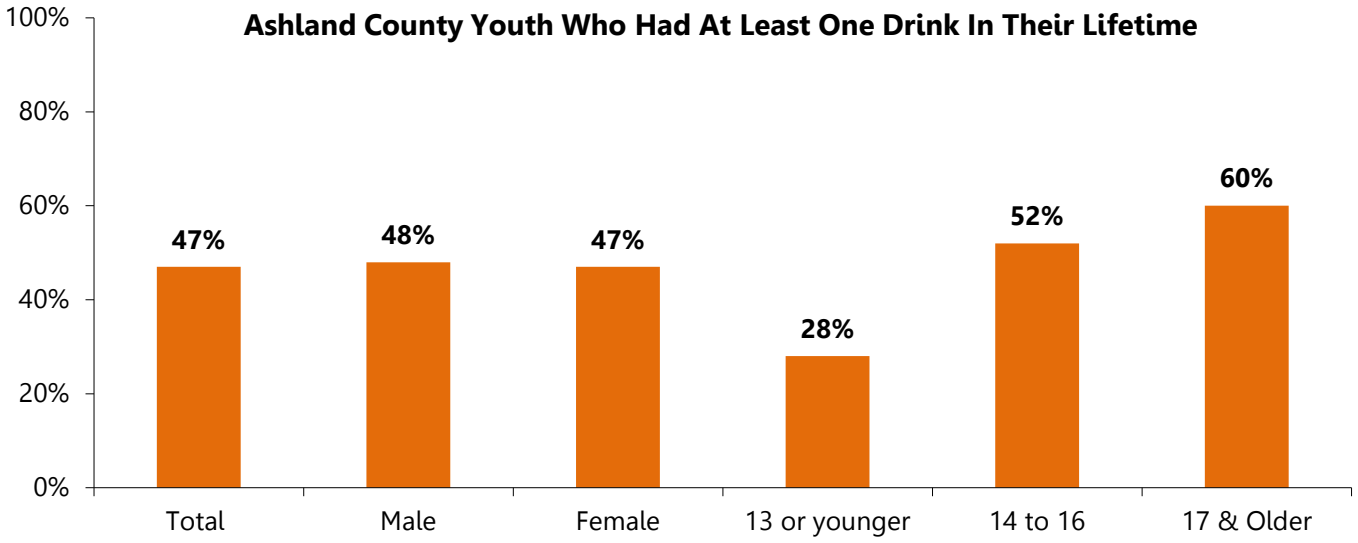
Ten percent (10%) of Ashland County youth were current smokers, having smoked at some time in the past 30 days. Nearly one quarter (24%) of Ashland County youth used an electronic vapor product in the past 30 days, increasing to 32% of those ages 17 and older.



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.

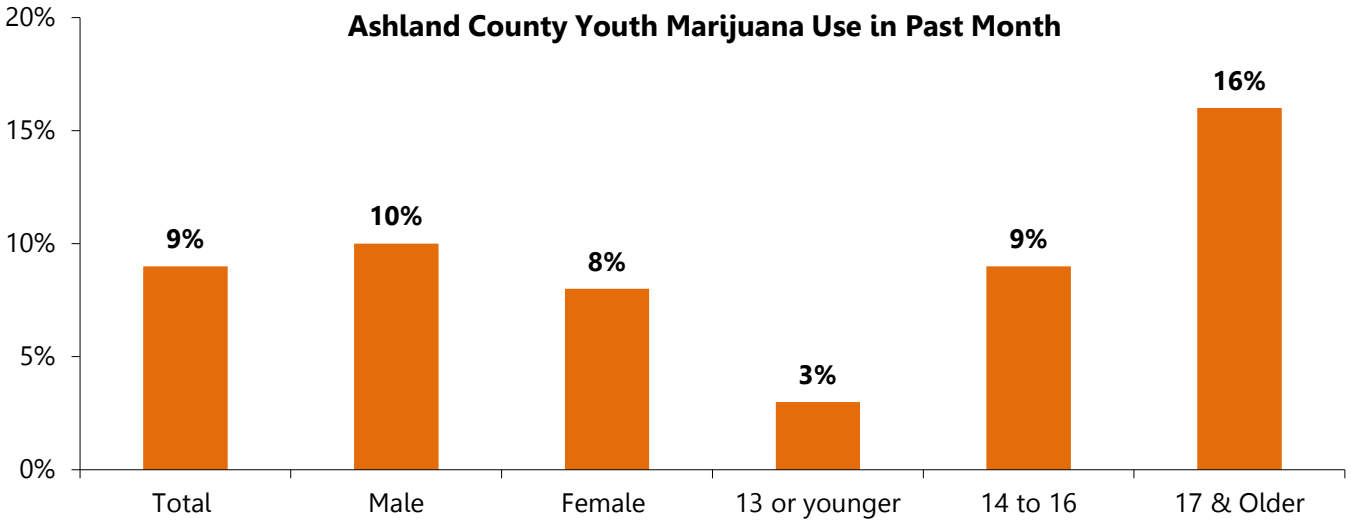
YOUTH ALCOHOL CONSUMPTION

Nearly half (47%) of youth had at least one drink of alcohol in their life, increasing to 60% of those ages 17 and older. Twenty percent (20%) of youth had at least one drink in the past 30 days, defining them as a current drinker. Of those who drank, 55% were defined as binge drinkers.



YOUTH DRUG USE

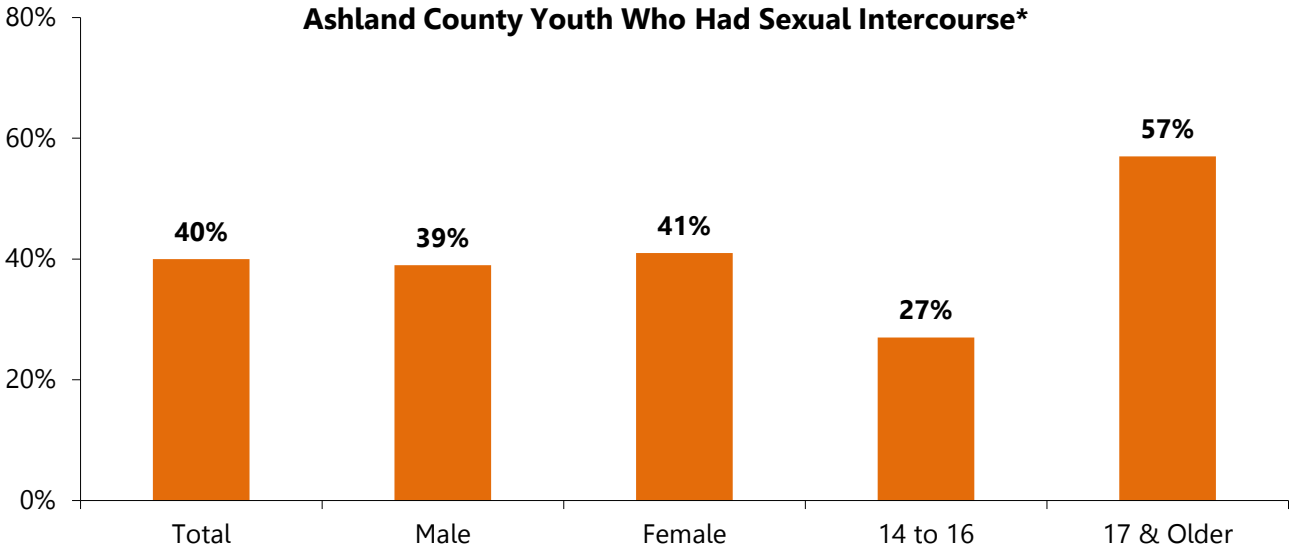
Nine percent (9%) of Ashland County youth had used marijuana at least once in the past 30 days, increasing to 16% of those ages 17 and over. Seven percent (7%) of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their lifetime.



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.

YOUTH SEXUAL BEHAVIOR

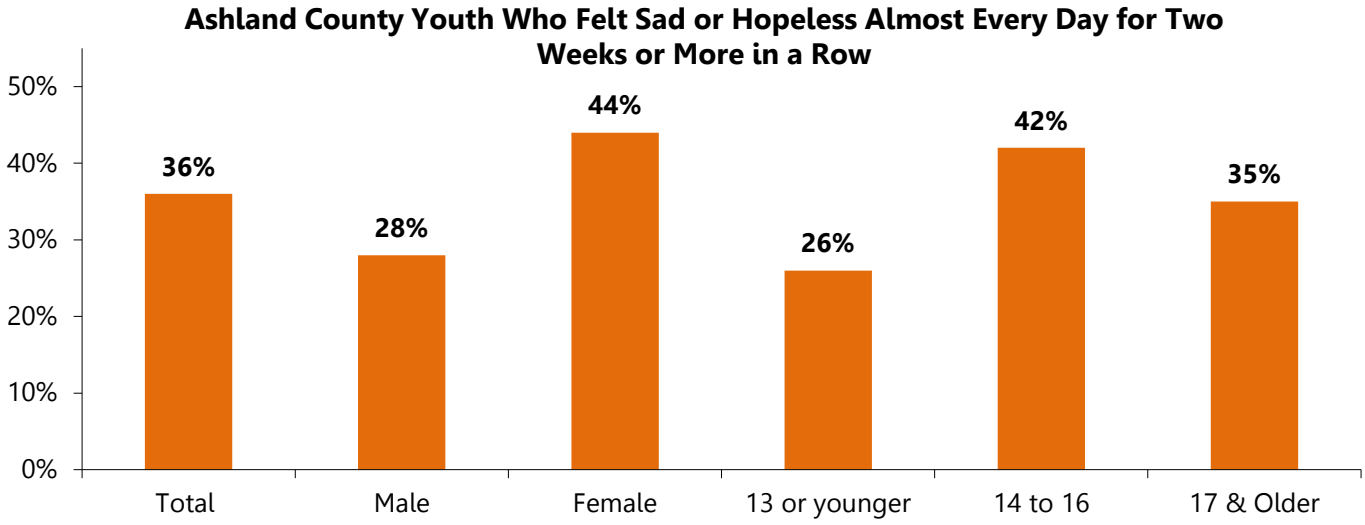
Forty percent (40%) of Ashland County youth had sexual intercourse in their lifetime. Nearly one-fifth (19%) of sexually active youth had four or more sexual partners. Six percent (6%) of youth engaged in intercourse without a reliable method of protection.



**Only 9-12th graders were asked sexual behavior questions.*

YOUTH MENTAL HEALTH

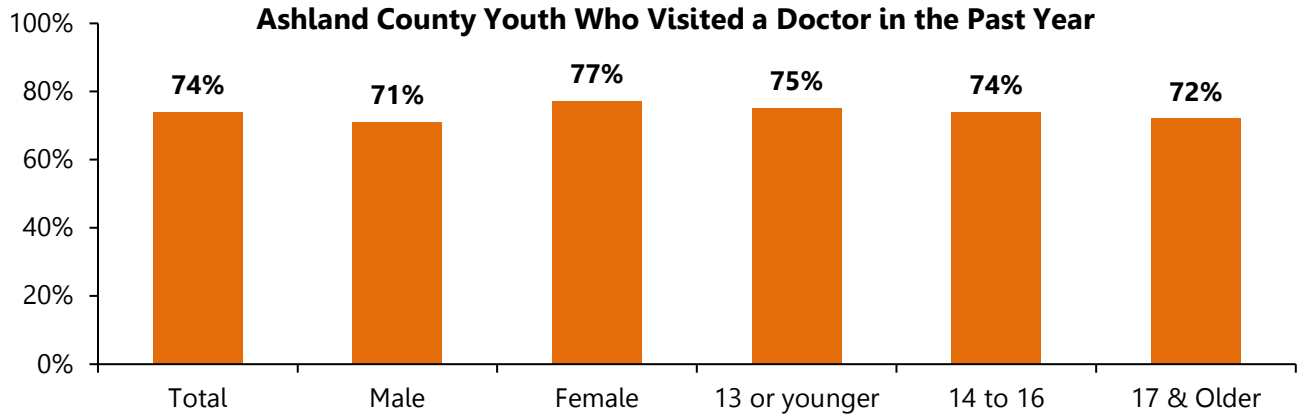
In the past year, 36% of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 44% of females. Sixteen percent (16%) of youth had seriously considered attempting suicide in the past year. Nearly one-third (31%) of youth had experienced three or more adverse childhood experiences (ACEs) in their lifetime.



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.

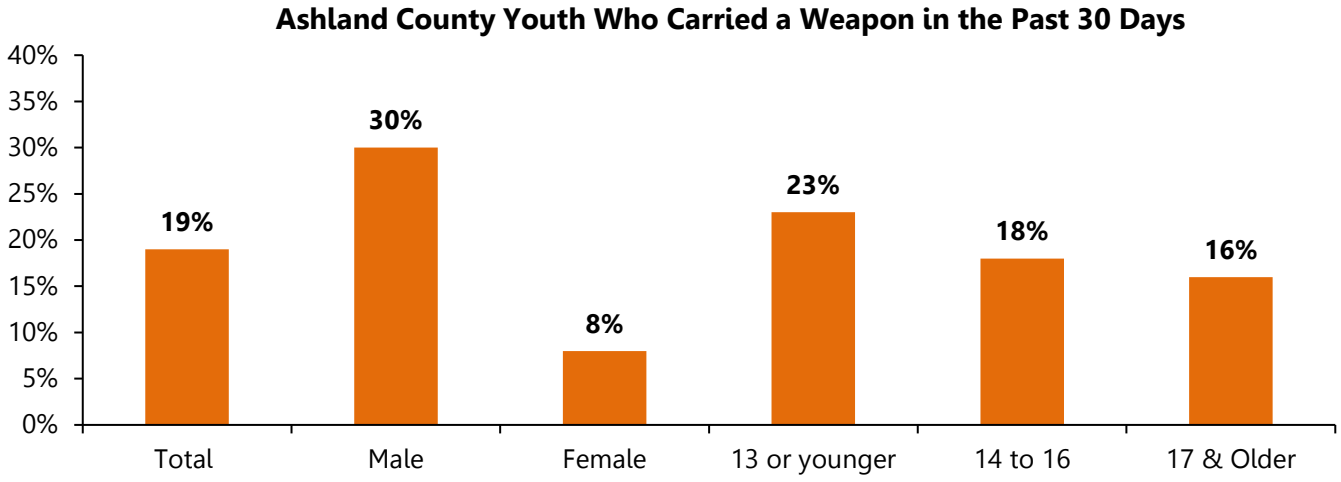
YOUTH SOCIAL DETERMINANTS OF HEALTH

Nearly three quarters (74%) of Ashland County youth had visited the doctor for a routine check-up in the past year. Five percent (5%) of youth drivers had driven a car in the past month after they had been drinking alcohol. In the past month, 32% of youth drivers texted while driving.



YOUTH VIOLENCE

Eight percent (8%) of youth did not go to school on one or more days in the past month because they did not feel safe at school or on their way to or from school. Forty-three percent (43%) of youth had been bullied in the past year. Seven percent (7%) of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months.



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.

Adult Trend Summary

Adult Variables	Ashland County 2018	Ohio 2017	U.S. 2017
Health Status			
Rated general health as good, very good, or excellent	88%	81%	83%
Rated general health as excellent or very good	52%	49%	51%
Rated general health as fair or poor	12%	19%	18%
Average number of days that physical health not good (in the past 30 days) (County Health Rankings)	3.2	4.0**	3.7**
Rated physical health as not good on four or more days (in the past 30 days)	18%	22%*	22%*
Average number of days that mental health not good (in the past 30 days) (County Health Rankings)	3.4	4.3**	3.8**
Rated mental health as not good on four or more days (in the past 30 days)	24%	24%*	23%*
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%	22%*	22%*
Healthcare Coverage, Access, and Utilization			
Uninsured	7%	9%	11%
Had one or more persons they thought of as their personal healthcare provider	82%	81%	77%
Visited a doctor for a routine checkup (in the past 12 months)	71%	72%	70%
Visited a doctor for a routine checkup (5 or more years ago)	10%	7%	8%
Arthritis, Asthma, & Diabetes			
Ever been told by a doctor they have diabetes (not pregnancy-related)	13%	11%	11%
Ever been diagnosed with pregnancy-related diabetes	3%	1%	1%
Ever been diagnosed with pre-diabetes or borderline diabetes	6%	2%	2%
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	30%	29%	25%
Had ever been told they have asthma	13%	14%	14%
Cardiovascular Health			
Ever diagnosed with angina or coronary heart disease	4%	5%	4%
Ever diagnosed with a heart attack, or myocardial infarction	7%	6%	4%
Ever diagnosed with a stroke	3%	4%	3%
Had been told they had high blood pressure	29%	35%	32%
Had been told their blood cholesterol was high	30%	33%	33%
Had their blood cholesterol checked within the last five years	78%	85%	86%
Weight Status			
Normal weight (BMI of 18.5 – 24.9)	30%	30%	32%
Overweight (BMI of 25.0 – 29.9)	30%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	38%	34%	32%
Alcohol Consumption			
Current drinker (had at least one drink of alcohol within the past 30 days)	54%	54%	55%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	23%	19%	17%
Tobacco Use			
Current smoker (smoked on some or all days)	15%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	28%	24%	25%

Indicates alignment with the Ohio State Health Assessment
**2016 BRFSS*
***2016 BRFSS as compiled by 2018 County Health Rankings*

Adult Variables	Ashland County 2018	Ohio 2017	U.S. 2017
Preventive Medicine			
Had a mammogram within the past two years (ages 40 and older)	75%	74%*	72%*
Had a Pap smear in the past three years (ages 21-65)	72%	82%*	80%*
Had a PSA test within the past two years (ages 40 and older)	58%	39%*	40%*
Quality of Life			
Limited in some way because of physical, mental or emotional problem	20%	21%**	21%**
Oral Health			
Visited a dentist or a dental clinic (within the past year)	64%	68%*	66%*
Visited a dentist or a dental clinic (5 or more years ago)	12%	11%*	10%*

**2016 BRFSS*
***2015 BRFSS*

Youth Trend Summary

Youth Variables	Ashland County 2019 (6th-12th)	Ashland County 2019 (9th-12th)	U.S. 2017 (9th-12th)
Weight Status			
Obese	22%	20%	15%
Overweight	15%	14%	16%
Described themselves as slightly or very overweight	33%	34%	32%
Tried to lose weight	47%	47%	47%
Physically active at least 60 minutes per day on every day in past week	26%	24%	26%
Physically active at least 60 minutes per day on 5 or more days in past week	49%	46%	46%
Did not participate in at least 60 minutes of physical activity on any day in past week	17%	15%	15%
Watched 3 or more hours per day of television (on an average school day)	12%	11%	21%
Tobacco Use			
Ever tried cigarette smoking (even one or two puffs)	24%	34%	29%
Current smoker (smoked on at least 1 day during the past 30 days)	10%	13%	9%
First tried cigarette smoking before age 13 years (even one or two puffs)	11%	13%	10%
Currently frequently smoked cigarettes (on 20 or more days during the past 30 days)	1%	2%	3%
Currently used an electronic vapor product (in the past 30 days)	24%	32%	13%
Currently used electronic vapor products daily	5%	9%	2%
Did not try to quit using all tobacco products (including cigarettes, cigars, smokeless tobacco, shisha hookah tobacco and electronic vapor products, during the past 12 months)	41%	37%	59%
Alcohol Consumption			
Ever drank alcohol (at least one drink of alcohol on at least 1 day during their life)	47%	58%	60%
Current Drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	20%	27%	30%
Binge drinker (drank 5 or more drinks within a couple of hours on at least 1 day during the past 30 days)	11%	17%	14%
Drank for the first time before age 13 (of all youth)	16%	13%	16%
Obtained the alcohol they drank by someone giving it to them (of youth drinkers)	33%	36%	44%
Drug Use			
Used marijuana in the past month	9%	13%	20%
Ever used marijuana (in their lifetime)	19%	28%	36%
Ever used methamphetamines (in their lifetime)	N/A	2%	3%
Ever used cocaine (in their lifetime)	N/A	3%	5%
Ever used heroin (in their lifetime)	N/A	1%	2%
Ever used ecstasy (in their lifetime)	N/A	1%	4%
Ever used inhalants (in their lifetime)	7%	6%	6%
Ever used hallucinogenic drugs (in their lifetime)	N/A	5%	7%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	11%	13%	20%

Indicates alignment with the Ohio State Health Assessment
N/A- Not Available

Youth Variables	Ashland County 2019 (6th-12th)	Ashland County 2019 (9th-12th)	U.S. 2017 (9th-12th)
Sexual Behavior			
Did not use any method to prevent pregnancy during last sexual intercourse	N/A	6%	14%
Drank alcohol or used drugs before last sexual intercourse (of sexually active youth)	N/A	19%	19%
Ever had sexual intercourse	N/A	40%	40%
Had sexual intercourse with four or more persons (of all youth during their life)	N/A	8%	10%
Had sexual intercourse before the age 13 (for the first time of all youth)	N/A	3%	3%
Used a condom (during last sexual intercourse)	N/A	40%	54%
Used birth control pills (during last sexual intercourse)	N/A	22%	21%
Used an IUD (during last sexual intercourse)	N/A	10%	4%
Used a shot, patch or birth control ring (during last sexual intercourse)	N/A	5%	5%
Mental Health			
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	36%	40%	32%
Seriously considered attempting suicide (in the past 12 months)	16%	19%	17%
Social Determinants of Health			
Did not get eight or more hours of sleep (on an average school night)	57%	68%	75%
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	74%	73%	74%*
Drank and drove (of all youth)	N/A	5%	6%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on 1 or more occasion during the past 30 days)	16%	12%	17%
Violence			
Carried a weapon (in the past 30 days)	19%	15%	16%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	8%	8%	7%
Threatened or injured with a weapon on school property (in the past 12 months)	7%	7%	6%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	7%	9%	8%
Electronically bullied (in the past year)	13%	13%	15%
Were bullied on school property (during the past 12 months)	33%	27%	19%

N/A- Not Available
**Comparative YRBS data for U.S. is 2015*

Evaluation of Impact

UH Samaritan Medical Center

UH Samaritan Medical Center Implementation Strategy: Impact Assessment

UH Samaritan Medical Center is a community-based hospital with 55 staffed beds. This not-for-profit hospital serves mainly Ashland County residents. Ashland County is a rural county, about equidistant between the large metro centers of Cleveland and Columbus.

Upon review of the 2016 Community Health Needs Assessments, hospital leadership for UH Samaritan Medical Center isolated six top priority community health needs: 1) access to primary and specialists care; 2) health literacy of community members; 3) mental health and substance abuse; 4) avoidable hospitalizations for extended care facility residents; 5) tobacco use; and 6) high breast cancer rates. Within those areas, in consideration of the hospital's expertise and its being a community-based hospital, the following goals were established:

- Improve or protect access to specialists in the areas of orthopedics, obstetrics and gynecology, oncology, ophthalmology, and neurology.
- Improve health literacy; give patients the appropriate amount of information at the appropriate time and in a manner in which they can understand.
- Promote optimal mental health and raise awareness about signs of substance abuse and neurological decline.
- Improve the anticoagulation and heart failure/COPD clinic services with extended care facilities in order to reduce the 2016 rate by 2-4% in 2017-2018, specific to heart failure and COPD
- Reduce the number of adults who smoke tobacco products by increasing their access to smoking cessation clinics/classes.
- Address the high incidence of breast cancer and lack of standardized process for patients with a recent cancer diagnosis to follow for treatment and follow-up care.

With these goals in-hand, action plans were created to lend the hospitals' staff expertise and resources to combat each community health issue. Below we outline what actions were taken and provide an assessment of the impact of those actions.

1) Access to primary and specialist care

Improve or protect access to specialists in the areas of orthopedics, obstetrics and gynecology, oncology, ophthalmology, and neurology.

Ashland County experienced an unusually large loss of primary care physicians and specialists (mainly due to retirements) from 2014 to 2017. At the end of that period, many community residents were unable to find a primary care provider inside the county. Since then, UH Samaritan Medical Center has been focused on replenishing the primary care system and also increasing access to key specialists. Toward this end, the goal by the end of 2017 was to increase the number of active physicians, specialists and/or extenders by four. In fact, six providers were added in 2017 – three in obstetrics and gynecology, one in cardiology, one oncologist/hematologist and one surgeon. By 2018, through a sustained physician recruitment effort, the capacity of providers returned to adequate levels. A survey of primary care physicians confirmed that the demand for care of community residents is being met with the current number of providers.

In addition, the hospital is developing its capacity to utilize telemedicine. A new teleneurology clinic was first to leverage this technology, and within its first year saw 271 appointments. 2018 remained relatively stable with 246 appointments by year's end. Telemedicine technology has many benefits, but one way it is proving to be particularly impactful is improving access to care in rural areas.

2) Health literacy of community members

Improve health literacy; give patients the appropriate amount of information at the appropriate time and in a manner in which they can understand

a. Increase the number of health screenings to 2 annual events:

   The hospital exceeded this goal significantly. Six events were held in 2017 including stroke screenings, Peripheral Artery Disease (PAD) screenings and several screenings offered at Family Health & Safety Day such as blood pressure, balance, foot, and hearing assessments. A total of seven events were held throughout the year in 2018. Host locations for events were very receptive and the number of events and breadth of locations is expected to increase in 2019. The types of events in 2018 included: a health fair for county employees; a stroke risk screening event for seniors; New London 'community day;' sports physicals (250) which included basic health screenings (glucose, cholesterol, blood pressure for parents); Family Health & Safety Day; and a vascular screening event. The hospital is building capacity to do more and more varied types of screenings at similar events in the future.

b. Increase in the number of participants at community events by 10%

   Through an increased number of community educational events, the number of participants in 2018 increased to 1,582, more than 10% of the participation level in 2017 (1,028). The hospital has found a large and increasing demand for hospital health care professionals participating in community health education events.

c. Increase in participant knowledge at events

   In surveys of community educational and screening events, almost all (99%) of those surveyed reported an increased understanding of the health care issues discussed at events. This was an increase from 2017 in which an overall 88% of respondents reported an increased understanding or knowledge as a result of the offering.

3) Mental health and substance abuse

Promote optimal mental health and raise awareness about signs of substance abuse and neurological decline.

a. Increase collaboration with substance abuse and mental health professionals to offer educational workshops

   Hospital staff collaborated with area mental agencies, provider practices and the county's ADAMHS board to co-produce several professional educational seminars. Topics included depression, substance abuse, opioid abuse, suicide prevention, and anxiety disorders. There was also a strong focus on childhood trauma, Adverse Childhood Experiences (ACE) indicators and the use of trauma-informed care in the delivery of healthcare in the county. Three events were jointly held in 2017 while nine were held in 2018.

b. Increase in attendance at community events

   The multiple events included a total of 207 participants in 2017 and increased to 432 participants in 2018.

4) Avoidable hospitalizations for extended care facility residents.

Improve the anticoagulation and heart failure/Chronic Obstructive Pulmonary Disease (COPD) clinic services with extended care facilities in order to reduce the 2016 rate by 2-4% in 2017-2018, specific to heart failure and COPD.

The identified problem related to the hospitalization rates of ventilated patients in extended care facilities. Hospital staff, in cooperation with extended care facility staff, developed a pharmaceutical protocol for congestive heart failure and COPD patients on ventilators. This procedure was developed and refined through 2018, to be more fully implemented in 2019. Results beginning in 2017 and running into late 2018 show a promising reduction in hospitalization levels for those patients afforded the new protocol.

5) Tobacco Use

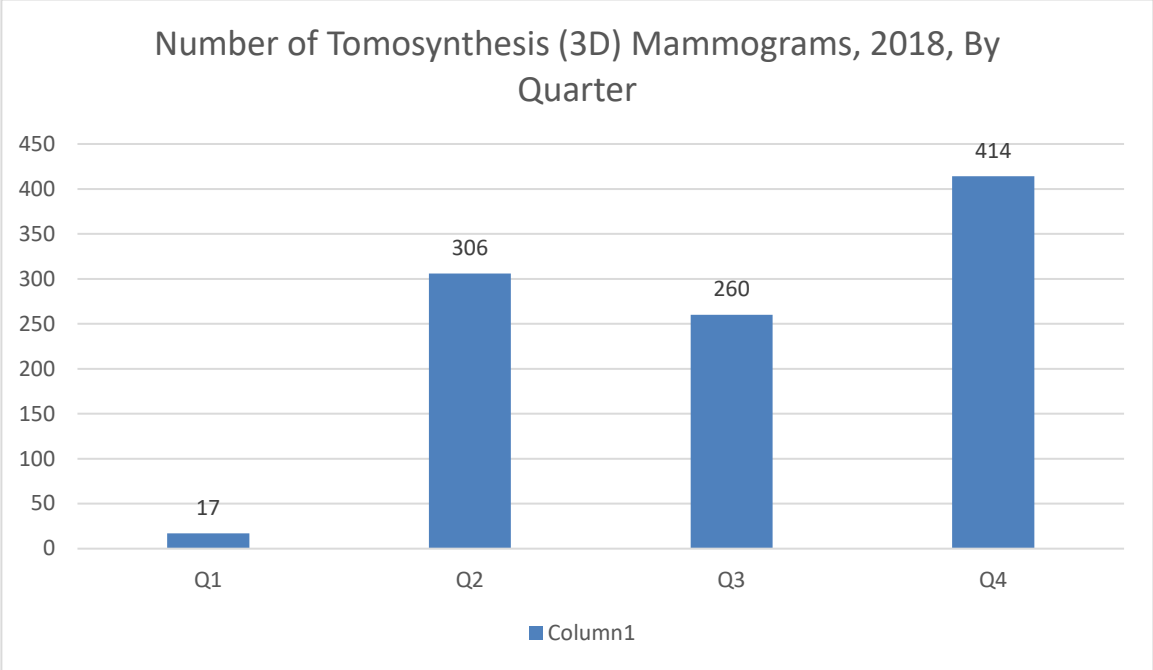
Increase in the number of classes offered by 100% by 2017; continue to offer classes in 2018

The number of smoking cessation classes was three in 2017 and increased to eleven in 2018. Sixty-four (64) community members in 2017, and 75 community members in 2018, received one-on-one consultations to support their smoking cessation efforts. This one-on-one approach has proven to be very successful; 37 participants in 2017 and 44 of the participants in 2018 have been confirmed to have remained smoke-free for several months after treatment.

6) High breast cancer rates

Address the high incidence of breast cancer and lack of standardized process for patients with a recent cancer diagnosis to follow for treatment and follow-up care.

In 2017, the mammography equipment was upgraded to tomosynthesis. Also, the volume of the use of this superior 3D mammography was monitored to ensure its acceptance and use by the patient community. In 2018, an increasing number of patients chose the superior technology through Quarter 4.



Health Care Access: Health Care Coverage

Key Findings

Seven percent (7%) of Ashland County adults were without health care coverage in 2018. Those most likely to be uninsured were those with an income level under $25,000 (13%).

Health Coverage

- In 2018, 93% of Ashland County adults had health care coverage, leaving 7% of adults uninsured.
- Twelve percent (12%) of adults with children did not have health care coverage, compared to 5% of those who did not have children living in their household.
- Adults used the following types of health coverage: employer (45%); Medicare (16%); someone else's employer (13%); Medicaid or medical assistance (9%); self-paid plan (6%); military or VA (3%); multiple, including private sources (3%); Health Insurance Marketplace (2%); and multiple, including government sources (2%).
- Ashland County adult health care coverage included the following: medical (95%), prescription coverage (92%), immunizations (83%), preventive health (76%), outpatient therapy (72%), dental (67%), vision/eyeglasses (64%), mental health (51%), durable medical equipment (41%), alcohol and drug treatment (36%), skilled nursing/assisted living (36%), home care (32%), hospice (26%), and transportation (22%).

Key Facts about the Uninsured Population

- Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases.
- Part of the reason for poor access among uninsured is that 50% do not have a regular place to go when they are sick or need medical advice.
- One in five (20%) nonelderly adults without coverage say that they went without care in the past year because of cost compared to 3% of adults with private coverage and 8% of adults with public coverage.
- In 2017, uninsured nonelderly adults were three or more times as likely as adults with private coverage to say that they postponed or did not get a needed prescription drug due to cost.
- Because people without health coverage are less likely than those with insurance to have regular outpatient care, they are more likely to be hospitalized for avoidable health problems and to experience declines in their overall health.

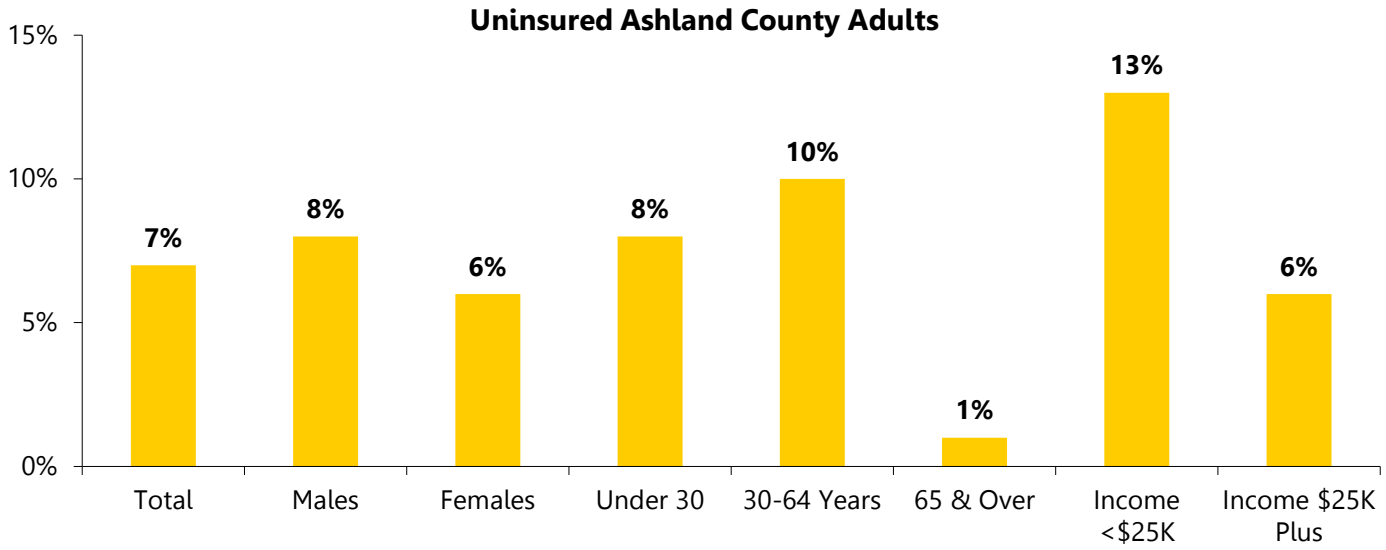
(Source: The Henry Kaiser Family Foundation, Key Facts about the Uninsured Population, December 2018)

2,774 of Ashland County adults were uninsured.

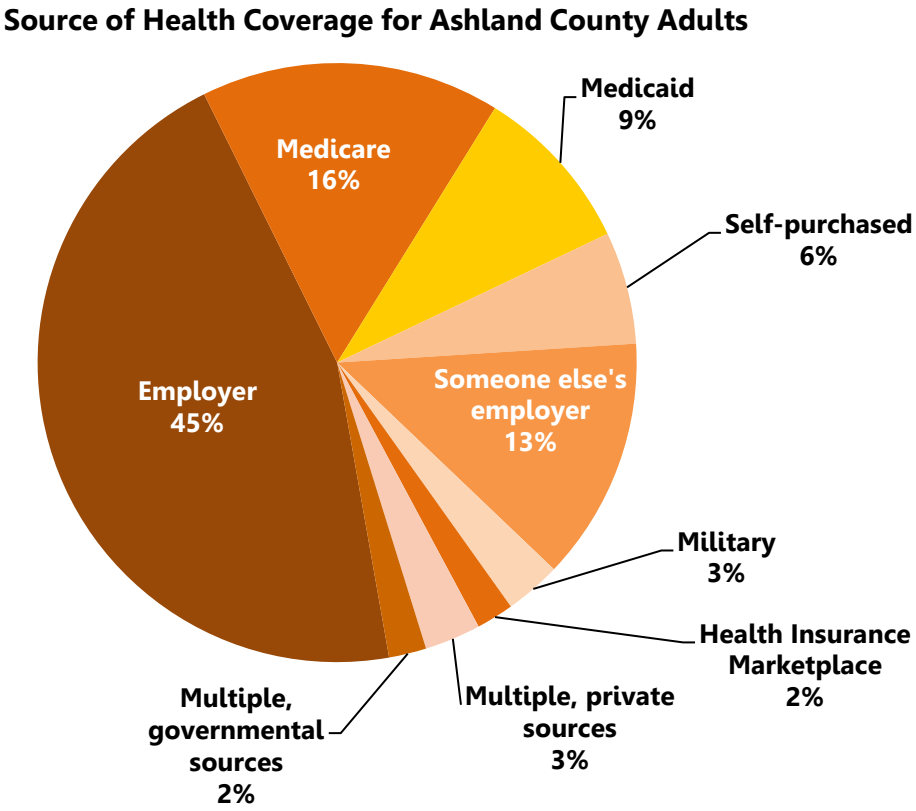
- Ashland County adults had the following issues regarding their health care coverage: cost (23%), provider was no longer covered (9%), service was no longer covered (9%), service not deemed medically necessary (8%), opted out of certain coverage because they did not need it (8%), opted out of certain coverage because they could not afford it (7%), limited visits (4%), pre-existing conditions (4%), working with their insurance company (3%), and could not understand their insurance plan (2%).

Adult Comparisons	Ashland County 2018	Ohio 2017	U.S. 2017
Uninsured	7%	9%	11%

The following graph shows the percentage of Ashland County adults who were uninsured. Examples of how to interpret the information in the graph includes: 7% of all Ashland County adults were uninsured, including 13% of adults with incomes less than $25,000 and 8% of those under the age of 30. The pie chart shows sources of Ashland County adults' health care coverage.



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 chart shows what is included in Ashland County adults' insurance coverage.

Health Coverage Includes:	Yes	No	Don't Know
Medical	95%	<1%	4%
Prescription Coverage	92%	5%	3%
Immunizations	83%	4%	13%
Preventive Health	76%	3%	21%
Outpatient Therapy (occupational therapy, physical therapy)	72%	3%	25%
Dental	67%	28%	5%
Vision/Eyeglasses	64%	29%	7%
Mental Health	51%	6%	43%
Durable Medical Equipment	41%	8%	52%
Alcohol and Drug Treatment	36%	11%	53%
Skilled Nursing/Assisted Living (inpatient rehab/therapy)	36%	7%	57%
Home Care	32%	10%	58%
Hospice	26%	10%	64%
Transportation	22%	16%	62%

Healthy People 2020
Access to Health Services (AHS)

Objective	Ashland County 2018	Ohio 2017	U.S. 2016*	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health insurance	100% age 20-24 93% age 25-34 90% age 35-44 88% age 45-54 93% 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 Ashland County Health Assessment)

Hospital Discharges for Patients without Medical Insurance, 2017*

- Of the 2,677 inpatients for UH Samaritan Medical Center in 2017, 1.0% of those under 18 were "self-pay," as were 4.0% of those aged 18-64. Very few (0.1%) of seniors did not utilize health insurance to cover their hospital stay (.1%). Note that none of the inpatients were classified as 'charity care' in 2017.

	Patients Age 0-17 Years	Patients Age 18-64 Years	Patients Age 65 Years and Older
Patients without Medical Insurance at Discharge	3 of 296 (1.0%)	39 of 986 (4.0%)	2 of 1.395 (0.1%)

**Patients who were categorized as either 'self-pay' or 'charity care.'*
(Source: Hospital Discharge Data, 2017, as analyzed and reported by Cypress Research)

Health Care Access: Access and Utilization

Key Findings

Seventy-one percent (71%) of Ashland County adults had visited a doctor for a routine checkup in the past year. Over three-fifths (63%) of adults went outside of Ashland County for health care services in the past year.

Health Care Access and Utilization

- Seventy-one percent (71%) of Ashland County adults visited a doctor for a routine checkup in the past year, increasing to 91% of those over the age of 65.
- Adults with health care coverage were more likely to have visited a doctor for a routine checkup in the past year (73%), compared to 46% of those without health care coverage.
- More than half (53%) of adults indicated they had one person they thought of as their personal doctor or health care provider, decreasing to 46% of males. Twenty-nine percent (29%) indicated they had more than one, and 17% did not have one particular doctor or health care provider.
- Ashland County adults preferred to obtain information about their health or health care services from the following: their doctor (80%), a family member or friend (36%); Internet searches (28%); medical portal (24%); newspaper articles or radio/television news stories (14%); advertisings or mailings from hospitals, clinics or doctor's offices (11%); text messages (9%); social media (6%); and billboards (3%).

28,183 Ashland County adults visited a doctor for a routine checkup in the past year.

- Ashland adults usually sought care from the following places: medical clinic (56%), hospital, (43%), health department (5%), community counselling services (3%), and other (23%).
- Sixty-three percent (63%) of adults went outside of Ashland County for the following health care services in the past year: specialty care (48%); primary care (31%); dental services (21%); obstetrics/gynecology (21%); female health services (15%); dermatological care (15%); orthopedic care (10%); cardiac care (10%); ear, nose, and throat care (9%); cancer care (8%); podiatry care (8%); pediatric care (7%); mental health care/counseling services (6%); pediatric therapies (2%); hospice/palliative care (<1%); and other services (16%).
- The following might prevent Ashland County adults from seeing a doctor if they were sick, injured, or needed some kind of health care: cost (32%), doctor would not take their insurance (20%), inconvenient hours (16%), could not get time off work (11%), difficult to get an appointment (11%), worried they might find something wrong (7%), frightened of the procedure or doctor (5%), difficult to find/no transportation (4%), could not find childcare (3%), do not trust or believe doctors (2%), discrimination (<1%), and some other reasons (2%).
- Seventy-two percent (72%) of adults received medical care in the past 12 months. Adults who did not receive medical care in the past 12 months reported the following reasons for not doing so: no need to go (51%), cost/no insurance (17%), inconvenient appointment times (5%), no transportation (4%), too long of a wait for an appointment (3%), office was not open when they could get there (2%), too long of a wait in waiting room (2%), provider did not take their insurance (2%), and other problems that prevented them from getting medical care (6%).
- More than one-fourth (28%) of adults did not get their prescriptions from their doctor filled in the past year. Of those who did not get their prescriptions filled, they gave the following reasons: too expensive (13%), they did not think they needed it (13%), they stretched their current prescription by taking less than prescribed (11%), side effects (8%), they did not have insurance (4%), fear of addiction (2%), they were taking too many medications (2%), and there was no generic equivalent (1%). Sixty-six percent (66%) of adults had no prescriptions to be filled.

- A living will is a written legal document that details adults' wishes for end-of-life medical care if they are unable to make decisions for themselves. Thirty-eight percent (38%) of Ashland County adults reported they had a living will, increasing to 71% of those over the age of 65.

- A durable power of attorney is a written legal document in which people name an individual who will make medical decisions for them when they are unable to do so. One-fourth (25%) of adults had a durable power of attorney, increasing to 52% of those over the age of 65.

- Of the Ashland County adults who did not have a living will or durable power of attorney, 64% had discussed their medical wishes with a family member or loved one.

Amish Health & Safety Day Focus Group Data

August of 2018, a focus group was held at the Annual Amish Health & Safety Day in Ashland County. The group consisted of 40 individuals who identify with the Amish religion (age range 16-55) who were asked questions regarding their health, the barriers they have to having access to health services, and what services they would like to have more availability to. Their answers were as follows:

- *How do you typically receive your health information from?*
  - Chiropractor - 14 individuals
  - Family and Friends
  - Newspaper (The Budget, The Connection, The Diary)
  - Doctor - Including Chiropractor, Herbalist, Family Doctor
  - Church - Bishop and other church leaders
- *What health services would like to see more of in our area?*
  - Children's/Family Doctor
  - Men's Health
  - Diet and exercise
  - Cancer Care
- *What type of healthcare provider have you visited in the last 12 months, if any?*
  - Chiropractor - 14 individuals
  - Midwife - 6 individuals
  - Family Doctor - 4 individuals
  - Nutritionist/Herbalist - 4 individuals
- *What keeps you from getting the healthcare you want or need?*
  - Cost
  - Too far to travel
  - Not liking to go to the doctor
- *Do you believe that drugs are a problem in our community?*
  - Yes - 20 individuals
  - Yes, but not among the Amish - 12 individuals
  - No - 3 individuals

(Source: Ashland County Health Department, Amish Health and Safety Day Focus Group Data, August 2018)

Availability of Services

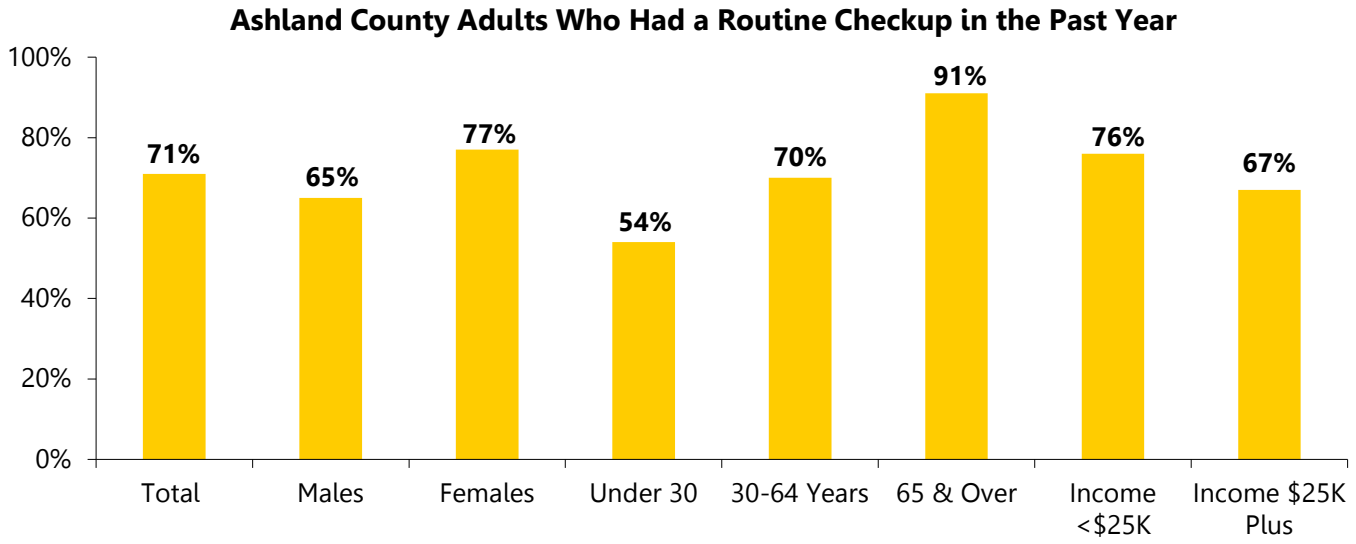
- Ashland County adults reported they had looked for the following programs: depression, anxiety or mental health (14%); weight problems (8%); eldercare (5%); disability (4%); marital/family problems (3%); end-of-life/hospice care (2%); family planning (2%); cancer support group/counseling (1%); alcohol abuse (<1%); drug abuse (<1%); and detoxification for opiates/heroin (<1%).

Ashland County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Ashland County adults who have looked but have NOT found a specific program	Ashland County adults who have looked and have found a specific program
Depression, Anxiety, or Mental Health (14% of all adults looked)	16%	84%
Weight Problem (8% of all adults looked)	46%	54%
Eldercare (5% of all adults looked)	18%	82%
Disability (4% of all adults looked)	14%	86%
Marital/Family Problems (3% of all adults looked)	89%	11%
End-of-Life Care or Hospice Care (2% of all adults looked)	87%	13%
Family Planning (2% of all adults looked)	0%	100%
Tobacco Cessation (1% of all adults looked)	0%	100%
Cancer Support Group/Counseling (1% of all adults looked)	0%	100%
Alcohol Abuse (<1% of all adults looked)	0%	100%
Drug Abuse (<1% of all adults looked)	0%	100%
Detoxification for Opiates/Heroin (<1% of all adults looked)	0%	100%

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 Ashland County adults who had a routine check-up in the past year. Examples of how to interpret the information includes: 71% of all Ashland County adults had a routine check-up in the past year, including 91% of those 65 years and older, and 65% of males.



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	Ashland County 2018	Ohio 2017	U.S. 2017
Visited a doctor for a routine checkup (in the past 12 months)	71%	72%	70%
Visited a doctor for a routine checkup (5 or more years ago)	10%	7%	8%
Had one or more persons they thought of as their personal healthcare provider	82%	81%	77%

Trend of Hospital Discharges for Ashland County Residents, 2011- 2017

- The number of inpatient hospitalizations (acute care) for Ashland County residents (within any Ohio hospital) increased by 13.3%.

2011	2012	2013	2014	2017
4,865	4,768	4,781	4,942	5,611

(Source: Hospital Discharge Data, 2017, as analyzed and reported by Cypress Research)

Number of Hospital Discharges for Ashland County Residents, by Age Group and Gender, 2017

- In 2017, there were 5,611 hospitalizations of Ashland County residents. Relatively few (13.2%) of those were under age 18 (and of those, 8.2% were newborns). The adult admissions were almost evenly split between adults aged 17-64 (41.7%) and adults aged 65 and older (45.1%).

	Patients Age 0-17 Years		Patients Age 18-64 Years		Patients Age 65 Years and Older	
	13.2% of Total Discharges		41.7% of Total Discharges		45.1% of Total Discharges	
	Male	Female	Male	Female	Male	Female
2017 Total	392	348	959	1,382	1,166	1,362

(Source: Hospital Discharge Data, 2017, as analyzed and reported by Cypress Research)

Hospital Discharge Data for Youth 0-17 Years of Age, 2016

- The data have been compiled into three age groups (0-17 years; 18-64 years; and 65 or more years) and by gender. This is how the federal government typically reports discharge data.

- There were 740 hospitalizations of Ashland County aged 0-17 year (including newborns). The table below indicates that the three most frequent discharge conditions for hospitalized newborns, children and youth were: conditions originating in the perinatal period (6.5%), diseases of the respiratory system (4.8%), and mental and behavioral disorders (3.1%).

Disease Grouping	ICD-10 Codes	Total n (%)	Males n (%)	Females n (%)
Total		740 (100%)	392 (100.0%)	348 (100.0%)
Certain conditions originating in the perinatal period	P00-P96	48 (6.5%)	31 (7.9%)	17 (4.9%)
Diseases of the respiratory system	J00-J98	33 (4.5%)	10 (2.6%)	23 (6.6%)
Mental and behavioral disorders	F01-F99	23 (3.1%)	10 (2.6%)	13 (3.7%)
Diseases of the digestive system	K00-K92	22 (3.0%)	15 (2.0%)	12 (3.0%)
Diseases of the nervous system and sense organs	G00-G98	22 (3.0%)	10 (2.6%)	12 (3.4%)
Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99	12 (1.6%)	7 (1.8%)	5 (1.4%)
Endocrine, nutritional and metabolic diseases	E00-E88	10 (1.3%)	4 (1.0%)	6 (1.7%)
Infectious and parasitic diseases	A00-B99	10 (1.3%)	4 (1.0%)	6 (1.7%)
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D50-D89	8 (1.1%)	5 (1.5%)	3 (0.9%)
Diseases of the musculoskeletal system and connective tissue	M00-M99	7 (0.9%)	3 (1.1%)	4 (.8%)
Diseases of the skin and subcutaneous tissue	L00-L98	5 (0.7%)	2 (0.5%)	3 (.9%)
Diseases of the genitourinary system	N00-N98	4 (.5%)	2 (.6%)	2 (.5%)
Diseases of the nervous system and sense organs	T36-T50	4 (.5%)	4 (1.0%)	0 (0%)
Diseases of the circulatory system	I00-I99	3 (0.4%)	2 (0.5%)	1 (0.3%)
Diseases of the ear and mastoid process	H60-H93	1 (.1%)	1 (.3%)	0 (0%)
Other (mostly uncomplicated births)		733 (71.4.%)	389 (72.9%)	344 (6.9%)

(Source: Hospital Discharge Data, 2017, as analyzed and reported by Cypress Research)
** Fewer than 5 cases were not reported to protect privacy.*

Hospital Discharge Data for Adults 18-64 Years of Age, 2016

- There were 3,784 Ashland County residents 18-64 years old who were discharged from an acute care facility in 2016.

- The table for adults 18-64 years of age indicates that the three most frequent discharge conditions were: complications related to pregnancy, childbirth, and the puerperium (females only, 35.9%); diseases of the digestive system (11.7%); and diseases of the circulatory system (12.9%).

Disease Grouping	ICD-10 Codes	Total n (%)	Males n (%)	Females n (%)
Total		2,341 (100.0%)	959 (100.0%)	1,382 (100.0%)
Complications of pregnancy, childbirth, and the puerperium	O00-O99	488 (20.7% of total)	-	485 (35.9%)
Diseases of the circulatory system	I00-I99	303 (12.9%)	208 (21.7%)	95 (6.9%)
Diseases of the digestive system	K00-K92	273 (11.7.%)	136 (14.2%)	137 (9.9%)
Diseases of the musculoskeletal system and connective tissue	M00-M99	191 (8.2%)	83 (8.7%)	108 (7.8%)
Injury and poisoning	S00-T34	178 (7.6%)	104 (10.5%)	74 (5.4%)
Diseases of the respiratory system	J00-J98	171 (7.3%)	74 (7.7%)	97 (7.0%)
Mental and behavioral disorders	R00-R99	139 (5.9%)	65 (6.8%)	74 (5.4%)
Infectious and parasitic diseases	A00-B99	121 (5.2%)	66 (6.9%)	55 (4.0%)
Cancers (neoplasms)	C00-D48	111 (4.7%)	58 (6.0%)	53 (3.8%)
Diseases of the genitourinary system	N00-N98	90 (3.8%)	27 (2.8%)	63 (4.6%)
Endocrine, nutritional and metabolic diseases	E00-E88	78 (3.3%)	30 (3.1%)	48 (3.5%)
Diseases of the skin and subcutaneous tissue	L00-L98	56 (2.4%)	33 (3.4%)	23 (1.7%)
Diseases of the nervous system and sense organs	T36-T50	50 (2.1%)	31 (3.2%)	19 (1.4%)
Symptoms, signs, and ill-defined conditions	G00-G98	38 (1.6%)	22 (2.3%)	16 (1.2%)
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D50-D89	24 (1.0%)	10 (1.0%)	14 (1.0%)
Other (not classified elsewhere)		54 (2.3%)	22 (2.2%)	35 (2.5%)

** Fewer than 5 cases were not reported to protect privacy.*
(Source: Hospital Discharge Data, 2016, as analyzed and reported by Cypress Research)

Hospital Discharge Data for Adults 65 Years of Age and Older, 2016

- There were 2,528 Ashland County residents 65 years of age and older who were discharged from an acute care facility in 2016.

- For adults 65 years of age and older we see (below) that the three most frequent discharge conditions were: diseases of circulatory system (23.4%), diseases of the respiratory system (14.2%), and diseases of the musculoskeletal system and connective tissue (10.2%).

- There were not large differences between males and females on most diagnostic categories frequency. The exceptions were that males were notably more likely than females to have a primary diagnosis for circulatory disease (25.9% vs. 21.2%) or respiratory disease (15.9% vs. 12.7%). In contrast, females were more likely to have a disease of the musculoskeletal system or connective tissues (13.0% for females vs. 7.5% for males).

Disease Grouping	ICD-10 Codes	Total n (%)	Males n (%)	Females n (%)
Total		2,528 (100.0%)	1,166 (100.0%)	1,362 (100.0%)
Diseases of the circulatory system	I00-I99	591 (23.4%)	302 (25.9%)	289 (21.2%)
Diseases of the respiratory system	J00-J98	358 (14.2%)	185 (15.9%)	173 (12.7%)
Diseases of the musculoskeletal system and connective tissue	M00-M99	265 (10.5%)	88 (7.5%)	177 (13.0%)
Diseases of the digestive system	K00-K92	264 (10.4%)	115 (9.9%)	149 (10.9%)
Injury	S00-T34	209 (8.3%)	96 (8.6%)	113 (8.3%)
Infectious and parasitic diseases	A00-B99	211 (8.3%)	103 (8.8%)	108 (7.9%)
Diseases of the genitourinary system	N00-N98	192 (7.6%)	74 (6.3%)	118 (8.7%)
Cancers (neoplasms)	C00-D48	130 (5.1%)	58 (4.3%)	72 (6.2%)
Diseases of the nervous system and sense organs	G00-G98	43 (1.7%)	14 (1.2%)	29 (2.1%)
Symptoms, signs, and ill-defined conditions	R00-R99	6 (.2%)	3 (.3%)	3 (.2%)
Endocrine, nutritional and metabolic diseases	E00-E88	79 (3.1%)	27 (2.3%)	52 (3.8%)
Diseases of the skin and subcutaneous tissue	L00-L98	48 (1.9%)	23 (2.0%)	25 (1.8%)
Mental and behavioral disorders	F01-F99	21 (.8%)	8 (.7%)	13 (1.0%)
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D50-D89	34 (1.3%)	12 (1.0%)	22 (1.6%)
Diseases of the ear and mastoid process	H60-H93	6 (.2%)	3 (.3%)	3 (.2%)
Other (not classified elsewhere)		71 (2.8%)	55 (4.7%)	16 (1.2%)

** Fewer than 5 cases were not reported to protect privacy.*
(Source: Hospital Discharge Data, 2016, as analyzed and reported by Cypress Research)

Ambulatory Care Sensitive (ACS) Discharges (Primary Diagnosis), Ashland County Residents (Hospitalized Anywhere), 2016

- **A**mbulatory **C**are **S**ensitive (ACS) conditions are those for which hospital admission could often be prevented by interventions in primary care. A relatively large proportion of ACSs within a geographic area is a signal that the primary care/prevention system has room for improvement, in particular a shortage of primary care providers.

- In 2017, there were 5,611 Ashland County residents who were discharged from an inpatient acute care hospital. Of those, 2,042 (36.4% of all Ashland county resident hospitalizations) were hospitalized in UH Samaritan Medical Center.

- Also during 2017, UH Samaritan Medical Center cared for a total of 2,677 inpatients. Many of those, however, (635 or 23.7%) were non-Ashland County residents.

- Below we show the frequency of ACS cases for both all Ashland County resident hospitalizations and also Ashland County residents who were hospitalized at UH Samaritan Medical Center.

- Overall, 15.8% of the hospitalizations of Ashland County residents were due to an ACS condition. If we look at those hospitalized in UH Samaritan Medical Center, we see significantly more (24.2%). We see this commonly as those who have an ACS condition can usually be treated at a community hospital, while those with more serious or life-threatening conditions (usually are not ACS conditions) are treated at a higher level regional medical center.

- The most common ACS condition among hospitalized Ashland County residents in 2017 was Chronic Obstructive Pulmonary Disease, which comprised 3.1% of all Ashland County residents hospitalized, and 2.5% of UH Samaritan Medical Center inpatients. The second most common ACS condition was Congestive Heart Failure (2.1%) of county residents, and 3.0% of UH Samaritan Medical Center discharges.

	Inpatient in Any Hospital: Ashland County Resident		Inpatient in UH Samaritan Medical Center	
	Number	**Percent***	**Number**	**Percent***
Total	5,611	100.0%	2,042	100.0%
Total ACS Cases	886	15.8%	495	24.2%
Specific Ambulatory Care Sensitive Conditions:				
Chronic Obstructive Pulmonary Disease	200	3.1%	154	2.5%
Congestive Heart Failure	118	2.1%	60	3.0%
Bacterial Pneumonia	115	2.0%	88	0.1%
Cellulitis	85	1.5%	46	1.2%
Hypertension	67	1.2%	34	0.4%
Diabetes	65	1.2%	30	0.9%
Gastrointestinal Obstruction	62	1.1%	27	1.0%
Hip/Femur Fracture (age 45 and older)	60	1.0%	43	1.0%
Acute Myocardial Infarction	45	.8%	-	-
Grand Mal Seizure and Other Convulsions	34	.6%	4	0.3%
Dehydration	14	.2%	6	0.5%
Gastroenteritis	18	.3%	12	0.3%
Appendicitis	12	.2%	1	0.3%
Anemia	12	.2%	10	.5%
Asthma	11	.2%	5	0.2%
Kidney/Urinary Tract Infection	6	.1%	2	0.2%
Convulsions/Epilepsy (age 6 and older)	6	.1%	0	0.1%
Angina	3	.1%	1	0.1%
Malnutrition	4	.1%	3	.1%
Failure-to-thrive (newborns/infants)	5	.1%	-	-

*Fewer than 5 cases were omitted to ensure confidentiality. *More than one ACS conditions is possible for any single admission; Total may be more than 100% (Source: Hospital Ambulatory Care Sensitive Data, 2016, as analyzed and reported by Cypress Research)*

Most Common* Ambulatory Care Sensitive (ACS) Discharges (Primary Diagnosis), 2017
All Ashland County Residents (Hospitalized Anywhere), By Major Age Group (Adults Only, Age 18+)
*(Minimum of 1% of cases shown)

- The incidence of ACS cases among Ashland County residents in 2017 increased with age. Only 5.9% of those hospitalized adults under age 40 had an ACS condition, one-third that of those aged 40-64 (17.7%). About one in five seniors (20.5%) were hospitalized due to an ACS condition in 2017.

- The most common ACS condition (primary diagnosis) associated with hospitalization for younger adult (under 40 years) Ashland County residents in 2017 were cellulitis (1.5% of younger adults) and diabetes (1.2%).

- Middle-aged adults (age 40-64) showed a somewhat different pattern of ACS conditions. The most common conditions were chronic obstructive pulmonary disease (COPD) (4.2%) and cellulitis (2.0%). In addition, a significant proportion of that population's hospitalizations was due to bacterial pneumonia (1.9%) or congestive heart failure (1.7%).

- For the oldest hospitalized group (age 65+), the most common ACS conditions were COPD (5.4%), congestive heart failure (3.6%), and bacterial pneumonia (3.1%).

	Adult Under 40	Adults Ages 40-64	Adults Age 65+
Total:	844 (100.0%)	1,497 (100.0%)	2,528 (100.0%)
Any ACS Condition:	50 (5.9%)	265 (17.7%)	518 (20.5%)
Specific Ambulatory Care Sensitive Conditions:			
Chronic Obstructive Pulmonary Disease	0 (0.0%)	63 (4.2%)	137 (5.4%)
Congestive Heart Failure	1 (.1%)	25 (1.7%)	92 (3.6%)
Bacterial Pneumonia	6 (0.7%)	28 (1.9%)	78 (3.1%)
Cellulitis	13 (1.5%)	30 (2.0%)	39 (1.5%)
Diabetes	10 (1.2%)	24 (1.6%)	26 (1.0%)
Gastrointestinal Obstruction	3 (0.4%)	20 (1.3%)	34 (1.3%)
Hypertension	0 (0.0%)	10 (0.7%)	57 (2.3%)
Acute Myocardial Infarction	0 (0.0%)	20 (1.3%)	25 (1.0%)
Hip/Femur Fracture (age 45 and older)	0 (0.0%)	9 (.6%)	51 (2.0%)
Grand Mal Seizure and Other Convulsions	3 (0.4%)	15 (1.0%)	2 (0.1%)

**Only those ACS conditions associated with at least 1% of the group are shown.*
(Source: Hospital Ambulatory Care Sensitive Data, 2016, as analyzed and reported by Cypress Research)

Ashland County Residents, Primary & Secondary Diagnoses, 2017 Hospitalizations

Below are the diagnosis specifics for all hospitalizations of the 5,611 Ashland County residents in 2017. Both the diagnostic category, and the most common specific diagnoses are shown. Information for both *primary* diagnosis and *secondary* diagnoses are shown. While the *primary* diagnosis is related to the main reason for hospitalization, understanding the incidence of various diagnoses which are secondary is often more telling on the chronic health conditions facing the community in general.

Noteworthy findings for Ashland County:

- As highlighted previously, the most common diagnostic categories for the primary diagnoses were **diseases of the circulatory system** (23.4% of all hospitalizations), **diseases of the digestive system** (10.1%), and **diseases of the respiratory system** (10.0%) and. These three general categories comprised more than four-in-ten hospitalizations for Ashland County residents in 2017.

- Within each of those major diagnostic categories, we see several specific conditions which are far more common primary or secondary specific diagnoses:

  Diseases of the Circulatory System:

  - Myocardial infarction (2.69%), atrial fibrillation (1.91%) and cerebral infarction (stroke) (1.75%) were the most common primary diagnoses. The secondary diagnoses of patients were also very telling; these comorbidities, all associated with circulatory disease, were very common among all hospitalizations: essential hypertension (33.77%); artherosclerotic heart disease of the native coronary artery (21.6%); congestive heart failure (18.32%); and atrial fibrillation (18.07%).

  Diseases of the Digestive System:

  - Specific conditions related to the digestive system which were primary diagnoses were very diverse, with diverticulitis being the most common, but only associated with 1.21% of the hospitalizations.
  - However, about one-in-five (21.15%) of the inpatients had a secondary diagnosis of gastro-esophageal reflex disease.

  Diseases of the Respiratory System:

  - Chronic obstructive pulmonary disease (COPD) (3.49%), respiratory failure (1.89%) and pneumonia (viral and/or bacterial) were the most common primary respiratory system diagnoses.
  - However, COPD (18.09%), respiratory failure (16.73%), pneumonia (8.64%) and acute respiratory failure (8.13%) were very common secondary diagnoses among those hospitalized in 2017. About four-in-ten of the acute care inpatients had one or more of these comorbidities.

- The other notable diagnoses (primary or secondary) are below. It is important to keep in mind that these are not necessarily a reflection of the true incidence of these afflictions within the general population; rather, they should be considered only in terms of how they relate to hospitalization levels and/or the care patients need while inpatients in acute care hospitals.

  - Type II diabetes (35.95%)
  - Hyperlipidemia (30.14%)
  - Anemia, associated with another disease or injury (13.63%) or not (12.97%)
  - Obesity (24.66%, with 9.73% morbidly obese)
  - Osteoarthritis (15.81%)
  - Nicotine dependence (15.51%)
  - Sleep apnea (13.89%)
  - Anxiety disorder (12.65%)
  - Hypothyroidism (12.01%)
  - Major depressive disorder (acute or chronic) (11.91%)
  - Hypokalemia (10.05%)
  - Dementia or Alzheimer's Disease (7.6%)

- While cancer is a leading cause of death in Ashland County, it is not a common reason for hospitalization (1.9% primary diagnosis for 2017 inpatients). Cancer is generally treated primarily on an out-patient basis. Hence, its impact on Ashland residents and the health care system overall is large, but mostly within the ambulatory care system.

Ashland County Residents, Primary & Secondary Diagnoses, 2017 Hospitalizations

	Primary Diagnosis (Reason for Hospitalization)		**Secondary Diagnosis** (Patients can have multiple secondary diagnoses)	
Total Ashland County Inpatients	**5,611**			
Diseases of the circulatory system	**897**	**23.4%**	N/A	N/A
Myocardial infarction	151	2.69%	190	3.39%
Atrial fibrillation	107	1.91%	**1,014**	**18.07%**
Cerebral infarction (stroke)	98	1.75%	83	1.48%
Hypertensive heart & chronic kidney disease with/without heart failure; stage 1-5	82	1.46%	238	4.24%
Hypertensive heart disease (with/without heart failure)	68	1.21%	0	0.00%
Atherosclerotic heart disease of native coronary artery with/without angina pectoris	51	0.91%	**1,212**	**21.60%**
Congestive heart failure	46	0.82%	**1,028**	**18.32%**
Nonrheumatic aortic or other valve prolapse, stenosis or insufficiency	22	0.39%	284	5.06%
Tachycardia	18	0.32%	138	2.46%
Motor deficit (hemiplegia, hemiparesis, ataxia, dysphagia, etc.) due to cerebral infarction	17	0.30%	194	3.46%
Occlusion & stenosis of artery (other than cerebral)	17	0.30%	118	2.10%
Atherosclerosis of arteries	16	0.29%	70	1.25%
Hypotension	15	0.27%	390	6.95%
Acute or chronic peripheral embolism & thrombosis	15	0.27%	209	3.72%
Atrioventricular block	15	0.27%	58	1.03%
Hypertensive urgency	15	0.27%	44	0.78%
Aneurysm	14	0.25%	79	1.41%
Hypertensive chronic kidney disease (stage 1 through 5)	8	0.14%	429	7.65%
Pulmonary hypertension	6	0.11%	286	5.10%
Rheumatic valve disorders	6	0.11%	107	1.91%
Cardiomyopathies	4	0.07%	128	2.28%
Essential Hypertension	2	0.04%	**1,895**	**33.77%**
Peripheral vascular disease	1	0.02%	201	3.58%
Ischemic cardiomyopathy	1	0.02%	155	2.76%
Previous myocardial infarction		0.00%	425	7.57%
Fascicular block	0	0.00%	72	1.28%
Diseases of the digestive system	**564**	**10.1%**	**N/A**	**N/A**
Diverticulitis	68	1.21%	125	2.23%
Colitis	30	0.53%	115	2.05%
Diaphragmatic hernia without obstruction and/or or gangrene	9	0.16%	147	2.62%
Gastro-esophageal reflux disease out/without esophagitis	3	0.05%	1187	21.15%

N/A – Multiple diagnoses possible; proportion is not applicable.
(Source: annual Hospital Discharge Data Analysis, 2017, as analyzed and reported by Cypress Research)

Ashland County Residents, Primary & Secondary Diagnoses, 2017 Hospitalizations

	Primary Diagnosis (Reason for Hospitalization)		Secondary Diagnosis (Patients can have multiple secondary diagnoses)	
Diseases of the respiratory system	**562**	**10.0%***	N/A	N/A
Chronic obstructive pulmonary disease	196	3.49%	1015	18.09%
Respiratory failure (acute and/or chronic)	106	1.89%	939	16.73%
Pneumonia, unspecified organism	111	1.98%	485	8.64%
Acute respiratory failure	36	0.64%	456	8.13%
Asthma	11	0.20%	331	5.90%
Atelectasis	1	0.02%	99	1.76%
Bacterial Pneumonia	13	0.23%	68	1.21%
Emphysema	0	0.00%	51	0.91%
Influenza	21	0.37%	31	0.55%
Complications of pregnancy, childbirth, and the puerperium	**492**	**8.8%**	N/A	N/A
Maternal care for scar from previous cesarean delivery	70	1.2%	73	1.30%
Post-term pregnancy	42	0.7%	34	0.61%
Perineal laceration, other injury, during delivery	40	0.7%	136	2.42%
Pre-existing or gestational hypertension; pre-eclampsia	38	0.7%	43	0.77%
Streptococcus B carrier state complicating pregnancy or childbirth	26	0.5%	59	1.05%
Preterm premature rupture of membranes; preterm delivery	23	0.4%	30	0.53%
Fetal distress during delivery	22	0.4%	86	1.53%
Obesity complicating pregnancy or childbirth	18	0.3%	81	1.44%
Gestational diabetes	16	0.3%	45	0.80%
Labor & delivery complicated by cord issues	16	0.3%	148	2.64%
Diseases of the musculoskeletal system and connective tissue	**463**	**8.3%**	N/A	N/A
Osteoarthritis	320	5.70%	887	15.81%
Spinal stenosis	45	0.80%	140	2.50%
Osteoporosis	1	0.02%	196	3.49%
Gout			168	2.99%
Fibromyalgia			148	2.64%
Rheumatoid arthritis			134	2.39%
Injury & poisoning	**408**	**7.3%**	N/A	N/A
Infectious and parasitic diseases	**620**	**6.9%**	N/A	N/A
Sepsis (streptococcus, group B; streptococcus pneumoniae; Methicillin susceptible or resistant Staphylococcus aureus, other Staphylococcus; Hemophilus influenzae; anaerobes; E. coli; pseudomonas; Enterococcus; but mostly unspecified organisms)	342	6.1%	209	3.72%
Hepatitis (A, B, or C)	3	0.05%	68	1.21%
Diseases of the genitourinary system	**286**	**5.1%**	N/A	N/A
Acute kidney failure	106	1.89%	918	16.36%
Chronic kidney disease	1	0.02%	812	14.47%
Urinary tract infection	90	1.60%	436	7.77%
Benign prostatic hyperplasia with/without lower urinary tract symptoms	6	0.11%	328	5.8%

N/A – Multiple diagnoses possible; proportion is not applicable.

(Source: annual Hospital Discharge Data Analysis, 2017, as analyzed and reported by Cypress Research)

Ashland County Residents, Primary & Secondary Diagnoses, 2017 Hospitalizations

	Primary Diagnosis (Reason for Hospitalization)		Secondary Diagnosis (Patients can have multiple secondary diagnoses)	
Mental and behavioral disorders	**183**	**3.3%**	N/A	N/A
Major depressive disorder, single episode or recurrent	70	1.25%	668	11.91%
Bipolar disorder	33	0.59%	72	1.28%
Opioid dependence (if primary, with withdrawal)	32	0.57%	65	1.16%
Psychosis	20	0.36%	59	1.05%
Alcohol use/abuse/dependence (if primary, with other acute symptoms)	16	0.29%	171	3.05%
Dementia	1	0.02%	329	5.86%
Nicotine dependence			870	15.51%
Anxiety disorder			710	12.65%
Other drug abuse/use/dependence (cannabis, cocaine, sedatives, hypnotics, anxiolytics)			115	2.05%
Endocrine, nutritional and metabolic diseases	**167**	**3.0%**	N/A	N/A
Type 2 diabetes mellitus (with complications if primary)	60	1.07%	2017	35.95%
Type 1 diabetes mellitus	19	0.34%	88	1.57%
Hypo-osmolality & hyponatremia	18	0.32%	504	8.98%
Hyperosmolality & hypernatremia	1	0.02%	98	1.75%
Morbid (severe) obesity due to excess calories	9	0.16%	546	9.73%
Obesity (not morbid)			838	14.93%
Hypokalemia	9	0.16%	564	10.05%
Hyperkalemia	3	0.05%	240	4.28%
Thrombocytopenia	8	0.14%	260	4.63%
Dehydration	7	0.12%	457	8.14%
Mild protein-calorie malnutrition (mild to severe)	4	0.07%	246	4.38%
Elevated white blood cell count	1	0.02%	189	3.37%
Vitamin D deficiency	1	0.02%	176	3.14%
Hyperlipidemia			1691	30.14%
Hypothyroidism	0	0.00%	674	12.01%
Pure hypercholesterolemia			434	7.73%
Acidosis			402	7.16%
Alkalosis			93	1.66%
Hypomagnesemia			161	2.87%
Diseases of the nervous system and sense organs	**115**	**2.0%***	N/A	N/A
Encephalopathy	11	0.20%	292	5.20%
Alzheimer's Disease and other dementia	5	0.09%	69	1.23%
Parkinson's Disease	1	0.02%	89	1.59%
Sleep apnea			609	13.89%
Chronic pain			348	6.20%
Insomnia			164	2.92%
Polyneuropathy			97	1.73%

N/A – Multiple diagnoses possible; proportion is not applicable.

(Source: annual Hospital Discharge Data Analysis, 2017, as analyzed and reported by Cypress Research)

Ashland County Residents, Primary & Secondary Diagnoses, 2017 Hospitalizations

	Primary Diagnosis (Reason for Hospitalization)		**Secondary Diagnosis** (Patients can have multiple secondary diagnoses)	
Diseases of the skin and subcutaneous tissue	**189**	**2.1%**	**N/A**	**N/A**
Cellulitis	84	1.50%	282	5.03%
Pressure ulcer	5	0.09%	141	2.51%
Non-pressure chronic ulcer	1	0.02%	129	2.30%
Cancers (malignant neoplasms)	**245**	**1.9%***	N/A	N/A
Malignant neoplasm of colon or rectum	27	0.48%	69	1.23%
Malignant neoplasm of lung, bronchus or pleura	20	0.36%	85	1.51%
Secondary malignant neoplasm of lung, pleura	5	0.09%	30	0.53%
Malignant neoplasm of prostate	14	0.25%	36	0.64%
Leukemia (all types)	9	0.16%	100	1.78%
Malignant neoplasm of breast	3	0.05%	21	0.37%
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	**66**	**1.2%***	N/A	N/A
Anemia (associated with other disease or injury)	27	0.48%	765	13.63%
Anemia (not associated with other disease or injury)	15	0.27%	728	12.97%
Thrombocytopenia	8	0.14%	260	4.63%
Elevated white blood cell count	1	0.02%	189	3.37%
Certain conditions arising in the perinatal period	**48**	**.9%**	N/A	N/A
Congenital malformations, deformations and chromosomal abnormalities	**15**	**.3%**	N/A	N/A
Diseases of the ear and mastoid process	**8**	**0.1%**	N/A	N/A

N/A – Multiple diagnoses possible; proportion is not applicable.
(Source: annual Hospital Discharge Data Analysis, 2017, as analyzed and reported by Cypress Research)

Health Care Access: Preventive Medicine

Key Findings

In 2018, 45% of Ashland County adults had a flu vaccine. Sixty-nine percent (69%) of adults had a vision exam in the past two years.

Preventive Medicine

- Forty-five percent (45%) of Ashland County adults had a flu vaccine in 2018.
- Adults who did not get the flu vaccine reported the following reasons: did not need it (33%), get sick from it (11%), believed it does not work (11%), time (7%), religious beliefs (3%), cost (3%), insurance won't pay for it (1%), and other reasons (41%).
- Ashland County adults indicated a doctor or health professional talked to them about the following topics in the past year: family history (36%); immunizations (32%); weight control (diet, physical activity) (27%); safe use of prescription medication (26%); depression, anxiety, or emotional problems (20%); family planning (15%); tobacco use (13%); falls (12%); PSA test (11%); alcohol use (9%); injury prevention such as safety belt use, helmet use, or smoke detectors (9%); safe use of opiate-based pain medication (9%); sexually transmitted diseases (STD's) (9%); bone density (7%); domestic violence (4%); illicit drug abuse (4%); self-testicular exams (4%); and firearm safety (2%).

Preventive Health Screenings and Exams

- Ashland County adults had the following preventive screenings or exams in the past 2 years: vision (69%), hearing (29%), skin cancer (21%), and bone density (8%).
- Sixty-one percent (61%) of women ages 40 and over had a mammogram in the past year.
- Half (50%) of Ashland County males had a prostate-specific antigen (PSA) test at some time in their life.
- See the Women and Men's Health Sections for further prostate, mammogram, clinical breast exam, and pap test screening information for Ashland County adults.

Who Should Get a Yearly Flu Shot?

The following groups are recommended to get a yearly flu vaccine:

- All persons aged 6 months and older should be vaccinated annually.
- When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to persons who:
  - Are aged 6 months through 4 years.
  - Are aged 50 years and older.
  - Have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus).
  - Those who are immunosuppressed.
  - Are or will be pregnant during the influenza season.
  - Are residents of nursing homes and chronic-care facilities.
  - Are American Indians/Alaska Natives.
  - Are health-care personnel.
  - Are household contacts and caregivers of children aged younger than 5 years and adults aged 50 years and older, with emphasis on vaccinating contacts of children aged younger than 6 months.
  - Are household contacts and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.

(Source: CDC, Influenza (Flu), Vaccination: Who Should Do it, Who Should Not and Who Should Take Precautions, Updated on September 24, 2018)

Table 1 Recommended Adult Immunization Schedule by Age Group United States, 2019

Vaccine	19–21 years	22–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or **Influenza recombinant** (RIV)	1 dose annually				
or					
Influenza live attenuated (LAIV)	1 dose annually				
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap, then Td booster every 10 yrs				
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)				
Varicella (VAR)	2 doses (if born in 1980 or later)				
Zoster recombinant (RZV) *(preferred)*				2 doses	
or					
Zoster live (ZVL)				1 dose	
Human papillomavirus (HPV) **Female**	2 or 3 doses depending on age at initial vaccination				
Human papillomavirus (HPV) **Male**	2 or 3 doses depending on age at initial vaccination				
Pneumococcal conjugate (PCV13)	1 dose				
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication				1 dose
Hepatitis A (HepA)	2 or 3 doses depending on vaccine				
Hepatitis B (HepB)	2 or 3 doses depending on vaccine				
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains				
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication				
***Haemophilus influenzae* type b** (Hib)	1 or 3 doses depending on indication				

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended vaccination for adults with an additional risk factor or another indication

No recommendation

(Source: Centers for Disease Control and Prevention, Recommended Immunizations for Adults, 2019)

Health Care Access: Women's Health

Key Findings

In 2018, 61% of Ashland County women over the age of 40 reported having a mammogram. Sixty-three percent (63%) of women had a clinical breast exam and 47% had a Pap smear to detect cancer of the cervix in the past year. Sixty-two percent (62%) of women were obese, 27% had high blood pressure, 24% had high blood cholesterol, and 19% were identified as current smokers, all known risk factors for cardiovascular diseases.

Ashland County Female
Leading Causes of Death, 2015–2017

Total Female Deaths: 859

1. Heart Diseases (23% of all deaths)
2. Cancers (18%)
3. Alzheimer's Disease (11%)
4. Chronic Lower Respiratory Diseases (9%)
5. Stroke (7%)

(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)

Women's Health Screenings

- Sixty percent (60%) of women had a mammogram at some time in their life, and thirty-eight percent (38%) had this screening in the past year.
- Sixty-one percent (61%) of women ages 40 and over had a mammogram in the past year, and 75% had one in the past two years.
- Ninety-three percent (93%) Ashland County women have had a clinical breast exam at some time in their life, and 63% had one within the past year. Sixty-four percent (64%) of women ages 40 and over had a clinical breast exam in the past two years.
- Eighty-seven percent (87%) of Ashland County women have had a Pap smear in their lifetime, and 47% reported having had the exam in the past year. Seventy-two percent (72%) of women ages 21-65 had a Pap smear in the past three years.
- Eighty-eight percent (88%) of Ashland County women had a pelvic exam at some time in their lifetime, and 51% had one within the past year.

Pregnancy

- Twenty-six percent (26%) of Ashland County women had been pregnant in the past five years.
- During their last pregnancy within the past five years, Ashland County women had a prenatal appointment in the first three months (91%), took a multi-vitamin with folic acid during pregnancy (77%), took folic acid pre-pregnancy (69%), took a multi-vitamin with folic acid pre-pregnancy (69%), had a dental exam (51%), took folic acid during pregnancy (37%), received WIC services (46%), experienced depression (17%), and smoked cigarettes or used other tobacco products (17%).

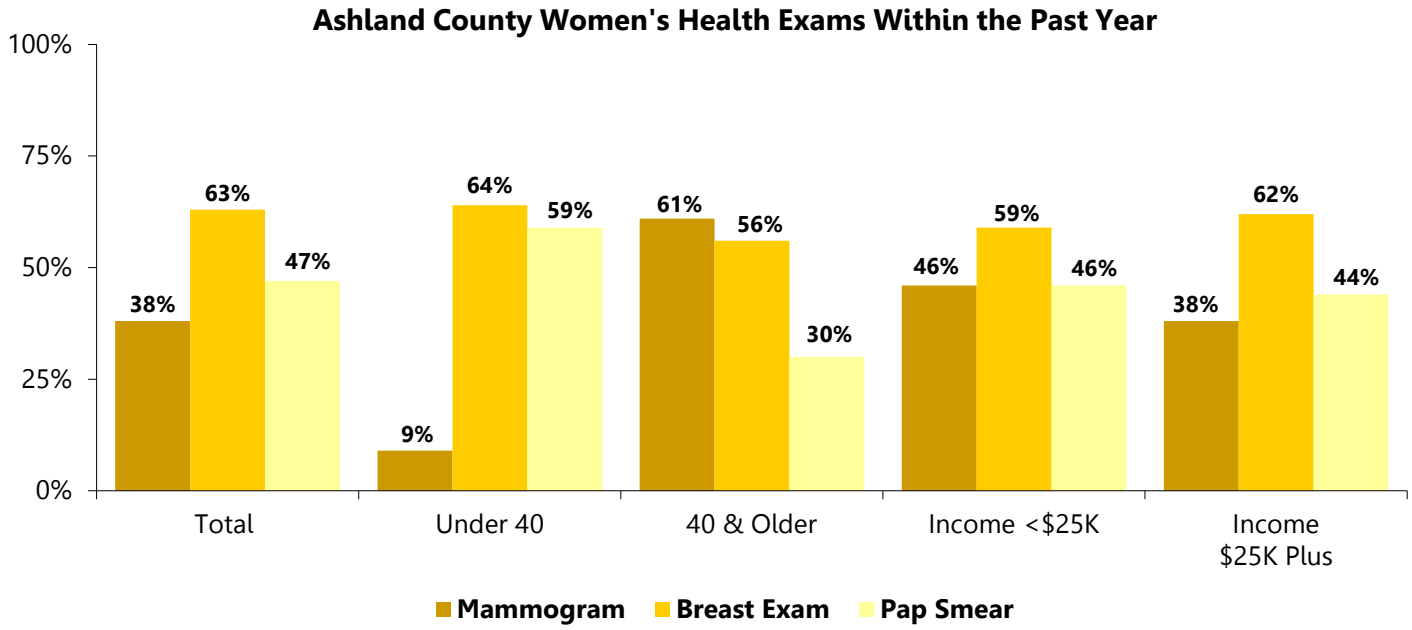
Women's Health Concerns

- Women used the following as their usual source of services for female health concerns: private gynecologist (47%), general or family physician (25%), family planning clinic (5%), community health center (4%), nurse practitioner/physician assistant (3%), health department clinic (3%), and some other kind of place (2%). Seven percent (7%) 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 Ashland County, the 2018 health assessment identified that:
  - 62% of women were overweight or obese (2017 BRFSS reported 64% for Ohio and 2016 BRFSS reported 59% for the U.S.)
  - 27% were diagnosed with high blood pressure (2017 BRFSS reported 33% for Ohio and 2016 BRFSS reported 30% for the U.S.)
  - 24% were diagnosed with high blood cholesterol (2017 BRFSS reported 33% for Ohio and 2016 BRFSS reported 35% for the U.S.)
  - 19% of all women were current smokers (2017 BRFSS reported 20% for Ohio and 2016 BRFSS reported 14% for the U.S.)
  - 13% had been diagnosed with diabetes (2017 BRFSS reported 11% for Ohio and 2016 BRFSS reported 11% for the U.S.)

- From 2015 to 2017, major cardiovascular diseases (heart disease and stroke) accounted for 30% of all female deaths in Ashland County *(Source: Ohio Public Health Data Warehouse, 2015-2017).*

The following graph indicates the percentage of Ashland County female adults that had various health exams in the past year. Examples of how to interpret the information shown on the graph includes: 38% of Ashland County females had a mammogram within the past year, 63% had a clinical breast exam, and 47% had a Pap smear.

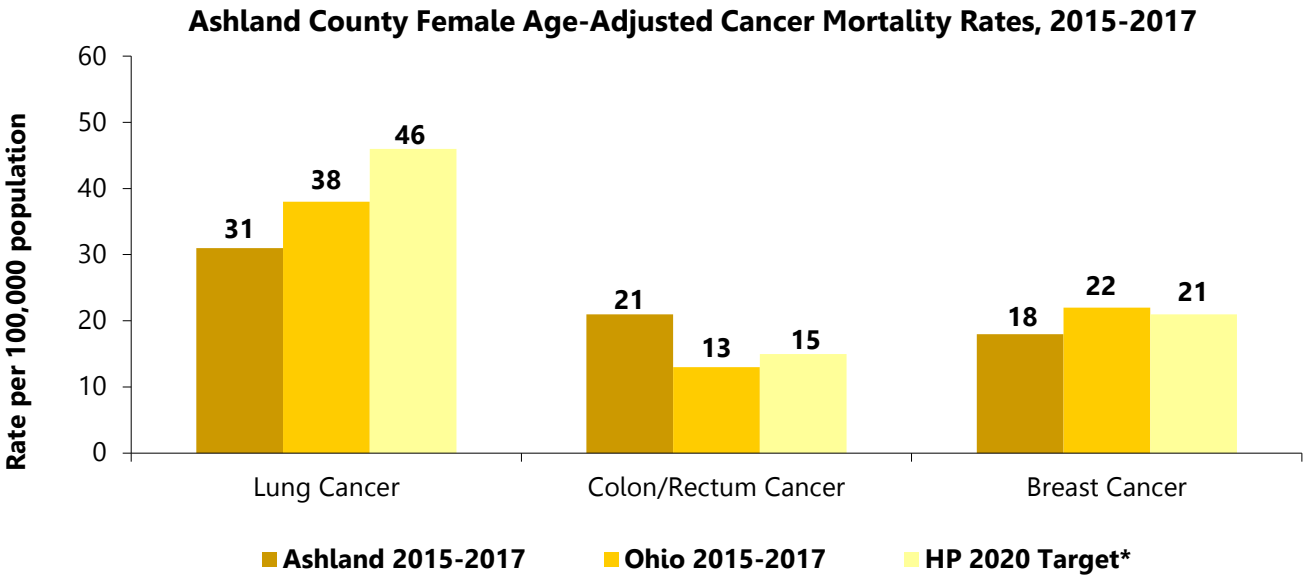


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Ashland County 2018	Ohio 2016	U.S. 2016
Had a mammogram in the past two years (age 40 and over)	75%	74%	72%
Had a Pap smear in the past three years (ages 21-65)	72%	82%	80%

The following graph shows the Ashland County and Ohio age-adjusted cancer mortality rates per 100,000 population for women with comparison to Healthy People 2020 objectives. The graph shows:

- From 2015 to 2017, the Ashland County female age-adjusted mortality rate for lung cancer was lower than both the Ohio rate and the Healthy People 2020 target objective.
- The Ashland County female age-adjusted mortality rate for colorectal cancer was higher than the Ohio rate and the Healthy People 2020 target objective.
- The Ashland County female age-adjusted mortality rate for breast cancer was lower than both the Ohio rate and the Healthy People 2020 target objective.



(Source: Ohio Public Health Data Warehouse, 2015-2017)
**Note: The Lung and Colon/Rectum Cancer Healthy People 2020 target rates are not gender specific*

What Can I Do to Reduce My Risk of Breast Cancer?

Many factors can influence your breast cancer risk, and most women who develop breast cancer do not have any known risk factors or a history of the disease in their families. However, you can help lower your risk of breast cancer in the following ways:

- Keep a healthy weight
- Exercise regularly (at least four hours a week)
- Get enough sleep
- Don't drink alcohol, or limit alcohol drinks to no more than one per day
- Avoid exposures to chemicals that can cause cancer (carcinogens)
- Reduce exposure to radiation during medical tests like mammograms, X-rays, CT scans, and PET scans.
- If you are taking, or have been told to take, hormone replacement therapy or oral contraceptives (birth control pills), ask your doctor about the risks and find out if it is right for you
- Breastfeed your babies, if possible

If you have a family history of breast cancer or inherited changes in your BRCA1 and BRCA2 genes, you may have higher breast cancer risk. Talk to your doctor about these ways of reducing your risk:

- Anti-estrogens or other medicines that block or decrease estrogen in your body
- Surgery to reduce your risk of breast cancer
    - Prophylactic (preventive) mastectomy (removal of breast tissue)
    - Prophylactic (preventive) salpingo-oophorectomy (removal of the ovaries and fallopian tubes)

(Source: Centers for Disease Control and Prevention, What Can I Do to Reduce My Risk of Breast Cancer? Updated June 13, 2018)

Health Care Access: Men's Health

Key Findings

In 2018, 54% of Ashland County males over the age of 50 had a prostate-specific antigen (PSA) test in the past year. Almost half (47%) of men had been diagnosed with high blood cholesterol, 31% had high blood pressure, and 10% were identified as current smokers, which, along with obesity (36%), all known risk factors for cardiovascular diseases.

Ashland County Male
Leading Causes of Death, 2015–2017

Total Male Deaths: 854

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

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

Ohio Male
Leading Causes of Death, 2015–2017

Total Male Deaths: 180,695

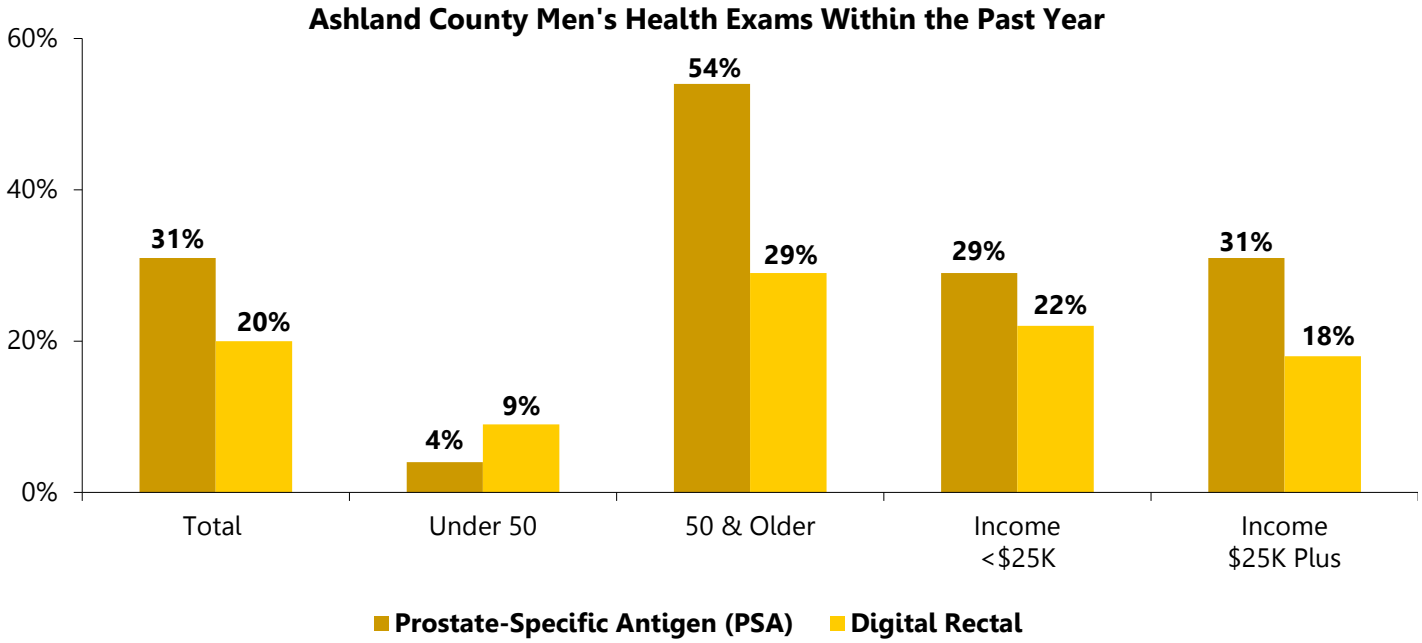
1. Heart Diseases (24% of all deaths)
2. Cancers (22%)
3. Accidents, Unintentional Injuries (8%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (4%)

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

Men's Health Screenings and Concerns

- Half (50%) of Ashland County males had a prostate-specific antigen (PSA) test at some time in their life, and 31% had one in the past year.
- Seventy percent (70%) of males age 40 and over had a PSA test at some time in their life, and 58% had one in the past two years.
- More than three-quarters (80%) of males age 50 and over had a PSA test at some time in their life, and 54% had one in the past year.
- Fifty-eight percent (58%) of men had a digital rectal exam in their lifetime, and 20% had one in the past year.
- More than one-quarter (29%) of males age 50 and over had a digital rectal exam in the past year.
- More than half (53%) of males age 50 and over had a performed a self-testicular exam in the past year. Twenty-eight percent (28%) of males age 50 had never been taught by a health professional.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, and diabetes. In Ashland County, the 2018 health assessment identified that:
  - 74% of men were overweight or obese (2017 BRFSS reported 72% for Ohio and 2016 BRFSS reported 71% for the U.S.)
  - 47% were diagnosed with high blood cholesterol (2017 BRFSS reported 34% for Ohio and 2016 BRFSS reported 38% for the U.S.)
  - 31% were diagnosed with high blood pressure (2017 BRFSS reported 37% for Ohio and 2016 BRFSS reported 34% for the U.S.)
  - 14% had been diagnosed with diabetes (2017 BRFSS reported 11% for Ohio and 2016 BRFSS reported 11% for the U.S.)
  - 10% of all men were current smokers (2017 BRFSS reported 22% for Ohio and 2016 BRFSS reported 19% for the U.S.)

The following graph shows the percentage of Ashland County male adults that had various health exams in the past year. Examples of how to interpret the information shown on the graph includes: 31% of Ashland County males had a PSA test within the past year, and 20% had a digital rectal exam.



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	Ashland County 2018	Ohio 2016	U.S. 2016
Had a PSA test within the past two years (age 40 and over)	58%	39%	40%

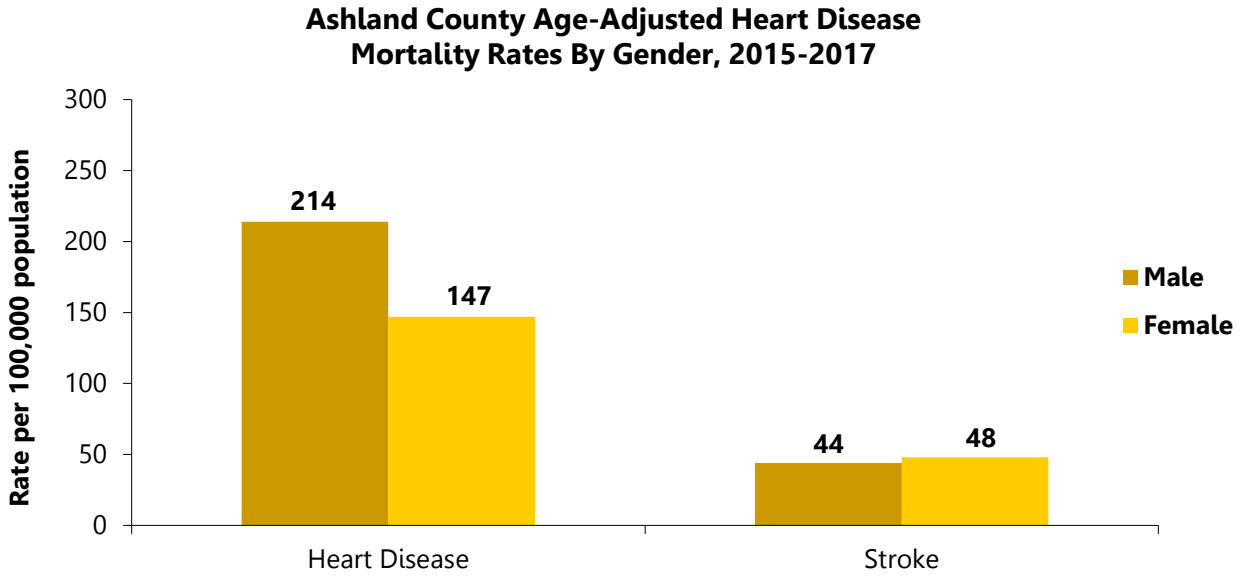
U.S. Men's Health Data

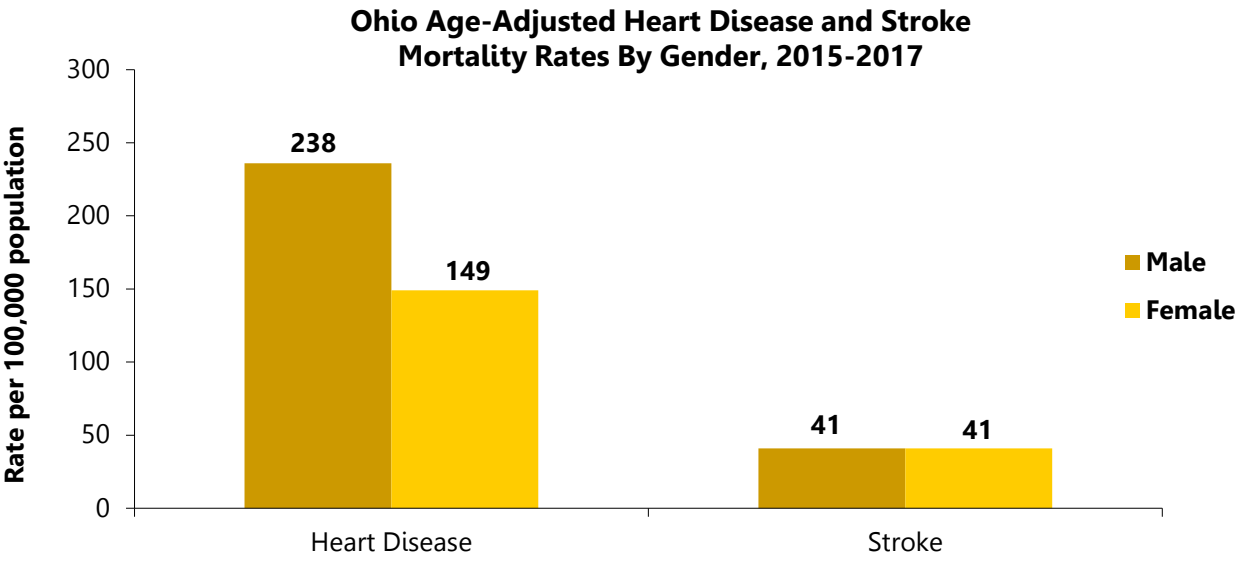
- Approximately 12% of adult males ages 18 years or older reported fair or poor health.
- Eighteen percent (18%) of adult males in the U.S. currently smoke.
- Of the adult males in the U.S., 32% had 5 or more drinks in 1 day at least once in the past year.
- Only 56% of adult males in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- Thirty-five percent (35%) 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, May 3, 2017)

The following graphs show the Ashland County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases by gender. The graphs show:

- From 2015 to 2017, the Ashland County and Ohio male age-adjusted mortality rates were higher than the female age-adjusted mortality rates for heart disease.
- The Ashland County female age-adjusted stroke mortality rate was higher than the Ashland County male age-adjusted stroke mortality rate, while the male and female stroke mortality rates for Ohio were equal.

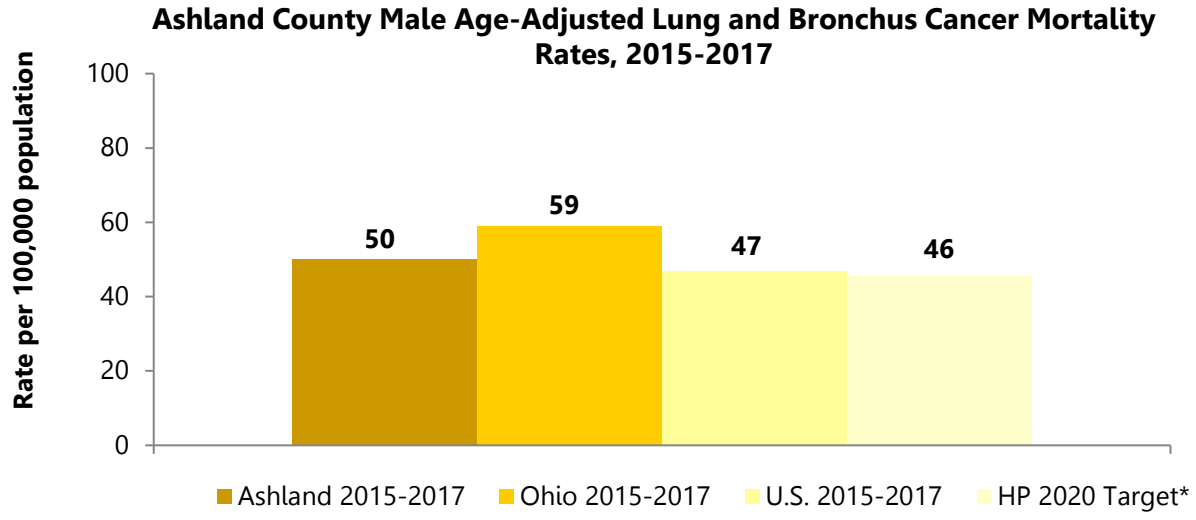




(Source: for graphs Ohio Public Health Data Warehouse, 2015-2017)

The following graph shows the Ashland County, Ohio and U.S. age-adjusted lung cancer mortality rates per 100,000 population for men with comparison to the Healthy People 2020 objective. The graph shows:

- From 2015 to 2017, the Ashland County age-adjusted mortality rate for male lung cancer was lower than the Ohio rate but higher than the U.S. rate and Healthy People 2020 target objective.



**Note: The Healthy People 2020 target rates are not gender specific*
(Sources: Ohio Public Health Data Warehouse, 2015-2017, CDC Wonder 2015-2017, and Healthy People 2020)

Prostate Cancer Awareness

- Prostate cancer is the most common cancer among American men. Most prostate cancers grow slowly and don't cause any health problems in men who have them.
- Men can have different symptoms for prostate cancer. Some men do not have symptoms at all. Some symptoms of prostate cancer are difficulty starting urination, frequent urination (especially at night), weak or interrupted flow of urine, and blood in the urine or semen.
- There is no way to know for sure if you will get prostate cancer. Men have a greater chance of getting prostate cancer if they are 50 years old or older, are African-American, or have a father, brother, or son who has had prostate cancer.
- Two tests are commonly used to screen for prostate cancer:
  - **Digital rectal exam (DRE):** A doctor, nurse, or other health care professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland.
  - **Prostate specific antigen test (PSA):** PSA is a substance made by the prostate. The PSA test measures the level of PSA in the blood, which may be higher in men who have prostate cancer. However, other conditions such as an enlarged prostate, prostate infection and certain medical procedures also may increase PSA levels.

(Source: Centers for Disease Control and Prevention, Prostate Cancer Awareness, September 17, 2018)

Health Care Access: Oral Health

Key Findings

Sixty-four percent (64%) of Ashland County adults visited a dentist or dental clinic in the past year. Twenty-six percent (26%) of adults did not visit a dentist in the past year due to cost.

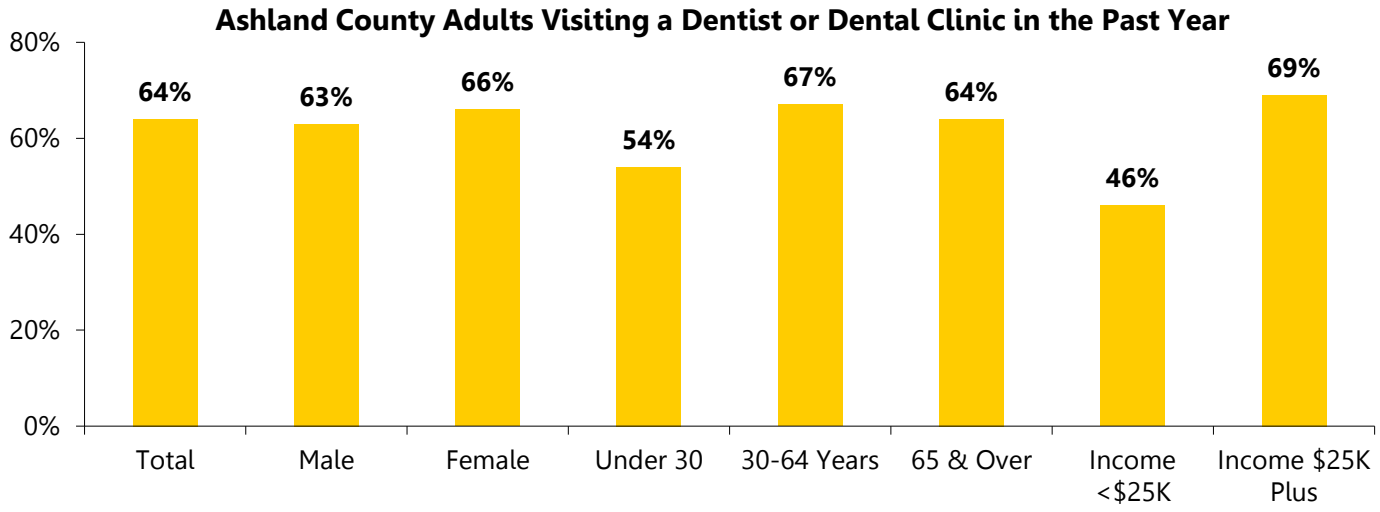
Access to Dental Care

- In the past year, 64% of Ashland County adults had visited a dentist or dental clinic, decreasing to 46% of those with incomes less than $25,000.
- Twelve percent (12%) of Ashland County adults had visited a dentist or dental clinic five or more years ago.
- Two-thirds (66%) of Ashland County adults with dental insurance had been to the dentist in the past year, compared to 41% of those without dental insurance.
- Ashland County adults did not a dentist in the past year due to the following reasons:
  - No reason to go/had not thought of it (28%)
  - Cost (26%)
  - Fear, apprehension, nervousness, pain, and dislike going (12%)
  - Had dentures (10%)
  - Did not have/know a dentist (5%)
  - Used the emergency room for dental issues (2%)
  - Could not get into a dentist (1%)
  - Could not find a dentist that takes Medicaid (1%)

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	63%	9%	7%	14%	2%
Females	66%	14%	6%	10%	2%
Total	64%	12%	7%	12%	2%

Adult Comparisons	Ashland County 2018	Ohio 2016	U.S. 2016
Visited a dentist or a dental clinic (within the past year)	64%	68%	66%
Visited a dentist or a dental clinic (5 or more years ago)	12%	11%	10%

The following graph shows the percentage of Ashland County adults who had visited a dentist or dental clinic in the past year. Examples of how to interpret the information on the graph includes: 64% of Ashland County adults had been to the dentist or dental clinic in the past year, including 54% of those under the age of 30 and 46% of those with incomes less than $25,000.



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.

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

In 2018, 52% of Ashland County adults rated their health status as excellent or very good. Conversely, 12% of adults described their health as fair or poor, increasing to 24% of those with incomes less than $25,000.

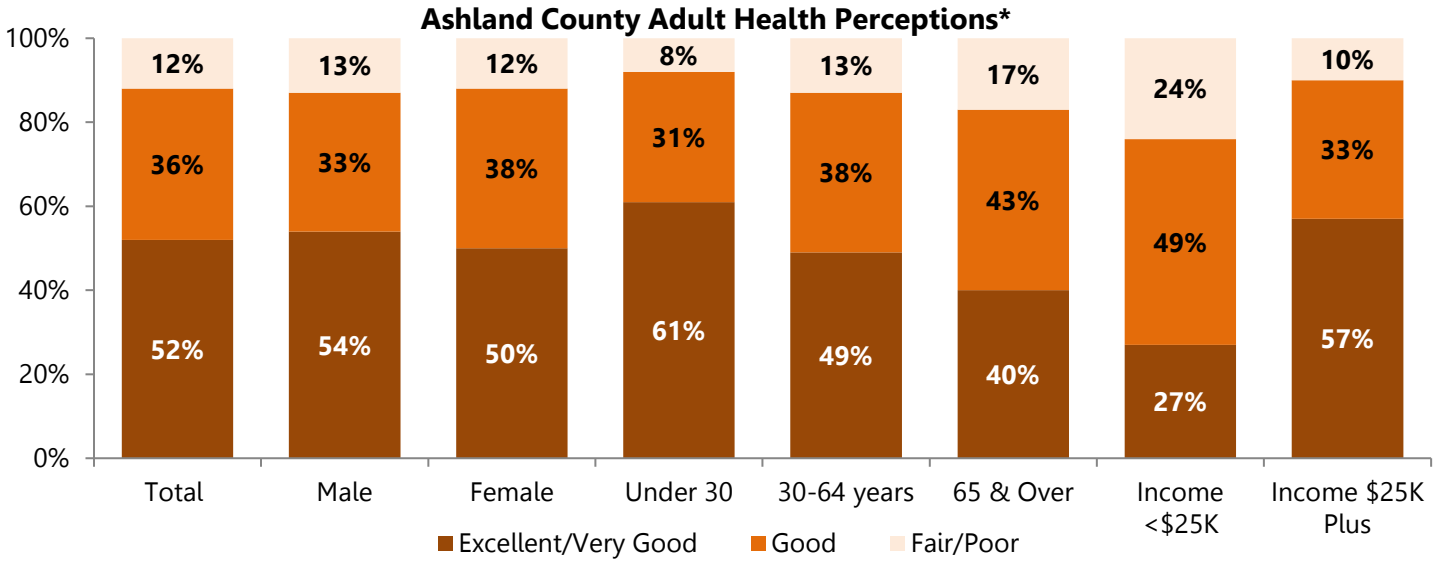
General Health Status

- In 2018, more than half (52%) of Ashland County adults rated their health as excellent or very good. Ashland County adults with higher incomes (57%) were most likely to rate their health as excellent or very good, compared to 27% of those with incomes less than $25,000.
- Twelve percent (12%) of adults rated their health as fair or poor, increasing to 24% of those with incomes less than $25,000.

4,756 adults rated their general health as fair or poor.

- Ashland County adults were most likely to rate their health as fair or poor if they:
  - Had an annual household income under $25,000 (24%)
  - Were divorced (22%)
  - Had been diagnosed with diabetes (20%)
  - Were 65 years of age or older (17%)
- One-fourth (25%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation.

The following graph shows the percentage of Ashland County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information includes: 52% of Ashland County adults, 61% of those under age 30, and 40% 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?"*
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.

Physical Health Status

- In 2018, 18% of Ashland County adults rated their physical health as not good on four or more days in the previous month.
- Ashland County adults reported their physical health as not good on an average of 3.2 days in the previous month.
- Ashland County adults were most likely to rate their physical health as not good if they:
  - Had an annual household income less than $25,000 (50%)
  - Were ages 30-64 (42%)
  - Were male (35%)

9,511 adults rated their mental health as not good on four or more days in the previous month.

Mental Health Status

- In 2018, 24% of Ashland County adults rated their mental health as not good on four or more days in the previous month.
- Adults reported their mental health as not good on an average of 3.4 days in the previous month.
- Ashland County adults were most likely to rate their mental health as not good if they:
  - Had an annual household income less than $25,000 (49%)
  - Were ages 30-64 (46%)

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

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	58%	18%	6%	1%	10%
Females	51%	22%	6%	1%	12%
Total	55%	20%	6%	1%	11%
Mental Health Not Good in Past 30 Days*					
Males	65%	13%	6%	2%	8%
Females	42%	20%	10%	3%	15%
Total	54%	17%	8%	3%	12%

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

Adult Comparisons	Ashland County 2018	Ohio 2017	U.S. 2017
Rated general health as good, very good, or excellent	88%	81%	83%
Rated general health as excellent or very good	52%	49%	51%
Rated general health as fair or poor	12%	19%	18%
Average number of days that physical health not good (in the past 30 days) (County Health Rankings)	3.2	4.0**	3.7**
Rated physical health as not good on four or more days (in the past 30 days)	18%	22%*	22%*
Average number of days that mental health not good (in the past 30 days) (County Health Rankings)	3.4	4.3**	3.8**
Rated mental health as not good on four or more days (in the past 30 days)	24%	24%*	23%*
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%	22%*	22%*

**2016 BRFSS*
***2016 BRFSS as compiled by 2018 County Health Rankings*

Health Behaviors: Adult Weight Status

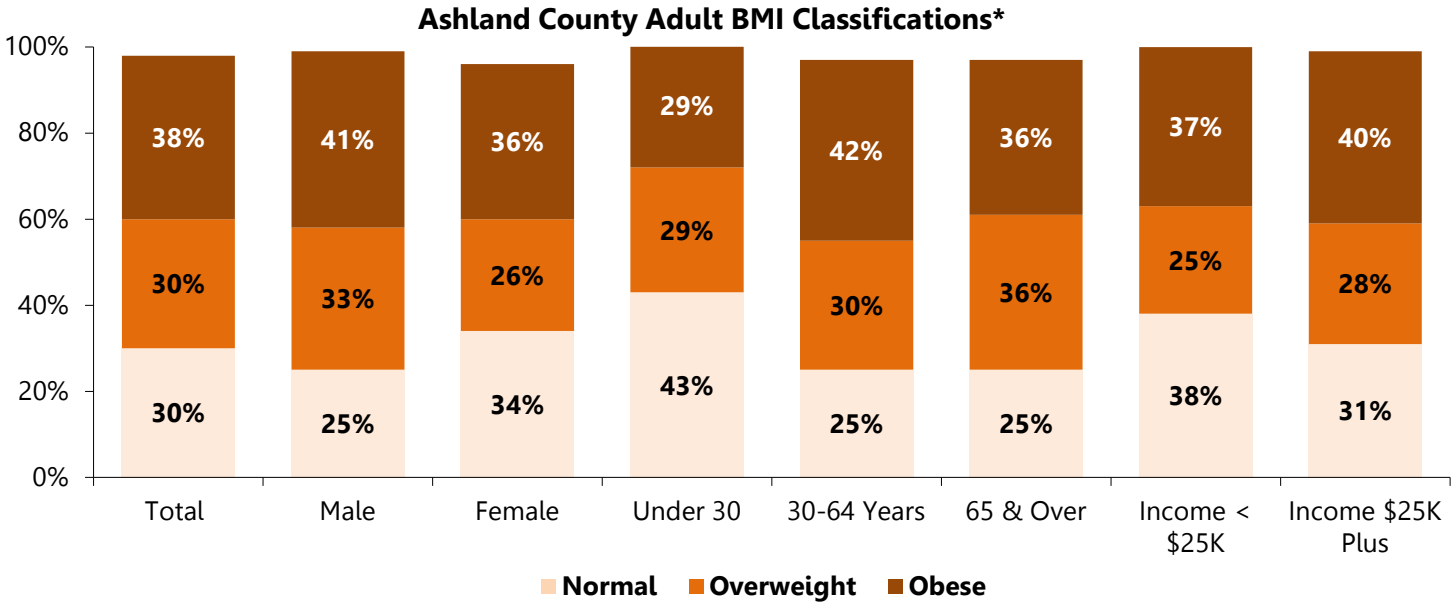
Key Findings

More than two-thirds (68%) of Ashland County adults were overweight or obese based on Body Mass Index (BMI). Twenty-two percent (22%) of adults did not participate in any physical activity in the past week, including 4% who were unable to exercise.

Adult Weight Status

- More than two-thirds (68%) of Ashland County adults were either overweight (30%) or obese (38%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of preventable diseases.
- In 2018, 44% of adults were trying to lose weight, 35% were trying to maintain their current weight or keep from gaining weight, and 2% were trying to gain weight.
- Ashland County adults did the following to lose weight or keep from gaining weight: drank more water (40%); ate less food, fewer calories, or foods low in fat (38%); exercised (38%); ate a low-carb diet (11%); took diet pills, powders or liquids without a doctor's advice (3%); used a weight loss program (3%); went without eating 24 or more hours (3%); participated in a prescribed dietary or fitness program (1%); smoked cigarettes (1%); received health coaching (1%); had bariatric surgery (1%); took laxatives (1%); and took prescribed medications (<1%).

The following graph shows the percentage of Ashland County adults who are overweight or obese by Body Mass Index (BMI). Examples of how to interpret the information include: 30% of all Ashland County adults were classified as normal weight, 30% were overweight, and 38% were obese.



**Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight*
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	Ashland County 2018	Ohio 2017	U.S. 2017
Normal weight (BMI of 18.5 – 24.9)	30%	30%	32%
Overweight (BMI of 25.0 – 29.9)	30%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	38%	34%	32%

BMI – Ashland University

BMI	*Male*	*Female*	*Total*
<18.5 Underweight	3.1%	3.9%	3.6%
18.5-24.9 Healthy Weight	39.8%	52.3%	50.1%
25-29.9 Overweight	34.4%	22.9%	24.9%

(Source: American College Association. American College Health Association – National College Health Assessment II: Ashland University Executive Summary Fall 2018)

Physical Activity

- Sixty percent (60%) of adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week; 37% of adults exercised 5 or more days per week; and 22% of adults did not participate in any physical activity in the past week, including 4% who were unable to exercise.
- The U.S. Department of Health and Human Services recommends that adults participate in a least 150 minutes (2 hours and 30 minutes) to 300 minutes (5 hours) a week of moderate-intensity, or 744 minutes (1 hour and 15 minutes) to 150 minutes (2 hours and 30 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity *(Source: U.S. Department of Health and Human Services, Physical Activity Guidelines for Americans, 2018).*
- Ashland County adults reported the following would help them use community parks, bike trails and walking paths more frequently: more available parks, bikes, and walking paths (28%); better promotion and advertising of existing parks, trails and paths (17%); designated safe routes (12%); improvements to existing parks, trails, and paths; designated safe routes (10%); and more public events and programs involving parks, trails and paths (7%).

Nutrition

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

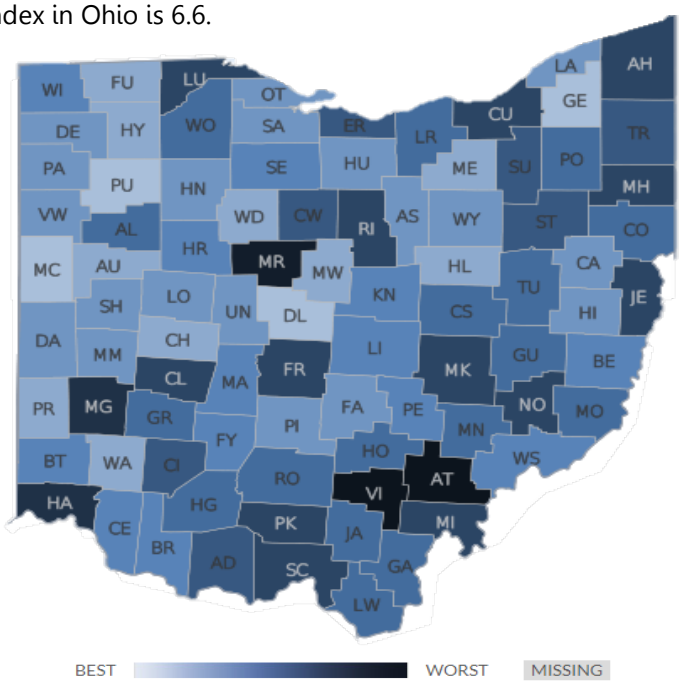
	5 or more servings	3-4 servings	1-2 servings	0 servings
Fruit	1%	8%	76%	15%
Vegetables	2%	19%	75%	4%
Sugar-sweetened beverages	5%	10%	34%	51%
Caffeinated beverages	11%	25%	40%	24%

- In 2018, 42% of adults ate between 1 to 2 servings of fruits and vegetables per day. More than one-third (36%) ate between 3 to 4 servings per day, and 20% ate 5 or more servings per day. Two percent (2%) of adults ate 0 servings of fruits and vegetables per day.
- The American Cancer Society recommends that adults eat at least 2½ cups (five servings) of fruits and vegetables per day to reduce the risk of cancer and to maintain good health *(Source: American Cancer Society, 2017).*
- Adults reported the following barriers to consuming fruits and vegetables: too expensive (15%), did not like the taste (4%), no access (3%), did not know how to prepare (1%), no variety (1%), store did not take Electronic Benefits Transfer (EBT) (1%), transportation (<1%), and other barriers (5%).
- In a typical week, adults ate out in a restaurant or brought home take-out food at the following frequencies: 1-2 meals (59%), 3-4 meals (15%), and 5 or more meals (9%). Seventeen percent (17%) of adults did not eat out in a restaurant or bring home take-out food in a typical week.

- Ashland County adults reported the following reasons determined the types of food they choose to eat: taste/enjoyment (57%), cost (44%), healthiness of food (44%), ease of preparation/time (42%), availability (30%), nutritional content (25%), food that is prepared for me (19%), calorie content (18%), if it was genetically modified (9%), if it was organic (8%), health care provider's advice (4%), if it was lactose free (3%), if it was gluten free (2%), other food sensitivities (2%), limitations due to dental issues (1%), limitations set by WIC (<1%), and other reasons (5%).

The Food Environment Index measures the quality of the food environment in a county on a scale from zero to ten (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 Ashland County is 8.2.
- The food environment index in Ohio is 6.6.



(Source: USDA Food Environment Atlas, as compiled by County Health Rankings 2018)

Nutrition and Exercise – Ashland University

Servings of fruit and vegetables per day	*Male*	*Female*	*Total*
0 servings per day	6.9%	8.8%	8.2%
1-2 servings per day	66.9%	66.9%	67.1%
3-4 servings per day	26.2%	21.1%	22.2%
5 or more servings per day	0%	3.2%	2.5%

Did moderate-intensity cardio or aerobic exercise within the past week (for at least 30 minutes)	*Male*	*Female*	*Total*
0 days	16.2%	22%	21%
1-4 days	53.1%	54.8%	54.4%
5-7 days	30.8%	23.2%	24.6%

(Source: American College Association. American College Health Association – National College Health Assessment II: Ashland University Executive Summary Fall 2018)

Health Behaviors: Adult Tobacco Use

Key Findings

In 2018, 15% of Ashland County adults were current smokers, and 28% were considered former smokers. Three percent (3%) of adults used e-cigarettes/vape pens in the past year. Forty-two percent (42%) of adults did not know if e-cigarette vapor was harmful to themselves or others.

Adult Tobacco Use Behaviors

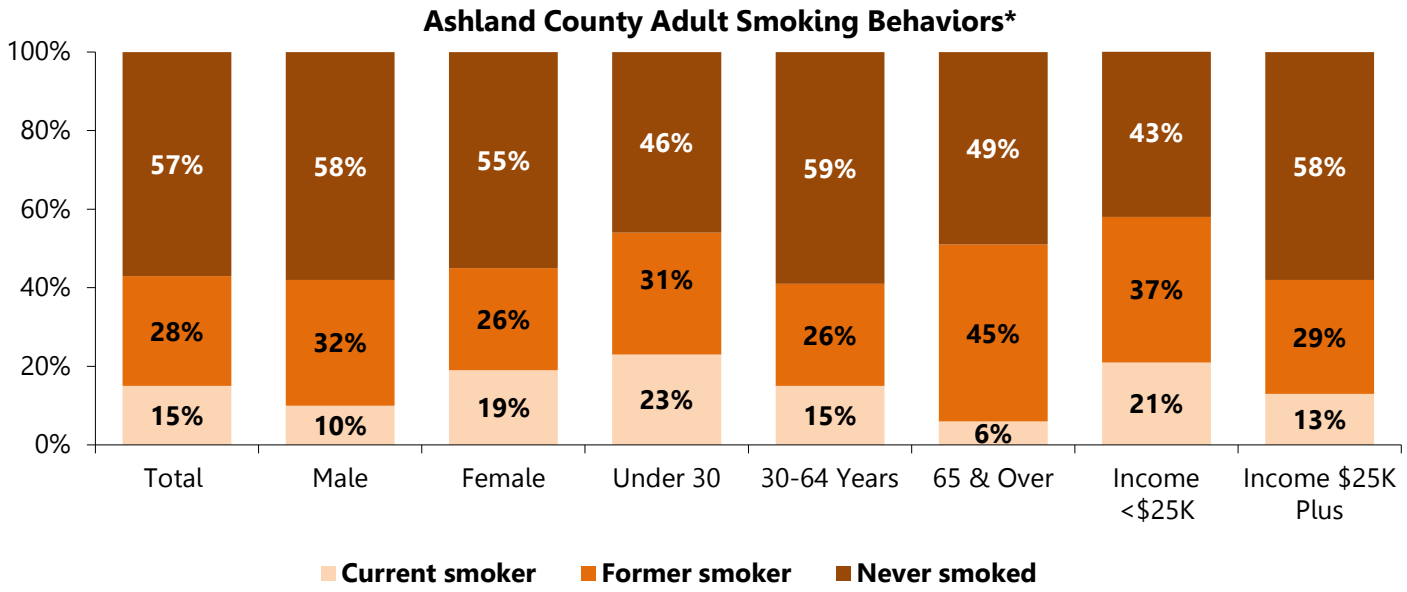
- In 2018, 15% of Ashland County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- More than one-quarter (28%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).

In 2018, 5,945 of Ashland County adults were current smokers.

- Ashland County adult smokers were more likely to have:
  - Been less than 30 years old (23%)
  - Incomes less than $25,000 (21%)
  - Been female (19%)
- Ashland County adults used the following tobacco products in the past year: cigarettes (21%); chewing tobacco, snuff, dip, or Betel quid (7%); e-cigarettes/vape pens (3%); cigars (3%); little cigars (1%); pouch (1%); pipes (1%); cigarillos (1%); and hookah (1%).
- Forty-four percent (44%) of current smokers had stopped smoking for at least one day in the past year because they were trying to quit smoking.
- Adults indicated e-cigarette vapor is harmful to the following: themselves (51%), others (46%), and not harmful to anyone (2%). More than two-fifths (42%) of adults did not know if e-cigarette vapor was harmful to themselves or others.

Adult Comparisons	Ashland County 2018	Ohio 2017	U.S. 2017
Current smoker (smoked on some or all days)	15%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	28%	24%	25%

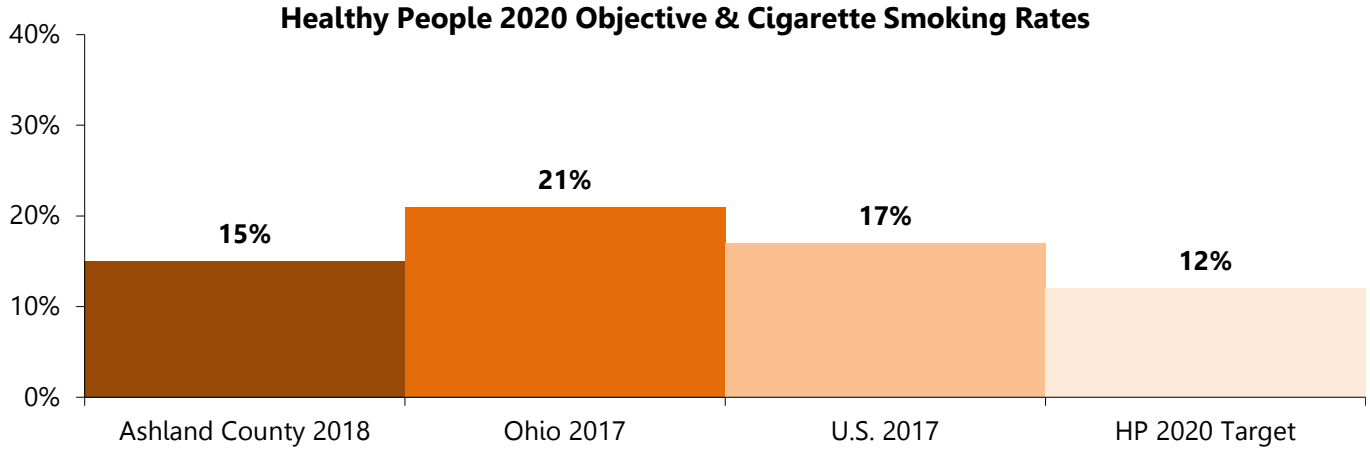
The following graph shows Ashland County smoking behaviors. Examples of how to interpret the information includes: 15% of all Ashland County adults were current smokers, 28% of all adults were former smokers, and 57% had never smoked.



**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?"*
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 Ashland County, Ohio, and U.S. adult cigarette smoking rates. The BRFSS rates shown for Ohio and the U.S. were for adults 18 years and older. The graph shows:

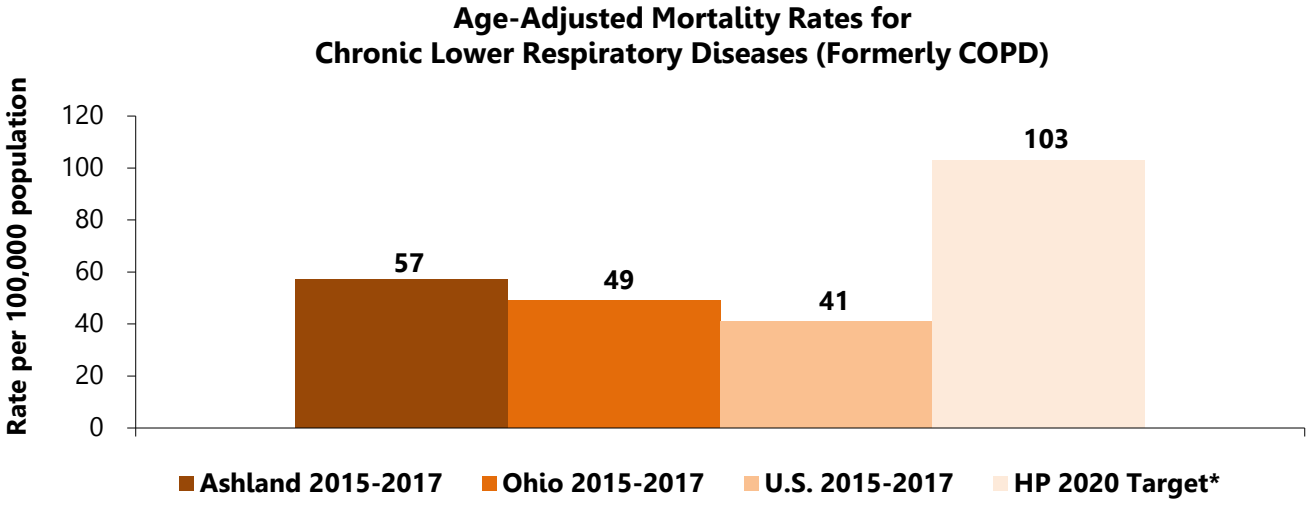
- The Ashland County adult cigarette smoking rate was lower than the Ohio and U.S. rate, but higher than the Healthy People 2020 target objective.



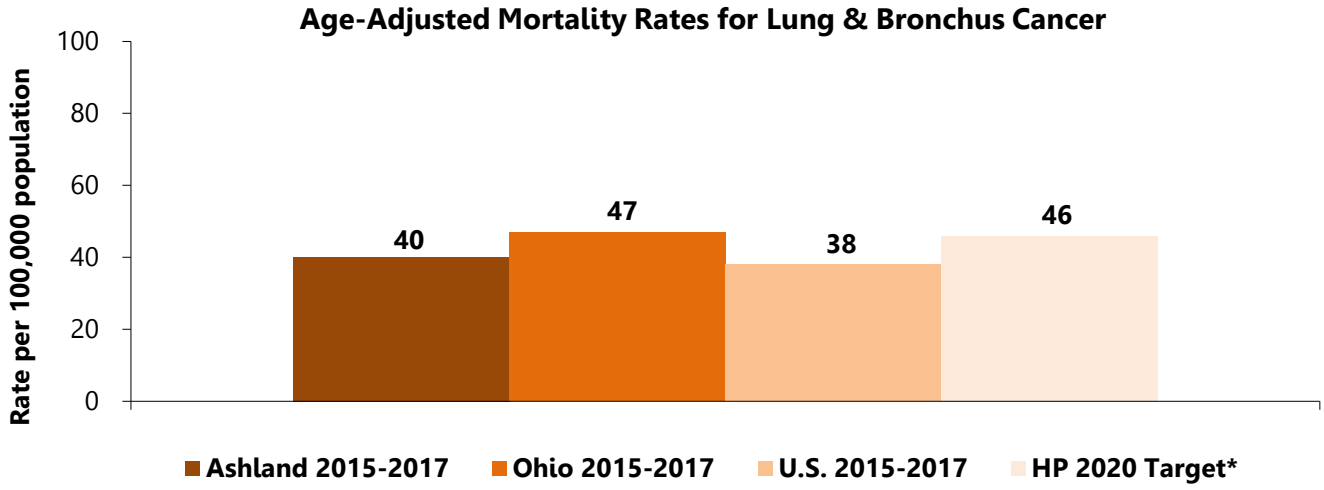
(Source: 2019 Ashland County Health Assessment, 2017 BRFSS and Healthy People 2020)

The following graphs show Ashland County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for chronic lower respiratory diseases (formerly COPD), and lung and bronchus cancer in comparison with the Healthy People 2020 objective. These graphs show:

- From 2015 to 2017, Ashland County's age-adjusted mortality rate for chronic lower respiratory diseases was higher than the Ohio and U.S. rates, but lower than the Healthy People 2020 target objective.
- Ashland County's age-adjusted mortality rate for lung and bronchus cancer was higher than the U.S. rate, but lower than the Ohio rate and the Healthy People 2020 target objective.



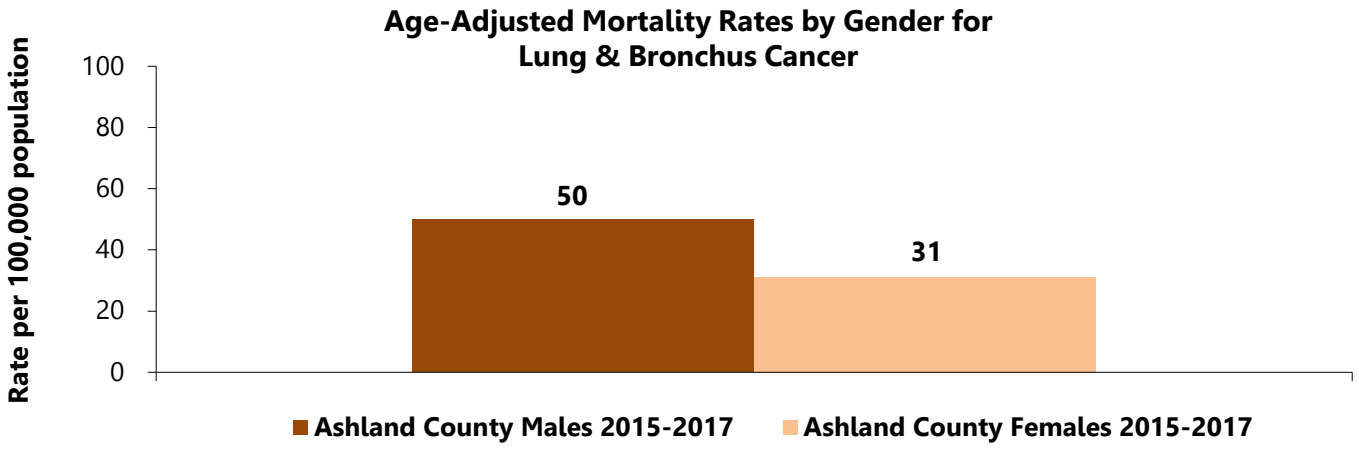
**Healthy People 2020's target rate is for adults aged 45 years and older.*



**The Health People 2020 target objective only includes the age-adjusted lung cancer death rate*
(Sources for graphs: Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017, and Healthy People 2020)

The following graph shows the Ashland County age-adjusted mortality rates for lung and bronchus cancer by gender. The graph shows:

- Disparities existed by gender for Ashland County lung and bronchus cancer age-adjusted mortality rates. The Ashland County male rate was significantly higher than the Ashland County female rate.



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

Tobacco Use – Ashland University

Past 30-day use: Cigarettes	*Male*	*Female*	*Total*
Never used	79.2%	87.3%	85.3%
Used, but not in last 30 days	9.2%	9.3%	9.4%
Used 1-9 days	8.5%	2.4%	3.7%
Used 10-29 days	2.3%	0.4%	0.8%
Used all 30 days	0.8%	0.6%	0.8%
Any use within last 30 days	11.5%	3.4%	5.3%

Past 30-day use: E-Cigarettes	*Male*	*Female*	*Total*
Never used	65.4%	82.7%	78.6%
Used, but not in last 30 days	10%	7.7%	8.8%
Used 1-9 days	13.1%	6.3%	7.4%
Used 10-29 days	3.1%	1.8%	2.0%
Used all 30 days	8.5%	1.6%	3.1%
Any use within last 30 days	24.6%	9.7%	12.5%

(Source: American College Association. American College Health Association – National College Health Assessment II: Ashland University Executive Summary Fall 2018)

Health Behaviors: Adult Alcohol Consumption

Key Findings

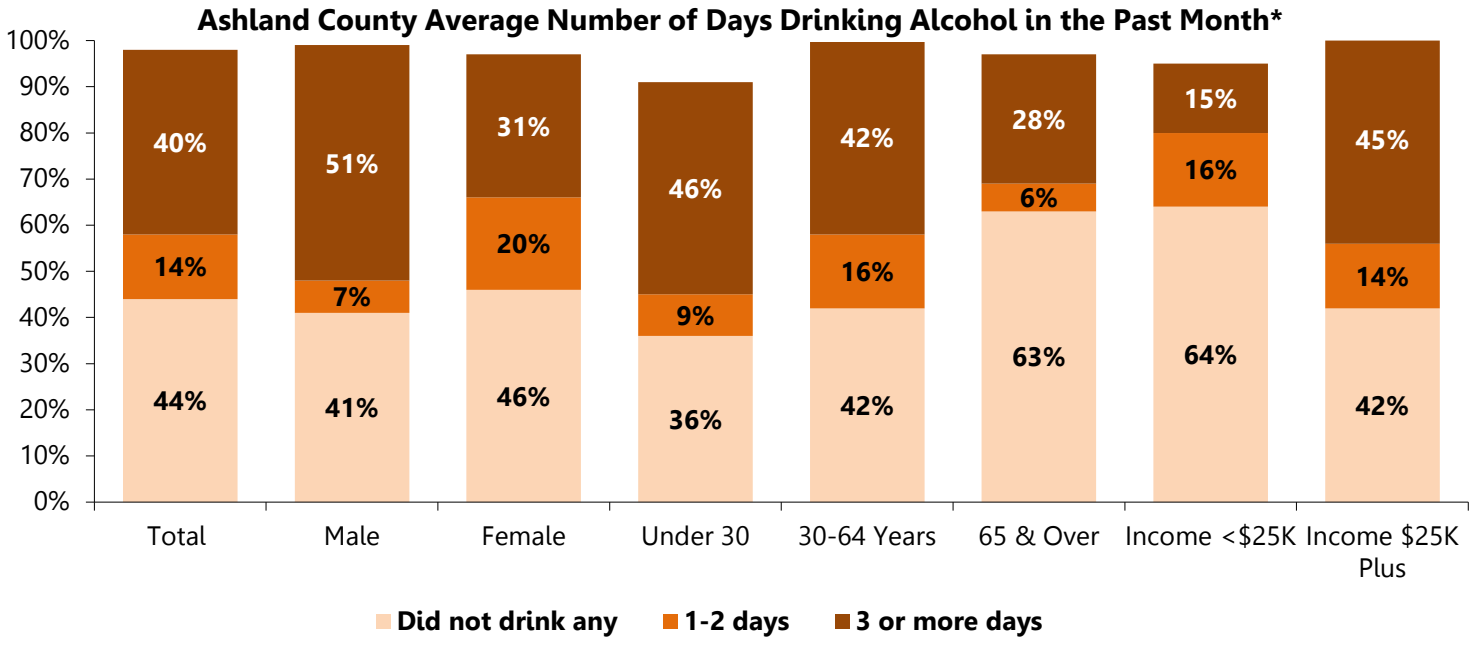
Fifty-four percent (54%) of Ashland County adults had at least one alcoholic drink in the past month and would be considered current drinkers. Nearly one-quarter (23%) of all adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.

Adult Alcohol Consumption

- Fifty-four percent (54%) of Ashland County adults had at least one alcoholic drink in the past month, increasing to 59% of those with incomes more than $25,000.
- Of those who drank, Ashland County adults drank 3.4 drinks on average, increasing to 4.5 drinks for males.
- Nearly one-quarter (23%) of Ashland 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, 43% had at least one episode of binge drinking.
- Nearly one-third (31%) of adults reported driving after having any alcoholic beverages in the past 30 days, increasing to 38% of those with incomes more than $25,000.
- Ashland County adults experienced the following in the past six months:
  - Drove a vehicle or other equipment after having any alcoholic beverage (29%)
  - Drank more than they expected (11%)
  - Used prescription drugs while drinking (10%)
  - Spent a lot of time drinking (3%)
  - Drank more to get the same effect (3%)
  - Continued to drink despite problems caused by drinking (1%)
  - Gave up other activities to drink (1%)
  - Tried to quit or cut down but could not (1%)
  - Failed to fulfill duties at work, home, or school (1%)
  - Placed themselves or their family in harm (1%)
  - Drank to ease withdrawal symptoms (1%)
- Adults reported the following reasons for not seeking a program or service to help with alcohol problem for themselves or a loved one: have not thought of it (10%), cannot afford to go (2%), did not want to get in trouble (1%), fear (1%), did not want to miss work (1%), and other reasons (5%). Eighty-four percent (84%) of adults indicated such a program was not needed.

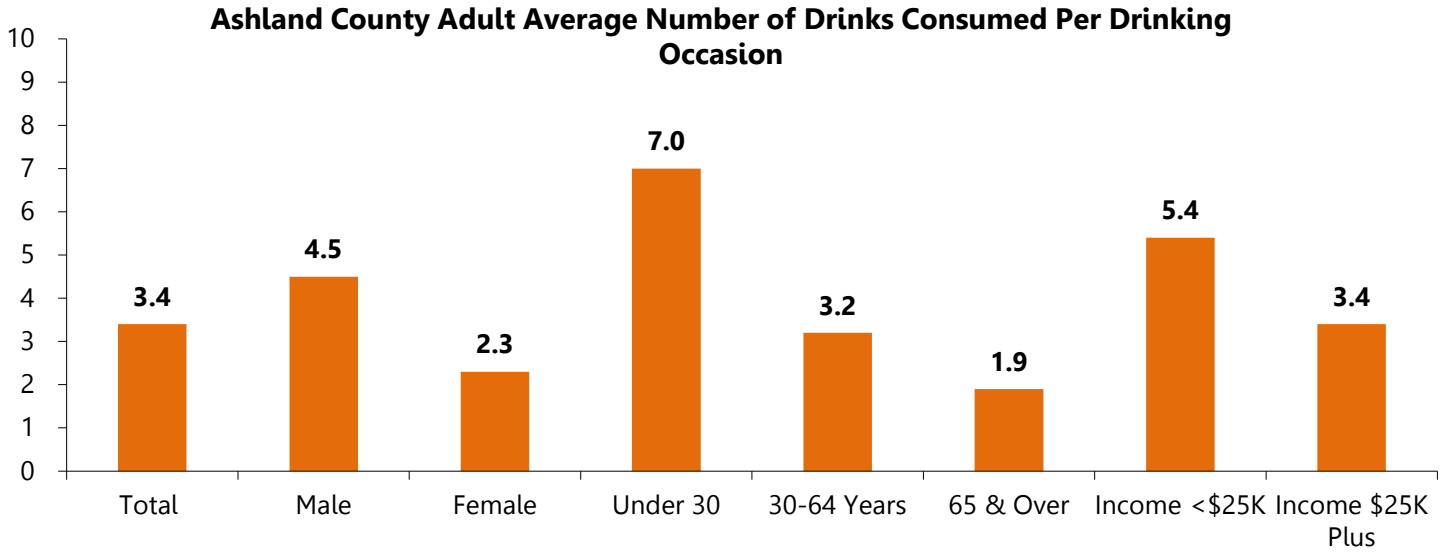
Adult Comparisons	Ashland County 2018	Ohio 2017	U.S. 2017
Current drinker (had at least one drink of alcohol within the past 30 days)	54%	54%	55%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	23%	19%	17%

The following graphs show the percentage of Ashland County adults who consumed alcohol and the amount consumed on average in the past month. Examples of how to interpret the information shown on the first graph includes: 44% of all Ashland County adults did not drink alcohol in the past month, including 63% of those 65 and older and 46% of females.



**Percentages may not equal 100% as some respondents answered, "Don't Know"*

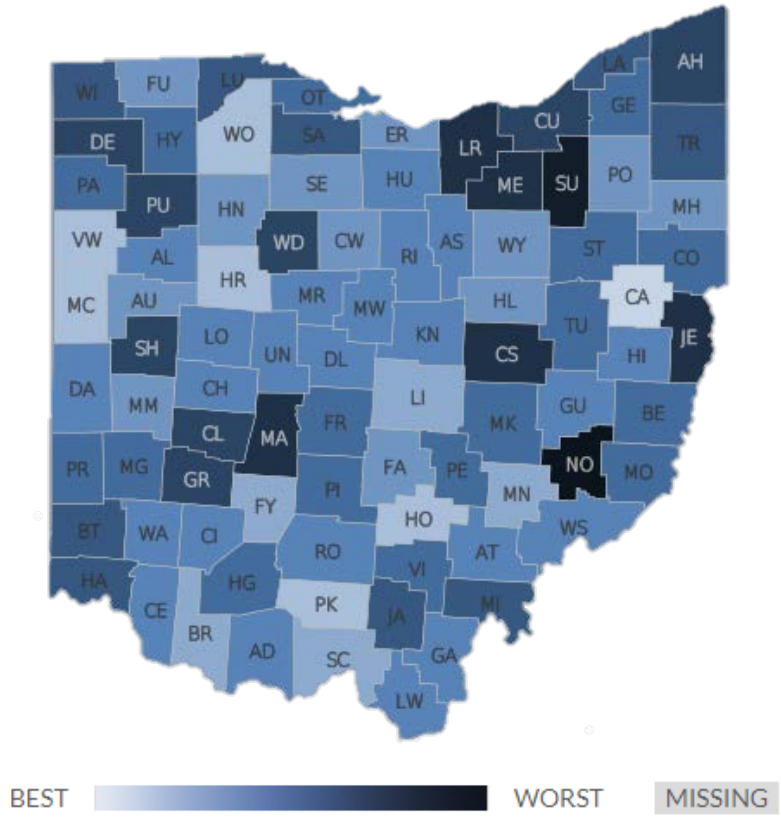
21,401 of Ashland County adults had at least one alcoholic drink in the past month.



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 term alcohol-impaired driving deaths refers to the percentage of motor vehicle crash deaths with alcohol involvement. Approximately 17,000 Americans are killed annually in alcohol-related motor vehicle crashes. Binge/heavy drinkers account for most episodes of alcohol-impaired driving.

- The alcohol-impaired driving deaths in Ashland County is 27%*
- The alcohol-impaired driving deaths in Ohio is 33%.



**Driving deaths are reported for the county of occurrence.*
(Source: Fatality Analysis Reporting System, as compiled by County Health Rankings, 2018)

Alcohol Use – Ashland University

Past 30-day use: Alcohol	*Male*	*Female*	*Total*
Never used	30.8%	29.7%	29.7%
Used, but not in last 30 days	20.8%	22.1%	22%
Used 1-9 days	33.1%	41.6%	39.4%
Used 10-29 days	13.8%	6%	8%
Used all 30 days	1.5%	0.6%	0.8%
Any use within last 30 days	48.5%	48.2%	48.2%

- 0.9% of students reported driving after having 5 or more drinks in the last 30 days
- 13.8% of students reported driving after having any alcohol in the last 30 days.

(Source: American College Association. American College Health Association – National College Health Assessment II: Ashland University Executive Summary Fall 2018)

Health Behaviors: Adult Drug Use

Key Findings

Four percent (4%) of Ashland County adults had used recreational marijuana or hashish during the past 6 months. Six percent (6%) 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, increasing to 11% of those with incomes less than $25,000.

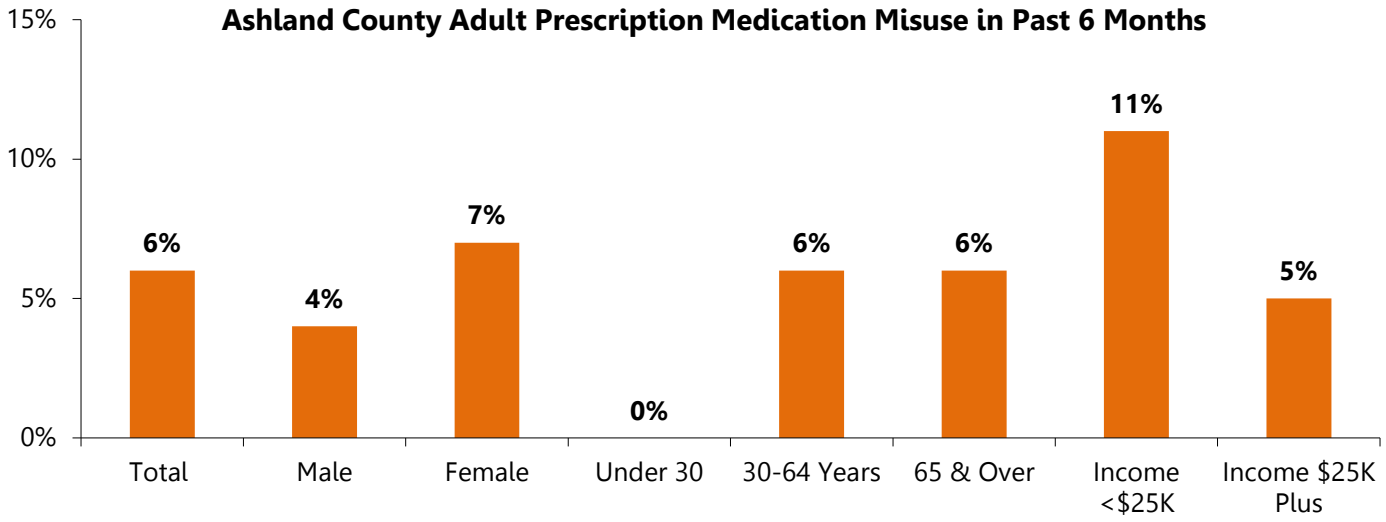
Prescription Drug Misuse

- Six percent (6%) of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 11% of those with incomes less than $25,000.

- Adults misused the following medications in the past 6 months:
  - Steroids (2%)
  - Tranquilizers (2%)
  - Tramadol (2%)
  - Vicodin (2%)
  - Codeine, Demerol, Morphine, Percocet, or Dilaudid (2%)
  - OxyContin (1%)
  - Neurontin (1%)

- Fifty-eight percent (58%) of adults had been prescribed opioid based medications in their lifetime. Of those adults, 1% indicated they had trouble stopping.

- Ashland County adults indicated they did the following with their unused prescription medication: took all medication as prescribed (19%), kept it (19%), took it to the medication collection program (14%), took it to the sheriff's office (12%), threw it in the trash (10%), flushed it down the toilet (9%), took it in on National Prescription Drug Take Back Days (8%), kept in a locked cabinet (3%), used drug deactivation pouches (<1%), and used a mailer to ship it back to the pharmacy (<1%). Forty-two percent (42%) of adults did not have unused medication.

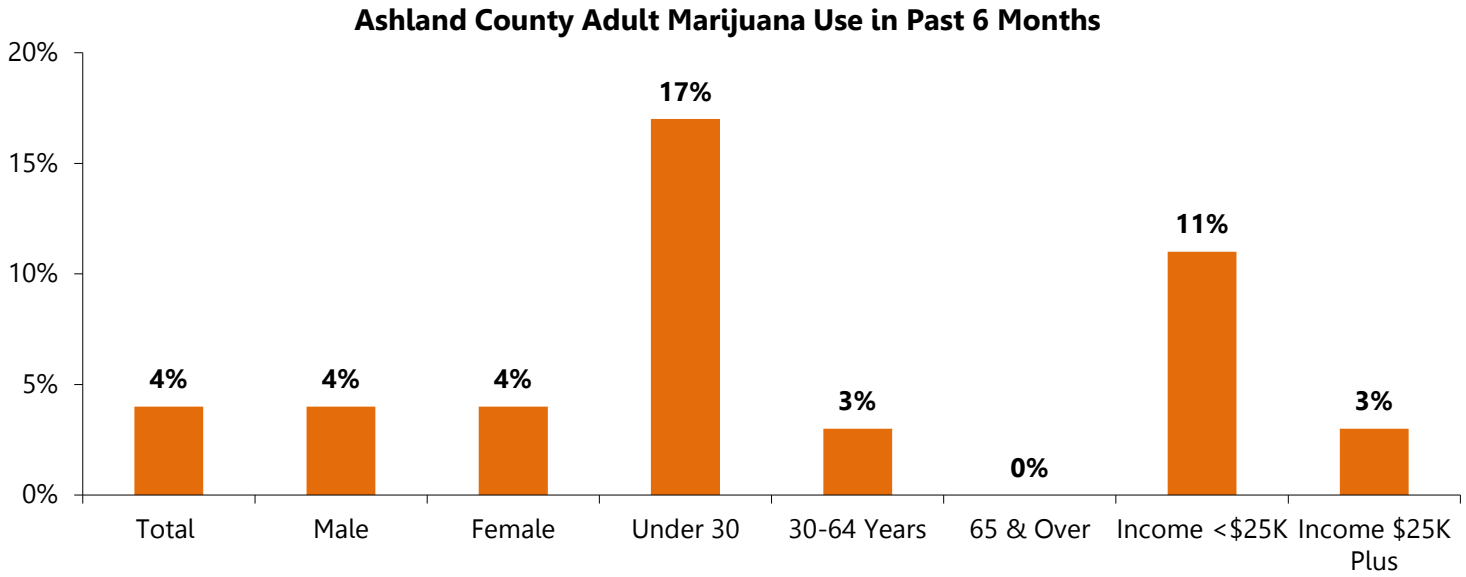


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Marijuana and Other Drug Use

- Four percent (4%) of Ashland County adults had used recreational marijuana or hashish in the past 6 months.
- Five percent (5%) of Ashland adults reported planning on obtaining medical marijuana when it becomes available, increasing to 15% of those with incomes less than $25,000.
- Five percent (5%) of Ashland County 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.
- Ashland County adults reported that as a result of using drugs, they or someone in their household had legal problems (3%), failed to fulfill obligations at work or home (3%), placed themselves in dangerous situations (2%), failed a drug screen (1%), and overdosed and required EMS/hospitalization (1%).
- One percent (1%) of adults used a program or service to help with a drug problem for themselves or a loved one. Reasons for not using such a program included the following: could not afford to go (<1%), insurance does not cover it (<1%), had not thought of it (<1%), and other reasons (1%).

The following graphs indicate adult marijuana and prescription medication misuse during the past 6 months. Examples of how to interpret the information includes: 4% of Ashland County adults used marijuana in the past 6 months, including 17% of those under the age of 30 and 11% of those with incomes less than $25,000.



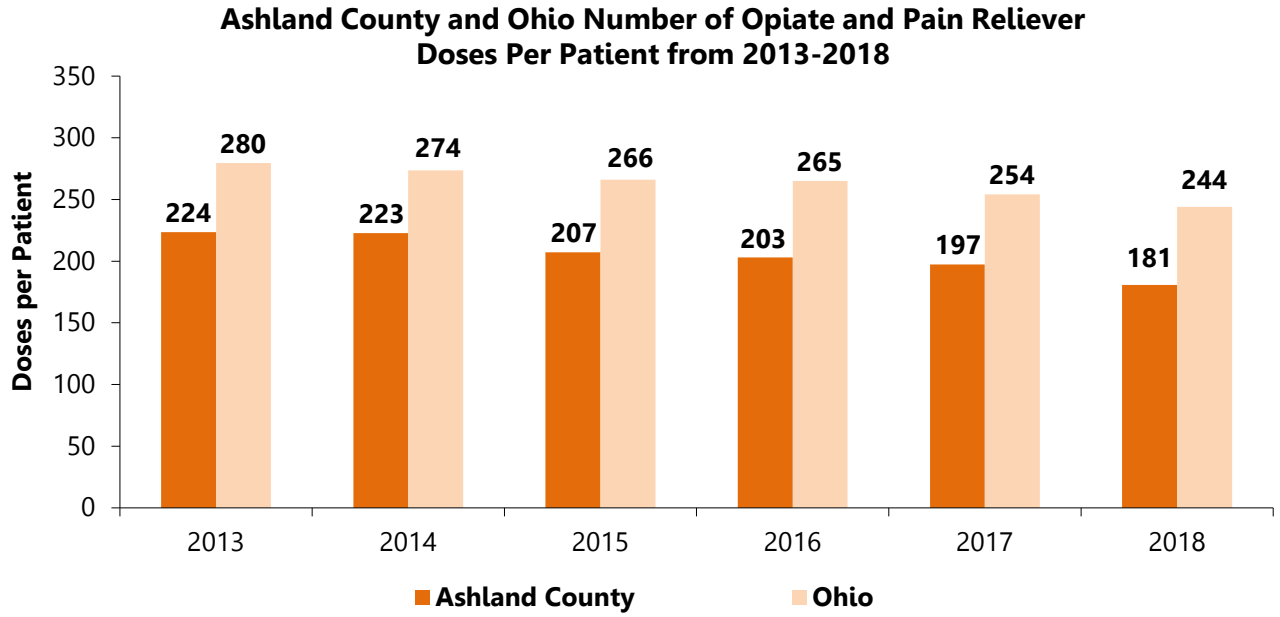
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

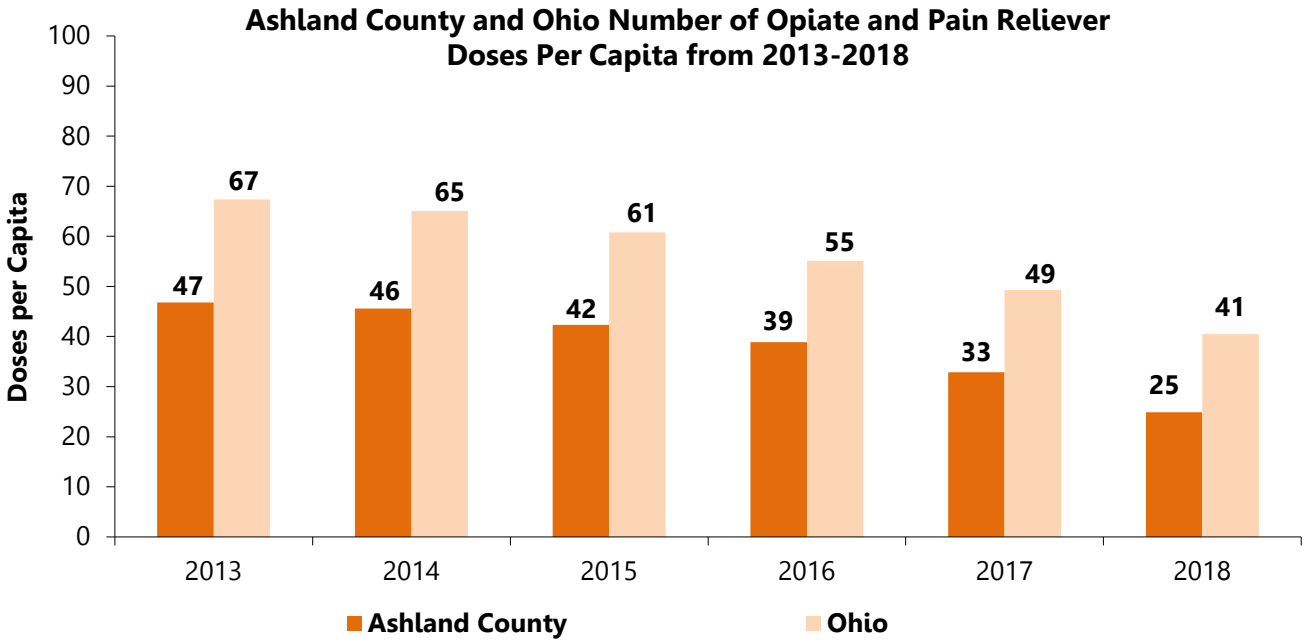
Marijuana Use – Ashland University

Past 30-day use: Marijuana	*Male*	*Female*	*Total*
Never used	78.5%	83.7%	82.3%
Used, but not in last 30 days	7.7%	11%	10.8%
Used 1-9 days	9.2%	3.8%	4.9%
Used 10-29 days	1.5%	0.8%	0.9%
Used all 30 days	3.1%	0.6%	1.1%
Any use within last 30 days	13.8%	5.2%	6.9%

(Source: American College Association. American College Health Association – National College Health Assessment II: Ashland University Executive Summary Fall 2018)

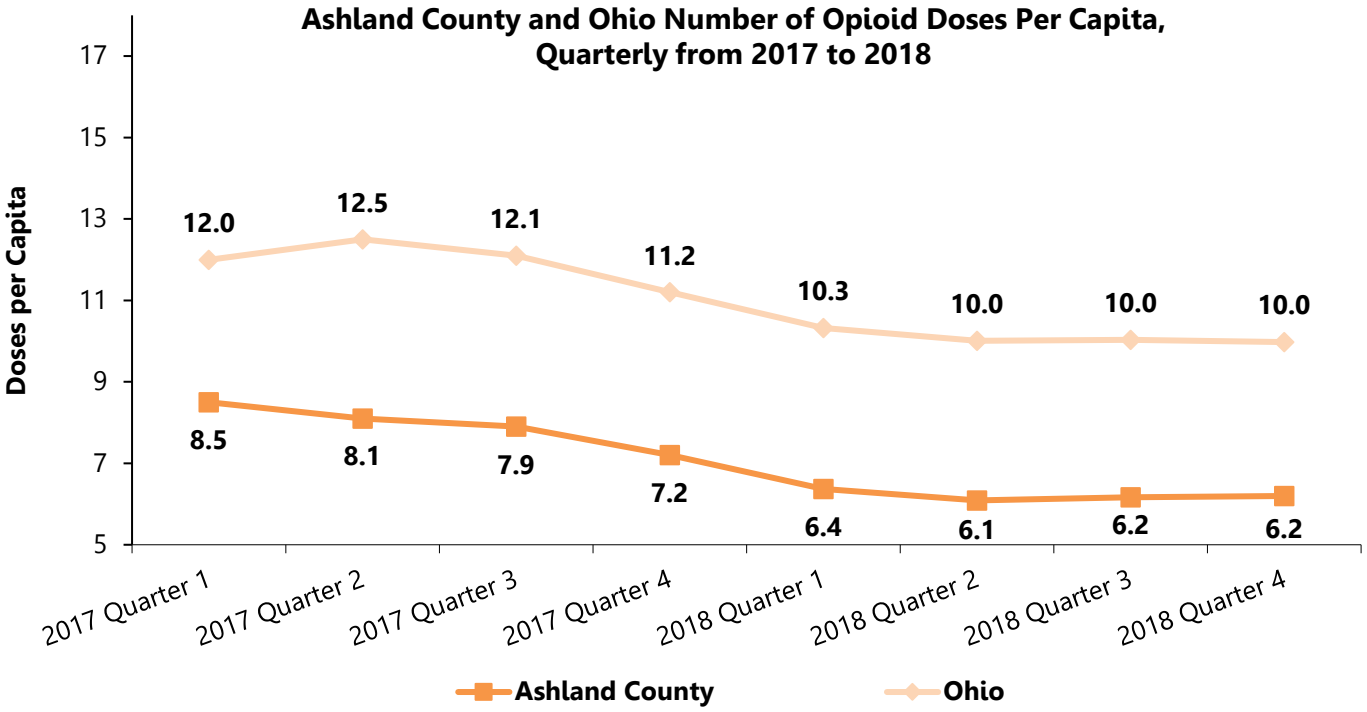
The following graphs are data from the Ohio Automated Prescription Reporting System (OARRS) indicating Ashland County and Ohio opiate and pain reliever doses per patient, as well as doses per capita.

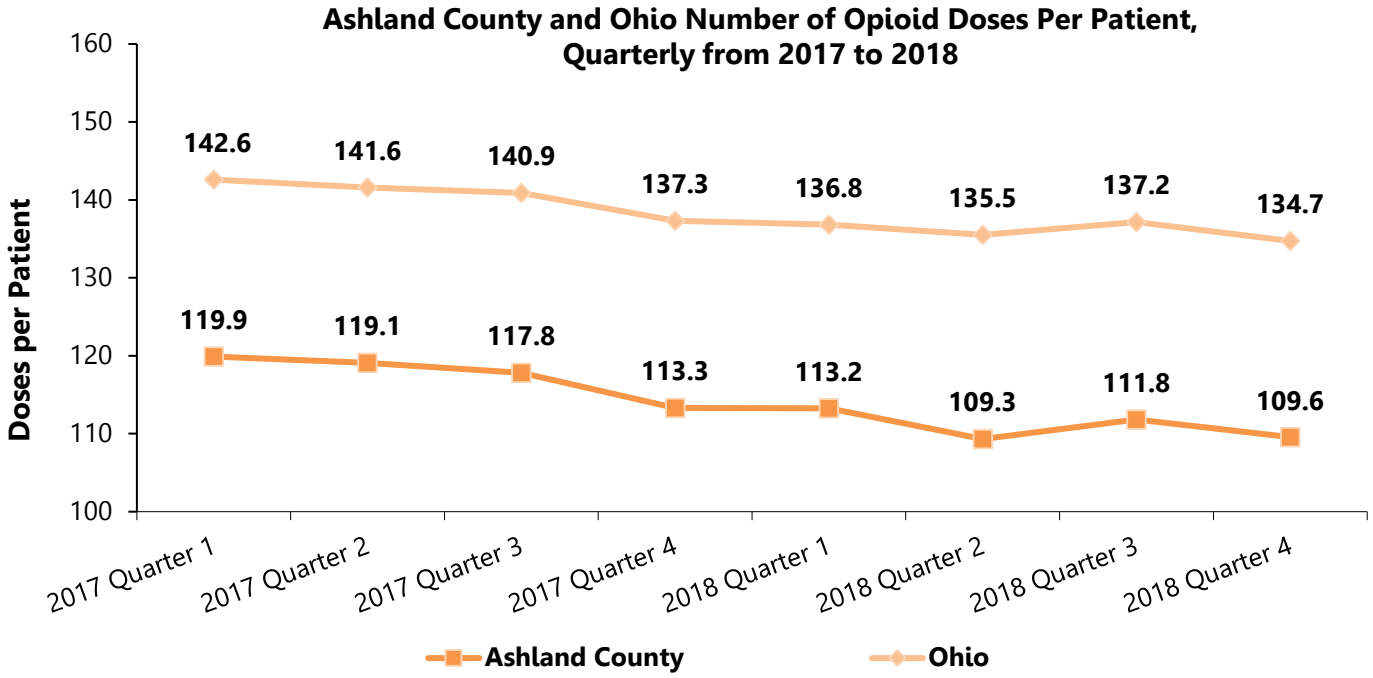




(Source for graphs: Ohio's Automated Rx Reporting System, 2013-2017, retrieved on 9/10/18)

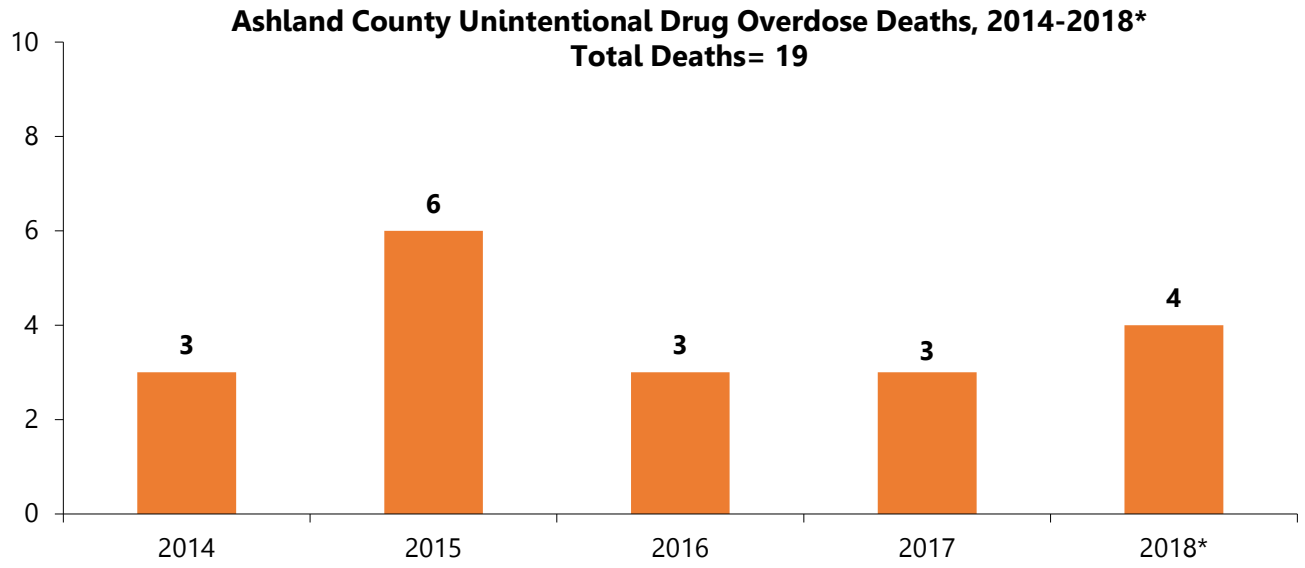
The following graphs show Ashland County and Ohio quarterly opiate and pain reliever doses per patient and doses per capita.





(Source for graphs: Ohio's Automated Rx Reporting System, 2016-2017, retrieved on 9/10/18)

The following graph shows the number of unintentional drug overdose deaths in Ashland County from 2014 to 2018.



*Years with * are considered partial and may be incomplete*
(Source for graph: Ohio Public Health Data Warehouse, 2014-2018)
Note: Resident deaths include individuals that resided in Ashland County at the time of death regardless of where the death occurred

Ohio Automated Rx Reporting System (OARRS)

- OARRS has been collecting information from all Ohio-licensed pharmacies and Ohio personal licensed prescribers regarding outpatient prescriptions for controlled substance since 2006.
  - All data reported is updated every 24 hours and is maintained in a secure database.
- OARRS aims to be a reliable tool in addressing prescription drug diversion and abuse.
- With many features such as a patient care tool, epidemic early warning system, drug diversion and insurance fraud investigation tool, OARRS is the only statewide electronic database that helps prescribers and pharmacists avoid potential life-threatening drug interactions.
  - OARRS also works in limiting patients who "doctor shop" which refers to individuals fraudulently obtaining prescriptions from multiple health care providers for the same or multiple prescription for abuse or illegal distribution.
- Additionally, OARRS is also used for investigating and identifying health care professionals with continual inappropriate prescribing and dispensing to patients, and then aids in law enforcement cases against such acts.

(Source: Ohio Automated RX Reporting System; What is OARRS?, updated August 2017)

The table below shows the number of unintentional drug overdose deaths, and average crude and age-adjusted annual death rates per 100,000 population, for Ashland County and Ohio.

Number of Unintentional Drug Overdose Deaths and Average Crude and Age-Adjusted Annual Death Rates Per 100,000 Population, by County, 2005-2017

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2012-2017 Total	Crude Rate	Age Adjusted Rate
Ashland County	3	4	1	1	1	2	4	0	1	3	6	3	3	16	5	5.7
Ohio	1,020	1,261	1,351	1,473	1,423	1,544	1,772	1,914	2,110	2,531	3,050	4,050	4,854	18,509	26.6	27.9

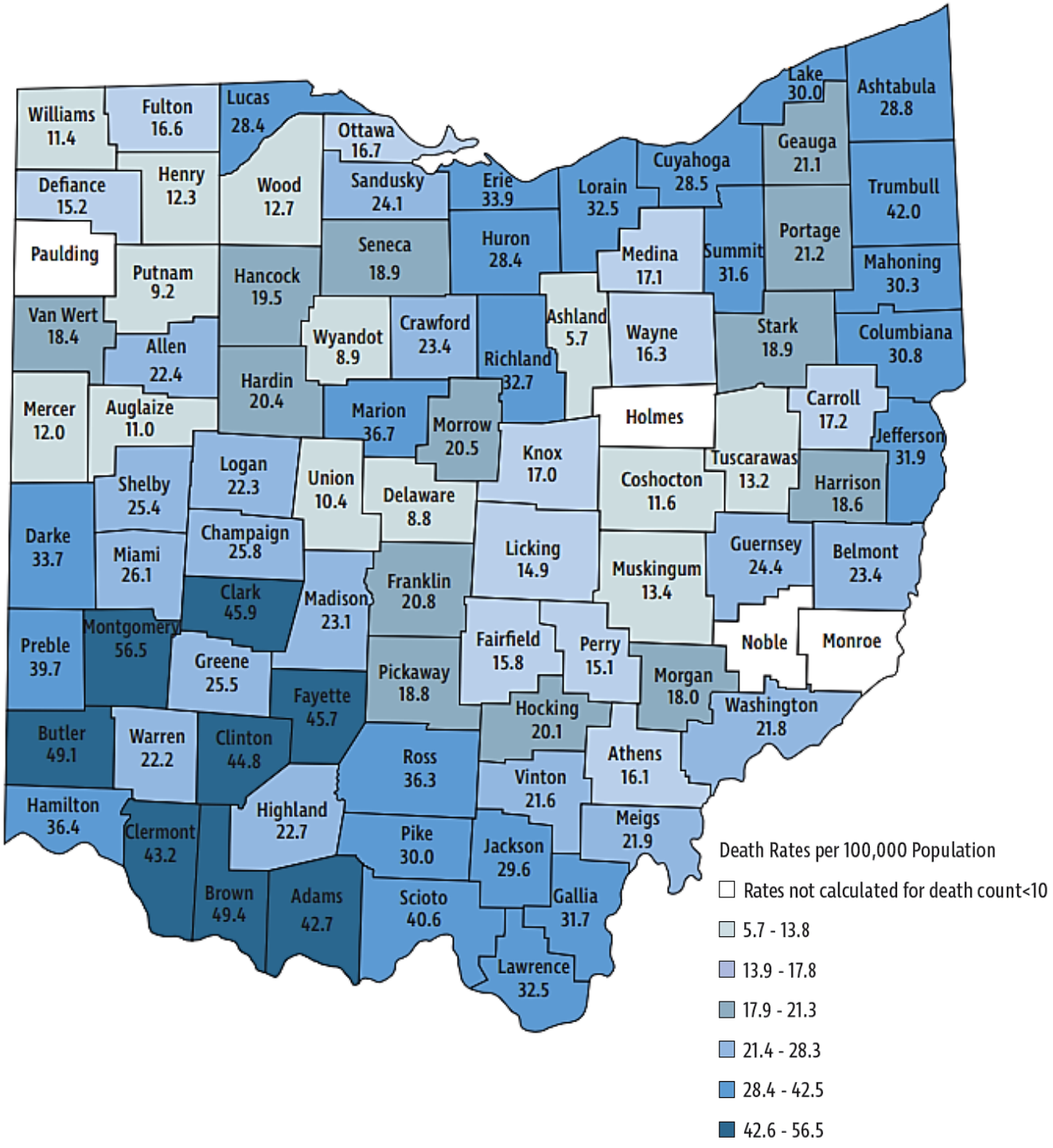
(Source: Ohio Department of Health, 2017 Ohio Drug Overdose Data: General Findings)

Ohio's New Limits on Prescription Opiates

- The opioid epidemic is undeniably a major public health issue that Ohio has been addressing since 2012. Furthering steps to save lives, Ohio has updated its policies in limiting opiate prescriptions, especially acute pain. With the highlights of Ohio's new opiate prescribing limits below, Ohio hopes to reduce opiate doses by 109 million per year:
  - No more than seven days of opiates can be prescribed for adults; no more than five days of opiates can be prescribed for minors
  - The total morphine equivalent dose (MED) of a prescription for acute pain cannot exceed an average of 30 MED per day
  - Health care providers can prescribe opiates in excess of the new limits only if they provide a specific reason in the patient's medical record. Unless such a reason is given, a health care provider is prohibited from prescribing opiates that exceed Ohio's limits
  - Prescribers will be required to include a diagnosis or procedure code on every controlled substance prescription, which will be entered into Ohio's prescription monitoring program, OARRS
  - The new limits do not apply to opioids prescribed for cancer, palliative care, end-of-life/hospice care or medication-assisted treatment for addiction
  - The new limits will be enacted through rules passed by the State Medical Board, Board of Pharmacy, Dental Board and Board of Nursing
- Since 2012, Ohio has reduced opiate prescriptions by 20% yet, more needs to be done to reduce the possibility of opiate abuse to those who are prescribed.

(Source: Ohio Mental Health and Addiction Services; New Limits on Prescription Opiates Will Save Lives and Fight Addiction, updated March 31, 2017)

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)

Health Behaviors: Adult Sexual Behavior

Key Findings

In 2018, 66% of Ashland County adults had sexual intercourse. Three percent (3%) of adults had more than one partner in the past year. Seven percent (7%) of adults had been tested for an STD in the past year.

Adult Sexual Behavior

- Over three-fifths (66%) of Ashland County adults had sexual intercourse in the past year.
- Three percent (3%) of adults reported they had intercourse with more than one partner in the past year, increasing to 8% of those under the age of 30.

Contraceptive Use in the United States

- Sixteen percent (16%) of women aged 15-44 are currently using birth control pills.
- Eight percent (8%) of women aged 15-44 are currently using long-acting reversible contraception such as an Intrauterine device or contraceptive implant.
- Fourteen percent (14%) of women aged 15-44 are currently using female sterilization.
- Five percent (5%) of women aged 15-44 are currently using male sterilization.

(Source: CDC, National Center for Health Statistics, Contraceptive Use, Last Updated July 15, 2016)

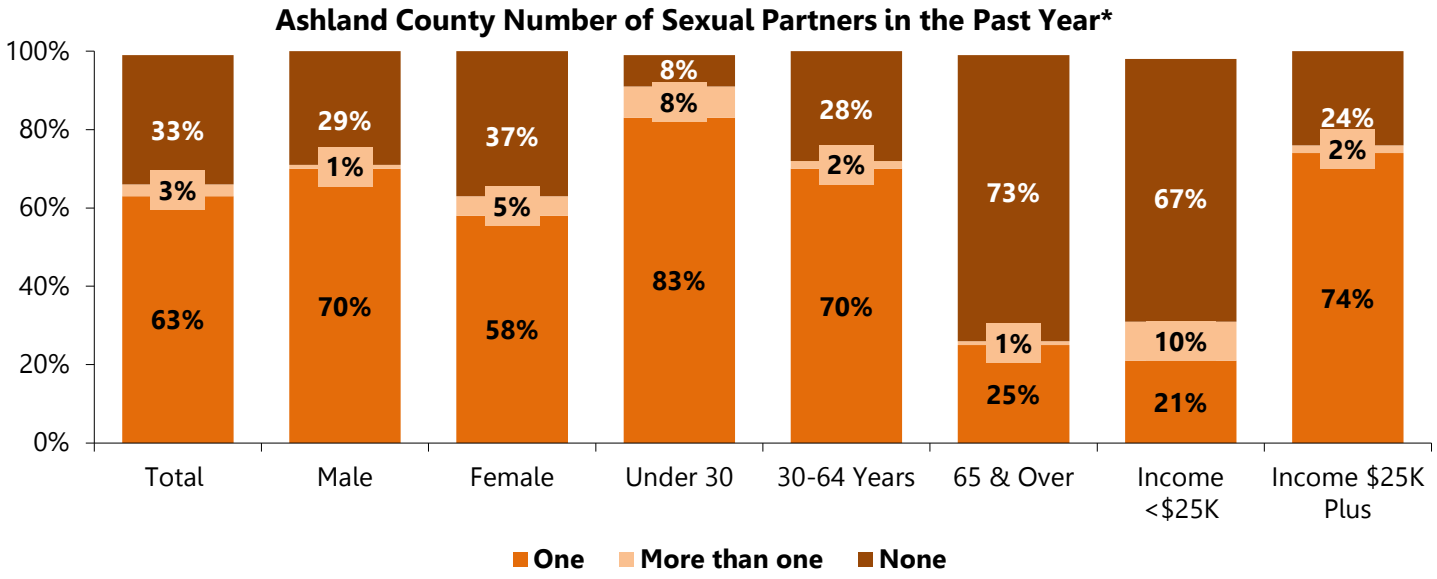
- Ashland County adults used the following methods of birth control last time they had sex to keep from getting pregnant:
  - They or their partner were too old (27%)
  - Vasectomy (18%)
  - Condoms (14%)
  - Tubes tied (10%)
  - Birth control pills (10%)
  - Hysterectomy (8%)
  - Withdrawal (7%)
  - IUD (7%)
  - Infertility (6%)
  - Contraceptive implants (4%)
  - Ovaries or testicles removed (2%)
  - Rhythm method (2%)
  - Shots (1%)
  - Contraceptive patch (1%)
  - Diaphragm, cervical ring or cap (<1%)
- Fourteen percent (14%) of Ashland County adults did not use any method of birth control and 5% were trying to get pregnant.
- The following situations applied to Ashland County adults: had sex without a condom in the past year (32%); tested for an STD in the past year (7%); had anal sex without a condom in the past year (5%); following alcohol or other drug use, engaged in sexual activity that they would have not done if sober (2%); had sex with someone they did not know (2%); had sex with someone they met on social media (2%); had sexual activity with someone of the same gender (2%); tested positive for HPV (2%); had four or more sexual partners in the past year (<1%); and injected any drug other than those prescribed in the past year (<1%).

Sexual Behavior – Ashland University

Sexual partners within the last 12 months	*Male*	*Female*	*Total*
None	35.8%	38.7%	38.2%
1	41.5%	40.7%	40.7%
2	10.6%	9.8%	9.6%
3	8.1%	5.5%	6.2%
4 or more	4.1%	5.3%	5.4%

(Source: American College Association. American College Health Association – National College Health Assessment II: Ashland University Executive Summary Fall 2018)

The following graph shows the number of sexual partners Ashland County adults had in the past year. Examples of how to interpret the information in the graph includes: 63% of all Ashland County adults had one sexual partner in the past 12 months, and 3% had more than one; additionally, 70% of males had one partner in the past year.



Totals may not equal 100% as some respondents answered, "Don't know/Not sure".
**Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"*
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.

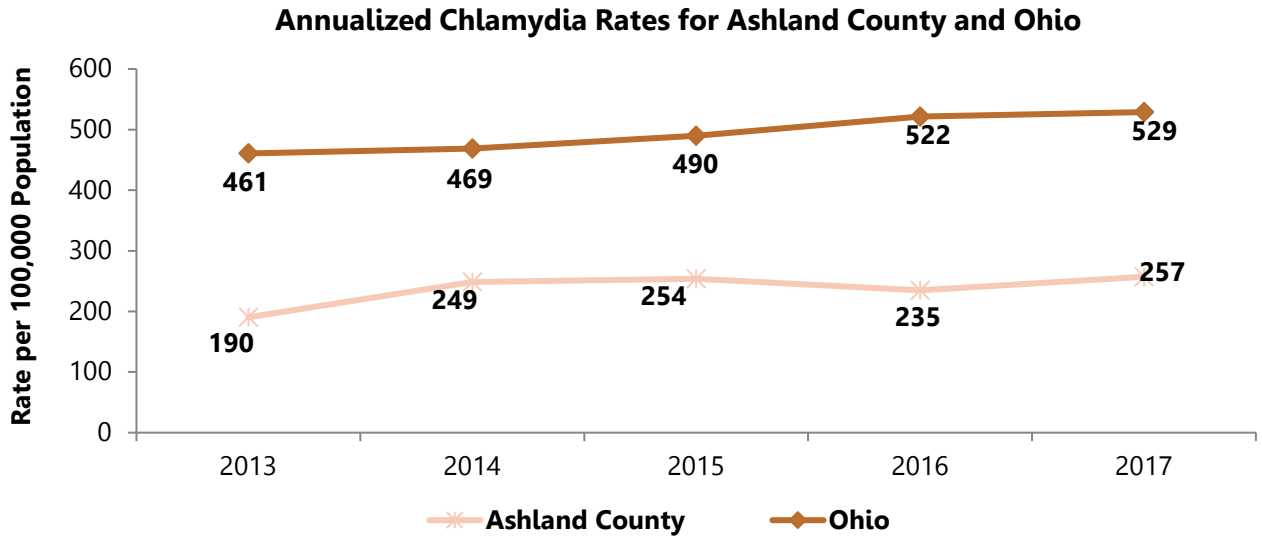
Understanding Sexual Violence

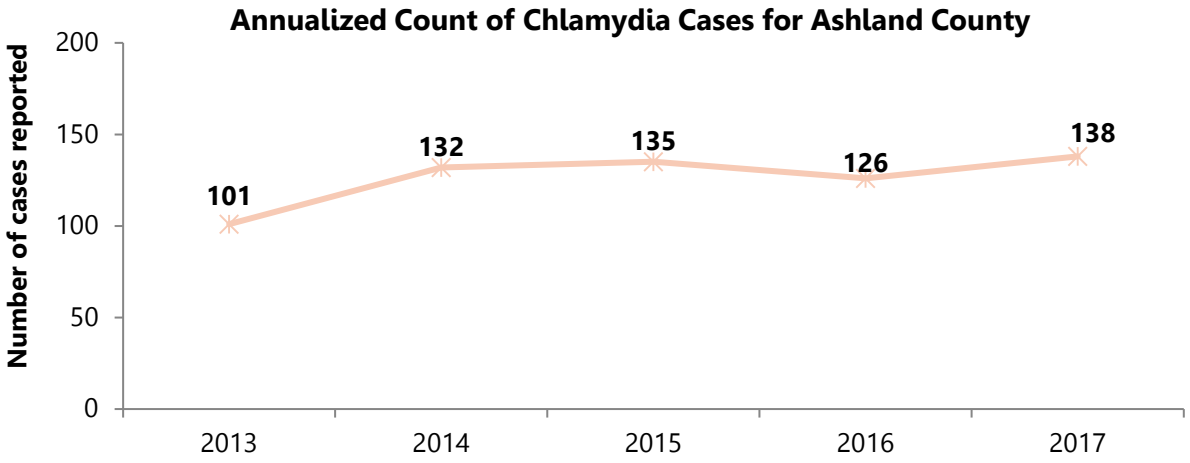
- Sexual violence is a very serious public health that affects millions of women and men. In the United States, 1 in 3 women have experienced completed or attempted rape, and about 1 in 6 men have been made to penetrate someone in their lifetime. Most victims first experienced sexual violence before the age of 25.
- Statistics underestimate the problem because many victims do not tell the police, family, or friends about the violence.
- Sexual violence is any sexual activity where consent is not freely given. This includes completed or attempted sex acts that are against the victims will or involve a victim who is unable to consent. Sexual violence also includes:
  - Unwanted sexual contact or
  - Non-contact, unwanted sexual experiences (such as verbal sexual harassment)
- Sexual violence can be committed by anyone including:
  - A current or former intimate partner
  - A family member
  - A person in position of power or trust
  - A friend or acquaintance
  - A stranger, or someone known only by sight
- Sexual violence impacts health in many ways and can lead to long-term physical and mental health problems. For example, victims may experience chronic pain, headaches, and sexually transmitted diseases. They are often fearful or anxious and may have problems trusting others. Anger and stress can lead to eating disorders, depression, and even suicidal thoughts.

(Source: CDC, Sexual Violence, last updated April 5, 2018)

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

- Ashland County chlamydia rates increased from 2016 to 2017.
- The number of chlamydia cases in Ashland County fluctuated from 2013 to 2017.

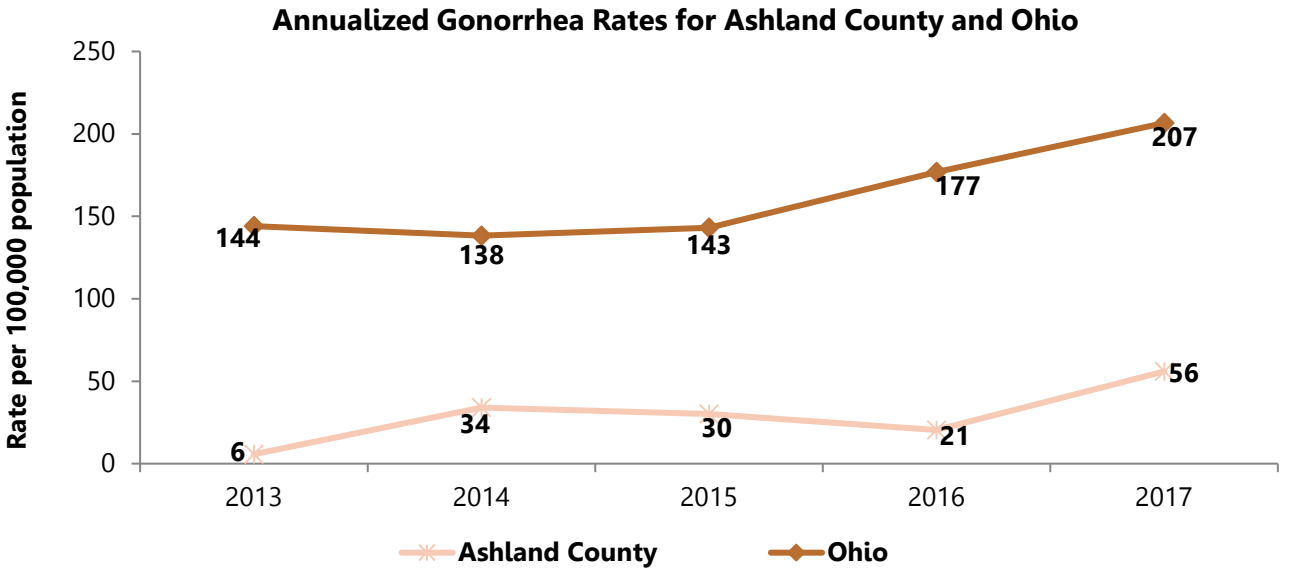


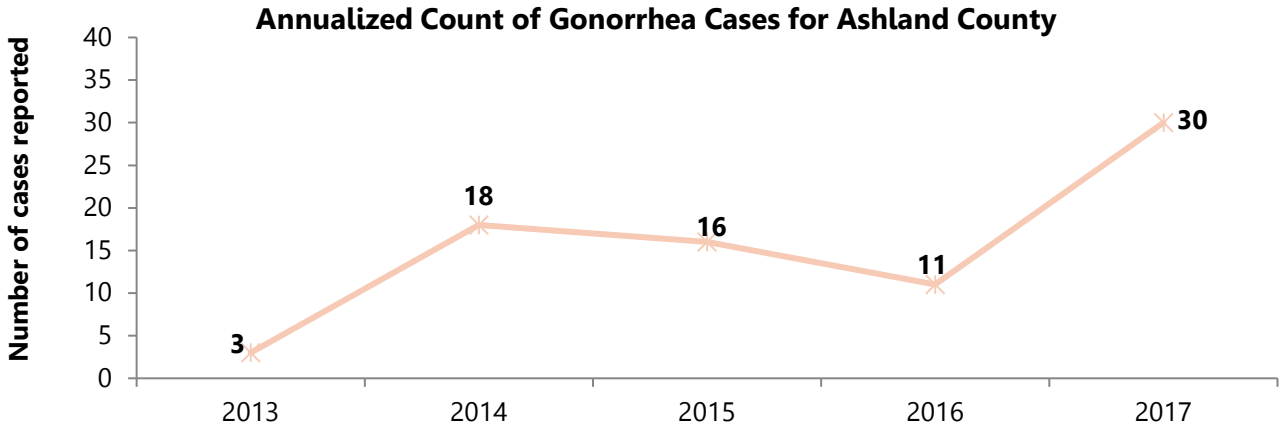


(Source for graphs: ODH, STD Surveillance, updated on 9/10/18)

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

- The Ashland County gonorrhea rate increased from 2016 to 2017.
- The number of gonorrhea cases in Ashland County fluctuated from 2013 to 2017.





(Source for graphs: ODH, STD Surveillance, data reported through 5/7/17, updated on 7/23/18)

Health Behaviors: Adult Mental Health

Key Findings

In 2018, 1% of Ashland County adults considered attempting suicide. Thirteen percent (13%) of Ashland County adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems.

Adult Mental Health

- During the past 12 months, 8% of Ashland County adults experienced feeling so sad or hopeless almost every day for two weeks or more in a row that stopped them from doing usual activities.
- One percent (1%) of Ashland County adults considered attempting suicide in the past year.
- No adult (0%) reported attempting suicide in the past year.

Prevalence of Depression Among Adults Aged 20 and Over: United States, 2013–2016

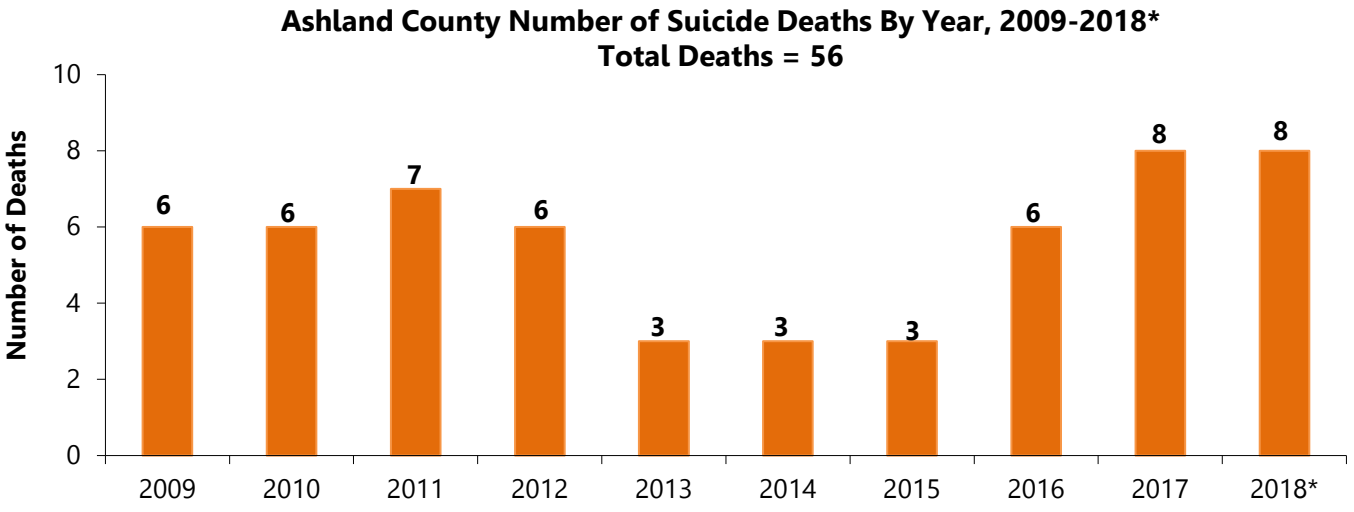
- During 2013–2016, 8.1% of American adults aged 20 and over had depression in a given 2-week period.
- Women (10.4%) were almost twice as likely as were men (5.5%) to have had depression.
- Depression was lower among non-Hispanic Asian adults, compared with Hispanic, non-Hispanic black, or non-Hispanic white adults.
- The prevalence of depression decreased as family income levels increased.
- About 80% of adults with depression reported at least some difficulty with work, home, and social activities because of their depression.
- From 2007–2008 to 2015–2016, the percentage of American adults with depression did not change significantly over time.

(Source: CDC, National Center for Health Statistics, Publications and Information Products, Data Briefs, Prevalence of Depression Among Adults Aged 20 and Over: United States, 2013–2016last updated 2/13/2018)

- Adults received the social and emotional support they needed from the following: family (71%), friends (60%), God/prayer (37%), church (28%), neighbors (8%), community (6%), a professional (4%), Internet (3%), online support group (2%), self-help group (<1%), and other (5%). Six percent (6%) of adults reported they do not get the social and emotional support they need. Twenty-six percent (26%) of adults reported they do not need support/they can handle it themselves.
- Ashland County adults indicated the following caused them anxiety, stress, or depression: job stress (35%), financial stress (34%), death of close family member or friend (19%), sick family member (15%), other stress at home (13%), marital/dating relationship (11%), poverty/no money (11%), fighting at home (7%), caring for a parent (6%), unemployment (4%), family member with mental illness (3%), not having enough to eat (3%), divorce/separation (2%), not feeling safe at home (2%), not feeling safe in the community (1%), not having a place to live (1%), and other causes (10%).
- Ashland County adults dealt with stress in the following ways: talked to someone they trust (55%), prayer/meditation (37%), listened to music (33%), slept (31%), ate more or less than normal (30%), exercised (30%), worked (23%), worked on a hobby (21%), drank alcohol (10%), smoked tobacco (7%), took it out on others (4%), used prescription drugs as prescribed (4%), talked to a professional (2%), used illegal drugs (<1%), and other ways (9%).
- Thirteen percent (13%) of Ashland County adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems. Reasons for not using such a program included the following: had not thought of it (5%), stigma of seeking mental health services (3%), other priorities (2%), could not afford to go (2%), co-pay/deductible too high (2%), fear (1%), did not know how to find a program (1%), transportation (1%), took too long to get in to see a doctor (1%), and other reasons (4%). Nearly three-fourths (73%) of adults indicated they did not need such a program.

The graph below shows the Ashland County suicide deaths by year. The graph shows:

- From 2009 to 2018, there was an average of 6 suicide deaths per year in Ashland County.



**Data for 2018 is partial and incomplete, and should be used with caution*
(Source: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 1/9/19)
Note: Resident deaths include individuals that resided in Ashland County at the time of death regardless of where the death occurred

Mental Health – Ashland University

Mental Health Indicators (past 12 months)	*Male*	*Female*	*Total*
Seriously considered suicide	10%	11.8%	11.3%
Attempted suicide	2.3%	3.4%	3.1%
Felt so depressed that it was difficult to function	33.1%	43%	41%

- Within the past 12 months, the following had been traumatic or very difficult to handle:
  - Academics: 44%
  - Finances: 32.7%
  - Personal appearance: 32.3%
  - Sleep difficulties: 32.2
  - Intimate relationships 29.9%
  - Family problems: 29.8%
  - Other social relationships: 26.9%
  - Death of a family member or friend: 20.9%
  - Etc.

(Source: American College Association. American College Health Association – National College Health Assessment II: Ashland University Executive Summary Fall 2018)

Chronic Disease: Cardiovascular Health

Key Findings

In 2018, 7% of adults had survived a heart attack and 3% had survived a stroke at some time in their life. More than one-third (38%) of Ashland County adults were obese, 30% had high blood cholesterol, 29% had high blood pressure, and 15% were current smokers, four known risk factors for heart disease and stroke.

Ashland County
Leading Causes of Death, 2015-2017

Total Deaths: 1,713

1. Heart Diseases (23% of all deaths)
2. Cancers (21%)
3. Chronic Lower Respiratory Diseases (7%)
4. Alzheimer's Disease (7%)
5. Stroke (6%)

(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. Cancers (21%)
3. Accidents, Unintentional Injuries (7%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (5%)

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

Heart Disease and Stroke

- Seven percent (7%) of adults reported they had survived a heart attack or myocardial infarction, increasing to 19% of those over the age of 65.
- Three percent (3%) of Ashland County adults reported they had survived a stroke, increasing to 11% of those over the age of 65.
- Four percent (4%) of adults reported they had angina or coronary heart disease, increasing to 10% of those over the age of 65.
- Four percent (4%) of adults reported they had congestive heart failure, increasing to 10% of those with incomes less than $25,000 and 8% of those over the age of 65.

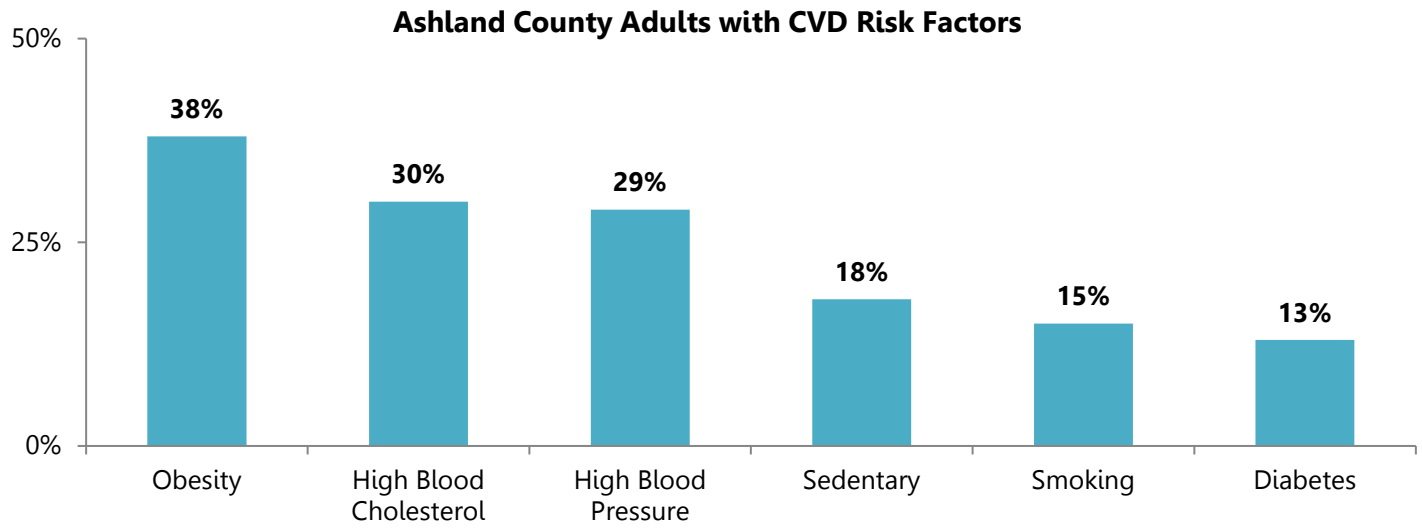
High Blood Pressure (Hypertension)

- More than one-fourth (29%) of adults had been diagnosed with high blood pressure.
- Seven percent (7%) of adults were told they were pre-hypertensive/borderline high.
- Eight-eight percent (88%) of adults had their blood pressure checked within the past year.
- Ashland County adults diagnosed with high blood pressure were more likely to have:
  - Been ages 65 years or older (63%)
  - Been classified as obese by Body Mass Index (BMI) (51%)
  - Incomes less than $25,000 (31%)
  - Been male (31%)

High Blood Cholesterol

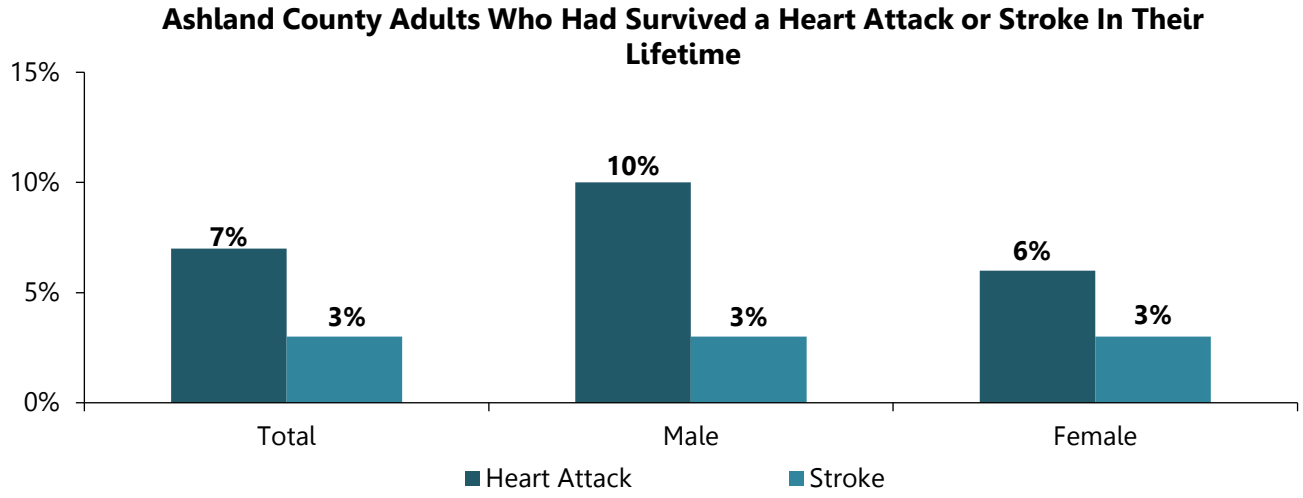
- Thirty percent (30%) of adults had been diagnosed with high blood cholesterol.
- More than three-fourths (78%) of adults had their blood cholesterol checked within the past 5 years.
- Ashland County adults with high blood cholesterol were more likely to have:
  - Been ages 65 years or older (51%)
  - Been classified as obese by Body Mass Index (BMI) (44%)
  - Been male (37%)
  - Incomes less than $25,000 (33%)

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



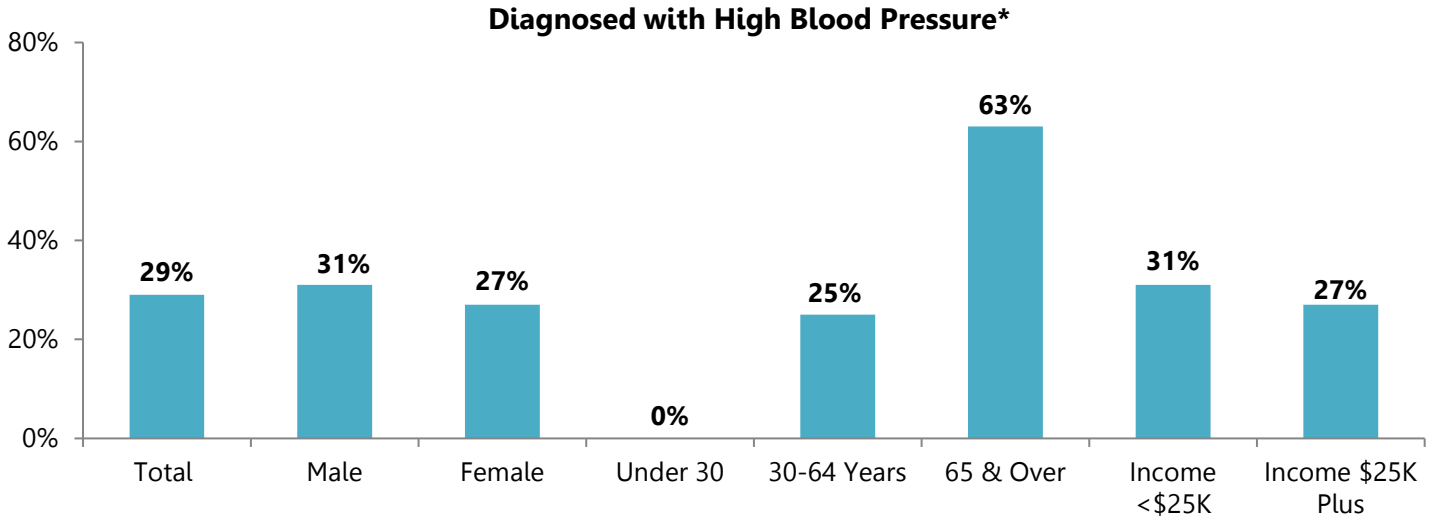
Adult Comparisons	Ashland County 2018	Ohio 2017	U.S. 2017
Ever diagnosed with angina or coronary heart disease	4%	5%	4%
Ever diagnosed with a heart attack, or myocardial infarction	7%	6%	4%
Ever diagnosed with a stroke	3%	4%	3%
Had been told they had high blood pressure	29%	35%	32%
Had been told their blood cholesterol was high	30%	33%	33%
Had their blood cholesterol checked within the last five years	78%	85%	86%

The following graph shows the percentage of Ashland County adults who had survived a heart attack or stroke in their lifetime by gender. An example of how to interpret the information includes: 10% of Ashland County males survived a heart attack compared to 6% of females.

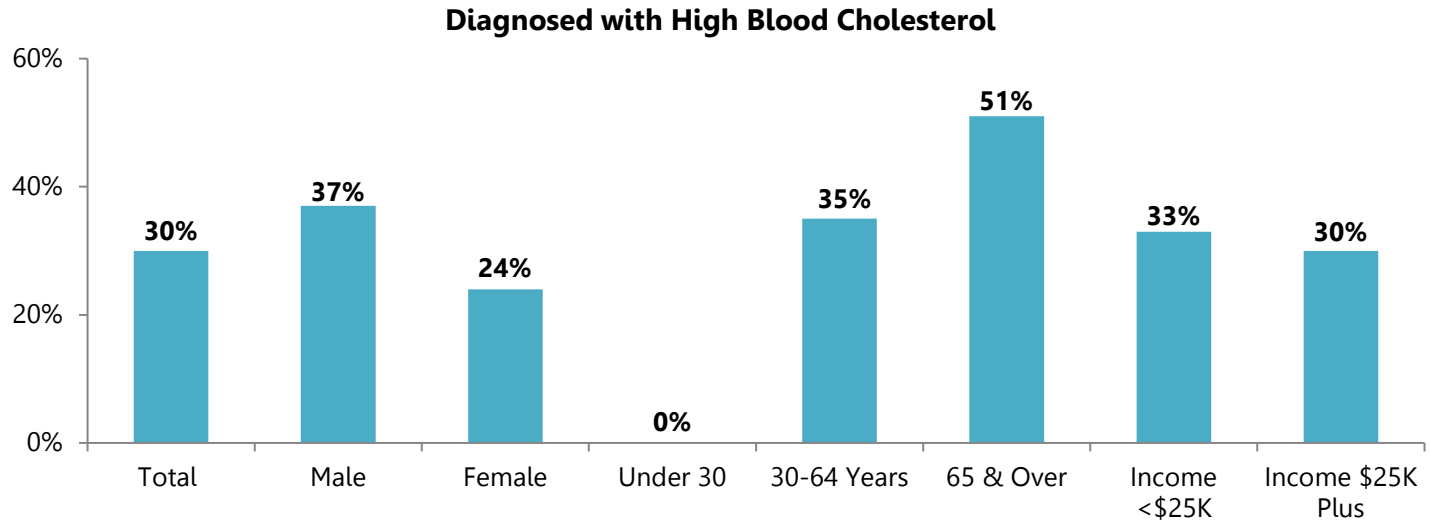


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graphs indicates the number of Ashland County adults who have been diagnosed with high blood pressure and high blood cholesterol. Examples of how to interpret the information on the first graph includes: 29% of all Ashland County adults have been diagnosed with high blood pressure, including 31% of males and 63% of those 65 and older.



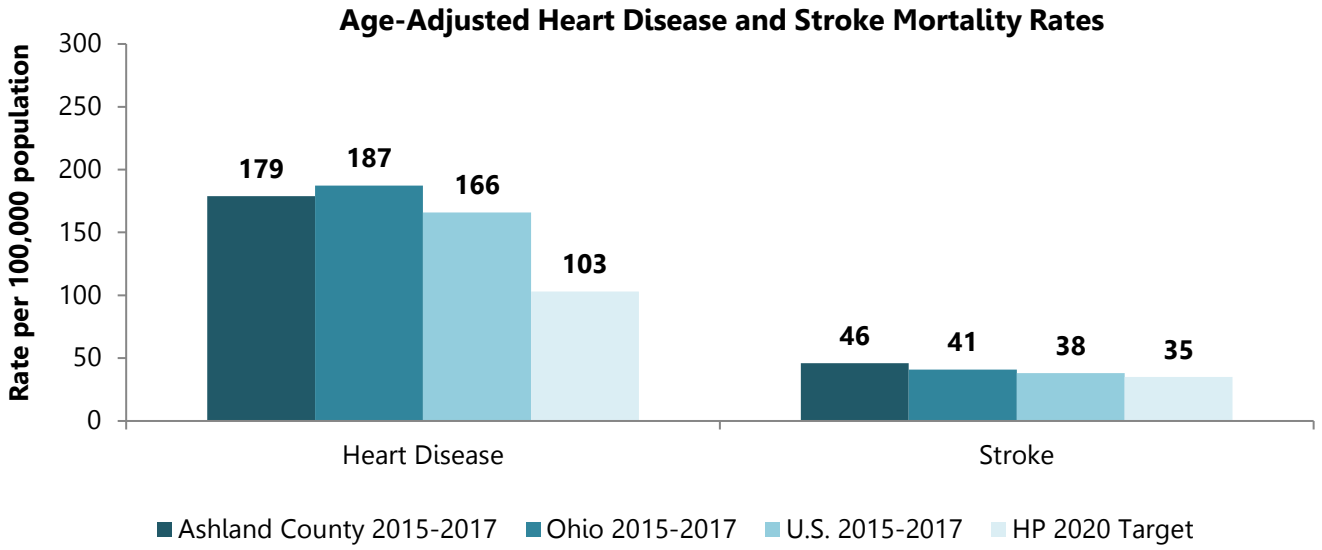
**Does not include respondents who indicated high blood pressure during pregnancy only.*



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 age-adjusted mortality rates per 100,000 population for heart disease and stroke. The graph shows:

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



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

Healthy People 2020 Objectives

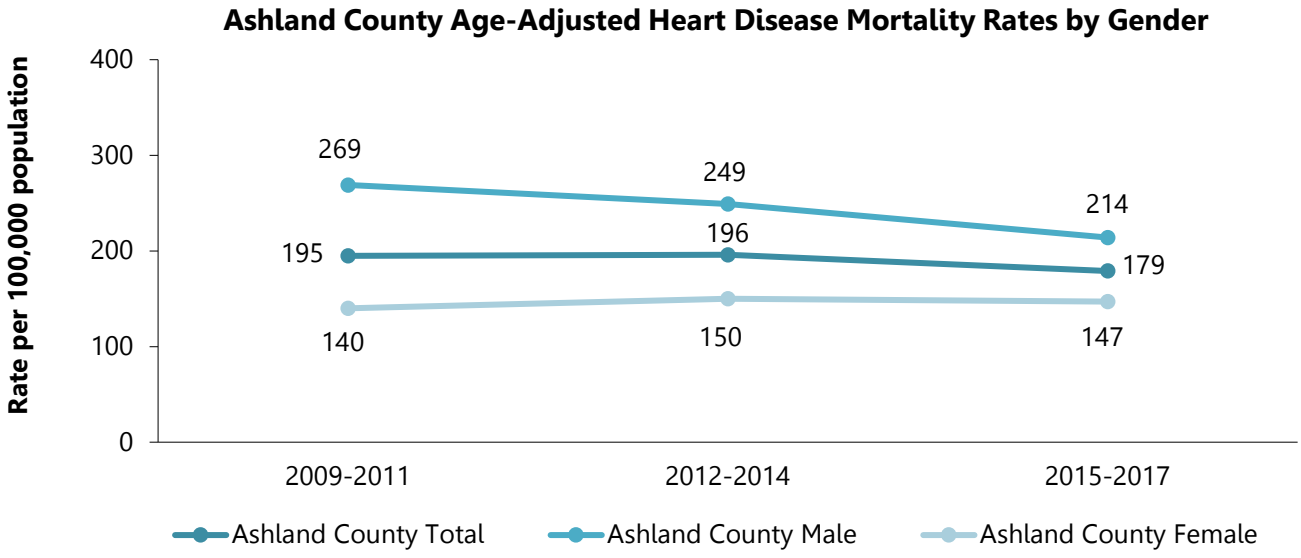
Heart Disease and Stroke

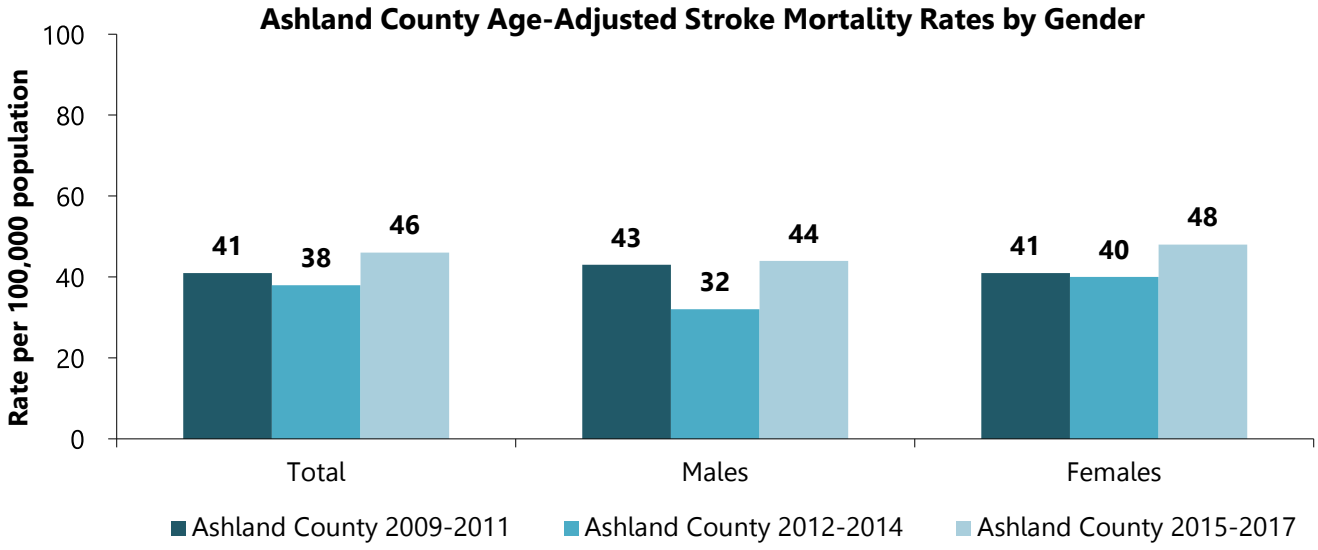
Objective	2018 Ashland Survey Population Baseline	2017 U.S. Baseline	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	29% (2018)	32% Adults age 18 and up	27%
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	78% (2018)	86% Adults age 18 and up	82%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	30% (2018)	33% Adults age 20+ with TBC>240 mg/dl	14%

Note: All U.S. figures age-adjusted to 2000 population standard.
(Sources: 2019 Ashland County Health Assessment, 2017 BRFSS, Healthy People 2020)

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

- From 2009 to 2017, the Ashland County age adjusted heart disease mortality rate for males decreased.
- From 2015 to 2017, the Ashland County stroke mortality rate increased for both males and females.





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

Chronic Disease: Cancer

Key Findings

Thirteen percent (13%) of Ashland County adults had been diagnosed with cancer at some time in their life.

Ashland County
Incidence of Cancer, 2011-2015

All Types: 1,477 cases

- Lung and Bronchus: 209 cases (14%)
- Breast: 201 cases (14%)
- Colon and Rectum: 166 cases (11%)
- Prostate: 137 cases (9%)

From 2015-2017, there were 364 cancer deaths in Ashland County.

(Source: Ohio Cancer Incidence, ODH Ohio Public Health Data Warehouse, Updated 1/14/19)

Adult Cancer

- Thirteen percent (13%) of Ashland County adults were diagnosed with cancer at some point in their lives, increasing to 32% of those over the age of 65.
- Of those diagnosed with cancer, they reported the following types: breast (35%), prostate (28%), other skin cancer (19%), colon (12%), melanoma (10%), head and neck (7%), cervical (6%), lung (5%), bladder (2%), and renal (2%). Seven percent (7%) of adults were diagnosed with multiple types of cancer.

Cancer Facts

- The Ohio Public Health (ODH) Data Warehouse indicates that from 2015-2017, cancers caused 21% (364 of 1,713 total deaths) of all Ashland County resident deaths. The largest percent (25%) of 2015-2017 cancer deaths were from lung and bronchus cancers *(Source: Ohio Public Health Data Warehouse, 2015-2017).*

Lung Cancer

- Ten percent (10%) of Ashland County male adults were current smokers, and 50% had stopped smoking for one or more days in the past 12 months because they were trying to quit.
- Approximately 19% of Ashland County female adults were current smokers, and 40% had stopped smoking for one or more days in the past 12 months because they were trying to quit.

5,152 Ashland County adults had been diagnosed with cancer at some time in their life.

- The Ohio Department of Health reports that lung and bronchus cancer was the leading cause of male cancer deaths (n=55) and female cancer deaths (n=36) from 2015-2017 in Ashland County *(Source: Ohio Public Health Data Warehouse, 2015-2017).*
- According to the American Cancer Society, smoking causes 80% of lung cancer deaths in the U.S. Men and women who smoke have about a 20-30 percent greater chance to develop lung cancer than nonsmokers *(Source: American Cancer Society, Facts & Figures 2018).*

Breast Cancer

- In 2018, 63% of Ashland County females reported having had a clinical breast examination in the past year.
- Sixty-one percent (61%) of Ashland 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).*

Prostate Cancer

- Seventy percent (70%) of males age 40 and over had a PSA test at some time in their life, and 58% had one in the past two years.
- Fifty-eight percent (58%) of men had a digital rectal exam in their lifetime, and 20% had one in the past year.
- ODH statistics indicate that prostate cancer deaths accounted for 9% of all male cancer deaths from 2015-2017 in Ashland 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).*

Colon and Rectum Cancers

- ODH statistics indicate that colon cancer deaths accounted for 12% of all male and female cancer deaths from 2015-2017 in Ashland County *(Source: Ohio Public Health Data Warehouse, 2015-2017).*
- Modifiable factors that increase colon and rectum 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).*

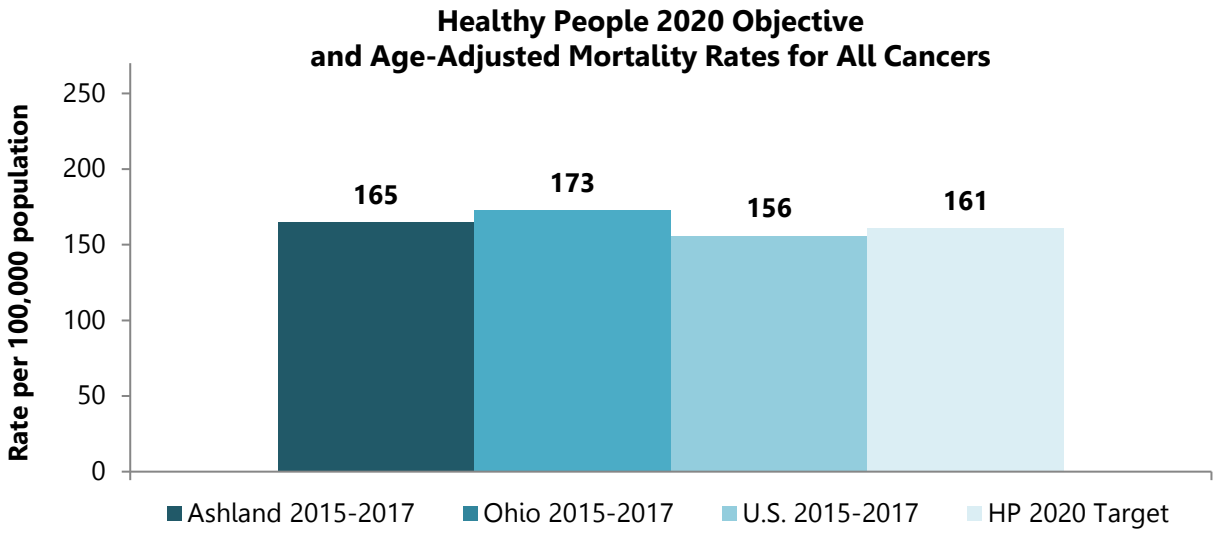
2019 Cancer Estimates

- 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%).

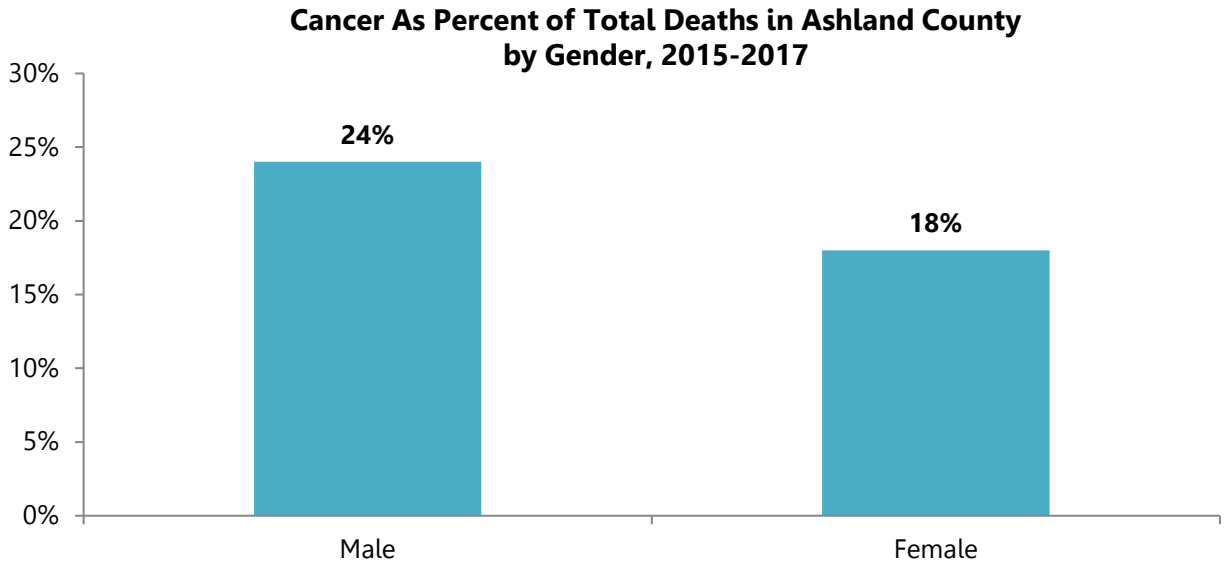
(Source: American Cancer Society, Facts and Figures 2019)

The following graphs show the Ashland 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 and the percent of total cancer deaths in Ashland County. The graphs show:

- When age differences are accounted for, Ashland County had a lower cancer mortality rate than Ohio. The Ashland County age-adjusted cancer mortality rate, however, was higher than the U.S. rate and the Healthy People 2020 target objective.
- The percentage of Ashland County males who died from all cancers is higher than the percentage of Ashland County females who died from all cancers.



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



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

Ashland County Incidence of Cancer, 2011-2015

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer	Age-Adjusted Rate
Lung and Bronchus	209	14%	61.2
Breast	201	14%	60.4
Colon and Rectum	166	11%	47.4
Prostate	137	9%	77
Other Sites/Unspecified	127	9%	37.4
Melanoma of Skin	96	6%	30.9
Bladder	72	5%	20.5
Non-Hodgkin's Lymphoma	61	4%	17.7
Uterus	59	4%	32.3
Kidney and Renal Pelvis	53	4%	17.5
Thyroid	50	3%	19.8
Pancreas	49	3%	14.8
Leukemia	36	2%	11.8
Oral Cavity & Pharynx	26	2%	7.9
Brain and CNS	22	1%	7.2
Multiple Myeloma	21	1%	6.2
Stomach	20	1%	5.6
Esophagus	16	1%	4.7
Ovary	13	1%	7.5
Larynx	11	1%	3
Liver and Bile Ducts	11	1%	3.5
Cervix	8	1%	6.3
Hodgkins Lymphoma	8	1%	3.1
Testis	5	<1%	4.2
Total	**1,477**	**100%**	**444.5**

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 2/08/18)

Chronic Disease: Arthritis

Key Findings

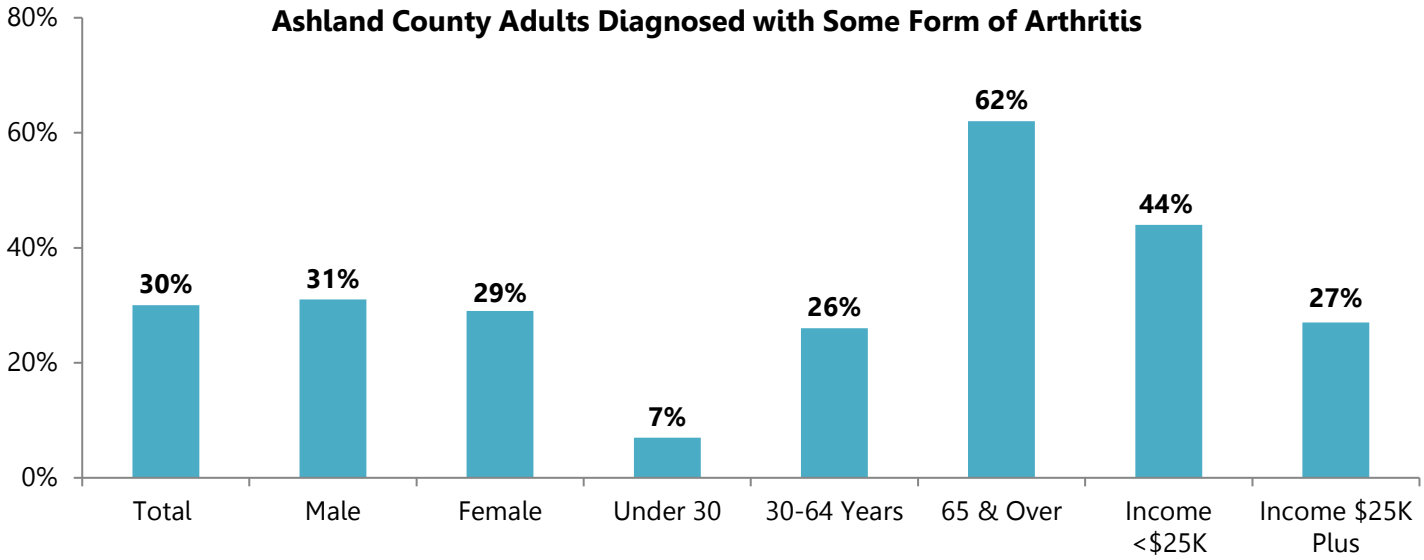
Thirty percent (30%) of Ashland County adults were ever told by a health professional that they had some form of arthritis.

Arthritis

- Thirty percent (30%) of Ashland County adults were ever told by a health professional that they had some form of arthritis, increasing to 62% of those over the age of 65.
- Ashland County adults were told by a health professional that they had the following:
  - Rheumatoid arthritis (5%)
  - Gout (4%)
  - Fibromyalgia (3%)
  - Lupus (<1%)
- Four-fifths (80%) of adults diagnosed with some form of arthritis were overweight or obese.
- Adults are at higher risk of developing arthritis if they are female, have genes associated with certain types of arthritis, have an occupation associated with arthritis, are overweight or obese, and/or have joint injuries or infections *(Source: CDC, Arthritis, 2019).*
- An estimated 54 million U.S. adults (about 23%) report having doctor-diagnosed arthritis. By 2040, over 78 million people will have arthritis. Arthritis is more common among women (24%) than men (18%), and it affects all racial and ethnic groups. Arthritis commonly occurs with other chronic diseases, like diabetes, heart disease, and obesity, and can make it harder for people to manage these conditions *(Source: CDC, Arthritis, 2019).*

Adult Comparisons	Ashland County 2018	Ohio 2017	U.S. 2017
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	30%	29%	25%

The following graph indicates the percentage of Ashland County adults who have been diagnosed with some form of arthritis. Examples of how to interpret the information includes: 30% of all Ashland County adults have been diagnosed with some form of arthritis, including 31% of males and 62% of those 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 survey.

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:
  1. **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.
  2. **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.
  3. **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.
  4. **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.
  5. **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 February 2018)

Chronic Disease: Asthma

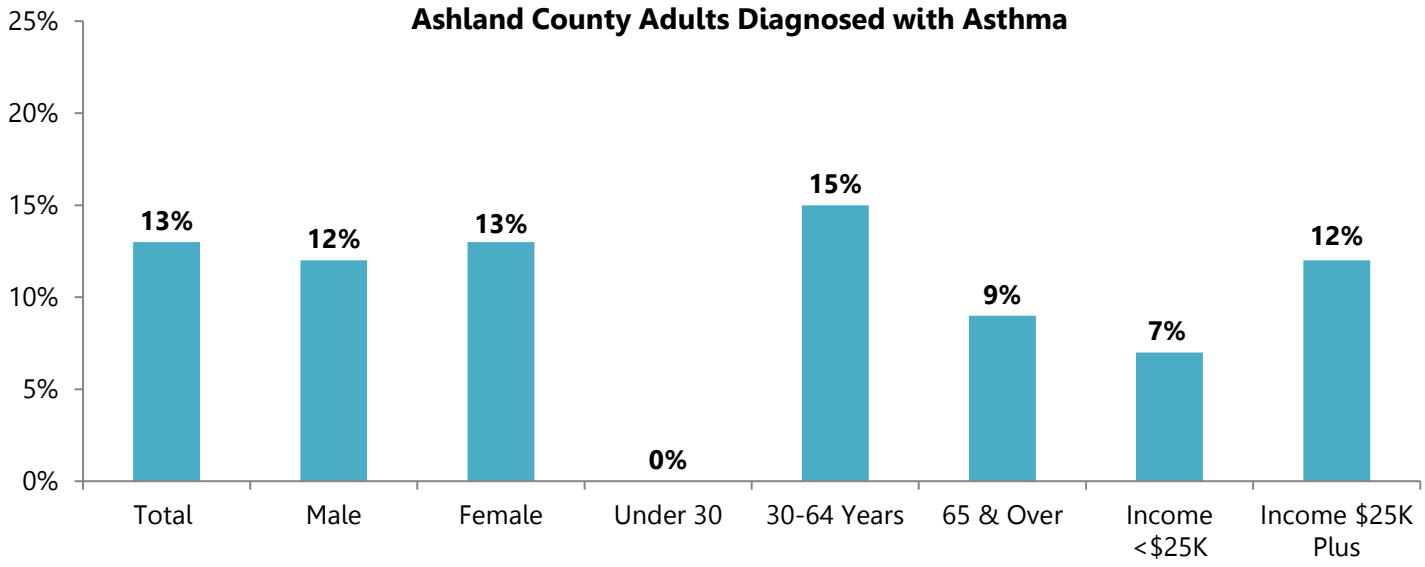
Key Findings

Thirteen percent (13%) of Ashland County adults had been diagnosed with asthma in their lifetime.

Asthma and Other Respiratory Disease

- Thirteen percent (13%) of Ashland County adults had been diagnosed with asthma in their lifetime.
- There are several important factors that may trigger an asthma attack. Some of these triggers are tobacco smoke; dust mites; outdoor air pollution; cockroach allergens; pets; mold; smoke from burning wood or grass; infections linked to the flu, colds, and respiratory viruses *(Source: CDC, 2017).*
- Chronic lower respiratory disease was the 3rd leading cause of death in Ashland County and the 4th leading cause of death in Ohio from 2015 to 2017 *(Source: Ohio Public Health Data Warehouse, 2015-2017).*

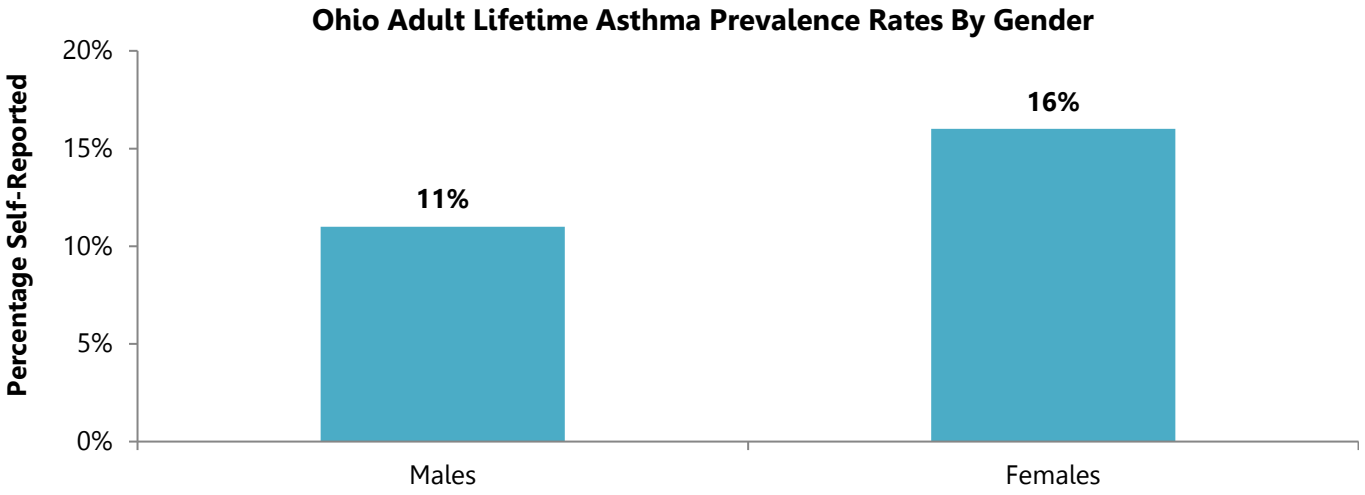
The following graph indicates the percentage of Ashland County adults who have been diagnosed with asthma. Examples of how to interpret the information includes: 13% of all Ashland County adults have been diagnosed with asthma, including 12% of males and 7% of those with incomes less than $25,000.

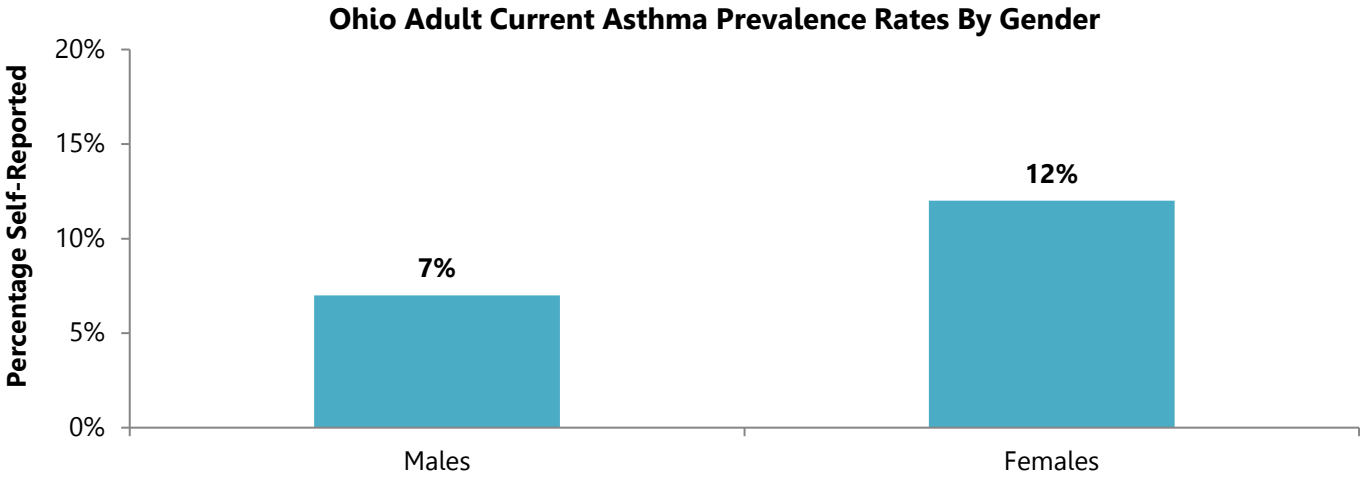


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Ashland County 2018	Ohio 2017	U.S. 2017
Had ever been told they have asthma	13%	14%	14%

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





(Source: 2017 BRFSS)

Asthma Facts

- The number of Americans with asthma grows every year. Currently, 26.5 million Americans have asthma.
- Asthma mortality is almost 3,500 deaths per year.
- Asthma results in 439,000 hospitalizations and 1.3 million emergency room visits annually.
- Patients with asthma reported 11 million visits to a doctor's office and 1.7 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: Diabetes

Key Findings

Thirteen percent (13%) of Ashland County adults had been diagnosed with diabetes in their lifetime.

Diabetes

- Thirteen percent (13%) of Ashland County adults had been diagnosed with diabetes in their lifetime, increasing to 22% of those with incomes less than $25,000.
- Six percent (6%) of adults had been diagnosed with pre-diabetes or borderline diabetes.
- Three percent (3%) of adults had been diagnosed with pregnancy-related diabetes.

Diabetes by the Numbers

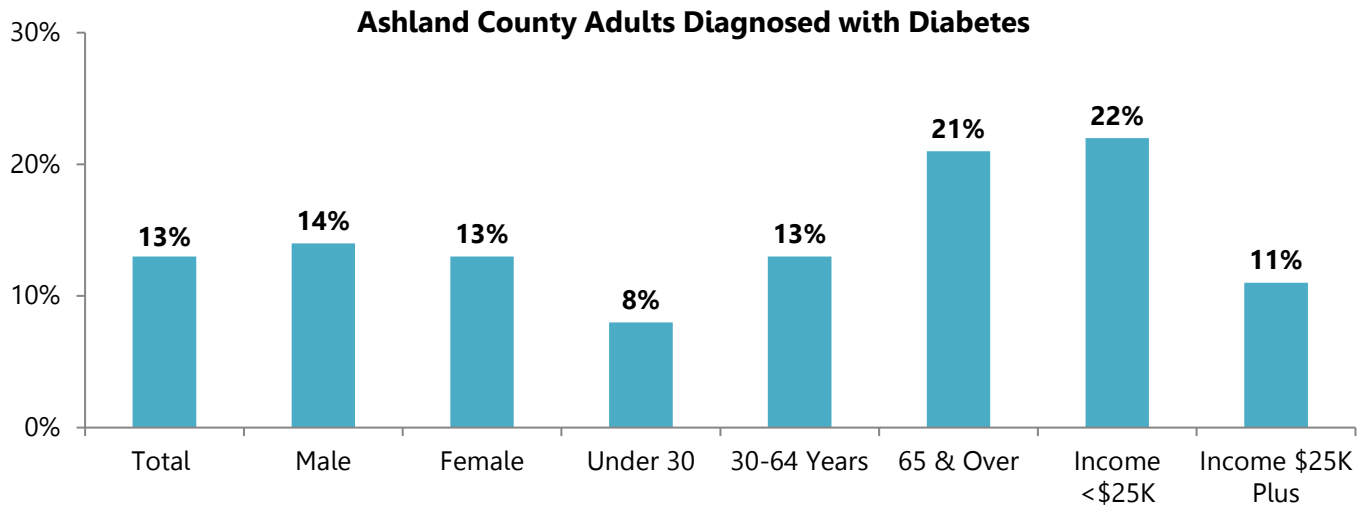
- **30.3 million** US adults have diabetes, and 1 in 4 of them don't know they have it.
- Diabetes is the **seventh leading cause** of death in the US.
- Diabetes I the **No.1** cause of kidney failure, lower -limb amputations, and adults-onset blindness
- In the last **20 years**, the number of adults diagnosed with diabetes has more than **tripled** as the American population has aged and become more overweight or obese.

(Source: CDC, Diabetes by the Numbers, Updated: June 1, 2017)

- One-fifth (20%) of adults with diabetes rated their health as fair or poor.
- Ashland County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
  - 74% were obese or overweight
  - 57% had been diagnosed with high blood pressure
  - 45% had been diagnosed with high blood cholesterol

Adult Comparisons	Ashland County 2018	Ohio 2017	U.S. 2017
Ever been told by a doctor they have diabetes (not pregnancy-related)	13%	11%	11%
Ever been diagnosed with pregnancy-related diabetes	3%	1%	1%
Ever been diagnosed with pre-diabetes or borderline diabetes	6%	2%	2%

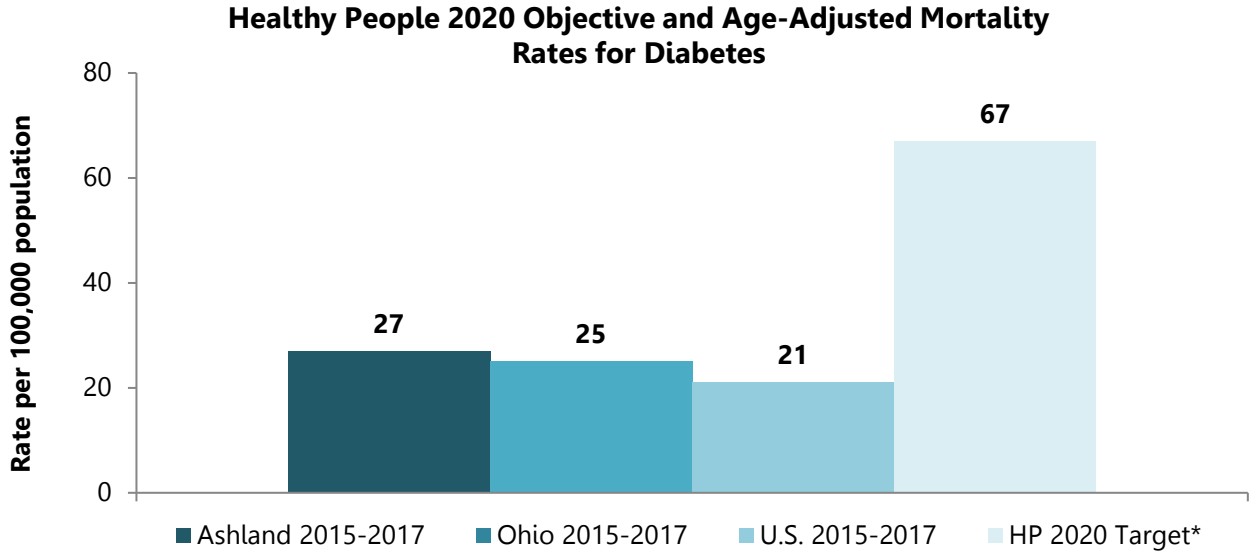
The following graph indicates the percentage of Ashland County adults who have been diagnosed with diabetes. Examples of how to interpret the information include: 13% of all Ashland County adults have been diagnosed with diabetes, including 14% of males and 22% of those with incomes less than $25,000.



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 indicates the Ashland 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, Ashland County had a higher diabetes mortality rate than Ohio and the U.S., but a lower mortality rate than the Healthy People 2020 target objective.



**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

In 2018, 20% of Ashland County adults were limited in some way because of a physical, mental or emotional problem. The most limiting health problems were arthritis (44%); walking problems (42%); back or neck problems (39%); and fitness level (27%).

Impairments and Health Problems

- One-fifth (20%) of Ashland County adults were limited in some way because of a physical, mental or emotional problem, increasing to 41% 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: arthritis/rheumatism (44%); walking problems (42%); back or neck problems (39%); fitness level (27%); stress, depression, anxiety, or emotional problems (25%); chronic illness (24%); chronic pain (20%); fractures, bone/joint injuries (20%); eye/vision problems (15%); sleep problems (11%); hearing problems (11%); lung/breathing problems (10%); mental health illness/disorder (7%); memory loss (6%); learning disability (3%); confusion (1%); and other impairments/problems (4%).
- Ashland County adults were responsible for providing regular care or assistance to the following: multiple children (26%); an elderly parent or loved one (9%); a friend, family member or spouse with a health problem (7%); children with discipline issues (7%); someone with special needs (5%); grandchildren (3%); a friend, family member or spouse with dementia (3%); an adult child (2%); a friend, family member or spouse with a mental health issue (2%); and foster children (1%).

Adult Comparisons	Ashland County 2018	Ohio 2015	U.S 2015
Limited in some way because of a physical, mental, or emotional problems	20%	21%	21%

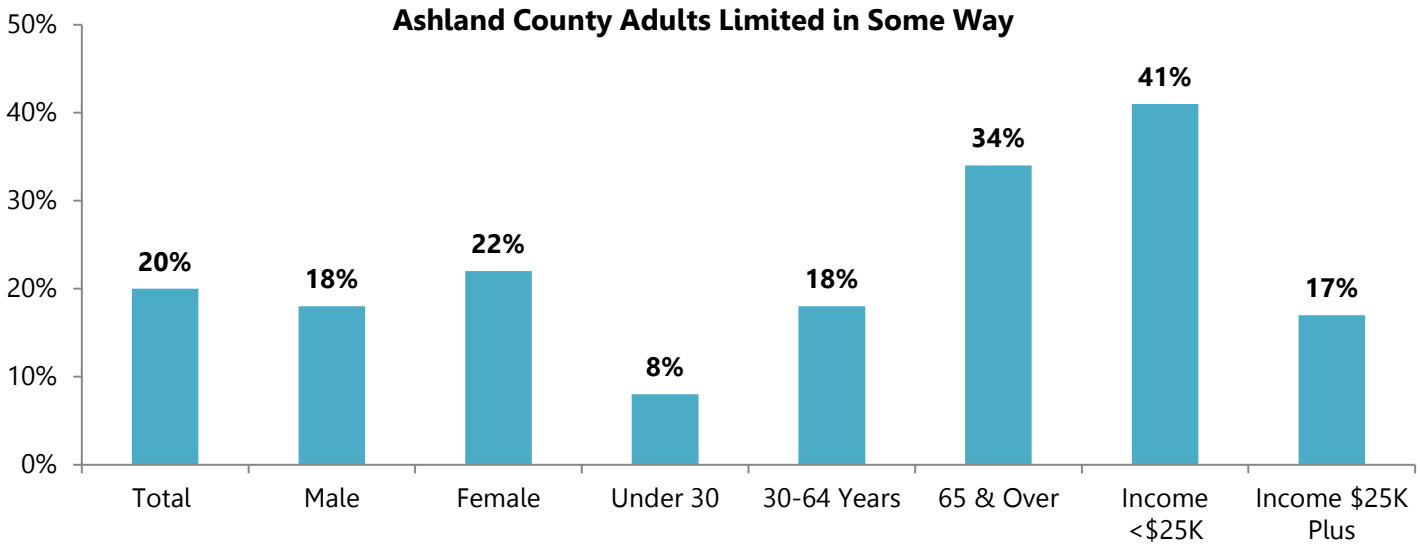
Healthy People 2020

Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

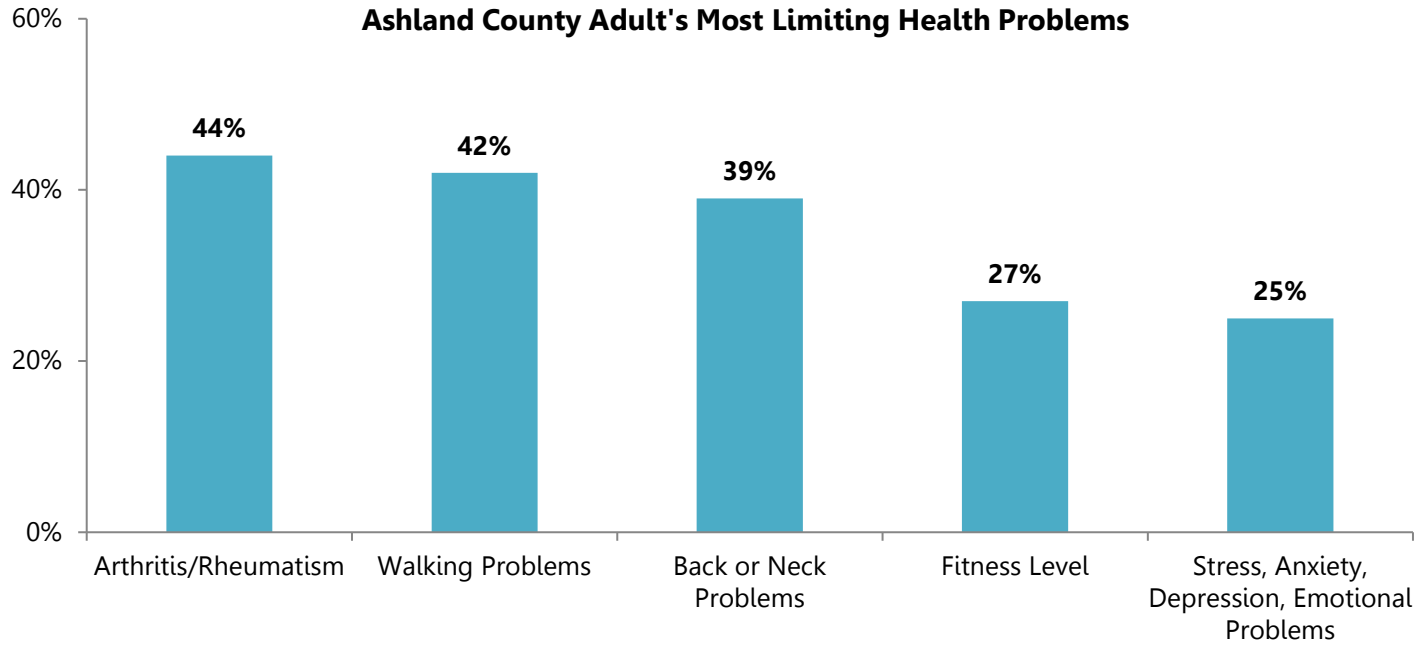
Objective	Ashland County 2018	Healthy People 2020 Target
AOCBC-2: Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	44%	36%

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

The following graphs show the percentage of Ashland County adults that were limited in some way and the most limiting health problems. Examples of how to interpret the information shown on the first graph includes: 20% of Ashland County adults were limited in some way, including 34% of those 65 and older and 41% of those with incomes less than $25,000.



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: Social Determinants of Health

Key Findings

Fourteen percent (14%) of Ashland County adults had four or more Adverse Childhood Experiences (ACEs) in their lifetime. Seven percent (7%) of adults had experienced more than one issue related to food insecurity in the past year. Thirty-eight percent (38%) of adults reported that every family member who lived in their household ate a meal together every day of the week.

Healthy People 2020

Healthy People 2020 developed five key determinants as a "place-based" organizing framework. These five determinants include:

- Economic stability
- Education
- Social and community context
- Health and health care
- Neighborhood and built environment

Economic Stability

- Adults experienced the following food insecurity issues in the past year: had to choose between paying bills and buying food (6%), worried food might run out (4%), their food assistance was cut (4%), went hungry/ate less to provide more food for their family (3%), did not eat because they did not have enough money for food (3%), and loss of income led to food insecurity issues (3%).
- Seven percent (7%) of adults experienced more than one food insecurity in the past year.
- Adults indicated that they or a loved one received assistance for the following in the past year: healthcare (12%), dental care (6%), home repair (5%), Medicare (5%), food (5%), mental illness issues including depression (4%), free tax preparation (4%), prescription assistance (4%), legal aid services (3%), utilities (3%), employment (3%), affordable childcare (3%), durable medical equipment (2%), gambling addiction (1%), rent/mortgage (1%), transportation (1%), drug or alcohol addiction (1%), unplanned pregnancy (1%), clothing (1%), credit counseling (<1%), and diapers (<1%).
- In the past 30 days, 6% of Ashland County adults reported needing help meeting general daily needs such as food, clothing, shelter or paying utility bills.
- Adults reported the following percent of their household income goes to their housing:
  - Less than 30% (53%)
  - 30-50% (27%)
  - 50% or higher (9%)
  - Don't know (11%)
- The median household income in Ashland County was $50,893. The U.S. Census Bureau reports median income levels of $52,407 for Ohio and $57,652 for the U.S. *(Source: U.S. Census Bureau, American Community Survey, 2013-2017).*
- Fourteen percent (14%) of all Ashland County residents were living in poverty, and 22% of children and youth ages 0-17 were living in poverty *(Source: U.S. Census Bureau, American Community Survey, 2013-2017).*

- The unemployment rate for Ashland County was 2.8% as of March 2018 *(Source: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information).*
- There were 22,235 housing units. The owner-occupied housing unit rate was 73%. Rent in Ashland County cost an average of $707 per month *(Source: U.S. Census Bureau, American Community Survey, 2013-2017).*

Education

- Ashland County adults reported that they or an immediate family member had the following literacy needs: learning computer skills (11%); reading and understanding instructions (3%); reading a map, signs, food ingredients; and labels, etc. (1%); and completing a job application (1%).
- Eighty-eight percent (88%) of Ashland County adults 25 years and over had a high school diploma or higher *(Source: U.S. Census Bureau, American Community Survey, 2013-2017).*
- One-fifth (20%) of Ashland County adults 25 years and over had at least a bachelor's degree *(Source: U.S. Census Bureau, American Community Survey, 2013-2017).*

Veterans' Affairs

- Forty-two percent (42%) of adults indicated they or an immediate family member has served within the past 10-15 years. As a result of service, the following have affected their immediate family: post-traumatic stress disorder (PTSD) (10%), major health problems due to injury (6%), access to medical care at a VA facility (6%), marital problems (4%), access to mental health treatment (3%), problems getting VA benefits (3%),could not find/keep a job (1%), suicide attempt (1%), housing issues (1%), suicide completion (1%), had problems getting information on VA eligibility and applying (1%), substance/drug abuse/overdose (1%), and access to medical care at a non-VA facility (1%).

Health and Health Care

- In the past year, 7% of Ashland County adults were uninsured.
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Ashland County adults.

Social Determinants of Health

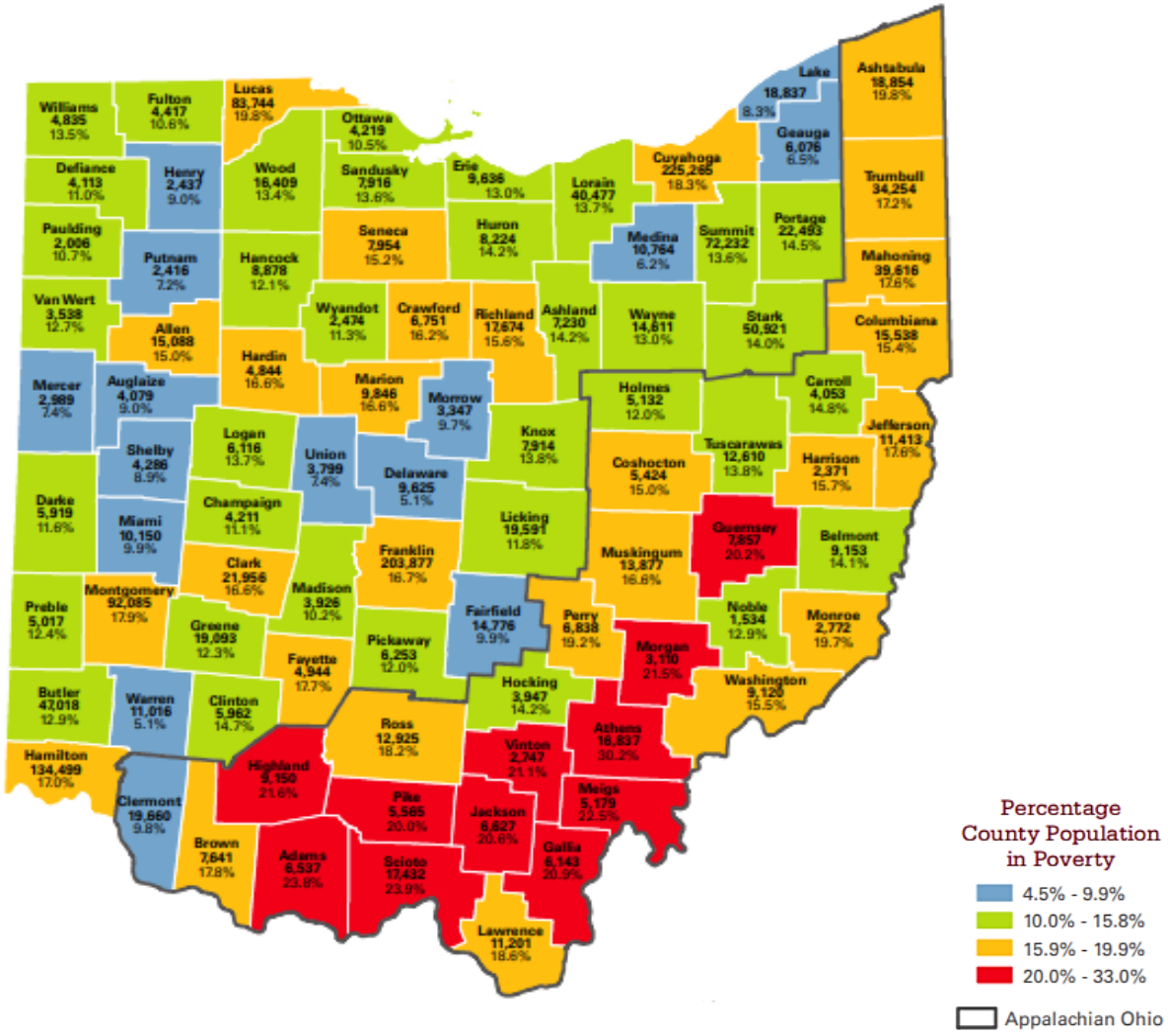
- Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live.
- Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.
- Understanding the relationship between how population groups experience "place" and the impact of "place" on health is fundamental to the social determinants of health—including both social and physical determinants.

(Source: HealthyPeople2020, Retrieved July 23, 2017)

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 report that approximately 1,683,890 Ohio residents, or 14.9% of the population, were in poverty.
- From 2013 to 2017, 14.2% of Ashland 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 2018)

Social and Community Context

- Thirty-eight percent (38%) of adults reported that every family member who lived in their household ate a meal together every day of the week.
- Sixteen percent (16%) of Ashland County adults reported attending a religious service one to three times per month, and 32% reported attending four or more times per month. Thirty-eight percent (38%) reported they did not attend a religious service in the past month. Four percent (4%) of adults did not know how many times they attended a religious service.
- Nine percent (9%) of Ashland County adults reported they or an immediate family (living in the same household or a group home) were mentally or physically disabled.
- As a result of disability, Ashland County adults reported the following applied to themselves or an immediate family member: they feel prepared to handle their own or the individual's needs in case of an emergency (75%); they feel there are community resources available to handle their or the individual's needs in case of an emergency (68%); themselves or the individual has physical restrictions (45%); themselves or the individual is able to understand and speak their needs (40%); themselves or the individual has emotional issues related to their disability (26%); themselves or the individual has access to needs within the community (16%); and the police and/or fire department has themselves or the individual registered with 911 or with their departments in case of an emergency (13%).
- Two percent (2%) of adults reported someone outside of their home threatened to abuse them.
- Adults reported the following people abused them in the past year: someone outside the home (1%), another family member living in their household (<1%), and someone else (<1%).
- Ashland County adults reported the following adverse childhood experiences (ACEs):
  - Their parents became separated or were divorced (25%)
  - A parent or adult in their home swore at, insulted, or put them down (21%)
  - Lived with someone who was a problem drinker or alcoholic (21%)
  - Lived with someone who was depressed, mentally ill, or suicidal (18%)
  - A parent or adult in their home hit, beat, kicked, or physically hurt them (12%)
  - Their family did not look out for each other, feel close to each other, or support each other (9%)
  - Lived with someone who used illegal stress drugs, or who abused prescription medications (8%)
  - Someone at least 5 years older than them or an adult touched them sexually (8%)
  - Lived with someone who served time or was sentenced to serve time in prison, jail or other correctional facility (7%)
  - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (7%)
  - Their parents were not married (5%)
  - Someone at least 5 years older than them or an adult tried to make them touch them sexually (5%)
  - Someone at least 5 years older than them or an adult forced them to have sex (4%)
  - They did not have enough to eat, had to wear dirty clothes, and had no one to protect them (2%).
- Eighteen percent (18%) of adults experienced at least one ACE. Fourteen percent (14%) of adults experienced four or more ACEs.

Behaviors of Ashland County Adults

Experienced 4 or More ACEs vs. Did Not Experience Any ACEs

Adult Behaviors	Experienced 4 or More ACEs	Did Not Experience Any ACEs
Classified as overweight or obese by BMI	76%	65%
Current drinker (had at least one alcoholic beverage in the past month)	64%	62%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	35%	31%
Current smoker (currently smoke on some or all days)	33%	11%
Had an annual household income less than $25,000	26%	22%
Used recreational drugs in the past 6 months	19%	1%
Medication misuse in the past 6 months	10%	5%

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.

Adverse Childhood Experiences (ACEs)

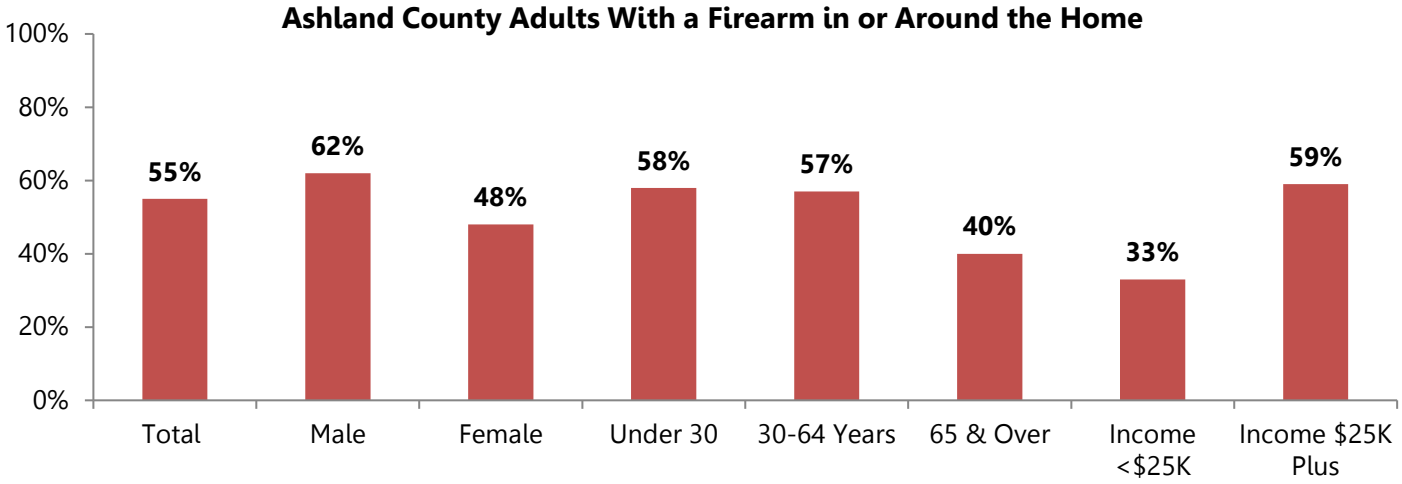
- Childhood abuse, neglect, and exposure to other traumatic stressors which we term adverse childhood experiences (ACE) are common. The most common are separated or divorced parents, verbal, physical or sexual abuse, witness of domestic violence, and having a family member with depression or mental illness.
- According to the CDC, 59% of people surveyed in five states in 2009 reported having had at least one ACE, while 9% reported five or more ACEs.
- The short and long-term outcomes of these childhood exposures include a multitude of health and social problems such as:
  - Depression
  - Fetal death
  - Illicit drug use
  - Liver disease
  - STDs
  - Multiple sexual partners
  - Alcoholism and alcohol abuse
  - COPD
  - Unintended pregnancies
  - Suicide attempts
  - Early initiation of smoking
  - Risk for intimate partner violence
- Given the high prevalence of ACEs, additional efforts are needed at the state and local level to reduce and prevent childhood maltreatment and associated family dysfunction in the US.
- Studies are finding that there is a repetitive dose-response relationship between ACEs and levels of exposure. A dose-response means that as the dose of the stressor increases, the intensity of the outcome will increase as well. As the number of ACEs increase so does the risk for the following:
  - Myocardial Infarction
  - Mental Distress
  - Unemployment
  - Diabetes
  - Asthma
  - Disability
  - Stroke
  - Lowered educational attainment

(Source: CDC, Adverse Childhood Experiences (ACEs), About Adverse Childhood Experiences, Updated 4/1/16)

Neighborhood and Built Environment

- More than half (55%) of adults kept a firearm in or around their home, increasing to 62% of males. Five percent (5%) of adults reported they were unlocked and loaded.
- Thirty-two percent (32%) of Ashland County adults reported that their neighborhood was extremely safe, 51% reported it to be quite safe, 14% reported it to be slightly safe, and <1% reported it to be not safe at all.
- Ashland County adults reported having the following housing situation today: they had housing (96%); they had housing, but were worried about losing it in the future (3%); and they did not have housing (staying with others, in a hotel, in a shelter, living outside, on the street on a bench, in a care abandoned building bus or train station or in a park) (<1%).
- Ashland adults indicated they own their home (76%), rent their home (18%), and had other arrangements (6%).
- Adults reported they would support the following community improvement initiatives: more locally-grown food/Farmer's Markets (52%), local agencies partnering with grocery stores to provide healthier low-cost food items (51%), neighborhood safety (46%), safe roadways (44%), bike/walking trail accessibility or connectivity (43%), sidewalk accessibility (36%), new and/or updated parks (35%), community gardens (31%), and new and/or updated recreation centers (30%).
- Nine percent (9%) of adults had the following transportation issues: disabled (48%), no car (32%), no public transportation available or accessible (19%), no car insurance (16%), suspended/no driver's license (16%), limited public transportation available or accessible (10%), could not afford gas (6%), did not feel safe to drive (3%), and other car issues/expenses (23%).
- Three percent (3%) of Ashland County adults reported that a lack of transportation kept them from medical appointments or getting medications. Two percent (2%) of adults reported a lack of transportation kept them from non-medical meetings, appointments, work, or getting things they needed.
- Ashland County adults reported doing the following while driving: eating (41%), talking on hand-held cell phone (40%), talking on hands-free cell phone (31%), texting (14%), using Internet on their cell phone (12%), not wearing a seatbelt (8%), being under the influence of alcohol (2%), being under the influence of prescription drugs (1%), being under the influence of recreational drugs (1%), and other activities (such as applying makeup, shaving, etc.) (3%).

The following graph shows the percentage of Ashland County adults that had a firearm in or around the home. Examples of how to interpret the information shown on the graph includes: 55% of all Ashland County adults had a firearm in or around the home, including 62% of males, and 58% of those under 30 years old.



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.

Social Conditions: Environmental Conditions

Key Findings

Ashland County adults reported insects (10%) as the top environmental health issue that threatened their health in the past year. Thirteen percent (13%) of adults reported their household was well prepared to handle a large-scale disaster or emergency.

Environmental Health

- Ashland County adults thought the following threatened their health in the past year:
  - Insects (10%)
  - Rodents (7%)
  - Temperature regulation (6%)
  - Agricultural chemicals (5%)
  - Moisture issues (4%)
  - Mold (3%)
  - Plumbing problems (1%)
  - Air quality (1%)
  - Bed bugs (1%)
  - Chemicals found in products (1%)
  - Radon (1%)
  - Cockroaches (1%)
  - Lice (1%)
  - Unsafe water supply/wells (1%)
  - Sewage/waste water problems (1%)
  - Lead paint (1%)
  - Asbestos (<1%)
  - Safety hazards (<1%)

Disaster Preparedness

- Adults indicated the following preferred ways of getting information from authorities in a large-scale disaster or emergency: television (69%), radio (69%), Internet (66%), friends/family (57%), wireless emergency alerts (53%), Facebook (46%), neighbors (41%), Ashland County Emergency Alert System (38%), text messages (37%), newspaper (33%), smart phone app (15%), landline phone (10%), other social media (10%), 2-1-1- (6%), Twitter (6%), and other (3%).

- Thirteen percent (13%) of adults reported their household was well prepared to handle a large-scale disaster or emergency, 59% felt somewhat prepared, and 24% felt not prepared at all. Four percent (4%) of adults reported they did not know how well prepared their household is to handle a large-scale disaster or emergency.

Social Conditions: Parenting

Key Findings

Thirty-one percent (31%) of parents reported missing work at least once in the past year due to their child's illness or injuries. Seventy-nine percent (79%) of parents reported their child had received all recommended immunization shots for their age.

Parenting

- Seventy-nine percent (79%) of parents reported their child had received all recommended immunization shots for their age.
- Reasons for not receiving all recommended immunization shots included the following: did not think immunization was necessary (8%), personal beliefs (7%), fear of immunizations (6%), fear of adverse side effects (5%), religious beliefs (4%), fear of getting sick (3%), and other reasons (2%).
- Parents missed work at least once in the past year due to the following:
  - Illness or injuries (31%)
  - Medical appointments (23%)
  - Unreliable/lack of child care (12%)
  - Asthma (5%)
  - Behavioral/emotional problems (3%)

Vaccines for Your Children: Protect Your Child at Every Age

- Immunizations have had a huge impact on improving the health of children in the U.S. Many parents today have seen the devastating consequence that vaccine-preventable diseases have on a child, family, or community. While these diseases are not common, they persist around the world. It is important to project our children with vaccines because outbreaks of vaccine-preventable diseased like pertussis, mumps, and measles can and do occur in the U.S.
- Vaccination is one of the best ways parents can project their infants, children, and teens from harmful diseases. Vaccine-preventable diseases can be very serious and may require hospitalization.
- Please see the below links for vaccine recommendations for your child's age:
- https://www.cdc.gov/vaccines/parents/protecting-children/index.html

(Source: CDC, Vaccines for Your Children, Updated 4/15/16)

Youth Health: Weight Status

Key Findings

More than one-fifth (22%) of Ashland County youth were obese, according to body mass index (BMI) by age. When asked how they would describe their weight, 33% of youth reported that they were slightly or very overweight. Seventeen percent (17%) of youth did not participate in at least 60 minutes of physical activity on any day in the past week.

Youth Weight Status

- BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific as children's body fat changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal, overweight, and obese.
- More than one-fifth (22%) of Ashland County youth were classified as obese by body mass index (BMI) calculations Fifteen percent (15%) of youth were classified as overweight. Sixty percent (60%) were normal weight, and 4% were underweight.
- One-third (33%) of youth described themselves as being either slightly or very overweight.
- Forty-seven percent (47%) of all youth were trying to lose weight, increasing to 58% of females (compared to 35% of males).

1,957 Ashland County youth were classified as overweight or obese.

- Youth did the following to lose weight or keep from gaining weight in the past 30 days:
  - Exercised (51%)
  - Drank more water (47%)
  - Ate more fruits and vegetables (34%)
  - Ate less food, fewer calories, or foods lower in fat (32%)
  - Skipped meals (18%)
  - Went without eating for 24 hours or more (6%)
  - Smoked cigarettes/e-cigarettes (3%)
  - Vomited or took laxatives (1%)
  - Used illegal drugs (1%)
  - Took diet pills, powders, or liquids without a doctor's advice (1%)
- Thirty-two percent (32%) of youth did not do anything to lose or keep from gaining weight.

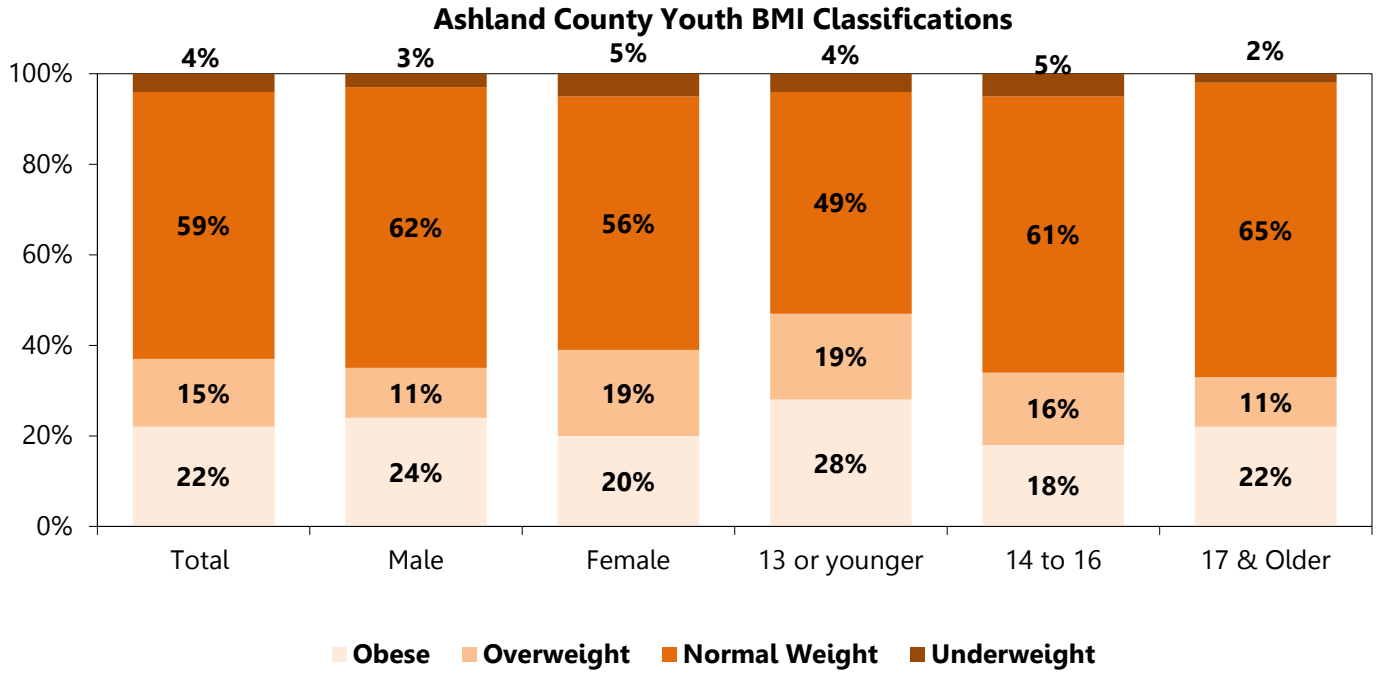
Healthy People 2020

Nutrition and Weight Status (NWS)

Objective	Ashland County 2019	U.S. 2017	Healthy People 2020 Target
NWS-10.4 Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese	22% (6-12 Grade) 20% (9-12 Grade)	15% (9-12 Grade)	15%

Note: The Healthy People 2020 target is for children and youth aged 2-19 years.
(Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2019 Ashland County Health Assessment)

The following graph shows the percentage of Ashland County youth who were classified as obese, overweight, normal weight or underweight according to body mass index (BMI) by age. An example of how to interpret the information in the graph includes: 59% of all Ashland County youth were classified as normal weight, 22% were obese, 15% were overweight, and 4% were underweight for their age and gender.



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.

Youth Nutrition

- Ashland County youth reported that their families got most of their food from the following locations: grocery store (94%), fast food restaurant (3%), convenience/corner store (1%), and other locations (1%).
- Eleven percent (11%) of youth reported they went to bed hungry on at least one day per week because their family did not have enough money for food. One percent (1%) of youth went to bed hungry every night of the week.
- Nearly two-fifths (37%) of youth ate five or more servings of fruits **and/or** vegetables per day, 33% ate three to four servings, and 26% of youth ate one to two servings. Four percent (4%) of youth ate zero servings of fruits and/or vegetables per day.

The table below indicates the number of servings Ashland County youth had of fruit, vegetables, sugar-sweetened beverages and caffeinated beverages per day.

	5 or more servings	3-4 servings	1-2 servings	0 servings
Fruit	12%	20%	59%	9%
Vegetables	9%	21%	58%	12%
Sugar-sweetened beverage	7%	17%	55%	21%
Caffeinated beverage	6%	12%	49%	33%

Youth Physical Activity

- During the past week, youth participated in at least 60 minutes of physical activity at the following frequencies:
  - Three or more days (66%)
  - Five or more days (49%)
  - Every day (26%)
  - Zero days (17%)

- Nearly half (48%) of Ashland County youth participated in a sports or intramural program, and 43% of youth exercised outside of school.

- The CDC recommends that children and adolescents participate in at least 60 minutes of physical activity per day. Aerobic activity, muscle strengthening, and bone strengthening are three distinct types of physical activity that children should engage in, appropriate to their age. Children should participate in each of these types of activity on at least three days per week *(Source: CDC, Youth Physical Activity Guidelines).*

- Ashland County youth spent an average of 3.4 hours on a cellphone, 1.4 hours playing video games, 1.2 hours watching TV, and 1.0 hours on a computer or tablet, on an average day of the week.

- Twelve percent (12%) of youth spent 3 or more hours watching TV on an average day.

Ashland County youth did the following to lose weight in the past 30 days:	Percent
Exercised	51%
Drank more water	47%
Ate more fruits and vegetables	34%
Ate less food, fewer calories, or foods lower in fat	32%
Skipped meals	18%
Went without eating for 24 hours	6%
Smoked cigarettes/e-cigarettes	3%
Vomited or took laxatives	1%
Used illegal drugs	1%
Took diet pills, powders, or liquids without a doctor's advice	1%

Youth Comparisons	Ashland County 2019 (6th-12th)	Ashland County 2019 (9th-12th)	U.S. 2017 (9th-12th)
Obese	22%	20%	15%
Overweight	15%	14%	16%
Described themselves as slightly or very overweight	33%	34%	32%
Tried to lose weight	47%	47%	47%
Physically active at least 60 minutes per day on every day in past week	26%	24%	26%
Physically active at least 60 minutes per day on 5 or more days in past week	49%	46%	46%
Did not participate in at least 60 minutes of physical activity on any day in past week	17%	15%	15%
Watched 3 or more hours per day of television (on an average school day)	12%	11%	21%

Health Effects of Childhood Obesity

Childhood obesity has both immediate and long-term effects on health and well-being.

Immediate health effects:

- Obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. In a population-based sample of 5- to 17-year-olds, 70% of obese youth had at least one risk factor for cardiovascular disease.
- Obese adolescents are more likely to have prediabetes, a condition in which blood glucose levels indicate a high risk for development of diabetes.
- Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem.

Long-term health effects:

- Children and adolescents who are obese are likely to be obese as adults and are therefore more at risk for adult health problems such as heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis. One study showed that children who became obese as early as age 2 were more likely to be obese as adults.
- Overweight and obesity are associated with increased risk for many types of cancer, including cancer of the breast, colon, endometrium, esophagus, kidney, pancreas, gall bladder, thyroid, ovary, cervix, and prostate, as well as multiple myeloma and Hodgkin's lymphoma.

(Sources: CDC, Childhood Overweight and Obesity, Updated: December 15, 2016)

Youth Health: Tobacco Use

Key Findings

Ten percent (10%) of Ashland County youth were current smokers, having smoked at some time in the past 30 days. Nearly one quarter (24%) of Ashland County youth used an electronic vapor product in the past 30 days, increasing to 32% of those ages 17 and older.

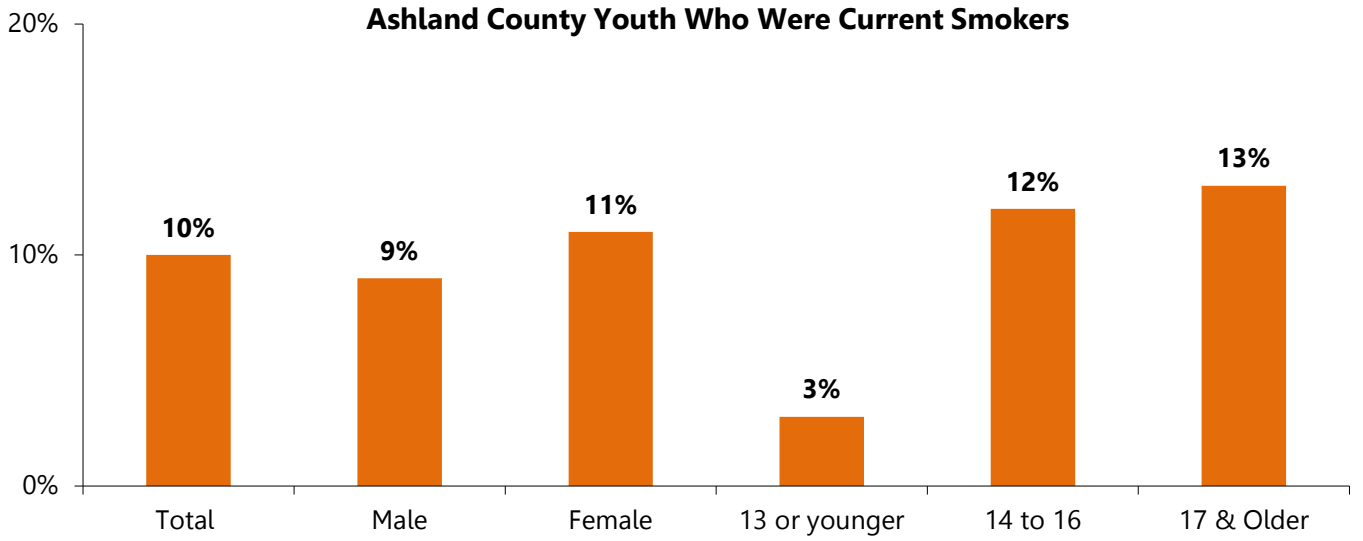
Youth Tobacco Use Behaviors

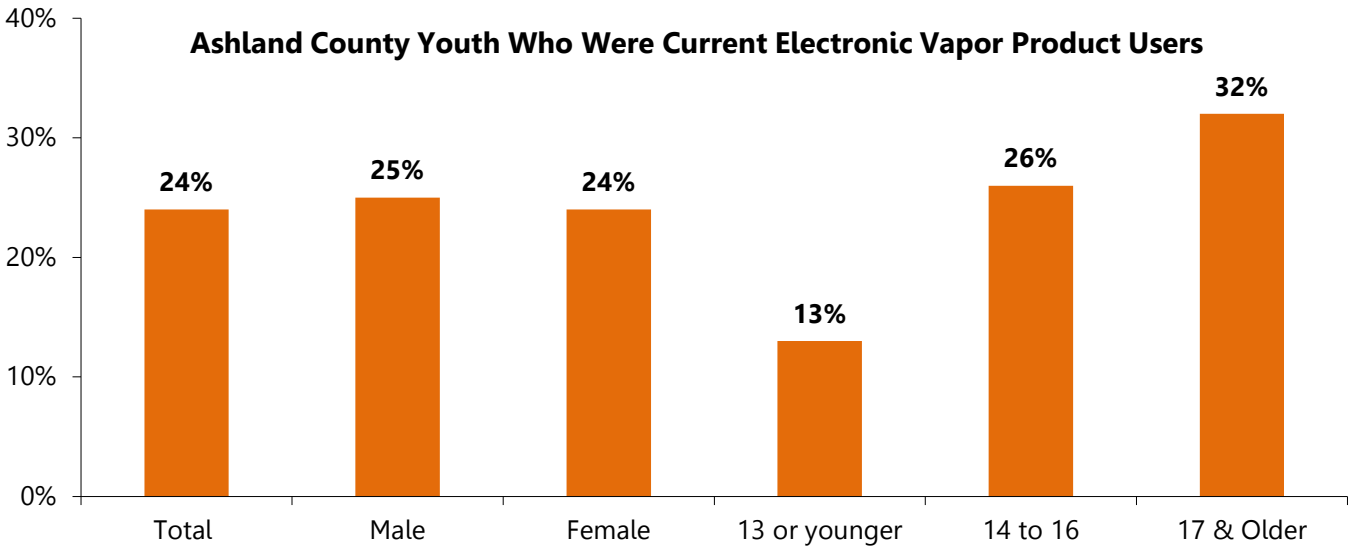
- In 2019, 24% of youth had tried cigarette smoking, even one or two puffs, increasing to 41% of those ages 17 and older.
- Eleven percent (11%) of all Ashland County youth had tried cigarette smoking, even one or two puffs, for the first time before the age of 13.
- More than one-quarter (27%) of those who had smoked a cigarette, even one or two puffs, did so at 10 years old or younger, and another 14% had done so by 12 years old. The average age of onset for smoking was 12.7 years old.
- Ten percent (10%) of Ashland County youth were current smokers, having smoked at some time in the past 30 days.

1,269 Ashland County youth used an electronic vapor product in the past 30 days.

- One percent (1%) of all youth smoked cigarettes on 20 or more days during the past month.
- Fifty-nine percent (59%) youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- Youth used the following forms of tobacco in the past year: e-cigarettes (26%); cigarettes (13%); chewing tobacco, snuff, or dip (6%); cigars (6%); Swishers (6%); Black and Milds (4%); cigarillos (3%); pouch [snus] (2%); hookah (2%); little cigars (2%); and dissolvable tobacco products (1%).
- Forty-three percent (43%) of youth smokers borrowed cigarettes from someone else, 26% took them from a family member, 24% gave someone else money to buy them cigarettes, 22% indicated they bought cigarettes from a store or gas station, 19% said some person 18 years or older gave them the cigarettes, 2% bought them from a vending machine, and 26% got them some other way.
- Nearly one quarter (24%) of Ashland County youth used an electronic vapor product in the past 30 days, increasing to 32% of those ages 17 and older.
- Five percent (5%) of all youth currently used electronic vapor products daily.
- Of youth that had used e-cigarettes/vapes in the past 12 months, they reported putting the following in them:
  - E-liquid or e-juice with nicotine (73%)
  - E-liquid or e-juice without nicotine (42%)
  - Marijuana or THC in the e-liquid (15%)
  - Homemade e-liquid or e-juice (2%)
  - E-liquid with a synthetic substance (2%)
- Fifty-eight percent (58%) of youth who used tobacco products (including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products) had tried to quit in the past year.

The following graphs shows the percentage of Ashland County youth who were current smokers and current electronic vapor product users. An example of how to interpret the information on the first graph includes: 10% of all Ashland County youth were current smokers, including 11% of females and 13% of those ages 17 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 survey.

Healthy People 2020
Tobacco Use (TU)

Objective	Ashland County 2019	U.S. 2017	Healthy People 2020 Target
TU-2.2 Reduce use of cigarettes by adolescents (past month)	10% (6-12 Grade) 13% (9-12 Grade)	9% (9-12 Grade)	16%*

**Note: The Healthy People 2020 target is for youth in grades 9-12.*
(Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2019 Ashland County Health Assessment)

The table below indicates correlations between current smokers and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 59% of current smokers had at least one drink of alcohol in the past 30 days, compared to 16% of non-current smokers.

Behaviors of Ashland County Youth

*Current Smokers vs. Non-Current Smokers**

Youth Behaviors	Current Smoker	Non-Current Smoker
Currently participate in extracurricular activities	95%	89%
Used marijuana (in their lifetime)	73%	13%
Felt sad or hopeless (in the past year)	71%	32%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	64%	28%
Had at least one drink of alcohol (in the past 30 days)	59%	16%
Seriously considered attempting suicide (in the past 12 months)	44%	12%
Bullied (in the past 12 months)	42%	36%
Misused prescription medication (in their lifetime)	32%	4%

"Current smokers" indicate youth who self-reported smoking at any time during the past 30 days.
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

Youth Comparisons	Ashland County 2019 (6th-12th)	Ashland County 2019 (9th-12th)	U.S. 2017 (9th-12th)
Ever tried cigarette smoking (even one or two puffs)	24%	34%	29%
Current smoker (smoked on at least 1 day during the past 30 days)	10%	13%	9%
First tried cigarette smoking before age 13 years (even one or two puffs)	11%	13%	10%
Currently frequently smoked cigarettes (on 20 or more days during the past 30 days)	1%	2%	3%
Currently used an electronic vapor product (in the past 30 days)	24%	32%	13%
Currently used electronic vapor products daily	5%	9%	2%
Did not try to quit using all tobacco products (including cigarettes, cigars, smokeless tobacco, shisha hookah tobacco and electronic vapor products, during the past 12 months)	41%	37%	59%

Youth Health: Alcohol Consumption

Key Findings

Nearly half (47%) of youth had at least one drink of alcohol in their life, increasing to 60% of those ages 17 and older. Twenty percent (20%) of youth had at least one drink in the past 30 days, defining them as a current drinker. Of those who drank, 55% were defined as binge drinkers.

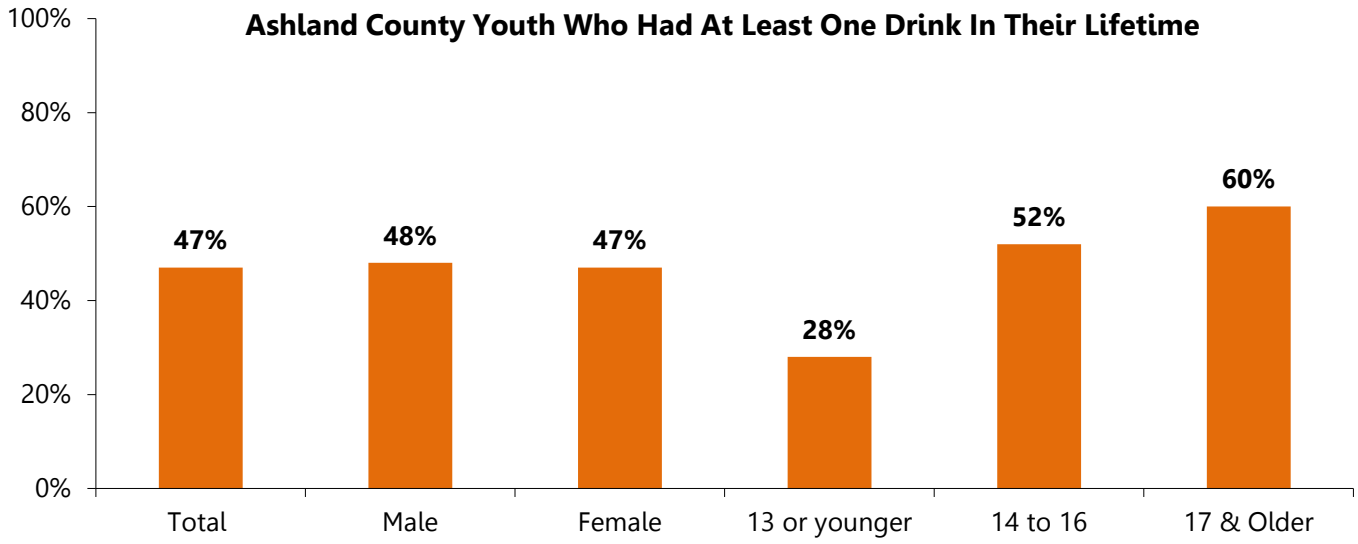
Youth Alcohol Consumption

- Nearly half (47%) of youth had at least one drink of alcohol in their life, increasing to 60% of those ages 17 and older.
- Twenty percent (20%) of youth had at least one drink in the past 30 days, increasing to 31% of those ages 17 and older.
- Based on all youth surveyed, 11% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers, increasing to 23% of those ages 17 and older. Of those who drank, 55% were defined as binge drinkers, increasing to 76% of those ages 17 and older.

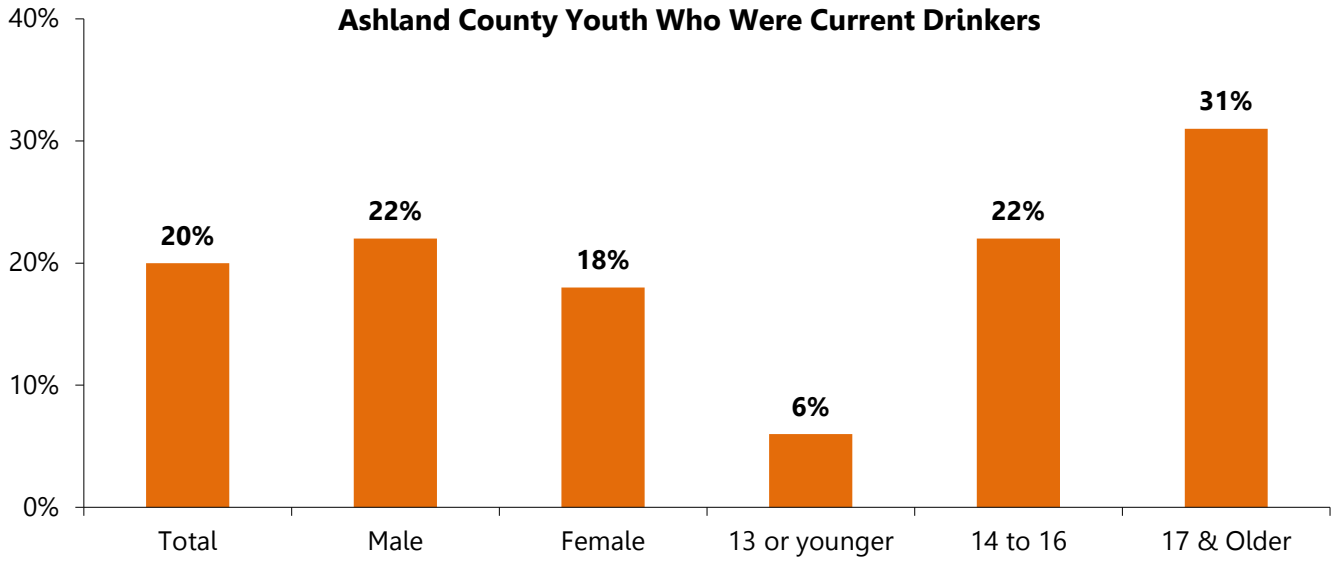
In 2019, 1,058 Ashland County youth had at least one drink in the past 30 days.

- Of all youth, 16% had drunk alcohol for the first time before the age of 13.
- Nearly two-fifths (37%) of youth who reported drinking at some time in their life had their first drink at 12 years old or younger, 22% took their first drink between the ages of 13 and 14, and 41% started drinking between the ages of 15 and 18. The average age of onset was 13.2 years old.
- Youth drinkers reported they got their alcohol from the following: a parent gave it to them (39%), someone gave it to them (33%), obtained it some other way (25%), someone older bought it for them (24%), an older friend or sibling bought it (17%), a friend's parent gave it to them (14%), took it from a store or family member (11%), bought it with a fake ID (3%), and bought it in a liquor store/convenience store/gas station (3%).
- Youth drinkers reported drinking alcohol at the following places:
  - In their home (71%)
  - At a friend's home (51%)
  - At another person's home (23%)
  - At a public place such as a park, beach, or parking lot (5%)
  - While riding in or driving a car or another vehicle (4%)
  - At a public event such as a concert or sporting event (3%)
  - At a restaurant, bar or club (2%)
  - On school property (1%)
- Youth reported the last time a parent or guardian talked to them about the dangers of underage drinking or drug use was less than a month ago (38%), 2-3 months ago (18%), 4-6 months ago (5%), 7-12 months ago (3%), and more than a year ago (13%). Twenty-two percent (22%) of youth reported their parent never talked to them about this subject.

The following graphs show the percentage of Ashland County youth who drank in their lifetime and who were current drinkers. An example of how to interpret the information in the first graph includes: 47% of all Ashland County youth had drank at some time in their life, including 48% of males and 60% of those ages 17 and older.

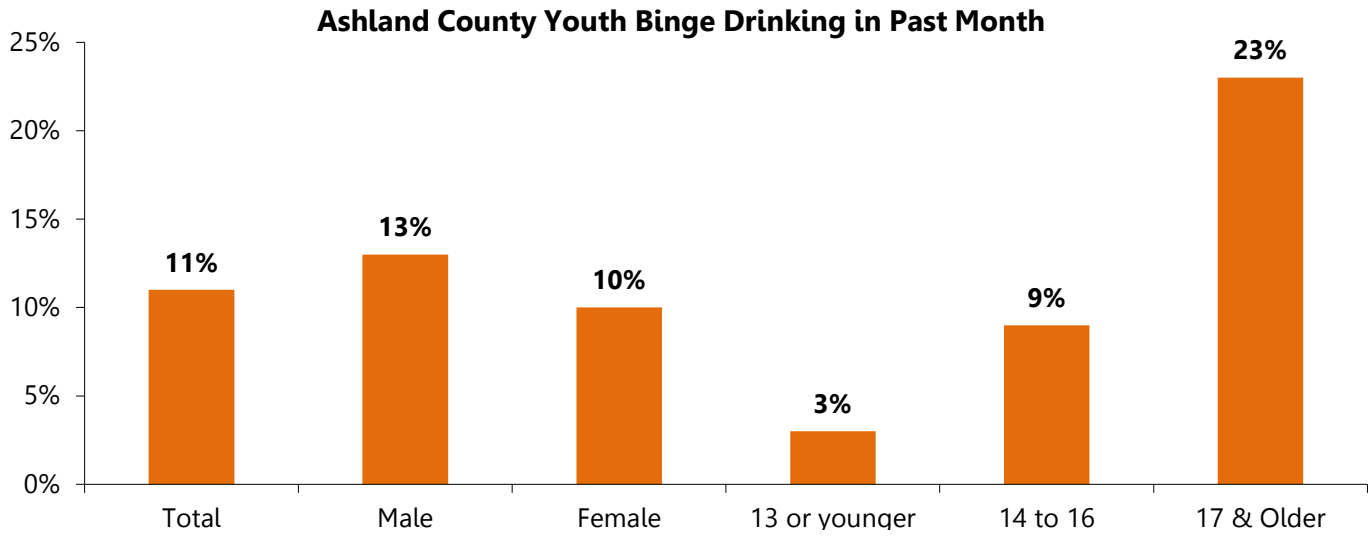


Based on all Ashland County youth surveyed, 582 were defined as binge drinkers.



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 youth who binge drank in the past month. An example of how to interpret the information includes: 11% of youth binge drank, including 13% of males and 23% of those ages 17 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 survey.

The table below indicates correlations between current drinkers and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 51% of current drinkers experienced 3 or more ACEs in their lifetime, compared to 27% of non-current drinkers.

Behaviors of Ashland County Youth

*Current Drinkers vs. Non-Current Drinkers**

Youth Behaviors	Current Drinker	Non-Current Drinker
Currently participate in extracurricular activities	98%	88%
Bullied (in the past 12 months)	51%	41%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)	51%	27%
Used marijuana (in their lifetime)	49%	12%
Felt sad or hopeless (in the past year)	49%	33%
Seriously considered attempting suicide (in the past 12 months)	33%	11%
Smoked cigarettes (in the past 30 days)	29%	5%
Misused prescription medication (in their lifetime)	22%	3%

**"Current drinker" indicates youth who self-reported having had at least one drink of alcohol during the past 30 days.*
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

Healthy People 2020
Substance Abuse (SA)

Objective	Ashland County 2019	U.S. 2017	Healthy People 2020 Target
SA-14.4 Reduce the proportion of persons engaging in binge drinking during the past month	11% (6-12 Grade) 17% (9-12 Grade)	14% (9-12 Grade)	9%*

**Note: The Healthy People 2020 target is for youth aged 12-17 years.*
(Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2019 Ashland County Health Assessment)

Youth Comparisons	Ashland County 2019 (6^{th}-12^{th})	Ashland County 2019 (9^{th}–12^{th})	U.S. 2017 (9^{th}–12^{th})
Ever drank alcohol (at least one drink of alcohol on at least 1 day during their life)	47%	58%	60%
Current Drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	20%	27%	30%
Binge drinker (drank 5 or more drinks within a couple of hours on at least 1 day during the past 30 days)	11%	17%	14%
Drank for the first time before age 13 (of all youth)	16%	13%	16%
Obtained the alcohol they drank by someone giving it to them (of youth drinkers)	33%	36%	44%

Consequences of Underage Drinking

- Youth who drink alcohol are more likely to experience the following:
  - School problems, such as higher absence and poor or failing grades
  - Social problems, such as fighting and lack of participation in youth activities
  - Legal problems, such as arrest for driving or physically hurting someone while drunk
  - Physical problems, such as hangovers or illnesses
  - Unwanted, unplanned, and unprotected sexual activity
  - Disruption of normal growth and sexual development
  - Physical and sexual assault
  - Higher risk for suicide and homicide
  - Alcohol-related car crashes and other unintentional injuries, such as burns, falls, and drowning
  - Memory problems
  - Abuse of other drugs
  - Changes in brain development that may have life-long effects
  - Death from alcohol poisoning
- In general, the risk of youth experiencing these problems is greater for those who binge drink than for those who do not binge drink.
- Early initiation of drinking is associated with development of an alcohol use disorder later in life.

(Source: CDC, Alcohol and Public Health, updated on August 2, 2018)

Youth Health: Drug Use

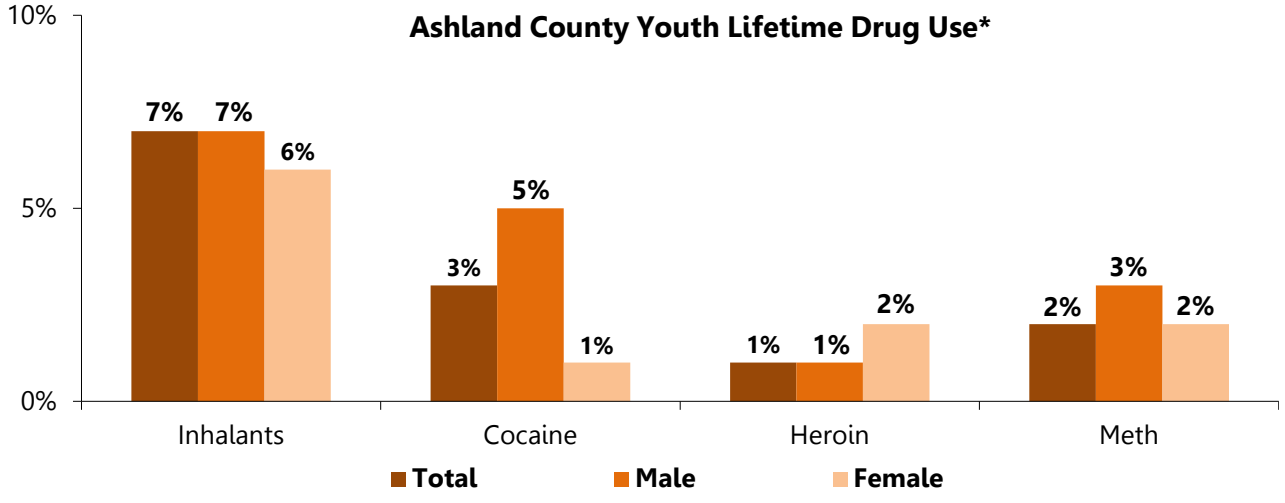
Key Findings

Nine percent (9%) of Ashland County youth had used marijuana at least once in the past 30 days, increasing to 16% of those ages 17 and over. Seven percent (7%) of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their lifetime.

Youth Drug Use

- Three percent (3%) of youth had used any form of cocaine, including powder, crack, or freebase in their lifetime *(Only includes only grades 9-12).*
- Seven percent (7%) of youth had sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high in their lifetime.
- One percent (1%) of youth had used heroin in their lifetime *(Only includes only grades 9-12).*
- Two percent (2%) of youth had used methamphetamines in their lifetime *(Only includes only grades 9-12).*
- Ashland County youth had tried the following in their life: *(Only includes only grades 9-12)*
  - Liquid THC (11%)
  - Hallucinogenic drugs, such as LSD, acid, PC, angel dust, mescaline, or mushrooms (5%)
  - Misused cough syrup (4%)
  - Posh/salvia/synthetic marijuana (4%)
  - Misused over-the-counter medications (2%)
  - Bath salts (1%)
  - Steroids (1%)
  - Misused hand sanitizer (1%)
  - Ecstasy/MDMA/Molly (1%)
  - K2/spice (1%)
- During the past 12 months, 11% of all Ashland County youth reported that someone had offered, sold, or given them an illegal drug on school property.

The following graph indicates Ashland County youth lifetime drug use. An example of how to interpret the information includes: 3% of youth had used cocaine at some point in their life, including 5% of males and 1% of females.

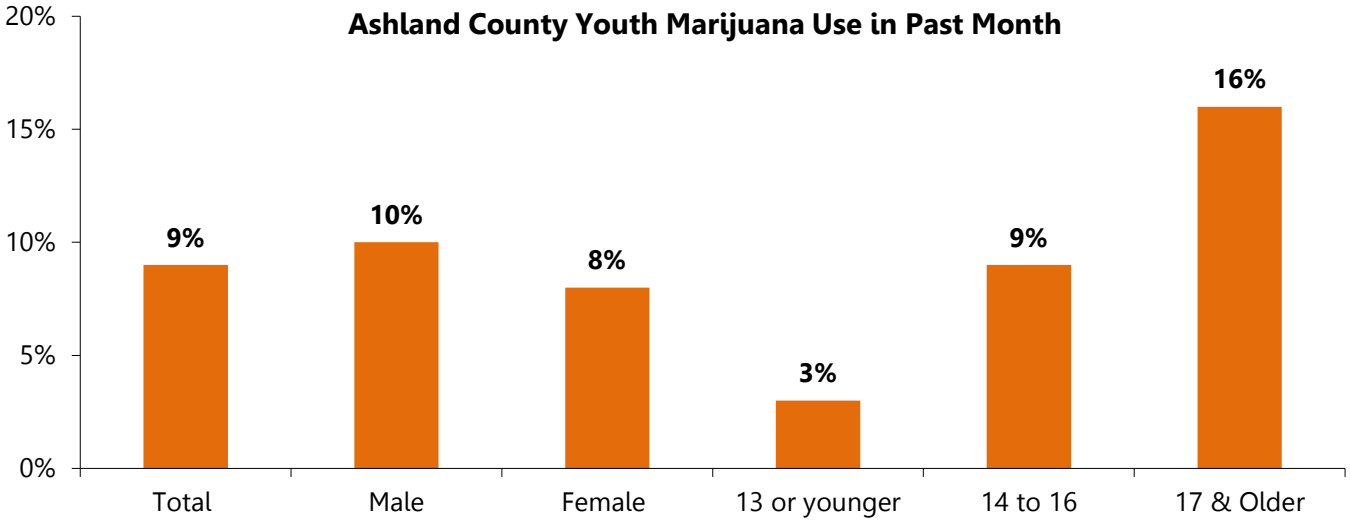


**Cocaine, heroin, and meth data only includes grades 9-12*
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Marijuana Use

- Nine percent (9%) of all Ashland County youth had used marijuana at least once in the past 30 days, increasing to 16% of those ages 17 and over.
- Almost one-fifth (19%) of youth had tried marijuana in their lifetime.

The following graph indicates youth marijuana use in the past 30 days. An example of how to interpret the information includes: 9% of youth have used marijuana in the past 30 days, increasing to10% of males and 16% of those ages 17 and older.

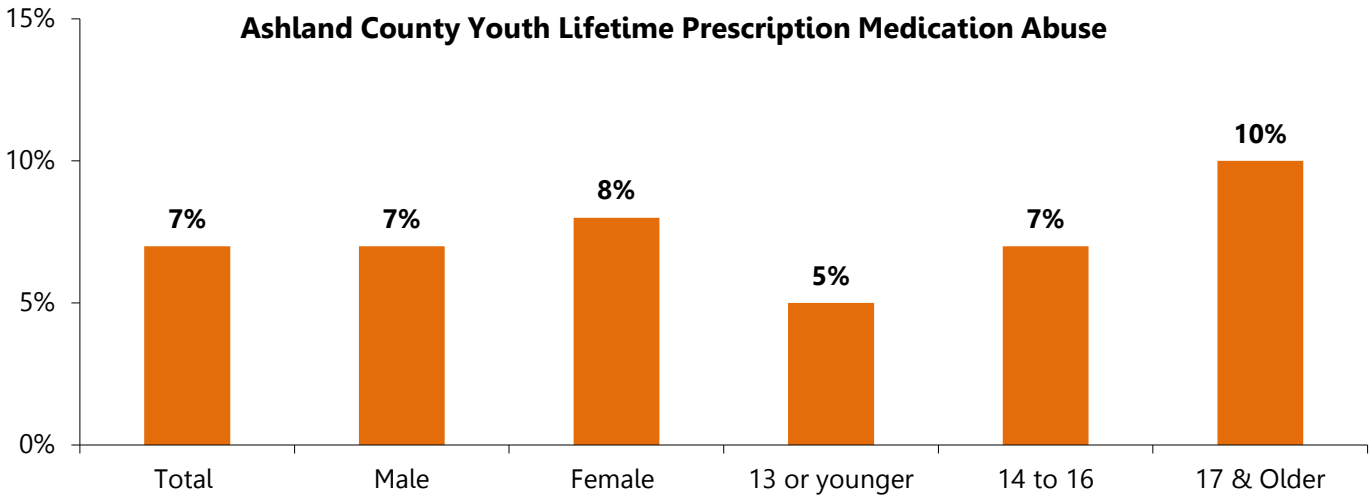


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

Youth Prescription Drug Abuse

- Seven percent (7%) of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their lifetime.
- Youth who misused prescription medications usually got them in the following ways:
  - A friend gave it to them (37%)
  - A parent gave it to them (27%)
  - They took them from a family member or friend (27%)
  - They bought them from someone else (27%)
  - They bought it from a friend (20%)
  - The Internet (20%)
  - A family member gave it to them (10%)
- Youth indicated the following reasons for not using drugs: parents would be upset (78%), personal values (65%), legal consequences (61%), being kicked out of extra-curricular activities (46%), health problems (41%), friends would not approve (34%), random student drug testing (32%), and other (30%).
- Youth who reported using alcohol, tobacco, or other drugs reported the following would keep them from seeking help to quit: they might get in trouble (31%), no time (17%), paying for it (16%), do not know where to get help (6%), and transportation (5%). Seventy percent (70%) of youth reported that they did not need the help.

The following graph shows youth who misused prescription medication in their lifetime. Examples of how to interpret the information include: 7% of youth have misused prescription medication in their lifetime, including 7% of males and 10% those ages 17 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 survey.

Youth Comparisons	Ashland County 2019 (6th-12th)	Ashland County 2019 (9th–12th)	U.S. 2017 (9th–12th)
Used marijuana in the past month	9%	13%	20%
Ever used marijuana (in their lifetime)	19%	28%	36%
Ever used methamphetamines (in their lifetime)	N/A	2%	3%
Ever used cocaine (in their lifetime)	N/A	3%	5%
Ever used heroin (in their lifetime)	N/A	1%	2%
Ever used ecstasy (in their lifetime)	N/A	1%	4%
Ever used inhalants (in their lifetime)	7%	6%	6%
Ever used hallucinogenic drugs (in their lifetime)	N/A	5%	7%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	11%	13%	20%

N/A – Not Available

Youth Health: Sexual Behavior

Key Findings

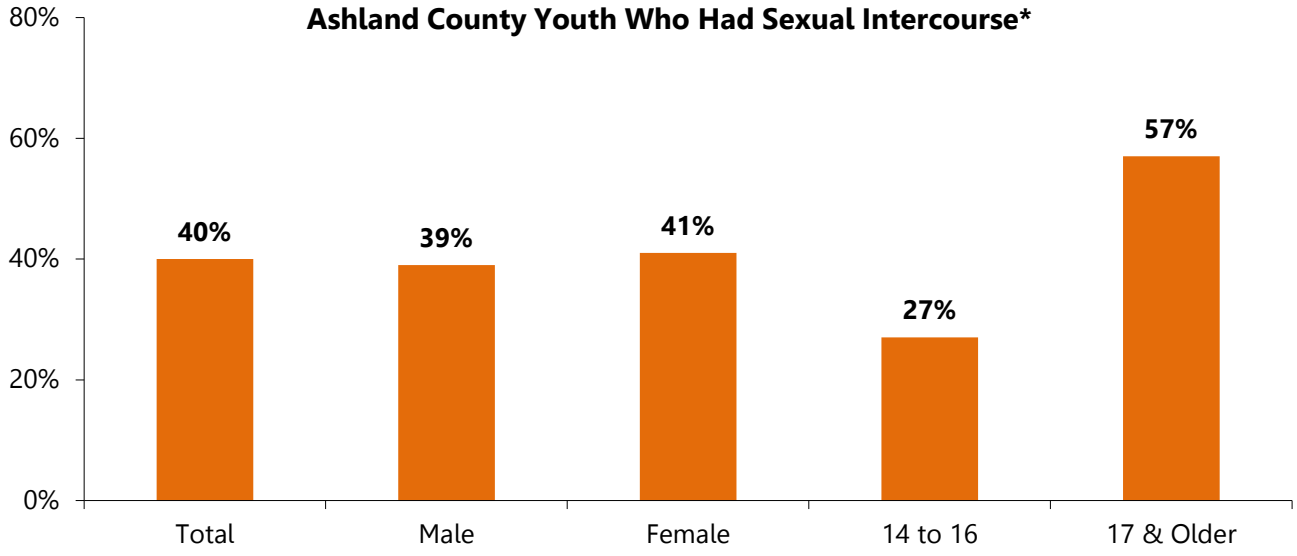
Forty percent (40%) of Ashland County youth had sexual intercourse in their lifetime. Nearly one-fifth (19%) of sexually active youth had four or more sexual partners. Six percent (6%) of youth engaged in intercourse without a reliable method of protection.

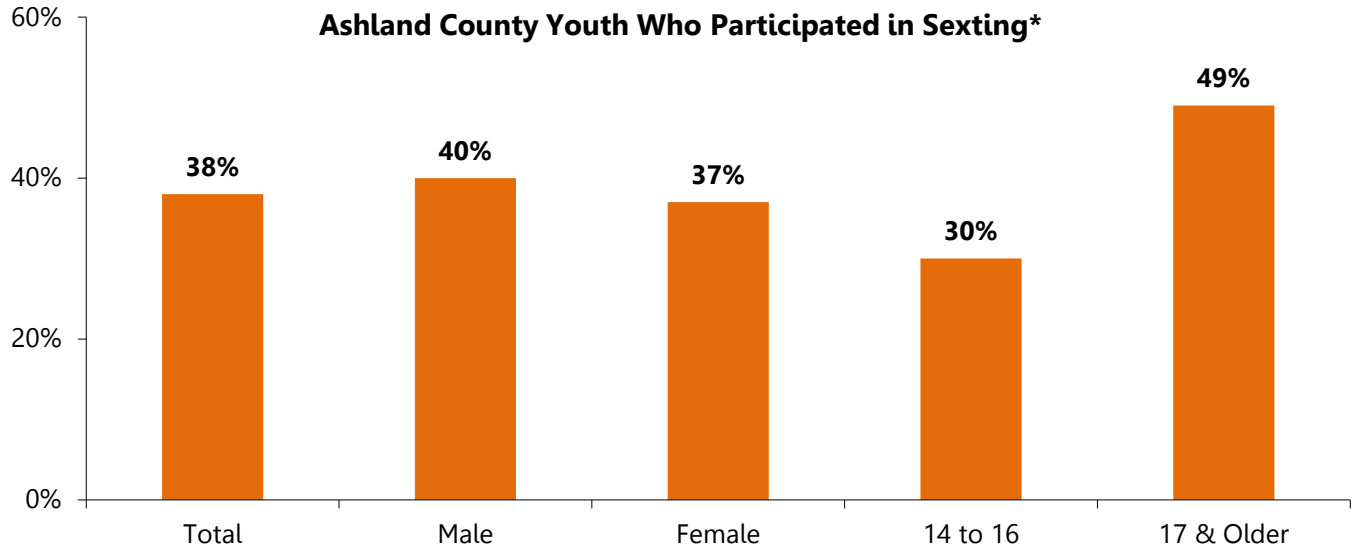
Youth Sexual Behavior

Note: Only 9-12th graders were asked sexual behavior questions (with the exception of one question, noted below).

- Forty percent (40%) of Ashland County youth had sexual intercourse in their lifetime.
- Nearly two-fifths (38%) of youth had participated in sexting in their lifetime
- Forty percent (40%) of youth had viewed pornography in their lifetime, increasing to 55% of males.
- Of sexually active youth, 52% had one sexual partner and 48% had multiple partners.
- Nearly one-fifth (19%) of sexually active youth had four or more sexual partners.
- Eight percent (8%) of all youth had four or more sexual partners.
- Of sexually active youth, 16% had done so by the age of 13, and another 43% had done so by 15 years of age. The average age of onset was 15.1 years old.
- Of all youth, 3% were sexually active before 13 years old.
- Forty percent (40%) of youth who were sexually active used condoms to prevent pregnancy; 22% used birth control pills; 10% used an IUD or implant; 5% used a shot, patch or birth control ring; and 2% used the withdrawal method. Seven percent (7%) of youth reported they were gay or lesbian. However, 6% engaged in intercourse without a reliable method of protection, and 6% reported they were unsure.
- Ashland County youth had experienced the following in their lifetime
  - Had sexual contact with a female (24%)
  - Had sexual contact with a male (20%)
  - Wanted to get pregnant (4%)
  - Been treated for an STD (2%)
  - Had sex in exchange for something of value such as food, drugs, shelter or money (2%)
  - Had a miscarriage (1%)
  - Been pregnant (1%)
  - Tried to get pregnant (1%)
  - Got someone pregnant (1%)
  - Had a child (<1%)
  - Had an abortion (<1%)
- Nearly one-fifth (19%) of youth reported drinking alcohol or using drugs before they had sexual intercourse.
- Youth learned about pregnancy prevention, sexually transmitted diseases, HIV/AIDS, and the use of condoms from school (71%), their parents (56%), their doctor (26%), their friends (23%), the Internet or social media (24%), their siblings (14%), church (5%), and somewhere else (10%). Eight percent (8%) of youth had not been taught about these subjects *(includes grades 6-12th).*

The following graphs show the percentage of Ashland County youth who participated in sexual intercourse and sexting in their lifetime. An example of how to interpret the information includes: 40% of Ashland County youth had sexual intercourse, including 41% of females, and 57% of those ages 17 and older.





**Only 9-12th graders were asked sexual behavior questions.*
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.

Youth Comparisons	Ashland County 2019 (6th-12th)	Ashland County 2019 (9th-12th)	U.S. 2017 (9th-12th)
Did not use any method to prevent pregnancy during last sexual intercourse	N/A	6%	14%
Drank alcohol or used drugs before last sexual intercourse (of sexually active youth)	N/A	19%	19%
Ever had sexual intercourse	N/A	40%	40%
Had sexual intercourse with four or more persons (of all youth during their life)	N/A	8%	10%
Had sexual intercourse before the age 13 (for the first time of all youth)	N/A	3%	3%
Used a condom (during last sexual intercourse)	N/A	40%	54%
Used birth control pills (during last sexual intercourse)	N/A	22%	21%
Used an IUD (during last sexual intercourse)	N/A	10%	4%
Used a shot, patch or birth control ring (during last sexual intercourse)	N/A	5%	5%

N/A – Not Available

Sexual Risk Behavior

- Many young people engage in sexual risk behaviors that can result in unintended health outcomes. For example, among U.S. high school students surveyed in 2017:
  - Only 10% of sexually experienced students have ever been tested for HIV.
  - 40% had ever had sexual intercourse.
  - 30% had sexual intercourse during the previous 3 months.
- Of those who were sexually active in the past 3 months:
  - 46% did not use a condom the last time they had sex.
  - 14% did not use any method to prevent pregnancy.
  - 19% had drank alcohol or used drugs before last sexual intercourse.
- Sexual risk behaviors place adolescents at risk for HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancy.
- Young people (aged 13-24) accounted for an estimated 21% of all new HIV diagnoses in the United States in 2016.
- Among young people (aged 13-24) diagnosed with HIV in 2016, 81% were gay and bisexual males.
- Half of the nearly 20 million new STDs reported each year are among young people, between the ages 15–24.
- Nearly 210,000 babies were born to teen girls aged 15-19 years in 2016.

(Source: CDC, Adolescent and School Health, Sexual Risk Behaviors: HIV, STD, & Teen Pregnancy Prevention, Updated June 2018)

Youth Health: Mental Health

Key Findings

In the past year, 36% of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 44% of females. Sixteen percent (16%) of youth had seriously considered attempting suicide in the past year. Nearly one-third (31%) of youth had experienced three or more adverse childhood experiences (ACEs) in their lifetime.

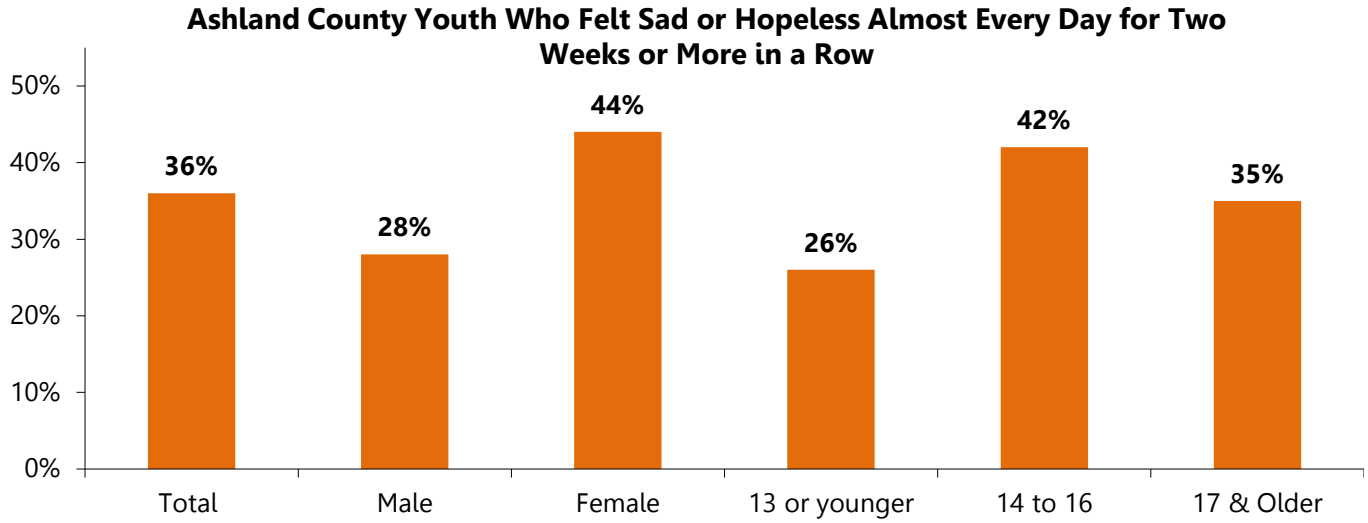
Youth Mental Health

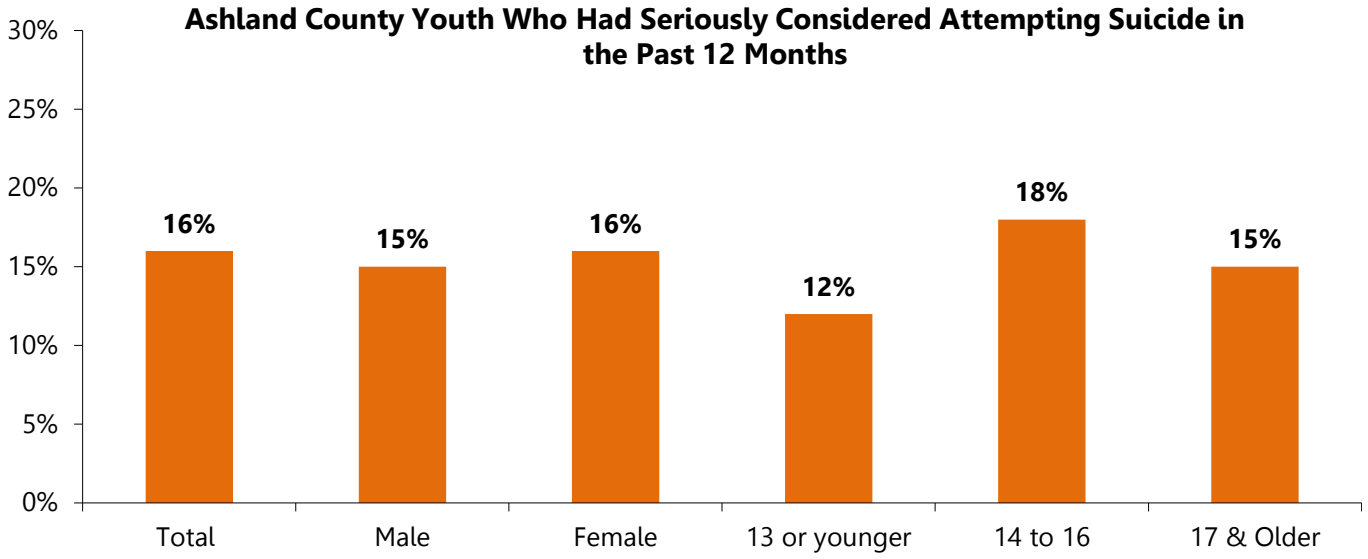
- In the past year, 36% of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 44% of females.
- Sixteen percent (16%) of youth reported they had seriously considered attempting suicide in the past 12 months.
- Of those who attempted suicide in the past 12 months, 7% received follow-up care within 30 days, 5% went to the emergency room, 4% were referred to inpatient care, and 4% contacted crisis services. Nine percent (9%) of youth reported they were already in treatment *(Only includes grades 9-12).*

846 youth seriously considered attempting suicide.

- Youth reported the following adverse childhood experiences (ACEs): parents became separated or were divorced (41%); parents or adults in home swore at them, insulted them or put them down (30%); lived with someone who was a problem drinker or alcoholic (21%); family did not look out for each other, feel close to each other, or support each other (20%); lived with someone who was depressed, mentally ill or suicidal (19%); parents were not married (17%); lived with someone who served time or was sentenced to serve in prison or jail (16%); lived with someone who used illegal street drugs or abused prescription drugs (10%); parents or adults in the home abused each other (7%); parents or adults in home abused them (6%); did not have enough to eat, had to wear dirty clothes, and had no one to protect them (5%); someone 5 years older than them touched them sexually (5%); and an adult or someone 5 years older than them tried to make them touch them sexually (3%).
- Nearly one-third (31%) of youth had experienced three or more adverse childhood experiences (ACEs) in their lifetime.
- Youth reported the following ways of dealing with anxiety, stress, depression, or personal problems: sleeping (43%); texting someone (27%); hobbies (26%); talking to someone in their family (26%); eating (23%); exercising (22%); eating either more or less than normal (22%); talking to a peer (21%); writing in a journal (12%); praying/reading the Bible (12%); using social media (11%); breaking something (11%); drinking alcohol, smoking, using tobacco, using illegal drugs (10%); shopping (8%); and harming themselves (7%).
- More than one-fifth (22%) of youth reported they did not have anxiety, stress, or depression.
- When youth were dealing with personal problems, feelings of depression or self-harm, they talked to the following: best friend (40%); parents (25%); girlfriend or boyfriend (24%); brother/sister (14%); an adult relative such as a grandparent, aunt or uncle (7%); caring adults (7%); adult friend (7%); teacher (7%); school counselor (6%); professional counselor (5%); pastor/priest/youth minister (5%); social media (5%); coach (2%); religious leader (1%); crisis text line or other apps (1%); and other (4%). Fourteen percent (14%) of youth reported they had no one to talk to when they had feelings of depression or self-harm. Twenty-eight percent (28%) of youth said they do not have personal problems or feelings of depression or self-harm.

The following graphs shows Ashland County youth who felt sad or hopeless every day for two weeks or more in a row and youth who had considered attempting suicide in the past year. An example of how to interpret the information includes: 36% of youth felt sad or hopeless almost every day for two weeks or more in a row, including 44% of females and 42% of those ages 14 to 16.





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 table below indicates correlations between those who contemplated suicide in the past 12 months and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 68% of those who contemplated suicide were bullied in the past 12 months, compared to 38% of those who did not contemplate suicide.

Behaviors of Ashland County Youth

*Contemplated Suicide vs. Did Not Contemplate Suicide**

Youth Behaviors	Contemplated Suicide	Did Not Contemplate Suicide
Bullied (in the past 12 months)	68%	38%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	63%	25%
Have had at least one drink of alcohol (in the past 30 days)	42%	16%
Have used marijuana (in their lifetime)	30%	5%
Smoked cigarettes (in the past 30 days)	27%	6%

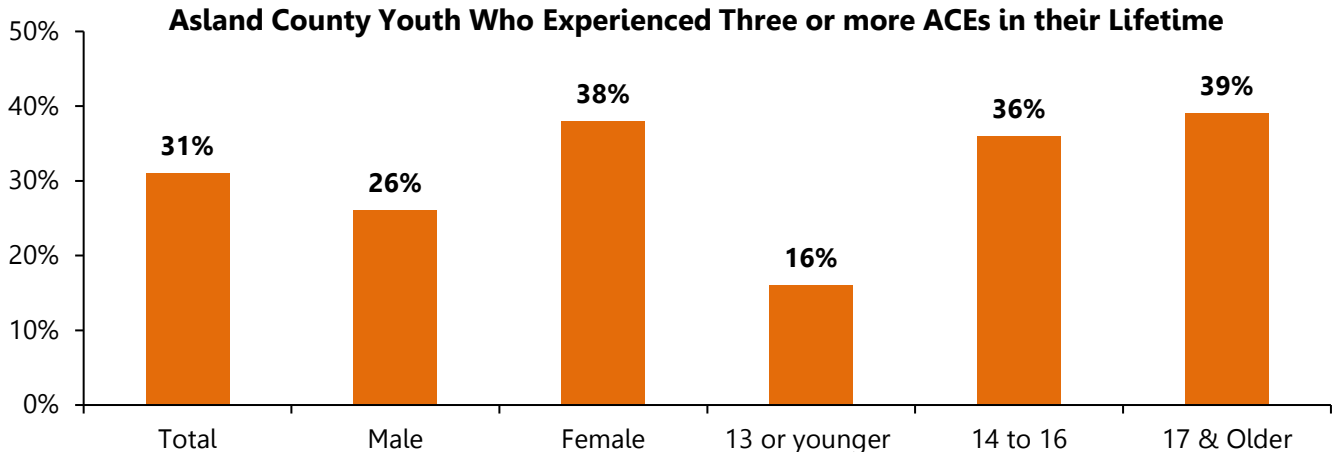
**"Contemplated suicide" indicates youth who self-reported seriously considering attempting suicide in the past year.*
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

Youth Depression: Signs and Symptoms

- Occasionally being sad or feeling hopeless is a part of every child's life. However, some children feel sad or uninterested in things that they used to enjoy or feel helpless or hopeless in situations where they could do something to address the situations. When children feel persistent sadness and hopelessness, they may be diagnosed with depression.
- Examples of behaviors often seen when children are depressed include
  - Feeling sad, hopeless, or irritable a lot of the time
  - Not wanting to do or enjoy doing fun things
  - Changes in eating patterns – eating a lot more or a lot less than usual
  - Changes in sleep patterns – sleeping a lot more or a lot less than normal
  - Changes in energy – being tired and sluggish or tense and restless a lot of the time
  - Having a hard time paying attention
  - Feeling worthless, useless, or guilty
  - Self-injury and self-destructive behavior
- Extreme depression can lead a child to think about suicide or plan for suicide. For youth ages 10-24 years, suicide is the leading form of death.
- Some children may not talk about helpless and hopeless thoughts, and they may not appear sad. Depression might also cause a child to make trouble or act unmotivated, so others might not notice that the child is depressed or may incorrectly label the child as a trouble-maker or lazy.

(Source: CDC, Children's Mental Health: Anxiety and Depression, March 15, 2018)

The following graph shows the percentage of Ashland County youth who had experienced three or more adverse child experiences (ACEs) in their lifetime. The table below indicates correlations between youth who experienced three or more ACEs, as well as other activities and experiences. An example of how to interpret the information in the table includes: 32% of those who experienced 3 or more ACEs seriously considered attempting suicide in the past year, compared to 5% of those who did not experience any ACEs.



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.

Behaviors of Ashland County Youth

*Experienced 3 or More ACEs vs. Did Not Experience Any ACEs**

Youth Behaviors	Experienced 3 or More ACEs	Did Not Experience Any ACEs
Currently participate in extracurricular activities	91%	91%
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	59%	18%
Bullied (in the past 12 months)	54%	32%
Seriously considered attempting suicide (in the past 12 months)	32%	5%
Had at least one drink of alcohol (in the past 30 days)	32%	13%
Used marijuana (in their lifetime)	19%	2%
Misused prescription medication (in their lifetime)	15%	1%
Smoked cigarettes (in the past 30 days)	8%	3%

**"ACEs" indicate youth who self-reported having experienced three or more adverse childhood experiences in their lifetime.*
Note for graph and table: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Comparisons	Ashland County 2019 (6th-12th)	Ashland County 2019 (9th-12th)	U.S. 2017 (9th-12th)
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	36%	40%	32%
Seriously considered attempting suicide (in the past 12 months)	16%	19%	17%

Youth Health: Social Determinants of Health

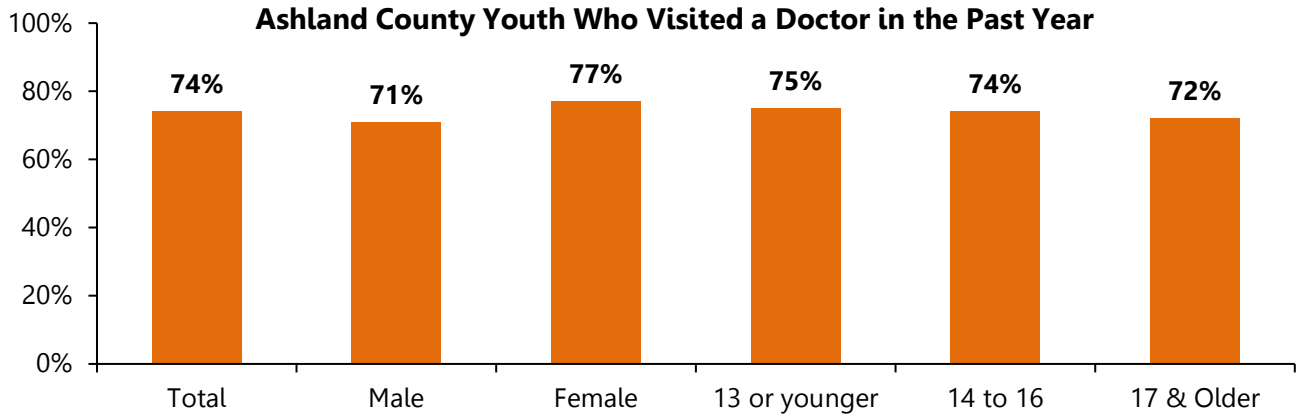
Key Findings

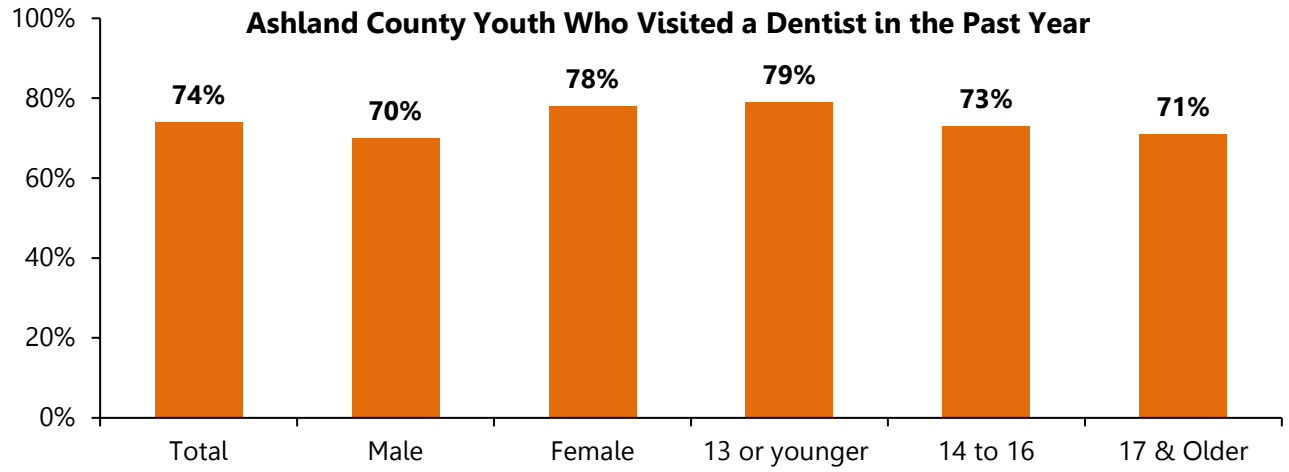
Nearly three quarters (74%) of Ashland County youth had visited the doctor for a routine check-up in the past year. Five percent (5%) of youth drivers had driven a car in the past month after they had been drinking alcohol. In the past month, 32% of youth drivers texted while driving.

Personal Health

- Youth last visited a doctor or other health care professional for a routine check-up at the following frequencies: less than a year ago (74%), 1 to 2 years ago (12%), 3 to 5 years ago (2%), 5 or more years ago (1%), never (1%), and do not know (10%).
- Youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work at the following frequencies: less than a year ago (74%), 1 to 2 years ago (11%), more than 2 years ago (4%), never (2%), and do not know (9%).
- Ashland County youth reported they got the following amounts of sleep on an average school night: 4 hours or less (7%), 5 hours (10%), 6 hours (17%), 7 hours (23%), 8 hours (29%), 9 hours (11%), and 10 or more hours (3%).

The following graphs show Ashland County youth who visited a doctor and who visited a dentist in the past year. An example of how to interpret the information on the first graph includes: 74% of youth had visited a doctor in the past year, including 71% of males and 77% of females.





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.

Personal Safety

- In the past month, youth drivers did the following while driving:
  - Wore a seatbelt (83%)
  - Ate (47%)
  - Talked on their cell phone (37%)
  - Drove while tired or fatigued (32%)
  - Texted (32%)
  - Used their cell phone other than for talking or texting (22%)
  - Used marijuana (4%)
  - Applied makeup (3%)
  - Used illegal drugs (2%)
  - Read (1%)
  - Misused prescription drugs (1%)
  - Drank alcohol (1%)
- During the past month, 16% of all youth had ridden in a car driven by someone who had been drinking alcohol.
- Five percent (5%) of youth drivers had driven a car in the past month after they had been drinking alcohol.

Neighborhood and Built Environment

- Ashland County youth reported living with the following people: both parents (49%), mother and step-father (19%), mother only (14%), father and step-mother (9%), mother and father separately via joint custody (8%), grandparents (4%), mother and her partner (4%), father only (4%), another relative (3%), father and his partner (1%), guardians/foster parents (1%) and on their own or with friends (1%).

Social and Community Context

- Ninety percent (90%) of youth participated in extracurricular activities. They participated in the following: sports or intramural program (48%), exercising outside of school (43%), school club or social organization (30%), part-time job (27%), caring for siblings after school (24%), church or religious organization (19%), church youth group (17%), volunteering in the community (10%), babysitting for other kids (10%), caring for parents or grandparents (7%), or some other organized activity (Scouts, 4H, etc.) (16%).
- Youth who did not participate in extra-curricular activities gave the following reasons: they were not interested (63%), they had a job (31%), transportation (19%), they had to watch younger siblings (13%), they could not afford it (9%), the activity did not exist or was not offered (6%), their parents would not take them (5%), and taking care of a parent or grandparent (4%).

Youth Comparisons	Ashland County 2019 (6th-12th)	Ashland County 2019 (9th-12th)	U.S. 2017 (9th-12th)
Did not get eight or more hours of sleep (on an average school night)	57%	68%	75%
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	74%	73%	74%*
Drank and drove (of all youth)	N/A	5%	6%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on 1 or more occasion during the past 30 days)	16%	12%	17%

N/A-Not Available
**Comparative YRBS data for U.S. is 2015*

Youth Health: Violence

Key Findings

Eight percent (8%) of youth did not go to school on one or more days in the past month because they did not feel safe at school or on their way to or from school. Forty-three percent (43%) of youth had been bullied in the past year. Seven percent (7%) of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months.

Violence-Related Behaviors

- Eight percent (8%) of youth did not go to school on one or more days in the past month because they did not feel safe at school or on their way to or from school.
- Nineteen percent (19%) of youth carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 30% of males.
- Seven percent (7%) youth were threatened or injured with a weapon on school property in the past year.

Physical and Sexual Violence

- In the past year, 9% of youth reported an adult or caregiver had ever hit, slapped or physically hurt them on purpose.
- Seven percent (7%) of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months.
- Youth reported someone they were dating or going out with did the following in the past 12 months: physically hurt them on purpose (6%), forced or pressured them to do sexual things that they did not want to (6%), and stalked them (4%).

Bullying

- In the past month, youth reported they experienced the following: they received a text or an e-mail with a revealing, or sexual photo of someone (25%); they texted, e-mailed, or posted electronically a revealing or sexual photo of themselves (17%); and a revealing or sexual photo of them was texted, emailed, or posted electronically without their permission (3%)
- More than most two-fifths (43%) of youth had been bullied in the past year. The following types of bullying were reported:
  - 30% were verbally bullied (teased, taunted or called harmful names)
  - 26% were indirectly bullied (spread mean rumors about them or kept them out of a "group")
  - 13% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
  - 8% were physically bullied (were hit, kicked, punched or people took their belongings)
  - 4% were sexually bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit another person)
- Thirteen percent (13%) of youth had initiated the following types of bullying in the past year:
  - 9% verbally bullied (they teased, taunted or called someone harmful names)
  - 5% indirectly bullied (they spread mean rumors about someone or kept someone out of a "group")
  - 3% cyber bullied (they teased, taunted or threatened someone by e-mail or cell phone)
  - 3% physically bullied (they hit, kicked, punched or took someone's belongings)
  - <1% sexually bullied (they used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploited another person)
- One-third (33%) of youth had been bullied on school property in the past year.

Types of Bullying Ashland County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 or younger	14-16 Years old	17 and older
Verbally Bullied	30%	25%	34%	34%	30%	23%
Indirectly Bullied	26%	17%	36%	22%	27%	30%
Cyber Bullied	13%	8%	18%	14%	13%	13%
Physically Bullied	8%	10%	7%	12%	9%	4%
Sexually Bullied	4%	1%	7%	3%	5%	3%

The table below indicates correlations between those who were bullied in the past 12 months and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 14% of those who were bullied smoked cigarettes in the past 30 days, compared to 6% of those who were not bullied.

Behaviors of Ashland County Youth

Bullied vs. Non-Bullied

Youth Behavior	Bullied	Non-Bullied
Currently participate in extracurricular activities	91%	88%
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	55%	21%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	40%	25%
Overweight or obese	42%	33%
Seriously considered attempting suicide (in the past 12 months)	25%	9%
Had at least one drink of alcohol (in the past 30 days)	24%	16%
Used marijuana (in their lifetime)	23%	16%
Carried a weapon (in the past 30 days)	21%	17%
Smoked cigarettes (in the past 30 days)	14%	6%
Misused prescription medication (in their lifetime)	10%	5%

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

Healthy People 2020

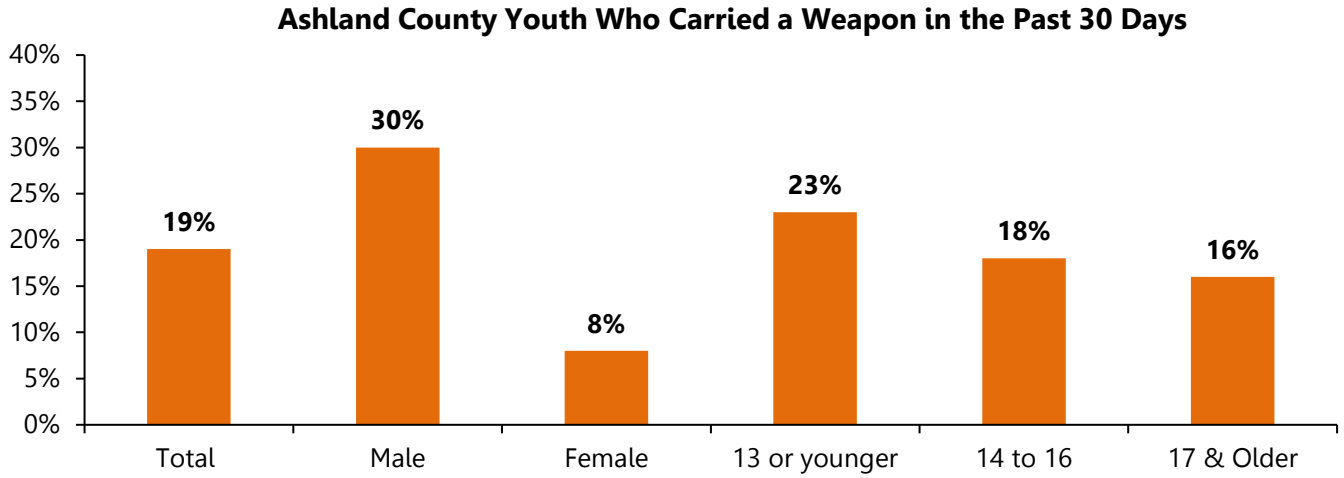
Injury and Violence Prevention (IVP)

Objective	Ashland County 2019	U.S. 2017	Healthy People 2020 Target
IVP-35 Reduce bullying among adolescents	33% (6-12 Grade) 27% (9-12 Grade)	19% (9-12 Grade)	18%*

**Note: The Healthy People 2020 target is for youth in grades 9-12 who reported they were bullied on school property in the past year.*

(Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2019 Ashland County Health Assessment)

The following graph shows Ashland County youth who carried a weapon in the past 30 days. Examples of how to interpret the information include: 19% of youth had carried a weapon in the past 30 days, including 30% of males and 8% 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.

Youth Comparisons	Ashland County 2019 (6th-12th)	Ashland County 2019 (9th-12th)	U.S. 2017 (9th-12th)
Carried a weapon (in the past 30 days)	19%	15%	16%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	8%	8%	7%
Threatened or injured with a weapon on school property (in the past 12 months)	7%	7%	6%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	7%	9%	8%
Electronically bullied (in the past year)	13%	13%	15%
Were bullied on school property (during the past 12 months)	33%	27%	19%

Appendix I: Health Needs Assessment Information Sources

Source	Data Used	Website
2017 Ohio Drug Overdoes Data: General Findings, Ohio Department of Health; Ohio Department of Health, Bureau of Vital Statistics; analysis conducted by ODH Violence and Injury Prevention Program; U.S. Census Bureau (Vintage 2016 population estimates)	• Average Age-Adjusted Unintentional Drug Overdose Death Rate Per 100,000 Population, by County, 2005-2017	https://odh.ohio.gov/wps/wcm/connect/gov/5deb684e-4667-4836-862b-cb5eb59acbd3/2017_OhioDrugOverdoseReport.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-5deb684e-4667-4836-862b-cb5eb59acbd3-moxPbu6
American Cancer Society	• 2019 Cancer Facts, Figures, and Estimates	www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2018/cancer-facts-and-figures-2018.pdf
	• ACS Guidelines for Nutrition and Physical Activity	https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2019/cancer-facts-and-figures-2019.pdf
American College Association, American College Health Association – National College Health Assessment II: Ashland University Executive Summary, Fall 2018	• Various Ashland University secondary data (i.e. BMI, Nutrition and Exercise, Tobacco Use, Mental Health, etc.)	https://www.acha.org/
American College of Allergy, Asthma & Immunology, 2018	• Asthma Facts	http://acaai.org/news/facts-statistics/asthma
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	• 2009 – 2017 Adult Ohio and U.S. Correlating Statistics	www.cdc.gov
CDC, About Diabetes	• Diabetes by the Numbers	www.cdc.gov/diabetes/basics/diabetes.html
CDC, Adolescent and School Health	• Sexual Risk Behavior	https://www.cdc.gov/healthyyouth/sexualbehaviors/index.htm
CDC, Alcohol and Public Health	• Underage Drinking in the U.S.	www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm
CDC, Arthritis	• Arthritis Key Public Health Messages	www.cdc.gov/arthritis/about/key-messages.htm
CDC, Breast Cancer	• What Can I do to Reduce My Risk of Breast Cancer?	https://www.cdc.gov/cancer/breast/basic_info/prevention.htm

Source	Data Used	Website
CDC, Cancer Prevention and Control	• Prostate Cancer Awareness	www.cdc.gov/cancer/dcpc/resources/features/prostatecancer/index.htm
CDC, Children's Mental Health	• Youth Depression: Signs and Symptoms	https://www.cdc.gov/childrensmentalhealth/depression.html
CDC, Healthy Weight	• Body Mass Index (BMI)	www.cdc.gov/healthyweight/assessing/bmi/index.html
CDC, Influenza (Flu)	• Who Should Get a Yearly Flu Shot	https://www.cdc.gov/flu/protect/whoshouldvax.htm
CDC, Immunization Schedules	• Recommended Adult Immunization Schedule by Age Group, 2019	https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html
CDC, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)	• Arthritis	https://www.cdc.gov/chronicdisease/resources/publications/factsheets/arthritis.htm
CDC, National Center for Health Statistics	• Men's Health	www.cdc.gov/nchs/fastats/mens-health.htm
	• Contraceptive Use	www.cdc.gov/nchs/fastats/contraceptive.htm
	• Prevalence of Depression Among Adults Ages 20 and Over: US 2013-2016	https://www.cdc.gov/nchs/products/databriefs/db303.htm
CDC, Oral Health	• Facts About Adult Oral Health	www.cdc.gov/oralhealth/basics/adult-oral-health/index.html
CDC, Overweight & Obesity	• Adult Obesity Facts	www.cdc.gov/obesity/data/adult.html
	• Childhood Overweight and Obesity	www.cdc.gov/obesity/data/childhood.html
CDC, Smoking and Tobacco Use, 2017	• Smoking and Other Health Risks	www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm
CDC, Vaccines and Immunizations	• Vaccines for Your Children: Protect Your Child at Every Age	https://www.cdc.gov/vaccines/parents/protecting-children/index.html
CDC, Violence Prevention, Sexual Violence	• Understanding Sexual Violence	www.cdc.gov/violenceprevention/pdf/SV-Factsheet.pdf
CDC, Violence Prevention	• Adverse Childhood Experiences	www.cdc.gov/violenceprevention/acestudy/index.html
CDC Wonder, About Underlying Cause of Death, 2008-2016	• U.S. comparison statistics	http://wonder.cdc.gov/ucd-icd10.html
County Health Rankings	• Food Environment Index	www.countyhealthrankings.org/
Healthy People 2020: U.S. Department of Health & Human Services	• All Healthy People 2020 Target Data Points	www.healthypeople.gov/2020/topicsobjectives2020
	• Social Determinants of Health	www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
National Alliance on Mental Illness (NAMI)	• Common Signs of Mental Illness in Adults	https://www.nami.org/learn-more/know-the-warning-signs

Source	Data Used	Website
Ohio Automated Rx Reporting System (OARRS), 2013-2017	• Ashland County and Ohio Number of Opiate and Pain Reliever Doses Per Patient • Ashland County and Ohio Number of Opiate and Pain Reliever Doses Per Capita • Number of Opioid Doses Per Capita and Patient – Quarterly • Ohio Automated Rx Reporting System (OARRS)	www.ohiopmp.gov/Default.aspx
Ohio Department of Health (ODH), Ohio Public Health Data Warehouse, 2008-2017	• Ohio Automated Rx Reporting System (OARRS)	http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality
Ohio Department of Health (ODH), STD Surveillance, 2012-2016	• Ashland County and Ohio Chlamydia and Gonorrhea Annualized Disease Rates and cases	www.odh.ohio.gov/odhprograms/stdsurv/stdsur1.aspx
Ohio Mental Health and Addiction Services (OMAS), 2017	• Ohio's New Limits on Prescription Opiates	http://mha.ohio.gov/Portals/0/assets/OhioMHAS%20News%20Now/March%2031%202017%20News%20Now.pdf
The Henry Kaiser Family Foundation	• Key Facts about the Uninsured Population	www.kff.org/report-section/the-uninsured-a-primer-2013-4-how-does-lack-of-insurance-affect-access-to-health-care/
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	• American Community Survey 5-year estimate, 2012-2016 • Ohio and Ashland County 2016 Census Demographic Information • Ohio and U.S. Health Insurance Sources • Small Area Income and Poverty Estimates • Federal Poverty Thresholds	www.census.gov
U.S. Department of Health and Human Services	• Physical Activity Guidelines for Americans, 2018	https://www.hhs.gov/fitness/be-active/physical-activity-guidelines-for-americans/index.html

Appendix II: Acronyms and Terms

ACE	**A**dverse **C**hildhood **E**xperiences
AHS	**A**ccess to **H**ealth **S**ervices, Topic of Healthy People 2020 objectives
Adult	Defined as 19 years of age and older.
Age-Adjusted	Death rate per 100,000 adjusted for the age
Mortality Rates	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.
AOCBC	**A**rthritis, **O**steoporosis, and **C**hronic **B**ack **C**onditions
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.
Current Drinker	Individual who has had at least 1 alcoholic beverage in the past 30 days
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
CY	**C**alendar **Y**ear
FY	**F**iscal **Y**ear
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 $\geq$140 and Diastolic $\geq$ 90
IID	**I**mmunizations and **I**nfectious **D**iseases, Topic of Healthy People 2020 objectives
N/A	Data is not available.
NSCH	**N**ational **S**urvey of **C**hildren's **H**ealth
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.

Ohio SHA/SHIP	**Ohio S**tate **H**ealth **A**ssessment/**S**tate **H**ealth **I**mprovement **P**lan
Weapon	Defined in the YRBS as "a weapon such as a gun, knife, or club"
Youth	Defined as 12 through 18 years of age
YPLL/65	**Y**ears of **P**otential **L**ife **L**ost before age 65. Indicator of premature death.
Youth Binge Drinking	Consumption of five alcoholic beverages or more on one occasion
Youth BMI Classifications	**Underweight** is defined as BMI-for-age $\leq$ 5th percentile **Overweight** is defined as BMI-for-age 85th percentile to < 95th percentile. **Obese** is defined as $\geq$ 95th percentile.
YRBS	**Y**outh **R**isk **B**ehavior **S**urvey, a youth survey conducted by the CDC

Appendix III: School Participation

The following schools agreed to participate in the 2019 Ashland County Health Needs Assessment:

Ashland City
Ashland High School
Ashland Middle School

Mapleton Local
Mapleton High School
Mapleton Middle School

Ashland County Community Academy

Appendix IV: Methods for Weighting the 2019 Ashland County Health 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 2018 Ashland County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Ashland 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 Ashland 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 2018 Ashland County Survey and the 2017 Census Estimates from the American Community Survey.

	2018 Ashland Survey		**2017 Census**		**Weight**
Sex	Number	Percent	Number	Percent	
Male	210	60.86957	26,005	48.79078	0.80156
Female	135	39.13043	27,294	51.20922	1.30868

In this example, it shows that there was a larger portion of males in the sample compared to the actual portion in Ashland County. The weighting for males was calculated by taking the percent of males in Ashland County (based on Census information) (48.79078%) and dividing that by the percent found in the 2018 Ashland County sample (60.86957%) [48.79078/60.86957= weighting of 0.80156 for males]. The same was done for females [51.20922/ 39.13043 = weighting of 1.30868 for females]. Thus, males' responses are weighted less by a factor of 0.80156 and females' responses weighted heavier by a factor of 1.30868.

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 2.01445 [1.12088 (weight for females) x 0.99150 (weight for White) x 1.57786 (weight for age 35-44) x 1.14878 (weight for income $50-$75k)]. Thus, each individual in the 2018 Ashland 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 23.0) 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	Ashland County Sample	%	2016 Census	%	Weighting Value
Sex:					
Male	210	60.86957	26,005	48.79078	0.801563
Female	135	39.13043	27,294	51.20922	1.308680
Age:					
20 to 34 years	27	7.87172	9,652	24.60738	3.12605
35 to 44 years	32	9.32945	5,774	14.72058	1.57786
45 to 54 years	57	16.61808	7,033	17.93035	1.07897
55 to 59 years	35	10.20408	3,975	10.13410	0.99314
60 to 64 years	39	11.37026	3,376	8.60698	0.75697
65 to 74 years	77	22.44898	5,228	13.32857	0.59373
75 to 84 years	59	17.20117	2,946	7.51071	0.43664
85+ years	17	4.95627	1,240	3.16133	0.63784
Race:					
White	334	96.81159	51,161	95.98867	0.99150
Non-White	11	3.18841	2,138	4.01133	1.25810
Household Income:					
Less than $25,000	70	22.36422	4,153	20.25458	0.90567
$25,000 to $34,999	42	13.41853	2,648	12.91455	0.96244
$35,000 to $49,999	51	16.29393	3,210	15.65548	0.96082
$50,000 to $74,999	59	18.84984	4,440	21.65431	1.14878
$75,000 to $99,999	44	14.05751	2,811	13.70952	0.97525
$100,000 to $149,999	32	10.22364	2,228	10.86617	1.06285
$150,000 or more	15	4.79233	1,014	4.94538	1.03194

Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Ashland County in each subcategory by the proportion of the sample in the Ashland County survey for that same category.
***Ashland County population figures taken from the 2017 Census estimates.**

Appendix V: Ashland County Sample Demographic Profile*

Adult Variable	2018 Ashland County Adult Survey Sample	Ashland County Census 2013-2017 (5-year estimate)	Ohio Census 2017
Age			
20-29	11.3%	12.7%	13.3%
30-39	21.1%	10.5%	12.5%
40-49	18.2%	12.2%	12.0%
50-59	17.3%	14.2%	13.7%
60 plus	30.7%	23.9%	23.4%
Race/Ethnicity			
White	95.8%	96.9%	81.3%
Black or African American	0.2%	0.8%	12.4%
American Indian and Alaska Native	0.2%	0.0%	0.2%
Asian	1.2%	0.6%	2.2%
Other	2.1%	0.4%	0.9%
Hispanic Origin (may be of any race)	0.8%	1.3%	3.7%
Marital Status†			
Married Couple	60.9%	52.8%	47.4%
Never been married/member of an unmarried couple	17.7%	28.4%	32.6%
Divorced/Separated	12.3%	12.0%	13.7%
Widowed	8.2%	6.7%	6.3%
Education†			
Less than High School Diploma	4.9%	11.6%	9.7%
High School Diploma	34.7%	32.6%	33.3%
Some college/College graduate	59.4%	45.9%	56.9%
Income (Families)			
$14,999 and less	8.0%	6.2%	6.9%
$15,000 to $24,999	8.7%	6.2%	6.6%
$25,000 to $49,999	25.7%	24.9%	21.2%
$50,000 to $74,999	16.6%	24.2%	19.5%
$75,000 or more	29.8%	38.4%	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 Ashland 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.

Youth Variable	2019 Youth Survey Sample*
Age	
12 years old or younger	14.5%
13 years old	13.3%
14 years old	14.5%
15 years old	15.2%
16 years old	16.4%
17 years old	13.1%
18 years old or older	13.1%
Gender	
Male	49.2%
Female	50.8%
Race/Ethnicity	
White	92.0%
American Indian and Alaska Native	6.8%
Black or African American	4.0%
Asian	1.7%
Hispanic or Latino	2.6%
Native Hawaiian or Other Pacific Islander	1.2%
Grade Level	
Middle School (6-8)	41.7%
High School (9-12)	58.5%
Individual Grade Level	
6th grade	15.7%
7th grade	11.0%
8th grade	15.0%
9th grade	14.0%
10th grade	16.4%
11th grade	13.1%
12th grade	15.0%

** Percents may not equal 100% due to missing data (non-responses) and/or multiple response questions.*

Appendix VI: Demographics and Household Information

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

Age	Total	Males	Females
Ashland County	**53,139**	**25,972**	**27,167**
0-4 years	**3,275**	**1,654**	**1,621**
1-4 years	2,637	1,338	1,299
< 1 year	638	316	322
1-2 years	1,312	661	651
3-4 years	1,325	677	648
5-9 years	**3,473**	**1,763**	**1,710**
5-6 years	1,323	689	634
7-9 years	2,150	1,074	1,076
10-14 years	**3,656**	**1,896**	**1,760**
10-12 years	2,176	1,130	1,046
13-14 years	1,470	766	704
12-18 years	5,289	2,744	2,545
15-19 years	**4,098**	**2,072**	**2,026**
15-17 years	2,272	1,186	1,086
18-19 years	1,826	886	940
20-24 years	3,649	1,777	1,872
25-29 years	3,015	1,527	1,488
30-34 years	2,864	1,424	1,440
35-39 years	3,020	1,483	1,537
40-44 years	3,304	1,617	1,687
45-49 years	3,617	1,776	1,841
50-54 years	3,979	1,939	2,040
55-59 years	3,652	1,808	1,844
60-64 years	3,121	1,519	1,602
65-69 years	2,501	1,206	1,295
70-74 years	2,015	964	1,051
75-79 years	1,489	668	821
80-84 years	1,176	501	675
85-89 years	790	264	526
90-94 years	346	97	249
95-99 years	84	13	71
100-104 years	15	4	11
105-109 years	0	0	0
110 years & over	0	0	0
Total 85 years and over	**1,235**	**378**	**857**
Total 65 years and over	**8,416**	**3,717**	**4,699**
Total 19 years and over	**39,631**	**19,065**	**20,566**

ASHLAND COUNTY PROFILE

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

General Demographic Characteristics

	Number	Percent (%)
Total Population		
2017 Total Population	53,299	100%
Largest City - Ashland		
2017 Total Population	20,348	100%
Population by Race/Ethnicity		
Total Population	53,299	100%
White	52,323	98.2%
African American	710	1.3%
Two or more races	695	1.3%
Hispanic or Latino (of any race)	671	1.3%
Asian	436	0.8%
American Indian and Alaska Native	292	0.5%
Some other race	232	0.4%
Population by Age		
Under 5 years	3,150	5.9%
5 to 17 years	9,080	17.0%
18 to 24 years	5,800	10.9%
25 to 44 years	11,471	21.5%
45 to 64 years	14,384	27.0%
65 years and more	9,414	17.6%
Median age (years)	**40.4**	N/A
Household by Type		
Total households	20,504	100%
Total families	13,907	67.8%
Households with children <18 years	5,658	27.6%
Married-couple family household	10,896	53.1%
Married-couple family household with children <18 years	3,999	19.5%
Female householder, no husband present	1,993	9.7%
Female householder, no husband present with children <18 years	1,062	5.2%
Nonfamily household (single person)	6,597	32.2%
Nonfamily household (single person) living alone	5,476	83.0%
Nonfamily household (single person) 65 years and >	2,256	34.2%
Households with one or more people <18 years	6,356	31.0%
Households with one or more people 60 years and >	8,427	41.1%
Average household size	2.49 people	N/A
Average family size	3.00 people	N/A

General Demographic Characteristics, Continued

Housing Occupancy		
Median value of owner-occupied units	$122,000	N/A
Median housing units with a mortgage	$1,036	N/A
Median housing units without a mortgage	$404	N/A
Median value of occupied units paying rent	$707	N/A
Median rooms per total housing unit	5.9	N/A
Total occupied housing units	20,504	N/A
No telephone service available	699	3.4%
Lacking complete kitchen facilities	462	2.3%
Lacking complete plumbing facilities	293	1.4%

Selected Social Characteristics

School Enrollment		
Population 3 years and over enrolled in school	13,724	100%
Nursery & preschool	787	5.7%
Kindergarten	540	3.9%
Elementary School (Grades 1-8)	5,616	40.9%
High School (Grades 9-12)	2,747	20.0%
College or Graduate School	4,034	29.3%
Educational Attainment		
Population 25 years and over	35,269	100%
< 9th grade education	1,470	4.2%
9th to 12th grade, no diploma	2,621	7.4%
High school graduate (includes equivalency)	14,972	42.5%
Some college, no degree	6,385	18.1%
Associate degree	2,697	7.6%
Bachelor's degree	4,481	12.7%
Graduate or professional degree	2,643	7.5%
Percent high school graduate or higher	N/A	88.4%
Percent Bachelor's degree or higher	N/A	20.2%
Marital Status		
Population 15 years and over	43,359	100%
Never married	12,314	28.4%
Now married, excluding separated	22,894	52.8%
Separated	694	1.6%
Widowed	2,905	6.7%
Widowed females	4,813	11.1%
Divorced	4,509	10.4%
Divorced females	4,293	9.9%
Veteran Status		
Civilian population 18 years and over	41,029	100%
Veterans 18 years and over	3,714	9.1%

Selected Social Characteristics, Continued

Disability Status of the Civilian Non-Institutionalized Population		
Total civilian noninstitutionalized population	52,713	100%
Civilian with a disability	7,285	13.8%
Under 18 years	12,167	23.1%
Under 18 years with a disability	756	9.5%
18 to 64 years	31,572	59.9%
18 to 64 years with a disability	3,280	18.6%
65 Years and over	8,974	17.0%
65 Years and over with a disability	3,249	74.8%

Selected Economic Characteristics, Continued

Employment Status		
Population 16 years and over	42,565	100%
16 years and over in labor force	26,206	61.6%
16 years and over not in labor force	16,359	38.4%
Females 16 years and over	22,016	100%
Females 16 years and over in labor force	12,465	56.6%
Population living with own children <6 years	3,446	100%
All parents in family in labor force	2,191	67.4%
Class of Worker		
Civilian employed population 16 years and over	42,565	100%
Private wage and salary workers	21,406	85.4%
Government workers	2,535	10.1%
Self-employed workers in own not incorporated business	1,025	4.1%
Unpaid family workers	104	0.4%
Occupations		
Employed civilian population 16 years and over	42,565	100%
Production, transportation, and material moving occupations	5,646	22.5%
Management, business, science, and art occupations	7,330	29.2%
Sales and office occupations	5,196	20.7%
Service occupations	4,248	16.9%
Natural resources, construction, and maintenance occupations	2,650	10.6%
Leading Industries		
Employed civilian population 16 years and over	42,565	100%
Manufacturing	5,407	21.6%
Educational, health and social services	6,220	24.8%
Trade (retail and wholesale)	3,300	13.1%
Arts, entertainment, recreation, accommodation, and food services	1,860	7.4%
Transportation and warehousing, and utilities	1,369	5.5%
Professional, scientific, management, administrative, and waste management services	1,834	7.3%
Construction	1,337	5.3%
Other services (except public administration)	1,133	4.5%
Finance, insurance, real estate and rental and leasing	660	2.6%
Public administration	676	2.7%
Agriculture, forestry, fishing and hunting, and mining	856	3.4%
Information	419	1.7%

Income In 2017		
Households	20,504	100%
< $10,000	1,246	6.1%
$10,000 to $14,999	841	4.1%
$15,000 to $24,999	2,066	10.1%
$25,000 to $34,999	2,648	12.9%
$35,000 to $49,999	3,210	15.7%
$50,000 to $74,999	4,440	21.7%
$75,000 to $99,999	2,811	13.7%
$100,000 to $149,999	2,228	10.9%
$150,000 to $199,999	554	2.7%
$200,000 or more	460	2.2%
Median household income	***$63,172***	N/A
Income in 2017		
Families	13,907	100%
< $10,000	521	3.7%
$10,000 to $14,999	349	2.5%
$15,000 to $24,999	861	6.2%
$25,000 to $34,999	1,391	10.0%
$35,000 to $49,999	2,075	14.9%
$50,000 to $74,999	3,360	24.2%
$75,000 to $99,999	2,451	17.6%
$100,000 to $149,999	2,031	14.6%
$150,000 to $199,999	490	3.5%
$200,000 or more	378	2.7%
Median family income	***$63,257***	N/A
Per capita income in 2017	**$72,510**	N/A
Poverty Status in 2017		
Families	N/A	9.4%
Individuals	N/A	14.2%

(Source: U.S. Census Bureau, 2017)

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

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2017	$36,857	67th of 88 counties
BEA Per Capita Personal Income 2016	$35,487	66th of 88 counties
BEA Per Capita Personal Income 2015	$35,431	65th of 88 counties
BEA Per Capita Personal Income 2014	$34,451	64th of 88 counties
BEA Per Capita Personal Income 2013	$33,107	64th 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, 2012-2016 5-year averages

Category	Ashland County	Ohio
Population in poverty	16.4%	15.4%
< 125% FPL (%)	20.2%	19.9%
< 150% FPL (%)	25.6%	24.3%
< 200% FPL (%)	35.0%	33.3%
Population in poverty (2001)	9.0%	10.3%

(Source: The Ohio Poverty Report, Ohio Development Services Agency, February 2018, http://www.development.ohio.gov/files/research/P7005.pdf)

Employment Statistics

Category	Ashland County	Ohio
Labor Force	26,100	5,756,900
Employed	25,000	5,519,700
Unemployed	1,100	237,200
Unemployment Rate* in November 2018	4.1	4.1
Unemployment Rate* in October 2018	4.0	4.3
Unemployment Rate* in November 2017	4.4	4.4

**Rate equals unemployment divided by labor force.*
(Source: Ohio Department of Job and Family Services, November 2018, http://ohiolmi.com/laus/OhioCivilianLaborForceEstimates.pdf)

Estimated Poverty Status in 2016

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Ashland County				
All ages in poverty	6,235	5,085 to 7,385	12.2%	10.0 to 14.4
Ages 0-17 in poverty	2,071	1,063 to 2,539	17.4%	13.5 to 21.3
Ages 5-17 in families in poverty	1,422	1,087 to 1,757	16.3%	12.5 to 20.1
Median household income	$50,612	$47,764 to $53,460		
Ohio				
All ages in poverty	1,639,636	1,614,177 to 1,665,095	14.5%	14.3 to 14.7
Ages 0-17 in poverty	521,730	506,894 to 536,566	20.4%	19.8 to 21.0
Ages 5-17 in families in poverty	348,713	335,691 to 361,735	18.7%	18.0 to 19.4
Median household income	$ 52,357	$52,083 to $52,631		
United States				
All ages in poverty	44,268,996	44,022,086 to 44,515,906	14.0%	13.9 to 14.1
Ages 0-17 in poverty	14,115,713	13,976,345 to 14,255,081	19.5%	19.3 to 19.7
Ages 5-17 in families in poverty	9,648,486	9,548,767 to 9,748,205	18.3%	18.1 to 18.5
Median household income	57,617	$57,502 to $57,732		

(Source: U.S. Census Bureau, 2016 Poverty and Median Income Estimates, https://www.census.gov/data/datasets/2016/demo/saipe/2016-state-and-county.html)

Federal Poverty Thresholds in 2017 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	$ 12,752					
1 Person 65 and >	$ 11,756					
2 people Householder < 65 years	$ 16,414	$16,895				
2 People Householder 65 and >	$14,816	$16,831				
3 People	$19,173	$19,730	$19,749			
4 People	$25,283	$25,696	$24,858	$24,944		
5 People	$30,490	$30,933	$29,986	$29,253	$28,805	
6 People	$35,069	$35,208	$34,482	$33,787	$32,753	$32,140
7 People	$40,351	$40,603	$39,734	$39,129	$38,001	$36,685
8 People	$45,129	$45,528	$44,708	$43,990	$42,972	$41,678
9 People or >	$54,287	$54,550	$53,825	$53,216	$52,216	$50,840

(Source: U. S. Census Bureau, Poverty Thresholds 2017, https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html)

Appendix VII: County Health Rankings

	Ashland County 2019	Ohio 2019	U.S. 2019
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2015-2017)	7,300	8,500	6,900
Overall heath. Percentage of adults reporting fair or poor health (age-adjusted) (2016)	16%	17%	16%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2016)	3.8	4.0	3.7
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2016)	4.0	4.3	3.8
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2011-2017)	6%	9%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2016)	20%	23%	17%
Obesity. Percentage of adults that report a BMI of 30 or more (2015)	30%	32%	29%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2015-2016)	8.2	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)	60%	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)	27%	33%	29%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2016)	236.8	520.9	497.3
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2011-2017)	20	26	25

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

	Ashland County 2019	Ohio 2019	U.S. 2019
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2016)	7%	7%	10%
Access to health care/medical care. Ratio of population to primary care physicians (2016)	1,920:1	1,300:1	1,330:1
Access to dental care. Ratio of population to dentists (2017)	2,230:1	1,620:1	1,460:1
Access to behavioral health care. Ratio of population to mental health providers (2018)	480:1	470:1	440:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2016)	4,466	5,135	4,520
Mammography screening. Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2016)	44%	41%	41%
Flu vaccinations. Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination (2016)	43%	47%	45%
Social and Economic Environment			
Education. Percentage of ninth-grade cohort that graduates in four years (2017-2018)	94%	85%	85%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2013-2017)	53%	65%	65%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2017)	5%	5%	4%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2017)	17%	20%	18%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2013-2017)	3.7	4.8	4.9
Family and social support. Percentage of children that live in a household headed by single parent (2013-2017)	25%	36%	33%
Family and social support. Number of membership associations per 10,000 population (2016)	19	11	9
Violence. Number of reported violent crime offenses per 100,000 population (2014-2016)	103	293	386
Injury. Number of deaths due to injury per 100,000 population (2013-2017)	60	82	67

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

	Ashland 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)	11.3	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)	13%	15%	19%
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)	33%	30%	35%

(Source: 2019 County Health Rankings for Ashland County, Ohio, and U.S. data)
N/A – Data is not available

Appendix VIII: Potential Resources Available

Priorities

Ashland County is focused on the following two priority areas: mental health and addiction and chronic disease. Additionally, collaborating partners will focus their efforts and strategies on the following cross-cutting factors that affect all priority areas: public health system, prevention, and health behaviors; and social determinants of health.

The following is a list of potential resources available to meet identified community health priorities:

Priority Area	Coordinating Agencies and Team Members
Mental Health and Addiction	• Appleseed Community Mental Health Center • Arcadia Local Schools • Ashland Area Faith Based Organization • Ashland Christian Health Center • Ashland County Council on Alcoholism and Drug Abuse • Ashland County Health Department • Ashland County Hospice of North Central Ohio • Ashland County Job & Family Services • Ashland County Mental Health & Recovery Board • Ashland County Prosecutor's Office • Ashland Parenting Plus Ashland Parenting Plus • Ashland University • Catholic Charities of Ashland County • Faith community • Law enforcement • Redbird Resilient • Safe Haven of Ashland, Ohio • Suicide Prevention Coalition • University Hospitals Samaritan Medical Center
Chronic Disease	• A Whole Community • Ashland Area Chamber of Commerce • Ashland Christian Health Center • Ashland Church Community Emergency Shelter Services • Ashland County Cancer Association • Ashland County Family & Children First Council • Ashland County Health Department • Ashland County Job and Family Services • Ashland County local school districts • Ashland University • Ashland YMCA • City of Ashland • City Parks and Recreation • Kingston of Ashland • Kroc Center • Mental Health and Recovery Board of Ashland County • Older Adults Behavioral Health Coalition • OSU Extension • University Hospitals Samaritan Medical Center

Hospital Requirement

UH Samaritan Medical Center more specifically identified the following potential resources available to meet the two identified priorities:

Mental Health and Addiction

- Participation on Opioid Target Action Group (TAG)
- Participation on Mental Health and Recovery Board-led committees
- Smoking cessation programs
- Drug disposal education and materials

Chronic Disease: Prevention/Management

- Participation in Health & Wellness Target Action Groups (TAG)
- Family Health & Safety Day and other health education and screening events relating to diabetes, arthritis, mental health, etc.
- Get Fit program
- Assistance with 211 initiative in Ashland County

Appendix IX: Community Stakeholder Perceptions

Ashland County Community Event
October 23rd, 2019

What surprised you the most?

- Average age of onset for youth smoking (4)
- Youth IUD use (2)
- Youth having multiple sexual partners (2)
- Binge drinking percentage (2)
- Adults who drank and drove
- Pre-diabetic adults
- Arthritis in adult men
- Percentage of adults receiving the flu shot
- Mental health and stress issues were high
- Physical activity was poor among adults
- ACEs impact on youth smoking
- Arthritis is the top limiting problem in Ashland County
- Average age of onset for youth drinking
- Bullying on school property in Ashland County is above U.S. percentage
- Higher heavy drinking percentage for higher income
- Average age of onset for sexual intercourse among youth
- Overweight adults and youth
- Ages 65+ get enough care, no one else seems to have time/money
- Those looking outside of the county for help
- Adults stretching prescriptions
- Tobacco products that look candy-like
- Not everyone going for their free routine-check up
- Mental health keeping adults from participating in regular activities
- No public transportation
- Youth sexting rates
- Correlating adverse events in youth and whether they smoke, are bullied, consume alcohol, etc.
- Divorce is such a high ACE

What would you like to see covered in the report next time?

- Separate out Amish population (2)
- More qualitative data from focus groups among at-risk populations
- Energy drink consumption in adults and youth
- Same topics so we can compare the data
- How does the public think these issues could be improved?
- How many youth stole nicotine/other drugs from parents?

What will you or your organization do with this data?

- Participate in developing strategies within Target Action Groups (2)
- Accreditation
- Grant seeking
- Show effective programming
- Try to improve and increase messaging
- Education regarding flu vaccine
- Develop strategic plan
- Education

What will you or your organization do with this data? (continued)

- We are a non-profit and do not turn anyone down for payer source issues; helps us foresee and provide community with needed help
- Look at ways we can support these demographics

Are there any groups or agencies you think would be valuable resources or partners to work towards the priority health issues?

- Schools (5)
- University Hospitals (3)
- Ashland County Health Department (3)
- Ashland County and City Parks (2)
- United Way (2)
- Churches (2)
- Home Health and Hospice/Palliative/Pain management (2)
- Mental Health and Recovery Board
- Mohican Area
- OhioHealth
- Nursing homes
- Value in the concept of public – private partnerships to address these challenges
- Chamber of commerce
- Local politicians
- More involvement from non-profit agencies
- Employers
- Social service agencies
- Target Action Groups
- Big employers to hear their issues/problems and how they may be able to offer additional insight or see how we could all work together to reach common goals
- Community centers
- Commissioners

What are some barriers people may face regarding the issues identified?

- Money/cost of insurance (2)
- Family support, conflict resolution, counseling, availability of services for divorced parents (2)
- Lack of specialists in Ashland County
- Education
- Low annual income due to low pay rates
- Housing availability
- Misinformation
- Economic and education pieces and how we communicate our message
- Paying student loans puts adults in financial struggles after pressures are put on students to go to college instead of skilled trade
- Health care has gone up since the implementation of Obamacare
- Obamacare only allows 3 years with Pap smear

In your opinion, what is the best way to communicate the information from the community health assessment to the rest of the public?

- Facebook and other social media outlets used by partnering agencies (5)
- Print media (4)
- Websites (3)
- Radio (2)
- TV/news (2)
- Work with community partners to share info with their clients (2)
- Concise informational video
- Shortened presentations to main community stakeholders/leaders
- Ashland Source
- Various places to link the full report
- Report via email to parents
- Email
- Show importance to the public

Other comments or concerns:

- Transportation issues
- Food insecurity issues
- Onset of youth drinking
- Bullying at school is an issue
- Why are parents not being married considered an ACE for youth?
- We need a Rheumatologist in Ashland County
- Need Deterra drug disposal bags to populations that cannot afford
- Where are kids getting drugs from?
- Wish random student drug testing would be done other than "just before" a sport knowing when it will be done
- Hospice of North Central Ohio gives free bereavement services to all and in schools (trauma and suicide and infant loss)
- Lots of information, need to digest, well presented