



2015 COMMUNITY HEALTH NEEDS ASSESSMENT

University Hospitals' (UH) long-standing commitment to the community spans more than 145 years. This commitment has grown and evolved through significant thought and care in considering our community's most pressing health needs. One way we do this is by conducting a periodic, comprehensive Community Health Needs Assessment (CHNA) for each UH hospital facility. The most current assessments were completed by an external health care consulting service working with UH and include quantitative and qualitative data that serve to guide both our community benefit and strategic planning.

Through our CHNA, UH has identified the greatest health needs among each of our hospital's communities, enabling UH to ensure our resources are appropriately directed toward outreach, prevention, education and wellness opportunities where the greatest impact can be realized.

The following document is a detailed CHNA for University Hospitals Conneaut Medical Center

(UH Conneaut Medical Center). UH Conneaut Medical Center is a 25-bed, acute-care hospital that offers a wide range of medical and surgical services and is a federally designated Critical Access Facility.

UH Conneaut Medical Center offers myriad programs and activities to address the surrounding community health needs. These include a health education luncheon series for seniors, the Hospital to Home program, free monthly health screenings, Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) training for local organizations, and the Botvin Lifeskills education for youth program in local school districts.

UH Conneaut Medical Center strives to meet the health needs of its community. Please read the document's introduction below to better understand the health needs that have been identified.

Adopted by the UH Board of Directors
September 24, 2015.

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INTRODUCTION TO REPORT

This report identifies and assesses community health needs in the areas served by UH Conneaut Medical Center in accordance with regulations promulgated by the Internal Revenue Service pursuant to the Patient Protection and Affordable Care Act (ACA), 2010. This CHNA was adopted by the UH Board of Directors on September 24, 2015.

This is the second UH Conneaut Medical Center CHNA in response to the federal government regulation.¹ Prior to the ACA, UH Conneaut Medical Center had conducted needs assessments to determine pressing health needs in the community and consider how to allocate resources to respond to those needs. Provisions in the ACA standardized and formalized the community needs assessment work already being undertaken by UH Conneaut Medical Center.

The 2015 UH Conneaut Medical Center CHNA will serve as a foundation for developing an implementation strategy to address those needs that (a) the hospital determines it is able to meet in whole or in part; (b) are otherwise part of its mission; and (c) are not met (or are not adequately met) by other programs and services in the hospital's service area. The 2015 UH Conneaut Medical Center CHNA is the foundation for an implementation strategy as required by applicable regulations.

Objectives: CHNAs seek to identify priority health status and access issues for particular geographic areas and populations by focusing on the following questions:

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

The question of how the hospital can best use its limited charitable resources to assist communities in need will be the subject of the hospital's implementation strategy.

To answer these questions, this assessment considered multiple data sources, some primary (survey of market area residents, hospital discharge data) and some secondary (regarding demographics, health status indicators and measures of health care access).

The UH Conneaut Medical Center CHNA took into account input from persons representing the broad interests of the community through both a randomized mail survey of households in Ashtabula County, and a series of mail surveys and in-person interviews with community leaders. Community leaders from the Ashtabula City Health Department and Ashtabula County Health Department offered their analysis based on their work as local governmental public health agencies. Participating community leaders provided input into the prioritization of significant health needs.

This report addresses the following broad topics:

- Demographics of UH Conneaut Medical Center's primary and secondary market areas;
- Economic issues facing the hospital's primary and second market areas (e.g., poverty, unemployment);
- Community issues (e.g., environmental concerns and crime);
- Health status indicators (e.g., morbidity rates for various diseases and conditions and mortality rates for leading causes of death);
- Health access indicators (e.g., uninsured rates, ambulatory care sensitive (ACS) discharges and use of emergency departments);
- Health disparities indicators; and
- Availability of health care facilities and resources.

¹UH Conneaut Medical Center followed the 2013 Proposed Regulations, published by the Treasury Department and IRS on April 5, 2013, in the Federal Register (REG-106499-12, 2013-21, I.R.B. 1111, [78 FR 20523]), in accordance with Notice 2014-2 that confirms that hospital organizations can rely on proposed regulations under section 501(r) of the Internal Revenue Code issued on June 26, 2012, and April 5, 2013, pending the publication of final regulations or other applicable guidance. The final rule entitled "Additional Requirements 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.

EXECUTIVE SUMMARY

UH Conneaut Medical Center Community by the Numbers

- Three service area communities in Ashtabula County: Conneaut, Ashtabula, Kingsville
- Service area population, 2013: 52,968
- 62.9% of inpatient discharges originate from the Primary Service Area
- 6.5% of community discharges were for patients with Medicaid, 1.2% were uninsured
- 32.5% of Ashtabula County households with incomes <\$25,000
- 93.4% of Ashtabula County population is white
- There exists a wide range of health status and access challenges across the community

This assessment focuses on the priority problems that impact the overall health of the UH Conneaut Medical Center community.

As a critical access hospital, UH Conneaut Medical Center's service area is centered in three municipalities in Ashtabula County: Conneaut, Ashtabula and Kingsville. Key findings from analyses of that population are as follows.

Poverty and unemployment in the area create barriers to access (to health services, healthy food and other necessities) and thus contribute to poor health.

The number of households in Ashtabula County increased by 1.2% from 2010 to 2013. However, the average (median) income has decreased in Ashtabula County by 12.1% from 2010 to 2013. As the Ashtabula County population aged, its proportion of households with Social Security and retirement income increased by 2.7% from 2010 to 2013.

The proportion of Ashtabula County households living below the poverty line increased from 2010 to 2013. One in four residents of Ashtabula County lived under the poverty line in 2013 (19.7%, an increase from 15.9% in 2010).

The unemployment rate in Ashtabula County is the 28th highest in Ohio and was 5.6% in April of 2015.

For UH Conneaut Medical Center, 27.7% of discharges were ACS discharges of residents within the primary and secondary market areas combined. This may signal lower availability or access to primary care within the primary market area. The most common primary ACS diagnoses for UH Conneaut Medical Center's discharged patients in 2013 were bacterial pneumonia, congestive heart failure, Chronic Pulmonary Obstructive Disease (COPD) and diabetes.

Priority Health Needs

Poor health status results if a complex interaction of challenging social, economic, environmental and behavioral factors combined with a lack of access to care is present. Addressing these "root" causes is an important way to improve a community's quality of life and to reduce mortality and morbidity.

After careful analysis of both qualitative and quantitative data, UH Conneaut Medical Center identified four categories of priority health needs that impact the community served by the hospital. These include (not listed in a specific order):

- Health Disparities
 - High Unemployment Rates
 - Aging Population
 - Chronic Stress
 - Infant/Maternal Care
 - High Rates of Infant Mortality
 - Teen Births
- Access Barriers
 - Poor Access to Primary Care
 - Poor Access to Dentistry
 - High Cost of Care
 - Transportation
 - Food Deserts
 - Lack of Insurance Coverage
- Chronic Disease Conditions
 - Cancer
 - Heart Disease
 - Diabetes
 - Mental Illness
- Lifestyle Barriers
 - Obesity
 - Violence
 - Drug/Substance Abuse
 - Smoking

The team closely considered the Ashtabula County Community Health Improvement Plan (CHIP) when selecting these priorities. Staff from UH Conneaut Medical Center and UH Geneva Medical Center are members of several CHIP committees and working groups established by the Health Department to implement the CHIP.

CHIP initiatives will serve as part of the foundation of implementation strategies designed by UH Conneaut Medical Center in response to this CHNA. Prioritizing community health needs in this way will allow for greater collaboration between the hospital, the health department, and the variety of partners involved in CHIP initiatives, and will leverage existing investments for greater community impact.

CHNA Collaboration

UH Conneaut Medical Center worked closely with The Center for Health Affairs and Cypress Research Group to complete the data assessment and summary portions of the 2015 CHNA. University Hospitals Health System, Inc. retained The Center for Health Affairs to assist in data collection and analysis to ensure the entire community served by the hospital was captured. The Center for Health Affairs is the leading advocate for Northeast Ohio hospitals. The Center advocates on behalf of 34 hospitals in six counties. Cypress Research Group provides custom research services to meet various market and business research needs. More information about The Center for Health Affairs and Cypress Research Group is provided in the Appendix.

DESCRIPTION OF PROCESS AND METHODS

A. Definition of Market Area (Community Served by the Hospital)

UH Conneaut Medical Center is located in the city of Conneaut in Ashtabula County, Ohio. UH Conneaut Medical Center is a federally designated Critical Access Facility, signifying its vital importance to the community in providing a wide range of inpatient and outpatient services.

Shown in [Figure 1: UH Conneaut Medical Center Market Areas](#), UH Conneaut Medical Center's market area includes three municipalities (one in its primary market area and two in its secondary market area). In 2013, UH Conneaut Medical Center had 415 discharged patients. Of those, 356 were in the medical center's primary or secondary market (83.6%), illustrated in [Table 1: UH Conneaut Medical Center: Hospital Discharges – Primary and Secondary Market Areas](#).

In 2013, 62.9% of UH Conneaut Medical Center's discharges were residents of its primary market area; 20.7% were residents of its secondary market area. Of the three municipalities which make up UH Conneaut Medical Center's market area, Ashtabula has the largest population. Ashtabula comprises 62.8% of the total population of the hospital's market area. However, proportionately fewer (16.4%) of UH Conneaut Medical Center's discharges in 2013 were Ashtabula residents. Instead, the municipality with the highest proportion of UH Conneaut Medical Center's discharges in 2013 was Conneaut, a relatively small municipality of 16,875 residents.

UH Conneaut Medical Center's three municipalities that comprise its market areas are all in northern Ashtabula County, Ohio.

Shown in [Table 2: UH Conneaut Medical Center: Emergency Room Visits – Primary and Secondary Market Areas](#), in 2013, 73.7% of UH Conneaut Medical Center's emergency room visits came from its primary market area (Conneaut).

Ashtabula County, Health Rankings

The Robert Wood Johnson Foundation produces an annual report which ranks counties in Ohio based on two major indices of population health: health outcomes (length and quality of life) and health factors (clinical care, health behaviors/alcohol and drug use, social/environmental factors and physical environment). A rank of "1" is the best, "88" is the worst in the state of Ohio. [Table 3: County Health Rankings](#), identifies Ashtabula County's rank. While UH Conneaut Medical Center does not include all of Ashtabula County in its market area, it does include a majority of it. Therefore, understanding where Ashtabula County as a whole ranks in Ohio in terms of health is useful. It is important to note that in many of Ohio's counties, the differential between health outcomes and health factors is relatively small.

On the whole, Ashtabula County achieves low ranks, as compared to other Ohio counties, in terms of health outcomes (69 of 88) or health factors (79 of 88). In terms of health outcomes, Ashtabula ranks more positively in terms of quality of life (rank of 57) than length of life (71). In terms of health factors, Ashtabula County ranks the lowest in terms of health behaviors, social and economic factors (rank of 77 on each) and physical environment (76). Ashtabula County ranks more favorably in terms of clinical care (67).

To better identify areas of greatest need within Ashtabula County, health rankings were further explored through data available at The Centers for Disease Control and Prevention (CDC, U.S. Department of Health and Human Services), which identified several areas in which Ashtabula County compares unfavorably to its peer counties (which closely match Ashtabula in terms of demographic and physical factors). These are:

- Cancer deaths
- Coronary heart disease deaths
- Diabetes deaths

The CDC also found that Ashtabula County compared unfavorably to its peer counties in the U.S. in terms of access to primary care.

FIGURE 1: UH CONNEAUT MEDICAL CENTER MARKET AREAS

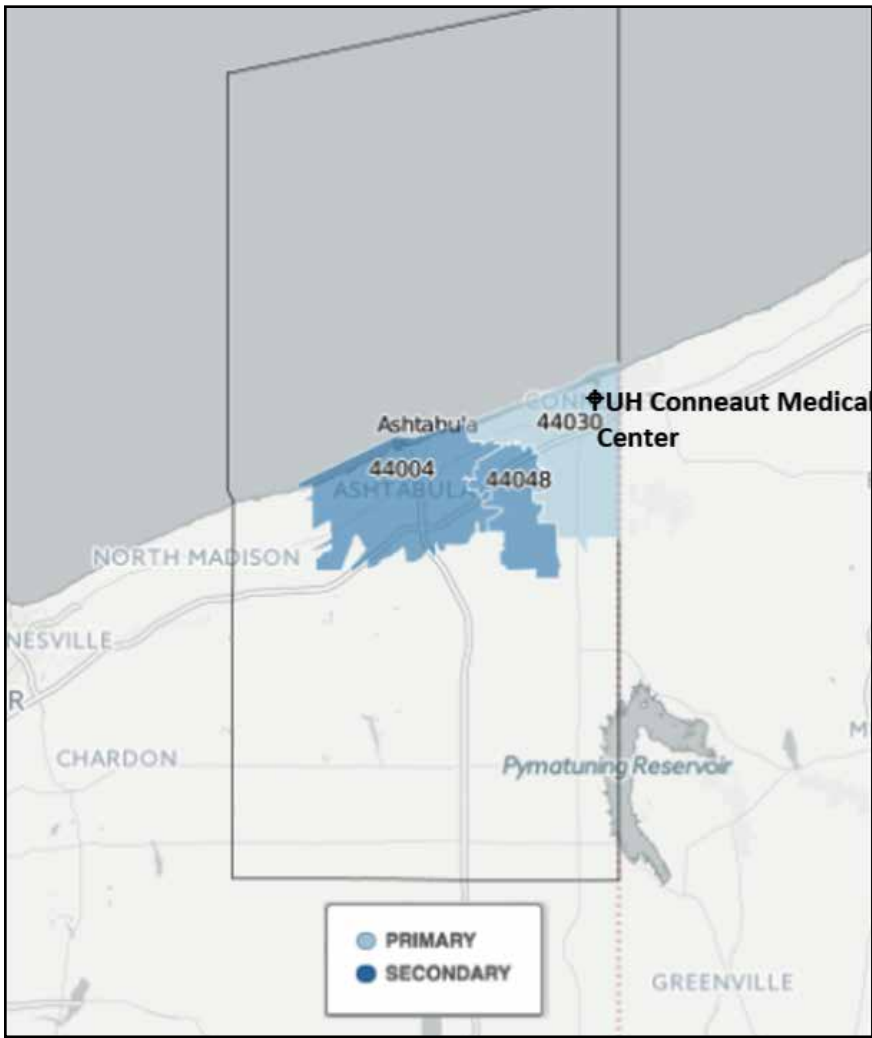


TABLE 1: UH CONNEAUT MEDICAL CENTER: HOSPITAL DISCHARGES – PRIMARY AND SECONDARY MARKET AREAS

	Municipalities & ZIP Codes	Number/percent of UH Conneaut Medical Center Discharges (2013)*	2013 Population**
Primary Market Area			
	Conneaut (44030)	261/62.9%	16,875/31.9%
Subtotal Primary Market:		261/62.9%	16,875/31.9%
Secondary Market Area			
	Ashtabula (44004)	68/16.4%	33,250/62.8%
	Kingsville (44048)	18/4.3%	2,843/5.4%
Subtotal Secondary Market:	Total: Secondary Market	86/20.7%	36,093/26.0%
Market Total:		347/83.6%	52,968/100%
Out of Market Area		68/16.4%	
Total:		415/100%	

*OHA hospital discharge data, 2013

**Source: U.S. Census, American Community Survey, 2010 Decennial projection to 2013

TABLE 2: UH CONNEAUT MEDICAL CENTER: EMERGENCY ROOM VISITS – PRIMARY AND SECONDARY MARKET AREAS

	Municipalities & ZIP Codes	Number of UH Conneaut Medical Center Emergency Room Visits (2014)*	2013 Population **
Primary Market Area			
	Conneaut (44030)	8,666/73.7%	16,875/31.9%
Subtotal Primary Market:		8,666/73.7%	16,875/31.9%
Secondary Market Area			
	Ashtabula (44004)	870/7.4%	33,250/62.8%
	Kingsville (44048)	462/3.9%	2,843/5.4%
Subtotal Secondary Market:		1,332/11.3%	36,093/26.0%
Market Total:		9,998/85.0%	52,968/100%
Out of Market Area		1,768/15.0%	
Total:		11,766/100%	

*UH Conneaut Medical Center

**Source: U.S. Census, American Community Survey, 2010 Decennial projection to 2013

TABLE 3: COUNTY HEALTH RANKINGS

	Ashtabula County, 2015	Subcomponents
Health Outcomes	69 of 88 counties	Length of Life: 71 of 88 counties Quality of Life: 57 of 88 counties
Health Factors	79 of 88 counties	Clinical Care: 67 of 88 counties Health Behaviors: 77 of 88 counties Social & Economic Factors: 77 of 88 counties Physical Environment: 76 of 88 counties

Source: County Health Rankings & Roadmaps; Robert Wood Johnson Foundation Program, 2015.

B. Introduction to Data Analysis

This report analyzed both primary and secondary data to draw conclusions regarding the priority health needs of the population within the UH Conneaut Medical Center community.

Primary Data

There were three main sources of primary data:

A. Survey Data

- UH Conneaut Medical Center's market area is contained within Ashtabula County in Northeast Ohio. A random survey of households in Ashtabula was conducted in 2011. A total of 309 surveys were completed of which 142 (47%) were in UH Conneaut Medical Center's primary or secondary market areas. Surveys were commissioned by the Ashtabula County Health Needs Assessment Committee and conducted by the Hospital Council for Northwest Ohio to capture a comprehensive picture of Ashtabula County residents' health status.
- In addition to a survey of adults in Ashtabula County, we also include the results from a random survey of youth (ages 12 to 18) conducted in Ashtabula County in 2011. A total of 483 youth were randomly chosen and surveyed in 2011 within Ashtabula County; a total of 329 were residents of the ZIP codes which are in UH Conneaut Medical Center's market area within Ashtabula County.

B. Hospital Discharge Data

- Discharge data from the Ohio Hospital Association was used to describe hospital admission patterns for UH Conneaut Medical Center from 2011 to 2013.

C. Qualitative Data

- A survey was sent to 93 community leaders from organizations that serve the populations in the hospital's service area. 46 responses to the survey were received.

Qualitative Data Analysis Summary

From January 2015 – July 2015, UH Conneaut Medical Center, in collaboration with UH Geneva Medical Center, solicited the input of individuals who represent the broad interests of the community and individuals in leadership roles in public health.

Surveys were sent to 93 community leaders from organizations that serve the populations in the hospital's service area. 46 responses to the survey were received. A copy of the survey can be found in the Appendix.

The organizations solicited are listed below; those in **bold** responded.

10,000 Steps Health Ashtabula
AACSLakeside
Ashtabula County Juvenile Court
ACESC

Ashtabula Area City Schools

Ashtabula City Health Department

Ashtabula County Board of DD

Ashtabula County Children Services

Ashtabula County Commissioners

Ashtabula County Community Action Agency

Ashtabula County Community Counseling

Ashtabula County Dept. Job & Family Services

Ashtabula County Educational Service Center

Ashtabula County Engineers Department

Ashtabula County Head Start

Ashtabula County Health Department

Ashtabula County Joint Vocational School

Ashtabula County Medical Center

Ashtabula County Sheriff Department

Ashtabula County Mental Health and Recovery Services

Ashtabula Regional Home Health Services

A-Tech

Buckeye Local Schools

Catholic Charities

Children Services

Conneaut Area City Schools

Conneaut City Health Department

Country Neighbor

Case Western Reserve University

Family & Children First Council, Ashtabula County

Family Planning Association of Northeast Ohio Inc.

Geneva Area City Schools

Grand Valley Local School District

Hospital Council of Northwest Ohio

Jefferson Area Local Schools

Kent State University

Lake Area Recovery Center

Leadership Ashtabula County

Ohio State University Extension

Pymatuning Valley Local Schools

St. Joseph Health Center

The Center for Health Affairs

UH Conneaut Medical Center

UH Geneva Medical Center

Wellness & Total Learning Center

Western Reserve Independent Living Center

Individuals representing public health included:

1. Jeffrey A. Brodsky, DO, Past Medical Director, Ashtabula County Department of Health
2. Louie Donathan, Administrator, Ashtabula County Department of Health
3. Ginny Ewiny, RN, Ashtabula City Health Department
4. Christine Hill, Health Commissioner, Ashtabula City Health Department
5. Gale Justice, Outreach Specialist, Ashtabula City Health Department
6. Chris Keftunen, Director of Nursing, Ashtabula County Department of Health
7. Robert A. Malinowski, DO, Medical Director, Ashtabula County Department of Health
8. Rebecca Robinson, RN, Ashtabula County Department of Health

Each of these organizations represents medically underserved, low-income, or minority populations in the UH Conneaut Medical Center service area.

The top five health issues identified by those surveyed were: Obesity, Substance Abuse, Mental Health, Diabetes, Cancer and Dental Health (Cancer and Dental Health received equal ratings). Of those health issues, Obesity and Substance Abuse were rated the most significant.

When discussing access to health care, gaps in access to the following services were identified: (1) Access to Specialty Care, (2) Access to Dentistry, (3) Access to Medicaid Providers, (4) Access to Bilingual Providers, (5) Access to Mental Health Services, and (6) Access to Transportation.

When asked to identify the most significant barriers that keep people in the community from accessing health care when they need it, the following barriers were prioritized: (1) inability to pay out-of-pocket expenses, (2) lack of transportation, (3) availability of providers/appointments, (4) inability to navigate health care system, (5) lack of health insurance coverage, (6) basic needs not met, and (7) time limitations. When asked to prioritize the most significant of these barriers, a majority of respondents selected inability to pay out-of-pocket expenses.

Respondents predominantly agreed that there are specific populations in the UH Conneaut Medical Center service area that are not being adequately served by local health services. The most commonly identified populations included the poor and uninsured. Others populations identified as underserved were children/youth and seniors.

There was a strong consensus that the majority of uninsured and underinsured individuals in this community use the hospital emergency department as their primary point of care when in need of medical care.

All respondents agreed that there are a number of resources and services related to health and quality of life that are missing in the community. Free/low-cost dental was the highest ranked service that was identified. Others included free/low-cost medical care, transportation, and mental health and substance abuse services.

Responses varied when asked what challenges people in the community face in trying to maintain healthy lifestyles. Common examples included significant issues of poverty and unemployment, lack of access to transportation, lack of education about healthy eating, lack of access to healthy food, and lack of access to affordable gyms/places to exercise.

Respondents provided several recommendations that may help to improve the health and quality of life in the community. Some recommendations included increasing the number of health fairs and health education programs available to the community, providing free clinics and dental care, developing transportation programs to take residents to appointments and community programs, development of community exercise programs, increasing the number of farmers' markets and community gardens, and providing more substance abuse and mental health counseling opportunities. The respondents to this survey included leaders from public health organizations, mental/behavioral health organizations, education/youth services organizations, nonprofit/social service agencies and local government.

Secondary Data

There were several sources of secondary data:

- U.S. Census, 2010 Decennial Census, American Community Survey (projections to 2013) (Demographic data; Poverty data)
- U.S. Bureau of Labor Statistics, 2015 (Unemployment Data)
- U.S. Health Resources and Services Administration (HRSA) (medically underserved areas and populations and food deserts)
- Health status and access indicators available from:
 - County Health Rankings & Roadmaps; Robert Wood Johnson Foundation Program, 2014;
 - Ohio Department of Health, 2014;
 - U.S. Centers for Disease Control and Prevention, CHSI Information for Improving Community Health, Community Health Status Indicators Project, 2015;
 - Community Commons, 2015

Information Gaps

To the best of The Center's and Cypress Research Group's knowledge, no information gaps have affected UH Conneaut Medical Center's ability to reach reasonable conclusions regarding community health needs.

C. Demographic Characteristics of UH Conneaut Medical Center's Market Area

As illustrated in [Figure 2: Market Area Population Size Trends](#), Ashtabula County's total population decreased by 2.2% from 2010 to 2014. Proportionately, there was little change in Ashtabula County's demographic composition from 2010 to 2013. Ashtabula County, like its neighboring counties, is growing older, on average. In 2013, the proportion of senior citizens increased by 0.9 percentage points; likewise the proportion of those under age 20 decreased by 1.1 percentage points, illustrated in [Table 4: Trends in Ashtabula County: By Gender, Age and Race](#).

Shown in [Table 5: Economic Trends in Ashtabula County: Income and Poverty](#), the number of households in Ashtabula County increased by 1.2% from 2010 to 2013. The average (median) income has decreased in Ashtabula County by 12.1% from 2010 to 2013. The mean income decreased by 9.3%.

As the Ashtabula County population aged, its proportion of households with Social Security and retirement income increased by 2.7% from 2010 to 2013. The mean Social Security income decreased by 2.4%, but the mean retirement income increased by 10.1% during that same time period. There were fewer households receiving cash public assistance income in 2013 compared to 2010 (-1.0%), but that proportion was very small in both years (3.3%

and 2.3%, respectively). The size of cash public assistance increased by 14.3% in those three years, but this is often a reflection of changing family sizes (which is related to the size of cash assistance provided).

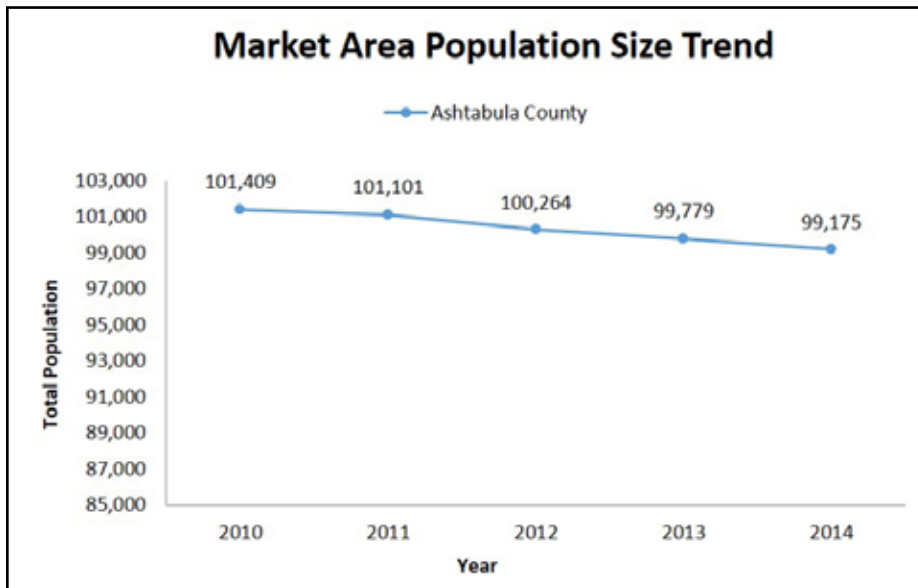
The proportion of Ashtabula County households living below the poverty line increased by 3.1% (from 12.0% to 15.1%) from 2010 to 2013, shown in [Table 6: Most Economically Vulnerable Ashtabula County Residents](#). One in four households with children (under age 18) lived below the poverty line in 2013. More than one-third of households (38.9%) with children under age 5 (but no older children) lived under the poverty line in 2013. Single mothers with only young children (under age 5) are almost all living under the poverty line (84.7%) and that is an increase from 2010 levels (69.8%). **To summarize, one in four residents of Ashtabula County lived under the poverty line in 2013 (19.7%, an increase from 15.9% in 2010).**

Also during that time period, fewer residents had private health insurance (-3.3%) but more had public coverage (+1.3%). The net impact in 2013 was a 1.3% increase in the proportion of Ashtabula residents without health insurance coverage.

Finally, the unemployment rate in Ashtabula County is the 28th highest in Ohio and was 5.6% in April of 2015. (Source: U.S. Bureau of Labor Statistics 2015)

FIGURE 2: MARKET AREA POPULATION SIZE TRENDS

Ashtabula County



Source: U.S. Decennial Census, American Community survey projections to 2014

TABLE 4: TRENDS IN ASHTABULA COUNTY: BY GENDER, AGE AND RACE

	Ashtabula County		
	2010	2013	Percent Change
Total Population	101,409	99,779	-1.6%
By Gender			
Males	49.6%	50.2%	+0.6%
Females	50.4%	49.8%	-0.6%
By Age Group			
0 – 19	26.2%	25.1%	-1.1%
18 – 44	29.6%	29.2%	-0.4%
45 – 64	28.6%	29.1%	+0.5%
65+	15.4%	16.3%	+0.9%
By Race			
White	93.1%	93.4%	+0.3%
Black or African-American	3.8%	3.5%	-0.3%
American Indian and Alaska Native	0.1%	0.2%	+0.1%
Asian	0.1%	0.5%	+0.4%
Native Hawaiian and Other Pacific Islander	–	–	–
Some other race	0.4%	0.3%	-0.1%

Source: U.S. Decennial Census, American Community survey projections to 2013

TABLE 5: ECONOMIC TRENDS IN ASHTABULA COUNTY: INCOME AND POVERTY

	Ashtabula County		
	2010	2013	Percent Change
Total Households	38,650	39,103	+1.2%
Less than \$10,000	8.2%	10.2%	+2.0%
\$10,000 to \$14,999	6.0%	8.8%	+2.8%
\$15,000 to \$24,999	14.1%	13.5%	-0.6%
\$25,000 to \$34,999	12.1%	13.3%	+1.2%
\$35,000 to \$49,999	14.8%	15.5%	+0.7%
\$50,000 to \$74,999	21.0%	18.7%	-2.3%
\$75,000 to \$99,999	12.4%	9.8%	-2.6%
\$100,000 to \$149,999	8.9%	7.9%	-1.0%
\$150,000 to \$199,999	1.4%	1.7%	-0.3%
\$200,000 or more	1.1%	0.6%	-0.5%
Median household income (dollars)	\$44,376	\$39,012	-12.1%
Mean household income (dollars)	\$67,349	\$48,744	-9.3%
Percent of Households With Social Security	33.6%	36.3%	+2.7%
Mean Social Security income (dollars)	\$16,903	\$16,503	-2.4%
Percent with retirement income	20.6%	20.9%	+0.3%
Mean retirement income (dollars)	\$17,438	\$19,211	+10.1%
Percent with Supplemental Security Income	4.9%	7.1%	+2.2%
Mean Supplemental Security Income (dollars)	\$9,134	\$8,331	-8.8%
Percent with cash public assistance income	3.3%	2.3%	-1.0%
Mean cash public assistance income (dollars)	2,766	3,162	+14.3%
Percent with Food Stamp/SNAP benefits in the past 12 months	16.6%	20.1%	+3.5%

Source: U.S. Decennial Census, American Community survey projections to 2013

TABLE 6: MOST ECONOMICALLY VULNERABLE ASHTABULA COUNTY RESIDENTS

	Ashtabula County		
	2010*	2013*	Percent Change
Percent of families under poverty line	12.0%	15.1%	+3.1%
Percent of households with related children under 18 years under poverty line	21.0%	25.5%	+4.5%
Percent of households with related children under 5 years (no older children) under the poverty line	29.3%	38.9%	+9.6%
Percent of married couple families under the poverty line			
Percent of married couple families under the poverty line	5.9%	7.3%	+1.4%
Percent of married couple families with related children under 18 years under the poverty line	9.4%	11.5%	+2.1%
Percent of married couple families with related children under 5 years (no older children) under the poverty line	5.0%	17.1%	+12.1%
Percent of families with female householder, no husband present, under the poverty line			
Percent of families with female householder, no husband present, under the poverty line	37.1%	40.3%	+3.2%
Percent of families with female householder, no husband present, with related children under 18 years, under the poverty line	54.2%	52.7%	-1.5%
Percent of families with female householder, no husband present, with related children under 5 years (no older children), under the poverty line	69.8%	84.7%	+14.9%
Percent of all people in Ashtabula County under the poverty line:			
Of those under 18 years	22.9%	27.8%	+4.9%
Of those with related children under 18 years	22.5%	27.1%	+4.6%
Of those with related children under 5 years	31.0%	35.2%	+4.2%
Of those with related children 5 to 17 years	19.5%	24.2%	+4.7%
Living under poverty line, by age:			
Of those 18 years and over	13.7%	17.2%	+3.5%
18 to 64 years	15.0%	19.0%	+4.0%
65 years and over	8.6%	10.6%	+2.0%
Percent with health insurance coverage			
Percent with health insurance coverage	87.0%	85.7%	-1.3%
Percent with private health insurance	64.8%	61.5%	-3.3%
Percent with public coverage	36.2%	37.2%	+1.0%
Percent no health insurance coverage	13.0%	14.3%	+1.3%

Source: U.S. Decennial Census, American Community survey projections to 2013

D. UH Conneaut Medical Center Patients Served

Table 7: Hospitalizations, Ashtabula County Residents 2011 to 2013 illustrates patient discharges for all UH Conneaut Medical Center market area residents. It compares patients discharged from UH Conneaut Medical Center with other Ashtabula County residents discharged from other hospitals. For all residents within UH Conneaut Medical Center's market footprint, the number of discharges from any Ohio (or near-Ohio) hospital has decreased by 5.4% (not shown). Recall that during about that same time period, the overall population decreased by 1.6%.

Between 2011 and 2013, the number of patient discharges decreased for UH Conneaut Medical Center by 41.5% within the primary market area and 39.9% in the secondary market area, thus 41.1% overall.

Almost two-thirds of UH Conneaut Medical Center's 2013 discharges were Conneaut residents (62.9%), shown in Table 8: UH Conneaut Medical Center, 2013 Discharges, by Payer. Of those patients, 76.6% were Medicare patients, 5.7% were Medicaid patients and 13.4% were commercial insurance patients.

Illustrated in Figure 3: Patient Demographics: Age, in 2013, the median age of UH Conneaut Medical Center's discharged patients was 71. All discharged patients were adults (ages 19 and over). The median age for discharges in 2013 from UH Conneaut Medical Center's primary market was 74; the median age for discharges from the secondary market was 68 (data not shown).

TABLE 7: HOSPITALIZATIONS, ASHTABULA COUNTY RESIDENTS

2011 – 2013 UH Conneaut Medical Center's Discharges Versus All Other Ohio Hospitals' Discharges

		UH Conneaut Medical Center's Primary Market	UH Conneaut Medical Center's Secondary Market	Total UH Conneaut Medical Center Market Area Residents
2011	Discharge from Other Hospital	1,540	5,921	7,461
	Discharge from UH Conneaut Medical Center	446	143	589
	Total Discharges:	1,986	6,064	8,050
2012	Discharge from Other Hospital	1,334	5,597	6,931
	Discharge from UH Conneaut Medical Center	241	64	305
	Total Discharges:	1,575	5,661	7,236
2013	Discharge from Other Hospital	1,420	5,848	7,268
	Discharge from UH Conneaut Medical Center	261	86	347
	Total Discharges:	1,681	5,934	7,615
	Change in Discharges from Other Hospitals, 2011 to 2013	-7.8%	-1.2%	-2.6%
	Change in Discharges from UH Conneaut Medical Center, 2011 to 2013.	-41.5%	-39.9%	-41.1%

Source: Ohio Hospital Association discharge data

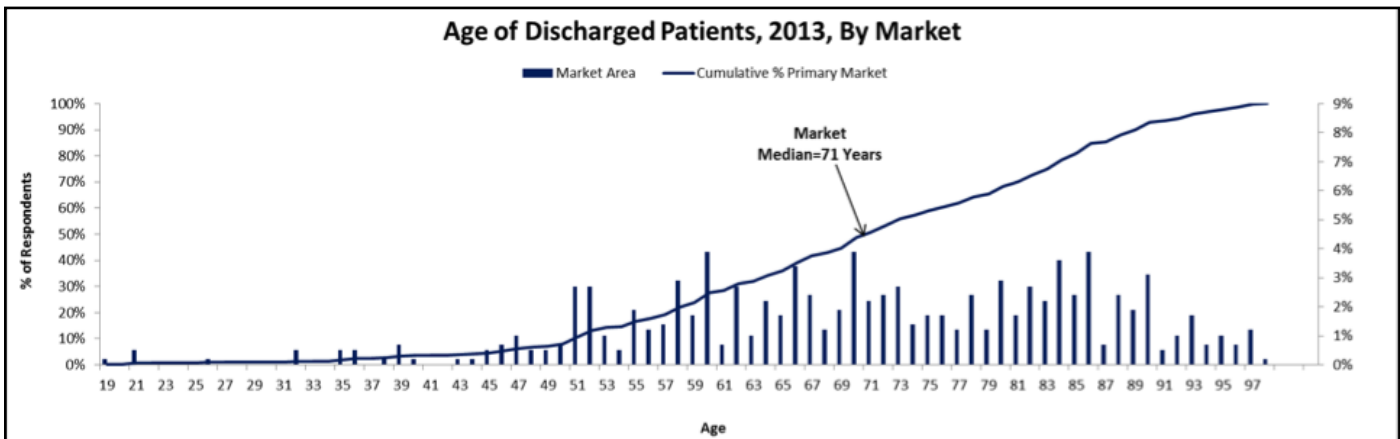
TABLE 8: UH CONNEAUT MEDICAL CENTER, 2013 DISCHARGES, BY PAYER

	Number of Discharges	Percent of All Discharges of Ashtabula County Residents	Percent in ZIP Code By Payer				
			Medicare	Medicaid	Commercial	Others	Self-Pay
Primary Market Area							
Conneaut (44030)	261	62.9%	76.6%	5.7%	13.4%	3.1%	1.1%
Secondary Market Area							
Ashtabula (44004)	68	16.4%	63.2%	5.9%	25.0%	5.9%	0.0%
Kingsville (44048)	18	4.3%	77.8%	5.6%	11.1%	0.0%	0.0%
All other ZIP Codes	68	16.4%	63.2%	10.3%	20.6%	2.9%	2.9%
Total UH Conneaut Medical Center	415	100%	72.3%	6.5%	16.1%	3.9%	1.2%

Source: OHA discharge data

FIGURE 3: PATIENT DEMOGRAPHICS: AGE

Age of UH Conneaut Medical Center's Discharged Patients, 2013, by Market



Source: Ohio Hospital Association discharge data

E. Ambulatory Care Sensitive Discharges

Adults

Using discharge data from UH Conneaut Medical Center, which includes the reason for patient admission into the hospital, 'ambulatory care sensitive discharges' are identified. Ambulatory care sensitive (ACS) conditions are conditions for which "good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease," according to the Agency for Healthcare Research and Quality. The incidence of ACS discharges has been used as an index of adequate primary care in a market area. The diagnostic categories (and associated ICD-9-CM codes) can be found in the Appendix.

The table below shows the number of adult discharges for UH Conneaut Medical Center in 2013 and the percent which were ACS cases. For all discharges, there are both primary and nonprimary diagnoses ("secondary" diagnoses), and both are shown in the table below. Patients can have up to 14 different secondary diagnoses.

Table 9: UH Conneaut Medical Center Primary and Secondary Diagnoses of Adult (Age 19+) ACS Discharges in 2013 shows for UH Conneaut Medical Center, 27.7% of discharges were ACS discharges of residents within the primary and secondary market areas combined. This may signal lower availability or access to primary care within the primary market area.

The most common primary ACS diagnosis for UH Conneaut Medical Center's discharged patients in 2013 was bacterial pneumonia (7.0%) which was a secondary diagnosis for an additional 8.8% of patients. Congestive heart failure was the second most common ACS diagnosis (6.7%); however, one in four (27.1%) discharged patients had congestive heart failure as a secondary diagnosis.

Chronic Pulmonary Obstructive Disease (COPD) was the primary reason for hospitalization for 5.3% of discharges; however one in four discharges had COPD as a secondary diagnosis. 28% of discharged patients in 2013 were diabetic and a majority (68.8%) of discharged 2013 patients had hypertension.

Table 9 shows the incidence of ACS cases among discharged patients for UH Conneaut Medical Center in 2013, and that is useful to point out the proportion of discharged patients which may have avoided hospitalization if, for example, they had increased access to primary medical care. Since the total number of discharged patients was only 415, perhaps a more useful review of ACS cases examines all of Ashtabula County, especially in comparison to its nearby counties. UH Conneaut Medical Center's market area covers roughly 68% of Ashtabula's population.

Table 10: UH Conneaut Medical Center Market Areas Versus Contiguous Counties, Primary Diagnosis of Adult (Age 19+) ACS Discharges in 2013 displays the number of adult discharges with ACS conditions as a primary diagnosis for UH Conneaut Medical Center in 2013 compared to Ashtabula County as a whole (hospitalizations for UH Conneaut Medical Center and other hospitals, combined) and nearby Northeast Ohio counties.

Of the five compared counties, Ashtabula County showed the largest proportion of ACS cases (19.2%); Geauga County showed the lowest (15.7%). Congestive heart failure was the most common ACS primary diagnosis within Ashtabula County as a whole, followed closely by bacterial pneumonia (3.8%) and COPD (3.7%). For each of those conditions, Ashtabula County showed higher levels than each of the nearby counties, with the exception of congestive heart failure, which was slightly higher in Trumbull County (4.2%) than Ashtabula County (4.1%).

ACS diagnoses (of any type) were more common among Medicare patients (30%) than those with other sources of health coverage, shown in Table 11: UH Conneaut Medical Center, Primary Diagnosis of Adult (Age 21+) ACS Versus Non-ACS Discharges in 2013, by Primary Payer. All but two of the more common ACS conditions were most prevalent among Medicare patients. The two exceptions were diabetes, which was the most prevalent among Medicaid patients, and cellulitis, which was most prevalent among self-pay patients (however, there were only five discharged patients in that category in 2013).

TABLE 9: UH CONNEAUT MEDICAL CENTER PRIMARY AND SECONDARY DIAGNOSES OF ADULT (AGE 19+) ACS DISCHARGES IN 2013

	Primary Diagnosis	Secondary Diagnosis
No ACS Condition	72.3%	13.7%
Specific ACS Conditions:	27.7%	86.3%
Bacterial Pneumonia	7.0%	8.8%
Congestive Heart Failure (CHF)	6.7%	27.1%
Chronic Obstructive Pulmonary Disease (COPD)	5.3%	24.7%
Cellulitis	3.1%	6.5%
Diabetes	2.7%	28.2%
Kidney/Urinary Infections	1.9%	15.3%
Acute Bronchitis: (only included if a secondary diagnosis of COPD is also present)	0.2%	0.0%
Asthma	0.2%	7.1%
Dehydration/Volume Depletion	0.2%	8.5%
Iron Deficiency Anemia	0.2%	2.9%
Hypertension	0.0%	68.8%
Angina	0.0%	4.7%
Epilepsy	0.0%	4.7%
Nutritional Deficiencies	0.0%	1.8%
Gastroenteritis	0.0%	1.5%
Severe ENT Infections	0.0%	1.5%
Dental Conditions	0.0%	0.6%

Source: Ohio Hospital Association discharge data.

Source: Definition of ACS conditions: Billings J, Zeitel L, Lukomnik J, Carey TS, Blank AE, Newman L. Impact of socio-economic status on hospital use in New York City. *Health Affairs (Millwood)* 1993; 12(1):172-173.

TABLE 10: UH CONNEAUT MEDICAL CENTER MARKET AREAS VERSUS CONTIGUOUS COUNTIES, PRIMARY DIAGNOSIS OF ADULT (AGE 19+) ACS DISCHARGES IN 2013

	UH Conneaut Medical Center	Ashtabula County	Geauga County	Lake County	Trumbull County	Cuyahoga County
Number of discharges:	415	9,807	6,758	21,123	21,317	133,649
No ACS Condition	72.3%	80.8%	84.3%	83.2%	82.4%	81.3%
Specific ACS Conditions:	27.7%	19.2%	15.7%	16.8%	17.6%	18.7%
Bacterial Pneumonia	7.0%	3.8%	2.4%	2.9%	2.9%	2.6%
Congestive Heart Failure (CHF)	6.7%	4.1%	3.4%	3.4%	4.2%	3.8%
Chronic Obstructive Pulmonary Disease (COPD)	5.3%	3.7%	1.9%	2.5%	2.4%	2.5%
Cellulitis	3.1%	2.4%	2.3%	1.9%	1.8%	2.1%
Diabetes	2.7%	0.8%	0.8%	1.1%	1.3%	1.4%
Kidney/Urinary Infections	1.9%	1.8%	1.9%	2.0%	1.3%	1.9%
Acute Bronchitis: (only included if a secondary diagnosis of COPD is also present)	0.2%	0.01%	0.01%	0.01%	0.00%	0.00%
Asthma	0.2%	0.6%	0.7%	0.8%	1.3%	1.7%
Dehydration/Volume Depletion	0.2%	0.5%	0.6%	0.5%	0.6%	0.5%
Iron Deficiency Anemia	0.2%	0.1%	0.2%	0.2%	0.1%	0.2%
Hypertension	0.0%	0.2%	0.2%	0.3%	0.2%	0.4%
Angina	0.0%	0.2%	0.1%	0.1%	0.1%	0.1%
Epilepsy	0.0%	0.4%	0.5%	0.4%	0.6%	0.7%
Nutritional Deficiencies	0.0%	0.02%	0.01%	0.01%	0.02%	0.02%
Gastroenteritis	0.0%	0.3%	0.2%	0.3%	0.4%	0.3%
Severe ENT Infections	0.0%	0.02%	0.1%	0.1%	0.1%	0.1%
Dental Conditions	0.0%	0.04%	0.02%	0.1%	0.0%	0.1%
Convulsions	0.0%	0.2%	0.2%	0.3%	0.2%	0.2%
Pelvic Inflammatory Disease	0.0%	0.1%	0.02%	0.02%	0.1%	0.1%
Hypoglycemia	0.0%	0.008%	0.02%	0.02%	0.01%	0.02%
Immunization-Related and Preventable Conditions	0.0%	0.0%	0.01%	0.004%	0.004%	0.001%
Other Tuberculosis	0.0%	0.0%	0.0%	0.0%	0.004%	0.004%

Source: Ohio Hospital Association discharge data.
 Source: Definition of ACS conditions: Billings et al 1993.

TABLE 11: UH CONNEAUT MEDICAL CENTER, PRIMARY DIAGNOSIS OF ADULT (AGE 21+) ACS VERSUS NON-ACS DISCHARGES IN 2013, BY PRIMARY PAYER

More Common ACS Conditions

	Medicare	Medicaid	Commercial	Other*	Self-Pay*	Total
Number of Discharges:	300	27	67	16	5	415
No ACS Primary Diagnosis	70.0%	77.8%	82.1%	68.8%	60.0%	72.3%
Specific ACS Conditions:	30.0%	23.2%	17.9%	31.2%	40.0%	27.7%
Bacterial Pneumonia	7.7%	0.0%	4.5%	12.5%	20.0%	7.0%
Congestive Heart Failure (CHF)	9.0%	0.0%	1.5%	0.0%	0.0%	6.7%
Chronic Obstructive Pulmonary Disease (COPD)	6.0%	3.7%	1.5%	12.5%	0.0%	5.3%
Cellulitis	2.0%	3.7%	7.5%	0.0%	20.0%	3.1%
Diabetes	2.3%	7.4%	3.0%	0.0%	0.0%	2.7%
Kidney/Urinary Infections	2.3%	3.7%	0.0%	0.0%	0.0%	1.9%

*Number of discharges is too small to reliably draw conclusions; not considered in analysis.

Source: Ohio Hospital Association discharge data.

Source: Definition of ACS conditions: Billings et al 1993.

UH Conneaut Medical Center Discharges

This section again examines UH Conneaut Medical Center’s discharge data from 2013. These data provide primary and secondary diagnosis information for each patient discharged in 2013. This data evaluation seeks to identify particular diagnoses or diagnostic categories which can shed light on how public health or preventive care initiatives could impact the overall health of Ashtabula County residents.

Table 12: UH Conneaut Medical Center, Primary and Secondary Diagnosis of Adults (Age >21), Discharged in 2013 shows the number and percentage of discharges based on the major diagnostic category of adult patients’ primary diagnoses. There are more than 17,000 different medical diagnostic codes. For specific diagnoses, we show only those which were relatively common.

In 2013, the most common primary diagnostic category (26.3%) was diseases of the musculoskeletal system and connective tissue. Osteoarthritis was the primary diagnosis for one in four discharges in 2013 and 16.6% had osteoarthritis as a secondary diagnosis.

Diseases of the respiratory system were also very common as primary diagnoses (17.6%). Pneumonia and chronic bronchitis were the two most common specific diagnoses in this category. Almost as common were circulatory system diseases (16.9%). In addition, a great number of patients had a secondary diagnosis of essential hypertension (61.9%) and almost four in 10 had a secondary diagnosis of a cardiac dysrhythmia.

More than 16% of adults discharged in 2013 had a secondary diagnosis of obesity and more than 28% were diabetic.

While no discharged patients in 2013 had a mental illness as a primary diagnoses, mental illnesses were very common secondary diagnoses, especially neurotic disorders (24.3%), nondependent drug use (24.8%) and/or depression (19.5%).

TABLE 12: UH CONNEAUT MEDICAL CENTER, PRIMARY AND SECONDARY DIAGNOSIS OF ADULTS (AGE >21), DISCHARGED IN 2013

	Primary Diagnosis		Secondary Diagnoses	
	Number of Cases With Diagnosis*	Percent of All Adult Cases*	Number of Cases With Diagnosis	Percent of All Adult Cases**
Diseases of the musculoskeletal system and connective tissue	109	26.3%		
Most common specific diagnoses in category:				
Osteoarthritis	107	25.8%	69	16.6%
Bone and cartilage disease	2	0.5%	41	9.9%
Spondylosis			38	9.2%
Back disorders (general)			38	9.2%
Diseases of the respiratory system	73	17.6%		
Most common specific diagnoses in category:				
Pneumonia, organism unspecified	27	6.5%	29	7.0%
Chronic bronchitis	22	5.3%	28	6.7%
Asthma	1	0.2%	24	5.8%
Other lung diseases	4	1.0%	53	12.8%
Respiratory symptoms (general)			78	18.8%
Chronic airway obstruction, not elsewhere classified			44	10.6%
Diseases of the circulatory system	70	16.9%		
Most common specific diagnoses in category:				
Essential hypertension			257	61.9%
Cardiac dysrhythmias	18	4.3%	165	39.8%
Hypertensive renal disease			44	10.6%
Chronic ischemic heart disease			93	22.4%
Heart failure	28	6.7%	89	21.4%
Ill-defined heart disease			53	12.8%
Hypotension			45	10.8%
Previous myocardial infarction			41	9.9%
Endocardial disease			39	9.4%

	Primary Diagnosis		Secondary Diagnoses	
	Number of Cases With Diagnosis*	Percent of All Adult Cases*	Number of Cases With Diagnosis	Percent of All Adult Cases**
Injury and poisoning	53	12.8%		
Most common specific diagnoses in category:				
Fracture of neck of femur (hip fracture)	12	2.9%	1	0.2%
Accidental cut, puncture, perforation or hemorrhage			32	7.7%
Diseases of the digestive system	31	7.5%		
Most common specific diagnoses in category:				
Diseases of esophagus			112	27.0%
Functional digestive disease			37	8.9%
Diverticula of intestine	7	1.7%	31	7.5%
Abdominal hernia			29	7.0%
Chronic liver disease/ Cirrhosis	1	0.2%	13	3.1%
Infectious and parasitic diseases	30	7.2%		
Most common specific diagnoses in category:				
Septicemia	27	6.5%	10	2.4%
Endocrine, nutritional and metabolic diseases and immunity disorders	21	5.1%		
Most common specific diagnoses in category:				
Acquired hypothyroidism	74	17.8%		
Diabetes mellitus	15	3.6%	116	28.0%
Disease of lipid metabolism			204	49.2%
Fluid/electrolyte disease	4	1.0%	142	34.2%
Obesity/ hyperalimentation	1	0.2%	66	15.9%
Diseases of the genitourinary system	12	2.9%		
Acute renal failure	4	1.0%	35	8.4%
Urinary tract disorder	7	1.7%	53	12.8%
Chronic renal failure			38	9.2%

	Primary Diagnosis		Secondary Diagnoses	
	Number of Cases With Diagnosis*	Percent of All Adult Cases*	Number of Cases With Diagnosis	Percent of All Adult Cases**
Diseases of the blood and blood-forming organs	2	0.5%		
Anemia			122	29.4%
Neoplasms-malignant	1	0.2%		
Mental Health		0.0%		
Most common specific diagnoses in category:				
Neurotic disorders			101	24.3%
Nondependent drug use			103	24.8%
Depressive disorder, not elsewhere classified			81	19.5%
Other organic psychological disorders			39	9.4%
Organic sleep disorders			38	9.2%
Other nonorganic psychoses			20	4.8%

*Total includes all diagnoses within this category, not just those shown.

**These are duplicated counts; patients may have more than one secondary diagnosis.

Source: Ohio Hospital Association discharge data.

F. Ashtabula County Mortality and Morbidity

Table 13: Most Prevalent Causes of Death or Impaired Health – Adults and Table 14: Most Prevalent Morbidity – Adults and Youth show the most prevalent types of mortality and morbidity of chronic disease and other health-impacting events in Ashtabula County.

Cancer is the leading cause of death for adults in Ashtabula County, followed by coronary heart disease. Strokes, accidents, diabetes and kidney disease combined account for fewer deaths than cancer and/or coronary heart disease deaths. Note that annually about 226 per 100,000 Ashtabula County adults are victims of violent crime.

Linked to the most common death rates are common habitual behaviors. Almost one-third of Ashtabula County adults are obese (BMI > 30) and the same proportion are tobacco smokers.

The CDC also designates Ashtabula County as one which has lower-than-average access to primary care providers (32.5 per 100,000 residents). This is supported by the analysis of ambulatory care sensitive discharge cases, which found higher rates of ACS conditions in Ashtabula County compared to surrounding counties (indicative of a potential low access to primary care).

TABLE 13: MOST PREVALENT CAUSES OF DEATH OR IMPAIRED HEALTH – ADULTS

	Ashtabula County	U.S. Median, of All Counties	Centers for Disease Control and Prevention's Comparison to Peer Counties
	Annual, Per 100,000 adults		
Cancer Deaths	214.0	185.0	Rate is higher than average
Coronary Heart Disease Deaths	171.8	126.7	Rate is higher than average
Stroke Deaths	42.7	46.0	
Accidental Deaths (including motor vehicle)	45.6	50.8	
Motor Vehicle Deaths	15.8		
Diabetes Deaths	31.8	24.7	Rate is higher than average
Kidney Disease Deaths	15.6	17.5	
Violent Crime (homicide, rape, assault)	139.9	199.2	Rate is lower than average

*Source, U.S. Centers for Disease Control and Prevention, 2015

TABLE 14: MOST PREVALENT MORBIDITY – ADULTS AND YOUTH

	Ashtabula County	U.S. Median, of All Counties
	Percent Morbidity	
Adults:		
Obesity	29.6%	30.4%
Smokers	30.3%	21.7%
Older adult depression	14.9%	12.4%
Older adult asthma	3.5%	3.6%
Alzheimer's Disease	12.1% (among older adults)	10.3% (among older adults)
Preterm births	12.1%	12.1%
Youth:		
Teen Births	4.3% of births	4.2% of births

*Source, U.S. Centers for Disease Control and Prevention, 2015

G. Primary Analysis of Representative Sample of Market Area Population

The ACS analysis section provided evidence from UH Conneaut Medical Center's discharge data that Ashtabula County residents may lack full access to primary care. The proportion of ACS cases in UH Conneaut Medical Center in 2013 (cases which ostensibly could have been prevented through improved primary care) was higher in UH Conneaut Medical Center's primary and secondary market areas than in Ohio.

To further understand Ashtabula County health needs, the following section presents the results of a mail survey of Ashtabula County adults and youth (who reside in UH Conneaut Medical Center's market areas) regarding their health and access to health care. A random mail survey of households in Ashtabula County was conducted in 2011. A total of 309 surveys were completed of which 142 (47%) were in UH Conneaut Medical Center's primary or secondary market areas. Surveys were commissioned by the Ashtabula County Health Needs Assessment Committee and conducted by the Hospital Council for Northwest Ohio to capture a comprehensive picture of Ashtabula County residents' health status.

In addition to a survey of adults in Ashtabula County, the results from a random survey of youth (ages 12 to 18) conducted in Ashtabula County in 2011 are included. A total of 483 youth were randomly chosen and surveyed in 2011 within Ashtabula County; a total of 329 were residents of the ZIP codes which are in UH Conneaut Medical Center's market area within Ashtabula County. A copy of the adult and youth surveys can be found in the appendix.

Population Health Status

This section describes the self-reported health status of the population within UH Conneaut Medical Center's market area. Survey respondents for the county-wide data were designated a resident of UH Conneaut Medical Center's market area via their residential ZIP code.

Shown in [Figure 4: Self-Described General Health Status](#), fewer than 20% of UH Conneaut Medical Center's market area adult population described their health as 'excellent.' However, most (76%) described their general health as at least 'good.' Personal assessment of poor health was common among both those under and over age 50: 27.2% of those under age 50 described their health as 'fair' or 'poor' while fewer, 21.5%, of those over age 50 did.

[Table 15: Self-Described Physical and Mental Health Status: Past 30 Days](#) illustrates that those within the UH Conneaut Medical Center market area reported their physical health was 'not good' an average (mean) of 5.4 days during the previous 30 days. On average, this group reported their mental health was 'not good' an average (mean) of 6.2 days. For them, these less-than-optimal health days prevented them from doing their normal activities (work, school) an average of 4.6 days within that 30-day period. Note that most (58.7%) reported zero days with physical health problems within the 30-day period, and 52.7% reported zero days with any mental health issues during that time. 64% reported their health didn't keep them from any of their normal activities within the past 30 days.

FIGURE 4: SELF-DESCRIBED GENERAL HEALTH STATUS

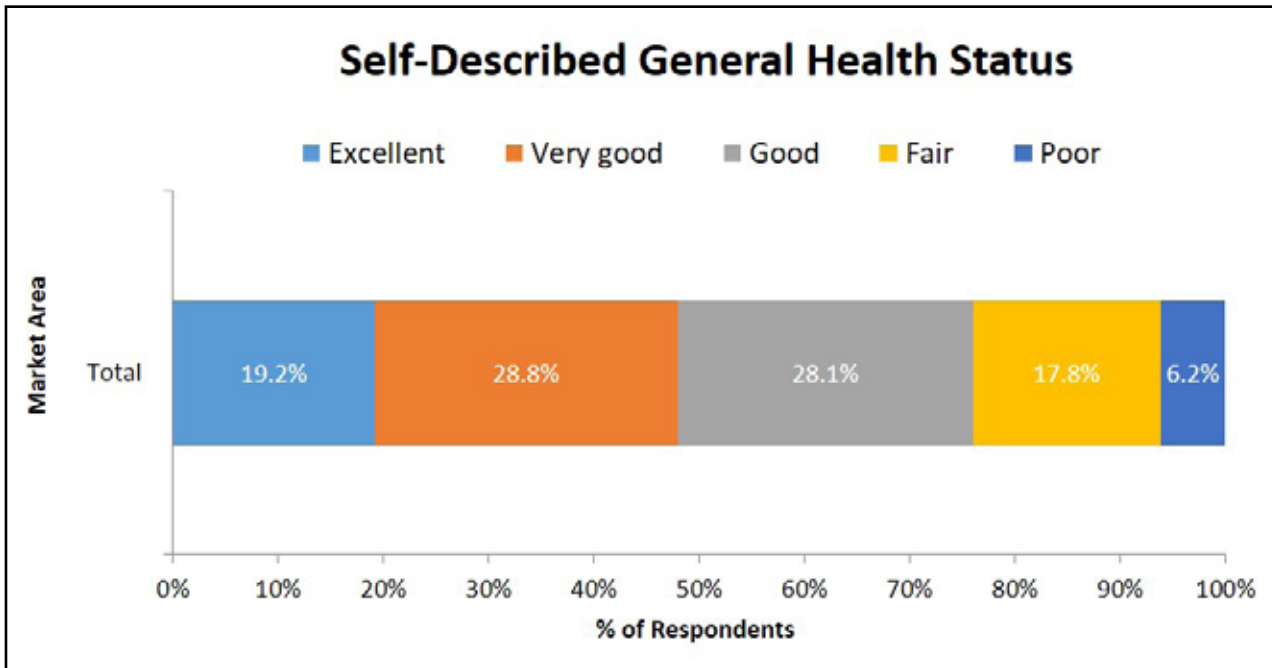


TABLE 15: SELF-DESCRIBED PHYSICAL AND MENTAL HEALTH STATUS: PAST 30 DAYS

(Mean Number of Days)

	Physical health 'not good'	Mental health 'not good'	Poor physical or mental health prevented normal activities
Total UH Conneaut Medical Center Market			
Mean Number of Days	5.4 days	6.2 days	4.6 days
Proportion With At Least One Day	41.3%	47.7%	37.9%

Health Care Coverage

Shown in [Figure 5: Percent of Adults with Health Coverage, 2011](#), a majority of adults in UH Conneaut Medical Center's market areas (primary and secondary) reported having health coverage (80%). The U.S. Census Bureau (American Community Survey) found that 14.3% of adults in Ashtabula County were without health insurance in 2013, which is somewhat lower than what the survey data showed.

Those adults with incomes below \$25,000 were the most likely to not have health insurance (32.1%). Lack of access to health coverage is a common occurrence during some point in the adult lives of many of UH Conneaut Medical Center's market area adult residents: 64.6% of those in the market area always had health coverage, meaning about one in three were without health coverage at some point in their adult lives.

[Figure 6: Access to Care](#) shows that a majority of adults in UH Conneaut Medical Center's market area reported having a primary care provider. One in four (26%) reported not seeking needed medical care within the previous 12 months because of cost; this was also true for 14% of those with medical coverage. 11% reported transportation as a barrier to obtaining health care.

All survey respondents (100%) were able to name a location or source which they primarily seek health care information or services from, shown in [Figure 7: Access to Care: Specific Sources of Care](#). The most common specific location where health care or information is primarily sought was a physician's office (66%). The second most common source for health care or information was an emergency department (22%) followed by hospital outpatient facilities (14%).

Just over one-third (35%) of adults reported that at some point they have been without health care coverage as adults. [Table 16: Reason for No Health Care Coverage](#) shows that reasons for loss of coverage are varied, and no reason dominates.

[Figure 8: Source of Health Care Coverage](#) shows almost half of those with health care coverage report that they obtain it either through their own employer (31.4%) or through another person's employer-provided coverage (16.5%). Close to four in 10 of those in UH Conneaut Medical Center's market obtain their health coverage from some government source, most commonly Medicare (21.2%).

[Figure 9: Type of Care Covered](#) shows that health care coverage includes medical care, and a great majority of those with coverage have a prescription plan as part of their coverage (93%). Only about three in four of those covered have plans which include mental health and/or immunizations. Slightly fewer have plans that include dental (67%), preventive health (62%), and/or vision (50%).

A minority of those covered have plans which cover alcohol and drug treatment (42%), home care (33%), hospice care (30%), and/or skilled nursing (29%). Just over half (54%) of those with health care coverage say their plans can also include their spouses. Fewer (50%) say their children can be or are covered.

FIGURE 5: PERCENT OF ADULTS WITH HEALTH COVERAGE, 2011

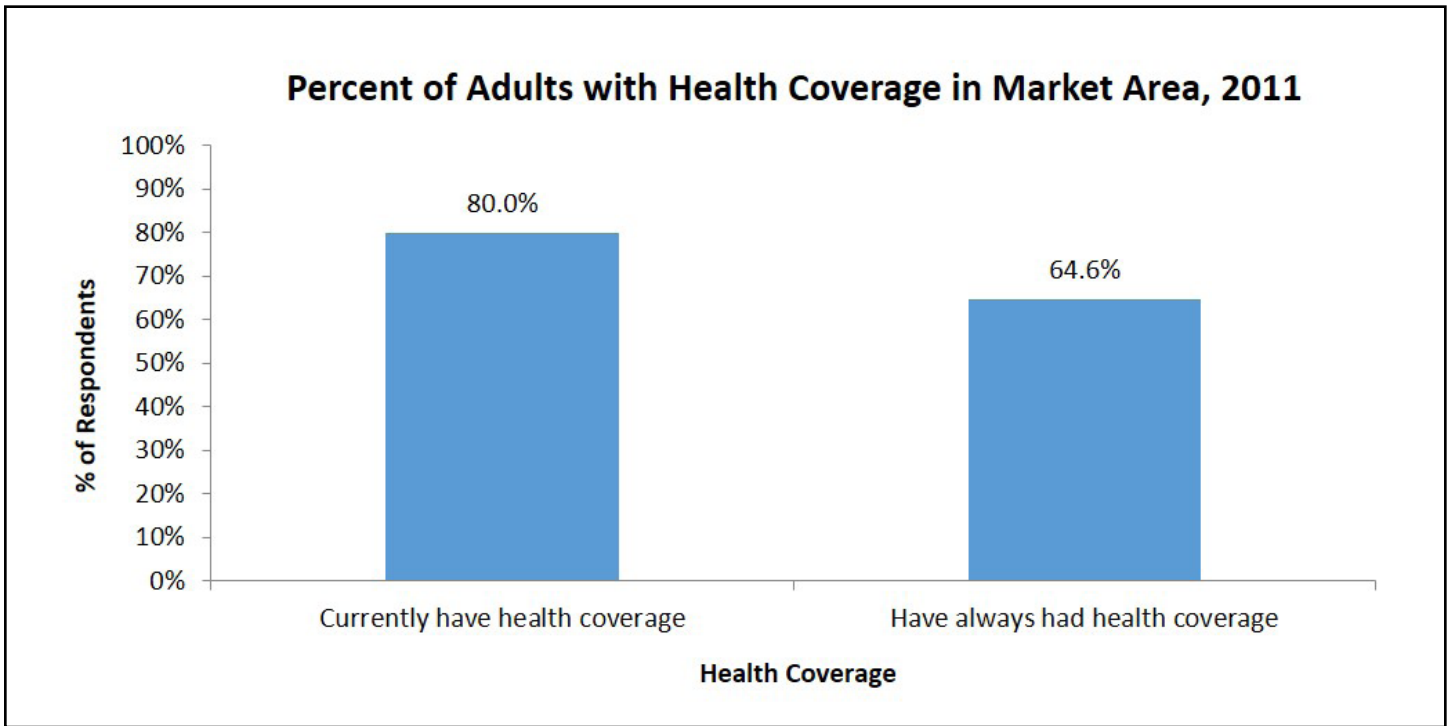


FIGURE 6: ACCESS TO CARE

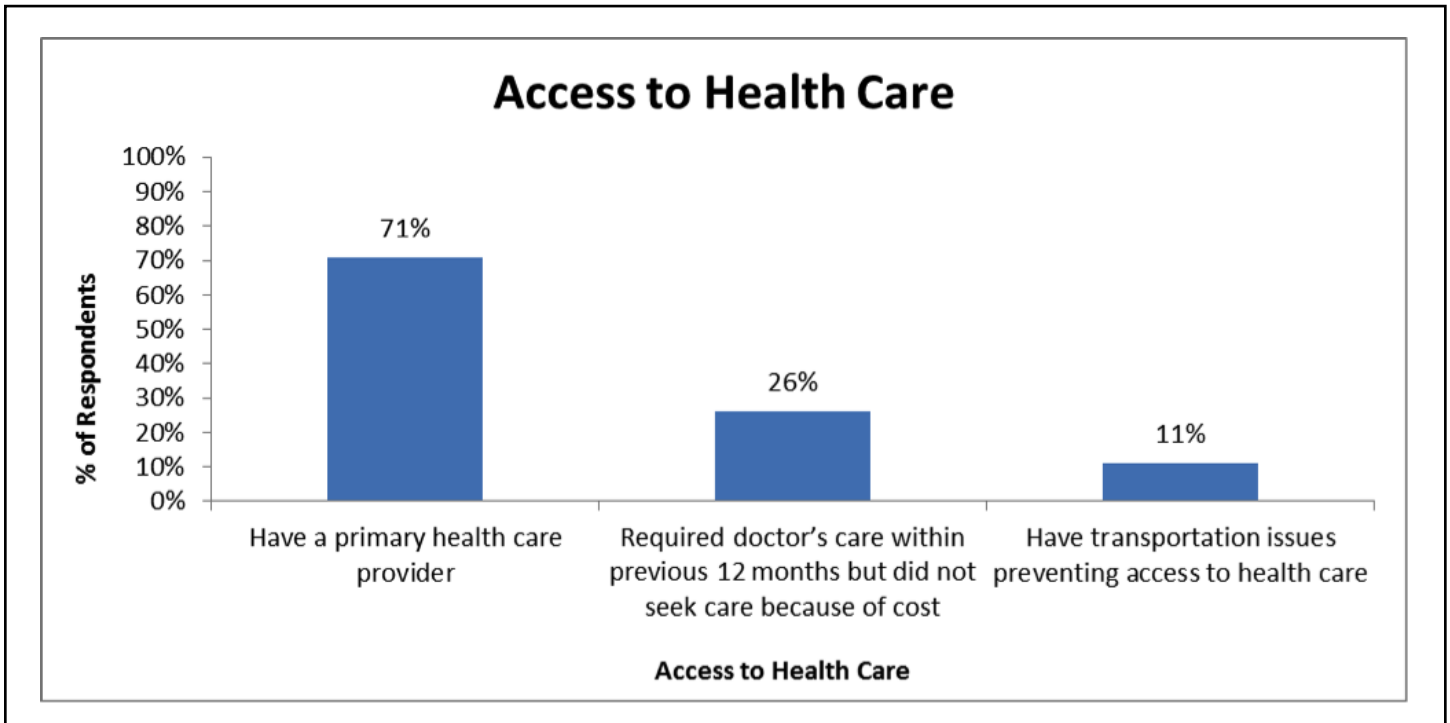


FIGURE 7: ACCESS TO CARE: SPECIFIC SOURCES OF CARE

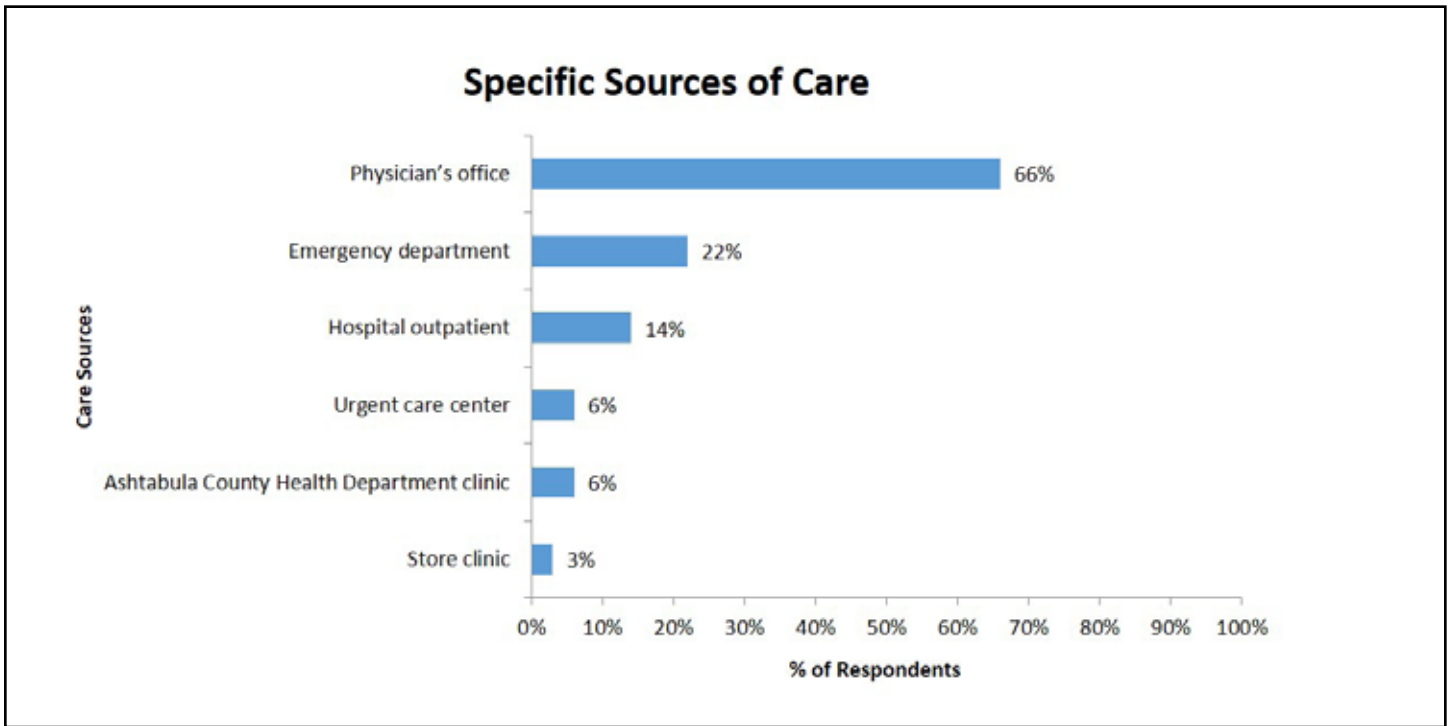


TABLE 16: REASON FOR NO HEALTH CARE COVERAGE

	Of All in UH Conneaut Medical Center's Market Area
Lost Medicaid eligibility	10%
Became ineligible (aged out or left school)	8%
Couldn't afford to pay the premiums	7%
Lost job or changed employers	5%
Became a part-time or temporary employee	5%
Employer doesn't/stopped offering coverage	2%
Became divorced or separated	2%
Spouse or parent lost job or changed employers	1%
Spouse or parent died	1%
Benefits from employer/former employer ran out	0%
Insurance company refused coverage	0%
Other	10%

FIGURE 8: SOURCE OF HEALTH CARE COVERAGE

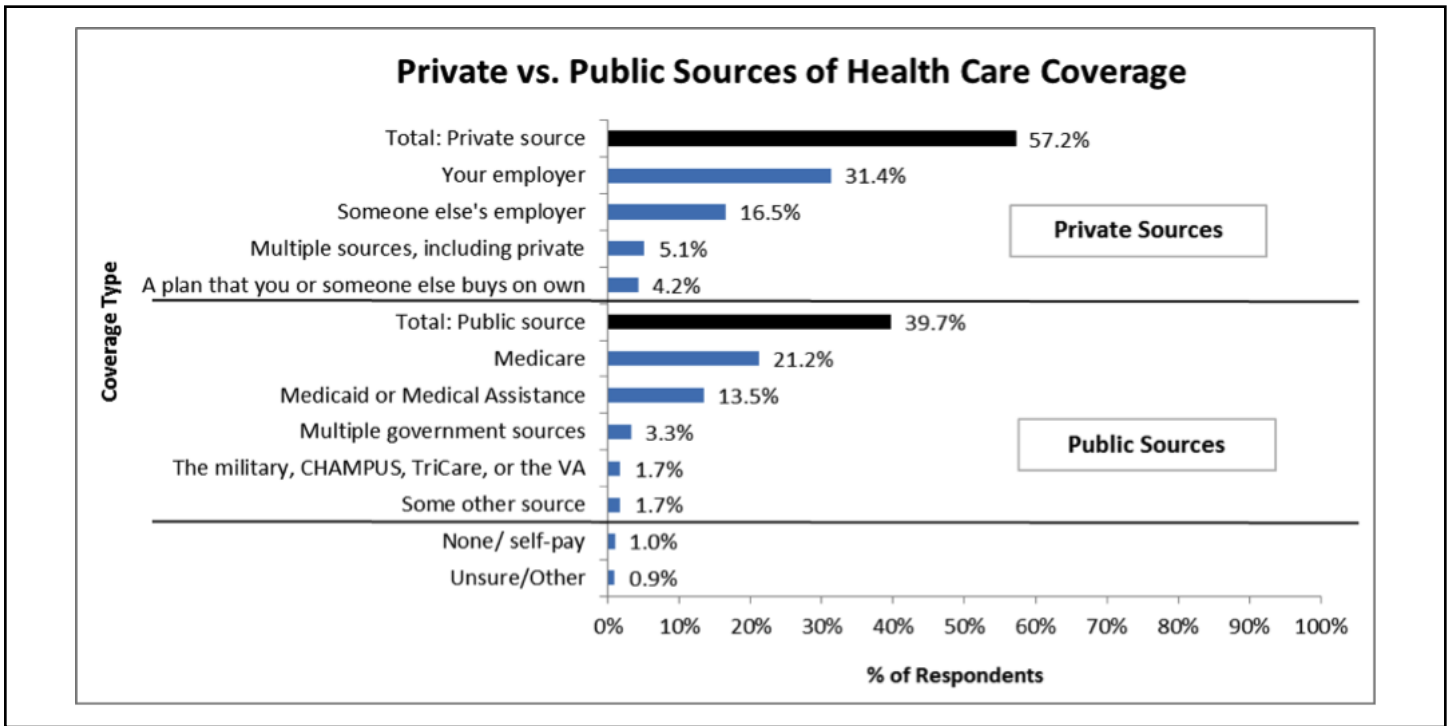
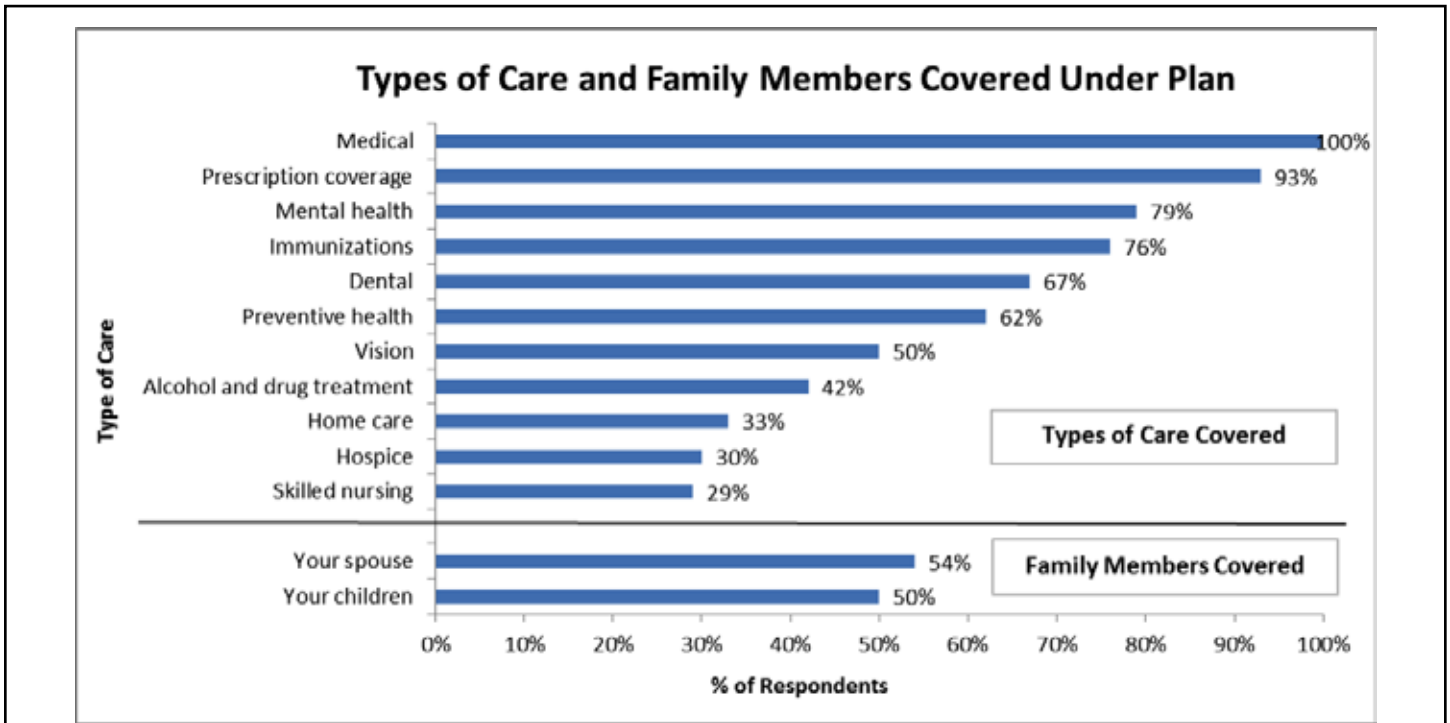


FIGURE 9: TYPE OF CARE COVERED



Health Care Utilization

As illustrated in [Table 17: Did Not Seek Doctor's Care within Past 12 Months \(But Needed it\) Because of Cost](#), within UH Conneaut Medical Center's market area, it was very common for an adult to have a health issue but not seek care because of cost during the 12 months prior to the survey (26.3%).

However, even those with health care coverage said cost was a barrier to seeking needed care. 14% of those in UH Conneaut Medical Center's market cited this issue. Deductibles and copays are often a barrier to seeking care.

Just over half of adults with health care coverage in UH Conneaut Medical Center's market areas have a provider for primary care (57%), shown in [Table 18: Percent of Adults with Primary Care Physician\(s\)](#). While the proportion of adults without health care coverage who also have a primary care provider within the sample cannot reliably be estimated, other surveys have shown that a majority of those without health care coverage do have someone they consider their primary care provider.

[Table 19: Incidence of Receiving Routine Health Care: UH Conneaut Medical Center Primary and Secondary Market](#) shows that seeking and obtaining preventive care (general medical or dental checkup) was completed by about two-thirds of adults in UH Conneaut Medical Center's market area. Males were less likely to obtain prostate cancer screenings than females were to obtain breast or cervical cancer screenings.

TABLE 17: DID NOT SEEK DOCTOR'S CARE WITHIN PAST 12 MONTHS (BUT NEEDED IT) BECAUSE OF COST

	Total Market
Of All Respondents (Those With And Without Coverage)	26.3%
Of Those With Health Care Coverage	14.0%

TABLE 18: PERCENT OF ADULTS WITH PRIMARY CARE PHYSICIAN(S)

	Total Market
Of All Respondents (Those With And Without Coverage)	57%
Have Health Care Coverage	59%

TABLE 19: INCIDENCE OF RECEIVING ROUTINE HEALTH CARE: UH CONNEAUT MEDICAL CENTER PRIMARY AND SECONDARY MARKET

Type of Routine Health Care Service	Percent
Obtained routine checkup within past two years	66%
Visited a dentist for a routine checkup within past two years	67%
Recent cholesterol check (within past year)	52%
Recent blood pressure check (within past year)	73%
Received flu vaccine	50%
Recent eye examination (within past year)	50%
Recent mammogram (females only, within past year)	42%
Recent clinical breast exam (females only, within past year)	33%
Recent Pap smear (females only, within past year)	43%
Recent Prostate-Specific Antigen test (males only, within past year)	29%
Recent digital exam of prostate gland (males only, within past year)	18%
Have obtained HIV test	39%

Unhealthy Behaviors

Certain unhealthy behaviors were fairly prevalent among adults in UH Conneaut Medical Center's market area, as demonstrated in [Table 20: Incidence of Unhealthy/Risky Behaviors: UH Conneaut Medical Center Primary and Secondary Market](#).

[Table 20: Incidence of Unhealthy/Risky Behaviors: UH Conneaut Medical Center Primary and Secondary Market](#) shows the incidence of risky behaviors. Recall that the CDC reports that 30% of Ashtabula County's adults smoke cigarettes; this survey however, found that 38% of those within UH Conneaut Medical Center's market area were smokers at the time of the survey. In addition, 17% reported using drugs recreationally. A significant proportion of households in the market area either store a firearm which is not locked (18%) and/or is loaded (11%). Almost one in four adults in UH Conneaut Medical Center's market area do not always wear a seat belt while driving in a vehicle.

A large number of UH Conneaut Medical Center patients (25% of adults) had a secondary diagnosis of nondependent drug abuse. Among the adult population, unhealthy consumption of alcohol (binge drinking) occurred two or more times in 19% of the adult population in the 30 days prior to being surveyed. 38% of survey respondents reported they smoke cigarettes; half (50%) reported failed attempts to quit smoking during the year prior to the survey (not shown).

Although about two in three surveyed adults had obtained a medical checkup within the two years prior to the survey,

for many that checkup did not include discussions about diet, exercise, injury prevention or healthy sexual practices. Likewise, most were not counseled on the importance of family history as it relates to health or their immunization status. Almost half (45%) of smokers have never been counseled by a medical professional on the importance of quitting smoking, shown in [Table 21: Health Care Providers' Communication of Key Health Supporting Behaviors, UH Conneaut Medical Center Primary and Secondary Market Areas](#).

While obesity was very common among those hospitalized at UH Conneaut Medical Center in 2013 (16%), not all of those who are obese have had discussions with a health care providers about that health condition. In fact, 46% of obese (BMI of 30+) adults in UH Conneaut Medical Center's market areas reported that they have never been counseled by health care professionals regarding their weight and over half (58%) of those who are 'overweight' (BMI of 25 – 29.9) have not been counseled.

Recall that almost one in five of UH Conneaut Medical Center's adult discharged patients in 2013 had a primary diagnosis of coronary heart disease. Another 44% had a secondary diagnosis of coronary heart disease. 5% had a primary diagnosis of COPD. Both of these conditions are strongly tied to lifestyle choices. Ashtabula County has a higher-than-average proportion of both tobacco smokers and obese adults, suggesting there is room for improvement on this health indicator through communication from health care workers and/or other prevention programs.

TABLE 20: INCIDENCE OF UNHEALTHY/RISKY BEHAVIORS: UH CONNEAUT MEDICAL CENTER PRIMARY AND SECONDARY MARKET

Type of Unhealthy/Risky Behavior	Percent
Smoke cigarettes	38%
Used recreational drugs within past six months	10%
Have firearm(s) in home which is unlocked/loaded	18%/11%
Do not always wear seat belt while in vehicle	23%
Binge drinking, two or more times a month (within past 30 days)	19%
Driving a vehicle after consuming alcohol (within past 30 days)	10%
Use of illicit drugs and/or nonprescribed mood-altering drugs	17% of the adult population reported drug use: 11% used illicit drugs; 6% used prescription drugs; 2% used both.

TABLE 21: HEALTH CARE PROVIDERS' COMMUNICATION OF KEY HEALTH SUPPORTING BEHAVIORS, UH CONNEAUT MEDICAL CENTER PRIMARY AND SECONDARY MARKET AREAS

Type of Unhealthy/Risky Behavior	Percent		
Your diet or eating habits	32%	11%	57%
Physical activity or exercise	33%	14%	50%
Injury prevention such as safety belt use, helmet use or smoke detectors	7%	8%	86%
Sexual practices, including family planning, sexually transmitted diseases, AIDS or the use of condoms	6%	4%	91%
Depression, anxiety or emotional problems	16%	19%	69%
Significance of family health history	16%	19%	65%
Immunizations	40%	8%	76%
Quitting tobacco use (current smokers only)	42%	19%	45%

Incidence of Adult Health Issues

Many Ashtabula County adults who were surveyed had been diagnosed with a chronic disease.

Of adults surveyed in UH Conneaut Medical Center's market area, 10% were diagnosed with asthma, 34% were diagnosed with arthritis and 9% were diagnosed with diabetes (12% in secondary market area). 13% of adults in UH Conneaut Medical Center's market area reported having a known circulatory disease: (heart attack/myocardial infarction, angina, stroke).

High blood pressure impacted one-third (32%) of those in UH Conneaut Medical Center's market area, as did high blood cholesterol levels (37%). About one in six (16%) of Ashtabula County adults had both high blood pressure and high cholesterol levels.

Many adults within the hospital's market area have also been impacted by these serious health events: 11% had been a victim of some type of abuse (physical, sexual, financial and/or emotional) within the past year; and 7% had a cancer diagnosis at some point. Cancer incidence is shown in [Table 22: Cancer Incidence by Cancer Type](#).

Prostate and breast were the two most common cancer diagnoses, by far, both in Ashtabula County and Ohio. Note that the prostate cancer rates in Ashtabula County were slightly higher than rates in the U.S. overall and in Ohio. This was also true for cervical cancer, lung cancer and colon/rectal cancer – all had higher incidence rates in Ashtabula County than in Ohio or the United States overall. The opposite was true for breast cancer; breast cancer rates in Ashtabula County were lower than those in Ohio and the U.S. overall.

Finally, many adults in UH Conneaut Medical Center's market areas reported being subject to major life stressors. 33% of adults lacked a support system such as child care back-up, financial assistance, etc. 82% experienced some type of major stressful event within the past year (household member death, hospitalized or jailed; job loss; homelessness; changed residences; self or child was slapped or hit; household member abused drugs or alcohol).

TABLE 22: CANCER INCIDENCE BY CANCER TYPE

Cancer Type	Report Area	Total Population	Average New Cases per Year	Annual Incidence Rate (Per 100,000 Population)
Breast (total population, female only)	Ashtabula County	51,165	74	112.8
	Ohio	5,901,023	8,435	120
	United States	155,863,552	216,052	122.7
Cervical (total population, female only)	Ashtabula County	51,165	6	10
	Ohio	5,901,023	471	7.7
	United States	155,863,552	12,530	7.8
Colon and Rectum	Ashtabula County	101,676	66	52
	Ohio	11,525,536	5,862	44.5
	United States	306,603,776	142,173	43.3
Lung	Ashtabula County	101,676	103	81.3
	Ohio	11,525,536	9,551	72.4
	United States	306,603,776	212,768	64.9
Prostate (total population, male only)	Ashtabula County	50,511	89	149.2
	Ohio	5,624,513	8,272	135.8
	United States	150,740,224	220,000	142.3

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. Source geography: County

Survey of Youth, 2011

The survey of youth (ages 12 to 18) in 2011 aimed to measure the attitudes toward health and the health and safety behaviors of youth members of UH Conneaut Medical Center's market areas.

Table 23: Personal Safety: Risky Environments and Behaviors showed that teens in Ashtabula County frequently engaged in risky behavior. Not all (28%) chose to wear a seat belt most (or all) of the time while riding in a vehicle, and more than one in six had driven in a car with someone who had been drinking in the 30 days prior to the survey. 4% of survey respondents reported driving after drinking in the 30 days prior to the survey. Many (7%) carried a weapon in the 30 days prior to the survey.

About one-third of surveyed youth reported being sexually active, and 6% of Ashtabula teens in UH Conneaut Medical Center's market area were both sexually active and used no method of birth control during their most recent sexual encounter prior to the survey.

Many teens in UH Conneaut Medical Center's market area reported being physically harmed by boyfriends or girlfriends (9%) or adults or other caregivers (5%) within the year prior to the survey, shown in Table 24: Personal Safety: Harmed By Others. Roughly one-fourth of youth surveyed had been in a physical fight, and about half reported being bullied, within the year prior to the survey.

Mental health issues were frequent diagnoses among UH Conneaut Medical Center discharges in 2013. Surveyed youth reported frequent mental health issues also, shown in Table 25: Mental Health.

Unhealthy and often dangerous habits were not uncommon among Ashtabula County youth, illustrated by responses in Table 26: Unhealthy Habits. Smoking prevalence (17%) approached adult levels (30%), and consumption of alcohol was even more common (26%).

Table 27: Nutrition shows that consumption of soft drinks was very high among teens in UH Conneaut Medical Center's market area, with a majority drinking at least one soft drink on most days. One-third (32%) were either overweight or obese.

TABLE 23: PERSONAL SAFETY: RISKY ENVIRONMENTS AND BEHAVIORS

	Percent of Survey Respondents
Sexually active	36%
Is sexually active and used no form of birth control for most recent sexual activity	6%
Ride in car, within past 30 days, with a driver who had been drinking alcohol	16%
Wear seat belt while riding in a vehicle, not always or most of the time	28%
Drive a car after drinking alcohol (within past 30 days)	4%
Carry a weapon (within past 30 days)	7%

TABLE 24: PERSONAL SAFETY: HARMED BY OTHERS

	Percent of Survey Respondents
Threatened or injured by someone with a weapon on school property (past 12 months)	11%
Physically harmed by boyfriend/girlfriend (within past year)	9%
Physically harmed by adult or caregiver (within past year)	5%
In a physical fight (within past year)	26%
Bullied (physically, verbally, cyber, sexually) (within past year)	49%

TABLE 25: MENTAL HEALTH

	Percent of Survey Respondents
Mental Health, within the past year:	
Feelings of sadness or hopelessness every day for more than two weeks enough to stop normal activities	26%
Attempted suicide which required treatment by a doctor or a nurse	2%
Engaged in self-hurting activity (cutting, etc.)	19%

TABLE 26: UNHEALTHY HABITS

	Percent of Survey Respondents
Smoke cigarettes	17%
Consumed alcohol within past 30 days	26%
Binge drinking with past 30 days	13%
Used marijuana within past 30 days	16%
Used heroin in lifetime	1%
Used methamphetamines in lifetime	3%
Used steroid pills or shots in lifetime	3%
Took prescription medications not prescribed to you in lifetime	14%
Tried other recreational "party" drugs (ecstasy, cough syrup, GbH, etc.)	11%

TABLE 27: NUTRITION

	Percent of Survey Respondents
Drink at least one serving of soda most days of the week	62%
Overweight (not obese)	16%
Obese	16%

H. Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

The infant mortality rate per 1,000 births in Ashtabula County was slightly lower than Ohio overall (6.26 versus 7.57), but higher than that in the United States overall (5.98). [Table 28: Infant Mortality Trends, 2007 – 2012, U.S., Ashtabula County and Surrounding Counties, Per 1,000 Births*](#) shows the infant mortality rate in Ashtabula County versus each of its surrounding counties.

Infant mortality rates for Blacks has been significantly higher than those for Whites throughout the U.S. According to the most recently available data, the Black infant mortality rate was almost twice as high as that for Whites in 2012. This disparity is also true for Ashtabula County. Note that the infant mortality rate for Blacks within Ashtabula County fluctuated a great deal from 2007 to 2012; this is because the absolute number of births for Blacks in Ashtabula County was low (no more than 497 in any of the years), and small changes in the number of infant mortalities were reflected as large changes in the percentage of infant mortalities.

TABLE 28: INFANT MORTALITY TRENDS, 2007 – 2012, U.S., ASHTABULA COUNTY AND SURROUNDING COUNTIES, PER 1,000 BIRTHS*

Geography	Race	Rate Infant Mortality						Number of Births					
		'07	'08	'09	'10	'11	'12	'07	'08	'09	'10	'11	'12
United States Overall	Total	6.75	6.61	6.39	6.15	6.07	5.98	4,316,233	4,247,694	4,130,665	3,999,386	3,953,590	3,952,841
	White	5.64	5.55	5.3	5.2	5.12	5.09	3,336,626	3,274,163	3,173,293	3,069,315	3,020,355	2,999,820
	Black	13.24	12.74	12.64	11.63	11.51	11.19	675,676	670,809	657,618	636,425	632,901	634,126
Ohio Overall	Total	7.71	7.7	7.67	7.68	7.87	7.57	150,784	148,592	144,569	139,034	138,024	138,284
	White	6.34	6	6.4	6.42	6.41	6.37	121,267	118,901	115,328	107,189	104,906	106,004
	Black	14.79	16.23	14.23	15.47	15.96	13.93	25,959	26,131	25,433	23,469	23,252	23,696
Ashtabula County	Total	9.69	6.64	10.43	8.56	8.76	8.09	1,342	1,204	1,247	1,156	1,141	1,112
	White	7.83	6.07	10.95	7.31	6.78	7.99	1,277	1,154	1,187	1,095	1,033	1,001
	Black	56.6	21.74	0	76.92	46.51	26.32	53	46	52	26	43	38
Erie County	Total	3.42	13.17	7.6	10.74	7.91	7.6	876	835	789	745	759	789
	White	2.7	11.36	7.34	11.27	4.75	1.52	742	704	681	621	631	656
	Black	7.87	24.39	9.9	9.62	8.77	35.4	127	123	101	104	114	113
Huron County	Total	5.78	4.58	6.5	4.04	8.61	5.53	865	874	769	743	697	723
	White	5.9	4.67	6.68	4.42	9.16	5.94	847	857	748	678	655	673
	Black	0	0	0	0	0	0	15	14	15	12	6	12
Ashland County	Total	0	12.42	6.43	3.06	1.74	3.16	703	644	622	653	576	632
	White	0	12.58	6.56	3.14	1.78	3.21	690	636	610	636	562	623
	Black	0	0	0	0	0	0	3	3	4	4	4	2
Medina County	Total	3.06	5.31	1.08	0.57	3.39	6.4	1,963	1,884	1,844	1,752	1,768	1,719
	White	3.18	5.49	1.12	0.6	2.96	6.74	1,888	1,822	1,779	1,676	1,692	1,632
	Black	0	0	0	0	29.41	0	46	33	30	21	34	37
Cuyahoga County	Total	9.97	10.59	9.08	9.07	9.47	8.86	16,450	16,249	15,525	15,108	14,993	14,787
	White	6.17	4.95	6.06	5.23	6.06	5.69	9,233	9,092	8,746	7,842	7,750	7,554
	Black	16.27	19.32	14.05	16.07	16.13	14.51	6,576	6,573	6,192	5,912	5,829	5,789

*Source: Ohio Department of Health

I. Vulnerable Populations

Medically Underserved Areas, Federally Qualified Health Centers and Food Deserts

Medically underserved areas/populations are areas or populations designated by the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) as having insufficient primary care providers, a high infant mortality rate, high poverty or a high elderly population. Within Ashtabula County, there are no MUAs designated by HRSA.

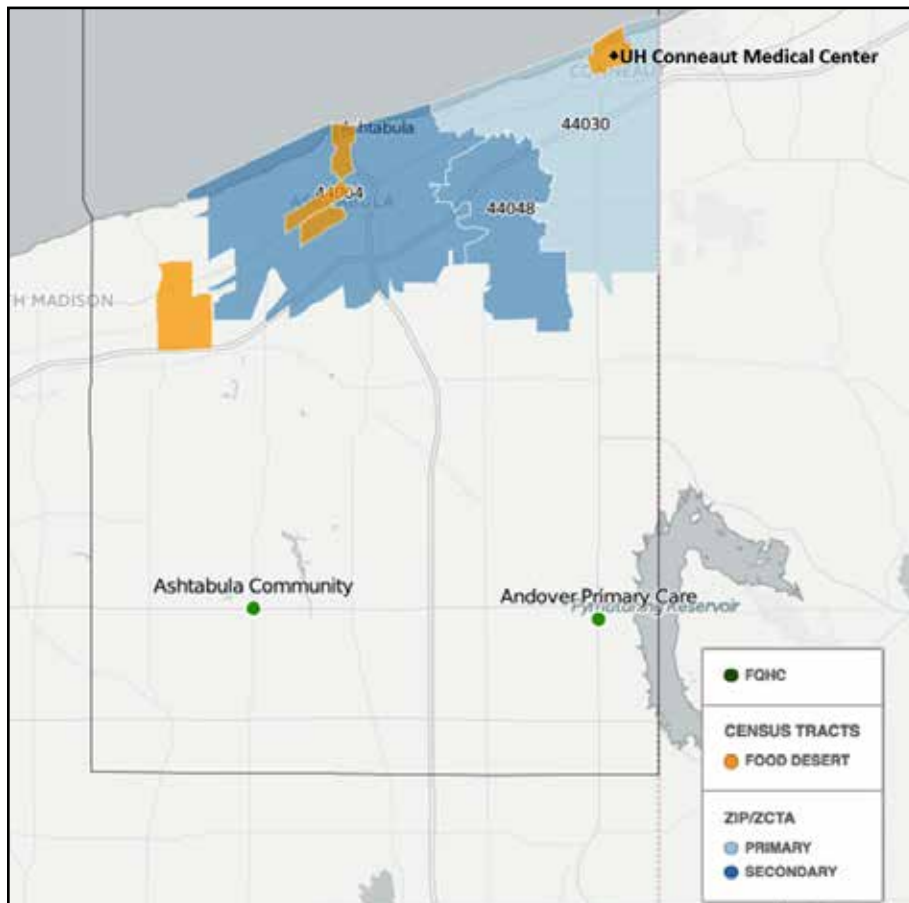
Federally Qualified Health Centers (FQHCs) are community-based organizations that provide comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse services to persons of all ages, regardless of their ability to pay or health insurance status. There are two FQHCs in Ashtabula County. Neither of the FQHCs are within UH Conneaut Medical Center's market area; rather they are located within the more rural areas of Ashtabula County.

In addition, pinpointing food desert locations in a hospital's service area can help to identify areas with insufficient

access to healthy and affordable food. According to the U.S. Department of Agriculture, food deserts are defined as "urban neighborhoods and rural towns without ready access to fresh, healthy and affordable food." Rather than having grocery stores in these communities, there may be no food access or limited access to healthy, affordable food options. The Food Desert Locator, created by the U.S. Department of Agriculture's Economic Research Service, is a web-based mapping tool that pinpoints food desert locations in the U.S. There are five census tracts within Ashtabula County which are designated as food deserts. Roughly one in six residents (18%) of Ashtabula County live in an area designated as a food desert. Approximately half of the geographic area designated as a food desert is located within UH Conneaut Medical Center's market areas.

The map in [Figure 10: Medically Underserved Areas/Populations, FQHCs and Food Deserts: UH Conneaut Medical Center](#) overlays medically underserved areas and food deserts in Ashtabula County to determine areas that may have the highest need for services. To provide further context, the map also pinpoints the location of the two FQHCs in Ashtabula County.

FIGURE 10: MEDICALLY UNDERSERVED AREAS/POPULATIONS, FQHCs AND FOOD DESERTS: UH CONNEAUT MEDICAL CENTER



ACS Analysis of Vulnerable Populations

Revisiting ACS data can provide further insight into the level of access to health care for vulnerable populations. Details of this analysis can be found in the Appendix. In sum, there was a slightly higher prevalence of ACS conditions among White residents of UH Conneaut Medical Center's market area (from all area hospitals) (18.3%) than Black residents (17.7%). This suggests no difference in access to primary care among Blacks compared to Whites in UH Conneaut Medical Center's market area.

However, this varies by specific ACS diagnoses for residents of UH Geauga Medical Center's market area. The ACS diagnoses of congestive heart failure, diabetes and asthma were higher among Blacks. The ACS diagnoses of COPD, cellulitis and kidney/urinary infections were higher among Whites.

CONCLUSIONS

A. Priority Health Needs

The list that follows describes the priority health issues identified through this CHNA.

Health Disparities

- High Unemployment Rates
- Aging Population
- Chronic Stress
- Infant/Maternal Care
 - High Rates of Infant Mortality
 - Teen Births

Access Barriers

- Poor Access to Primary Care
- Poor Access to Dentistry
- High Cost of Care
- Transportation
- Food Deserts
- Lack of Insurance Coverage

Chronic Disease Conditions

- Cancer
- Heart Disease
- Diabetes
- Mental Illness

Lifestyle Barriers

- Obesity
- Violence
- Drug/Substance Abuse
- Smoking

This list of health needs was compiled based on the variety of data assessed throughout this report. For example, issues like diabetes and heart disease were found prevalently throughout the data sets; including in hospital discharge data, Hospital Council of Northwest Ohio Community Health Needs Assessment Data, and qualitative data collected through surveys and public health interviews. Health needs were categorized into four primary categories of health needs, which encompassed a broader list of specific, related needs.

The prioritization process included input from hospital leaders who work closely with the community and the Ashtabula County CHIP collaborating organizations, and have an in-depth understanding of community needs.

After reviewing the primary and secondary data analysis for the UH Conneaut Medical Center service area, a team of leaders from the hospital assembled to determine priority health needs. This team included:

1. Lori Kingston, RN, Community Outreach Manager
2. Denise DiDonato, Manager, Business Development
3. Karin Siebeneck, BSN, Manager, Case Management
4. JoAnne Surbella, Director, Ambulatory Services

The team met in July 2015 and together determined specific criteria with which to determine priorities. These criteria included: (1) magnitude of the problem, (2) alignment of the problem with organizational strengths and priorities, and (3) existing resources to address the problem. Feedback from external community leaders, as described in the Qualitative Data Analysis section of this report, was a driving factor in this prioritization process as well.

The team determined that it would be best to focus on these four primary priorities in order to devote resources to them in a meaningful way, rather than to spread resources too thin over a broader list of priorities.

The team closely considered the Ashtabula County Community Health Improvement Plan (CHIP) when selecting these priorities. A copy of the CHIP can be found in the Appendix. Staff from UH Conneaut Medical Center and UH Geneva Medical Center are members of several committees and working groups established by the Health Department to implement the CHIP. The hospitals are managing programs designed as a result of that plan. The Ashtabula County CHIP focuses on three community health needs:

1. Mental Health and Suicide Prevention
2. Obesity Prevention
3. Chronic Disease Prevention
(Diabetes, Heart Disease, Cancer)

CHIP initiatives will serve as part of the foundation of implementation strategies designed by UH Conneaut Medical Center in response to this CHNA. Prioritizing community health needs in this way will allow for greater collaboration between the hospital, the health department, and the variety of partners involved in CHIP initiatives, and will leverage existing investments for greater community impact.

The UH Conneaut Medical Center team did decide, however, that there are additional community health priorities that must be addressed, despite a lack of focus from the county's CHIP. These health needs are primarily focused around access issues, especially primary care and dental care, as outlined in the list above.

B. Resources Available to Address Priority Health Needs Within the Community Served by the Hospital

The following is a list of available facilities and resources that the Hospital uses to assist in meeting identified community health needs:

Health Disparities and Access Barriers

- UH providers' offices located in Ashtabula, Conneaut, Geneva and Jefferson
- UH Rainbow Babies & Children's mobile dentistry
 - Ashtabula County Health Department
 - Ashtabula Headstart
 - Geneva Area City Schools
 - Conneaut Local Schools
- Ashtabula County Health Needs Assessment Committee
 - IPOD
 - Childhood Obesity Prevention
- Catholic Charities
- Ashtabula County Department of Job and Family Services
- Orwell Country Neighbor
- Faith In Action
- UH Ashtabula Health Center – Urgent Care addition

Chronic Disease Conditions

- UH providers' offices: Ashtabula, Conneaut, Geneva, Jefferson
- UH Seidman Cancer Center
- Ashtabula County Health Needs Assessment Committee
 - IPOD
 - Childhood Obesity Prevention
- Community Action
- Ashtabula Headstart
- Ashtabula YMCA
- Madison YMCA
- Senior Centers
 - Ashtabula
 - Conneaut
 - Jefferson
 - Orwell
 - Geneva

- Health Departments
 - Ashtabula County
 - Ashtabula City
 - Conneaut City

Mental Health Conditions

- Ashtabula Prevention Coalition – Suicide Prevention
- Mental Health Board
 - Lifeskills program – 7 school districts
- Signature Health
- Community Counseling Center
- Bair Foundation
- NAMI (National Alliance on Mental Illness)
- Lake Erie Recovery Center

Lifestyle Barriers

- Smokeless Program
- Ashtabula County Health Needs Assessment Committee
 - IPOD
 - Childhood Obesity
- Mental Health Board
 - Lifeskills program – 7 school districts
- Ashtabula YMCA
- Madison YMCA
- Senior Centers
 - Ashtabula
 - Conneaut
 - Jefferson
 - Orwell
 - Geneva
- SPIRE Institute
- Community Action
- Lake Erie Recovery Center

APPENDIX

A. Qualifications of Consulting Companies

The Center for Health Affairs, Cleveland, Ohio

The Center for Health Affairs is the leading advocate for Northeast Ohio hospitals. With a rich history as the Northeast Ohio hospital association, dating back to 1916, The Center serves as the collective voice of 34 hospitals spanning six counties.

The Center recognizes the importance of analyzing the top health needs in each community while ensuring hospitals are compliant with IRS regulations governing nonprofit hospitals. Since 2010, The Center has helped hospitals fulfill the CHNA requirements contained within the Affordable Care Act. The Center offers a variety of CHNA services to help hospitals produce robust and meaningful CHNA reports that can guide a hospital's community health improvement activities. Beyond helping hospitals with the completion of timely CHNA reports, The Center spearheads the Northeast Ohio CHNA Roundtable, which brings member hospitals and other essential stakeholders together to spur opportunities for shared learning and collaboration in the region.

The 2015 CHNA prepared for UH Conneaut Medical Center was directed by The Center's vice president of corporate communications, managed by The Center's community outreach director and supported by a project manager. The Center engaged Cypress Research Group to provide expertise in data analysis and statistical methods.

More information about The Center for Health Affairs and its involvement in CHNAs can be found at www.chanet.org.

Cypress Research Group, Cleveland, Ohio

Founded in 1997, Cypress Research Group focuses on quantitative analysis of primary and secondary market and industry data. Industry specialties include health care, hi-tech and higher education. Since 2002, Cypress Research Group has partnered with The Center for Health Affairs to conduct a range of studies including building forecast models for nurses and most recently to analyze data for CHNAs.

UH Conneaut Medical Center's CHNA was directed by the company's president and supported by the work of associates and research analysts. The company's president, as well as all associates and research analysts, hold graduate degrees in relevant fields.

B. ACS Conditions and ICD-9-CM Codes

Below are the general categories of ACS conditions and their associated ICD-9-CM codes.

1. Congenital Syphilis: ICD-9-CM code 090 (newborns only).
2. Immunization-Related and Preventable Conditions: ICD-9-CM codes 033, 037, 045, 390, 391; (also including haemophilus meningitis for children ages 1-5 only, ICD-9-CM code 320.0; ICD-10-CA code G00.0).
3. Epilepsy: ICD-9-CM code 345.
4. Convulsions: ICD-9-CM code 780.3.
5. Severe ENT Infections: ICD-9-CM codes 382, 462, 463, 465, 472.1; (cases of otitis media, ICD-9-CM code 382).
6. Pulmonary Tuberculosis: ICD-9-CM code 011.
7. Other Tuberculosis: ICD-9-CM codes 012-018.
8. Chronic Obstructive Pulmonary Disease (COPD): ICD-9-CM codes 491, 492, 494, 496.
9. Acute Bronchitis: (only included if a secondary diagnosis of COPD is also present, diagnosis codes as above), ICD-9-CM code 466.0.
10. Bacterial Pneumonia: ICD-9-CM codes 481, 482.2, 482.3, 482.9, 483, 485, 486; (patients with a secondary diagnosis of sickle-cell anemia, ICD-9-CM code 282.6; and patients less than two months of age are excluded).
11. Asthma: ICD-9-CM code 493.
12. Congestive Heart Failure (CHF): ICD-9-CM codes 402.01, 402.11, 402.91, 428, 518.4.
13. Hypertension: ICD-9-CM codes 401.0, 401.9, 402.00, 402.10, 402.90.
14. Angina: ICD-9-CM codes 411.1, 411.8, 413 (patients with any surgical procedure coded are excluded).
15. Cellulitis: ICD-9-CM codes 681, 682, 683, 686 (patients with any surgical procedure coded are excluded, except for incisions of skin and subcutaneous tissue, ICD-9-CM procedure code 86.0).
16. Diabetes: ICD-9-CM codes 250.0, 250.1, 250.2, 250.3, 250.8, 250.9.
17. Hypoglycemia: ICD-9-CM code 251.2.
18. Gastroenteritis: ICD-9-CM code 558.9.
19. Kidney/Urinary Infections: ICD-9-CM codes 590, 599.0, 599.9.
20. Dehydration/Volume Depletion: ICD-9-CM code 276.5.
21. Iron Deficiency Anemia: ICD-9-CM codes 280.1, 280.8, 280.9.
22. Nutritional Deficiencies: ICD-9-CM codes 260, 261, 262, 268.0, 268.1.
23. Failure to Thrive: ICD-9-CM code 783.4; ICD-10-CA code R62 (patients less than one year of age only).
24. Pelvic Inflammatory Disease: ICD-9-CM code 614; ICD-10-CA codes N70, N73, N99.4 (female patients only, patients with a hysterectomy procedure coded are excluded, ICD-9-CM procedure codes 68.3-68.8).
25. Dental Conditions: ICD-9-CM codes 521, 522, 523, 525, 528.

C. Vulnerable Populations Analysis

It is well established that access to medical care and health outcomes are weaker in the lowest income areas throughout the U.S. To shine a light on this problem and help policymakers properly allocate resources, HRSA identified Medically Underserved Areas/Populations (MUA/Ps). Currently there are no MUA/Ps identified within UH Conneaut Medical Center's market area (see body of report).

However, an examination of all area hospitals' discharge data, including UH Conneaut Medical Center's, can help to identify potential health care access issues among economically vulnerable populations. An earlier analysis showed that UH Conneaut Medical Center's inpatient discharges, as a group, had a fairly high prevalence of ambulatory care sensitive (ACS) cases in 2013 (27.7%). Race can be used as a proxy for socioeconomic status in the hospital's market area, and it is known that socioeconomic status is related to race in the area surrounding UH Conneaut Medical Center, shown in [Table 29: Poverty Levels, by Race, Cuyahoga and Surrounding Counties, 2013*](#).

In Ashtabula County, Blacks were more than two times more likely to live in poverty than Whites. Almost half (42.8%) of Blacks in Ashtabula County lived in poverty in 2013.

There are not socioeconomic indicators associated with hospital discharge data, but looking at the association between race and hospital discharge findings can illuminate possible health care access issues within the economically vulnerable areas UH Conneaut Medical Center serves.

[Table 30: Most Common* ACS Conditions, by County, White versus Black Discharges, 2014](#) shows the prevalence of ACS conditions by race for those admitted to any hospital for those who live in UH Conneaut Medical Center's market area. It is not feasible to look only at those discharged from UH Conneaut Medical Center because the number of racial minorities is too low for reliable analysis.

Overall, there was a slightly lower prevalence of ACS conditions among residents of UH Conneaut Medical Center's market area (from all area hospitals) among Blacks (17.7%) than Whites (18.3%). This suggests there is no racial disparity with inadequate access to primary care among Blacks and Whites in this geographic region.

However, this varies by specific ACS diagnoses. The ACS diagnoses of congestive heart failure, diabetes and asthma were higher among Blacks. The ACS diagnoses of COPD, cellulitis and kidney/urinary infections were higher among Whites.

TABLE 29: POVERTY LEVELS, BY RACE, CUYAHOGA AND SURROUNDING COUNTIES, 2013*

Geography	Percent Below Poverty Level	
	White	Black
Cuyahoga County, Ohio	11%	33.5%
Ashtabula County, Ohio	17.6%	42.8%
Lake County, Ohio	8.3%	25.3%

Source: U.S. Census Bureau, American Community Survey 2013 5-year Estimates (Table: S1701)

TABLE 30: MOST COMMON* ACS CONDITIONS, BY COUNTY, WHITE VERSUS BLACK DISCHARGES, 2014

Discharges from All Hospitals

	UH Conneaut Medical Center Market Area		Ashtabula County Discharges From All Area Hospitals	
	Discharges from All Area Hospitals		White	Black
	White	Black		
Number of discharges, 2014	7,155	368	13,452	516
No ACS Condition as Primary Diagnosis*	81.7%	82.3%	82.1%	82.4%
ACS Condition as Primary Diagnosis, Total	18.3%	17.7%	17.9%	17.6%
Congestive Heart Failure (CHF)	3.6%	4.1%	3.5%	5.0%
Chronic Obstructive Pulmonary Disease (COPD)	3.3%	0.5%	3.1%	0.6%
Bacterial Pneumonia	3.3%	3.8%	3.4%	3.3%
Cellulitis	1.9%	0.3%	1.9%	0.8%
Diabetes	1.0%	1.6%	1.1%	1.7%
Kidney/Urinary Infections	2.0%	1.4%	1.9%	1.2%
Epilepsy	0.8%	0.8%	0.7%	0.8%
Asthma	0.6%	1.6%	0.7%	1.4%

*This refers to any ACS condition. Only the most prevalent ACS conditions are shown in table.

Ashtabula County

Community Health Improvement Plan

2014-2018

Adopted May 30, 2014

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 - Suicide Prevention
 - Obesity Prevention in Children
 - Chronic Disease Prevention (Heart Disease, Cancer, & Diabetes)

Acknowledgements

Agencies and Organizations Involved with Development of the Ashtabula County Community Health Improvement Plan:

Ashtabula County Health Department
Ashtabula City Health Department
Ashtabula City School District
Ashtabula County Board of Developmental Disabilities
Ashtabula County Children's Services
Ashtabula County Commissioners
Ashtabula County Community Action Agency
Ashtabula County Cooperative Extension Service
Ashtabula County Education Service Center
Ashtabula County Engineer's Office
Ashtabula County Family & Children's First Council
Ashtabula County Head Start
Ashtabula County Job & Family Services
Ashtabula County Mental Health Recovery Services Board
Ashtabula County Sheriff's Department
Ashtabula Regional Home Health Services
Buckeye School District
Catholic Charities of Ashtabula County
Center for Health Affairs, Ashtabula County Medical Center
Center for Health Affairs, University Hospitals Conneaut Medical Center
Center for Health Affairs, University Hospitals Geneva Medical Center
Community Counseling Center of Ashtabula County
Conneaut City Health Department
Conneaut School District
Country Neighbor
Family Planning Association of Northeast Ohio
Grand Valley School District
Jefferson School District
Kent State University Ashtabula Campus
Lake Erie Recovery Center
Leadership Ashtabula County
Pymatuning Valley School District
St. Joseph Emergency and Diagnostic Center of Andover
Signature Health
Western Reserve Independent Living Center

Background of 5 Year Community Health Improvement Plan

In April of 2012, a Community Health Needs Assessment Report concerning Ashtabula County was released to the public. The Community Health Needs Assessment of Ashtabula County was conducted throughout most of 2011 with all data being collected in the late fall of 2011.

The Community Health Needs Assessment Report was then used as a tool by a coalition of agencies and organizations in Ashtabula County to develop a Community Health Improvement Plan for Ashtabula County.

The coalition of agencies and organizations in Ashtabula County that worked on this endeavor are known as the Ashtabula County Health Needs Assessment Advisory Committee.

The Ashtabula County Health Needs Assessment Advisory Committee met throughout 2012 and 2013 and prioritized health problems and health needs identified in the Health Needs Assessment. The three priority health problems identified were suicide prevention, obesity prevention in children and chronic disease prevention. Moreover, the Ashtabula County Health Needs Assessment Advisory Committee formed three task force groups to identify and address gaps and barriers pertaining to health services addressing the three priority health problems in Ashtabula County.

In response to the gaps and barriers pertaining to health services in Ashtabula County, the Ashtabula County Health Needs Assessment Advisory Committee developed goals and objectives to address the said gaps and barriers. Strategies needed to address the said gaps and barriers also supported the goals and objectives of the Ashtabula County Health Improvement Plan.

Measurable outcomes pertaining to the objectives of the Ashtabula County Community Health Improvement Plan will also be used as a means of evaluating the success of the Ashtabula County Community Health Improvement Plan.

Purpose of Community Health Improvement Plan and Overview of Priority Health Problems of Ashtabula County

The population of Ashtabula County is estimated at 101,389 (U.S. Census Bureau Quick Facts 2010) with 90.4% white, 3.8% Blacks, 0.3% American Indian and Alaska Natives, 0.5% Asians, 2.0% persons reporting two or more races, and 3.0% report Hispanic or Latino origin.

Ashtabula County is largely a rural county and was recently designated as an Appalachian County by the Federal Government. Ashtabula County has a relatively high unemployment rate and has been struggling to attract new business and industry to lower its high unemployment rate.

Ashtabula County recorded that 17.2% of its residents were below the poverty line between 2007 and 2011 compared to 14.8% of Ohioans during this time period (2012 U.S. Census Data).

The 2012 Ashtabula County Health Needs Assessment data revealed that Heart Disease is the leading cause of death in Ashtabula County, followed by Cancer, Chronic Obstructive Pulmonary Disease, Strokes and Accidents. Although suicide was not among the top five causes of death in Ashtabula County, it was deemed to be a priority health problem in Ashtabula County. Early intervention and treatment of mental health diseases is needed to reduce suicide in Ashtabula County. The Ashtabula County Health Needs Assessment data also revealed that Ashtabula County residents had a high obesity rate for children and adults, a significant smoking rate and were relatively sedentary. Moreover, the Ashtabula County Health Needs Assessment revealed that prostate, lung, breast and colon cancer are the leading types of cancers causing death in Ashtabula County. Lifestyle habits such as a high fat diet and low consumption of fruits and vegetables can increase the risk of colon cancer; heavy consumption of processed meats can elevate the risk of prostate cancers. Breast cancer risk factors include genetic predisposition to breast cancer, obesity and excessive consumption of alcohol. A clinical breast exam should be obtained by women over 40 every year; while women in their 20's and 30's should have a breast exam every 3 years. The Ashtabula County Health Improvement Plan has been constructed to address these risk factors affecting Ashtabula County residents.

A major thrust of the Ashtabula County Health Improvement Plan is to lower the incidence of these causes of death by promoting the use of existing preventive health services and developing new preventive health services that directly impact the said causes of death.

It is our hope that the implementation of the strategies and programs contained in the Ashtabula County Health Improvement Plan will gradually but significantly lower the number of preventable deaths occurring in Ashtabula County from Heart Disease, Cancer, Chronic Respiratory Disease, Strokes, Diabetes and Suicide. Moreover, it is our intention that the risk factors contributing to these causes of death (e.g. smoking, obesity, sedentary lifestyle and diet) be significantly reduced among Ashtabula County residents. The strategies and programs of the Ashtabula County Health Improvement Plan especially target children; along with adolescents and adults, since early prevention of these diseases is needed to reverse the trend of premature death due to the said diseases.

MISSION STATEMENT

The mission of the Ashtabula County Health Needs Assessment Advisory Committee is to improve the health status of Ashtabula County residents through implementation of the Ashtabula County Health Improvement Plan

VISION STATEMENT

The Ashtabula County Health Needs Assessment Advisory Committee envisions a community where all residents can reach their optimal mental and physical health.

GOAL: TO PROMOTE OPTIMAL MENTAL HEALTH AND PREVENT SUICIDE

Mental Health Providers collaborate with health service organizations to integrate physical and mental health practices to prevent suicide.

Mental Health and Suicide Prevention Update

Mental health is a very important element of health. Mental health problems are often directly linked to addiction issues, as well as to suicides. The Ashtabula County Health Needs Assessment Advisory Committee has set goals and objectives to lower the incidence of suicide pertaining to residents of Ashtabula County.

Objective

By June 1, 2018, develop and implement collaborative efforts to reduce suicides and document outcomes from the collaborative efforts.

Baseline Measures 2013	Target	Strategies	Lead Agency or Group
Suicide death rate of 18.13/100,000 (Ashtabula County Coroner's Office 2011-2013)	Reduction in rate by 4% per year	<ol style="list-style-type: none"> 1. Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes and behaviors. 2. Provide training to gatekeepers and to middle-aged men and their significant others. 3. Provide training to caregivers and gatekeepers of persons over the age of 65. 4. Provide care and 	Suicide Prevention Coalition

		support to individuals affected by suicide deaths.	
Intentional self harm(suicide attitudes) by other and unspecified means rate of 7.1/100,000 (Ohio Department of Health Warehouse 2006-2008)	5.8/ 100,000 by 2018	<ol style="list-style-type: none"> 1. Reduce suicide attempts by youth by providing education to gatekeepers and youth concerning depression and suicide prevention. 2. Provide care and support to individuals affected by suicide deaths. 	Suicide Prevention Coalition

GOAL: PROVIDE COMPREHENSIVE OBESITY PREVENTION PROGRAMS TO ASHTABULA COUNTY RESIDENTS FROM CHILDHOOD AND THROUGHOUT ADULTHOOD

Objective

By June 1, 2018, develop, implement and/or expand at least three programs or collaborations that support decreasing obesity levels of adults and children.

Baseline Measure 2013	Target	Strategies	Lead Agency or Group
32% of Ashtabula County residents were found to be obese in the 2012 Ashtabula County Health Needs Assessment Report	26%	Increase proportion of primary care physicians who incorporate obesity management of patients into their practices	Childhood Obesity Prevention Committee Intervention and Prevention of Chronic Diseases Committee (IPOD)
68% of Ashtabula County adults were overweight or obese based on body mass index greater than 25 in the 2012 Ashtabula County Health Needs Assessment Report	62%	1. Develop, provide and update a fitness and nutritional resource guide concerning programs in Ashtabula County for primary care providers	Intervention and Prevention of Chronic Diseases Committee (IPOD)

GOAL: PROVIDE COMPREHENSIVE DIABETES SCREENING AND EDUCATION PROGRAMS TO ASHTABULA COUNTY RESIDENTS FROM CHILDHOOD THROUGHOUT ADULTHOOD.

Objective

By June 1, 2018, develop, implement or expand at least two programs or collaborations that support decreasing Diabetes among adults and children.

Baseline Measure 2013	Target	Strategies	Lead Agency or Group
10% of Ashtabula County adults have been diagnosed with Diabetes	8%	<ol style="list-style-type: none"> 1. Develop, provide and update a Diabetes Resource Guide concerning programs in Ashtabula County for primary care providers 2. Provide at least one county wide symposium on Diabetes for general public each year with at least one session focusing on prevention. 	Intervention and Prevention of Chronic Diseases Committee (IPOD) Childhood Obesity Prevention Committee

GOAL: PROVIDE COMPREHENSIVE HEART DISEASE PREVENTION TO ASHTABULA COUNTY RESIDENTS FROM CHILDHOOD AND THROUGHOUT ADULTHOOD

Objective 1

Develop, implement and or expand at least four programs or collaborations that support increasing physical activity levels of Ashtabula County residents.

Baseline Measure 2013	Target	Strategies	Lead Agency or Group
29% of Ashtabula County adults reported no physical activity in the 2012 Ashtabula County Health Needs Assessment Report- Behavioral Risk Factor Surveillance System (BRFSS)	25%	1. Collaborate with community agencies to promote awareness of fitness opportunities for Ashtabula County residents	Childhood Obesity Prevention Committee Intervention and Prevention of Chronic Diseases Committee (IPOD)
17% of Ashtabula County youth (6-12 grade) were found to be obese in the 2012 Ashtabula County Health Needs Assessment Report- Youth Risk Behavioral Surveillance System (YRBS)	12%		
		2. Promote new low cost fitness opportunities for Ashtabula County residents such as walking and trails and biking lanes.	Intervention and Prevention of Chronic Diseases Committee (IPOD)
		3. Increase the number of private and public schools that provide access to their physical fitness facilities outside of normal school hours, on weekends and during the summer.	Childhood Obesity Prevention Committee
		4. Partner with private physical fitness and community centers to	Childhood Obesity Prevention Committee

		provide low cost fitness opportunities for children to reduce obesity.	
		5. Provide nutrition related programs in schools, and in community settings such as hospitals, health departments or Extension Agency, Community Action Agency, churches and other organizations in Ashtabula County to address healthy lifestyles.	Childhood Obesity Prevention Committee Intervention and Prevention of Chronic Diseases Committee (IPOD)

GOAL: PROVIDE COMPREHENSIVE HEART DISEASE PREVENTION PROGRAMS TO ASHTABULA COUNTY RESIDENTS FROM BIRTH AND THROUGHOUT ADULTHOOD

Objective 2

To increase the consumption of fresh fruits and vegetables in Ashtabula County residents.

Baseline Measure 2013	Target	Strategies	Lead Agency or Group
Ashtabula County has 4 farmer's markets	Maintain 6 Farmers market	1. Network with area vegetable and fruit growers to expand existing farm markets and include WIC vouchers as payment at all sites.	Childhood Obesity Prevention Committee Intervention and Prevention of Chronic Diseases Committee (IPOD)
		2. Work with existing groups that promote consumption of locally grown food.	Childhood Obesity Prevention Committee Intervention and Prevention of Chronic Diseases Committee (IPOD)
		3. Work with existing food pantries to utilize surplus from local growers and farmers.	Childhood Obesity Prevention Committee Intervention and Prevention of Chronic Diseases Committee (IPOD)
		4. Provide a communication network where surplus information re: fruits and vegetables is shared with the community.	Childhood Obesity Prevention Committee Intervention and Prevention of Chronic Diseases Committee (IPOD)

		5. Promote local community gardens.	Childhood Obesity Prevention Committee Intervention and Prevention of Chronic Diseases Committee (IPOD)
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GOAL: PROVIDE COMPREHENSIVE CANCER PREVENTION PROGRAMS TO ASHTABULA COUNTY RESIDENTS FROM CHILDHOOD THROUGHOUT ADULTHOOD

Objective 1

By June 1, 2018, develop, implement or expand at least two programs or collaborations that support decreasing tobacco use among adults and children.

Baseline Measure 2013	Target	Strategies	Lead Agency or Group
22% of adults in Ashtabula County are smokers (2012 Ashtabula County Health Needs Assessment data)	20%	Ensure that area hospitals, health care organizations and health departments offer smoking prevention and cessation programs to the public	Intervention and Prevention of Chronic Diseases Committee (IPOD)
20% of Ashtabula County youth used cigarettes on one or more occasion during the 30 days of the Ashtabula County Health Needs Assessment survey of youth conducted in 2011 in Ashtabula County (2012 Ashtabula County Health Needs Assessment Data)	15%	<ol style="list-style-type: none"> 1. Increase tobacco cessation and prevention programs for youth in Ashtabula County. 2. Work with middle school age students regarding the consequences of 	Intervention and Prevention of Chronic Diseases Committee (IPOD)

		tobacco use. 3. Work with stores regarding accessibility of tobacco products to teenagers.	
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GOAL: PROVIDE COMPREHENSIVE CANCER PREVENTION PROGRAMS TO ASHTABULA COUNTY RESIDENTS FROM CHILDHOOD THROUGH ADULTHOOD

Objective 2

By June 1, 2018, develop, implement or expand at least two preventive screening programs to increase the percentage of residents using preventive screening services for cancer in Ashtabula County by 5%.

Baseline Measure 2013	Target	Strategies	Lead Agency or Group
49% of Ashtabula County females over the age of 40 had a mammogram in the past year (Ashtabula County Health Needs Assessment 2012)	55%	Increase awareness of the need for mammograms and opportunities to obtain mammograms.*	Intervention and Prevention of Chronic Diseases Committee (IPOD)
56% of Ashtabula County males over the age of 50 had a PSA test in the past year prior to 2011 (Ashtabula County Health Needs Assessment 2012)	61%	Increase awareness of prostate cancer and the PSA test*	IPOD Committee
		Increase the awareness of the need for adults over age 50 to have a stool for occult blood test done annually*	IPOD Committee

*Mammograms have been extensively debated. The current recommendation of the American Cancer Society is for women 40 and over to have a mammogram every year if they are in good health.

*PSA tests have been extensively debated. The American Cancer Society recommends that doctors heavily involve their patients in the decision of whether to get screened for prostate cancer. Men at high risk to prostate cancer – African American men and men who have a father, brother or son diagnosed with prostate cancer before age 65 should talk with their doctor about getting a PSA test.

*Beginning at age 50, both men and women at *average risk* for developing colorectal cancer should use one of the screening tests below:

Tests that find polyps and cancer

- Flexible sigmoidoscopy every 5 years
- Colonoscopy every 10 years
- Double-contrast barium enema every 5 years
- CT colonography (virtual colonoscopy) every 5 years

Tests that mainly find cancer

- Fecal occult blood test (FOBT) every year
- Fecal immunochemical test (FIT) every year

If any of the above two tests are positive a Colonoscopy should be done.

E. 2012 – 2015 Implementation Strategy Objectives

Listed below are the programs and objectives outlined in UH Conneaut Medical Center's 2012 – 2015 Implementation Strategy, as well as a status update reporting the progress in implementing these objectives.

A. Continue to provide access to care through the UH Hospital Financial Assistance Program. (STATUS: Ongoing)

B. Continue to address lack of accessible and affordable prescription medications through direct patient access counseling and education. (STATUS: Ongoing)

C. Enhance access to dental care.

a. Expand services provided by the Ronald McDonald Care Mobile® operated by the Tapper Pediatric Dental Center at UH Rainbow Babies & Children's Hospital to the Hospital community. (STATUS: Ongoing)

b. Collaborate with Ashtabula County Health Department to improve access to state- and county-wide dental care programs. (STATUS: Ongoing)

D. Continue to enhance awareness of preventive care that encourages healthy behaviors.

a. Explore creation of a community smoking cessation program. (STATUS: Ongoing)

b. Provide county-wide cancer prevention programs, including the Ashtabula & Eastern Lake County Rural Underserved Women's Project (partnering with Susan G. Komen for the Cure), skin screenings and health education seminars. (STATUS: Ongoing)

c. Provide chronic disease education and prevention programs. (STATUS: Ongoing)

E. Continue to improve access to care and reduce transportation barriers consistent with federal regulatory guidelines.

a. Provide transportation of patients to the Hospital through the UH Conneaut Community shuttle. (STATUS: Ongoing)

b. Collaborate with Ashtabula County Job and Family Services and Orwell Country Neighbor to assure transportation of patients to the Hospital for appointments. (STATUS: Ongoing)

F. Enhance health education and reduce the high rate of emergency room use.

a. Provide community outreach health education programs. (STATUS: Ongoing)

b. Provide patient navigation services to coordinate care. (STATUS: Ongoing)

c. Develop extended care management and education services beyond the Hospital in collaboration with area physician offices; extended care facilities; community, faith-based and nonprofit organizations; and public health departments. (STATUS: Ongoing)

G. Reduce prevalence of prescription and illicit drug use.

a. Participate in strategic activities of the Ashtabula Prevention Coalition. (STATUS: Ongoing)

b. Begin community education programs on drug use prevention and prescription medication misuse to a wide range of demographics from school age children to senior populations. (STATUS: Ongoing)

F. 2015 CHNA Community Leader Survey

KEY HEALTH ISSUES

1. What are the top five (5) health issues you see in your community?

- | | |
|---|--|
| <input type="checkbox"/> Access to Care/Uninsured | <input type="checkbox"/> Overweight/Obesity |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dental Health | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Substance Abuse/Alcohol Use |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Maternal/Infant Health | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Mental Health/Suicide | |

2. Of those health issues mentioned, which one (1) is the most significant?

- | | |
|---|--|
| <input type="checkbox"/> Access to Care/Uninsured | <input type="checkbox"/> Overweight/Obesity |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dental Health | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Substance Abuse/Alcohol Use |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Maternal/Infant Health | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Mental Health/Suicide | |

3. Please share any additional information regarding these health issues and your reasons for ranking them this way below:

ACCESS TO CARE

4. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in the area.

Residents in the area are able to access a primary care provider when needed (Family Doctor, Pediatrician, General Practitioner)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Residents in the area are able to access a medical specialist when needed (Cardiologist, Dermatologist, Neurologist, etc.)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Residents in the area are able to access a dentist when needed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
There is a sufficient number of providers accepting Medicaid in the area	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
There is a sufficient number of bilingual providers in the area	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
There is a sufficient number of mental/behavioral health providers in the area	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Transportation for medical appointments is available to area residents when needed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

5. What are the most significant barriers that keep people in the community from accessing health care when they need it?
(Select all that apply)

- Availability of Providers/Appointments
- Basic Needs Not Met (Food/Shelter)
- Inability to Navigate Health Care System
- Inability to Pay Out-of-Pocket Expenses (Copays, Prescriptions, etc.)
- Lack of Child Care
- Lack of Health Insurance Coverage
- Lack of Transportation
- Lack of Trust
- Language/Cultural Barriers
- Time Limitations (Long Wait Times, Limited Offices Hours, Time off Work)
- Non/No Barriers
- Other (specify):

6. Of those barriers mentioned, which one (1) is the most significant?

- Availability of Providers/Appointments
- Basic Needs Not Met (Food/Shelter)
- Inability to Navigate Health Care System
- Inability to Pay Out-of-Pocket Expenses (Copays, Prescriptions, etc.)
- Lack of Child Care
- Lack of Health Insurance Coverage
- Lack of Transportation
- Lack of Trust
- Language/Cultural Barriers
- Time Limitations (Long Wait Times, Limited Offices Hours, Time off Work)
- Non/No Barriers
- Other (specify):

7. Please share any additional information regarding barriers to health care below:

8. Are there specific populations in this community that you think are not being adequately served by local health services?

___ Yes ___ No

9. If yes, which populations are underserved? (Select all that apply)

- Uninsured/Underinsured
- Low-income/Poor
- Hispanic/Latino
- Black/African-American
- Immigrant/Refugee
- Disabled
- Children/Youth
- Young Adults
- Seniors/Aging/Elderly
- Homeless
- None
- Other (specify):

10. In general, where do you think MOST uninsured and underinsured individuals living in the area go when they are in need of medical care? (Choose one)

- Doctor's Office
- Health Clinic/FQHC
- Hospital Emergency Department
- Walk-in/Urgent Care Center
- Don't Know
- Other (specify):

11. Please share any additional information regarding uninsured/underinsured individuals and underserved populations below:

12. Related to health and quality of life, what resources or services do you think are missing in the community?
(Select all that apply)

- Free/Low-Cost Medical Care
- Free/Low-Cost Dental Care
- Primary Care Providers
- Medical Specialists
- Mental Health Services
- Substance Abuse Services
- Bilingual Services
- Transportation
- Prescription Assistance
- Health Education/Information/Outreach
- Health Screenings
- None
- Other (specify):

CHALLENGES & SOLUTIONS

13. What challenges do people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy and/or trying to manage chronic conditions like diabetes or heart disease?

14. In your opinion, what is being done well in the community in terms of health and quality of life?

15. What recommendations or suggestions do you have to improve health and quality of life in the community?

CLOSING

Please answer the following demographic questions.

16. Name and Contact Information

Name: _____

Title: _____

Organization: _____

Email Address: _____

Phone Number: _____

17. Which one of these categories would you say BEST represents your community affiliation (Choose one):

- Health Care/Public Health Organization
- Mental/Behavioral Health Organization
- Nonprofit/Social Services/Aging Services
- Faith-Based/Cultural Organization
- Education/Youth Services
- Government/Housing/Transportation Sector
- Business Sector
- Community Member
- Other (specify):

18. What is your gender? ___ Male ___ Female

19. Which one of these groups would you say BEST represents your race/ethnicity?

- White/Caucasian
- Black/African-American
- Hispanic/Latino
- Asian/Pacific Islander
- Other (specify):

20. University Hospitals will be using the information gathered through these surveys to develop a community health implementation plan. Please share any other feedback you may have for them below:



2011 Ashtabula County Health Survey

Answers Will Remain Confidential!

We need your help! We are asking you to complete this survey and return it to us within the next 7 days. We have enclosed a \$2.00 bill as a “thank you” for your time. We have also enclosed a postage-paid envelope for your convenience.

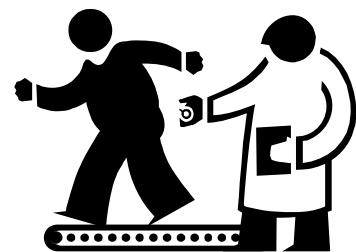
If you have any questions or concerns, please contact Ray Saporito or Becky Robinson of Ashtabula County Health Department at 440-576-6010 and select option 5.

Instructions:

- Please complete the survey now rather than later.
- Please do NOT put your name on the survey. Your responses to this survey will be kept confidential. No one will be able to link your identity to your survey.
- Please be completely honest as you answer each question.
- Answer each question by selecting the response that best describes you.

Thank you for your assistance. Your responses will help to make Ashtabula County a healthier place for all of our residents.

Turn the page to start the survey →



Health Status

1. Would you say that in general your health is:
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor
2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health **not** good?
Number of days _____
 - None
 - Don't know
3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health **not** good?
Number of days _____
 - None
 - Don't know
4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
Number of days _____
 - None
 - Don't know

Health Care Utilization

5. Do you have one person you think of as your personal doctor or health care provider?
 - Yes, only one
 - More than one
 - No
 - Don't know
6. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health? What kind of place is it? **(CHECK ALL THAT APPLY)**
 - A doctor's office or HMO clinic or health center
 - A hospital outpatient department
 - A hospital emergency room
 - An urgent care center
 - Ashtabula County Health Department clinic
 - A store clinic (such as Walgreens, etc.)
 - Some other kind of place
 - Don't know

7. What is the distance you travel to get to the place you usually go?
 - Less than 15 miles
 - 15 to 30 miles
 - More than 30 miles
8. What might prevent you from seeing a doctor if you were sick, injured, or needed some type of health care? **(CHECK ALL THAT APPLY)**
 - Nothing
 - Cost
 - Frightened of the procedure or doctor
 - Worried they might find something wrong
 - Cannot get time off from work
 - Hours not convenient
 - Difficult to get an appointment
 - Do not trust or believe doctors
 - No transportation or difficult to find transportation
 - Some other reason
 - Don't know
9. How do you prefer to get information about your health or healthcare services? **(CHECK ALL THAT APPLY)**
 - Family member or friend
 - My doctor
 - Newspaper articles or radio/television news stories
 - Internet searches
 - Advertising or mailings from hospitals, clinics, or doctors' offices
 - Facebook
 - Billboards
 - Texts on cell phone
 - Other _____
 - Don't know

Health Care Coverage

10. Do you have any kind of health coverage, including health insurance, prepaid plans such as HMO's, or governmental plans such as Medicare?
 - Yes
 - No – **GO TO QUESTION 14**
 - Don't know

11. What type of health care coverage do you use to pay for most of your medical care?
- Your employer
 - Someone else's employer
 - A plan that you or someone else buys on your own
 - Medicare
 - Medicaid or Medical Assistance
 - The military, CHAMPUS, TriCare, or the VA
 - The Indian Health Service
 - Some other source
 - None
 - Don't know

12. Does your health coverage include:

Medical?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Dental?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Vision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Mental health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Prescription coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Home care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Skilled nursing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Hospice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Preventive health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Immunizations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Drug and alcohol treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Your spouse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Your children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

13. During the past 12 months, was there any time that you did not have any health insurance or coverage?
- Yes
 - No
 - Don't know

14. What was the reason you were without health care coverage? **(CHECK ALL THAT APPLY)**
- Never without health care coverage
 - Lost job or changed employers
 - Spouse or parent lost job or changed employers
 - Became divorced or separated
 - Spouse or parent died
 - Became ineligible (age or left school)
 - Employer doesn't/stopped offering coverage
 - Became a part time or temporary employee
 - Benefits from employer/former employer ran out
 - Couldn't afford to pay the premiums
 - Insurance company refused coverage
 - Lost Medicaid eligibility
 - Other
 - Don't know

15. During the past 12 months, what were the reasons why you did not get a prescription from your doctor filled? **(CHECK ALL THAT APPLY)**
- I have filled all of my prescriptions
 - I have no insurance
 - I am taking too many medications
 - I couldn't afford to pay the out of pocket expenses
 - My co-pays are too high
 - My premiums are too high
 - My deductibles are too high
 - I have a high deductible with my health savings account
 - I opted out of prescription coverage because I couldn't afford it
 - There was no generic equivalent of what was prescribed
 - I stretched my current prescription by taking less than what was prescribed
16. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?
- Yes
 - No
 - Don't know

17. If you have Medicaid, how did you hear about it?
- Don't have Medicaid
 - Brochure – From _____
 - Placemat – From _____
 - Advertisement – From _____
 - TV coverage – Channel _____
 - Visiting nurses
 - Health department
 - School – Name _____
 - Hospital clinic – Name _____
 - Job and Family Services
 - ADAS
 - Ohio Benefit Bank
 - Eligibility worker at the hospital
 - Mental health center
 - Another community service agency
 - Other professional
 - Internet
 - Somewhere else _____
 - Don't know

Health Care Access

18. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.
- Less than a year ago
 - 1 to 2 years ago
 - More than 2 but less than 5 years
 - 5 or more years
 - Don't know
 - Never

19. Within the past 12 months, have you had any of the following problems when you needed health care? **(CHECK ALL THAT APPLY)**
- My healthcare plan does not allow me to see doctors in Ashtabula County
 - I had to change doctors because of my healthcare plan
 - I couldn't find a doctor to take me as a patient
 - I couldn't find a doctor that I am comfortable with
 - I couldn't get appointments when I want them
 - I didn't get health services because of discrimination
 - I didn't get health services because I was concerned about my confidentiality
 - I didn't have enough money to pay for health care or insurance
 - I didn't have transportation
 - I didn't have anyone to take care of my children
 - I was too busy to get the health care I needed
 - I was too embarrassed to seek help
 - I had another problem that kept me from getting health care: _____
 - I have not had any of these problems in the past 12 months
20. Have you not gotten any of the following recommended major care or preventive care due to cost? **(CHECK ALL THAT APPLY)**
- I have gotten the recommended care
 - Mammogram
 - Pap smear test
 - PSA test
 - Colonoscopy
 - Surgery
 - Medications
 - Smoking cessation
 - Weight loss program
21. Have you looked for a program to stop smoking for you or for a loved one?
- Yes, and I found one
 - Yes, and I have not found one
 - No
22. Have you looked for a program to assist with family planning (such as pregnancy testing, birth control, pap smears, and other female concerns) for you or for a loved one?
- Yes, and I found one
 - Yes, and I have not found one
 - No, I have not looked

23. Have you looked for a program to assist in care for the elderly or disabled adult (either in-home or out-of-home) for you or for a loved one?
- Yes, I looked for in-home care
 - Yes, I looked for out-of-home placement
 - Yes, I looked for Respite or overnight care
 - Yes, I looked for day care
 - Yes, I looked for an assisted living program
 - Yes, I looked for a disabled adult program
 - No
24. In the past 12 months, have you chosen to go outside of Ashtabula County for any of these health care services? **(CHECK ALL THAT APPLY)**
- Don't use any services outside of Ashtabula County
 - Specialty care
 - Primary care
 - Dental services
 - Cardiac care
 - Orthopedic care
 - Cancer care
 - Mental health care
 - Hospice care
 - Obstetrics/Gynecology
 - Pediatric care
 - Developmental disability services
 - Another service: _____
 - Don't know

Oral Health

25. How long has it been since you last visited a dentist or a dental clinic for any reasons? Include visits to dental specialists, such as orthodontists.
- Within the past year (anytime less than 12 months ago) – **GO TO QUESTION 27**
 - Within the past 2 years (1 year but less than 2 years ago)
 - Within the past 5 years (2 years but less than 5 years ago)
 - 5 or more years ago
 - Don't know/Not sure
 - Never

26. What is the main reason you have not visited the dentist in the last year?
- I have been to the dentist in the past year
 - Fear, apprehension, nervousness, pain, dislike going
 - Cost
 - No insurance
 - Do not have/know a dentist
 - Cannot get to the office/clinic (too far away, no transportation, no appointments available)
 - No reason to go (no problems, no teeth)
 - Other priorities
 - Have not thought of it
 - Other: _____

Alcohol Consumption

27. During the past month, how many days did you have at least one drink of any alcoholic beverage?
- Days per month _____
- Don't know
 - Do not drink – **GO TO QUESTION 31**
28. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days you drank, about how many drinks did you consume on average?
- Number of drinks _____
- Don't know
29. Considering all types of alcoholic beverages, how many times during the past 30 days did you have (for males) 5 or more drinks on an occasion, or (for females) 4 or more drinks on an occasion?
- Number of times _____
- None
 - Don't know
30. During the past month, how many times have you driven when you've had perhaps too much to drink?
- Number of times _____
- None
 - Don't know

Preventive Medicine and Health Screenings

31. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?
- Yes
 - No
 - Don't know

32. During the past 12 months, how many times were you unable to work or carry out your usual activities because of your asthma?
- _____ times
- Don't know
33. Have you ever been told by a doctor, nurse, or other health professional that you had diabetes?
- Yes
- Yes, but only during pregnancy
- No
- Don't know
34. Have you ever been told by a doctor or other health professional that you have the following: **(CHECK ALL THAT APPLY)**
- Some form of arthritis
- Rheumatoid arthritis
- Gout
- Lupus
- Fibromyalgia
- None
- Don't know/Not sure
35. Has a doctor ever told you that you have had any of the following? **(CHECK ALL THAT APPLY)**
- Had a heart attack or myocardial infarction
- Angina (chest pain) or coronary heart disease
- Had a stroke
- None of the above
36. To lower your risk of developing heart disease or stroke, has a doctor advised you within the past 12 months to... **(CHECK ALL THAT APPLY)**
- Eat fewer high fat or high cholesterol foods
- Eat more fruits and vegetables
- Exercise more
- Take aspirin
- None of the above
37. Have you ever been told by a doctor, nurse, or other health professional that you had high blood pressure?
- Yes
- Yes, but female told only during pregnancy
- Told borderline high or pre-hypertensive
- No
- Don't know
38. When did you last have your blood pressure taken by a doctor, nurse, or other health professional?
- Less than six months ago
- More than 6 but less than 12 months ago
- More than 1 but less than 2 years ago
- More than 2 but less than 5 years ago
- 5 or more years ago
- Don't know
- Never
- Never, did myself at self-operated location
39. Blood cholesterol is a fatty substance found in the blood. Has a doctor, nurse, or other health professional ever told you that you had high blood cholesterol?
- Yes
- No
- Don't know
40. When did you last have your blood cholesterol checked?
- 1 to 12 months ago
- More than 1 but less than 2 years ago
- More than 2 but less than 5 years ago
- 5 or more years ago
- Have never had it checked
- Don't know
41. A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia vaccination?
- Yes
- No
- Don't know
42. Have you had a tetanus shot (or a tetanus /diphtheria/pertussis shot) in the past 10 years?
- Yes
- No
- Don't know
43. What is the reason you did not get the flu vaccine?
- I did get the flu vaccine
- Don't need it
- Transportation
- Get sick from it
- Religious beliefs
- Flu vaccine is not available
- Time
- Cost
- Insurance won't pay for it
- Other _____

44. With your most recent diagnoses of cancer, what type of cancer was it?

- I have not been diagnosed with cancer
- Breast cancer
- Cervical cancer
- Endometrial (uterus) cancer
- Ovarian cancer
- Head and neck cancer
- Oral cancer
- Pharyngeal (throat) cancer
- Thyroid cancer
- Colon (intestine) cancer
- Esophageal cancer
- Liver cancer
- Pancreatic cancer
- Rectal cancer
- Stomach cancer
- Hodgkin's lymphoma
- Leukemia (blood) cancer
- Non-Hodgkin's lymphoma
- Prostate cancer
- Testicular cancer
- Melanoma
- Other skin cancer
- Heart cancer
- Lung cancer
- Bladder cancer
- Renal (kidney) cancer
- Bone cancer
- Brain cancer
- Neuroblastoma
- Other

Preventive Counseling Services

45. Has a doctor or other health professional talked to you about the following topics? Please check the box that indicates if you have discussed this topic within the past year, before the past year, or not at all.

	Within past year	Before the past year	Not at all
Your diet or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity or exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury prevention such as safety belt use, helmet use, or smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illicit drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate use of prescription pain medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of alcohol when taking prescriptions drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quitting smoking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual practices, including family planning, sexually transmitted diseases, AIDS, or the use of condoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression, anxiety or emotional problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Significance of family history?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tobacco Use

46. Have you smoked at least 100 cigarettes in your entire life?

- Yes
- No – **GO TO QUESTION 49**
- Don't know

47. Do you now smoke cigarettes every day, some days, or not at all?

- Every day
- Some days
- Not at all – **GO TO QUESTION 49**

48. During the past 12 months, have you quit smoking for 1 day or longer because you were trying to quit smoking?
- Yes
 - No
 - Don't know
49. Which forms of tobacco listed below have you used in the past year? **(CHECK ALL THAT APPLY)**
- Flavored Cigarettes
 - E-cigarette
 - Bidis
 - Cigars
 - Black & Milds
 - Cigarillos
 - Little Cigars
 - Swishers
 - Chewing tobacco
 - Snuff
 - Snus
 - Hookah
 - None
50. Which statement best describes the rules about smoking inside your home?
- Smoking is not allowed anywhere inside your home
 - Smoking is allowed in some places or at some times
 - Smoking is allowed anywhere inside your home
 - There are no rules about smoking in your home
 - Don't know

Drug Use

51. During the past six months, have you used any of the following: **(CHECK ALL THAT APPLY)**
- Marijuana
 - Hashish
 - Amphetamines, methamphetamines or speed
 - Cocaine, crack, or coca leaves
 - Heroin
 - LSD, mescaline, peyote, psilocybin, DMT, or mushrooms
 - Inhalants such as glue, toluene, gasoline, or paint
 - Ecstasy or E, or GHB
 - I have not used any of these substances in the past six months – **GO TO QUESTION 53**
 - Don't know

52. How frequently have you used drugs checked in question 51 during the past six months?
- Almost every day
 - 3 to 4 days a week
 - 1 or 2 days a week
 - 1 to 3 days a month
 - Less than once a month
 - Don't know
53. Have you used any of the following medications during the past six months that were either not prescribed for you, or you took more than was prescribed? **(CHECK ALL THAT APPLY)**
- Oxycontin
 - Vicodin
 - Tranquilizers such as Valium or Xanax, sleeping pills, barbituates, Seconal, Ativan, or Klonopin
 - Codeine, Demerol, Morphine, Percodan, or Dilaudid
 - Suboxone or Methadone
 - Ritalin or Adderall
 - I have not used any of these medications in the past 6 months – **GO TO QUESTION 55**
 - Don't know/Not sure
54. How frequently have you used the medications checked in question 53 during the past six months?
- Almost every day
 - 3 to 4 days a week
 - 1 or 2 days a week
 - 1 to 3 days a month
 - Less than once a month
 - I have not used any of these medications during the past six months
 - Don't know/Not sure
55. Have you taken prescription opiates (oxycontin, codeine, Demerol, etc.) on a regular basis for more than 2 weeks?
- Yes
 - No
 - Don't know
56. In the past year, have you used any prescription medications that were not prescribed for you?
- Yes
 - No
 - Don't know

57. What do you do with your prescription medication?
(CHECK ALL THAT APPLY)
- Take as prescribed
 - Throw unused medication in the trash
 - Flush unused medication down the toilet
 - Give them away
 - Keep them
 - Sell them
 - They have been stolen
 - Destroy unused medication another way
 - Take unused medication to the Medication Collection program
 - Other: _____

58. In your opinion, which drugs, including alcohol, are most commonly abused in Ashtabula County?
(CHECK ALL THAT APPLY)
- Alcohol
 - Marijuana
 - Hashish
 - Amphetamines, methamphetamines or speed
 - Cocaine, crack, or coca leaves
 - Heroin
 - Inhalants such as glue, toluene, gasoline, or paint
 - Ecstasy or E, or GHB
 - Prescription medications
 - Synthetic marijuana such as salvia, K2, spice
 - Other: _____

Women's Health

MEN -- GO TO QUESTION 63, MEN'S HEALTH SECTION

59. A mammogram is an x-ray of each breast to look for breast cancer. When was your last mammogram?
- Have never had a mammogram
 - Less than a year ago
 - 1 to 2 years ago
 - More than 2 but less than 5 years ago
 - 5 or more years ago
 - Don't know
60. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. When was your last breast exam?
- Have never had a breast exam
 - Less than a year ago
 - 1 to 2 years ago
 - More than 2 but less than 5 years ago
 - 5 or more years ago
 - Don't know

61. A Pap smear is a test for cancer of the cervix. How long has it been since you had your last Pap smear?
- Have never had a Pap smear
 - Less than a year ago
 - 1 to 2 years ago
 - More than 2 but less than 5 years ago
 - 5 or more years ago
 - Don't know
62. What is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted diseases, and other female health concerns?
- A family planning clinic
 - A health department clinic
 - A community health center
 - A private gynecologist
 - A general or family physician
 - Some other kind of place
 - Don't know
 - Don't have a usual source

Men's Health

WOMEN -- GO TO QUESTION 65, SEXUAL BEHAVIOR SECTION

63. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. When was your last PSA test?
- 1 to 12 months ago
 - 1 to 2 years ago
 - More than 2 but less than 5 years ago
 - 5 or more years ago
 - Don't know
 - Never
64. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. When was your last digital rectal exam?
- 1 to 12 months ago
 - 1 to 2 years ago
 - More than 2 but less than 5 years ago
 - 5 or more years ago
 - Don't know
 - Never

Sexual Behavior

65. During the past twelve months, with how many different people have you had sexual relations (intercourse, oral sex and/or anal sex)?
Number of people _____
- Don't know
 - Have not had intercourse in past 12 months
66. What are you or your partner doing now to keep from getting pregnant?
- No partner/not sexually active (abstinent)
 - Not using birth control
 - Gay/lesbian
 - Tubes tied (female sterilization)
 - Hysterectomy (female sterilization)
 - Vasectomy (male sterilization)
 - Pill, all kinds (Ortho Tri-Cyclen, etc.)
 - IUD (including Mirena)
 - Condoms (male or female)
 - Contraceptive implants (Jadelle or implants)
 - Diaphragm, cervical ring or cap (Nuvaring, etc.)
 - Shots (Depo-Provera, Lunelle, etc.)
 - Contraceptive Patch
 - Emergency contraception (EC)
 - Withdrawal
 - Having sex only at certain times (rhythm)
 - Other method (foam, jelly, cream, etc.)
 - Don't know/Not sure
67. What are your reasons for not using any birth control now?
- I am using a birth control method
 - I didn't think I was going to have sex/no regular partner
 - I want to get pregnant
 - I am gay or a lesbian
 - I do not want to use birth control
 - My partner does not want to use any
 - You or your partner don't like birth control/fear side effects
 - I don't think my partner or I can get pregnant
 - I can't pay for birth control
 - My partner or I had a hysterectomy/vasectomy/tubes tied
 - You or your partner is too old
 - Lapse in use of method
 - You or your partner is currently breast-feeding
 - You or your partner just had a baby/postpartum
 - Partner is pregnant now
 - Don't care if you or your partner gets pregnant
 - Religious preferences

68. The last time you had sexual intercourse, was the condom used:
- A condom was not used
 - To prevent pregnancy
 - To prevent diseases like syphilis, gonorrhea, and AIDS
 - For both of these reasons
 - For some other reason
 - Don't know
69. Do any of the following situations apply to you? **(CHECK ALL THAT APPLY)**
- You used intravenous drugs in the past year
 - You have been treated for a sexually transmitted or venereal disease in the past year
 - You have been tested for a sexually transmitted or venereal disease in the past year
 - You think you may have a sexually transmitted or venereal disease
 - You had anal sex without a condom in the past year
 - You had tested positive for HIV
 - You had sex with someone you do not know
 - None of the above
70. Why have you not been tested for HIV?
- I have been tested
 - Privacy
 - I don't know where to go for the test
 - I don't think I could have it
 - I don't want to know
 - No reason

Weight Control / Physical Activity

71. Are you now trying to...
- Maintain your current weight, that is, to keep from gaining weight
 - Lose weight
 - Gain weight
 - None of the above

72. During the past 30 days, did you do any of the following to lose weight or keep from gaining weight?
- I did not do anything to lose weight or keep from gaining weight
 - Eat less food, fewer calories, or foods low in fat
 - Eat a low-carb diet
 - Exercise
 - Go without eating for 24 hours
 - Take any diet pills, powders, or liquids without a doctor's advice
 - Vomit or take laxatives
 - Smoke cigarettes
 - Use a weight loss program such as Weight Watchers, Jenny Craig, etc.
 - Participate in a dietary or fitness program prescribed for you by a health professional
 - Take medications prescribed by a health professional
73. During the last 7 days, how many days did you engage in some type of exercise or physical activity for at least 30 minutes?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
 - Not able to exercise
74. For what reasons do you not exercise? **(CHECK ALL THAT APPLY)**
- I do exercise
 - Weather
 - Time
 - Cannot afford a gym membership
 - Gym is not available
 - No walking or biking trails
 - Safety
 - I do not have child care
 - I do not know what activity to do
 - Doctor advised me not to exercise
 - Pain/discomfort
 - I choose not to exercise
 - Too tired
 - Other: _____

75. On average how many servings of fruits and vegetables do you have per day?
- 1 to 4 servings per day
 - 5 or more servings per day
 - 0 – I do not like fruits or vegetables
 - 0 – I cannot afford fruits or vegetables
 - 0 – I do not have access to fruits or vegetables
76. In a typical week, how many meals did you eat out in a restaurant or bring takeout food home to eat?
- _____ Meals

Mental Health and Suicide

77. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?
- Yes
 - No
78. During the past 12 months, did you ever seriously consider attempting suicide?
- Yes
 - No
79. During the past 12 months, how many times did you actually attempt suicide?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times
80. Where do you get the social and emotional support you need? **(CHECK ALL THAT APPLY)**
- I do not get social and emotional support
 - Friends
 - Family
 - Neighbors
 - Church
 - Community
 - A professional
 - Self-help group
 - Other: _____

81. What are your reasons for not using a program or service to help with depression, anxiety, or emotional problems for you or for a loved one?
- A program was used
 - Not needed
 - Transportation
 - Fear
 - Co-pay/deductible is too high
 - Cannot afford to go
 - Cannot get to the office or clinic
 - Don't know how to find a program
 - Stigma of seeking mental health services
 - Other priorities
 - Have not thought of it
 - Other: _____
 - Don't know

Quality of Life

82. Are you limited in any way in any activities because of physical, mental, or emotional problems?
- Yes
 - No
 - Don't know
83. What major impairments or health problems limit your activities? **(CHECK ALL THAT APPLY)**
- I am not limited by any impairments or health problems – **GO TO QUESTION 85**
 - Arthritis/rheumatism
 - Back or neck problem
 - Fractures, bone/joint injury
 - Walking problem
 - Lung/breathing problem
 - Hearing problem
 - Eye/vision problem
 - Heart problem
 - Stroke-related problem
 - Hypertension/high blood pressure
 - Diabetes
 - Cancer
 - Depression/anxiety/emotional problems
 - Tobacco dependency
 - Alcohol dependency
 - Drug addiction
 - Learning disability
 - Developmental disability
 - Other impairment/problem

84. Because of any impairment or health problem, do you need the help of other persons with any of the following needs? **(CHECK ALL THAT APPLY)**
- Eating
 - Bathing
 - Dressing
 - Getting around the house
 - Household chores
 - Doing necessary business
 - Shopping
 - Getting around for other purposes
 - None of the above
85. Would you have any problems getting the following if you needed them today? **(CHECK ALL THAT APPLY)**
- Someone to loan me \$50
 - Someone to help me if I were sick and needed to be in bed
 - Someone to take me to the clinic or doctor's office if I needed a ride
 - Someone to talk to about my problems
 - Someone to explain directions from my doctor
 - Someone to accompany me to my doctor's appointments
 - Someone to help me pay for my medical expenses
 - Back-up child care
 - I would not have problems getting any of these things if I needed them

Social Context

86. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. **(CHECK ALL THAT APPLY)**
- Yes, and they are unlocked
 - Yes, and they are loaded
 - Yes, but they are **not** unlocked
 - Yes, but they are **not** loaded
 - No
 - Don't know
87. How often do you wear a seat belt when in a car?
- Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always

88. In the past 30 days, have you needed help meeting your general daily needs such as food, clothing, shelter, or paying utility bills?
- Yes
 - No
 - Don't know

89. Where have you attempted to get assistance from social service agencies? **(CHECK ALL THAT APPLY)**

- I didn't look for assistance
- I didn't know where to look for assistance
- A friend or family member
- A church
- Ashtabula Co. Community Action Agency
- Job and Family Services/JFS (The Welfare Department)
- 2-1-1
- Home Safe
- Catholic Charities
- Samaritan House
- Food pantries
- Ohio Benefit Bank
- Senior centers
- Clothing bank
- Spiderweb
- Country Neighbor
- Somewhere else _____

90. 2-1-1 is a non-emergency information referral telephone number. Have you ever called 2-1-1 for assistance?

- Yes, I did receive information that assisted me in getting the help I needed
- Yes, I did receive information but it did not help me with my needs
- No, I did not need assistance, but I was not aware that such assistance was available
- No, I did not need assistance, but I was aware of it
- No, I never heard of 2-1-1

91. During the past 12 months, were you threatened or abused by any of the following? Include physical, sexual, emotional, financial and verbal abuse.

(CHECK ALL THAT APPLY)

- A spouse or partner
- A parent
- Child
- Another family member living in your household
- Another person from outside the home
- Someone else
- No one has threatened or abused me in the past 12 months

92. How safe from crime do you consider your neighborhood to be?

- Extremely safe
- Quite safe
- Slightly safe
- Not at all safe
- Don't know

93. Which of the following do you think Ashtabula County residents need more education about? **(CHECK ALL THAT APPLY)**

- Seat belt or restraint usage
- Falls
- Violence
- Speed
- Bicycle safety
- DUI (Driving Under the Influence)
- Distracted driving
- Bullying
- Sexting
- Teenage pregnancy
- Suicide prevention
- Tobacco use
- Drug abuse
- Sun exposure
- Obesity
- Elder abuse
- None of the above
- Don't know
- Other _____

94. Have you experienced the following in the past 12 months? **(CHECK ALL THAT APPLY)**
- A close family member had to go into the hospital
 - Death of a family member or close friend
 - I became separated or divorced
 - I moved to a new address
 - I was homeless
 - I had someone homeless living with me
 - Someone in my household lost their job
 - Someone in my household had their hours at work reduced
 - I had bills I could not pay
 - I was involved in a physical fight
 - Someone in my household went to jail
 - Someone close to me had a problem with drinking or drugs
 - I was hit or slapped by my spouse or partner
 - My child was hit or slapped by my spouse or partner
 - I did not experience any of these things in the past 12 months

Parenting

IF THERE ARE NO CHILDREN IN YOUR HOUSEHOLD OR YOUR CHILDREN ARE 18 OR OLDER, GO TO QUESTION 102

95. Why are you not getting all of the immunizations for your child? **(CHECK ALL THAT APPLY)**
- My child has all the recommended immunizations
 - Cost
 - Fear of immunization
 - Don't think immunization is necessary
 - Don't know where to go for childhood immunizations
 - Doctor hasn't recommended
 - Other
 - Don't know
96. Why have you not taken your child to the dentist in the past year? **(CHECK ALL THAT APPLY)**
- I have taken my child to the dentist in the past year
 - My child is not old enough to go to the dentist
 - I cannot find a dentist that will take Medicaid
 - I cannot find a dentist that will take my insurance
 - Cost
 - Fear
 - Don't know

97. Are you currently concerned with:

Your child's academic achievement?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Having enough time with your child?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Your relationship with your child?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Learning difficulties with your child?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Your child's anxiety?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Your child's depression?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Violence in the home, school, or neighborhood?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Your child talking?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Your child crawling, walking or running?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Your child's sleep position?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Your child getting along with others?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Your child's self-esteem?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
How your child copes with stressful things?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Substance abuse?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Eating disorder?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Being "bullied" by classmates?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Risky behaviors?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Cell phone and technology use?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Internet use?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all

98. Has your child been tested for lead poisoning?
- Yes, and the results were in normal limits
 - Yes, and the results were elevated and needed medical follow-up
 - Yes, and the results were elevated, but no medical follow-up was needed
 - No
 - Don't know

99. What did you discuss with your 12 to 17 year old in the past year? **(CHECK ALL THAT APPLY)**
- I do not have a child 12 to 17 years old
 - Abstinence and how to refuse sex
 - Birth control
 - Condoms/Safer sex/STD prevention
 - Dating and relationships
 - Eating habits
 - Body image
 - Screen time (TV, phone, video games, texting, or computer)
 - Bullying (cyber, indirect, physical, verbal)
 - Social media issues
 - Energy drinks
 - Depression, anxiety, suicide
 - Refusal skills/peer pressure
 - Negative effects of alcohol
 - Negative effects of tobacco
 - Negative effects of marijuana and other illegal drugs
 - School/legal consequences using alcohol, tobacco or other drugs
 - Negative effects of misusing prescription drugs
 - Did not discuss
100. Are you aware of the following programs/services for your infant to 5-year-old child? **(CHECK ALL THAT APPLY)**
- I do not have a child that is an infant to 5 years old
 - WIC (Women Infants and Children Supplemental Food Program)
 - Head Start
 - Help Me Grow
 - Newborn home visits
 - Early Intervention Services
 - Out of home daycare
 - PRS (Pregnancy Related Services)
 - Health Check
 - School
 - Children's services
 - None of the above
101. There is a new vaccine which may prevent adolescents from developing a virus (HPV) infection that can cause cervical cancer and is transmitted sexually. Would you get your child vaccinated?
- Yes
 - No, I do not have the money
 - No, my child is not going to have sex
 - I do not have a child in this age range

Environmental Health

102. The following problems are sometimes associated with poor health. In or around your household, which of the following do you think have threatened you or your family's health in the past year? **(CHECK ALL THAT APPLY)**
- Rodents (mice or rats)
 - Insects (mosquitoes, ticks, flies)
 - Bed bugs
 - Cockroaches
 - Lice
 - Unsafe water supply
 - Plumbing problems
 - Sewage/waste water problems
 - Temperature regulation (heating and air conditioning)
 - Safety hazards (structural problems)
 - Lead paint
 - Chemicals found in household products (i.e. cleaning agents, pesticides, automotive products)
 - Mold
 - Asbestos
 - Radiation
 - Radon
 - Excess medications in the home
 - Food safety
 - None
103. Does your household have any of the following disaster/emergency supplies? **(CHECK ALL THAT APPLY)**
- 3-day supply of water for everyone who lives there (1 gallon of water per person per day)
 - 3-day supply of nonperishable food for everyone who lives there
 - 3-day supply of prescription medication for each person who takes prescribed medicines
 - A working battery operated radio and working batteries
 - A working flashlight and working batteries
 - Cell phone with charger
 - None of the above

Demographics

104. What is your zip code? _____
105. What is your age? _____
106. What is your gender?
- Male
 - Female

107. What is your race?
- American Indian/Alaska Native
 - Asian
 - Black or African-American
 - Native Hawaiian/Other Pacific Islander
 - White
 - Other: _____
 - Don't know
108. Are you Hispanic or Latino?
- Yes
 - No
 - Don't know
109. Are you...
- Married
 - Divorced
 - Widowed
 - Separated
 - Never been married
 - A member of an unmarried couple
110. How many people live in your household who are...
- 0 to 4 years old _____
- 5 to 12 years old _____
- 13 to 17 years old _____
- Adults _____
111. What is the highest grade or year of school you completed?
- Never attended school or only attended kindergarten
 - Grades 1 through 8 (Elementary)
 - Grades 9 through 11 (Some high school)
 - Grade 12 or GED (High school graduate)
 - College 1 year to 3 years (Some college or technical school)
 - College 4 years or more (College graduate)
 - Post-graduate

112. Are you currently...
- Employed for wages full-time
 - Employed for wages part-time
 - Self-employed
 - Out of work for more than 1 year
 - Out of work for less than 1 year
 - Homemaker
 - Student
 - Retired
 - Unable to work
113. Is your annual household income from all sources...
- Less than \$10,000
 - \$10,000 to \$14,999
 - \$15,000 to \$19,999
 - \$20,000 to \$24,999
 - \$25,000 to \$34,999
 - \$35,000 to \$49,999
 - \$50,000 to \$74,999
 - \$75,000 or more
 - Don't know
114. About how much do you weigh without shoes?
- POUNDS _____
- Don't know
115. About how tall are you without shoes?
- FEET _____
- INCHES _____
- Don't know

Certain questions provided by: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007-2010. Other questions are © 2011 Hospital Council of NW Ohio.

Thank you for your time and opinions!

Please place your completed survey in the pre-stamped and addressed envelope provided and mail today!

2011 Ashtabula County Youth Health Survey

Directions: Please listen to the instructions of the leader. Do **NOT** put your name on this survey. This survey asks you about your health and things you do in your life that affect your health. The information you give us will be used to develop better health education and services for people your age.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank. The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Please read and answer each question carefully. Please pick the letter of the answer that best describes you and your views. Circle the letter next to the best answer on your survey. The questions are out of order so that anyone who sees your survey cannot tell what you have answered. No one will know what you write, but you must be honest. If you feel you can't be honest, please **DO NOT** answer the question at all. Just leave it blank. When you are done with the survey, fold it and place it in the envelope at the front of the class. Thank you for doing your best on this!

Information About You

1. How old are you?
 - 12 years old or younger.....A
 - 13 years old.....B
 - 14 years old.....C
 - 15 years old.....D
 - 16 years old.....E
 - 17 years old.....F
 - 18 years old or older.....G

2. What is your gender?
 - Female.....A
 - Male.....B

3. In what grade are you?
 - 6th grade.....A
 - 7th grade.....B
 - 8th grade.....C
 - 9th grade.....D
 - 10th grade.....E
 - 11th grade.....F
 - 12th grade.....G

4. How do you describe yourself?
(CIRCLE ONE OR MORE RESPONSES)
 - American Indian/Alaska Native.....A
 - Asian.....B
 - Black or African American.....C
 - Hispanic or Latino.....D
 - Native Hawaiian or Other Pacific Islander.....E
 - White.....F
 - Other.....G

5. What is your zip code? _____

6. Do you live with...? **(CIRCLE ALL THAT APPLY)**
 - Both of your parents.....A
 - One of your parents.....B
 - Mother and step-father.....C
 - Father and step-mother.....D
 - Mother and partner.....E
 - Father and partner.....F
 - Grandparents.....G
 - Another relative.....H
 - Guardians/foster parents.....I
 - On your own or with friends.....J

7. What do you currently participate in? **(CIRCLE ALL THAT APPLY)**
 - A school club or social organization.....A
 - A church or religious organization.....B
 - A church youth group.....C
 - A sports or intramural program.....D
 - A part time job.....E
 - Take care of your siblings after school.....F
 - Babysit for other kids.....G
 - Some other organized activity (4H, Scouts).....H
 - Volunteer in the community.....I
 - Don't participate in any of these activities.....J

Personal Safety

8. How often do you wear a seat belt when riding in a car driven by someone else?
 - Never.....A
 - Rarely.....B
 - Sometimes.....C
 - Most of the time.....D
 - Always.....E

9. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?
- 0 times.....A
 1 time.....B
 2 or 3 times.....C
 4 or 5 times.....D
 6 or more times.....E
10. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?
- I do not drive.....A
 0 times.....B
 1 time.....C
 2 or 3 times.....D
 4 or 5 times.....E
 6 or more times.....F
11. During the past 30 days, did you drive a car or other vehicle while doing the following? **(CIRCLE ALL THAT APPLY)**
- I do not drive.....A
 Texting.....B
 Talking on cell phone.....C
 Using Internet on cell phone.....D
 Checking facebook on cell phone.....E
 Reading.....F
 Applying makeup.....G
 Eating.....H
 Other cell phone usage.....I
 I do not do any of the above while driving.....J

Violence Related Behavior

12. During the past 30 days, on how many days did you carry a **weapon** such as a gun, knife, or club? (Do not include Swiss Army or other field or hunting knives)
- 0 days.....A
 1 day.....B
 2 or 3 days.....C
 4 or 5 days.....D
 6 or more days.....E
13. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
- 0 days.....A
 1 day.....B
 2 or 3 days.....C
 4 or 5 days.....D
 6 or more days.....E

14. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?
- 0 times.....A
 1 time.....B
 2 or 3 times.....C
 4 or 5 times.....D
 6 or 7 times.....E
 8 or 9 times.....F
 10 or 11 times.....G
 12 or more times.....H
15. During the past 12 months, how many times were you in a physical fight?
- 0 times.....A
 1 time.....B
 2 or 3 times.....C
 4 or 5 times.....D
 6 or 7 times.....E
 8 or 9 times.....F
 10 or 11 times.....G
 12 or more times.....H
16. During the past 12 months, did your boyfriend or girlfriend ever hit, slap or physically hurt you on purpose?
- Yes.....A
 No.....B
17. During the past 12 months, did an adult or caregiver ever physically harm you?
- Yes.....A
 No.....B
18. Have you ever been forced to participate in any sexual activity when you did not want to?
- Yes.....A
 No.....B
19. During your life, have you purposely hurt yourself by: **(CIRCLE ALL THAT APPLY)**
- I have never hurt myself on purpose.....A
 Cutting.....B
 Burning.....C
 Scratching.....D
 Hitting.....E
 Biting.....F
 Self-embedding.....G

20. What types of bullying have you experienced in the last year? **(CIRCLE ALL THAT APPLY)**
- Physically bullied (e.g., you were hit, kicked, punched, or people took your belongings).....A
 - Verbally bullied (e.g., teased, taunted, or called you harmful names).....B
 - Indirectly bullied (e.g., spread mean rumors about you or kept you out of a “group”).....C
 - Cyber bullied (e.g., teased, taunted, or threatened by e-mail, cell phone, another electronic method).....D
 - None of the above.....E

Mental Health

21. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
- Yes.....A
 - No.....B
22. During the past 12 months, did you ever **seriously** consider attempting suicide?
- Yes.....A
 - No.....B
23. During the past 12 months, how many times did you actually attempt suicide?
- 0 time.....A
 - 1 time.....B
 - 2 or 3 times.....C
 - 4 or 5 times.....D
 - 6 or more times.....E
24. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- I did not attempt suicide during the past 12 months.....A
 - Yes.....B
 - No.....C

25. How do you deal with anxiety, stress, or depression? **(CIRCLE ALL THAT APPLY)**
- I do not have anxiety, stress, or depression....A
 - Talk to an adult.....B
 - Talk to a peer.....C
 - Exercise.....D
 - Eat.....E
 - Drink alcohol.....F
 - Smoke/use tobacco.....G
 - Use illegal drugs.....H
 - Sleep.....I
 - Use medication that is prescribed for me.....J
 - Use medication that is not prescribed for me...K
 - Hobbies.....L
 - Journal.....M
 - Gamble.....N
 - Shop.....O
 - Break something.....P
 - Vandalism or violent behavior.....Q
 - Self-harm, such as cutting.....R

26. What causes you anxiety? **(CIRCLE ALL THAT APPLY)**
- Peer pressure.....A
 - Fighting in home.....B
 - Family member in military.....C
 - Parent lost job (unemployment).....D
 - Breakup.....E
 - Poverty/no money.....F
 - Dating relationship.....G
 - Fighting with friends.....H
 - Sports.....I
 - Academic success.....J
 - Other stress at home.....K
 - Thunderstorms/tornadoes.....L
 - None of the above.....M

Tobacco Use

27. Have you ever tried cigarette smoking, even one or two puffs?
- Yes.....A
 - No.....B

28. During the past 30 days, on how many days did you smoke cigarettes?
- 0 days.....A
 1 or 2 days.....B
 3 to 5 days.....C
 6 to 9 days.....D
 10 to 19 days.....E
 20 to 29 days.....F
 All 30 days.....G
29. How old were you when you smoked a whole cigarette for the first time?
- I have never smoked a whole cigarette.....A
 8 years old or younger.....B
 9 years old.....C
 10 years old.....D
 11 years old.....E
 12 years old.....F
 13 years old.....G
 14 years old.....H
 15 years old.....I
 16 years old.....J
 17 years old or older.....K
30. During the past 30 days, how did you usually get your cigarettes? **(CIRCLE ALL THAT APPLY)**
- I did not smoke during the past 30 days.....A
 In a store or gas station.....B
 From a vending machine.....C
 Someone else bought them for me.....D
 I borrowed them from someone else.....E
 A person 18 years or older gave them to me.....F
 I took them from a store or family member.....G
 I got them some other way.....H
31. Which forms of tobacco listed below have you used the in the past year? **(CIRCLE ALL THAT APPLY)**
- Cigarettes.....A
 Flavored cigarettes.....B
 Bidis.....C
 Cigars.....D
 Black & Milds.....E
 Cigarillos.....F
 Little cigars.....G
 Swishers.....H
 Chewing tobacco, snuff.....I
 Snus.....J
 Hookah.....K
 None.....L

32. During the past 12 months, did you ever try to quit smoking cigarettes?
- I did not smoke during the past 12 months.....A
 Yes.....B
 No.....C

Alcohol Consumption

33. During your life, how many days have you had at least one drink of alcohol?
- 0 days.....A
 1 or 2 days.....B
 3 to 9 days.....C
 10 to 19 days.....D
 20 to 39 days.....E
 40 to 99 days.....F
 100 or more days.....G
34. During the past 30 days, on how many days did you have at least one drink of alcohol?
- 0 days.....A
 1 or 2 days.....B
 3 to 5 days.....C
 6 to 9 days.....D
 10 to 19 days.....E
 20 to 29 days.....F
 All 30 days.....G
35. How old were you when you had your first drink of alcohol other than a few sips?
- I have never had a drink of alcohol, other than a few sips.....A
 8 years old or younger.....B
 9 years old.....C
 10 years old.....D
 11 years old.....E
 12 years old.....F
 13 years old.....G
 14 years old.....H
 15 years old.....I
 16 years old.....J
 17 years old or older.....K



36. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- 0 days.....A
 1 day.....B
 2 days.....C
 3 to 5 days.....D
 6 to 9 days.....E
 10 to 19 days.....F
 20 days or more.....G
37. During the past 30 days, how did you usually get your alcohol? **(CIRCLE ALL THAT APPLY)**
- I did not drink during the past 30 days.....A
 I bought it in a store such as a liquor store, convenience store, supermarket, discount store or gas station.....B
 I bought it at a restaurant, bar or club.....C
 Someone gave it to me.....D
 Someone older bought it for me.....E
 I bought it at a public event such as a concert or sporting event.....F
 My parent gave it to me.....G
 My friend's parent gave it to me.....H
 I took it from a store or family member.....I
 I bought it with a fake ID.....J
 I got it some other way.....K
38. During the past 30 days, on how many days were you on school property under the influence of alcohol?
- 0 days.....A
 1 or 2 days.....B
 3 to 5 days.....C
 6 to 9 days.....D
 10 to 19 days.....E
 20 to 29 days.....F
 All 30 days.....G

Drug Use

39. During the past 30 days, how many times did you use marijuana?
- 0 times.....A
 1 or 2 times.....B
 3 to 9 times.....C
 10 to 19 times.....D
 20 to 39 times.....E
 40 times or more.....F

40. During your life, how many times have you used any form of cocaine, including powder, crack or freebase?
- 0 times.....A
 1 or 2 times.....B
 3 to 9 times.....C
 10 to 19 times.....D
 20 to 39 times.....E
 40 or more times.....F
41. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- 0 times.....A
 1 or 2 times.....B
 3 to 9 times.....C
 10 to 19 times.....D
 20 to 39 times.....E
 40 or more times.....F
42. During your life, how many times have you used heroin (also called smack, junk, or China White)?
- 0 times.....A
 1 or 2 times.....B
 3 to 9 times.....C
 10 to 19 times.....D
 20 to 39 times.....E
 40 or more times.....F
43. During your life, how many times have you used methamphetamines (also called speed, crystal, crack or ice)?
- 0 times.....A
 1 or 2 times.....B
 3 to 9 times.....C
 10 to 19 times.....D
 20 to 39 times.....E
 40 or more times.....F
44. During your life, how many times have you taken steroid pills or shots without a doctor's prescription?
- 0 times.....A
 1 or 2 times.....B
 3 to 9 times.....C
 10 to 19 times.....D
 20 to 39 times.....E
 40 or more times.....F



45. During your life, how many times have you used medications that were either not prescribed for you, or took more than was prescribed (examples include Oxycontin, Vicodin, Adderall, Concerta or Ritalin)?
- 0 times.....A
 1 or 2 times.....B
 3 to 9 times.....C
 10 to 19 times.....D
 20 to 39 times.....E
 40 or more times.....F
46. How did you usually get the medications that were not prescribed for you? **(CIRCLE ALL THAT APPLY)**
- A friend gave them to me.....A
 A parent gave them to me.....B
 Another family member gave them to me.....C
 I took them from a friend or family member.....D
 I bought them from a friend.....E
 I bought them from someone else.....F
 I did not misuse medications.....G
47. During your life, have you tried any of the following? **(CIRCLE ALL THAT APPLY)**
- Ecstasy/MDMA.....A
 Misuse over-the-counter medications (to get high).....B
 A pharm party/skittles.....C
 GhB.....D
 Bath salts.....E
 K2/Posh/spice/salvia/synthetic marijuana.....F
 I have never tried any of these.....G
48. During your life, how many times have you used a needle to inject any illegal drug into your body?
- 0 times.....A
 1 time.....B
 2 or more times.....C
49. During the past 12 months, has anyone offered, sold or given you an illegal drug on school property?
- Yes.....A
 No.....B

Sexual Behavior

50. Have you ever participated in the following? **(CIRCLE ALL THAT APPLY)**
- Sexual Intercourse.....A
 Oral Sex.....B
 Sexting.....C
 View pornography.....D
 None of the above.....E

51. How old were you when you had sexual intercourse for the first time?
- I have never had sexual intercourse.....A
 11 years old or younger.....B
 12 years old.....C
 13 years old.....D
 14 years old.....E
 15 years old.....F
 16 years old.....G
 17 years old or older.....H
52. During your life, with how many people have you had sexual intercourse?
- I have never had sexual intercourse.....A
 1 person.....B
 2 people.....C
 3 people.....D
 4 people.....E
 5 people.....F
 6 or more people.....G
53. The last time you had sexual intercourse, what methods did you or your partner use to prevent pregnancy? **(CIRCLE ALL THAT APPLY)**
- I have never had sexual intercourse.....A
 No method was used to prevent pregnancy.....B
 Birth control pills.....C
 Condoms.....D
 Depo-Provera (injectable birth control).....E
 Withdrawal.....F
 Some other method.....G
 Not sure.....H
54. Did you drink alcohol or use drugs before you had sexual intercourse the last time?
- I have never had sexual intercourse.....A
 Yes.....B
 No.....C
55. Have you ever...? **(CIRCLE ALL THAT APPLY)**
- Been pregnant.....A
 Gotten someone pregnant.....B
 Wanted to get pregnant.....C
 Tried to get pregnant.....D
 Had an abortion.....E
 Had a miscarriage.....F
 Had a child.....G
 Been treated for an STD.....H
 None of the above.....I



Diet & Nutrition

56. How do you describe your weight?
- Very underweight.....A
 Slightly underweight.....B
 About the right weight.....C
 Slightly overweight.....D
 Very overweight.....E
57. Which of the following are you trying to do about your weight?
- Lose weight.....A
 Gain weight.....B
 Stay the same weight.....C
 I am not trying to do anything about my weight.....D
58. During the past 30 days, did you do any of the following to lose weight or keep from gaining weight? **(CIRCLE ALL THAT APPLY)**
- I did not do anything to lose weight or keep from gaining weight.....A
 Eat less food, fewer calories, or foods low in fat.....B
 Exercise.....C
 Go without eating for 24 hours.....D
 Take any diet pills, powders, or liquids without a doctor's advice.....E
 Vomit or take laxatives.....F
 Smoke cigarettes.....G
59. On average how many servings of fruits and vegetables do you have per day? (Do not include French fries, Kool-Aid, fruit flavored drinks.)
- 1 to 4 servings per day.....A
 5 or more servings per day.....B
 0 – I do not like fruits or vegetables.....C
 0 – I cannot afford fruits or vegetables.....D
 0 – I do not have access to fruits or vegetables.....E
60. Which of the following sources of calcium do you consume daily? **(CIRCLE ALL THAT APPLY)**
- Milk.....A
 Calcium fortified juice.....B
 Yogurt.....C
 Calcium supplements.....D
 Other dairy products.....E
 Other calcium sources.....F
 None of the above.....G

61. During the past 7 days, how many times did you drink soda pop, punch, Kool-Aid, sports drinks, energy drinks or other fruit flavored drinks? (Do not include diet pop.)
- I did not drink any in the past 7 days.....A
 1 to 3 times during the past 7 days.....B
 4 to 6 times during the past 7 days.....C
 1 time per day.....D
 2 times per day.....E
 3 times per day.....F
 4 or more times per day.....G
62. I drink energy drinks for the following reasons (examples: RedBull, Monster)? **(CIRCLE ALL THAT APPLY)**
- I do not drink energy drinks.....A
 To help me perform.....B
 Before games or practice.....C
 To get pumped up.....D
 To mix with alcohol.....E
 To stay awake.....F
 For some other reason.....G

Exercise

63. On an average day of the week, how many hours do you spend doing the following activities?

TV	Video Games	Cell phone (talk, text, internet)	Computer
<input type="checkbox"/> 0 hours	<input type="checkbox"/> 0 hours	<input type="checkbox"/> 0 hours	<input type="checkbox"/> 0 hours
<input type="checkbox"/> Less than 1 hour	<input type="checkbox"/> Less than 1 hour	<input type="checkbox"/> Less than 1 hour	<input type="checkbox"/> Less than 1 hour
<input type="checkbox"/> 1 hour	<input type="checkbox"/> 1 hour	<input type="checkbox"/> 1 hour	<input type="checkbox"/> 1 hour
<input type="checkbox"/> 2 hours	<input type="checkbox"/> 2 hours	<input type="checkbox"/> 2 hours	<input type="checkbox"/> 2 hours
<input type="checkbox"/> 3 hours	<input type="checkbox"/> 3 hours	<input type="checkbox"/> 3 hours	<input type="checkbox"/> 3 hours
<input type="checkbox"/> 4 hours	<input type="checkbox"/> 4 hours	<input type="checkbox"/> 4 hours	<input type="checkbox"/> 4 hours
<input type="checkbox"/> 5 hours	<input type="checkbox"/> 5 hours	<input type="checkbox"/> 5 hours	<input type="checkbox"/> 5 hours
<input type="checkbox"/> 6 or more hours	<input type="checkbox"/> 6 or more hours	<input type="checkbox"/> 6 or more hours	<input type="checkbox"/> 6 or more hours

64. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increases your heart rate and made you breathe hard some of the time.)
- 0 days.....A
 1 day.....B
 2 days.....C
 3 days.....D
 4 days.....E
 5 days.....F
 6 days.....G
 7 days.....H



General Health

65. When did you last visit your doctor for a routine check-up?
- Less than a year ago.....A
 - 1 to 2 years ago.....B
 - 2 to 5 years ago.....C
 - 5 or more years ago.....D
 - Don't know.....E
 - Never.....F
66. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
- Less than 1 year ago.....A
 - 1 to 2 years ago.....B
 - More than 2 years ago.....C
 - Never.....D
 - Don't know/not sure.....E
67. The following water safety items apply to me: **(CIRCLE ALL THAT APPLY)**
- I know how to swim.....A
 - I always wear a lifejacket on a boat or jet ski...B
 - I am trained as a lifeguard.....C
 - I am trained in CPR.....D
 - I have taken a boating safety class.....E
 - If someone was drowning I am certain I would jump in the water and try to save them..F
 - I never dive head first into the water.....G
 - I never go swimming alone.....H
 - I have drank alcohol just before or during boating or on a jet ski.....I
68. How many body piercings (excluding ears) and/or tattoos do you have?
- 0.....A
 - 1.....B
 - 2 to 3.....C
 - 4 to 5.....D
 - 6 or more.....E
69. How often do you use a tanning booth or bed?
- I do not use tanning booths.....A
 - Only for special occasions (prom, homecoming, weddings, etc.).....B
 - Once a month.....C
 - Once a week.....D
 - More than once a week.....E
 - Every day.....F

70. Does your parent or guardian regularly do any of the following? **(CIRCLE ALL THAT APPLY)**
- Help you with school work.....A
 - Talk to you about school.....B
 - Ask you about homework.....C
 - Go to meetings or events at your school.....D
 - Make the family eat a meal together.....E
 - None of the above.....F
71. If you have a MySpace page, facebook page, or other social networking account, **(CIRCLE ALL THAT APPLY)**:
- I do not have a MySpace, facebook or other account.....A
 - My parents monitor my account.....B
 - My parents have my password.....C
 - I know all of the people in "my friends".....D
 - My account is currently checked private.....E
 - My friends have my password.....F
 - I have had problems as a result of my account.....G
 - I have been asked to meet someone I met online.....H
 - I have participated in sexual activity with someone I met online.....I
72. How tall are you without your shoes on?
- _____ Feet
- _____ Inches
73. How much do you weigh without your shoes on?
- _____ Pounds

Please put your questionnaire in the envelope at the front of the room.

Thank you for giving us your opinions!

Most questions used in this survey are from the 2007 & 2009 State and Local Youth Risk Behavior Survey, Department of Health and Human Services, Centers for Disease Control, Washington D.C., 2007 & 2009. Other questions are © 2011 Hospital Council of NW Ohio.