# 2022 Ashland County Community Health Assessment

Prepared by Conduent Healthy Communities Institute

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# Foreword

The Ashland County Health Department is pleased to present this publication of the results of the 2022 health needs assessment of the residents of Ashland County. Many thanks go out to the Ashland County Health Needs Assessment committee who met regularly over the course of the past six months.

A Community Health Assessment (CHA) is conducted to improve and promote a healthier Ashland County community. The goal of this process is to identify the factors that affect the health of our citizens and to determine the availability of community resources to adequately address the factors. The CHA is a collaborative effort that included county leaders, the Health Department, University Hospitals, local schools, Ashland University, and Ashland County residents. The process began by addressing key questions such as, "What health concerns do we have in our community?", "What are the strengths of our community?" and "What resources do we have and what are needed to address the health concerns?"

The CHA is a snapshot of where county residents stand in terms of health and health behaviors. This report is crucial in directing the planning for not only the health department but also for those community partners who have been an integral part of this process. Together, we will use this information to guide our cooperative planning to improve the health conditions of our Ashland County residents.

This CHA process is evidence-based and is required of public health departments across the state. It is also required by law as found in the Ohio Revised Code 3701.981. Regardless of the requirements, it is a strong practice to review the health of the community and plan ways to improve that health.

This cooperative project was made possible because of the dedication and support of several community leaders and partners. We thank them all for their support in making this document a reality. The Ashland County Health Department would like to generously thank University Hospitals and Ashland County Mental Health and Recovery Board for providing financial assistance. We would also like to thank them and our partners for the hours of dedication and community-wide support for this important initiative. We are especially grateful to Conduent Healthy Communities Institute (HCI) for guiding us through the process of collecting and analyzing all the data. We appreciate how, for a short time, Conduent was a part of our community and engaged with us as someone who cares about Ashland County. It is the desire of the Ashland County Health Department that we work together to use the power of multiple resources to generate ideas, collaborations, and plans that will guide Ashland County in becoming a happier and healthier community.

Sincerely,

Vickie L. Taylor, BS, MDiv, MA
Health Commissioner
Ashland County Health Department

# Acknowledgements

## Ashland County CHNA Steering Committee

Representatives from Ashland County Health Department and University Hospitals Samaritan Medical Center formed the Ashland County Community Health Needs Assessment (CHNA) Steering Committee. The committee met regularly over six months to review secondary data and community feedback, suggest new partners to contribute to the prioritization process, and finally approve the finalized health needs. The steering committee engaged with Ashland County community partners throughout the assessment process. Representing a variety of sectors including academia, education, healthcare, transportation, social services, as well as the aging population and those with disabilities, these organizations play key roles in optimizing the community's health.

## Local Partners

Ashland County Health Department and University Hospitals Samaritan Medical Center gratefully acknowledges the participation of a dedicated group of local partners and external stakeholders that gave generously of their time and expertise to help guide this CHNA report:

- Appleseed Community Mental Health Center
- Ashland City Government
- Ashland City Schools
- Ashland County Board of Health
- Ashland County Chamber of Commerce
- Ashland County Council on Aging
- Ashland County Council on Alcoholism and Drug Abuse
- Ashland County EMA
- Ashland County Family and Children First Council
- Ashland County Job & Family Services
- Ashland Fire
- Ashland Parenting Plus
- Ashland University
- Catholic Charities Ashland
- Kroc Center/Salvation Army
- Loudonville- Perrysville Schools
- Mental Health Recovery Board
- Ohio Highway Patrol

## Consultants

Ashland County Health Department and University Hospitals Samaritan Medical Center commissioned Conduent Healthy Communities Institute (HCI) to support report development of Ashland County's 2022 Community Health Needs Assessment. HCI collaborates with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. Report authors from HCI include Ashley Wendt, MPH, Public Health Consultant; Gautami Shikhare, MPH, Research Associate; and Garry Jacinto, Research Coordinator. To learn more about Conduent Healthy Communities Institute, please visit https://www.conduent.com/community-health/.

## Contact Information

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## Board Adoption

ACDH adopted the 2022 Ashland County CHA in September 2022.
University Hospitals adopted the 2022 Ashland County CHNA on September 21, 2022.

## The 2022 Ashland County CHNA is available at:

Ashland County Health Department
https://www.ashlandhealth.com/who-we-are/accreditation

University Hospitals
https://www.uhhospitals.org/CHNA-IS

## Written Comments

University Hospitals solicited feedback on the joint 2019 Ashland County Community Health Needs Assessment, which is posted on its website, but did not receive any comments. Individuals are encouraged to submit written comments, questions, or other feedback about University Hospitals' strategies to communitybenefit@UHhospitals.org. Please make sure to include the name of the University Hospitals Facility that you are commenting about, and if possible, a reference to the appropriate section within the document.

Comments may also be submitted to Vickie Taylor, Health Commissioner at the Ashland County Health Department. Please visit the website at www.ashlandhealth.com for a form or utilize the contact information provided above.

# Executive Summary

This executive summary provides an overview of health-related data for Ashland County adults (ages 19 and older) from the 2022 Community Health Needs Assessment (CHNA) that was implemented from March to August 2022.

In 2022, University Hospitals Samaritan Medical Center conducted a joint community health needs assessment ("2022 Ashland County CHNA") with the Ashland County Health Department and other Ashland County partners. The 2022 Ashland County CHNA is compliant with the requirements set forth by Treas. Reg. §1.501(r) ("Section 501(r)") and Ohio Revised Code ("ORC") §3701.981.

The 2022 Ashland County CHNA will serve as a foundation for developing a collaborative Implementation Strategy to address identified 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.

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

## State of Ohio Requirements

In 2016 the state of Ohio through ORC §3701.981, mandated that all tax-exempt hospitals collaborate with their local health departments on community health assessments (CHA) and community health improvement plans (CHIP). This was done to reduce duplication of resources and provide a more comprehensive approach to addressing health improvement. In addition, local hospitals are required to align with Ohio's State Health Assessment (SHA) and State Health Improvement Plan (SHIP). The required alignment of the CHNA/CHA process timeline and indicators became effective January 1, 2020.

Conduent HCI worked with the Ashland County CHNA Steering Committee to create one county-level CHNA/CHA that serves both Ashland County Health Department and University Hospitals Samaritan Medical Center, as well as the entire Ashland County community. This was done to exhibit a shared definition of community, data collection and analysis, and identification of priority needs. It aligns with the 2019 State Health Assessment (SHA), which is the most currently available assessment. This shift in the way health assessments are conducted is a deliberate attempt by the partners to work together more effectively and efficiently to comprehensively address the needs of the community. This 2022 CHNA also reflects the partners' desire to align health assessment planning both among partners at the local level and with state population health planning efforts – as described more fully in Improving Population Health Planning in Ohio: Guidance for Aligning State and Local Efforts, released by the Ohio Department of Health (ODH).

### 2019 Ohio State Health Assessment (SHA)

The 2019 Ohio state health assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, a review of local health department and hospital assessments and plans, and key informant interviews.

The Ohio SHA identified three priority factors and three priority health outcomes that affect the overall health and well-being of children, families, and adults of all ages in Ohio[1]. These priority topics identified during the proceeding SHA/SHIP remain relevant.

The top health priorities identified during the 2019 Ohio SHA were:

- Mental Health & Addiction
- Chronic Disease
- Maternal and Infant Health

The top priority factors influencing health outcomes identified during the 2019 Ohio SHA were:

- Community Conditions
- Health Behaviors
- Access to Care

Similar to the 2019 Ohio SHA, the 2022 Ashland County Community Health Needs Assessment (CHNA) examined a variety of metrics from various areas of health including, but not limited to, health behaviors, chronic disease, access to health care, and social determinants of health. Additionally, the CHNA studied themes and perceptions from local stakeholders from a wide variety of sectors.

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

To view the full 2019 Ohio State Health Assessment, please visit:
https://odh.ohio.gov/wps/portal/gov/odh/about-us/State-Health-Assessment/State-Health-Assessment

## Hospital Internal Revenue Services (IRS) Requirements

Certain hospitals as set forth in the Section 501(r) regulations are required to complete a CHNA and corresponding implementation strategy at least once every three years in accordance with regulations promulgated by the Internal Revenue Service pursuant to the Patient Protection and Affordable Care Act (ACA), 2010[2]. University Hospitals adopted the last joint Ashland County CHNA in September of 2019.

## Public Health Accreditation Board (PHAB) Accreditation Requirements

Ashland County Health Department is currently in the accreditation process. Initial documentation review is completed, and Ashland County Health Department is in the resubmission process. Once that is completed, Ashland County Health Department will be scheduling the site visit with visiting team.

[1] Health Policy Institute of Ohio, (2022) 2019 SHA and 2020-2022 SHIP. Accessed from https://www.healthpolicyohio.org/sha-ship/

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

One of the standards to receive and maintain PHAB accreditation, includes participating in or leading a collaborative process that results in a comprehensive community health assessment. For local health departments, the community health assessment assesses the health of residents within the jurisdiction it serves. A local health department's assessment may also assess the health of residents within a larger region, but the submitted assessment will include details that address the requirements specific to the jurisdiction applying for accreditation3. Ashland County Health Department serves the whole of Ashland County including the city of Ashland.

## Definition of Community & Service Area Determination

The community for this CHNA has been defined as Ashland County. In 2021, the majority of University Hospitals Samaritan Medical Center's discharges (72.0%) were residents of Ashland County. In addition, University Hospitals Samaritan Medical Center collaborates with multiple stakeholders, most of which provide services at the county-level. In looking at the community population served by the hospital facilities and Ashland County as a whole, it was clear that all of the facilities and partnering organizations involved in the collaborative assessment define their community to be the same. Defining the community as such also allows the hospitals to more readily collaborate with public health partners for both community health assessments and health improvement planning. Per Section 501(r) federal compliance, a joint CHNA is only allowable if it meets all the requirements of a separate CHNA; clearly identifies the hospital facilities involved; and if all of the collaborating hospital facilities and organizations included in the joint CHNA define their community to be the same[4]. This assessment meets 501(r) federal compliance for University Hospitals Samaritan Medical Center.

## Inclusion of Vulnerable Populations

The Ashland County CHNA Steering Committee, which includes Ashland County Health Department and University Hospitals Samaritan Medical Center, intentionally selected a diverse representation of community voices to provide feedback through key informant interviews and community focus groups. Community stakeholders that participated as key informants represented various community organizations providing services across the county. Participants in the community focus groups included representatives from: Ashland County EMS workers and Seniors Citizens, as well as two general focus groups that included perspectives from across the county. The methodology is described more fully in the Primary Data Collection Methods section of this report.

The following organizations, committees, and work groups are also active in Ashland County and provided input into this assessment process: 1) Family and Children First (FCFC), which is part of Job and Family Services in Ashland County, provides access to care for medical, emotional, and mental health needs; 2) Ashland County Substance Use committee which focuses on substance use and how to reach at risk populations; 3) Homeless Coalition represents the homeless and those living in poverty; 4) Wellness Target Action Group addresses access to services and healthy foods; and 5) Amish Health and Safety group provides information, services, and training to the Amish groups in Ashland County.

[3] Public Health Accreditation Board (2022). Standards and Measures for Reaccreditation Version 2022. Accessed from https://phaboard.org/wp-content/uploads/Standard-Measures-Version-2022-Reaccreditation.pdf
[4] §1.501r-3(b)(6)(v)

## Process and Methods to Engage the Community

This CHNA process was commissioned by Ashland County Health Department and University Hospitals Samaritan Medical Center. The names of the individual partners are listed in the Acknowledgments section at the beginning of this report. Multiple sectors, including the general public, were asked through email list servs, social media, and public notices to participate in the process which included participation in qualitative data collection, as well as participation in the public prioritization that was hosted in Ashland County in early August 2022. A list of organizations participating in qualitative data collection can be found on page 38. The general public will be invited to attend the release of the report and provide feedback.

## Quantitative and Qualitative Data Analysis

Data for the 2022 Ashland County CHNA were obtained and analyzed by Conduent HCI. Wherever possible, local findings have been compared to other local, regional, state, and national data. As Ashland County Health Department and University Hospitals Samaritan Medical Center move forward with planning strategies, there is a commitment to serving those in Ashland County who experience health and basic needs disparities.

## Identifying and Prioritizing Needs

To better target activities to address the most pressing health needs in the community, Ashland County Health Department and University Hospitals Samaritan Medical Center convened a group of community members and leaders to participate in a presentation of data on significant health needs facilitated by Conduent HCI. A total of 24 individuals representing local hospital systems, health department, educational institutions as well as community-based organizations, nonprofits, and the general community attended the presentation and voted to prioritize the identified significant health needs for Ashland County. Members from the Ashland County CHNA Steering Committee then reviewed and discussed the scoring results of the prioritized significant community needs and identified three priority areas to be considered for subsequent implementation planning. These three priority areas are:

1. Behavioral health (Mental Health & Substance Use and Misuse)
2. Access to Healthcare
3. Cancer

Ashland County Health Department and University Hospitals Samaritan Medical Center plan to address all three prioritized health needs in their forthcoming work plans. The Older Adult Population who are 65 and older living in Ashland County will be a population of focus within each of the three prioritized health areas identified above. Additional details of this prioritization process can be found later in this report in the Prioritization Section beginning on page 42 of this report.

While strategically focused work is being implemented in these three priority areas, Ashland County Health Department and University Hospitals Samaritan Medical Center will continue working together to revisit data findings and community feedback in an iterative process. Additional opportunities will be identified to grow and expand existing work as well as implement additional programming in new areas. These on-going strategic conversations will allow the Ashland County CHNA Steering Committee and their community partners to build stronger community collaborations and make smarter, more targeted investments to improve the health of the people in Ashland County. This includes focusing on cross-cutting factors and community conditions within their strategy development process that affect all priority areas, all of which align with the Ohio SHIP.

## Potential Resources to Address Need

Priorities identified through the planning process will result in a comprehensive 2023-2025 Ashland County Community Health Improvement Plan (CHIP). The CHIP will also serve as the 2023-2025 Community Health Implementation Strategy (IS) for University Hospitals Samaritan Medical Center. Potential community resources that are available can be found on page 59 of this report.

## Evaluation of Impact

The evaluation of impact is a report on the actions taken and the effectiveness of strategies implemented since the last CHNA. University Hospitals Samaritan Medical Center conducted their last CHNA in 2019. It can be found in the Look Back: Progress Since Previous CHNA section of this report beginning on page 17 of this report.

## Data Collection Methods

### Secondary Data Collection

Secondary data used for this assessment were collected and analyzed from a community indicator database developed by Conduent Healthy Communities Institute (HCI). The database, maintained by researchers and analysts at HCI, includes over 150 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, national targets, and to previous time periods.

#### Secondary Data Analysis Results

The following health topic areas were identified through the secondary data analysis:

- Tobacco Use
- Heart Disease & Stroke
- Respiratory Diseases
- Cancer
- Older Adults
- Mental Health & Mental Disorders

### Primary Data Collection

To ensure the perspectives of community members were considered, input was collected from residents in Ashland County. Primary data used in this assessment consisted of key informant interviews with key community stakeholders and focus group discussions with key community groups.

#### Key Informant Interviews

One method of community input was gathering community partner qualitative feedback through key informant interviews. Fifteen key informant interviews were conducted from May to July 2022. Please see page 38 for more details on participating organizations.

### Focus Groups

Four focus group discussions were conducted by Conduent HCI and University Hospitals in May and June 2022 to gain deeper understanding of health issues impacting the residents of Ashland County. Participants in the community focus groups included representatives from: Ashland County Emergency Medical Services (EMS)workers and Seniors Citizens, as well as two general focus groups that included perspectives from across the county.

### Qualitative Analysis Results

Detailed transcripts from the key informant interviews and focus group discussions were captured. The text from these transcripts were analyzed using the qualitative analysis tool Dedoose®. Text was coded using a pre-designed codebook, organized by themes, and analyzed for significant observations. The main themes and topics that emerged from these discussions included:

- Access to Healthcare
- Access to Healthy Food
- Cancer
- Chronic Conditions
- Economy
- Mental Health
- Older Adult Population
- Substance Use & Misuse

Additional details of these secondary and primary data collection processes can be found later in this report in the Primary and Secondary Data Methodology and Key Findings section on page 37.

# Introduction & Purpose

**Ashland County Health Department in collaboration with University Hospitals Samaritan Medical Center is pleased to present the 2022 Ashland County Community Health Needs Assessment (CHNA).**

## CHNA Purpose

The purpose of this CHNA report is to identify and prioritize significant health needs of the community in Ashland County, Ohio served by Ashland County Health Department and University Hospitals Samaritan Medical Center. The priorities identified in this report help to guide community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health.

Completion of a community health needs assessment every three years is required for non-profit hospital systems to retain their Internal Revenue Service 501(c)(3) status. Local health departments seeking accreditation from the Public Health Accreditation Board are required to conduct a community health assessment every five years, and the Ohio Department of Health requires a community health assessment every three years. This CHNA report meets requirements for all of the above.

To avoid duplication of assessment efforts and enhance collaboration and coordination between clinical care and public health in Ashland County, Ashland County Health Department and University Hospitals Samaritan Medical Center implemented a collaborative community health needs assessment.

## Overview

Planned in coordination county partners and stakeholders, the Ashland County Community Health Needs Assessment (CHNA) was conducted by the Ashland County Health Department and University Hospitals Samaritan Medical Center and included the collection and analysis of both quantitative and qualitative data. Data collection activities included:

- Secondary Data Analysis of 150 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life
- Fifteen key informant interviews with key community partners
- Four community focus groups with Ashland County residents

## Summary of Findings

Health needs were determined to be significant if they met the following criteria:

- Secondary data analysis: Health and Quality of Life topics that received a score of 1.50 or higher were considered a significant health need. Six topics scored at or above the threshold. Topic areas with fewer than three indicators were considered a data gap.
- Qualitative analysis: frequency topic was discussed within/across interviews and the focus groups

Through this criteria, eight needs emerged as significant. Figure 1 illustrates the final eight significant health needs, listed in alphabetical order, which were included for prioritization based on the findings of all forms of data collected for the Ashland County 2022 CHNA.

FIGURE 1. ASHLAND COUNTY SIGNIFICANT HEALTH NEEDS


## 2022 Prioritized Health Needs

Ashland County Health Department and University Hospitals Samaritan Medical Center convened a group of stakeholders and community members to participate in a presentation of data on the eight significant health needs. Following the presentation, participants engaged in a discussion and were asked to participate in a dot-voting prioritization activity.

### Process and Criteria

The dot-voting prioritization activity included two criteria for prioritization:

- Scope and Severity
- Ability to Impact

Participants were each given a set of stickers to place beside the significant health needs based on the above criteria to prioritize in the upcoming Community Health Improvement Plan. Following the prioritization, the CHNA Steering Committee met to discuss results. The final resulting three priority health areas that will be considered for subsequent implementation planning are shown in Figure 2.

FIGURE 2. ASHLAND COUNTY PRIORITIZED HEALTH NEEDS


## Ashland County CHNA Steering Committee

Representatives from Ashland County Health Department and University Hospitals Samaritan Medical Center formed the Ashland County CHNA Steering Committee. The steering committee was comprised of the Ashland County Health Commissioner, the Accreditation Coordinator, University Hospitals Community Health and Advocacy Specialist, University Hospitals Manager of Public Policy and Community Health Engagement, and University Hospitals Samaritan Medical Center Manager of Business Development along with the Conduent Director of Consulting services. This committee met weekly on Zoom and met in person for the group community meetings. They engaged with Ashland County community partners throughout the assessment process. Representing a variety of sectors including academia, education, healthcare, transportation, social services, as well as the aging population and those with disabilities, these organizations play key roles in optimizing the community's health.

## Ashland County Health Department

Prior to 1947, both the Ashland County General Health District and the Ashland City Health District operated health departments independently of each other.

In 1947, it was mutually agreed that the Ashland County General Health District and the Ashland City Health District establish a cooperative arrangement to share staff and physical facilities, which continued until June of 2018. As of June 1, 2018, the Ashland County General Health District provides all public health services to Ashland County residents, as well as the residents of the City of Ashland through a service contract.

The Ashland County Health Department is governed by a Board of Health, consisting of five members, who are assigned to rotating five-year terms, but the Ashland County District Advisory Council. The Ashland County General Health District is served by a Medical Director who provides medical guidance to the process of delivering quality care to our community. The Health Commissioner serves as the Chief Executive Officer for the Ashland County Board of Health and directs the daily operations of the Ashland County health Department. The Health Commissioner guides development of programs that help the community stay healthy, develops financial planning for the agency to assure sustainability in the delivery of public health services, and serves as the human resource manager for all health department staff. In the operations office is a business manager and an executive assistant. Environmental Health programming is led by a director who oversees the implementation of regulatory programs such as food, campgrounds, swimming pools, tattoo parlors, nuisance complaints, private water, manufactured home parks, household sewage treatment, as well as enforce other state and local regulations. Environmental Health programs are typically monitored and enforced by Registered Environmental Health Specialists, who also serve as public health educators when providing guidance during dog bite investigations, vector control activities, bed bugs, mold, and radon discussions, as well as other environmental health topics.

The Nursing Division is led by a director who oversees the nursing staff as they conduct immunization clinics, communicable disease reporting, safe sleep programs as well as conducting the Children with Medical Handicap (CMH) program in Ashland County. Additional nursing services include head lice checks, TB testing, outreach clinics including flu and covid, collaboration with community partners to address community health concerns, and various public health education events such as Amish Health and Safety Day, and Family Fun Day.

Public Health Emergency Preparedness (PHEP) guides the planning and implementation of public health response during a man-made or natural disaster or outbreak. Through Vital Statistics, the Registrar processes burial permits as well as certifies copies of birth and death records.

## Mission Statement

We strive to promote optimal health for individuals and families of the Ashland community through public health education, prevention of disease and injury, and response to public health challenges.

## Vision Statement

Healthy People, Healthy Environment, Healthy Community

## Values

“WE CARE”

**W**e are the Ashland County Health Department, committed to improving Health and Wellness in our community.

**E**quity - We recognize the disparity in health equity in our community and we strive to eliminate barriers to optimal health.

**C**ollaboration - We engage community partners to maximize and sustain public health services in our community.

**A**ccountability - We are good stewards of the resources entrusted to us by the public.

**R**espect - We respect the diversity of those we serve and value the contributions made by all staff.

**E**xcellence - We are committed to developing a public health staff that exceeds core competencies. We provide meaningful services that focus on continuous quality improvement. We provide access to education and resources that empower healthy lifestyle decisions.

## University Hospitals Samaritan Medical Center

University Hospitals Samaritan Medical Center is a 55-bed community-based hospital serving the residents of Ashland County and surrounding communities with a variety of facilities, including a 24/7 emergency department, a women's health and birthing unit, a recently upgraded heart catheterization laboratory and rehabilitation center, and several outpatient clinics and medical offices located throughout Ashland and Richland Counties. Services provided by these facilities include radiology, cardiopulmonary, surgical, and laboratory services, respectively.

### University Hospitals Mission

To Heal. To Teach. To Discover.

### Vision

Advancing the Science of Health and the Art of Compassion.

### Values

- **Service Excellence:** We deliver the best outcomes, service, and value with the highest quality through a continuous quest for excellence and seeking ways to improve the health of those who count on us.
- **Integrity:** We have a shared commitment to do what is right and adhere to the highest standards of ethics and personal responsibility to earn the trust of our caregivers and community.
- **Compassion:** We have genuine concern for our patients and each other while treating everyone with respect and empathy.
- **Belonging:** We value the contributions of all caregivers, and are committed to building an inclusive, encouraging and caring culture where all can thrive.
- **Trust:** We depend upon our caregivers' character, reliability and judgement

# Look Back: Progress Since Prior CHNA

**The previous collaborative Ashland County CHNA was implemented in 2019. An important piece of this assessment cycle includes the ongoing review of progress made on priority health topics set forth in the preceding CHNA and Community Health Improvement Plan (CHIP) (Figure 3). By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next assessment.**

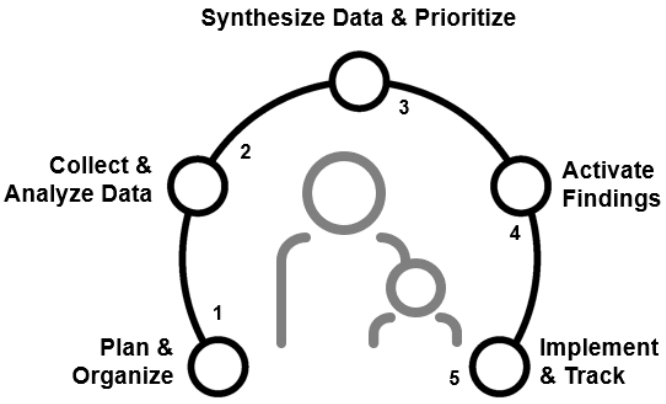
## Priority Health Needs from Preceding CHNA

Ashland County's priority health areas from the 2019 CHNA were:

- Mental Health & Addiction
- Chronic Disease

The two priority health areas reflected the broad interests of the community. University Hospitals Samaritan Medical Center implemented strategies in both the identified priority areas. Ashland County also made the decision to focus on the following cross-cutting factors within the strategy development process: public health system, prevention, and health behaviors; and social determinants of health.

FIGURE 3. THE CHNA CYCLE




## Evaluation of Impact

### Ashland County Collaborative Impact

From the 2019 CHIP, there were two priorities: Mental Health and Addiction, Chronic Disease. There was also one cross-cutting strategy related to healthcare system and access. Because of the onset of COVID-19 in late 2019, only a few strategies were implemented. For priority 1 strategy 2: Implement school-based social and emotional instruction, 12 classrooms in 7 early learning centers received ECMH Consultation with lead teachers completing over 400 DECAs. 14 families participated in Parent Cafes and Triple P Parenting Discussions. Parents and other caregivers were surveyed, and the outcomes were discussed. Most found the programming helpful in understanding life stressors and challenges and how to deal with them. Through this training and work with other agencies, 13 families were reunited.

In the area of chronic disease, resources for healthy foods were posted on various community partner websites, a handout was made on where to find fresh produce in Ashland County, and the food banks worked on getting more fresh foods for giving to clients.

## University Hospitals Samaritan Medical Center Community Health Improvement Efforts

The following evaluation of impact pertains to the actions taken since the last Ashland County CHNA in 2019. The assessment was done jointly between University Hospitals Samaritan Medical Center, Ashland County Health Department, and the Ashland County Community Health Assessment Committee, in alignment with Ohio's State Health Assessment (SHA) and State Health Improvement Plan (SHIP). The 2019 CHNA was adopted by University Hospitals in September of 2019, and the 2020-2022 Implementation Strategy was adopted in March of 2020. This evaluation report covers the period January 2019 through December 2021. Outcomes from the 2020-2022 period will be further analyzed in early 2023, in order to include 2022 progress in total, and to further inform prospective 2023 implementation strategies.

Upon review of the 2019 University Hospitals Samaritan Medical Center CHNA, hospital leadership isolated three top priority community health needs:

1. **Chronic Disease**
2. **Mental Health and Addiction**
3. **Cross-cutting Factor: Public Health System, Prevention, and Health Behaviors**

Within these areas, in consideration of the hospital's expertise and its being a community-based hospital, the following objectives were established:

- Provide patients with alternative methods to cope with mental health stressors via music therapy
- Host at least two community outreach events that focus on risky behaviors such as e-cigarettes, substance use/misuse, or mental health issues and trends
- Increase access to methods of safe disposal of prescription drugs for the community
- Educate the community on resources available through an online community wellness calendar and 211 service
- Host at least two community outreach events per year that focus on pain management
- Increase early detection and knowledge about diabetes management in the general community
- Implement a community-wide physical activity campaign in collaboration with at least four Ashland County organizations
- Support the adoption of smoke-free policies in at least two new county locations by continuing to offer adult smoking cessation and education programs as well as introduce youth education opportunities to local schools and the community

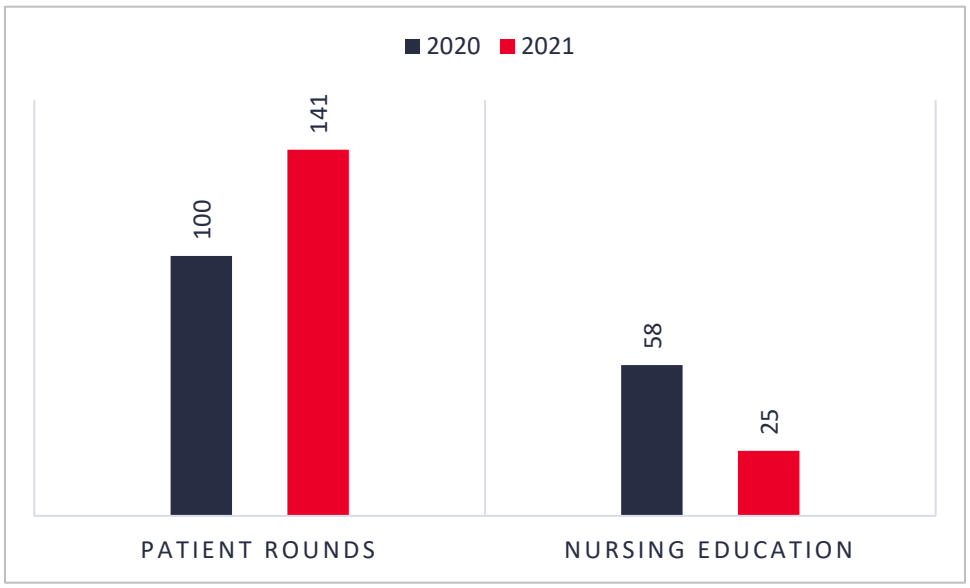
### Impact

From 2019 to 2021, University Hospitals Samaritan Medical Center was able to implement five of the eight included community health improvement strategies. The included priorities unable to be fulfilled, as follows, were all directly impeded by the COVID-19 pandemic beginning in March of 2020, and the subsequent inability to host in-person, community-oriented events:

- Host at least two community outreach events that focus on risky behaviors such as e-cigarettes, substance use/misuse, or mental health issues and trends
- Implement a community-wide physical activity campaign in collaboration with at least four Ashland County organizations
- Support the adoption of smoke-free policies in at least two new county locations by continuing to offer adult smoking cessation and education programs as well as introduce youth education opportunities to local schools and the community

In 2019, University Hospitals Samaritan Medical Center interacted with 2,139 community event participants to provide information designed to improve health literacy, while also garnering 307 attendees for community events pertaining to the promotion of optimal mental health and increasing awareness of substance signs. As shown in Figure 4, between 2020 and 2021, University Hospitals Samaritan music therapists rounded on 241 patients with a documented mental health history and educated nursing staff across 83 encounters regarding the holistic benefits of music therapy, the latter of which resulted in overwhelmingly positive feedback from both patients and caregivers. The resulting relationships fostered between University Hospitals Samaritan Medical Center music therapy caregivers and patients extended beyond several patient stays, and was the focus of positive Cleveland-area media attention originally aired in 2020.

FIGURE 4. UNIVERSITY HOSPITALS MUSIC THERAPY REACH




University Hospitals Samaritan Medical Center also supported the provision of 1,012 service calls (211) between 2020 and 2021, while collaborating with Ashland County community partner organizations to implement an online community wellness calendar and promoting community resources pertaining to chronic pain management. The medical center provided two informational diabetes sessions per year in 2020 and 2021, which collectively resulted in 109 participant screenings.

Moreover, University Hospitals Samaritan Medical Center directly supported several vaccination and testing events in response to the COVID-19 pandemic. On January 22, 2021, University Hospitals Samaritan Medical Center hosted a COVID-19 vaccination clinic on its East Main Street location in conjunction with Drug Mart, Ashland County Health Department, the Ashland County Emergency Management Agency, and the Ohio Department of Health. This vaccination clinic was the first publicly available COVID-19 vaccine clinic in the area, and was made available to residents 80 years of age and older, as well as first responders who had not yet received their first COVID-19 vaccine dose. In total, more than 400 vaccinations were administered.

COVID-19 vaccination clinics continued through May of 2021, in conjunction with community partner organizations, and were conducted one to two times per week. These clinics collectively administered approximately 18,800 COVID-19 vaccinations, and regularly required more than 40 University Hospitals Samaritan Medical Center caregivers and volunteers to provide for clinic parking assistance, registration, vaccination, and observation.

## Hospital Leadership Interviews

In order to provide a qualitative context regarding University Hospitals Samaritan Medical Center's successes and opportunities for improvement related to the implementation strategies, a discussion guide comprised of four anchor questions was utilized to frame an interview with University Hospitals Samaritan Medical Center leadership and caregivers on February 24, 2022:

1. Overall, what strategies worked well since their inception, or naturally found traction within the community?
2. What strategies experienced barriers to implementation, or were unable to be implemented?
3. How did the COVID-19 pandemic impact your implementation strategies?
4. Were there new relationships that resulted from the COVID-19 pandemic response that could potentially be leveraged in the future to improve the community's health?

As a result of this conversation, the following qualitative themes emerged pertaining to University Hospitals Samaritan Medical Center's community health implementation strategy from 2019-2021: 1) Relationships fostered with music therapy, and 2) The impact of the COVID-19 pandemic.

### RELATIONSHIPS FOSTERED WITH MUSIC THERAPY

"When we're talking about palliative care or hospice, or someone who is actively passing in the hospital, providing music not only for the patient but also for the family, and that is what happened with this particular patient…I was there to see the patient, and the family member was running around on the phone, I could just tell that she was stressed so I invited her to come over and sit with us and engage in this connection with her mother through music and, I think it affected both of them, but she was very thankful for, not only for the music but just the invitation to come sit and take a break."

"Because of COVID and the switch to, a lot of things were virtual, we did have a changeover in how we were able to reach also those who were in the hospital with COVID and we created, as a system, mobile music therapy carts that would go into the rooms with an iPad and a nice speaker so they could hear the music well and we would send those into the room with the nurses and, from my office, I had a studio set up with my guitar and a microphone…and we were able to provide I would say stress relief, but a lot of that related to isolation, but through the pandemic and through the worst part of the pandemic we were still able to provide music therapy services to patients in isolation and that's crossed over now to even patients that are maybe in isolation for the flu or other things…"

### THE IMPACT OF THE COVID-19 PANDEMIC

"We did partner with our health department and local EMA to do vaccine clinics, so while that's not specifically on here, (it) hugely impacted community benefit and (in) just a really short period of time we were able to put together 24 clinics, almost 19,000 vaccines, so that's a huge one for us."

"The only barrier for the mental health and working with our local mental health agencies truly has just been COVID, and they have been overwhelmed…we still work with them really well, it's just, there wasn't the staff and the resources to do community events…"

Despite the epic disruption in anticipated programming caused by the COVID-19 pandemic, University Hospitals Samaritan Medical Center successfully pivoted during this unprecedented circumstance to continue to engage the community and provide valuable information, support and access to COVID-19 testing and vaccination.

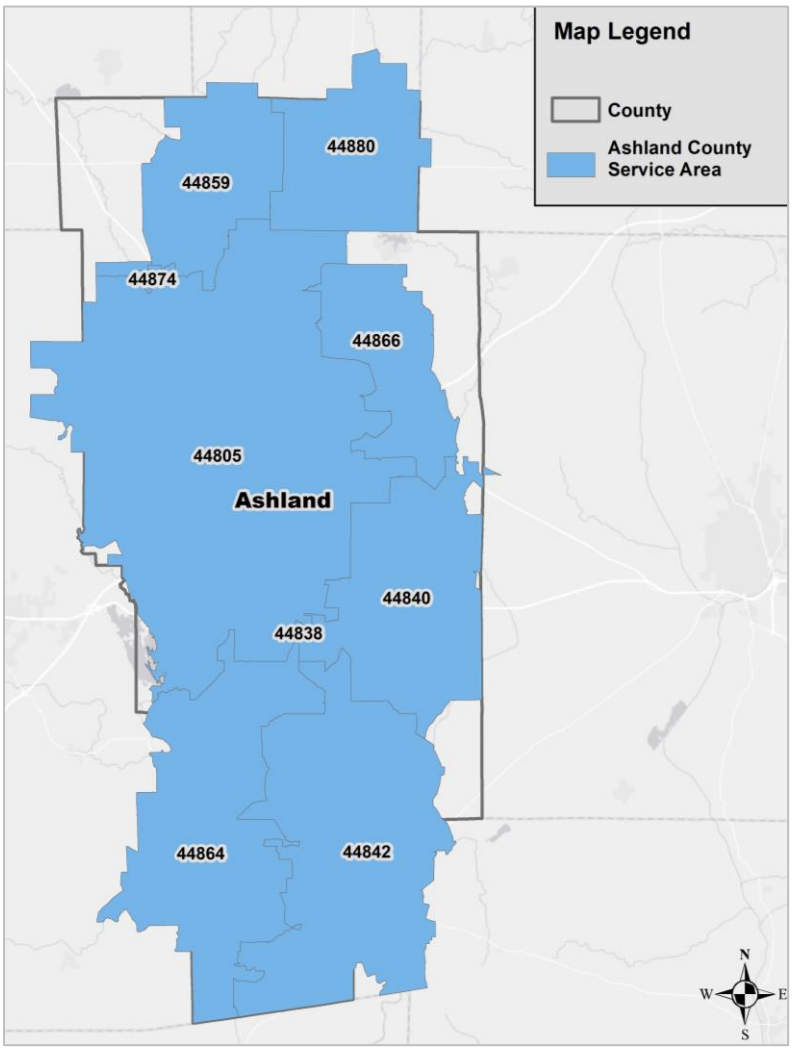
# Defining the Community

**Defining the community is a key component of the CHNA process as it determines the scope of the assessment and implementation strategy.**

## Process for Identifying the Community

The service area for both Ashland County Health Department and University Hospitals Samaritan Medical Center is defined as Ashland County, both in practice and for the purposes of this assessment. Figure 5 illustrates the Ashland County Service Area. Secondary data utilized in this assessment was collected at the county level and compared against national, state, and comparison county figures, as well as Healthy People 2030 goals when available.

FIGURE 5. ASHLAND COUNTY HEALTH DEPARTMENT AND UNIVERSITY HOSPITALS HEALTH CENTER SERVICE AREA



## Demographic Profile

The demographics of a community significantly impact its health profile. Different racial, ethnic, age and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Ashland County, Ohio.

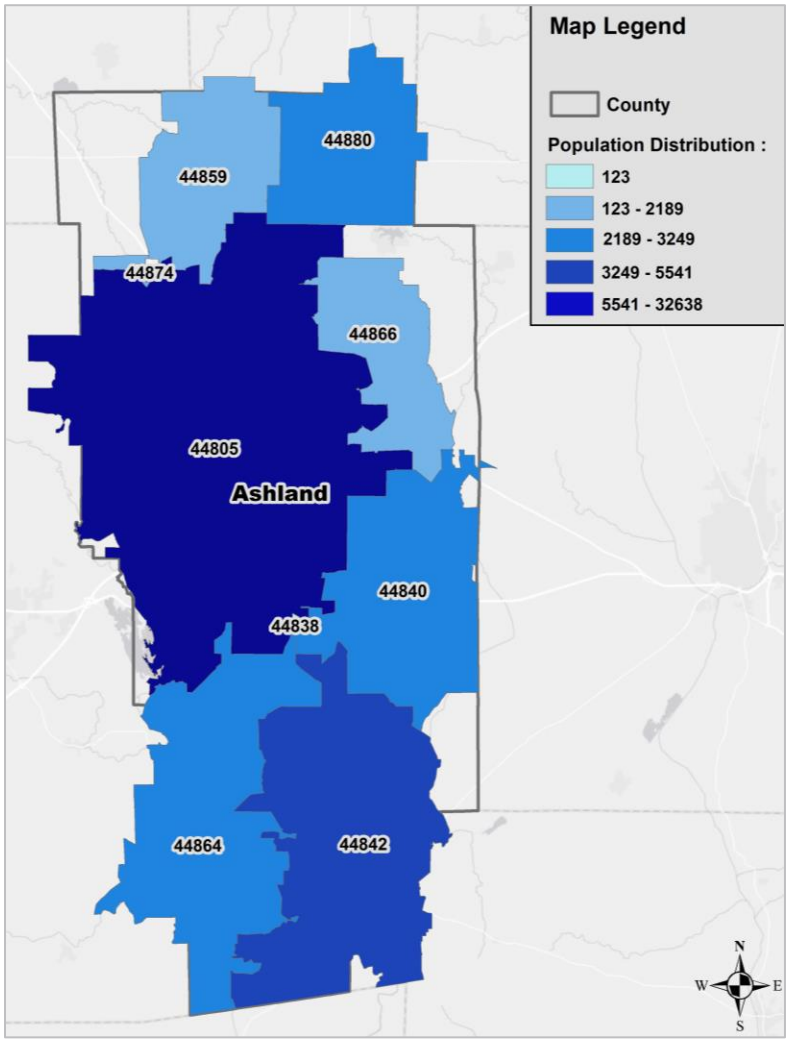
## Geography and Data Sources

All demographic estimates are sourced from Claritas® (2022 population estimates) unless otherwise indicated. Claritas demographic estimates are primarily based on U.S. Census and American Community Survey (ACS) data. Claritas uses proprietary formulas and methodologies to calculate estimates for the current calendar year. Additional demographic data for Ashland County can be explored on the Healthy Northeast Ohio community data platform at [healthyneo.org](healthyneo.org).

### Population

According to Claritas, 2022® population estimates, Ashland County has an estimated population of 53,804 persons. Figure 6 shows the population breakdown for Ashland County by zip code.

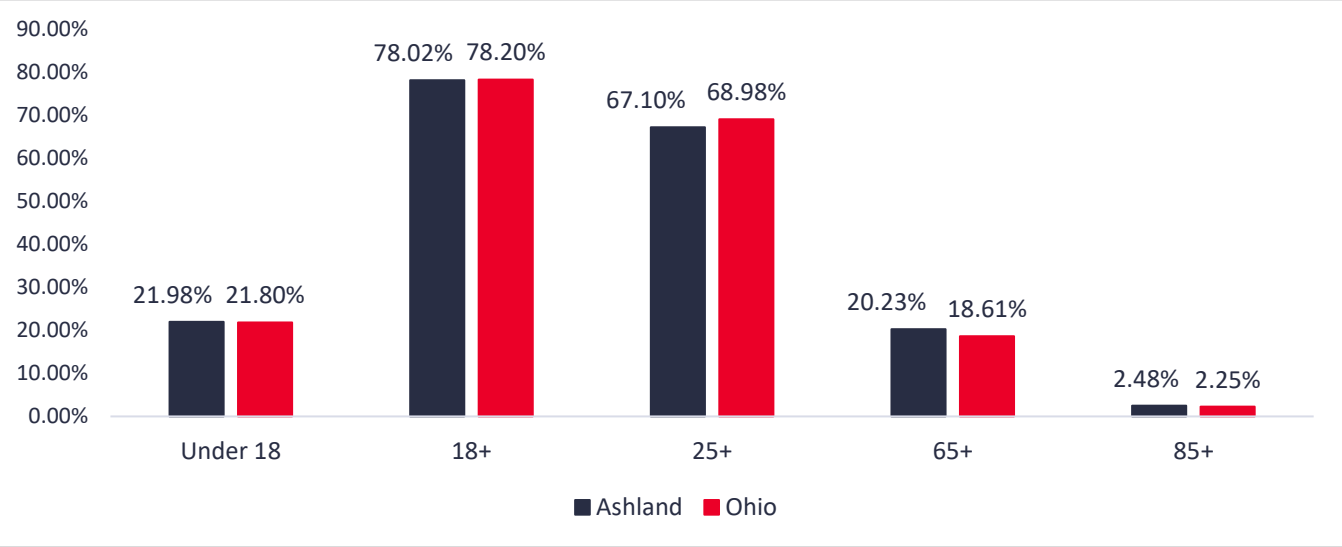
FIGURE 6. ASHLAND COUNTY POPULATOIN DISTRIBUTION BY ZIP CODE



## Age

Figure 7 shows the population of Ashland County age group. The age distribution of the population in the county is relatively similar to the age distribution of the population of Ohio.

FIGURE 7. PERCENT POPULATION BY AGE: COUNTY AND STATE COMPARISONS

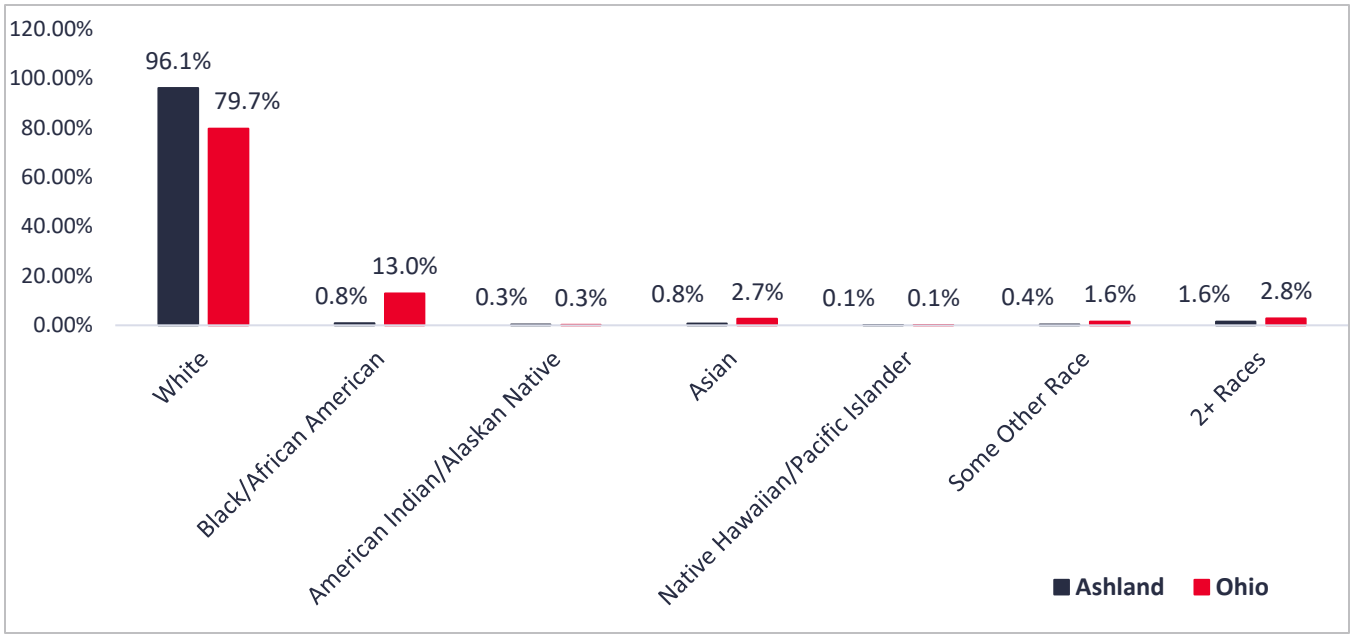



## Race and Ethnicity

Considering the racial and ethnic composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care, and childcare. Analysis of health and social determinants of health data by race/ethnicity can also help identify disparities in housing, employment, income, and poverty.

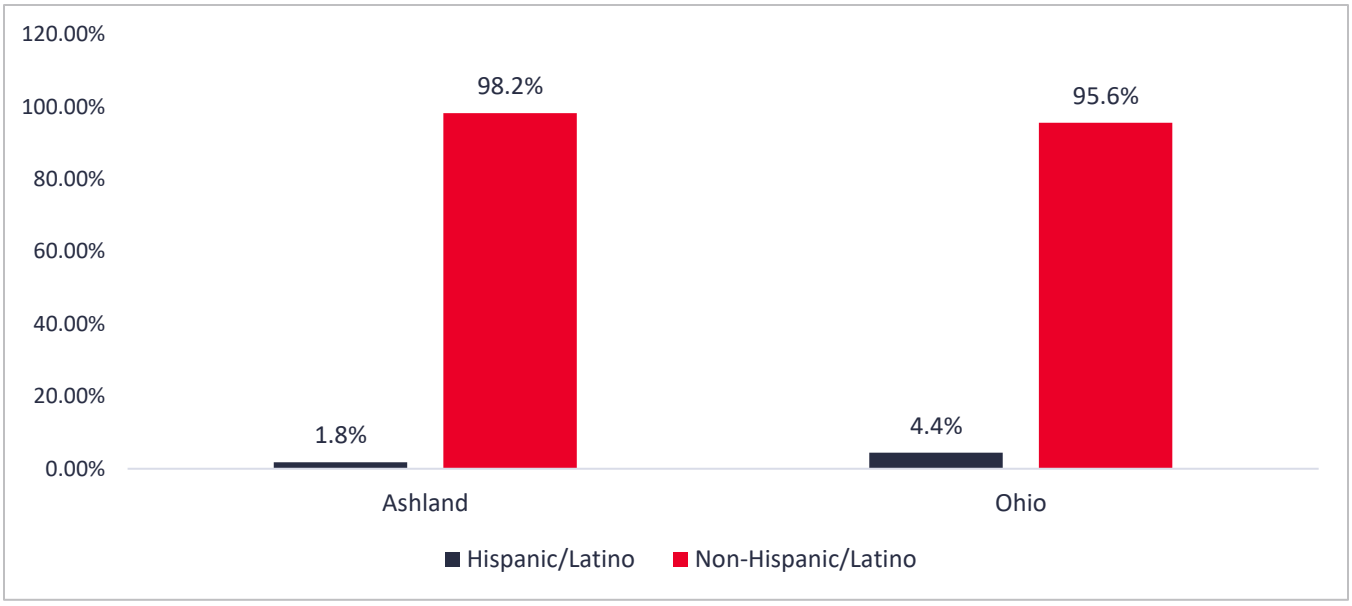
The racial makeup of Ashland County shows 96.1% of the population identifying as White, as indicated in Figure 8. All other proportions of the population fall below 5.0% of the population.

FIGURE 8. ASHLAND COUNTY POPULATION BY RACE




As shown in Figure 9, 1.8% of the population in Ashland County identify as Hispanic/Latino. This is a smaller proportion of the population when compared to Ohio.

FIGURE 9. PERCENT POPULATION BY ETHNICITY: COUNTY AND STATE



## Social & Economic Determinants of Health

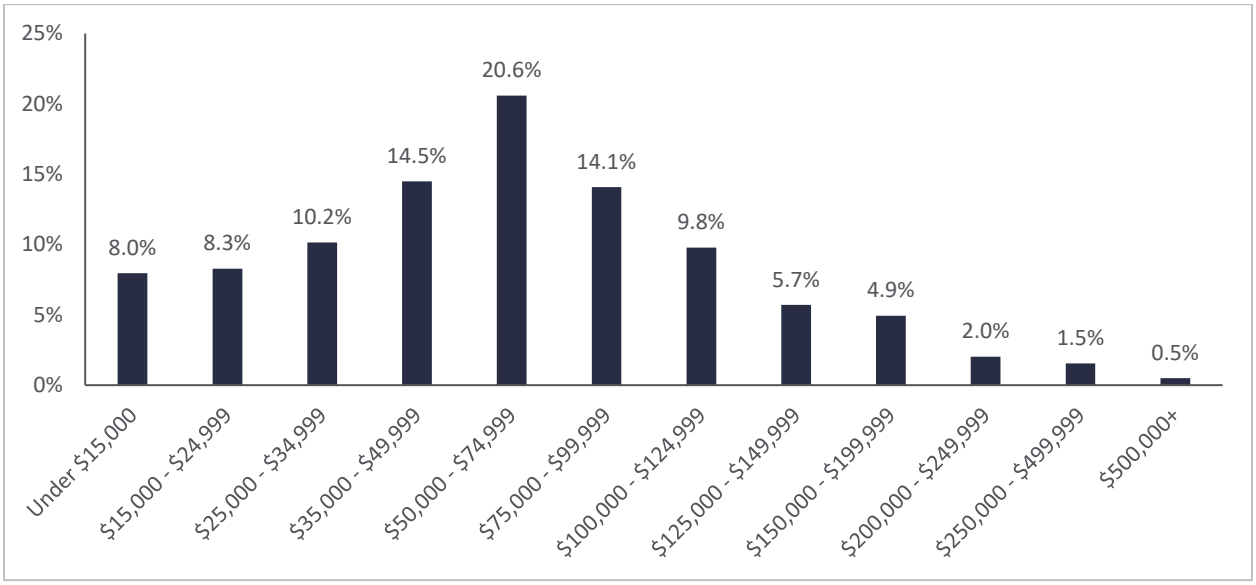
This section explores some of the economic, environmental, and social determinants of health impacting Ashland County. Social determinants are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

### Income

Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one's ability to work.[5]

Figure 10 provides a breakdown of households by annual income in Ashland County. A household income of $50,000 - $74,999 is shared by the largest proportion of households in Ashland County (20.6%), followed by a household income of $35,000 - $49,999 (14.5% of households). Households with an income of less than $15,000 make up 8.0% of households in Ashland County.

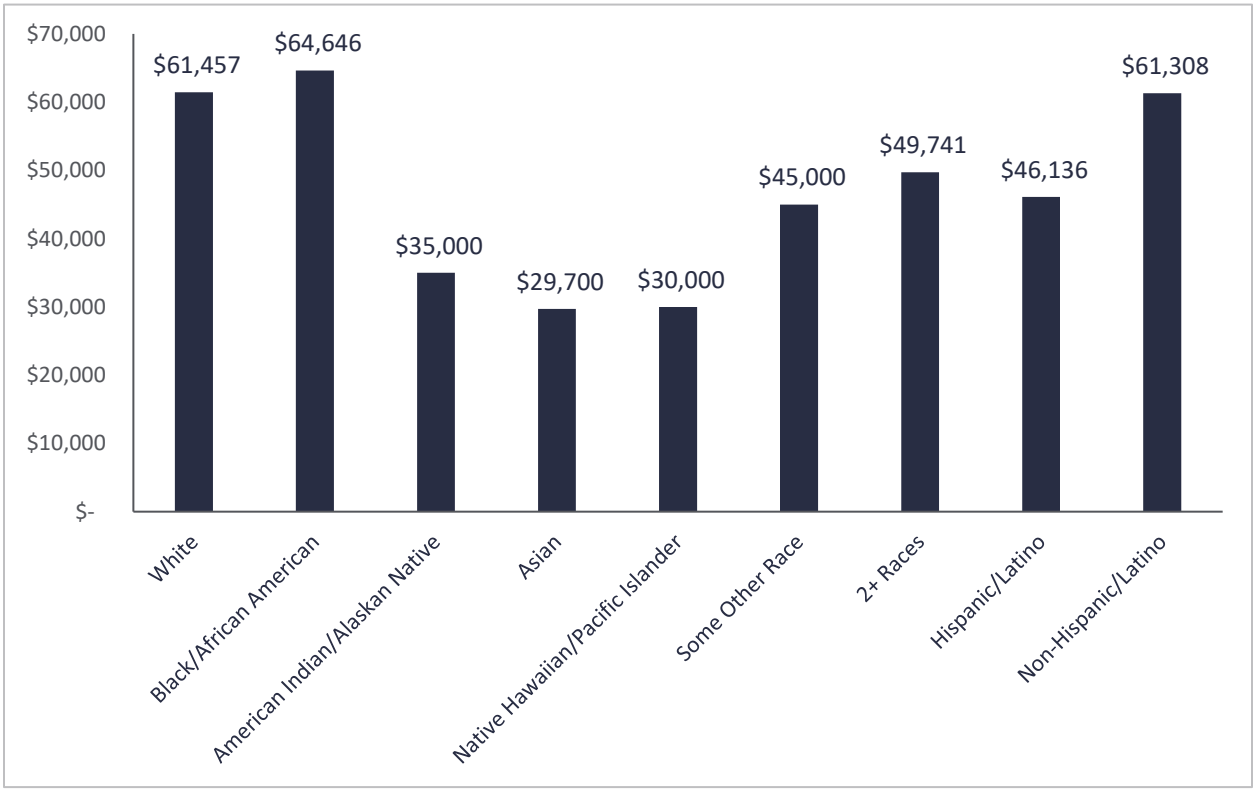
FIGURE 10. PERCENT POPULATION OF ASHLAND COUNTY BY ANNUAL HOUSEHOLD INCOME




[5] Robert Wood Johnson Foundation. Health, Income, and Poverty. https://www.rwjf.org/en/library/research/2018/10/health--income-and-poverty-where-we-are-and-what-could-help.html

The median household income for Ashland County is $61,116, which is lower than the state and national values of $65,070 and $64,994 respectively. Disparities in median household income exist between racial and ethnic groups within the county, however. The median household income among residents of the White community ($61,457), Black/African American ($64,646) and Non-Hispanic/Non-Latino community ($61,308) fall above the county average as shown in Figure 11.

FIGURE 11. MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY: ASHLAND COUNTY




## Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.[6]

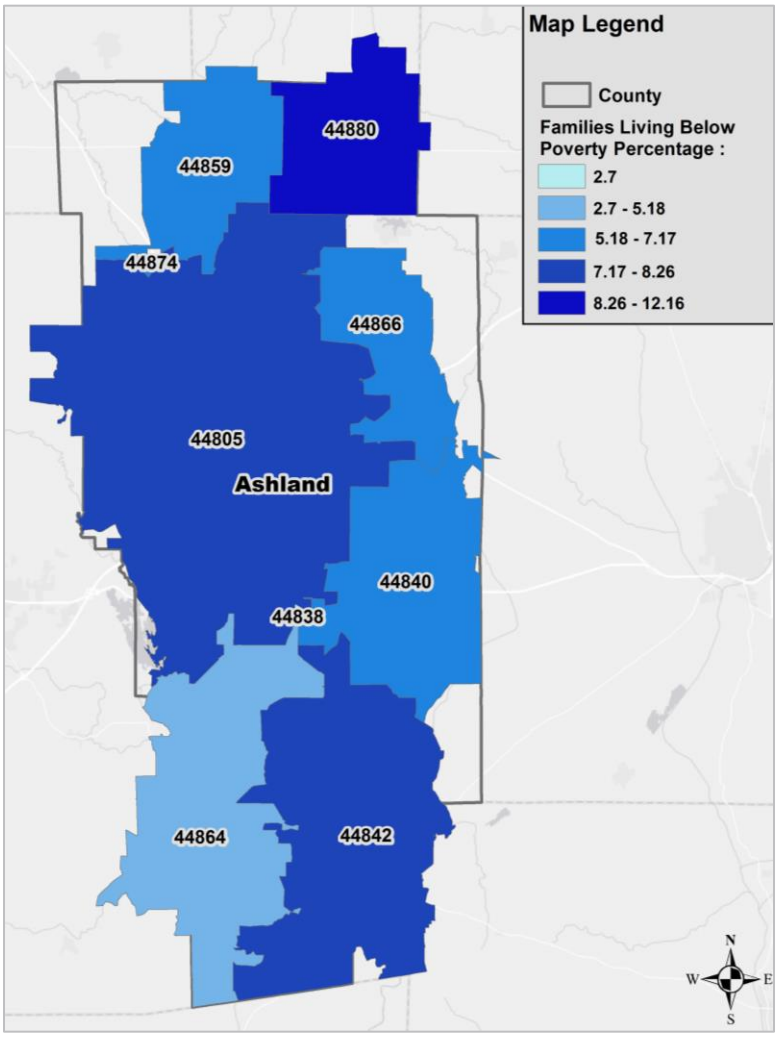
Overall, 7.7% of families in Ashland County live below the poverty level, which is lower than both the state value of 9.6% and the national value of 9.1%. The percentage of families living below poverty for each zip code in Ashland County is provided in Table 1. Zip codes 44880, 44842, 44805, and 44859 have the highest percentages of families living below the poverty level at 12.2%, 8.3% 7.5%, and 7.2% respectively. The map in Figure 12 shows the percentage of families living below the poverty level by zip code. The darker blue colors represent a higher percentage of families living below the poverty level.

[6] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01

TABLE 1. FAMILIES IN ASHLAND COUNTY LIVING BELOW POVERTY LEVEL BY ZIP CODE

| Zip Code | 44805 | 44840 | 44864 | 44842 | 44866 | 44859 | 44880 | 44838 |
|---|---|---|---|---|---|---|---|---|
| Families Below Poverty Level (%) | 7.5 | 6.5 | 5.2 | 8.3 | 6.5 | 7.2 | 12.2 | 2.7 |

FIGURE 12. FAMILIES LIVING BELOW POVERTY LEVEL




## Employment

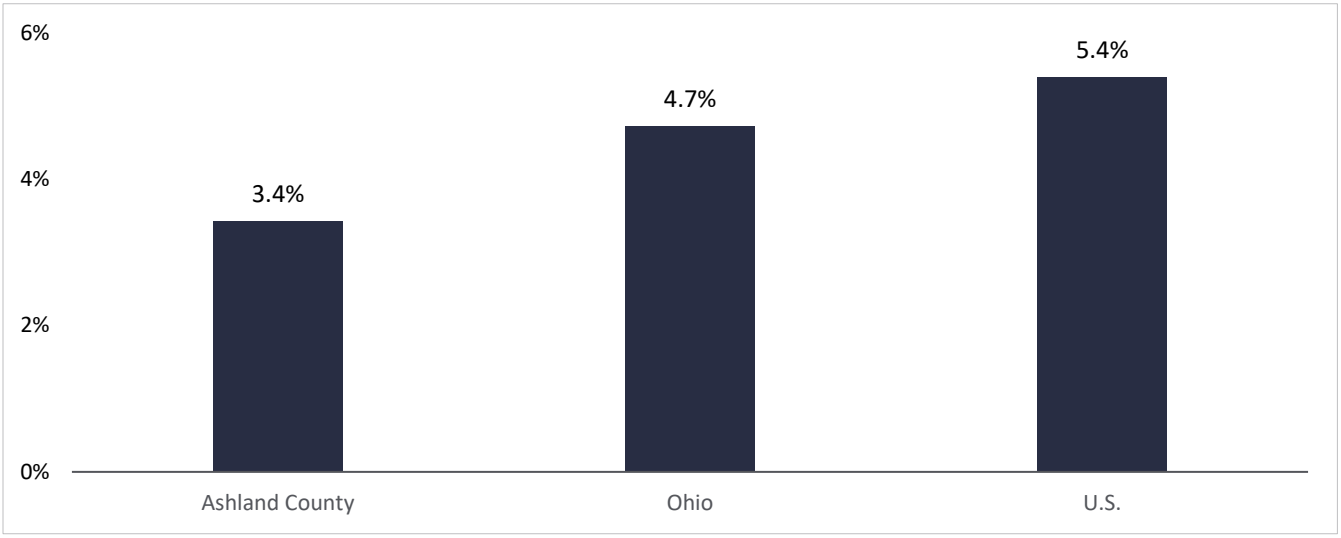
A community's employment rate is a key indicator of the local economy. An individual's type and level of employment impacts access to health care, work environment, health behaviors and health outcomes. Stable

employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes. [7]

Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment.[7] Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health.[7]

Figure 13 shows the population aged 16 and over who are unemployed. The unemployment rate for the Ashland County is 3.4%, which is lower than the state value at 4.7% and the U.S. value at 5.4%.

FIGURE 13. POPULATION 16+ UNEMPLOYED




## Education

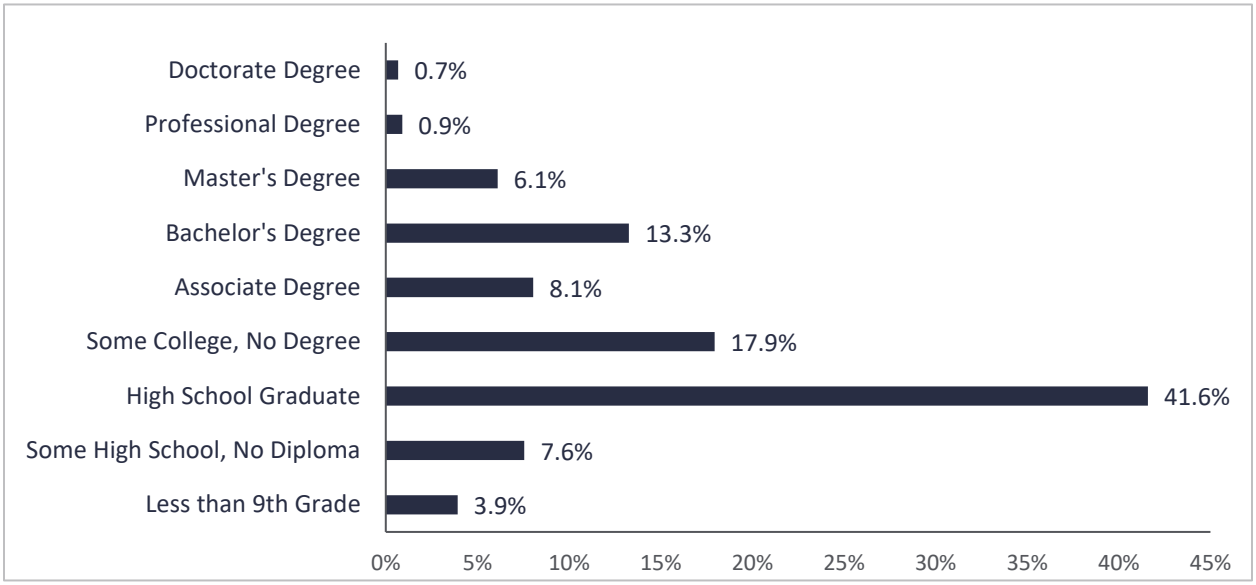
Education is an important indicator for health and wellbeing across the lifespan. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. People with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors.[8]

[7] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment

[8] Robert Wood Johnson Foundation, Education and Health. https://www.rwjf.org/en/library/research/2011/05/education-matters-for-health.html

Figure 14 shows the percentage of the population in Ashland County 25 years or older by educational attainment. Those having earned a Bachelor's Degree or higher represent 21.0% of residents in the county.

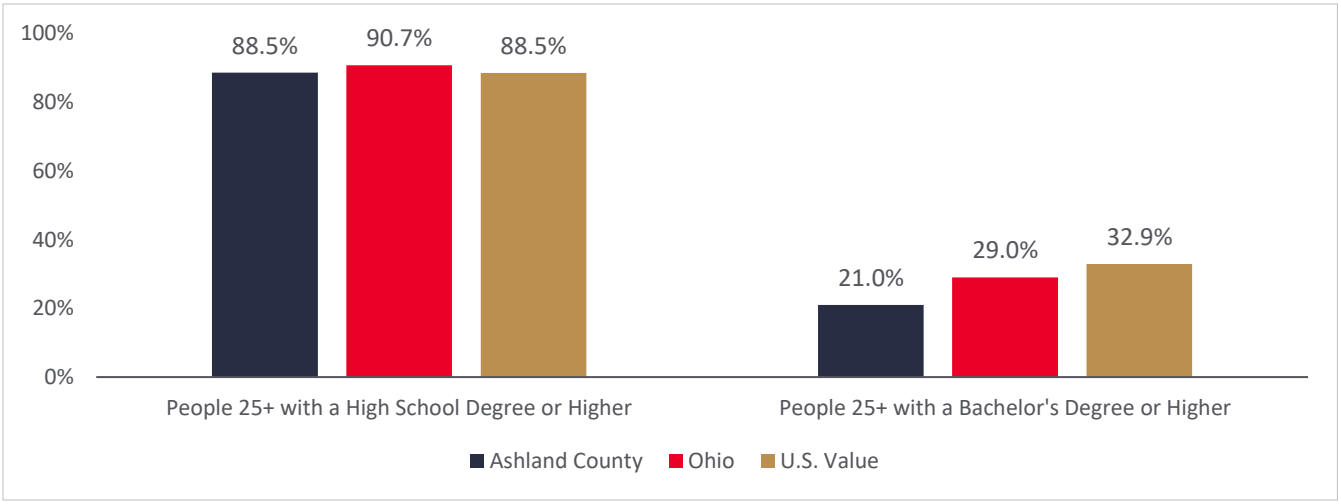
FIGURE 14. PERCENT POPULATION 25+ BY EDUCATIONAL ATTAINMENT: ASHLAND COUNTY




Another indicator related to education is on-time high school graduation. A high school diploma is a requirement for many employment opportunities and for higher education. Not graduating high school is linked to a variety of negative health impacts, including limited employment prospects, low wages, and poverty.[9]

Figure 15 shows that the Ashland County has the same percentage of residents in the U.S. with a high school degree or higher (88.5%) but has a lower percentage when compared to the state value (90.7%). While residents with a bachelor's degree or higher (21.0%) has a lower percentage when both compared to the state and U.S. value.

FIGURE 15. POPULATION 25+ BY EDUCATIONAL ATTAINMENT: COUNTY, STATE, AND US COMPARIOSONS



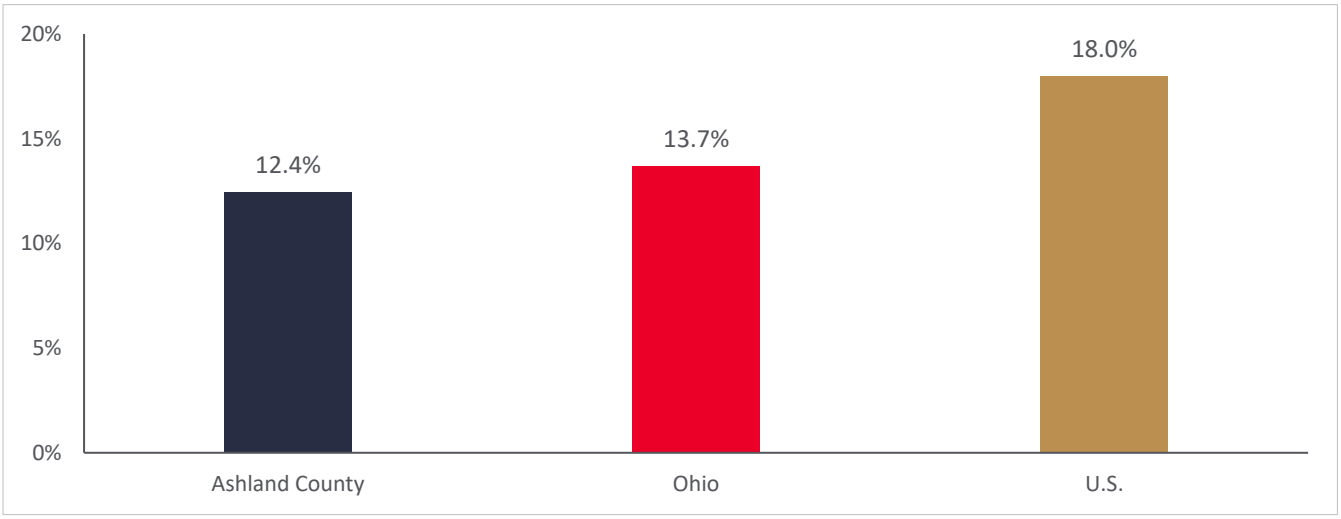

[9] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/priority-areas/social-determinants-health

## Housing

Safe, stable, and affordable housing provides a critical foundation for health and wellbeing. Exposure to health hazards and toxins in the home can cause significant damage to an individual or family's health.[10]

Figure 16 shows the percentage of houses with severe housing problems. This indicator measures the percentage of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. In Ashland County, 12.4% of households were found to have at least one of those problems, which is lower than both the state value (13.7%) and the U.S. value (18.0%).

FIGURE 16. PERCENTAGE OF HOUSES WITH SEVERE HOUSING PROBLEMS: COUNTY, STATE, AND US COMPARISONS

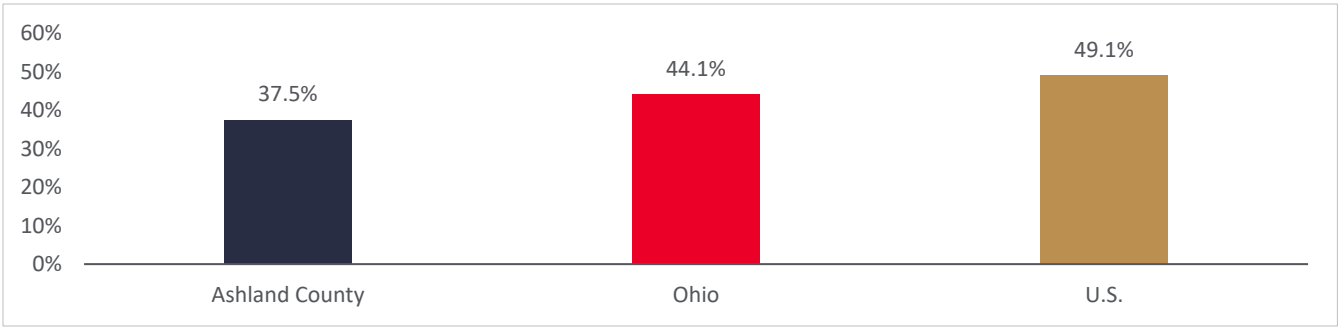



County, State, and U.S. values taken from County Health Rankings (2013-2017)

When families must spend a large portion of their income on housing, they may not have enough money to pay for things like healthy foods or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.[11]

Figure 17 shows the percentage of renters who are spending 30% or more of their household income on rent. The value in Ashland County, 37.5%, is lower than both state value (44.1%) and the U.S value (49.1%).

FIGURE 17. RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT




[10] County Health Rankings, Housing and Transit. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-and-transit

[11] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04

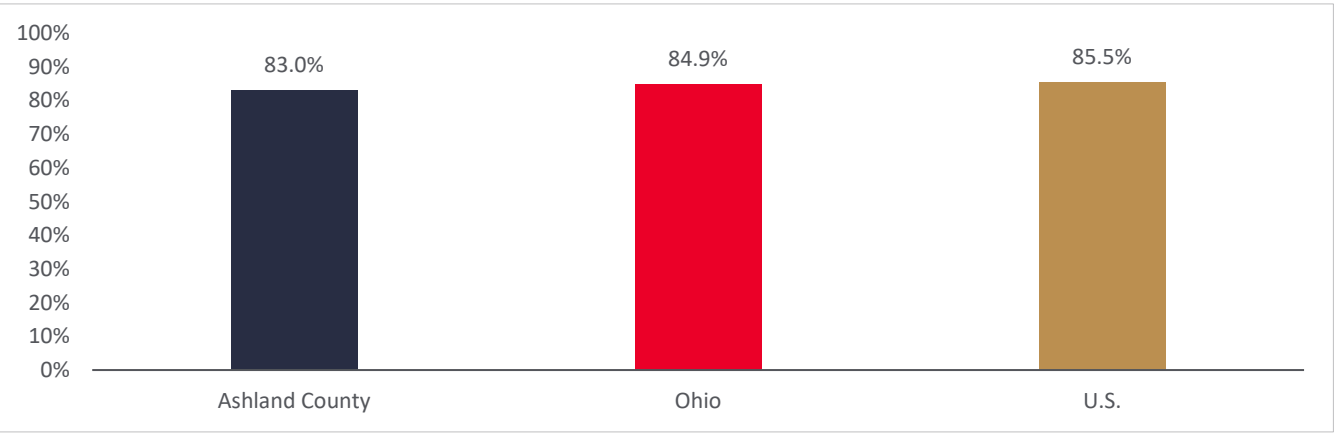
## Neighborhood and Built Environment

Internet access is essential for basic health care access, including making appointments with providers, getting test results, and accessing medical records. Access to the internet is also increasingly essential for obtaining home-based telemedicine services, especially during Covid-19 pandemic placing isolation and social distancing laws in place.12

Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.[12]

Figure 18 shows the percentage of households that have an internet subscription. The rate in Ashland County, 83.0%, is lower than the state value (84.9%) and the U.S value (85.5%).

FIGURE 18. HOUSEHOLDS WITH AN INTERNET SUBSCRIPTION: COUNTY, STATE, AND US COMPARISON




[12] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05

# Disparities and Health Equity

**Identifying disparities by population groups and geography helps to inform and focus priorities and strategies. Understanding disparities also helps us better understand root causes that impact health in a community and inform action towards health equity.**

## Health Equity

Health equity focuses on the fair distribution of health determinants, outcomes, and resources across communities.[13] National trends have shown that systemic racism, poverty, and gender discrimination have led to poorer health outcomes for groups such as Black/African American persons, Hispanic/Latino persons, indigenous communities, people with incomes below the federal poverty level, and LGBTQ+ communities.

## Race, Ethnicity, Age & Gender Disparities: Secondary Data

Community health disparities were assessed in the secondary data using the Index of Disparity[14] analysis, which identifies disparities based on how far each subgroup (by race, ethnicity, or gender) is from the overall county value. For more detailed methodology related to the Index of Disparity, see Appendix A.

Table 2 identifies secondary data indicators with a statistically significant race, ethnicity, or gender disparity for Ashland County, based on the Index of Disparity.

TABLE 2: INDICSTORS WITH SIGNIFICANT RACE, ETHNICITY OR GENDER DISPARITIES

| Health Indicator | Group(s) Negatively Impacted |
|---|---|
| **Children Living Below Poverty Level** | Black-African American, White Non-Hispanic, Multiple Races, Other Race, Hispanic/Latino |
| **People 65+ Living Below Poverty Level** | Black-African American, White Non-Hispanic, Hispanic/Latino |
| **Workers Commuting by Public Transportation** | Black-African American, White Non-Hispanic, Multiple Races |
| **Workers who Walk to Work** | Black-African American, White Non-Hispanic, Multiple Races, Hispanic/Latino |
| **Young Children Living Below Poverty Level** | Black-African American, White Non-Hispanic, Other Race, Hispanic/Latino |

[13] Klein R, Huang D. Defining and measuring disparities, inequities, and inequalities in the Healthy People initiative. National Center for Health Statistics. Center for Disease Control and Prevention. https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf

[14] Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.

The Index of Disparity analysis for Ashland County reveals that Black/African American and White Non-Hispanic populations are disproportionately impacted for several Community and Economic indicators, including Children Living Below Poverty Level, People 65+ Living Below Poverty Level, Workers Commuting by Public Transportation, Workers who Walk to Work, and Young Children Living Below Poverty Level. Furthermore, Hispanic/Latino people are shown to be disproportionately impacted in the indicator areas of Children Living Below Poverty Level, People 65+ Living Below Poverty Level, Young Children Living Below Poverty Level, and Workers who Walk to Work. Lastly, people who identify as belonging to 'Multiple Races' and 'Other Races' are shown to be disproportionately impacted by Children and Young Living Below Poverty Level (Table 2).

## Geographic Disparities

This assessment identified specific zip codes with differences in outcomes related to health and social determinants of health. Geographic disparities were identified using the Health Equity Index, Food Insecurity Index, and Mental Health Index. These indices have been developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need, food insecurity, or areas with poorer mental health outcomes. For all indices, counties, zip codes, and census tracts with a population over 300 are assigned index values ranging from 0 to 100, with higher values indicating greater need. Understanding where there are communities with higher need is critical to targeting prevention and outreach activities.

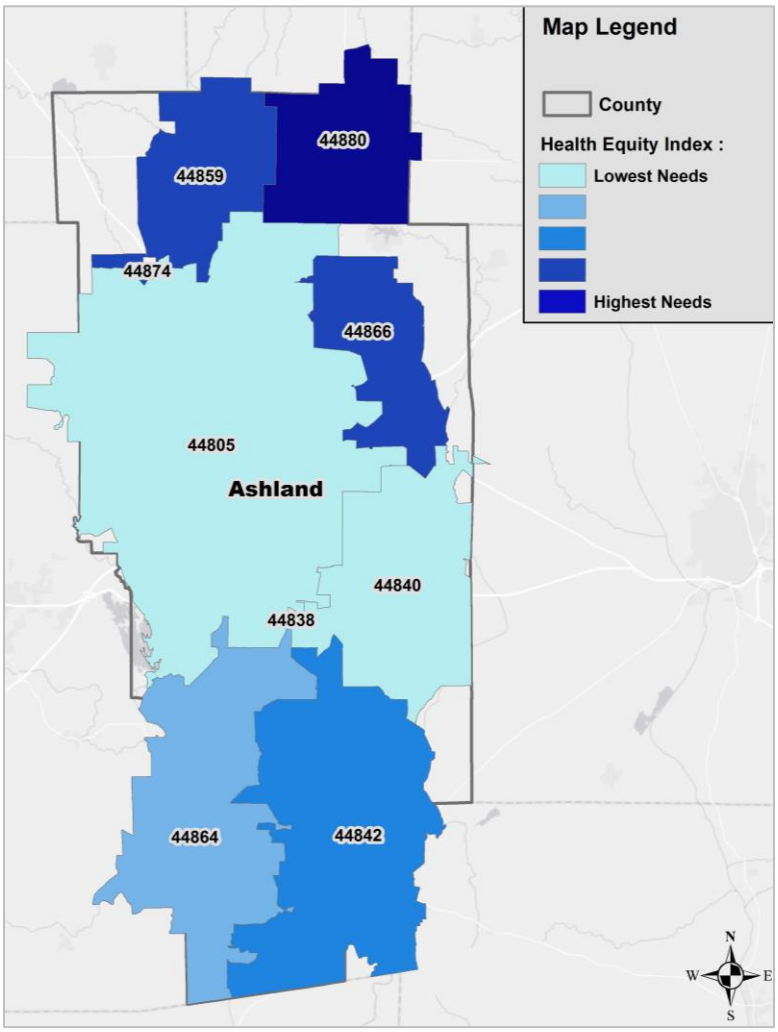
### Health Equity Index

Conduent's Health Equity Index (HEI) estimates areas of high socioeconomic need, which are correlated with poor health outcomes. Zip codes are ranked based on their index value to identify relative levels of need. Table 3 provides the index values for each zip code. The map in Figure 14 illustrates the zip code with the highest level of socioeconomic need (as indicated by the darkest shade of blue) is zip code 44880 with an index value of 69.7.

TABLE 3. SOCIONEEDS INDEX VALUES BY ZIP CODE

| Zip Code | 44805 | 44840 | 44864 | 44842 | 44866 | 44859 | 44880 |
|---|---|---|---|---|---|---|---|
| Index Value | 42.1 | 44.4 | 51.1 | 58.9 | 63.8 | 64.5 | 69.7 |

FIGURE 14. ASHLAND COUNTY HEALTH EQUITY INDEX



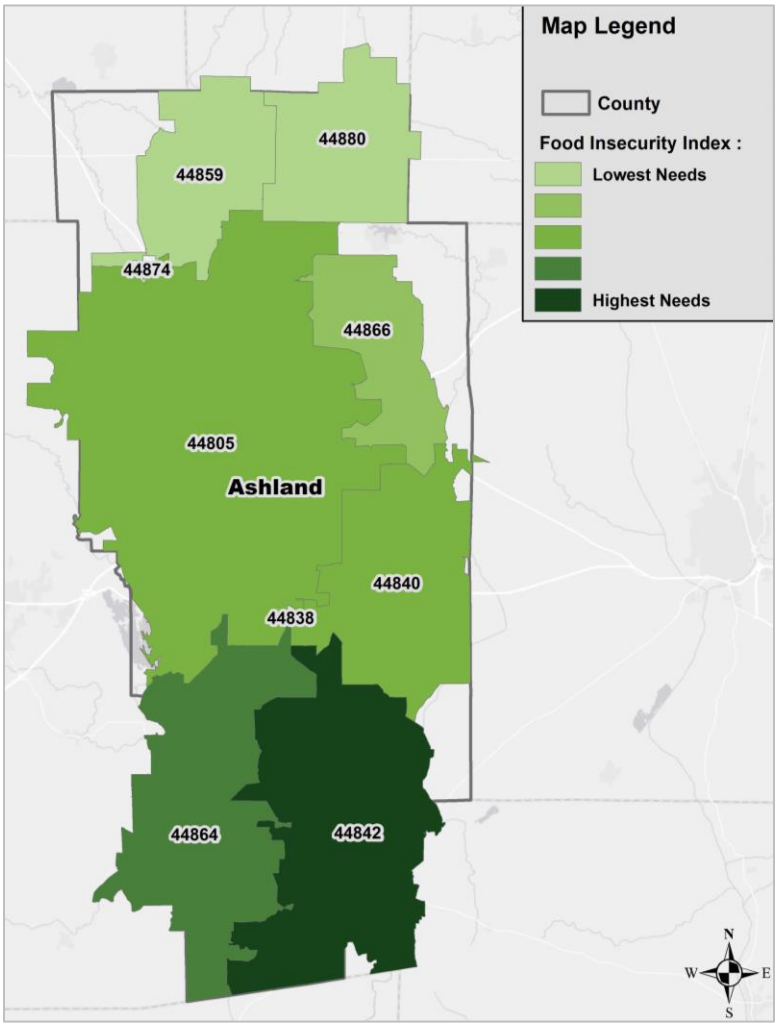

## Food Insecurity Index

Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. Zip codes are ranked based on their index value to identify relative levels of need. Table 4 provides the index values for each zip code. The map in Figure 15 illustrates the zip code with the highest level of food insecurity (as indicated by the darkest shades of green) is zip code 44842 with an index value of 61.6.

TABLE 4. FOOD INSECURITY INDEX VALUES BY ZIP CODE

| Zip Code | 44805 | 44840 | 44864 | 44842 | 44866 | 44859 | 44880 |
|---|---|---|---|---|---|---|---|
| Index Value | 46.3 | 45.3 | 51.9 | 61.6 | 43.5 | 42.8 | 42.6 |

FIGURE 15. ASHLAND COUNTY FOOD INSECURITY INDEX



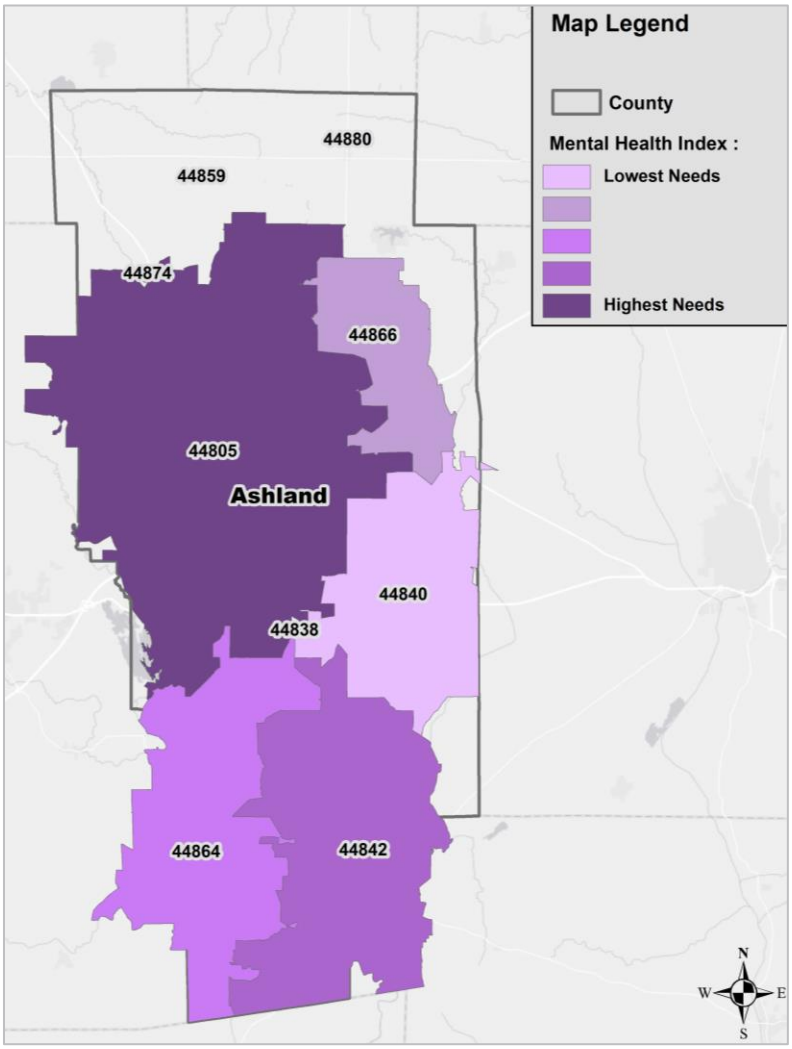

## Mental Health Index

Conduent's Mental Health Index is a measure of socioeconomic and health factors correlated with self-reported poor mental health. Zip codes are ranked based on their index value to identify relative levels of poor mental health outcomes. Table 5 provides the index values for each zip code. The map in Figure 16 illustrates the zip code with the poorest mental health outcome (as indicated by the darkest shades of purple) is zip code 44805 with an index value of 72.0.

TABLE 5. MENTAL HEALTH INDEX VALUES BY ZIP CODE

| Zip Code | 44805 | 44840 | 44864 | 44842 | 44866 |
|---|---|---|---|---|---|
| Index Value | 72.0 | 27.5 | 60.1 | 64.3 | 54.8 |

FIGURE 16. MENTAL HEALTH INDEX




## Future Considerations

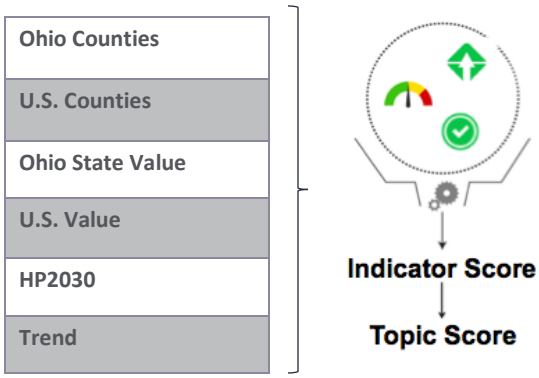
While disparities in health outcomes are critical components in assessing the needs of a community, it is equally important to understand the social determinants of health and other upstream factors that influence a community's health. The challenges and barriers faced by a community must be balanced by identifying practical, community-driven solutions. Together, these factors come together to inform and focus strategies to positively impact a community's health and mitigate the disparities in Ashland County.

# Primary and Secondary Data Methodology and Key Findings

## Secondary Data Sources & Analysis

Secondary data used for this assessment were collected and analyzed from a community indicator database developed by Conduent Healthy Communities Institute (HCI). The database, maintained by researchers and analysts at HCI, includes over 150 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, national targets, and to previous time periods.

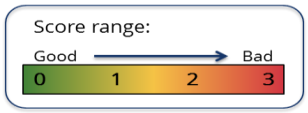
FIGURE 17. SECONDARY DATA SCORING




HCI's Data Scoring Tool systematically summarizes multiple comparisons and ranks indicators based on highest need. For each indicator, the Ashland County value was compared to a distribution of Ohio and U.S. counties, state and national values, Healthy People 2030 targets, and significant trends, as shown in Figure 17. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the poorest outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs.

TABLE 6. TOPIC SCORING RESULTS

| Health & Quality of Life Topics | Score |
|---|---|
| Tobacco Use | 1.81 |
| Heart Disease & Stroke | 1.72 |
| Respiratory Diseases | 1.63 |
| Cancer | 1.59 |
| Older Adults | 1.57 |
| Mental Health & Mental Disorders | 1.54 |




Due to the limited availability of zip code, census tract, or other sub-county health data, the data scoring technique is only available at the county level. The data scoring results are therefore presented in the context of Ashland County.

Table 6 shows the health and quality of life topic scoring results for Ashland County, with Tobacco Use as the poorest performing topic area with a score of 1.81, followed by Heart Disease & Stroke with a score of 1.72. Topics that received a score of 1.50 or higher were considered a significant health need. Six topics scored at or above the threshold. Topic areas with fewer than three indicators were considered a data gap. Please see Appendix A for the full list of health and quality of life topics, including the list of national and state indicators that are categorized into and included in the secondary data analysis for each topic area. Further details on the quantitative data scoring methodology are also available in Appendix A.

## Community Feedback: Primary Data Collection & Analysis

To ensure the perspectives of community members were considered, input was collected from Ashland County community members. Primary data used in this assessment consisted of key informant interviews (KIIs) with community stakeholders and community focus groups. These findings expanded upon information gathered from the secondary data analysis to inform this Ashland County CHNA.

### Qualitative Data: Key Informant Interviews & Focus Groups

#### Key Informant Interviews

Conduent Healthy Communities Institute (HCI) conducted key informant interviews via phone and video conference in order to collect community input. Interviewees invited to participate were recognized as having expertise in public health, special knowledge of community health needs, and/or being able to speak to the needs of underserved or vulnerable populations. Fifteen individuals participated as key informants representing different entities serving Ashland County. Table 7 lists the represented organizations that participated in the interviews.

TABLE 7. ASHLAND COUNTY KEY INFORMANT ORGANIZATIONS

| Key Informant Organizations | |
|---|---|
| ACCESS | Chamber of Commerce |
| Akron Children's in Ashland | Council on Aging |
| Ashland City Government | Job and Family Services |
| Ashland County Council on Alcoholism and Drug Abuse | Kroc Center/Salvation Army |
| Ashland County School Board | Mental Health Recovery Board |
| Ashland Grace Brethren Church | North County Representative |
| Catholic Charities Ashland | Ohio Highway Patrol |
| Ashland University | - |

The fifteen key informant interviews took place between May and June 2022 via phone or video conference. The questions focused on the interviewee's background and organization, the greatest perceived health needs and barriers of concern in the community and the impact of health issues on the populations they serve and other vulnerable populations. Interviewees were also asked about their knowledge around health topics where there were data gaps in the secondary data. Key Informants were also asked to list and describe resources available in the community and although not reflective of every resource available in the community, the list can help Ashland County organizations build partnerships so as not to duplicate, but rather support existing programs and resources. This resource list is available in Appendix E. Additionally, questions were included to obtain feedback about the impact of COVID-19 on their community. A list of the questions asked in the key informant interviews can be found in Appendix B.

#### Focus Groups Methodology

Focus groups were also conducted by HCI and Ashland County CHNA Steering Committee partner University Hospitals. The focus of these facilitated group conversations was to gain deeper insights about perceptions,

attitudes, experiences, or beliefs held by community members about their health and the health of their community. The data collected through the focus group process provides adjunct information to the quantitative data collection methods in a mixed methods approach. While the data collected is useful in gaining insight into a topic that may be more difficult to gather through other data collection methods, it is important to note that the information collected in an individual focus group is not necessarily representative of other groups.

The project team developed a focus group guide made up of a series of questions and prompts about the health and well-being of residents in Ashland County (see Appendix B). Community members were asked to speak to barriers and assets to their health and access to healthcare. Two virtual focus groups and two in-person focus groups were hosted across Ashland County during May and June 2022. Discussions lasted approximately 60 to 90 minutes. Virtual focus groups were conducted via video conference with a phone-in only option for those with limited or no access to a reliable device or internet. Trained facilitators implemented techniques to ensure that everyone was able to participate in the discussion. Participants were recruited for the focus group sessions through the Ashland County network of community partner organizations and received a gift card in recognition for their time and participation. Key community groups who participated in these focus groups include representatives from: 1) Senior Citizens; 2) EMS Employees; and 3) Two General Population Groups.

## QUALITATIVE ANALYSIS RESULTS

The project team captured detailed transcripts of the focus group sessions. The text from these transcripts were analyzed using the qualitative analysis program Dedoose®[15]. Text was coded using a pre-designed codebook, organized by themes, and analyzed for significant observations.

Table 8 below summarizes the top health and quality of life categories that were identified from the key informant interviews and focus groups. These top need areas were synthesized with findings from secondary data analysis to identify overall health needs for consideration for prioritization in Ashland County.

TABLE 8. ASHLAND COUNTY TOP NEEDS IDENTIFIED THROUGH QUALITATIVE DATA ANALYSIS

| Topic |
|---|
| Substance Use and Misuse |
| Mental Health |
| Chronic Conditions (Heart Disease, COPD, Diabetes) |
| Older Adult Population (65+) |
| Access to Healthcare (Cost/Health Insurance, Health Literacy/Education) |
| Economy (Income disparities/poverty) |
| Access to Healthy/Nutritious Food |
| Cancer |

[15] Dedoose Version 8.0.35, web application for managing, analyzing and presenting qualitative and mixed method research data (2018). Los Angeles, CA: SocioCultural Research Consultants, LLC www.dedoose.com

## Data Considerations

A key part of any data collection and analysis process is recognizing potential limitations within the data considered. Each data source used in this assessment was evaluated based on its strengths and limitations during data synthesis and should be kept in mind when reviewing this report.

For both primary and secondary data, immense efforts were made to include as wide a range of community health indicators, key informants, and focus group participants as possible. Although the topics by which data are organized cover a wide range of health and quality of life areas, within each topic there is a varying scope and depth of secondary data indicators and primary data findings.

Secondary data were limited by the availability of data, with some health topics having a robust set of indicators, while others were more limited. Population health and demographic data are often delayed in their release, so data is presented for the most recent years available for any given data source. There is also variability in the geographic level at which data sets are available, ranging from census tract or zip code to statewide or national geographies. Whenever possible, the most relevant localized data is reported. Due to variations in geographic boundaries, population sizes, and data collection techniques for different locations (hospital service areas, zip codes, and counties), some datasets are not available for the same time spans or at the same level of localization. Finally, persistent gaps in data exist for certain community health issues.

For the primary data, the breadth of findings is dependent upon who self-selected to participate as key informants and focus group participants.

# Ashland County Health Concerns

## Overview

Multiple types of data were collected and analyzed to inform this Community Health Needs Assessment. They include the following data collection activities:

- Secondary Data Analysis of 150 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life
- Fifteen key informant interviews with key community partners
- Four community focus groups with Ashland County residents.

## Significant Health Needs

Findings from the data sources described above were analyzed and combined to identify the significant health needs for Ashland County. Figure 18 illustrates the eight significant health needs, listed in alphabetical order, that were included for prioritization based on the findings of all forms of data collected for the Ashland County 2022 CHNA.

FIGURE 18. ASHLAND COUNTY SIGNIFICANT HEALTH NEEDS

# Prioritization

To better target activities to address the most pressing health needs in the community, Ashland County Health Department and University Hospitals Samaritan Medical Center convened a group of community members and leaders to participate in a presentation of data on significant health needs facilitated by HCI. Following the data presentation and facilitated discussion, participants participated in a dot-voting activity. Participants were each given a set of stickers to place beside the significant health needs that they felt were most important to prioritize in the upcoming Community Health Improvement Plan.

Following the prioritization, members from the Ashland County CHNA Steering Committee reviewed and discussed the scoring results of the prioritized significant community needs and identified three priority areas to be considered for subsequent implementation planning.

## Process

An invitation to participate in the Ashland County data synthesis presentation and virtual prioritization activity was sent out in the weeks preceding the meeting held on Tuesday, August 9, 2022. A total of 24 individuals representing local hospital systems, health department, educational institutions as well as community-based organizations, and nonprofits attended the in-person meeting.

During the August 9th meeting, the group reviewed and discussed the results of the primary and secondary data analyses leading to the eight significant health needs. Participants were given a set time during the end of the session to participate in the dot-voting activity. During this activity, each participate was given a set of dots and were asked to place their dots next to the significant health need or needs they deemed most important to address in the upcoming CHIP based on how well they met the criteria set forth by the Ashland County CHNA Steering Committee.

The criteria for prioritization included:

1. **Scope and Severity**
    - How many people in the community are or will be impacted?
    - How does the identified need impact health and quality of life?
    - Has the need changed over time?

2. **Ability to Impact**
    - Can actionable and measurable goals be defined to address the health need? Are those goals achievable in a reasonable time frame?
    - Does the hospital or health system have the expertise or resources to address the identified health need?
    - Can the need be addressed in collaboration with community partners? Are organizations already addressing the health issue?

In addition to considering the data presented by HCI in the presentation, participants were encouraged to use their own knowledge, judgement, and lived experience as well as considering how well a health topic met the criteria.

Completion of the activity resulted in a relative ranking of each significant health need area. The results of this prioritization activity can be seen in Table 9.

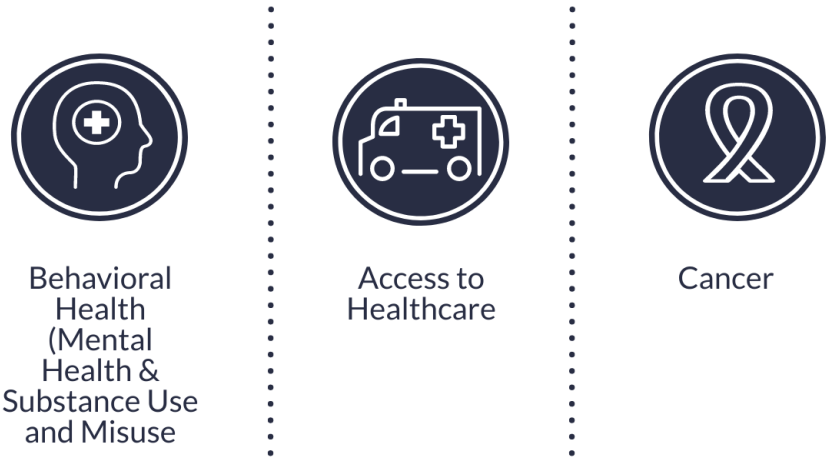
TABLE 9. OVERALL RESULTS OF PRIORITIZATION ACTIVITY

| Health Topic | Number of Votes |
|---|---|
| Substance Use and Misuse | 9 |
| Mental Health | 7 |
| Access to Healthcare | 6 |
| Older Adult Population (65+) | 6 |
| Cancer | 5 |
| Chronic Conditions (Heart Disease, COPD, Diabetes) | 1 |
| Economy (Income disparities/poverty) | 1 |
| Access to Healthy Food | 0 |

## Prioritized Significant Health Needs

Following the prioritization session, members from the Ashland County CHNA Steering Committee reviewed and discussed the scoring results of the prioritized significant community needs and identified three overall priority areas to be considered for integration into the Community Health Improvement Planning process. These included combining the categories of Mental Health and Substance Use and Misuse into the broader category of Behavioral Health as well as Access to Healthcare and Cancer (Figure 19).

FIGURE 19. 2022 ASHLAND COUNTY PRIORITIZED HEALTH NEEDS




A deeper dive into the primary and secondary data for each of these priority health topics is provided in the next section of the report. This information highlights how each topic became a high priority health are for Ashland County.

# Prioritized Health Needs

**The following section provides a detailed description of each prioritized health need. An overview is provided for each health topic, followed by a table highlighting the poorest performing indicators and a description of key themes that emerged from community feedback. The three prioritized health needs are presented in alphabetical order.**

Each prioritized health topic includes key themes from community input and secondary data warning indicators. The warning indicators shown for certain health topics are above the 1.50 threshold for Ashland County and indicate areas of concern. See the legend below for how to interpret the distribution gauges and trend icons used within the data scoring results tables.

| | |
|---|---|
|  | Indicates the county fell in the bottom 10% of all counties in the distribution.<br>The county fares worse than 90% of all counties in the distribution. |
|  | Indicates the county is in the top 30% of all counties in the distribution.<br>The county fares better than 70% of all counties in the distribution. |
|  | The indicator is trending up, significantly, and this is not the ideal direction. |
|  | The indicator is trending up and this is not the ideal direction. |
|  | The indicator is trending down, signifcantly, and this is the ideal direction. |
|  | The indicator is trending down and this is the ideal direction. |
|  | The indicator is trending up, significantly, and this is the ideal direction. |
|  | The indicator is trending up and this is the ideal direction. |

# Access to Healthcare

- Identified as a significant health need through **key informant interviews** and **focus groups**
- Dentist Rate and Primary Provider Rate Rate were identified as areas of concern from secondary data analysis

## Key Themes from Community Input

- Lack or limited health insurance impacts access
- Access to Mental Health Services
- Need for more preventative health measures
- Need to seek specialty care outside of county
- Impact of COVID-19 on access; impact on healthcare workforce
- Transportation is a barrier

## Secondary Data

From the secondary data scoring results, Access to Healthcare ranked 10th among all topic areas. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 10 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 10: DATA SCORING RESULTS FOR ACCESS TO HEALTHCARE

| SCORE | HEALTHCARE ACCESS & QUALITY | Ashland County | HP2030 | Ohio | U.S. | Ohio Counties | U.S. Counties | Trend |
|---|---|---|---|---|---|---|---|---|
| **2.00** | Dentist Rate | 43 | -- | 64.2 | -- |  |  |  |
| **1.89** | Primary Care Provider Rate | 44.7 | -- | 76.7 | -- |  |  |  |
| **1.58** | Adults who have had a Routine Checkup | 77.4 | -- | -- | 76.6 |  |  | -- |
| **1.58** | Clinical Care Ranking | 51 | -- | -- | -- |  | -- | -- |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **1.50** | Adults who Visited a Dentist | 50.6 | -- | 51.6 | 52.9 |  |  | -- |
| **1.50** | Consumer Expenditures: Prescription and Non-Prescription Drugs | 619.6 | -- | 638.9 | 609.6 |  |  | -- |

*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

The indicators under the Access to Healthcare topic area for the greatest area for improvement is Dentist Rate. This indicator shows the rate of dentists per 100,000 population and is 43 dentists per 100,000 population in Ashland County. This indicator falls in the top 50% of the counties in both Ohio and in the nation. This indicator also shows an increased trend over time, showing an increase in the number of dentists per 100,000 population; however, it is not statistically significant. The second indicator of interest is the Primary Care Provider Rate. This indicator shows a rate of 44.7 primary care providers per 100,000 population in Ashland County. This indicator falls in the top 50% of the counties in both Ohio and in the nation. This indicator shows a decreasing trend over time, indicating a decrease in the number of Primary Care Providers in Ashland County; the decline is not statistically significant. The third indicator of interest is Adults who have had a Routine Checkup. This indicator shows the percentage of adults that report having visited a doctor for a routine checkup within the past year. The value for Ashland County, 77.4%, is among the 25% least performing of counties in Ohio.

## Primary Data

Access to Healthcare was a top health need identified by key informants and focus group participants in this CHNA process. Cost in particular was discussed by community members as a barrier to care. They mentioned that individuals without health insurance or those who have insurance but are unable to meet co-pay or deductible requirements have challenges accessing the care they need. Another barrier to accessing care that was discussed was transportation.

Participants also discussed the need for more preventative health measures and that often times, individuals must travel outside Ashland County to receive the specialty care they need. Mental Health Services in particular were mentioned as being one type of healthcare that is most challenging to access. Finally, the impact of COVID-19 on healthcare access was discussed. Participants mentioned the general challenge of accessing care during the height of the pandemic but also mentioned the impact the pandemic has had on the healthcare workforce. The quotes below further highlight the key themes discussed in the qualitative data.

> Transportation is an issue for people getting around or attending medical appointments.
> - Focus Group Participant

> We see a lot of stuff that would be handled by your primary doctor, as opposed to the ER but, unfortunately, in our area everybody treats ER as a family doctor.
> - Focus Group Participant

> [People] have a limited understanding for the need of regular health care, dental care, mental health. It tends to be only on an emergency basis. They don't do a lot of preventive services.
> - Focus Group Participant

> "In Ohio, before COVID, there were no telehealth services. One-third of people using behavioral health system are using telehealth. If folks are struggling with technology or wi-fi, what can we do about that?".
> - Key Informant

> Provide support services, make it easier and more comfortable to go to services. Offer hours that are more accessible like on evenings and weekends.
> - Key Informant

## Prioritized Health Topic #2: Behavioral Health (Mental Health & Substance Use and Misuse)

# Mental Health

- Identified as a significant health need through **secondary data analysis**, from **key informants**, and **focus group** participants
- Age-Adjusted Death Rate due to Alzheimer's Disease, Poor Mental Health: 14+ Days, Poor Mental Health: Average Number of Days, and Adults Ever Diagnosed with Depression were identified as areas of concern from secondary data analysis

### Key Themes from Community Input

- Impact of COVID-19 on Mental Health; stress, anxiety and trauma
- Fear and stigma related to accessing care
- Access to Mental Health Services needs to be addressed
- Relationship with Alcohol and Drug Use as coping mechanisms

# Substance Use & Misuse

- Identified as a significant health need through **secondary data analysis**, from **key informants**, and **focus group** participants
- Tobacco Use was the top health need identified in Secondary Data Analysis
- Alcohol-Impaired Driving Deaths, Adults who Smoke, and Adults Who Used Smokeless Tobacco: Past 30 Days were identified as areas of concern from secondary data analysis

### Key Themes from Community Input

- Drug and alcohol use was discussed as a coping mechanism
- Higher incidences of overdoses ending in death
- Fentanyl was identified as a growing issue; it is being cut into other drugs
- The impact of substance use on families and not just users was also discussed

## Secondary Data

### Mental Health

From the secondary data scoring results, Mental Health ranked 6th in the data scoring of all topic areas. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 11 below. See Appendix A for the full list of indicators categorized within this topic

TABLE 11: DATA SCORING RESULTS FOR MENTAL HEALTH

| SCORE | MENTAL HEALTH | Ashland County | HP2030 | Ohio | U.S. | Ohio Counties | U.S. Counties | Trend |
|---|---|---|---|---|---|---|---|---|
| 2.36 | Age-Adjusted Death Rate due to Alzheimer's Disease | 50.3 | -- | 35.5 | 31 |  |  |  |
| 2.08 | Poor Mental Health: 14+ Days | 17 | -- | -- | 13.6 |  |  | -- |
| 1.83 | Poor Mental Health: Average Number of Days | 5 | -- | 4.8 | 4.1 |  |  | -- |
| 1.75 | Adults Ever Diagnosed with Depression | 22.1 | -- | -- | 18.8 |  |  | -- |
| 1.64 | Alzheimer's Disease or Dementia: Medicare Population | 10.2 | -- | 10.4 | 10.8 |  |  |  |
| 1.50 | Self-Reported General Health Assessment: Good or Better | 84.4 | -- | 85.6 | 86.5 |  |  | -- |

**HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.*

Age-Adjusted Death Rate due to Alzheimer's Disease and Poor Mental Health are top areas of concern related to Mental Health & Mental Disorders in Ashland County. The death rate due to Alzheimer's disease is 50.3 deaths/ 100,000 population in Ashland County, which falls among the 25% least performing counties in both Ohio and in the nation. This indicator also shows a decreasing trend over time. The indicator Poor Mental Health: 14+ Days shows the percentage of adults who stated that their mental health was not good 14 or more days in the past month. The value for Ashland County, 17%, falls in the lower 25% of counties in the nation. Furthermore, Alzheimer's Disease or Dementia: Medicare Population in Ashland County show that 10.2% of Medicare beneficiaries were treated for Alzheimer's disease or dementia. This indicator is of concern because the trend over time shows a significant increase.

### Substance Use & Misuse

From the secondary data scoring results, Tobacco Use ranked 1st among all other topic areas while Alcohol & Drug Use ranked 13th. Further analysis was done to identify specific indicators of concern within the categories. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 12 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 12: DATA SCORING RESULTS FOR SUBSTANCE USE & MISUSE (TOBACCO USE, DRUGS)

| SCORE | SUBSTANCE USE & MISUSE (TOBACCO USE, DRUGS) | Ashland County | HP2030 | Ohio | U.S. | Ohio Counties | U.S. Counties | Trend |
|---|---|---|---|---|---|---|---|---|
| 2.72 | Alcohol-Impaired Driving Deaths | 44.1 | 28.3 | 32.2 | 27 |  |  |  |
| 2.08 | Adults who Smoke | 23.6 | 5 | 21.4 | 17 |  |  | -- |
| 2.00 | Adults Who Used Smokeless Tobacco: Past 30 Days | 3.3 | -- | 2.2 | 2 |  |  | -- |
| 1.86 | Mothers who Smoked During Pregnancy | 12.7 | 4.3 | 11.5 | 5.5 |  | -- |  |
| 1.75 | Adults who Binge Drink | 17.1 | -- | -- | 16.7 |  |  | -- |
| 1.67 | Adults Who Used Electronic Cigarettes: Past 30 Days | 4.6 | -- | 4.3 | 4.1 |  |  | -- |
| 1.50 | Consumer Expenditures: Tobacco and Legal Marijuana | 469.2 | -- | 487.9 | 422.4 |  |  | -- |

**HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.*

Alcohol-Impaired Driving Deaths and Adults who Smoke are top areas of concern related to Substance Use & Misuse in Ashland County. The percentage of motor vehicle crash deaths with alcohol involvement (Alcohol-Impaired Driving Deaths) in Ashland County is 44.1%, which falls in the lower 25% of counties in Ohio and in the nation. This indicator is of concern in the community and is much higher than the Healthy People 2030 Target value of 28.3%. Similarly, the trend over time is showing a significant increase in Ashland County.

The indicator Adults who Smoke shows the percentage of adults who currently smoke cigarettes in Ashland County. The value for Ashland County at 23.6% falls in the lower 25% of counties in the nation.

## Primary Data

### Mental Health

Mental Health was a top health need identified by key informants and focus group participants in this CHNA process in addition to the secondary data analysis. The impact of COVID-19 on mental health issues was a large topic of discussion across key informant and focus group conversations. In particular, the impact of increased stress, anxiety, and trauma that everyone has experienced. Participants also discussed the connection of mental health with drug and alcohol use; that individuals use drugs and alcohol as coping strategies instead of accessing mental health care. Another main item discussed in relation to mental health was the general fear and stigma that still exists that prevent individuals from accessing the care they need. The quotes below further highlight the key themes discussed in the qualitative data.

> In the behavioral health system, psychiatric care is difficult to access. Not that many psychiatrists and many are retiring and not enough are coming through the ranks. Many are going to bigger cities. We may need to use telehealth.
>
> - Key Informant

> Mental health is a huge problem, but it's a huge resource deficit as well. And I don't really think anybody in the healthcare really knows the extent of mental health challenges...but we don't have the resources for treatments, and we don't have availability [of services].
>
> - Focus Group Participant

### Substance Use and Misuse

Substance Use and Misuse was another top health need identified by key informants and focus group participants in this CHNA process in addition to the secondary data analysis. As mentioned in the Mental Health section, participants discussed how individuals use drugs and alcohol as a coping mechanism instead of seeking mental health treatment and/or support. Individuals also mentioned the growing incidence rate of overdoses that end in death in the county. Related to these overdoses, Fentanyl was specifically mentioned as a growing issue across the county and that it was being cut into other drugs. Community members also discussed the impact substance use has not only on the individual users, but on their families as well.

> We have one resource here and they're very limited in their ability take on the volume that we actually have. How many of our substance abuse issues, which is also another huge issue, how many of our substance abuse people are actually mental health issues? Patients that have either fallen through the cracks or choose not to participate in mental health treatment and use recreational street drugs as a way to cope.
> - Focus Group Participant

## Prioritized Health Topic #3: Cancer

# Cancer

- Identified as a significant health need through **secondary data analysis**, **key informants**, and **focus group** participants
- Colorectal Cancer Incidence Rate, Age-Adjusted Death Rate due to Colorectal Cancer, Cancer: Medicare Population, and Prostate Cancer Incidence Rate were identified as areas of concern from secondary data analysis

### Key Themes from Community Input

- Identified through community feedback as a leading health issue

### Secondary Data

From the secondary data scoring results, Cancer ranked 4th among all other topic areas. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 13 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 13: DATA SCORING RESULTS FOR CANCER

| SCORE | CANCER | Ashland County | HP2030 | Ohio | U.S. | Ohio Counties | U.S. Counties | Trend |
|---|---|---|---|---|---|---|---|---|
| 2.64 | Colorectal Cancer Incidence Rate | 50.6 | -- | 41.3 | 38 |  |  |  |
| 2.58 | Age-Adjusted Death Rate due to Colorectal Cancer | 22.4 | 8.9 | 14.8 | 13.4 |  |  |  |
| 2.58 | Cancer: Medicare Population | 9.2 | -- | 8.4 | 8.4 |  |  |  |
| 2.08 | Prostate Cancer Incidence Rate | 107.1 | -- | 107.2 | 106.2 |  |  |  |
| 1.92 | Adults with Cancer | 8.3 | -- | -- | 7.1 |  |  | -- |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **1.67** | Colon Cancer Screening | 63.6 | 74.4 | -- | 66.4 |  |  | -- |
| **1.64** | All Cancer Incidence Rate | 459.2 | -- | 467.5 | 448.6 |  |  |  |
| **1.61** | Age-Adjusted Death Rate due to Cancer | 168.4 | 122.7 | 169.4 | 152.4 |  |  |  |
| **1.61** | Cervical Cancer Screening: 21-65 | 83.7 | 84.3 | -- | 84.7 |  |  | -- |

**HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.*

One of the poorer performing indicators under the Cancer health topic is the Colorectal Cancer Incidence Rate. This indicator shows the age-adjusted incidence rate for colorectal cancer cases per 100,000 population. For Ashland County, the rate is 50.6 per 100,000 population. This falls in the lower 25% of counties for both Ohio and in the nation. This indicator also shows a trend over time with a significant increase. The second indicator of interest is Age-Adjusted Death Rate due to Colorectal Cancer. The rate for Ashland County is 22.4 deaths per 100,000 population. This falls in the lower 25% of counties in Ohio and in the nation. This indicator also shows a trend over time with a significant increase. Additionally, the indicators Cancer: Medicare Population, Prostate Cancer Incidence Rate, and All Cancer Incidence Rate show trends over time with significant increases.

## Primary Data

Cancer was a top health need identified by focus group participants in this CHNA process in addition to the secondary data analysis. Even though Cancer was identified as a top health need area in the qualitative data, there were no additional specifics provided in the context of the broader discussions pertaining to the topic of Cancer.

# Non-Prioritized Significant Health Needs

**The following significant health needs, presented in alphabetical order, emerged from a review of the primary and secondary data. While Ashland County Health Department and University Hospitals Samaritan Medical Center will not directly focus on these topics in their Community Health Improvement Plan, additional opportunities will be identified to grow and expand existing work as well as implementing additional programming in new areas as they arise.**

**Key themes from community input are included where relevant for each non-prioritized health need along with the secondary data score and warning indicators.**

## Non-Prioritized Health Need #1: Access to Healthy Food

### Access to Healthy Food

- Identified as a significant health need by **key informants** and **focus group** participants
- Consumer Expenditures: Fruits and Vegetables and Adult Sugar-Sweetened Beverage Consumption: Past 7 Days were areas of concern from secondary data analysis

### Key Themes from Community Input

- Community identified that there is a general access and affordability issue
- There is a need for accessible grocery stores, particularly in rural areas of the county
- Identified the need for programs that address food insecurity
- Transportation in a barrier

> [Because of COVID-19], we realized that there were a lot more folks in our county that had food instability issues; that we have to make sure that people have access to food. The pandemic exacerbated people's access to resources. It was positive to learn this information.
> - Key Informant

# Chronic Conditions

- Identified as a significant health need through **secondary data analysis**, **key informants**, and **focus group** participants
- Areas of concern identified through the secondary data analysis include:
  - Ischemic Heart Disease: Medicare Population
  - Atrial Fibrillation: Medicare Population
  - Hyperlipidemia: Medicare Population
  - Cholesterol Test History
  - Access to Exercise Opportunities
  - Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases
  - COPD: Medicare Population
  - Adults with COPD
  - Adults with Current Asthma
  - Diabetes: Medicare Population*

## Key Themes from Community Input

- Chronic conditions really impact the quality of life for the elderly
- Participants recognized the connection between adverse childhood experiences (ACES) and the increased risk for developing a chronic disease
- Participants also recognized that undiagnosed or untreated chronic conditions were an issue in the community

> "Overall self-care is very poor, which leads to long-term health problems like COPD, liver disease, and obesity. Leaves people more at risk for chronic health problems."
> - Key Informant

# Economy

- Identified as a significant health need through **key informant interviews** and **focus group** participants
- Dentist Rate and Primary Provider Rate Rate were identified as areas of concern from secondary data analysis
- Areas of concern identified through the secondary data analysis include:
  - Child Food Insecurity Rate
  - Food Insecurity Rate
  - Size of Labor Force
  - Overcrowded Households
  - Persons with Disability Living in Poverty (5-year)

## Key Themes from Community Input

- Impact of COVID-19 on jobs, job security, and small businesses
- Income disparities across the county
- Increased prices of goods and services
- Economic impact is a social determinant of health that impacts health and choices/options

> "There is a big income disparity in the county that leads to a lot of these [health] problems. Wages need to continue to rise in order to make if more feasible for people to buy healthy foods."
> - Key Informant

> "We have some people that are now half-dosing their medications because they can't afford it or are just not taking it because you must have a house or a roof over your head, especially if there are kids involved. They have to prioritize either the kid or the medication."
> - Focus Group Participant

# Barriers to Care

**A critical component in assessing the needs of a community includes identifying barriers to health care and social services, which can inform and focus strategies for addressing the prioritized health needs. The following section explores barriers that were identified through the primary data collection.**

## Economic Concerns

Economic Concerns, while not selected as a Prioritized Health Need as part of the 2022 Ashland County CHNA, was still an identified as a significant health need. Economic Concerns was a significant need area that was raised primarily through community focus group conversations and key informant interviews. The general impact of COVID-19 on economics in the county was discussed, including impact on jobs and job security; as well as impact on small businesses. Income disparities across the county were also discussed. Economic Concerns related to accessing basic needs such as healthy food and health care were also discussed. Economic impact as a social determinant of health impacts health access and individual/family choices and options. Barriers to healthcare will be addressed as part of the focal area of Access to Healthcare that was prioritized as part of this CHNA.

## Access to Healthy Food

Access to Healthy Food, while not a direct barrier to healthcare can be a limiting factor to an individual or family establishing and maintaining a healthy lifestyle. Poor food choices can increase an individual's risk for developing a chronic disease and makes it difficult for someone who has already received a chronic disease diagnosis to control their illness. Assess to Healthy Food was not selected as a Prioritized Health Need as part of the 2022 Ashland County CHNA but was still identified as a significant health need. Access to Healthy Food was a significant need area that was raised primarily through community focus group conversations and key informant interviews.

## Looking Ahead

While identifying barriers and disparities are critical components in assessing the needs of a community, it is equally important to understand the social determinants of health and other upstream factors that influence a community's health as well. The challenges and barriers faced by a community must be balanced by identifying practical, community-driven solutions. Together, these factors come together to inform and focus strategies to positively impact a community's health and will be addressed as Ashland County Health Department and University Hospitals Samaritan Medical Center move forward with the development of their Ashland County Community Health Improvement Plan (CHIP).

# Community Resources Available to Potentially Address Needs

The list of community resources in Table 14 were identified as being available to potentially address the needs identified through this assessment process.

TABLE 14: ASHLAND COUNTY COMMUNITY RESOURCES

- Appleseed Community Mental Health Center
- Area Churches
- Ashland Area Chamber of Commerce
- Ashland Christian Health Center
- Ashland Church Community Emergency Shelter Services (ACCESS)
- Ashland City and County Schools
- Ashland County Board of Developmental Disabilities
- Ashland County Cancer Association
- Ashland County Community Foundation
- Ashland County Council on Aging
- Ashland County Council on Alcoholism and Drug Abuse
- Ashland County EMA
- Ashland County Family and Children First Council
- Ashland County Hospice of North Central Ohio
- Ashland County Job and Family Services
- Ashland County Mental Health and Recovery Board
- Ashland County Prosecutor's Office
- Ashland County West Holmes
- Ashland Grace Church
- Ashland Parenting Plus
- Ashland Pregnancy Center Ashland Salvation Army Kroc Center
- Ashland University
- Ashland YMCA
- Associated Charities of Ashland County
- Catholic Charities of Ashland County
- City of Ashland
- City Parks and Recreation
- County Commissioners
- First Call 2-1-1 Ashland
- Health Care Coalition
- Help me Grow
- Kingston of Ashland
- Kno-Ho-Co Ashland
- Local Churches
- Local Law Enforcement and Fire Services
- Local Nursing Homes and Assisted Living
- Ohio Health Network
- OSU Extension
- Paid-in-full Ministries
- Safe Haven of Ashland County
- Samaritan Hospital Foundation
- Transformation Network
- United Way of Ashland
- University Hospitals – Samaritan Medical Center

# Conclusion

This collaborative Community Health Needs Assessment (CHNA) conducted by Ashland County Health Department and University Hospitals Samaritan Medical Center, leveraged primary and secondary data analysis to provide a more comprehensive picture of health in Ashland County, Ohio. This report helps organizations participating on the Ashland County CHNA Steering Committee meet national and state assessment requirements. More specifically, this report helps:

- Ashland County Health Department meet PHAB reaccreditation requirements
- University Hospitals Samaritan Medical Center meet non-profit hospital IRS requirements as part of the Patient Protection and Affordable Care Act (ACA)
- Ashland County Health Department and University Hospitals Samaritan Medical Center meet the Ohio mandate that all tax-exempt hospitals collaborate with their local health departments on community health assessments (CHA) and community health improvement plans (CHIP)
- Ensure alignment between Ashland County CHIP planning and the latest Ohio SHIP

The collaborative assessment determined eight significant health needs in Ashland County. The prioritization process identified the top three health needs including: Behavioral Health (including Mental Health and Substance Use & Misuse), Access to Healthcare, and Cancer. Additionally, the Older Adult Population who are 65 and older living in Ashland County will be a population of focus within each of the three prioritized health areas identified.

## 2022 Ashland County CHNA Alignment

The final prioritized health needs from this 2022 Ashland County CHNA are in alignment with some of the top priorities and factors influencing health outcomes from the 2019 Ohio SHA/SHIP as shown in Table 15. They are also in alignment with a subset of 2019 Ashland County CHNA priority areas. This icon ☑ indicates areas of alignment.

TABLE 15: ASSESSMENT ALIGNMENT

| 2019 Ohio SHA/SHIP | 2019 Ashland County CHNA | 2022 Ashland County CHNA |
|---|---|---|
| Top Health Priorities:<br>☑ • Mental Health & Addiction<br>☑ • Chronic Disease<br>• Maternal and Infant Health<br><br>Top Priority Factors Influencing Health Outcomes:<br>• Community Conditions<br>☑ • Health Behaviors<br>☑ • Access to Care | Priority Health Areas:<br>☑ • Chronic Disease<br>☑ • Mental Health and Addiction | Prioritized Health Needs:<br>☑ • Access to Healthcare<br>☑ • Behavioral health (Mental health & Substance Use and Misuse)<br>☑ • Cancer |

The findings in this report will be used to guide the development of a new Ashland County Community Health Improvement Plan (CHIP), which will outline strategies to address identified priorities and improve the health of the community in Ashland County. The CHIP will also serve to meet University Hospitals Samaritan Medical Center's IRS requirements to create an Implementation Strategy (IS) for Ashland County.

# Appendix A. Secondary Data Methodology and Data Scoring Tables

## Secondary Data Sources

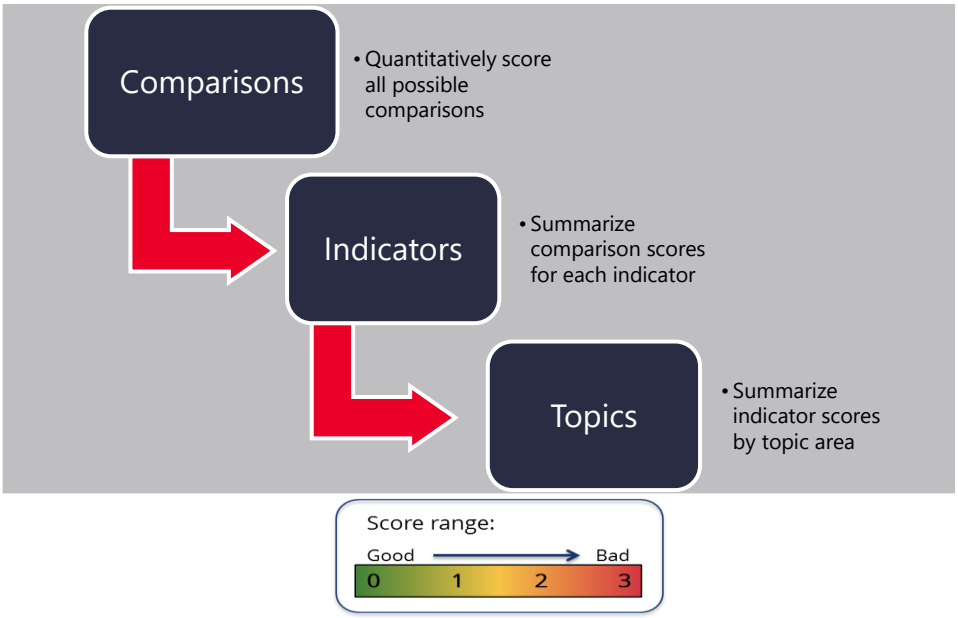
Secondary data used for this assessment were collected and analyzed from a community indicator database developed by Conduent Healthy Communities Institute (HCI). The database, maintained by researchers and analysts at HCI, includes over 150 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, national targets, and to previous time periods. The following is a list of secondary sources used in Lake County's Community Health Assessment:

- American Community Survey
- Annie E. Casey Foundation
- CDC - PLACES
- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- Claritas Consumer Buying Power
- Claritas Consumer Profiles
- County Health Rankings
- Feeding America
- Healthy Communities Institute
- National Cancer Institute
- National Center for Education Statistics
- National Environmental Public Health Tracking Network
- Ohio Department of Education
- Ohio Department of Health, Infectious Diseases
- Ohio Department of Health, Vital Statistics
- Ohio Department of Public Safety, Office of Criminal Justice Services
- Ohio Public Health Information Warehouse
- Ohio Secretary of State
- U.S. Bureau of Labor Statistics
- U.S. Census - County Business Patterns
- U.S. Department of Agriculture - Food Environment Atlas
- U.S. Environmental Protection Agency
- United For ALICE

## Data Scoring

HCI's Data Scoring Tool systematically summarizes multiple comparisons and ranks indicators based on highest need. For each indicator, the Ashland County value was compared to a distribution of Ohio and U.S. counties, state and national values, Healthy People 2030 targets, and significant trends, as shown below. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the poorest outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic area.

**Data scoring is done in three stages:**




Due to the limited availability of zip code, census tract, or other sub-county health data, the data scoring technique is only available at the county level. The data scoring results are therefore presented in the context of Ashland County. The indicators used in the secondary data analysis for Ashland County can also be accessed on the Healthy Northeast Ohio Community Data Platform.

## Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data on the Healthy Northeast Ohio Community Data Platform is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons ("in the red") scored high, whereas indicators with good comparisons ("in the green") scored low.

## Comparison to Values: State, National, and Targets

Each county is compared to the state value, the national value, and target values. Target values include the nation-wide Healthy People 2030 (HP2030) goals. Healthy People 2030 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

## Trend over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

## Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

## Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

## Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

## Index of Disparity

An important part of the CHNA process is to identify health disparities, the needs of vulnerable populations and unmet health needs or gaps in services. For secondary data health indicators, the Index of Disparity tool was utilized to see if there were large, negative, and concerning differences in indicator values between each subgroup data value and the overall county value. The Index of Disparity was run for the Ashland County, and the indicators with the highest race or ethnicity index value were found, with their associated subgroup with the negative disparity highlighted in the Disparity and Health Equity section of this report.

## Health Equity Index

Every community can be described by various social and economic factors that can contribute to disparities in health outcomes. Conduent HCI's Health Equity Index (formerly SocioNeeds ® Index) considers validated indicators related to income, employment, education, and household environment to identify areas at highest risk for experiencing health inequities.

### How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic needs correlated with preventable hospitalizations and premature death.

### What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Health Equity Index, with darker coloring associated with higher relative need.

Results for the Ashland County Health Equity Index can be found in the Disparities and Health Equity section of this report.

## Food Insecurity Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in outcomes and opportunities to thrive. Conduent HCI's Food Insecurity Index considers validated indicators related to income, household environment and well-being to identify areas at highest risk for experiencing food insecurity.

### How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest food insecurity, which is correlated with household and community measures of food-related financial stress such as Medicaid and SNAP enrollment.

### What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Food Insecurity Index, with darker coloring associated with higher relative need.

Results for the Ashland County Food Insecurity Index can be found in the Disparities and Health Equity section of this report.

## Mental Health Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in mental health outcomes. Conduent HCI's Mental Health Index considers validated indicators related to access to care, physical health status, transportation, employment and household environment to identify areas at highest risk for experiencing poor mental health.

### How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic and health needs correlated with self-reported poor mental health.

### What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Mental Health Index, with darker coloring associated with higher relative need.

Results for the Ashland County Mental Health Index can be found in the Disparities and Health Equity section of this report.

## Data Considerations

Several limitations of data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, data availability varies by health topic. Some topics contain a robust set of secondary data indicators, while others may have a limited number of indicators or limited subpopulations covered by those specific indicators.

Data scores represent the relative community health need according to the secondary data for each topic and should not be considered a comprehensive result on their own. In addition, these scores reflect the secondary data results for the population as a whole and do not represent the health or socioeconomic need that is much greater for some subpopulations. Moreover, many of the secondary data indicators included in the findings are collected by survey, and though specific methods are used to best represent the population at large, these measures are subject to instability, especially for smaller populations. The Index of Disparity is also limited by data availability, where indicator data varies based on the population groups and service areas being analyzed.

## Race or Ethnic and Special Population Groupings

The secondary data presented in this report derive from multiple sources, which may present race and ethnicity data using dissimilar nomenclature. For consistency with data sources throughout the report, subpopulation data may use different terms to describe the same or similar groups of community members.

# DATA SCORING RESULTS

The following tables list each indicator by topic area for Ashland County as of May 2022.

## Ashland County Secondary Data Scoring Results

| SCORE | ADOLESCENT HEALTH | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| **1.67** | Teen Pregnancy Rate | *pregnancies/ 1,000 females aged 15-17* | 19.8 | | 19.5 | | *2016* | 16 |
| **1.03** | Teen Birth Rate: 15-17 | *live births/ 1,000 females aged 15-17* | 4.7 | | 6.8 | | *2020* | 16 |

| SCORE | ALCOHOL & DRUG USE | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| **2.72** | Alcohol-Impaired Driving Deaths | *percent of driving deaths with alcohol involvement* | 44.1 | 28.3 | 32.2 | 27 | *2015-2019* | 8 |
| **1.86** | Mothers who Smoked During Pregnancy | *percent* | 12.7 | 4.3 | 11.5 | 5.5 | *2020* | 16 |
| **1.75** | Adults who Binge Drink | *percent* | 17.1 | | | 16.7 | *2019* | 3 |
| **1.42** | Health Behaviors Ranking | | 35 | | | | *2021* | 8 |
| **1.17** | Adults who Drink Excessively | *percent* | 17.7 | | 18.5 | 19 | *2018* | 8 |
| **1.00** | Age-Adjusted Drug and Opioid-Involved Overdose Death Rate | *Deaths per 100,000 population* | 24.6 | | 40.4 | 23.5 | *2018-2020* | 4 |
| **1.00** | Consumer Expenditures: Alcoholic Beverages | *average dollar amount per consumer unit* | 581 | | 651.5 | 701.9 | *2021* | 6 |
| **0.97** | Liquor Store Density | *stores/ 100,000 population* | 5.6 | | 5.6 | 10.5 | *2019* | 21 |
| **0.67** | Death Rate due to Drug Poisoning | *deaths/ 100,000 population* | 14.9 | | 38.1 | 21 | *2017-2019* | 8 |

| SCORE | ALTERNATIVE MEDICINE | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| 1.50 | Consumer Expenditures: Prescription and Non-Prescription Drugs | *average dollar amount per consumer unit* | 619.6 | | 638.9 | 609.6 | *2021* | 6 |

| SCORE | CANCER | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| 2.64 | Colorectal Cancer Incidence Rate | *cases/ 100,000 population* | 50.6 | | 41.3 | 38 | *2014-2018* | 11 |
| 2.58 | Age-Adjusted Death Rate due to Colorectal Cancer | *deaths/ 100,000 population* | 22.4 | 8.9 | 14.8 | 13.4 | *2015-2019* | 11 |
| 2.58 | Cancer: Medicare Population | *percent* | 9.2 | | 8.4 | 8.4 | *2018* | 5 |
| 2.08 | Prostate Cancer Incidence Rate | *cases/ 100,000 males* | 107.1 | | 107.2 | 106.2 | *2014-2018* | 11 |
| 1.92 | Adults with Cancer | *percent* | 8.3 | | | 7.1 | *2019* | 3 |
| 1.67 | Colon Cancer Screening | *percent* | 63.6 | 74.4 | | 66.4 | *2018* | 3 |
| 1.64 | All Cancer Incidence Rate | *cases/ 100,000 population* | 459.2 | | 467.5 | 448.6 | *2014-2018* | 11 |
| 1.61 | Age-Adjusted Death Rate due to Cancer | *deaths/ 100,000 population* | 168.4 | 122.7 | 169.4 | 152.4 | *2015-2019* | 11 |
| 1.61 | Cervical Cancer Screening: 21-65 | *Percent* | 83.7 | 84.3 | | 84.7 | *2018* | 3 |
| 1.47 | Lung and Bronchus Cancer Incidence Rate | *cases/ 100,000 population* | 62.4 | | 67.3 | 57.3 | *2014-2018* | 11 |
| 1.44 | Mammogram in Past 2 Years: 50-74 | *percent* | 73.4 | 77.1 | | 74.8 | *2018* | 3 |
| 1.28 | Age-Adjusted Death Rate due to Breast Cancer | *deaths/ 100,000 females* | 20 | 15.3 | 21.6 | 19.9 | *2015-2019* | 11 |
| 0.97 | Breast Cancer Incidence Rate | *cases/ 100,000 females* | 114.4 | | 129.6 | 126.8 | *2014-2018* | 11 |
| 0.94 | Age-Adjusted Death Rate due to Lung Cancer | *deaths/ 100,000 population* | 38.6 | 25.1 | 45 | 36.7 | *2015-2019* | 11 |
| 0.61 | Age-Adjusted Death Rate due to Prostate Cancer | *deaths/ 100,000 males* | 15.8 | 16.9 | 19.4 | 18.9 | *2015-2019* | 11 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **0.36** | Oral Cavity and Pharynx Cancer Incidence Rate | *cases/ 100,000 population* | 6.1 | | 12.2 | 11.9 | *2014-2018* | 11 |

| SCORE | CHILDREN'S HEALTH | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| **2.22** | Substantiated Child Abuse Rate | *cases/ 1,000 children* | 10.4 | 8.7 | 6.8 | | *2020* | 2 |
| **2.00** | Child Food Insecurity Rate | *percent* | 17.9 | | 17.4 | 14.6 | *2019* | 9 |
| **1.69** | Blood Lead Levels in Children (>=10 micrograms per deciliter) | *percent* | 0.6 | | 0.5 | | *2020* | 18 |
| **1.36** | Blood Lead Levels in Children (>=5 micrograms per deciliter) | *percent* | 1.8 | | 1.9 | | *2020* | 18 |
| **1.25** | Projected Child Food Insecurity Rate | *percent* | 18.5 | | 18.5 | | *2021* | 9 |
| **1.00** | Children with Low Access to a Grocery Store | *percent* | 0.7 | | | | *2015* | 22 |
| **0.83** | Consumer Expenditures: Childcare | *average dollar amount per consumer unit* | 202.1 | | 301.6 | 368.2 | *2021* | 6 |

| SCORE | COMMUNITY | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| **2.72** | Alcohol-Impaired Driving Deaths | *percent of driving deaths with alcohol involvement* | 44.1 | 28.3 | 32.2 | 27 | *2015-2019* | 8 |
| **2.22** | Substantiated Child Abuse Rate | *cases/ 1,000 children* | 10.4 | 8.7 | 6.8 | | *2020* | 2 |
| **1.92** | Workers Commuting by Public Transportation | *percent* | 0.3 | 5.3 | 1.4 | 4.6 | *2016-2020* | 1 |
| **1.75** | Per Capita Income | *dollars* | 27403 | | 32465 | 35384 | *2016-2020* | 1 |
| **1.69** | People 25+ with a Bachelor's Degree or Higher | *percent* | 22 | | 28.9 | 32.9 | *2016-2020* | 1 |
| **1.67** | Adults with Internet Access | *percent* | 93.6 | | 94.5 | 95 | *2021* | 7 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **1.67** | Households with a Smartphone | *percent* | 78.3 | | 80.5 | 81.9 | *2021* | 7 |
| **1.67** | Households with No Car and Low Access to a Grocery Store | *percent* | 3.1 | | | | *2015* | 22 |
| **1.67** | Mean Travel Time to Work | *minutes* | 24.7 | | 23.7 | 26.9 | *2016-2020* | 1 |
| **1.64** | Violent Crime Rate | *crimes/ 100,000 population* | 143.2 | | | | *2021* | 17 |
| **1.53** | Workers who Drive Alone to Work | *percent* | 82.3 | | 81.5 | 74.9 | *2016-2020* | 1 |
| **1.50** | Households with a Computer | *percent* | 84.4 | | 85.2 | 86.3 | *2021* | 7 |
| **1.50** | Households with Wireless Phone Service | *percent* | 96 | | 96.8 | 97 | *2020* | 7 |
| **1.42** | Social and Economic Factors Ranking | | 34 | | | | *2021* | 8 |
| **1.36** | Children Living Below Poverty Level | *percent* | 18.6 | | 19.1 | 17.5 | *2016-2020* | 1 |
| **1.25** | Households with One or More Types of Computing Devices | *percent* | 88.7 | | 90.7 | 91.9 | *2016-2020* | 1 |
| **1.25** | Median Household Income | *dollars* | 55422 | | 58116 | 64994 | *2016-2020* | 1 |
| **1.25** | Persons with an Internet Subscription | *percent* | 85.9 | | 88.3 | 88.5 | *2016-2020* | 1 |
| **1.14** | Solo Drivers with a Long Commute | *percent* | 30.7 | | 31.1 | 37 | *2015-2019* | 8 |
| **1.11** | People Living Below Poverty Level | *percent* | 12.5 | 8 | 13.6 | 12.8 | *2016-2020* | 1 |
| **1.08** | Households with an Internet Subscription | *percent* | 83 | | 84.9 | 85.5 | *2016-2020* | 1 |
| **1.03** | Households without a Vehicle | *percent* | 6.9 | | 7.8 | 8.5 | *2016-2020* | 1 |
| **0.83** | Consumer Expenditures: Local Public Transportation | *average dollar amount per consumer unit* | 106.1 | | 121.7 | 148.8 | *2021* | 6 |
| **0.75** | Voter Turnout: Presidential Election | *percent* | 76.8 | | 74 | | *2020* | 19 |
| **0.69** | Single-Parent Households | *percent* | 20.5 | | 26.9 | 25.3 | *2016-2020* | 1 |
| **0.69** | Young Children Living Below Poverty Level | *percent* | 15.2 | | 21.8 | 19.1 | *2016-2020* | 1 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **0.58** | Linguistic Isolation | *percent* | 0.8 | | 1.4 | 4.3 | *2016-2020* | 1 |
| **0.50** | Social Associations | *membership associations/ 10,000 population* | 19.2 | | 11 | 9.3 | *2018* | 8 |
| **0.36** | Homeownership | *percent* | 69 | | 60 | 56.9 | *2016-2020* | 1 |
| **0.36** | People 65+ Living Alone | *percent* | 22.3 | | 29.4 | 26.3 | *2016-2020* | 1 |
| **0.36** | Workers who Walk to Work | *percent* | 4.1 | | 2.2 | 2.6 | *2016-2020* | 1 |
| **0.36** | Youth not in School or Working | *percent* | 0.2 | | 1.9 | 1.8 | *2016-2020* | 1 |

| SCORE | DIABETES | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| **1.67** | Diabetes: Medicare Population | *percent* | 27.7 | | 27.2 | 27 | *2018* | 5 |
| **1.36** | Age-Adjusted Death Rate due to Diabetes | *deaths/ 100,000 population* | 25.1 | | 26.4 | 22.6 | *2018-2020* | 4 |
| **0.86** | Adults 20+ with Diabetes | *percent* | 7.2 | | | | *2019* | 4 |

| SCORE | DISABILITIES | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| **1.86** | Persons with Disability Living in Poverty (5-year) | *percent* | 31.4 | | 29.2 | 25.4 | *2016-2020* | 1 |

| SCORE | ECONOMY | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| **2.00** | Child Food Insecurity Rate | *percent* | 17.9 | | 17.4 | 14.6 | *2019* | 9 |
| **2.00** | Food Insecurity Rate | *percent* | 13.6 | | 13.2 | 10.9 | *2019* | 9 |
| **1.92** | Size of Labor Force | *persons* | 25752 | | | | *44562* | 20 |
| **1.86** | Overcrowded Households | *percent of households* | 1.9 | | 1.4 | | *2016-2020* | 1 |
| **1.86** | Persons with Disability Living in Poverty (5-year) | *percent* | 31.4 | | 29.2 | 25.4 | *2016-2020* | 1 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **1.75** | Per Capita Income | *dollars* | 27403 | | 32465 | 35384 | *2016-2020* | 1 |
| **1.69** | SNAP Certified Stores | *stores/ 1,000 population* | 0.7 | | | | *2017* | 22 |
| **1.64** | People 65+ Living Below Poverty Level (Count) | *people* | 640 | | | | *2016-2020* | 1 |
| **1.53** | People Living 200% Above Poverty Level | *percent* | 68 | | 69.5 | 70.2 | *2016-2020* | 1 |
| **1.50** | Households with a Savings Account | *percent* | 68 | | 68.8 | 70.2 | *2021* | 7 |
| **1.50** | Unemployed Workers in Civilian Labor Force | *percent* | 4.6 | | 4.8 | 4.4 | *January 2022* | 20 |
| **1.42** | Social and Economic Factors Ranking | | 34 | | | | *2021* | 8 |
| **1.36** | Children Living Below Poverty Level | *percent* | 18.6 | | 19.1 | 17.5 | *2016-2020* | 1 |
| **1.33** | Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold | *percent* | 64.7 | | 61.6 | | *2018* | 24 |
| **1.33** | Households that are Asset Limited, Income Constrained, Employed (ALICE) | *percent* | 23.4 | | 24.5 | | *2018* | 24 |
| **1.31** | Households with Cash Public Assistance Income | *percent* | 2.3 | | 2.8 | 2.4 | *2016-2020* | 1 |
| **1.25** | Median Household Income | *dollars* | 55422 | | 58116 | 64994 | *2016-2020* | 1 |
| **1.25** | Projected Child Food Insecurity Rate | *percent* | 18.5 | | 18.5 | | *2021* | 9 |
| **1.25** | Projected Food Insecurity Rate | *percent* | 14.1 | | 14.1 | | *2021* | 9 |
| **1.19** | Students Eligible for the Free Lunch Program | *percent* | 25.4 | | 20.2 | 43.1 | *2019-2020* | 12 |
| **1.17** | Adults who Feel Overwhelmed by Financial Burdens | *percent* | 14.2 | | 14.6 | 14.4 | *2021* | 7 |

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|---|---|---|---|---|---|---|---|---|
| **1.17** | Consumer Expenditures: Homeowner Expenses | *average dollar amount per consumer unit* | 7173.7 | | 7828 | 8900.1 | *2021* | 6 |
| **1.17** | Households that are Below the Federal Poverty Level | *percent* | 11.8 | | 13.8 | | *2018* | 24 |
| **1.11** | People Living Below Poverty Level | *percent* | 12.5 | 8 | 13.6 | 12.8 | *2016-2020* | 1 |
| **1.03** | Severe Housing Problems | *percent* | 12.4 | | 13.7 | 18 | *2013-2017* | 8 |
| **1.00** | Low-Income and Low Access to a Grocery Store | *percent* | 1.4 | | | | *2015* | 22 |
| **0.83** | Consumer Expenditures: Home Rental Expenses | *average dollar amount per consumer unit* | 3744.4 | | 3798.7 | 5460.2 | *2021* | 6 |
| **0.81** | Renters Spending 30% or More of Household Income on Rent | *percent* | 37.5 | | 44.1 | 49.1 | *2016-2020* | 1 |
| **0.69** | Young Children Living Below Poverty Level | *percent* | 15.2 | | 21.8 | 19.1 | *2016-2020* | 1 |
| **0.67** | Income Inequality | | 0.4 | | 0.5 | 0.5 | *2016-2020* | 1 |
| **0.67** | People 65+ Living Below Poverty Level | *percent* | 6.7 | | 8.2 | 9.3 | *2016-2020* | 1 |
| **0.42** | Families Living Below Poverty Level | *percent* | 7 | | 9.6 | 9.1 | *2016-2020* | 1 |
| **0.36** | Homeownership | *percent* | 69 | | 60 | 56.9 | *2016-2020* | 1 |
| **0.36** | Youth not in School or Working | *percent* | 0.2 | | 1.9 | 1.8 | *2016-2020* | 1 |

| SCORE | EDUCATION | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| **1.69** | People 25+ with a Bachelor's Degree or Higher | *percent* | 22 | | 28.9 | 32.9 | *2016-2020* | 1 |
| **1.36** | Student-to-Teacher Ratio | *students/ teacher* | 16.2 | | 16.3 | 16.3 | *2020-2021* | 12 |
| **1.33** | 8th Grade Students Proficient in English/Language Arts | *percent* | 56 | | 52.7 | | *2020-2021* | 14 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **1.17** | Consumer Expenditures: Education | *average dollar amount per consumer unit* | 988.2 | | 1200.4 | 1492.4 | *2021* | 6 |
| **1.17** | High School Graduation | *percent* | 95.2 | 90.7 | 92 | | *2019-2020* | 14 |
| **1.14** | 8th Grade Students Proficient in Math | *percent* | 61.2 | | 42.6 | | *2020-2021* | 14 |
| **1.00** | 4th Grade Students Proficient in Math | *percent* | 75.6 | | 59.4 | | *2020-2021* | 14 |
| **0.86** | 4th Grade Students Proficient in English/Language Arts | *percent* | 73.6 | | 56 | | *2020-2021* | 14 |
| **0.83** | Consumer Expenditures: Childcare | *average dollar amount per consumer unit* | 202.1 | | 301.6 | 368.2 | *2021* | 6 |

| SCORE | ENVIRONMENTAL HEALTH | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| **2.47** | Houses Built Prior to 1950 | *percent* | 31.6 | | 26 | 17.2 | *2016-2020* | 1 |
| **2.17** | Access to Exercise Opportunities | *percent* | 60 | | 83.9 | 84 | *2020* | 8 |
| **1.92** | Adults with Current Asthma | *percent* | 10.3 | | | 8.9 | *2019* | 3 |
| **1.86** | Overcrowded Households | *percent of households* | 1.9 | | 1.4 | | *2016-2020* | 1 |
| **1.69** | Blood Lead Levels in Children (>=10 micrograms per deciliter) | *percent* | 0.6 | | 0.5 | | *2020* | 18 |
| **1.69** | SNAP Certified Stores | *stores/ 1,000 population* | 0.7 | | | | *2017* | 22 |
| **1.67** | Households with No Car and Low Access to a Grocery Store | *percent* | 3.1 | | | | *2015* | 22 |
| **1.67** | Recreation and Fitness Facilities | *facilities/ 1,000 population* | 0.1 | | | | *2016* | 22 |
| **1.64** | Number of Extreme Precipitation Days | *days* | 34 | | | | *2019* | 13 |
| **1.64** | Recognized Carcinogens Released into Air | *pounds* | 126 | | | | *2020* | 23 |
| **1.64** | Weeks of Moderate Drought or Worse | *weeks per year* | 2 | | | | *2020* | 13 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **1.50** | WIC Certified Stores | *stores/ 1,000 population* | 0.1 | | | | *2016* | 22 |
| **1.42** | Physical Environment Ranking | | 35 | | | | *2021* | 8 |
| **1.36** | Asthma: Medicare Population | *percent* | 4.8 | | 4.8 | 5 | *2018* | 5 |
| **1.36** | Blood Lead Levels in Children (>=5 micrograms per deciliter) | *percent* | 1.8 | | 1.9 | | *2020* | 18 |
| **1.36** | Number of Extreme Heat Days | *days* | 14 | | | | *2019* | 13 |
| **1.33** | Farmers Market Density | *markets/ 1,000 population* | 0 | | | | *2018* | 22 |
| **1.17** | Fast Food Restaurant Density | *restaurants/ 1,000 population* | 0.6 | | | | *2016* | 22 |
| **1.03** | Grocery Store Density | *stores/ 1,000 population* | 0.3 | | | | *2016* | 22 |
| **1.03** | Severe Housing Problems | *percent* | 12.4 | | 13.7 | 18 | *2013-2017* | 8 |
| **1.00** | Children with Low Access to a Grocery Store | *percent* | 0.7 | | | | *2015* | 22 |
| **1.00** | Low-Income and Low Access to a Grocery Store | *percent* | 1.4 | | | | *2015* | 22 |
| **1.00** | People 65+ with Low Access to a Grocery Store | *percent* | 1 | | | | *2015* | 22 |
| **0.97** | Food Environment Index | | 8.1 | | 6.8 | 7.8 | *2021* | 8 |
| **0.97** | Liquor Store Density | *stores/ 100,000 population* | 5.6 | | 5.6 | 10.5 | *2019* | 21 |

| SCORE | FAMILY PLANNING | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| **1.67** | Teen Pregnancy Rate | *pregnancies/ 1,000 females aged 15-17* | 19.8 | | 19.5 | | *2016* | 16 |
| **1.03** | Teen Birth Rate: 15-17 | *live births/ 1,000 females aged 15-17* | 4.7 | | 6.8 | | *2020* | 16 |

| SCORE | FOOD SAFETY | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| 1.17 | Salmonella Infection Incidence Rate | *cases/ 100,000 population* | 11.2 | 11.1 | 13.7 | | *2019* | 15 |

| SCORE | HEALTH CARE ACCESS & QUALITY | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| 2.00 | Dentist Rate | *dentists/ 100,000 population* | 43 | | 64.2 | | *2019* | 8 |
| 1.89 | Primary Care Provider Rate | *providers/ 100,000 population* | 44.7 | | 76.7 | | *2018* | 8 |
| 1.58 | Adults who have had a Routine Checkup | *percent* | 77.4 | | | 76.6 | *2019* | 3 |
| 1.58 | Clinical Care Ranking | | 51 | | | | *2021* | 8 |
| 1.50 | Adults who Visited a Dentist | *percent* | 50.9 | | 51.6 | 52.9 | *2021* | 7 |
| 1.50 | Consumer Expenditures: Prescription and Non-Prescription Drugs | *average dollar amount per consumer unit* | 619.6 | | 638.9 | 609.6 | *2021* | 6 |
| 1.33 | Adults with Health Insurance: 18+ | *percent* | 90.3 | | 90.2 | 90.6 | *2021* | 7 |
| 1.33 | Consumer Expenditures: Health Insurance | *average dollar amount per consumer unit* | 4193.6 | | 4371.7 | 4321.1 | *2021* | 6 |
| 1.33 | Consumer Expenditures: Medical Services | *average dollar amount per consumer unit* | 1029.9 | | 1098.6 | 1047.4 | *2021* | 6 |
| 1.33 | Consumer Expenditures: Medical Supplies | *average dollar amount per consumer unit* | 190.2 | | 204.8 | 194.9 | *2021* | 6 |
| 1.33 | Non-Physician Primary Care Provider Rate | *providers/ 100,000 population* | 67.3 | | 108.9 | | *2020* | 8 |
| 1.08 | Adults without Health Insurance | *percent* | 12 | | | 13 | *2019* | 3 |
| 1.00 | Mental Health Provider Rate | *providers/ 100,000 population* | 226.2 | | 261.3 | | *2020* | 8 |

| SCORE | HEART DISEASE & STROKE | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| **2.42** | Ischemic Heart Disease: Medicare Population | *percent* | 29.6 | | 27.5 | 26.8 | *2018* | 5 |
| **2.31** | Atrial Fibrillation: Medicare Population | *percent* | 9.5 | | 9 | 8.4 | *2018* | 5 |
| **2.14** | Hyperlipidemia: Medicare Population | *percent* | 52.2 | | 49.4 | 47.7 | *2018* | 5 |
| **2.08** | Cholesterol Test History | *percent* | 83.6 | | | 87.6 | *2019* | 3 |
| **1.92** | Adults who Experienced Coronary Heart Disease | *percent* | 8.1 | | | 6.2 | *2019* | 3 |
| **1.92** | Age-Adjusted Death Rate due to Coronary Heart Disease | *deaths/ 100,000 population* | 103.9 | 71.1 | 101.9 | 90.2 | *2018-2020* | 4 |
| **1.83** | Hypertension: Medicare Population | *percent* | 61.4 | | 59.5 | 57.2 | *2018* | 5 |
| **1.78** | Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) | *deaths/ 100,000 population* | 41.4 | 33.4 | 43.4 | 37.6 | *2018-2020* | 4 |
| **1.58** | Adults who Experienced a Stroke | *percent* | 3.9 | | | 3.4 | *2019* | 3 |
| **1.50** | High Blood Pressure Prevalence | *percent* | 35.7 | 27.7 | | 32.6 | *2019* | 3 |
| **1.42** | High Cholesterol Prevalence: Adults 18+ | *percent* | 33.4 | | | 33.6 | *2019* | 3 |
| **1.25** | Adults who Have Taken Medications for High Blood Pressure | *percent* | 78.4 | | | 76.2 | *2019* | 3 |
| **1.25** | Heart Failure: Medicare Population | *percent* | 12.6 | | 14.7 | 14 | *2018* | 5 |
| **1.19** | Age-Adjusted Death Rate due to Heart Attack | *deaths/ 100,000 population 35+ years* | 55 | | 55.4 | | *2019* | 13 |
| **1.19** | Stroke: Medicare Population | *percent* | 3.6 | | 3.8 | 3.8 | *2018* | 5 |

| SCORE | IMMUNIZATIONS & INFECTIOUS DISEASES | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| **2.14** | COVID-19 Daily Average Incidence Rate | *cases per 100,000 population* | 10.1 | | 7.6 | 10.2 | *44680* | 10 |
| **1.92** | Age-Adjusted Death Rate due to Influenza and Pneumonia | *deaths/ 100,000 population* | 14.1 | | 13.9 | 13.4 | *2018-2020* | 4 |
| **1.86** | Overcrowded Households | *percent of households* | 1.9 | | 1.4 | | *2016-2020* | 1 |
| **1.69** | Persons Fully Vaccinated Against COVID-19 | *percent* | 43.3 | | | | *44673* | 4 |
| **1.50** | Adults who Agree Vaccine Benefits Outweigh Possible Risks | *Percent* | 48 | | 48.6 | 49.4 | *2021* | 7 |
| **1.17** | Salmonella Infection Incidence Rate | *cases/ 100,000 population* | 11.2 | 11.1 | 13.7 | | *2019* | 15 |
| **1.06** | Tuberculosis Incidence Rate | *cases/ 100,000 population* | 0 | 1.4 | 1.3 | | *2021* | 15 |
| **0.86** | Chlamydia Incidence Rate | *cases/ 100,000 population* | 215 | | 504.8 | | *2020* | 15 |
| **0.86** | Gonorrhea Incidence Rate | *cases/ 100,000 population* | 26.2 | | 262.6 | | *2020* | 15 |
| **0.50** | COVID-19 Daily Average Case-Fatality Rate | *deaths per 100 cases* | 0 | | 0 | 3.5 | *44680* | 10 |

| SCORE | MATERNAL, FETAL & INFANT HEALTH | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| **2.67** | Mothers who Received Early Prenatal Care | *percent* | 53.2 | | 68.9 | 76.1 | *2020* | 16 |
| **2.08** | Infant Mortality Rate | *deaths/ 1,000 live births* | 12.1 | 5 | 6.9 | | *2019* | 16 |
| **1.86** | Mothers who Smoked During Pregnancy | *percent* | 12.7 | 4.3 | 11.5 | 5.5 | *2020* | 16 |
| **1.67** | Teen Pregnancy Rate | *pregnancies/ 1,000 females aged 15-17* | 19.8 | | 19.5 | | *2016* | 16 |
| **1.50** | WIC Certified Stores | *stores/ 1,000 population* | 0.1 | | | | *2016* | 22 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **1.03** | Teen Birth Rate: 15-17 | *live births/ 1,000 females aged 15-17* | 4.7 | | 6.8 | | *2020* | 16 |
| **0.92** | Preterm Births | *percent* | 6.8 | 9.4 | 10.3 | | *2020* | 16 |
| **0.83** | Consumer Expenditures: Childcare | *average dollar amount per consumer unit* | 202.1 | | 301.6 | 368.2 | *2021* | 6 |
| **0.75** | Babies with Very Low Birth Weight | *percent* | 0.6 | | 1.4 | 1.3 | *2020* | 16 |
| **0.61** | Babies with Low Birth Weight | *percent* | 5.3 | | 8.5 | 8.2 | *2020* | 16 |

| SCORE | MEDICATIONS & PRESCRIPTIONS | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| **1.50** | Consumer Expenditures: Prescription and Non-Prescription Drugs | *average dollar amount per consumer unit* | 619.6 | | 638.9 | 609.6 | *2021* | 6 |
| **1.33** | Consumer Expenditures: Medical Services | *average dollar amount per consumer unit* | 1029.9 | | 1098.6 | 1047.4 | *2021* | 6 |
| **1.33** | Consumer Expenditures: Medical Supplies | *average dollar amount per consumer unit* | 190.2 | | 204.8 | 194.9 | *2021* | 6 |

| SCORE | MEN'S HEALTH | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| **2.08** | Prostate Cancer Incidence Rate | *cases/ 100,000 males* | 107.1 | | 107.2 | 106.2 | *2014-2018* | 11 |
| **0.61** | Age-Adjusted Death Rate due to Prostate Cancer | *deaths/ 100,000 males* | 15.8 | 16.9 | 19.4 | 18.9 | *2015-2019* | 11 |

| SCORE | MENTAL HEALTH & MENTAL DISORDERS | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| 2.36 | Age-Adjusted Death Rate due to Alzheimer's Disease | *deaths/ 100,000 population* | 50.3 | | 35.5 | 31 | *2018-2020* | 4 |
| 2.08 | Poor Mental Health: 14+ Days | *percent* | 17 | | | 13.6 | *2019* | 3 |
| 1.83 | Poor Mental Health: Average Number of Days | *days* | 5 | | 4.8 | 4.1 | *2018* | 8 |
| 1.75 | Adults Ever Diagnosed with Depression | *percent* | 22.1 | | | 18.8 | *2019* | 3 |
| 1.64 | Alzheimer's Disease or Dementia: Medicare Population | *percent* | 10.2 | | 10.4 | 10.8 | *2018* | 5 |
| 1.50 | Self-Reported General Health Assessment: Good or Better | *percent* | 84.4 | | 85.6 | 86.5 | *2021* | 7 |
| 1.25 | Depression: Medicare Population | *percent* | 17.9 | | 20.4 | 18.4 | *2018* | 5 |
| 1.00 | Mental Health Provider Rate | *providers/ 100,000 population* | 226.2 | | 261.3 | | *2020* | 8 |
| 0.47 | Age-Adjusted Death Rate due to Suicide | *deaths/ 100,000 population* | 11.6 | 12.8 | 14.7 | 13.9 | *2018-2020* | 4 |

| SCORE | NUTRITION & HEALTHY EATING | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| 2.00 | Consumer Expenditures: Fruits and Vegetables | *average dollar amount per consumer unit* | 785.8 | | 864.6 | 1002.1 | *2021* | 6 |
| 1.83 | Adult Sugar-Sweetened Beverage Consumption: Past 7 Days | *percent* | 82.1 | | 80.9 | 80.4 | *2021* | 7 |
| 1.50 | WIC Certified Stores | *stores/ 1,000 population* | 0.1 | | | | *2016* | 22 |
| 1.33 | Adults Who Frequently Used Quick Service Restaurants: Past 30 Days | *Percent* | 41.1 | | 41.5 | 41.2 | *2021* | 7 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **1.17** | Consumer Expenditures: High Sugar Foods | *average dollar amount per consumer unit* | 479.1 | | 519 | 530.2 | *2021* | 6 |
| **0.83** | Consumer Expenditures: Fast Food Restaurants | *average dollar amount per consumer unit* | 1309 | | 1461 | 1638.9 | *2021* | 6 |
| **0.67** | Consumer Expenditures: High Sugar Beverages | *average dollar amount per consumer unit* | 294 | | 319.7 | 357 | *2021* | 6 |

| SCORE | OLDER ADULTS | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| **2.58** | Cancer: Medicare Population | *percent* | 9.2 | | 8.4 | 8.4 | *2018* | 5 |
| **2.42** | Ischemic Heart Disease: Medicare Population | *percent* | 29.6 | | 27.5 | 26.8 | *2018* | 5 |
| **2.36** | Age-Adjusted Death Rate due to Alzheimer's Disease | *deaths/ 100,000 population* | 50.3 | | 35.5 | 31 | *2018-2020* | 4 |
| **2.31** | Atrial Fibrillation: Medicare Population | *percent* | 9.5 | | 9 | 8.4 | *2018* | 5 |
| **2.14** | Hyperlipidemia: Medicare Population | *percent* | 52.2 | | 49.4 | 47.7 | *2018* | 5 |
| **2.08** | Rheumatoid Arthritis or Osteoarthritis: Medicare Population | *percent* | 35.9 | | 36.1 | 33.5 | *2018* | 5 |
| **1.97** | COPD: Medicare Population | *percent* | 13.5 | | 13.2 | 11.5 | *2018* | 5 |
| **1.83** | Hypertension: Medicare Population | *percent* | 61.4 | | 59.5 | 57.2 | *2018* | 5 |
| **1.75** | Adults 65+ with Total Tooth Loss | *percent* | 17 | | | 13.5 | *2018* | 3 |
| **1.75** | Adults with Arthritis | *percent* | 31 | | | 25.1 | *2019* | 3 |
| **1.75** | Chronic Kidney Disease: Medicare Population | *percent* | 24.4 | | 25.3 | 24.5 | *2018* | 5 |
| **1.67** | Colon Cancer Screening | *percent* | 63.6 | 74.4 | | 66.4 | *2018* | 3 |
| **1.67** | Diabetes: Medicare Population | *percent* | 27.7 | | 27.2 | 27 | *2018* | 5 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **1.64** | Age-Adjusted Death Rate due to Falls | *deaths/ 100,000 population* | 9.5 | | 10 | 9.2 | *2015-2017* | 4 |
| **1.64** | Alzheimer's Disease or Dementia: Medicare Population | *percent* | 10.2 | | 10.4 | 10.8 | *2018* | 5 |
| **1.64** | People 65+ Living Below Poverty Level (Count) | *people* | 640 | | | | *2016-2020* | 1 |
| **1.36** | Asthma: Medicare Population | *percent* | 4.8 | | 4.8 | 5 | *2018* | 5 |
| **1.25** | Adults 65+ who Received Recommended Preventive Services: Males | *percent* | 32.7 | | | 32.4 | *2018* | 3 |
| **1.25** | Depression: Medicare Population | *percent* | 17.9 | | 20.4 | 18.4 | *2018* | 5 |
| **1.25** | Heart Failure: Medicare Population | *percent* | 12.6 | | 14.7 | 14 | *2018* | 5 |
| **1.19** | Stroke: Medicare Population | *percent* | 3.6 | | 3.8 | 3.8 | *2018* | 5 |
| **1.17** | Consumer Expenditures: Eldercare | *average dollar amount per consumer unit* | 20.9 | | 20.5 | 34.3 | *2021* | 6 |
| **1.00** | People 65+ with Low Access to a Grocery Store | *percent* | 1 | | | | *2015* | 22 |
| **0.97** | Osteoporosis: Medicare Population | *percent* | 4.9 | | 6.2 | 6.6 | *2018* | 5 |
| **0.75** | Adults 65+ who Received Recommended Preventive Services: Females | *percent* | 33.4 | | | 28.4 | *2018* | 3 |
| **0.67** | People 65+ Living Below Poverty Level | *percent* | 6.7 | | 8.2 | 9.3 | *2016-2020* | 1 |
| **0.36** | People 65+ Living Alone | *percent* | 22.3 | | 29.4 | 26.3 | *2016-2020* | 1 |

| SCORE | ORAL HEALTH | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| 2.00 | Dentist Rate | *dentists/ 100,000 population* | 43 | | 64.2 | | *2019* | 8 |
| 1.75 | Adults 65+ with Total Tooth Loss | *percent* | 17 | | | 13.5 | *2018* | 3 |
| 1.50 | Adults who Visited a Dentist | *percent* | 50.9 | | 51.6 | 52.9 | *2021* | 7 |
| 0.36 | Oral Cavity and Pharynx Cancer Incidence Rate | *cases/ 100,000 population* | 6.1 | | 12.2 | 11.9 | *2014-2018* | 11 |

| SCORE | OTHER CONDITIONS | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| 2.08 | Rheumatoid Arthritis or Osteoarthritis: Medicare Population | *percent* | 35.9 | | 36.1 | 33.5 | *2018* | 5 |
| 1.75 | Adults with Arthritis | *percent* | 31 | | | 25.1 | *2019* | 3 |
| 1.75 | Chronic Kidney Disease: Medicare Population | *percent* | 24.4 | | 25.3 | 24.5 | *2018* | 5 |
| 1.42 | Adults with Kidney Disease | *Percent of adults* | 3.3 | | | 3.1 | *2019* | 3 |
| 0.97 | Osteoporosis: Medicare Population | *percent* | 4.9 | | 6.2 | 6.6 | *2018* | 5 |
| 0.50 | Age-Adjusted Death Rate due to Kidney Disease | *deaths/ 100,000 population* | 9.2 | | 14.2 | 12.8 | *2018-2020* | 4 |

| SCORE | PHYSICAL ACTIVITY | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| 2.17 | Access to Exercise Opportunities | *percent* | 60 | | 83.9 | 84 | *2020* | 8 |
| 1.83 | Adult Sugar-Sweetened Beverage Consumption: Past 7 Days | *percent* | 82.1 | | 80.9 | 80.4 | *2021* | 7 |
| 1.69 | SNAP Certified Stores | *stores/ 1,000 population* | 0.7 | | | | *2017* | 22 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **1.67** | Households with No Car and Low Access to a Grocery Store | *percent* | 3.1 | | | | *2015* | 22 |
| **1.67** | Recreation and Fitness Facilities | *facilities/ 1,000 population* | 0.1 | | | | *2016* | 22 |
| **1.42** | Health Behaviors Ranking | | 35 | | | | *2021* | 8 |
| **1.36** | Adults 20+ who are Sedentary | *percent* | 24.4 | | | | *2019* | 4 |
| **1.33** | Farmers Market Density | *markets/ 1,000 population* | 0 | | | | *2018* | 22 |
| **1.17** | Fast Food Restaurant Density | *restaurants/ 1,000 population* | 0.6 | | | | *2016* | 22 |
| **1.03** | Grocery Store Density | *stores/ 1,000 population* | 0.3 | | | | *2016* | 22 |
| **1.00** | Children with Low Access to a Grocery Store | *percent* | 0.7 | | | | *2015* | 22 |
| **1.00** | Low-Income and Low Access to a Grocery Store | *percent* | 1.4 | | | | *2015* | 22 |
| **1.00** | People 65+ with Low Access to a Grocery Store | *percent* | 1 | | | | *2015* | 22 |
| **0.97** | Food Environment Index | | 8.1 | | 6.8 | 7.8 | *2021* | 8 |
| **0.94** | Adults 20+ Who Are Obese | *percent* | 26.1 | 36 | | | *2019* | 4 |
| **0.36** | Workers who Walk to Work | *percent* | 4.1 | | 2.2 | 2.6 | *2016-2020* | 1 |

| SCORE | PREVENTION & SAFETY | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| **1.64** | Age-Adjusted Death Rate due to Falls | *deaths/ 100,000 population* | 9.5 | | 10 | 9.2 | *2015-2017* | 4 |
| **1.03** | Severe Housing Problems | *percent* | 12.4 | | 13.7 | 18 | *2013-2017* | 8 |
| **1.00** | Age-Adjusted Death Rate due to Unintentional Poisonings | *deaths/ 100,000 population* | 24.6 | | 40.5 | 23.5 | *2018-2020* | 4 |
| **0.67** | Death Rate due to Drug Poisoning | *deaths/ 100,000 population* | 14.9 | | 38.1 | 21 | *2017-2019* | 8 |
| **0.61** | Age-Adjusted Death Rate due to Unintentional Injuries | *deaths/ 100,000 population* | 43.1 | 43.2 | 69.9 | 51.6 | *2018-2020* | 4 |

| SCORE | RESPIRATORY DISEASES | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| **2.14** | COVID-19 Daily Average Incidence Rate | *cases per 100,000 population* | 10.1 | | 7.6 | 10.2 | *44680* | 10 |
| **2.08** | Adults who Smoke | *percent* | 23.6 | 5 | 21.4 | 17 | *2018* | 8 |
| **2.03** | Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases | *deaths/ 100,000 population* | 54.6 | | 46.5 | 38.1 | *2018-2020* | 4 |
| **2.00** | Adults Who Used Smokeless Tobacco: Past 30 Days | *percent* | 3.3 | | 2.2 | 2 | *2021* | 7 |
| **1.97** | COPD: Medicare Population | *percent* | 13.5 | | 13.2 | 11.5 | *2018* | 5 |
| **1.92** | Adults with COPD | *Percent of adults* | 10.2 | | | 6.6 | *2019* | 3 |
| **1.92** | Adults with Current Asthma | *percent* | 10.3 | | | 8.9 | *2019* | 3 |
| **1.92** | Age-Adjusted Death Rate due to Influenza and Pneumonia | *deaths/ 100,000 population* | 14.1 | | 13.9 | 13.4 | *2018-2020* | 4 |
| **1.67** | Adults Who Used Electronic Cigarettes: Past 30 Days | *percent* | 4.6 | | 4.3 | 4.1 | *2021* | 7 |
| **1.50** | Consumer Expenditures: Tobacco and Legal Marijuana | *average dollar amount per consumer unit* | 469.2 | | 487.9 | 422.4 | *2021* | 6 |
| **1.47** | Lung and Bronchus Cancer Incidence Rate | *cases/ 100,000 population* | 62.4 | | 67.3 | 57.3 | *2014-2018* | 11 |
| **1.36** | Asthma: Medicare Population | *percent* | 4.8 | | 4.8 | 5 | *2018* | 5 |
| **1.06** | Tuberculosis Incidence Rate | *cases/ 100,000 population* | 0 | 1.4 | 1.3 | | *2021* | 15 |
| **0.94** | Age-Adjusted Death Rate due to Lung Cancer | *deaths/ 100,000 population* | 38.6 | 25.1 | 45 | 36.7 | *2015-2019* | 11 |
| **0.50** | COVID-19 Daily Average Case-Fatality Rate | *deaths per 100 cases* | 0 | | 0 | 3.5 | *44680* | 10 |

| SCORE | SEXUALLY TRANSMITTED INFECTIONS | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| 0.86 | Chlamydia Incidence Rate | *cases/ 100,000 population* | 215 | | 504.8 | | *2020* | 15 |
| 0.86 | Gonorrhea Incidence Rate | *cases/ 100,000 population* | 26.2 | | 262.6 | | *2020* | 15 |

| SCORE | TOBACCO USE | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| 2.08 | Adults who Smoke | *percent* | 23.6 | 5 | 21.4 | 17 | *2018* | 8 |
| 2.00 | Adults Who Used Smokeless Tobacco: Past 30 Days | *percent* | 3.3 | | 2.2 | 2 | *2021* | 7 |
| 1.67 | Adults Who Used Electronic Cigarettes: Past 30 Days | *percent* | 4.6 | | 4.3 | 4.1 | *2021* | 7 |
| 1.50 | Consumer Expenditures: Tobacco and Legal Marijuana | *average dollar amount per consumer unit* | 469.2 | | 487.9 | 422.4 | *2021* | 6 |

| SCORE | WEIGHT STATUS | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| 0.94 | Adults 20+ Who Are Obese | *percent* | 26.1 | 36 | | | *2019* | 4 |

| SCORE | WELLNESS & LIFESTYLE | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| 1.83 | Adult Sugar-Sweetened Beverage Consumption: Past 7 Days | *percent* | 82.1 | | 80.9 | 80.4 | *2021* | 7 |
| 1.75 | Insufficient Sleep | *percent* | 39 | 31.4 | 40.6 | 35 | *2018* | 8 |
| 1.75 | Poor Physical Health: 14+ Days | *percent* | 15.1 | | | 12.5 | *2019* | 3 |
| 1.67 | Poor Physical Health: Average Number of Days | *days* | 4.4 | | 4.1 | 3.7 | *2018* | 8 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **1.58** | Self-Reported General Health Assessment: Poor or Fair | *percent* | 21.1 | | | 18.6 | *2019* | 3 |
| **1.50** | Adults who Agree Vaccine Benefits Outweigh Possible Risks | *Percent* | 48 | | 48.6 | 49.4 | *2021* | 7 |
| **1.50** | High Blood Pressure Prevalence | *percent* | 35.7 | 27.7 | | 32.6 | *2019* | 3 |
| **1.50** | Self-Reported General Health Assessment: Good or Better | *percent* | 84.4 | | 85.6 | 86.5 | *2021* | 7 |
| **1.33** | Adults Who Frequently Used Quick Service Restaurants: Past 30 Days | *Percent* | 41.1 | | 41.5 | 41.2 | *2021* | 7 |
| **1.25** | Morbidity Ranking | | 17 | | | | *2021* | 8 |
| **1.17** | Life Expectancy | *years* | 77.9 | | 77 | 79.2 | *2017-2019* | 8 |
| **0.83** | Consumer Expenditures: Fast Food Restaurants | *average dollar amount per consumer unit* | 1309 | | 1461 | 1638.9 | *2021* | 6 |

| SCORE | WOMEN'S HEALTH | UNITS | ASHLAND COUNTY | HP2030 | Ohio | U.S. | MEASUREMENT PERIOD | Source |
|---|---|---|---|---|---|---|---|---|
| **1.61** | Cervical Cancer Screening: 21-65 | *Percent* | 83.7 | 84.3 | | 84.7 | *2018* | 3 |
| **1.44** | Mammogram in Past 2 Years: 50-74 | *percent* | 73.4 | 77.1 | | 74.8 | *2018* | 3 |
| **1.28** | Age-Adjusted Death Rate due to Breast Cancer | *deaths/ 100,000 females* | 20 | 15.3 | 21.6 | 19.9 | *2015-2019* | 11 |
| **0.97** | Breast Cancer Incidence Rate | *cases/ 100,000 females* | 114.4 | | 129.6 | 126.8 | *2014-2018* | 11 |

# Appendix B. Community Input Assessment Tools

## Key Informant Interview Guide

1. **What community, or geographic area, does your organization serve (or represent)?**
    a. *How does your organization serve the community?*
    b. *What population do you serve?*

2. **Now, we would appreciate your perspective on the current health needs or issues faced by people living in *Ashland* County. In your opinion, what are the top 2-3 most important health issues affecting residents of your community?**

3. **What do you think are the leading factors that contribute to these health issues?**

4. **Which groups (or populations) in your community seem to struggle the most with the health issues that you've identified?**
    a. *Are there specific challenges that impact low-income, under-served/uninsured, racial or ethnic groups, age or gender groups in the community?*
    b. *How does it impact their lives?*
    c. *What could be done to promote health equity?*

5. **What geographic parts of the county or community have greater health or social need?**
    a. *Which neighborhoods in your community need additional support services or outreach?*

6. **What barriers or challenges might prevent someone in the community from accessing health care or social services?**
    a. What services are most difficult to access?

7. **We know COVID-19 has significantly impacted everyone's lives. How has COVID-19 impacted the health of the community in Ashland County?**
    a. *What were the most significant health concerns prior to the pandemic vs now?*
    b. *What populations have been most affected by COVID-19?*
    c. *Have there been any positive outcomes or changes that you've seen because of COVID?*

8. **Could you tell us about some of the strengths and resources in your community that address the issues we've discussed today. They could include specific groups, partnerships/initiatives, services, or programs?**
    a. *What are some possible solutions to the problems that we have discussed?*

b. *Are there particular services or programs that could potentially have an impact on the needs that you've identified, that may not already be in place?*

9. **Is there anything additional that should be considered for assessing the needs of the community?**

## Focus Group Guide

**Introduction:**

"The purpose of this focus group is to learn more about your community's health and your experience with COVID and its impact on your life and community. I'll be asking some questions about these topics and encourage you to share as much as you feel comfortable sharing. (*Virtual*: *If you'd like to comment on another's response, you can use the "Raise Hand" feature, or literally raise your hand.)* We'd like this to be conversational, but you'll notice I don't give a lot of feedback on your responses as I don't want to influence your answers. We'll mostly try to listen and ask follow-up questions to understand your experiences and perspectives.

As a reminder, we will record this session. The purpose of recording our conversation today is to ensure we don't miss anything you say, and so that it may be later transcribed and analyzed. I will use a digital recording device to record this focus group and will upload the audio recording to a secured server that only project team members will be able to access. The audio file will be destroyed once this interview is transcribed, and the transcription will not contain your name or any identifying information. To maintain confidentiality as much as possible, I will ask that you not state your name or other unique, identifying personal information until I inform you that the recording has been stopped.

*(Virtual: If you feel comfortable, you may turn on your video, but please keep your line unmuted throughout the hour.)*

What questions do you have before we get started?"

**Semi-Structured Questions:**

- How would you describe your community?
    - *Probes: Geography, assets, characteristics, etc.*
- What do you believe are the two or three most important characteristics of a healthy community?
    - *Probe: What are some of the strengths in your community?*
- What is the top health-related problem that residents are facing in your community that you would change or improve?
    - *Probe: Why do you think this is the most important health issue?*
- What do you think is the cause of this problem in your community and what would you do to address this problem?
    - *Probe: What is needed to address this problem?*
- What groups in your community are facing particular health issues or challenges?
    - *Probe: Are these health challenges different if the person is a particular age, or gender, race or ethnicity? Or lives in a certain part of the county for example?*

**COVID-19 Context Questions:**

- Is there anyone who has had COVID-19 or knows someone close who has had it that would like to share their experience?
    - *Probes*: What lingering / lasting effects/symptoms are you still experiencing?
    - Did you receive the care you needed? Describe any challenges you had obtaining or receiving care.
    - How do you feel your life has been impacted since you've been diagnosed with COVID-19?
- We'd like to know how the pandemic has impacted you, your life, and your community. How has this impacted you and your community?
    - *Probes*: How has health in your community been worsened by the pandemic, if at all?
    - What impact has the COVID-19 pandemic had on your health (including body, mind, and emotional wellbeing)? On life in general?
        - Have you felt increased anxiety, stress, calm, or something else?
    - How has the pandemic impacted your day-to-day activities, work, finances, something else?
    - Is there anything that you now struggle with that you didn't before?
    - How have you felt about the social isolation restrictions during that pandemic?
- What is the single best way you've coped with the pandemic? What do you wish you could have had to better cope with the pandemic?
- What challenges have you or members of your community experienced seeking healthcare during the pandemic (including mental healthcare)?
- We'd like to understand your perceptions of the helping professions during the pandemic, including healthcare and the health department. Please describe.
    - *Probes*: Where do you receive your information or advice on how to stay safe during the pandemic?
    - How has your trust in healthcare changed over the pandemic, if at all?
    - How do you feel about vaccination? What hesitancy have you had in getting the shot(s)? How has this changed over time?
    - What else should we know about how the coronavirus or pandemic is affecting any other aspect of your life? Your neighborhood?

**Closing**:

- Can you think of any other ways we could improve the health of residents in the community that we have not already talked about today?
    - *Probe*: Is there anything else you would like to add that we haven't discussed?