

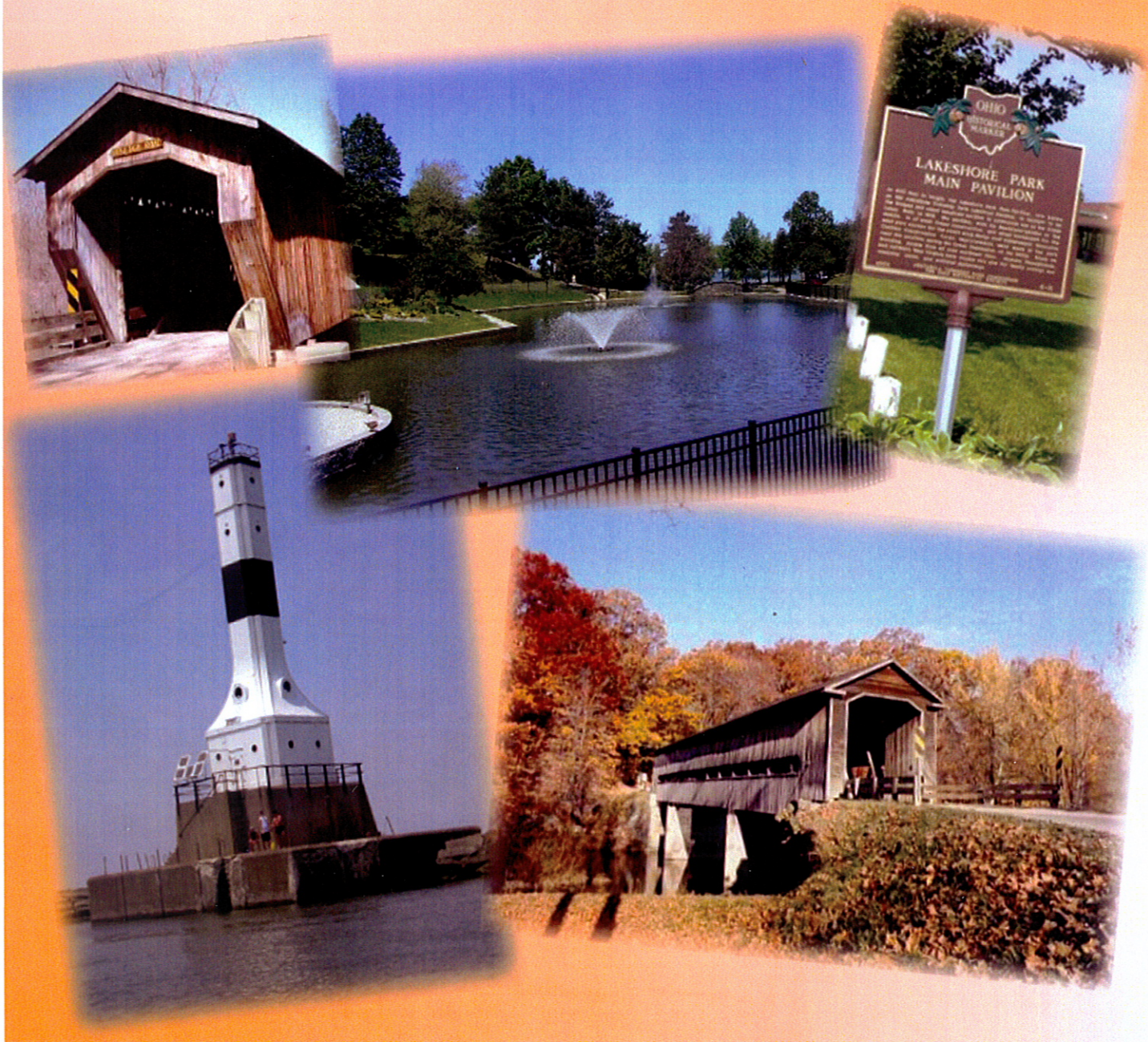


2011 Ashtabula County Health Needs Assessment

Released: April 2012

Commissioned By:

Ashtabula County Health Needs Assessment Committee



Foreword

The local health departments of Ashtabula County along with a host of community organizations and agencies have been involved in conducting comprehensive county health needs assessments concerning Ashtabula County since 1996.

To that end, the local health departments of Ashtabula County have worked diligently with many Ashtabula County agencies and organizations in completing the 2011 Ashtabula County Health Needs Assessment Report.

This report provides an updated and detailed overview of the community health status of Ashtabula County residents. The report also provides important statistical health status information on Ashtabula County residents that can be compared to the health status of residents of Ohio, and to some extent to the general population of the United States.

The 2011 Ashtabula County Health Needs Assessment Report contains a wealth of information on the health habits of Ashtabula County residents, as well as death and disease data pertaining to Ashtabula County residents. This report also examines the perceptions of Ashtabula County residents concerning accessibility and availability of health care services provided in Ashtabula County.

As expected, the 2011 Ashtabula County Health Needs Assessment Report also revealed several health needs as well as health issues that Ashtabula County may wish to address in both the short and the long term.

Health problems and issues confronting a community rarely remain static. New community health problems emerge and existing health problems may worsen. For example, a new and highly infectious disease may emerge or an existing infectious disease may show a dramatic increase in a given community. Moreover, chronic non-infectious diseases linked to lifestyle may also increase significantly in a community. A good example of this issue could easily apply to diabetes. Diabetes rates are on the increase in many communities and seem to be linked to diet, obesity and inactivity. To effectively address these types of changing disease patterns, communities must be able to quickly mobilize resources. A community health needs assessment report may reveal these types of emerging health problems which can then be addressed in a systematic manner by health related agencies in a community.

After reviewing this report, it may prompt Ashtabula County health and human service related agencies to reallocate existing resources to address new health problems identified in the 2011 Health Needs Assessment Report. Moreover, the 2011 Health Needs Assessment Report may cause some county health and human service related agencies to devote additional resources to address certain on-going health problems identified in this report. In any case, this report may allow for Ashtabula County to target its limited resources to address major health problems confronting Ashtabula County.

It is also anticipated that data in this report will assist area health and human service agencies and organizations in applying for grants from various funding sources to address priority health problems and risk factors found in this report.

Hopefully, the 2011 Ashtabula County Health Needs Assessment Report will serve as a useful planning tool in formulating strategies to improve the health status of Ashtabula County residents in years to come.

Sincerely,

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Ashtabula County Community Health Assessment

Executive Summary

This executive summary provides an overview of health-related data for Ashtabula County adults (19 years of age and older) and youth (ages 12 through 18) who participated in a county-wide health assessment survey during 2011. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS). The Healthy Communities Foundation of the Hospital Council of Northwest Ohio collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report.

Primary Data Collection Methods

Design

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

Instrument Development

Two survey instruments were designed and pilot tested for this study: one for adults and one for adolescents. As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of NW Ohio met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults and adolescents. The investigators decided to derive the majority of the adult survey items from the Behavioral Risk Factor Surveillance System Survey. The majority of the survey items for the adolescent survey were derived from the Youth Risk Behavior Surveillance System survey.

The Project Coordinator from the Hospital Council of NW Ohio conducted a series of meetings with the planning committee from Ashtabula County. During these meetings, banks of potential survey questions from the BRFSS and YRBSS surveys were reviewed and discussed. Based on input from the Ashtabula County planning committee, the Project Coordinator composed a draft of a survey containing 115 items. This draft was reviewed and approved by health education researchers at the University of Toledo.

Sampling

Adult Survey

Adults ages 19 and over living in Ashtabula County were used as the sampling frame for the adult survey. There were 76,943 persons ages 19 and over living in Ashtabula County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding confidence interval of 5.57% (i.e., we can be 95% sure that the “true” population

Primary Data Collection Methods

responses are within a 5.57% margin of error of the survey findings.) A sample size of at least 309 responding adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Ashtabula County was obtained from American Clearinghouse in Louisville, KY.

Adolescent Survey

Youth ages 12 to 18 living in Ashtabula County were used as the sampling frame for the adolescent survey. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding confidence interval of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error of the survey findings.) A sample size of at least 373 responding adolescents was needed to ensure this level of confidence.

Procedure

Adult Survey

Prior to mailing the survey to adults, an advance letter was mailed to 800 adults in Ashtabula County. This advance letter was personalized, printed on Ashtabula County Needs Assessment Committee stationery and was signed by Raymond J. Saporito, MPH, R.S., Health Commissioner, Ashtabula County Health Department. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’ confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Two weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Ashtabula County Needs Assessment Committee stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a \$2 incentive. Approximately two weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on colored paper, and another reply envelope. A third wave postcard was sent two weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent. The response rate for the mailing was 43% (n=309). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

Adolescent Survey

The Project Coordinator met with all school district superintendents and obtained approval for the survey. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 97% (n=483). The survey contained 73 questions and had a multiple choice response format.

Data Analysis

Individual responses were anonymous and confidential. Only group data are available. All data were analyzed by health education researchers at the University of Toledo using SPSS 17.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Ashtabula County, the data collected was weighted by age, gender, race, and income using 2010 census

Primary Data Collection Methods

data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix iii.

Limitations

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

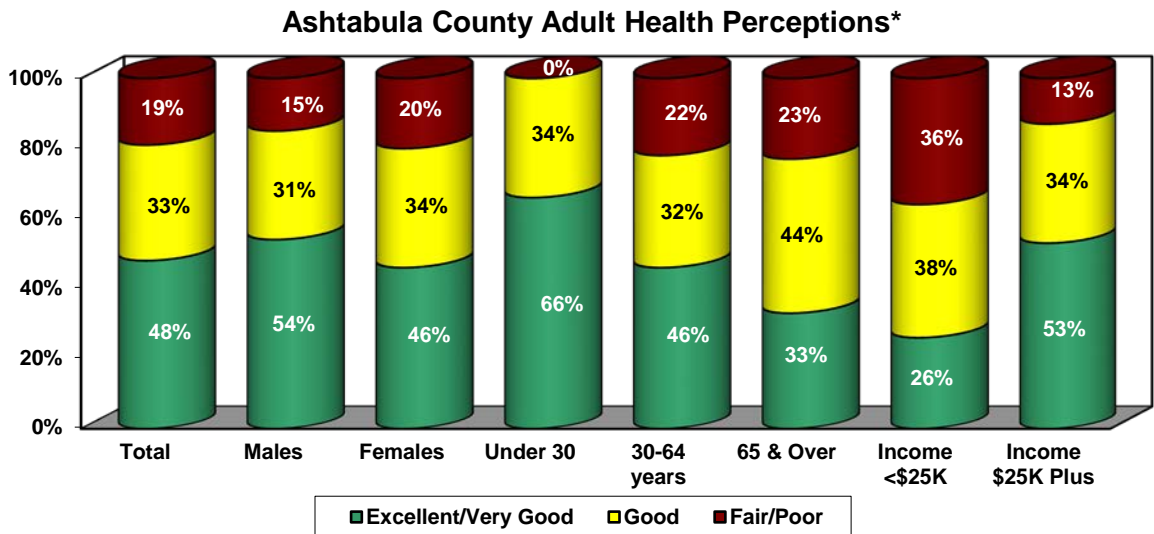
Also, numerous attempts were made to work with the Amish population to survey their adults and youth. A decision was made from their leadership not to participate.

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

Data Summary

Health Perceptions

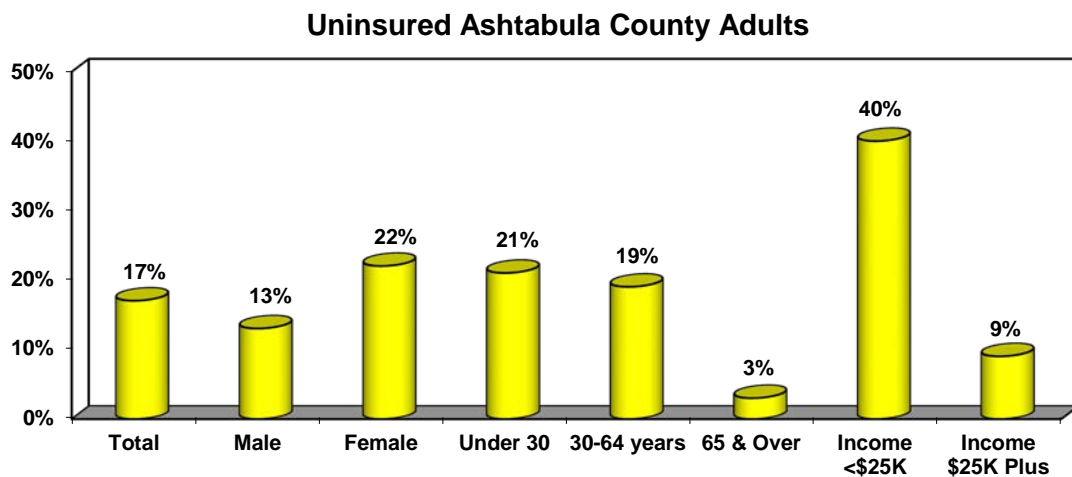
In 2011, almost half (48%) of the Ashtabula County adults rated their health status as excellent or very good. Conversely, 19% of the adults, increasing to 23% of those over the age of 65, described their health as fair or poor.



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

Health Care Coverage

The 2011 health assessment data has identified that 17% of Ashtabula County adults were without health care coverage. Those most likely to be uninsured were adults with an income level under \$25,000. In Ashtabula County, 11.8% of residents live below the poverty level. (Source U.S. Census, American Community Survey 5 Year Estimates, 2006-2010)



Data Summary

Health Care Access

The 2011 health assessment project identified that 22% of Ashtabula County adults could not see a doctor when needed at some time in the past year because of the cost. 55% reported they had one particular doctor or healthcare professional they go to for routine medical care.

Cardiovascular Health

Heart disease (26%) and stroke (5%) accounted for 31% of all Ashtabula County adult deaths from 2006-2008 (Source: ODH Information Warehouse). The 2011 Ashtabula County health assessment found that 7% of adults had a heart attack and 6% had a stroke at some time in their life. Nearly one-third (31%) of Ashtabula County adults have been diagnosed with high blood pressure, 34% have high blood cholesterol, and 32% were obese, three known risk factors for heart disease and stroke.

Cancer

Ohio Department of Health statistics indicate that from 2000-2008, a total of 2,331 Ashtabula County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that reducing tobacco use, increasing cancer education and awareness, healthy diet and exercise habits, and early detection may reduce overall cancer deaths.

Diabetes

In 2011, 10% of Ashtabula County adults had been diagnosed with diabetes.

Arthritis

According to the Ashtabula County survey data, 35% of Ashtabula County adults were diagnosed with arthritis. According to the 2009 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they have arthritis.

Asthma

According to the Ashtabula County survey data, 10% of Ashtabula County adults had been diagnosed with asthma.

Ashtabula County Leading Types of Death 2006-2008

Total Deaths: 3,288

1. Heart Diseases (26% of all deaths)
2. Cancers (25%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (5%)
5. Accidents, Unintentional Injuries (4%)

(Source: ODH Information Warehouse, updated 4-15-10)

Ohio Leading Types of Death 2006-2008

Total Deaths: 322,264

1. Heart Diseases (25% of all deaths)
2. Cancers (23%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (5%)
5. Accidents, Unintentional Injuries (5%)

(Source: ODH Information Warehouse, updated 4-15-10)

Diabetes Facts

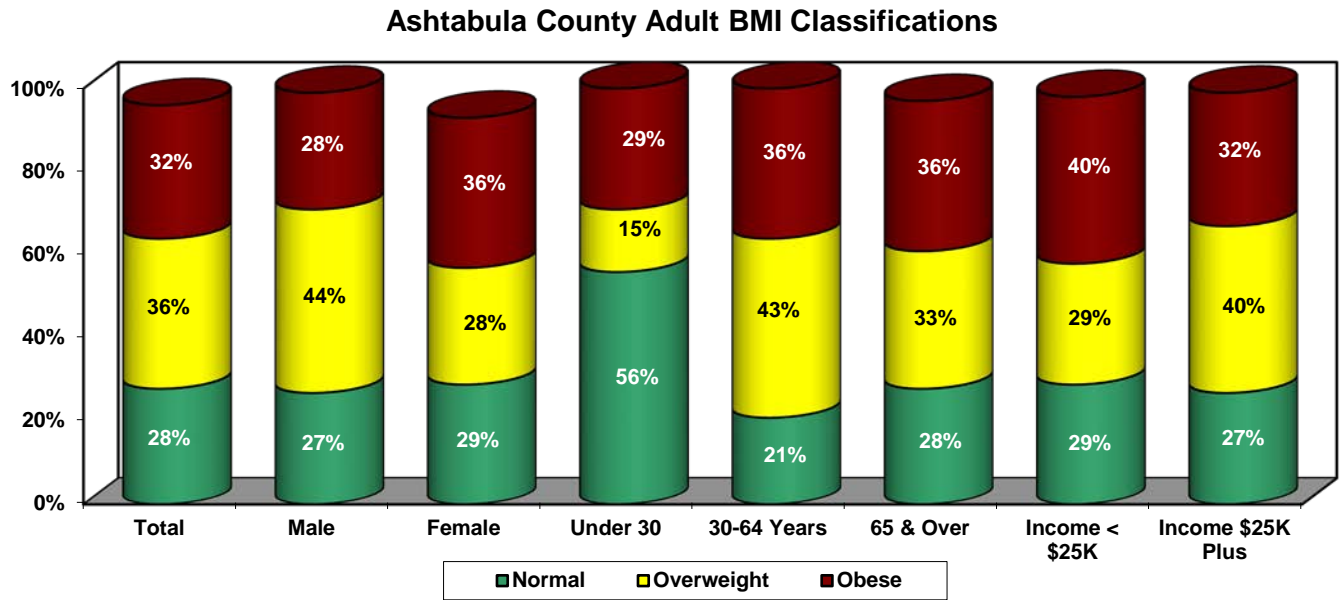
- ❖ Diabetes was the 6th leading cause of death in Ashtabula County from 2006-2008.
- ❖ Diabetes was the 7th leading cause of death in Ohio from 2006-2008.
- ❖ From 2006-2008, the Ashtabula County age-adjusted mortality rate per 100,000 for diabetes was 44.5 deaths for males (34.5 Ohio) and 30.2 (24.4 Ohio) deaths for females.

(Source: ODH, Information Warehouse, updated 4-15-10)

Data Summary

Adult Weight Status

The 2011 Health Assessment project identified that 68% of Ashtabula County adults were overweight or obese based on BMI. The 2010 BRFSS indicates that 30% of Ohio and 28% of U.S. adults were obese by BMI. Almost one-third (32%) of Ashtabula County adults were obese. Almost two-fifths (39%) of adults were trying to lose weight. 29% of adults had not been participating in any physical activities or exercise in the past week.



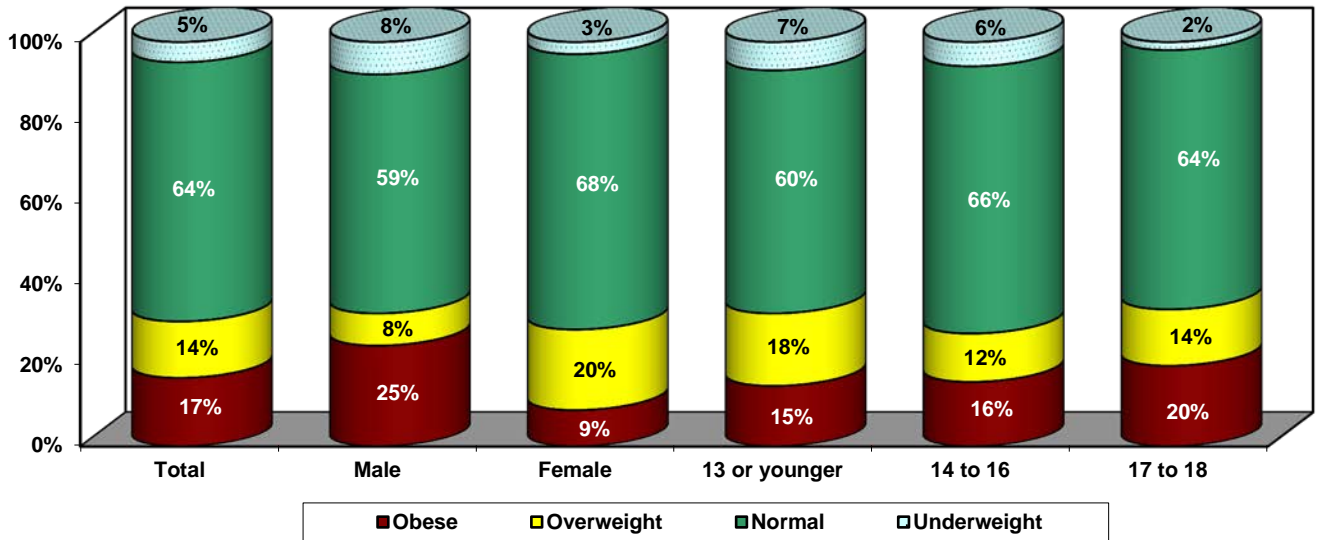
(Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight)

Youth Weight Status

The 2011 Health Assessment identified that 17% of Ashtabula County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 28% of Ashtabula County youth reported that they were slightly or very overweight. 69% of youth were exercising for 60 minutes on 3 or more days per week.

Data Summary

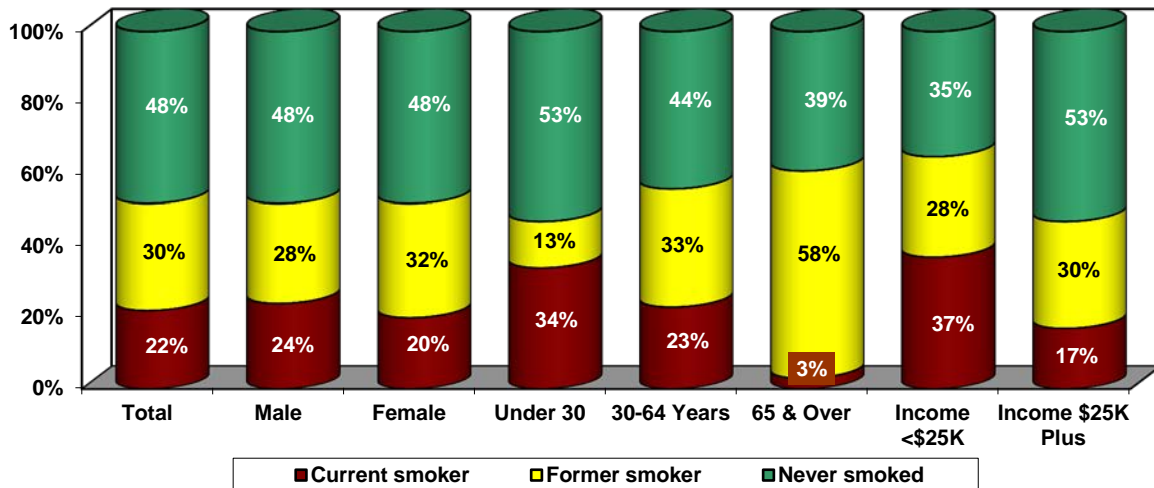
Ashtabula County Youth BMI Classifications



Adult Tobacco Use

In 2011, 22% of Ashtabula County adults were current smokers and 30% were considered former smokers. In 2011, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of disease and early death in the world, accounting for approximately 5.4 million premature deaths each year. ACS estimated that tobacco use would be linked to approximately one in five deaths in the U.S. (Source: Cancer Facts & Figures, American Cancer Society, 2011)

Ashtabula County Adult Smoking Behaviors

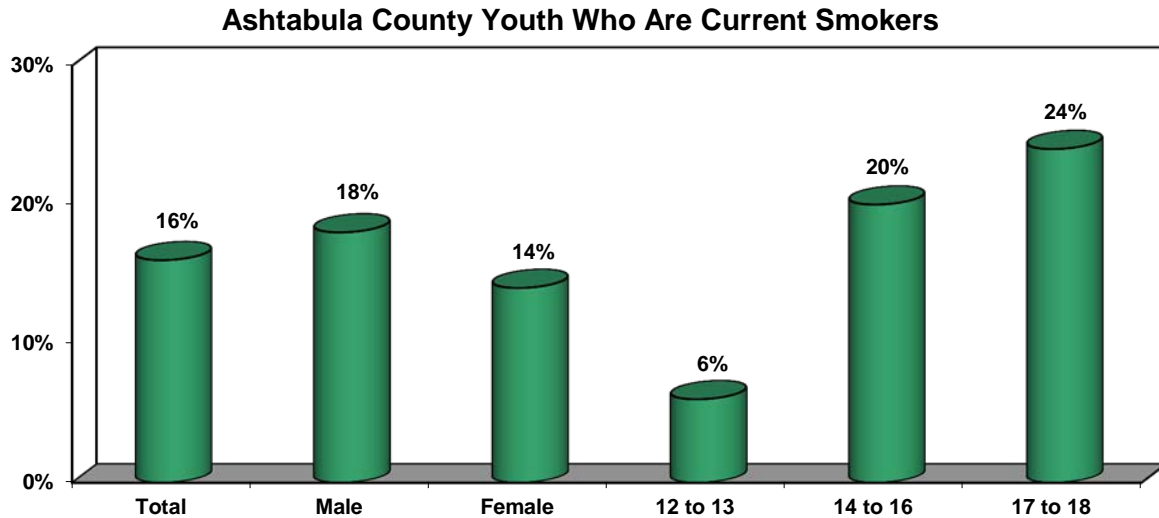


*Respondents were asked:
 "Have you smoked at least 100 cigarettes in your entire life?
 If yes, do you now smoke cigarettes everyday, some days or not at all?"*

Data Summary

Youth Tobacco Use

The 2011 health assessment identified that 16% of Ashtabula County youth (ages 12-18) were smokers, increasing to 24% of those who were 17-18 years old. Overall, 8% of Ashtabula County youth indicated they had used chewing tobacco in the past month. Of those youth who currently smoke, 45% had tried to quit.



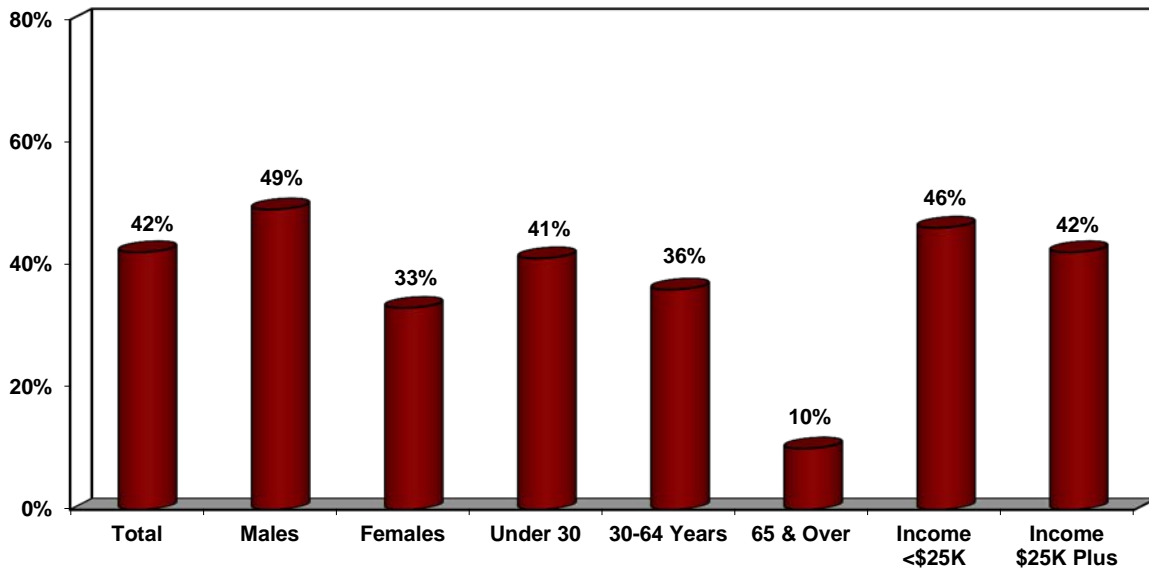
Current smokers are those who have smoked at any time during the past 30 days.

Adult Alcohol Consumption

In 2011, the health assessment indicated that 15% of Ashtabula County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 42% of adults who drank had five or more drinks (for males) or four or more drinks (for females) on one occasion (binge drinking) in the past month.

Data Summary

Ashtabula County Adult Drinkers Who Binge Drank in Past Month*

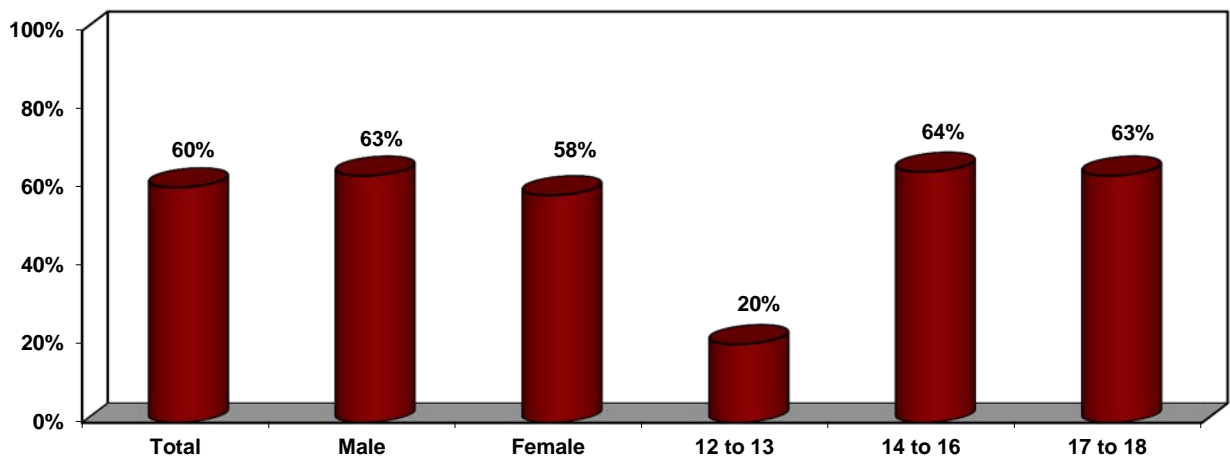


**Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion.*

Youth Alcohol Consumption

In 2011, the health assessment results indicated that 51% of Ashtabula County youth had drunk at least one drink of alcohol in their life, increasing to 72% of youth seventeen and older. 30% of those who drank took their first drink by the age of 12. Nearly one-quarter (24%) of all Ashtabula County youth and 42% of those 17-18 years had at least one drink in the past 30 days. 60% of the youth who reported drinking in the past 30 days had at least one episode of binge drinking. 13% of all youth drivers had driven a car in the past month after they had been drinking alcohol.

Ashtabula County Youth Drinkers Who Binge Drank in Past Month*



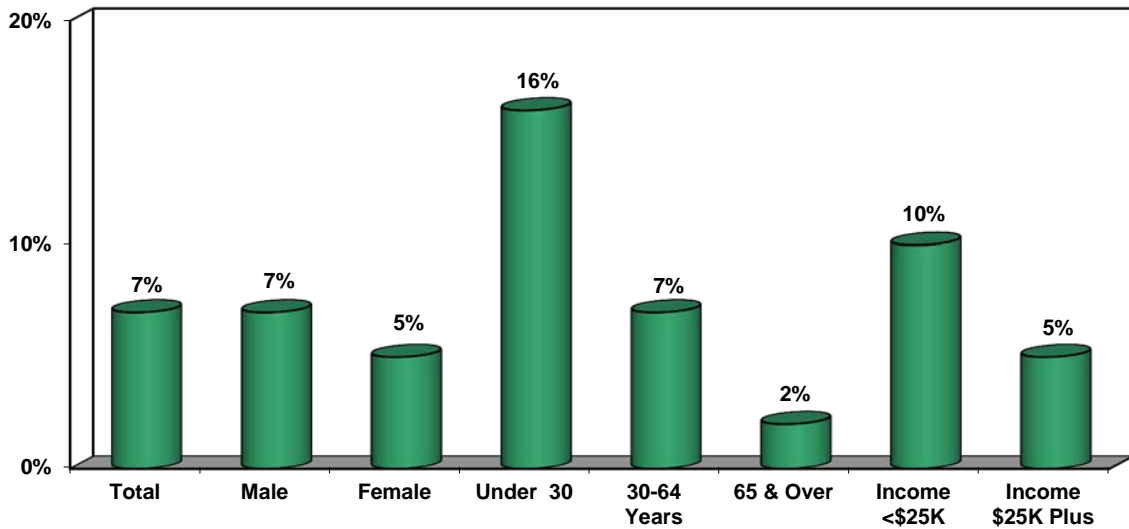
**Based on all current drinkers. Binge drinking is defined as having five or more drinks on an occasion.*

Data Summary

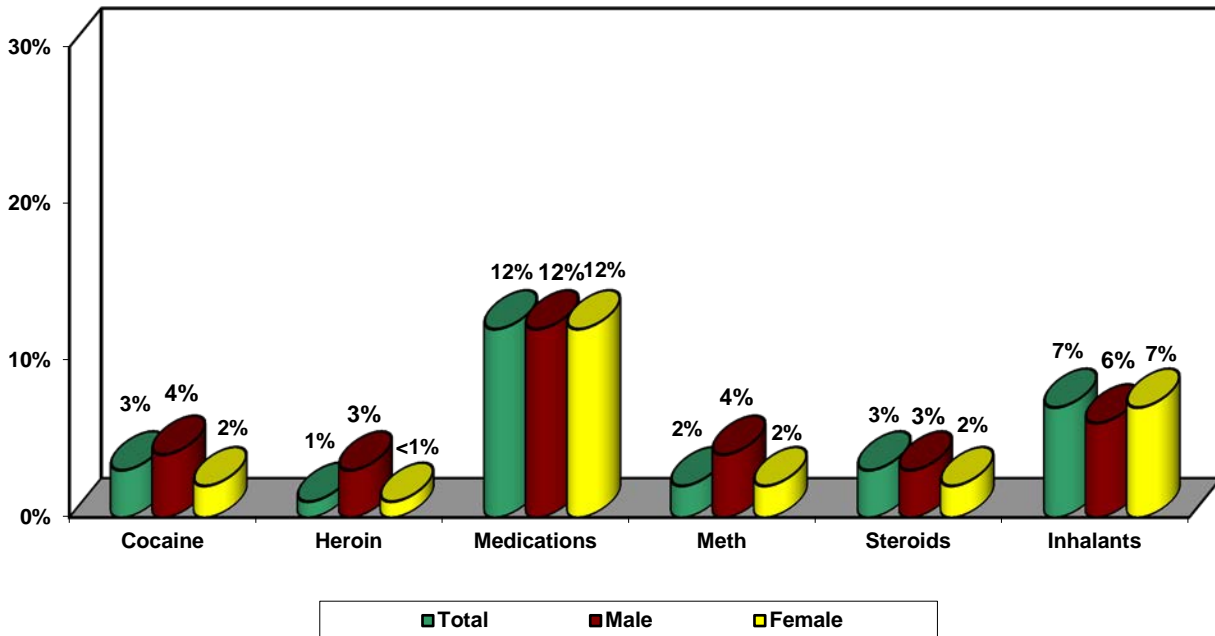
Adult and Youth Marijuana and Other Drug Use

In 2011, 7% of Ashtabula County adults had used marijuana during the past 6 months. 12% of Ashtabula County youth had used marijuana at least once in the past 30 days, increasing to 18% of those over the age of 17. During the past 12 months, 13% of Ashtabula County youth had someone offer, sell, or give them an illegal drug on school property.

Ashtabula County Adult Marijuana Use in Past 6 Months



Ashtabula County Youth Lifetime Drug Use



Data Summary

Women's Health

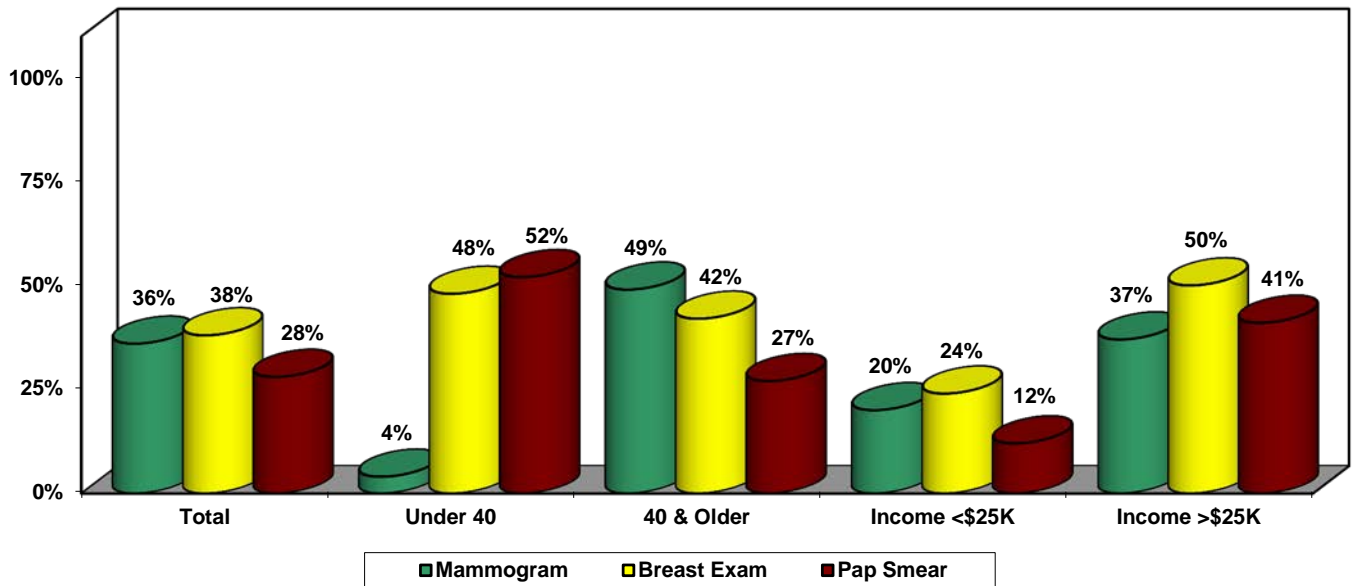
In 2011, almost half (49%) of Ashtabula County women over the age of 40 reported having a mammogram in the past year. 38% of Ashtabula County women ages 19 and over had a clinical breast exam and 28% have had a Pap smear to detect cancer of the cervix in the past year. The health assessment determined that 8% of women had a heart attack, and 8% had a stroke at some time in their life. More than one-third (34%) had high blood cholesterol, 29% had high blood pressure, 36% were obese, and 20% were identified as smokers, known risk factors for cardiovascular diseases.

Ashtabula County Female Leading Types of Death, 2006 - 2008

1. Heart Diseases (26% of all deaths)
2. Cancers (24%)
3. Chronic Lower Respiratory Diseases (7%)
4. Stroke (5%)
5. Diabetes Mellitus (4%)

(Source: ODH Information Warehouse, updated 4-15-10)

Ashtabula Women's Health Exams Within the Past Year



Men's Health

In 2011, more than half (56%) of Ashtabula County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. Almost two-fifths (39%) of males over the age of 50 had a digital rectal exam in the past year. Major cardiovascular diseases (heart disease and stroke) accounted for 30% and cancers accounted for 25% of all male deaths in Ashtabula County from 2006-2008. The health assessment determined that 7% of men had a heart attack, and 3% had a stroke at some time in their life. More than one-third (32%) of men had been diagnosed with high blood pressure, 35% had high blood cholesterol, and 24% were identified as smokers, which, along with obesity (28%), are known risk factors for cardiovascular diseases.

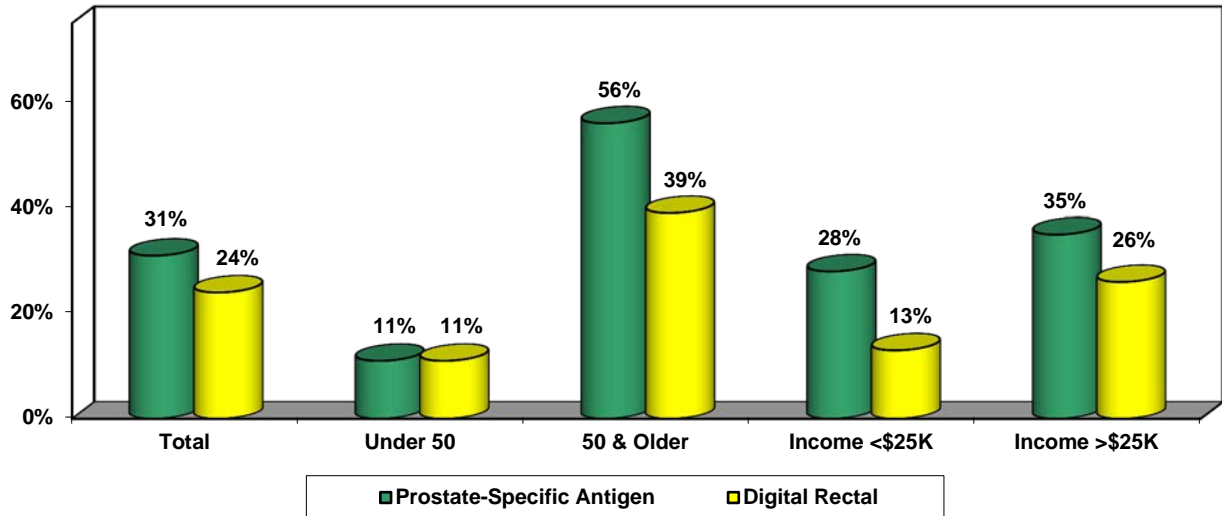
Ashtabula County Male Leading Types of Death, 2006 - 2008

1. Heart Diseases (26% of all deaths)
2. Cancers (25%)
3. Accidents, Unintentional Injuries (6%)
4. Chronic Lower Respiratory Diseases (5%)
5. Diabetes (4%)

(Source: ODH Information Warehouse, updated 4-15-10)

Data Summary

Ashtabula Men's Health Exams Within the Past Year



Preventive Medicine and Health Screenings

Almost half (44%) of adults had a flu shot during the past 12 months. 60% of adults have had a tetanus shot in the past 10 years. Insects and mold were the two most important perceived environmental health issues that threatened Ashtabula County adults' health in the past year.

Adult Sexual Behavior & Pregnancy Outcomes

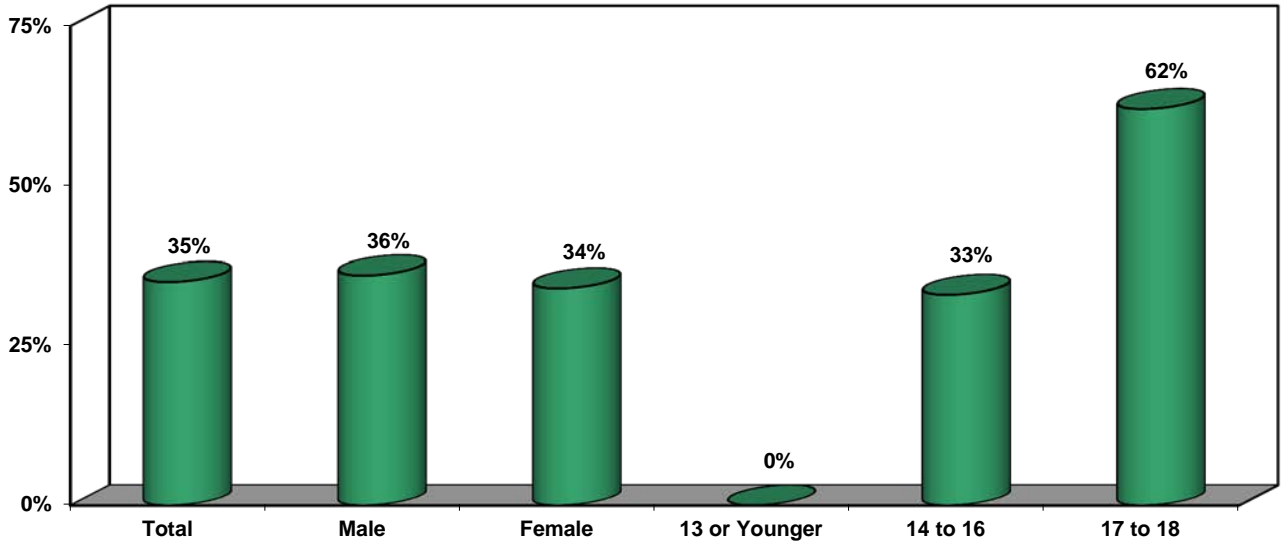
In 2011, nearly three-fourths (75%) of Ashtabula County adults had sexual intercourse. Four percent of adults had more than one partner. Even though young people aged 15-24 represent only 25% of the sexually experienced population, they acquire nearly half of all STDs (Source: CDC, STDs in Adolescents and Young Adults, 2009 STD Surveillance).

Youth Sexual Behavior & Pregnancy Outcomes

In 2011, more than one-third (35%) of Ashtabula County youth had sexual intercourse, increasing to 62% of those ages 17 and over. 34% of youth had participated in oral sex and 29% had participated in sexting. Of those who were sexually active, 53% had multiple sexual partners.

Data Summary

Ashtabula County Youth Having Sexual Intercourse



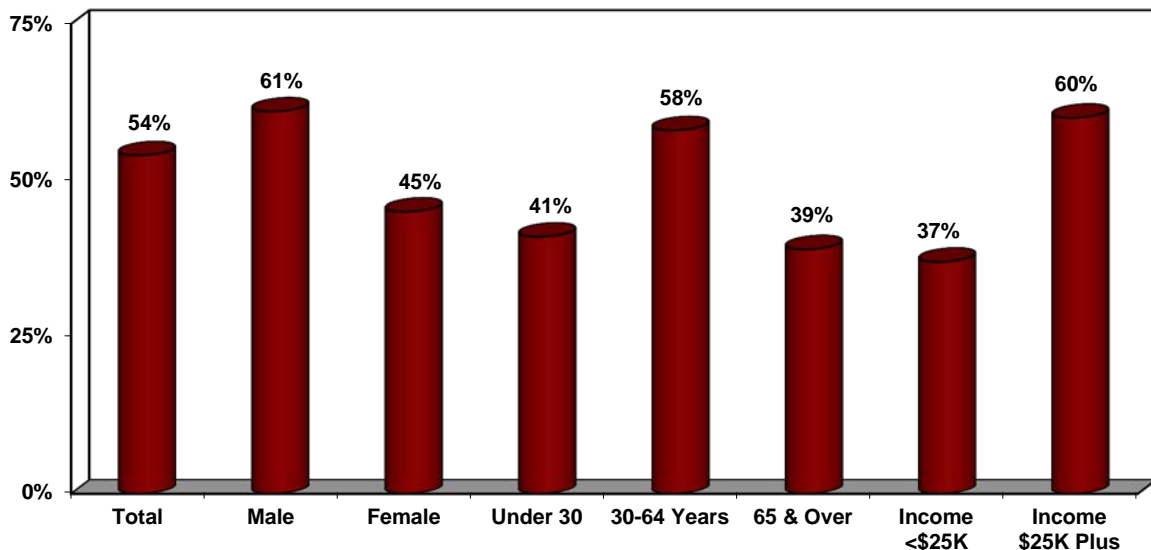
Quality of Life

Nearly one-third (31%) Ashtabula County adults in 2011 reported they were limited in some way because of a physical, mental or emotional problem.

Social Context and Safety

The health assessment identified that 54% of Ashtabula County adults kept a firearm in or around their home. About 1 in 9 (11%) adults were threatened or abused the past year.

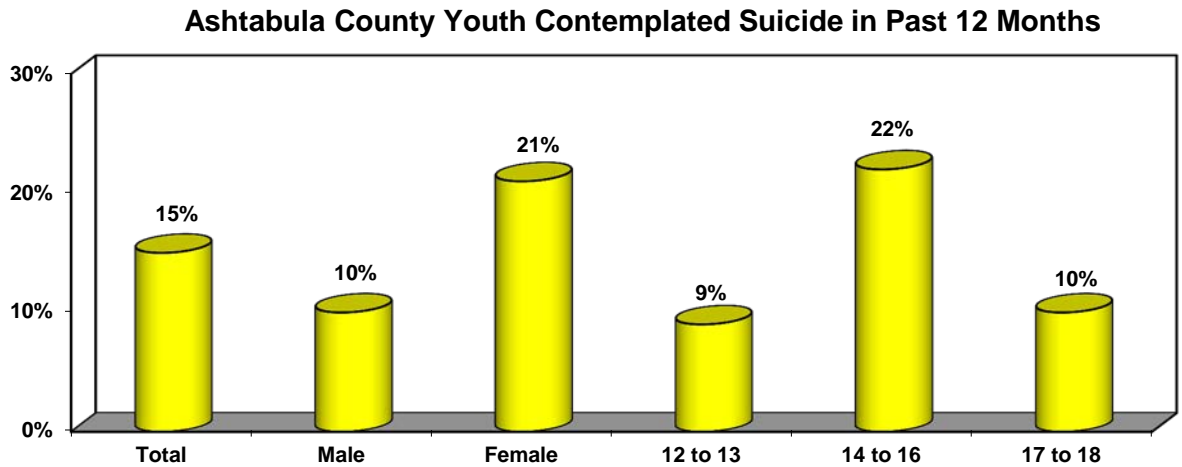
Ashtabula County Adults With a Firearm in the Home



Data Summary

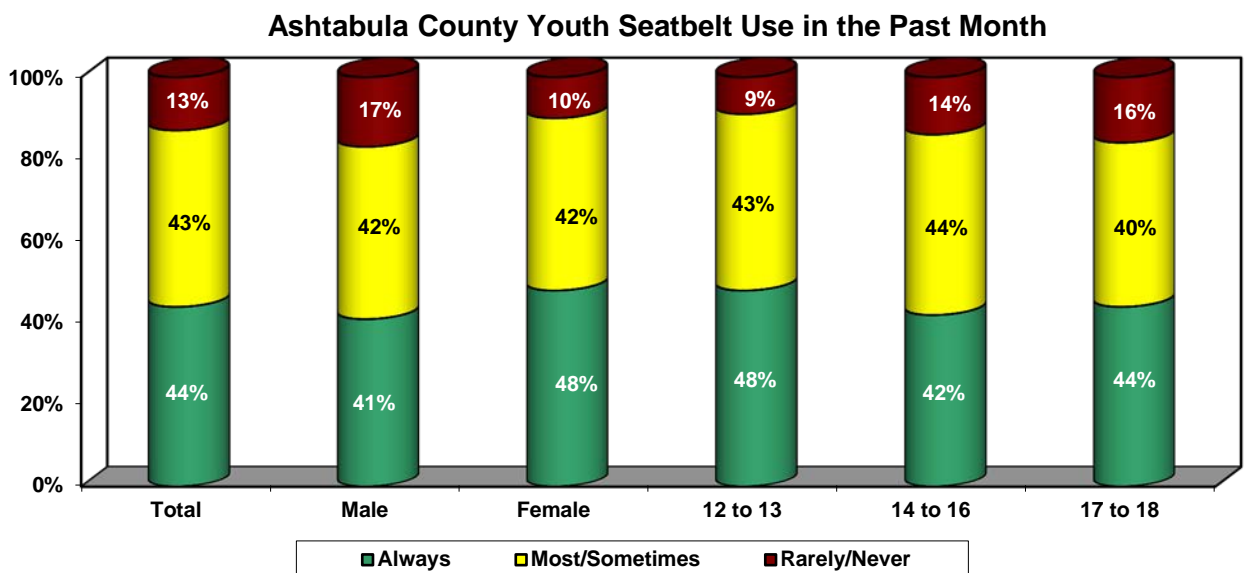
Mental Health and Suicide

In 2011, 8% of Ashtabula County adults considered attempting suicide. The health assessment results indicated that 15% of Ashtabula County youth had seriously contemplated suicide in the past year and 6% admitted actually attempting suicide in the past year.



Youth Safety

In 2011, more than two-fifths (44%) of Ashtabula County youth self-reported that they always wore a seatbelt when riding in a car driven by someone else. 44% of youth drivers texted while driving.

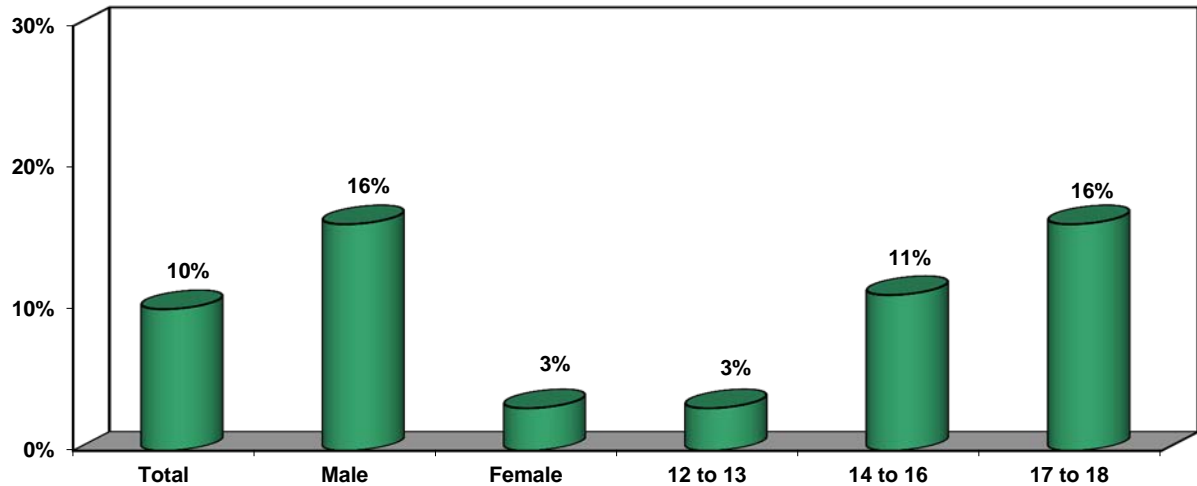


Data Summary

Youth Violence

In Ashtabula County, 10% of the youth had carried a weapon in the past month. 9% of youth had been threatened or injured by a weapon on school property. 45% of youth were bullied in the past year. 21% of youth had purposefully hurt themselves at some time in their life.

Ashtabula County Youth Carrying a Weapon during the Past 30 Days



Oral Health

The 2011 health assessment project has determined that 61% of Ashtabula County adults had visited a dentist or dental clinic in the past year. The 2010 BRFSS reported that 70% of U.S. adults and 72% of Ohio adults had visited a dentist or dental clinic in the previous twelve months. 69% of Ashtabula youth had visited the dentist for a check-up, exam, teeth cleaning, or other dental work in the past year.

Parenting

The 2011 Health Assessment project identified that 93% of children have received all recommended immunizations. More than three-fourths (76%) of children have been to the dentist in the past year. 43% of parents said their child had been tested for lead poisoning.

Ashtabula County Trend Summary

Youth Variables	Ashtabula County 2011 (6-12 grade)	Ashtabula County 2011 (9-12 grade)	Ohio 2007 (9-12 grade)	U.S. 2009 (9-12 grade)
Injury-Related Behavior				
Rode with a driver who had been drinking in past 30 days	15%	19%	23%	28%
Carried a weapon in past 30 days	10%	11%	17%	18%
Involved in a physical fight in past 12 months	26%	24%	30%	32%
Threatened or injured with a weapon on school property in past 12 months	9%	8%	8%	8%
Seriously considered suicide in past 12 months	15%	19%	13%	14%
Attempted suicide in past 12 months	6%	7%	7%	6%
Alcohol Use				
Ever had at least one drink of alcohol in lifetime	51%	63%	76%	73%
Used alcohol during past 30 days	24%	33%	46%	42%
Binged during past 30 days (5 or more drinks in a couple of hours on an occasion)	15%	21%	29%	24%
Tobacco Use				
Lifetime cigarette use (ever tried cigarette smoking, even 1 or 2 puffs)	31%	40%	51%	46%
Used cigarettes on one or more of the past 30 days	16%	20%	22%	20%
Used smokeless tobacco in past 30 days	8%	11%	10%	9%
Sexual Behavior				
Ever had sexual intercourse	35%	41%	45%	46%
Had four or more sexual partners	8%	10%	14%	14%
Used a condom at last sexual intercourse	62%	67%	60%	61%
Used birth control pills at last sexual intercourse	42%	46%	17%	20%
Drug Use				
Used marijuana in the past 30 days	12%	16%	18%	21%
Used cocaine in their lifetime	3%	5%	8%	6%
Used heroin in their lifetime	1%	2%	4%	3%
Used methamphetamines in their lifetime	2%	4%	6%	4%
Used steroids in their lifetime	3%	4%	5%	3%
Used prescription medication in order to get high or feel good	12%	17%	N/A	N/A
Used inhalants in order to get high in their lifetime	7%	7%	12%**	12%
Offered, sold or given an illegal drug on school property during the past 12 months	13%	18%	27%	23%

N/A= not available

*Data for 9th – 12th grade youth

**2005 YRBS Data

Ashtabula County Trend Summary

Adult Variables	Ashtabula County 2011	Ohio 2010	U.S. 2010
Alcohol Consumption			
Had at least one alcoholic beverage in past month	51%	53%	54%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	21%	17%	15%
Tobacco Use			
Current smoker (currently smoke some or all days)	22%	23%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	30%	25%	25%
Arthritis, Asthma, & Diabetes			
Has been diagnosed with arthritis	35%	31%*	26%*
Has been diagnosed with asthma	10%	14%	14%
Has been diagnosed with diabetes	10%	11%	10%
Hypertension & Cholesterol Awareness			
Has been diagnosed with high blood pressure	31%	32%*	29%*
Has been diagnosed with high blood cholesterol	34%	40%*	38%*
Health Status			
Rated general health as fair or poor	19%	16%	15%
Preventive Health			
Age 65 & over had a pneumonia vaccine in lifetime	62%	69%	69%
Dental visit within past year	61%	72%	70%
Women age 40 & over had a mammogram in past 2 years	69%	74%	76%
Weight Status			
Obese	32%	30%	28%
Overweight	36%	36%	36%

N/A= not available

**2009 BRFSS Data*

Health Status Perceptions

Key Findings

In 2011, almost half (48%) of the Ashtabula County adults rated their health status as excellent or very good. Conversely, 19% of the adults, increasing to 23% of those over the age of 65, described their health as fair or poor.

Adults Who Rated General Health Status Excellent or Very Good

- ❖ Ashtabula County 48% (2011)
- ❖ Ohio 53% (2010)
- ❖ U.S. 55% (2010)

(Source: BRFSS 2010 for Ohio and U.S.)

General Health Status

- ◆ In 2011, nearly half (48%) of Ashtabula County adults rated their health as excellent or very good. Ashtabula County adults with higher incomes (53%) were most likely to rate their health as excellent or very good, compared to 26% of those with incomes less than \$25,000.
- ◆ 19% of adults rated their health as fair or poor. The 2010 BRFSS has identified that 16% of Ohio and 15% of U.S. adults self-reported their health as fair or poor. Ashtabula County adults were most likely to rate their health as fair or poor if they:
 - Were separated (40%) or divorced (32%)
 - Had an annual household income under \$25,000 (36%)
 - Had high blood pressure (32%) or high blood cholesterol (25%)
 - Were 65 years of age or older (23%)

Physical Health Status

- ◆ In 2011, 25% of Ashtabula County adults rated their physical health as not good on four days or more in the previous month, increasing to 33% of those with incomes less than \$25,000.

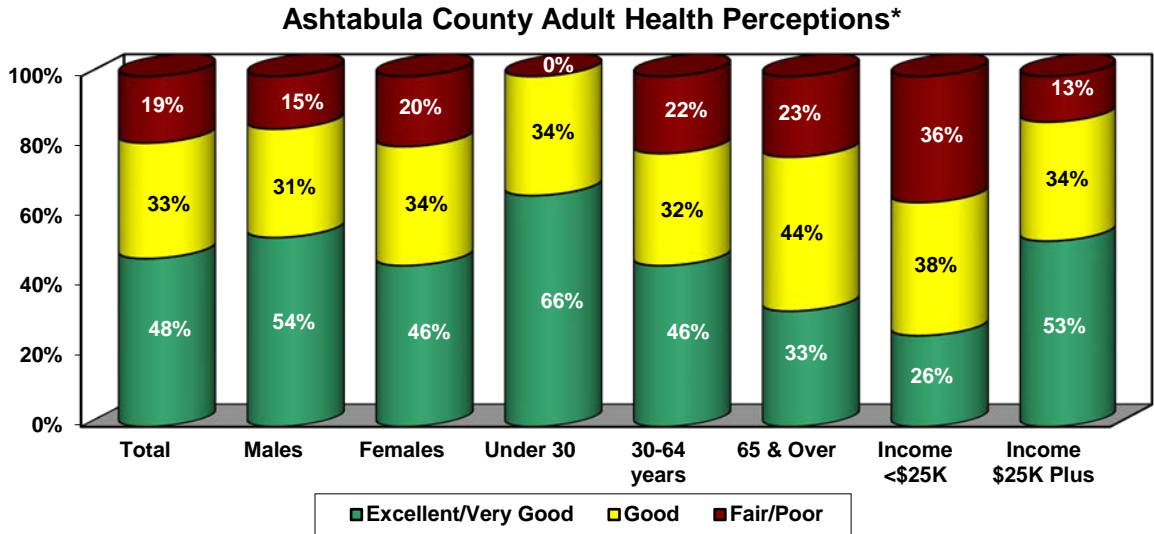
Mental Health Status

- ◆ In 2011, 29% of Ashtabula County adults rated their mental health as not good on four days or more in the previous month, increasing to 42% of those with incomes less than \$25,000 and 35% of women.
- ◆ One-quarter (25%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation.

2011 Adult Comparisons	Ashtabula County 2011	Ohio 2010	U.S. 2010
Rated health as excellent or very good	48%	53%	55%
Rated health as fair or poor	19%	16%	15%

Health Status Perceptions

The following graph shows the percentage of Ashtabula County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 48% of all Ashtabula County adults, 66% of those under age 30, and 33% of those ages 65 and older rated their health as excellent or very good. The table shows the percentage of adults with poor physical and mental health in the past 30 days.



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

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past 30 Days*					
Males	58%	10%	10%	1%	13%
Females	56%	7%	5%	2%	20%
Total	55%	9%	7%	1%	16%
Mental Health Not Good in Past 30 Days*					
Males	62%	8%	7%	1%	19%
Females	47%	11%	4%	5%	26%
Total	55%	10%	5%	3%	21%

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

Health Care Coverage

Key Findings

The 2011 health assessment data has identified that 17% of Ashtabula County adults were without health care coverage. Those most likely to be uninsured were adults with an income level under \$25,000. In Ashtabula County, 11.8% of residents live below the poverty level. (Source U.S. Census, American Community Survey 5 Year Estimates, 2006-2010)

General Health Coverage

- ◆ In 2011, 83% of Ashtabula County adults had health care coverage, leaving 17% who were uninsured, increasing to 40% of those with incomes less than \$25,000. The 2010 BRFSS reports uninsured prevalence rates for Ohio (13%) and the U.S. (15%).
- ◆ Of those adults who indicated they had health care coverage, 9% had previously been without coverage sometime in the past year.
- ◆ 14% of adults with children did not have healthcare coverage compared to 15% of those who did not have children living in their household.
- ◆ The following types of health care coverage were used: employer (42%), someone else's employer (18%), Medicare (17%), Medicaid or medical assistance (7%), multiple-including private sources (6%), self-paid plan (4%), multiple-including government sources (3%), military/CHAMPUS/TriCare/VA (1%), and other (2%).
- ◆ Of those adults who have Medicaid, the following were the most common ways of hearing about it: Job and Family Services (38%), eligibility worker at a hospital (24%), other professional (7%), health department (7%), advertisement (3%), brochure (3%), TV coverage (3%), mental health center (3%), and somewhere else (1%).
- ◆ Ashtabula County adult health care coverage included the following: medical (98%), prescription coverage (94%), immunizations (76%), mental health (75%), preventive care (69%), dental (66%), their spouse (66%), their children (56%), vision (55%), drug and alcohol treatment (46%), home care (36%), skilled nursing (34%), and hospice (32%).
- ◆ During the past year, Ashtabula adults did not get a prescription from their doctor filled because: they could not afford to pay the out-of-pocket expenses (17%), they had no insurance (13%), they stretched their current prescription by taking less than prescribed (6%), their co-pays were too high (3%), there was no generic equivalent of what was prescribed (3%), their premiums were too high (2%), their deductibles were too high (2%), they opted out of prescription coverage because they could not afford it (2%), they had a high health savings account (HSA) deductible (1%), and they were taking too many medications (1%).
- ◆ The top reasons uninsured adults gave for being without health care coverage were:
 1. They could not afford to pay the insurance premiums (33%)
 2. They lost their job or changed employers (22%)
 3. They lost Medicaid eligibility (21%)
 4. They became ineligible (age or left school) (15%)
 5. Their employer does not/stopped offering coverage (10%)
 6. They became a part-time/temporary employee (10%)

(Percentages do not equal 100% because respondents could select more than one reason)

Ashtabula County and Ohio Medicaid Statistics

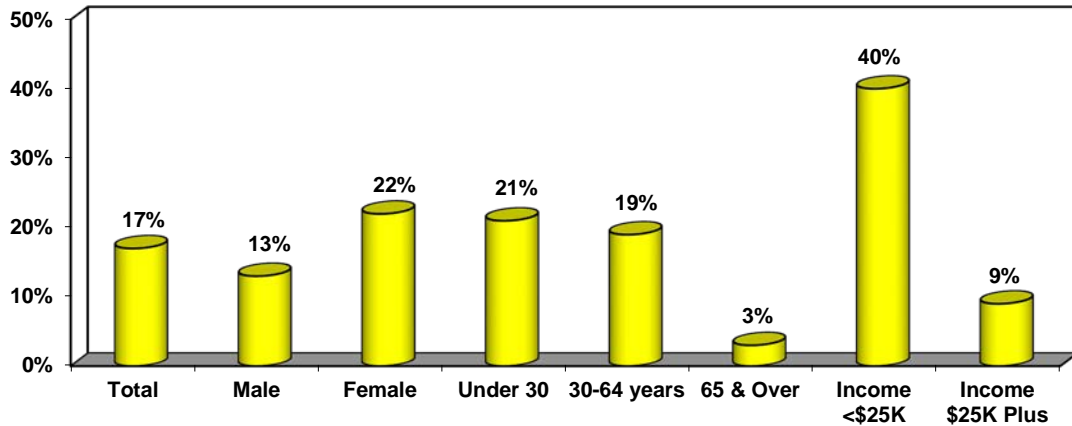
	Residents Enrolled in Medicaid	Annual Medicaid Expenditures*
Ashtabula County SFY 2009	27,528	\$168,604,764
State of Ohio SFY 2009	2,407,572	\$13,162,469,167
Ashtabula County SFY 2008	20,220	\$153,011,270
State of Ohio SFY 2008	1,789,934	\$11,962,683,659

* (Payments made directly to providers as well as capitation payments to HMOs)
 (Source: Ohio Job & Family Services, Ashtabula County Profile, Published July 2008, <http://jfs.ohio.gov/County/entyprow/pdf08/Ashtabula.pdf> & <http://jfs.ohio.gov/County/entyprow/Ashtabula.pdf>)

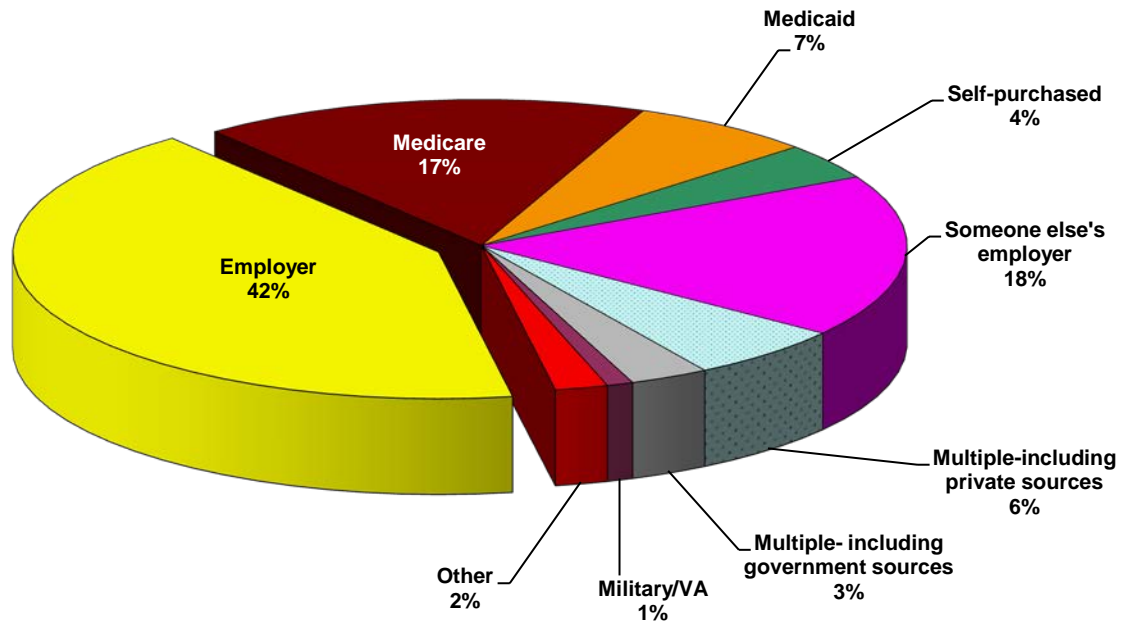
Health Care Coverage

The following graph shows the percentages of Ashtabula County adults who were uninsured by demographic characteristics. Examples of how to interpret the information in the first graph include: 17% of all Ashtabula County adults were uninsured, 40% of adults with an income less than \$25,000 reported being uninsured and 21% of those under age 30 lacked health care coverage. The pie chart shows sources of Ashtabula County adults' health care coverage.

Uninsured Ashtabula County Adults



Source of Health Coverage for Ashtabula County Adults



2011 Adult Comparisons	Ashtabula County 2011	Ohio 2010	U.S. 2010
Uninsured	17%	13%	15%

Health Care Coverage

Ashtabula County Medicaid and Medicare Enrollees

In 2007, there were approximately 11,857 adults and 13,408 children enrolled in Medicaid in Ashtabula County. Of those enrolled, 23,349 were under the age of 65 and 1,916 were age 65 and older. Of the children enrolled, 3,880 were under the age of 5 and 9,528 were ages 5 to 19. As of July 2010, there were approximately 19,304 people enrolled in Medicare in Ashtabula County. Of these enrollees, 15,578 were 65 years of age or older and 3,726 were disabled.

(Source: Ohio Department of Job and Family Services, Ohio Medicaid Report, SFY 2007; Center for Medicare & Medicaid Services, Medicare County Enrollment, July 1, 2010)

Medicaid Recipients by Aid Category 2007	Ashtabula County	Ohio
Healthy Families		
Fee for Service	14,144	758,341
Managed Care	11,653	1,144,556
Healthy Start		
CHIP I (Uninsured children whose countable family income is below 150% of Federal Poverty Level)		
Fee for Service	1,810	98,803
Managed Care	1,406	145,044
CHIP II (Uninsured children whose countable family income is between 150% and 200% of Federal Poverty Level)		
Fee for Service	1,809	54,176
Managed Care	876	78,866
Other Healthy Start		
Fee for Service	4,213	238,278
Managed Care	3,274	321,608
Aged, Blind, & Disabled (ABD)		
Fee for Service	3,379	271,889
Managed Care	1,461	107,241
Dual Eligible* (Individuals entitled to Medicare Part A and/or Part B and eligible for some form of Medicaid benefit)		
Fee for Service	3,430	289,884
Managed Care	12	1,756
Other**		
Fee for Service	510	59,237
Managed Care	0	519
TOTAL	47,977	2,170,311

*Dual eligible also includes Specified Low-Income Medicare Beneficiary (SLMB) and Qualified Medicare Beneficiary (QMB) premium assistance categories

**Other also includes non-state plan assistance programs (Source: Ohio Department of Job and Family Services, Ohio Medicaid Report, 2007)

2010 Ohio Family Health Survey Results

- ❖ In Ohio, 19% of adults 18-64 years old and 5% of children were uninsured in 2010, compared respectively to 17% and 4% in 2008.
- ❖ Most of the uninsured children in Ohio are in families with incomes within 200% of the poverty level, making them eligible for Medicaid/SCHIP.
- ❖ In 2010, uninsured children had an 11.7 times higher rate of **not** having a usual source of care than insured children. Uninsured children had an almost 3 times higher rate of **not** having a usual source of coverage than uninsured adults.
- ❖ Among working age adults in Ohio, African the largest uninsured rate increase since 2003/04 OFHS is for working age Latinos and Asian Americans (6.2 percent increase).
- ❖ In Ohio, uninsured individuals reported greater issues with access to care, unmet needs, and paying for care than the insured.

(Source: 2010 Ohio Family Health Survey Results, 03-08-2011)

Health Care Access

Key Findings

The 2011 health assessment project identified that 22% of Ashtabula County adults could not see a doctor when needed at some time in the past year because of the cost. 55% reported they had one particular doctor or healthcare professional they go to for routine medical care.

Health Care Access

- ◆ In 2011, 22% of adults could not see a doctor when needed at some time in the past year due to cost, increasing to 46% of those with incomes less than \$25,000 and 40% of those under the age of 30.
- ◆ Almost half (48%) of Ashtabula County adults visited a doctor for a routine checkup in the past year, increasing to 80% of those over the age of 65.
- ◆ Ashtabula County adults had the following problems when they needed health care in the past year: did not have enough money to pay for health care or insurance (16%), too busy to get the healthcare they needed (5%), could not get appointments when they wanted them (4%), could not find a doctor they were comfortable with (2%), did not have transportation (2%), too embarrassed to seek help (2%), did not have childcare (2%), had to change doctors because of their healthcare plan (2%), could not find a doctor to take them as a patient (1%), and other problems that prevented them from getting health care (5%).
- ◆ 53% of Ashtabula County adults reported they had one particular doctor or healthcare professional they go to for routine medical care, decreasing to 36% of those with incomes less than \$25,000. 21% of adults had more than one particular doctor or healthcare professional they go to, and 24% did not have one at all.
- ◆ When adults were sick or need advice about their health, they usually went to the following: a doctor's office or HMO clinic (77%), hospital emergency room (16%), hospital outpatient department (11%), urgent care center (6%), Ashtabula County Health Department clinic (4%), store clinic (2%), and some other place (3%).
- ◆ 60% of adults traveled less than 15 miles to the place they usually go when they are sick or need health advice; 30% traveled 15 to 30 miles, and 10% traveled more than 30 miles.
- ◆ Adults went outside of Ashtabula County for the following health care services in the past year: specialty care (23%), primary care (23%), dental services (15%), obstetrics/gynecology (11%), orthopedic care (10%), pediatric care (7%), cardiac care (6%), mental health care (5%), cancer care (4%), and other services (11%).
- ◆ Ashtabula County adults preferred to get their health/healthcare services information from: their doctor (77%), a friend or family member (32%), the Internet (30%), newspaper articles or radio/television news stories (14%), advertisements or mailings from hospitals/clinics/doctor's offices (11%), Facebook (1%), billboards (1%), and other methods (4%).
- ◆ The following prevented adults from seeing a doctor if they were sick, injured, or needed some kind of health care: cost (33%), worried they might find something wrong (13%), could not get time off work (11%), hours not convenient (8%), difficult to get an appointment (11%), difficult to find/no transportation (7%), frightened of the procedure/doctor (6%), do not trust or believe doctors (4%), and some other reason (6%).
- ◆ Ashtabula County adults did not get the following recommended major care or preventive care due to cost: colonoscopy (15%), mammogram (13%), pap smear (13%), medications (11%), smoking cessation (9%), weight loss program (8%), surgery (6%), and PSA test (5%).
- ◆ Ashtabula County adults have looked for the following programs to assist in elderly or disabled adult care for themselves or someone else: in-home care (2%), out-of-home placement (1%), assisted living program (<1%), disabled adult program (<1%), and respite/overnight care (<1%), and multiple programs (4%).
- ◆ 6% of adults have looked for and found a program to stop smoking for themselves or a loved one. 10% have looked for such a program but have not found one.
- ◆ 8% of adults have looked for and found a program to assist with family planning for themselves or a loved one. 4% have looked for such a program but have not found one.

Predictors of Access to Health Care

Adults have more access to medical care if they:

- ◆ Earn a higher income
- ◆ Have a regular primary care provider
- ◆ Have health insurance
- ◆ Utilize preventive services in a clinic setting
- ◆ Have a college education
- ◆ Work for a large company

(Source: Healthy People 2020 and CDC)

Health Care Access

Healthy People 2020 Access to Quality Health Services

Objective	Healthy People 2020 Target	Ashtabula County 2011	Ohio 2010	U.S. 2010
AHS-1.1: Persons under age of 65 years with health care insurance	100%	77% age 20-24 82% age 25-34 70% age 35-44 82% age 45-54 86% age 55-64 (2011)	69% age 18-24 85% age 25-34 87% age 35-44 87% age 45-54 98% age 55-64 (2010)	74% age 18-24 80% age 25-34 85% age 35-44 87% age 45-54 89% age 55-64 (2010)
AHS-5.1: Persons who report a usual primary care provider	95%	53% (2011)	N/A	76%* (2007)

*U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Health People 2020 Objectives, BRFSS, ODH Information Warehouse, 1-7-10, 2011 Assessment)

Ashtabula County Health Care Statistics

- ❖ In 2009, 49.6% of all hospital visits occurred outside the county.
- ❖ In 2009, 27.3% of all Ashtabula County residents were enrolled in Medicaid.
- ❖ 54.8% of all Ashtabula County children were enrolled in Medicaid in 2009.
- ❖ 47.9% of all Ashtabula County births were paid by Medicaid in 2007.

Source: Job and Family Services- Ashtabula County Job and Family Services Profile: <http://jfs.ohio.gov/County/cntypro/Ashtabula.pdf>

Cardiovascular Health

Key Findings

Heart disease (26%) and stroke (5%) accounted for 31% of all Ashtabula County adult deaths from 2006-2008 (Source: ODH Information Warehouse). The 2011 Ashtabula County health assessment found that 7% of adults had a heart attack and 6% had a stroke at some time in their life. Nearly one-third (31%) of Ashtabula County adults have been diagnosed with high blood pressure, 34% have high blood cholesterol, and 32% were obese, three known risk factors for heart disease and stroke.

Heart Disease and Stroke

- ◆ In 2011, 7% of Ashtabula County adults reported they had a heart attack or myocardial infarction, increasing to 16% of those over the age of 65.
- ◆ 6% of Ashtabula County adults reported having had a stroke, increasing to 12% of those over the age of 65.
- ◆ To lower their risk of developing heart disease or stroke, adults indicated their doctors advised them in the past year to do the following: exercise more (27%), eat fewer high fat or high cholesterol foods (26%), eat more fruits and vegetables (21%), and take aspirin (17%).

High Blood Pressure (Hypertension)

- ◆ Nearly one-third (31%) of Ashtabula County adults had been diagnosed with high blood pressure. The 2009 BRFSS reports hypertension prevalence rates of 32% for Ohio and 29% for the U.S.
- ◆ Nearly four-fifths (79%) of adults had their blood pressure checked in the past year.
- ◆ Ashtabula County adults diagnosed with high blood pressure were more likely to:
 - Have been age 65 years or older (68%)
 - Have been classified as obese by Body Mass Index-BMI (47%)
 - Have incomes less than \$25,000 (41%)

High Blood Cholesterol

- ◆ More than one-third (34%) of adults had been diagnosed with high blood cholesterol. The 2009 BRFSS reported that 40% of Ohio adults and 38% of U.S. adults have been told they have high blood cholesterol.
- ◆ More than half (53%) of adults had their blood cholesterol checked in the past year.
- ◆ Ashtabula County adults with high blood cholesterol were more likely to:
 - Be age 65 years and older (57%)
 - Have been classified as obese by Body Mass Index-BMI (47%)

Ashtabula County Leading Types of Death 2006-2008

Total Deaths: 3,288

1. Heart Diseases (26% of all deaths)
2. Cancers (25%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (5%)
5. Accidents, Unintentional Injuries (4%)

(Source: ODH Information Warehouse, updated 4-15-10)

Ohio Leading Types of Death 2006-2008

Total Deaths: 322,264

1. Heart Diseases (25% of all deaths)
2. Cancers (23%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (5%)
5. Accidents, Unintentional Injuries (5%)

(Source: ODH Information Warehouse, updated 4-15-10)

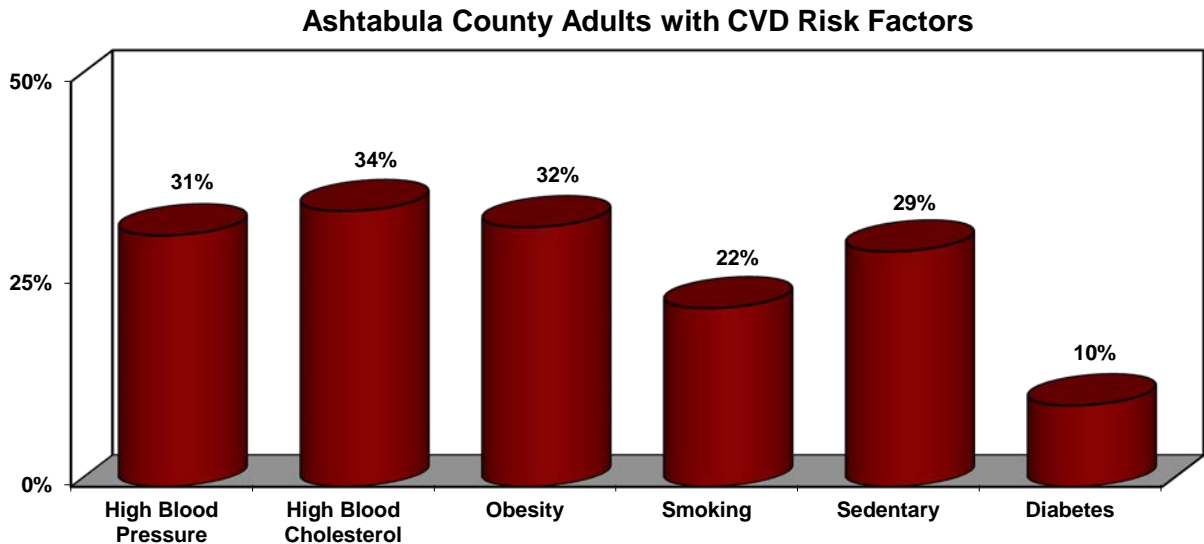
2011 Adult Comparisons	Ashtabula County 2011	Ohio 2010	U.S. 2010
Had a heart attack	7%	4%	4%
Had a stroke	6%	3%	3%
Had high blood pressure	31%	32%*	29%*
Had high blood cholesterol	34%	40%*	38%*

N/A – Not asked

*2009 BRFSS Data

Cardiovascular Health

The following graph demonstrates the percentage of Ashtabula County adults who had major risk factors for developing cardiovascular disease (CVD). (Source: 2011 Ashtabula County Health Assessment)



Risk Factors for Cardiovascular Disease That Can Be Modified or Treated:

Cholesterol – As blood cholesterol rises, so does risk of coronary heart disease. When other risk factors (such as high blood pressure and tobacco smoke) are present, this risk increases even more. A person's cholesterol level is also affected by age, sex, heredity and diet.

High Blood Pressure – High blood pressure increases the heart's workload, causing the heart to thicken and become stiffer and causes the heart not to work properly. It also increases your risk of stroke, heart attack, kidney failure and congestive heart failure. When high blood pressure exists with obesity, smoking, high blood cholesterol levels or diabetes, the risk of heart attack or stroke increases several times.

Obesity and Overweight – People who have excess body fat — especially at the waist — are more likely to develop heart disease and stroke even if they have no other risk factors. Excess weight increases the heart's work. It also raises blood pressure and blood cholesterol and triglyceride levels, and lowers HDL ("good") cholesterol levels. Many obese and overweight people may have difficulty losing weight. But by losing even as few as 10 pounds, you can lower your heart disease risk.

Smoking – Smokers' risk of developing coronary heart disease is 2-4 times that of nonsmokers. People who smoke a pack of cigarettes a day have more than twice the risk of heart attack than people who have never smoked. People who smoke cigars or pipes seem to have a higher risk of death from coronary heart disease (and possibly stroke) but their risk is not as great as cigarette smokers. Exposure to other people's smoke increases the risk of heart disease even for nonsmokers.

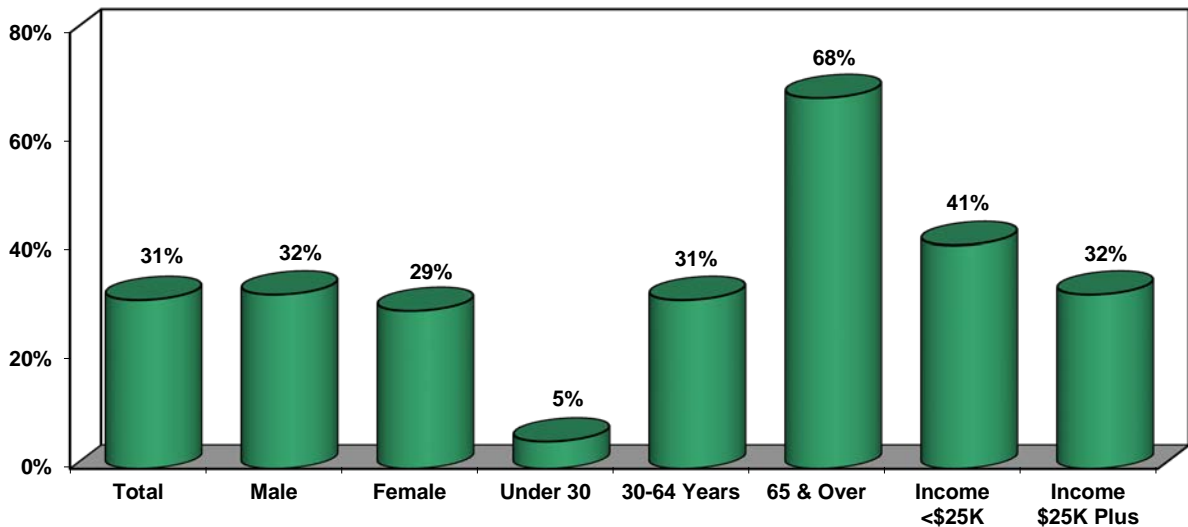
Physical Inactivity – An inactive lifestyle is a risk factor for coronary heart disease. Regular, moderate-to-vigorous physical activity helps prevent heart and blood vessel disease. However, even moderate-intensity activities help if done regularly and long term. Physical activity can help control blood cholesterol, diabetes and obesity, as well as help lower blood pressure in some people.

Diabetes Mellitus – Diabetes seriously increases your risk of developing cardiovascular disease. Even when glucose levels are under control, diabetes increases the risk of heart disease and stroke, but the risks are even greater if blood sugar is not well controlled. At least 65% of people with diabetes die of some form of heart or blood vessel disease. (Source: American Heart Association, *Risk Factors for Coronary Heart Disease*, 6-20-11)

Cardiovascular Health

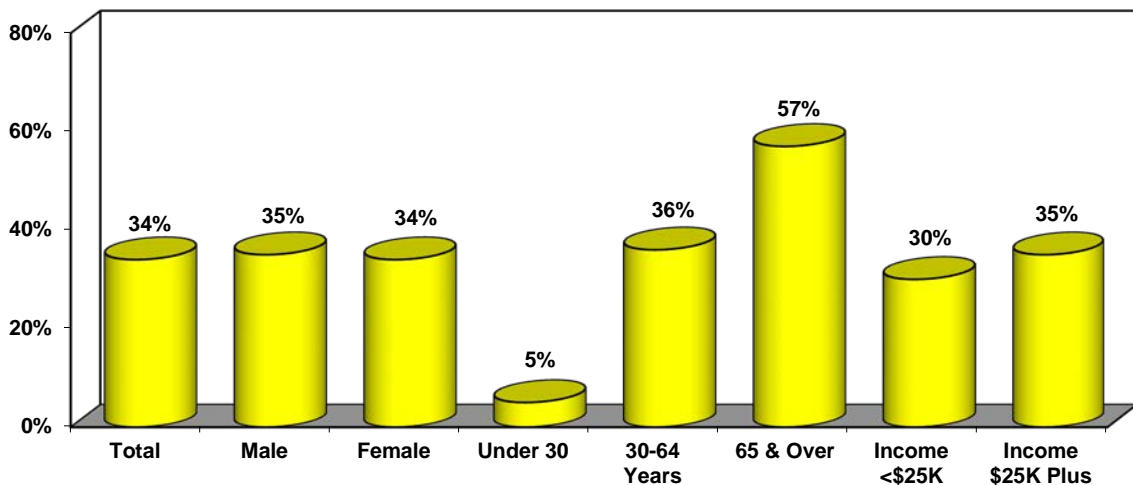
The following graphs show the number of Ashtabula County adults who have been diagnosed with high blood pressure or high blood cholesterol. Examples of how to interpret the information on the first graph include: 31% of all Ashtabula County adults have been diagnosed with high blood pressure, 32% of all Ashtabula County males, 29% of all females, and 68% of those 65 years and older.

Diagnosed with High Blood Pressure*



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

Diagnosed with High Blood Cholesterol

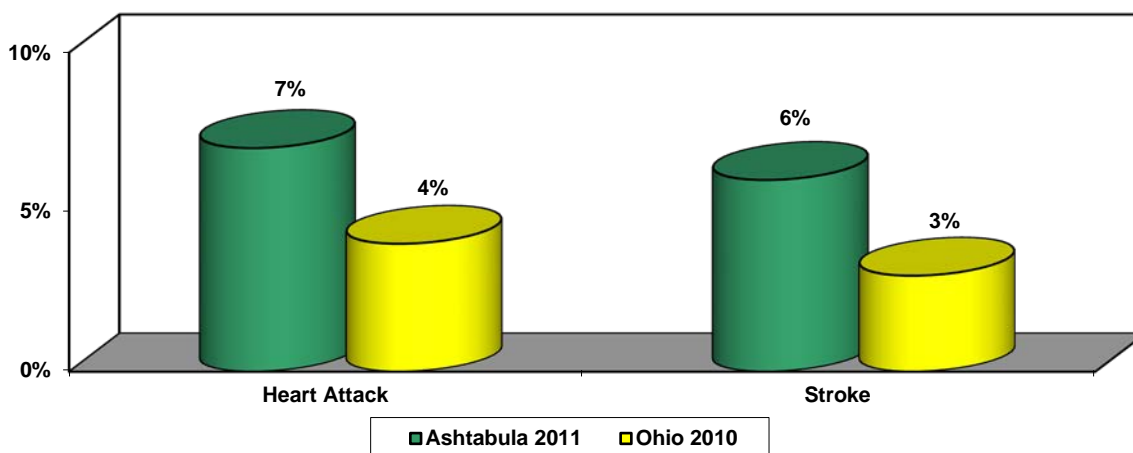


Cardiovascular Health

The following graphs show the Ashtabula County and Ohio age-adjusted mortality rates per 100,000 population for heart disease and stroke by gender and race/ethnicity.

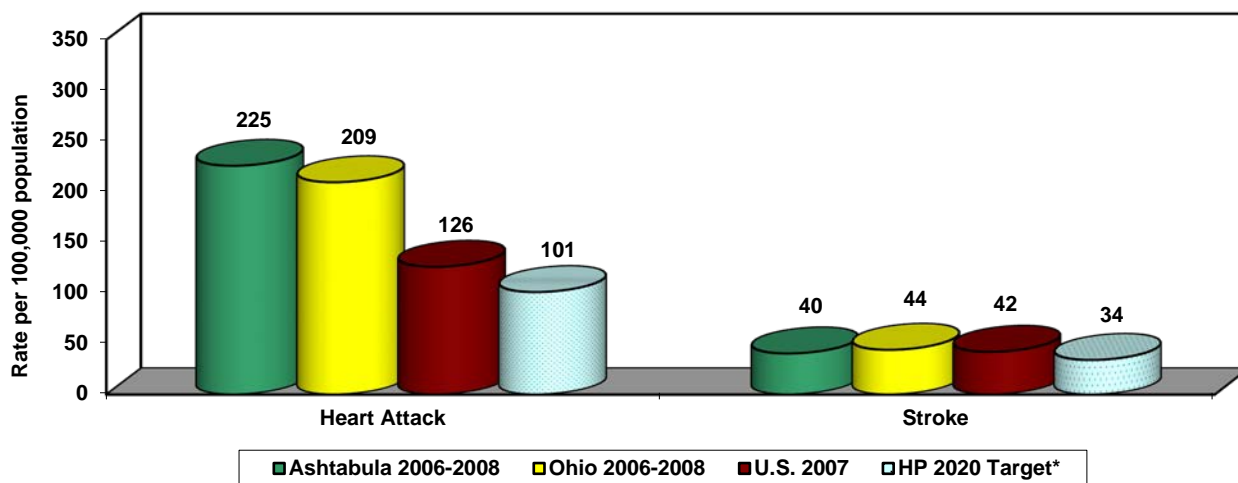
- The 2011 assessment shows that heart attacks are slightly more prevalent than strokes in Ashtabula County.
- When age differences are accounted for, the statistics indicate that from 2006-2008 the Ashtabula County heart disease mortality rate was higher than the figure for the state, the U.S., and the Healthy People 2020 target.
- The Ashtabula County age-adjusted stroke mortality rate for 2006-2008 was lower than the state and U.S. figures, but higher than the Healthy People 2020 target.
- From 2000 to 2008, heart disease mortality rate was consistently higher for males than females in Ashtabula County.

Cardiovascular Disease Prevalence



(Source: 2011 Ashtabula Health Assessment and BRFSS)

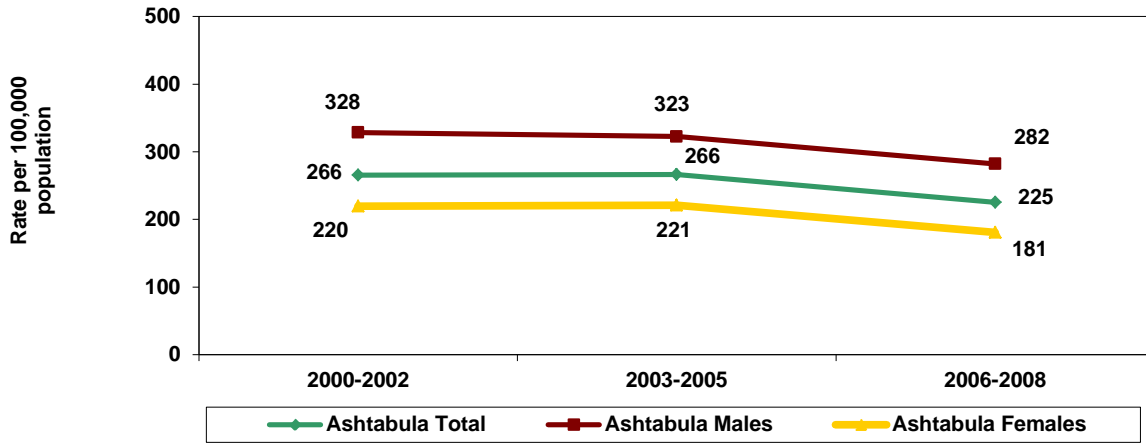
Age-Adjusted Heart Disease and Stroke Mortality Rates



**The Healthy People 2020 Target objective for Coronary Heart Disease is reported for heart attack mortality.
(Source: ODH Information Warehouse, updated 4-15-10, Healthy People 2020)*

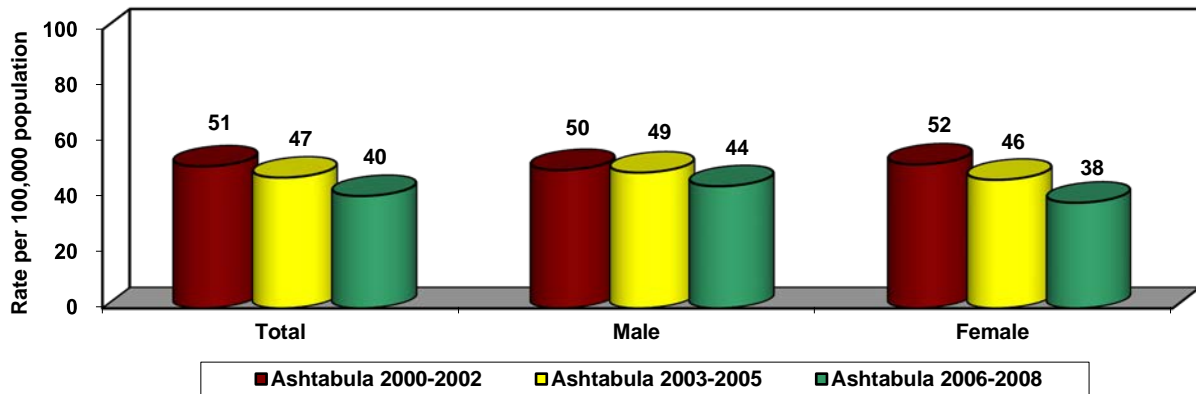
Cardiovascular Health

Ashtabula County Age-Adjusted Heart Disease Mortality Rates by Gender



(Source: ODH Information Warehouse, updated 4-15-10)

Age-Adjusted Stroke Mortality Rates by Gender



(Source: ODH Information Warehouse, updated 4-15-10)

Cardiovascular Health

Healthy People 2020 Objectives

High Blood Pressure

Objective	Target	U.S. Baseline*	Ashtabula Survey Population Baseline (2011)
HDS-4 Increase the portion of adults who have had their blood pressure measured within the preceding 2 years and can state whether it was normal or high	93%	91% Adults age 18 and up (2008)	86%
HDS-5: Reduce proportion of adults with hypertension	27%	30% Adults age 18 and up (2005-2008)	31%

**All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2020, DATA 2011)*

Blood Cholesterol

Objective	Target	U.S. Baseline*	Ashtabula Survey Population Baseline (2011)
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	14%	15% Adults age 2- & up with TBC > 240 mg/dl (2005-2008)	34%
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	82%	75% Adults age 18 & up (2008)	70%

**All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2020, DATA 2011)*

Cancer

Key Findings

Ohio Department of Health statistics indicate that from 2000-2008, a total of 2,331 Ashtabula County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that reducing tobacco use, increasing cancer education and awareness, healthy diet and exercise habits, and early detection may reduce overall cancer deaths.

Cancer Facts

- ◆ About one in fourteen (7%) adults had been diagnosed with cancer at some time in their life. The top three reported cancers were: breast (3%), prostate (2%) and non-Hodgkin's lymphoma (1%).
- ◆ The Ohio Department of Health (ODH) vital statistics indicate that from 2000-2008, cancers caused 24% (2,331 of 9,874 total deaths) of all Ashtabula County resident deaths. The largest percent (30%) of cancer deaths were from lung and bronchus cancer. (Source: ODH Information Warehouse)
- ◆ Age-adjusted cancer mortality rates (calculated by ODH per 100,000 population) have increased for Ashtabula County from 220.9 for 2000-2002 to 222.1 for 2006-2008. The Ohio cancer mortality rate shows a downward trend from 208.3 for 2000-2002 to 195.9 for 2006-2008. (Source: ODH Information Warehouse)
- ◆ The American Cancer Society reports that smoking tobacco is associated with cancers of the mouth, lips, nasal cavity (nose) and sinuses, larynx (voice box), pharynx (throat), and esophagus (swallowing tube). Also, smoking has been associated with cancers of the stomach, pancreas, kidney, bladder, uterine cervix, and acute myeloid leukemia. The 2011 health assessment project has determined that 22% of Ashtabula County adults are current smokers and many more were exposed to environmental tobacco smoke, also a cause of heart attacks and cancer.

Lung Cancer

- ◆ The Ohio Department of Health reports that lung cancer (n=406) was the leading cause of male cancer deaths from 2000-2008 in Ashtabula County. Colon cancer caused 121 deaths and prostate cancer caused 114 deaths during the same time period. In Ashtabula County, 24% of male adults are current smokers¹ and 53% have stopped smoking for one or more days in the past 12 months because they were trying to quit. (Source: 2011 Ashtabula County Health Assessment)
- ◆ ODH reports that lung cancer was the leading cause of female cancer deaths (n=286) in Ashtabula County from 2000-2008 followed by breast (n=176) and colon & rectum (n=128) cancers. Approximately 20% of female adults in the county are current smokers¹ and 52% have stopped smoking for one or more days in the past 12 months because they were trying to quit. (Source: 2011 Ashtabula County Health Assessment)
- ◆ According to the American Cancer Society, smoking causes 87% of lung cancer deaths in the U.S. In addition, individuals living with smokers have a 30% greater risk of developing lung cancer than those who do not have smokers living in their household. Working in an environment with tobacco smoke also increases the risk of lung cancer.

Breast Cancer

- ◆ In 2011, 38% of Ashtabula County females reported having had a clinical breast examination in the past year.
- ◆ 49% of Ashtabula County females over the age of 40 had a mammogram in the past year.
- ◆ If detected early, the 5-year survival rate for breast cancer is 93%. (Source: American Cancer Society Facts & Figures 2011)
- ◆ For women in their 20s and 30s, a clinical breast exam should be done at least once every 3 years. Mammograms for women in their 20s and 30s are based upon increased risk (e.g., family history, past breast cancer) and physician recommendation. (Source: American Cancer Society Facts & Figures 2011)

Ashtabula County Incidence of Cancer, 2007 All Types: 619 cases

- ◆ Prostate: 117 cases (19%)
- ◆ Lung and Bronchus: 86 cases (14%)
- ◆ Breast: 68 cases (11%)
- ◆ Colon and Rectum: 66 cases (11%)
- ◆ Melanoma of skin: 28 cases (5%)

From 2006-2008, there were 807 cancer deaths in Ashtabula County.

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse)

¹Have smoked over 100 cigarettes in lifetime and currently smoke some or all days.

Cancer

Colon and Rectum Cancer

- ◆ The American Cancer Society recognizes any cancer involving the esophagus, stomach, small intestine, colon, liver, gallbladder or pancreas as a digestive cancer. Digestive cancers accounted for 23% of all cancer deaths in Ashtabula County from 2000-2008. *(Source: ODH Information Warehouse)*
- ◆ The American Cancer Society reports several risk factors for colorectal cancer including: age; personal or family history of colorectal cancer, polyps, or inflammatory bowel disease; alcohol use; a high-fat or low-fiber diet lacking an appropriate amount of fruits and vegetables; physical inactivity; obesity; diabetes; and smoking.
- ◆ In the U.S., most cases of colon cancer occur in individuals over the age of 50. Because of this, the American Cancer Society suggests that every person over the age of 50 have regular colon cancer screenings.

Prostate Cancer

- ◆ 56% of Ashtabula County males over the age of 50 had a PSA test in the past year.
- ◆ The Ohio Department of Health statistics indicate that prostate cancer deaths accounted for 5% of all male cancer deaths from 2000-2008 in Ashtabula County.
- ◆ African American men are twice as likely as white American men to develop prostate cancer and are more likely to die of prostate cancer. In addition, about 62% of prostate cancers occur in men over the age of 65. Other risk factors include strong familial predisposition, diet high in processed meat or dairy foods, and obesity. Prostate cancer is more common in North America and Northwestern Europe than in Asia and South America. *(Source: Cancer Facts & Figures 2011, The American Cancer Society)*

2011 Cancer Estimations

- ❖ In 2011, about 171,600 cancer deaths are expected to be caused by tobacco use.
- ❖ One-third of the 571,950 cancer deaths are expected to be related to overweight, obesity, physical activity and poor nutrition.
- ❖ About 78% of all cancers are diagnosed in people 55 years or older.
- ❖ About 1,596,670 new cancer cases are expected to be diagnosed in 2011, not including non-invasive cancers of any site except urinary bladder and does not include basal and squamous cell skin cancer.
- ❖ Approximately 571,950 people are expected to die of cancer, more than 1,500 people per day in 2011.

(Source: American Cancer Society, Facts and Figures 2011)

Cancer

Ashtabula County Cancer Deaths 2000-2008

Type of Cancer	Number of Cancer Deaths	Percent of Total Cancer Deaths
Trachea, Lung and Bronchus	692	30%
Other/Unspecified	272	12%
Colon, Rectum & Anus	249	11%
Breast	176	8%
Pancreas	131	6%
Prostate	114	5%
Non-Hodgkins Lymphoma	96	4%
Leukemia	91	4%
Esophagus	57	3%
Brain and CNS	54	2%
Cancer of Ovary	52	2%
Bladder	52	2%
Kidney and Renal Pelvis	50	2%
Liver and Bile Ducts	46	2%
Stomach	45	1%
Lip, Oral Cavity & Pharynx	36	1%
Cancer of Corpus Uteri	34	1%
Multiple Myeloma	28	1%
Melanoma of Skin	23	<1%
Larynx	14	<1%
Cancer of Cervix Uteri	12	< 1%
Hodgkins Disease	7	< 1%
Total	2,331	100%

(Source: ODH Information Warehouse, updated 4-15-10)

Ashtabula County Number of Cancer Cases, 2000-2007

Year	All Sites	Breast	Colon & Rectum	Lung	Prostate
2000	567	73	82	108	66
2001	451	50	44	85	65
2002	520	56	53	104	86
2003	588	69	77	87	113
2004	595	72	79	96	81
2005	591	76	64	96	84
2006	628	65	56	106	103
2007	619	68	66	86	117

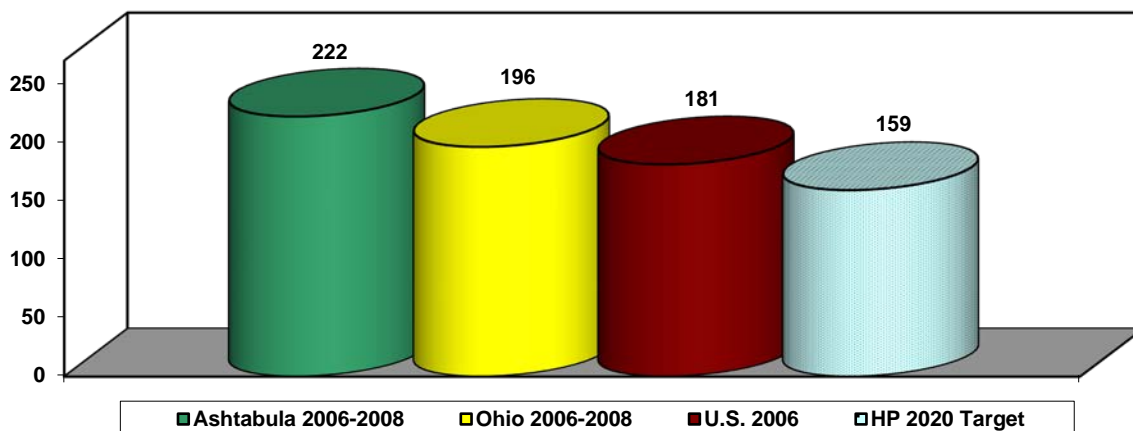
(Source: Ohio Cancer Incidence Surveillance System)

Cancer

The following graphs show the Ashtabula County, Ohio and U.S. age-adjusted mortality rates (per 100,000 population, 2000 standard) for all types of cancer in comparison to the Healthy People 2020 objective, and cancer as a percentage of total deaths in Ashtabula County by gender. The graphs indicate:

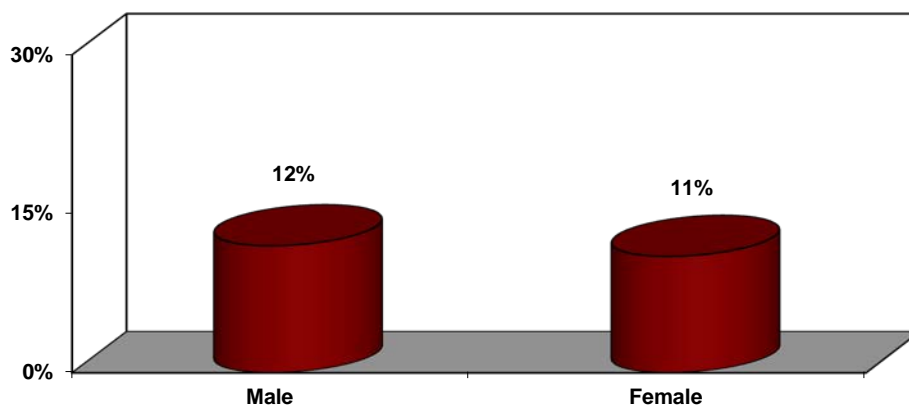
- ◆ When age differences are accounted for, Ashtabula County had a higher cancer mortality rate than the Ohio rate, the U.S. rate, and the Healthy People 2020 target objective.
- ◆ The percentage of Ashtabula County males who died from all cancers was higher than the percentage of Ashtabula County females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

**Healthy People 2020 Objective
and Age-Adjusted Mortality Rates for All Cancers***



**Age-adjusted rates/ 100,000 population, 2000 standard
(Source: ODH Information Warehouse, updated 4-15-10; Healthy People 2020)*

**Cancer As Percent of Total Deaths in Ashtabula County
by Gender, 2000-2008**



(Source: ODH Information Warehouse, updated 4-15-10)

Diabetes

Key Findings

In 2011, 10% of Ashtabula County adults had been diagnosed with diabetes.

Diabetes

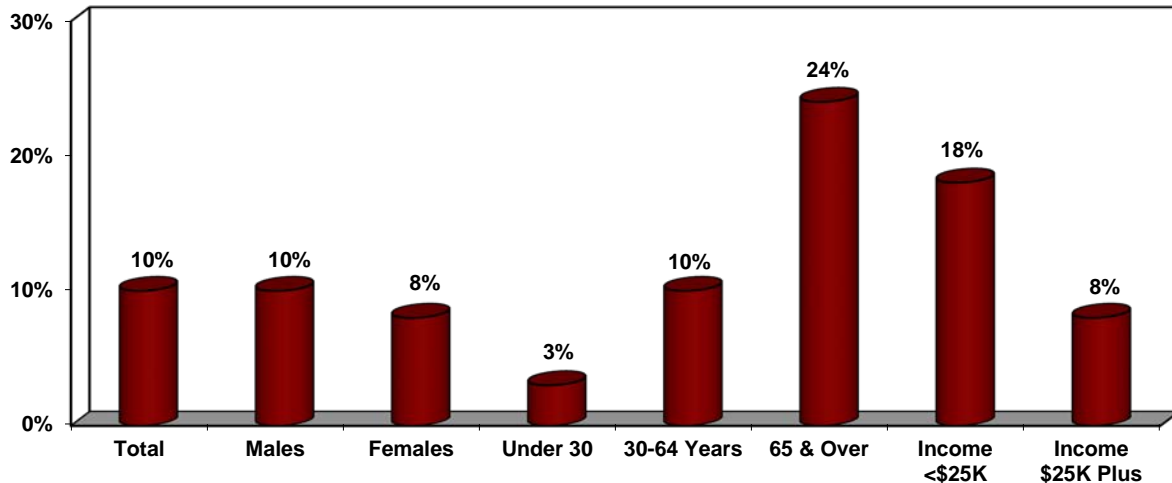
- ◆ The 2011 health assessment project has identified that 10% of Ashtabula County adults had been diagnosed with diabetes, increasing to 24% of those over the age of 65 and 18% of those with incomes less than \$25,000. The 2010 BRFSS reports an Ohio prevalence of 11% and 10% for the U.S.
- ◆ Over half (53%) of adults with diabetes rated their health as fair or poor.
- ◆ Ashtabula County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - 92% were obese or overweight
 - 73% had been diagnosed with high blood pressure
 - 69% had been diagnosed with high blood cholesterol

Diabetes Facts

- ❖ Diabetes was the 6th leading cause of death in Ashtabula County from 2006-2008.
- ❖ Diabetes was the 7th leading cause of death in Ohio from 2006-2008.
- ❖ From 2006-2008, the Ashtabula County age-adjusted mortality rate per 100,000 for diabetes was 44.5 deaths for males (34.5 Ohio) and 30.2 (24.4 Ohio) deaths for females.

(Source: ODH, Information Warehouse, updated 4-15-10)

Ashtabula County Adults Diagnosed with Diabetes



2011 Adult Comparisons	Ashtabula County 2011	Ohio 2010	U.S. 2010
Diagnosed with diabetes	10%	11%	10%

Diabetes

Diabetes Complications

The complications associated with type 2 diabetes are numerous and serious including:

- ❖ **Heart disease and stroke** – 2 of 3 people with diabetes die from heart disease or stroke;
- ❖ **Kidney disease** caused by uncontrolled high blood pressure, uncontrolled blood sugar, and/or genetics;
- ❖ **Glaucoma** – diabetics are 40% more likely to suffer from glaucoma, which can develop into blindness;
- ❖ **Cataracts** – diabetics are 60% more likely to develop cataracts; cataracts can also lead to the development of glaucoma;
- ❖ **Retinopathy** – nonproliferative retinopathy does not cause loss of sight but can develop into proliferative retinopathy which causes loss of vision. Those with type 1 diabetes almost always develop nonproliferative retinopathy as do most people with type 2 diabetes; proliferative retinopathy is rare;
- ❖ **Neuropathy** is nerve damage to the feet that results in loss of feeling. It is one of the most common complications of diabetes. Poor blood flow or changes in the shape of the feet and toes may also cause problems. There are many forms of neuropathy but it is important to know that it can be very painful and disabling; however, for early neuropathy, symptoms can disappear with tight control of blood sugar, weight loss toward an ideal weight, and regular exercise;
- ❖ Various **foot complications** are experienced more commonly with people who have diabetes. Some of these foot complications include **neuropathy**, extremely **dry skin**, **calluses** that can develop into **foot ulcers** that do not heal quickly, **poor circulation**, and **amputation**. Amputation of the foot or leg is more common, usually as a result of decreased circulation, neuropathy, and/or slowly healing wounds;
- ❖ **Skin Complications** – Some of the many skin complications that diabetics are more likely to experience are **fungal infections**, **bacterial infections**, **atherosclerosis** (thickening of the arteries), **diabetic dermopathy** (harmless patches of light brown, scaly skin), **necrobiosis lipoidica diabetorum** (NLD – red skin patches that can be itchy and painful that can break open into sores and need treatment), etc.; and,
- ❖ **Gastroparesis** occurs as a result of neuropathy where the nerves to the stomach are damaged and stop working. Multiple complications can result from the stomach taking too long to empty its contents ranging from uncontrolled blood sugar to complete blockage from the stomach to the small intestine.
- ❖ Well controlled diabetes can greatly reduce the complications of diabetes, but diabetics will still have a shortened life span.

(Source: American Diabetes Association, *All about Diabetes, Type 2 Diabetes, Complications*)

Diabetes

Adult Diabetes Screening Standards

Type 1 diabetes is usually diagnosed in children and young adults, and was previously known as juvenile diabetes. In type 1 diabetes, the body does not produce insulin. Type 2 diabetes is the most common form of diabetes. In type 2 diabetes, either the body does not produce enough insulin or the cells ignore the insulin, most likely because the insulin is defective.

The American Diabetes Association maintains that community screening is not recommended since there is not sufficient evidence that community screening for type 2 diabetes is cost-effective, as well as the potential harm caused by lack of continuous care following diagnosis; therefore, screening should be based upon clinical judgment and patient preference. Health care provider type 2 diabetes **screening standards for adults** are as follows:

- ❖ Every three years for those age 45 and over, especially for those with a Body Mass Index (BMI) of 25 or greater;
- ❖ Testing can be done more frequently for those at younger ages who are overweight and have one or more of the risk factors listed in the box on page 1;
- ❖ Patients who experience one or more of the known symptoms for diabetes (e.g. frequent urination, excessive thirst, extreme hunger, unusual weight loss, increased fatigue, irritability, blurry vision, etc.);
- ❖ Patients who have a family history of type 2 diabetes;
- ❖ Patients who belong to certain race/ethnic groups (specifically, African American, American Indian, Pacific Islander, or Hispanic American/Latino);
- ❖ Patients who have signs of or conditions associated with insulin resistance (e.g., high blood pressure, abnormal cholesterol, polycystic ovary syndrome, etc.); and,
- ❖ As deemed necessary by the health care professional.

Youth Diabetes Screening Standards

The incidence of type 2 diabetes in children and adolescents has been shown to be increasing. Consistent with screening recommendations for adults, only children and youth at substantial risk for the presence or the development of type 2 diabetes should be tested. The American Diabetes Association recommends that overweight youths (defined as BMI greater than 85th percentile for age and sex, weight for height greater than 85th percentile, or weight greater than 120% of ideal for height) with any two of the risk factors listed below be screened:

- ❖ Have a family history of type 2 diabetes in first- and second-degree relatives;
- ❖ Belong to a certain race/ethnic group (Native Americans, African-Americans, Hispanic Americans, Asians/South Pacific Islanders);
- ❖ Have signs of insulin resistance or conditions associated with insulin resistance (acanthosis nigricans, hypertension, dyslipidemia, polycystic ovary syndrome).

Testing should be done every 2 years starting at age 10 years or at the onset of puberty if it occurs at a younger age.

For more information about diabetes, please visit the American Diabetes Association's website at www.diabetes.org.

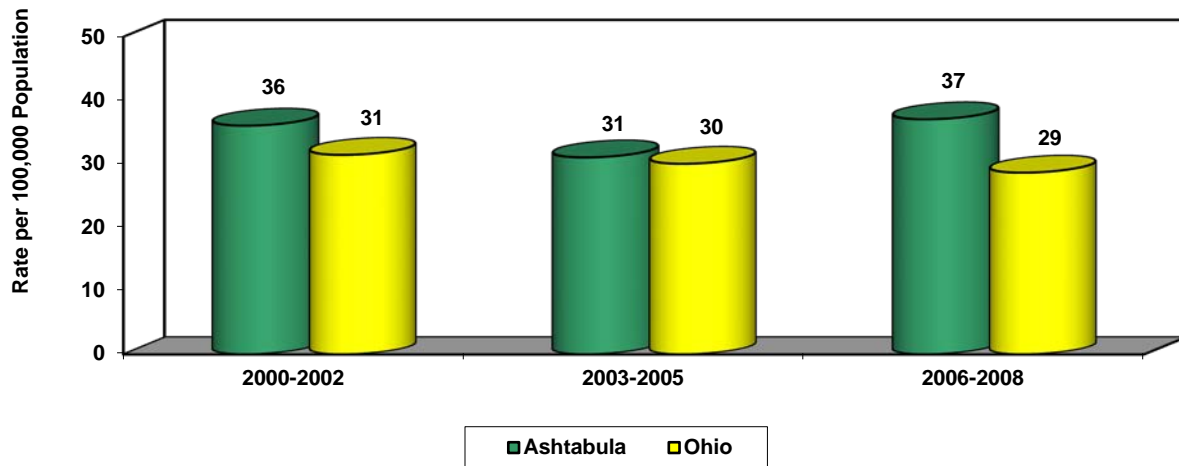
(Source: American Diabetes Association, Diabetes Care, Screening for Type 2 Diabetes, 2011)

Diabetes

The following graphs show age-adjusted mortality rates from diabetes for Ashtabula County and Ohio residents with comparison to the Healthy People 2020 target objective.

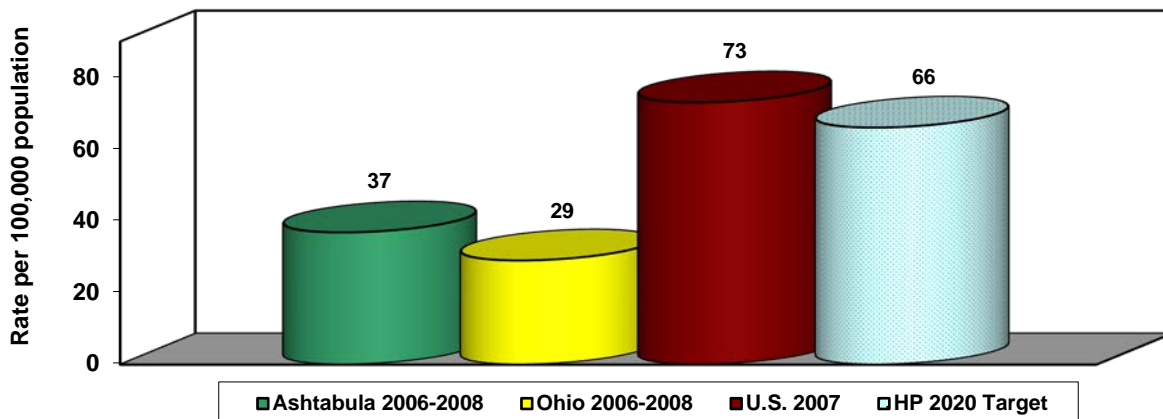
- ◆ Ashtabula County’s age-adjusted diabetes mortality rate decreased from 2000 to 2005 and increased from 2006 to 2008.
- ◆ From 2006 to 2008, both Ashtabula County and Ohio’s age-adjusted diabetes mortality rates were less than the national rate and both met the Healthy People 2020 target objective.

Diabetes Age-Adjusted Mortality Rates



(Source: ODH Information Warehouse, updated 4-15-10)

Healthy People 2020 Objectives and Age-adjusted Mortality Rates for Diabetes



(Source: ODH Information Warehouse, updated 4-15-10 and Healthy People 2020, CDC)

Arthritis

Key Findings

According to the Ashtabula County survey data, 35% of Ashtabula County adults were diagnosed with arthritis. According to the 2009 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they have arthritis.

Arthritis

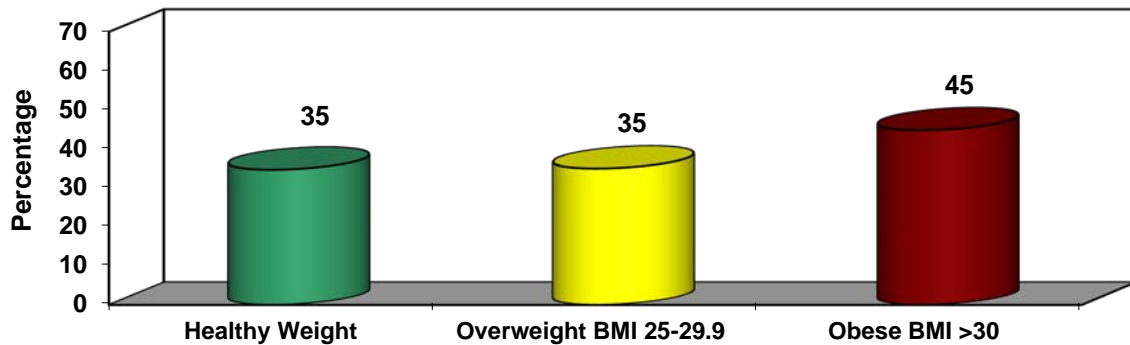
- ◆ More than one-third (35%) of Ashtabula County adults were told by a health professional that they had some form of arthritis.
- ◆ 63% of those over the age of 65 were diagnosed with arthritis.
- ◆ According to the 2009 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they have arthritis.
- ◆ About 1 in 5 U.S. adults have doctor diagnosed arthritis. Approximately 1 in 20 of working age adults reported that arthritis limited their work (Source: CDC Arthritis at a Glance 2011).
- ◆ Adults are at higher risk of developing arthritis if they are female, have genes associated with certain types of arthritis, have an occupation associated with arthritis, are overweight or obese, and/or have joint injuries or infections (Source CDC).

What Can Be Done to Target Arthritis?

- ◆ Self-management education programs can reduce pain and costs. The Arthritis Foundation holds classes called the Self-Help Program that teaches people how to manage arthritis and lessen its effects.
- ◆ Physical activity can have significant benefits for people with arthritis. The benefits include improvements in physical function, mental health, quality of life, and reductions in pain.
- ◆ Weight management and injury prevention are two ways to lower a person's risk for developing osteoarthritis.
- ◆ Early diagnosis and proper management can decrease or avoid the amount of pain that a person may experience or disability that accompanies arthritis.

(Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Arthritis at a Glance 2011)

Arthritis-Attributable Activity Limitations Increase with Weight



(Source for graph: Arthritis at a Glance 2011, Morbidity and Mortality Weekly Report 2010; 59(39):999-1003.)

2011 Adult Comparisons	Ashtabula County 2011	Ohio 2009	U.S. 2009
Diagnosed with arthritis	35%	31%	26%

Asthma & Other Respiratory Disease

Key Findings

According to the Ashtabula County survey data, 10% of Ashtabula County adults had been diagnosed with asthma.

Asthma & Other Respiratory Disease

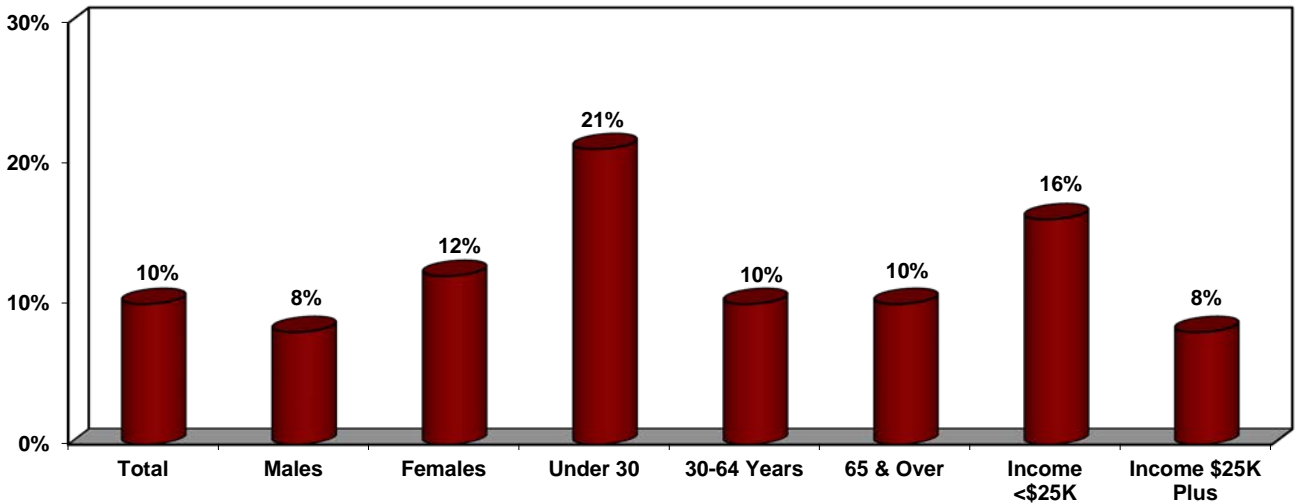
- ◆ In 2011, 10% of Ashtabula County adults had been diagnosed with asthma, increasing to 21% of those under the age of 30 and 16% of those with incomes less than \$25,000.
- ◆ In the past year, Ashtabula County adults diagnosed with asthma were unable to work or carry out usual activities an average of 6.8 times because of their asthma.
- ◆ 14% of Ohio and U.S. adults have ever been diagnosed with asthma. *(Source: 2010 BRFSS)*
- ◆ There are several important factors that may trigger an asthma attack. Some of these triggers are secondhand smoke, dust mites, outdoor air pollution, cockroach allergens, pets, mold, infections linked to the flu, colds, and respiratory viruses *(Source: CDC- National Center for Environmental Health, 2011)*
- ◆ Chronic lower respiratory disease was the 3rd leading cause of death in Ashtabula County and Ohio from 2006-2008. *(Source: ODH, Information Warehouse)*

Chronic Respiratory Conditions

- ◆ Asthma is a chronic lung disease that inflames and narrows airways. It can cause recurring periods of wheezing, chest tightness, shortness of breath and coughing.
- ◆ Chronic bronchitis is a condition where the bronchial tubes (the tubes that carry air to your lungs) become inflamed. Bronchitis can cause wheezing, chest pain or discomfort, a low fever, shortness of breath and a cough that brings up mucus. Smoking is the main cause of chronic bronchitis.
- ◆ Chronic Obstructive Pulmonary Disease (COPD) is a disease that over time makes it harder to breathe. COPD can cause large amounts of mucus, wheezing, shortness of breath, chest tightness, and other symptoms. Smoking is the main cause of COPD.

(Source: National Heart, Lung, Blood Institute, 2011)

Ashtabula County Adults Diagnosed with Asthma

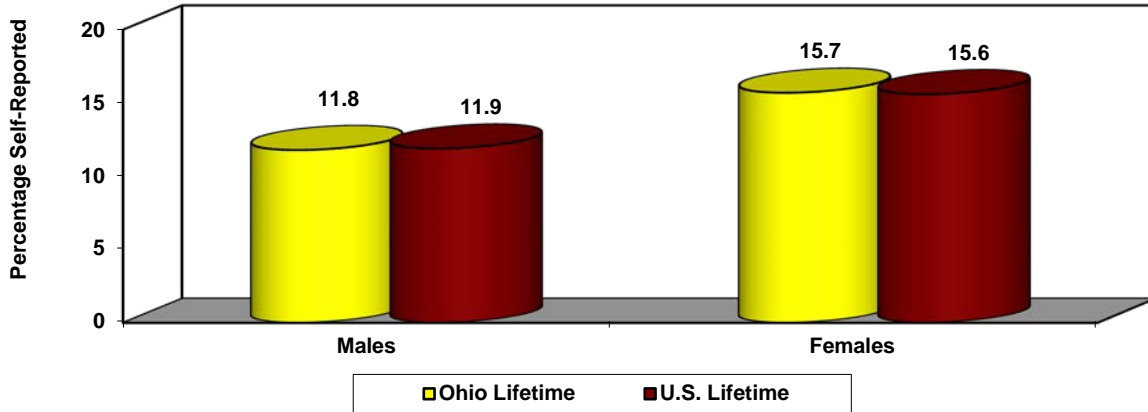


2011 Adult Comparisons	Ashtabula County 2011	Ohio 2010	U.S. 2010
Diagnosed with asthma	10%	14%	14%

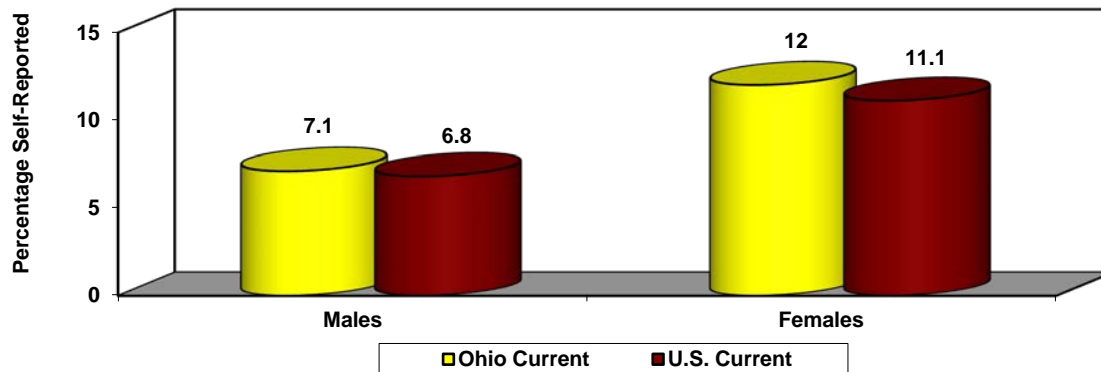
Asthma & Other Respiratory Disease

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

Adult Lifetime Asthma Prevalence Rates By Gender



Adult Current Asthma Prevalence Rates By Gender



(Source: 2010 BRFSS)

Asthma Control

Recommendations from the CDC's National Asthma Control Program include:

- Tracking: routinely collect and analyze asthma data to determine who is most affected in Ashtabula County.
- Interventions: assure that research-based public health practices and programs are implemented to reduce the burden of asthma within the county.
- Partnerships: make sure that all stakeholders have the opportunity to be involved in developing, implementing and evaluating the local asthma control programs.

For youth, the CDC has published *Strategies for Addressing Asthma within a Coordinated School Health Program*, revised 2006.

The six strategies identified include:

- Establishing management and support systems for asthma-friendly schools.
- Providing appropriate school health and mental health services for students with asthma.
- Providing asthma education and awareness programs for students and school staff.
- Providing a safe and healthy school environment to reduce asthma triggers.
- Providing safe, enjoyable physical education and activity opportunities for students with asthma.
- Coordinating school, family and community efforts to better manage asthma symptoms and reduce school absences among students with asthma.

Adult Weight Status

Key Findings

The 2011 Health Assessment project identified that 68% of Ashtabula County adults were overweight or obese based on BMI. The 2010 BRFSS indicates that 30% of Ohio and 28% of U.S. adults were obese by BMI. Almost one-third (32%) of Ashtabula County adults were obese. Almost two-fifths (39%) of adults were trying to lose weight. 29% of adults had not been participating in any physical activities or exercise in the past week.

Defining the Terms

- ❖ Obesity: An excessively high amount of body fat compared to lean body mass.
- ❖ Body Mass Index (BMI): The contrasting measurement/relationship of weight to height. CDC uses this measurement to determine overweight and obesity.
- ❖ Underweight: Adults with a BMI less than 18.5.
- ❖ Normal: Adults with a BMI of 18.5 to 24.9.
- ❖ Overweight: Adults with a BMI of 25 to 29.9.
- ❖ Obese: Adults with a BMI of 30 or greater.

(Source: CDC 2010)

Adult Weight Status

- ◆ In 2011, the health assessment indicated that more than two-thirds (68%) of Ashtabula County adults were either overweight (36%) or obese (32%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases (see below).
- ◆ Almost two-fifths (39%) of adults were trying to lose weight, 35% were trying to maintain their current weight or keep from gaining weight, and 2% were trying to gain weight.
- ◆ Ashtabula County adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (41%), exercised (33%), ate a low-carbohydrate diet (10%), smoked cigarettes (4%), took diet pills, powders or liquids without a doctor's advice (2%), used a weight loss program (2%), went without eating 24 or more hours (1%), and vomited or took laxatives (1%).

Physical Activity

- ◆ In Ashtabula County, 57% of adults were engaging in physical activity for at least 30 minutes 3 or more days per week, and 29% of adults were exercising 5 or more days per week. 29% of adults were not participating in any physical activity in the past week, including those who were unable to exercise.
- ◆ Ashtabula County adults reported the following reasons for not exercising: time (21%), too tired (16%), pain/discomfort (16%), choose not to exercise (16%), weather (11%), could not afford a gym membership (8%), no walking or biking trails (4%), safety concerns (2%), do not know what activity to do (2%), doctor advised them not to exercise (1%), no child care (1%), no gym available (1%), and other reasons (12%).
- ◆ The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week *(Source: CDC, Physical Activity for Everyone)*

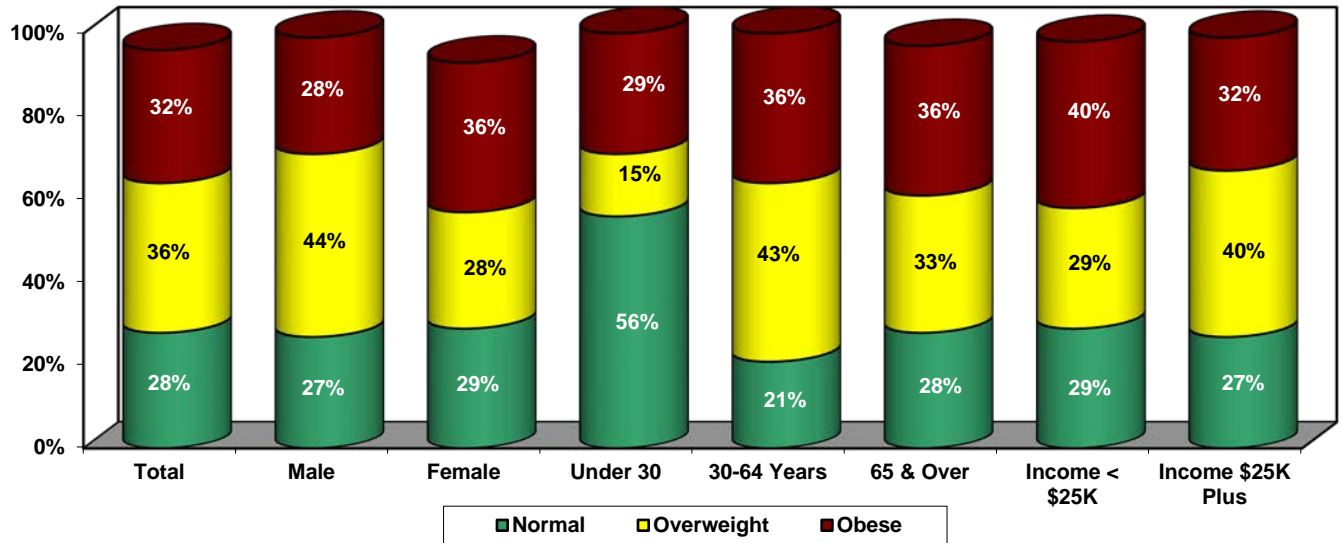
Nutrition

- ◆ In 2011, 9% of Ashtabula County adults ate 5 or more servings of fruits and vegetables per day, and 86% ate one to four servings per day. The American Cancer Society recommends that adults eat 5 or more servings of a variety of fruits and vegetables per day to reduce the risk of cancer and to maintain good health. The 2009 BRFSS reported that only 21% of Ohio adults and 23% nationwide were eating the recommended number of servings of fruits and vegetables.
- ◆ Adults ate out in a restaurant or brought home take out food an average of 2.2 times per week.

Adult Weight Status

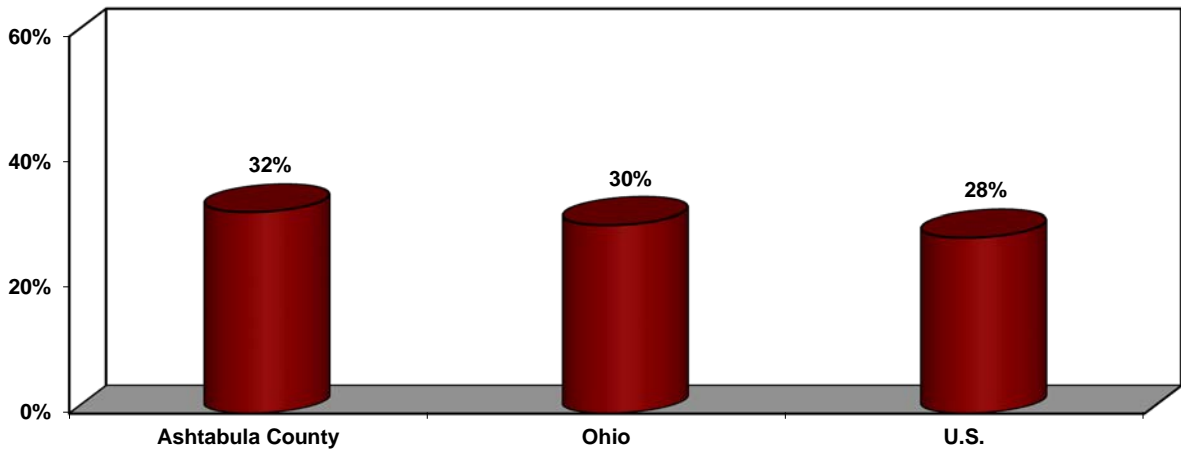
The following graphs show the percentage of Ashtabula County adults who are overweight or obese by Body Mass Index (BMI) and the percentage of Ashtabula County adults who are obese compared to Ohio and U.S. Examples of how to interpret the information include: 28% of all Ashtabula County adults were classified as normal weight, 36% overweight, and 32% obese.

Ashtabula County Adult BMI Classifications



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

Obesity in Ashtabula County, Ohio, and U.S. Adults



(Source: 2011 Ashtabula County Health Assessment and 2010 BRFSS)

2011 Adult Comparisons	Ashtabula County 2011	Ohio 2010	U.S. 2010
Obese	32%	30%	28%
Overweight	36%	36%	36%

Youth Weight Status

Key Findings

The 2011 Health Assessment identified that 17% of Ashtabula County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 28% of Ashtabula County youth reported that they were slightly or very overweight. 69% of youth were exercising for 60 minutes on 3 or more days per week.

Youth Weight Status

- ◆ BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific as children's body fatness changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal, overweight, and obese.
- ◆ In 2011, 17% of youth were classified as obese by Body Mass Index (BMI) calculations (2007 YRBS reported 12% for Ohio, 2009 YRBS reported 12% for the U.S.). 14% of youth were classified as overweight, 64% were normal weight, and 5% were underweight.
- ◆ 28% of youth described themselves as being either slightly or very overweight (2007 YRBS reported 30% for Ohio, 2009 YRBS reported 28% for the U.S.)
- ◆ Almost half (46%) of all youth were trying to lose weight (2007 YRBS reported 47% for Ohio and 45% for the U.S.), increasing to 53% of Ashtabula County female youth (compared to 38% of males).
- ◆ In the past 30 days, 5% of all Ashtabula County youth (2007 YRBS reported 11% for Ohio, 2009 YRBS reported 11% for the U.S.) reported going without eating for 24 hours or more to lose weight or keep from gaining weight. 3% smoked cigarettes to lose weight, 2% vomited or took laxatives, and 2% reported taking diet pills, powders, or liquids without a doctor's advice.
- ◆ 31% of youth ate less food, fewer calories, or foods lower in fat to try to lose weight or keep from gaining weight in the past month, and 48% exercised to try to lose weight or keep from gaining weight.

Nutrition

- ◆ 16% of Ashtabula County youth ate 5 or more servings of fruits and vegetables per day. 78% ate 1 to 4 servings of fruits and vegetables per day.
- ◆ Youth consumed the following sources of calcium daily: milk (83%), other dairy products (38%), yogurt (35%), calcium-fortified juice (14%), other calcium sources (9%), and calcium supplements (7%).
- ◆ 38% of youth drank pop, punch, kool-aid, sports drinks, energy drinks, etc. at least once per day.
- ◆ Ashtabula County youth reported drinking energy drinks for the following reasons: to stay awake (26%), to get pumped up (16%), to help them perform (7%), before games or practice (6%), to mix with alcohol (4%), and some other reason (19%).

Physical Activity

- ◆ 69% of Ashtabula County youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. 48% did so on 5 or more days in the past week and 25% did so every day in the past week. 14% of youth did not participate in any physical activity in the past week.
- ◆ Ashtabula County youth spent an average of 3.8 hours on their cell phone, 2.3 hours watching TV, 1.3 hours playing video games, and 1.9 hours on the computer on an average day of the week. 34% of youth spent 3 or more hours watching TV on an average day (2007 YRBS reported 32% for Ohio, 2009 YRBS reported 33% for the U.S.).
- ◆ 84% of youth participated in extracurricular activities. They participated in the following: sports or intramural programs (48%), part-time job (18%), caring for siblings after school (18%), babysitting for other kids (17%), community volunteering (17%), church youth group (16%), church or religious organization (15%), school club or social organization (30%), or some other organized activity (Scouts, 4H, etc) (12%).

Soft Drinks & Adolescent Weight

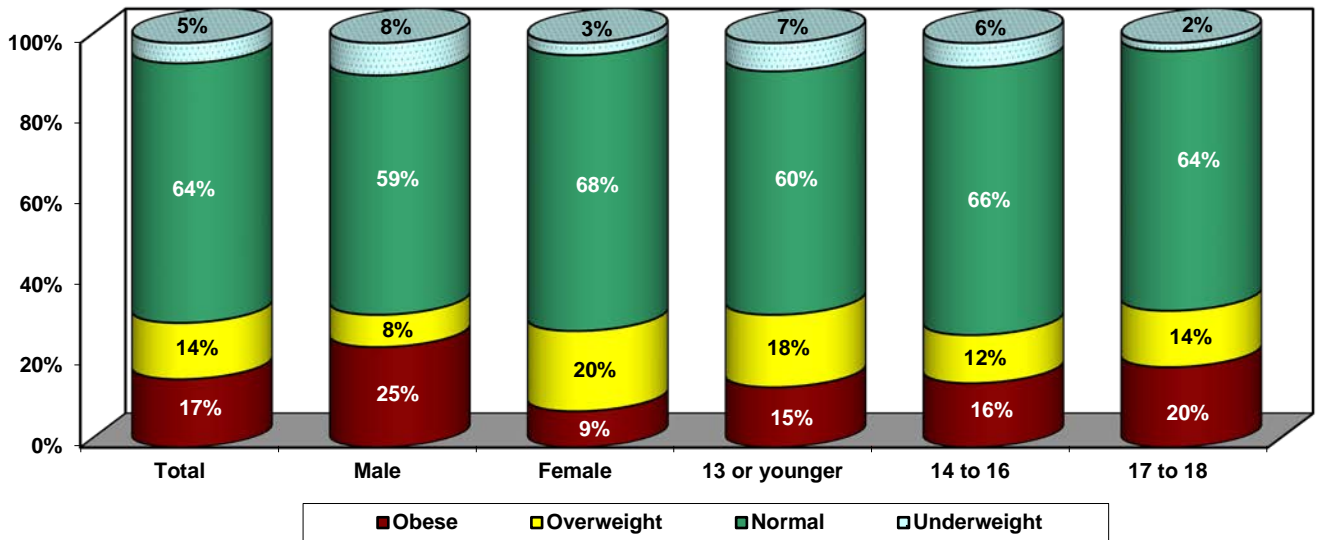
- ◆ Empty calories from added sugars and solid fats contribute to 40% of daily calories for children and adolescents aged 2–18 years, affecting the overall quality of their diets. Approximately half of these empty calories come from six sources: soda, fruit drinks, dairy desserts, grain desserts, pizza, and whole milk.
- ◆ Adolescents drink more full-calorie soda per day than milk.

(Source: CDC, Adolescent and School Health, <http://www.cdc.gov/healthyyouth/nutrition/facts.htm>, 9-15-11)

Youth Weight Status

The following graph shows the percentage of Ashtabula County youth who were classified as obese, overweight, normal, or underweight by Body Mass Index (BMI). The table shows the ways youth lost weight. Examples of how to interpret the information in the first graph include: 64% of all Ashtabula County youth were classified as normal weight, 17% were obese, 14% were overweight, and 5% were calculated to be underweight for their age and gender.

Ashtabula County Youth BMI Classifications



Ashtabula County Youth did the following to lose weight in the past 30 days:	Percent
Exercised	48%
Ate less food, fewer calories, or foods lower in fat	31%
Went without eating for 24 hours	5%
Smoked cigarettes	3%
Took diet pills, powders, or liquids without a doctor's advice	2%
Vomited or took laxatives	2%

Nutrition comparisons between Ashtabula County youth and adults:	Youth	Adults
Had 5 or more servings of fruit and vegetables/day	16%	9%

2011 Youth Comparisons	Ashtabula County 2011 (6 th -12 th)	Ashtabula County 2011 (9 th -12 th)	Ohio 2007 (9 th -12 th)	U.S. 2009 (9 th -12 th)
Obese	17%	18%	12%	12%
Went without eating for 24 hours or more	5%	6%	11%	11%
Trying to lose weight	47%	45%	47%	45%*

*2007 YRBSS data

Adult Tobacco Use

Key Findings

In 2011, 22% of Ashtabula County adults were current smokers and 30% were considered former smokers. In 2011, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of disease and early death in the world, accounting for approximately 5.4 million premature deaths each year. ACS estimated that tobacco use is linked to approximately one in five deaths in the U.S. (Source: Cancer Facts & Figures, American Cancer Society, 2011)

Adult Tobacco Use Behaviors

- ◆ The 2011 health assessment identified that less than nearly one-quarter (22%) of Ashtabula County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days). The 2010 BRFSS reported current smoker prevalence rates of 23% for Ohio and 17% for the U.S. 30% of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke). The 2010 BRFSS reported former smoker prevalence rates of 25% for Ohio and the U.S.
- ◆ Ashtabula County adult smokers were more likely to:
 - Have rated their general health as fair or poor (46%)
 - Have never been married (37%)
 - Have incomes less than \$25,000 (37%)
 - Be under age 30 (34%)
 - Be male (24%)
- ◆ 51% of the current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking, decreasing to 38% of those under the age of 30.
- ◆ 8% of Ashtabula County adults reported using chewing tobacco or snuff.
- ◆ Ashtabula County adults used the following tobacco products in the past year: flavored cigarettes (14%), chewing tobacco/snuff (8%), e-cigarettes (5%), cigars (3%), black and milds (2%), hookah (2%), cigarillos (1%), little cigars (1%), and swishers (1%).
- ◆ Ashtabula County adults reported the following rules about smoking inside their home: not allowed anywhere inside home (73%), allowed in some places or at some times (7%), allowed anywhere (3%), and had no rules about smoking inside the home (15%).

Tobacco Use and Health

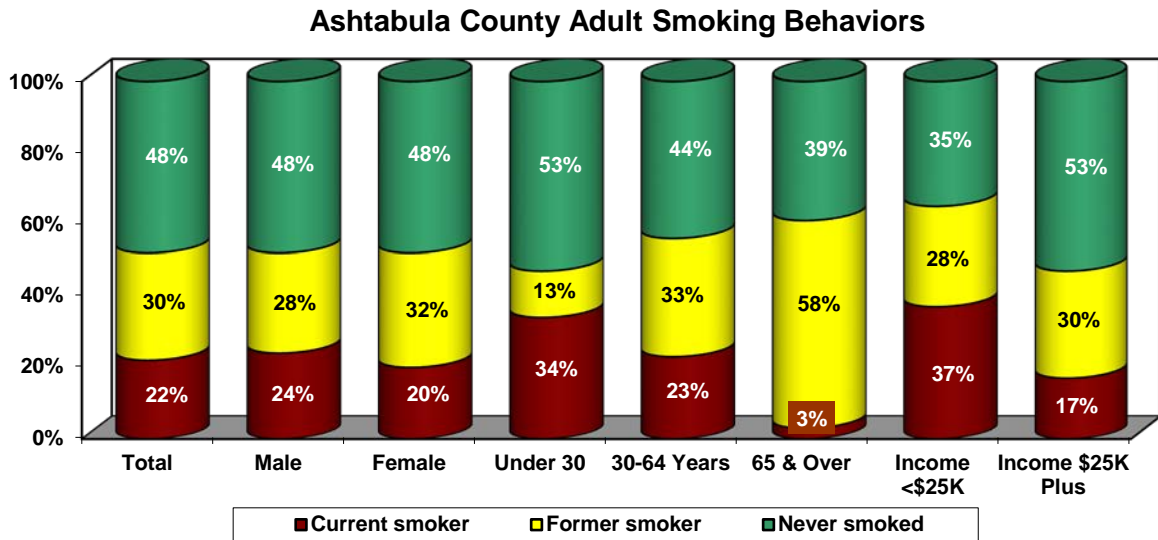
- ◆ Tobacco use is the most preventable cause of death in the U.S. and in the world
- ◆ 87% of all lung cancers deaths and at least 30% of all cancer deaths in the U.S. can be attributed to smoking.
- ◆ When compared to non-smokers, the risk of developing lung cancer is 23 times higher in male smokers and 13 times higher in female smokers.
- ◆ Tobacco use is also associated with at least 20 types of cancer such as cervical, mouth, pharyngeal, esophageal, pancreatic, kidney and bladder.
- ◆ Tobacco use contributes to heart disease, stroke, bronchitis, emphysema, COPD, chronic sinusitis, severity of colds, pneumonia and low birth weight in infants.

(Source: Cancer Facts & Figures, American Cancer Society, 2011)

2011 Adult Comparisons	Ashtabula County 2011	Ohio 2010	U.S. 2010
Current smoker	22%	23%	17%
Former smoker	30%	25%	25%

Adult Tobacco Use

The following graph shows the percentage of Ashtabula County adults who used tobacco. Examples of how to interpret the information include: 22% of all Ashtabula County adults were current smokers, 30% of all adults were former smokers, and 48% had never smoked.



*Respondents were asked:
 "Have you smoked at least 100 cigarettes in your entire life?
 If yes, do you now smoke cigarettes everyday, some days or not at all?"*

Costs of Tobacco Use

- ❖ If a pack-a-day smoker spent \$4/pack, they would spend: \$28/week, \$112/month, or \$1,456/year.
- ❖ 22% of Ashtabula County adults indicated they were smokers. That is approximately 16,927 adults.
- ❖ If 16,927 adults spent \$1,456/year, then \$24,645,712 is spent a year on cigarettes in Ashtabula County.

Smoking and Tobacco Facts

- ❖ Tobacco use is the most preventable cause of death in the U.S.
- ❖ Approximately 49,000 deaths per year in the U.S. are from secondhand smoke exposure.
- ❖ Typically, smokers die 13 to 14 years earlier than non-smokers.
- ❖ In 2009, cigarette smoking was highest in prevalence in adults among American Indians/Native Americans (23%), followed by whites (22.1%), African Americans (21.3%), Hispanics (14.5%), and Asians (12.0%).
- ❖ Smoking costs over \$193 billion in lost productivity (\$97 billion) and health care expenses (\$96 billion) per year.
- ❖ In 2006, the cigarette industry spent more than \$34 million per day on advertising and promotional expenses.

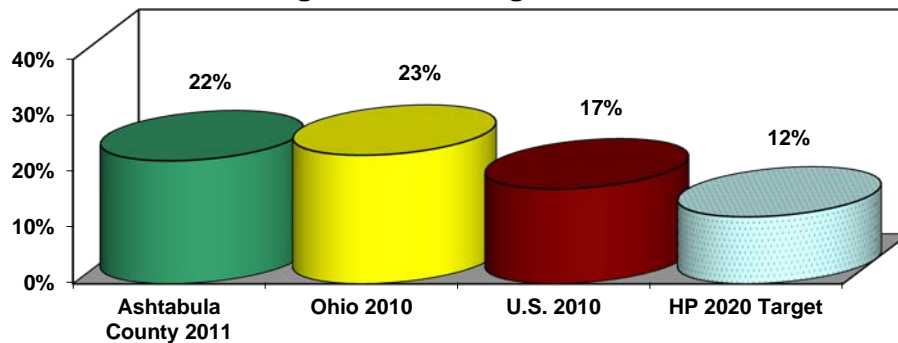
(Source: CDC: Fast Facts on Smoking and Tobacco Use, accessed from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm)

Adult Tobacco Use

The following graphs show Ashtabula County, Ohio, and U.S. adult cigarette smoking rates and age-adjusted mortality rates per 100,000 population for chronic lower respiratory diseases (formerly COPD) and trachea, bronchus and lung cancers in comparison with the Healthy People 2020 objectives. The BRFSS rates shown for Ohio and the U.S. were for adults 18 years and older. These graphs show:

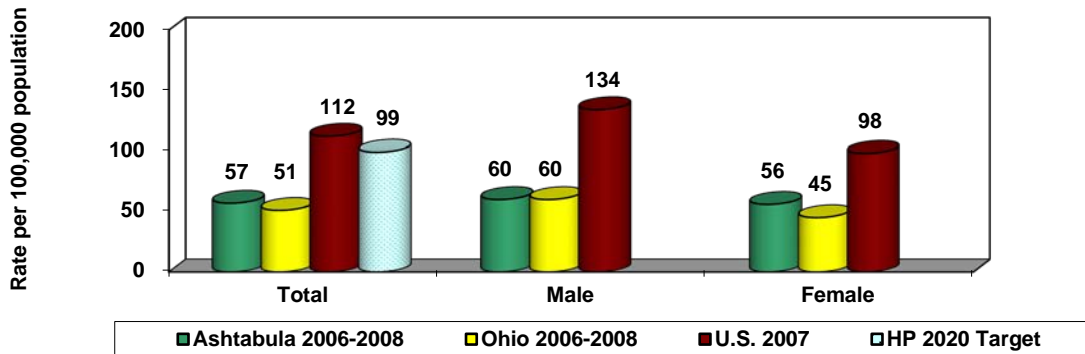
- ◆ Ashtabula County adult cigarette smoking rate was lower than the rate for Ohio and higher than the U.S. and Healthy People 2020 objective.
- ◆ From 2006-2008, Ashtabula County’s age-adjusted mortality rate for Chronic Lower Respiratory Disease was higher than the Ohio rate, but lower than the U.S. rate and the Healthy People 2020 target objective.
- ◆ From 2005-2009 the percentage of mothers who smoked during pregnancy in Ashtabula County fluctuated slightly from year to year, but was consistently higher than the Ohio rate.
- ◆ Disparities existed by gender for Ashtabula County trachea, bronchus, and lung cancer age-adjusted mortality rates, as well as chronic lower respiratory disease mortality rates. The 2006-2008 Ashtabula male rates were higher than the Ashtabula female rates in both cases.

Healthy People 2020 Objectives & Cigarette Smoking Rates



(Source: 2011 Assessment, BRFSS and HP2020)

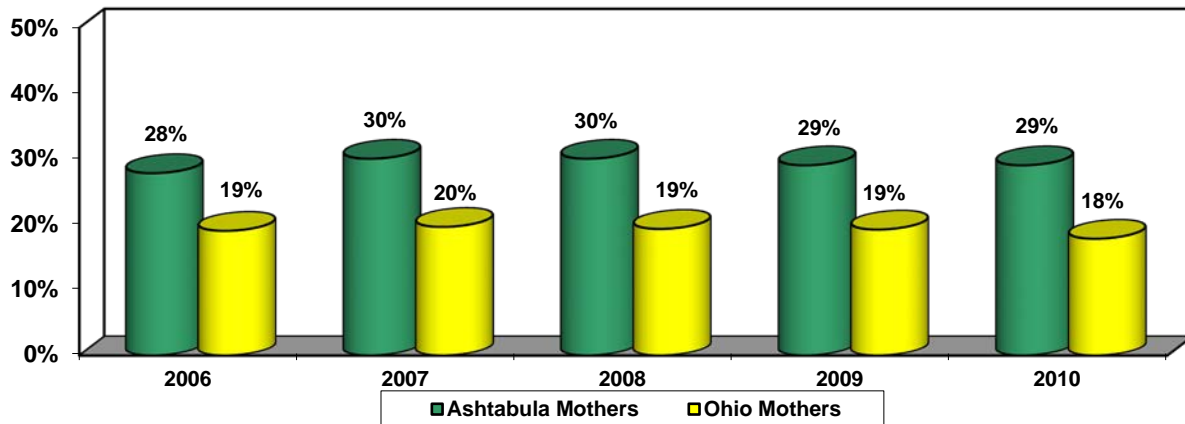
Age-Adjusted Mortality Rates for Chronic Lower Respiratory Diseases (Formerly Known as COPD)



*(Source: ODH Information Warehouse and HP2020)
HP2020 does not report different goals by gender.*

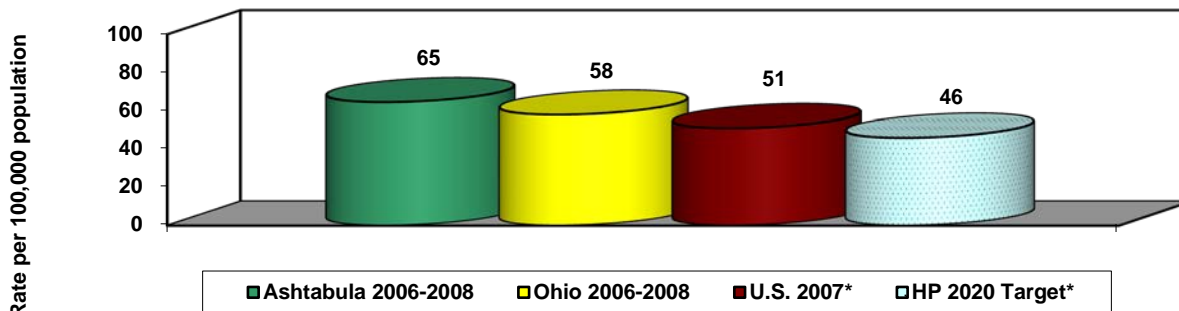
Adult Tobacco Use

Births to Mothers Who Smoked During Pregnancy



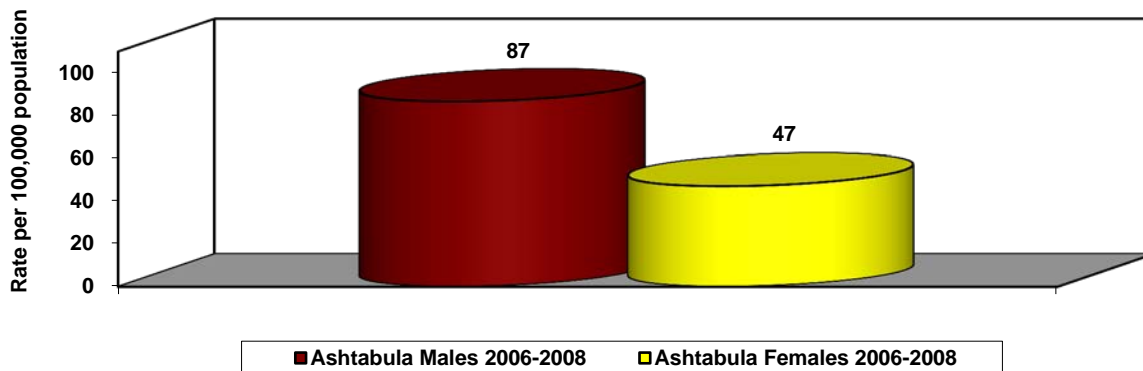
(Source: ODH Births, Vital Statistics Annual Birth Summaries by Year, 2006-2010)

Age-Adjusted Mortality Rates for Trachea, Bronchus & Lung Cancer



*Healthy People 2020 Target and U.S. 2007 data are for lung cancer only
(Source: Healthy People 2020, ODH Information Warehouse, updated 4-15-10)

Age-Adjusted Mortality Rates by Gender for Trachea, Bronchus & Lung Cancer



(Source: ODH Information Warehouse, updated 4-15-10)

Youth Tobacco Use

Key Findings

The 2011 health assessment identified that 16% of Ashtabula County youth (ages 12-18) were smokers, increasing to 24% of those who were 17-18 years old. Overall, 8% of Ashtabula County youth indicated they had used chewing tobacco in the past month. Of those youth who currently smoke, 45% had tried to quit.

Youth Tobacco Use Behaviors

- ◆ The 2007 YRBS reports that 51% of youth in Ohio had tried cigarette smoking (2009 YRBS reports 46% of U.S. youth) and the 2011 health assessment indicated that 31% of Ashtabula County youth had done the same.
- ◆ One-fifth (20%) of those who have smoked a whole cigarette did so by the age of 10, and 34% had done so by the age of 12. The average age of onset for smoking was 13.0 years old.
- ◆ In 2011, 16% of Ashtabula County youth were current smokers, having smoked at some time in the past 30 days (2007 YRBS reported 22% for Ohio and 2009 YRBS reported 20% for the U.S). Nearly one-quarter (24%) of 17-18 year olds were current smokers, compared to 6% of 12-13 year olds and 20% of 14-16 year olds.
- ◆ Almost two-thirds (62%) of the Ashtabula County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- ◆ 37% of youth smokers borrowed cigarettes from someone else, 37% asked someone else to buy them cigarettes, 24% said a person over 18 gave them the cigarettes, 20% bought cigarettes from a store or gas station, 18% took them from a store or family member, 1% said they got them from a vending machine, and 14% said they got cigarettes some other way.
- ◆ Ashtabula County youth used the following forms of tobacco the most in the past year: cigarettes (22%), black and milds (14%), chewing tobacco or snuff (8%), cigars (6%), swishers (6%), flavored cigarettes (5%), cigarillos (4%), hookah (4%), snus (3%), and little cigars (1%).
- ◆ In the past 30 days, 8% of Ashtabula County youth used chewing tobacco or snuff (2007 YRBS reported 10% for Ohio and 2009 YRBS reported 9% for the U.S.) increasing to 14% of males and those 17-18 years old.
- ◆ Almost half (45%) of Ashtabula County youth smokers had tried to quit smoking in the past year (2007 YRBS reported 49% for Ohio and 2009 YRBS reported 51% for the U.S).

Tobacco Sales and Promoting to Youth

- ◆ All states have laws making it illegal to sell cigarettes to anyone under the age of 18, yet 14% of students under the age of 18 who currently smoke cigarettes reported they usually obtained their own cigarettes by buying them in a store or gas station during the 30 days before the survey.
- ◆ Cigarette companies spent more than \$15.2 billion in 2003 to promote their products.
- ◆ Children and teenagers constitute the majority of all new smokers, and the industry's advertising and promotion campaigns often have special appeal to these young people.

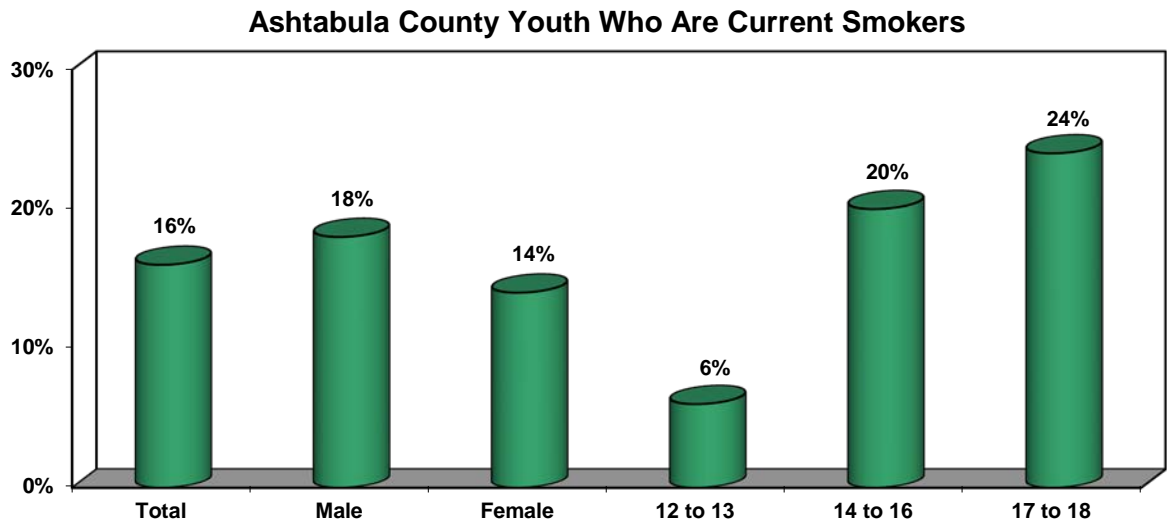
- ◆ Eighty-three percent of young smokers (aged 12-17) choose the three most heavily advertised brands.

(Source: <http://www.cdc.gov/healthyyouth/tobacco/facts.htm>, retrieved 11-3-11)

2011 Youth Comparisons	Ashtabula County 2011 (6 th – 12 th)	Ashtabula County 2011 (9 th – 12 th)	Ohio 2007 (9 th – 12 th)	U.S. 2009 (9 th – 12 th)
Ever tried cigarettes	31%	40%	51%	46%
Current smokers	16%	20%	22%	20%
Used chewing tobacco or snuff	8%	11%	10%	9%
Tried to quit smoking	45%	43%	49%	51%

Youth Tobacco Use

The following graph shows the percentage of Ashtabula County youth who smoke cigarettes. Examples of how to interpret the information include: 16% of all Ashtabula County youth were current smokers, 18% of males smoked, and 14% of females were current smokers. The table shows differences in specific risk behaviors between current smokers and non-current smokers (nonsmokers).



Current smokers are those who have smoked at any time during the past 30 days.

Behaviors of Ashtabula Youth *Current Smokers vs. Non-Current Smokers*

Youth Behaviors	Current Smoker	Non-Current Smoker
Have been in a physical fight in the past 12 months	54%	20%
Attempted suicide in the past 12 months	3%	2%
Have had at least one drink of alcohol in the past 30 days	62%	17%
Have used marijuana in the past 30 days	52%	5%
Have had sexual intercourse	74%	27%
Participated in extracurricular activities	76%	86%

Current smokers are those youth surveyed who have self-reported smoking at any time during the past 30 days.

Adult Alcohol Consumption

Key Findings

In 2011, the health assessment indicated that 15% of Ashtabula County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 42% of adults who drank had five or more drinks (for males) or four or more drinks (for females) on one occasion (binge drinking) in the past month.

Ashtabula County Adult Alcohol Consumption

- ◆ In 2011, more than half (51%) of the Ashtabula County adults had at least one alcoholic drink in the past month, increasing to 60% of males and 58% of those with incomes more than \$25,000. The 2010 BRFSS reported current drinker prevalence rates of 53% for Ohio and 54% for the U.S.
- ◆ 15% of adults were considered frequent drinkers (drank on an average of three or more days per week).
- ◆ Of those who drank, Ashtabula County adults drank 2.9 drinks on average, increasing to 3.3 drinks for those under the age of 30.
- ◆ About one in five (21%) Ashtabula County adults were considered binge drinkers. The 2010 BRFSS reported binge drinking rates of 17% for Ohio and 15% for the U.S.
- ◆ 42% of those who drink reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers by definition (See box above).
- ◆ 6% of adults reported driving after having perhaps too much to drink, increasing to 11% of males and 12% of those under the age of 30.

Binge Drinking Dangers

- ◆ Binge drinking is defined as five or more drinks on one occasion or in a short period of time for men, and four or more drinks for women.
- ◆ About 92% of U.S. adults who drink excessively reported binge drinking in the past month.
- ◆ The prevalence of males binge drinking is higher than the prevalence of females binge drinking.
- ◆ Approximately 75% of the alcohol consumed in the U.S. is in the form of binge drinks.
- ◆ The highest proportion age group to binge drink is in the 18-20 year old group at 51%.
- ◆ Most people who binge drink are not alcohol dependent.
- ◆ Unintentional injuries, violence, alcohol poisoning, hypertension, sexually transmitted diseases, cardiovascular diseases, sexual dysfunction and unintentional pregnancy are a few of the adverse health effects of binge drinking.

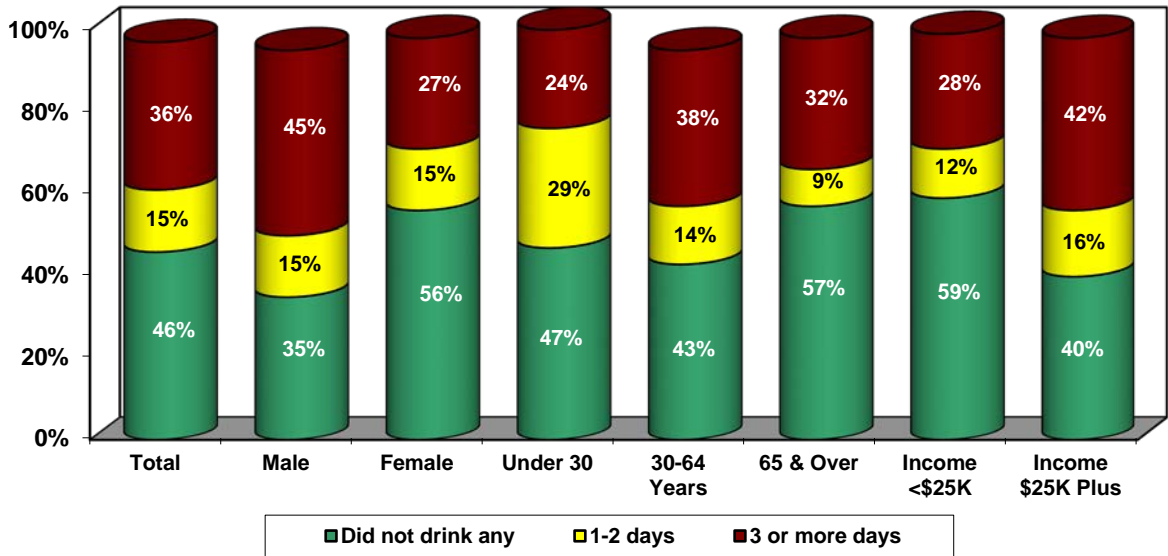
(Source: CDC, Binge Drinking Facts Sheet, 10-17-2010)

2011 Adult Comparisons	Ashtabula County 2011	Ohio 2010	U.S. 2010
Drank alcohol at least once in past month	51%	53%	55%
Binge drinker (drank 5 or more drinks on occasion)	21%	17%	15%

Adult Alcohol Consumption

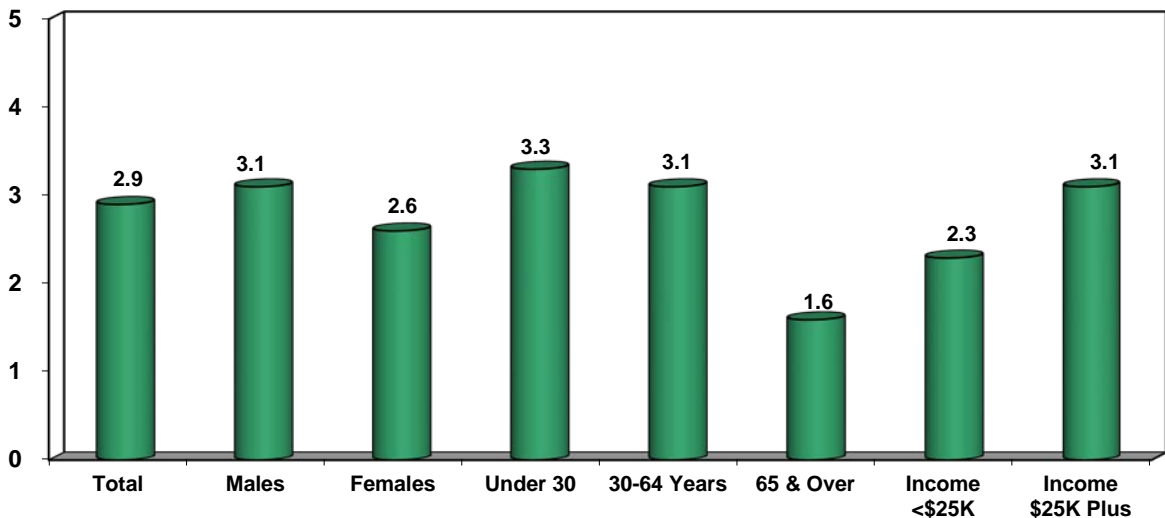
The following graphs show the percentage of Ashtabula County adults consuming alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph include: 46% of all Ashtabula County adults did not drink alcohol, 35% of Ashtabula County males did not drink and 56% of adult females reported they did not drink.

Average Number of Days Drinking Alcohol in the Past Month



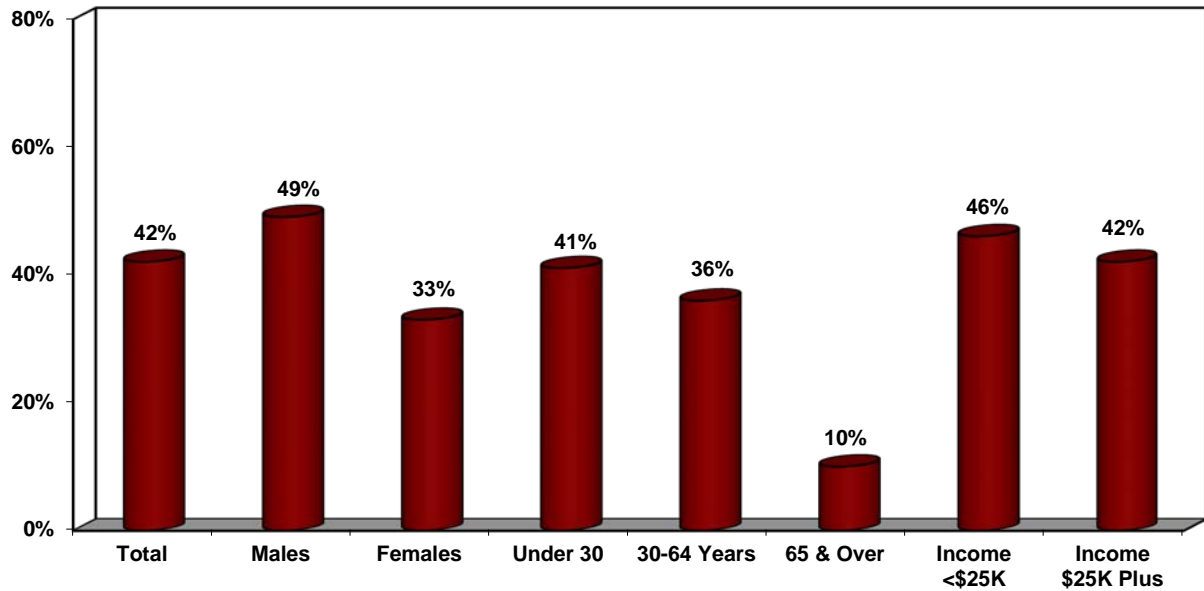
Percentages may not equal 100% as some respondents answered "don't know"

Adults Average Number of Drinks Consumed Per Occasion



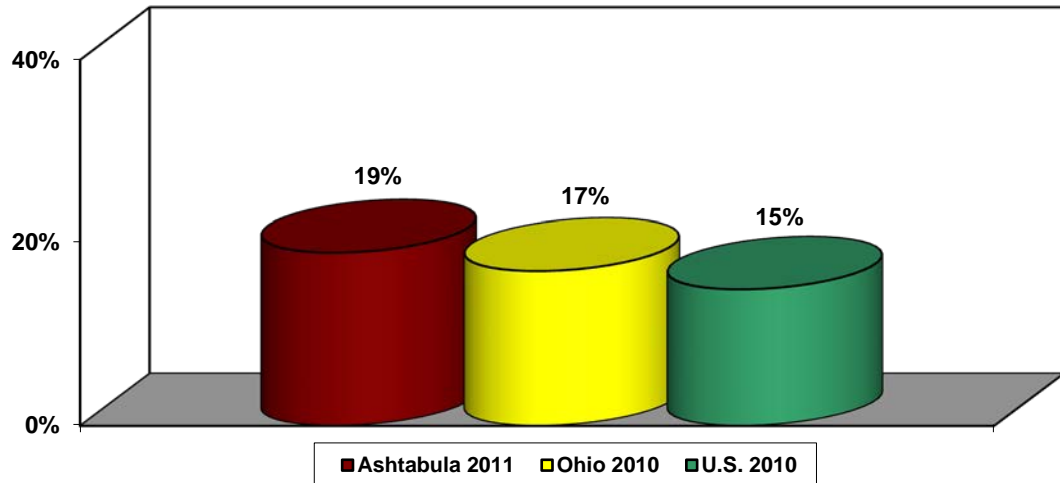
Adult Alcohol Consumption

Ashtabula County Adult Drinkers Who Binge Drank in Past Month*



**Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion. Adults must have reported drinking five or more drinks on an occasion at least once in the previous month.*

Adult Binge Drinking



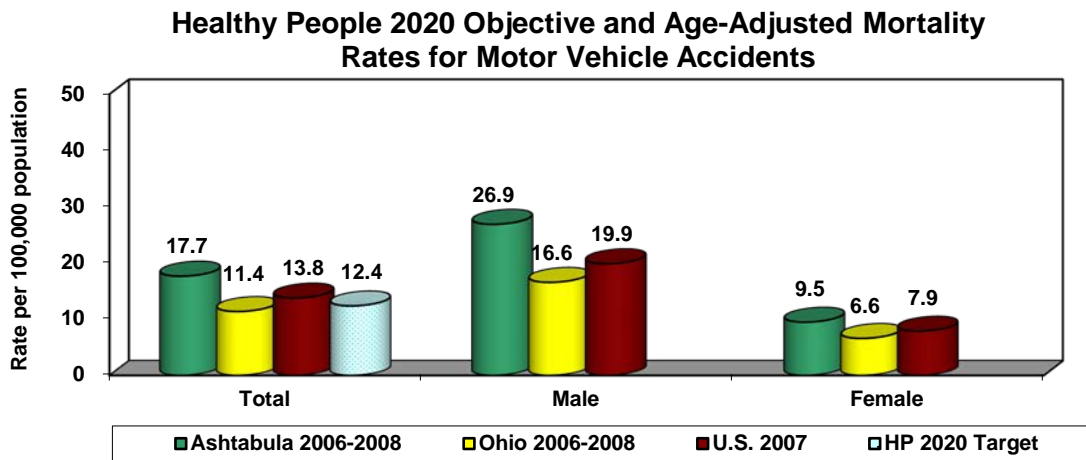
(Source: 2010 BRFSS, 2011 Ashtabula County Health Assessment)

**Based on all adults. Binge drinking is defined as having five or more drinks on an occasion.*

Motor Vehicle Accidents

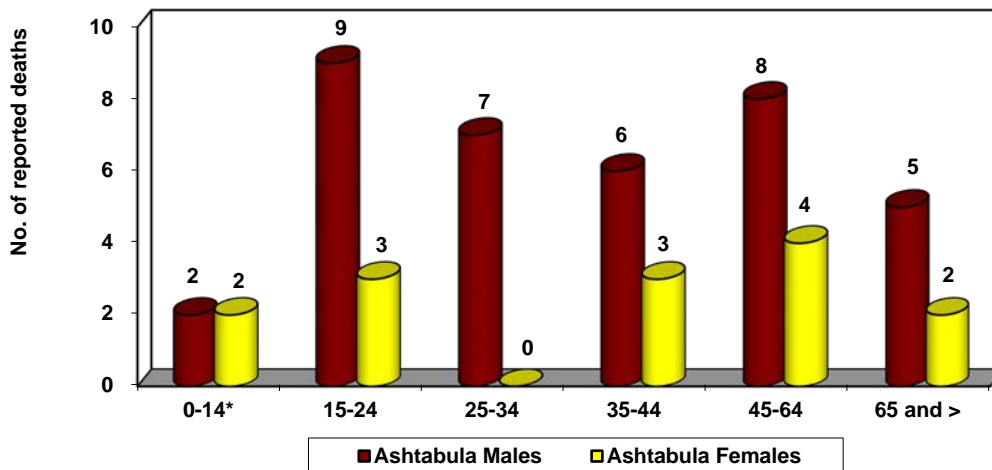
The following graphs show Ashtabula County and Ohio age-adjusted motor vehicle accident mortality rates per 100,000 population with comparison to Healthy People 2020 objectives. The graphs show:

- ◆ From 2006-2008, the Ashtabula County motor vehicle age-adjusted mortality rate of 17.7 deaths per 100,000 population was higher than the state rate, the national rate and the Healthy People 2020 objective.
- ◆ The 2006-2008, Ashtabula County age-adjusted motor vehicle accident mortality rate for males was higher than the female rate.
- ◆ 39 Ashtabula County males died of motor vehicle accidents from 2006-2008 while 14 Ashtabula County females died of motor vehicle accidents during the same period.



(Source: ODH Information Warehouse, updated 4-15-10 and Healthy People 2020)

Ashtabula County Number of Motor Vehicle Deaths By Age and Gender, 2006-2008
N=51*



**Zero motor vehicle accident deaths were reported for ages 1 to 4, and ODH Information Warehouse found records for 1 death for ages 5 to 14
(Source: ODH Information Warehouse, updated 4-15-10)*

Ashtabula County Crash Statistics

	City of Jefferson 2010	City of Ashtabula 2010	Ashtabula County 2010	Ohio 2010
Total Crashes	37	229	2,296	300,164
Alcohol-Related Total Crashes	6	14	160	13,037
Fatal Crashes	0	0	9	984
Alcohol-Related Fatal Crashes	0	0	2	393
Alcohol Impaired Drivers in Crashes	6	14	160	13,037
Injury Crashes	6	65	636	74,427
Alcohol-Related Injury Crashes	4	6	82	5,456
Property Damage Only	31	163	1,631	221,597
Alcohol-Related Property Damage Only	2	8	75	7,094
Deaths	0	0	11	1,080
Alcohol-Related Deaths	0	0	2	431
Total Non-Fatal Injuries	6	100	936	108,758
Alcohol-Related Injuries	6	6	111	7,714

(Source: Ohio Department of Public Safety, Crash Reports, 2010 Traffic Crash Facts)

Youth Alcohol Consumption

Key Findings

In 2011, the health assessment results indicated that 51% of Ashtabula County youth had drunk at least one drink of alcohol in their life, increasing to 72% of youth seventeen and older. 30% of those who drank took their first drink by the age of 12. Nearly one-quarter (24%) of all Ashtabula County youth and 42% of those 17-18 years had at least one drink in the past 30 days. 60% of the youth who reported drinking in the past 30 days had at least one episode of binge drinking. 13% of all youth drivers had driven a car in the past month after they had been drinking alcohol.

Youth Alcohol Consumption

- ◆ In 2011, the health assessment results indicate that more than half (51%) of all Ashtabula County youth (ages 12 to 18) have had at least one drink of alcohol in their life, increasing to 72% of 17-18 year olds (2007 YRBS reports 76% for Ohio and 2009 YRBS reports 73% for the U.S.).
- ◆ Almost one-quarter (24%) of the youth had at least one drink in the past 30 days, increasing to 42% of 17-18 year olds (2007 YRBS reports 46% for Ohio and 2009 YRBS reports 42% for the U.S.).
- ◆ Of those who drank, 60% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition.
- ◆ Based on all youth surveyed, 15% were defined as binge drinkers (2007 YRBS reports 29% for Ohio and 2009 YRBS reports 24% for the U.S.) increasing to 26% of those 17-18 years old.
- ◆ 14% of Ashtabula County youth who reported drinking in the past 30 days, drank on at least 10 or more days during the month.
- ◆ 30% of Ashtabula County youth who reported drinking at sometime in their life had their first drink by the age of 12. 36% took their first drink between the ages of 13 and 14, and 34% drank between the ages of 15 and 18. The average age of onset was 13.2 years old.
- ◆ Ashtabula County youth drinkers reported they got their alcohol from the following: someone gave it to them (40%), someone older gave it to them (39%), a parent gave it to them (20%), bought it in a liquor store/ convenience store/gas station (5%), took it from a store of family member (11%), a friend's parent gave it to them (10%), bought it at a restaurant/bar/club (4%), bought it at a public event (concert/sporting event) (3%), bought it with a fake ID (3%), and some other way (16%).
- ◆ 10% of Ashtabula County youth drinkers reported being on school property under the influence of alcohol within the past 30 days.
- ◆ During the past month, 15% of all Ashtabula County youth had ridden in a car driven by someone who had been drinking alcohol (2007 YRBS reports 23% for Ohio and 2009 YRBS reports 28% for the U.S.) increasing to 23% of those over the age of 17.
- ◆ 13% of all youth drivers had driven a car in the past month after they had been drinking alcohol, increasing to 17% of males. (2007 YRBS reports 10% for Ohio and 2009 YRBS reports 10% for the U.S.).

National Institute of Health Facts about Underage Drinking

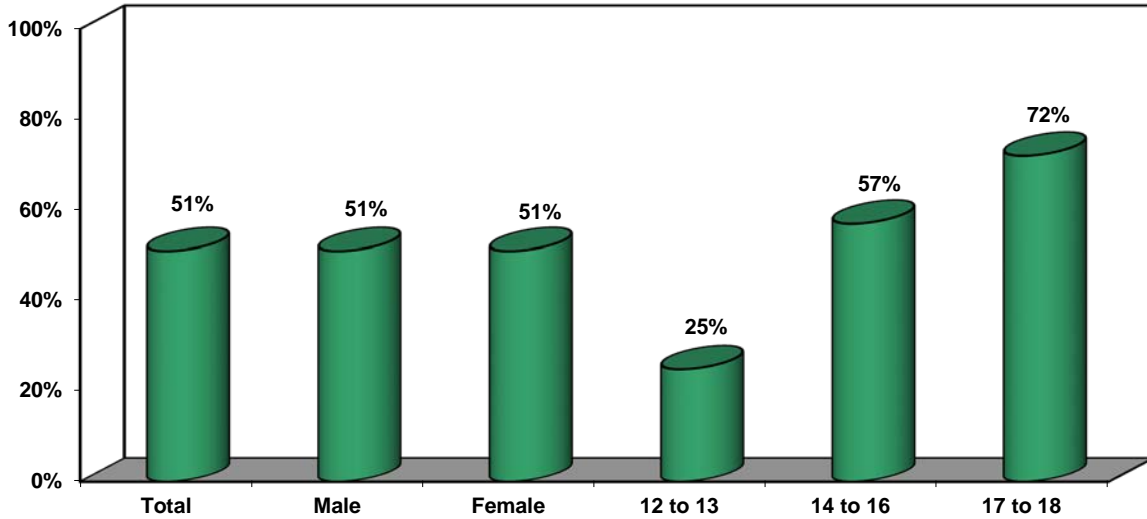
- ❖ Alcohol is the drug of choice among America's adolescents, used by more young people than tobacco or illicit drugs.
- ❖ The 2008 National Survey on Drug Use and Health estimates there are 10.1 million underage drinkers in the United States. According to the 2008 Monitoring the Future Study (<http://monitoringthefuture.org/>), 39% of current 8th graders, 58% of 10th graders, 72% of 12th graders, and 85% of college students have tried alcohol.
- ❖ Underage drinkers consume, on average, 4 to 5 drinks per occasion about 5 times a month. By comparison, drinkers age 26 and older consume 2 to 3 drinks per occasion, about 9 times a month.
- ❖ Underage drinking is a leading contributor to death from injuries, which are the main cause of death for people under age 21. Each year, approximately 5,000 persons under the age of 21 die from causes related to underage drinking. These deaths include about 1,600 homicides and 300 suicides.

(Source: National Institute of Health, Facts about Underage Drinking, <http://report.nih.gov/NIH/factsheets/ViewFactSheet.aspx?csid=21&key=U#U>; Updated 2/14/11)

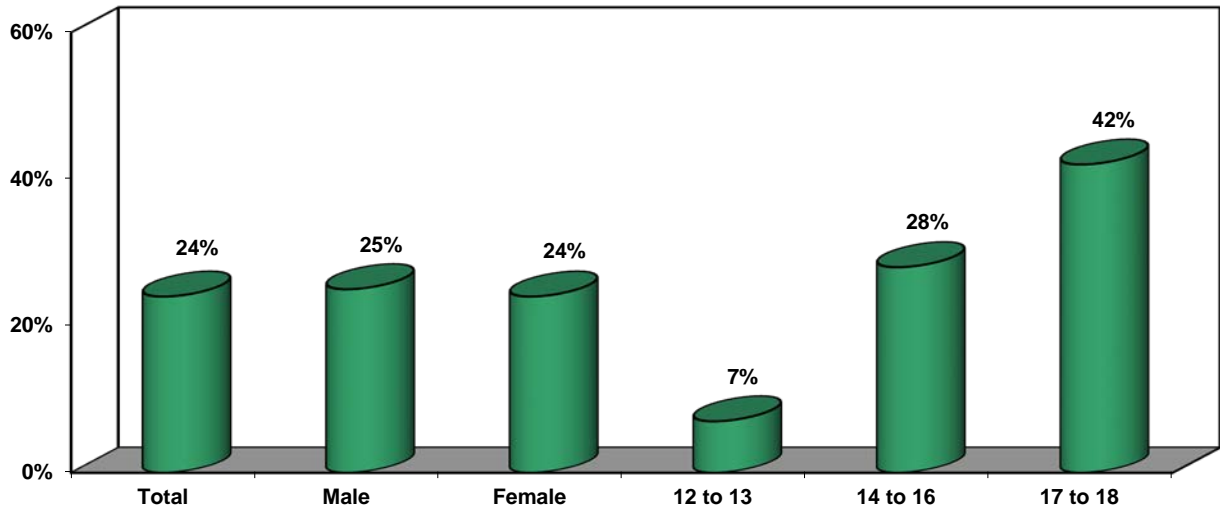
Youth Alcohol Consumption

The following graphs show the percentage of Ashtabula County youth who have drunk in their lifetime and those who are current drinkers. Examples of how to interpret the information include: 51% of all Ashtabula County youth have drunk at some time in their life, 51% of males, and 51% of females had drunk.

Ashtabula County Youth Having At Least One Drink In Their Lifetime



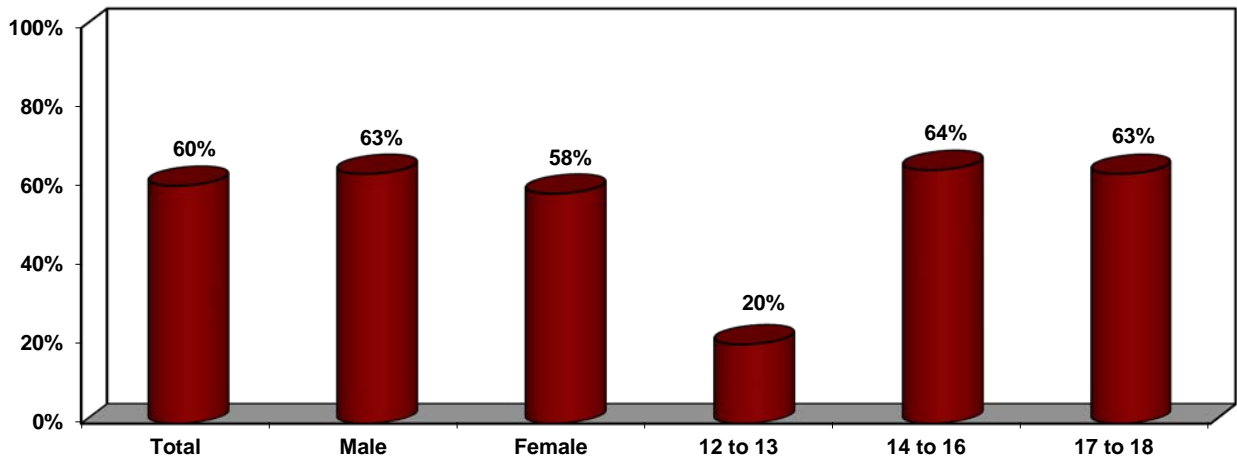
Ashtabula County Youth Current Drinkers



Youth Alcohol Consumption

The following graph shows the percentage of Ashtabula County youth who were binge drinkers. Examples of how to interpret the information include: 60% of current drinkers binge drank in the past month, 63% of males, and 58% of females had binge drank. The table shows differences in specific risk behaviors between current drinkers and non-current drinkers.

Ashtabula County Youth Current Drinkers Binge Drinking in Past Month*



**Based on all current drinkers. Binge drinking is defined as having five or more drinks on an occasion.*

2011 Youth Comparisons	Ashtabula County 2011 (6 th – 12 th)	Ashtabula County 2011 (9 th – 12 th)	Ohio 2007 (9 th – 12 th)	U.S. 2009 (9 th – 12 th)
Ever tried alcohol	51%	63%	76%	73%
Current drinker	24%	33%	46%	42%
Binge drinker	15%	21%	29%	24%
Rode with someone who was drinking	15%	19%	23%	28%
Drank and drove	13%	13%	10%	10%

Behaviors of Ashtabula Youth
Current Drinkers vs. Non-Current Drinkers

Youth Behaviors	Current Drinker	Non-Current Drinker
Have been in a physical fight in the past 12 months	47%	20%
Attempted suicide in the past 12 months	3%	1%
Have smoked in the past 30 days	43%	8%
Have used marijuana in the past 30 days	39%	4%
Have had sexual intercourse	66%	23%
Participated in extracurricular activities	85%	83%

Current drinkers are those youth surveyed who have self-reported drinking at any time during the past 30 days.

Adult and Youth Marijuana and Other Drug Use

Key Findings

In 2011, 7% of Ashtabula County adults had used marijuana during the past 6 months. 12% of Ashtabula County youth had used marijuana at least once in the past 30 days, increasing to 18% of those over the age of 17. During the past 12 months, 13% of Ashtabula County youth had someone offer, sell, or give them an illegal drug on school property.

Ohio Drug and Drug Abuse Facts

- ❖ Marijuana is the most abused illicit drug in Ohio.
- ❖ According to ODADAS, youth abusers of OxyContin have begun abusing heroin since they can no longer obtain or afford OxyContin.
- ❖ In regards to prescription drugs, benzodiazepines (such as Valium or Xanax) and alprazolam were reported as the most commonly abused and diverted prescriptions in Ohio.

(Source: U.S. Department of Justice : DEA Briefs & Background, Drugs and Drug Abuse)

Adult Drug Use

- ◆ 7% of Ashtabula County adults had used marijuana in the past 6 months.
- ◆ 1% of Ashtabula County adults reported using other recreational drugs such as cocaine, methamphetamines, heroin, LSD, inhalants, or Ecstasy.
- ◆ When asked about their frequency drug use in the past six months, 37% of Ashtabula County adults who used recreational drugs did so almost every day, and 42% did so less than once a month.
- ◆ 8% of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months.
- ◆ When asked about their frequency of medication misuse in the past six months, 20% of Ashtabula County adults who used these drugs did so one to three days a month.
- ◆ 5% of adults had taken prescription opiates (oxycontin, codeine, Demerol, etc.) on a regular basis for more than two weeks.
- ◆ Ashtabula County adults indicated they did the following with their prescription medication: took as prescribed (88%), kept them (14%), threw unused medication in the trash (9%), flushed unused medication down the toilet (5%), took unused medication to the Medication Collection program (4%), and some other method (5%).
- ◆ 83% of adults indicated that they think alcohol is the most commonly abused drug in Ashtabula County.

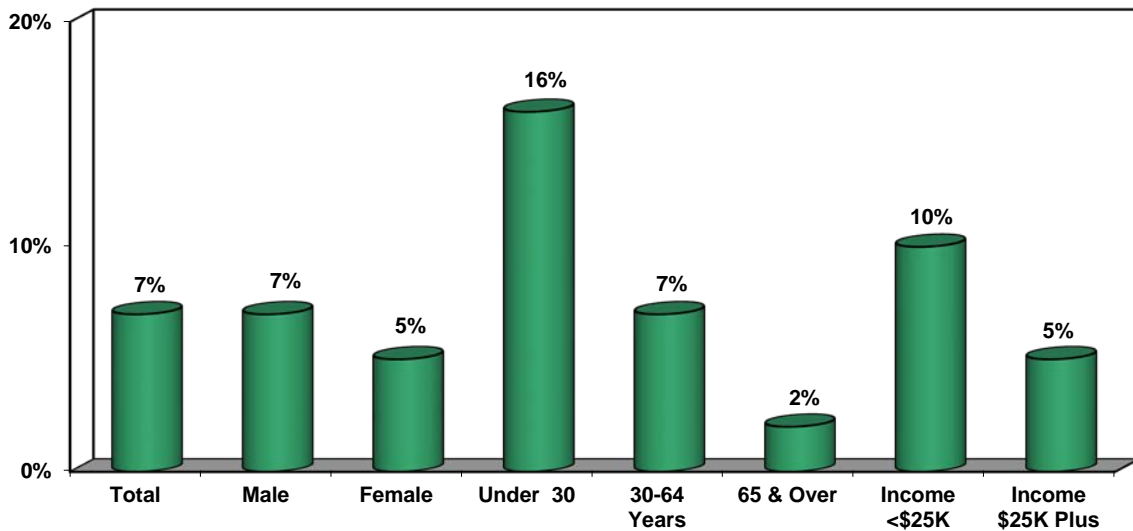
Youth Drug Use

- ◆ In 2011, 12% of all Ashtabula County youth had used marijuana at least once in the past 30 days, increasing to 18% of those over the age of 17. The 2007 YRBS found a prevalence of 18% for Ohio youth and the 2009 YRBS found a prevalence of 21% for U.S. youth who had used marijuana one or more times during the past 30 days.
- ◆ 12% of Ashtabula County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at sometime in their lives, increasing to 20% of those over the age of 17.
- ◆ Youth who misused prescription medications got them in the following ways: a friend gave it to them (58%), they took it from a friend or family member (35%), their parents gave it to them (26%), bought it from someone else (25%), another family member gave it to them (16%), and bought it from a friend (12%).
- ◆ One in fourteen youth (7%) used inhalants, 3% used cocaine, 3% used steroids, 2% used methamphetamines, and 1% used heroin.
- ◆ Ashtabula County youth have tried the following sometime during their life: K2/Posh/spice/salvia/synthetic marijuana (8%), misused over-the-counter medication (5%), ecstasy/MDMA (3%), pharm party/skittles (2%), GhB (1%), and bath salts (1%).
- ◆ During the past 12 months, 13% of all Ashtabula County youth reported that someone had offered, sold, or given them an illegal drug on school property increasing to 27% of those 17 and older. (2007 YRBS reports 27% for Ohio and 2009 YRBS reports 23% for the U.S.)
- ◆ 2% of youth have used a needle to inject an illegal drug in their body.

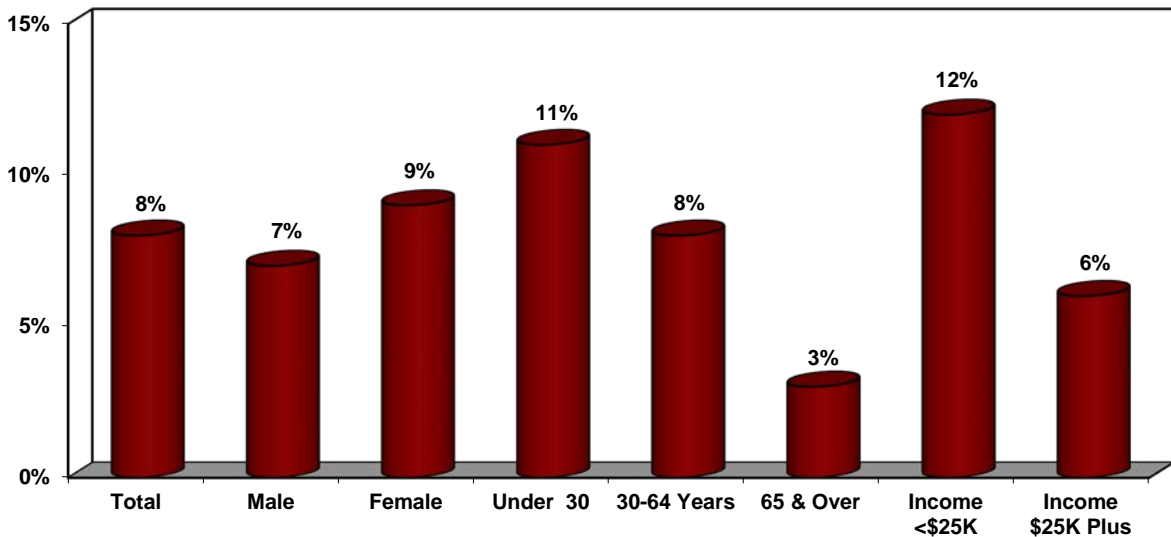
Adult Marijuana and Other Drug Use

The following graphs are data from the 2011 Ashtabula County Health Assessment indicating adult marijuana use and medication misuse in the past six months and youth lifetime drug use, marijuana use in the past 30 days, and the percent of youth who had been offered, sold, or given an illegal drug on school property in the past month. Examples of how to interpret the information include: 7% of all Ashtabula County adults used marijuana in the past six months, 16% of adults under the age of 30 were current users and 10% of adults with incomes less than \$25,000 were current users.

Ashtabula County Adult Marijuana Use in Past 6 Months

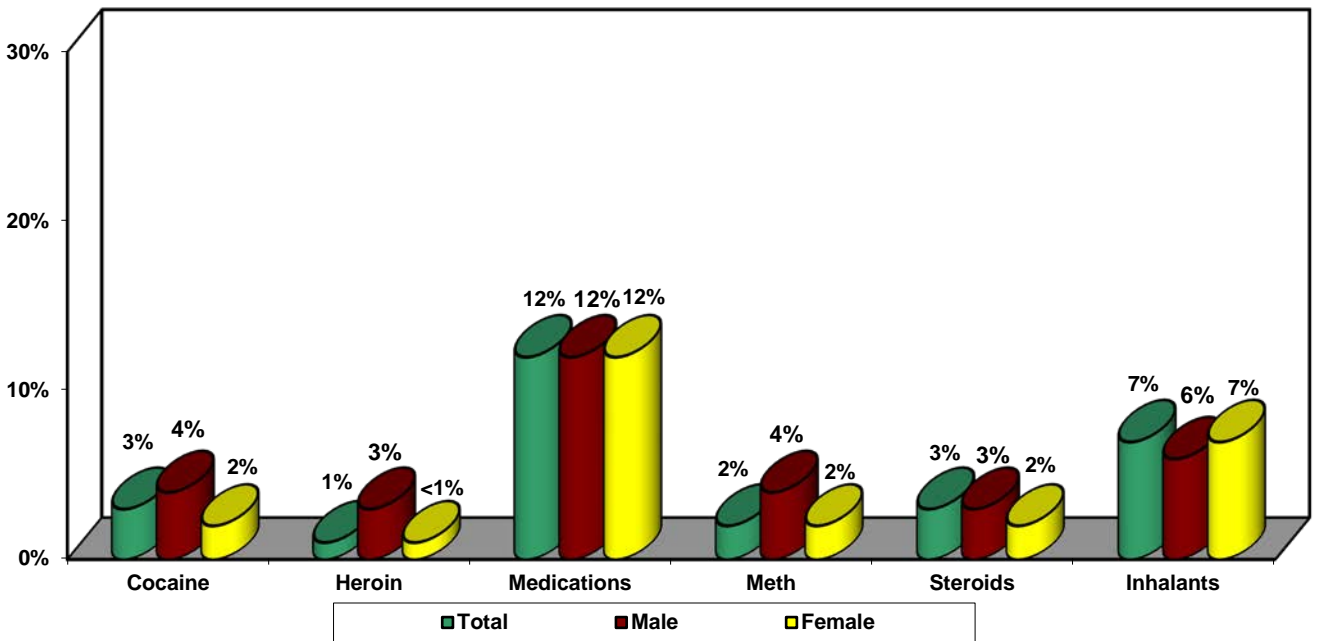


Ashtabula County Adult Medication Misuse in Past 6 Months

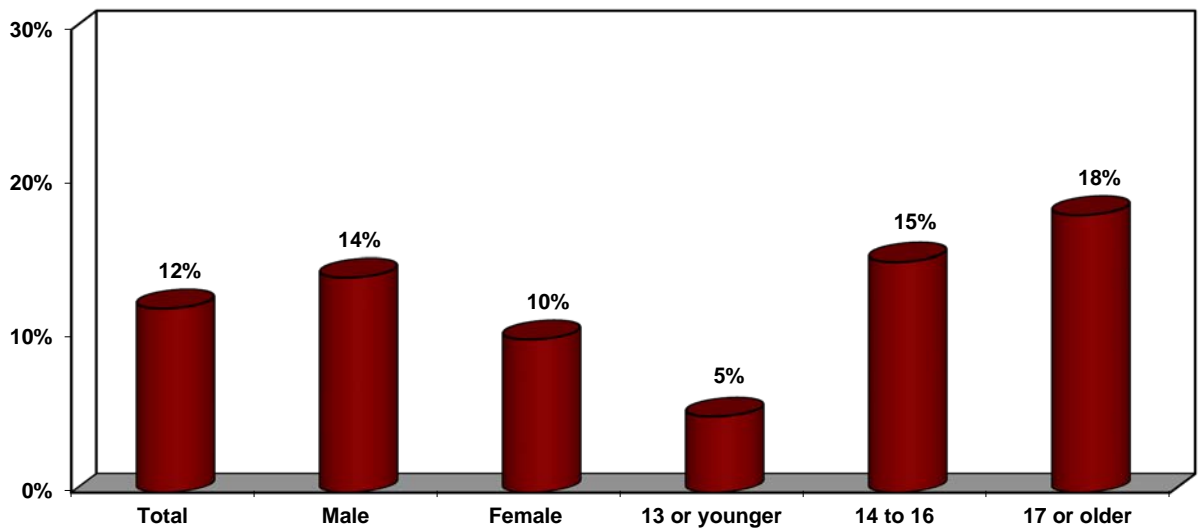


Youth Marijuana and Other Drug Use

Ashtabula County Youth Lifetime Drug Use

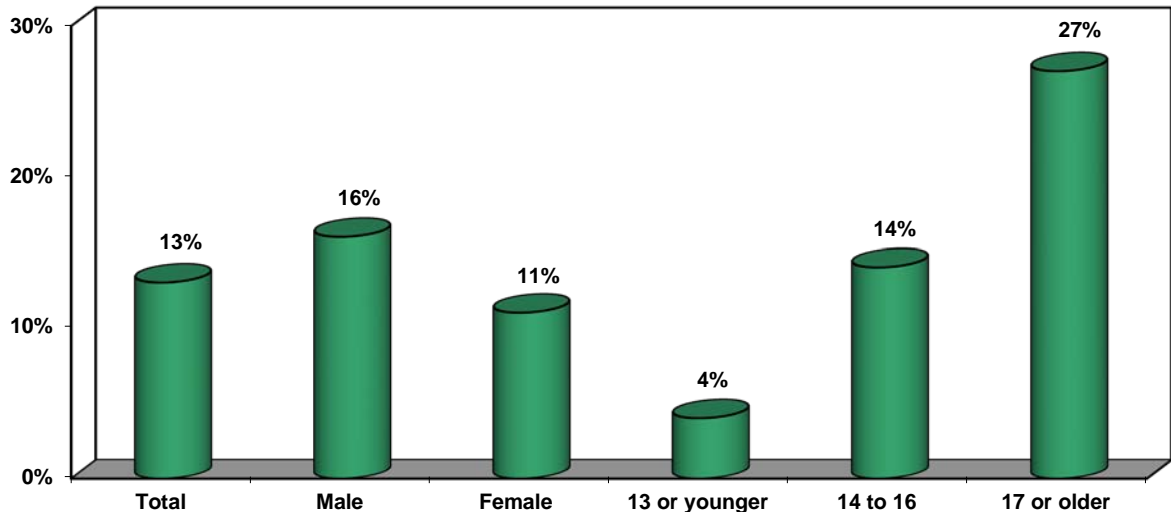


Ashtabula County Youth Marijuana Use in Past Month



Youth Marijuana and Other Drug Use

Ashtabula County Youth Offered, Sold, or Given Illegal Drugs by Someone on School Property in Past 12 Months



2011 Youth Comparisons	Ashtabula County 2011 (6 th - 12 th)	Ashtabula County 2011 (9 th - 12 th)	Ohio 2007 (9 th - 12 th)	U.S. 2009 (9 th - 12 th)
Youth who used marijuana in the past 30 days	12%	16%	18%	21%
Ever used methamphetamines	2%	4%	6%	4%
Ever used cocaine	3%	5%	8%	6%
Ever used heroin	1%	2%	4%	3%
Ever used steroids	3%	4%	5%	3%
Ever used inhalants	7%	7%	12%*	12%
Ever misused medications	12%	17%	N/A	N/A
Youth who reported that someone offered, sold, or gave them an illegal drug on school property	13%	18%	27%	23%

*2005 YRBS Data

Commonly Abused Prescription Drugs

- ❖ **Opioids**—most often prescribed to relieve pain. Examples include: Codeine, Percocet, Darvon (Propoxyphene), Duragesic (Fentanyl), Dilaudid (Hydromorphone), Demerol (Meperidine), OxyContin (Oxycodone), and Vicodin (hydrocodone)
- ❖ **Central Nervous System (CNS) Depressants**—may be used to treat anxiety and sleep disorders. Examples include: Mebaral (mephobarbital), Nembutal (pentobarbital sodium), Valium (diazepam), Librium (chlordiazepoxide HCL), and Xanax (alprazolam)
- ❖ **Stimulants**—prescribed to treat narcolepsy, attention-deficit hyperactivity disorder (ADHD), asthma and obesity. Examples include: Dexedrine (dextroamphetamine), and Ritalin (methylphenidate)

(Source: National Institute on Drug Abuse, www.nida.nih.gov)

Women's Health

Key Findings

In 2011, almost half (49%) of Ashtabula County women over the age of 40 reported having a mammogram in the past year. 38% of Ashtabula County women ages 19 and over have had a clinical breast exam and 28% have had a Pap smear to detect cancer of the cervix in the past year. The health assessment determined that 8% of women had a heart attack, and 8% had a stroke at some time in their life. More than one-third (34%) had high blood cholesterol, 29% had high blood pressure, 36% were obese, and 20% were identified as smokers, known risk factors for cardiovascular diseases.

Ashtabula County Female Leading Types of Death, 2006 - 2008

1. Heart Diseases (26% of all deaths)
2. Cancers (24%)
3. Chronic Lower Respiratory Diseases (7%)
4. Stroke (5%)
5. Diabetes Mellitus (4%)

(Source: ODH Information Warehouse, updated 4-15-10)

Women's Health Screenings

- ◆ In 2011, two-thirds (66%) of women had a mammogram at some time and more than one-third (36%) had this screening in the past year.
- ◆ Almost half (49%) of women ages 40 and over had a mammogram in the past year and 69% had one in the past two years. The 2010 BRFSS reported that 76% of women 40 and over in the U.S. and 74% in Ohio, had a mammogram in the past two years.
- ◆ Most (91%) Ashtabula County women have had a clinical breast exam at some time in their life and 38% had one within the past year.
- ◆ This assessment has identified that 95% of Ashtabula County women have had a Pap smear and 28% reported having had the exam in the past year. 59% of women had a pap smear in the past two years.

Ohio Female Leading Types of Death, 2006 – 2008

1. Heart Diseases (25% of all deaths)
2. Cancers (22%)
3. Stroke (6%)
4. Chronic Lower Respiratory Diseases (6%)
5. Alzheimer's disease (5%)

(Source: ODH Information Warehouse, updated 4-15-10)

Women's Health Concerns

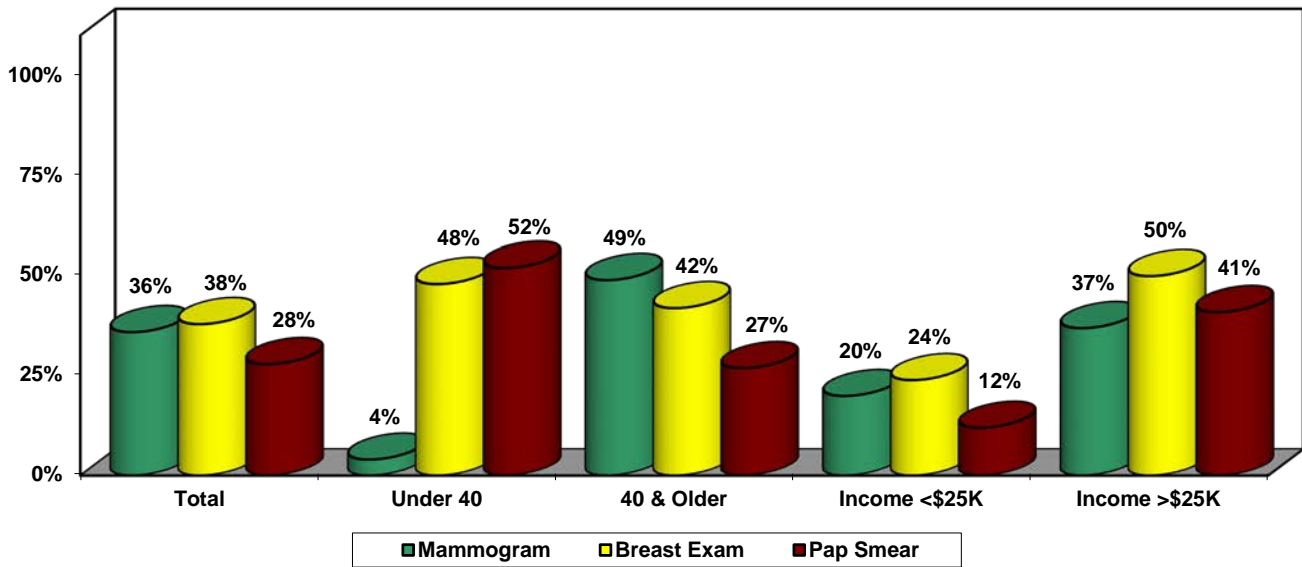
- ◆ Women used the following as their usual source of services for female health concerns: private gynecologist (43%), general or family physician (27%), family planning clinic (7%), community health center (4%), and some other place (2%). 14% indicated they did not have a usual source of services for female health concerns.
- ◆ The health assessment determined that 8% of women had a heart attack and 8% had a stroke at some time in their life.
- ◆ Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Ashtabula County the 2011 health assessment has identified that:
 - 20% of all women were current smokers (16% U.S., 22% Ohio, 2010 BRFSS)
 - 64% were overweight or obese (57% U.S., 59% Ohio, 2010 BRFSS)
 - 34% were diagnosed with high blood cholesterol (36% U.S., 37% Ohio, 2009 BRFSS)
 - 29% were diagnosed with high blood pressure (28% U.S. and 30% Ohio, 2009 BRFSS)
 - 48% were exercising less than three days per week (includes 5% who were unable to exercise)
 - 8% have been diagnosed with diabetes (10% U.S., 11% Ohio, 2010 BRFSS)

2011 Adult Comparisons	Ashtabula County 2011	Ohio 2010	U.S. 2010
Age 40 and over having had a mammogram in the past 2 years	69%	74%	76%
Women diagnosed with diabetes	8%	11%	10%
Women who were overweight or obese	66%	59%	57%

Women's Health

The following graph shows the percentage of Ashtabula County female adults that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 36% of Ashtabula County females have had a mammogram within the past year, 38% have had a clinical breast exam, and 28% have had a Pap smear.

Ashtabula Women's Health Exams Within the Past Year



Cancer Screening Tips for Early Detection in Women

- ❖ Yearly mammograms should begin at age 40, unless there is an increased risk (e.g. family history, genetic tendency, past breast cancer).
- ❖ In the case of an increased risk, the physician should be consulted to talk about starting mammograms early, having extra testing or more frequent exams.
- ❖ Women in their 20s and 30s should have a clinical breast exam about every 3 years.
- ❖ Clinical breast exams should be part of the yearly exam for women 40 years and older.
- ❖ Starting at age 50, screening for colon and rectum cancer should begin with one of the following screening schedules depending on risk: fecal occult blood test every year, a flexible sigmoidoscopy every 5 years, a double-contrast barium enema every 5 years, a colonoscopy every 10 years.
- ❖ Cervical cancer screenings should be done every year with regular Pap tests.
- ❖ At age 30 or after, women with 3 normal pap test results in a row may be able to get screened every 2 to 3 years. However, doctors recommend being screened more often if at higher risk.
- ❖ The American Cancer Society recommends women should be informed about the risks and symptoms of endometrial cancer at the point of menopause. Any unexpected bleeding or spotting should be discussed with a doctor.

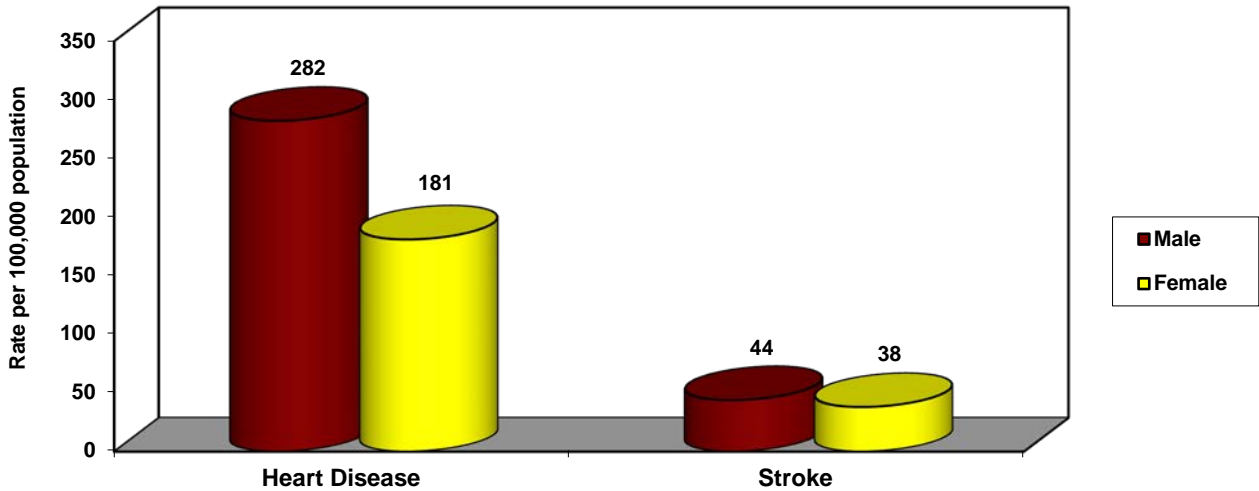
(Source: American Cancer Society: Cancer Prevention & Early Detection Facts and Figures 2011)

Women's Health

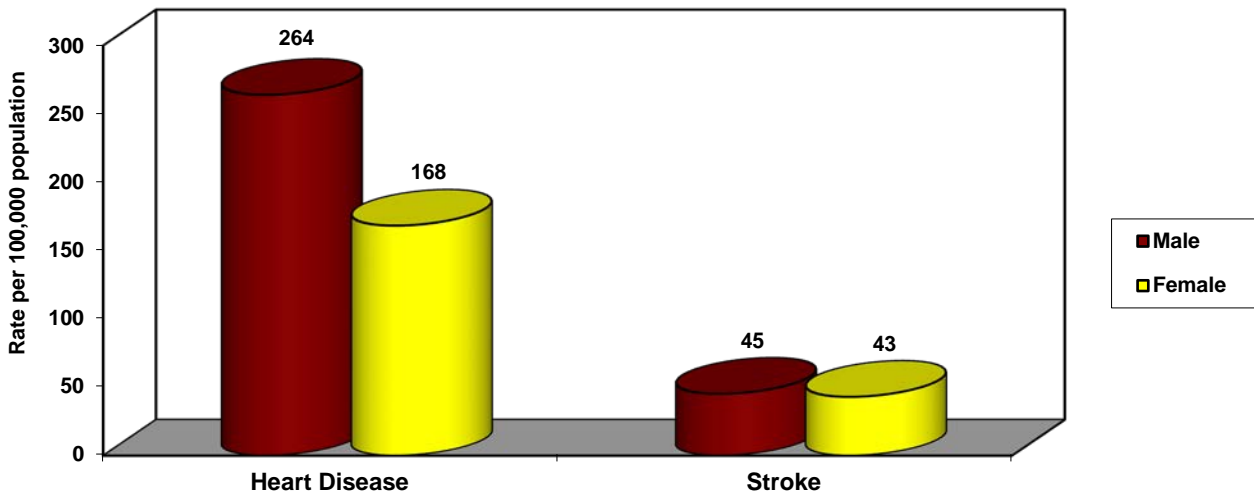
The following graphs show the Ashtabula County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases. The graphs show:

- ◆ From 2006-2008, the Ashtabula County and Ohio female age-adjusted mortality rate was lower than the male rate for both heart disease and stroke.
- ◆ The Ashtabula County female heart disease mortality rate was higher than the Ohio female rate.

Ashtabula County Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2006-2008



Ohio Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2006-2008



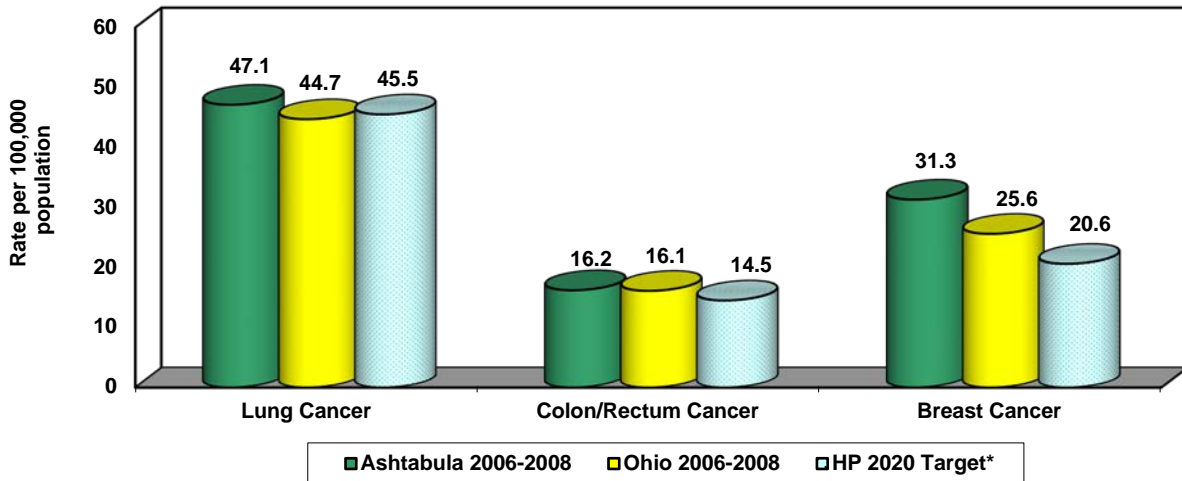
(Source for graphs: ODH Information Warehouse, updated 4-15-10)

Women's Health

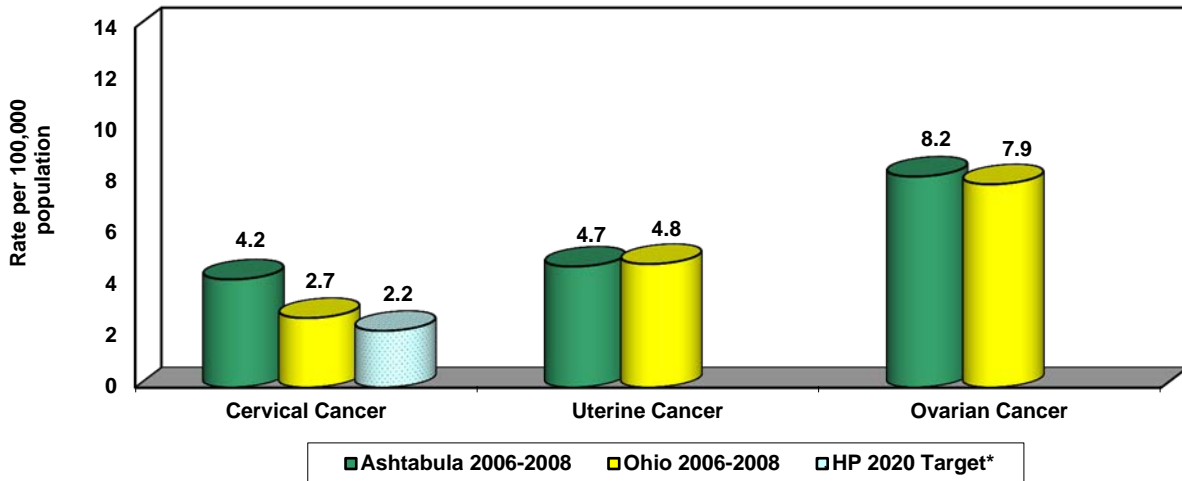
The following graphs show the Ashtabula County age-adjusted mortality rates per 100,000 population for women's health with comparison to Healthy People 2020 objectives when available. The graphs show:

- ◆ From 2006-2008, the Ashtabula County age-adjusted mortality rate for female lung cancer was more than the Ohio rate and the Healthy People 2020 target objective.
- ◆ From 2006-2008, the Ashtabula County age-adjusted colorectal cancer mortality rate was higher than the Ohio rate and the Healthy People 2020 target objective.
- ◆ The Ashtabula County age-adjusted breast cancer mortality rate for 2006-2008 was higher than the Ohio rate and the Healthy People 2020 target objective.
- ◆ The Ashtabula County age-adjusted female cervical and ovarian cancer rates were higher than the Ohio rates.

Ashtabula County Female Age-Adjusted Cancer Mortality Rates



Ashtabula County Female Age-Adjusted Cancer Mortality Rates



**Note: Healthy People 2020 target rates are not gender specific; Healthy People 2020 Targets may not be available for all diseases. (Source: ODH Information Warehouse, updated 4-15-10, and Healthy People 2020)*

Men's Health

Key Findings

In 2011, more than half (56%) of Ashtabula County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year.

Almost two-fifths (39%) of males over the age of 50 had a digital rectal exam in the past year. Major cardiovascular diseases (heart disease and stroke) accounted for 30% and cancers accounted for 25% of all male deaths in Ashtabula County from 2006-2008. The health assessment determined that 7% of men had a heart attack, and 3% had a stroke at some time in their life. More than one-third (32%) of men had been diagnosed with high blood pressure, 35% had high blood cholesterol, and 24% were identified as smokers, which, along with obesity (28%), are known risk factors for cardiovascular diseases.

Men's Health Screenings

- ◆ Almost half (46%) of Ashtabula County males had a Prostate-Specific Antigen (PSA) test at some time in their life and 31% had one in the past year.
- ◆ 57% of men had a digital rectal exam in their lifetime and 24% had one in the past year.
- ◆ More than three-fourths (79%) of males age 50 and over had a PSA test at some time in their life, and 56% had one in the past year.
- ◆ 84% of males age 50 and over had a digital rectal exam at some time in their life, and 39% have had one in the past year.
- ◆ 2% of men had been told they had prostate cancer.

Men's Health Concerns

- ◆ From 2006-2008, major cardiovascular diseases (heart disease and stroke) accounted for 30% of all male deaths in Ashtabula County (*Source: ODH Information Warehouse*).
- ◆ In 2011, the health assessment determined that 7% of men had a heart attack and 3% had a stroke at some time in their life.
- ◆ Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Ashtabula County the 2011 health assessment has identified that:
 - 24% of all men were current smokers (19% U.S., 23% Ohio, 2010 BRFSS)
 - 72% were overweight or obese (71% U.S., 73% Ohio, 2010 BRFSS)
 - 35% were diagnosed with high blood cholesterol (40% U.S., 43% Ohio, 2009 BRFSS)
 - 32% were diagnosed with high blood pressure (30% U.S., 33% Ohio, 2009 BRFSS)
 - 37% were exercising less than three days per week (includes 5% who were unable to exercise)
 - 10% have been diagnosed with diabetes (9% U.S., 10% Ohio, 2010 BRFSS)
- ◆ From 2006-2008, the leading cancer deaths for Ashtabula County and Ohio males were lung, prostate, colorectal, and pancreas cancers (*Source: ODH Information Warehouse*).

Ashtabula County Male Leading Types of Death, 2006 – 2008

1. Heart Diseases (26% of all deaths)
2. Cancers (25%)
3. Accidents, Unintentional Injuries (6%)
4. Chronic Lower Respiratory Diseases (5%)
5. Diabetes (4%)

(Source: ODH Information Warehouse, updated 4-15-10)

Ohio Male Leading Types of Death, 2006 – 2008

1. Heart Diseases (26% of all deaths)
2. Cancers (25%)
3. Chronic Lower Respiratory Diseases (6%)
4. Accidents, Unintentional Injuries (6%)
5. Stroke (4%)

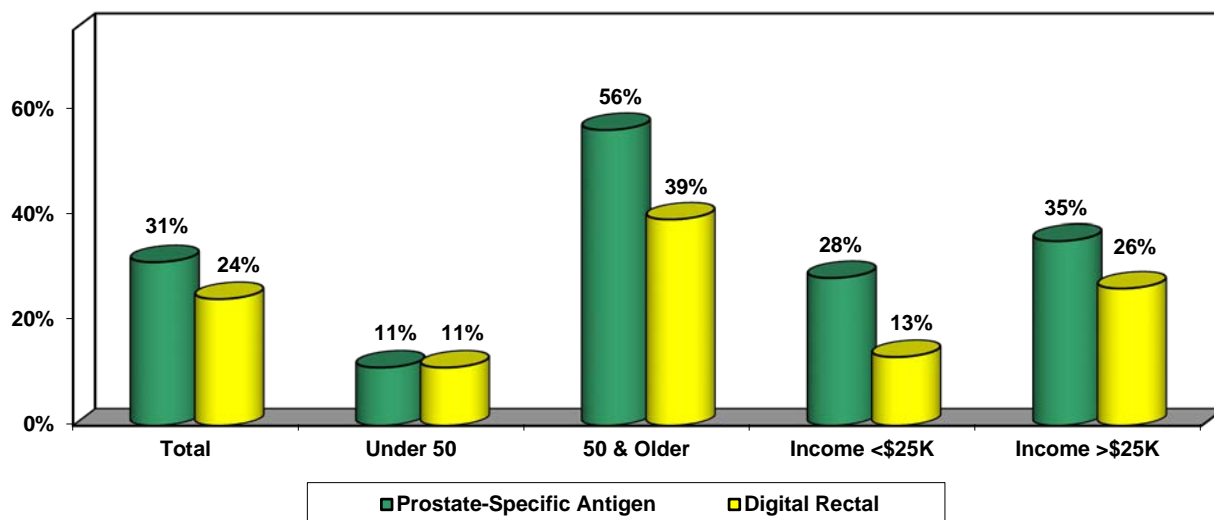
(Source: ODH Information Warehouse, updated 4-15-10)

2011 Adult Comparisons	Ashtabula County 2011	Ohio 2010	U.S. 2010
Had a PSA test in within the past year	31%	N/A	N/A
Men diagnosed with high blood cholesterol	35%	43%	40%
Men who were current smokers	24%	23%	19%

Men's Health

The following graph shows the percentage of Ashtabula County males surveyed that had the listed health exams in the past year. Examples of how to interpret the information shown on the graph include: 31% of Ashtabula County males had a PSA test within the past year and 24% had a digital rectal exam.

Ashtabula Men's Health Exams Within the Past Year



Men's Health Issues

- ❖ Heart disease and cancer are the top two causes of death for males in all races.
- ❖ The most commonly diagnosed cancers among men are prostate, lung and colorectal and bladder.
- ❖ Cigarette smoking is more common among men than women.
- ❖ During 2000-2006, men were more likely than women to be deaf or have trouble hearing.
- ❖ In 2007, almost three quarters of HIV/AIDS diagnoses among adolescents and adults were for males.
- ❖ In 2006, male drivers are almost twice as likely as their female counterparts to die in a motor vehicle crash.
- ❖ In 2007, males were 3.7 times as likely to die from unintentional drowning, than females.
- ❖ In almost every age group, traumatic brain injury rates are higher for males than for females.
- ❖ In 2007, seven out of 10 people who were injured by fireworks, were male.
- ❖ From 1991 to 2006, suicide rates were consistently higher among males.

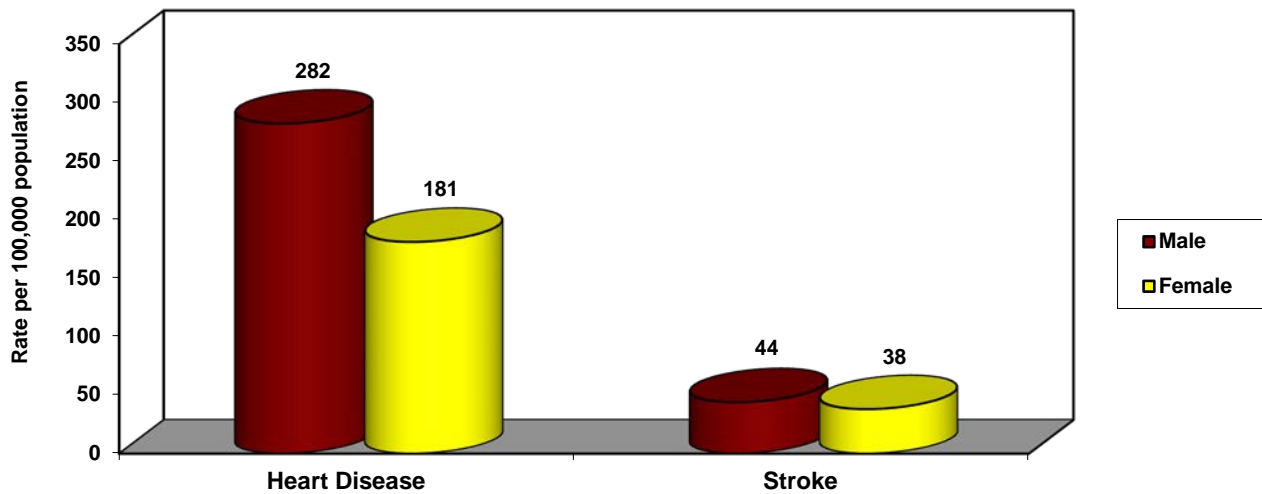
(Source: CDC, Men's Health at CDC, 6/14/2010 from <http://www.cdc.gov/Features/MensHealthatCDC/>)

Men's Health

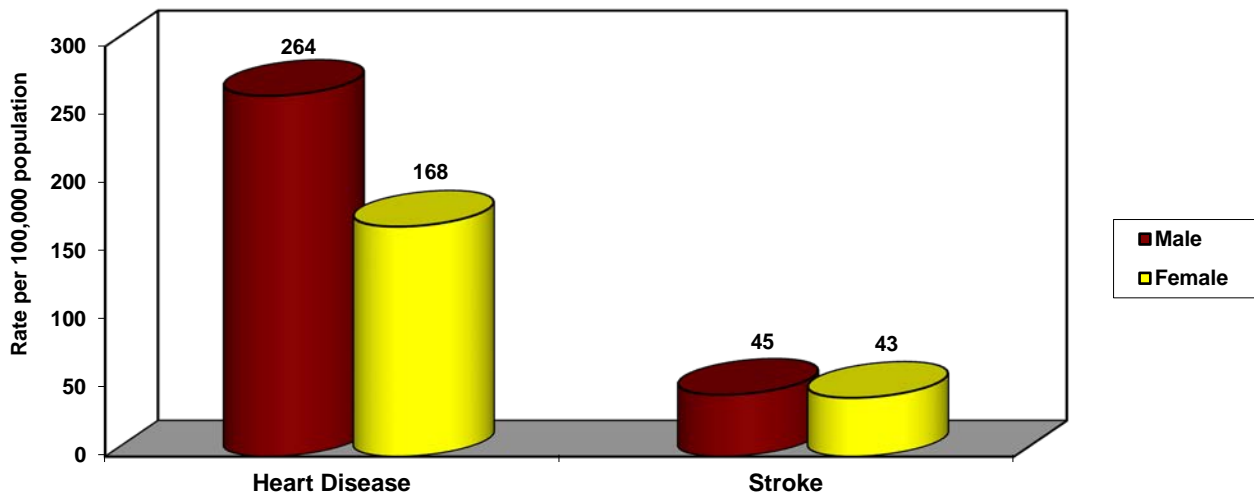
The following graphs show the Ashtabula County and Ohio age-adjusted mortality rates per 100,000 population for men's cardiovascular diseases. The graphs show:

- ◆ From 2006-2008, the Ashtabula County and Ohio male age-adjusted mortality rate was higher than the female rate for both heart disease and stroke.
- ◆ The Ashtabula County male age-adjusted heart disease mortality rate was higher than the Ohio male rate.
- ◆ The Ashtabula County male age-adjusted stroke mortality rate was higher than the Ohio male rate.

Ashtabula County Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2006-2008



Ohio Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2006-2008



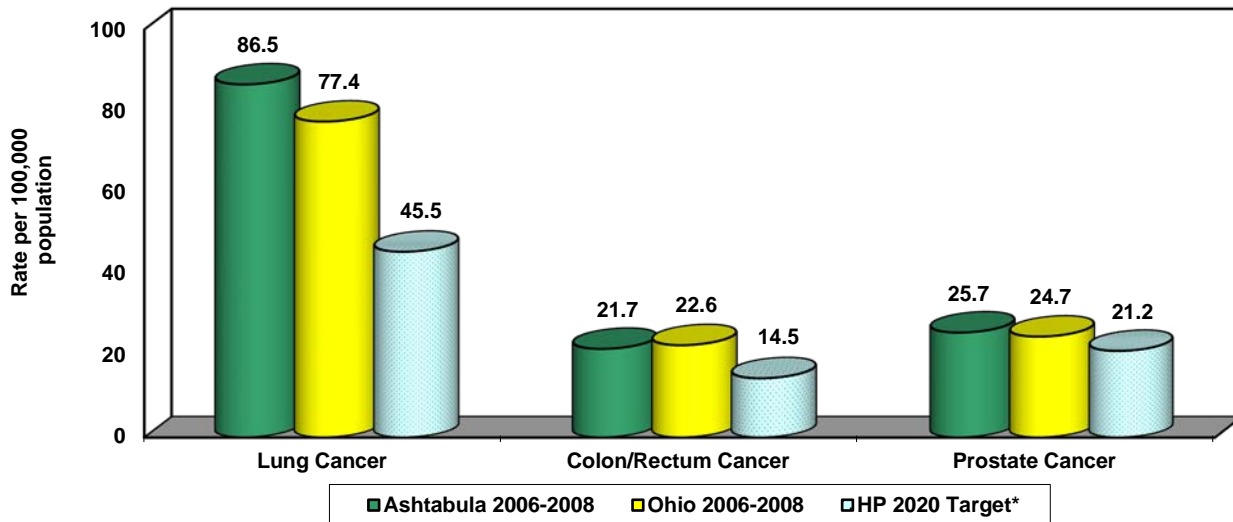
(Source for graphs: ODH Information Warehouse, updated 4-15-10)

Men's Health

The following graph shows the Ashtabula County age-adjusted mortality rates per 100,000 population for men's health with comparison to Healthy People 2020 objectives. The graph shows:

- ◆ From 2006-2008, the Ashtabula County age-adjusted mortality rate for male lung cancer was greater than the Ohio rate.
- ◆ The age-adjusted prostate cancer mortality rate in Ashtabula County for 2006-2008 was greater than the Ohio rate and the Healthy People 2020 objective.

Ashtabula County Male Age-Adjusted Cancer Mortality Rates



**Note: the Healthy People 2020 target rates are not gender specific.
(Source: ODH Information Warehouse and Healthy People 2020)*

Adult Preventive Medicine and Health Screenings

Key Findings

Almost half (44%) of adults had a flu shot during the past 12 months. 60% of adults have had a tetanus shot in the past 10 years.

Preventive Medicine

- ◆ Almost half (44%) of Ashtabula County adults had a flu vaccine during the past 12 months.
- ◆ Of those adults who did not receive a flu vaccine, 59% said they did not need it. Additional reasons for not getting the flu vaccine included: getting sick from it (8%), cost (5%), time (3%), transportation (1%), religious beliefs (1%), and other reasons (15%).
- ◆ Almost one-quarter (24%) of adults have had a pneumonia shot in their life, increasing to 62% of those ages 65 and over.
- ◆ 60% of adults have had a tetanus shot in the past 10 years.

Ways to Prevent the Seasonal Flu

1. Get vaccinated each year.
2. Avoid close contact with people who are sick.
3. Stay home when you are sick.
4. Cover your mouth and nose.
5. Wash your hands.
6. Avoid touching eyes, nose, or mouth.
7. Practice other good health habits, such as get plenty of sleep, exercise routinely, drink plenty of fluids, eat a nutritious diet.

(Source: CDC, Preventing the Flu: Good Health Habits can Help Stop Germs 11-8-2010)

Preventive Health Screenings and Exams

- ◆ Nearly four-fifths (79%) of Ashtabula County adults had their blood pressure checked in the past year, increasing to 97% of those over the age of 65.
- ◆ More than half (53%) of adults had their blood cholesterol checked in the past year, increasing to 88% of those over the age of 65.
- ◆ In the past year, 49% of Ashtabula County women ages 40 and over have had a mammogram.
- ◆ In the past year, 56% of men ages 50 and over had a Prostate-Specific Antigen (PSA) test.
- ◆ See the Women and Men’s Health Section for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Ashtabula County adults.

Preventive Counseling Services

- ◆ Ashtabula County adults indicated that their doctor or other health professional had discussed the following topics with them within the past year: physical activity or exercise (35%), diet or eating habits (32%), depression/anxiety/emotional problems (18%), immunizations (17%), significance of family health history (15%), quitting smoking (12%), appropriate use of prescription pain medication (11%), alcohol use (8%), alcohol use when taking prescription drugs (7%), injury prevention (6%), sexual practices (5%), domestic violence (3%), and illicit drug use (2%).

Ashtabula County Adult Health Screening Results

GENERAL SCREENING RESULTS	Total Sample
Diagnosed with High Blood Pressure	31%
Diagnosed with High Blood Cholesterol	34%
Diagnosed with Diabetes	10%
Diagnosed with a Heart Attack	7%
Diagnosed with a Stroke	6%

(Percents based on all Ashtabula County adults surveyed)

Environmental Health

Key Findings

Insects and mold were the two most important perceived environmental health issues that threatened Ashtabula County adults' health in the past year.

Environmental Health

- ◆ Ashtabula County adults thought the following threatened their health in the past year:
 - Insects (25%)
 - Mold (17%)
 - Rodents or mice (9%)
 - Temperature regulation (5%)
 - Unsafe water supply (5%)
 - Lice (3%)
 - Plumbing problems (3%)
 - Food safety (2%)
 - Safety hazards (1%)
 - Sewage/waste water problems (1%)
 - Cockroaches (1%)
 - Lead paint (1%)
 - Bed bugs (<1%)
 - Radon (<1%)
 - Chemicals found in household products (<1%)
 - Excess medications in the home (<1%)

Potential Health Effects of Mold

- ❖ Mold does not always cause health problems indoors.
- ❖ People who are sensitive to mold may experience nasal stuffiness, eye irritation, wheezing, or skin irritation when exposed to mold.
- ❖ Severe reactions include a fever and shortness of breath.
- ❖ Increased risk for infections that may develop into fungal infections is more likely in people with chronic lung diseases like COPD and immune-compromised people.

(Source: CDC, National Center for Environmental Health, Facts about Stachybotrys chartarum and Other Molds, Obtained from: <http://www.cdc.gov/mold/stachy.htm>)

Disaster Preparedness

- ◆ Ashtabula County households had the following disaster preparedness supplies: cell phone with charger (89%), working flashlight and working batteries (88%), working battery operated radio and working batteries (48%), 3-day supply of nonperishable food for everyone who lives there (63%), 3-day supply of prescription medication for each person who takes prescribed medicines (54%), and 3-day supply of water for everyone in the household (1 gallon of water per person per day) (39%).
- ◆ 94% of households had multiple disaster preparedness supplies, and 6% had no disaster preparedness supplies.

Additional Items to Consider Adding to Basic Emergency Supply Kit

- Prescription medications and glasses
- Sleeping bag or warm blanket for each person
- Additional clothing including a long sleeved shirt, pants and sturdy shoes
- Household unscented chlorine bleach and medicine dropper
- Feminine supplies and personal hygiene items
- Mess kits, paper cups, plates and plastic utensils, paper towels
- Books, games, puzzles or other activities for children
- Family documents such as copies of insurance policies & bank account records in a waterproof, portable container
- Cash or traveler's checks
- Fire extinguisher
- Matches in a waterproof container
- Paper and pencil
- Infant formula and diapers

Source: Federal Emergency Management Agency (FEMA), Ready: Prepare. Plan. Stay Informed., Emergency Supply List, Obtained from: http://www.ready.gov/america/_downloads/checklist3.pdf)

Adult Sexual Behavior and Pregnancy Outcomes

Key Findings

In 2011, nearly three-fourths (75%) of Ashtabula County adults had sexual intercourse. Five percent of adults had more than one partner. Nationally, young people aged 15-24 represent only 25% of the sexually experienced population, but acquire nearly half of all STDs (Source: CDC, STDs in Adolescents and Young Adults, 2009 STD Surveillance).

Adult Sexual Behavior

- ◆ Nearly three-quarters (75%) of Ashtabula County adults had sexual intercourse in the past year.
- ◆ 5% of adults reported they had intercourse with more than one partner in the past year.
- ◆ Ashtabula County adults used the following methods of birth control: tubes tied (22%), abstinence (21%), vasectomy (14%), condoms (10%), birth control pill (10%), hysterectomy (7%), withdrawal (4%), IUD (3%), shots (1%), rhythm method (<1%), and diaphragm/cervical cap or ring (<1%).
- ◆ 12% of Ashtabula County adults were not using any method of birth control.
- ◆ 81% of adults indicated they did not use a condom the last time they had sexual intercourse. Of those who used a condom, 39% used it to prevent pregnancy, 9% used it to prevent diseases, and 26% used it to prevent pregnancy and diseases.
- ◆ Ashtabula County adults did not use birth control for the following reasons:
 - They or their partner had a vasectomy, tubes tied, or hysterectomy (32%)
 - They or their partner are too old (24%)
 - They did not think they could get pregnant (8%)
 - They have a same sex partner (5%)
 - They wanted to get pregnant (3%)
 - They did not think they were going to have intercourse (no regular partner) (3%)
 - They or their partner did not want to use birth control (2%)
 - They or their partner did not like birth control/had a fear of side effects (2%)
 - They or their partner is currently pregnant (2%)
 - Religious preferences (1%)
- ◆ 33% of adults have been tested for HIV at some time in their life.
- ◆ The following situations applied to Ashtabula County adults: had anal sex without a condom in the past year (4%), been tested for a sexually transmitted disease in the past year (3%), used intravenous drugs in the past year (1%), and had sex with someone they did not know (1%).

Ways to Have Safer Sex

- ◆ Be honest with your partner.
- ◆ Protect yourself and your partner from body fluids.
- ◆ Sexual play without intercourse can be enjoyable and safer than intercourse.
- ◆ Ask questions about partner's history (drugs, sexual partners, and whether or not they've been tested).
- ◆ Get the correct treatment if you become infected.
- ◆ Getting tested regularly for HIV/AIDS and other sexually transmitted diseases.

(Source: Planned Parenthood: Preventing STIs/STDs, <http://www.plannedparenthood.org/sexual-health/std/preventing-stis-stds.htm>)

Risk Factors for Contracting Sexually Transmitted Infections

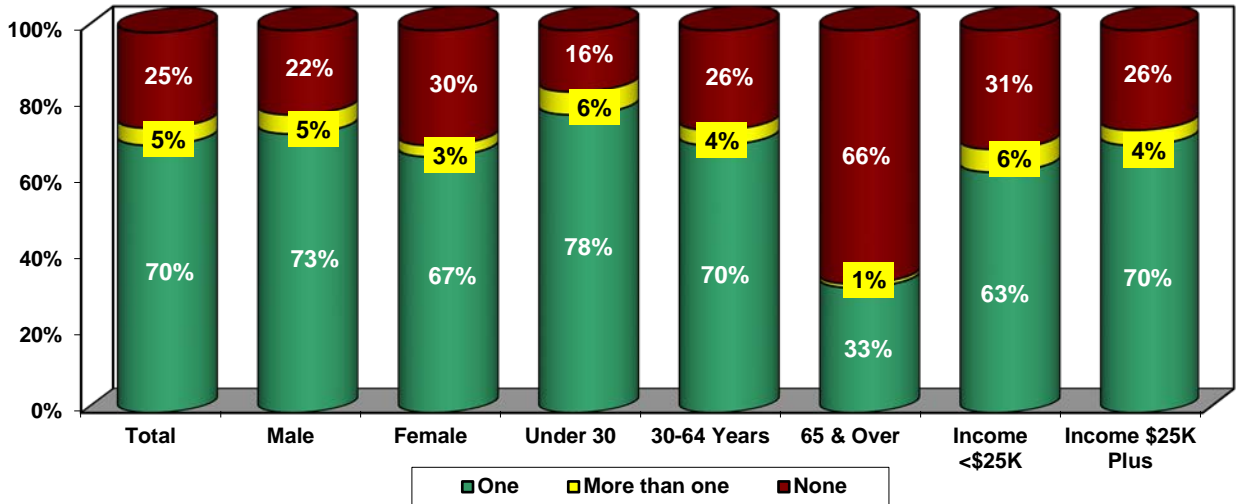
- ◆ Having unprotected sex
- ◆ Having multiple sex partners
- ◆ Having a history of one or more STIs
- ◆ Transmission from mother to infant
- ◆ Injecting drugs
- ◆ Abusing alcohol or using recreational drug

(Source: Mayo Foundation for Medical Education and Research, 2-24-2011)

Adult Sexual Behavior and Pregnancy Outcomes

The following graph shows the sexual activity of the Ashtabula County adults. Examples of how to interpret the information in graph one include: 70% of all Ashtabula County adults had one sexual partner in the last 12 months and 5% had more than one, and 73% of males had one partner in the past year.

Number of Sexual Partners in the Past Year



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

Types of Contraception

Sterilization: For females, this is also known as having their "tubes tied". Female sterilization involves the surgical closing of the fallopian tubes which carry the eggs from the ovaries to the uterus. For males, sterilization is referred to as a vasectomy. This procedure involves the surgical closing of tubes that carry sperm.

Abstinence: The voluntary refraining from sexual activity. **Abstinence is the only contraceptive method that is 100% effective in the prevention of both pregnancy and the transmission of sexually transmitted diseases.**

Barrier Methods (Condoms): The male condom is a tube of thin material (latex rubber) that is rolled over the erect penis prior to contact with the vagina. This is the most commonly used barrier method. The female condom is a seven-inch long pouch of polyurethane with two flexible rings and is inserted into the vagina prior to intercourse.

Hormonal Methods: Whether administered as a pill, patch, shot, ring or implant, hormone medications contain manufactured forms of the hormones estrogen and/or progesterone. They work by either preventing a woman's ovary from releasing an egg, thickening cervical mucus, making it harder for sperm to reach the egg, or by thinning the lining of the uterus making it harder for a fertilized egg to implant in the uterine wall.

Intrauterine Device (IUD): a small plastic device containing copper or hormones and is inserted into the uterus by a medical professional.

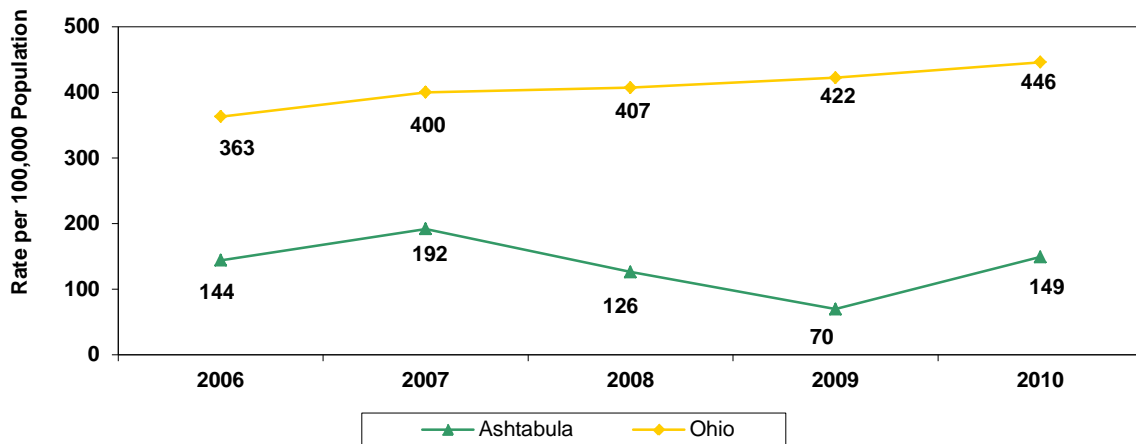
(Source: The American Pregnancy Association; Overview: Birth Control Methods, <http://www.americanpregnancy.org/preventingpregnancy/overviewtypesbirthcontrol.html>)

Adult Sexual Behavior and Pregnancy Outcomes

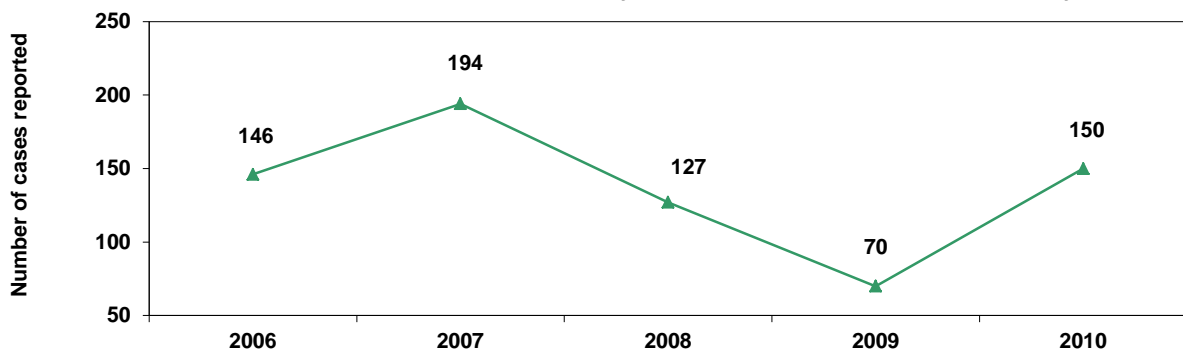
The following graphs show Ashtabula County Chlamydia and Gonorrhea disease rates per 100,000 population updated March 5, 2011 by the Ohio Department of Health. The graphs show:

- ◆ Ashtabula County Chlamydia rates fluctuated from 2006 to 2010. These rates remained well below Ohio rates.
- ◆ In 2010, the U.S. rate for new Chlamydia cases was 426.0 per 100,000 population. *(Source: CDC, Sexually Transmitted Diseases Surveillance, 2010)*

Chlamydia Annualized Disease Rates for Ashtabula County and Ohio



Annualized Count of Chlamydia Cases for Ashtabula County

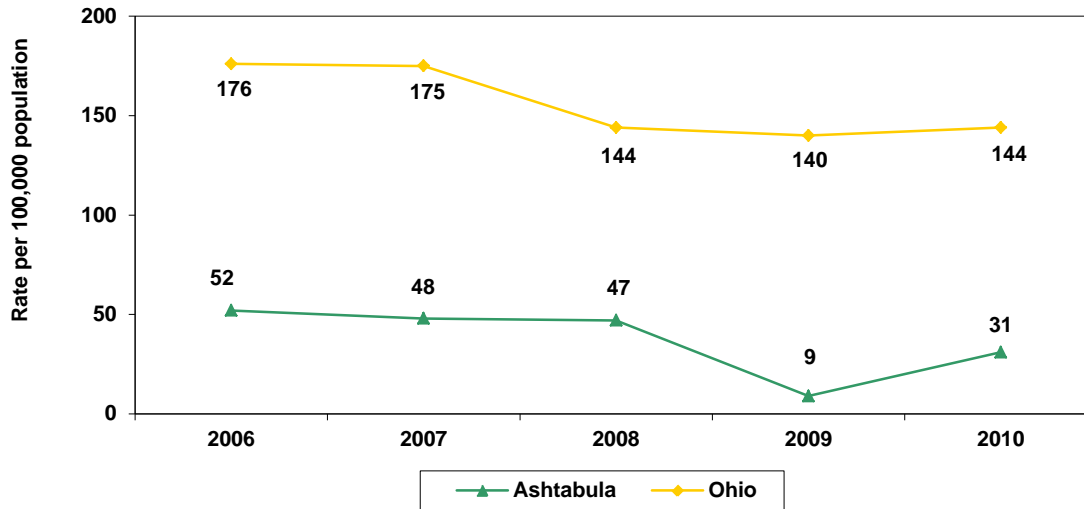


(Source for graphs: ODH, STD Surveillance, data reported through 3-5-2011)

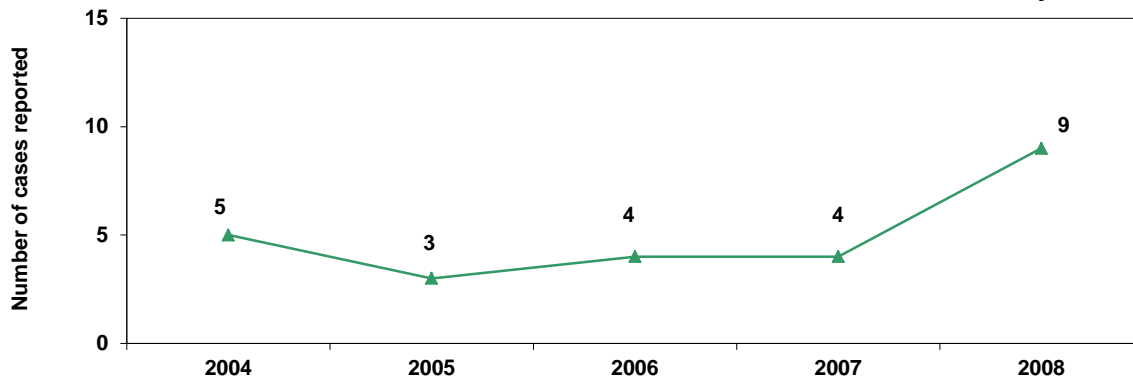
Adult Sexual Behavior and Pregnancy Outcomes

- ◆ The Ashtabula County Gonorrhea rate fluctuated from 2006 to 2010, but decreased overall.
- ◆ The Ohio Gonorrhea rate decreased from 2006 to 2010.
- ◆ In 2010, the U.S. rate for new Gonorrhea cases for the total population was 100.8 per 100,000 population. *(Source: CDC, Sexually Transmitted Diseases Surveillance, 2010)*
- ◆ The Healthy People 2020 objective for Gonorrhea is 257 new female and 198 new male cases per 100,000 population.

Gonorrhea Annualized Disease Rates for Ashtabula County Residents



Annualized Count of Gonorrhea Cases for Ashtabula County



(Source for graphs: ODH, STD Surveillance, data reported through 3-5-2011)

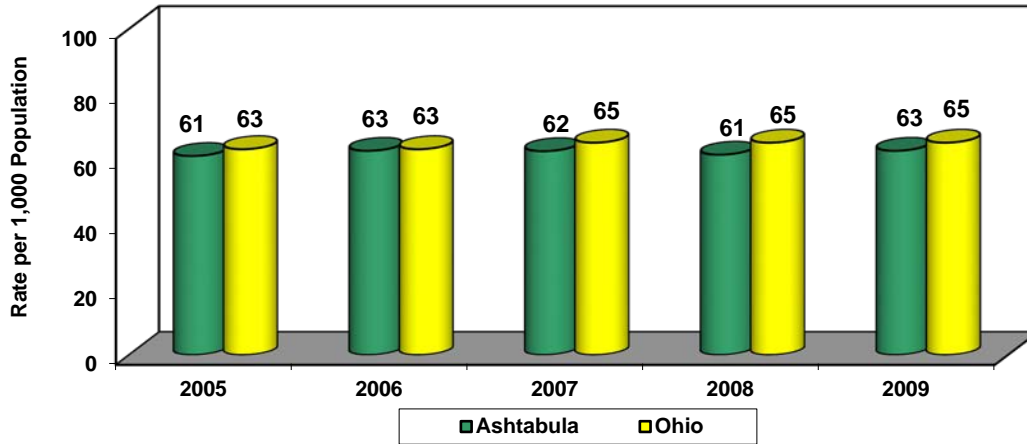
Adult Sexual Behavior and Pregnancy Outcomes

Pregnancy Outcomes

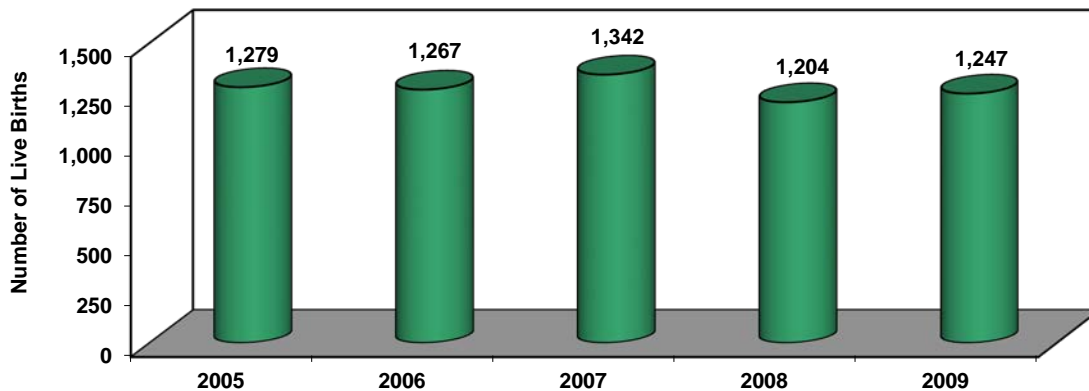
**Please note that the pregnancy outcomes data includes all births to adults and adolescents.*

- ◆ From 2005-2009, there was an average of 1,268 live births per year in Ashtabula County.
- ◆ In 2009, the U.S. fertility rate was 66.7 per 1,000 women (*Source: ODH, Birth Statistics, 2009*).

Ashtabula County and Ohio Fertility Rates



Ashtabula County Total Live Births



(Source for graphs: ODH Information Warehouse Updated 6-30-11)

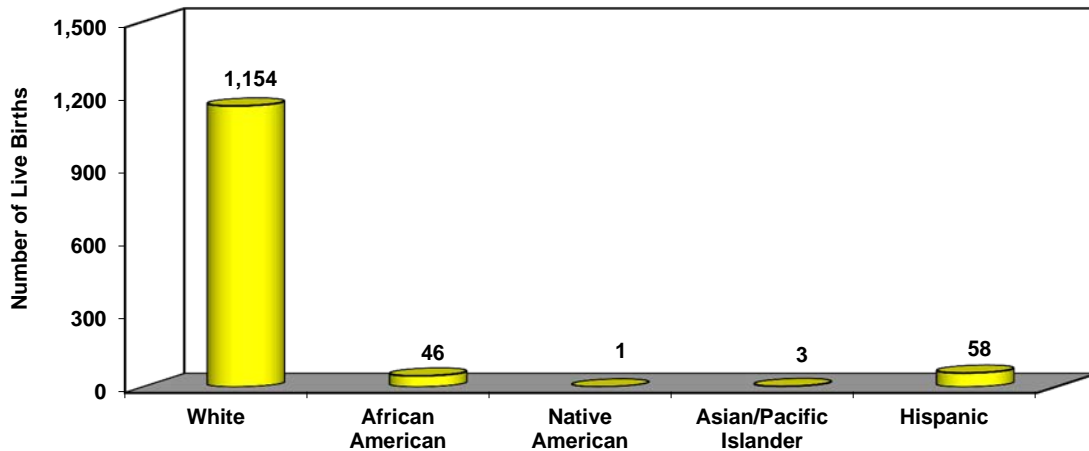
Adult Sexual Behavior and Pregnancy Outcomes

Pregnancy Outcomes

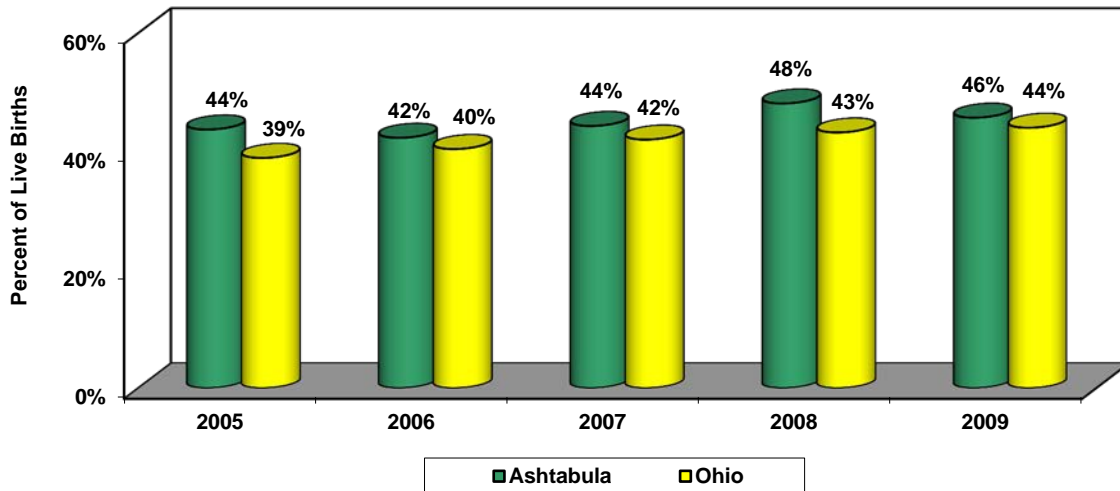
**Please note that the pregnancy outcomes data includes all births to adults and adolescents.*

- ◆ The percentage of births to unwed mothers in Ashtabula was above the Ohio percentage each year from 2005 to 2009, and fluctuated overall during the five year period.
- ◆ In 2009, 41% of U.S. births were to unwed mothers *(Source: National Center for Health Statistics 2009)*

**Ashtabula County Total Live Births By Race/Ethnicity
2008**



Ashtabula County Unwed Births



(Source for graphs: ODH Information Warehouse Updated 6-30-11)

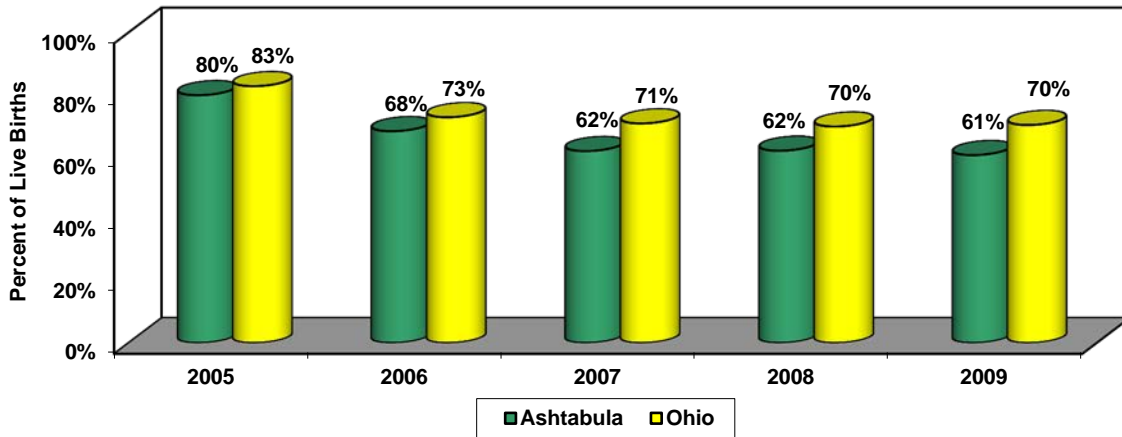
Adult Sexual Behavior and Pregnancy Outcomes

Pregnancy Outcomes

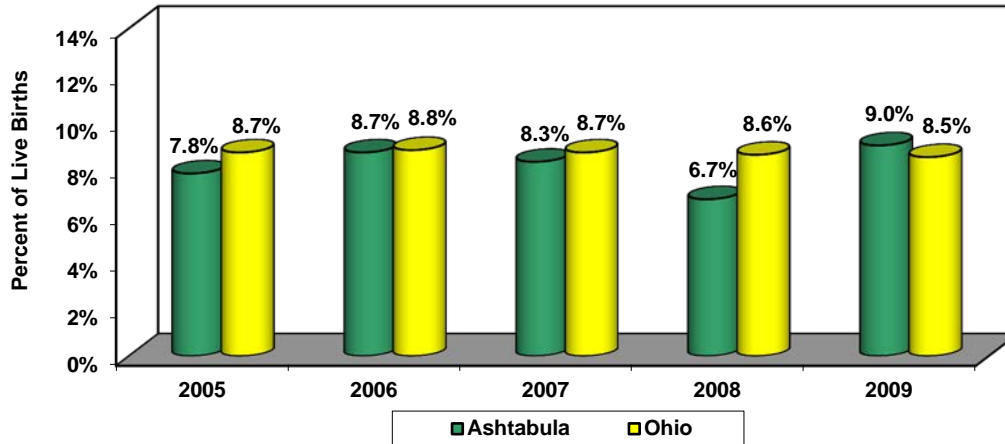
**Please note that the pregnancy outcomes data includes all births to adults and adolescents*

- ◆ In 2009, 70.2% of Ohio mothers received prenatal care during the first trimester (ODH, Birth Statistics, 2009).
- ◆ In 2009, 8.2% of all U.S. live births were low birth weight births (Source: National Center for Health Statistics 2009).

Ashtabula County Births with First Trimester Prenatal Care



Ashtabula County Low Birth Weight Births*



**Low Birth Weight is defined as weighing less than 2,500 grams or 5 pounds, 8 ounces.
(Source for graphs: ODH Information Warehouse Updated 6-30-11)*

Youth Sexual Behavior and Teen Pregnancy Outcomes

Key Findings

Geneva schools and Lakeside Intermediate and Middle School did not ask sexual health questions. In 2011, more than one-third (35%) of Ashtabula County youth have had sexual intercourse, increasing to 62% of those ages 17 and over. 34% of youth had participated in oral sex and 29% had participated in sexting. Of those who were sexually active, 53% had multiple sexual partners.

Youth Sexual Behavior

- ◆ Geneva schools and Lakeside Intermediate and Middle School did not ask sexual health questions.
- ◆ More than one-third (35%) Ashtabula County youth have had sexual intercourse, increasing to 62% of those ages 17 and over. The 2007 YRBS reports that 45% of Ohio youth have had sexual intercourse and the 2009 YRBS reports that 46% of U.S. youth have had sexual intercourse.
- ◆ 34% of youth had participated in oral sex, increasing to 58% of those ages 17 and over.
- ◆ 29% of youth had participated in sexting, increasing to 41% of those ages 17 and over.
- ◆ 31% of youth have viewed pornography, increasing to 44% of males.
- ◆ Of those youth who were sexually active in their lifetime, 47% had one sexual partner and 53% had multiple partners. 10% of all Ashtabula County high school youth had 4 or more partners (2007 YRBS reports 14% for Ohio, 2009 YRBS reports 14% for the U.S.).
- ◆ Of those youth who were sexually active, 26% had done so by the age of 13. Another 41% had done so by 15 years of age. The average age of onset was 14.7 years old.
- ◆ Of all high school youth, 10% were sexually active by the age of 13 (2007 YRBS reports 6% for Ohio, 2009 YRBS reports 6% for the U.S).
- ◆ Ashtabula County youth had experienced the following: wanted to get pregnant (3%), had a miscarriage (2%), been pregnant (1%), tried to get pregnant (1%), had an abortion (1%), got someone pregnant (1%), and been treated for an STD (1%).
- ◆ Almost two-thirds (62%) of youth who were sexually active used condoms to prevent pregnancy, 42% used birth control pills, 19% used the withdrawal method, 2% used Depo-Provera, and 4% used some other method. However, 6% were engaging in intercourse without a reliable method of protection.
- ◆ 14% of sexually active youth used drugs or alcohol before their last sexual encounter, increasing to 18% of those over the age of 17.

Facts About “Sexting”

- ❖ One in five teen girls (22%) say they have electronically sent, or posted online, nude or semi-nude images of themselves.
- ❖ Almost one in five teen boys (18%) say they have sent or posted nude/semi nude images of themselves
- ❖ One-third (33%) of teen boys and one-quarter (25%) of teen girls say they have had nude/semi-nude images—originally meant to be private—shared with them.
- ❖ 15% of teens who have sent sexually suggestive content such as text messages, email, photographs or video say they have done so with someone *they only know online*.
- ❖ Fully one-third of young teen girls (ages 13-16) have received sexually suggestive messages.
- ❖ Nearly half of young people (49% total, 39% of teens, 59% of young adults) have sent sexually suggestive text messages or email messages to someone

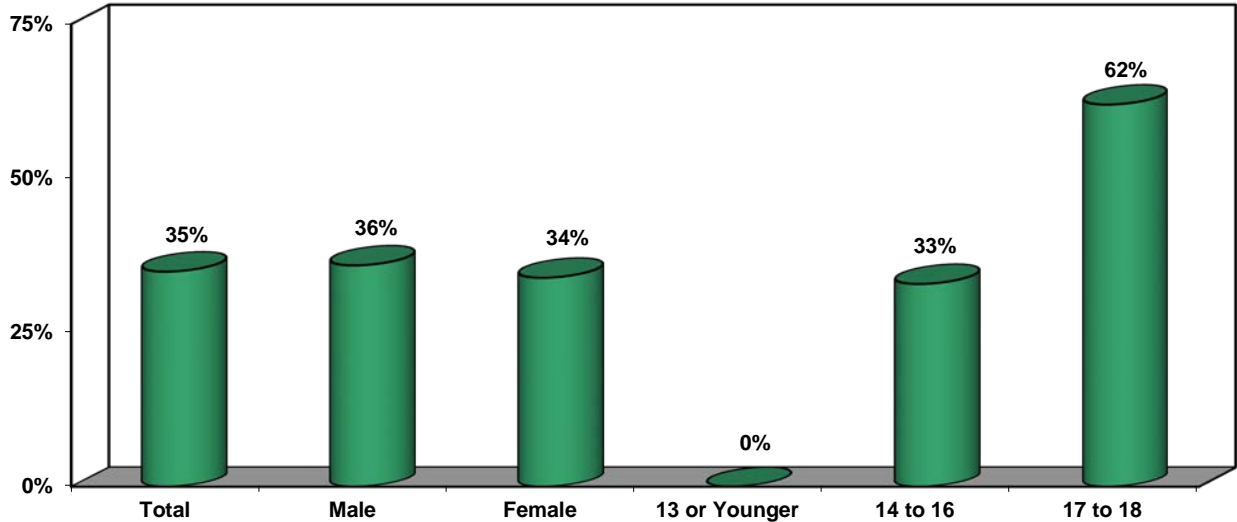
(Source: National Campaign to Prevent Teen Pregnancy, 2011, obtained from: http://www.thenationalcampaign.org/sextech/PDF/SexTech_PressReleaseFIN.pdf)

2011 Youth Comparisons	Ashtabula County 2011 (6 th – 12 th)	Ashtabula County 2011 (9 th – 12 th)	Ohio 2007 (9 th – 12 th)	U.S. 2009 (9 th – 12 th)
Ever had sexual intercourse	35%	41%	45%	46%
Used a condom at last intercourse	62%	67%	60%	61%
Used birth control pills at last intercourse	42%	46%	17%	20%
Had sexual intercourse by age 13	10%	10%	6%	6%
Had 4 or more sexual partners	8%	10%	14%	14%

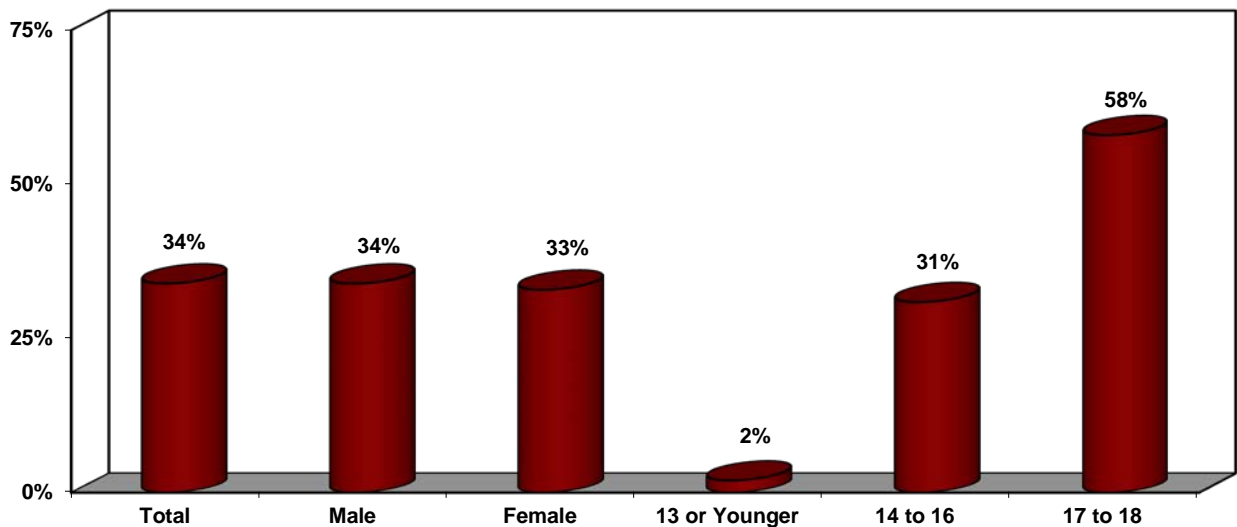
Youth Sexual Behavior and Teen Pregnancy Outcomes

The following graph shows the percentage of Ashtabula County youth who participated in sexual intercourse or oral sex. Examples of how to interpret the information include: 35% of all Ashtabula County youth had sexual intercourse, 36% of males, and 34% of females had sex.

Ashtabula County Youth Having Sexual Intercourse



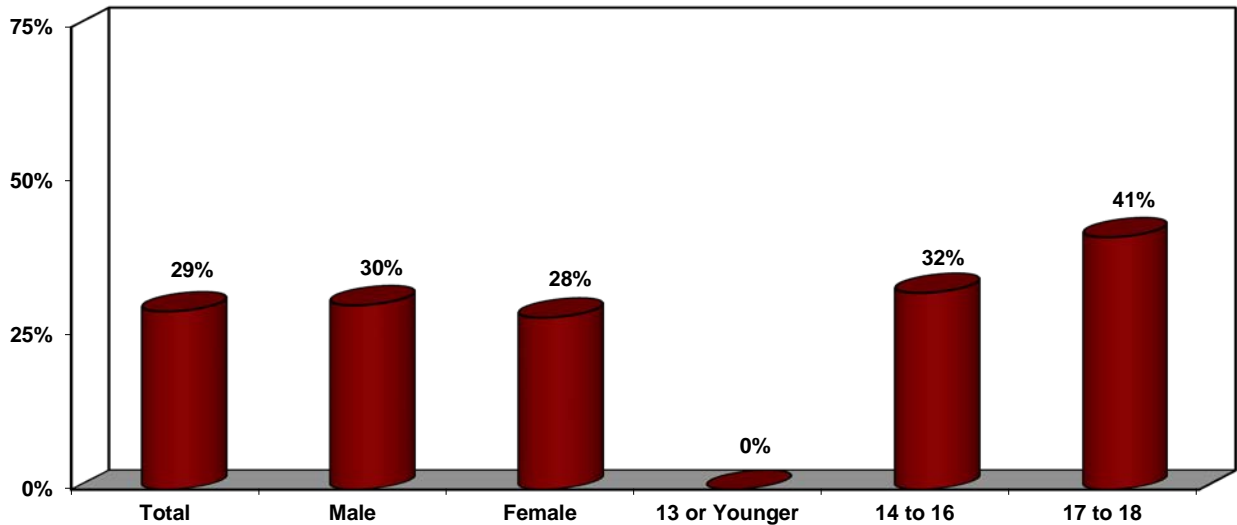
Ashtabula County Youth Participating in Oral Sex



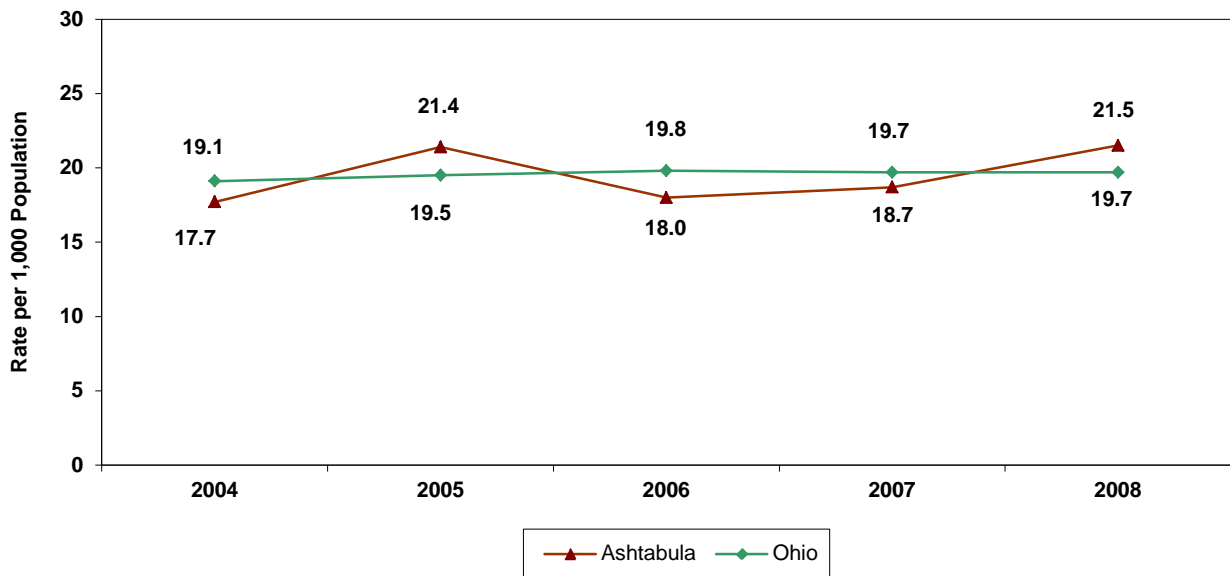
Youth Sexual Behavior and Teen Pregnancy Outcomes

The following graph shows the percentage of Ashtabula County youth who participated in sexting. Examples of how to interpret the information include: 29% of all Ashtabula County youth participated in sexting, 30% of males, and 28% of females.

Ashtabula County Youth Participating in Sexting



Teen Birth Rates for Ashtabula County and Ohio*



**Teen birth rates include women ages 15-17
(Source: Ohio Department of Health Information Warehouse Updated 1-7-10)*

Quality of Life

Key Findings

Nearly one-third (31%) of Ashtabula County adults in 2011 reported they were limited in some way because of a physical, mental or emotional problem.

Impairments and Health Problems

- ◆ Almost one-third (31%) of Ashtabula County adults are limited in some way because of a physical, mental or emotional problem (22% Ohio, 21% U.S., 2010 BRFSS), increasing to 40% of those with incomes less than \$25,000 and 35% of females.
- ◆ Ashtabula County adults were told by a health professional they had the following: gout (4%), rheumatoid arthritis (3%), fibromyalgia (3%), and lupus (2%).
- ◆ Ashtabula County adults reported the following as the most limiting health problems: back or neck problems (21%), arthritis/rheumatism (15%), walking problems (12%), depression/anxiety/emotional problems (11%), and lung/breathing problems (8%).
- ◆ As a result of impairments or health problems, Ashtabula County adults needed help with the following: household chores (28%), shopping (27%), getting around for other purposes (21%), doing necessary business (15%), bathing (8%), dressing (7%), getting around the house (2%), and eating (1%).

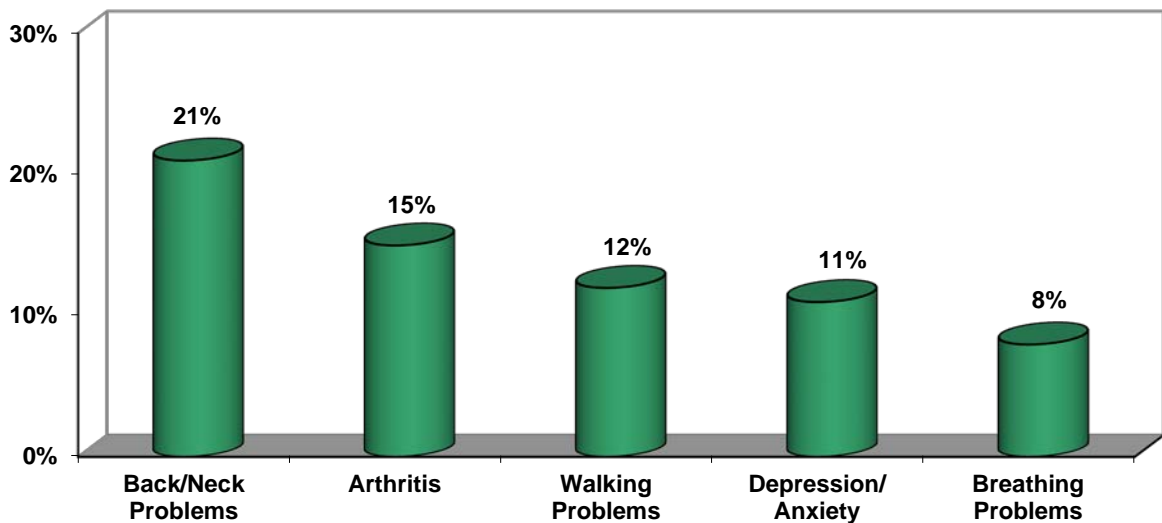
Back Pain Prevention

The best things you can do to prevent back pain are:

- ◆ Exercise often and keep your back muscles strong.
- ◆ Maintain a healthy weight or lose weight if you weigh too much.
- ◆ Make sure you are getting enough calcium and vitamin D every day. This is very important to keep bones strong.
- ◆ Try to stand up straight and avoid heavy lifting when you can. If you do lift something heavy, bend your legs and keep your back straight.

(Source: National Institutes of Health, National Institute of Arthritis and Musculoskeletal and Skin Diseases.
http://www.niams.nih.gov/Health_Info/Back_Pain/back_pain_ff.asp, updated 9/09)

Ashtabula County Most Limiting Health Problems



2011 Adult Comparisons	Ashtabula County 2011	Ohio 2010	U.S. 2010
Limited in some way due to physical, emotional, or mental problems	31%	22%	21%

Social Context and Safety

Key Findings

The health assessment identified that 54% of Ashtabula County adults kept a firearm in or around their home. About 1 in 9 (11%) adults were threatened or abused the past year.

Safety

- ◆ More than half (54%) of Ashtabula County adults kept a firearm in or around their home. 5% of adults reported they were unlocked and loaded.
- ◆ 69% of adults reported always wearing their seatbelt while driving or riding in a car. An additional 16% reported wearing their seatbelt most of the time.
- ◆ About 1 in 9 (11%) adults were threatened or abused in the past year. Of those who were threatened or abused, 53% were threatened or abused by their spouse or partner, 21% by someone outside their home, 15% by a child, 12% by a parent, and 24% were threatened or abused by someone else.
- ◆ Ashtabula County adults reported their neighborhoods were: extremely safe (20%), safe (53%), slightly safe (13%), and not safe at all (8%).

Social Context

- ◆ 13% of adults needed help meeting their general daily needs such as food, clothing, shelter, or paying utility bills in the past 30 days, increasing to 35% of those with incomes less than \$25,000 and 30% of those under the age of 30.
- ◆ 25% of adults attempted to contact a social service agency for assistance. Of those adults who looked for assistance, they received it from the following: The Welfare Department/Job & Family Services (58%), food pantries (27%), Ashtabula County Community Action Agency (25%), a friend or family member (23%), Catholic Charities (11%), a church (10%), senior centers (4%), 211 (3%), Country Neighbor (3%), Ohio Benefit Bank (3%), and somewhere else (4%).
- ◆ In the past year, Ashtabula County adults experienced the following stressors: the death of a family member or close friend (43%), a close family member going into the hospital (40%), having bills they could not pay (20%), someone close to them having an alcohol or drug problem (20%), someone in their household having their work hours reduced (11%), someone in their household losing their job (11%), having someone homeless living with them (9%), moving to a new address (8%), becoming separated or divorced (4%), their child being hit or slapped by their spouse or partner (3%), someone in their household going to jail (2%), becoming homeless (2%), being involved in a physical fight (1%), and being hit or slapped by their spouse or partner (1%).
- ◆ Ashtabula County adults indicated they would have problems obtaining the following assistance if they needed it: someone to help pay for their medical expenses (23%), someone to loan them \$50 (18%), someone to help if they were sick and needed to be in bed (14%), someone to take them to a clinic or doctor's office if they needed a ride (14%), someone to talk about their problems (10%), someone to accompany them to their doctor's appointments (10%), someone to explain directions from their doctor (4%), and back-up childcare (3%).
- ◆ 6% of adults have called 211, a non-emergency information referral hotline. 77% of adults did not know 211 was available or had never heard of it.
- ◆ Adults indicated that Ashtabula County residents need more education about the following: drug abuse (62%), obesity (55%), driving under the influence-DUI (47%), distracted driving (44%), teenage pregnancy (43%), bullying (43%), violence (38%), tobacco use (32%), suicide prevention (25%), sexting (22%), elder abuse (21%), speeding (21%), seat belt/restraint usage (14%), bicycle safety (9%), falls (7%), sun exposure (7%), and other issues (7%).

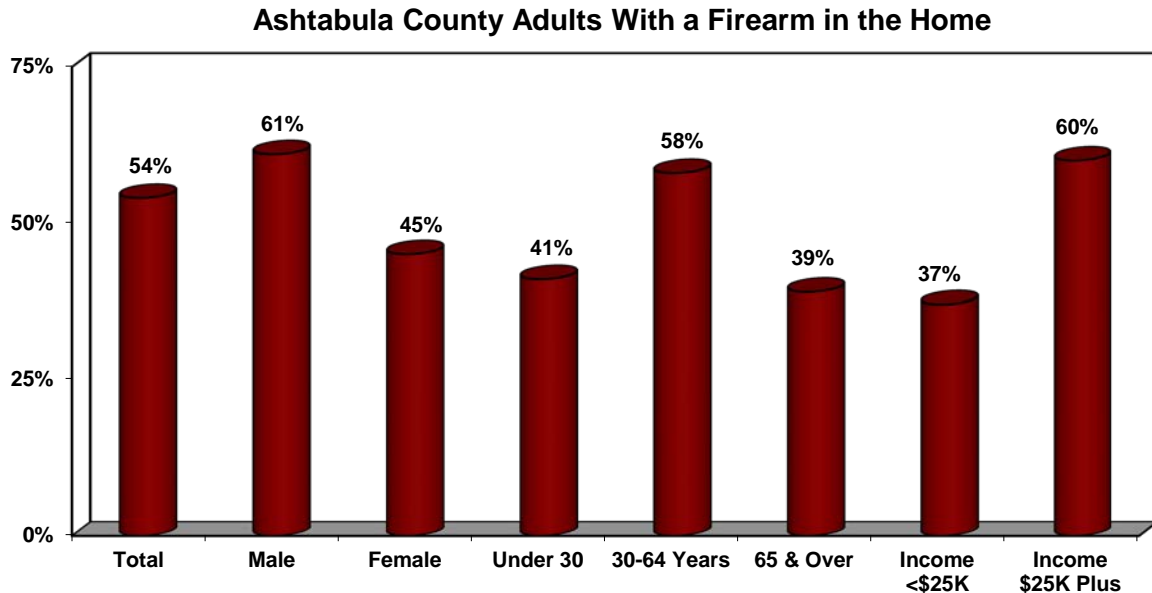
Food Security in the United States

- ◆ At some point in 2010, 14.5% of households were uncertain of having, or unable to acquire, enough food to meet the needs of all of their members because they had insufficient money or other resources for food (food insecure).
- ◆ Approximately 9.1% (10.9 million) of U.S. households experienced low food security in 2010.

(Source: U.S. Department of Agriculture, Food Security in the United States: Statistics and Graphics, 2010)

Social Context and Safety

The following graph shows the percentage of Ashtabula County adults that had a firearm in the home. Examples of how to interpret the information shown on the first graph include: 54% of all Ashtabula County adults kept a firearm in their home, 61% of males, and 41% of those under 30 kept a firearm in their home.



Firearm Injury Prevention

According to The American College of Emergency Physicians (ACEP), the improper use of firearms results in death and injury. Below are some of the College supported efforts to prevent firearm-related injuries and deaths:

- ❖ Aggressively enforce current laws against illegal possession, purchase, sale, or use of firearms;
- ❖ Encourage the creation and evaluation of community and school-based education programs targeting the prevention of firearm injuries;
- ❖ Educate the public about the risks of improperly stored firearms, especially in the home;
- ❖ Increase funding for the development, evaluation, and implementation of evidence-based programs and policies to reduce firearm-related injury and death
- ❖ Work with stakeholders to develop comprehensive strategies to prevent firearm injury and death

(Source: Firearm Injury Prevention, Annals of Emergency Medicine, v. 57 issue 6, 2011, p. 691)

Mental Health and Suicide

Key Findings

In 2011, 8% of Ashtabula County adults considered attempting suicide. The health assessment results indicated that 15% of Ashtabula County youth had seriously contemplated suicide in the past year and 6% admitted actually attempting suicide in the past year.

Adult Mental Health

- ◆ 8% of Ashtabula County adults considered attempting suicide in the past year.
- ◆ 2% of adults attempted suicide.
- ◆ 15% of adults recently had a period of two or more weeks when they felt so sad and hopeless nearly every day that they stopped doing some usual activities, increasing to 35% of those with incomes less than \$25,000.
- ◆ Ashtabula County adults got their social and emotional support from: family (74%), friends (60%), church (20%), neighbors (12%), a professional (9%), the community (8%), a self-help group (1%), and other places (6%).

Stigma of Mental Illness

(Based on 2007 BRFSS data)

- ◆ Most adults with mental health symptoms (78%) and without mental health symptoms agreed that treatment can help persons with mental illness lead normal lives.
- ◆ 57% of adults believed that people are caring and sympathetic to persons with mental illness.
- ◆ Only 25% of adults with mental health symptoms believed that people are caring and sympathetic to persons with mental illness.

(Sources: CDC, National Center for Chronic Disease Prevention and Health Promotion, *Stigma of Mental Illness*, July 2011, http://www.cdc.gov/mentalhealth/data_stats/mental-illness.htm)

Youth Mental Health

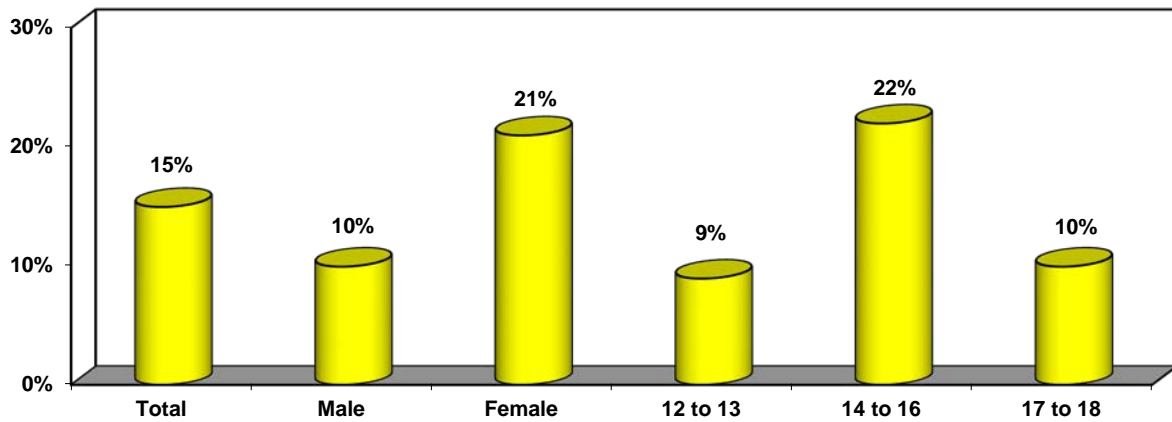
- ◆ In 2011, 15% of Ashtabula County youth reported seriously considering attempting suicide in the past twelve months compared to the 2007 YRBS rate of 13% for Ohio youth and 2009 YRBS rate of 14% for U.S. youth.
- ◆ In the past year, 6% of Ashtabula County youth had attempted suicide and 3% had made more than one attempt. The 2007 YRBS reported a suicide attempt prevalence rate of 7% for Ohio youth and the 2009 YRBS reported a 6% rate for U.S. youth. Of those who attempted suicide, 32% of them resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.
- ◆ One-quarter (25%) of youth reported they felt sad or hopeless almost every day for two weeks or more in a row that stopped them from doing some usual activities, increasing to 30% of females. (2007 YRBS reported 25% for Ohio and 2009 YRBS reported 26% for the U.S.)
- ◆ When Ashtabula County youth are dealing with anxiety, stress and depression they usually do the following: sleep (46%), hobbies (35%), talk to a peer (27%), exercise (26%), talk to an adult (23%), eat (22%), break something (15%), write in a journal (10%), smoke/use tobacco (9%), shop (9%), drink alcohol (8%), self-harm (7%), vandalism/violent behavior (6%), use illegal drugs (5%), use prescribed medication (3%), use un-prescribed medication (2%), and gamble (1%).
- ◆ Ashtabula County youth reported the following sources of anxiety: academic success (30%), other stress at home (29%), fighting at home (28%), fighting with friends (24%), a dating relationship (20%), sports (18%), a breakup (16%), peer pressure (12%), poverty/no money (11%), thunderstorms/tornadoes (7%), family member in the military (4%), and a parent lost their job (4%).

2011 Youth Comparisons	Ashtabula 2011 (6 th -12 th)	Ashtabula 2011 (9 th -12 th)	Ohio 2007 (9 th -12 th)	U.S. 2009 (9 th -12 th)
Youth who had seriously considered suicide	15%	19%	13%	14%
Youth who had attempted suicide	6%	7%	7%	6%

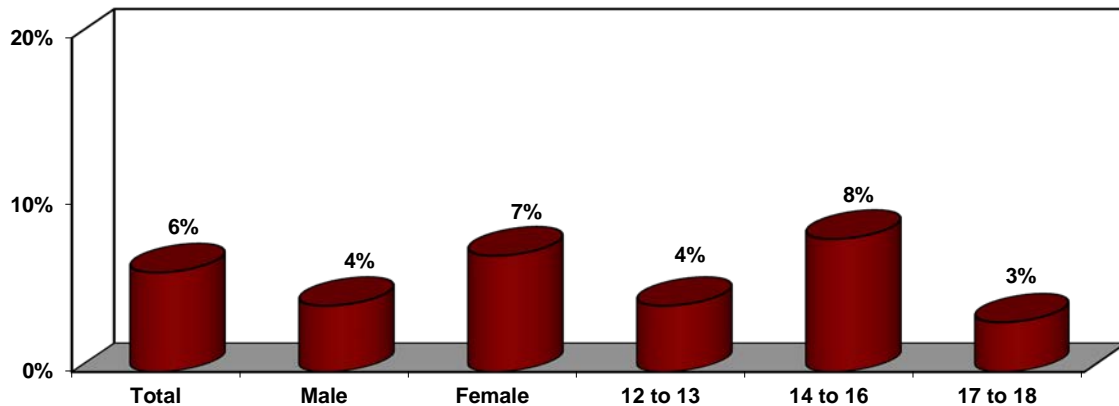
Mental Health and Suicide

The following graphs show the percentage of Ashtabula County youth who contemplated and/or attempted suicide in the past 12 months (i.e., the first graph shows that 15% of all youth had contemplated suicide, 10% of males and 21% of females).

Ashtabula County Youth Contemplated Suicide in Past 12 Months



Ashtabula County Youth Who Attempted Suicide in Past 12 Months



Mental Health and Suicide

Teen Suicide Signals

The strongest risk factors for attempted suicide in teens are:

- ❖ Depression
- ❖ Alcohol abuse
- ❖ Aggressive or disruptive behaviors

In 2011, the *American Psychiatric Association* advises one should consult a mental health professional, parent, or school counselor if several of the following symptoms, experiences, or behaviors are present:

- ❖ Depressed mood
- ❖ Substance abuse
- ❖ Difficulties in dealing with sexual orientation
- ❖ Family loss or instability; significant problems with parents
- ❖ Unplanned pregnancy
- ❖ Frequent episodes of running away or being incarcerated
- ❖ Withdrawal from family and friends
- ❖ Expressions of suicidal thoughts, or talk of death or the afterlife during moments of sadness or boredom
- ❖ Loss of interest in or enjoyment in activities that were once pleasurable
- ❖ Impulsive, aggressive behavior, frequent expressions of rage

Suicide Risk Factors

A risk factor is anything that increases the likelihood that persons will harm themselves including:

- ❖ Previous suicide attempt(s)
- ❖ History of mental disorders, particularly depression
- ❖ History of alcohol and substance abuse
- ❖ Family history of suicide
- ❖ Family history of child maltreatment
- ❖ Feelings of hopelessness
- ❖ Impulsive or aggressive tendencies
- ❖ Physical illness
- ❖ Feeling socially isolated
- ❖ Barriers to accessing mental health treatment
- ❖ Loss (relational, social, work, or financial)
- ❖ Has easy access to lethal suicide methods (for instance, firearms)
- ❖ Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or suicidal thoughts
- ❖ Cultural and religious beliefs (i.e., the belief that suicide is not a resolution of a personal dilemma)
- ❖ Local epidemics of suicide

(Source: CDC, National Center for Injury Prevention and Control, Risk and Protective Factors, <http://www.cdc.gov/ViolencePrevention/suicide/riskprotectivefactors.html>)

Suicide Protective Factors

Protective factors defend people from the risks associated with suicide and include:

- ❖ Effective clinical care for mental, physical, and substance abuse disorders
- ❖ Easy access to a variety of clinical interventions and support for those seeking help
- ❖ Family and community support
- ❖ Support from ongoing medical and mental health care relationships
- ❖ Skills in problem solving, conflict resolution, and nonviolent handling of disputes
- ❖ Cultural and religious beliefs that discourage suicide and support self-preservation instincts

(Source: CDC, National Center for Injury Prevention and Control, Suicide: Risk and Protective Factors, <http://www.cdc.gov/ViolencePrevention/suicide/riskprotectivefactors.html>)

Warning Signs of Suicide

Recognizing Warning Signs of Suicide in Others

- ❖ Withdrawal
- ❖ Unexpected rage or anger
- ❖ Pessimism
- ❖ Taking care of business-preparing for the family's welfare
- ❖ Unrelenting low mood
- ❖ Sleep problems
- ❖ Hopelessness
- ❖ Drug or alcohol abuse
- ❖ Desperation
- ❖ Recent impulsiveness and taking unnecessary risks
- ❖ Anxiety, psychic pain and inner tension risks
- ❖ Threatening suicide or expressing a strong wish to die
- ❖ Making a plan: giving away prized possessions, sudden or impulsive purchase of a firearm, or obtaining other means of killing oneself such as poisons or medications

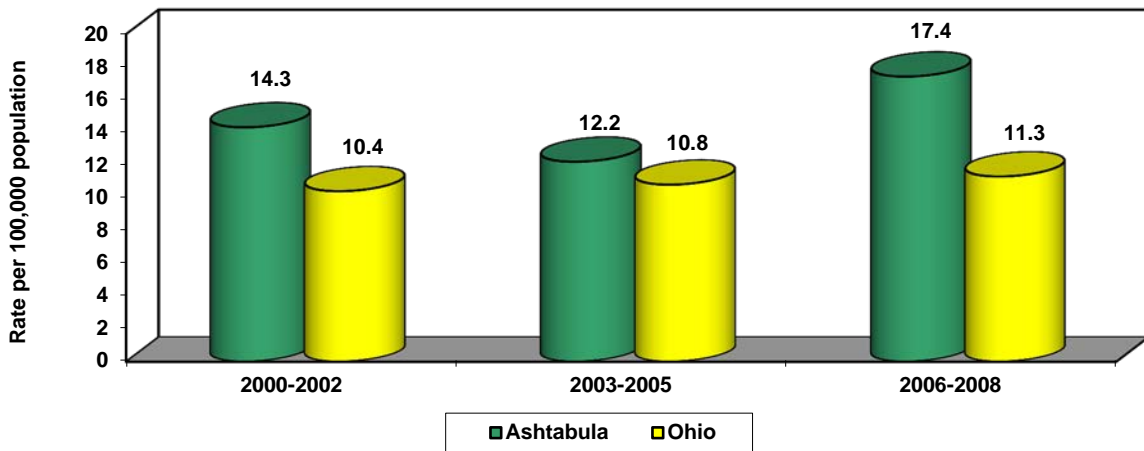
(Source: American Foundation for Suicide Prevention, 2011)

Mental Health and Suicide

The following graphs show the Ohio and Ashtabula County age-adjusted suicide mortality rates per 100,000 population and the number of suicide deaths by age group for the county. The graphs show:

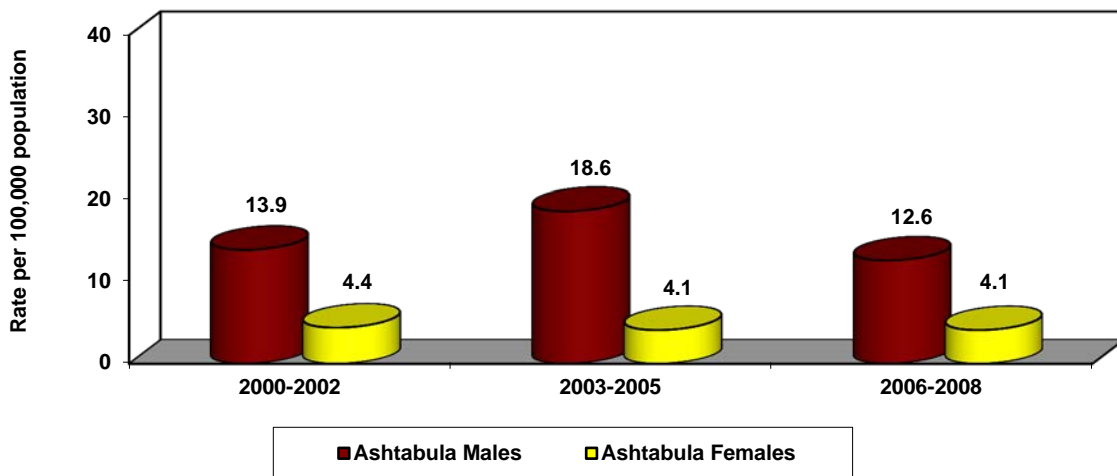
- ◆ The Ashtabula County age-adjusted suicide mortality rate increased overall to a rate well above the Ohio rate from 2000 to 2008.
- ◆ The Ashtabula County male age-adjusted suicide rate consistently exceeded the female rate from 2000 to 2008.
- ◆ From 2006-2008, 24% of all Ashtabula County suicide deaths occurred to those ages 45-54 years old.

Ashtabula County Age-Adjusted Suicide Mortality Rates



(Source: ODH Information Warehouse, updated 4-15-10)

Ashtabula County Age-Adjusted Suicide Mortality Rates by Gender

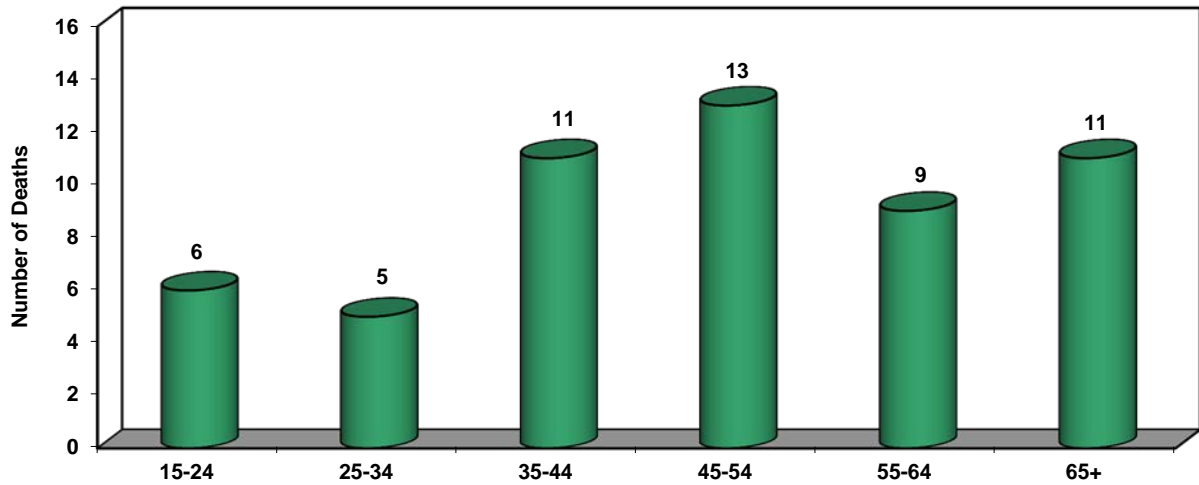


(Source: ODH Information Warehouse, updated 4-15-10)

Mental Health and Suicide

Ashtabula County Number of Suicide Deaths By Age Group 2006-2008

Total Deaths = 55



(Source: ODH Information Warehouse, updated 4-15-10)

Suicide in the U.S. in 2007

- ❖ Suicide is the tenth leading cause of death in the U.S.
- ❖ The national suicide death rate is 11.3 per 100,000 population.
- ❖ An estimated 11 attempts occur per completed suicide death.
- ❖ The crisis toll free number that is available 24 hours/day is: 1-800-273-8255
- ❖ Firearms are the leading method for males and females usually use poisoning.

(Source: *Suicide in the U.S.: Statistics and Prevention*, Sept 27, 2010)

Youth Safety & Support

Key Findings

In 2011, more than two-fifths (44%) of Ashtabula County youth self-reported that they always wore a seatbelt when riding in a car driven by someone else. 44% of youth drivers texted while driving.

Ashtabula County Youth Leading Causes of Death 2006-2008

Total Deaths: 28

- ❖ Accidents, Unintentional Injuries
- ❖ Cancers
- ❖ Diseases of the Heart

(Source: ODH Information Warehouse, updated 4-15-10)

Personal Safety

- ◆ More than two-fifths (44%) of youth always wore a seatbelt when riding in a car driven by someone else, increasing to 48% of females and those under the age of 13.
- ◆ In the past 30 days, 15% of youth had ridden in a car driven by someone who had been drinking alcohol, and 13% of youth drivers had driven a car themselves after drinking alcohol.
- ◆ Ashtabula County youth drivers reported doing the following while driving in the past month: talking on their cell phone (49%), texting (44%), eating (14%), checking Facebook on their cell phone (13%), using the Internet on their cell phone (10%), using their cell phone some other way (4%), applying makeup (3%), and reading (2%). Overall, more than two-thirds (67%) of youth drivers drove distracted in the past month.
- ◆ More than four-fifths (82%) of youth had a MySpace, Facebook or other social network account. Of those who had an account, they reported the following: they knew all of the people in “my friends” (63%), their account was currently checked private (57%), their parents monitored their account (26%), their parents had their password (23%), they had been asked to meet someone they met online (9%), they had problems as a result of their account (7%), their friends had their password (5%), and they participated in sexual activity with someone they met online (4%).
- ◆ 14% of youth have used a tanning booth or bed, increasing to 21% of females and 17% of high school youth. 10% of youth used a tanning bed or booth only on special occasions and 1% used it every day.
- ◆ Ashtabula County youth reported the following related to water safety: they knew how to swim (88%), they would have jumped in the water to save someone who was drowning (62%), they were trained in CPR (46%), they would have never gone swimming alone (39%), they always wore a lifejacket on a boat or jet ski (39%), they never dove head first into the water (27%), they have taken a boating safety class (9%), they have drunk alcohol just before or during boating or while on a jet ski (5%), and they were trained as a lifeguard (4%).
- ◆ 31% of youth reported having at least one body piercing (not including ears) or tattoo, increasing to 48% of females. 2% reported having 6 or more piercings and tattoos.
- ◆ Two-thirds (66%) of youth had been to the doctor for a routine checkup in the past year.

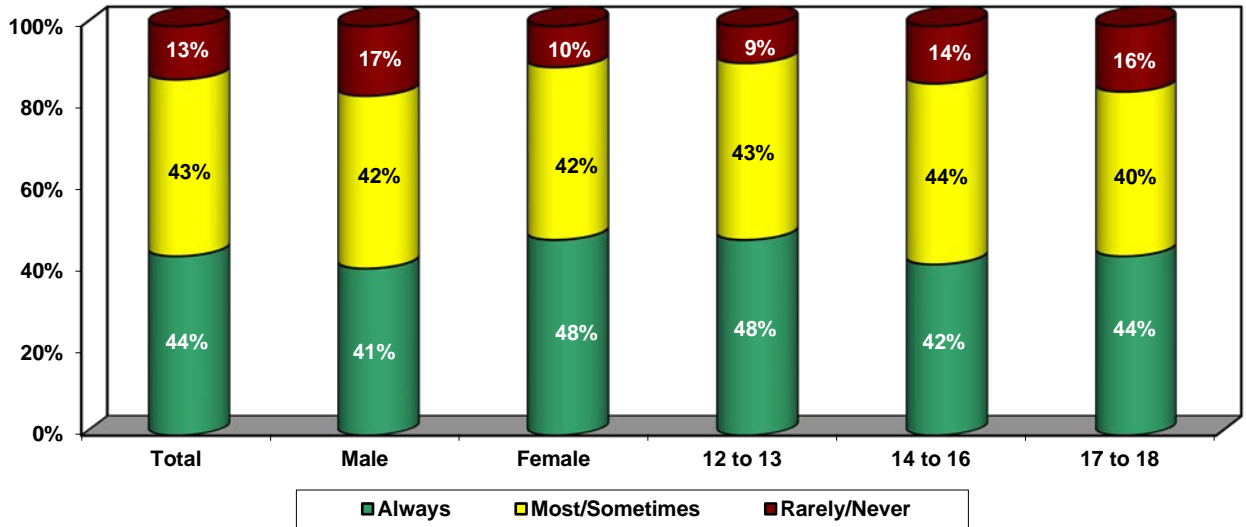
Support

- ◆ Ashtabula County youth reported that their parent/guardian regularly did the following: talked to them about school (70%), asked them about homework (65%), made the family eat a meal together (58%), helped them with school work (53%), and went to meetings or events at school (51%).

2011 Youth Comparisons	Ashtabula County 2011 (6 th -12 th)	Ashtabula County 2011 (9 th -12 th)	Ohio 2007 (9 th -12 th)	U.S. 2009 (9 th -12 th)
Always wore a seatbelt	44%	43%	N/A	N/A
Ridden in a car driven by someone who had been drinking alcohol in past month	15%	19%	23%	28%

Youth Safety

Ashtabula County Youth Seatbelt Use in the Past Month



Texting While Driving Statistics and Information

- ❖ 80% of Americans admit to using cell phones, 20% admit to texting while driving, which amounts to about 100 million drivers (*National Safety Council*).
- ❖ Texting while operating a motor vehicle can take nearly 40% of your brain capacity off of paying attention to the road (*National Safety Council, fnal.gov*).
- ❖ In 2009, 5,500 fatal crashes were reported to have involved cell phones as a distraction and over 440,000 people were reported with injuries (*The National Highway Traffic and Safety Administration; basheinlaw.com*).
- ❖ Cell phone using drivers' are 23 times more likely to be involved in an accident while texting and driving (*Virginia Tech Transportation Institute, 2009*)

Youth Violence Issues

Key Findings

In Ashtabula County, 10% of the youth had carried a weapon in the past month. 9% of youth had been threatened or injured by a weapon on school property. 45% of youth were bullied in the past year. 21% of youth had purposefully hurt themselves at some time in their life.

Violence-Related Behaviors

- ◆ In 2011, 10% of Ashtabula County youth had carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 16% of males and those over the age of 17 (2007 YRBS reported 17% for Ohio, 2009 YRBS reported 18% for the U.S.).
- ◆ 9% of youth were threatened or injured with a weapon on school property.
- ◆ 4% of youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school (2007 YRBS reported 4% for Ohio, 2009 YRBS reported 5% for the U.S.).
- ◆ About one in five (21%) youth had purposefully hurt themselves at some time in their life. They did so by the following ways: cutting (13%), hitting (8%), scratching (6%), burning (4%), biting (4%), and self-embedding (1%).
- ◆ 45% of youth had been bullied in the past year. The following types of bullying were reported:
 - 34% were verbally bullied (teased, taunted or called you harmful names)
 - 24% were indirectly bullied (spread mean rumors about you or kept you out of a “group”)
 - 12% were physically bullied (you were hit, kicked, punched or people took your belongings)
 - 12% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
- ◆ In the past year, 26% of youth had been involved in a physical fight, increasing to 32% of males and 30% of middle school students; 12% have been involved in a fight on more than one occasion. The 2007 YRBS reports 30% of Ohio youth had been in a physical fight, while the 2009 YRBS reports that 32% of U.S. youth had been in a physical fight.
- ◆ 7% of youth reported an adult or caregiver physically harmed them in the past 12 months.
- ◆ 6% of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months, increasing to 10% of those ages 14-16.
- ◆ 9% of youth were physically forced to have sexual intercourse when they did not want to, compared to 10% of Ohio youth in 2007 and 7% of U.S. youth in 2009 *(Source: 2007, 2009 YRBS)*.

Facts Concerning Youth Violence

- ◆ Youth violence is defined by the CDC as “harmful behaviors that can start early and continue into young adulthood.”
- ◆ In 2007, 5,764 youth ages 10-24 were murdered, averaging 16 per day.
- ◆ Emergency rooms treated in excess of 656,000 youth ages 10-24 for violence-related injuries in 2008.
- ◆ Approximately 20% of high school students reported being bullied on school property in 2009.

(Source: CDC, Understanding Youth Violence Fact Sheet, 2010)

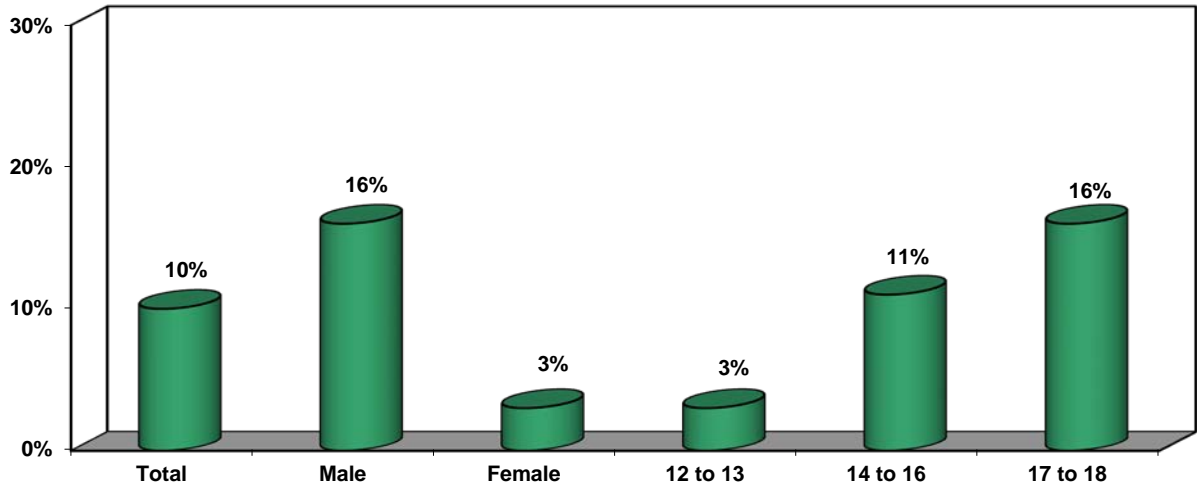
2011 Youth Comparisons	Ashtabula County 2011 (6 th -12 th)	Ashtabula County 2011 (9 th -12 th)	Ohio 2007 (9 th -12 th)	U.S. 2009 (9 th -12 th)
Carried a weapon in past month	10%	11%	17%	18%
Been in a physical fight in past year	26%	24%	30%	32%
Did not go to school because felt unsafe	4%	3%	4%	5%
Physically hurt by caregiver	7%	8%	N/A	N/A
Physically hurt by a boyfriend/girlfriend	6%	7%	N/A	10%
Forced to have sexual intercourse	9%	10%	10%	7%

*N/A – Not available

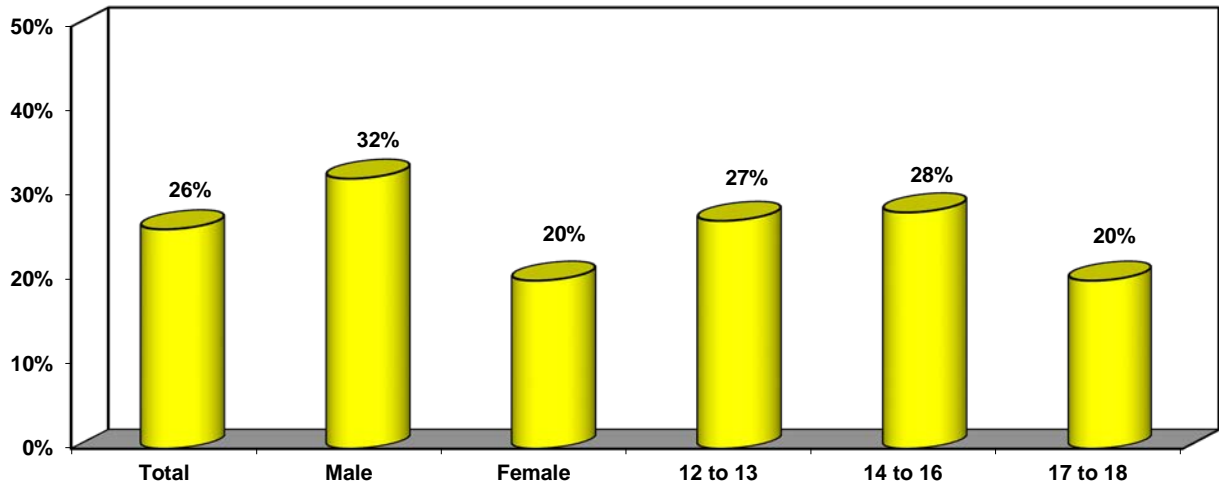
Youth Violence Issues

The following graphs show Ashtabula County youth carrying a weapon in the past 30 days and those involved in a physical fight in the past year. The graphs show the number of youth in each segment giving each answer (i.e., the first graph shows that 10% of all youth carried a weapon in the past 30 days, 16% of males and 3% of females).

Ashtabula County Youth Carrying a Weapon during the Past 30 Days



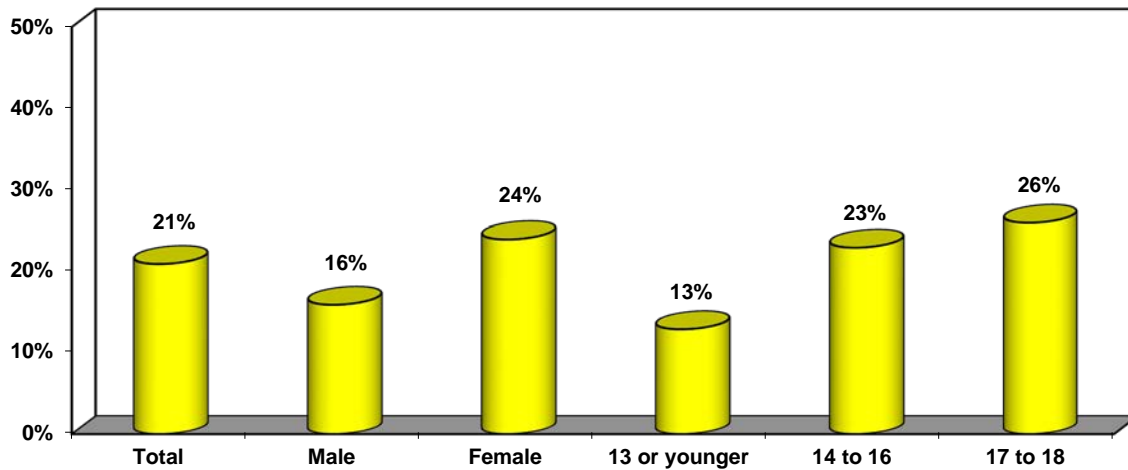
Ashtabula County Youth Involved in a Physical Fight in the Past Year



Youth Violence Issues

The following graph shows Ashtabula County youth who purposefully hurt themselves at some time in their life. The graph shows the number of youth in each segment giving each answer (i.e. 21% of all youth hurt themselves at some time in their life, 16% of males and 24% of females).

Ashtabula County Youth Who Purposefully Hurt Themselves During Their Life



Types of Bullying Ashtabula County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 or younger	14-16 Years old	17 and older
Physically Bullied	12%	14%	10%	15%	13%	6%
Verbally Bullied	34%	35%	34%	37%	37%	24%
Indirectly Bullied	24%	16%	31%	28%	24%	19%
Cyber Bullied	12%	7%	17%	10%	14%	10%

Bullied vs. Not Bullied Behaviors

Youth Behaviors	Bullied	Not Bullied
Were depressed (felt sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities)	36%	17%
Contemplated suicide in the past 12 months	25%	8%
Have had at least one drink of alcohol in the past 30 days	25%	26%
Have smoked in the past 30 days	16%	16%

Oral Health

Key Findings

The 2011 health assessment project has determined that 61% of Ashtabula County adults had visited a dentist or dental clinic in the past year. The 2010 BRFSS reported that 70% of U.S. adults and 72% of Ohio adults had visited a dentist or dental clinic in the previous twelve months. 69% of Ashtabula youth had visited the dentist for a check-up, exam, teeth cleaning, or other dental work in the past year.

Ashtabula County Dental Care Resources - 2010

- ❖ Number of licensed dentists- 35
- ❖ Number of primary care dentists- 25
- ❖ Ratio of population per dentist- 2,879:1
- ❖ Number of dentists who treat Medicaid patients- 8
- ❖ Ratio of Medicaid population per dentist who treats Medicaid patients- 3,262: 1

(Source: ODH Ohio Oral Health Surveillance System, 2010)

Access to Dental Care

- ◆ In the past year, 61% of Ashtabula County adults had visited a dentist or dental clinic, decreasing to 35% of adults with annual household incomes less than \$25,000.
- ◆ When asked how long it had been since their last visit to a dentist or dental clinic, 9% of Ashtabula County adults reported that it had been more than one year but less than two years, 10% reported that it had been more than two years but less than five years, and 14% responded it had been five or more years ago.
- ◆ More than three-fourths (78%) of Ashtabula County adults with dental insurance have been to the dentist in the past year, compared to 56% of those without dental insurance.
- ◆ When asked the main reason for not visiting a dentist in the last year, 18% said because of cost, 17% said they had no reason to go, 6% said they had no insurance, 6% had not thought of it, 4% said they had other priorities, 4% said fear, apprehension, nervousness, pain, and dislike going, 3% said they do not have/know a dentist, and 9% said there were other reasons.
- ◆ In the past year, 69% of Ashtabula County youth had visited the dentist for a check-up, exam, teeth cleaning, or other dental work. 12% responded more than one year but less than 2 years, and 7% responded more than 2 years ago.

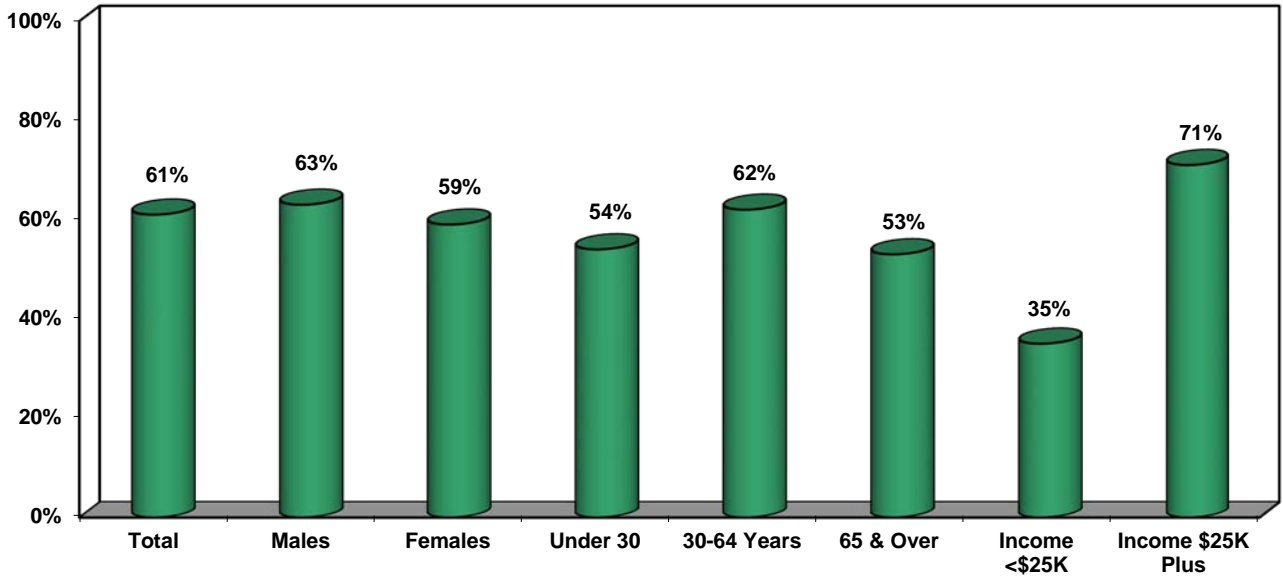
Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
Time Since Last Visit to Dentist/Dental Clinic					
Males	63%	13%	9%	9%	1%
Females	59%	5%	11%	20%	2%
Total	61%	9%	10%	14%	1%

Totals may not equal 100% as respondents answered do not know.

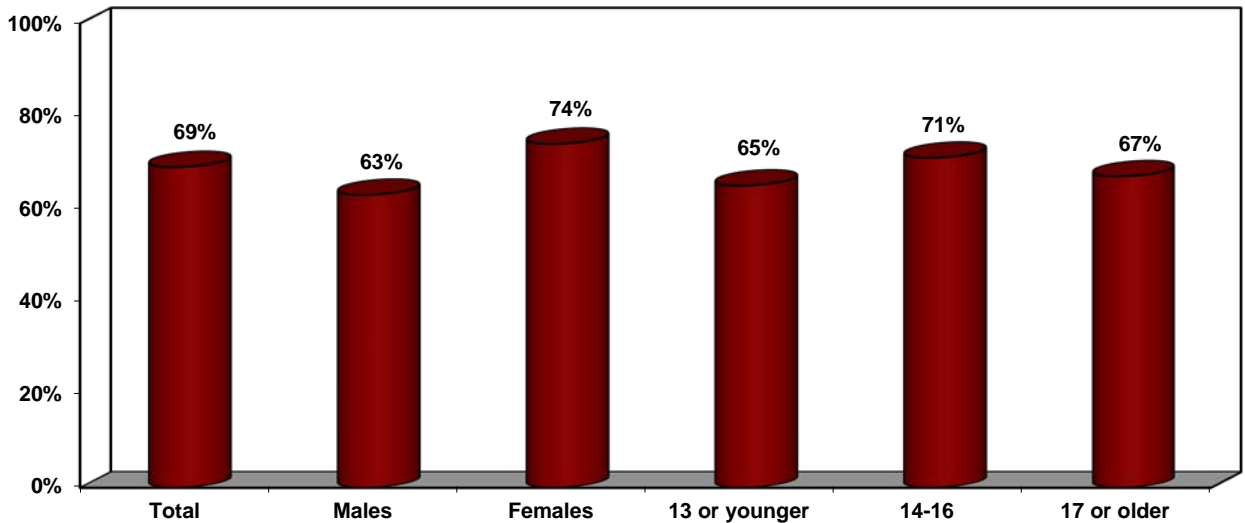
Oral Health

The following graphs provide information about the frequency of Ashtabula County adult and youth dental visits. Examples of how to interpret the information on the first graph include: 61% of all Ashtabula County adults had been to the dentist in the past year, 54% of those under the age of 30 and 35% of those with incomes less than \$25,000.

Ashtabula County Adults Visiting a Dentist in the Past Year



Ashtabula County Youth Visiting a Dentist in the Past Year



Parenting

Key Findings

The 2011 Health Assessment project identified that 93% of children have received all recommended immunizations. More than three-fourths (76%) of children have been to the dentist in the past year. 43% of parents said their child had been tested for lead poisoning.

Parenting

- ◆ Most (93%) parents indicated their child had received all of the recommended immunization shots for his or her age.
- ◆ Of those parents whose children have not received all of the recommended immunizations, 38% said they have not had their child immunized because of a fear of immunizations, 25% said they did not think immunizations were necessary, 25% said their doctor had not recommended them, and 13% said their child had not been immunized because of cost.
- ◆ More than half (55%) of parents said they would get their child vaccinated with the HPV vaccine. 33% said no because they do not have an adolescent child. 8% said they would not have their child vaccinated because their child is not going to have sex, and 4% said they do not have the money .
- ◆ More than three-fourths (76%) of parents indicated they have taken their child to the dentist in the past year.
- ◆ Of those parents who had not taken their child to the dentist in the past year, 43% said they had not taken them because of cost, 32% said their child was not old enough to go to the dentist, and 3% said fear.
- ◆ 43% of parents reported their child had been tested for lead poisoning.
- ◆ Parents discussed the following with their 12 to 17 year old in the past year: negative effects of marijuana and other drugs (77%), negative effects of alcohol (74%), negative effects of tobacco (74%), dating and relationships (72%), eating habits (67%), abstinence and how to refuse sex (67%), screen time (65%), refusal skills/peer pressure (58%), bullying (56%), body image (53%), school/legal consequences of using tobacco/alcohol/other drugs (53%), anxiety/depression/suicide (47%), energy drinks (46%), social media issues (40%), condom use/safer sex/STD prevention (33%), negative effects of misusing prescription medication (30%), and birth control (26%).
- ◆ Parents believe there is a reason to be concerned about the following issues with their child: coping with stressful things (44%), academic performance (41%), having enough time with their child (38%), self-esteem (38%), anxiety (34%), cell phone/technology use (29%), their relationship with their child (29%), Internet use (24%), depression (24%), learning difficulties (23%), violence at home, school or in the neighborhood (22%), getting along with others (22%), risky behaviors (19%), being bullied (18%), talking (12%), substance abuse (12%), eating disorder (8%), crawling/walking/running (2%), and sleeping position (1%).
- ◆ Parents were aware of the following programs and services for their infant to 5-year-old child: Women Infants and Children Supplemental Food Program- WIC (87%), Head Start (79%), school (60%), Help Me Grow (54%), Children's Services Bureau (37%), out of home daycare (27%), newborn home visits (19%), Health Check (10%), Early Intervention Services (6%), and Pregnancy Related Services- PRS (4%).

Talking to your teen about safe sex:

- ◆ Talk calmly and honestly about safe sex
- ◆ Practice talking about safe sex with another adult before approaching your adolescent
- ◆ Listen to your adolescent and answer his/her questions honestly
- ◆ Topics that are appropriate for a safe sex discussion may include: STDs and prevention, peer pressure to have sex, birth control, different forms of sexuality, and date rape

(Source: American Academy of Pediatrics (AAP) <http://www.aap.org/>)

Ashtabula County Health Assessment Information Sources

Source	Data Used	Website
American Cancer Society, Cancer Facts and Figures 2011. Atlanta: ACS, 2011	<ul style="list-style-type: none"> ◆ 2011 Cancer facts, figures, and estimates ◆ 2009 Cancer rates ◆ ACS cancer detection guidelines ◆ Cancer risk factors ◆ Nutrition recommendations ◆ Tobacco Use and Health 	www.cancer.org
American Diabetes Association	<ul style="list-style-type: none"> ◆ All about Diabetes: Type 2 Diabetes ◆ Diabetes Complications ◆ Diabetes Care: Screening Standards ◆ Risk factors for diabetes 	www.diabetes.org
American Foundation for Suicide Prevention, 2011	<ul style="list-style-type: none"> ◆ Warning Signs of Suicide 	http://www.afsp.org/index.cfm?page_id=0519EC1A-D73A-8D90-7D2E9E2456182D66
American Heart Association. <i>Risk Factors for Coronary Heart Disease, 2011.</i>	<ul style="list-style-type: none"> ◆ Risk Factors for Cardiovascular Disease That Can Be Modified or Treated 	www.americanheart.org
American Pregnancy Association, Overview: Birth Control Methods	<ul style="list-style-type: none"> ◆ Types of Contraception 	http://www.americanpregnancy.org/preventingpregnancy/overviewtypesbirthcontrol.html
American Psychiatric Association Let's Talk Facts About Teen Suicide	<ul style="list-style-type: none"> ◆ Teen suicide signals 	www.psych.org/public_info/teen.cfm
Annals of Emergency Medicine, v. 57, issue 6, 2011, p. 691	<ul style="list-style-type: none"> ◆ Firearm Injury Prevention 	http://journals.ohiolink.edu/ejc/pdf.cgi/EJC_Article.pdf?issn=01960644&issue=v57i0006&article=691_fp
<i>Arthritis at a Glance, 2011</i> , Centers for Disease Control & Prevention, <i>Morbidity and Mortality Weekly Report 2010; 59(39):999-1003</i>	<ul style="list-style-type: none"> ◆ What Can Be Done to Target Arthritis? ◆ Arthritis statistics 	http://www.cdc.gov/chronicdisease/resources/publications/AAG/arthritis.htm
Behavioral Risk Factor Surveillance System (BRFSS), National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> ◆ 2009 - 2010 adult Ohio and U.S. correlating statistics 	www.cdc.gov
CDC, Healthy Communities Program, 2011	<ul style="list-style-type: none"> ◆ Tools for Community Action 	http://www.cdc.gov/healthycommunitiesprogram/tools/index.htm
CDC, National Center for Environmental Health	<ul style="list-style-type: none"> ◆ Facts about <i>Stachybotrys chartarum</i> and Other Molds 	http://www.cdc.gov/mold/stachy.htm
CDC, National Center for Injury Prevention and Control, 2011	<ul style="list-style-type: none"> ◆ Suicide Risk and Protective Factors 	http://www.cdc.gov/ViolencePrevention/suicide/riskprotectivefactors.html

Ashtabula County Health Assessment Information Sources

Source	Data Used	Website
CDC, Physical Activity for Everyone	<ul style="list-style-type: none"> ◆ Physical activity recommendations 	http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html
CDC, Sexually Transmitted Diseases Surveillance, 2010	<ul style="list-style-type: none"> ◆ U.S. Chlamydia and Gonorrhea rates 	http://www.cdc.gov/std/stats09/adol.htm#foot1
CDC, Youth Violence & Suicide Prevention	<ul style="list-style-type: none"> ◆ Youth Violence Fact Sheet, 2010 	http://www.cdc.gov/nccipc/dvp/dvp.htm
FASTATS A to Z, U.S. Department of Health & Human Services, Centers for Disease Control & Prevention, National Center for Health Statistics, Division of Data Services	<ul style="list-style-type: none"> ◆ U.S. mortality statistics ◆ U.S. predictors of access to health care ◆ U.S. birth rates 	www.cdc.gov/nchs/fastats
Federal Emergency Management Agency, (FEMA), Ready: Prepare. Plan. Stay Informed.,	<ul style="list-style-type: none"> ◆ Emergency Supply List 	http://www.ready.gov/america/_downloads/checklist3.pdf
Healthy People 2020: Data 2020, U.S. Department of Health & Human Services	<ul style="list-style-type: none"> ◆ All Healthy People 2020 target data points ◆ Some U.S. baseline statistics 	www.health.gov/healthypeople
Mayo Foundation for Medical Education and Research, 2011	<ul style="list-style-type: none"> ◆ Risk Factors for Contracting Sexually Transmitted Diseases/Infections 	http://www.mayoclinic.com/health/sexually-transmitted-diseases-stds/DS01123
National Asthma Control Program, CDC, <i>Strategies for Addressing Asthma within a Coordinated School Health Program, 2006</i>	<ul style="list-style-type: none"> ◆ Asthma Control 	http://www.cdc.gov/asthma/default.htm
The National Campaign	<ul style="list-style-type: none"> ◆ Facts about “Sexting” 	http://www.thenationalcampaign.org/sextech/PDF/SexTech_PressReleaseFIN.pdf , 2011
National Center for Chronic Disease Prevention and Health Promotion, CDC	<ul style="list-style-type: none"> ◆ Alcohol and public health ◆ Arthritis ◆ BMI definition ◆ Binge Drinking Dangers ◆ Facts on Smoking and Tobacco Use ◆ Men’s and Women’s Health ◆ Nutrition and physical activity ◆ Preventing seasonal flu ◆ Type 2 diabetes ◆ US alcohol-related motor vehicle crashes and intentional injury stats 	www.cdc.gov
National Center for Environmental Health, CDC, 2011	<ul style="list-style-type: none"> ◆ Asthma Triggers 	http://www.cdc.gov/nceh/
National Heart, Lung, and Blood Institute, 2011	<ul style="list-style-type: none"> ◆ Chronic respiratory conditions 	http://www.nhlbi.nih.gov/

Ashtabula County Health Assessment Information Sources

Source	Data Used	Website
National Highway Traffic and Safety Administration	◆ Fatal crashes involving cell phones	basheinlaw.com
National Institute on Drug Abuse	◆ Commonly Abused Prescription Drugs	www.nida.nih.gov
National Institutes of Health	◆ Facts about Underage Drinking	http://report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=21&key=U#U ; Updated 2/14/11
National Institutes of Health, National Institute of Arthritis and Musculoskeletal and Skin Diseases	◆ Preventing Back Pain	http://www.niams.nih.gov/Health_Info/Back_Pain/back_pain_ff.asp
National Osteoporosis Foundation	◆ Risk factors for osteoporosis	http://www.nof.org/
National Safety Council	◆ Distracted Driving ◆ Texting while Driving	http://www.nsc.org/safety_road/Distracted_Driving/Pages/distracted_driving.aspx
Ohio Department of Health, Information Warehouse	◆ Ashtabula County and Ohio birth statistics ◆ Ashtabula County diabetes facts ◆ Ashtabula County and Ohio mortality statistics ◆ Ashtabula County and Ohio sexually transmitted diseases ◆ Birth Statistics ◆ Statistics re: access to health services	www.odh.state.oh.us
Ohio Department of Health, Ohio Cancer Incidence Surveillance System	◆ Ashtabula County and Ohio cancer mortality ◆ Ashtabula County and Ohio cancer incidence	http://www.odh.ohio.gov/healthstats/ocisshs/newrpts1.aspx
Ohio Department of Health, Office of Healthy Ohio, Tobacco Use Prevention and Cessation Program	◆ 2008 Ohio Youth Tobacco Survey	http://www.odh.ohio.gov/ASSETS/9FD3BA6D31C14EA4AFD0E0A55E5B0F68/yts08w.pdf
Ohio Department of Health, Ohio Oral Health Surveillance System	◆ Ashtabula County oral health resources	http://publicapps.odh.ohio.gov/oralhealth/default.aspx
Ohio Department of Health, STD Surveillance	◆ Ohio and Ashtabula County Chlamydia and Gonorrhea rates	http://www.odh.ohio.gov/healthStats/disease/std/std1.aspx
Ohio Department of Job & Family Services	◆ Poverty statistics ◆ Ashtabula County and Ohio Medicaid statistics, SFY 2007-2009 ◆ Ashtabula County health care statistics	http://jfs.ohio.gov/
Ohio Department of Job & Family Services	◆ Ashtabula Labor Market Information	http://ohiolmi.com/
Ohio Department of Public Safety	◆ 2010 Traffic Crash Facts ◆ Ashtabula County and Ohio crash facts	www.state.oh.us/odps

Ashtabula County Health Assessment Information Sources

Source	Data Used	Website
Ohio Family Health Survey Results, 2010	◆ Ohio uninsured rates	http://healthtransformation.ohio.gov/LinkClick.aspx?fileticket=RN-fud0pndQ%3D&tabid=72
Planned Parenthood Federation of America, Inc.	◆ STI facts ◆ Ways to Have Safer Sex	www.plannedparenthood.org
Sexually Transmitted Disease Surveillance, Centers for Disease Control and Prevention	◆ STD facts	www.cdc.gov
Surgeon General's Call to Action	◆ Obese Adolescents	http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_adolescents.html
U. S. Department of Agriculture	◆ Food Security in the U.S., 2010	http://www.usda.gov/wps/portal/usdahome
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	◆ American Community Survey, 5 year poverty estimates. 2006-2010 ◆ Federal Poverty Thresholds ◆ Ohio and U.S. health insurance sources ◆ Small Area Income and Poverty Estimates	www.census.gov www.census.gov/acs
U.S. Department of Energy	◆ Texting while operating a motor vehicle	www.fnal.gov
U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Medicare Enrollment Reports	◆ Lorain County Medicare enrollment, 2010	www.cms.hhs.gov/MedicareEnrpts/
U. S. Department of Health and Human Services, SAMHSA, NSDUH, 2007	◆ National Survey on Drug Use and Health	http://www.oas.samhsa.gov/NSDUH/2k7NSDUH/2k7results.cfm
U. S. Department of Justice: DEA Briefs & Background, Drugs and Drug Abuse	◆ Ohio drug and drug abuse facts	http://www.odadas.ohio.gov/public/
Virginia Tech Transportation Institute, 2009	◆ Texting while driving	http://www.vtti.vt.edu/
Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Centers for Disease Control	◆ 2005 - 2009 youth Ohio and U.S. correlating statistics	www.cdc.gov

List of Acronyms and Terms

Adult	Defined as 19 years of age and older.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Binge drinking	Consumption of five alcoholic beverages or more (for males) or four alcoholic beverages or more (for females) on one occasion.
BMI	Body Mass Index is defined as the contrasting measurement/relationship of weight to height.
BRFSS	Behavior Risk Factor Surveillance System, an adult survey conducted by the CDC.
CDC	Centers for Disease Control and Prevention.
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
Crude Mortality Rates	Number of deaths/estimated mid-year population times 100,000.
HCF	Healthy Communities Foundation of the Hospital Council of Northwest Ohio.
HP 2020	Healthy People 2020, a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic \geq 140 and Diastolic \geq 90
N/A	Data not available.
ODH	Ohio Department of Health

List of Acronyms and Terms

Race/Ethnicity	Census 2010: U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as “a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.” Data are presented as “Hispanic or Latino” and “Not Hispanic or Latino.” Census 2000 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, “White alone” or “Black alone”, means the respondents reported only one race.
Weapon	Defined in the YRBSS as “a weapon such as a gun, knife, or club”
Youth	Defined as 12 through 18 years of age
YPLL/65	Years of Potential Life Lost before age 65. Indicator of premature death.
Youth BMI Classifications	Underweight is defined as BMI-for-age $\leq 5^{\text{th}}$ percentile. Overweight is defined as BMI-for-age 85^{th} percentile to $< 95^{\text{th}}$ percentile. Obese is defined as $\geq 95^{\text{th}}$ percentile.
YRBSS	Youth Risk Behavior Surveillance System , a youth survey conducted by the CDC

Methods for Weighting the 2011 Ashtabula County Assessment Data

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

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2011 Ashtabula County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Ashtabula County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), Age (7 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Ashtabula County within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2011 Ashtabula County Survey and Census data for 2010.

<u>Sex</u>	<u>2011 Ashtabula Survey</u>		<u>2010 Census Estimates</u>		<u>Weight</u>
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	150	52.6316	50,693	49.945319	0.948961053
Female	135	47.3684	50,804	50.054681	1.056709941

In this example, it shows that there was a slightly larger portion of males in the sample compared to the actual portion in Ashtabula County. The weighting for males was calculated by taking the percent of males in Ashtabula County (based on Census information) (49.945319%) and dividing that by the percent found in the 2011 Ashtabula County sample (50.054681%) [$49.945319/50.054681 =$ weighting of 0.948961053 for males]. The same was done for females [$50.054681/47.3684 =$ weighting of 1.056709941 for females]. Thus males' responses are weighted less by a factor of 0.948961053 and females' responses weighted heavier by a factor of 1.056709941.

Methods for Weighting the 2011 Ashtabula County Assessment Data

This same thing was done for each of the 18 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 1.27353946 [1.05670994 (weight for females) x 0.971579825 (weight for White) x 1.64198818 (weight for age 35-44) x 0.75545413 (weight for income \$25-\$35k)]. Thus, each individual in the 2011 Ashtabula County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 14.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

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

Methods for Weighting the 2011 Ashtabula County Assessment Data

Category	Ashtabula Sample	%	2010 Census Estimates*	%	Weighting Value
Sex:					
Male	150	0.526316	50,693	0.49945319	0.948961053
Female	135	0.473684	50,804	0.50054681	1.056709941
Age:					
20-24	31	0.109929	5,500	0.07334996	0.667248017
25-34	14	0.049645	11,052	0.14739341	2.968924385
35-44	30	0.106383	13,098	0.17467959	1.641988184
45-54	56	0.198582	15,807	0.21080778	1.061567765
55-59	39	0.138298	7,396	0.09863569	0.713211918
60-64	36	0.127660	6,253	0.08339224	0.653239179
65-74	49	0.173759	8,438	0.11253217	0.647634144
75-84	26	0.092199	5,129	0.06840217	0.741900472
85+	1	0.003546	2,310	0.03080698	8.687569182
Race:					
White	288	0.953642	94,041	0.9265397	0.971579825
Other	14	0.046358	7,456	0.0734603	1.5846436
Household Income					
Less than \$10,000	15	0.053957	3,504	0.0897564	1.663485233
\$10k-\$15k	32	0.115108	3,004	0.07694869	0.668491765
\$15k-\$25k	54	0.194245	5,340	0.13678629	0.704196089
\$25k-\$35k	46	0.165468	4,880	0.1250032	0.755454133
\$35k-\$50	44	0.158273	6,537	0.16744794	1.057966509
\$50k-\$75k	46	0.165468	7,998	0.20487205	1.238139787
\$75k or more	41	0.147482	7,776	0.19918543	1.350574379
<p>Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Ashtabula County in each subcategory by the proportion of the sample in the Ashtabula County survey for that same category.</p> <p>* Ashtabula County population figures taken from the 2010 Census'.</p>					

Ashtabula County Schools

The following schools were randomly chosen and agreed to participate in the 2011 Ashtabula County Health Assessment:

Ashtabula Area Schools

Lakeside Intermediate School
Lakeside Junior High School
Lakeside High School

Buckeye Local Schools

Wallace H. Braden Junior High School
Edgewood High School

Geneva Area City Schools

Geneva Junior High School
Geneva High School

Grand Valley Local Schools

Grand Valley Middle School
Grand Valley High School

Jefferson Area Local Schools

Jefferson Area Senior High School

Ashtabula County Sample Demographic Profile*

Variable	2011 Survey Sample	Ashtabula County Census 2010	Ohio Census 2010
Age			
20-29	12.6%	10.8%	12.8%
30-39	14.8%	11.7%	12.2%
40-49	16.4%	14.4%	14.0%
50-59	21.7%	15.2%	14.5%
60 plus	26.7%	21.8%	19.9%
Race / Ethnicity			
White	89.6%	92.7%	82.7%
Black or African American	2.6%	3.5%	12.2%
American Indian and Alaska Native	2.3%	0.2%	0.2%
Asian	0%	0.4%	1.7%
Other	0.8%	1.1%	1.1%
Hispanic Origin (may be of any race)	3.8%	3.4%	3.1%
Marital Status†			
Married Couple	59.1%	48.9%	48.9%
Never been married/member of an unmarried couple	16.2%	29.1%	30.6%
Divorced/Separated	12.7%	17.5%	13.8%
Widowed	10.4%	4.4%	6.6%
Education†			
Less than High School Diploma	7.3%	14.7%	11.9%
High School Diploma	40.4%	45.6%	35.2%
Some college/ College graduate	51.2%	39.8%	52.9%
Income			
\$14,999 and less	15.7%	9.6%	14.7%
\$15,000 to \$24,999	16.7%	15.9%	12.7%
\$25,000 to \$49,999	27.9%	26.5%	27.0%
\$50,000 to \$74,999	15.1%	24.6%	18.8%
\$75,000 or more	14.2%	23.3%	26.8%

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

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

Demographics

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

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

Ashtabula County Profile

General Demographic Characteristics (Source: U.S. Census Bureau, Census 2010)

Total Population

2010 Total Population	101,497
2000 Total Population	102,728

Largest City-Ashtabula City

2010 Total Population	19,124	100%
2000 Total Population	20,962	100%

Population By Race/Ethnicity

Total Population	101,497	100%
White Alone	94,041	92.7%
Hispanic or Latino (of any race)	3,441	3.4%
Other	1,086	1.1%
Asian	375	0.4%
Two or more races	2,146	2.1%
African American	3,586	3.5%
American Indian and Alaska Native	241	0.2%

Population By Age

Under 5 years	6,326	6.2%
5 to 17 years	17,681	17.1%
18 to 24 years	8,007	7.6%
25 to 44 years	24,150	23.0%
45 to 64 years	29,456	28.8%
65 years and more	15,877	17.4%
Median age (years)	41.0	

Household By Type

Total Households	39,363	100%
Family Households (families)	26,495	67.3%
With own children <18 years	10,773	27.4%
Married-Couple Family Households	19,353	49.2%
With own children <18 years	6,755	17.2%
Female Householder, No Husband Present	4,885	12.4%
With own children <18 years	2,837	7.2%
Non-family Households	12,868	32.7%
Householder living alone	10,607	26.9%
Householder 65 years and >	4,486	11.4%
Households With Individuals < 18 years	12,316	31.3%
Households With Individuals 65 years and >	11,257	28.6%
Average Household Size	2.50 people	
Average Family Size	3.01 people	

Ashtabula County Profile

General Demographic Characteristics, Continued (Source: U.S. Census Bureau, Census 2010)

2010 ACS 1-year estimates

Median Value of Owner-Occupied Units	\$114,800
Median Monthly Owner Costs (With Mortgage)	\$1,020
Median Monthly Owner Costs (Not Mortgaged)	\$392
Median Gross Rent for Renter-Occupied Units	\$600
Median Rooms Per Housing Unit	5.8
Total Occupied Housing Units	38,078
No Telephone Service	1,028
Lacking Complete Kitchen Facilities	609
Lacking Complete Plumbing Facilities	419

Selected Social Characteristics (Source: U.S. Census Bureau, Census 2010)

2010 ACS 1-year estimates

School Enrollment

Population 3 Years and Over Enrolled In School	24,327	100%
Nursery & Preschool	1,613	6.6%
Kindergarten	1,277	5.2%
Elementary School (Grades 1-8)	10,168	41.8%
High School (Grades 9-12)	6,048	24.9%
College or Graduate School	5,221	21.5%

Educational Attainment

Population 25 Years and Over	69,410	100%
< 9 th Grade Education	3,316	4.8%
9 th to 12 th Grade, No Diploma	6,898	9.9%
High School Graduate (Includes Equivalency)	31,626	45.6%
Some College, No Degree	13,512	19.5%
Associate Degree	5,351	7.7%
Bachelor's Degree	5,519	8.0%
Graduate Or Professional Degree	3,188	4.6%
Percent High School Graduate or Higher	85.3%	
Percent Bachelor's Degree or Higher	12.5%	

Ashtabula County Profile

Selected Social Characteristics, Continued (Source: U.S. Census Bureau, Census 2010)

2010 ACS 1-year estimates

Marital Status

Population 15 Years and Over	40,494	100%
Never Married	11,795	29.1%
Now Married, Excluding Separated	19,815	48.9%
Separated	1,366	3.4%
Widowed	1,792	4.4%
Female	4,885	11.9%
Divorced	5,726	14.1%
Female	6,391	15.5%

Grandparents As Caregivers

Grandparent Living in Household with 1 or more own grandchildren <18 years	2,185	100%
Grandparent Responsible for Grandchildren	828	37.9%

Veteran Status

Civilian Veterans 18 years and over	9,407	12.1%
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Disability Status of the Civilian Non-institutionalized Population

Total Civilian Noninstitutionalized Population	98,938	100%
With a Disability	13,982	14.1%
Under 18 years	23,931	100%
With a Disability	1,082	4.5%
18 to 64 years	60,081	100%
With a Disability	7,141	11.9%
65 Years and Over	14,926	100%
With a Disability	5,759	38.6%

Selected Economic Characteristics (Source: U.S. Census Bureau, Census 2010)

2010 ACS 1-year estimates

Employment Status

Population 16 Years and Over	80,233	100%
In Labor Force	49,302	61.4%
Not In Labor Force	30,931	38.6%
Females 16 Years and Over	40,706	100%
In Labor Force	23,165	56.9%
Population Living With Own Children <6 Years	7,291	100%
All Parents In Family In Labor Force	4,697	64.4%

Ashtabula County Profile

Selected Economic Characteristics, Continued (Source: U.S. Census Bureau, Census 2010)

2010 ACS 1-year estimates

Occupations

Employed Civilian Population 16 Years and Over	43,330	100%
Management, Professional, and Related Occupations	10,200	23.5%
Production, Transportation, and Material Moving Occupation	10,551	24.4%
Sales and Office Occupations	9,712	22.4%
Service Occupations	8,935	20.6%
Natural Resources, Construction, and Maintenance Occupations	3,932	9.1%
Agriculture, Forestry, Fishing, Hunting, and Mining Occupations	575	1.3%

Leading Industries

Employed Civilian Population 16 Years and Over	43,330	100%
Educational, health and social services	10,766	24.8%
Manufacturing	9,000	20.8%
Trade (retail and wholesale)	6,699	15.4%
Transportation and warehousing, and utilities	3,042	7.0%
Construction	2,713	6.3%
Arts, entertainment, recreation, accommodation, and food services	2,702	6.2%
Other services (except public administration)	2,557	5.9%
Professional, scientific, management, administrative, and waste management services	2,166	5.0%
Public administration	1,474	3.4%
Finance, insurance, real estate and rental and leasing	1,117	2.6%
Agriculture, forestry, fishing and hunting, and mining	575	1.3%
Information	519	1.2%

Class of Worker

Employed Civilian Population 16 Years and Over	43,330	100%
Private Wage and Salary Workers	35,009	80.8%
Government Workers	5,231	12.1%
Self-Employed Workers in Own Not Incorporated Business	3,090	7.1%
Unpaid Family Workers	0	0.0%

Median Earnings

Male, Full-time, Year-Round Workers	\$38,670
Female, Full-time, Year-Round Workers	\$30,632

Ashtabula County Profile

Selected Economic Characteristics, Continued (Source: U.S. Census Bureau, Census 2010)

2010 ACS 1-year estimates

Income In 2010

Households	38,078	100%
< \$10,000	3,465	9.1%
\$10,000 to \$14,999	2,692	7.1%
\$15,000 to \$24,999	7,103	18.7%
\$25,000 to \$34,999	3,732	9.8%
\$35,000 to \$49,999	6,506	17.1%
\$50,000 to \$74,999	7,472	19.6%
\$75,000 to \$99,999	4,004	10.5%
\$100,000 to \$149,999	2,084	5.5%
\$150,000 to \$199,999	707	1.9%
\$200,000 or more	313	0.8%

Median Household Income

\$38,751

Income In 2010

Families	24,990	100%
< \$10,000	1,448	5.8%
\$10,000 to \$14,999	950	3.8%
\$15,000 to \$24,999	3,981	15.9%
\$25,000 to \$34,999	2,075	8.3%
\$35,000 to \$49,999	4,554	18.2%
\$50,000 to \$74,999	6,141	24.6%
\$75,000 to \$99,999	3,158	12.6%
\$100,000 to \$149,999	1,882	7.5%
\$150,000 to \$199,999	650	2.6%
\$200,000 or more	151	0.6%

Median Household Income

\$47,104

Per Capita Income In 2010

\$19,325

Poverty Status In 2010

<i>Poverty Status In 2010</i>	<i>Number Below Poverty Level</i>	<i>% Below Poverty Level</i>
Families	*(X)	12.4%
Individuals	*(X)	14.9%

*(X) – Not available

Ashtabula County Profile

Selected Economic Characteristics, Continued (Source: U.S. Bureau of Economic Analysis)

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

	Income	Rank of Ohio counties
BEA Per Capita Personal Income 2009	\$28,755	66 th of 88 counties
BEA Per Capita Personal Income 2008	\$29,111	62 nd of 88 counties
BEA Per Capita Personal Income 2007	\$28,168	61 st of 88 counties
BEA Per Capita Personal Income 2006	\$27,015	64 th of 88 counties
BEA Per Capita Personal Income 2000	\$22,766	60 th of 88 counties
BEA Per Capita Personal Income 1999	\$21,910	57 th of 88 counties

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

Employment Statistics

Category	Ashtabula	Ohio
Labor Force	47,000	5,773,400
Employed	42,300	5,331,800
Unemployed	4,700	441,700
Unemployment Rate* in December 2011	9.9	7.6
Unemployment Rate* in November 2011	9.3	7.6
Unemployment Rate* in December 2010	11.9	9.2

**Rate equals unemployment divided by labor force.*

(Source: Ohio Department of Job and Family Services, December 2011)

Ashtabula County Profile

Estimated Poverty Status in 2010

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Ashtabula County				
All ages in poverty	15,771	13,474 to 18,068	16.1%	13.8 to 18.4
Ages 0-17 in poverty	5,794	4,619 to 6,969	24.8%	19.8 to 29.8
Ages 5-17 in families in poverty	4,138	3,290 to 4,986	24.2%	19.2 to 29.2
Median household income	\$38,762	36,179 to 41,345		
Ohio				
All ages in poverty	1,771,404	1,746,640 to 1,796,168	15.8%	15.6 to 16.0
Ages 0-17 in poverty	619,354	604,905 to 633,803	23.1%	22.6 to 23.6
Ages 5-17 in families in poverty	407,567	394,584 to 420,550	20.8%	20.1 to 21.5
Median household income	\$45,151	44,860 to 44,860		
United States				
All ages in poverty	42,215,956	45,975,650 to 46,456,262	15.3%	15.2 to 15.4
Ages 0-17 in poverty	15,749,129	15,621,395 to 15,876,863	21.6%	21.4 to 21.8
Ages 5-17 in families in poverty	10,484,513	10,394,015 to 10,575,011	19.8%	19.6 to 20.0
Median household income	\$50,046	49,982 to 50,110		

(Source: U.S. Census Bureau, *Small Area Income and Poverty Estimates*, <http://www.census.gov/hhes/www/saipe/county.html>)

Federal Poverty Thresholds in 2010 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$11,344					
1 Person 65 and >	\$10,458					
2 people Householder < 65 years	\$14,602	\$15,030				
2 People Householder 65 and >	\$13,180	\$14,973				
3 People	\$17,057	\$17,552	\$17,568			
4 People	\$22,491	\$22,859	\$22,113	\$22,190		
5 People	\$27,123	\$27,518	\$26,675	\$26,023	\$25,625	
6 People	\$31,197	\$31,320	\$30,675	\$30,056	\$29,137	\$28,591
7 People	\$35,896	\$36,120	\$35,347	\$34,809	\$33,805	\$32,635
8 People	\$40,146	\$40,501	\$39,772	\$39,133	\$38,227	\$37,076
9 People or >	\$48,293	\$48,527	\$47,882	\$47,340	\$46,451	\$45,227

(Source: U. S. Census Bureau, *Poverty Thresholds 2010*, <http://www.census.gov/hhes/www/poverty/about/overview/measure.html>)