ASHLAND COUNTY

2025 Community Health Needs Assessment

Public Health
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Ashland County Health Department

University Hospitals
Samaritan Medical Center

ILLUMINOLOGY

FOREWORD

This Community Health Needs Assessment (CHNA), also referred to as a Community Health Assessment (CHA), represents a collaborative effort to understand and address the most pressing health challenges facing our community. It serves as a roadmap for improving health outcomes and promoting equity across Ashland County.

The insights and data in the report reflect the voices of residents, healthcare providers, community leaders, and public health professionals who shared their perspectives and experiences to inform this assessment.

This assessment is more than just a report – it is a foundation for targeted action. It will inform our Community Health Improvement Plan which will in turn, guide our public health programs, guide community partnerships, and support strategic planning for a healthier future.

While we face persistent health disparities and emerging challenges, this assessment also highlights the strength and resilience of our community and the many opportunities for progress. As we think about the challenges of chronic disease, mental health issues, and access to care, we can work together to develop opportunities through our various dedicated community partnerships.

We invite all community members, partners and organizations to review these findings and join us in shaping a healthier, stronger community together.

A sincere thank you to everyone who contributed time, insights, and expertise. Together, we can make a meaningful impact.

Vickie Taylor
Health Commissioner
Ashland County Health Department

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COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

The Ashland County Health Department and its partners are pleased to provide a comprehensive overview of our community's health status and needs: the 2025 Ashland County Community Health Needs Assessment (CHNA).

The 2025 Ashland County CHNA is the result of a collaborative effort coordinated by the Ashland County Health Department, University Hospitals Samaritan Medical Center, and many other partners. The intent of this effort is to help health departments, hospitals, social service agencies, other organizations, and community stakeholders better understand the health needs and priorities of Ashland County residents.

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

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

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

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

Subsequent planning documents and reports will be shared with community stakeholders and with the public. For example, following the prioritization session, this document will include a preliminary list of community assets and resources that could possibly be mobilized and leveraged to address the priority health issues identified by this process. This list will be reviewed and (if necessary) revised by the Ashland County Health Department, University Hospitals, and their partners after the health department's Community Health Improvement Plan is formulated. The Ashland County Health Department will provide updates to this assessment as new data becomes available. Users of the 2025 Ashland County CHNA are encouraged to send feedback and comments that can help improve the usefulness of this information when future editions are developed. Questions and comments about the 2025 Ashland County CHNA may be directed to:

Vickie Taylor, BS, MDiv, MA, Ashland County Health Department, Health Commissioner
419-282-4231 | vtaylor@health-ashlandcounty-oh.gov

Karen Hines, PhD, Illuminology
614-447-3176 | karen@illuminology.net

Elyse Mulligan, MPH, University Hospitals, Director, Government and Community Relations
440-465-8620 | elyse.mulligan@uhhospitals.org

Hospital and Public Health Compliance

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

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

Hospital and Public Health Compliance

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

Illuminology worked with the Ashland County Health Department, University Hospitals, and their partners to create one county-level CHNA/CHA that serves both the hospital and health department, as well as the entire Ashland County community. This was done to exhibit their shared definition of community, data collection and analysis, and identification of priority needs. It aligns with the 2023 State Health Assessment, which is the most currently available report. This shift in the way health assessments are conducted is a deliberate attempt by the partners to work together more effectively and efficiently to comprehensively address the needs of the community. The 2025 Assessment also reflects the partners' desire to align health assessment planning both among partners at the local level and with state population health planning efforts – as described more fully in *Improving Population Health Planning in Ohio: Guidance for Aligning State and Local Efforts*, released by the Ohio Department of Health (ODH).

To view Ohio's State Health Assessment, please visit: https://odh.ohio.gov/about-us/state-health-assessment, and for the State Health Improvement Plan, please visit: https://odh.ohio.gov/about-us/sha-ship.

Hospital Internal Revenue Services (IRS) Requirements

The 2025 Ashland County CHNA meets the requirements set forth under Treas. Reg. §1.501(r) ("Section 501(r)") and for the purposes of meeting these requirements, serves as the 2025 CHNA for University Hospitals Samaritan Medical Center. Certain hospitals as set forth in the Section 501(r) regulations are required to complete a CHNA and corresponding implementation strategy at least once every three years in accordance with regulations promulgated by the Internal Revenue Service pursuant to the Patient Protection and Affordable Care Act (ACA), 2010. University Hospitals adopted the last UH Samaritan CHNA on September 21, 2022.

Definition of Community and Service Area Determination

The community has been defined as Ashland County. In looking at the community population served by the hospital facilities and Ashland County as a whole, it was clear that all of the facilities and partnering organizations involved in the collaborative assessment define their community to be the same. For example, 64.7% of University Hospitals Samaritan Medical Center's discharges in 2024 were residents of Ashland County. In addition, many of the partner organizations provide services at the county-level. Defining the community as such also allows the hospitals to more readily collaborate with public health partners for both community health assessments and health improvement planning. Per Section 501(r) federal compliance, a joint CHNA is only allowable if it meets all the requirements of a separate CHNA; clearly identifies the hospital facilities involved; and if all of the collaborating hospital facilities and organizations included in the joint CHNA define their community to be the same (§1.501r-3(b)(6)(v)). This assessment meets 501(r) federal compliance for UH Samaritan Medical Center.

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

Inclusion of Vulnerable Populations

Ashland County Health Department, University Hospitals, and their partners ensured the inclusion of vulnerable populations by conducting focus groups with and interviewing vulnerable populations and community members who have experience with vulnerable populations. It is described more fully in the "Community Health Needs Assessment Process" section of this report. In addition, Ashland County Health Department, University Hospitals, and their partners include a variety of human social service organizations working collaboratively to complete the assessment.

Quantitative and Qualitative Data Analysis

Primary data for the 2025 Ashland County CHNA were obtained by independent researchers from Illuminology via focus groups and stakeholder interviews. Wherever possible, local findings have been compared to other relevant data. As we move forward with planning strategies, we continue to commit to serving those in our county who experience health and basic needs disparities. Finally, additional information was collected from secondary data sources (e.g. Healthy Northeast Ohio, County Health Rankings and Roadmaps, etc.) to supplement findings from the primary data collection. Detailed data collection methods are described later in this report.

Evaluation of Impact

The evaluation of impact is a report on the actions taken and effectiveness of strategies implemented since the last CHNA. University Hospitals' Evaluation of Impact can be found in Appendix G of this report.

Community Health Needs Assessment Process

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

Project Management

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

Ashland County Health Department and University Hospitals approved the process to be used in this health assessment. The primary phases of the Assess Needs and Resources process, as adapted for use in Ashland County, included the following steps.

(1) Prepare to assess / generate questions. On December 17, 2024, community leaders, stakeholders, and employees from participating organizations gathered at University Hospitals Samaritan Medical Center to discuss their perspectives on emerging health issues in Ashland County. Facilitated by Illuminology, this session provided an opportunity for community members to better understand the upcoming community health needs assessment process and to suggest indicators for consideration. Illuminology used the information from this session to identify which indicators could be assessed via secondary sources and which indicators needed to be included as part of the primary data collection efforts. See Appendix A for more information about this session.

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

University Hospitals provided data on the prevalence of health-related outcomes by Census tract. Illuminology created maps using the data. The maps are displayed throughout report and in Appendix B. See the beginning of the appendix for the documentation describing details related to how the data were generated.

(3) Conduct focus groups. The Ashland County Health Department worked with Illuminology to design a focus group discussion guide that covered a wide range of topics, including overall health, health care access, poverty, transportation, nutrition and physical activity, and substance abuse. Four focus groups were conducted: one with parents of school-aged children on April 2, 2025; one with seniors on April 3, 2025, one with first responders on April 9, 2025, and one with the LGBTQ+ community on April 9, 2025. The focus group discussion guide can be found in Appendix C.

(4) Conduct community stakeholder interviews. The Ashland County Health Department worked with Illuminology to design a community stakeholder interview guide that covered topics similar to the focus group discussion guide. Illuminology completed interviews with 22 stakeholders across 19 organizations. Interviewees included community members who work in health care, leaders of local organizations, and other residents. The interview guide used for these interviews can be found in Appendix D.

(5) Identify Priority Health Needs. On July 22nd, 2025, 34 community partners met in person to review the 2025 Ashland County CHNA and to identify priority health issues. The meeting participants were divided into small groups. Each group was asked to review a specific section of the 2025 Ashland County CHNA, and, within that section, to identify potential priority health issues for consideration by the larger group. In addition to sharing their personal experience and history during these small-group conversations, meeting participants were asked to consider the following criteria when identifying potential priority health issues:

Equity: Degree to which specific groups are disproportionately affected by an issue.

Size: Number of persons affected, taking into account variance from benchmark data and targets.

Seriousness: Degree to which the health issue leads to death or disability, and impairs one's quality of life.

Feasibility: Ability of organization or individuals to reasonably combat the health issue given available resources. Related to the amount of control and knowledge (influence) organization(s) have on the issue.

Severity of the Consequences of Inaction: Risks associated with exacerbation of the health issue if not addressed at the earliest opportunity.

Trends: Whether or not the health issue is getting better or worse in the community over time.

Intervention: Any existing multi-level public health strategies proven to be effective in addressing the health issue.

Value: The importance of the health issue to the community.

Social Determinant / Root Cause: Whether or not the health issue is a root cause or social determinant of health that impacts one or more health issues.

Overall, a total of 11 potential priority health issues were identified by community partners. A multi-voting technique, featuring two rounds of voting, was used to narrow down that list to three priority health issues. After discussion by the Ashland County Health Department, **four priority health issues** were identified that affect Ashland County residents.

Throughout the couple of weeks following the Prioritization Session, community partners had the opportunity to approve or disapprove the priority health issues; no partners disapproved them. The four priority health needs are reviewed in the next section of this report.

(6) Share results with the community. This report presents the analysis and synthesis of all secondary and primary data collected during this effort. It will be posted on the Ashland County Health Department website (https://www.ashlandhealth.com/), and University Hospitals' website (www.UHhospitals.org/CHNA-IS) as well as other community partners' websites. This report will be used in subsequent community prioritization and planning efforts and will be widely distributed to organizations that serve and represent residents in the county.

How to Read This Report

Key findings and *Healthy People 2030*. As shown on page 3, the 2025 Ashland County CHNA is organized into multiple, distinct sections. Each section begins with story boxes that highlight and summarize the key research findings from the researchers' perspectives. For some indicators, Ashland County is compared to the U.S. Department of Health and Human Services *Healthy People 2030* goal, indicated with text next to the *Healthy People 2030* logo.

Community Voices. The findings of the focus groups and community stakeholder interviews are indented slightly and set off with a light blue border on the left side.

Sources for all secondary data included in this document are marked by an endnote and described in the report's References section (see Appendix E). Caution should be used in drawing conclusions in cases where data are sparse (e.g., counts less than ten).

Prioritized Health Needs

The four prioritized health needs affecting Ashland County residents, as identified by the Ashland County Health Department and its partners, are displayed below and discussed in this section.

PRIORITIZED HEALTH NEED: SMOKING, VAPING, AND SUBSTANCE MISUSE	
RELEVANT INDICATORS	**SEE PAGES**
Adult and youth substance use	43-44

Smoking, vaping, and substance misuse are critical areas of need because they have extensive, widespread effects on health and well-being, both for those using the substances and for the other people in their lives. Notably, 20.4% of Ashland County residents are current cigarette smokers which does not meet the Healthy People 2030 target of 6.1%. 16.7% of residents reported binge drinking in the past 30 days. Community stakeholders have noted that vaping is a concern, especially among youth, and they are concerned about the proliferation of vape shops throughout the county.

PRIORITIZED HEALTH NEED: CHRONIC DISEASE, INCLUDING CANCER AND HEART DISEASE	
RELEVANT INDICATORS	**SEE PAGES**
Health conditions	46-47
Cancer incidence	54
Medicare population health concerns	57
Deaths	63

Preventing chronic disease is paramount not only for increasing lifespan but, more critically, for enhancing "healthspan," the years an individual lives with functional independence and a high quality of life, free from the burden of long-term illness. In Ashland County, coronary heart disease is the leading cause of death, with a rate of 184.3, and cancer is the second most common cause of death, with a rate of 172.8. Over a third of adults report diagnoses of high blood pressure (37.6%), high cholesterol (36.1%), and arthritis (33.5%). The overall cancer incidence rate (498.3 per 100,000) in Ashland is higher than in Ohio (462.9), with colorectal cancer (52.5) and breast cancer (79.5) rates being particularly elevated compared to state incidence rates.

Some specific focus areas include breast, lung, and colorectal cancer; additional relevant concerns include diabetes, high blood pressure, and obesity.

PRIORITIZED HEALTH NEED: MATERNAL AND CHILD HEALTH

RELEVANT INDICATORS	SEE PAGES
Children living in poverty	20
Maternal and child health	59-61

A mother's health impacts her children both during pregnancy and throughout their lives. In addition, according to Unicef, the period from conception through a child's second birthday—often called the "first 1,000 days"—is a unique window of development. Ashland County doesn't meet the Healthy People 2030 targets for several maternal and child health factors: mothers who did not smoke during pregnancy – 93.6% for Ashland County vs. 95.7% Healthy People 2030 target; infant mortality rate – 7.0 for Ashland County vs. 5.0 Healthy People 2030 target; preterm live births – 10.3% for Ashland County vs. 9.4% Healthy People 2030 target. In addition, the children living in poverty in Ashland County (23.2%) is higher than Ohio overall (18.0%). Access to prenatal care is another concern; for example, fewer mothers in Ashland (52%) receive early prenatal care than in Ohio overall (69%). Finally, the child mortality rate in Ashland County (70 per 1,000 live births) is higher than Ohio overall (60 per 1,000 live births) and higher than nearby counties.

PRIORITIZED HEALTH NEED: ALZHEIMER'S DISEASE

RELEVANT INDICATORS	SEE PAGES
Medicare population health concerns	57
Deaths	63

Preventing Alzheimer's disease is paramount to extending human lifespan, preserving cognitive function and personal identity into late life, and averting the immense emotional and economic burden this condition places upon patients, families, and healthcare systems worldwide. In Ashland County Alzheimer's Disease is the third most common cause of death (behind coronary heart disease and cancer) with a rate of 65.7. Community stakeholders are concerned that residents with Alzheimer's are not receiving the care they need.

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

Mental health and substance misuse
Smoking / Vaping / marijuana / alcohol cessation

General health, death, and illness
Alzheimer's
Coronary heart disease
Cancer (colon and breast)
Chronic illness
Maternal and child health

Social determinants of health
Access to mental health resources and medications
Childcare
Low income housing
Job availability
Food insecurity

Appendix F of this report presents a list of community assets and resources that could potentially help to address these prioritized health needs.

The Ashland County Health Department will address all 4 priority needs 2026-2028 Community Health Improvement Plan and University Hospitals Samaritan Medical Center will address all 4 priority needs in its 2026-2028 Implementation Strategy.

For context, Ohio's 2020-2022 State Health Improvement Plan (SHIP) identified three cross-cutting factors (i.e., social determinants of health that include community conditions, health behaviors, and access to care) as well as three health outcome categories (i.e., mental health and addiction, chronic disease, and maternal and infant health) that should be considered when planning to improve the community's health. Overall, there is good alignment between the 2025 Ashland County CHNA's prioritized health needs and Ohio's 2020-2022 SHIP, most notably in the areas of health behaviors, addiction, chronic disease, and maternal and infant health.

SHIP Priority Factors	Alignment with Ashland Prioritized Health Need(s)	SHIP Priority Outcomes	Alignment with Ashland Prioritized Health Need(s)
Community conditions • Housing affordability and quality • Poverty • K-12 student success • Adverse childhood experiences		**Mental health and addiction** • Depression • Suicide • Youth drug use • Drug overdose deaths	**Smoking, vaping, and substance misuse**
Health behaviors • Tobacco/nicotine use • Nutrition • Physical activity	**Smoking, vaping, and substance misuse**	**Chronic disease** • Heart disease • Diabetes • Childhood conditions (asthma, lead)	**Chronic disease, including cancer and heart disease; Alzheimer's Disease**
Access to care • Health insurance coverage • Local access to healthcare providers • Unmet need for mental health care		**Maternal and infant health** • Preterm births • Infant mortality • Maternal morbidity	**Maternal and infant health**

Source for SHIP Priority Factors and SHIP Priority Outcomes:
https://dam.assets.ohio.gov/image/upload/odh.ohio.gov/SHIP/2020-2022/2020-2022-SHIP.pdf

Ohio's 2023 State Health Assessment (SHA) has been released. The SHA will help inform the priorities for the 2025-2029 SHIP. Although the priorities for the 2025-2029 SHIP have not been identified, input on preferred priorities is closely aligned with the priorities from the 2020-2022 SHIP (and therefore the priorities identified for the 2025 Ashland County CHNA).

Community Partners

Organization	Contact Person
ACCESS (Emergency Shelter Services)	Suny McCarty
Advocates for Families	Catherine Swope
Appleseed Community Mental Health Center	Jerry Strausbaugh
Ashland Area Chamber of Commerce	Amy Daubenspeck
Ashland Christian Health Center	Cheryl Benway
Ashland Christian Health Center	Misty Welch
Ashland City Mayor - Matt Miller	Matt Miller
Ashland City Police	David Lay
Ashland City Schools	Steve Paramore
Ashland County Board of Developmental Disabilities	Dave Ashley
Ashland County Board of Health and Ashland County Health Department Ethics Committee	Allan Bevere
Ashland County Board of Health and Sullivan Twp Admin	Doug Campbell
Ashland County Cancer Association	Angela Woodward
Ashland County Council of Alcohol and Drug Abuse	Rick Ford
Ashland County Council on Aging	Sandy Enderby
Ashland County Health Department	Jenna Gerwig
Ashland County Health Department	Jill Hartson
Ashland County Health Department	Megan Oberhauser
Ashland County Health Department Board of Health	Ron Puglisi
Ashland County Health Department Ethics Committee Member and Citizen	Judy Allison
Ashland County Job and Family Services	Peter Stefanik
Ashland County Mental Health & Recovery Board	Ashley Ackerman
Ashland County Mental Health & Recovery Board	David Ross
Ashland County Sheriff's Office	David Blake
Ashland County West Holmes Career Center	Rod Cheyney
Ashland Fire Department	Rick Anderson
Ashland Pregnancy Care Center	Melanie Miller
Ashland Public Transit	Liz McClurg
Ashland University	Rob Pool
Associated Charities	Chris Box
Brethren Care Village	Heather Parsons
Brethren Care Village	Mindy Scurlock, DON
Catholic Charities	Sheryl Villegas
County Commissioners	Jim Justice
Crystal Care of Ashland	Abby Myers, DON
Hillsdale Local School District Superintendent	Dr. Catherine Trevathan
Illuminology	Karen Hines
Kingston of Ashland	Joshua Dorn, Administrator
Kingston of Ashland	Krista Slessman, DON
Kno-Ho-Co Ashland Health Services	Lisa Miller

Community Partners, continued

Organization	Contact Person
Loudonville-Perrysville Exempted Village School District	Jennifer Allerding
LSS Lutheran Village Assisted Living	Amanda Williams
LSS The Good Shepherd Skilled Nursing and Rehabilitation	Eric McQuate
LSS The Good Shepherd Skilled Nursing and Rehabilitation	Joe Abraham, Administrator
LSS The Good Shepherd Skilled Nursing and Rehabilitation	Lisa Browning, Asst. DON
LSS The Good Shepherd Skilled Nursing and Rehabilitation	Sarah Kerr, DON
Mapleton Local School District Superintendent	Scott Smith
Ohio Health	Jody Allton
Ohio Health	Lori Wolf
The Inn at Ashland Woods	Shana Benner, Administrator
The Salvation Army Kroc Center Ashland	Amanda McCarter
United Way of Ashland County	Stacy Schiemann
University Hospitals	Bryan Finger
University Hospitals	Christina Vanderpool
University Hospitals	Elyse Mulligan
University Hospitals	Gay Wehrli
University Hospitals	Jennifer Abbruzzese
University Hospitals	Jennifer McLeod
University Hospitals	Kathy Witmer
University Hospitals	Lisa Bushong
University Hospitals	Ron Manchester
University Hospitals	Sophia Brickey
University Hospitals	Sylvia Radziszewski
YMCA	Christian Langston
YMCA	Molly Riley

COMMUNITY PROFILE

This section describes the demographic and household characteristics of the population in Ashland County, which is located in northeastern Ohio. Ashland County was founded about 180 years ago and covers 427 square miles. Ashland is the county seat and largest city of this county.

RESIDENT DEMOGRAPHICS[1]		ASHLAND COUNTY	OHIO
Total Population	Total population	52,296	11,780,046
Gender	Male	49.8%	49.3%
	Female	50.2%	50.7%
Age	Under 5 years	5.3%	5.7%
	5-19 years	19.7%	19.0%
	20-64 years	54.9%	57.4%
	65 years and over	20.0%	17.9%
Race/Ethnicity	White	94.3%	76.5%
	African American	1.1%	12.1%
	Asian	0.6%	2.4%
	Indigenous	0.1%	0.1%
	Other race	0.3%	0.4%
	Two or more races	2.0%	3.9%
	Hispanic/Latino (any race)	1.7%	4.6%
Language	Limited English speaking households	0.5%	1.5%
Educational Attainment	No high school	3.0%	2.6%
	Some high school, no diploma	6.0%	5.7%
	High school graduate	43.4%	32.3%
	Some college, no degree	16.9%	19.4%
	Associate's degree	8.6%	9.0%
	Bachelor's degree	14.6%	19.0%
	Graduate or professional degree	7.4%	11.9%

Data are from 2019-2023

In both Ashland County and Ohio the mean travel time to work is a little under 25 minutes, and a majority of workers drive themselves to work alone (80% and 77%, respectively).

WORK COMMUTE[1]		ASHLAND COUNTY	OHIO
Travel Time	Mean travel time to work (mins) Solo drivers with long commute of 30+ mins	24.2 32.7%	23.6 30.3%
Mode of Transportation	Drive alone Walk Public transportation	80.2% 3.0% 0.1%	76.6% 2.0% 1.1%

Data are from 2019-2023

Voter turnout for the 2024 presidential election was a little higher in Ashland County than Ohio (78% and 72%, respectively).

CIVIC ENGAGEMENT[2]		ASHLAND COUNTY	OHIO
Voting Behavior	2024 Presidential election voter turnout	77.8%	71.7%

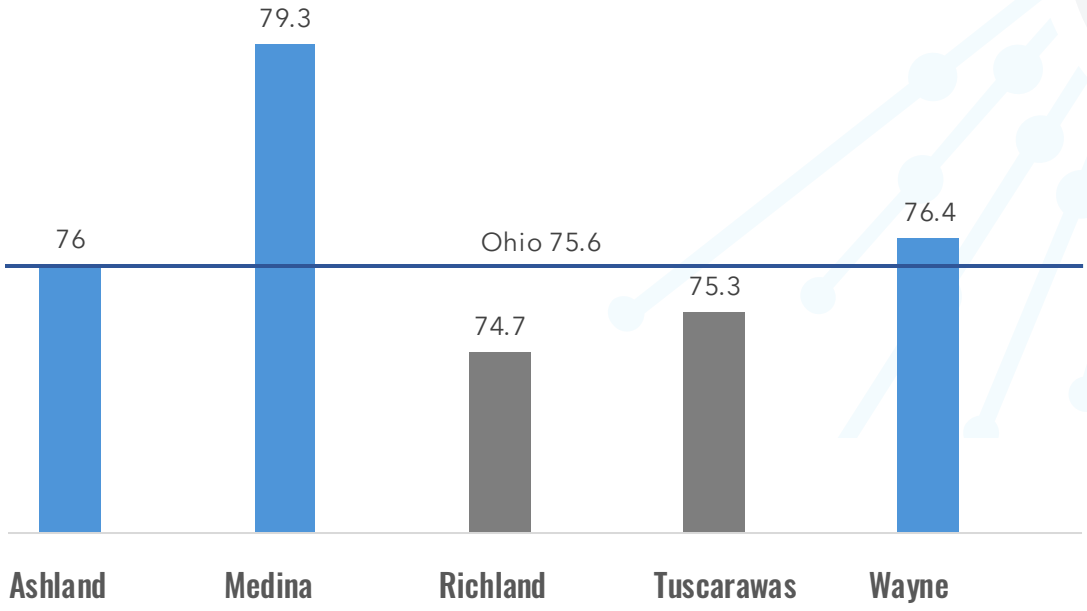
Data are from 2024

The average life expectancy of residents in Ashland County and Ohio overall is 75 years. Out of the 88 counties in Ohio, Ashland ranks in the top healthiest quartile in health outcomes according to County Health Rankings & Roadmaps.

HEALTH METRICS[3]		ASHLAND COUNTY	OHIO
Life Expectancy	Life expectancy (years)	75.3	75.2
Health Metrics	Health behaviors ranking Health outcomes ranking	32 20	-- --

Data are from 2020-2023

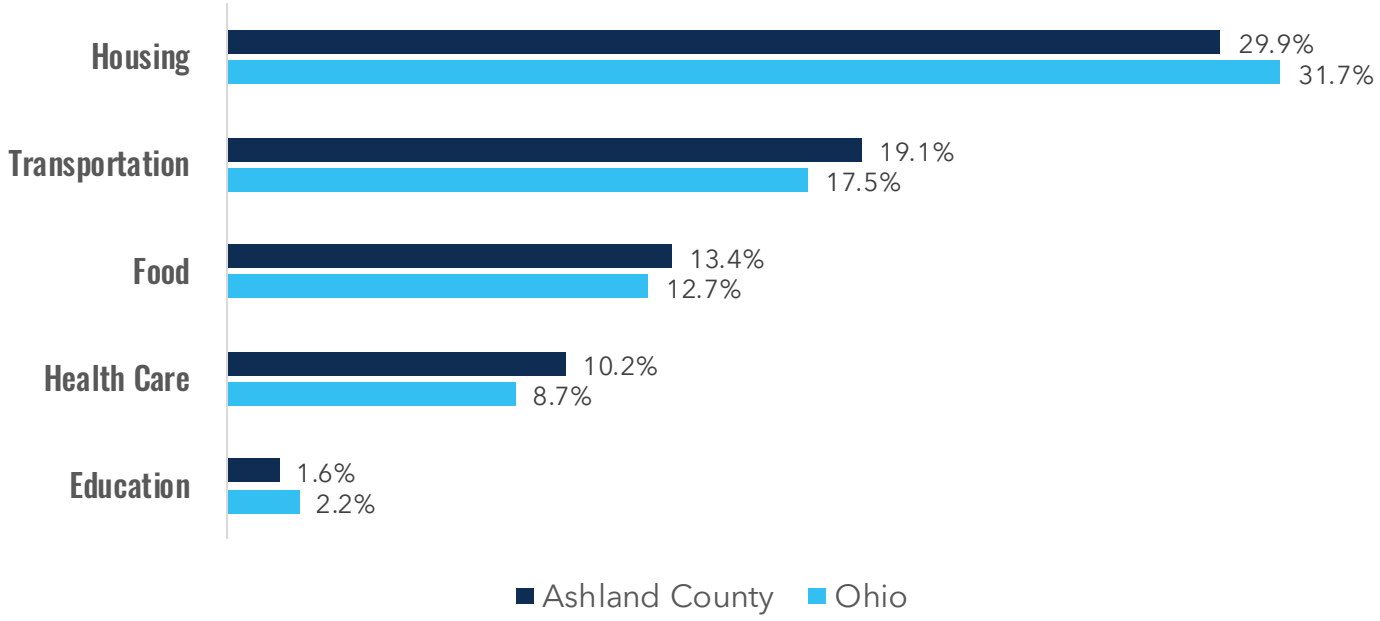
LIFE EXPECTANCY



Source: County Health Ranking 2024; data from 2019-2021
Data provided by Akron Children's Hospital

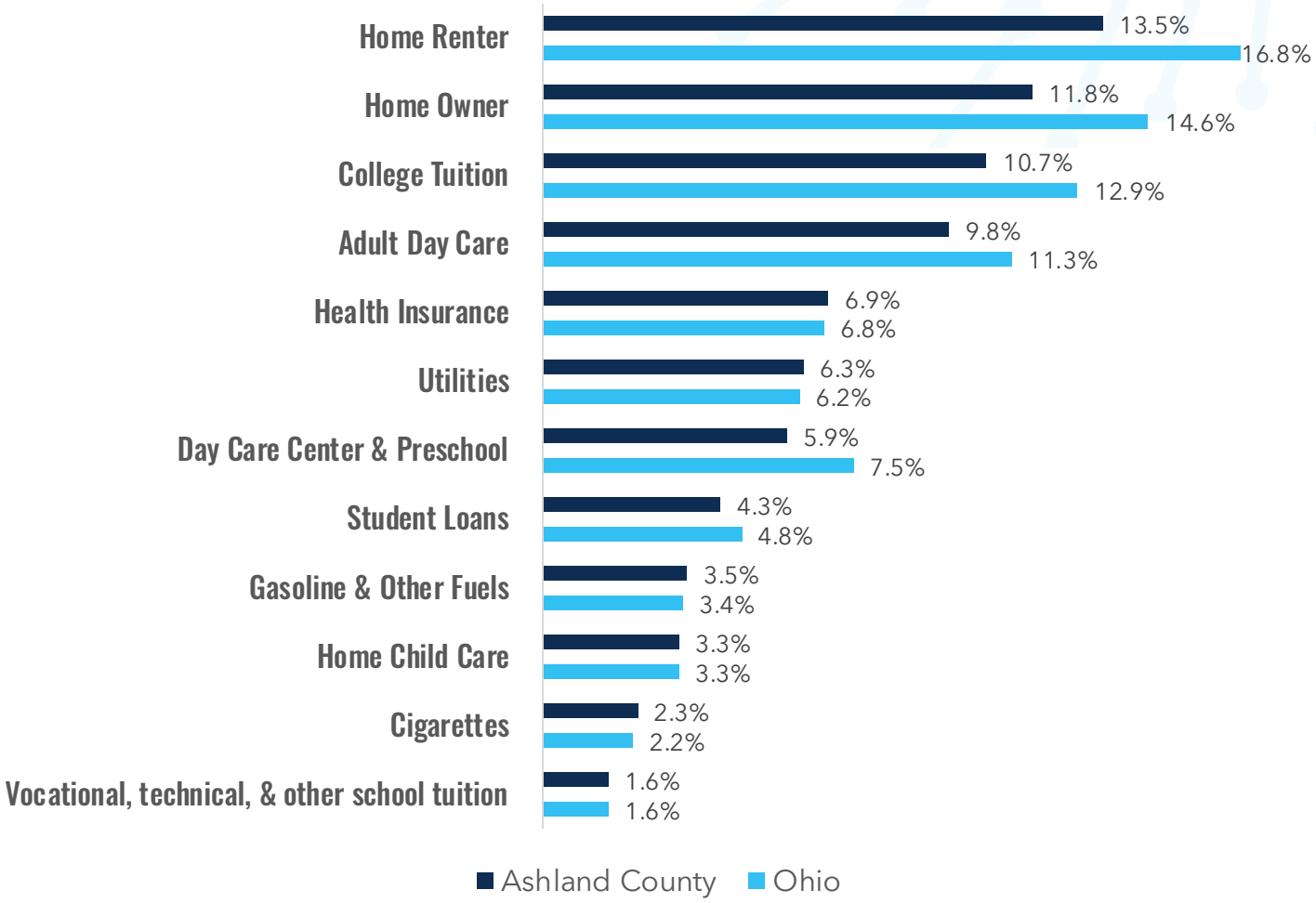
Community spending values are the proportion of aggregate household spending on a category as a percentage of total aggregate household spending for a region. In 2024, spending patterns in Ashland County and Ohio were similar, with about 30% of spending going towards housing costs.

COMMUNITY SPENDING[4]



Spending-to-income ratio is the ratio between the average spending among households that spend on the category and the median household income for the region. The overall spending patterns in Ashland and Ohio were similar in 2024, with Ashland households spending relatively less of their income on housing, college tuition, and day care facilities compared to the state.

SPENDING-TO-INCOME RATIO[4]

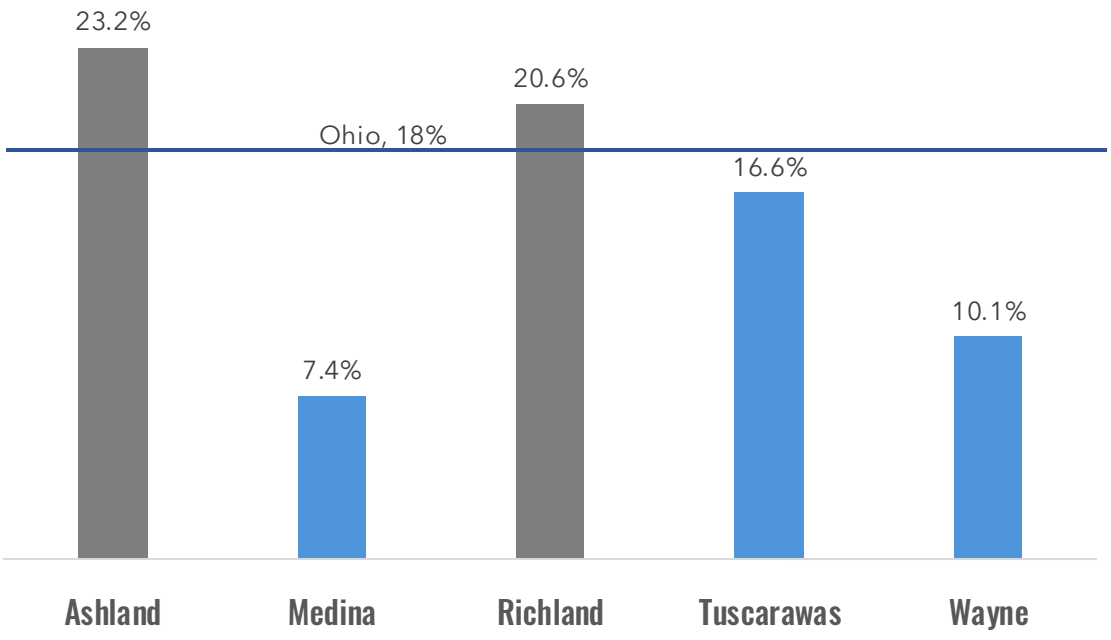


In Ashland County, 23% of children are living in poverty, which is higher than in Ohio (18%).

VULNERABLE POPULATIONS[1]		ASHLAND COUNTY	OHIO
Older Adults	People age 65+ living alone	26.1%	30.2%
	People age 65+ living in poverty	7.6%	9.5%
Children	Children living in poverty	23.2%	18.0%
	Young children (under 5) living in poverty	18.7%	20.0%
	Living in single parent household	20.0%	35.0%
Disabled Individuals	People with a disability living in poverty	21.3%	22.2%

Data are from 2019-2023

CHILDREN BELOW THE POVERTY THRESHOLD



Source: U.S. Census Bureau American Community Survey 5-year Estimates 2019-2023.
Data provided by Akron Children's Hospital

Community Voices – Vulnerable Populations

Community members feel that some groups in Ashland County would benefit from additional support to help improve their overall health and wellness. This includes cultural groups, religious groups, specific age groups, and others.

"There's a lot of Appalachia, Mennonite and Amish in our community. We have a hard time in a lot of ways as providers, even the health department, trying to penetrate and get involved with those communities and them allowing us to come in."

"The Amish, they are very self sufficient. But health education is always good for their groups. They appreciate health education and knowing how to better care for themselves. Young moms with children would be a group that could really use some support, education, resources. And then our elderly."

"There are groups that are trying to angle their way to provide some services that somebody that may not have access to that could get it. Like with dental. I see a lot of kiddos, especially our younger ones, that need dental care."

"We're just an aging community. So we're dealing with those trip and falls. We're dealing with…forgetting to take my meds, stuff like that…There are needs out there that could be met [with] community paramedicine."

"As far as the queer community. There's such a negative stigma…I feel like every time I go somewhere, there's a lot of looking and staring."

"The other area that we're doing something where we don't do enough yet is transitional age youth services...people, 16 to 24ish. They're getting ready to leave home and they need help to make that successful transition. A lot of them don't have healthy family or any family. A lot of them are coming out of the foster care system and they just need somebody to walk beside them, whether it's their education, employment, food, clothing, shelter, basic stuff, mental health stuff."

"We continue to struggle with adverse childhood experiences. A lot of our schools and other entities are using that a bit more. So we know there's a better recognition that adverse childhood experiences exist."

"Law enforcement and veterans tend to only listen to fellow law enforcement veterans. So we don't have sufficient capacity of people that are credible, knowledgeable and credible about behavioral health in those two groups. So we're trying to build that."

RESIDENTS' HEALTH PRIORITIES

Community Voices – Physical Health Issues

Community leaders and residents feel that chronic conditions such as diabetes, heart disease, and cancer are the most important physical health issues in the county. They are especially concerned about high rates of colon cancer in the community.

> "COPD, congestive heart failure, diabetes. We do a lot looking at our readmissions at the hospital, and I have been looking at a lot of those."
>
> "The most important health issues are chronic disease type things. Diabetes being right up there at the top, hypertension, things like that."
>
> "We have added a congestive heart failure clinic. We're helping patients manage their congestive heart failure through that. We are working on COPD, and they're working on putting together also a diabetic clinic."
>
> "We have a colon cancer risk that seems to be higher in our community for some reason than it is statewide or nationally. Some of that has to do probably with a number of factors related to diet and maybe screening and healthcare. That's a major concern."
>
> "It's kind of alarming that people are getting diagnosed with colon cancer and at a younger age."
>
> "We have high rates of colorectal cancer in Ashland compared to surrounding counties. That is to do with choices we make. Lifestyle. Smoking, sedentary lifestyle and activity. Eating the fast food, eating crap, not eating healthy, not cooking at home."

Community Voices – Mental Health Issues

Community leaders and residents feel that mood disorders, anxiety disorders, and psychotic disorders are the most important mental health concerns in the county. They also discussed how mental health issues are often associated with physical health concerns, substance use, and homelessness.

> "Depression, anxiety, those are very prominent in our society, like they are in our community, like they are everywhere...More and more people are saying they're so anxious they can't function or they're very anxious every day."
>
> "The number one mental health diagnosis that we have has to be bipolar. Secondary to that would be depression, anxiety."
>
> "Schizophrenia is common here. I know there are cases of that, but I also know there's cases of depression."
>
> "There are a lot of mental health components with…our cancer patients. Even though they're under care with an oncologist, our cancer patients maybe need a little bit more support with just managing their health and being able to have the best quality of care even with their disease. And I feel like it's the same way for congestive heart failure, COPD, and even diabetes."
>
> "Number one issue of why we're involved with families, is substance use. Often wrapped in that is a mental health issue that's being treated, self medicated with illicit substances."
>
> "We monitor the patients that come into the ER a lot, and we have a handful of people that have history of schizophrenia or mental illness, and a couple of them are homeless. It's hard to help them because you don't know if they want to be homeless or it's their mental illness making it so they can't function well in a shelter or in a home with someone else."

SOCIAL DETERMINANTS OF HEALTH

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

KEY FINDINGS

- **Economic challenges impact residents' health and access to basic necessities.** Nearly 28% of households are ALICE, and 13.8% of people live below the 100% poverty level, failing to meet the Healthy People 2030 target.

- **Healthcare access is hampered by provider shortages, geographic barriers, and systemic issues.** Long waits for services like youth counseling and difficulties accessing specialists, often requiring travel to other counties, are noted by residents. Several provider rates are lower in Ashland County than in Ohio (44 v. 75 for primary care physicians, 98 v. 149 for non-physician primary care providers, 257 v. 349 for mental health providers, and 42 v. 65 for dentists, respectively).

- **Transportation is a significant barrier in the county, and it limits access to health care, employment, and healthy food**. It is particularly problematic outside the City of Ashland.

Economic Stability

Economic stability plays an important role in health, with at least one study on this topic showing that those with greater income had greater life expectancy (Chetty et al., 2016).[1]

One economic indicator that may influence the health of the community is the unemployment rate. At 3.7%, the unemployment rate in Ashland is a little lower than in Ohio overall (4.8%).

EMPLOYMENT[2]		ASHLAND COUNTY	OHIO
Labor Force	Size of civilian labor force (16+ yrs old)	25,545	5,984,743
	Unemployed civilian labor force workers	942	290,011
	Unemployment rate	3.7%	4.8%

Data are from 2019-2023

In both Ashland and Ohio, around 25% of households are ALICE (Asset Limited, Income Constrained, Employed). These are households with income above the Federal Poverty Level but below the basic cost of living. Close to half of renters are spending 30% or more of their income on rent in Ashland and Ohio; the U.S. Department of Housing and Urban Development has historically considered families whose housing costs exceed 30% of their income to be cost-burdened.[3]

INCOME AND POVERTY		ASHLAND COUNTY	OHIO
Income[2,4]	Per capita income	$32,097	$39,455
	Mean household income	$79,889	$94,766
	Median household income	$64,991	$69,680
	Households above the ALICE threshold	62.1%	61.0%
Financial Hardship[4,2,5]	ALICE households	27.6%	25.0%
	Families living in poverty	7.5%	9.2%
	People living below 200% poverty level	33.6%	29.4%
	People living below 100% poverty level	13.8%	13.2%
	Households with cash public assistance	1.9%	2.5%
	Adults overwhelmed by financial burden	34.3%	34.0%
	Renters spending ≥30% of income on rent	42.7%	45.1%

Data are from 2019-2024

Healthy People 2030 objective not met: people living below poverty level (Ashland **13.8%** vs. Target **8.0%**)[6]

According to County Health Rankings, socioeconomic factors in Ashland County rank in the top healthiest quartile out of all 88 counties in Ohio. Gini Index values indicate that in both Ashland County and Ohio there is moderate income inequality, on a scale from 0 (perfect equality) to 1 (maximal inequality).

SOCIOECONOMIC METRICS[7,8]		ASHLAND COUNTY	OHIO
Socioeconomic Metrics	Social and economic factors ranking	17	--
	Gini Index of inequality	.41	.47

Data are from 2023

Economic instability is linked to food insecurity. People who are food insecure do not get adequate food or have disrupted eating patterns due to lack of money and other resources. Some researchers use the food environment index when assessing access to nutritious foods. This index of factors that contribute to a healthy food environment ranges from 0 (worst) to 10 (best). Ashland County's food environment index score of 8.4 is higher than Ohio's score of 7.0. Nearly 30% of students are eligible for free lunch in Ashland, which is higher than the 24% who are eligible in the state overall.

FOOD ACCESS		ASHLAND COUNTY	OHIO
Food Access[9,10]	Food Environment Index	8.4	7.0
	Food insecurity rate	15.0%	15.3%
	Low income & low access to grocery store	2%	7%
Youth Food Access[10,11]	Child food insecurity rate	19.7%	20.1%
	Students eligible for free lunch	29.7%	23.6%

Data are from 2019-2024

Community Voices – Affordability Crisis

Some residents in Ashland County struggle to afford basic necessities like food and shelter. Community members highlighted the need for more affordable housing.

"We don't have a [homeless] shelter, especially if you're a male homeless…There's just not many resources for that person."

"Homelessness continues to grow in our community. It's kind of a thing that people don't like to talk about…Our homeless just look different than it does in a big community… Homeless here tends to be a lot more couch surfing, insecurely housed, sleeping in cars…When the weather is better during the summer, a lot of them will go to local campgrounds and camp until the campgrounds get shut down again."

"Housing is a big problem in Ashland. We don't have enough affordable housing. We don't have enough places for people to rent or own or live that are at the fair market rate. Most people who are private landlords can charge more than that [and] they do."

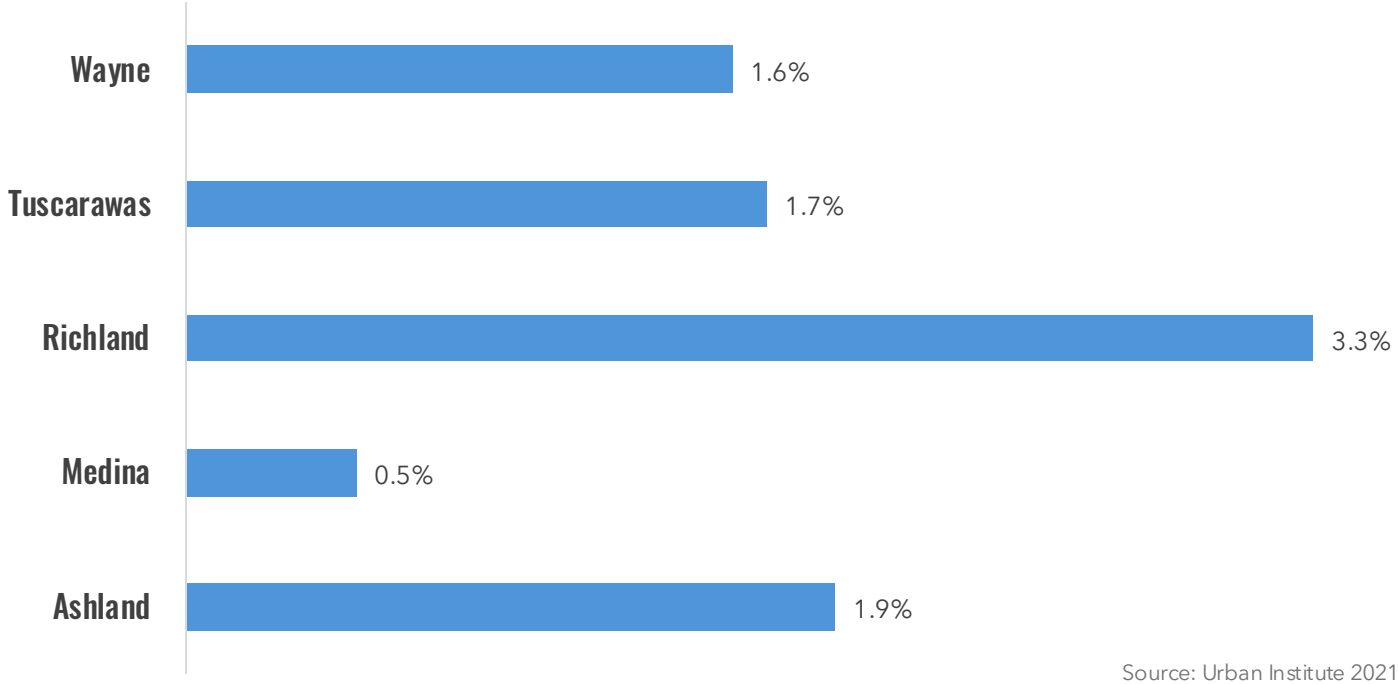
"We work with a lot of people that are on Social Security disability or don't have an income or underemployed working poor. So I think there are people that struggle financially."

"Food costs are high, fuel is high, utilities are high. People live paycheck to paycheck."

"Preschools and child care are pricey. If you can't afford child care, you can't work."

"There's some food insecurity as far as the socioeconomic status goes…Across the nation, the price of healthy food is unaffordable for someone at the lower end of the pay scale. That's really what's causing the problem."

SHARE OF PUBLIC-SCHOOL CHILDREN WHO ARE EVER HOMELESS DURING THE SCHOOL YEAR



Source: Urban Institute 2021
Data provided by Akron Children's Hospital

Education

Educational attainment can affect employment opportunities and economic stability, which in turn impacts many health outcomes. As shown in the following table, the average four-year high school graduation rate in Ashland County is 96.8%. This is higher than the average for schools in Ohio overall (92.5%), and exceeds the Healthy People 2030 high school graduation rate goal of 90.7%. However, a lower percentage of Ashland County residents age 25 or older have obtained a bachelor's degree or higher compared with Ohio (22% vs. 31%, respectively).

EDUCATION		ASHLAND COUNTY	OHIO
Childhood Education[1,2]	Student-to-Teacher Ratio	17.0:1	16.6:1
	4th graders proficient in English/Language Arts	76.7%	64.1%
	4th graders proficient in Math	85.8%	67.2%
	8th graders proficient in English/Language Arts	44.2%	49.4%
	8th graders proficient in Math	61.1%	46.3%
	High school graduation rate	96.8%	92.5%
	Youth age 16-19 not in school or working	0.2%	1.7%
Higher Education[3]	People 25+ with a bachelor's degree or higher	22.1%	30.9%

Data are from 2019-2024

Healthy People 2030 objective met: high school graduation rate (Ashland **96.8%** vs. Target **90.7%**)[4]

Neighborhood and Physical Environment

Neighborhood and physical environment refers to what extent individuals feel safe in their community and how the environment influences their quality of life. According to County Health Rankings, Ashland ranks 33rd out of 88 Ohio counties in physical environment health, placing it in the top half of healthiest environments.

PHYSICAL ENVIRONMENT		ASHLAND COUNTY	OHIO
Climate & Weather[1,2]	Days of extreme heat Days of extreme precipitation Weeks of moderate drought or worse	19 33 0	-- -- --
Pollution[3]	Recognized carcinogens released into air	343 lbs	1,983,613 lbs
Environmental Metrics[4]	Physical environment ranking	33	--

Data are from 2021-2023

In Ashland County, 57% of residents have access to exercise opportunities by living close to a park or recreation facility; this is lower than in Ohio overall (84%).

NEIGHBORHOOD		ASHLAND COUNTY	OHIO
Violence[5,6*]	Violent crime rate Liquor store density	182.7 5.7	359.0 5.6
Housing[7,8,9]	Homeownership rate Severe housing problems Overcrowded households Houses built prior to 1950	72.3% 11.7% 1.8% 29.8%	61.4% 12.7% 1.4% 24.9%
Recreation[8]	Access to Exercise Opportunities	57%	84%

*Data are from 2017-2024 *Rates are per 100,000 population*

The internet is an important resource for accessing information about health issues and accessing medical care through virtual telehealth visits with providers. However, some residents of Ashland County do not have access to this resource: 17% of adult residents in the county do not have internet access.

HOUSEHOLD CHARACTERISTICS		ASHLAND COUNTY	OHIO
Computer & Internet[9,10]	Households with a desktop or laptop	73.4%	77.0%
	Households with a smartphone	84.9%	87.5%
	Households with an internet subscription	86.5%	89.0%
	Households with a cellular data plan	78.6%	81.5%
	Adults with internet access	82.8%	80.9%
Banking[11]	Households with a savings account	71.8%	70.9%
Transportation[9]	Households without a vehicle	6.9%	7.4%

Data are from 2019-2024

Community Voices – Transportation

Residents and community leaders discussed how public transportation options in the county are limited, and how that can make it difficult to access basic necessities like employment, food shopping, and health services.

> "Elderly, lower income people who don't have vehicles or don't have reliable vehicles, struggle with transportation. We have a good, decent public transit in the city of Ashland, but the county does not."
>
> "[Public transportation] is pretty much just the city limits…It's only a certain time to a certain time. There's no Uber, there's no Lyft, there's no ride share at all."
>
> "Our community suffers because we don't have significant public transportation going on…We don't have a regularly scheduled run of buses…It does make getting around a little harder…to the things that you need. Food, shopping, medical care, those sorts of things."
>
> "Transportation would unlock so many issues…[access to healthy] food,…access to quality child care,…being able to get back and forth to a job if you don't have a car. It just does everything."
>
> "Non-emergency medical transports for the nursing homes across the entire county, that's an issue. It also puts a strain on the fire department. We don't want to tie them up, but… you can't wait three to five hours for an ambulette company to show up sometimes."
>
> "We have a public transit service in the city of Ashland… It's used to serve city residents primarily. It will serve county residents, but it gets to be probably more unaffordable for those that are living out in the county that might need their service."

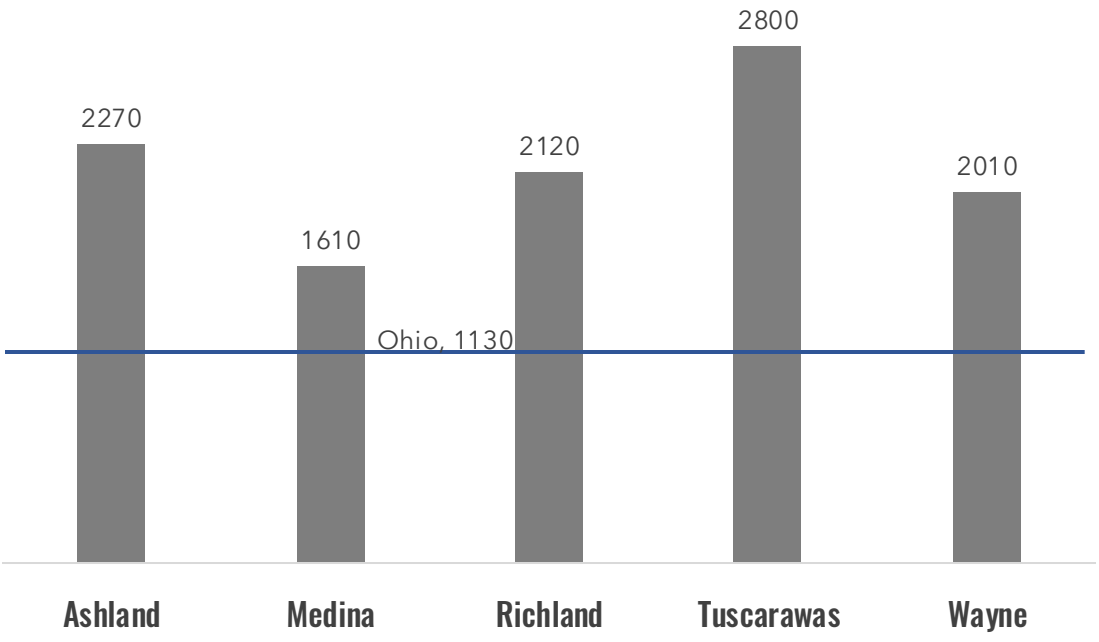
Health Care Access

The availability of health resources within the community is one determinant of health care access. The rates of various types of health care providers are lower in Ashland County than in Ohio overall. According to County Health Rankings & Roadmaps, Ashland county ranks in the bottom half of Ohio counties in regards to clinical care access and quality (48th out of 88).

HEALTH CARE ACCESS		ASHLAND COUNTY	OHIO
Health Care Metrics[1]	Clinical care ranking	48	--
Providers[2]*	Primary care physician rate	44	75
	Non-physician primary care provider rate	98	149
	Mental health provider rate	257	349
	Dentist rate	42	65

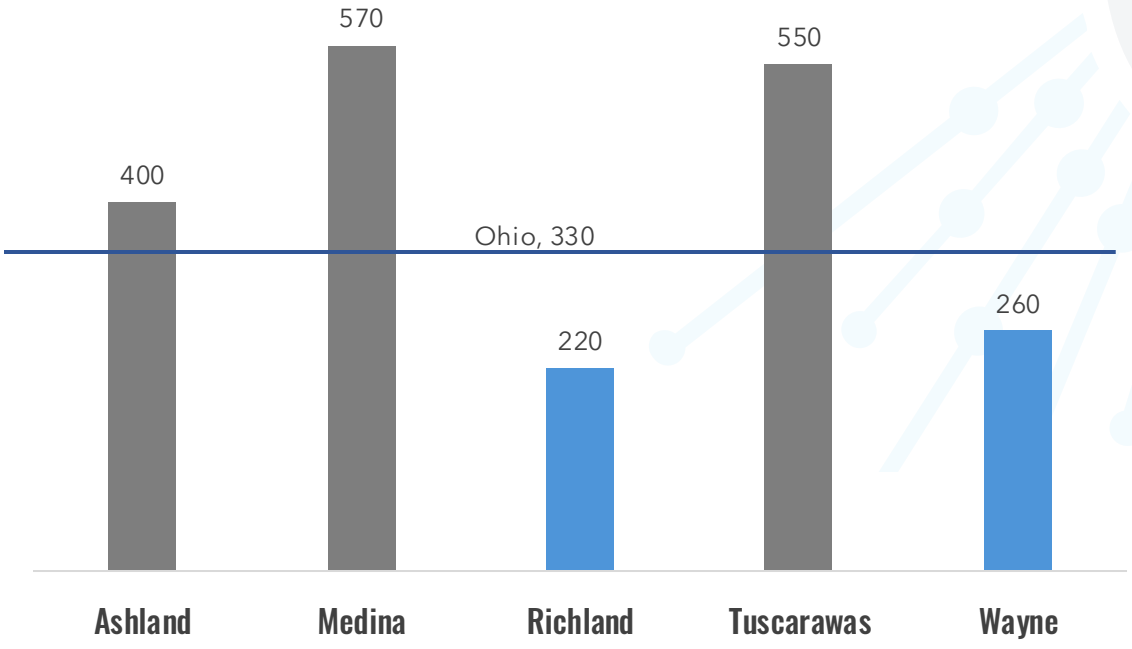
*Data are from 2021-2024 *Rates are per 100,000*

RATIO OF POPULATION TO PRIMARY CARE PHYSICIANS



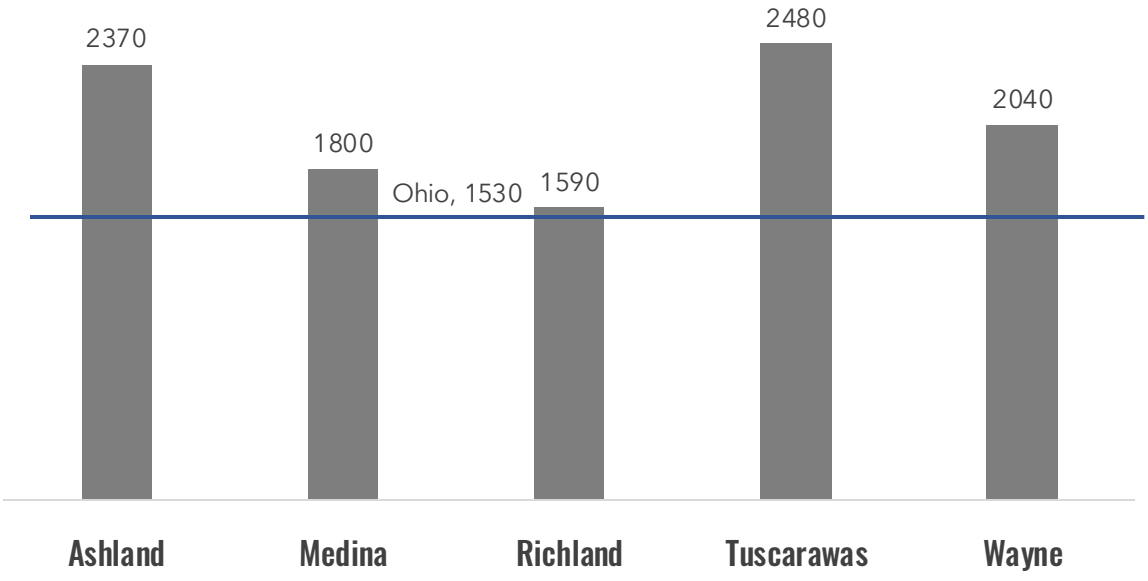
Source: : County Health Ranking 2024; Data from 2021
Data provided by Akron Children's Hospital

RATIO OF POPULATION TO MENTAL HEALTH PROVIDERS



Source: County Health Rankings, 2024; Data from 2023
Data provided by Akron Children's Hospital

RATIO OF POPULATION TO DENTISTS



Source: County Health Ranking 2024; data from 2022
Data provided by Akron Children's Hospital

Community Voices – Health Care Access

Community members described heath care access issues in the county for adults and children such as long waits, high costs, and needing to travel outside the county for specialty care. They are particularly concerned about the lack of a labor and delivery unit in the county.

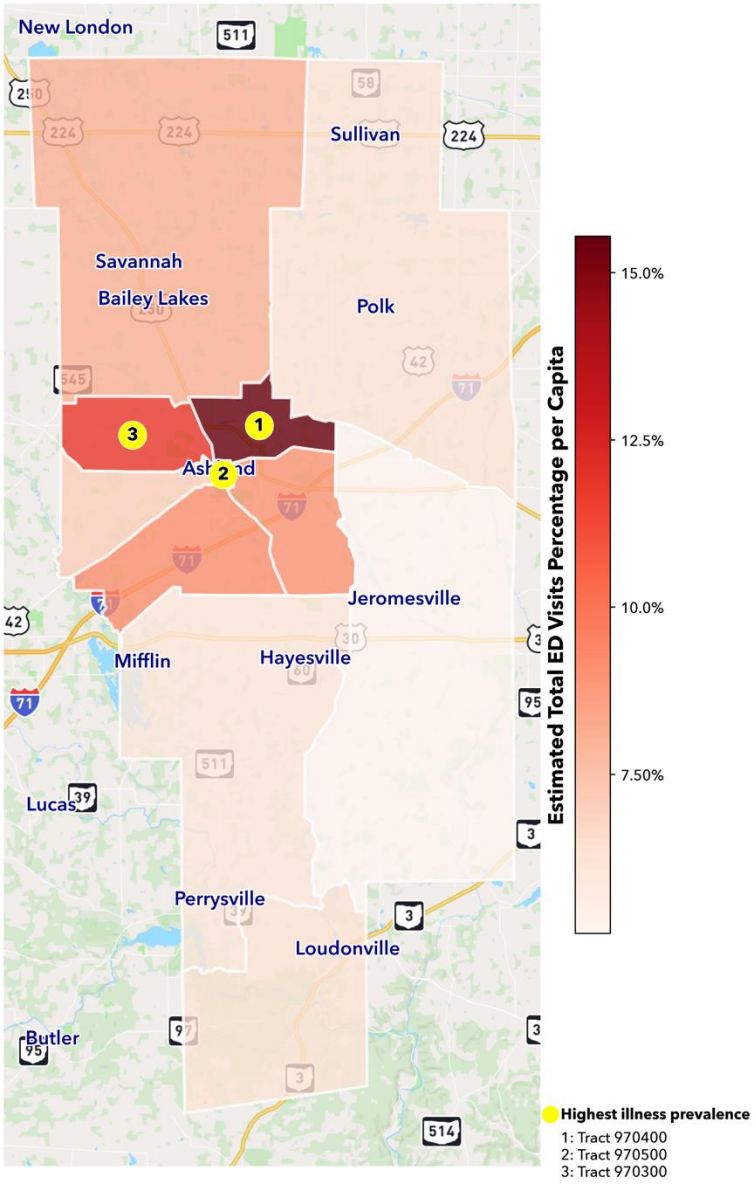
> "I work with a lot of kids. It is a continuing problem getting quality counseling for little first graders all the way on up, and there's waiting lists."
>
> "There are underinsured or non-insured people here. So healthcare access is going to be not accessible because they don't have insurance to pay for it. And then in addition to that, the Medicare program is really struggling as far as our older people being able to afford prescriptions. So prescription costs are a big health care problem right now."
>
> "We don't have as many specialists, so there's going to be one specialist, whether it's cardiology, endocrinology, nephrology, gastroenterology. There's one. So that person's pretty busy. And it's hard to get into as a new patient and get an appointment."
>
> "There's a lot of specialists that we don't have. There's not a urologist in town. There's not a real quick access to some of the more specialized kinds of things that you would need. Most people have to drive to, at least Mansfield, but possibly Akron or Cleveland for specialty care."
>
> "We don't specifically have pediatric dental in Ashland County. That would be a plus if there were pediatric dentists. Most of them have to go north to Medina County, up around Wadsworth, Brunswick, that area. "
>
> "Our local hospital recently did close down their birthing unit. That's a big deal for a pregnant woman to be seeing someone in Ashland for care and then driving a half hour when the baby needs to be delivered to see someone else."
>
> "You can no longer have your baby delivered at our local hospital… it seems so unimaginable that our longtime hospital, where many of us were born, no longer delivers children."

Affordability of health care is another major determinant of an individual's willingness and ability to receive care necessary for the maintenance or improvement of their health. One factor of this affordability is the ability to utilize health insurance. About 9% of Ashland County residents don't have health insurance, and about 9% of Ohio residents don't have health insurance.

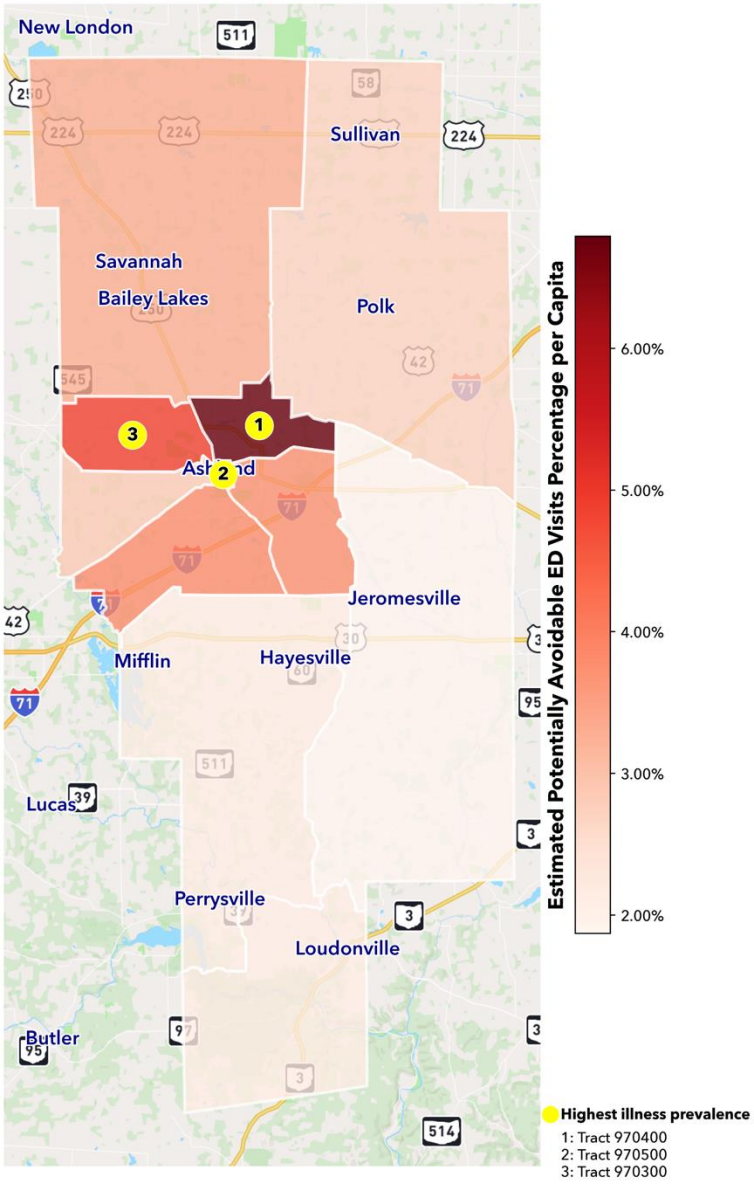
HEALTH INSURANCE[3]		ASHLAND COUNTY	OHIO
Health Insurance	Adults with health insurance	90.9%	91.2%
	Adults without health insurance	9.1%	8.8%

Data are from 2019-2023

Total ED Visits

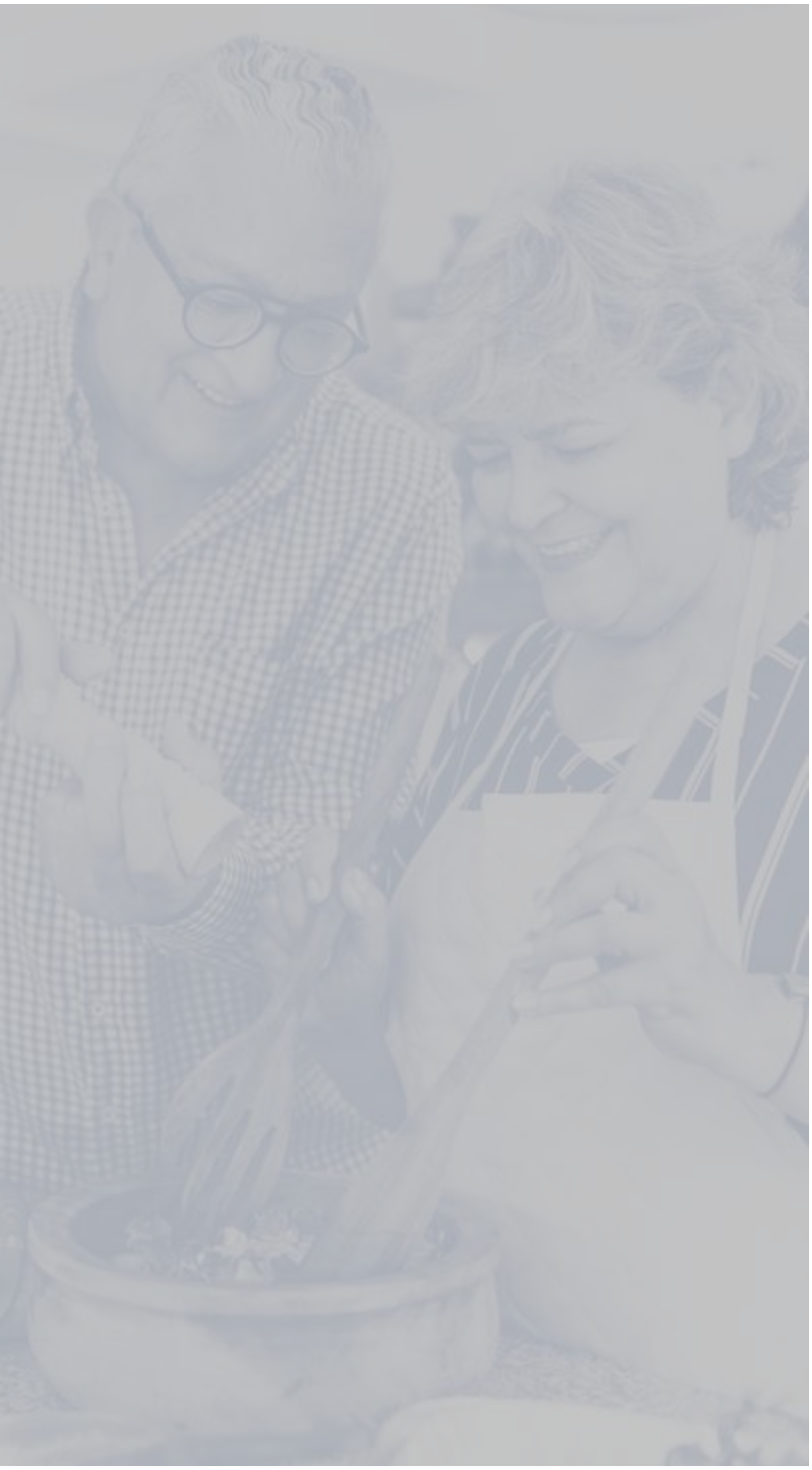


Potentially Avoidable ED Visits



BEHAVIORAL RISK FACTORS

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



KEY FINDINGS

- **Significant gaps exist in preventative care utilization among adults.** For instance, almost 40% are not getting recommended colon cancer screenings, and approximately half (54.5%) have not visited a dentist in the past year. Community members suggest this underutilization stems from a belief that doctors are only for when one is sick, a lack of established primary care relationships, fear of potential diagnoses, and possible access issues.
- **Vaccine hesitancy is apparent in the general population.** Just under 59% of adults agree that the benefits of vaccines outweigh the risks, suggesting a degree of vaccine hesitancy or other barriers to vaccine use within the community.

Preventative health care aims to identify health issues before symptoms are present. Around 40% of adults in Ashland County are not getting recommended colon cancer screenings, and about half (55%) have not visited in a dentist in the past year.

PREVENTATIVE CARE		ASHLAND COUNTY	OHIO
Screenings[1,2,3,4]	Mammogram, ages 50-74	75.8%	--
	Cervical cancer screening, ages 21-65	80.5%	--
	Colon cancer screening, ages 50-75	65.6%	--
	Cholesterol test, adult	84.6%	--
Routine Checkups[1,2,5]	Adults who have had a routine checkup	78.3%	--
	Received preventive services, females age 65+	35.9%	--
	Received preventive services, males age 65+	38.0%	--
	Adults who visited a dentist	45.5%	44.3%
Vaccines[5,6]	Adults who agree benefits outweigh risks	58.9%	59.8%
	People fully vaccinated against COVID-19	45.0%	--

Data are from 2018-2024

Healthy People 2030 objective not met: breast cancer screening, ages 50-74 (Ashland **75.8%** vs. Target **80.3%**) [7]

Healthy People 2030 objective met: cervical cancer screening, ages 21-65 (Ashland **80.5%** vs. Target **79.2%**)[8]

Adequate nutrition, physical activity, and enough sleep are important components of a healthy lifestyle. In Ashland County, 34% of adults are not getting enough sleep (i.e., fewer than 7 hours of sleep on average.)

ADULT HEALTH BEHAVIORS		ASHLAND COUNTY	OHIO
Diet & Nutrition[5]	Regular soft drink consumption, past 7 days	50.9%	48.6%
	Frequently eating fast food, past 30 days	35.4%	38.1%
Physical Activity[9]	Sedentary lifestyle, age 20+	21.9%	--
Sleep[1]	Getting insufficient sleep	33.7%	--

Data are from 2021-2024

Healthy People 2030 objective not met: adults who get enough sleep (Ashland **66.3%** vs. Target **73.3%**)[10]

Community Voices – Preventive Health Care

Community members mentioned that some residents aren't accessing and utilizing preventive health care services.

> "One thing that is interesting about the community, is most of these guys and women aren't getting the preventative care maybe that we need."
>
> "Whether they know doctors are out there or not, they don't need a doc for not sick. And I don't think prevention is the top thought for a lot of people."
>
> "Maybe one of our biggest issues with health in Ashland County is just maybe access to doctors, preventative screening."
>
> "People that have medical coverage and know to do the preventative measures and that they're already established, that is fine. There is a missing piece for those that maybe just don't know where to get started or if they are not established with the doctor. And there are a lot of people that are not probably established with doctors."
>
> "I don't know how many consumers I've encouraged [to] go get a physical, your insurance will cover it. And a common response is, 'Well, I'm afraid to find out what's wrong with me.'"

MENTAL HEALTH AND SUBSTANCE USE

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

KEY FINDINGS

- **Community leaders express strong concerns regarding substance use, particularly vaping, youth access to THC, and poly-drug issues.** Alcohol remains a primary issue at outpatient agencies and a significant, sometimes overlooked, contributor to poor health outcomes.

Ashland County residents report having around 6 poor mental health days in the past month. Over a quarter (27%) of Ashland residents have been diagnosed with depression, and 15% have bought medication for anxiety or depression in the past year.

MENTAL HEALTH		ASHLAND COUNTY	OHIO
Mental Health	Poor mental health days, past 30 days[1]	5.6 days	5.5 days
	14+ poor mental health days, past 30 days[2]	19.8%	--
	Feel life is slipping out of control[3]	23.8%	24.1%
	Diagnosed with depression[2]	27.2%	--
	Bought meds for anxiety/depression[3]	15.4%	14.5%
	Households that received mental healthcare services[3]	7.1%	8.7%

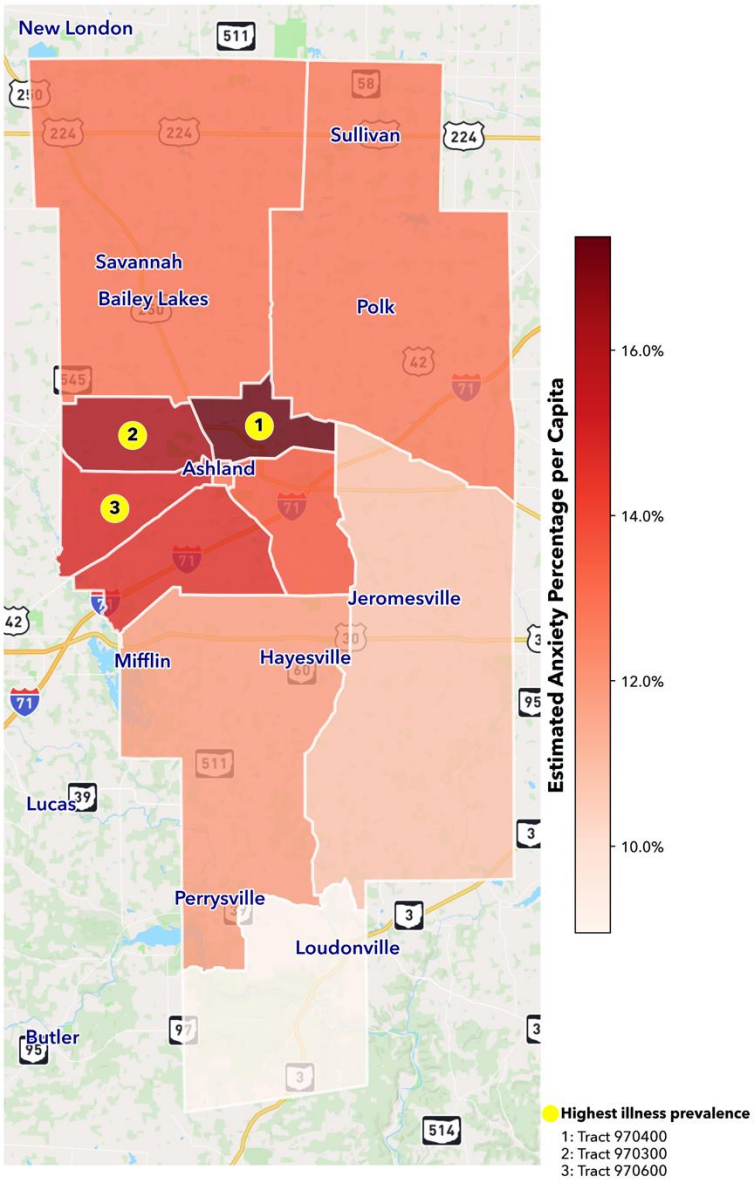
Data are from 2022-2024

Community Voices – Youth Mental Health Issues

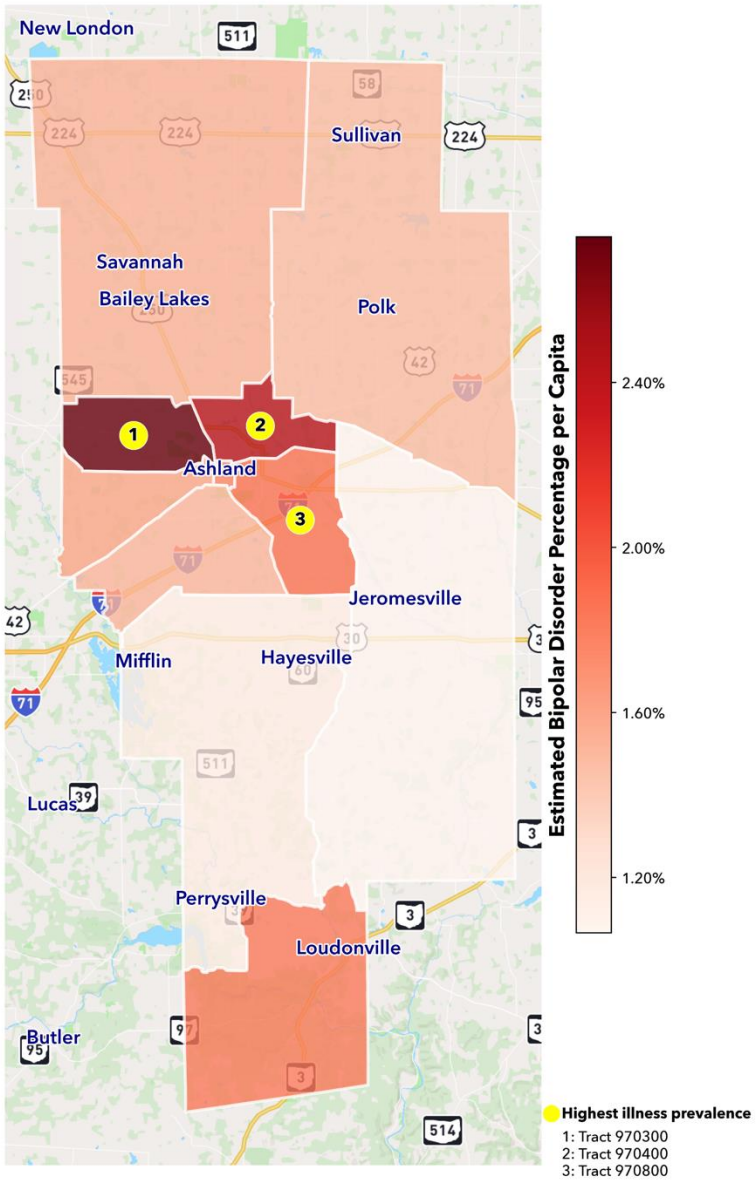
Community members are concerned about bullying and screen use by children who aren't always being taught the tools they need to handle mental health challenges and stressors.

> "We know that [bullying] exists, that social media presents a pressure to young people that past generations wouldn't have had to deal with."
>
> "Our young people that are struggling, they don't always have the tools or the guidance to build resilience in the face of some of the challenges – could be bullying at our schools, screens, technology."
>
> "There are a couple of folks that are working with the schools to try to prevent our young people from being able to see age-inappropriate content because evidently there's a lot of young people exposed to adult content. They want to try to get that under control."
>
> "There's only a limited number of supporting and or queer individuals [at my high school]…You're still getting that socialization, but you're not getting it on the large scale that people who are not queer or people who do not have mental health disabilities or mental illnesses…is gonna experience. You have very limited options."
>
> "There is no escape from social media for kids and adults. You are expected to respond immediately. Whether it's social media, a text, an email. So it's more pressure."

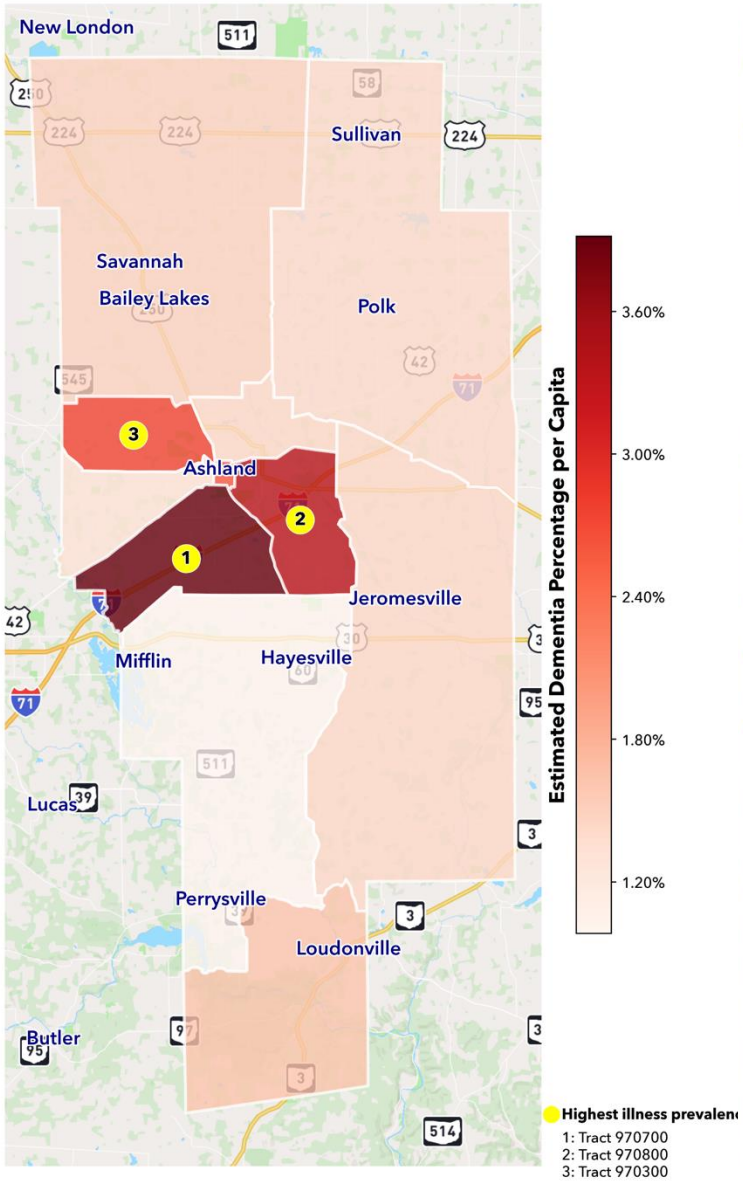
Anxiety



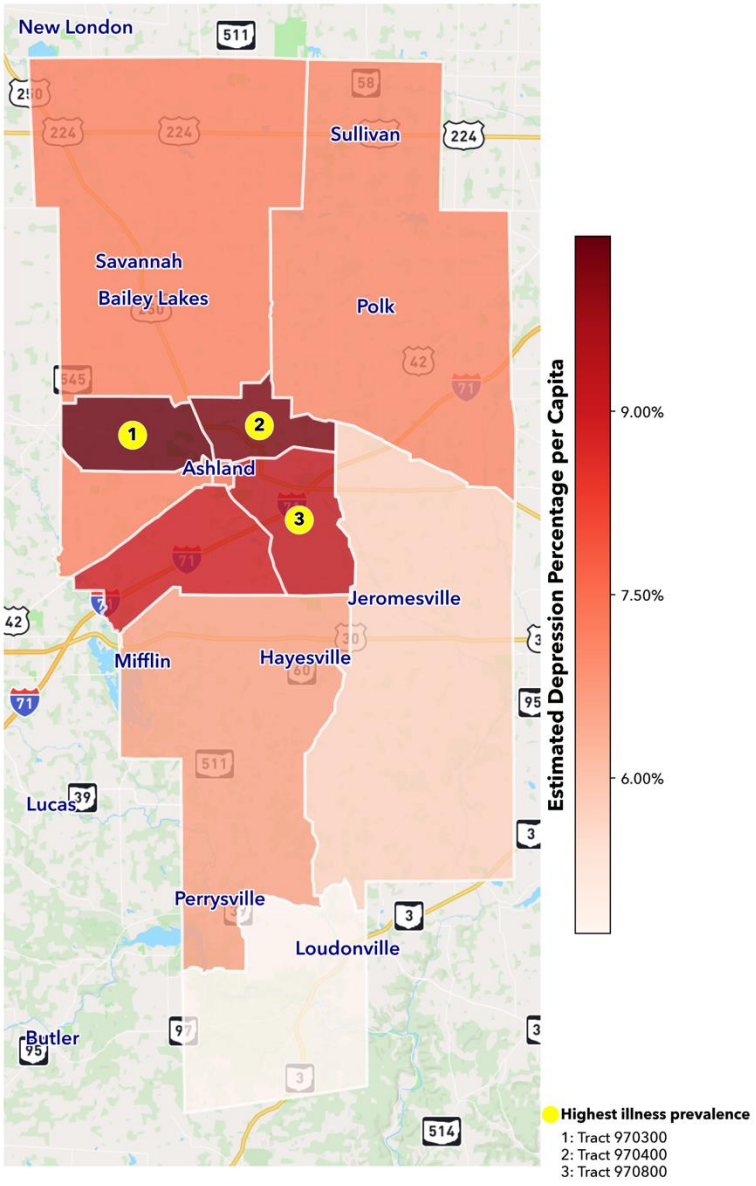
Bipolar Disorder



Dementia



Depression



Around 20% of Ashland County residents smoke cigarettes, which does not meet the Healthy People 2030 goal of 6.1%.

ADULT SUBSTANCE USE		ASHLAND COUNTY	OHIO
Alcohol[1,2]	Drinking excessively, past 30 days	17.8%	20.0%
	Binge drinking, past 30 days	16.7%	--
Nicotine & Tobacco[2,3]	Current cigarette smokers	20.4%	--
	Used electronic cigarettes, past 30 days	6.7%	6.9%
	Used smokeless tobacco, past 30 days	2.5%	1.7%

Data are from 2022-2024

Healthy People 2030 objective not met: current adult cigarette smokers (Ashland **20.4%** vs. Target **6.1%**)[4]

Community Voices – Youth Substance Use

Community members are worried about substance use among youth, especially alcohol and vaping. They are also concerned about adults who are contributing to these behaviors.

> "Some parents think that if they control the environment, take all their keys and don't let anybody leave…But then you make that really bad decision of 'I'm gonna provide them alcohol because now we're gonna be the cool place to hang out.'"
>
> "It's finding out that so and so's parents let this junior, this junior drink on the weekends… It's really quite surprised how acceptable that is. I mean, these are good kids that come from good families."
>
> "There's a lot more drug use at the high school age than what people maybe are willing to look at and probably alcohol use as well."
>
> "I don't know exactly how [youth are getting vapes]. It appears that somehow they're getting it either through adults, or maybe it's being used in their homes and they have access to it. Someone is involved in contributing to their access to these products."
>
> "[Vaping] is much more of a concern to the point of where they have to have vape detectors in the bathroom to catch kids who are trying to vape in the bathroom [at school]."
>
> "Vaping among children is going up. And we see a proliferation of vape shops all over our community. Kids are getting their hands on this and it's posing health risks to them that many children don't realize. They think maybe it's a safer alternative than smoking, and that's not necessarily true."

Community Voices – Substance Use

Community leaders and residents discussed how substance use can have negative health effects on individual users, their families, and the county overall. They are especially concerned with the recent increase of vape shops in the community.

"Marijuana is a weird thing right now because it is so legal. I'm seeing more and more kiddos get a hold of their parents THC, meaning through gummies or the pens."

"There's Mom and Dad, and you can't get through to them that not only is [vaping] dangerous to you, it's dangerous to the kids."

"What we're seeing is a poly drug issue, typically fentanyl, with an amphetamine of some kind. Methamphetamine or amphetamine. Pure fentanyl is not common because it's deadly in small quantities….So they've been cutting fentanyl into other drugs."

"Nobody's coming into our agencies on an outpatient basis saying, 'Hey, I need help with my fentanyl or amphetamine issue.' Where we're seeing them is in the jails. They get in trouble. Petty crimes. Typically breaking in, looking for money, cars, or whatnot."

"[Alcohol] has always been the number one issue at our outpatient agency."

"Alcohol oftentimes gets neglected even though it's pretty significant contributor to a lot of [negative] health outcomes."

"We have an unexplainable number of vape and smoke shops showing up in our community. [Ashland] are one of those few cities across Ohio that did pass legislation that says you cannot sell marijuana within our city limits. We have a strong feeling that the reason we're seeing all of these vape shops and smoke shops show up is because they are so hard to regulate, they can get away with selling the very things they're not supposed to."

"A lot of the folks that would be utilizing [vapes] are younger ages. To start so early coating your lungs with whatever is not going to pay off well for them and for the community."

GENERAL HEALTH AND WELLNESS

This section provides insight into the physical and mental well-being of Ashland County residents.

KEY FINDINGS

- **Ashland County faces a significant burden from chronic diseases and certain cancers, with higher than state average incidence for some and notable mortality rates.** Over a third of adults report diagnoses of high blood pressure (37.6%), high cholesterol (36.1%), and arthritis (33.5%). The overall cancer incidence rate (498.3 per 100,000) in Ashland is higher than in Ohio (462.9), with colorectal cancer (52.5) and breast cancer (79.5) rates being particularly elevated compared to state averages.

- **Community members express concern that the health and wellness needs of the aging population are not adequately met.** Seniors struggle with mobility, affordability of essential items not covered by Medicare (like dental care, hearing aids, eyeglasses), managing multiple medications, and conditions like dementia as well as isolation and transportation barriers.

- **Maternal and Child Health in Ashland County presents a mixed profile, with successes in some areas but critical deficiencies in early prenatal care, infant mortality, and child lead exposure.**

- **There is a strong community desire for improved service coordination, proactive health outreach, and innovative communication strategies to better connect residents with resources and support.**

Around 86% of Ashland County residents report that their general health ranges from good to excellent.

GENERAL HEALTH		ASHLAND COUNTY	OHIO
Self Assessment[1,2]	General health is good, very good or excellent	85.7%	85.4%
	General health is poor or fair	20.2%	17.9%
Physical Health[2]	Poor physical health days, past 30 days	4.6 days	4.3 days
	14+ poor physical health days, past 30 days	14.3%	13.4%

Data are from 2022-2024

Around 81% of Ashland County residents report taking medication for high blood pressure. Over a third have been diagnosed with high blood pressure (38%), high cholesterol (36%), and arthritis (34%).

PHYSICAL HEALTH		ASHLAND COUNTY	OHIO
Health Events[3]	Stroke	4.2%	--
	Coronary heart disease	9.3%	--
Health Conditions[4,3]	High blood pressure medication (among those diagnosed with high blood pressure)	80.8%	--
	High blood pressure	37.6%	--
	High cholesterol	36.1%	--
	Arthritis	33.5%	--
	Obese, age 20+	28.5%	--
	Total tooth loss, age 65+	12.5%	--
	Asthma	11.1%	--
	COPD	10.7%	--
	Diabetes, age 20+	7.7%	--
	Kidney disease	3.4%	
Infectious Diseases[5,6,7]	Chlamydia incidence rate*	159.1	464.2
	Gonorrhea incidence rate*	28.7	168.8
	Salmonella infection incidence rate*	15.3	13.8
	Tuberculosis incidence rate**	0.0	1.6

*Data are from 2021-2024 *Rate is per 100,000 population **Rate is per 1,00 Population*

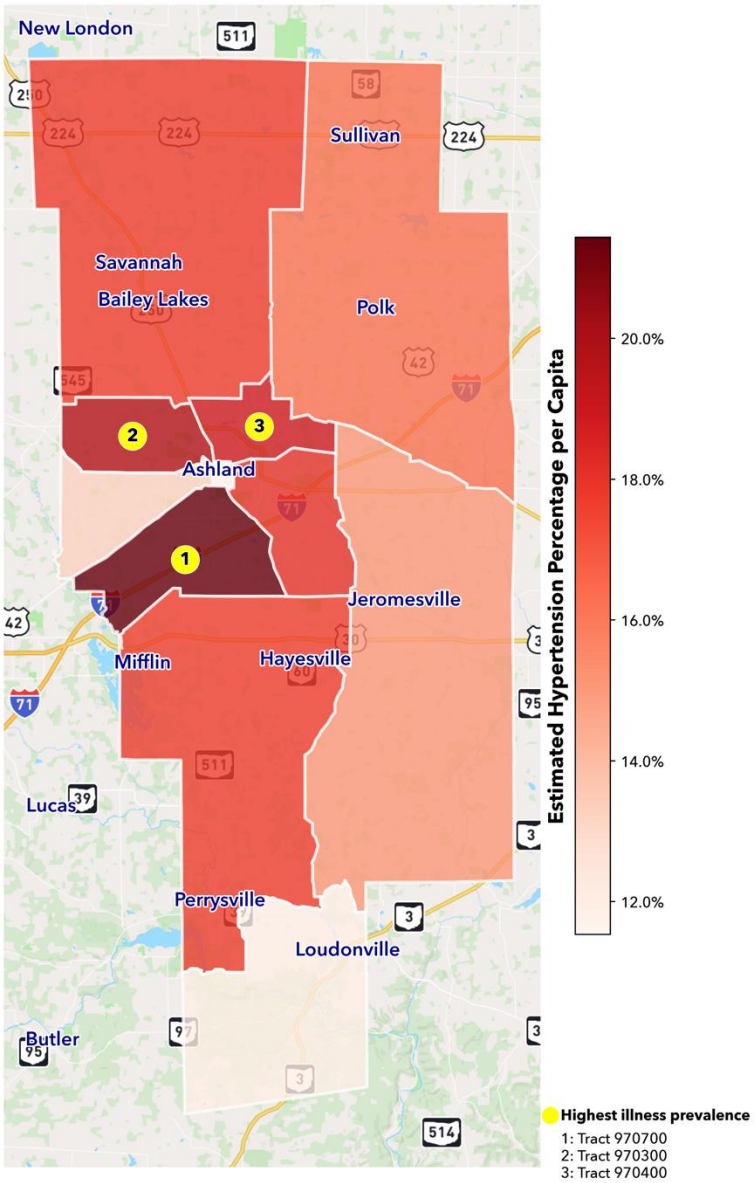
Healthy People 2030 objective met: adults with high blood pressure (Ashland **37.6%** vs. Target **41.9%**)[8]

Healthy People 2030 objective met: adults age 20+ with obesity (Ashland **28.5%** vs. Target **36.0%**)[9]

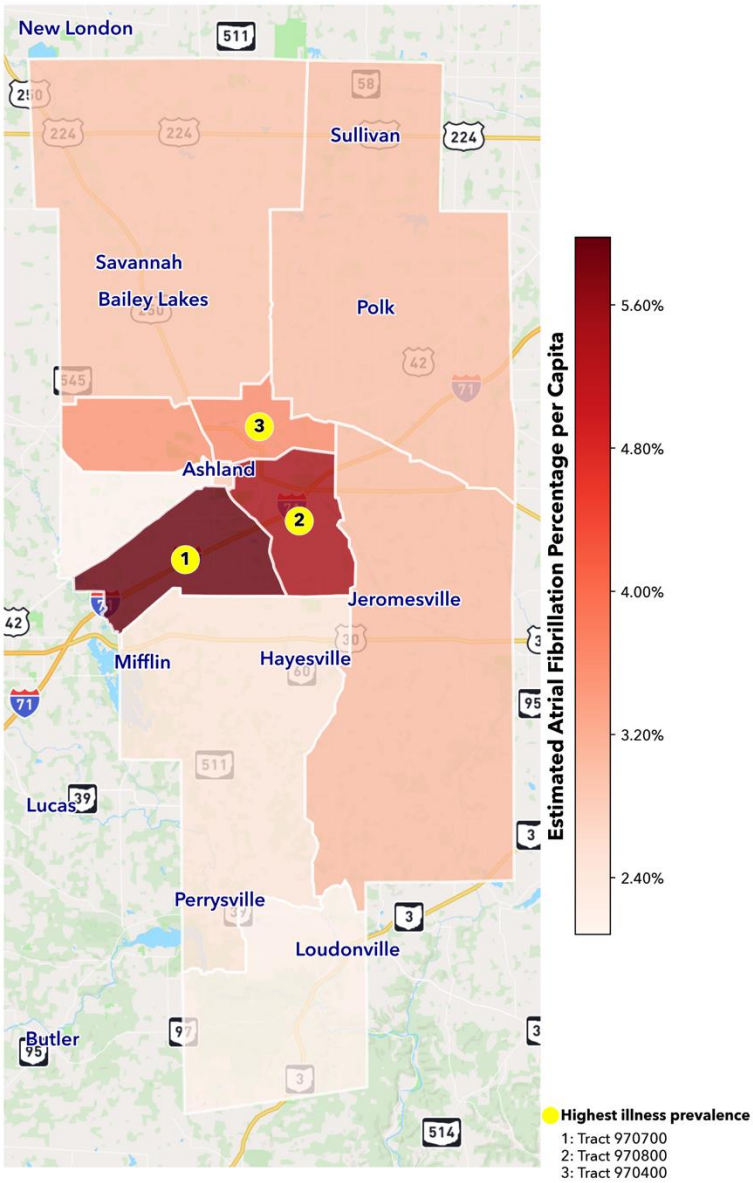
Healthy People 2030 objective not met: Salmonella infection incidence rate (Ashland **15.3** vs. Target **11.5**)[10]

Healthy People 2030 objective met: tuberculosis incidence rate (Ashland **0.0** vs. Target **1.4**)[11]

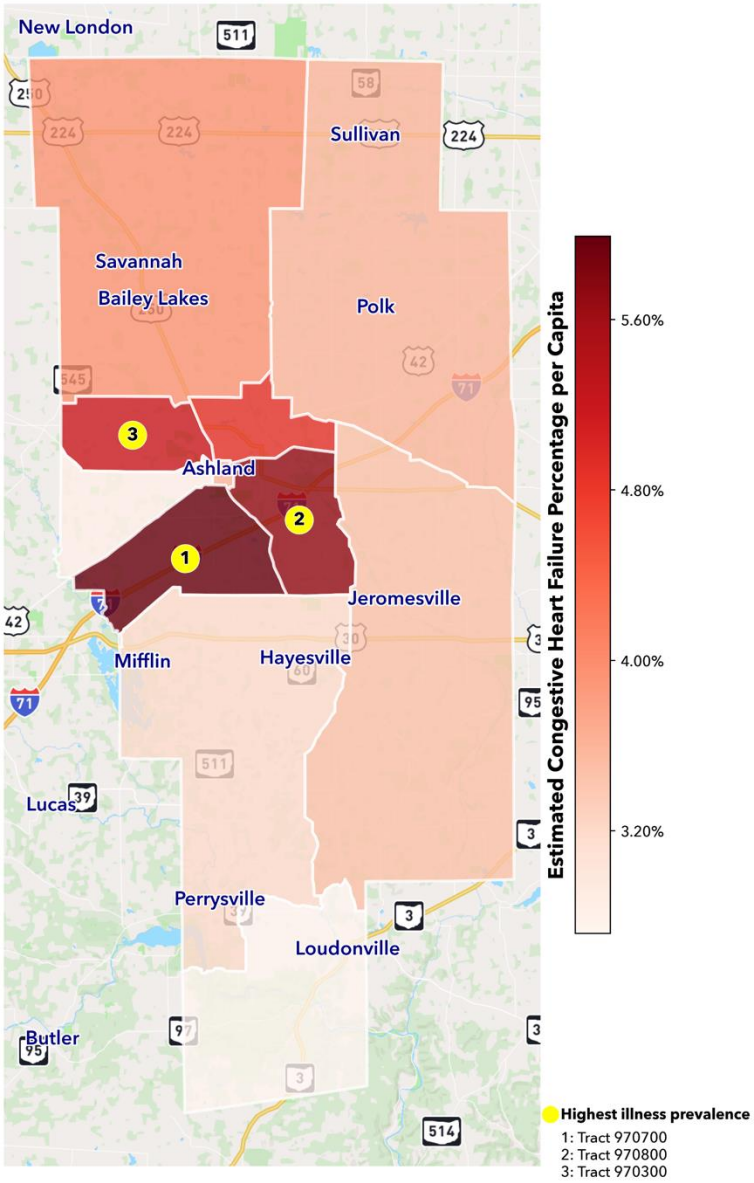
Hypertension



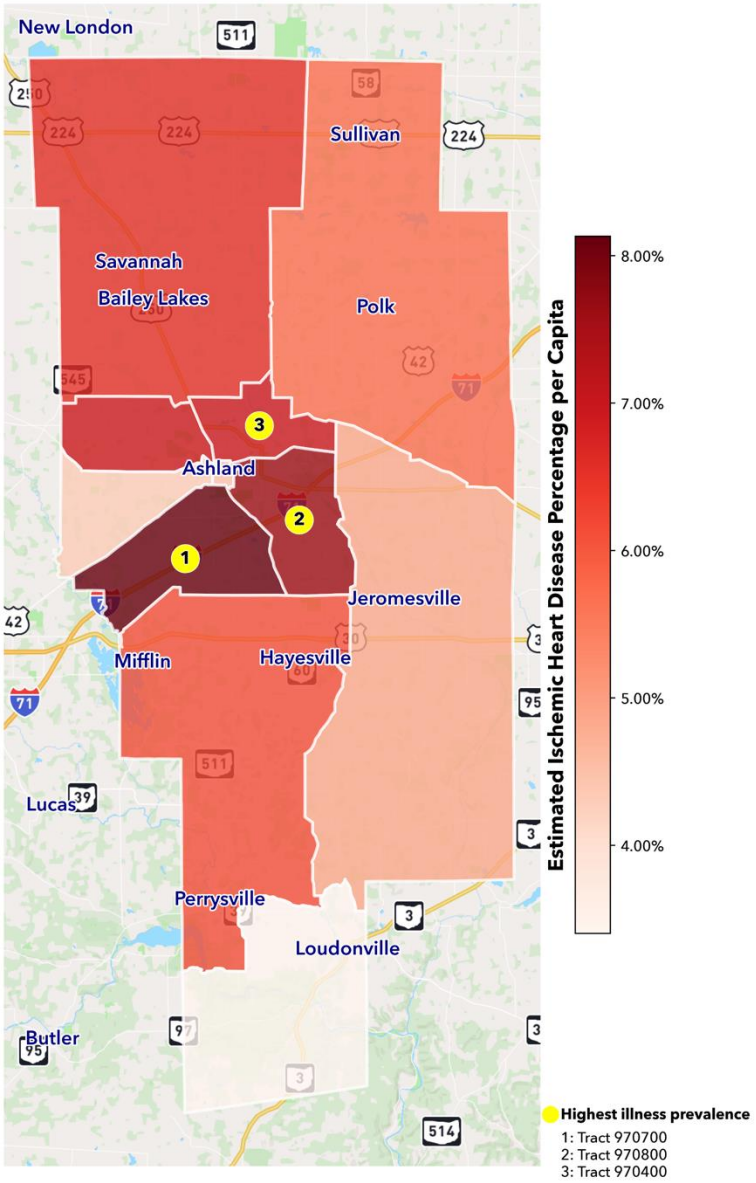
Atrial Fibrillation



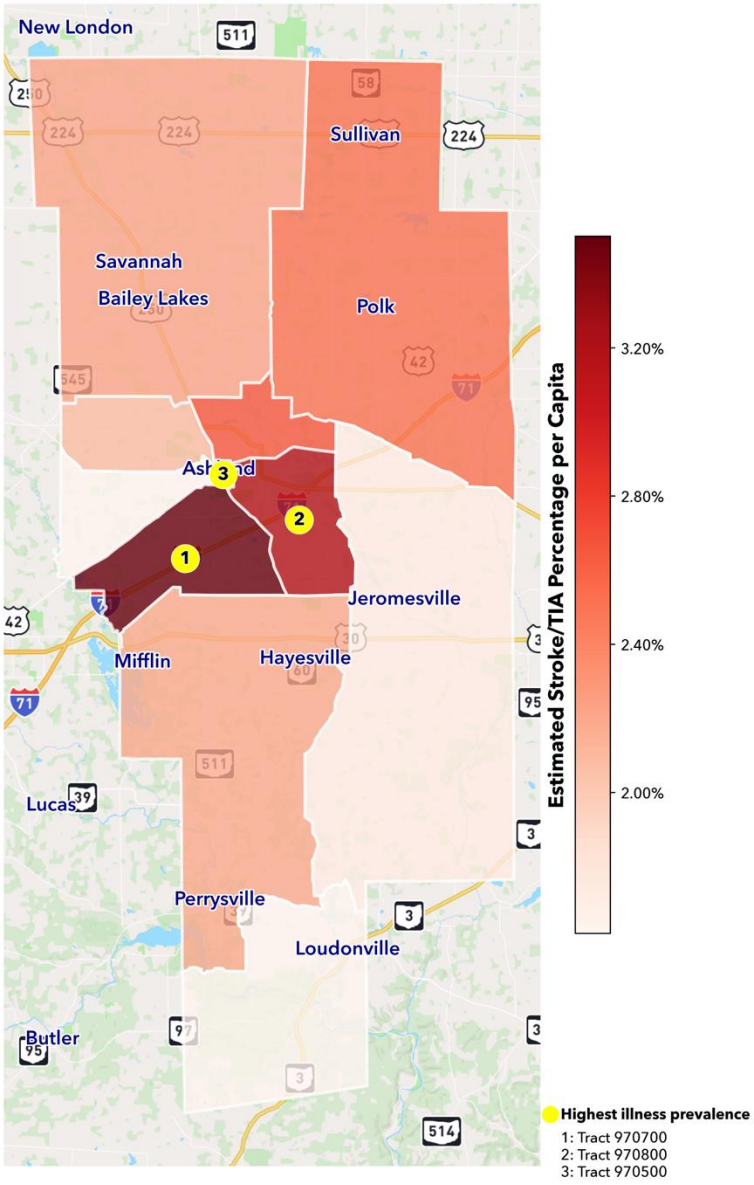
Congestive Heart Failure



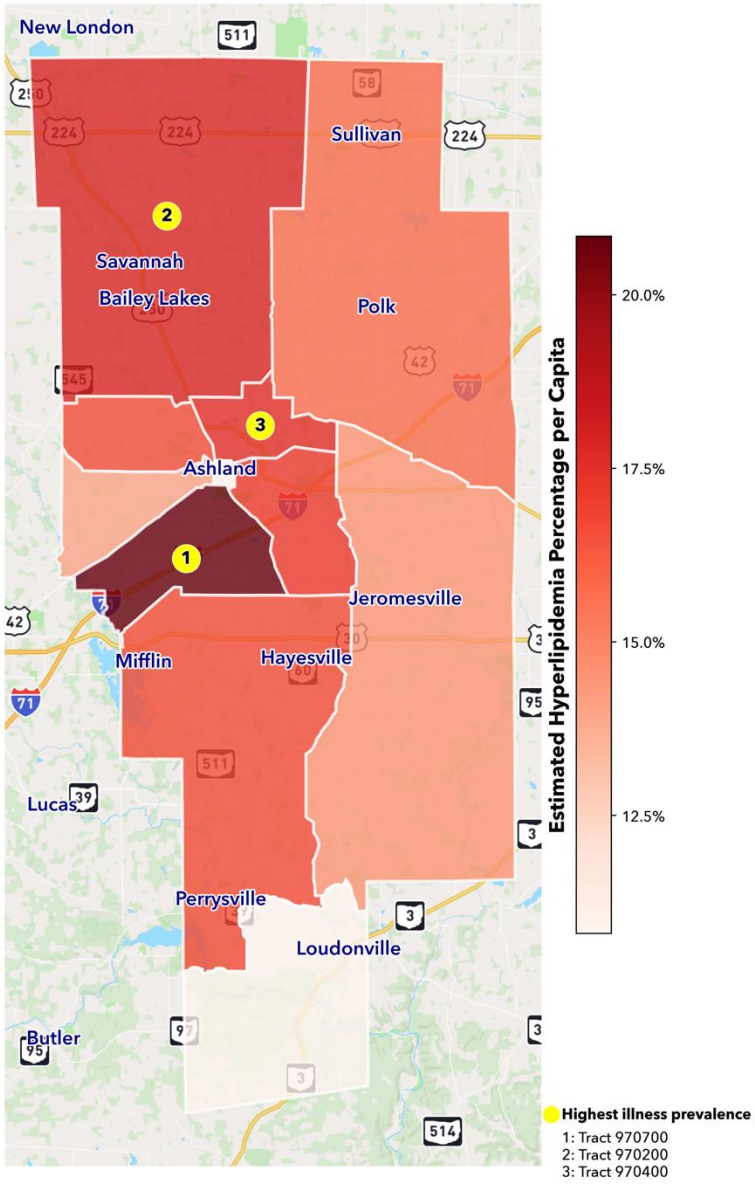
Ischemic Heart Disease



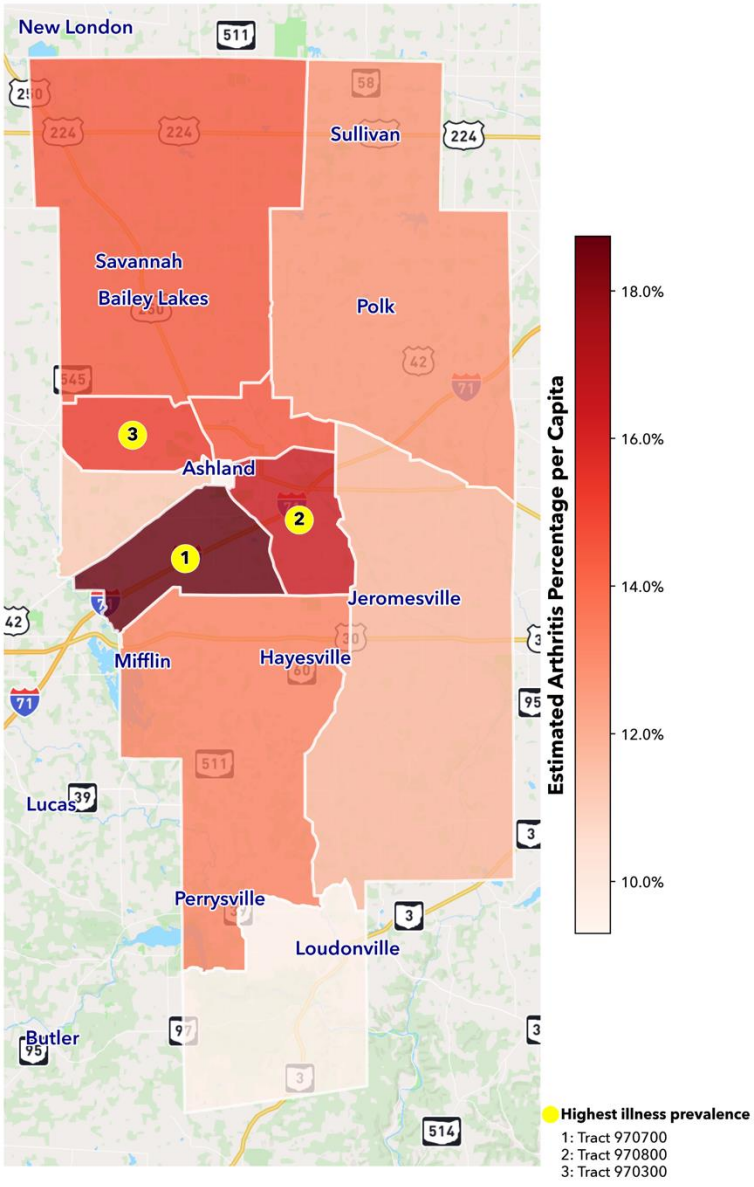
Stroke/TIA



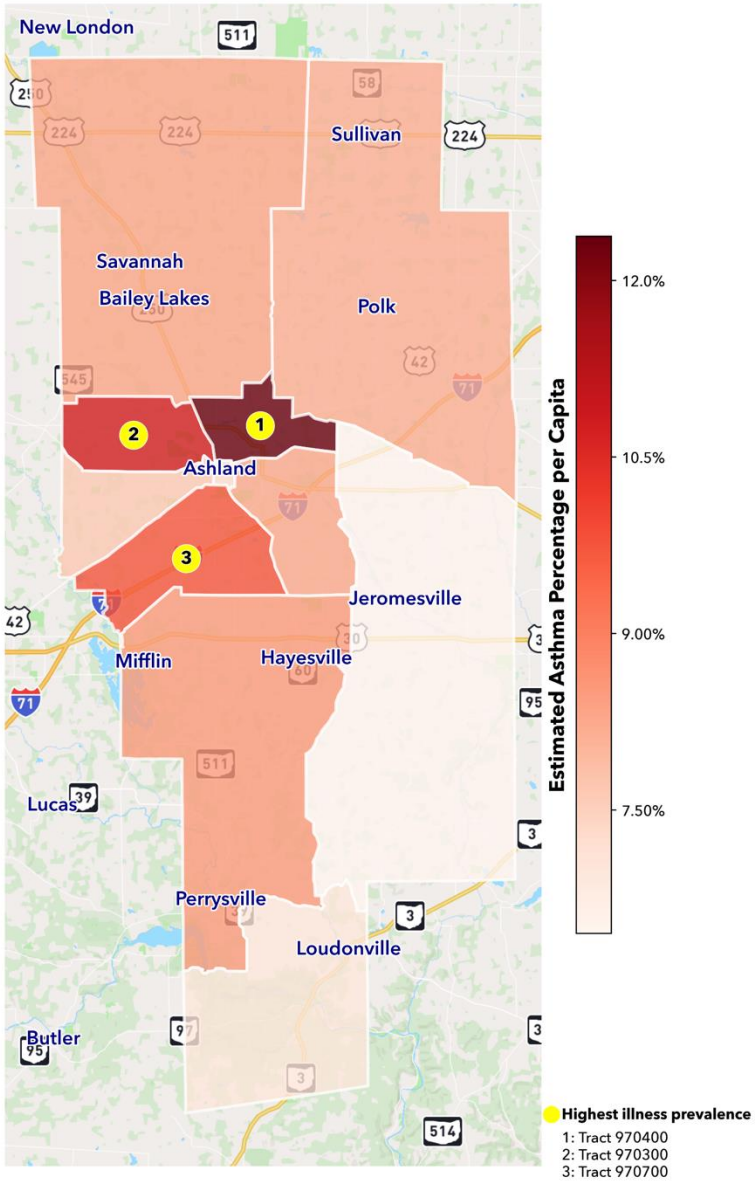
Hyperlipidemia



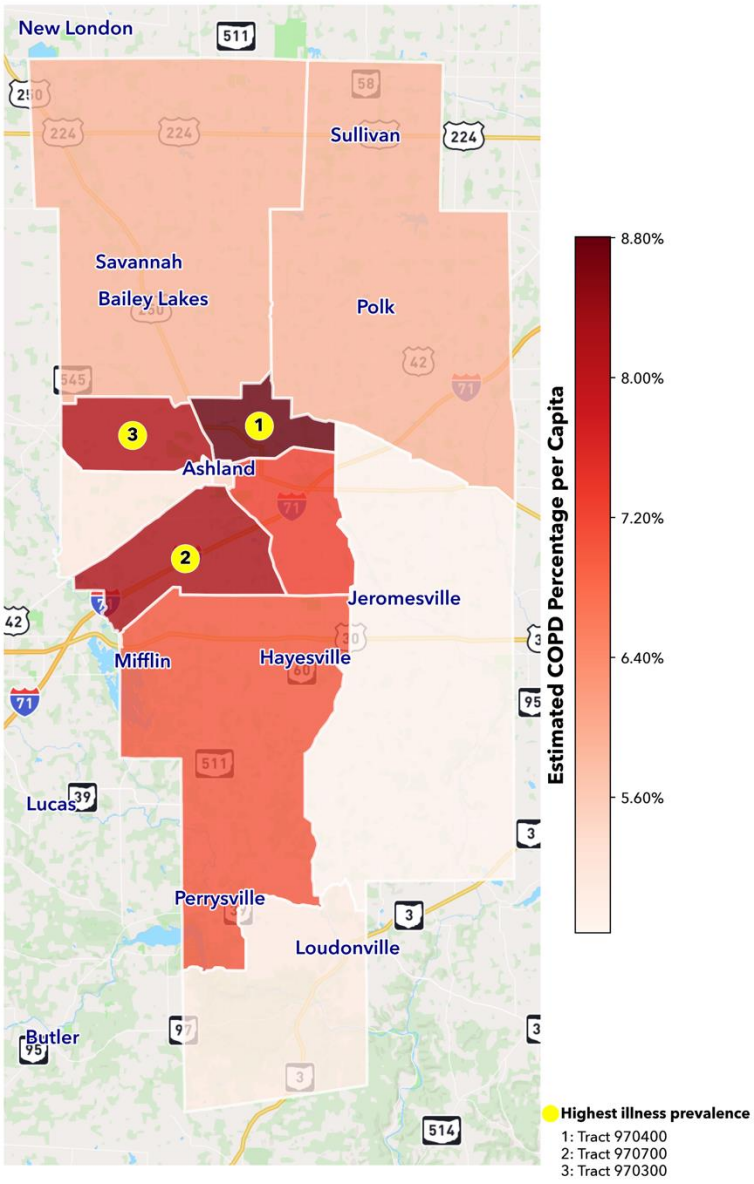
Arthritis



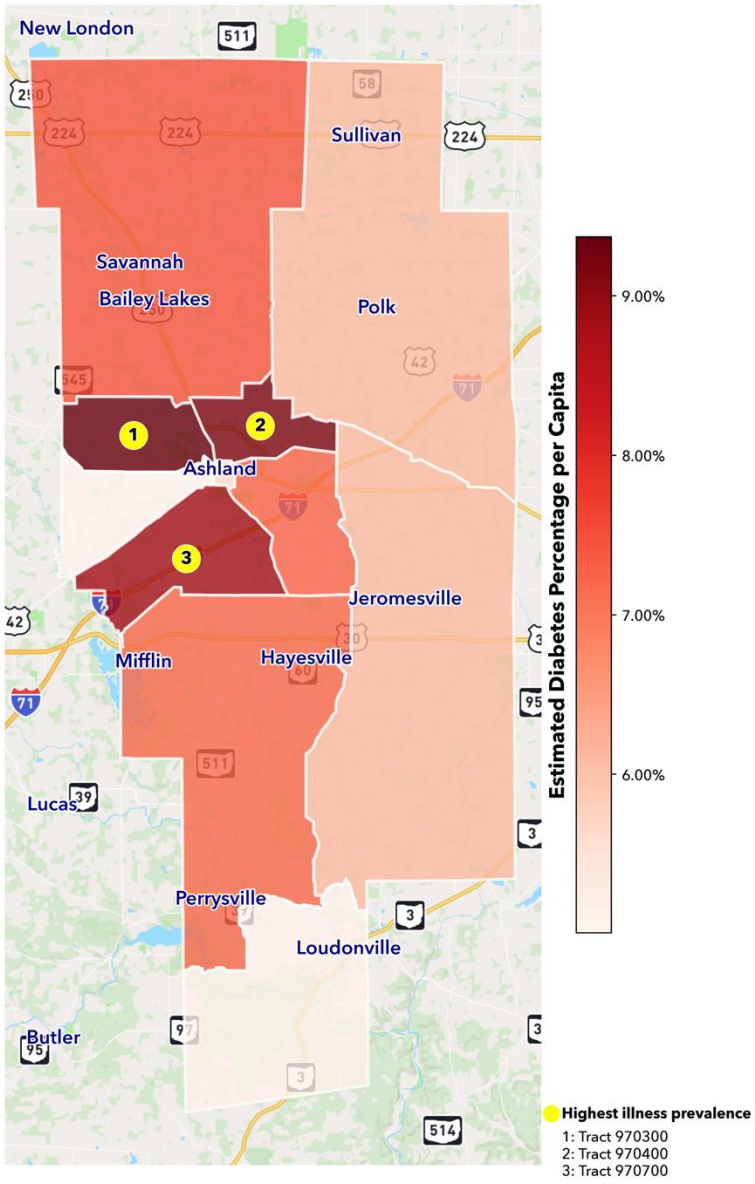
Asthma



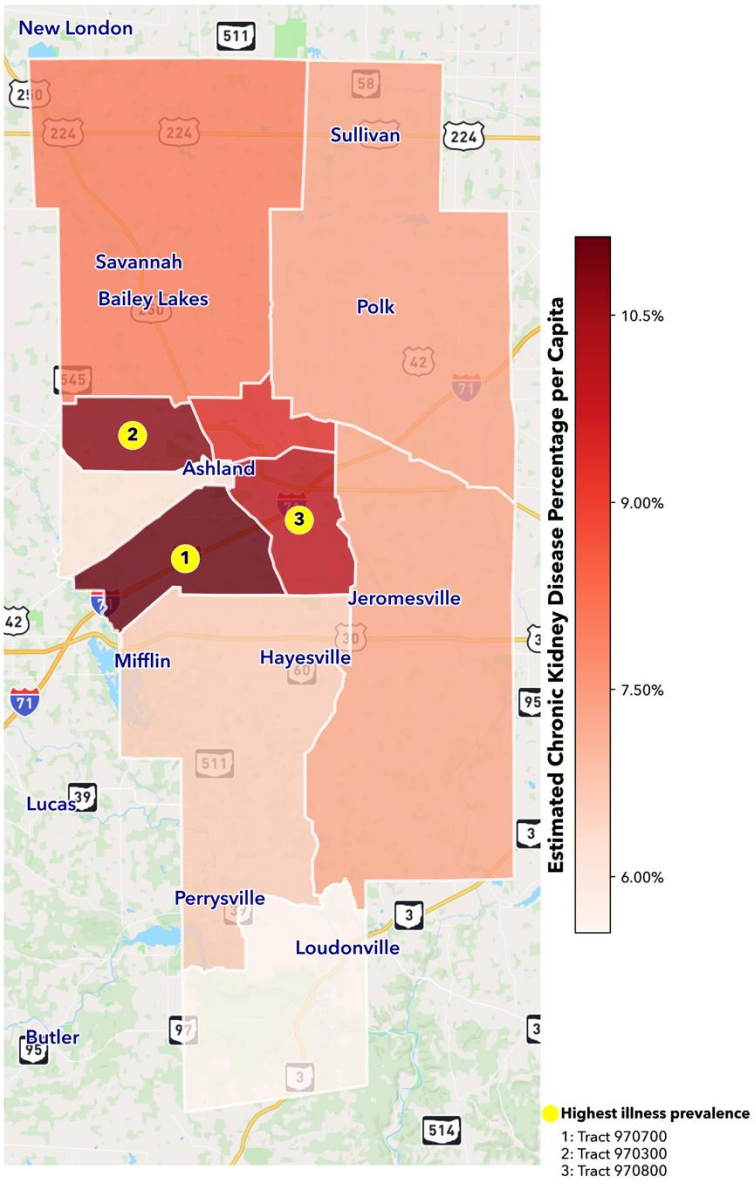
COPD



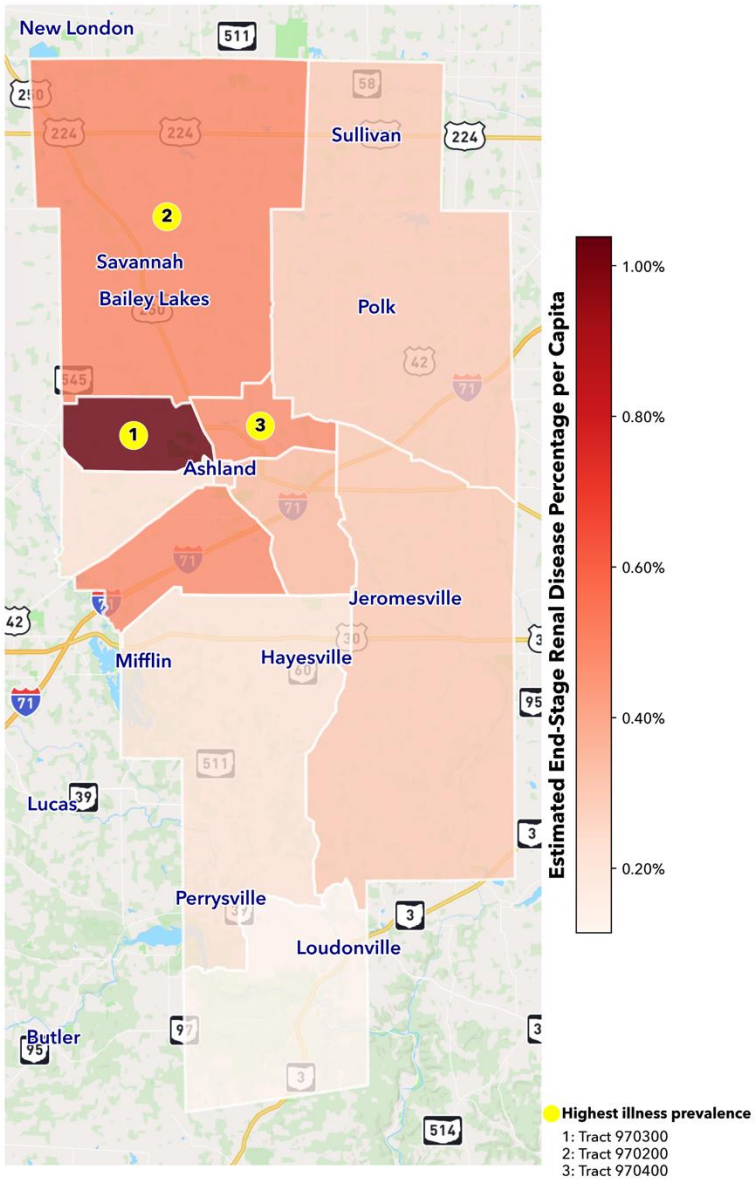
Diabetes



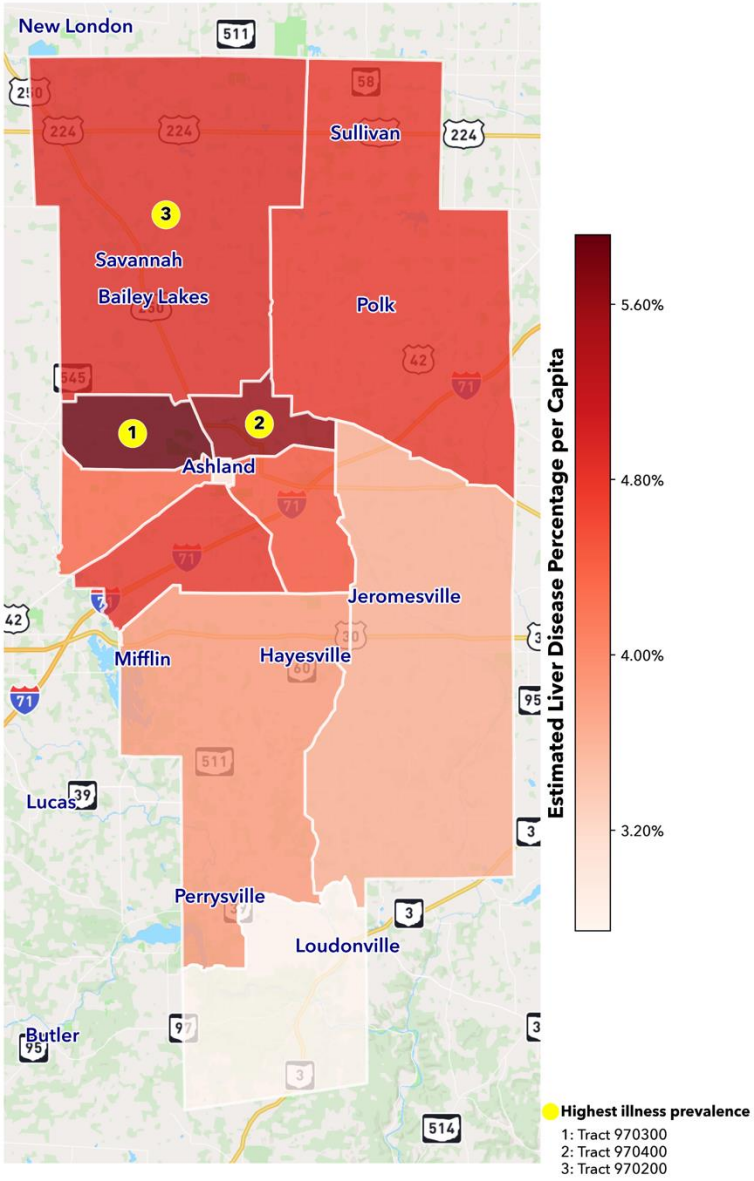
Chronic Kidney Disease



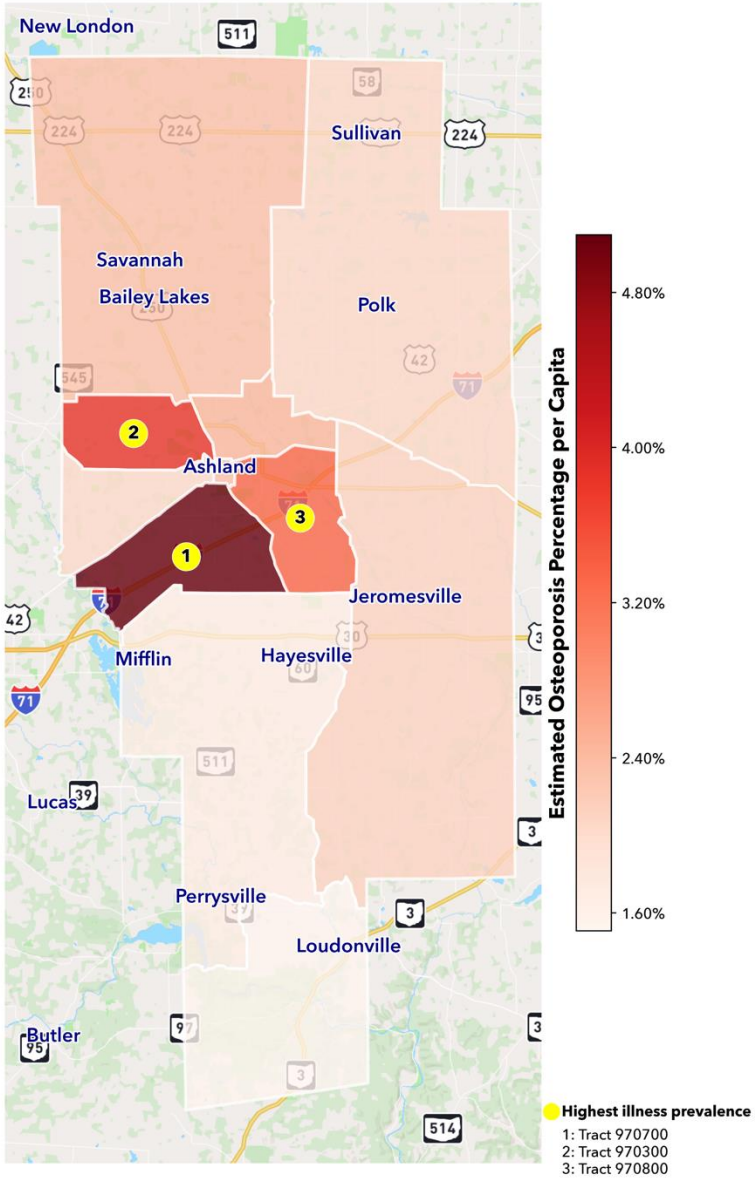
End-Stage Renal Disease



Liver Disease



Osteoporosis

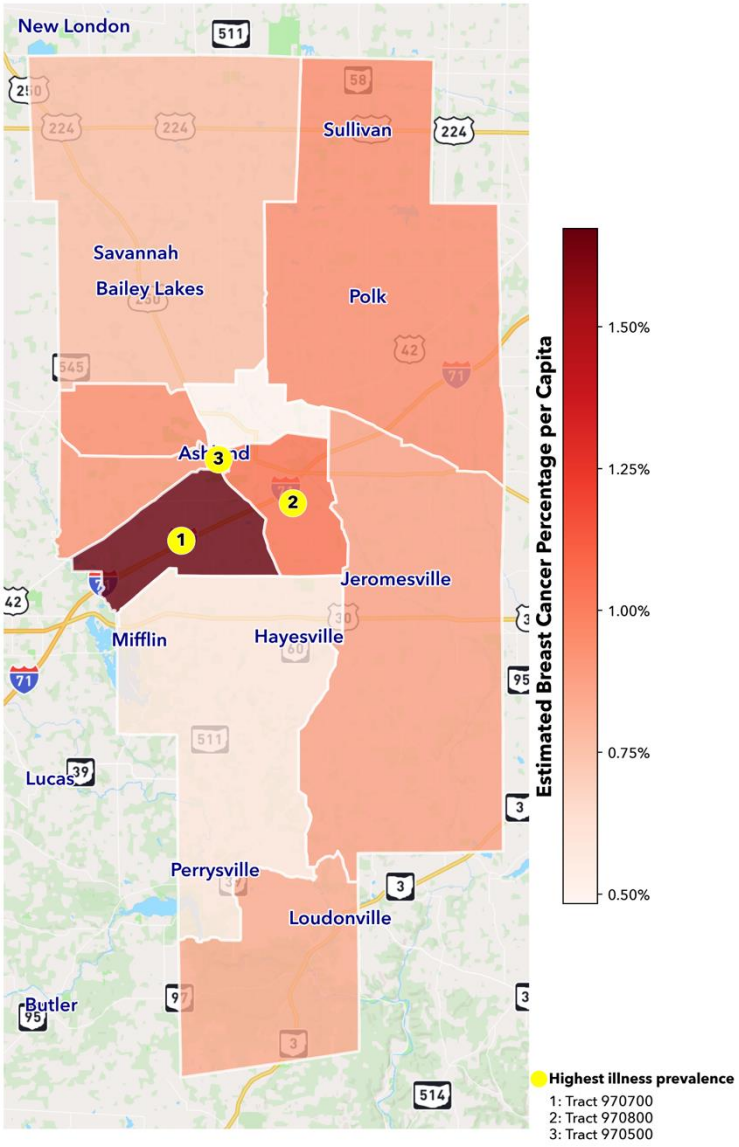


The cancer incidence rate in Ashland (498.3) is higher than the cancer rate in Ohio overall (462.9). Prostate and breast cancer are the most common cancers in Ashland County.

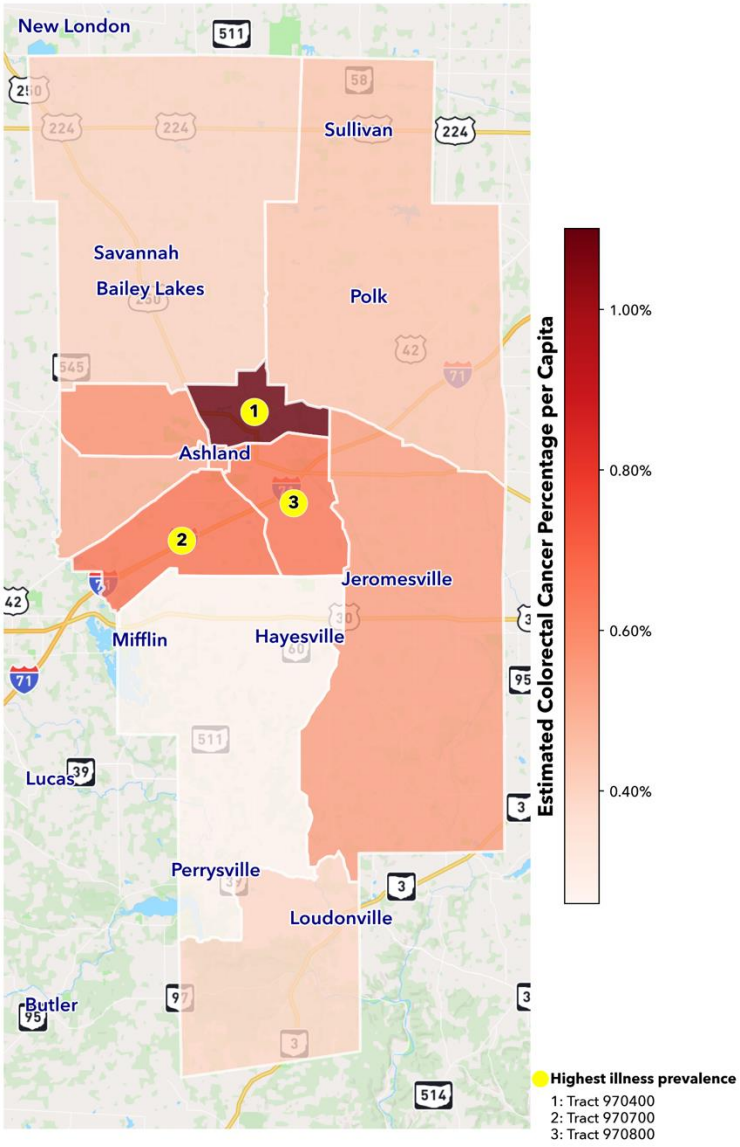
CANCER INCIDENCE[12]		ASHLAND COUNTY	OHIO
Cancer*	Adults with cancer	367	71,434
	All Cancer Incidence Rate	498.3	462.9
	Prostate Cancer Incidence Rate	112.9	125.1
	Breast Cancer Incidence Rate	79.5	70.5
	Lung & Bronchus Cancer Incidence Rate	54.6	60.4
	Colorectal Cancer Incidence Rate	52.5	36.2
	Oral Cavity & Pharynx Cancer Incidence Rate	10.4	13.3

*Data are from 2022 *Rates are age-adjusted per 100,000*

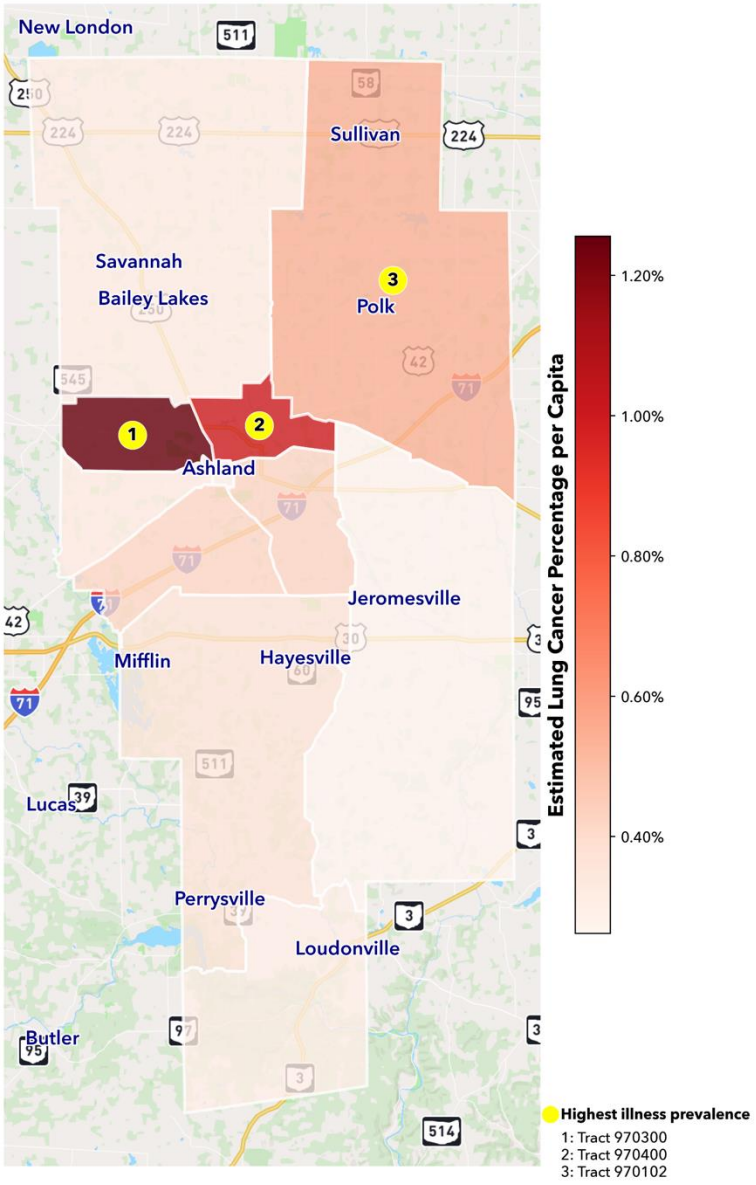
Breast Cancer



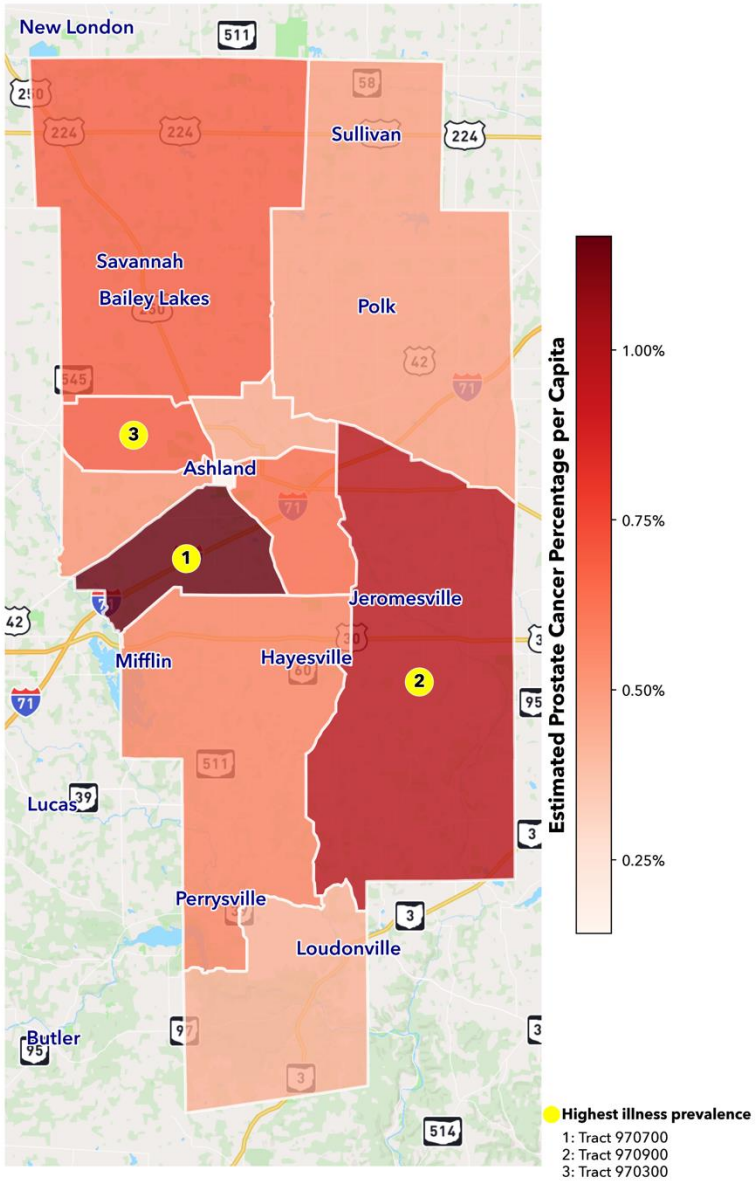
Colorectal Cancer



Lung Cancer



Prostate Cancer



Community Voices – Senior Health Care

Community residents are concerned that not enough is being done in Ashland County to meet the health and wellness needs of an aging population.

"The community itself is not as mobile friendly as you would hope…Making it more mobile friendly for old people or folks that have disabilities will benefit the whole gamut."

"There are people who can't afford hearing aids and makes me angry that two, three things the elderly need, [Medicare] don't pay for… Eyeglasses, hearing aids and dental work."

"The falls and diabetic problems we've been dealing with quite a bit and just general illness type of stuff. But that's just normal aging."

"Dementia, Alzheimer's kind of things where someone just completely forgets and doesn't eat, doesn't take their medicine, they're still home alone. Because the family really hasn't been woken up to the realization that person really needs more supervision."

"We have got a lot of disconnected seniors. They've lost their partner. Their ability to get out of the house is limited. Their desire to get out of the house is limited and that spirals into depression, and substance use."

"We just had our suicide fatality review committee about a month ago. And again, most of the folks are older adults. It's a combination of feeling isolated, not having sufficient family close by, feeling they don't have financial resources, which are stressful. Then you add on top of that, physical issues."

"Medicare would not pay for everything… So you got have a supplement…You shouldn't have to. Some of these people can't afford a supplement… Seems like if you're in Medicaid, you get it all, but you can't get it if you're a senior. That doesn't seem fair to me."

"Physicians have to be approved and certified and licensed to be able to round in the nursing home. And as they've retired, they've just pulled out…And that also puts a strain on transportation."

"The 60+ population because of transportation that can be complex to them depending on whether or not they're working, getting Social Security and do they have enough money to bring in healthy foods to be living in a home that feels secure to them, that they're not going to lose? Are they able to afford the medications that they need to have? That is the most at risk population."

"There's not enough knowledge shared about home health…A lot of them can't afford assisted living. But their insurance, Medicare, does pay for physical therapy and a lot of things at home. "

The most common health concerns among Medicare recipients in Ashland County are high blood pressure (70%) and high cholesterol (66%).

MEDICARE POPULATION[13]		ASHLAND COUNTY	OHIO
Health Concerns	Hypertension	70.0%	67.0%
	Hyperlipidemia	66.0%	67.0%
	Rheumatoid Arthritis or Osteoarthritis	36.0%	39.0%
	Diabetes	26.0%	25.0%
	Ischemic Heart Disease	21.0%	22.0%
	Chronic Kidney Disease	19.0%	19.0%
	Depression	18.0%	18.0%
	Atrial Fibrillation	14.0%	15.0%
	COPD	13.0%	13.0%
	Cancer	12.0%	12.0%
	Heart Failure	12.0%	12.0%
	Osteoporosis	9.0%	11.0%
	Alzheimer's Disease or Dementia	6.0%	6.0%
	Asthma	6.0%	7.0%
	Stroke	6.0%	5.0%

Data are from 2023

Community Voices – Families

Community leaders and residents are concerned about the lack of stability and safety among some families with children in the community. These negative life experiences can adversely affect children's health in the short and long term.

> "We have more children who seem to be born into poverty…We have a number of children who don't have involvement of their fathers in their lives…This creates a number of risk factors for children."
>
> "We have a lot of grandparents raising their grandkids…That's a phenomenon that's continuing to grow. Supporting those kinship caregivers is important."
>
> "Family trauma histories. Those parents who don't have good coping skills raise kids who don't have good coping skills."
>
> "Parents who aren't home, parents who don't parent, family structure, stability, those kinds of things, I would say are the biggest risk."
>
> "When children are born into poverty and there's some insecurity for basic needs – food, shelter, clothing, transportation – that poses risks as it relates to family stability and stress on a family. My concern is it creates a risk for child abuse, neglect and just dependency where children cannot be cared for in their home. And so the family unit falls apart."

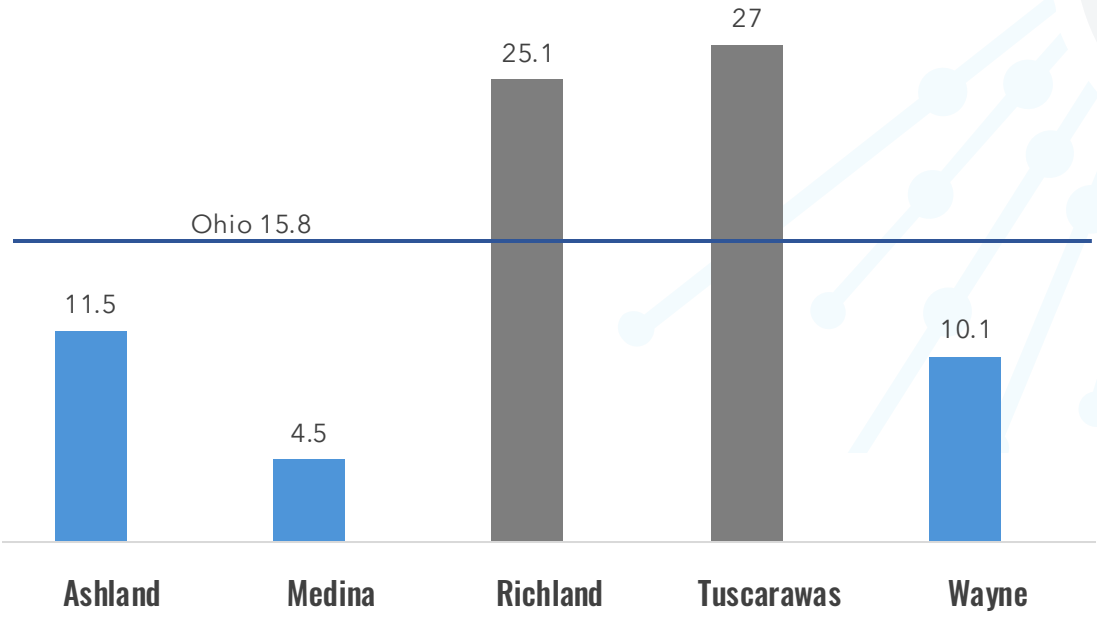
Fewer mothers in Ashland (52%) receive early prenatal care than in Ohio overall (69%). The infant mortality rate in both Ashland County and Ohio is 7.0, which does not meet the Healthy People 2030 goal for infant deaths.

MATERNAL & CHILD HEALTH		ASHLAND COUNTY	OHIO
Prenatal Behaviors[14]	Mothers who received early prenatal care	51.7%	68.6%
	Mothers who smoked during pregnancy	6.4%	7.9%
Teen Pregnancy[15]	Teen birth rate, ages 15-17*	1.9	6.1
Infant Health[16,17]	Babies with Low Birth Weight	5.5%	8.8%
	Babies with Very Low Birth Weight	1.5%	1.5%
	Infant Mortality Rate*	7.0	7.0
	Preterm Births	10.3%	11.0%
Child Health[18,19]	Blood lead levels ≥ 3.5 µg/dL**	7.5%	5.1%
	Blood lead levels ≥ 10 µg/dL**	1.2%	0.8%
	Substantiated Child Abuse Rate*	1.4	4.0

*Data are from 2021-2024 *Rates are per 1,000 **Children under 7 years old*

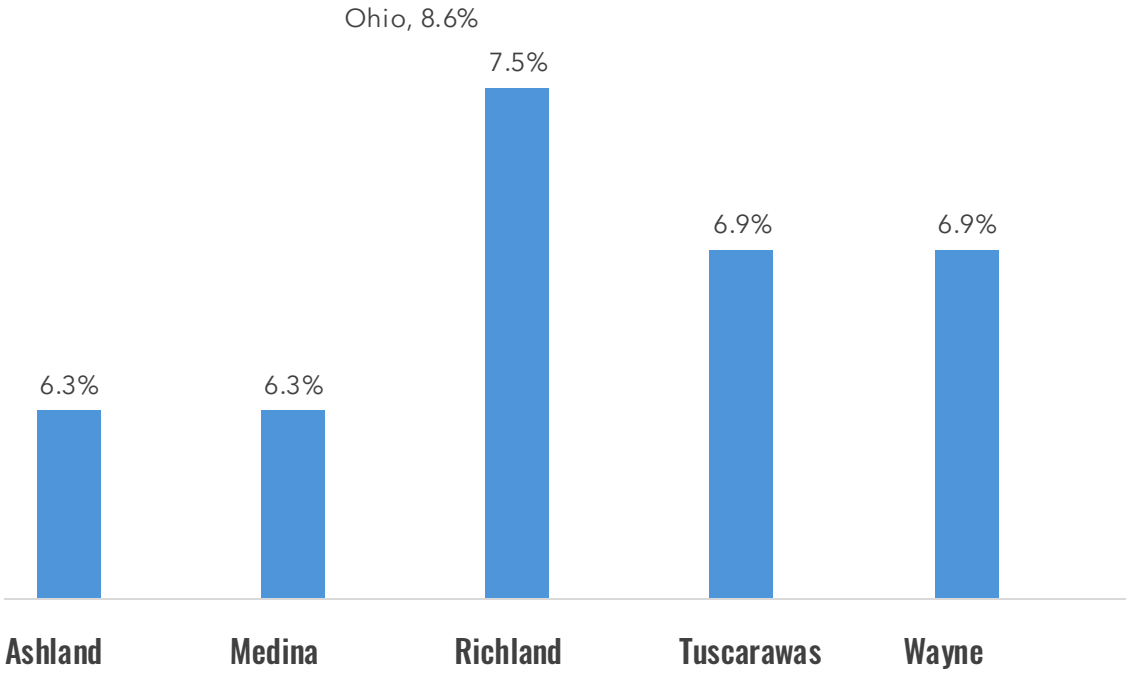
- **Healthy People 2030 objective not met**: mothers who did not smoke during pregnancy (Ashland **93.6%** vs. Target **95.7%**)[20]
- **Healthy People 2030 objective not met**: infant mortality rate (Ashland **7.0** vs. Target **5.0**)[21]
- **Healthy People 2030 objective not met**: preterm live births (Ashland **10.3%** vs. Target **9.4%**)[22]
- **Healthy People 2030 objective met**: child abuse rate (Ashland **1.4** vs. Target **8.7**)[23]

TEEN BIRTH RATE
(per 1,000 girls ages 15-19)



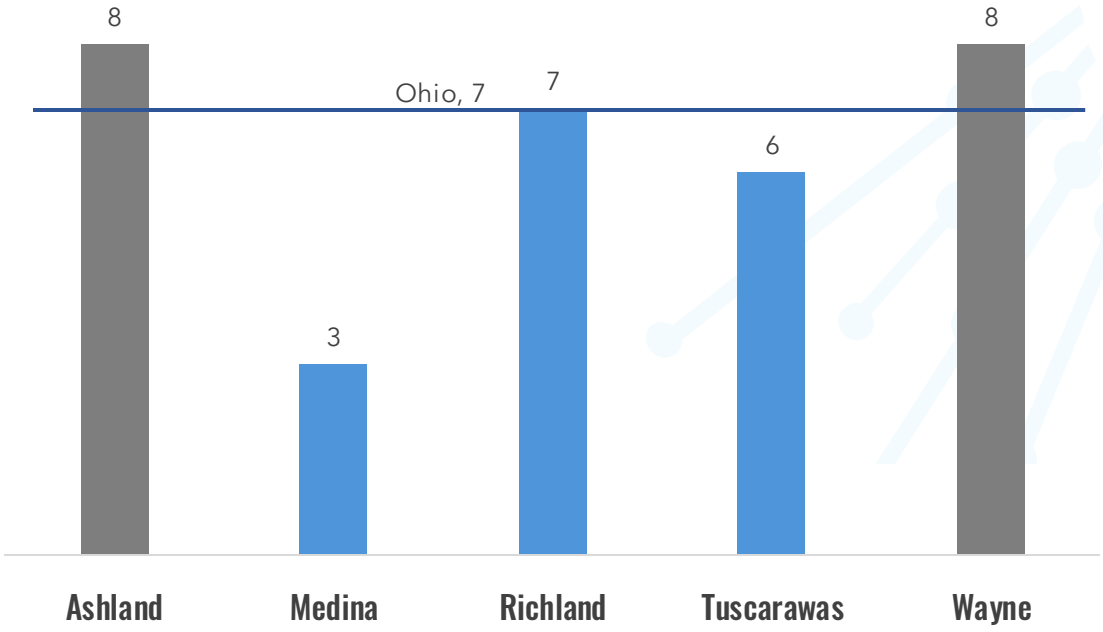
Source: ODH Birth Records 2019-2023 and U.S. Census Bureau American Community survey 5-year Estimates 2019-2023
Data provided by Akron Children's Hospital

BABIES BORN WITH LOW BIRTH WEIGHT



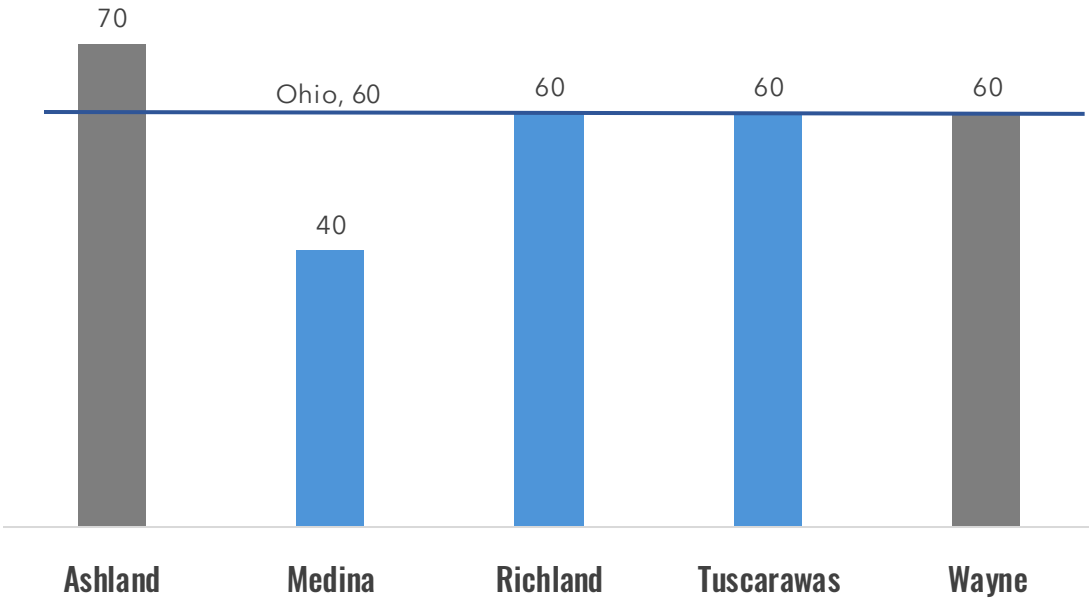
Source: Ohio Department of Health Birth Records 2019-2023
Data provided by Akron Children's Hospital

INFANT MORTALITY RATE



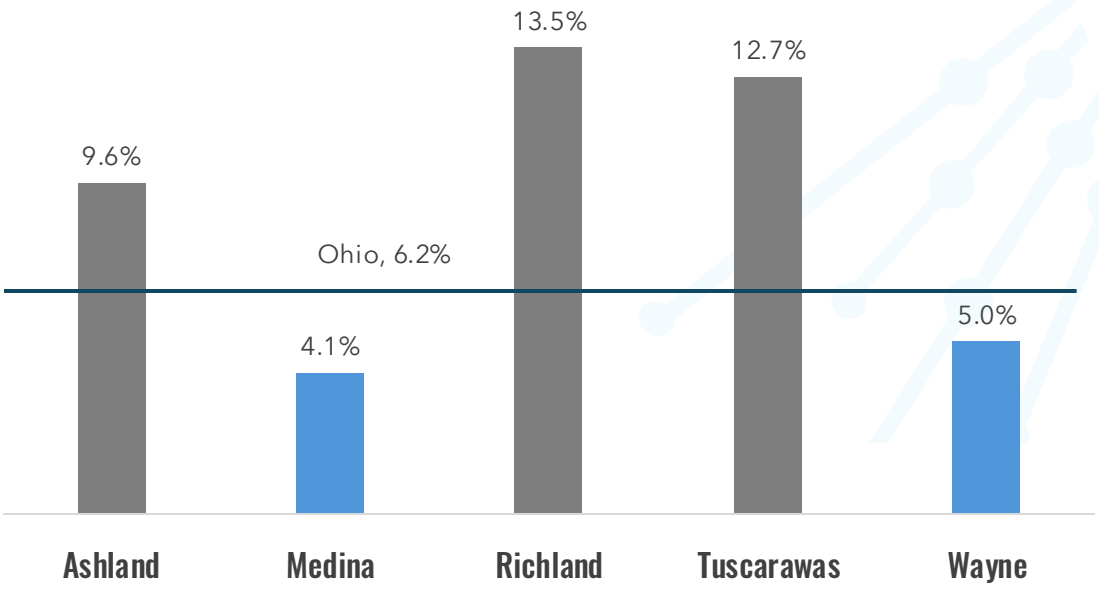
Source: Ohio Department of Health Birth Records 2015-2021
Data provided by Akron Children's Hospital

CHILD MORTALITY RATE
(deaths per 1,000 live births)



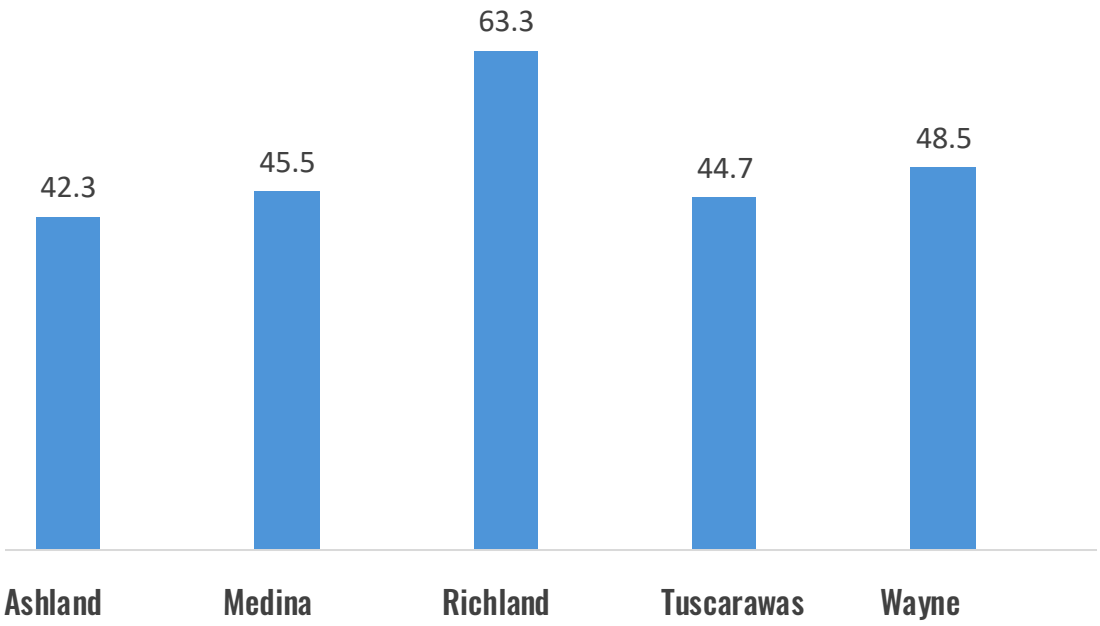
Source: County Health Rankings, 2018-2021
Data provided by Akron Children's Hospital

LEAD POISONING RATE



Source: Ohio Department of Health, 2023
Data provided by Akron Children's Hospital

DRUG OVERDOSE EMERGENCY ROOM VISIT RATE (per 10,000 ER visits)



Source: Ohio's syndromic surveillance system, EpiCenter, 2003
Data provided by Akron Children's Hospital

Common causes of death in Ashland County include heart disease and cancer. The death rate due to Alzheimer's disease is higher in Ashland (65.7) than it is in Ohio (31.8).

DEATHS		ASHLAND COUNTY	OHIO
Illness & Injury Death Rate[24,25]	Coronary Heart Disease	184.3	185.0
	Cancer	172.8	159.9
	Alzheimer's Disease	65.7	31.8
	Chronic Lower Respiratory Diseases	45.4	42.0
	Unintentional Injuries	39.2	59.2
	Lung Cancer	38.1	36.6
	Cerebrovascular Disease (Stroke)	35.4	47.9
	Drug and Opioid Involved Overdose	24.6	40.4
	Colorectal Cancer	19.3	14.5
	Heart Attack	18.1	23.1
	Influenza and Pneumonia	17.6	11.7
	Breast Cancer	17.2	11.3
	Falls	12.7	14.0
	Diabetes	11.3	24.3
	Prostate Cancer	8.9	7.9
	Kidney Disease	8.8	14.7
	Suicide	8.5	15.2
	Unintentional Poisonings	7.7	26.0
Motor Vehicle Crashes[26]	Fatal Alcohol-Impaired Driving Crashes	2	341

*Data are from 2018-2024 *Rates are age-adjusted per 100,000 population*

Healthy People 2030 objective not met: coronary heart disease death rate (Ashland **184.3** vs. Target **71.1**)[27]

Healthy People 2030 objective not met: overall cancer death rate (Ashland **172.8** vs. Target **122.7**)[28]

Healthy People 2030 objective met: unintentional injury death rate (Ashland **39.2** vs. Target **43.2**)[29]

Healthy People 2030 objective not met: lung cancer death rate (Ashland **38.1** vs. Target **25.1**)[30]

Healthy People 2030 objective not met: stroke death rate (Ashland **35.4** vs. Target **33.4**)[31]

Healthy People 2030 objective not met: colorectal cancer death rate (Ashland **19.3** vs. Target **8.9**)[32]

Healthy People 2030 objective met: suicide death rate (Ashland **8.5** vs. Target **12.8**)[33]

Community Voices – Suggested Improvements for Health & Wellness

Community members would like to see more connection and communication among residents and service organizations. They feel that strengthening the community and making it easier for residents to connect with services will improve health and wellness.

"Community members would like to see more connection and communication among residents and service organizations. They feel that strengthening the community and making it easier for residents to connect with services will improve health and wellness."

"If I could build the system [there would be] no wrong door. [Clients] are all entering through one door because they don't know really what they need. And there can be coordinated care, would be lovely around here. We don't really have that."

"Research has shown that the more engaged people are with either the community or their peers or others in the community, the better they can handle their living situation, the healthier they are."

"This is a question that I always wanted to answer. What's the best way for organizations to communicate with our senior population? Church."

"Maybe we just need some kind of Ashland County app that's just social services and medical and things like that to get out to the general public."

"The more the health department or the hospital can do in terms of reaching out as opposed to relying on the population to come and find the services you provide, it needs to be a stronger part of your mission to educate the community to be persistent about that."

"Something to encourage people to be more active. You have to be able to communicate that. Make it fun, make it so that people want to do it."

"Is there a way we could bring in a community health worker, which is somebody that's not a nurse, but that could take people and then connect them with the services? Kind of like a social worker in a way."

"We need to more quickly adapt some of the technology to reach particularly our seniors. Literally AI or telehealth…Once somebody trains them up on some of these devices, they use them really well. So if we can connect with them via their devices so they're not so isolated, that might be a future for us. There's gotta be a way that we can employ the technology to help our very small workforce in this very huge need."

"We don't have sufficient behavioral health experts that could speak to vets or to law enforcement. So until we develop that, we've been trying to support this peer to peer approach."

"They have to continue to fund things that strengthen individuals, families, communities… Building connection, family resiliency, reducing trauma. All these things are the ingredients that help folks need the mental health system, substance use, less as they get older."

HEALTHY PEOPLE 2030 SUMMARY

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

HEALTHY PEOPLE 2030 OBJECTIVES		ASHLAND COUNTY	HP 2030 TARGET
COMMUNITY	People living below poverty level	**13.8%**	8.0%
	High school graduation rate	**96.8%**	90.7%
HEALTH BEHAVIORS	Breast cancer screening, ages 50-74	**75.8%**	80.3%
	Cervical cancer screening, ages 21-65	**80.5%**	79.2%
	Adults who get enough sleep	**66.3%**	73.3%
	Current adult cigarette smokers	**20.4%**	6.1%
ILLNESS	Adults with high blood pressure	**37.6%**	41.9%
	Adults age 20+ with obesity	**28.5%**	36.0%
	Salmonella infection incidence rate	**15.3**	11.5
	Tuberculosis incidence rate	**0.0**	1.4
MATERNAL & CHILD HEALTH	Mothers who did not smoke during pregnancy	**93.6%**	95.7%
	Infant mortality rate	**7.0**	5.0
	Preterm live births	**10.3%**	9.4%
	Child abuse rate	**1.4**	8.7
DEATH RATES	Coronary heart disease death rate	**184.3**	71.1
	Overall cancer death rate	**172.8**	122.7
	Unintentional injury death rate	**39.2**	43.2
	Lung cancer death rate	**38.1**	25.1
	Stroke death rate	**35.4**	33.4
	Colorectal cancer death rate	**19.3**	8.9
	Suicide death rate	**8.5**	12.8

APPENDIX A: Kickoff Meeting Debrief

The following pages show the kickoff meeting debrief.

Ashland County's 2025 Community Health Assessment
Kickoff Debrief

On December 17th, 2024, a group of 36 Ashland County community members representing a diverse array of public health, health system, social service, and other governmental entities participated in a robust discussion about the upcoming community health assessment (CHA) effort.

After receiving a brief orientation to the plan for this CHA effort, the community members split up into three groups. The groups discussed several questions across three rounds, and some members switched groups between each round such that the groups were different for each round:

Discussion Questions:
Round 1: What does a healthy Ashland County look like to you?
Round 2: Given your vision for a healthy Ashland County, what do you think are the biggest barriers or issues that are keeping the county from getting there?
Round 3: Overall, what do you believe are the three most important issues that should be considered in our upcoming community health assessment and planning work?

After finishing the small group conversations, the community members shared their groups' perceptions of the most important issues to be considered in the CHA process to the large group. Overall, many groups discussed similar issues, resulting in a consensus that the following issues should be incorporated into this effort (at a broad level). Issues with housing insecurity, transportation insecurity, and mental and behavioral health were mentioned by all small groups.

- **Housing insecurity**
    - Homelessness
    - Access to affordable, stable, safe housing
- **Transportation insecurity**
    - Same day transportation needs
    - Access to transportation for health care
- **Mental and behavioral health**
    - Mental health services beyond paid services
    - Addictive substances

Other issues mentioned by groups included:

- Access to health care / health care resources including telehealth and mobile medical screenings
- Chronic diseases (especially cancer)
- Health education
    - Active lifestyles and preventative health care
- Feelings of community
- Poverty

    - Single-parent households
    - Building a strong workforce
    - Food insecurities
- Child care
- Elder care
- Safety

In small groups, participants also mentioned some improvements to organizations that they hope to make as a result of the CHA assessment process, including addressing funding issues, lack of local input on programs, improving communication with the community, and ensuring programs' sustainability (meeting the needs of the population, and with regard to funding issues).

The following indicators and constructs for potential inclusion in the Community Health Assessment come from participants' conversations during the kickoff meeting. Note that this list of indicators and constructs is not a final, comprehensive one; it will continue to evolve as this project proceeds.

Potential constructs to discuss in focus groups or interviews or to obtain via secondary data

Mental and social health & addiction

- Affordability of mental/behavioral health providers
- Challenges in providing mental health and substance use services
- Counts/rates of child abuse
- Current prevalence of depression, anxiety, suicidal ideation
- Current prevalence of substance use: opiates, methamphetamines, alcohol (heavy/binge drinking), cigarette use, (teen) vaping, marijuana, heroin, prescription drugs
- Current use of mental/behavioral health providers
- Mental health stigma
- Mental health's effects on engagement with family, capacity to work, etc.
- Mental/behavioral health provider availability
- Narcan administrations
- Primary addiction issues
- Primary mental health issues
- Public awareness of mental health services
- Staffing: Challenges filling positions (related to health resource availability)
- Staffing: Morale in mental health services, prevalence of burnout
- Suicide rate
- Unintentional overdose rates

Health care and services access / utilization

- Access to pharmacies and prescription assistance
- Awareness of resources in the community

- ED and non-ED visits by major diagnosis
- Effect of COVID-19 on health care utilization
- ER visits for mental health reasons/substance abuse reasons
- Facilities for specialized care
- Health insurance access by type & age
- Health resource availability (licensed physicians, dentists, number who take Medicaid)
- How community leaders can motivate residents to participate in available services, access available resources
- How services can optimize care coordination to meet the needs of residents
- Last visit to PCP
- Public awareness of services
- Reasons for not accessing services
- Services/resources needed (including depression/anxiety resources)
- Transportation access to services
- Trust in health care services
- Utilization of health care services outside the county, and reasons for traveling for care
- Utilization of preventative screenings
- Wait times for services

Health behaviors

- Access to healthy foods
- Exercise patterns
- Nutrition choices/healthy eating patterns

Health education and literacy

- Awareness and utilization of local public health information resources
- How to reach various demographics with health information
- Trusted sources for health information

Physical health

- Life expectancy
- Obesity rates
- Rates of chronic disease

Social determinants / demographics

- Access to broadband internet and cellular service
- Accessibility to green spaces/leisure spaces/walkable areas
- Affordability of housing
- Age
- Community gardens
- Cost-burdened households
- Daycares

- Education levels and public school graduation data
- Educational attainment
- Employment rate
- Family types (including grandparents raising kids)
- Food insecurity
- Homeless shelters
- Homelessness
- Household income
- Household size
- Housing types
- Perceptions of public safety resources (are they adequate?)
- Perceptions of quality of housing/neighborhoods
- Presence of children in household
- Public safety (crime, including domestic violence)
- Public transportation access
- Quality of employment opportunities
- Race/ethnicity
- Recreational opportunities including walking trails, green spaces, and gyms
- SNAP households
- Stability of housing
- Transportation (HHs w/o a car)
- Transportation barriers

Vulnerable populations

- Older adults, children, parents of non-adult children, those with difficult accessing affordable housing, those with disabilities, non-English speaking or ESL individuals

APPENDIX B: Health Outcome Prevalence Maps

SECONDARY DATA

Contact: James Labadorf, james.labadorf@uhhospitals.org, 864.569.4678

Overview:

This data provides insights into community health by utilizing Electronic Health Record (EHR) data adjusted to reflect the demographic composition of the wider population based on census data. We employ **proportional stratification adjustment**, a statistical method that weights EHR patient records according to gender, race, and age group to align with the demographic proportions reported in census data.

Why Proportional Stratification Adjustment?

Raw EHR data often reflects the demographics of the patient population seeking care within a specific healthcare system. This population may not perfectly mirror the broader community due to various factors influencing healthcare access and utilization. To address this potential skew and generate more representative insights, we adjust the EHR data using census demographics.

This adjustment is crucial for several key reasons:

- **Representative Insights:** By aligning our data with census proportions, we mitigate potential biases stemming from demographic skews inherent in EHR data. This ensures our analyses are more representative of the entire community, not just the patient population actively engaging with our healthcare system.
- **Equitable Analysis:** Adjusting for demographic composition promotes fair analysis and resource allocation. Understanding healthcare needs across all demographic groups within the community, rather than just those heavily represented in EHR data, is essential for equitable healthcare planning and delivery.
- **Generalizable Findings:** Insights derived from proportionally adjusted data are more likely to be generalizable to the broader community. This enhances the applicability of our findings for understanding population-level trends and informing public health initiatives that aim to serve everyone within the region.

Benefits of Adjusted Data:

This data adjustment process significantly enhances the value and reliability of the data by:

- **Improving Accuracy:** Provides a more accurate representation of healthcare needs and resource utilization across the entire community, beyond just the patient population.
- **Enhancing Fairness:** Facilitates fairer analyses and decision-making regarding resource allocation and healthcare programs, ensuring equitable consideration of all demographic groups.
- **Supporting Better-Informed Decisions:** Enables data-driven decision-making based on a population-level perspective, leading to more effective and targeted healthcare interventions and strategies.

Data Safety and HIPAA Compliance:

Patient privacy is paramount. This data is designed with robust data safety measures and fully complies with HIPAA regulations. It is crucial to understand the following:

- **Aggregated and Statistically Adjusted Data:** The data **does not** present individual patient records. All data displayed is aggregated and statistically adjusted using proportional stratification.
- **No Protected Health Information (PHI):** The adjustment process ensures that no Protected Health Information (PHI) as defined by HIPAA is displayed or accessible within the data.
- **Population-Level Trends:** The data focuses exclusively on presenting population-level trends and insights derived from the adjusted data. It provides a broad overview of community health patterns, not individual patient information.
- **Anonymization through Adjustment:** Proportional stratification adjustment inherently anonymizes the data by shifting the focus from individual records to weighted group proportions based on census demographics.

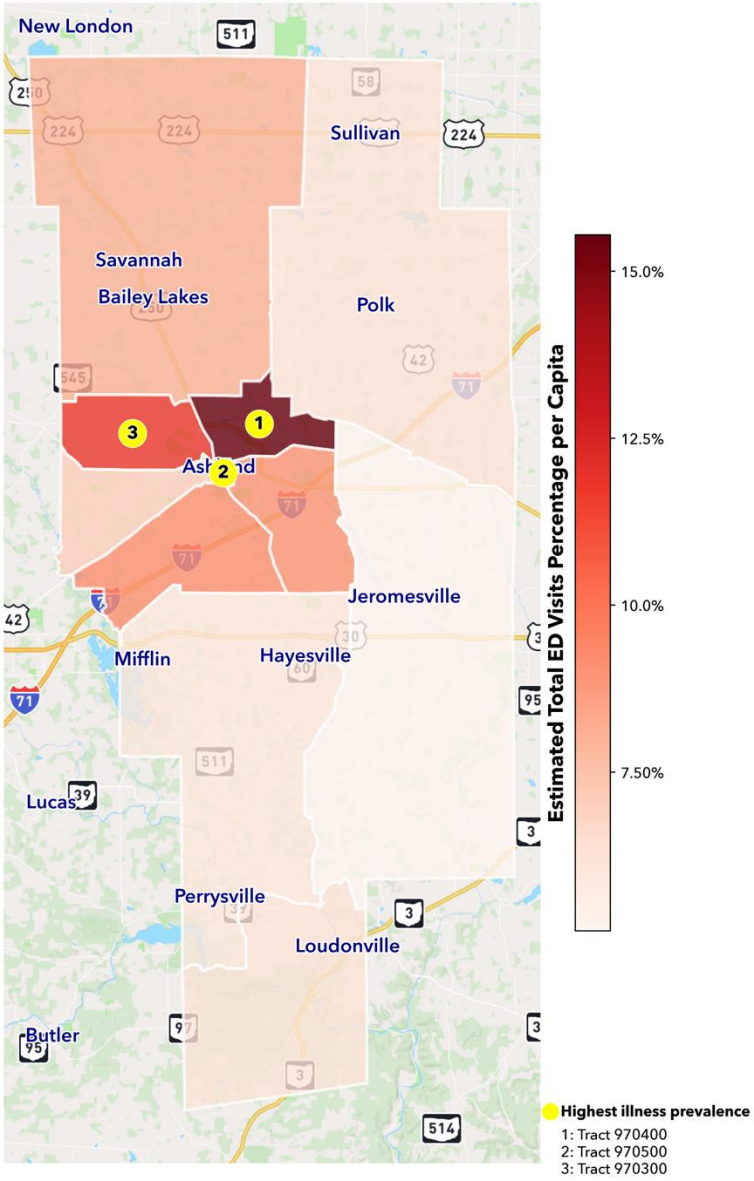
Value for Collaboration with Community Partners:

This data serves as a powerful tool for fostering collaboration and informed discussions with our community health partners. It offers a shared understanding of the community's healthcare landscape by:

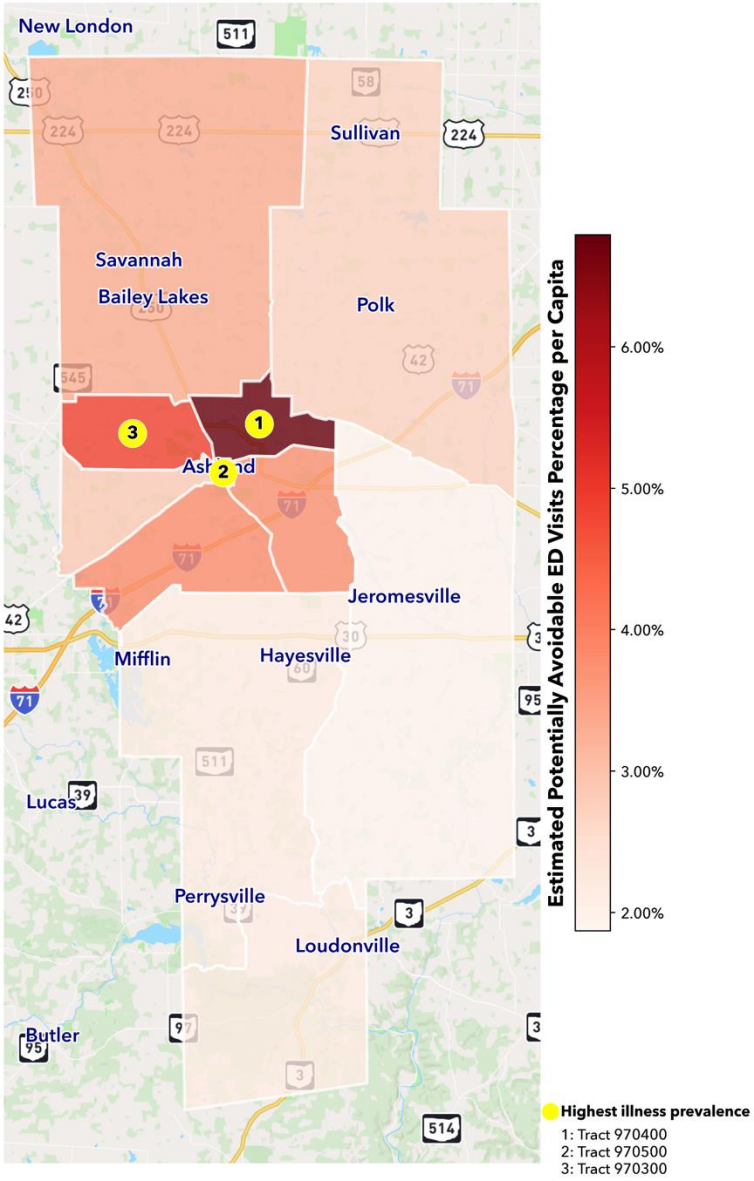
- **Providing a Representative Community View:** Offers insights into healthcare needs and resource utilization within the broader community, using statistically adjusted estimates that reflect census demographics.

- **Facilitating Anonymized Data Sharing:** Enables the sharing of valuable population-level trends and patterns without revealing any patient-specific information, addressing privacy concerns and fostering trust.
- **Supporting Strategic Planning and Coordinated Initiatives:** Provides a common data foundation for informed discussions, strategic planning, and the development of coordinated initiatives aimed at improving health outcomes across the region.
- **Enhancing Community-Wide Health Improvement Efforts:** Empowers collaborative efforts to address identified healthcare needs and optimize resource allocation for the benefit of the entire community.

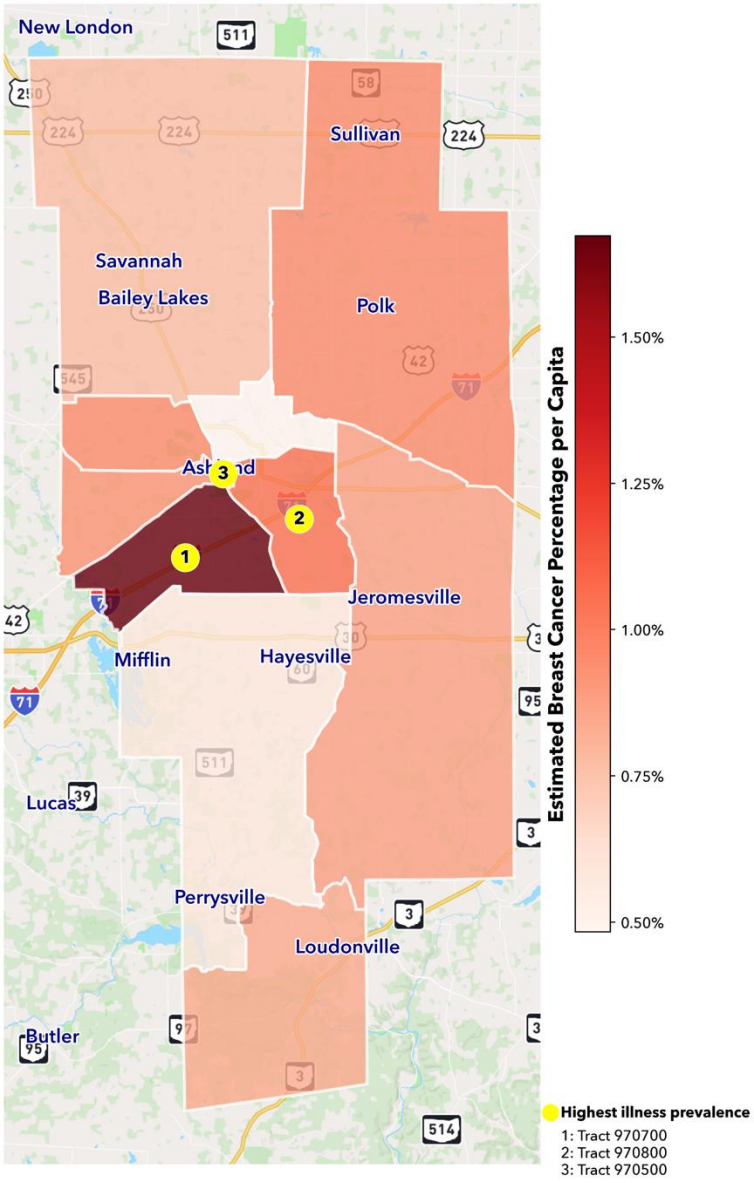
Total ED Visits



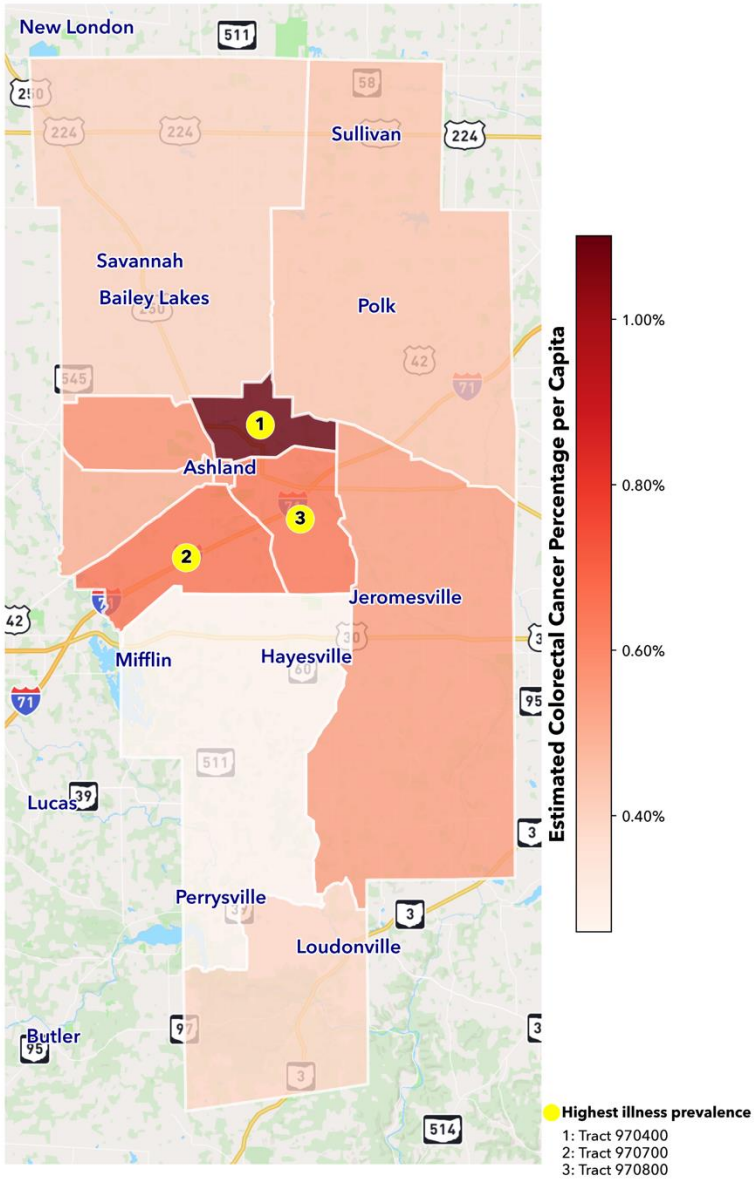
Potentially Avoidable ED Visits



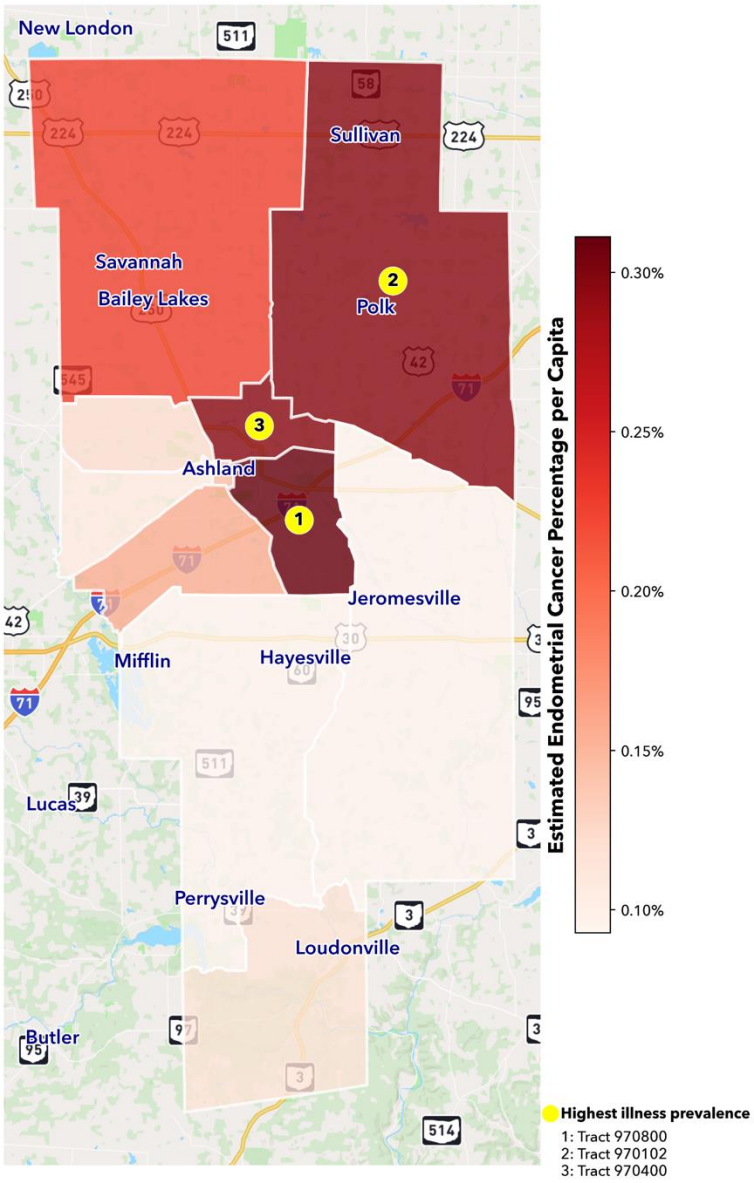
Breast Cancer



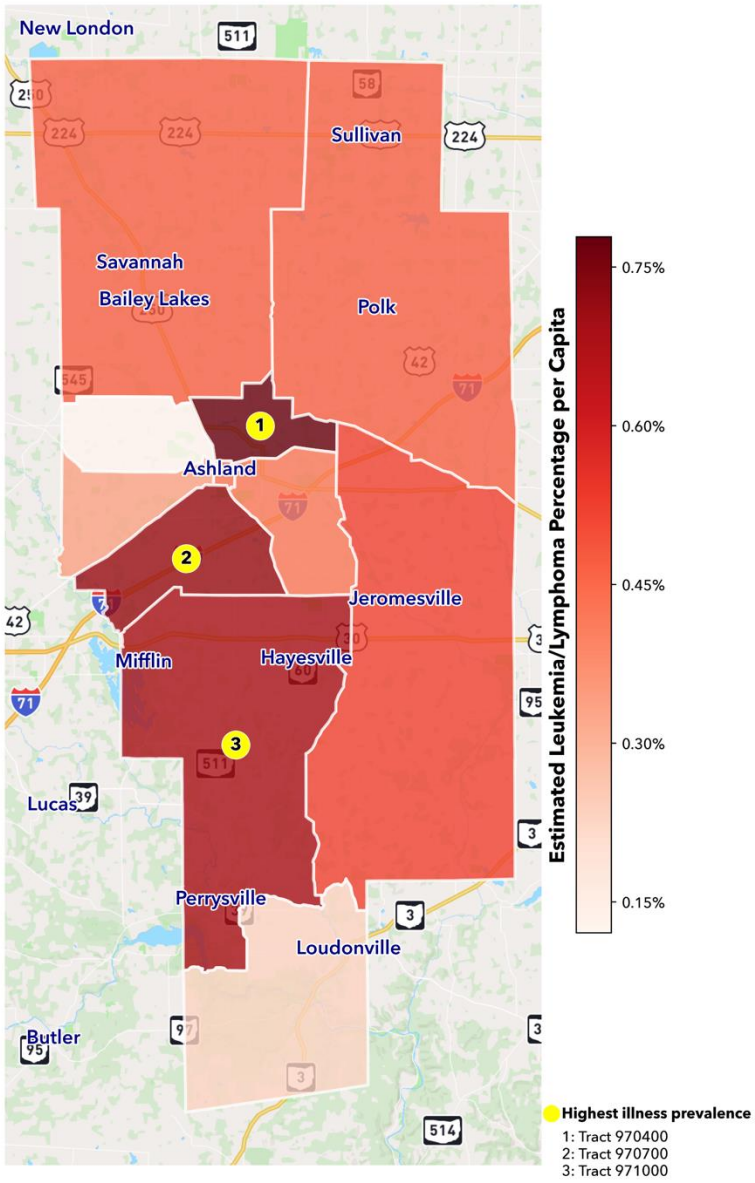
Colorectal Cancer



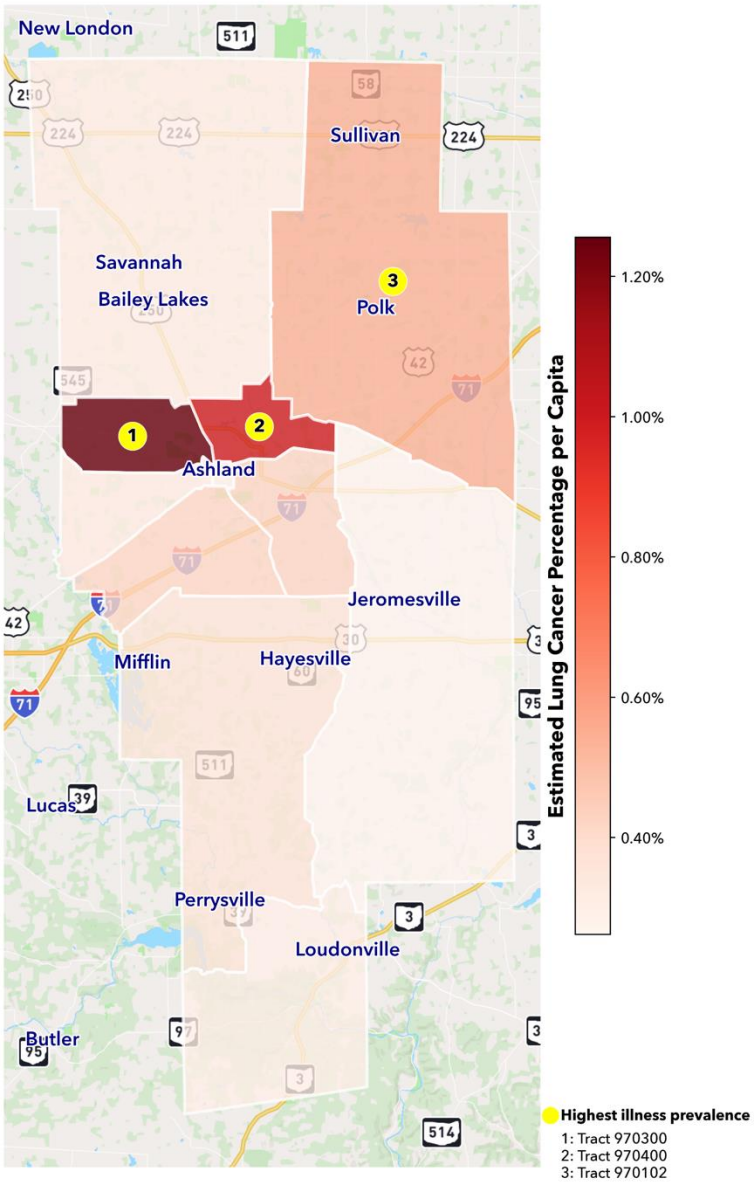
Endometrial Cancer



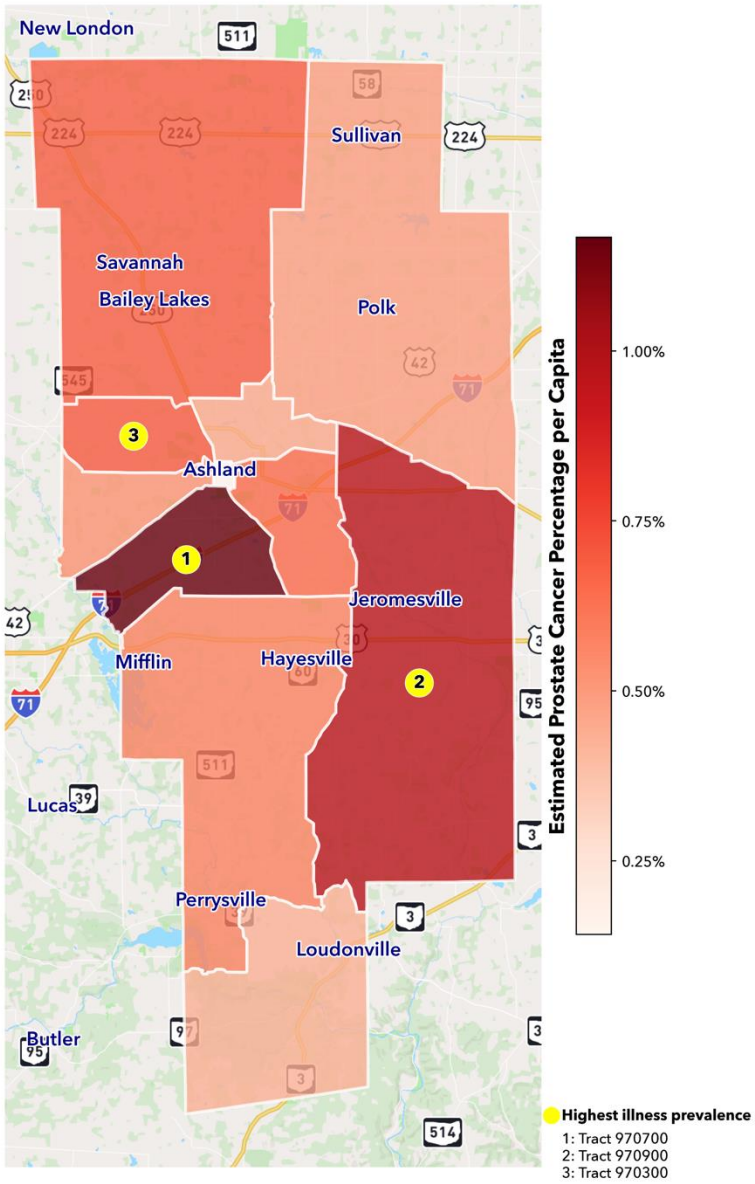
Leukemia/Lymphoma



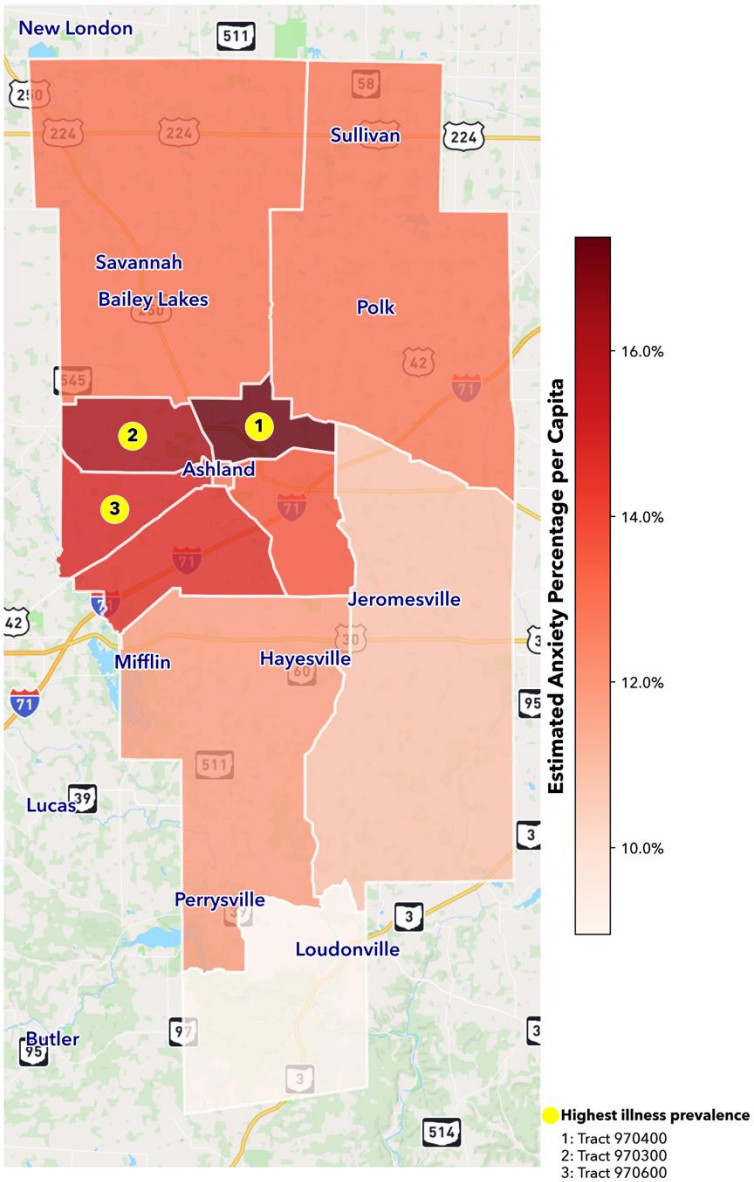
Lung Cancer



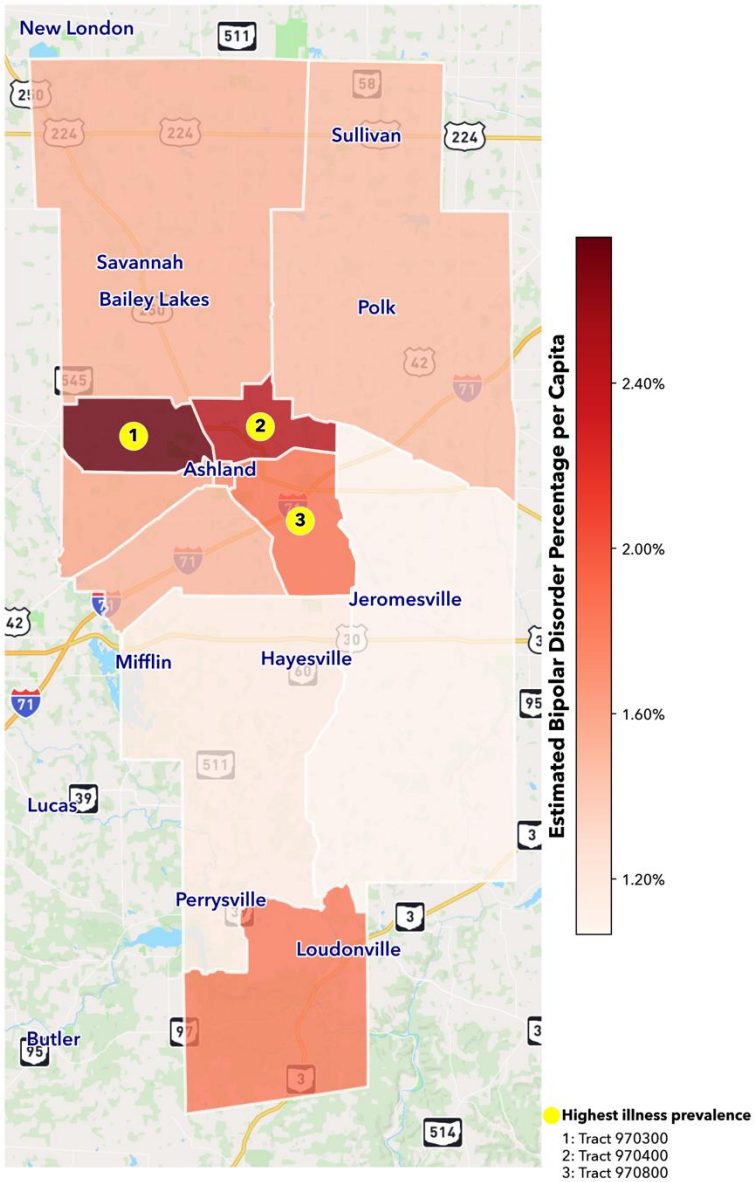
Prostate Cancer



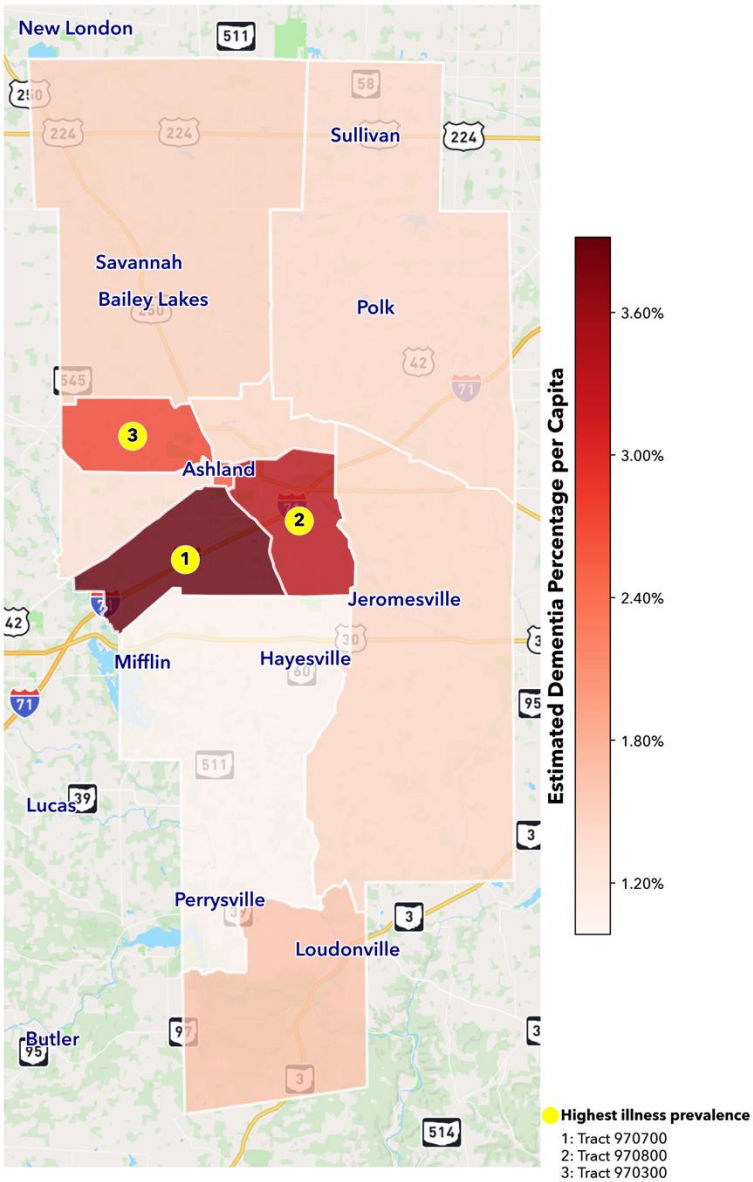
Anxiety



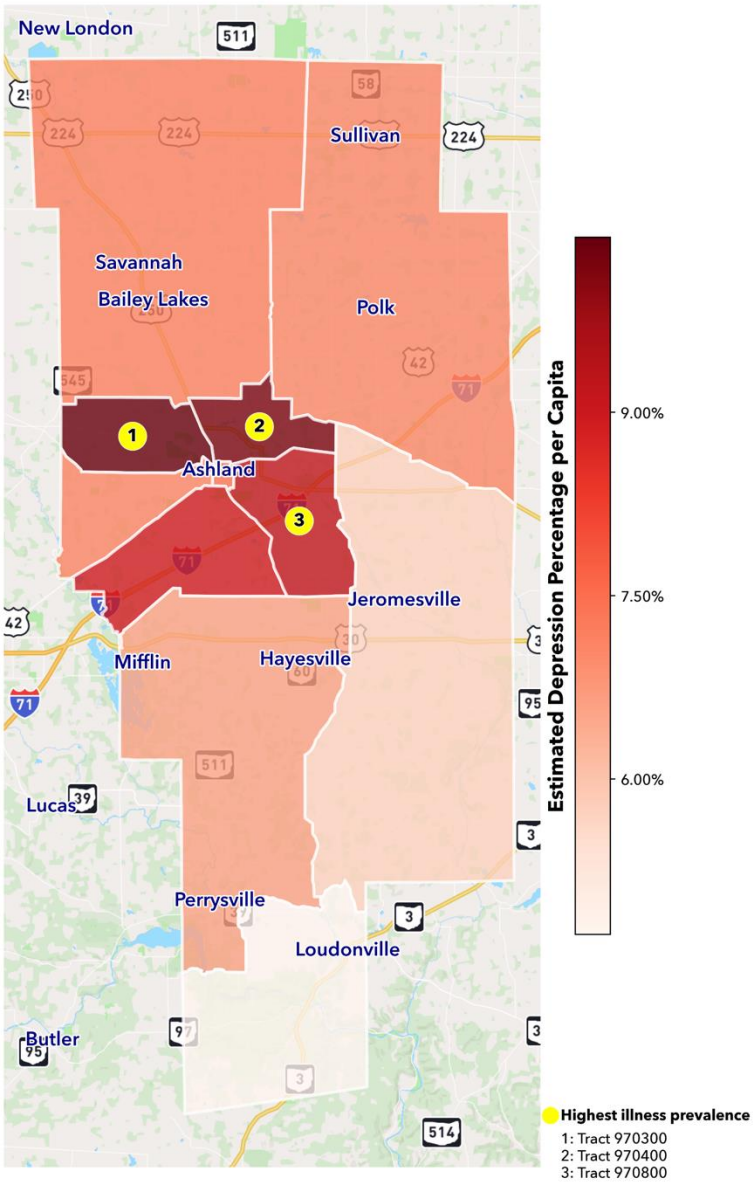
Bipolar Disorder



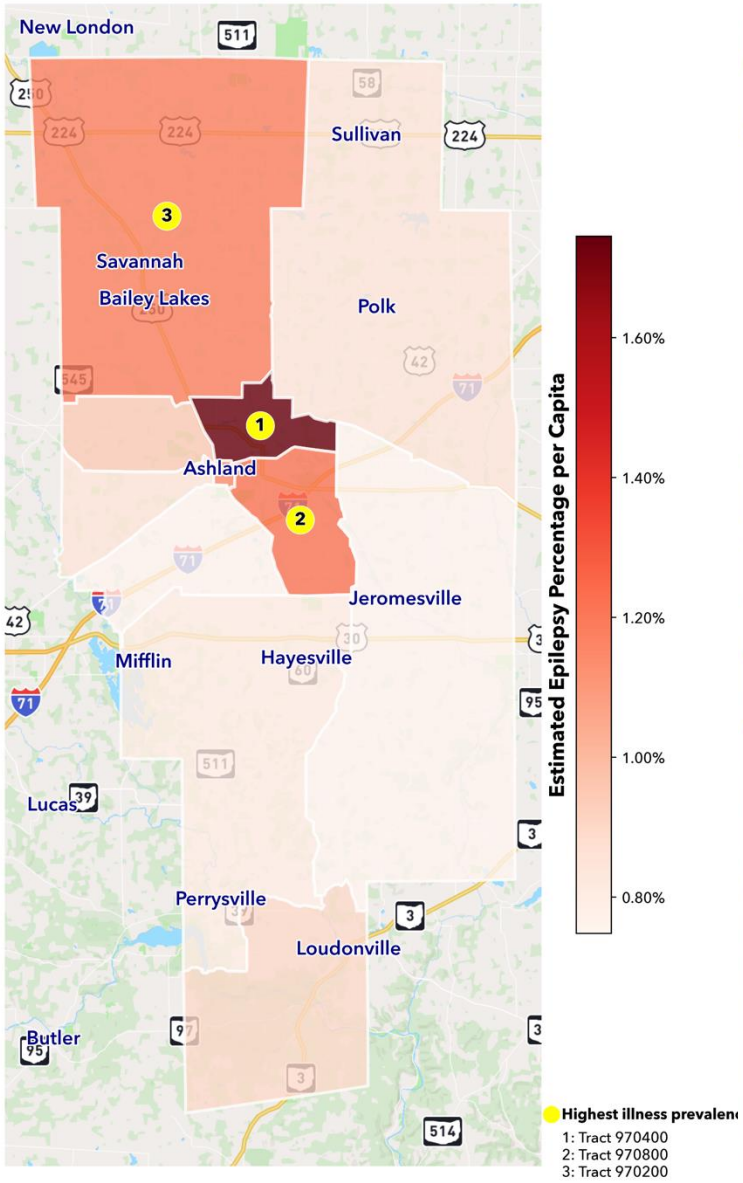
Dementia



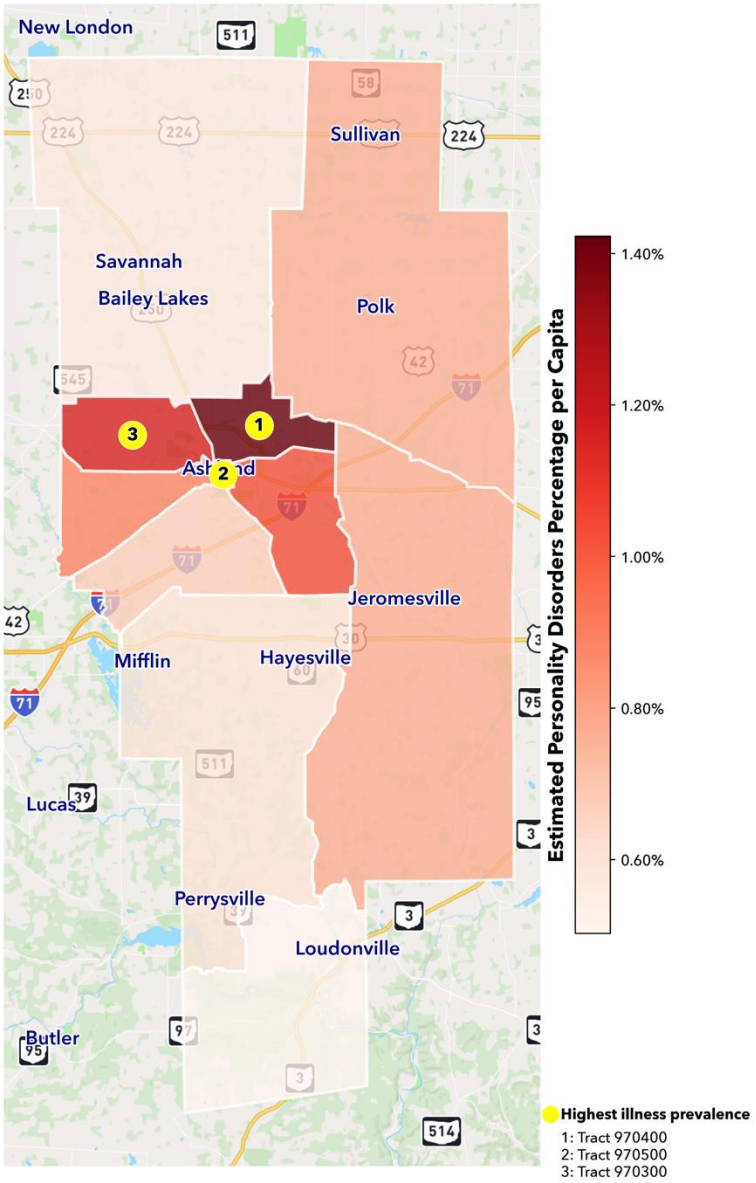
Depression



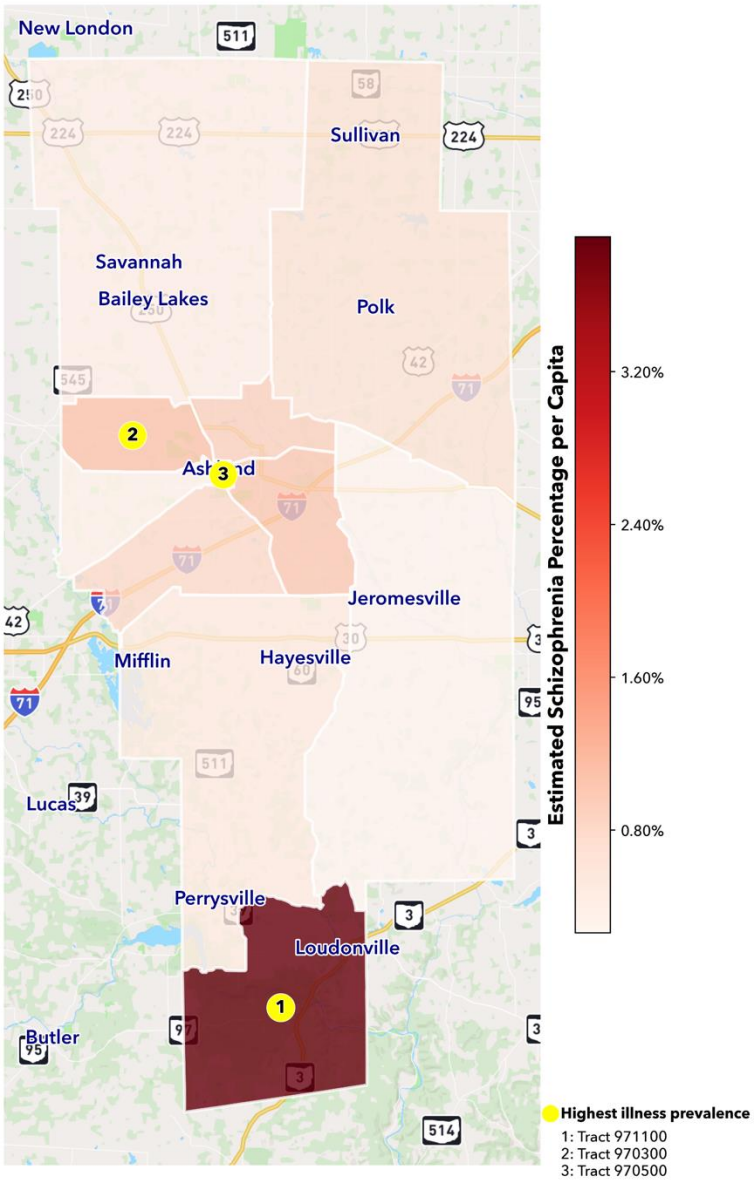
Epilepsy



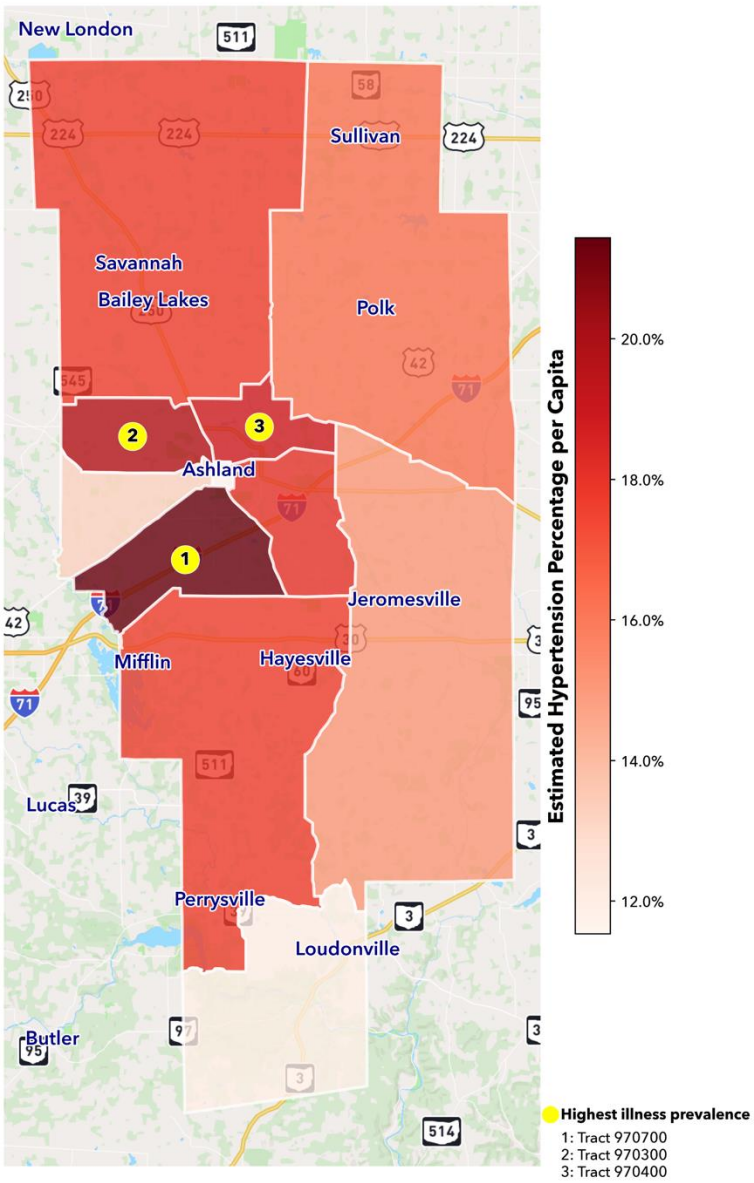
Personality Disorders



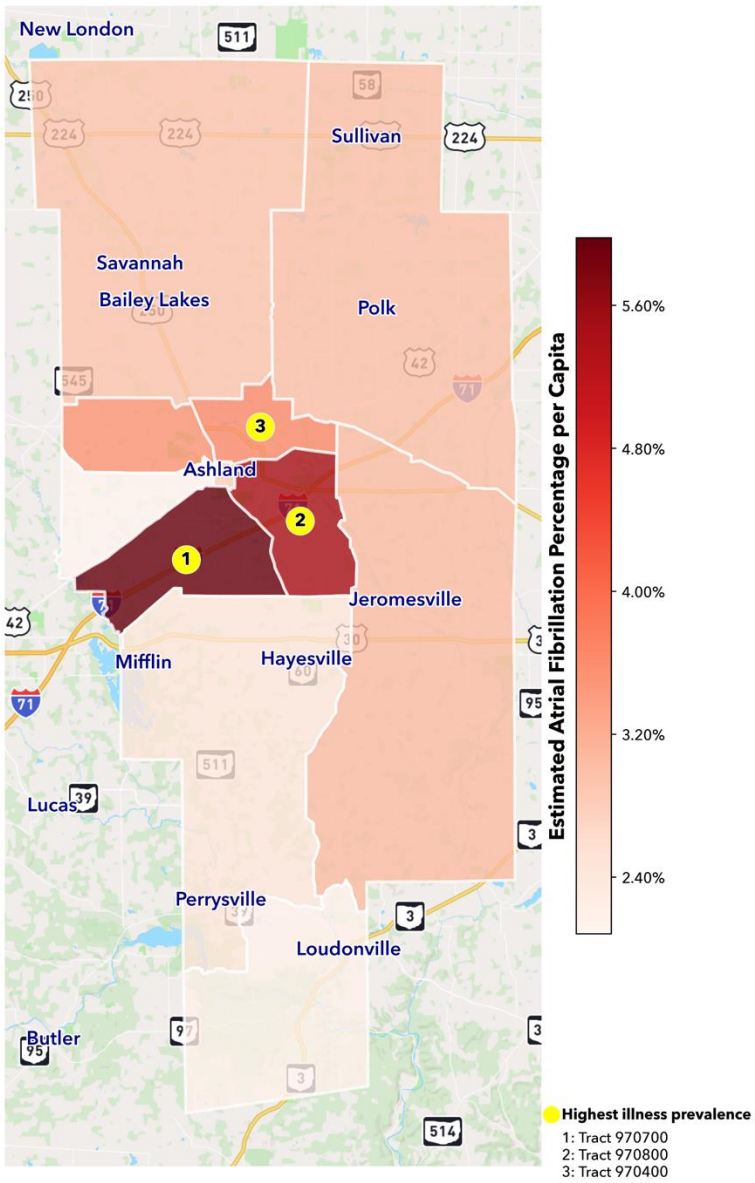
Schizophrenia



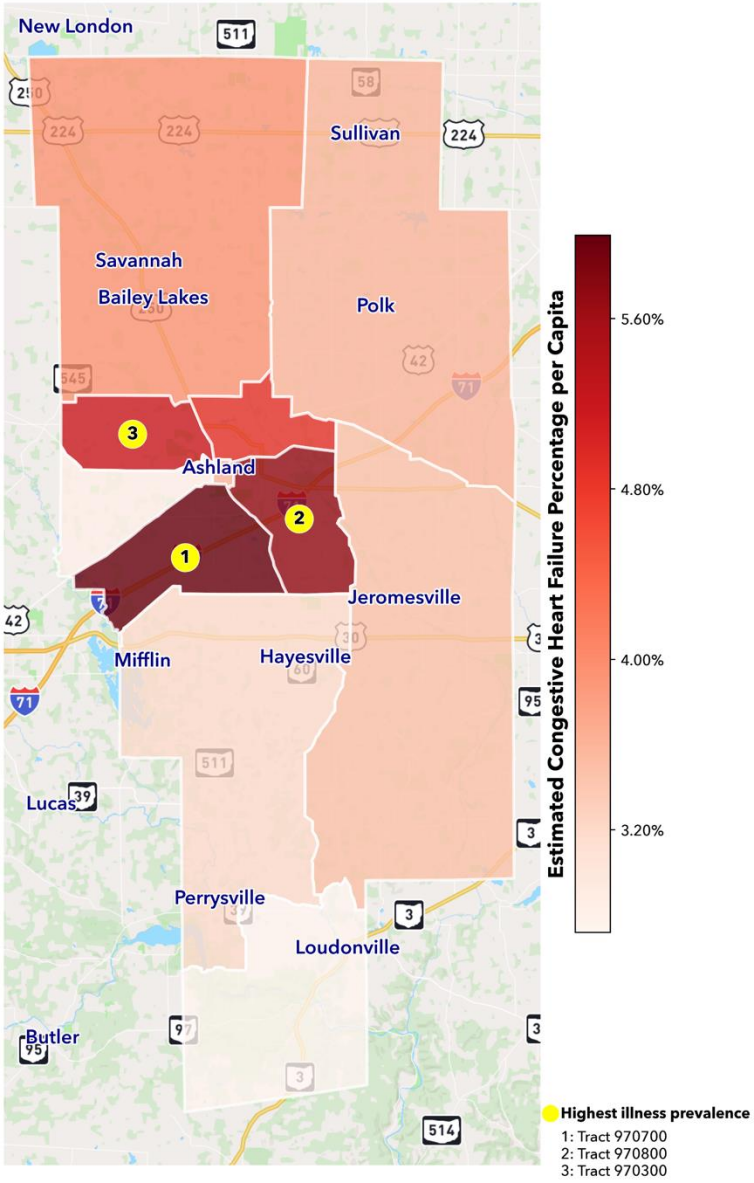
Hypertension



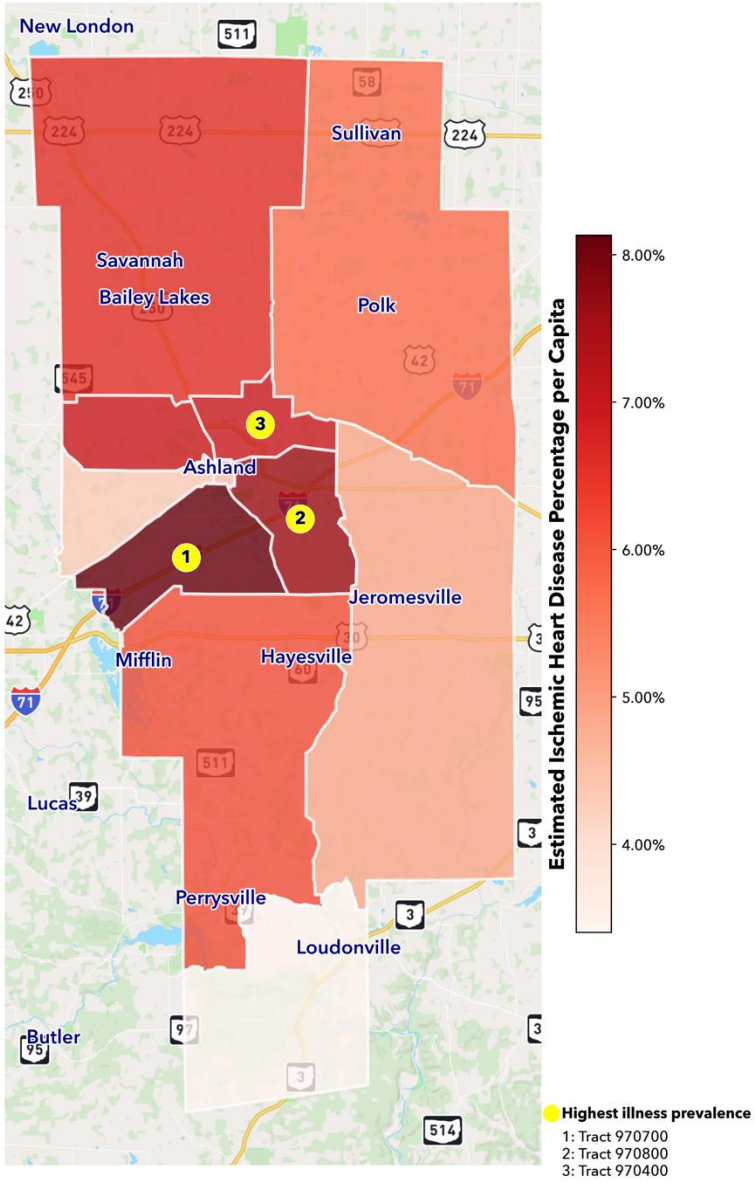
Atrial Fibrillation



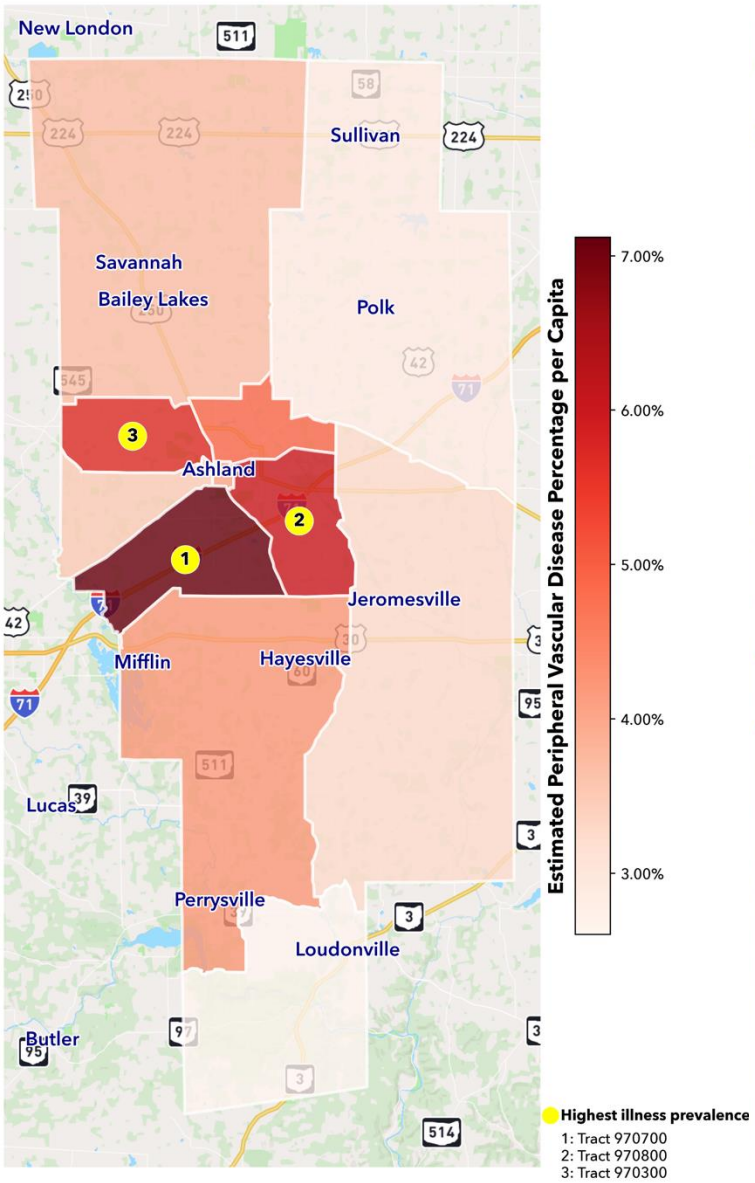
Congestive Heart Failure



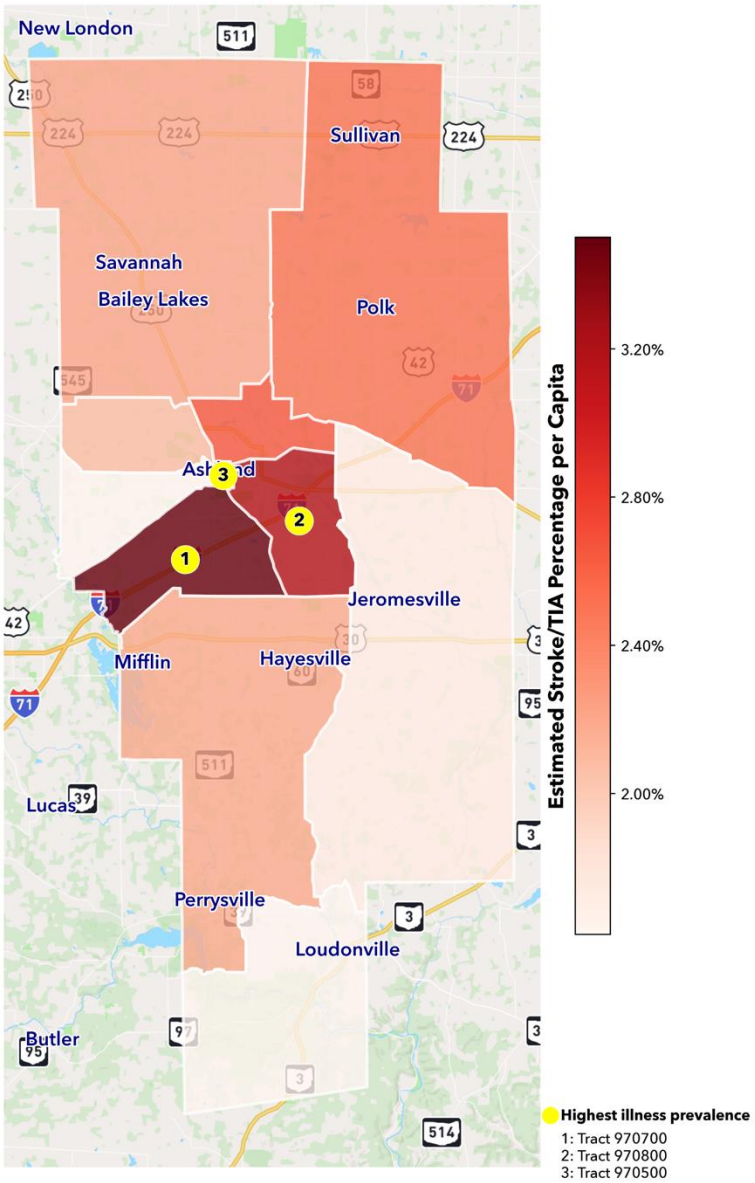
Ischemic Heart Disease



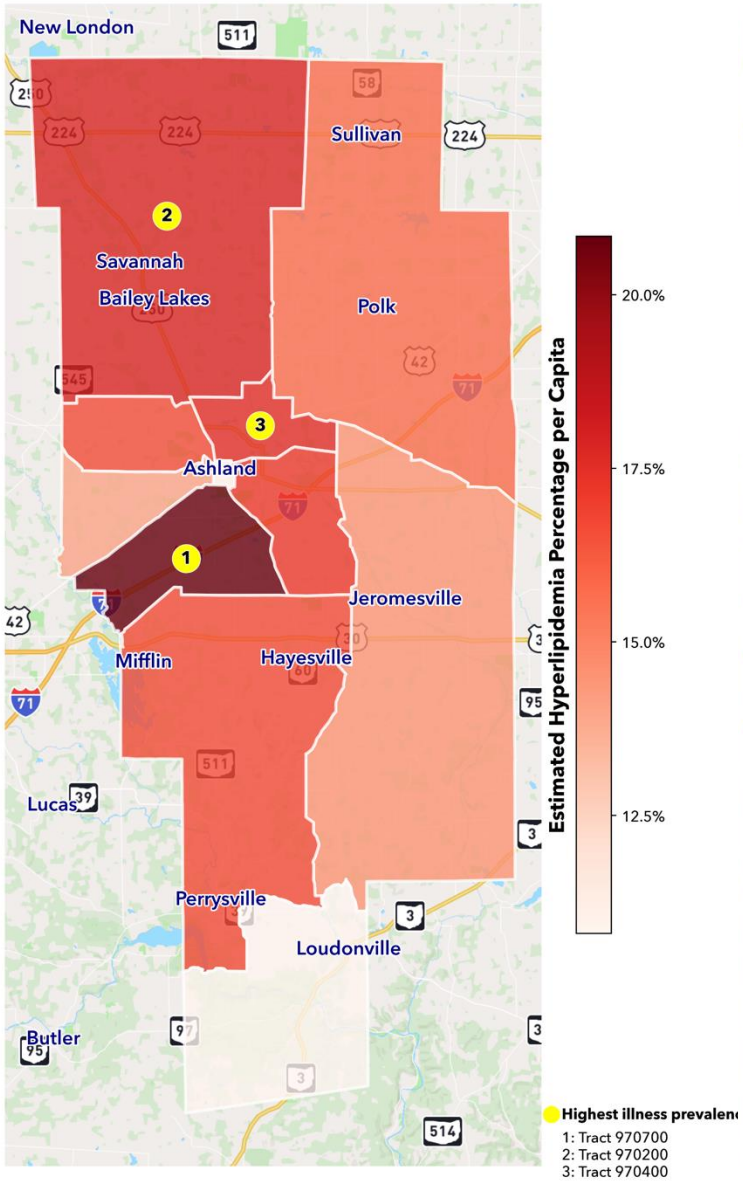
Peripheral Vascular Disease



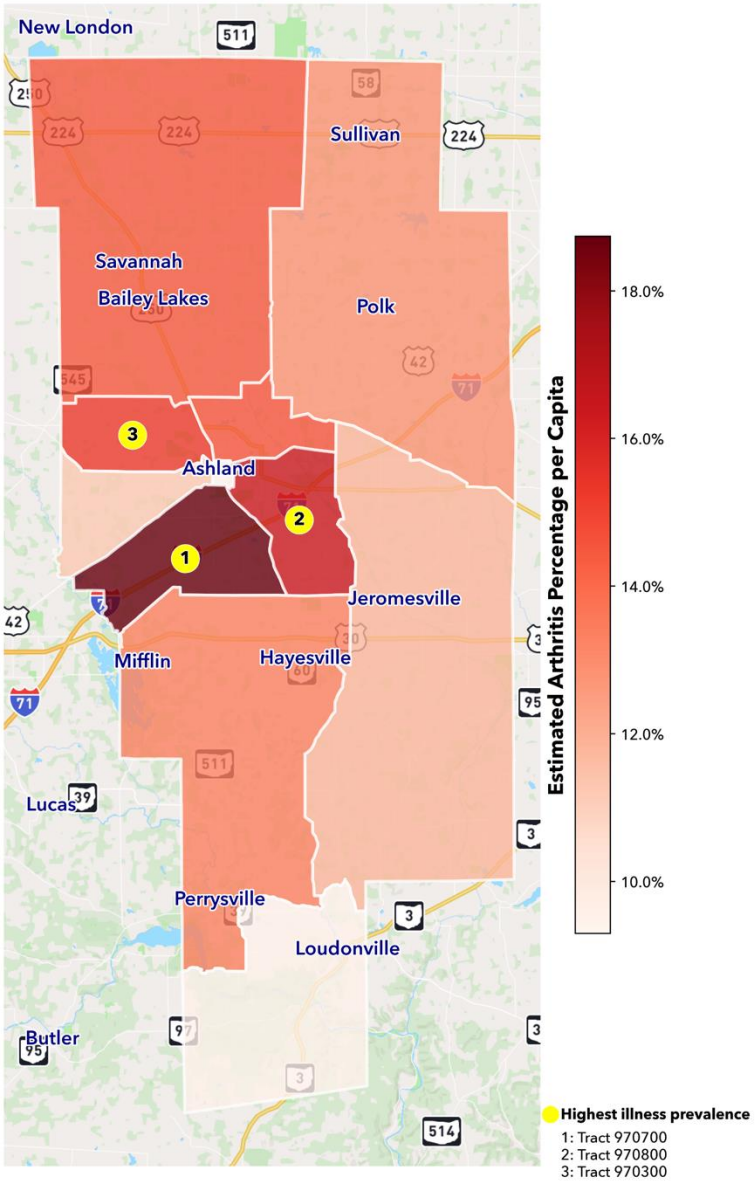
Stroke/TIA



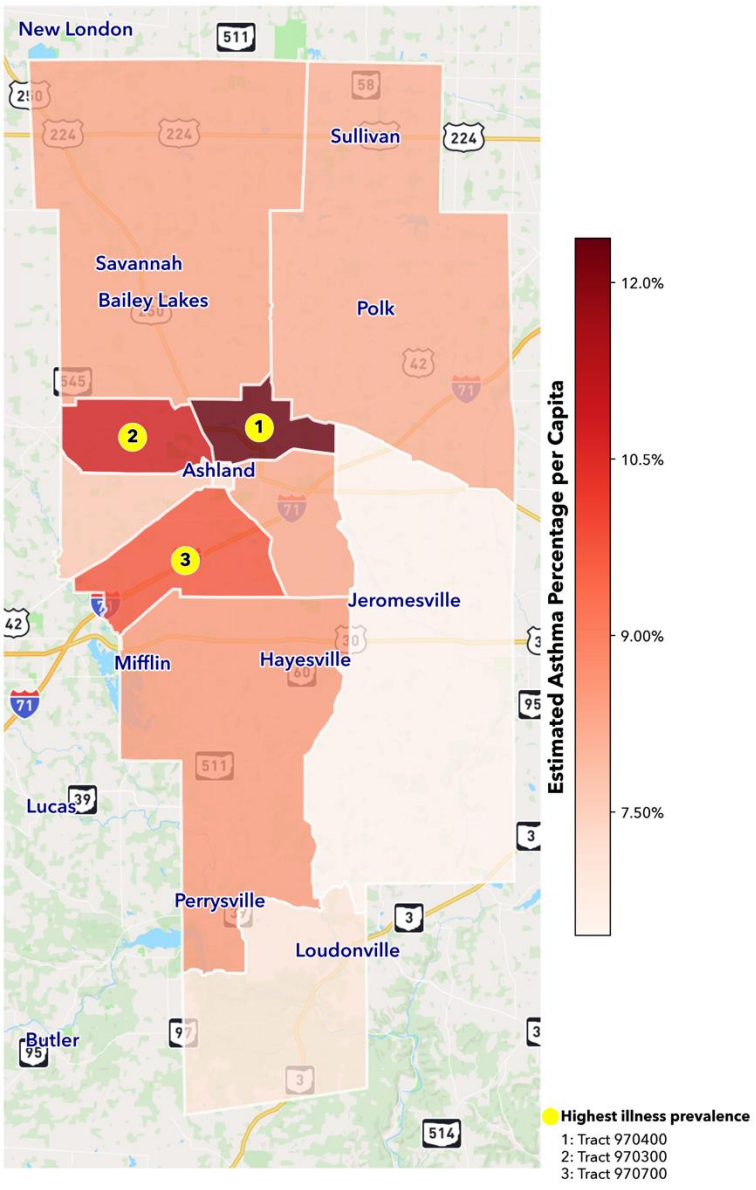
Hyperlipidemia



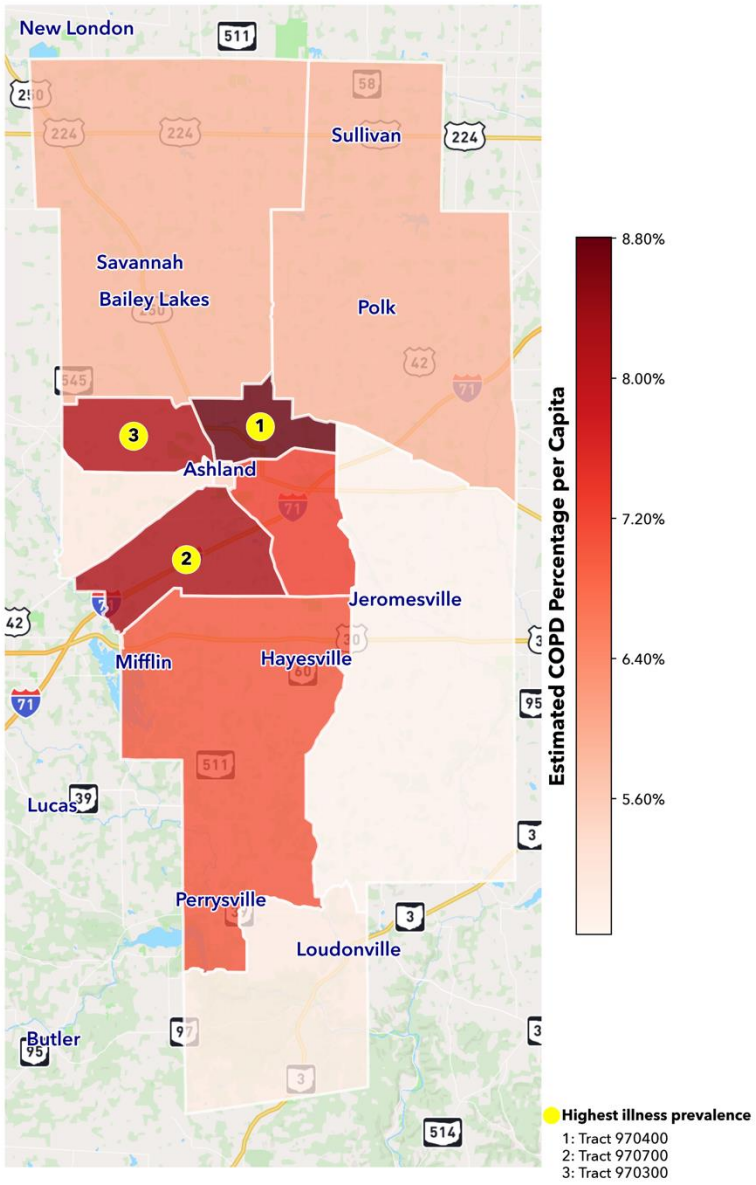
Arthritis



Asthma


New London
511
Sullivan
224
Savannah
Bailey Lakes
Polk
42
545
2
1
Ashland
3
Jeromesville
Mifflin
Hayesville
71
95
Lucas
39
Perrysville
Loudonville
Butler
97
514
Estimated Asthma Percentage per Capita
12.0%
10.5%
9.00%
7.50%
Highest illness prevalence
1: Tract 970400
2: Tract 970300
3: Tract 970700

COPD


New London
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Hayesville
71
95
Lucas
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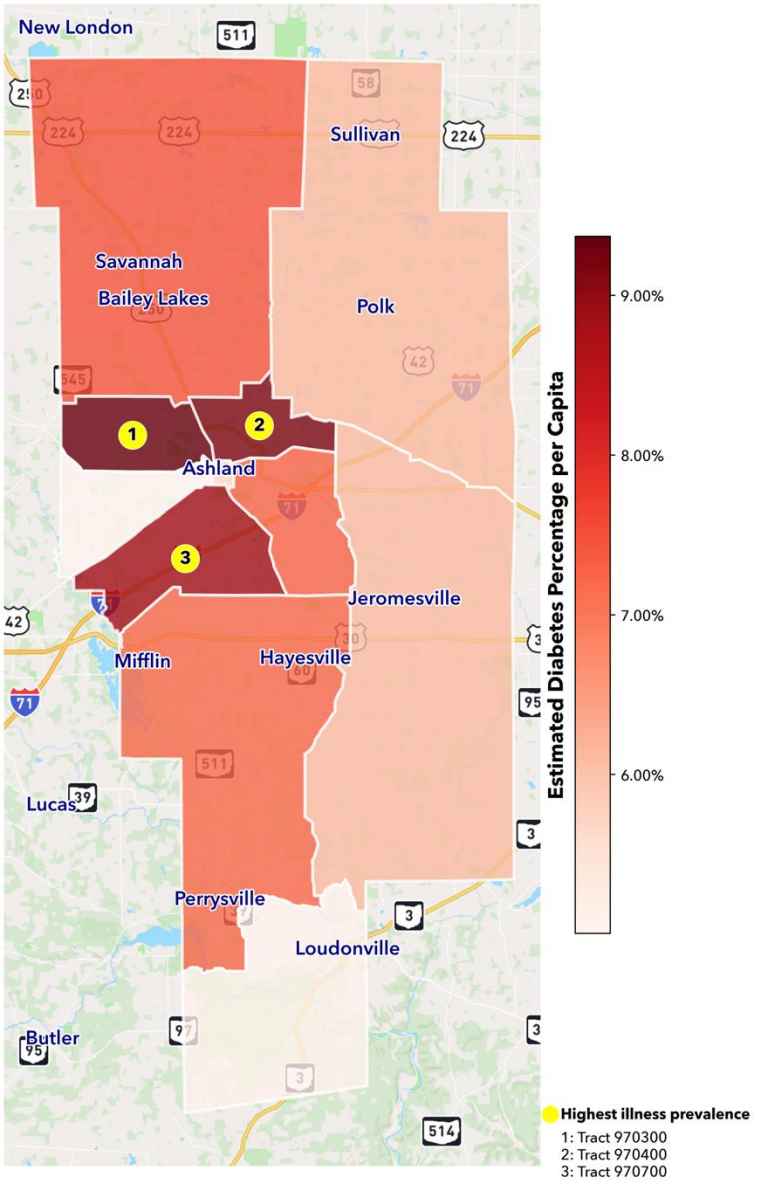
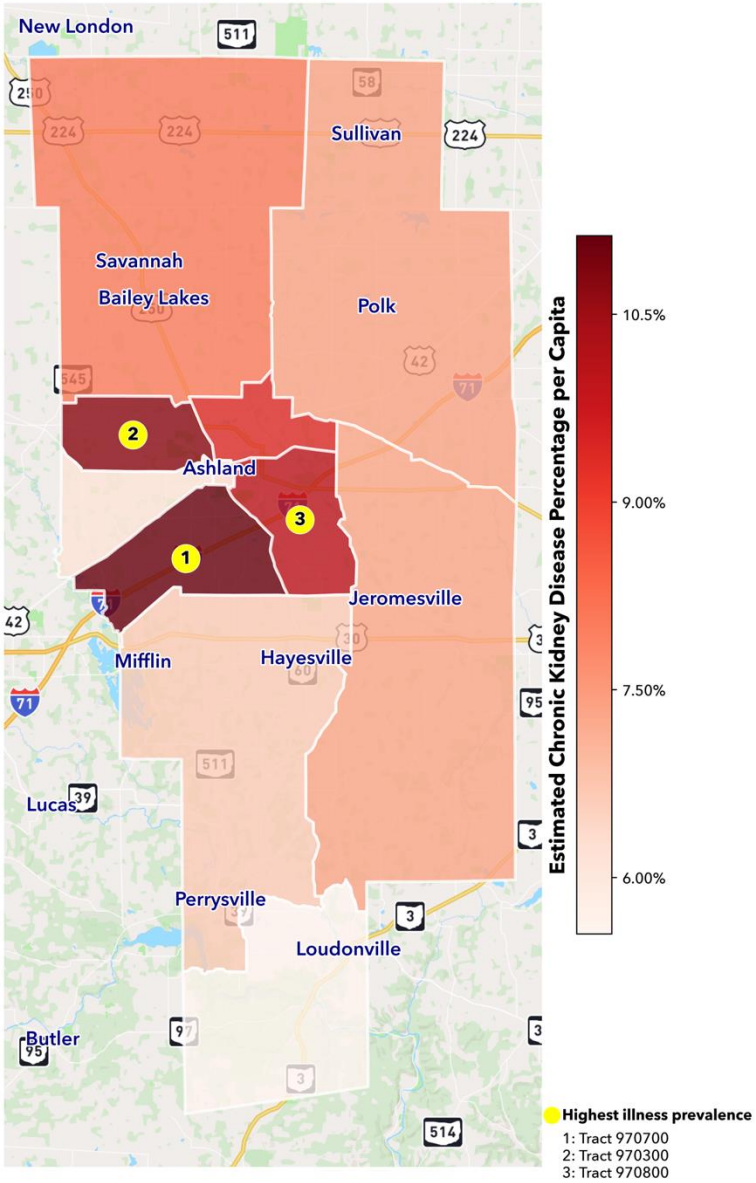
Perrysville
Loudonville
Butler
97
514
Estimated COPD Percentage per Capita
8.80%
8.00%
7.20%
6.40%
5.60%
Highest illness prevalence
1: Tract 970400
2: Tract 970700
3: Tract 970300

Diabetes



Chronic Kidney Disease



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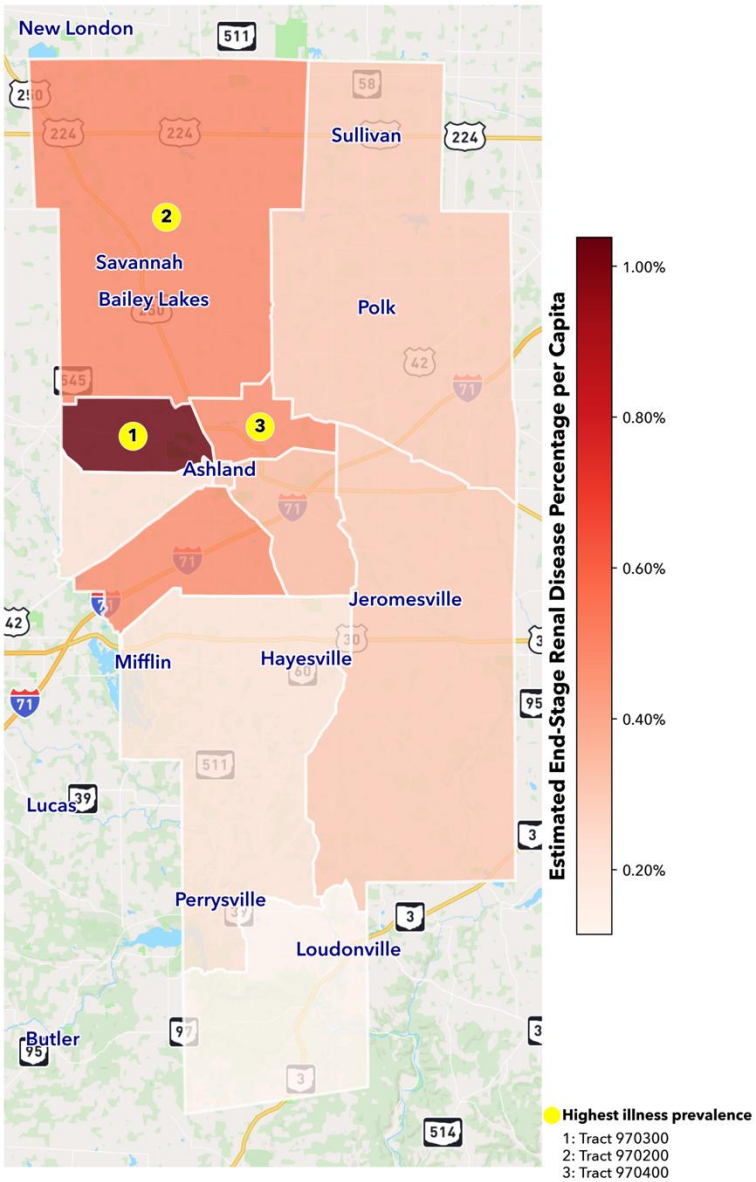
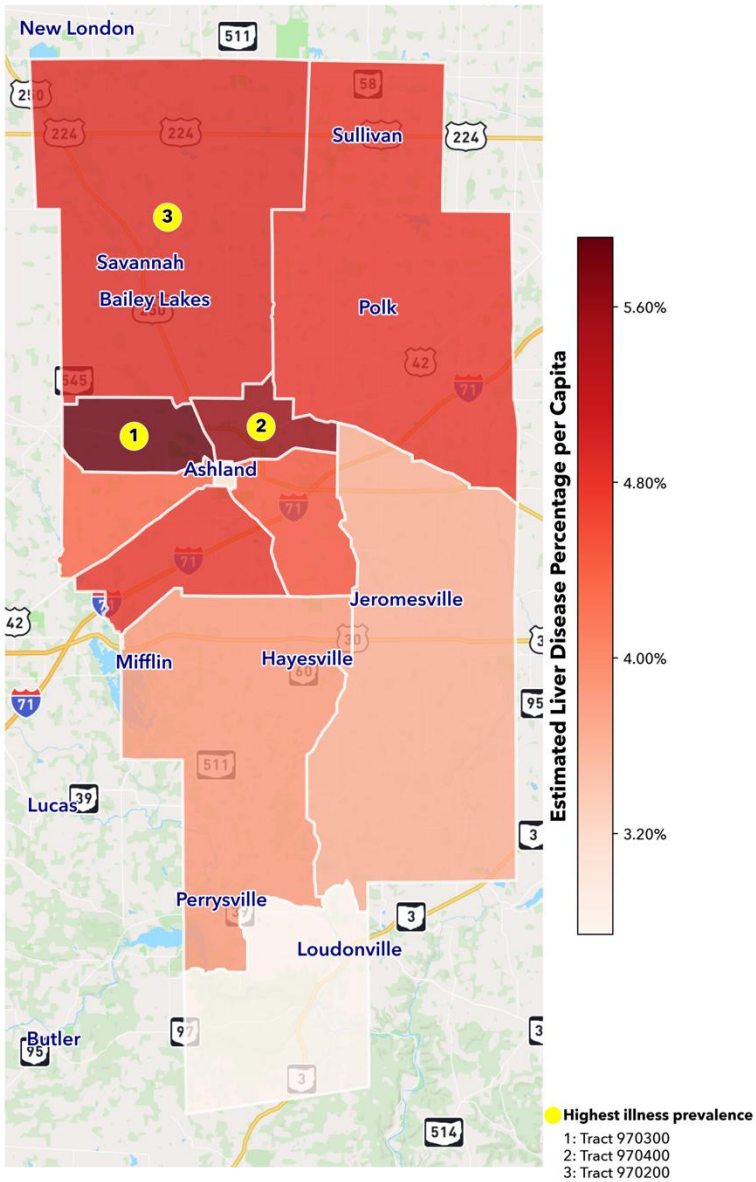
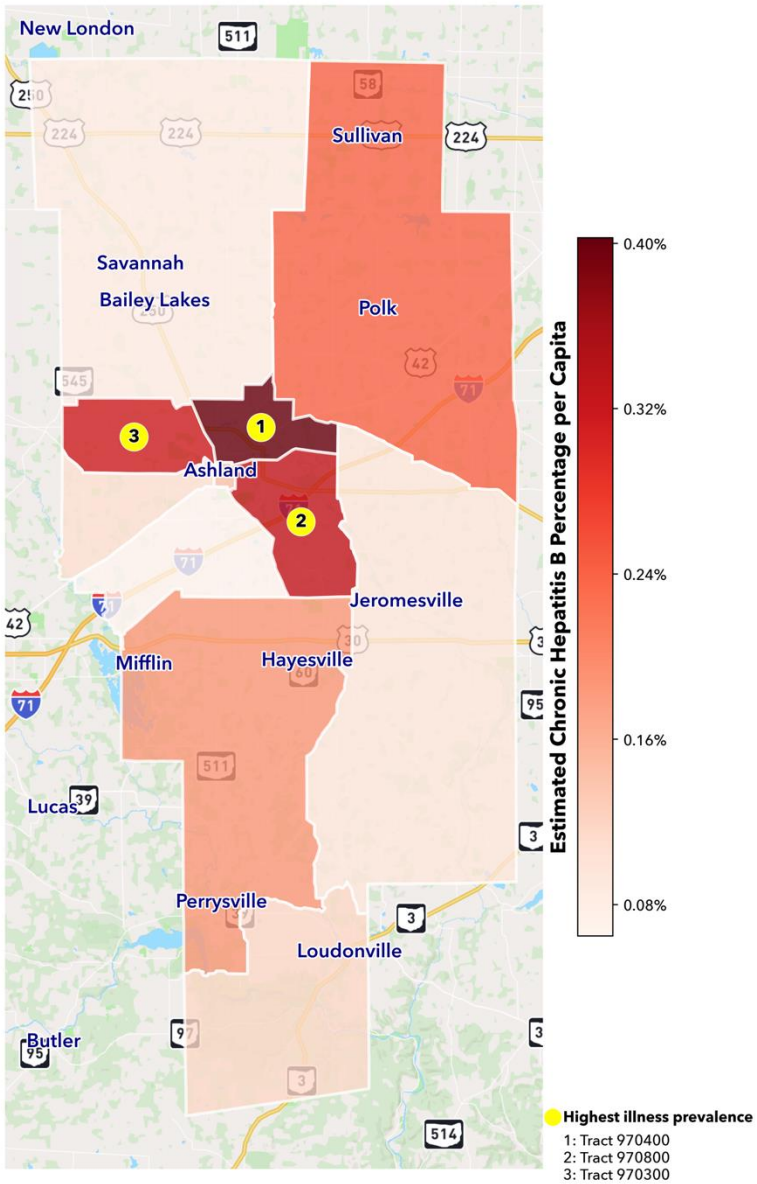


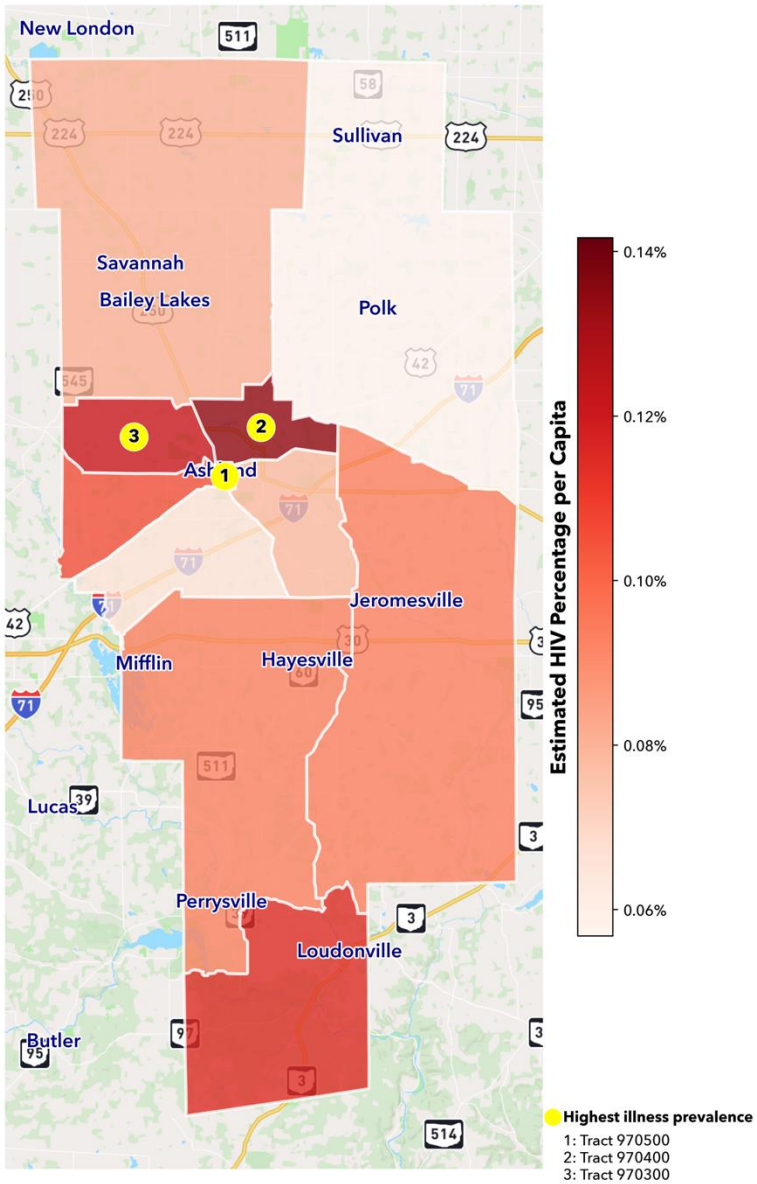
Liver Disease



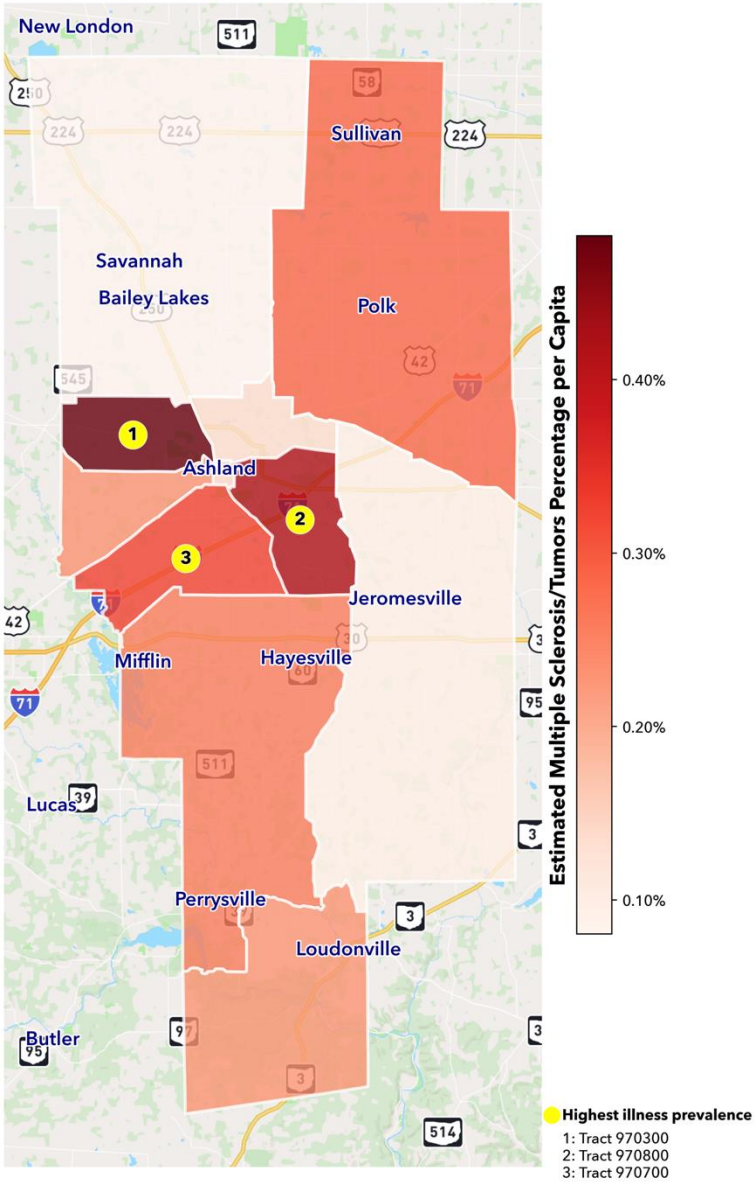
Chronic Hepatitis B



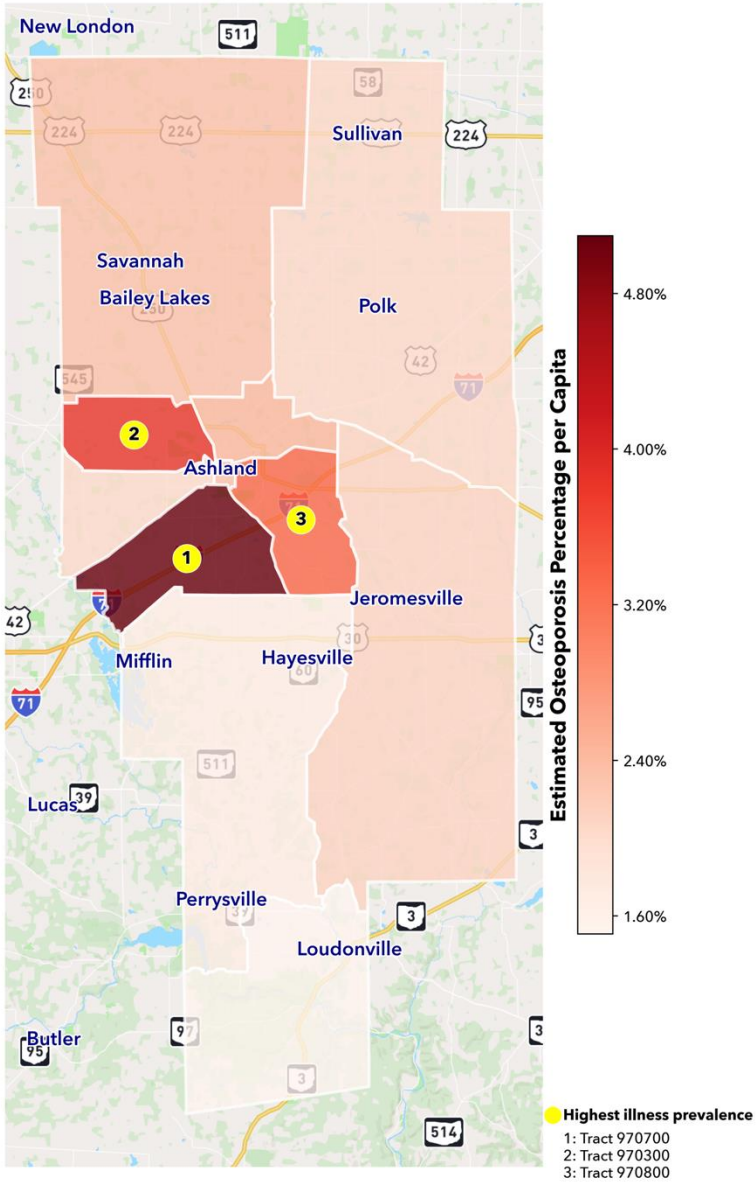
HIV



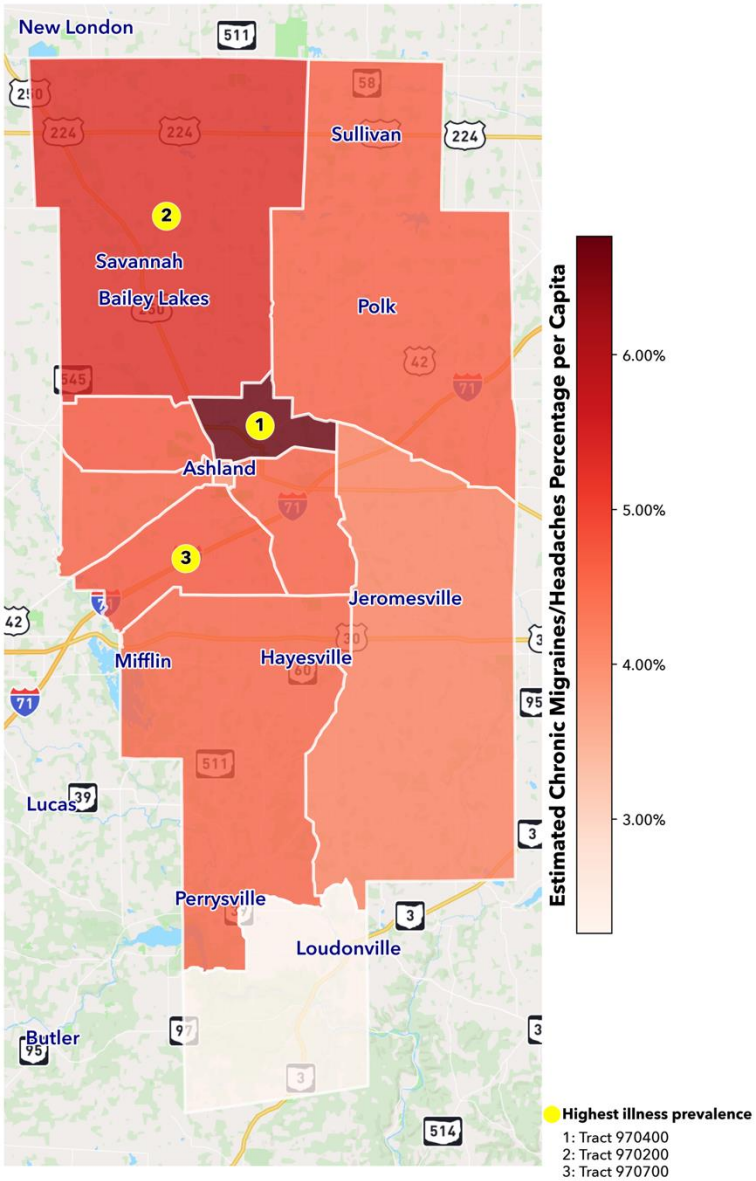
Multiple Sclerosis/Tumors



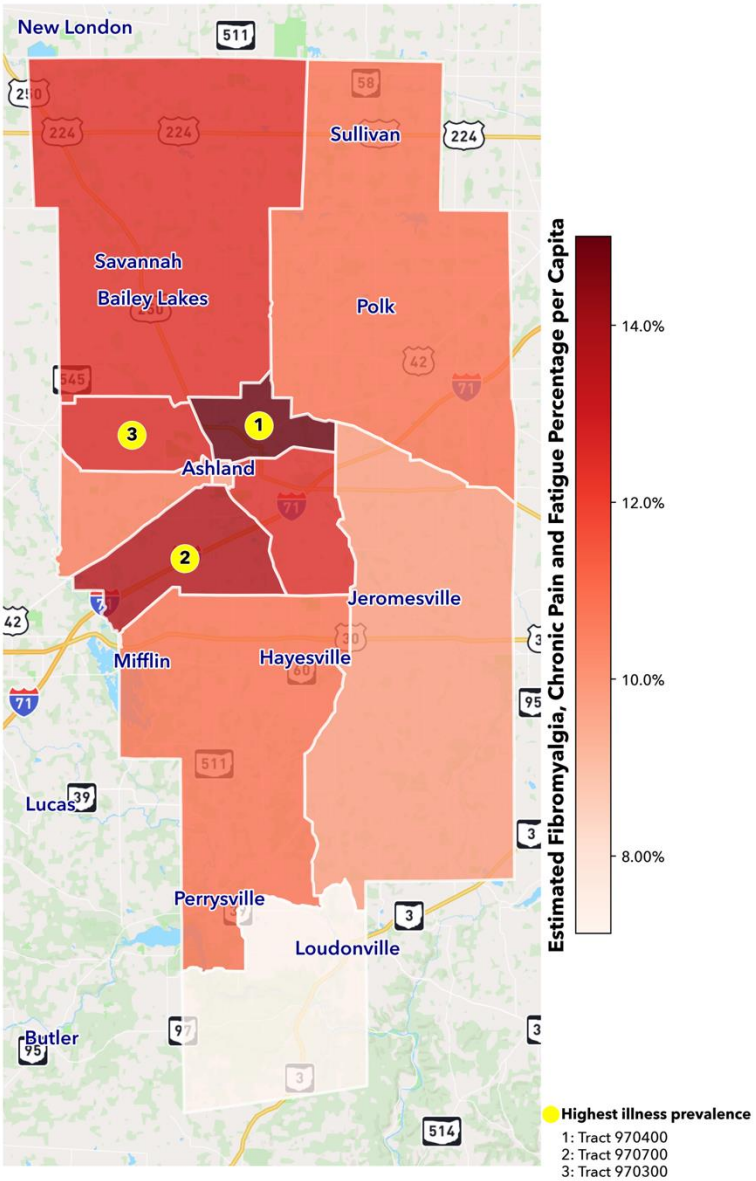
Osteoporosis



Chronic Migraines/Headaches



Chronic Pain and Fatigue



APPENDIX C: Focus Group Discussion Guide

The following pages show the focus group discussion guide.

ASHLAND COUNTY CHA 2025 || FOCUS GROUP DISCUSSION TOPICS

INTRODUCTIONS, GUIDELINES, PERMISSIONS (5 MINUTES)

- Greetings.
- Has anyone participated in a focus group before? [SHOW OF HANDS] Review the focus group environment. Obtain recording permissions.
- Please turn off / silence cell phones.
- No right or wrong answer, no need for group consensus. So, please tell me what you're really thinking. I'm looking for your honest feedback.
- Forgive me if I move the discussion along at some points.
- I'd like to introduce our observers (names, affiliations; will be circulating to take photos)
- Now, let's introduce ourselves to one another. Can you please share your name and what you like the most about your neighborhood or the area you live in?

HEALTH VISION / MOST IMPORTANT HEALTH ISSUES (15 MINUTES)

- What do you think are the most important issues facing people in the community?
- What does a healthy community look like to you? What makes a community healthy?

OVERALL PHYSICAL AND MENTAL HEALTH (15 MINUTES)

- What physical health issues do you see in the community?
    - *Are there specific chronic diseases that you hear or see a lot about? Which ones?*
- What mental health issues do you see in the community?
    - *Anxiety? Depression? Suicide?*
    - *If someone you know had a mental health issue, where would you look or go for help?*

HEALTH CARE ACCESS (10 MINUTES)

- What are some reasons residents might not get, or delay getting, health care?
    - *Cost/co-pays? For those <65, no health insurance? Fear/worry? Not enough info?*
    - *Feeling that providers might not look like me or understand me or my community?*
- What are some reasons residents might not get, or delay getting, dental care?
- Is there a particular kind of health care that is difficult to access in Ashland County?

SUBSTANCE ABUSE (10 MINUTES TOTAL – BE BRIEF WITH EACH!!)

- What alcohol issues do you see in the community?

- What tobacco or e-cigarette issues do you see in the community?
- What other drug use issues do you see in the community?

MATERNAL & CHILD HEALTH (5 MINUTES)

- What health issues do you see among children (under age 18) in the community?
- What health issues do you see among pregnant mothers in the community?

TRANSPORTATION (5 MINUTES)

- What transportation issues do you see in the community?

HOUSING AFFORDABILITY (5 MINUTES)

- What housing issues do you see in the community?

CROSS-CUTTING FACTORS (10 MINUTES)

- How does poverty or the ability to make ends meet affect or influence the topics and issues we talked about today?
- How does access to affordable, quality housing affect or influence these topics and issues?

PARTING COMMENTS (5 MINUTES)

- What's one thing you'd like your public health department to start doing - or do more of - to make your community healthier? Why?

APPENDIX D: Stakeholder Interview Guide

The following pages show the stakeholder interview guide.

Ashland County Community Health Assessment
Community Stakeholder Interview Guide

INTRODUCTIONS, GUIDELINES, PERMISSIONS

- Greetings!
- Explain purpose of conversation: Ashland County is starting its Community Health Assessment and Planning process, which has the ambitious goal of improving the health and wellness of residents. As part of this process, my research firm – Illuminology – will interview community leaders and conduct focus groups with residents about a variety of health issues and topics. Today, I'm excited to talk with you and hear your perspectives on health in Ashland County!
- Obtain recording permissions.
- To start, can you please tell me a little bit about your role and your organization?
- *(NOTE: This guide presents a conversational roadmap, not a script to be followed word for word. The moderator will ask questions as applicable, taking into account the amount of time remaining.)*
- *(NOTE: When the interviewee's role in the community makes them well-suited to speaking about specific populations of interest (e.g., low-income families, youth, individuals with disabilities, non-English speaking populations, older adults), broad questions about the community's health can be shifted to focus on a specific population of interest.)*

MOST IMPORTANT HEALTH ISSUES

1. What do you think are the most important health issues facing those who live in Ashland County? [IF ASKED – COULD BE PHYSICAL, MENTAL, OR OTHER TYPES OF HEALTH]
    a. Why?
    b. What other health issues face those who live in Ashland County? [PROBE DEEPLY]

OVERALL PHYSICAL HEALTH

2. What **physical health issues** are present in the community [that we haven't already discussed]?

MENTAL HEALTH AND ADDICTION

3. What **mental health issues** are present in the community [that we haven't already discussed]? [PROBE TO UNDERSTAND ROLE OF DEPRESSION, ANXIETY, TRAUMA, STRESSORS, LONELINESS; UNDERSTAND TYPES OF PEOPLE AFFECTED]
4. What **addiction issues** are present in the community [that we haven't already discussed]? [PROBE TO UNDERSTAND ROLE OF ALCOHOL, CANNABIS, HEROIN, FENTANYL, METHAMPHETAMINES, COCAINE, HALLUCINOGENS, PRESCRIPTION PAIN MEDICATIONS, GAMBLING, SOCIAL MEDIA; UNDERSTAND TYPES OF PEOPLE AFFECTED] [ADDITIONAL PROBES - AS NEEDED/AS ARE RELEVANT]
    a. Stigma associated with mental health and or addiction
    b. Access to mental health/addiction services
    c. Staffing issues for mental health/addiction services; burnout

HEALTH CARE ACCESS AND SERVICES

5. What **health care access issues** are present in the community [that we haven't already discussed]? [PROBES – AS NEEDED/AS ARE RELEVANT]
    a. Causes for residents delaying or not seeking health care
    b. Gaps in services
    c. Staffing issues exist for health organizations
    d. Care coordination issues/improvement
    e. Gaps in communication about services
    f. Ideas for motivating residents to use services

POVERTY/TRANSPORTATION/HOUSING/ENVIRONMENTAL HEALTH

6. Do you see residents not having the means to meet their basic needs as an issue in the community, or not so much? Tell me more.
7. Do you see lack of affordable housing as an issue in the community, or not so much? Tell me more.
8. What barriers to transportation exist in the community? (generally and for health care and social services)
9. What are the most serious environmental health issues present in the community? (Probe on air, water, trash, plumbing if necessary)

VULNERABLE POPULATIONS

10. Based on what you've seen or heard, what population groups in Ashland County may require specific assistance to be healthier? [Use examples to the extent helpful: Older adults, children, parents of non-adult children, those with difficulty accessing affordable housing, those with disabilities, non-English speaking or ESL individuals]
11. [IF NOT ALREADY DISCUSSED] Based on what you've seen or heard, what are the biggest issues facing youth in Ashland County?
    a. Do you feel that there are options for high-quality physical health care for youth in Ashland County, or not so much? Tell me more.
    b. Do you feel that there are options for high-quality mental health care for youth in Ashland County, or not so much? Tell me more.
12. Do you see issues with child care or elder care as problems in the community, or not so much? Tell me more.

SUMMARY/IMPROVEMENT/CLOSURE

13. (Briefly summarize key issues discussed.) What ideas do you have for specific actions that leaders in Ashland County could do that would improve the health of the community, or reduce the impact of some of these issues?
    a. Can you think of any policy or systems changes, at the County level, that could help to improve the health of the community?
14. Given everything we've discussed today, what else do you think I should know?

IF TIME ALLOWS:

HEALTH EDUCATION

15. Based on what you've seen or heard, how well informed are residents about how to be healthy?
    a. Where do you think residents get their information about health and wellness?
16. What issues with health knowledge or communication are present in the community?

NUTRITION AND PHYSICAL ACTIVITY

17. Based on what you've seen or heard, what nutritional issues are present in the community?
    a. From your perspective, what factors keep some people in the community from eating adequate amounts of fruit and vegetables?
    b. What nutritional issues do you see with children, specifically?
18. Based on what you've seen or heard, what issues with physical activity are present in the community?

APPENDIX E: References

Community Profile

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Social Determinants of Health (cont'd)

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General Health and Wellness (cont'd)

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31. Healthy People 2030 Objective HDS-03 Reduce stroke deaths, U.S. Department of Health and Human Services
32. Healthy People 2030 Objective C-06 Reduce the colorectal cancer death rate, U.S. Department of Health and Human Services
33. Healthy People 2030 Objective MHMD-01 Reduce the suicide death rate, U.S. Department of Health and Human Services

APPENDIX F: Community Resources

The following pages show the community resources.

List of Community Resources:

BASIC NEEDS

Clothing and Household Items

Clothing Closet offering free children and adult clothing.
Ashland Church of Christ
419-281-2024
419-685-4076 (Joey Hartsel)

Eligibility: Ashland Co. resident – Kids Closet, clothing for youth through teenager only
Associated Charities
419-281-6061

As a last resource, this organization provides assistance to individuals in Ashland County who may be facing financial difficulties.
St. Vincent de Paul Society
419-281-1195

For family's currently receiving services from ACDJFS – Infants & children clothing, personal hygiene items
Ashland County Job & Family Services
419-282-5000

For cancer patients only- Free hats, wigs & other head coverings; mastectomy supplies
Ashland County Cancer Association
419-281-1863

For clients only in the Learn & Earn Program to earn Baby Bucks for the Baby Boutique for maternity & baby items
Ashland Care/Pregnancy Center
419-281-1111

Furniture
Compassion Network 619 Park St, Ashland
419-289-0224

Clothing Closet
Eternal Coverings 1489 SR 511, Ashland
419-651-7513

Furniture
God's Helping Hands
419-651-3203

Clothing Closet, Furniture
Living Waters Outreach 37 South Main St, Savannah
419-651-6622

Financial Assistance
TANF (Temporary Assistance for Needy Families) – Work participation hours required, at or below 200% of the federal poverty level; Child Support – establish paternity, support order & enforce payment. No financial guidelines.
Ashland County Job & Family Services
419-282-5000

Compassion Network – Helps out in the event of an emergency; assistance with an appliance, furniture, financial, etc.
Park Street Brethren Church
419-289-0224

Housing
Persons applying need to be below 200% of the federal poverty guideline for assistance; emergency shelter assistance; permanent housing assistance.
Ray and Joan Kroc Salvation Army
419-281-8001

Housing assistance for persons living in a shelter or homeless (a place not meant for human habitation) & individuals & families. Be an Ashland County resident for at least 90 days & show proof, services based on program availability.
Appleseed Community Mental Health Center
419-281-3716

Program for Ashland Co. women & families.
ACCESS
419-685-1232

Temporary housing – Almond Tree Inn; No income guidelines
Transformation Network
419-207-1188

Rent assistance; Live in Hillsdale school district, no income guideline.
Hillsdale CARES (Churches Actively Responding to Emergency Situations)
419-368-3833

Rent or deposit help after all other resources have been exhausted. Dependent upon available funding. Call & leave message, will return your call.
St. Vincent De Paul Society
419-281-1195

Proof of last 4 weeks income for entire household & proof of expenditures. Up to $300 for rent/mortgage; once per year per household.
Associated Charities
419-281-6061

Help with rent. Must reside in the Loudonville-Perrysville School District or non-residents who are members of local churches. Eligibility: Federal poverty guidelines plus 10%.
Community Help Mission Loudonville
419-685-4991

Rent/Mortgage/Utility
HEAP
419-281-4327

Rent/Mortgage/Utility
Compassion Network 619 Park St, Ashland
419-289-0224

Rent/Mortgage/Utility
Catholic Charities
419-289-1903

Utility/Emergency Assistance
Proof of last 4 weeks income for entire household & proof of expenditures. Utility disconnection assistance, One time a year assistance up to $300.
Associated Charities
419-281-6061

HEAP – At or below 175% of the federal poverty level. PIPP Plus – At or below 150% of the federal poverty level. Households disconnected or threatened with disconnection from their heating source, one-time payment to heating supplier or bulk fuel vendor. Emergency Service program: those threatened with disconnection of additional utilities – gas, electric & water.
HEAP
419-281-4327

Utility assistance, need to be below 200% of the federal poverty guideline.
Ray and Joan Kroc Salvation Army
419-281-8001

Assist with water, electric or gas after all other resources has been used. Dependent upon available funding. Call & leave message, will return your call.
Saint Vincent De Paul Society
419-281-1195

Must be residents of the Loudonville-Perrysville School District or non-residents who are members of local churches. Federal poverty guidelines plus 10%.
Community Help Mission, Loudonville
419-685-4991

Live in Hillsdale school district; Not income based.
Hillsdale CARES (Churches Actively Responding to Emergency Situations)
419-368-3833

Project Comfort: one time help with heating costs in the amount of $450, payable to heat provider. Program available November – February to families with minor children that meet financial eligible. See Ashland County PRC plan for details or call 419-282-5000 to inquire about Project Comfort.
Ashland County Jobs & Family Services
419-282-5000

Transportation
Car repairs, car loan payments, vehicle purchase, license plates. PRC application – at or below 200% of federal poverty level. Hourly work requirement, max benefit approximately $1200; Non-emergency transport service to doctor/dentist appointments for current medicaid clients.
Ashland County Jobs & Family Services
419-282-5000

PRC Application
Set rates for Ashland City trips; call 24 hours ahead for cheaper rates. Increase rates for out of city & county trips; need to be scheduled at least 48 hours in advance. Provides transportation up to a 100 mile radius from downtown Ashland. Specific fares for trips to Cleveland-Hopkins, Akron-Canton & Columbus Airports.
Ashland Public Transit
419-207-8240

See Senior Services category below
Ashland County Council on Aging
419-281-1477

CHILD/ELDER ABUSE/DOMESTIC VIOLENCE
To report child or elder abuse; physical abuse, neglect, emotional maltreatment, and sexual abuse. Anonymous report allowed.
Ashland County Jobs & Family Services, Child Protective Services, and Adult Protective Services
419-282-5001 Child Abuse Report Line: 855-OH-CHILD

Participates in discussions on relevant topics like parenting, safety and abuse. Led by a trained advocate. Meetings every Tues at 5pm. Call for location information.
Safe Haven of Ashland
419-282-6097

COUNSELING
Mental Health
Offers mental health and substance misuse counseling, family support, case management, drug testing, group therapy, and medication-assisted treatment for adults and youth. Also offers a full mental health outpatient treatment facility with counseling, case management, pharmacological management, housing program, supportive employment, domestic violence and rape crisis shelter and support, and integration within the school systems and probation with liaisons.
Appleseed Community Mental Health Center
419-281-3716

24 Hour Crisis:
419-289-6111

Child & adult counseling (home based available), outpatient services, & case management. (Insurance billing & sliding fee scale). (See also Family Supports Category below).
Catholic Charities Community Services Corp. of Ashland County
419-289-1903

Specialized treatment for individuals, family, & play therapy, trauma, attachment issues, mood & anxiety disorders, & developmental disorders; Case management. (Sliding fee scale, Insurance & Medicaid billing).
Ground Work Play Therapy
419-289-4825

Individual, couple or family services provided by counselor trainee under supervision of a professional clinical counselor. Minimal donation suggested. No insurance required to receive services.
Smetzer Counseling Center
419-207-5558

Outpatient & Home-based counseling serving children, adults & families.
Encompass
419-289-0970

Counseling, education, & support; Community linkage
Visiting Nurse Association of Ohio (VNA)
1-877-698-6264

A free, 24/7 text line for people in crisis.
Crisis Text Line
Text for hope to 741741

A virtual beginners yoga class designed for all levels including chair yoga, mat, mindfulness, grounding, breathing exercises and positive affirmations. Every Tues at 2pm and Wed at 5pm.
Trauma Sensitive Yoga
419-281-3716

Note: Find more private services in Ashland area web/phone directories.

Substance Abuse
Prevention, Treatment, Recovery Programming; Driver Intervention Program (RAP); Free 1 Hour education session with counselor for family wanting to understand addiction; individual & group counseling; counselor housed in jail to provide education to individual/group counseling
ACCADA – (Ashland County Council on Alcoholism and Drug Abuse
419-289-7675

Supported environments for individuals overcoming an addiction to alcohol or drugs; Area meetings held daily/weekly
AA (Alcoholics Anonymous) & NA (Narcotics Anonymous)
419-289-7675

Substance Use Disorders Treatment. Counseling, Outpatient group for Individuals.
Catholic Charities
419-289-1903 x 14 (Rob Kelley)

Meets on Wednesday nights at 6:30pm
Celebrate Recovery
Facebook page – Celebrate Recovery Ashland

Substance Abuse Resources in Ohio: Drug & Alcohol Rehab & Detox
Recovery Village
1-855-406-2952

Dedicated to teens coping with someone else's drinking; Every Tuesday at 7:30PM held at Trinity Lutheran Church
Al-A-Teen
419-289-2126

Dedicated to those coping with someone else's drinking; Every Mondays & Thursdays 7:30PM held at Trinity Lutheran Church
Al-Anon
419-289-2126

Finding Hope: Addiction Education and Relapse Prevention Groups. Every Wed at 10:30am at Appleseed Community Mental Health Center.
Appleseed Mental Health
419-281-3716

Grief & Loss
Infant loss & miscarriage
Ashland Care/ Pregnancy Center
419-281-1111

Grief Counseling for loss of family member due to substance abuse
ACCADA (Ash. Co. Council on Alcoholism and Drug Abuse)
419-289-7675

KIDSCENE Bereavement Camp, Kid & Adult Bereavement Support Groups; Suicide, Parent's & Widow's Groups
Hospice of North Central Ohio
419-281-7107

800-952-2207

For those 18 or older who have had someone they love die by suicide. 2nd Tue of each month at 6:15pm at the Mental Health & Recovery Board.
Grievers of Suicide Support Group
419-281-3716

Grief counseling on a needs basis
Catholic Charities
419-289-1903

EDUCATION SUPPORTS

Adult

Free classes for 18 years and older, 16 & 17 year old students must be officially withdrawn from school; programs emphasize basic skills such as reading, writing, math, & English language competency to prepare for the GED test.
Aspire – Ohio's Adult Basic Literacy Program
419-289-3313

Various adult education classes; variety of financial aid options exist to cover part or all of the training tuition
Ashland Co.-West Holmes Career Center
419-289-3313

Learn English: Tuition-free classes (textbook will need to be purchased); Childcare provided
Ashland Grace Brethren
419-289-2723 or
419-895-1407

State agency that helps people with all disabilities find and keep a job
OOD- Opportunities for Ohioans with Disabilities
419-747-3000 or
1-800-282-4536

Pre-School

Preschool for low income children ages 3 to 5, Monday through Thursday; Health, nutritional, social, and other services to enrolled children and families. Children with disabilities are and may receive special services & therapies. Some transportation provided; Free breakfast and lunch provided
KnoHoCo Head Start
330-377-4567

Ages 3 to 5 years; Morning class 8:15 to 11:00AM option of 2 to 5 days a week; Fee
Ashland Christian Preschool
419-289-6617

Ages 3 to 5 years; morning class for (3 & 4 yr. old) and an afternoon kindergarten-readiness class (4 & 5 yr. old). Speech therapy is also available to students. Fee
St. Edward Preschool
419-289-7456

Montessori education with an emphasis on peace, respect, & compassion; ages 2 1/2 to 5 years, Monday – Friday; Fee
Trinity Lutheran Montessori School
419-289-2126 or
419-908-0124
Ages 2 1/2 to 5 years; Classes Monday – Friday from 9:00am to 11:30am; Fee
Park Street Brethren Church Preschool
419-289-6128

Ages 3 – 5 years; half-day classes Tuesday – Friday at Reagan Elementary School; Sliding fee scale for typical children, free for special needs children
Ashland City Little Arrows Preschool
419-289-1117

Ages 3 – 5 years, whole day classes Monday – Friday; Transportation provided; Free for special needs children, $200 a month for typical children; Breakfast & lunch provided, cost is based on family income.
Dale Roy Preschool
419-289-0470

Ages 3 – 5 years; half-day classes Monday through Thursday at Hillsdale, Mapleton & Loudonville; Sliding fee scale for typical children, free for special needs children
Tri-County Education Service Center
330-262-2262

Ages 3 – 5 years; Monday – Friday 8:30-11:00AM & 12:30-3:00PM; Option of all-day program 8:30AM to 3:00PM pack lunch provided by each family daily; Fee or sliding fee scale.
Ashland YMCA Preschool
419-289-0626

Ages 3 – 5 years; Fee
Valley View Christian Preschool (Loudonville)
216-407-8790

Home based kindergarten readiness program. Monthly lessons & supplies to encourage child-parent partnerships in learning for 4 year olds in Ashland City School District. No cost. Referrals made for identified needs.
Spark
419-289-7965 or
419-289-1117

School Supports
Community School Liaisons – Ashland City, Hillsdale, Mapleton, Loudonville-Perrysville Schools; Serve as a liaison between parents/caregivers, school personnel, and community agencies.
Appleseed Community Mental Health Center
419-281-3716

Tutoring
Multi-generational Mentoring (MGM): Older adult volunteers from the Golden Center are paired with youth in elementary school to receive academic tutoring; the youth are identified by teachers and/or guidance counselors & meet at the Loudonville library twice a week after school; No fee
Catholic Charities
419-289-1903

EMPLOYMENT SUPPORTS
Ohio MEANS Jobs – assist all individuals, whether employed or unemployed, in gaining self-sufficient employment; Provide free career & training services.
Ashland County Jobs & Family Services
419-282-5000

Employment support – for agency clients only; Help to gain employment and develop skills to stay employed.
Appleseed Community Mental Health Center
419-281-3716

Employment Training – Program designed to prepare eligible Ashland County residents to obtain and retain self-sustaining employment.
Transformation Network
419-207-1188

FAMILY/CARE GIVER SUPPORTS
Child Care
Infants 6 weeks old to 11 years; Monday – Friday 6:00AM – 6:00PM; Meals Included; Fee
Milestones Learning Center
419-281-7440

Ages 2 1/2 to 12 years, fully potty-trained; Monday through Friday 7:00AM to 6:00PM; Transportation available; Meals included; Fee
Park Street Brethren Day Care
419-289-6128

Child care information for families & providers
COAD (Corporation for Ohio Appalachian Development)
330-364-8882

Subsidized childcare for children being cared for in certified licensed childcare centers; Caregivers employed or attending an accredited school and income below 130% federal poverty level.
Ashland County Jobs & Family Services
419-282-5000
Foster Care
TBRI Caregiver Training – CEU's for social work, counselors & educators
Fostering Family Ministry
419-496-2507

Parenting Programs
For biological parents: Parenting classes, Baby Boot Camp, Mom & Dad Mentoring, Learn & Earn Program; Free services
Ashland Care/Pregnancy Center
419-281-1111

Individual parent education; Fees are based on household income and family size
Advocates for Families
419-281-3788

Home based program for pregnant woman & children from birth to 3 and their families.
Help Me Grow Home Visiting Program serves either Tri-County Educational Service Center or Catholic Charities
419-289-9227

Healthy Kids/Strong Families Program: providing parenting tools to families
Catholic Charities
419-289-1903

Nutrition education program for pregnant women, women who have a baby less than 6 mos old, breasting mothers, infants and children up to 5.
Richland Public Health's WIC serves Ashland County Residents
419-289-3359

HEALTH/WELLNESS
Healthcare & Medical Insurance
Immunizations for all ages, will bill your insurance provider
Ashland County Health Department
419-282-4357

PMAP (Patient Medication Assistance Program) small fee; Free mammograms for women 50+ with no health insurance
Ashland County Cancer Association
419-281-1863

Serve Ash. Co. residents who fall within 300% Fed. Poverty Guidelines, Walk-in hours Tuesday 6-8PM & Saturday 9-11AM; Durable Medical Equipment – Small fee for lending; Free of Charge: Health Ins. Navigator – Guidance for health care options; Wellness Coordinator – for linkage & referral to community agencies
Ashland Christian Health Center
419-903-0475

Ashland County resident – Non-narcotic prescription assistance
Associated Charities
419-281-6061

Pregnancy testing, ultrasound verification, adoption & abortion information
Ashland Care/Pregnancy Center
419-281-1111

Must have doctor diagnosis of cancer. Monthly stipend for mileage, prescription medications, nutritional, or medical supplies.
Ashland County Cancer Association
419-281-1863

Quality affordable dental care for uninsured, under-insured, Medicaid, Managed Care Plans, & private ins.; Households at or below 200% fed. poverty level.
9th Street Dental
567-217-7040

Free Scrub closet/medical supplies
Companions Nurse Aide Training Centers & Home Health Care
419-281-2273

Dental care for those who cannot afford it. To be eligible, you must be 65 or older; have a disability or compromising medical condition; be lower income and/or have severe dental needs; be uninsured for dental care and do not qualify for Medicaid.
Dental OPTIONS, an Ohio Department of Health Program
380-203-5681 or
Toll Free 888-765-6789

Comprehensive women's health care, health screenings & testing and contraceptive options; No income restrictions; Services based on a sliding fee scale & Medicaid is accepted.
Kno-Ho-Co Health Services
419-289-1700

Provides prevention, education, and support services for persons infected
AIDS Resource Center
419-525-2437

Support for those who have experienced voice, hearing, visions or other unusual or extreme experiences. Peer to peer group with no judgment or stigmatization. Meets every 2nd and 4th Tues at 11:00am. Contact Stacey for location
Stacey Roberts
567-215-5021 or
8staceyroberts@gmail.com

Meets 2nd Friday of mo. from 3pm-4pm at Ashland Public Library, Page Meeting Rm
Chronic Pain Support Group uspf.painconnectionAshland@gmail.com
419-606-9821

Health Education
Classes are free unless otherwise noted; Register by calling and leaving name, contact information & number of people attending.
University Hospitals Samaritan Medical Center
419-207-2563

Education, Material Support and Parenting Classes
Ashland Care/Pregnancy Center
419-281-1111

Stop Smoking/Chewing – Free, one-on-one tobacco cessation
University Hospitals Samaritan Medical Center
419-207-2303

Nutrition/Nutrition Education
Serve Ashland County residents who fall within 300% Federal Poverty Guidelines,
Dietitian – for management of diet and weight concerns
Ashland Christian Health Center
419-903-0475

Special supplemental nutrition program for women, infants & children up to 5 years old; Ashland County's WIC program is run by Richland Public Health
WIC (Women, Infant & Children)
419-289-3359

School and community-based nutrition education for preschool – adults
OSU Extension SNAP Education Program
419-281-8242

Recreation/Physical Activity
Serve Ashland County residents who fall within 300% Federal Poverty Guidelines,
Dietitian – for management of diet and weight concerns
Ashland Christian Health Center 419-903-0475
Special supplemental nutrition program for women, infants & children up to 5 years old; Eligible if income is 185% of federal poverty guideline
WIC (Women, Infant & Children)
419-289-3359

School and community-based nutrition education for preschool – adults
OSU Extension SNAP Education Program
419-281-8242

Diet/Nutrition
Serve Ashland County residents who fall within 300% Federal Poverty Guidelines,
Dietitian – for management of diet and weight concerns
Ashland Christian Health Center
419-903-0475

Special supplemental nutrition program for women, infants & children up to 5 years old; Ashland's WIC program is run by Richland Public Health
WIC (Women, Infant & Children)
419-289-3359

School and community-based nutrition education for preschool – adults
OSU Extension SNAP Education Program
419-281-8242

LEGAL SERVICES
Working out solution to the problem, with help of a mediator, that is acceptable to everyone involved. Learn effective communication & negotiation techniques to prevent future problems
Ashland Community Mediation Services (T.A.L.K.)
419-207-8255

Family, Bankruptcy, Divorce and Estate Planning
Legal Aid of Western Ohio, Inc.
(888) 534-1432

SENIOR SERVICES
All programs for 60 & older living in Ashland Co., services provided Monday-Friday; Handicap Accessible Transportation throughout Ashland Co. plus medical trips to Mansfield & Wooster; Provide light housekeeping twice a month; Provide information & referral, small donation suggested for all above programs; Provide limited legal assistance; Socialization activities, seminars & informational speakers.
Ashland County Council on Aging
419-281-1477

Golden Center – Adults 55 and older; Social/recreational programs take place at Mill Run Place in Ashland & Loudonville Public Library
Catholic Charities Community Services Corp.
419-289-1903

Adults 55 years and older applying skills and wisdom volunteering their time in the community
RSVP-Retired Senior Volunteer Program
Jack Schumaker 419-908-5943 or 740-590-5560

Permanent housing for low to moderate income senior citizens age 62+ years; Section 8 housing (income below 30% of the median gross income) to receive federal subsidy; Loudon Bluffs Apartment, Loudonville
Kno-Ho-Co-Ashland
419-281-4327

Members 55+ years; Provides community services & social, recreational, educational, & cultural activities;
Ashland County Council on Aging
419-289-7745

Senior discount, households of the age 65+ years who have a total annual income of $12,000 or less, shall pay 50% of the total – based upon currently existing minimum charge
City of Ashland – Water Department
419-289-8322

Senior discount for Ashland County residents 65 years and older
Ashland Public Transit
419-207-8240

SPECIAL NEEDS
Ashland City Schools Parent Mentors
419-289-7967 Ext. 7004

School and community services for special needs individuals aged prenatal to adults. Education, links to therapy services, adult housing, supportive employment, etc.
Ashland County Board of Developmental Disabilities
419-289-0470

Complex Medical Help (CMH, formerly called Bureau of Children with Medical Handicaps) program provides families with links to resources for children with special medical needs, diagnoses, medical equipment, etc.
Ashland County Health Department
419-282-4231
Different and fun art designs, Open to special needs children and will have after school programs
Believe It Studio
419-571-7564
419-589-9912
Service coordination for any family with children prenatal to 3 years old with a medical diagnosis & for a developmental delay. No cost
Early Intervention (Former Help Me Grow Part C)
419-289-9227

A day program as well as in home personal care and support for individuals with developmental disabilities
The Ashland Link/Society for Handicapped Citizens
419-295-9023

For preschool & school aged children. Gives parents information and support on special education issues; free to all. Resource library contains books on disabilities and parenting
Parent Mentors Program-Ohio Department of Education
Ashland City Schools
419-289-7966 ext. 4124

Other Schools contact
330-345-6771 ext. 263

Americans with disabilities service discount
Ashland Public Transit
419-207-8240

SOAR Respite – 2 Saturdays per month at Grace Brethren Church & Trinity Lutheran Church. Night out for parents/caregivers who have children with disabilities ages infant – 12 years.
Ashland Special Needs Ministry
614-572-7993

Meet on the last Thurs every month from 6:30 pm to 7:30 pm. at Grace Brethren Church. Free childcare if available
Family Connections: A Special Needs Support Group
419-651-5043

VETERAN'S SERVICES
Assistance dealing with Dept. of Veteran's Affairs; Provides transportation to VA medical centers; Mental health counseling; Recreation benefits and many other services
Ashland County Veteran's Service
419-282-4225
Welcoming veteran's back into our communities and listening to their experiences one-on-one
Mental Health and Recovery Board of Ashland County – The Welcome Johnny & Jane Home Project
419-281-3139 ext. 1232

Landing Zone open to all Veteran's – Meet every Wednesday 8:00AM to 10:00AM in Community Room of Professional Bldg. for coffee & donuts
Catholic Charities Community Services Corp.
419-289-1903

Meets last Thurs. of each month, 6:30 – 7:30 pm. Free Childcare is available
Family Connections: Special Needs Support Group
419-651-5043

Combat Recovery
Rebot Combat Recovery for Veterans & Family Members
419-631-1489 or
airbornegrunt24@gmail.com

YOUTH/CHILD PROGRAMS
After School/Weekend/Summer Programs
Life skills & community education, arts & culture, fitness & recreation, sports, skating, laser tag, batting cages, spray park for all ages; Special family events and summer camp. All Star Academy after school program for youth grades 1-5, from 3:00 to 5:15PM; Fee
Ray and Joan Kroc Salvation Army Community Center
419-281-8001

Beacon After School Program for grades K – 4th grade
Trinity Lutheran Church
419-289-2126

Various activities for preschool – adults. Summer day camp for Juniors ages 3-6 & Senior ages K-5th grade (grade completed) Before and After School Care from 6:30-7:30am and 3:30 – 6pm for ages K-5th grade
Ashland YMCA
419-289-0626

Weekly ministry group to teach life skills such as, pole fishing, cleaning fish, map reading, shelter building, fire building, woodshop projects & more; reading scriptures & open discussions; For boys 5-12 years old
Pathfinder Farms
419-368-4267

Creative Movement – Classes offered for children beginning at 18 months old to senior citizens. Students are introduced to the basic elements of movement & dance combined with students own expression of movement.
Trinity Lutheran Church
419-281-8948

4-H – educational, youth development program; helping kids "learn by doing" through hands-on activities; Open to K – 19 years old
Ashland County OSU Extension
419-281-8242

Summer program for children of Savannah; At the park in Savannah; Lunch 12:00, Activities 12:30 – 1:30PM; No Charge, Parents/guardians responsible for their children
Savannah Lions Club Sponsor
419-962-4523

Weekend and summer camps, ages 6-18
Camp Nuhop
419-938-7151

Summer camp programs for children ages 3-18 years
Pleasant Hill Outdoor Center
419-938-3715

Summer programs – Hands in Motion and Social Skills; For children to experience success, increase self-confidence, and learn functional skills through active environmental exploration; Fee & some insurances excepted.
E J School Based Therapy Services
330-262-4449

Libraries
Variety of programs for infants, teens and adults
Ashland Public Library
419-289-8188

Variety of programs for infants, teens and adults
Loudonville Public Library
419-994-5531

Mentoring/Prevention
Ashland Connects to Teens (ACT) – Mentoring program for youth at risk for drug, alcohol and/or tobacco abuse (Free program)
Catholic Charities Community Services Corp.
419-289-1903

Empowerment groups for teen girl's responsible decision making at specific schools. Respect groups for teen males at specific schools. In-school group teenage parenting education; Juvenile Diversion Mentoring for male/female youth
Advocates for Families
419-281-3788

MISCELLANEOUS
Contains calendar of local events
Ashland Area Convention & Visitor's Bureau
419-281-4584 ext. 101

A network of county service agencies, government officials, non-profits, faith community, parents and others dedicated to improving the lives of children and families of Ashland County
Ashland County Family & Children First Council
419-289-0000 ext. 5015

Membership Directory and Buying Guide – Helpful inventory of retail, services, recreation and industry contacts for Ashland County
Ashland Area Chamber of Commerce
419-281-4584

APPENDIX G: University Hospitals – Evaluation of Impact

The following pages show University Hospitals' Evaluation of Impact.

University Hospitals Samaritan Medical Center

University Hospitals Samaritan Medical Center is a 55-bed community-based hospital serving the residents of Ashland, Mansfield, Loudonville and the surrounding communities. Our medical staff includes more than 250 highly trained providers in over 30 medical and surgical specialties, including:

Allergy/Immunology
Anesthesiology
Athletic Training/Sports Medicine
Cardiology
Dermatology
Dietitian
General Surgery
Hematology/Oncology/Infusion Center
Home Care
Hospitalist
Laboratory Services
Music therapy
Nephrology/Critical Care
Neurology
Obstetrics/Gynecology
Occupational Health
Orthopedic Surgery
Pain Management
Podiatry
Primary Care
Pulmonary/Sleep Medicine
Radiology
Rehabilitation
Sleep Center
Telemedicine
Urology

University Hospitals Mission

To Heal. To Teach. To Discover.

Vision

Advancing the Science of Health and the Art of Compassion.

Values

- **Service Excellence:** We deliver the best outcomes, service, and value with the highest quality through a continuous quest for excellence and seeking ways to improve the health of those who count on us.
- **Integrity:** We have a shared commitment to do what is right and adhere to the highest standards of ethics and personal responsibility to earn the trust of our caregivers and community.
- **Compassion:** We have genuine concern for our patients and each other while treating everyone with respect and empathy.

- **Belonging:** We value the contributions of all caregivers, and are committed to building an inclusive, encouraging and caring culture where all can thrive.
- **Trust:** We depend upon our caregivers' character, reliability and judgement

Evaluation of Impact

University Hospitals Samaritan Medical Center Community Health Improvement Efforts

The following evaluation of impact pertains to the actions taken since the last Ashland County CHNA in 2022. The assessment was done jointly between University Hospitals Samaritan Medical Center, Ashland County Health Department, and the Ashland County Community Health Assessment Committee, in alignment with Ohio's State Health Assessment (SHA) and State Health Improvement Plan (SHIP). The 2022 CHNA was adopted by University Hospitals in September of 2022, and the 2023-2025 Implementation Strategy was adopted in March of 2023. This evaluation report covers the period January 2023 through December 2024. Outcomes from the 2023-2025 period will be further analyzed in early 2026, in order to include 2025 progress in total, and to further inform prospective 2026 implementation strategies.

Upon review of the 2022 University Hospitals Samaritan Medical Center CHNA, hospital leadership isolated three top priority community health needs:

1. Behavioral Health

2. Access to Health Care

3. Cancer

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

- Host or participate in community outreach events that focus on the benefits of using telehealth as an option to complete a routine check-up.
- Increase the number of encounters for music therapy within the hospital. Decrease patients' self-reported stress level and anxiety level after music therapy session. Increase self-reported coping level after music therapy session.
- Increase access to methods of safe disposal of prescription drugs for community.
- Increase access to music therapy for community members as a way to manage mental health.

- Detect early signs of cancer by offering screenings in an effort to prevent or mitigate disease progression. Increase awareness and education of cancer prevention to improve health literacy and health outcomes.

Impact

From 2023 through 2024, UH Samaritan's community outreach efforts focused on enhancing access to healthcare, improving mental health, and reducing cancer incidence. Telehealth initiatives were a major priority as a method to educate the community on non-traditional method of access to care. UH Samaritan collaborated with community partners to host 9 telehealth demonstrations between 2023 and 2024. Additionally, UH Samaritan participated in community events across the county to educate Ashland County residents on the benefits of using telehealth, with 139 participants reporting an increase in knowledge and understanding on the topic.

Behavioral health was another key focus, particularly through the music therapy program. Between 2023 and 2024, UH Samaritan’s music therapist held 698 sessions. Among the 464 inpatients surveyed, the program demonstrated significant improvements in patients' self-reported stress, anxiety, and coping levels. In 2023, the UH Samaritan team began to develop an action plan to increase access to music therapy for community members as a way to manage mental health. UH Samaritan exceeded their original goal by holding 46 events that engaged 1,044 participants throughout the community. These events took place in various settings, including nursing homes, schools, a Women to Women support group, a memory care center, a coffee club, a group of retirees, and more.

As an additional goal for addressing behavioral health in Ashland County, the UH Samaritan team aims to reduce deaths caused by drug overdose by increasing access to methods of safe disposal of prescription drugs for the community. To support this goal, UH Samaritan distributed 520 DisposeRX packets between community events and the in-house pharmacy over the period of 2023 to 2024. DisposeRX is a product designed to safely dispose of unused medications, thereby reducing the risk of drug misuse and overdose.

Efforts to reduce cancer incidence in Ashland County continues to be a priority for UH Samaritan. The team made strides in 2024 to develop programming aiming to detect early signs of cancer by offering screenings to prevent or mitigate disease progression as well as increase awareness and education of cancer prevention to improve health literacy and health outcomes. Additionally, community collaborations allowed the UH Samaritan team to participate in four live cancer screening and education events and three mobile screening events. These initiatives were crucial in raising awareness and providing

accessible cancer screenings to the community, contributing to better health outcomes and disease prevention.

Hospital Leadership Interviews

In order to provide a qualitative context regarding University Hospitals Samaritan Medical Center's successes and opportunities for improvement related to the implementation strategies, a discussion guide comprised of four anchor questions was utilized to frame an interview with University Hospitals Samaritan Medical Center leadership and caregivers on March 11, 2025:

1. What were the most significant successes and strategies in program implementation and community engagement?
2. What strategies experienced barriers to implementation, or were unable to be implemented?
3. How have community partnerships strengthened program implementation and community engagement?
4. Are there any opportunities that could potentially be leveraged in the future to improve the community's health?

As a result of this conversation, the following qualitative themes emerged pertaining to University Hospitals Samaritan Medical Center's community health implementation strategy from 2023-2025: 1) Key Successes in Program Implementation and Community Engagement, 2) Music therapy as an effective coping skill to improve mental health, 3) Relationships fostered through community collaboration, and 4) Opportunities for increased collaboration to carry out implementation strategies.

Key Successes in Program Implementation and Community Engagement

The UH Samaritan community outreach team has achieved significant success through their dedicated efforts in community outreach, programming, and collaborations, which have significantly improved access to care and mental health support in Ashland County. One key achievement is the expansion of telehealth services. The team noted, "we did an entire presentation on MyChart and telehealth, helping a couple folks actually get started." This initiative, in collaboration with the Council on Aging, involved setting up a telehealth station to assist seniors to "help them schedule and then be their advocate as they go through these appointments using telehealth." Additionally, the program's efforts to engage with the community through events like county fairs and farmers markets have been crucial. "[We have] spent a lot of time at our county fairs, really doing a lot of training

on MyChart and helping people if they need one-on-one assistance." These initiatives underscore the program's success in leveraging community partnerships and technology to effectively carry out implementation strategies.

Music Therapy as an Effective Coping Skill to Improve Mental Health

Music therapy has proven to be a highly effective coping skill for improving mental health within UH Samaritan and Ashland County. The onsite music therapist has done extensive outreach efforts which have been instrumental in this success. This initiative has been very beneficial for UH Samaritan inpatients, and the outreach team continues to pursue opportunities to bring music therapy programming to outpatients and throughout the community. The program has reached various settings, such as nursing homes, where music therapy sessions have been conducted to address anxiety and mental health. Participants have consistently reported positive outcomes, with one noting, "I feel much more relaxed and less anxious after the sessions." Another participant shared, "The music therapy has really helped me cope with my stress and anxiety." The team's dedication to expanding the reach of music therapy is further emphasized by their involvement in new initiatives, such as the Parkinson's support group starting in 2025. The positive responses to these efforts affirm the significant role of music therapy in enhancing mental health and providing effective coping mechanisms for the community.

Relationships Fostered Through Community Collaboration

The UH Samaritan team has greatly strengthened connections within the community through collaborative efforts. UH Samaritan emphasized the importance of these partnerships as a way to build new and foster current relationships throughout Ashland County. Cancer awareness and screening have been pivotal in addressing health concerns in Ashland County. As noted, "colon cancer deaths were identified in Ashland County as one of our highest concerns." To tackle this issue, a significant event was organized where the UH Samaritan team along with these community partners provided education on this topic. In response to a survey conducted by the Ashland County Health Department, the UH Samaritan team and partners are developing an additional event to "look at all of the results from the survey and have an open discussion about why colorectal cancer is so prevalent, why colonoscopies are so important, and get a feel from the community about where we should take these [efforts] next." "It's hard to believe it's been a year since we started on all of this," the UH Samaritan team further explained that this is turning into a larger effort to increase [cancer] screenings throughout Ashland County. The team is continuing to collaborate with community partners to determine how they can "use this same model to address the other [forms] of cancer" identified by the community. "This continues to be a huge work in progress."

Opportunities for Increased Collaboration to Carry Out Implementation Strategies

The UH Samaritan team continuously looks for opportunities to enhance outreach programming and implementation and hopes to increase efforts for underserved areas and communities in Ashland County. The UH Samaritan team emphasized the importance of this, stating, "we've been really trying to [expand] access and availability [to programming] out to those [more rural] areas... There is a need to focus on areas with higher needs" which face unique challenges. Enhanced outreach efforts are crucial to address specific health needs and improve overall community health in Ashland County. Additionally, leveraging grant funding for initiatives like mobile screenings and expanding telehealth services can provide more accessible health care options for the community. The team is enthusiastic about the potential impact these opportunities will bring for Ashland County, improving community health through targeted efforts and collaborative initiatives.

APPENDIX H: Ashland County Health Department – Impact Statement

The following pages show Ashland County Health Department's Impact Statement.

Ashland County Health Department
Impact Statement: 2022 Community Health Assessment & Community Health Improvement Plan

The Ashland County Health Department's 2022 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) strategically focused on three priority areas identified through community input and data analysis:

- Mental Health and Addiction
- Access to Care
- Cancer Prevention and Awareness

Mental Health and Addiction

Significant strides were made in addressing mental health and substance use challenges:

- Expanded peer support services for individuals experiencing overdose, enhancing recovery pathways and community resilience.
- Increased participation in Quick Response Team (QRT) initiatives, including law enforcement and community members, fostering rapid intervention and support.
- Conducted biannual drug takeback events, safely removing over 180–200 pounds (per event) of unused medications from homes, reducing the risk of misuse.
- Partnered with the Mental Health Recovery Board to produce educational podcasts focused on suicide prevention, overdose awareness, and community-based support.
- Launched a comprehensive Narcan distribution program, equipping individuals, schools, and businesses with life-saving overdose reversal tools.

Access to Care

Efforts to improve healthcare accessibility across Ashland County included:

- Developed and distributed a comprehensive provider directory, including free and low-cost clinics. A QR code wallet card was created for law enforcement and first responders to share with individuals in need, streamlining access to essential services.
- Deployed the mobile health clinic at multiple community events, offering biometric screenings and basic health services to underserved populations.

Cancer Prevention and Awareness

In response to elevated rates of colon cancer diagnoses and mortality, ACHD led targeted interventions:

- Coordinated educational presentations with University Hospital physicians on colon cancer prevention and screening options.
- Conducted community surveys to identify barriers to colon cancer screening and inform future outreach strategies.
- Hosted a multidisciplinary panel discussion featuring healthcare providers, survivors, support agencies, and representatives from Cologuard to promote screening and early detection.
- Executed a robust social media campaign emphasizing the importance of regular cancer screenings.

Conclusion

Through focused collaboration and evidence-based strategies, the Ashland County Health Department and community partners, have made measurable progress in addressing key health challenges. These initiatives have strengthened community awareness, improved access to care, and laid the groundwork for long-term reductions in mental health crises, substance misuse, and cancer-related outcomes. We remain committed to advancing health equity and fostering a healthier Ashland County.