



2024 COMMUNITY NEEDS ASSESSMENT



www.accaa.org

*Accepted by the ACCAA Board of Directors
November 2024*



COMMUNITY NEEDS ASSESSMENT

2024

INTRODUCTION

Overview

The mission of the Ashtabula County Community Action Agency (ACCAA) is “to help people achieve self-sufficiency and rise above issues of poverty”. We are approaching our 60th year, making essential contributions to individuals and families in Ashtabula County by providing them with resources and opportunities to improve their quality of life.

Every three (3) years Community Action Agencies are required to complete a comprehensive analysis of local conditions to identify existing and emergent community needs. The “Community Needs Assessment” (hereafter “Assessment” or “Survey”) process allows us to review: where we need to add or improve services, make it easier to use existing services, and prioritize the most important types of service to better help the individuals and families we serve. The Assessment reviews the community landscape for any changes that the agency and the community need to be addressing.

PURPOSE OF THE ASSESSMENT

To review...

- where we need to add or improve services,
- make it easier to use existing services, and,
- prioritize the most important types of service to better help the individuals and families we serve.

MISSION

Ashtabula County Community Action Agency will help people achieve self-sufficiency and rise above issues of poverty.

About The Agency

ACCAA was created as a poverty fighting organization as a result of President Johnson’s “War on Poverty” in 1964. As designated in our authorizing legislation we are founded on the tenants of maximum feasible participation of the individuals we serve, opportunities for growth for all by providing skills and resources, partnership versus competition, and focus on the needs of the local community.

We are part of a national network of over 1,000 Community Action Agencies.

CURRENT ACCAA PROGRAMS

2-1-1 Ashtabula County Information & Referral including Enhanced Information & Referral for Seniors

Head Start

Emergency Energy Assistance (HEAP, PIPP, WCP, SCP)

Home Weatherization Assistance Program (HWAP)

Minor Home Repair

New Hope Homeless Housing Assistance

Senior Nutrition Program including Meals on Wheels & Senior Dining Sites

WIC Program

Home Visiting including Help Me Grow and Healthy Families America

Dragon Empowerment Center-Community Learning Center & Upper DEC Dragon PLUS Afterschool Program

Dolly Parton Imagination Library

Village Table Social Enterprise


Homemaker

Over the years the mix of programs and services that ACCAA offers has changed based on the shifting needs within the community. Our core programs: Community Service Block Grant (CSBG), Home Energy Assistance Program (HEAP), Home Weatherization Assistance Program (HWAP or Weatherization), Senior Nutrition Program (SNP), Women, Infants, & Children (WIC), and Head Start, continue to provide valuable benefits to the residents of our county. Other currently operated programs by ACCAA are listed at left. The agency has five (5) main program service areas- Health & Nutrition, Housing & Energy, Senior & Community, Youth, and Head Start; supported by Administration & Fiscal Services. ACCAA has three main locations: Community Action- Austinburg Road, Community Action- State Road, and Community Action-Main Avenue (Head Start).

Situated in the largest county geographically in the state of Ohio (702 square miles), it is important to provide access through satellite sites that are co-located with partner organizations throughout the county. We employ around 150 staff members who provide services either at one of our offices, at one or more satellite sites, or in the home. This fiscal year ACCAA has an annual operating budget of \$14.8 million comprised of federal, state, local, public and private funds. Each year we are required to have a comprehensive financial audit by an independent auditor, and we are monitored and audited, both financially and programmatically, at regular intervals by our many funding sources.



COMMUNITY ACTION PROMISE



“Community Action changes people’s lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other.

COMMUNITY NEEDS ASSESSMENT



THE ASSESSMENT PROCESS

About The Survey

ACCAA is required to conduct a comprehensive community needs assessment every three (3) years. The last assessment was conducted in 2021, thus this report represents the current three (3) year assessment as required.

The 2024 comprehensive Survey tool was developed by reviewing data from 2021 and identifying information for comparison (including ranking of the biggest problems our community is facing, specific basic needs status, and utilization of services). The 2024 Survey tool included 56 questions. Like the 2021 Survey, the data to be collected were created within the following domains important to thriving communities and related to ACCAA services. The domains were: Housing, Nutrition, Emergency Services, Self-Sufficiency, Health, Employment, Education, and Income Management. As we did in the 2021 comprehensive survey tool, we included a special focus on the needs of families with children and the needs of older adults in this assessment.

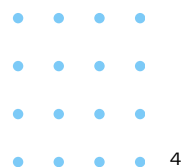
During the months of July and August we conducted our review of community-wide conditions to identify existing and emergent community needs. At its close at the end of August, a total of 436 Assessment survey responses were received. The Survey tool was available online through Survey Monkey and in hard copy. The link for the online Survey was issued to the public via email to various social and human service providers, governmental, and service organizations who were asked to circulate it to their customers/clients and contacts, as well as through our ACCAA Facebook page. The hard copy version was distributed to customers/clients of our ACCAA programs. We also obtained Survey participation from the general public during local health fairs and community events. To encourage participation in the assessment effort and to thank them for their time and feedback, an incentive was offered with the possibility of being drawn randomly to receive a gift card. The results of the Assessment and scan of the environment are summarized in this report. A copy of the Survey questionnaire is included in the Appendix.

Supplemental Resources

In addition to our local Survey tool, we used several sources to complete this report. The base demographic data and statistics are taken from the U.S. Census Bureau and American Community Survey, the Ashtabula County Community Health Needs Assessment. Other sources include the Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension Assessment Report for Ashtabula County, and various other reports and surveys that highlight specific populations and topics for Ashtabula County. References may be cited within the narrative, listed on the Resources/Links page, or attached in the Appendix.

436

Assessment
Surveys
Received



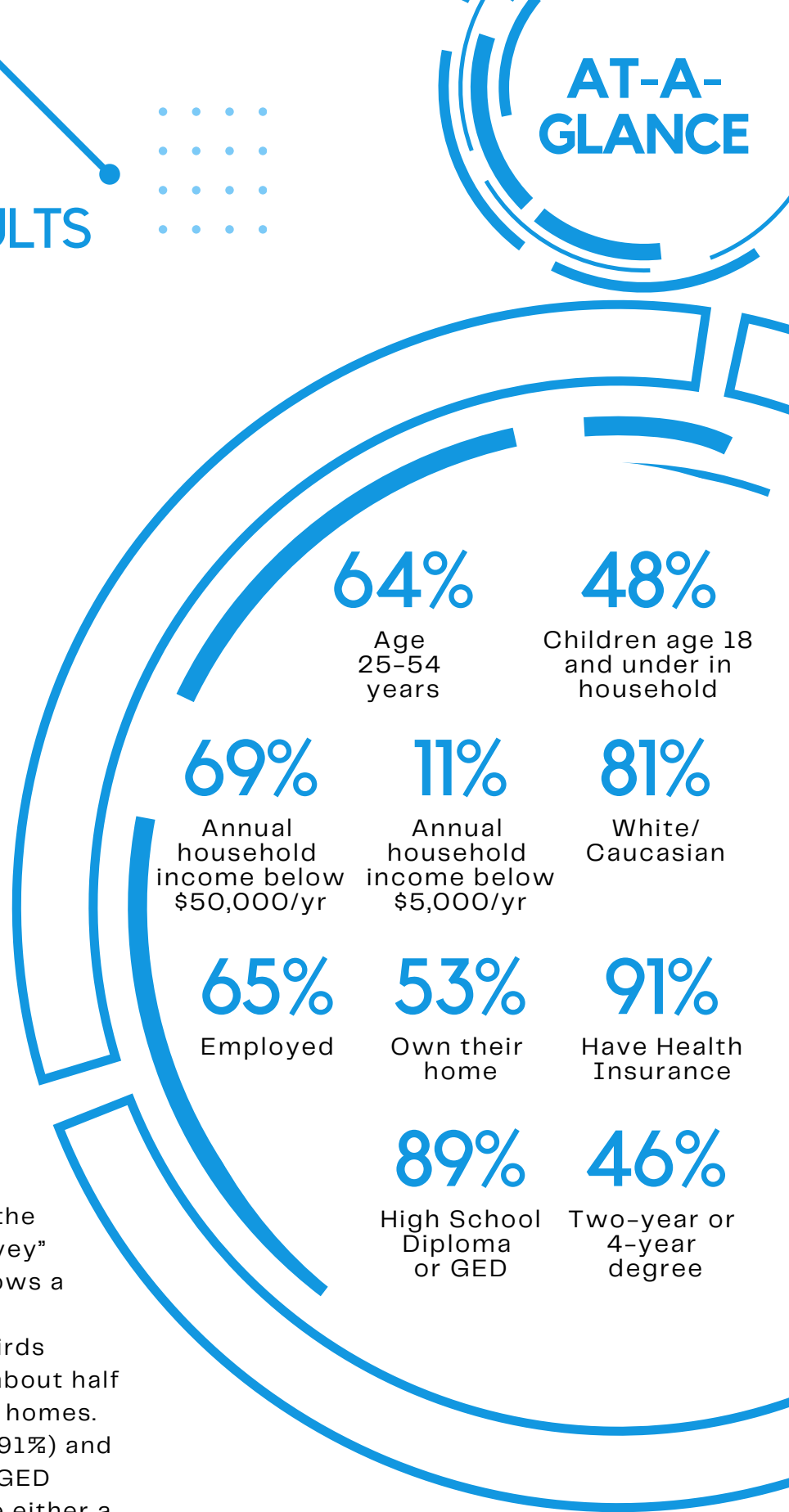
OVERALL RESULTS

Basic Demographics of Respondents

We asked basic questions to establish the demographic composition of survey respondents. The graphic at right shows a summary of the demographic breakdown of the survey respondents. Sixty-Four percent (64%) of survey respondents were age 25-54 years. Just less than half of the survey respondents (48%) had children age 18 and under in the household. Over two-thirds (69%) of respondents had a household income below \$50,000/year, with eleven percent (11%) having household incomes of \$5,000 or less/year. 81% of respondents were White/Caucasian.

Domain Indicative Results

We also asked questions relative to the domains listed in the "About the Survey" section. The graphic at right also shows a summary of some of these basic characteristics. Slightly over two-thirds (65%) are currently employed. Only about half of respondents (53%) own their own homes. The majority have health insurance (91%) and are high school graduates or have a GED (89%), and just under half (46%) have either a two-year or four-year degree. Details of the responses will be presented further throughout this report in various sections.



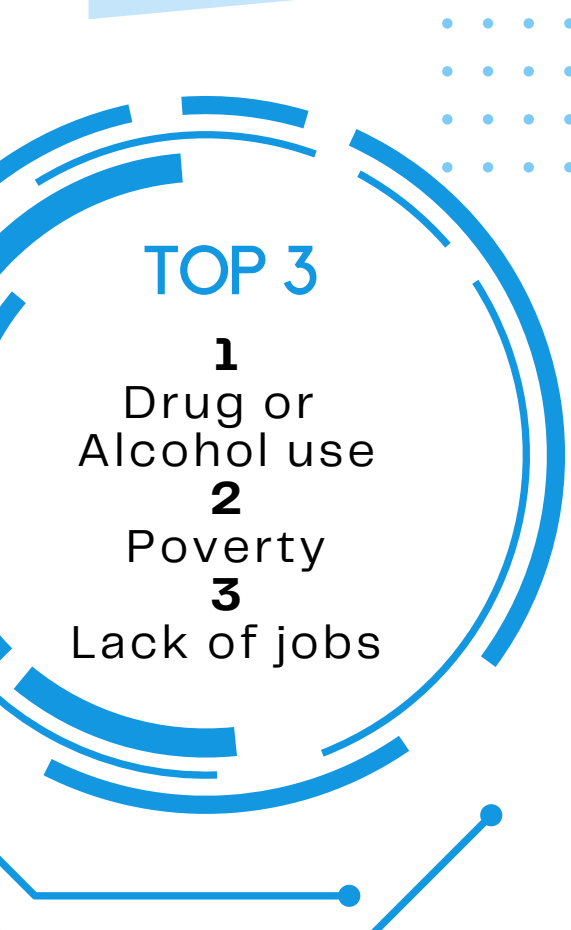
COMMUNITY NEEDS

In order to identify the needs of our local community, in this Assessment (as in 2021 and 2018) we asked respondents a key question “What do you feel are the biggest problems in our community?” Participants were asked to rank nine (9) concerns starting with one (1) being the biggest problem and nine (9) being the least. The answers from the 2024 Surveys are ranked in the chart below with comparisons over the past three (3) Assessments.

RANKING OF COMMUNITY PROBLEMS/ISSUES

	2024 Score	2021 Score	2018 Score
Drug or Alcohol use	7.29	7.55	8.14
Poverty	6.89	6.96	6.82
Lack of Jobs	6.06	6.36	6.29
Crime	5.85	5.47	6.1
Run down housing	4.73	5.07	5.02
Lack of activities	4.27	4.57	4.06
Education system	4.01	3.73	3.94
Transportation	3.3	3.56	3.13
Access to shopping	2.61	2.97	2.78

2024 score represents 341 Respondents
(See Appendix for detailed scoring data via SurveyMonkey for this question)



It must be noted that the above 2024 ranking represents primarily the responses of 341 respondents who took the survey online. In the online (or electronic) tool, only one number can be assigned to each item, therefore reflecting true ranking. For those completing the hard copy survey tool no such control of the ranking could be implemented, respondents could assign the same number to more than one item. Thus the results could not be scored in the same manner. To score this section for the hard copy respondents all marks were tallied by item and the rank determined by the item that received the most marks. Of the hard copy responses “Drug or Alcohol use” was the item that received the most marks; “Poverty” was second, followed by “Lack of jobs”. This mirrors the ranking of the online respondents.

In comparing the results of the 2024 ranking to the past two (2) Assessments (2021 and 2018), the ranking of the items did not change in the new Assessment. “Drug or alcohol use”, “Poverty”, and “Lack of jobs” remain the biggest problems presented by the respondents.

Drug and Alcohol Use

For the past three (3) Assessments “Drug and Alcohol use” has been cited as the biggest problem within our community. During this Assessment, 38% ranked “Drug and Alcohol use” as the number one problem. Of these respondents, almost two-thirds (60%) had annual household income of \$50,000 or less. Per the results of the 2022 Ashtabula County Community Health Needs Assessment, over one-third (1/3) or forty-two percent (42%) “know someone in their community who has a drug abuse or addiction problem with alcohol, illegal drugs, and/or prescription pain medication”. In 2023, the percentage of adults reporting binge or heavy drinking was 17.8% (Data USA-Ashtabula County).

The Opioid epidemic continues to be a serious issue in Ashtabula County; causing increased overdose deaths, breaking up families and leaving children parentless, increasing criminal activity, and stressing community resources. According to the statistics from the Ashtabula County Coroner’s office, there were 37 total accidental overdose death in 2023, this is an increase over 2022 with 27 accidental overdose deaths reported. Of the 37 deaths, 24, or approximately two-in-three (2 in 3) were reportedly due to Fentanyl or “Multiple-Drug” or “Polysubstance” including Fentanyl. There were also 15 drug-overdose “related deaths” during 2023.

Further review of the statistics shows that those experiencing an accidental overdose death are mostly white males (70%) with almost half (46%) of those males over age 50 years. The remaining individuals experiencing accidental overdose deaths are white females, with over half (56%) age 35 years or under. Only one black male age 29 was reported in 2023. Although almost half of the overdose deaths in 2023 were individuals over age 50, according to the Ashtabula Mental Health and Recovery Services 2023 Community Needs Assessment only 10% of individuals utilizing Substance Use Services in 2022 were age 55 or older. This suggests that substance use is a major cause for concern within our older population as they may be unaware of services available, or are unwilling or unable to access them.

To assess the status of drug or alcohol use within our younger population we relied on the Ashtabula County 2022 Youth Survey-OHYes! Survey developed by the Ohio Department of Mental Health and Addiction Services and distributed amongst students in Ashtabula County as facilitated by the Ashtabula County Mental Health and Recovery Services Board.



38%

“Drug and Alcohol Use” ranked #1 by survey respondents



37

2023 Accidental Overdose Deaths

2 IN 3

Due to Fentanyl or Multiple Drug/ Polysubstance with Fentanyl

15

2023 Drug-overdose Related Deaths

YOUTH DRUG AND ALCOHOL USE

Within the last 30 days of the survey...

-32% had 1 or more drinks of an alcoholic beverage

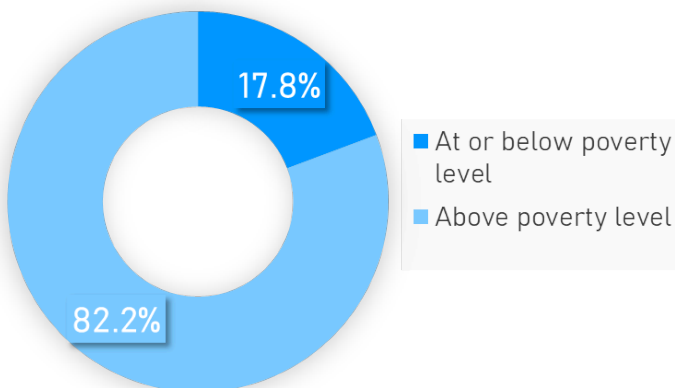
-42% had used marijuana or hashish

-19% used prescription drugs not prescribed to them

The OHYes! survey reports the majority of youth have never drunk more than a few sips of alcohol, though nearly 40% reported they had. For those who have, they first had more than this when they were at least 13 years old. Based on the survey results, during the past 30 days: 32% of youth had one or more drinks of an alcoholic beverage; 42% have used marijuana or hashish; and 19% have used prescription drugs not prescribed to them. Most youth who had consumed alcohol in the past 30 days did so on the weekends (80.2%) with 1.8% reporting they did so before school, and 2.2% indicating they usually did this after school. The most frequently cited means for accessing alcohol by youth were parents or someone giving it to them. 25% of youth respondents indicated they lived with someone who was a problem drinker or alcoholic. 12% of youth reported that within the last 30 days they rode in a car or other vehicle driven by someone who had been drinking alcohol, and 3% of those reported doing so six (6) or more times within that period.

Poverty

It is clear that “Poverty” continues to be a issue, with 24% ranking “Poverty” as the second biggest problem. Of these respondents, slightly over half (56%) had annual household income of \$50,000 or less. The Ashtabula County Profile on the Census Reporter.org website cites the poverty rate for all people in Ashtabula County is estimated at 17.8%, meaning poverty impacts just under one in five (1 in 5) individuals in our community. This is higher than the poverty rate they list for all people in Ohio which is 13.4%.



American Community Survey 2022- 1 Year Estimate- Table B17001

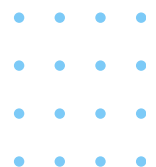
As noted in the “About the Agency” section, Ashtabula County is the largest geographically in Ohio. In addition to its size, while the entire county is considered “Rural”, it also has vast differences in population density. The area generally defined as “north of Interstate 90”

(about one-third of the northern-most area including the shoreline communities of Lake Erie) is home to a little over half (57%) of the total county population. By contrast, the area defined as “south of Interstate 90” (the other two-thirds of the county) is referred to locally as “rural” and is home to a little under half (43%) of the remaining total county population.

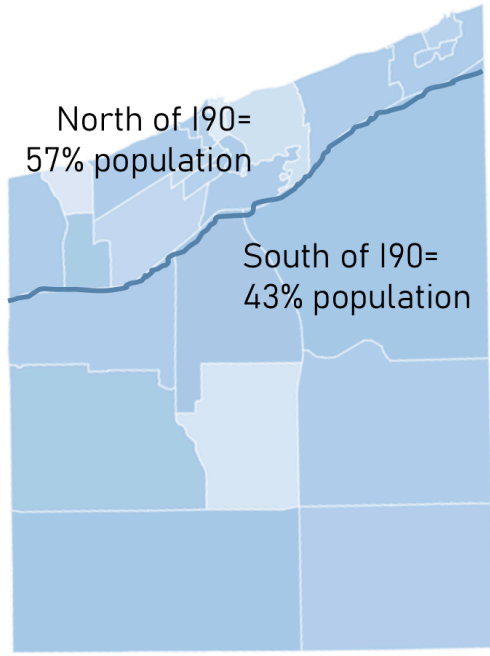


24%

“Poverty” ranked #2 by survey respondents



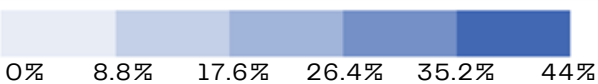
Population Density Differences



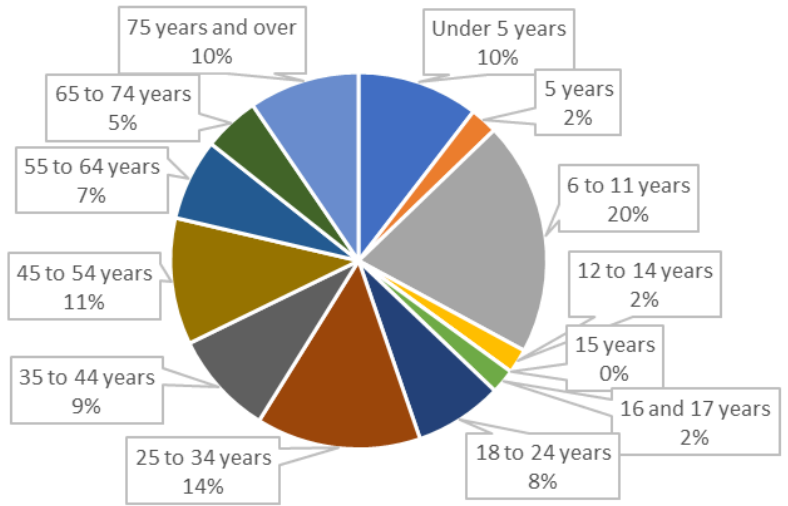
The map top left shows the geographic population density. These geographic differences present challenges within the various domains. The map below left shows the geographic prevalence of poverty throughout Ashtabula County by percentage of individuals with income below the poverty level in 2022 by census tract.

As part of the Assessment, we also looked at the data specific to poverty by gender, age, race, and ethnicity. The graphics below illustrate the poverty status in 2022 by Sex by Age.

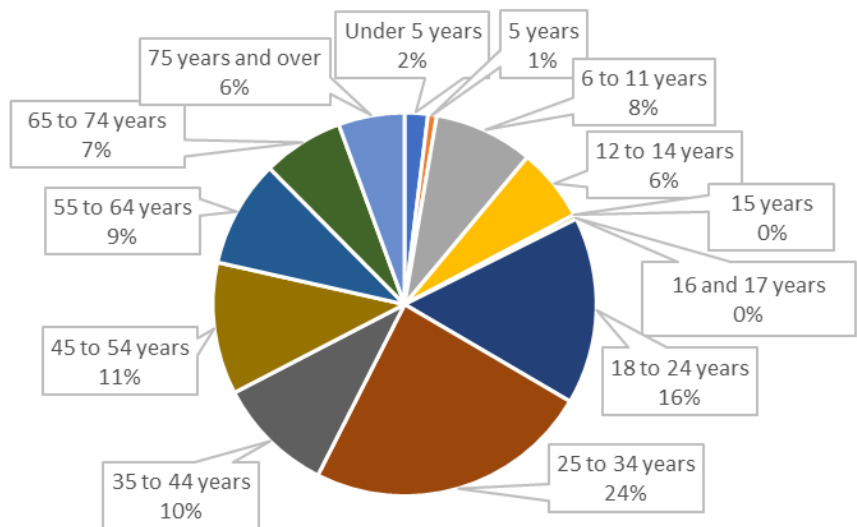
Geographic Prevalance of Poverty



(ACS 2022- 5 Year Estimate- Table B17001).



Percentage by Age of the 8,524 Total Males Living in Poverty in Ashtabula County



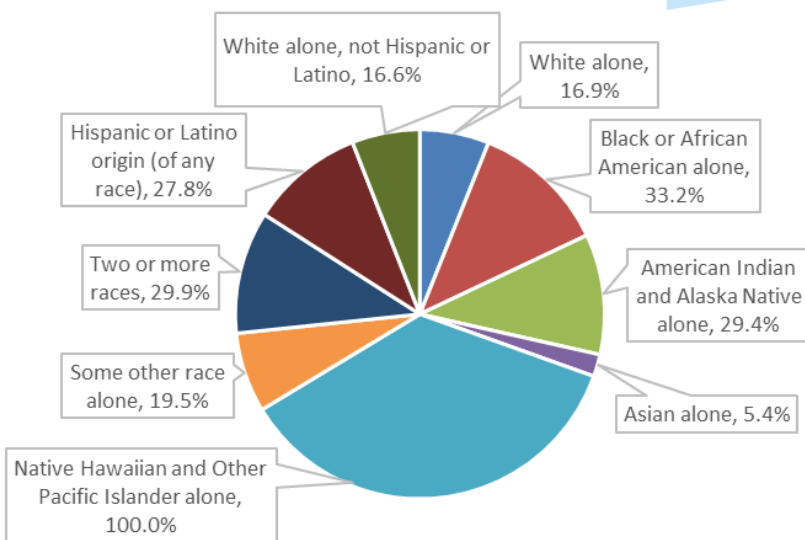
Percentage by Age of the 8,137 Total Females Living in Poverty in Ashtabula County

ACS 2022- 1 Year Estimate- Poverty Status in the Past 12 Months by Sex by Age-Table B17001

The chart at right shows the percentage breakdown of the county's population by race and ethnicity. The majority of residents are 91.04% white, followed by 4.72% Hispanic or Latino, 4.72% Two or more races, and 2.72% Black or African American alone. The racial and ethnic composition of our Survey respondents was 81% White, 6.53% Black or African American, 6.06% Hispanic or Latino, and 2.80% Multiple Race (Two or more races) providing a fairly proportional representation of the total population.

Race or Ethnicity Group	% of Ashtabula County Total Population	# of Ashtabula County Total Population
White alone	91.04%	86,048
Black or African American alone	2.72%	2,574
American Indian and Alaska Native alone	0.09%	85
Asian alone	0.39%	371
Native Hawaiian and Other Pacific Islander alone	0.03%	30
Some other race alone	1.00%	942
Two or more races	4.72%	4,465
Hispanic or Latino origin (of any race)	4.72%	4,457
White alone, not Hispanic or Latino	88.23%	83,388

ACS 2022- 5 Year Estimate- 2024 Poverty Race Ethnicity S1701

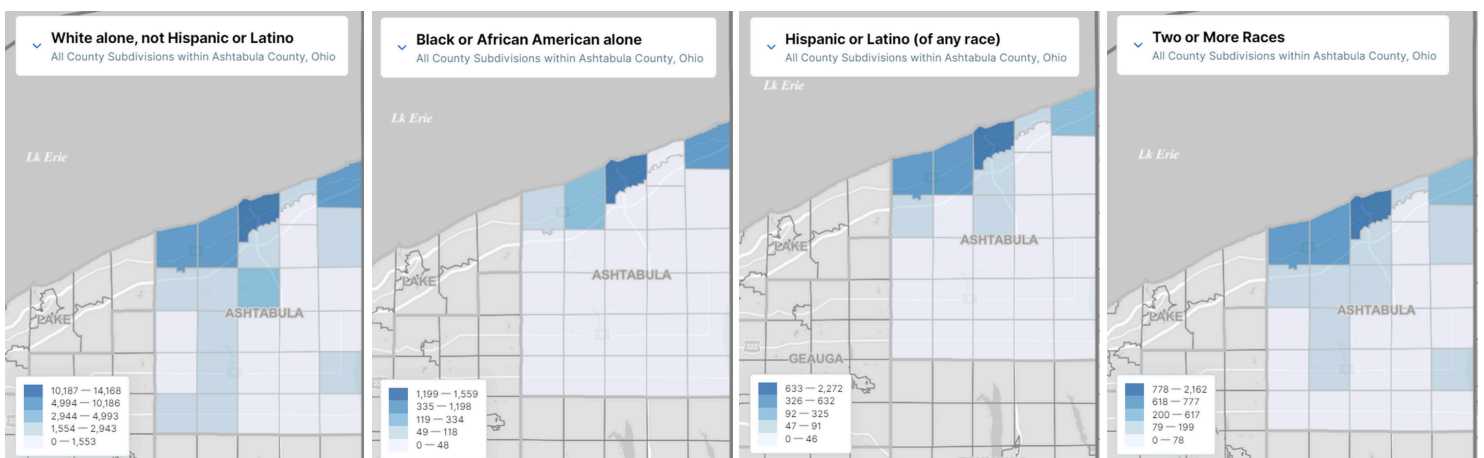


Percentage by Race/Ethnicity Living in Poverty in Ashtabula County

ACS 2022- 5 Year Estimate- 2024 Poverty Race Ethnicity S1701

Poverty persists at differing rates within the various racial and ethnic populations. The graphic to the left illustrates the percentage of individuals within each race or ethnic sector in Ashtabula County that are below the poverty level. Poverty disproportionately impacts individuals of non-white race or ethnic groups. For example, based on the chart there are 30 individuals who identify as Native Hawaiian and Other Pacific Islander alone, according to the graphic all 30, or 100%, are below the poverty level. Only 16.6% of the individuals identifying as White alone, not Hispanic or Latino, or 13, 837 of the 83,388 total (less than one in five, 1 in 5) are below the poverty level.

The graphics below show the geographic racial and ethnic population distribution.



Lack of Jobs

“Lack of jobs” was ranked as the third biggest problem by 15% of respondents, and almost three-quarters (73%) represent households with an annual income of \$50,000 or less. The labor force for Ashtabula County in September 2024 is reported as 43,800 people, the number of employed is reported as 41,700 people. According to the Bureau of Labor Statistics, the Ashtabula County Unemployment Rate was 4.80% (September 2024), this is up from 4.70% last month. Over the course of 2024 the unemployment rate has fluctuated from a high of 5.80% to the August low of 4.70%. This is higher than Ohio's unemployment rate of 4.5% in July 2024. The Local Talent Report for Ashtabula County reported 3,056 resumes posted in OhioMeansJobs.com, 142 were Veterans, and 95 were Restored Citizens (Ohio Department of Job & Family Services- Ohio Labor Market Information). Ashtabula County’s 2022 working-age population-to-jobs ratio is 1.93, indicating there are more working age adults (those age 18 to 64 years) than there are jobs. The Labor Market Information for Ashtabula County 2022 lists the top five (5) industries and the corresponding percentage of workers as: Manufacturing (26.06%) employed one-out-of-four people; Health Care and Social Assistance (19.53%) employed one-out-of-five people; Accommodation and Food Services (10.01%) employed one-out-of-ten people; and Retail Trade (9.25%) and Educational Services (8.28%) employed almost one-out-of-ten people. We will discuss further details in the Employment domain section.



15%

“Lack of Jobs” ranked #3 by survey respondents



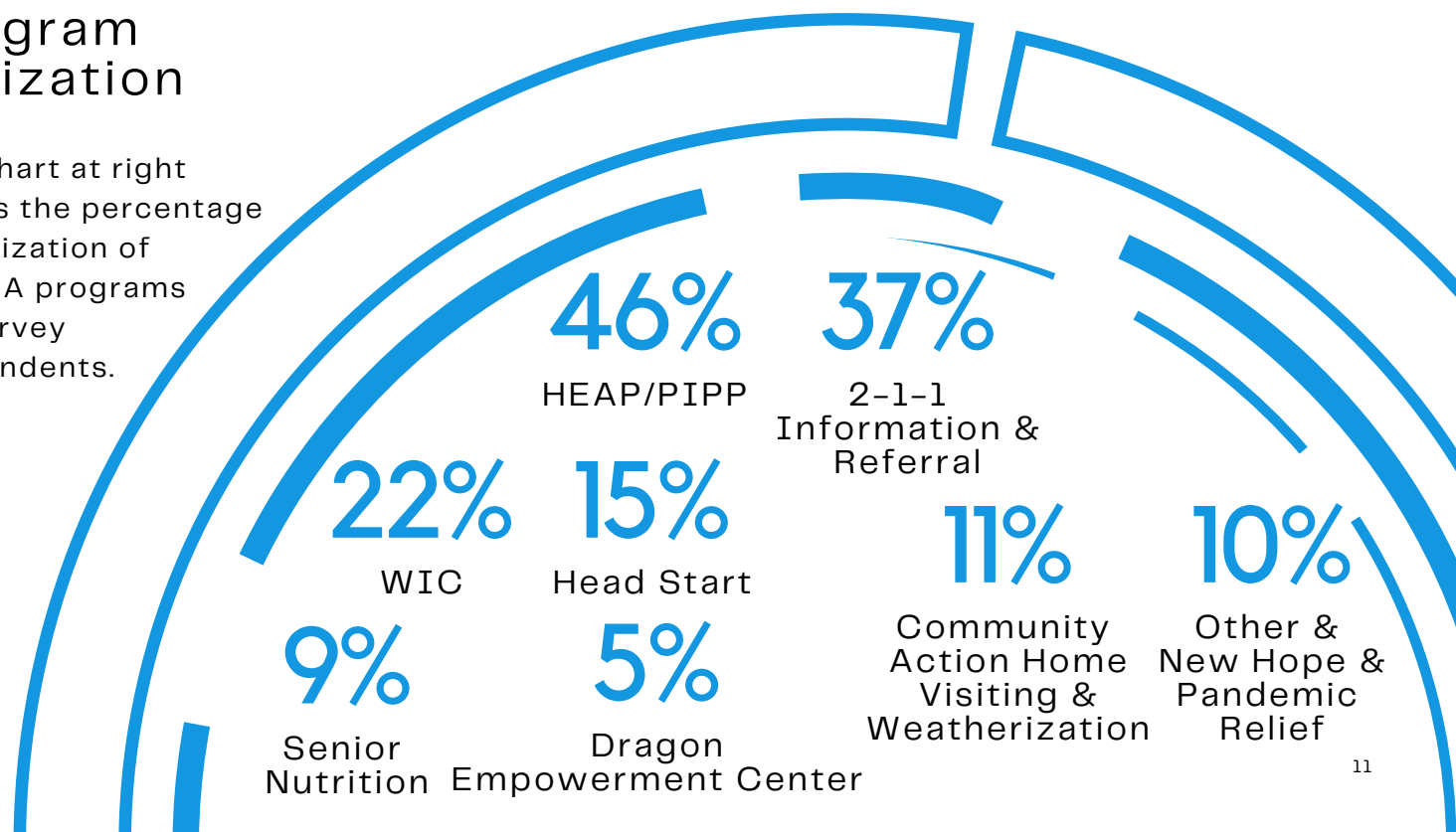
4.80%

Unemployment Rate- Sept 2024

<https://ohiolmi.com/index>

Percent ACCAA Program Utilization

The chart at right shows the percentage of utilization of ACCAA programs by Survey respondents.





KEY DATA BY DOMAIN

Several questions on the Survey tool related to one or more of the domains referenced in the “About the Survey” section: Housing, Nutrition, Emergency Services, Self-Sufficiency, Health, Education, Employment, and Income Management. The following sections identify key data obtained through this assessment, as well as local conditions relevant to the domain. Additional details may be listed in the Appendices. Together this information will help us to further understand the gaps and needs present within the community.

Housing

Housing is a basic human need identified within Abraham Maslow’s hierarchy as an essential item people require for physical survival. Housing provides protection, safety, and stability. It is also a social determinant of health; poor housing quality, inadequate conditions, and housing instability negatively impact health outcomes.

Housing Environment Scan

There are 46,596 total housing units in Ashtabula County with 37,507 (81%) reported as “occupied” and 9,089 (19%, or one-in-five) “vacant”. This would suggest a high rate of availability for housing. A closer look provides some insight regarding the condition of the housing stock. The home dwellings in Ashtabula County are aging; nearly two-thirds (70%) of all housing units were built prior to 1979 making them close to fifty (50) years old or older. Thus the majority were built prior to the federal government ban of the use of lead-based paint in homes in 1978. Of the occupied units, 330 lacked complete plumbing facilities and 701 lacked complete kitchen facilities. The Ashtabula County Community Health Needs Assessment indicated an increase in the incidence of mold in the household (past 12 months) from 5% in 2019 to 15% in 2022. Only 300 new housing units have been reported since 2020. Of the owner-occupied units in Ashtabula County ten (10%) percent were valued at less than \$50,000; and 43% were valued at less than \$150,000.

70%
Of housing units
built prior to 1979

10%
Of owner-
occupied units
were valued less
than \$50,000

\$142,368
Average Home
Value September
2024

According to the Zillow Home Value Index (ZHVI), the average Ashtabula, OH home value in September 2024 is \$142,368, up 9.5% over the past year and homes go into pending sale in around 10 days. Notably, the ZHVI for September 2020 was \$88,357 which represents a percent of change of 61% over the past four (4) years. A review of Ashtabula County Housing Market Trends- redfin.com reveals that home sales have been decreasing (1,150 sales reported in 2021, 919 sales reported in 2023, only 560 sales reported through August 2024). A special Ohio Senate report released early 2024 studied the housing crisis. “One of the most significant problems is the lack of inventory for all home buyers and renters – but especially for affordable housing,” reported state Sen. Hearcel Craig (News 5 Cleveland, April 17, 2024).



ushousingdata.com

When viewed alone, rent in Ashtabula County is reported as more affordable than other areas of the state. The graphic at left, shows the Fair Market Rent (FMR) for various size units. The ushousingdata.com site indicates our county is the 37th cheapest county in terms of FMRs. The median gross rent for Ashtabula County is \$721. The majority of households paying rent (68%) are paying between \$500-\$999 per month; 16% are paying less than \$500 per month, and 16% are paying \$1,000 or more per month. (ACS 2023-Table DP04).

\$721

Median Gross Rent

68%

Of renters pay between \$500-\$999/month

Identifying the number of “unhoused”, or homeless, individuals there are in Ashtabula County is difficult. Homelessness is housing deprivation in its most severe form. Homelessness is defined by the Stewart B. McKinney Homeless Assistance Act as “lacking a regular nighttime residence or having a primary nighttime residence that is a temporary shelter or other place not designed for sleeping.” Once per year the county participates in the “Point in Time Count” (PITC) which attempts to capture this number. This statistic is then used to represent the homeless population for the county. The 2024 PITC states there were 43 individuals identified, 15 unsheltered and 28 sheltered individuals. Comparing this to the 2023 PITC, 47 were identified, 9 unsheltered and 38 sheltered. Though fewer individuals were identified, there has been a significant shift in the number of unsheltered individuals.

Results of Our Survey

In our Assessment, “Run down housing” was identified as the fifth (5th) largest problem in our county. A little over half of survey respondents (53%) own their homes. Of these homeowner respondents it was evenly split with half of those households having annual income of under \$50,000 and half \$50,000 or higher. Of the survey respondents 39% are renters. The overwhelming majority of these renters (91%) have annual incomes under \$50,000. The remaining 8% of respondents are currently staying with friends or family. We consider all of these respondents as “housed”.

Almost a third of all respondents (30%) indicated they had been unable to pay their rent or mortgage within the past 12 months. The most commonly cited reason was financial (i.e. “not enough money, income not enough”) but the causes listed related to employment (i.e. “loss of job, low salary, unable to work, seasonal work), health, unexpected expenses (i.e. “car repair, home repair, family emergency), and cost/inflation (i.e. “other bills, high cost of living, prices going up). The graphic on the following page provides some of the comments offered when asked why they were unable to pay.

53%

Own their own home

40%

Renters

8%

Currently staying with family or friend

30%

Unable to pay rent/ mortgage in past 12 months

COMMENTS ON INABILITY TO PAY RENT/MORTGAGE

“My wife is very ill and (I) missed a bunch of work, leading up to losing my job”

“Bills are high so some months I have to make a choice between paying a bill or rent”

“Medical appointment for children & emergency surgery for Child”

“...Our grocery bill alone for a household of 6 with 4 children has more than tripled! Just to feed our family has cut into our ability to pay for our other bills”

We see the impact of the factors presented in the Housing Environment Scan reflected in our Assessment. When asked, only 58% of survey respondents identifying as renters indicated they would like to own their own home. The most common reasons cited as stopping them from buying one were: financial (i.e. “no money, not enough income, can’t afford, economic conditions, financial problems”); credit issues (i.e. “credit, bad credit, unable to get loan”); and the housing market (i.e. “prices too high, no availability of houses”). The graphic at right provides some of the specific comments offered.

5%

Homeless within past 12 months

Looking at the “unhoused”, 5% of respondents stated that they have been homeless in the past 12 months. The main reason cited when asked why they were unable to find a stable place to live was lack of money/cost. The graphic below left provides some of the specific comments.

COMMENTS ON BARRIERS TO STABLE HOUSING

“Not enough money to find a suitable place to live”

“There is no stable job and enough money”

“There are no good housing resources”

“The house is dilapidated and the environment is not very good”

The data included in this section highlights the challenging conditions regarding the availability and affordability of safe housing in good condition. It is important to note that more than just the rent or mortgage payments are included in what are considered the actual “housing costs”. In the “Emergency Services–Income Management, and Self–Sufficiency” domain we will look at those who are housing “cost–burdened” and further explore the true affordability at the local level.

ACCAA Workplan Connection

Agency programs that address this domain include the Home Weatherization Assistance Program (HWAP), Minor Home Repair, and the New Hope Homeless Housing Assistance Program.

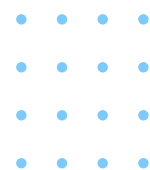
COMMENTS ON BARRIERS TO HOME-OWNERSHIP

“House prices in my area are out of my reach. For example, the housing prices in some popular cities continue to rise, and the gap between them and my income level is too large.”

“If I were to buy a home, the interest rates are too high right now; the housing market is high”

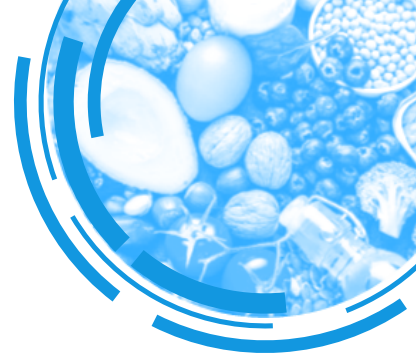
“...Credit score and amount for down payment and amount for monthly payment/property taxes for 3 bedroom in the area”

“Student loan debt, current rent payments, debt/income ratio to apply for mortgage, unable to save for an appropriate down payment”



Nutrition

Under this domain we will address nutrition and food insecurity. Food, like housing, is a basic human need identified within Abraham Maslow's hierarchy as an essential item people require for physical survival. Proper nutrition is vital to achieve good health and reduce risk of diet-related chronic diseases. It is a key social determinant of health; poor nutrition, food insecurity, and limited access to healthy foods all contribute to poor health outcomes.



Nutrition Environment Scan

FOOD INSECURITY DEFINED

“Food insecurity is the limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways”

<https://www.ers.usda.gov/>

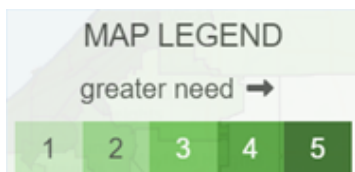
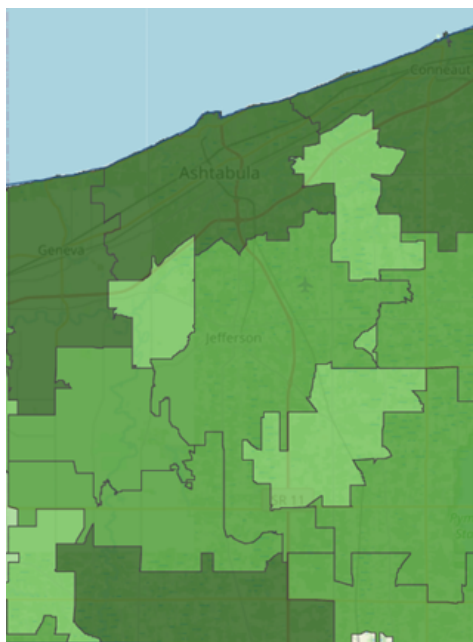
19.6%

Households receiving SNAP benefits

While the importance of proper nutrition for good health is recognized, not all people are able to maintain a healthy diet. Some are not able to provide enough food to even feed their family or themselves. The Economic Research Service-USDA term for this is “food insecurity” and it is officially defined as “the limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways”. Feeding America’s-Map the Meal Gap identified the number of individuals who lived in food insecure households in 2022 at 16,540 or 16.9%, 57% of them below the Supplemental Nutrition Assistance Program (SNAP, a program that provides support to income eligible families to assist in purchasing food) income threshold. More recent data about SNAP shows 19.6% of households are reported as receiving benefits in our county. Of those, 35% were households with at least one member age 60 years and over, 26% had children under age 18 years, 90% White, 5% Two or more races, 2% Black or African American, and 7% Hispanic or Latino (any race). Additionally, the majority had been employed in the past year with half of the households receiving SNAP benefits having one worker in the past 12 months, and 37% reported having two (2) workers in the past 12 months. (ACS 2023 1 Yr Estimates- Table S2201). Food pantries and mobile pantry distributions also offer assistance to those facing food insecurity. Country Neighbor serves as the Ashtabula County Food Bank providing food to 24 food pantries, shelters and soup kitchens located throughout our county.

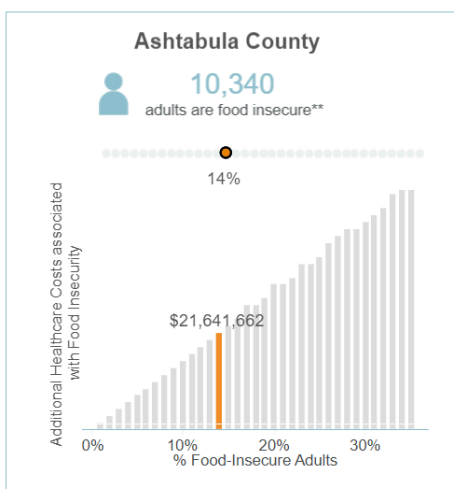
Even with the efforts of the Ashtabula County Food Bank, there are many areas of the county that experience significant barriers to food access. The “Food Insecurity Index” provides analytics around social determinants of health and is a measure of economic and household hardship correlated with poor food access. Indicators that contribute to the Food Insecurity Index, created by Conduent Healthy Communities Institute, include financial stability, household environment, Medicaid enrollment, and wellness. The “2023 Food Insecurity Index” map on the following page shows the level of need. The zip codes with the highest need are: 44004- 89.1%, 44076- 83.5%, 44030- 80.2%, and 44041- 79.3%.

2023 Food Insecurity Index



<https://www.healthyneo.org/indexsuite/index/foodinsecurity>

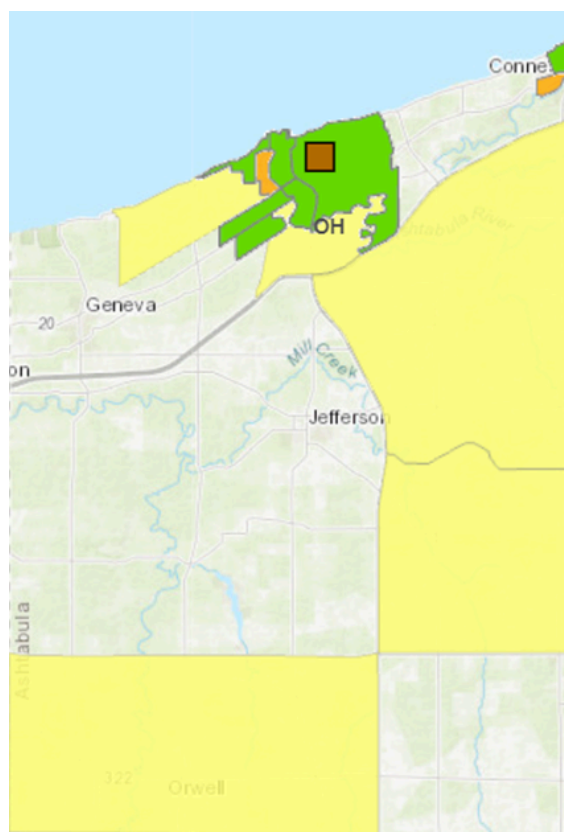
Poor nutrition leads to poor health outcomes resulting in increased healthcare costs for the food insecure. In the Feeding America “Estimates of Healthcare Costs Associated with Food Insecurity” report, it is estimated that food insecure individuals spend an extra \$2,047 more than people who are food secure.



<https://public.tableau.com/app/profile/feeding.america.research/viz/TheHealthcareCostsofFoodInsecurity/HealthcareCosts>

Some geographic areas have limited access to affordable and nutritious foods, these are referred to as “food deserts”. Generally, in rural areas food deserts exist when grocery stores are more than ten (10) miles away. Urban areas are considered food deserts when there are no grocery stores within one (1) mile. The map at bottom left shows the food deserts in Ashtabula County, as well as the areas that have difficulty with transportation to obtain healthy foods. In our county 1,940 households have no vehicle. (<https://datausa.io/profile/geo/ashtabula-county-oh>)

Limited Nutritious Food Access



- Low Income & Low Access Layers 2019
- LI and LA at 1 and 10 miles ■
 - LI and LA at 1/2 and 10 miles ■
 - LI and LA at 1 and 20 miles ■
 - LI and LA using vehicle access ■

Low-income census tracts where:
 Green- a significant number or share of residents is more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket.
 Orange- a significant number or share of residents is more than 1/2 mile (urban) or 10 miles (rural) from the nearest supermarket.
 Yellow- more than 100 housing units do not have a vehicle and are more than 1/2 mile from the nearest supermarket, or a significant number or share of residents are more than 20 miles from the nearest supermarket.

<https://datausa.io/profile/geo/ashtabula-county-oh>

The graphic at left show the additional healthcare costs for the 10,340 food insecure adults. This interactive tool calculates the increase or decrease in costs if the adult food insecure population sees a positive or negative change in percentage points.

The nutrition data from the Ashtabula County 2022 Community Health Needs Assessment cites that a third (33%) of respondents found it at least “slightly difficult to access fresh fruits and vegetables”. It also indicated most Ashtabula County youth reported having one-to-four (1 to 4) servings of fruits and vegetables per day, and about 40% reported having a non-diet soft drink one to three (1 to 3) times during the past 7 days.

Results of Our Survey

Many questions in this Assessment overlap several domains, as such a limited amount of questions related specifically to nutrition and food security were included. When asked, 37% of respondents indicated they do not have enough food to feed themselves and their family without any assistance from SNAP, foodbanks, family, friends, etc. Earlier in this section we discussed the assistance provided to food insecure by the Ashtabula County Food Bank. There seems to be great awareness of this resource as 81% of survey respondents know the location of the nearest food pantry. Further details related to nutrition will be discussed in the Health domain.

37%

Do not have enough food

81%

Know nearest Food Pantry location

ACCAA Workplan Connection

Agency programs that address this domain include the Women, Infants, and Children (WIC) Program and the Senior Nutrition Program. Head Start and the Community Action Home Visiting Program also contain nutritional components. 2-1-1 Ashtabula County Information & Referral Services connects callers with available food resources.



Emergency Services, Income Management, & Self-Sufficiency

Multiple factors are covered within this domain, these factors are considered indicators of the extent to which an individual or family can sustain stability without the assistance of outside resources. In this domain we will review further information about the economic situation of Ashtabula County residents.

Environment Scan

We discussed the data regarding poverty in the Community Needs section. The Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. Developed in the early 1960's, the publication "Measuring Poverty: A New Approach" (1995, Constance F. Citro & Robert T. Michaels) states "the measure had a set of poverty thresholds for different types of families that consisted of the cost of a minimum adequate diet multiplied by three to allow for other expenses". Data reported in the Community Needs section utilizes the Federal Poverty Guidelines (FPL) derived from those poverty thresholds.

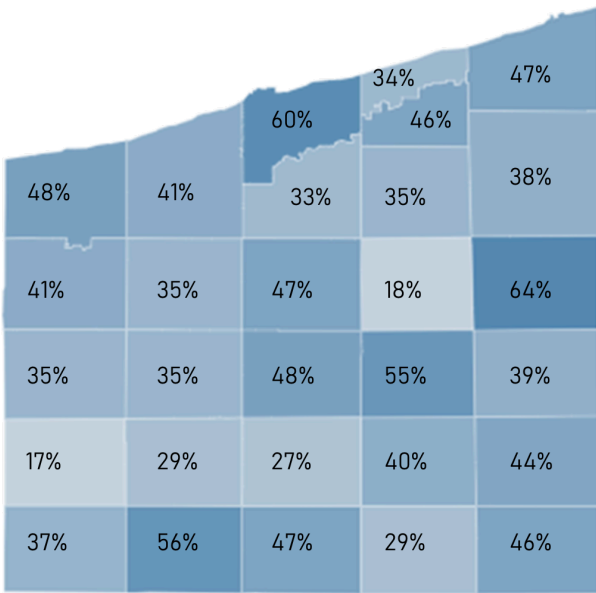
There is another measure called "Asset Limited, Income Constrained, Employed" or "ALICE", created by United for ALICE. This is believed to show a truer picture as it considers households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county. As noted earlier in this report, 17.8% of Ashtabula County's population are considered to be at or below the poverty level. The ALICE measure identifies an additional 30% of households with financial constraints. Notably, in the 2021 Assessment 19% of the county's population were considered to be at or below the poverty level and an additional

17.8% + 30% =
Poverty + ALICE

47.8%

Earn less than basic cost of living

Percentage Below ALICE Threshold by Township/City

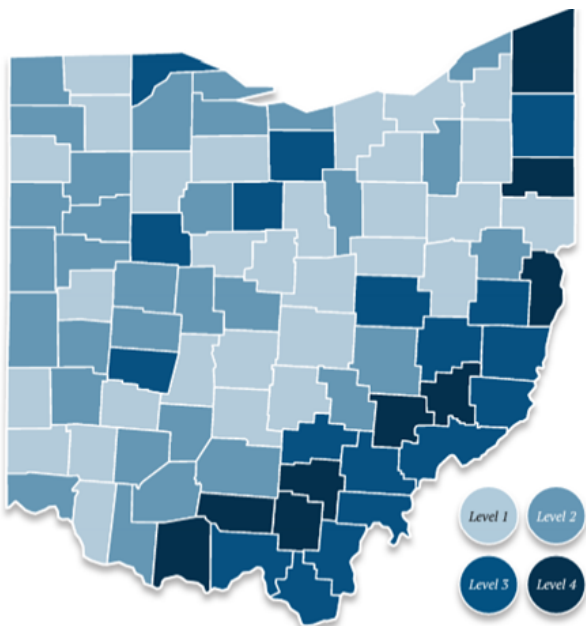


<https://www.unitedforalice.org/county-reports/ohio>

\$36.09

Living Wage
Hourly Rate for a
household with 2
adults (1 working)
and 2 children

Ohio Well-Being Dashboard



<https://oacaa.org/well-being-dashboard>

28% met the ALICE threshold. Which seems to indicate that approximately 2% have made some improvement in their economic situation based on the report timeframes. Still, when ALICE is combined with the poverty percentage almost half of the county households (47.8%) are struggling to meet basic needs.

Just as with the geographic prevalence of poverty throughout the county, there is substantial variation in the prevalence of households who live below the ALICE Threshold within the county. The map at left is shaded to show the percentage of households that are below the ALICE Threshold (poverty-level and ALICE households combined). The darker the blue, the higher the percentage.

Another way to look at the households that are not considered to be in poverty but that nonetheless have difficulty affording the essentials, is to review the amount considered a “living wage”. The “living wage” is the hourly rate that an individual in a household must earn to support themselves and/or their family, working full-time, or 2080 hours per year. According to the Living Wage calculator developed by the Massachusetts Institute of Technology (MIT), the living wage for a household with 2 adults (1 working) and 2 children in Ashtabula County for example, would be \$36.09/hour or \$75,073/yr. In their dataset “Median Household Income Variation by Family Size in Ashtabula County, OH: Comparative analysis across 7 household sizes”, the research company Neilsberg website, lists the median income for a four (4) person household in 2022 as \$68,952. Though the measure does not identify the composition of the household size, this statistic would suggest that at least half of all households of this size do not earn the living wage identified in the MIT Living Wage calculator.

The Ohio Well-Being Dashboard was developed by The Ohio Association of Community Action Agencies (OACAA) as part of their “2021 State of Poverty Report.” It was created with the goal of using county-level indicators to determine whether concerning trends are taking place in the counties in Ohio. It examines four socioeconomic and poverty indicators: Poverty rate, Unemployment rate, the Percentage of students receiving Free and

Reduced-Price Lunches from schools, and Four-year high school graduation rates to provide a comparative score. These measures were chosen as they can be early indicators of socioeconomic troubles. In 2021 Ashtabula County was reported as a Level 4 (L4); as an “L4” we are a county that had “four or more metrics that are significantly worse in the comparisons.” This indicated concerning trends were taking place locally.

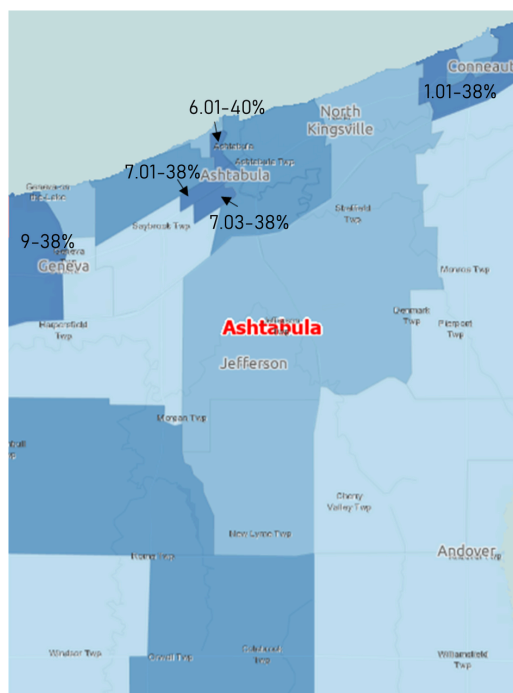
The just released OACAA “2024 State of Poverty Report” provides an updated Ohio Well-Being Dashboard” (shown at right). Good news! In the new scoring Ashtabula County is at a Level 3 (L3), demonstrating that there has been improvement in the indicators measuring the poverty trends. *



● Level 1 ● Level 2
 ● Level 3 ● Level 4
http://oacaa.org/wp-content/uploads/2024/10/2024-OACA-Report_final-low.pdf
 *Further details are not available at time of this report.

Many factors contribute to the “well being” or “self-sufficiency” of a household. When one factor consumes a significant portion of a household budget it can tip the scales of stability for individuals and families. When “housing costs” cause the imbalance the household is considered “cost-burdened.” As mentioned in the “Housing” domain we will explore this issue further. A household is cost-burdened when they spend more than 30% of their income on rent, mortgage payments, utilities, and other housing costs, according to the U.S. Department of Housing and Urban Development (HUD). Households spending more than 50% of their income on housing costs are considered severely cost-burdened. In Ashtabula County 26.97% of households are cost-burdened, of these 12.16% are severely cost-burdened. The map at left shows the percent of cost-burdened households by census tract in 2022. The areas with the highest cost-burden are Census Tract 6.01 at 40%, followed by 1.01, 7.01, 7.03, and 9 at 38%. According to the OACAA State of Poverty report, in Ashtabula County in 2022; 55.6% of renters were cost-burdened, and 18.9% of homeowners were cost-burdened.

Cost-Burdened Households by Census Tract



26.97%
Cost-Burdened

12.16%
Severely Cost-Burdened



Source: American Community Survey, 2018-22.

The data in this section indicates 1 in 2 households struggle to meet their daily needs and budgets are tight. Any factor, not just housing costs, can throw a budget off track... medical expenses, major home or car repairs, childcare costs, or a family crisis, such as divorce, death of a loved one, or addiction. Households that are in poverty, that fall within the ALICE threshold, that do not make the living wage, or that are cost-burdened, have little or no financial capacity to absorb these unexpected costs. Often assistance through Emergency Services offered by ACCAA or other local organizations, are vital in helping them to regain stability and move forward.

Results of Our Survey



The Environment Scan shows the overall picture for individuals and households working to maintain stability. We asked several questions in this Assessment to help understand the conditions experienced by the respondents with regard to achieving self-sufficiency.

Almost a third (30%) of respondents had been unable to pay their rent or mortgage during the past 12 months. These households are considered “cost-burdened” as discussed earlier in this section. Questions relating to the poverty level, ALICE, and living wage measures reveal the financial strain many households are experiencing. When asked if they “have enough money each month to cover their basic living expenses (housing, food, clothing, hygiene, utility bills, etc.),” 38% stated they do not; and in answer to the question “do they receive any help from family or friends or any public assistance to pay their bills,” 38% stated they do. Even more alarming is the response to the question “Would you be able to handle a \$400 dollar emergency without borrowing money?” 68% of respondents with household income reported below \$50,000 could not afford to handle a \$400 emergency. It is of note that 1 in 4 (24%) of respondents with household incomes \$50,000 or above also indicated they could not handle such an emergency. Only 40% of all survey respondents said “yes” they would be interested in “learning more about budgeting and how to save money”.

68%

Of households with income less than \$50,000 cannot handle a \$400 emergency

24%

Of households with income of \$50,000 or over cannot handle a \$400 emergency

In order to get more specifics we asked respondents, “Of all the things you have to buy or pay for, what item takes up the most of your paycheck/income?” Of 395 responses, the following were stated in order of frequency: food, rent, utilities, mortgage, bills, insurance, car payment, gas, medication/healthcare, diapers/baby items, and various other costs. This seems to suggest that while only 37% of respondents indicated they do not have enough food without any assistance, in order to have enough to eat, paying for food takes up most of the paycheck for many households. Housing costs- rent, utilities, and mortgage- takes a significant portion of the household paycheck. The term “bills” was not defined. The category of insurance included health, life, house and car insurances.

As a follow-up to the question regarding the biggest problem in the community, we asked respondents what their biggest problem is, and what program or service would help. The graphic on the following page lists some of their responses.

COMMENTS ON BIGGEST PROBLEMS FOR RESPONDENTS

“...items for children such as school clothes/new clothes, school supplies. A program that would help would be something like the Covid PRC program they had for kid’s clothes and shoes for summer/winter.”

“Help to navigate insurance programs, house car medical. That's what I need help with.”
“Affording to buy a home or help with debt to maximize my credit score.”

“Neighborhood safety. Neglected housing could be torn down or in some cases rehabilitated.”
“There are no programs for working individuals, and they are excluded from programming due to income. Times are extremely difficult; help more working people!”

“I would like to see an effort made to create a NOPEC type program for purchase of propane. Prices are outlandish and vary.”

Many comments referred to the fact that they were over-income for assistance, and there should be more resources/benefits available for the middle-income who are working but struggling. These remarks align with the data regarding ALICE households and those not making a living wage. There also were several comments regarding the safety and poor physical conditions of their neighborhoods. As noted in the Community Needs section, “Crime”, ranked the fourth (4th) and “Run Down Housing”, ranked the fifth (5th), biggest problem within our community. These issues are reflected in these remarks.

ACCAA Workplan Connection

Whether it be to provide emergency assistance for housing or utility costs, helping to establish positive long-term financial habits, providing ongoing education and support, connecting people to resources, or filling gaps in quality of life, ACCAA programs make a difference. All of the Agency’s programs work in some way to help people move towards self-sufficiency; a complete list of agency programs is listed on page 3.



Health

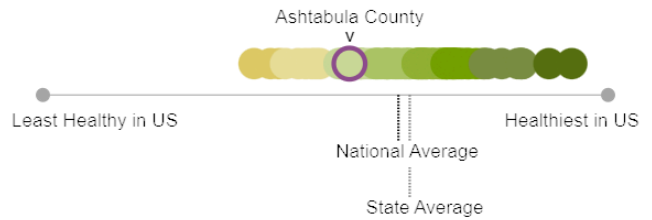
According to the World Health Organization (WHO), “Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” This domain will explore the various facets of the health of Ashtabula County residents.

Environment Scan

The 2023 Health Value Dashboard published by the Health Policy Institute of Ohio states “Ohio ranks 44 out of 50 states and the District of Columbia (D.C.) on health value. This means that Ohioans are living less healthy lives and spending more on health care than people in most other states.” Zooming in to Ashtabula County, there are many studies/surveys conducted and tools created, both locally and regionally, that help determine the health and well-being of those who live here. Most of them indicate that our residents are living less healthy as well.

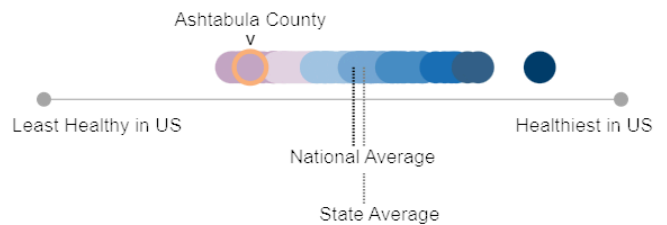


Ashtabula County Health Outcomes - 2024



Ashtabula County is faring worse than the average county in Ohio for Health Outcomes, and worse than the average county in the nation.

Ashtabula County Health Factors - 2024



Ashtabula County is faring worse than the average county in Ohio for Health Factors, and worse than the average county in the nation.

According to countyhealthrankings.org, Ashtabula County “is faring worse than the average county in Ohio and the nation” for Health Outcomes and Factors as represented in the graphics at right (based on 2021). Per their website: “Health Factors represent those things we can improve to live longer and healthier lives...”, and “Health Outcomes tell us how long people live on average within a community,” and to what extent they are physically and mentally healthy in a community while they are alive.

Health Outcomes relate to longevity and the physical and mental status of individuals throughout that lifetime. We rank worse than the Ohio and national average on the indicators of premature death, poor health days, child mortality, frequency of mental and physical distress, and diabetes prevalence. One-in-five (1 in 5), or 21%, of adults report having fair or poor health; also adults reported their physical health was not good on 4.7 of the previous 30 days, and their mental health was not good on 6.5 of the previous 30 days.

21%

Of adults report having fair or poor health

27%

Of adults smoke

45%

Of adults are considered obese

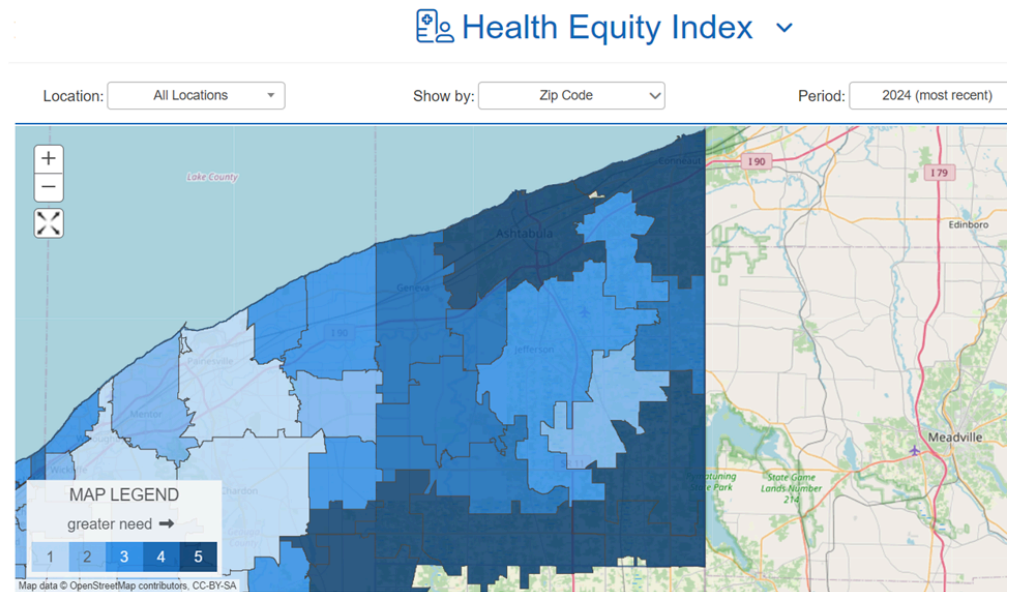
Health Factors are the behaviors and conditions that impact the Health Outcomes. There are numerous areas where we are significantly higher and over which there is an ability to affect positive change. Two key areas regard smoking and obesity: over a quarter (27%) of Ashtabula County adults smoke, compared to 19% in Ohio and 15% nationally; and almost half (45%) of adults are considered obese, compared to 38% in Ohio and 34% nationally. Related to obesity, our physical inactivity rate was higher at about a third (31%), compared to 25% in Ohio and 23% nationally; and our access to exercise opportunities is much lower at 69%, compared to 84% for both Ohio and the nation. Additionally, we have a much higher rate, 4,335, of preventable hospital stays, compared to 3,111 Ohio and 2,681 nationally. We will explore some of these statistics in more detail later in this scan.

One recently created tool, The Health Equity Index, developed by Conduent Healthy Communities Institute (CHCI) as part of their SocioNeeds Index Suite, is a measure of socioeconomic need correlated with poor health outcomes. All zip codes, counties, and county equivalents in the United States are given an index value from 0 (low need) to 100 (high need). The selected locations are ranked from 1 (low need) to 5 (high need) based on their index value. The map on the following page shows the ranking of need for zip codes within Ashtabula County.

The zip code areas with the greatest need are 44099 (Windsor) with an index value of 93.9, 44004 (Ashtabula) and 44093 (Williamsfield) both with an index value of 91.6, and 44030 (Conneaut) index value 91.1.

At the local level, the most important resource is the Ashtabula County Community Health Needs Assessment (AC-CHNA).

The 2022 AC-CHNA is the result of a collaborative effort coordinated by Healthy Ashtabula County, which includes the Ashtabula County Health Department, the Ashtabula City Health Department, Ashtabula Regional Medical Center, the Conneaut City Health Department, University Hospitals Conneaut Medical Center, University Hospitals Geneva Medical Center, and many other partners, including ACCAA. The 2022 AC-CHNA provides a comprehensive overview of our community's health status and needs in order to direct community resources to help keep people healthy. The full 2022 AC-CHNA can be found at http://ashtabulacountyhealth.com/wp-content/uploads/2023/07/2022-Ashtabula-CHNA-Report_Final-UH-Edits.pdf. As a result of the CHNA, Healthy Ashtabula County selected three (3) prioritized health needs for community health improvement goals, these are listed in the graphic below left.



<https://www.unitedforalice.org/county-reports/ohio>

COMMUNITY HEALTH PRIORITIES

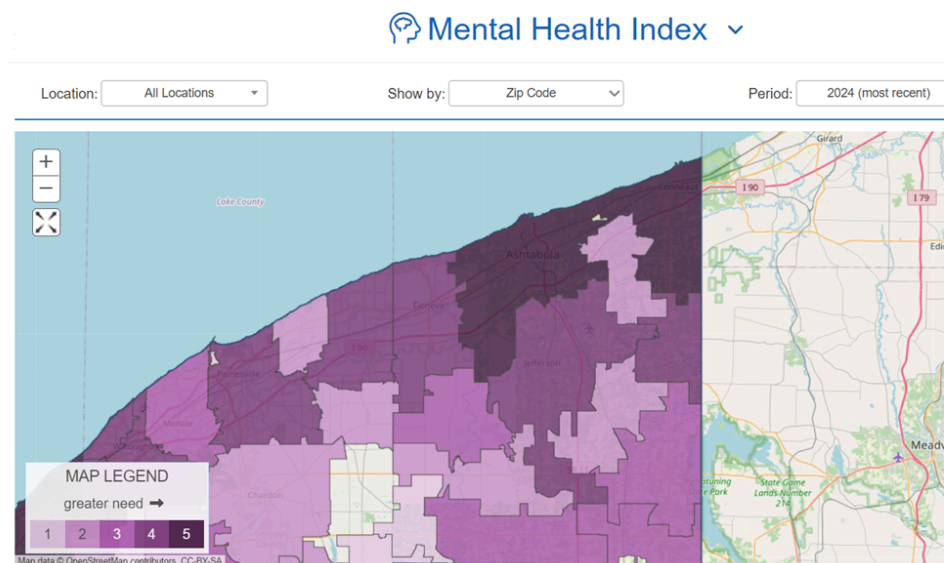
Adult depression/
anxiety prevention
and treatment

Access to health
care

Obesity prevention



The first priority, Adult depression/anxiety prevention and treatment, addresses the mental health of individuals within our community. In comments by community leaders cited in the 2022 AC-CHNA, mental health issues can negatively impact substance use behaviors and healthcare utilization. This aligns with the biggest problem in our community as revealed in our Assessment, Drug or alcohol use.



The map on the previous page, part of the CHCI- SocioNeeds Index Suite, shows the areas (by zip code) of greatest need based on self-reported mental health in Ashtabula County. The zip code areas with the highest need are 44004 (Ashtabula) with an index value of 97.7, 44030 (Conneaut) index value 90.3, and 44010 (Austinburg) index value 88.1.

The 2022 AC-CHNA reported “20% of Ashtabula County adult respondents have been diagnosed with a depressive disorder and 22% have been diagnosed with an anxiety disorder.” Ashtabula City adult respondents reported higher rates of depressive and anxiety disorder diagnoses than the county as a whole. Those age 18-34 years are more likely to report depressive or anxiety disorders, more females than males are likely to report, and those with annual household income of \$75,000 or less are more likely to report depressive disorder.

20%

Diagnosed with depressive disorder

22%

Diagnosed with anxiety disorder

37%

Reported at least one poor mental health day in the past month

Those reporting at least one poor mental health day in the past month were 37%, with an average of 10 days of poor mental health affecting activities. This disruption can impact physical, social, and economic factors. The effect for those who had at least one poor mental health day on activities differed by annual household income: about one-in-five (1 in 5) of those with less than \$50,000 (19.4%) and those with \$100,000 or more (22.4%) were affected, while only 2.9% of those with \$50,000 to less than \$100,000 reported being affected. Females were twice as likely as males to report poor mental health days.

18.4%

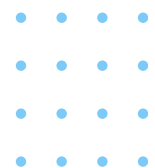
Almost 1 in 5 report they rarely or never get the social and emotional support they need

Two-in-three (2 in 3, 62%) of adult respondents feel they “always or usually” get the social and emotional support they need. However, almost one-in-five (1 in 5) or 18.4% state they “rarely or never” get the support they need. Significantly, in Conneaut 12.7% state they “never” get the social and emotional support they need. Only 12% of respondents had received mental health care in the past month with only 2.6% of Conneaut respondents receiving such care.

The mental health statistics for our youth, taken from the Ashtabula County 2022 Youth Survey-OHYes! Survey, revealed 40% of youth had received mental health care at some point during their lives, with 28.6% within the past year. The most alarming data indicated nearly 20% of Ashtabula County youth reported seriously considering attempting suicide in the past 12 months, with 15.3% of those youth making 2 or 3 attempts. The report shows 37% of youth were emotionally bothered by feelings such as nervousness and anxiety, and 28% reported depression, worry, and hopelessness over the past 2 weeks. The effects of the school inconsistencies of COVID 19, stigma, and Adverse Childhood Experiences (ACES) were listed as possible contributing factors to the poor mental health status of Ashtabula County youth. ACES are potentially traumatic events that occur

20%

Of youth seriously considered attempting suicide



in childhood (0-17 years) and includes aspects of the child’s environment that can undermine their sense of safety, stability, and bonding. Refer to the 2022 AC-CHNA for more statistics regarding ACES.

The concerns for mental, as well as physical, health may track back to the second Health Ashtabula County priority, Access to healthcare. The CHNA states “Ashtabula County has been identified by the Health Research and Services Administration (HRSA) of the US Department of Health and Human Services, as Professional Shortage Areas (HPSAs).

HPSA’s are designated areas identified as having geographic, populations, and facilities with too few primary, dental, and mental health care providers.”

Professional Shortage Area (HPSA)

1:460

Ratio of mental health providers

1:16,262

Ratio of licensed psychologists

1:3,480

Ratio of Primary Care physicians

1:1,072

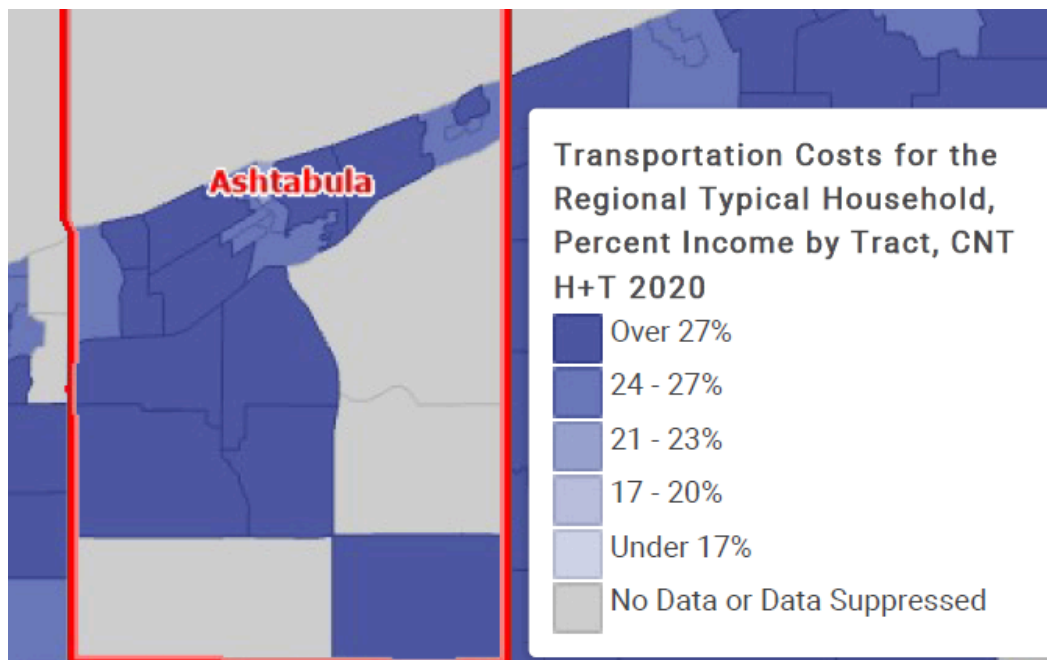
Ratio of Licensed physicians

1:4,066

Ratio of Licensed dentists

Ashtabula County has fewer providers in all healthcare professions than the rest of Ohio or the country. The 2022 AC-CHNA reports 2020 data states, Ohio has almost 4 times more Licensed psychologists, slightly over two-and-a-half times more Primary Care physicians, and almost three-and-a-half times more MDs and DOs. The graphic at left shows the various ratios for providers in Ashtabula County.

Remembering the disparity of the geography of the county highlighted in the Community Needs–Poverty subsection, the healthcare access in “south” county is limited and most providers are located in the northern portion. The Health Equity Report Card indicates 8.49% of households are without a vehicle, and no households are within ½ mile of transit, and almost a third (29.37 %) have an automobile in debt collection. The graphic at left shows the percent of transportation costs for average households by census tract in Ashtabula County.



have an automobile in debt collection. The graphic at left shows the percent of transportation costs for average households by census tract in Ashtabula County. The lack or cost of transportation has an impact on the ability of people to access services

A third (30%) of 2022 AC-CHNA respondents had “not visited a doctor for a routine checkup within the past year.” About a quarter (25%) of adults reported that their “physical health was not good on four or more days in the past month.” Reviewing the access to oral healthcare, about half of CHNA respondents (54%) “visited a dentist within the past year”; over 30% have “not visited the dentist within the past 2 years.”

1/3

AC-CHNA respondents had not seen a doctor in the past year

1/4

AC-CHNA respondents reported poor physical health on 4 or more days

1/2

AC-CHNA respondents reported seeing a dentist in the past year

36%

Considered overweight

42%

Considered obese

Obesity, the third Healthy Ashtabula County priority, has implications with many other behavioral, social, physical, and environmental factors. Specifically, obesity has a negative impact on the physical health and is a major complication of acute and chronic disease. Reportedly, heart disease is the leading cause of death in Ashtabula County, followed by cancer, and as noted earlier the high prevalence of diabetes. Previously in this section when we discussed Health Factors, we noted Ashtabula County has a higher rate of physical inactivity and a lower amount of opportunities for exercise. According to Body Mass Index (BMI) measurements, 36% of Ashtabula County adult respondents are overweight and 42% of respondents are obese (per the 2022 AC-CHNA. Note: countyhealthrankings.org stats reported earlier an obesity percentage of 45% using 2021 data). In the Nutrition domain, we have discussed other contributing factors such as the food Insecurity and limited access to healthy foods which are also affected by the lack and cost of transportation.

Another factor impacting access to care is healthcare insurance. Per the Healthy NEO Indicators Summary, the percentage of adults 18 and over that report having health insurance in 2023 is 81.2%, less than those covered in Ohio.

Of those 14.8% have Medicaid and 25.6% Medicare, higher than those covered in Ohio. In 2023, almost a third (29.6%) received medical services in the Emergency Room, and about one-in-five (1 in 5) or 21.8% received medical services in the urgent care setting. While this may indicate people are accessing care in a setting inappropriate to the severity of their the medical issue; it might also indicate that routine healthcare may not be occurring as it should causing more acute needs. Which aligns with the high rate of preventable hospital stays mentioned previously.

81.2%

Have healthcare insurance

The percent of disabled individuals in Ashtabula County is reported at one-in-six (1 in 6) or 17.2% (S1810, 2023 ACS- 1 Year). The top three types of disabilities cited are: ambulatory difficulty, cognitive difficulty, and independent living difficulty. These match the types and order reported in the 2022 AC-CHNA.

17.2%

Individuals with a disability

IMPACTS OF HEALTH INEQUITY

Lower life expectancy

Higher rates of mental-ill health

Difficulty getting healthcare

Preventable death

Much of the information we've discussed relates to "health inequity". WHO defines health inequity as..."systematic differences in the health status of different population groups, arising from the social conditions in which people are born, grow, live, work and age." The graphic at left lists some of the impacts of health inequity. Earlier we talked about Health Factors and the high rates of premature death. An estimate that 10,500 "years of potential life were lost" (YPLL) to deaths of people under age 75. The YPLL a widely used measure of the rate and distribution of premature mortality.

At the beginning of this domain we presented the Health Equity Index. The Index provides a starting point to identify areas where advocacy can be targeted to improve the health status of our citizens.

Results of Our Survey

The 2022 Ashtabula County-Community Health Needs Assessment (2022 AC-CHNA) conducted county-wide has provided a comprehensive look at the health status and conditions for people in Ashtabula County. In this Assessment we asked several questions to get more data regarding access to healthcare for those in our community.

The first indicator reviewed to assess ability to access medical services was health insurance. While 91% of respondents reported that they have health insurance, this is a decrease compared to 95% who reported having health insurance in the 2021 Assessment.

91%

Have healthcare insurance

88%

Have seen a doctor in the past year

4.31%

Reported they did not have a doctor

6%

Of those with no doctor took no action to meet their medical needs

The second indicator was ability and frequency of seeing a healthcare provider for care. When respondents were asked when they last saw a Doctor, over half, 58.37%, had done so within 3 months or less, and most of them, 87.56%, had done so within a year. A small percentage, 4.31%, indicated they did not have a Doctor, with the main reason stated as not being able to afford the co-pays, followed by not being able to get to the office, and not being able to find a provider accepting patients. This latter point aligns with the data regarding the shortage of healthcare providers. For those who do not have a Doctor, the following is the order in which they met their medical needs: Home remedy or self-treatment, Urgent Care, Emergency Room, and 6% indicated they took no action. When respondents were asked when they last saw a Dentist: almost half (44.31%) responded having been seen in 6 months or less, 20.58% reported a year ago; however, a quarter of them (23.24%) last saw a dentist more than a year ago, and 11.86% reported they do not have a dentist. Again, these last two points align with the data regarding the shortage of oral health care providers in Ashtabula County.

We will explore healthcare access further for the special focus populations in the sections for Youth and Older Adults.

ACCAA Workplan Connection

Agency programs that specifically address the Health domain include the Women, Infants, and Children (WIC) Program, Community Action Home Visiting, the Senior Nutrition Program, and with their whole-child approach, the Head Start Program and the Dragon Empowerment Center. 2-1-1 Ashtabula County Information & Referral Services connects callers with available healthcare resources such as health departments, free clinics, or community screenings and health fairs.



Employment

“Lack of Jobs” was ranked as the third (3rd) biggest problem in the community. The status of work directly impacts the economic situation of households in poverty or that fall in the ALICE threshold. In this domain section we will follow-up on data regarding employment in greater detail.

Employment Environment Scan

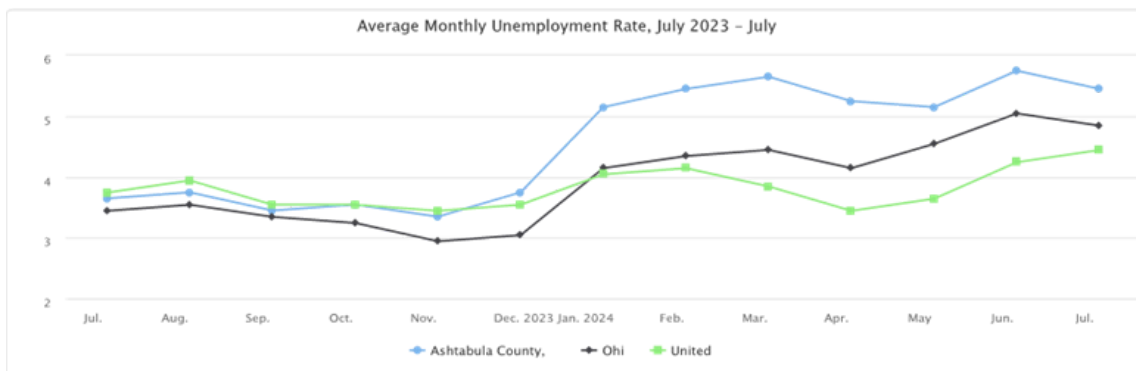
The percentage of working-age population, 18-64 years, county-wide is 58.52%, which is lower than 60.4% in Ohio and 61.36% nationally. Still, as noted in the Community Needs section-Lack of Jobs subsection, Ashtabula County’s 2022 working-age-to-jobs ratio was 1.93, indicating there are more working age adults than there are jobs. The Employment Rate for Ashtabula County is estimated at 55.3%. (2023 ACS- 1 Year, DP03). We reported some details regarding the workforce in the Lack of Jobs section. Including noting that the Civilian Labor Force in 2023 (this includes everyone 16 years of age or older who is working or looking for work) was reported as 42,900 and the number employed was listed at 41, 200, though it should be noted this is an ever changing number.

The unemployment rate reported in September 2024 was 4.8%. Early in 2024, though higher than the state or country, our unemployment rates were basically on trend. July 2024 shows Ashtabula County and the state trending downward, while the country is trending higher. The graph below shows the unemployment rate from July 2023- July 2024.

4.8%

Unemployment Rate reported August 2024

Ashtabula County Unemployment Statistics



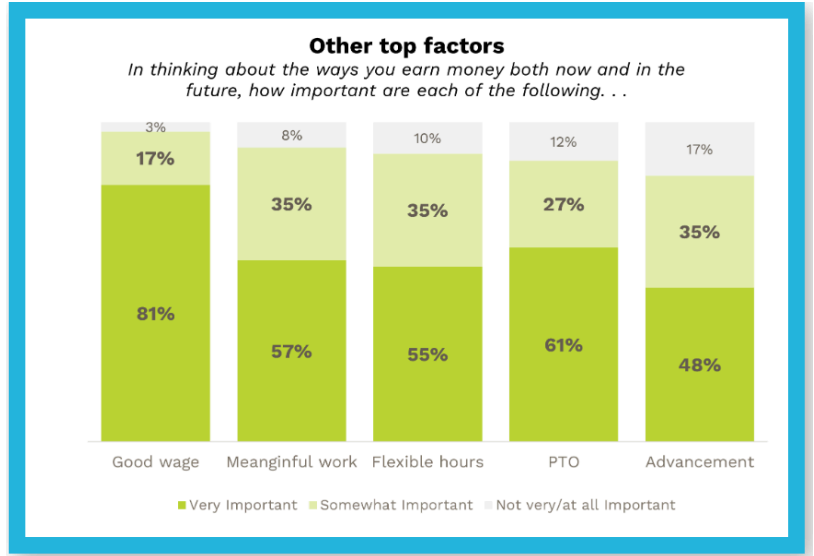
<https://www.unitedforalice.org/county-reports/ohio>

At the time of our 2021 Assessment, the country was still experiencing the COVID 19 pandemic which served as a major disrupter to the world of “work”. Employers have had difficulty finding workers. The Fund for Our Economic Future conducted a study, 28

“Where are the Workers” (Dec 2021- June 2022) to explore the worker shortage, and identify “the preferences, needs and challenges of today’s workers. The workforce of today looks, thinks and acts differently than the workforce of 20 years ago.” The workforce is aging, becoming more diverse and not making enough money. (based on 2020 American Community Survey 5-year estimates). During their survey period, one-in-five (20.5%) workers said they’ve called in sick due to burnout in the past year, more than a third (37.1%) said they felt they had too much to do at work and not enough time in which to do it, and more than a third (35%) said the demands of their job were interfering with life responsibilities. The graphic to the right shows what factors are most important to workers according to the survey.

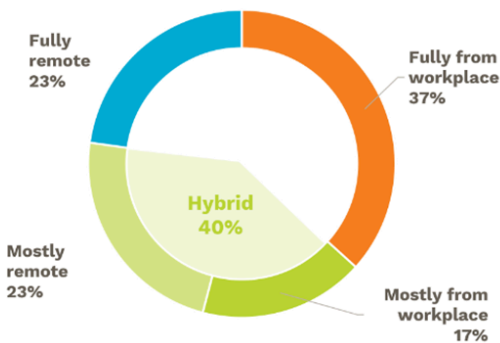
What Workers Want

Companies did increase wages and offer other incentives to attract workers, including rethinking where and how the staff and company engaged. The graph below shows the desired work environment; almost half seek at least some remote work and almost a quarter seek fully remote work. According to the County Health Rankings, 82% of the workforce drives alone to work. Remembering the data in the Health domain, the lack or cost of transportation (about a third of the household budget) and distance to the workplace has an impact on the ability of people to access employment, and could contribute to the desire for remote work.



<https://www.unitedforalice.org/county-reports/ohio>

Workers' desired environment



Despite the favorable environment for job-seekers, as we have seen in previous domains not all households have benefitted. While wages may have increased it may not be enough to compensate for rising costs of the basics of daily living or to restore recovering households to their pre-pandemic financial status. The graphic below lists the major employers in Ashtabula County and their sectors.



MAJOR EMPLOYERS

Ashtabula Area City Schools	Govt
Ashtabula County Government	Govt
Ashtabula Regional Medical Center	Serv
CW Ohio	Mfg
General Aluminum Mfg. Co.	Mfg
INEOS Pigments	Mfg
Kennametal Inc.	Mfg
Molded Fiberglass Companies	Mfg
Premix Inc.	Mfg
University Hospitals- Conneaut	Serv

\$917

Average weekly wage all industries

The average weekly wage for all industries in Ashtabula County was \$917; the 12 month change in average weekly wage (March 2023 to March 2024) was \$25.

The graphic below lists the average weekly wage for various industries/ occupations as reported in the 1st quarter of 2024. The wages range from \$9.60 to \$29.82 per hour, with the Ohio minimum wage at \$10.45 hour. One-in-five (1 in 5) people age 16 and over in the county are employed in the Manufacturing and Educational Services, Health, and Social Assistance sectors.

AVERAGE WEEKLY WAGE BY SECTOR

Sector	Avg. Weekly Wage	Avg. Hourly Wage
Manufacturing	\$ 1,193	\$ 29.82
Education and Health	\$ 915	\$ 22.88
Service	\$ 768	\$ 19.20
Leisure and Hospitality	\$ 384	\$ 9.60
Professional	\$ 886	\$ 22.15

Source: ACSDP1Y2023, DP03

Based on the graphic below left listing the “living wage” calculation (refer to the Emergency Services, Income Management, and Self-Sufficiency” domain) we can see the financial challenge households face.

Living Wage Calculation by Family Unit

Living Wage-One Adult

0 Children	1 Child	2 Children	3 Children
\$18.18	\$32.73	\$41.35	\$52.32

Living Wage-Two Adults (1 Working)

0 Children	1 Child	2 Children	3 Children
\$26.45	\$31.50	\$36.09	\$37.41

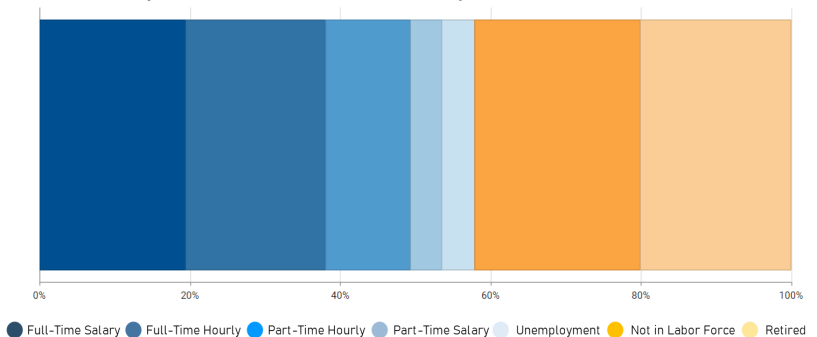
Living Wage-Two Adults (Both Working)

0 Children	1 Child	2 Children	3 Children
\$13.20	\$18.61	\$23.42	\$25.95

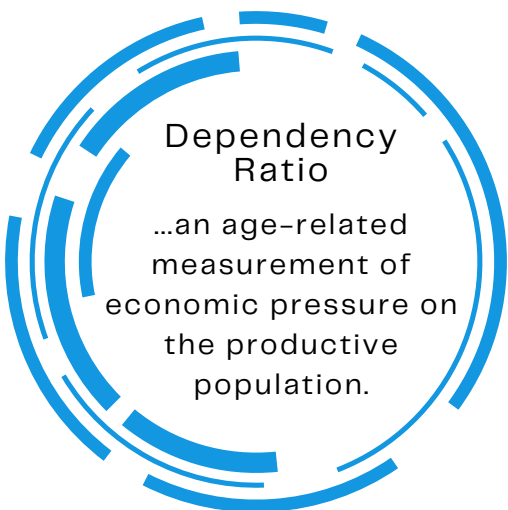
Source: ACSDP1Y2023, DP03

The living wage calculation is based on a full-time position (2080 hours annually). According to the United for ALICE report for Ashtabula County in 2022, only 38% of those employed in our county have full-time jobs. The ALICE chart below shows the breakdown of employment type by percentage. Based on this chart, fewer people were working than not working. 42.2% (Retired or Not in the Labor Force), which doesn't include the Unemployed bringing the number of individuals not employed to a little under half (44.6%) of the population.

Labor Status, Population 16 and Over, Ashtabula County, Ohio, 2022



Full-Time Salary- 19.4%, Full-Time Hourly- 18.7%, Part-Time Hourly- 11.3%, Part-Time Salary- 4.2%, Unemployed- 4.4%, Not In Labor Force- 22.1%, Retired- 20.1%,



This is often expressed as the “dependency ratio”, an age-related measurement of economic pressure on the productive population. It is calculated by dividing the non-working age population by the working-age population. The report from the Ohio Department of Development (ODOD) “Census 2020 Demographic Profile: Charting the Changes” cites Ashtabula County’s Dependency Ratio for those age 65 and older as greater than .340 (the highest category) and the dependency ratio for those age 17 and younger as 3.46 to 4.10 (the midline category).

Development and training are necessary so that our workforce has the skills needed to be successful in the marketplace. Ashtabula County has many organizations collaborating to: assist job seekers, identify the needs of local and prospective employers, and develop training to ensure workers are prepared to meet those needs. The Growth Partnership for Ashtabula County and its many partners coordinate the county’s resources and opportunities to foster job creation and retention.

Results of Our Survey

The working-age population for Ashtabula County identified above is 58.52%, this Assessment has a very high representation (88.39%) of input from working-age respondents. Two-thirds (65%) of respondents reported they were currently working, and of those the majority (78%) reported they work Full-time, while 17% were Part-time, and 9% reported they did Odd jobs (sometimes referred to as the “gig” economy). 17% reported they were or had received unemployment. When asked “If not currently employed, are you looking for work?” For those to whom it applied, 17.47% said “Yes” and 22.85% said “No”. The most common reasons cited by those “not looking for work” were that they had a disability or were staying at home caring for a baby or child.

65%

Of respondents were currently working

78%

Reported they work full-time

We looked at the Employment domain related with the Community Needs problem ranking. Of Survey respondents who ranked “Lack of Jobs” as the biggest problem in the community, 74% had household income under \$50,000 with an average household size of 3.2 people; one quarter (24.5%) of those were age 25–34 years; and almost half of the respondents were from the Ashtabula City area. This would seem to indicate that young families in our most populated area are finding employment opportunities the most challenging.

ACCAA Workplan Connection

The ACCAA programs that assist families, such as our Women, Infants, and Children (WIC) Program, Community Action Home Visiting, Head Start Program, and the New Hope Homeless Assistance will work on employment goals with the participants. The Dragon Empowerment Center works with students on career readiness. 2–1–1 Ashtabula County Information & Referral Services connects callers with available employment programs. To assist with obtaining and maintaining employment, ACCAA has a pilot Car Repair Program.

Education

An educated citizenry is key to a thriving community. In this domain we will look at the academic and technical skill environment of Ashtabula County.



Education Environment Scan

27.5%

Have a post-secondary degree

The graphic below shows the educational attainment in Ashtabula County, as shown, less than half of the population has only earned a high school diploma or equivalent, and a little over a quarter (27.5%) have any post-secondary degrees.

Educational Attainment (Population 25 years+)

Measure	Percent
High school or equivalent degree	42.0%
Some college, no degree	20.8%
Associate's degree	8.6%
Bachelor's degree	12.3%
Graduate or professional degree	6.6%

Source: ACSST1Y2023-S1501

The county High School graduation rate is 86% (2020-2021 data), however graduation rates for districts vary. In Ashtabula County in 2021, on average per pupil spending among school districts was \$1,151 below the estimated amount needed to support students in achieving average scores on US testing. Half of all county students are eligible for free and reduced lunch.

The graphic at right shows the overall percent of the population enrolled in county educational systems.

A closer look at school enrollment data indicates that: only 30% of children ages 3-4 years are enrolled in school; 85% of those age 15-17 are enrolled in school; 53.2% of those age 18-19 were enrolled in school though it is not noted whether this is high school or post-secondary enrollment; and 88.5% of all students are enrolled in public school. We also noted, 30% of the school enrollment is in elementary grades 1-4 indicating growth in student population in the future. The chart above indicates less than ten percent (8.5%) are enrolled in college or undergraduate study. Further detail shows, only 11.6% of those age 20-24 years are enrolled in school and another 4.5% age 25-34 years are enrolled in school.

School Enrollment (Population 3 years+)

Measure	Percent
Nursery school, preschool	5.2%
Kindergarten to 12 th grade	82.0%
College, undergraduate	8.5%
Graduate, professional school	4.3%

Source: ACSST1Y2023-S1401

30%

Of children age 3-4 years are enrolled in school

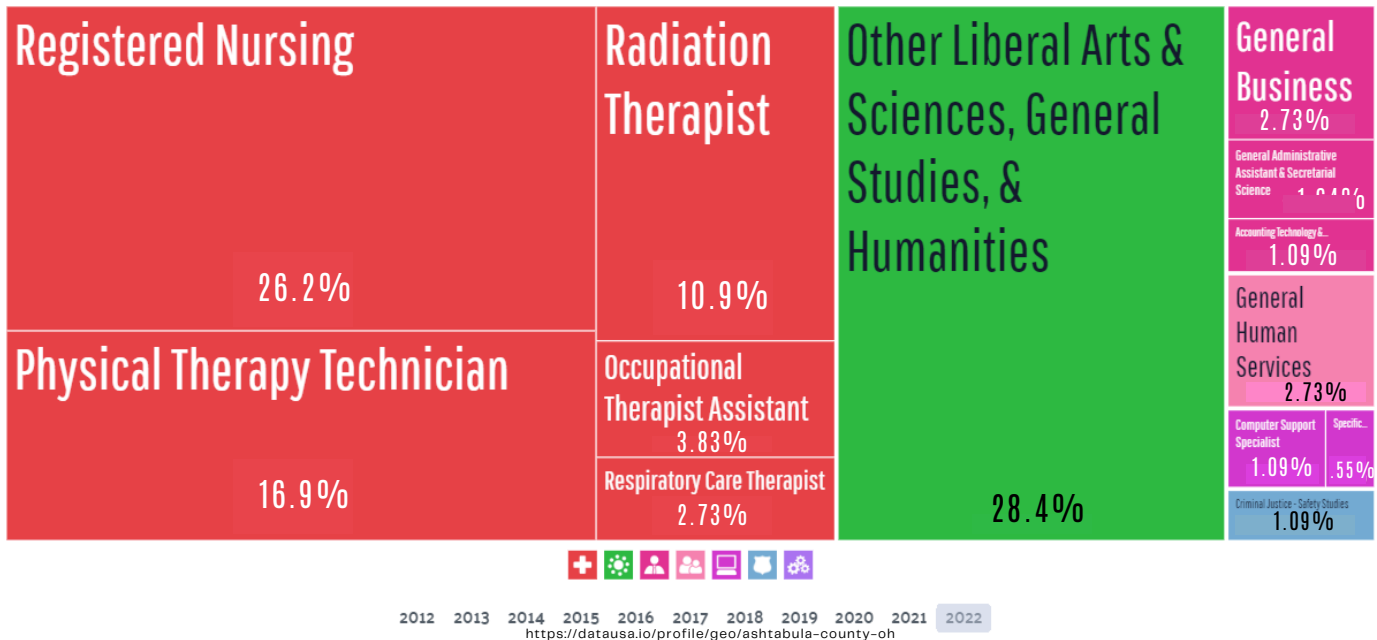
Ashtabula County has eight public school districts including the Ashtabula County Technical and Career Center, A-Tech, that offers both high school and post-secondary courses. In addition, there are five private schools. We are fortunate to have one public four-year university, Kent State University-Ashtabula (KSU-A) offering nearly 30 available Associate and Bachelor Degrees entirely through the Ashtabula campus; and can also begin coursework in more than 375 world-class programs of study at Kent State University. KSU-A lists their in-state, full-time lower division tuition as \$7,170, by comparison according to the Education Data Initiative, in 2024 the reported average tuition and fees for Ohio is \$10,922. Reportedly 85% of undergraduates to KSU-A receive financial assistance and more females (63.1%) than males (36.9%) are enrolled, with 71.4% traditional aged (under 25) and 28.6% non-traditional (25 and over). In 2022, KSU-A awarded 221 degrees and A-Tech awarded 93 degrees. The graphic below illustrates the percentage of students graduating with an Associates Degree from schools in 2022 in Ashtabula County, according to their major. 60% are majoring in some form of healthcare and will be joining in the second highest sector of employment in the county.

28.6%

Non-traditional students (age 25 and over) enrolled at KSU-A

2022 Associate Degrees Awarded

Total: 183



Results of Our Survey

We asked questions in our Assessment to determine the educational attainment level of those taking the survey. 89% of respondents had a High School diploma or GED, 35% had completed vocational training, with 3% indicating they started but didn't finish such training; 46% had completed two-year or four-year degree, with 10% indicating they started but didn't finish their degree. When asked "Do you plan to pursue any educational or technical training in the coming year?" a quarter (26%) responded "Yes".

26%

Plan to pursue educational or technical training in the coming year

Of those indicating they had started but had not finished vocational training, 86% had household income below \$50,000, with the highest income categories reporting not finishing as \$10,000 to \$19,999 and \$35,000 to \$49,999, 86% were white or Caucasian, and a little less than half (43%) reported having children in the home. Of those indicating they had started but had not finished a two-year or four-year degree, 78% had household income below \$50,000, with the highest income categories reporting not finishing as those earning less than \$5,000 and \$20,000 to \$24,999, 79% were white or Caucasian, and about half (51%) reported having children in the home.

Of households ranking “Education systems” as 4 or higher

42%

Had incomes of \$50,000 or more

74%

Of households having 5 or more persons had incomes of less than \$50,000

Of those ranking “Education system” as the fourth or higher biggest problem (23%): half (51%) were in the 44004 zip code, with 44030 and 44041 zip codes at 8% each; 60% were ages 25–44 years with those age 35–44 years highest at 33%; of these 53% were households having children 18 years or younger. For these households: almost half (46%) had 5 or more persons, followed by 3 persons at 37%, and 4 persons at 22%; 42% were in the 44004 zip code; 42% had household income of \$50,000 or more, with 10% reporting \$75,000+; three quarters (74%) of households with 5 or more persons had incomes of less than \$50,000; 46% were age 35–44 years, with 30% age 25–34 years. This would seem to indicate larger families in Ashtabula with incomes under \$50,000 are having more concerns with the educational system.



ACCAA Workplan Connection

While all of our Agency services work to educate the customers regarding their program area, programs that specifically provide education related services are the Head Start Program and those that fall within our Youth Services, the Dragon Empowerment Center, Dragon PLUS Afterschool Program, and Youth Summer Career Camp. 2-1-1 Ashtabula County Information & Referral Services connects callers with available educational institutions, organizations, and opportunities.



Special Focus– Youth

Throughout this report we have highlighted many demographic, social, and economic factors affecting households in Ashtabula County. In this section we will look more closely at some specific challenges facing Ashtabula County youth and families.

We have established the overall poverty rate for Ashtabula County is 17.4% (2022), the newly released 2024 State of Ohio Poverty Report cites the poverty rate for Ashtabula County families is 14.2% and the child poverty rate is 22.5%. The graphic on the following page, cited in the 2024 Ashtabula County Profile compiled by ODOD, shows the family type and poverty



Poverty Status of Families by Family Type by Presence of Related Children

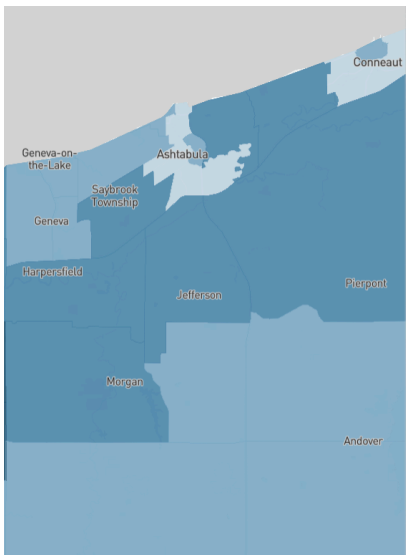
Family Type	Percent Poverty
Family income below poverty level	14.2%
Married couple, with related children	2.1%
Male householder, no wife present, with related children	2.0%
Female householder, no husband present, with related children	5.9%
Families with no related children	4.1%

<https://development.ohio.gov/static/research/county trends/2024/ashtabula.pdf>

living in poverty are tract 13.04 (Richmond Township) at 59%, and 7.03 at 57%, 7.01 at 48%, and 6.01 at 43% (all in Ashtabula City). The large block on the eastern border, census tract 12.02 (Pierpont and Monroe Townships), has 30.07% children in poverty.

Another tool for assessing the challenges facing local youth is found on the site diversitydatakids.org. The tool is the Child Opportunity Index, “An index of neighborhood resources and conditions that help children develop in a healthy way. It combines data from 44 neighborhood-level indicators into a single composite measure.” The map below shows the rating for Ashtabula County census tracts in 2021.

Child Opportunity Index



Overall COI by Census Tract, nationally-normed for 2021

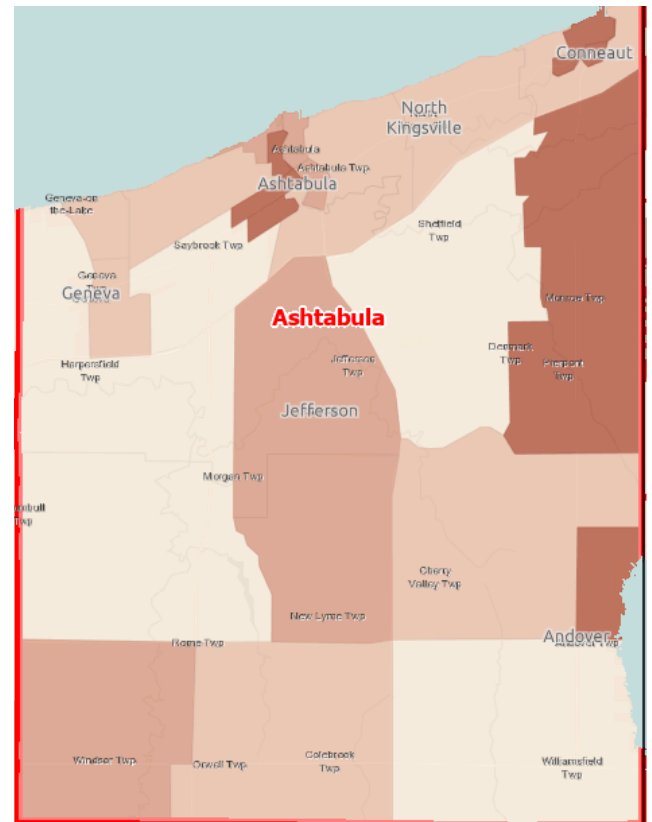


<https://www.diversitydatakids.org/research-library/research-brief/what-child-opportunity>

status in Ashtabula County. Female householders with related children where no spouse or partner is present are the largest percentage of family-type in poverty at 5.9%, over two-and-a-half (2 ½) times more than either married couples or male householders.

The map below shows the percentage of children living in poverty by census tract. The tracts shaded the darkest show the areas with percentages of 30% or more. The highest percent of children in our county

Children Living in Poverty by Census Tract



Source: CARES Report; Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2018-22

The census tracts rated with “Very Low” are 7.01, 7.03, and 7.04 (Ashtabula City, 4 and 6.01 (Ashtabula City-Harbor area), and 1.01 and 1.03 (Conneaut). Using the interactive tool, there are 4,254 children impacted in these “very low” census tracts, 2,968 in the Ashtabula area and 1,286 in Conneaut. Of these children, 27% are represent minorities: 16% are Hispanic, 10% are Black, and .9% are Asian/Pacific Islander. Census Tract 6.01 is the most diverse, and tract 7.01 has the largest Hispanic population at 42% of children. This unequal access to opportunity impacts a child’s ability to grow into healthy productive adults.

According to the Ashtabula County Job and Family Services, we have approximately 22 in-home child care providers and 17 licensed child care centers in Ashtabula County. They report approximately 720 families each month receive publicly-funded child care assistance. Financial eligibility is based on 145% of the poverty level or higher if you are the parent of a child with special needs. "Participating in Early Childhood Education (ECE) helps children to develop skills that will benefit them in school and in life. Specifically, research from the United States shows that ECE can help children learn the foundational skills for reading, math, self-control, and positive relationships." (www.acf.hhs.gov/opre/report). As part of the Education domain we learned that only 30% of children ages 3-4 years are enrolled in school indicating 70% of our children are missing out on these benefits.

ACCAA operates the Head Start program a free, comprehensive child and family development school readiness program available to income eligible families in Ashtabula County. The graphic to the right shows program outcomes for the 2023-2024 school year. We have a Gold Star rating from the Ohio Department of Job and Family Services (childcare.ohio.gov), the highest available, for all of our sites. Three of our sites are within our Agency buildings (Main Avenue, Collins Boulevard, and State Road), and seven others are co-located in schools throughout the county. We also offer a home-based component. We are proud to provide high quality early education services to economically disadvantaged youth.

The Ohio School Report Card (reportcard.education.ohio.gov) provides information on the progress and performance of all school districts. Though only a part of the education story, the ratings include several measures of how well schools are doing in academics and in preparing area youth for the future. The eight districts throughout the county have varying scores. Ashtabula Area City Schools (AACS) has the lowest overall rating of all districts based on 2023-2024 data. The district is the largest district in the county covering 62 square miles, it has poor walkability and most all students must be transported. It has an average 2,800 students (2023-2024 Report Card), it is the most diverse in race/ethnic composition, 24.9% of the students have disabilities, and 100% of the students are economically disadvantaged (3 of the census tracts with highest child poverty rates are within the AACS district). ACCAA stepped up to assist the district in their efforts to improve the quality of their education services. The Dragon Empowerment Center (DEC)- Community Learning Center, is a collaboration with the AACS brings together community partners to provide support services to students and families. Now our biggest Youth Service program, the DEC offers assistance with basic needs, health services, academic supplements, and enrichment activities. This program also takes a whole-child approach, because we know that when a child is concerned with non-school related issues present in their daily lives they are less able to focus on learning. The DEC provides stability and hope by making referrals and connections to valuable resources to help the family. The goal is simple-remove barriers so that all children can come to school ready-to-learn.

Head Start Outcomes

384 children served...

271 preschool age

113 infants and toddlers

2 expectant mothers

Of enrolled preschool children:

96% received medical exams

55% received dental exams

Of enrolled infants and toddlers:

90% had medical and dental exams



In school year 2023–2024, ACCAA’s Dragon Empowerment Center in partnership with the Ashtabula Area City Schools received a 21st Century Community Learning Center grant. Lakeside High School had no formal out-of-school-time program to assist students who were struggling and not on track to graduate. Obtaining this grant allowed for the creation of an after-school program for students grades 9–12, filling that gap. Named the Upper DEC Dragon PLUS program, it is aligned with the mission of the DEC... removing barriers and providing supports so that all can be successful in school and in life.



Based on the success of the DEC, ACCAA formed the CLC Projects Ashtabula County a partnership with the Ashtabula County Educational Service Center (ACESC) to implement the Community Learning Center (CLC) Expansion Project to develop and support the creation of CLCs in other area schools. To date CLCs have been implemented in two other districts- Grand Valley Local Schools and Buckeye Local School District.

As part of the Employment section, we identified 22.1% of the population is not in the labor force. In 2022 Ashtabula County had 9.5% disconnected youth, defined as children ages 16–19 either not working or not in school (fred.stlouisfed.org). ACCAA worked with Growth Partnership for Ashtabula County, Camp Beaumont, and other partners to conduct the Career Summer Camp. We coordinated with youth OPPORTUNITIES!, an organization that serves local youth to help them stay in school and graduate, or get their high-school equivalency (GED) while getting and keeping a job, to identify participants. Students learned about in demand career fields, met with local employers, and engaged in team building activities to ready them to join the workforce.

Results of Our Survey

Half of the respondents in our Assessment (51.8%) indicated they had children in their household age 18 or under. The graphic at right shows the age demographics of the respondent households with children. Three quarters of households ages 25–44 years had children age 18 or under. Of these households: 69% had income under \$50,000; the two largest household sizes were 31% with 3 persons and 29% with 4 persons; 79% were White or Caucasian, 7% Hispanic, 6% Black, 4% Multiple Race, and 2% Asian/Asian American, the remainder were other races, 53% were in zip code 44004/5 (Ashtabula). Some of these key demographics are highlighted in the graphic on the following page.

Respondent Percent Children in Household by Age Demographic

Age of Householder	Percent
18-24 years	65%
25-34 years	75%
35-44 years	74%
45-54 years	41%
55-64 years	12%
65-74 years	8%
75+ years	0%

Several questions we asked related to access to healthcare and childcare. The responses regarding healthcare were positive with 89% of households responding that their children see a Doctor on a regular basis, and 77% of children see the Dentist on a regular basis. Only 30% indicated their children were enrolled in a childcare program. This was not applicable for 63% of respondents, but for those respondents who answered “No, their children were not enrolled in a childcare program”, the main reasons cited are listed in the graphic on the following page.

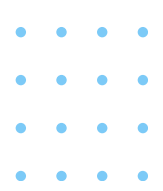
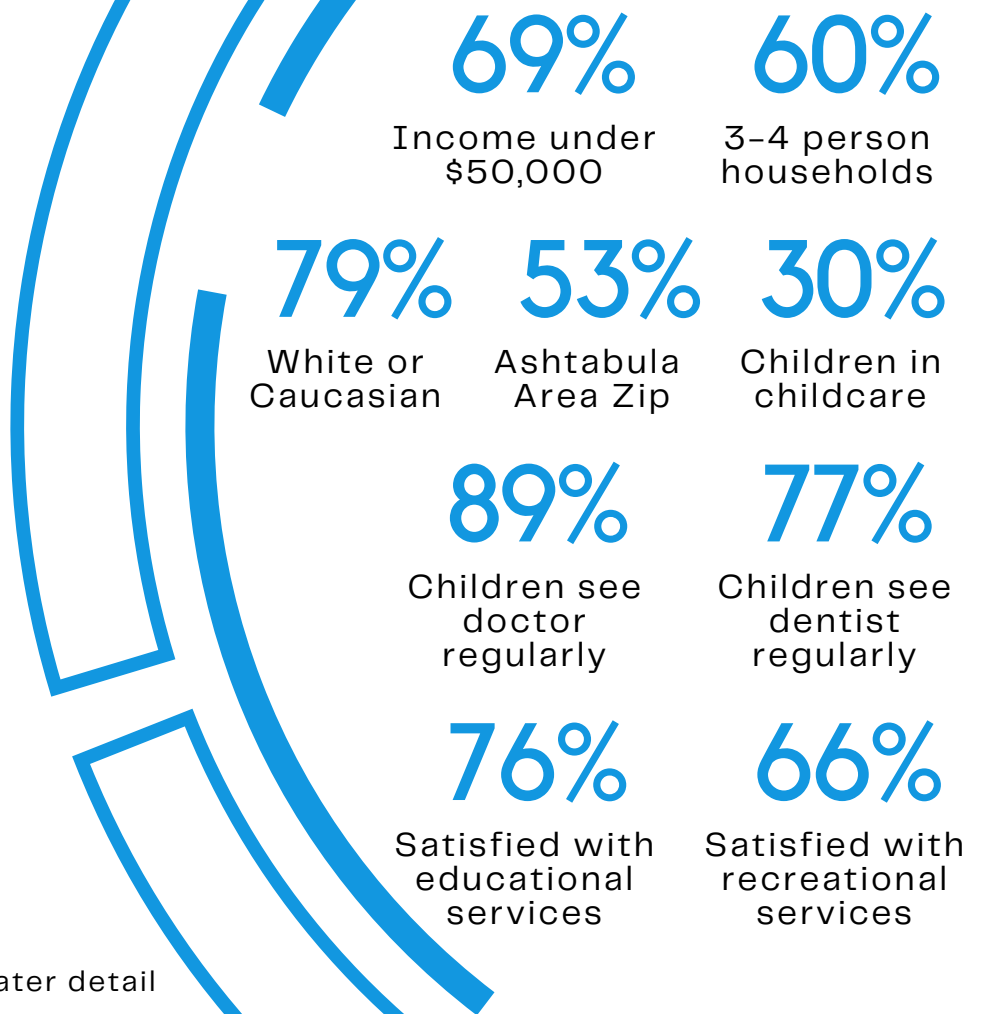
Barriers to Childcare	Percent
No provider with openings	12%
Cannot afford	20%
Hours of coverage not available	14%
Not able to get child to location	12%
Not applicable	63%

Additionally, 76% responded “Yes” to being satisfied with the educational services (tutoring, afterschool programs, library programming, etc.); and 66% said “Yes” to being satisfied with recreational activities (sports, scout troops, parks, etc.) available to children in their area. That indicates 1/4 to 1/3 of families are not satisfied. This reflects the identification of “Lack of Activities” as a problem within the community. Of those indicating “no”, Ashtabula had 60% and Conneaut had 15% aligning with the Child Opportunity Index “very low” census tracts rating.

ACCAA Workplan Connection

We have highlighted several of ACCAA’s youth programs in greater detail in this section: Head Start, the Dragon Empowerment Center and the Dragon PLUS Afterschool program. Many of our other programs play a vital role in youth development including: WIC, Community Action Home Visiting, and the Dolly Parton Imagination Library. Other ACCAA services are very helpful in assisting households with children such as Weatherization, HEAP, and New Hope Homeless Assistance. 2-1-1 Ashtabula County connects callers with services to help youth and families.

Of Survey Respondents with Children in Household





Special Focus- Older Adults

In previous sections we have highlighted many demographic, social, and economic factors affecting households in Ashtabula County. In this section we will look more closely at some specific challenges facing older adults in Ashtabula County.

Older adults make up 19.64% of the population. More than a third (35.6%) of all households in the county have one or more persons age 65 and over. 15% of households living alone are those age 65 and older. Overall, 17.2% of the Ashtabula County population have a disability;

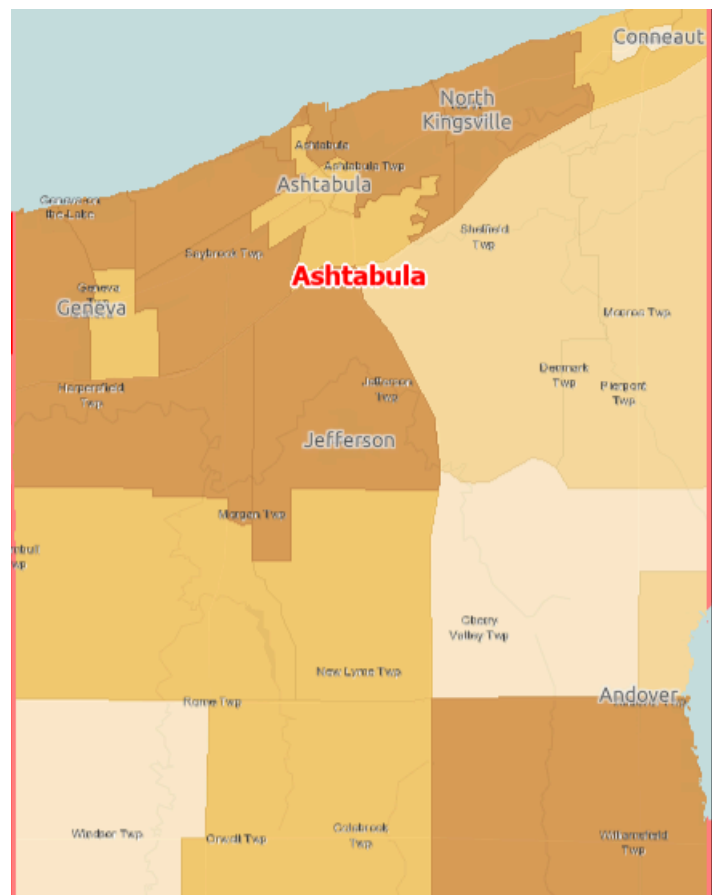
19.64%
Ashtabula County
population Age
65 and over

37% of those age 65 and older have a disability. The types of disabilities are: ambulatory difficulties- 24.6%; hearing difficulties- 16.8%; independent living- 11.6%; cognitive difficulties- 10.7%; vision difficulties- 10.5%; and self-care difficulties- 6.8%.

The map at right shows the percentage of the population age 65 years and older by census tract. The darker shaded areas have the most older adults living there, with the highest census tracts in Ashtabula County (those with more than 25%): 6.02- 29.41% and 4-28.08% (Ashtabula Harbor area), 2-27.85% (Kingsville and North Kingsville), and 10.02- 27.22% (Austinburg and Harpersfield Townships). Together these census tracts contain 3,679 individuals age 65 and over.

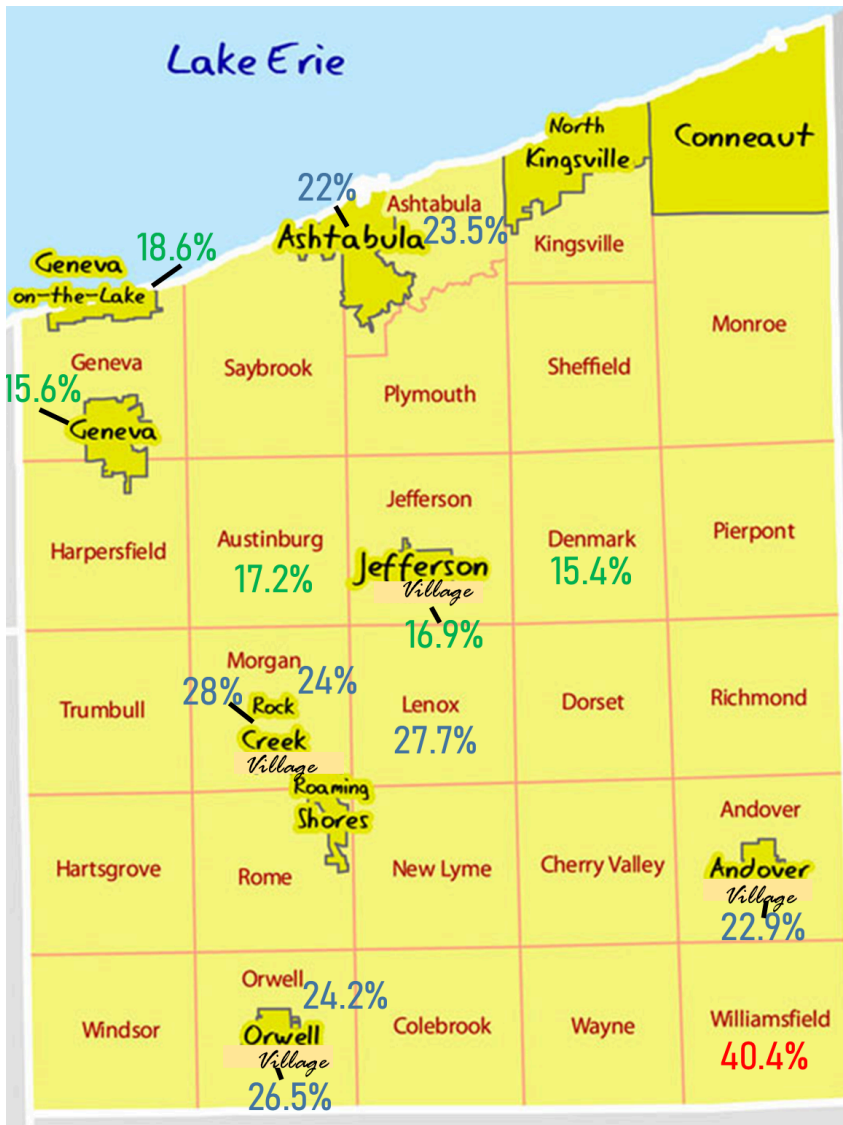
The map on the following page shows the cities, villages, and townships with the highest percentage of population age 65 and over living in poverty. The areas with 15% or more older adults living in poverty are: Williamsfield Township (the highest)- 40.4%; areas with 25% or more are Rock Creek Village, Lenox Township, and Orwell Village; areas from 20%-25% are Ashtabula City and Township, Andover Village, Orwell Township and Morgan Township; and areas with 15%-20% are: Austinburg Township, Geneva-On-The-Lake Village and Geneva Township, Jefferson Village, and Denmark Township. Though by comparison Williamsfield Township is not one of the county's areas with a large number of older adults, a closer look at Williamsfield Township's high percentage reveals that there are 18.8%, or 225 people, of the total township population are age 65 and over, of those 90 people are males age 70-74 years, and 91 people of the 225 (40.4%) have income below the poverty level; 25.4% do not have healthcare coverage; 15.7% live alone; and a third (30.5%) have never married.

Population 65 Years and Over



Source: CARES Report; Population Age 65+, Percent by Tract, ACS 2018-22

Percent of Poverty Population 65 Years and Over



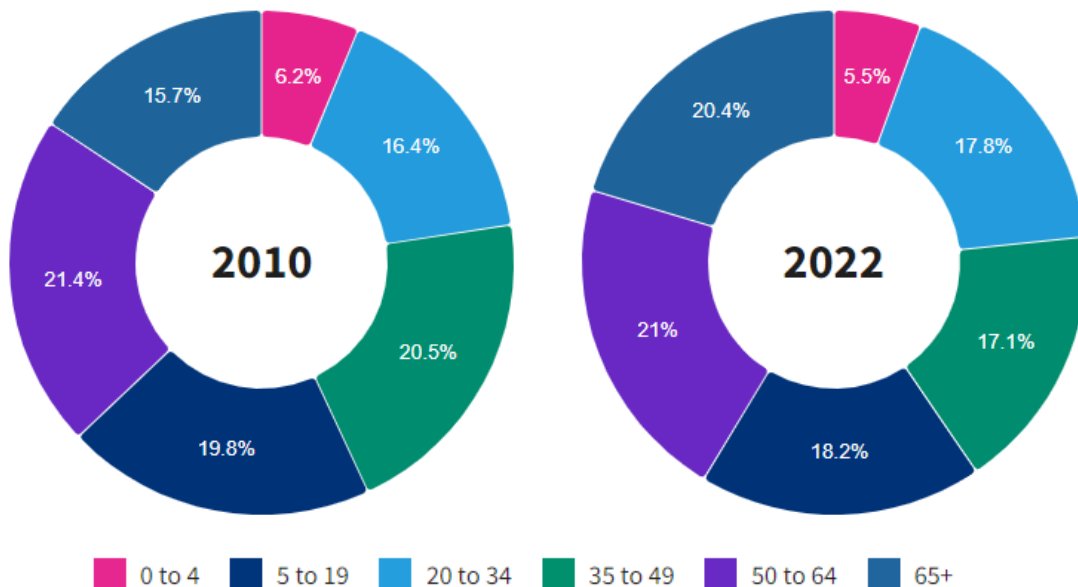
Source: ACSST5Y2022, S1701

The geographic locations with high percentage of people age 65 and over in poverty, create areas of concern.

The population age 60 and over is growing and is projected to continue to grow. The graphic below shows the changes in the age distribution for Ashtabula County. The share of the population that is 0 to 4 years old decreased from 6.2% in 2010 to 5.5% in 2022. The share of the population that is 65 and older increased from 15.7% in 2010 to 20.4% in 2022.

In the Summary Assessment of Older Adults (Ohio Department of Health and the Health Policy Institute of Ohio, June 2020), projections by the Miami University, Scripps Gerontology Center indicate that by 2030 our population age 60 and over will be 29% or more. There is a similar trend in our neighboring counties, however by 2050, 29% or more of our county's population will still be those age 60 and over.

Age Makeup of Ashtabula County



<https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/ohio/county/ashtabula-county/>

These statistics demonstrate the need to allocate resources and develop supports to assist our aging population. Throughout this report we identify cross-cutting factors of nutrition, mental and physical health, economic status, race and ethnicity, geographic proximity to services, mobility issues, and employment, all of these impact the well-being of our older citizens too. We have shown that there are higher percentages of those age 65 and older living in poverty in some of our more rural areas. Combining this with health factors, disability status, and transportation issues, many of our older adults risk becoming isolated. ACCAA has several Senior Services to help older adults remain in their homes, healthy and safe for as long as possible.

An important program is the 2-1-1 Enhanced Information and Referral Program for Seniors. A specialized part of our over all 2-1-1 Ashtabula County, it offers callers age 60 and older more extensive assistance, ensuring they receive the help they need through linkage to referrals, research, advocacy, and materials. Out our of senior responses, 46% state their preferred way to get information is via a phone call.

One of our major programs for older adults is the Senior Nutrition Program (SNP) including both the Senior Dining Sites and Meals on Wheels services. The dining sites provide vital socialization and nutrition for older adults still able to get out and around. The home-delivered service not only ensures a hot, delicious, and nutritious meal is delivered to keep our seniors healthy, but offers a valuable safety check. Our staff have “eyes on” the meal customers and can detect changes in their mental or physical conditions.

The Homemaker program is a smaller program but works to keep the physical environment within the home safe by doing light housekeeping chores and laundry. Once again, our staff provide that valuable “eyes on” safety check.

1,964
Grandparents are living with their own grandchildren

Another trend impacting our older population is the number of grandparents raising grandchildren. This may be attributed to the inability or absence of the parent to care for the children; escalated by the substance use problem. According to the census data, 1,964 grandparents are living with their own grandchildren under 18 years in Ashtabula County. Of those, 41.5% (815) are reported as responsible for those grandchildren. 62.6% are female, 63.1% are married, and 22.6% have been responsible for those grandchildren for 5 years or more. Many older adults are ill-equipped to handle raising a child again, and the costs of raising children at a time when they likely have reduced income is difficult. According to the National Council on Aging, Multigenerational households are twice as likely to experience food insecurity, and older adults living with grandchildren are more likely to prioritize the children’s nutritional well-being before their own.

41.5%
Are responsible for those grandchildren

Results of Our Survey

One quarter of the respondents (24.75%) were age 60 or older. In this Assessment, one of the things we wanted to identify was the communication and digital literacy of the older adults in our community. Of respondents 49% prefer to use the internet, 46% prefer to make a phone call, and 6% prefer to go to an office in

24.75%
Of respondents age 60 or older

order to get the information they need. The most common types of devices available to those age 60 and over include: 68% smartphone, 47% indicate they have a computer/laptop, and 38% have a tablet (i.e. I-pad). The graphic at right shows the ways that they use those devices.

When asked to rate their computer skills: half (49.5%) stated they were very good at using the internet to get all of their needs met, a third (33.3%) can do the basics but get confused and frustrated, and 17% always have trouble when they try to do something on the computer. Over a third (37%) responded "Yes" to "Would you like to learn how to better use these devices and programs?"

71%

Satisfied with recreational activities available

35%

Plan to regularly visit local senior center

Only 71% responded "yes" when asked if they were satisfied with recreational activities (exercise and sports, crafts, parks, clubs, etc.) available for older adults in their area. Again, this may track back to the "Lack of Activities" problem. However, over a third (35%) plan to regularly visit their local senior center after they retire.

Following up on the disturbing phenomenon of grandparents raising grandchildren; one-in-five (21%) of our respondents indicated they are raising their grandchildren or caring for the children of someone else. 60% of those are age 55 and older; of these the highest percentage, a third (33%), have income of \$10,000-\$14,999, 92% have income under \$50,000, and two-thirds (66.6%) reside in the Ashtabula area.

60%

Are age 55 or older

33%

Have income of \$10,000-\$14,999

66%

Reside in Ashtabula area

92%

Have income of \$50,000 or less

COMMON WAYS ELECTRONIC DEVICES ARE USED

Internet shopping
42%

Internet research and visiting websites
73%

Watching videos
35%

Social media to connect with family
54%

Online banking and health accounts
59%

Games and "apps"
22%

Photos
54%

Letters, documents, spreadsheets
29%



21%

Of respondents are grandparents raising grandchildren

ACCAA Workplan Connection

Agency programs that assist older adults include the Senior Nutrition Program, Homemaker Services, Home Repair, Weatherization, and HEAP and PIPP. The special Enhanced Senior I&R component of 2-1-1 Ashtabula County helps to ensure callers age 60 and older get connected with available resources.

SUMMARY



The information in this report has been compiled to present a picture of the local conditions in Ashtabula County to identify existing and emergent community needs. This Assessment serves to help us review: where we need to add or improve services, make it easier to use existing services, and prioritize the most important types of service to better help the individuals and families we serve. The ultimate outcome of the Community Needs Assessment process is to identify causes and conditions of poverty, the needs of our community, and the barriers preventing people from moving forward. Then we use that information to meet people “where they are” and provide them with opportunities, alternate experiences and choices, and new skills to create their own path to success.

Assessment Indicators

Some of the following indicators reveal significant facts relevant to the needs of those we serve in our community.

30%

Unable to pay rent/ mortgage in past 12 months

5%

Homeless within past 12 months

37%

Do not have enough food

55%

Unable to handle a \$400 emergency

TOP 3

- 1 Drug or Alcohol use
- 2 Poverty
- 3 Lack of jobs

The core of the Assessment was to identify the biggest problems facing our community. The ranking remained the same as reported in the past two Assessments (2021 and 2018). “Drug or alcohol use”, “Poverty”, and “Lack of jobs” continue to be the biggest problems presented by the respondents. Throughout this report we have indicated where our ACCAA programs and services align with the needs of each domain and are working to address the problems identified.

We will continue to analyze the data and utilize the results of this Assessment to guide the Agency in fulfilling our mission to...

“help people achieve self-sufficiency and rise above issues of poverty.”



Visioning Question

If you woke up tomorrow and your biggest problem was solved- what would be different?

The most frequently mentioned response related to having less stress, followed closely by financial comments with references to having enough money, being able to afford basics and some extras, and not having to live paycheck to paycheck i.e.. The third highest response related to happiness, with statements about being happier, having peace of mind, and the world would be better. Additional responses related to having their bills paid, improved health, having time with family, and repairing their home or having reliable transportation. The graphic below show a sampling of the comments.

COMMENTS ON HOW LIFE WOULD BE DIFFERENT

My health and the health of my husband would be greatly improved. As it is, we cannot easily access the specialists we need for our health conditions without driving to Cleveland, paying for parking, etc.

Utility bills would always come with a "Previous Balance - \$0.00" on them.

I could live life without having to worry so much about surviving pay to pay and just enjoy spending time with my family... well I could actually spend time with my family instead of having to work so much.

I would be much less stressed and able to devote energy to other needs or pursuits.

We would have money. My kids would be ready for the next school year, our bills would be paid, we wouldn't have to fear foreclosure and we'd have enough food to fill our fridge, pantry and freezer.

I could have peace of mind. I would not have to worry about when payday falls, transferring money from the savings account every month. Short term, I'd be able to afford buying food that's healthier. Long term, I'd be able to plan and invest for a better future for me and my family.

I would feel less stress and be able to enjoy my children and spend more quality time with them.





Resources and Links

The following is a list of reports, studies, research, and websites used in this Assessment.

http://ashtabulacountyhealth.com/wp-content/uploads/2023/07/2022-Ashtabula-CHNA-Report_Final-UH-Edits.pdf
<https://www.healthpolicyohio.org/our-work/publications/2023-health-value-dashboard>
<https://livingwage.mit.edu/counties/39007>
https://data.census.gov/profile/Ashtabula_County,_Ohio?g=050XX00US39007
<https://censusreporter.org/profiles/05000US39007-ashtabula-county-oh/>
<https://fred.stlouisfed.org/categories/29413>
<https://www.welfareinfo.org/poverty-rate/ohio/ashtabula/>
<https://www.ncoa.org/article/get-the-facts-on-snap-and-senior-hunger/>
<https://www.countyhealthrankings.org/health-data/ohio/ashtabula?year=2024>
<https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/ohio/county/ashtabula-county/>
<https://www2.census.gov/programs-surveys/popest/>
https://www.healthpolicyohio.org/wp-content/uploads/2020/09/SAPA_SummaryAssessmentofOlderOhioans_06012020.pdf
<https://reportcard.education.ohio.gov/>
<https://www.diversitydatakids.org/research-library/research-brief/what-child-opportunity>
<https://www.acf.hhs.gov/opre/report/childrens-learning-and-development-benefits-high-quality-early-care-and-education>; Davis Schoch, A., Simons Gerson, C., Halle, T., & Bredeson, M. (2023). Children's learning and development benefits from high-quality early care and education: A summary of the evidence. OPRE Report #2023-226. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
<https://datausa.io/profile/geo/ashtabula-county-oh>
<https://www.kent.edu/ashtabula/facts-figures>
<https://educationdata.org/average-cost-of-college-by-state>
<https://development.ohio.gov/wps/portal/gov/development/about-us/research/county/county-trends>
<https://data.bls.gov/PDQWeb/en>
<https://development.ohio.gov/static/research/census/20230829-census-2020-demographic-profile-charting-the-changes.pdf>
<https://www.unitedforalice.org/county-reports/ohio>
<https://wherearetheworkers.com/who-is-the-workforce/>
<https://ohiolmi.com/Home/CountyProfiles/>
<https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>
<https://www.healthynco.org/resourcelibrary>
<https://www.gunviolencearchive.org/>
<https://www.cdc.gov/aces>
http://oaca.org/wp-content/uploads/2022/01/SOP-Report-2021_final-low.pdf
<https://oaca.org/well-being-dashboard/>
<https://www.neilsberg.com/research/datasets>
<https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas/>
<https://public.tableau.com/app/profile/feeding.america.research/viz/TheHealthcareCostsofFoodInsecurity/HealthcareCosts>
<https://www.ushousingdata.com/fair-market-rents/ashtabula-county-oh#rent-tables>
<https://www.news5cleveland.com/news/politics/ohio-politics/ohio-housing-report-shows-crisis-bipartisan-group-of-lawmakers-propose-solutions>
<https://www.ashtabulamhrs.org/ashtabula-county-needs-assessment-2023/>
<https://www.ashtabulacounty.us/574/Statistics>
<https://salud-america.org/health-equity-report-card/>
<https://data.census.gov/> (various tables: DPO3, DPO4)
2023 American Community Survey 1-Year Estimates (various tables: S1401, S1501, S1701, S1702, S1810, B17001)
2022 American Community Survey 5-Year Estimates (Table S1701, B17001)

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www.accaa.org

440-997-5957 or just dial 2-1-1

ACCAA
6920 Austinburg Road
Ashtabula, OH 44005-2610

Email:
communityaction@accaa.org