

ASHTABULA COUNTY

2017 Nutrition and Physical Activity Health Assessment

Improving Community Health:
Healthy Foods & Physical Activity

FOREWORD

The members of the Ashtabula County Maternal & Child Health Improvement Committee are pleased to present this 2017 Nutrition and Physical Activity Health Assessment. This health assessment provides us with a snapshot of Ashtabula County, as well as our state and nation. The data presented in this report provides valuable information to develop strategies that focus on wellness, activity, nutrition, and unmet community needs. The assessment gives additional insight in how these areas relate to our community structure and highlights opportunities for future initiatives.

Through collaboration with The Hospital Council of Northwest Ohio, every effort has been made to assure that this report contains valid and reliable data. Various efforts have been made in the past to identify and assess the varied physical activity and nutrition statistics of Ashtabula County residents and this study represents a focused approach on these items. This study was developed amongst area agencies who can impact change in the health status of our county.

The Ashtabula County Maternal & Child Health Improvement Committee have made various commitments in order to ensure the success of this effort:

1. The assessment will not “sit on a shelf.” The identified areas of concern and recommendations will be followed up and acted on.
2. Initiatives will not be done in a vacuum. To be successful, any and all stakeholders will need to be involved in current and future efforts. Every agency dealing in some aspect of physical activity and nutrition in Ashtabula County needs to be “at the table” and offering their areas of expertise and experience. These areas are so broad that they cannot be the sole responsibility of any one agency. There can be no “silos” in these efforts or there will be no success.
3. Ashtabula County health assessments will continue to be repeated on a regular basis and data and results will be trended so that results can be compared. This will ensure that benchmarking can occur and improvements (or degradation) in measures can be noted.
4. The assessments will be flexible. As additional unmet needs are identified, or existing needs are met, the study itself must evolve to remain a meaningful and workable instrument for health planning in Ashtabula County.

The Ashtabula County Maternal & Child Health Committee looks forward to continuing to work together with the community to improve opportunities for physical activity and nutrition for Ashtabula County residents of all ages.

Sincerely,

Ashtabula County Maternal & Child Health Improvement Committee
Chris Kettunen PhD, MSN, RN, CIC Committee Chair

ACKNOWLEDGEMENTS

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Conneaut City Health Department	Ashtabula County Ohio State University Extension
Ashtabula County Community Action	Ashtabula County Commissioners
Ashtabula County Head Start/Early Head Start	Ashtabula County Home Safe
Ashtabula County Help Me Grow	Ashtabula Area City School District
Ashtabula County Women, Infants, & Children	Buckeye Local School District
Ashtabula County Child Fatality Review Committee	Conneaut City Local School District
Ashtabula County Job & Family Services	Geneva Area School District
University Hospitals Conneaut/Geneva Medical Centers	Pymatuning Valley Local School District
Jefferson Primary Care	

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The 2017 Ashtabula County Nutrition & Physical Activity Health Assessment is available on the following websites:

Ashtabula County Health Department

<http://achd.ashtabulacountyhealth.com>

Hospital Council of Northwest Ohio

<http://www.hcno.org/community-services/community-health-assessments/>

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EXECUTIVE SUMMARY

This executive summary provides an overview of health-related data for Ashtabula County adults (19 years of age and older), and children (ages pre-K through high school) who participated in a county-wide nutrition and physical activity health assessment survey during June through July 2017. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the Moving to the Future Framework, as well as survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), and National Survey of Children's Health (NSCH) developed by the Child and Adolescent Health Measurement Initiative. The Hospital Council of Northwest Ohio (HCNO) collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report.

DESIGN

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

INSTRUMENT DEVELOPMENT

Two online survey instruments were designed and pilot tested for this study through Survey Monkey: one for adult community members and one for key leaders in the community. The community survey also contained questions for those parents who had children ages 0-5 and who were in grades Pre-K through high school. As a first step in the design process, staff members from HCNO met to discuss potential sources of valid and reliable survey items that would be appropriate for identifying the opportunities and challenges in accessing healthy foods and physical activity opportunities within the county. The investigators decided to derive most of the adult and key leader survey items from the Moving to the Future framework. This decision was based on meeting the requirements outlined in the grant provided by ODH.

The project coordinator from HCNO met with the Maternal and Children Health Improvement Committee (MCHIC). During this meeting, banks of potential survey questions from the Moving to the Future Framework, BRFSS, YRBSS, and NSCH surveys were reviewed and discussed. Based on input from the MCHIC, the Project Coordinator composed drafts of surveys containing 75 items for the community survey, and 28 items for the key leader survey. The drafts were reviewed and approved by the committee.

PROCEDURE | Community & Key Leader Survey

Committee members were asked to distribute the community survey link via social media (i.e. Facebook, Twitter, website, etc.) and send out to their email list serves and post to their websites. In addition, HCNO provided the committee with a list of approximately 20 sectors that should participate in the key leader survey. Committee members reached out to those sectors individually. The committee was provided with instructional language to use as a template prior to distributing both survey links, as well as a press release template to distribute to media outlets.

The community survey generated 87 completed surveys and the key leader survey generated 33 responses. Although this was a good response, data is not generalizable due to the survey methodology not being a true random sample.

ASHTABULA COUNTY 2016 COMMUNITY HEALTH ASSESSMENT

A county-wide health assessment was conducted in Ashtabula County in 2016 of adults ages 19 years and older. Findings from this health assessment can be found on the Ashtabula County Health Department's website.

MOVING TO THE FUTURE


Staff from Ashtabula County Health Department, along with HCNO staff, participated in six webinars coordinated by ODH and Karen Probert, founder of Moving to the Future.

ODH secured grant funds to work on nutrition and physical activity and provided funding to local health departments through their Maternal and Child Health (MCH) grant. Grantees were required to use the Moving to the Future framework.

Moving to the Future is an online resource that provides tools to the community for planning nutrition and physical activity programs. It places emphasis on changing policies and the environment. The online tools feature a planning guide that include forms, worksheets and sample surveys, a forum network, and a member directory. The planning guide is a five-step process: Community Assessment; Priorities, Goals, and Objectives; Nutrition and Physical Activity Plan; Implementation; and Evaluation. This report serves as the community assessment and the starting point for all future priority selection and work.

For more information about Moving to the Future, go to: <http://movingtothefuture.org/>.

ALIGNMENT OF STATE HEALTH ASSESSMENT (SHA) and STATE HEALTH IMPROVEMENT PLAN (SHIP)

Staff from HCNO referenced indicators from the Ohio State Health Assessment (SHA) and State Health Improvement Plan (SHIP), when applicable. Examples of common indicators include, fruit and vegetable consumption, access to exercise opportunities, driving to work, etc. For those indicators that align with the SHA and SHIP, they will be marked with the state icon. 

To view the full 2016 Ohio State Health Assessment, please visit: http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/chss/ship/SHA_FullReport_08042016.pdf?la=en

INSTITUTIONAL REVIEW BOARD (IRB) EXEMPTION

The Ashtabula County Health Department submitted an application, along with the proposed surveys, to ODH's IRB in order to secure approval. The assessment that was conducted was classified as a category #2: research involving the use of survey procedures that will not allow subjects to be identified, directly or through identifiers; and any disclosure of responses that could place subjects at risk or be damaging to their reputation.

DATA ANALYSIS

Individual responses were anonymous. Only group data is available. All data was analyzed by HCNO staff. Crosstabs were used to calculate descriptive statistics for the data presented in this report.

LIMITATIONS

As with all county assessments, it is important to consider the findings in light of all possible limitations. To work within the grant budget, the surveys were distributed by email and social media. Some populations are less likely to have internet access or a computer, such as the elderly and Amish population or those with low incomes. In using this survey process, the results are not generalizable to the entire community.

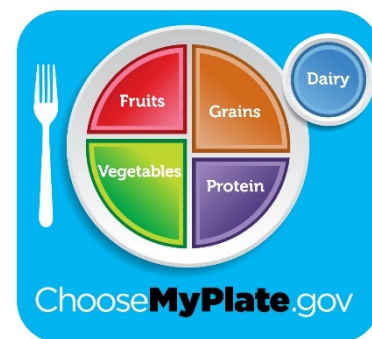
CURRENT LANDSCAPE AND RESOURCES

A resource assessment was conducted by the MCHIC committee to look at the built and social environment in Ashtabula County. Key findings from the resource assessment are spread throughout the full report. Please contact the Ashtabula County Health Department for the full resource assessment.



Nutrition | ADULT

Key Findings

The 2017 health assessment identified that 72% of Ashtabula County adults were overweight (32%) or obese (40%) based on Body Mass Index (BMI), which is defined as a measure of body fat based on an individual's weight in relation to their height. Nineteen percent (19%) of adults ate between 3 to 4 servings of fruits and vegetables per day.



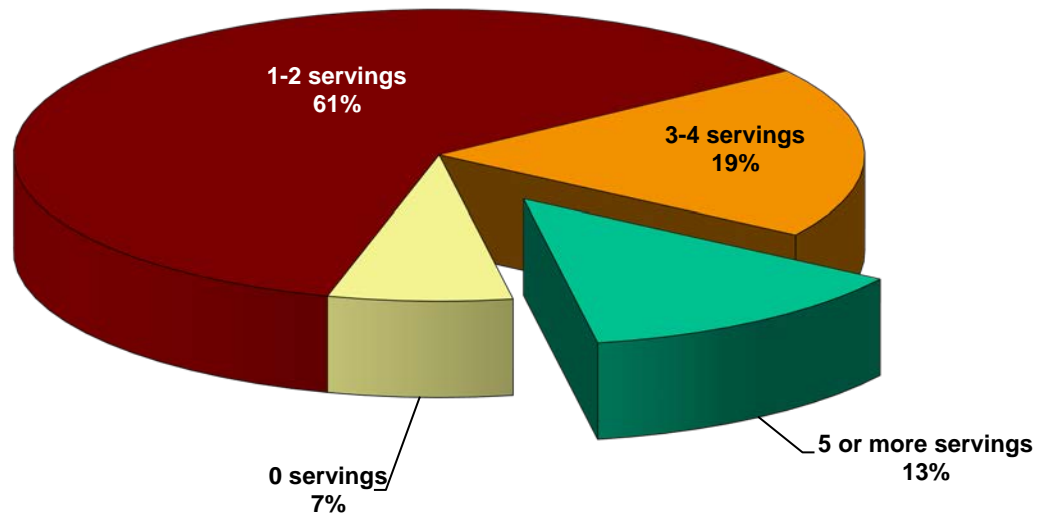
Adult Consumption

-  In 2017, the health assessment indicated that nearly three-quarters (72%) of Ashtabula County adults were either overweight (32%) or obese (40%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of chronic diseases.
- Just over half (52%) of adults were trying to lose weight and 32% were trying to maintain their current weight or keep from gaining weight. About one-in-six (16%) Ashtabula County adults were not doing anything to lose or gain weight. No one reported they were trying to gain weight.
- Ashtabula County adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (58%); drank more water (58%); exercised (43%); ate more fruits and vegetables (38%); skipped meals (17%); smoked cigarettes (5%); and went without eating 24 or more hours (1%). No one reported they took diet pills, powders or liquids without a doctor's advice or vomited or took laxatives.
-  In 2017, 61% of adults ate between 1 to 2 servings of fruits and vegetables per day; 19% ate between 3 to 4 servings; and 13% were eating 5 or more servings of fruits and vegetables per day. Seven percent (7%) of Ashtabula County adults did not have any servings of fruits and vegetables. The American Cancer Society recommends that adults eat at least 2 ½ cups (5 servings) of fruits and vegetables per day to reduce the risk of cancer and to maintain good health. In 2013, 42% of Ohio adults consumed fruits less than one time daily and 26% consumed vegetables less than one time daily (*Source: 2013 BRFSS*).
- Four percent (4%) of adults drank 10 or more servings of water per day; 8% drank between 7 to 9 servings; 53% drank 4 to 6 servings; and 29% drank 1 to 3 servings of water per day. Six percent (6%) reported they did not consume any water per day and 1% did not know how many servings of water they consume per day. The Institute of Medicine, National Academy of Sciences recommends that men drink a total of 16 (cups/servings) and women drink a total of 11 (cups/servings) of total water a day. (*Source: The Institute of Medicine, National Academy*)
- One-fifth (20%) of adults drank soda pop (not diet), punch, Kool-Aid, sports drinks, energy drinks, or other sugar-sweetened beverages at least once per day in the past week. Thirty-seven percent (37%) of adults did not drink any sugar-sweetened beverages in the past week.
- Eighty-two percent (82%) of adults ate out in a restaurant or brought home take-out food at least once in the past week, including 7% of adults who did so for five or more meals in the past week.
- Ashtabula County adults reported the following reasons they chose the types of food they ate: cost (80%), taste/enjoyment (74%), healthiness of food (54%), what their family prefers (54%), ease of preparation/time (52%), availability (49%), food they were used to (40%), nutritional content (35%), calorie content (20%), artificial sweetener content (7%), gluten free (7%), organic (6%), other food sensitivities (6%), lactose free (5%), genetically modified (5%), health care provider's advice (5%), and other reasons (4%).

The following pie charts show the average daily consumption of fruits and vegetables and water of Ashtabula County adults. An example of how to interpret the information: 19% of all Ashtabula County adults ate 3 to 4 servings of fruits and vegetables per day.

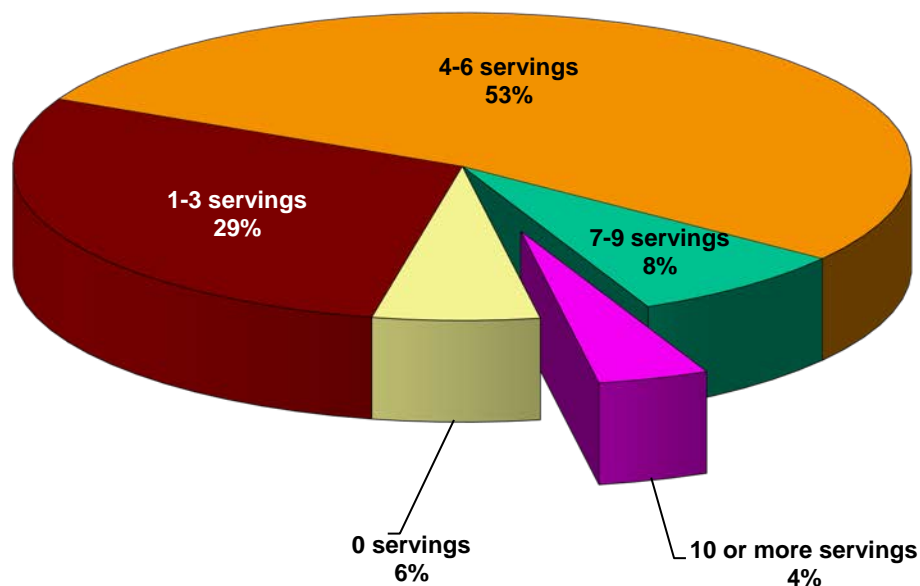
- In Ashtabula County, 13% of adults ate the recommended 5 or more servings of fruits and vegetables per day.
- Four percent (4%) of adults drank the recommended 10 servings or more of water per day.

Ashtabula County Adults Average Daily Fruit and Vegetable Consumption*




**A serving size of fruits and vegetable is ½ cup.*

Ashtabula County Adults Average Daily Water Consumption*




**A serving size of water is 1 cup (8oz.)*

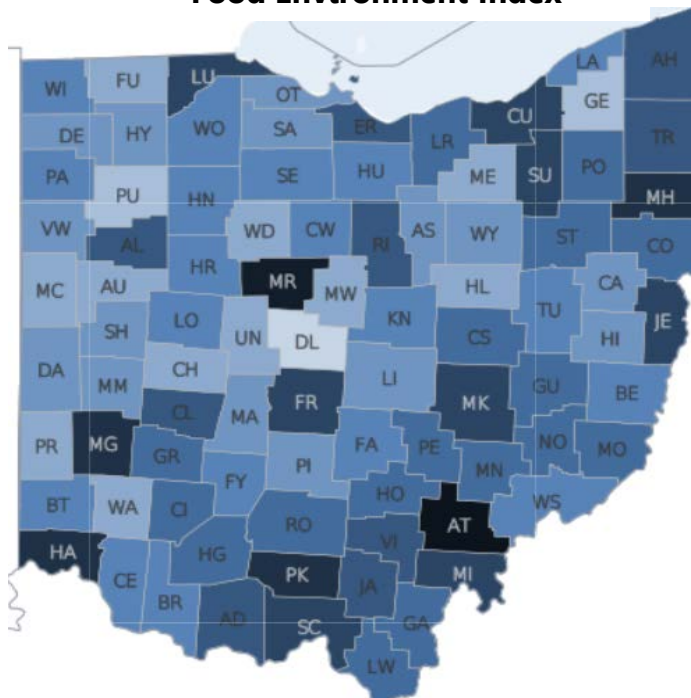
Adult Access to Food

- Ashtabula County adults purchased their fruit and vegetables from the following places: large grocery store (90%), farmer's market (40%), grow their own/garden (39%), local grocery store (31%), mail order food service (7%), food pantry (6%), Dollar General/Dollar Store (5%), corner/convenience store (4%), mobile produce (1%), and other places (5%). No one reported purchasing their fruits and vegetables from community supported agriculture (CSA) or community gardens.
- Adults reported the following food insecurity issues in consuming fruits and vegetables: too expensive (26%), did not like the taste (10%), no access (4%), did not know how to prepare (2%), transportation (2%), no variety (1%), and other barriers (5%). No one reported stores did not take electronic benefits transfer (EBT) as barriers.
-  Ashtabula County adults experienced the following food insecurity issues in the past 12 months: were worried food would run out (18%); had to choose between paying bills and buying food (16%); went hungry/ate less to provide more food for their family (11%); they were hungry, but did not eat because they had no money for food (9%); loss of income led to food insecurity (8%); and their food assistance was cut (5%).

In the past year, 16% of Ashtabula County adults had to choose between paying bills and buying food.

 The Food Environment Index measures the quality of the food environment in a county on a scale from 0 to 10 (zero being the worst value in the nation, and 10 being the best). The two variables used to determine the measure are limited access to healthy foods & food insecurity.

Food Environment Index



BEST  WORST

10

0

(Source: USDA Food Environment Atlas, as compiled by County Health Rankings 2010 & 2017)

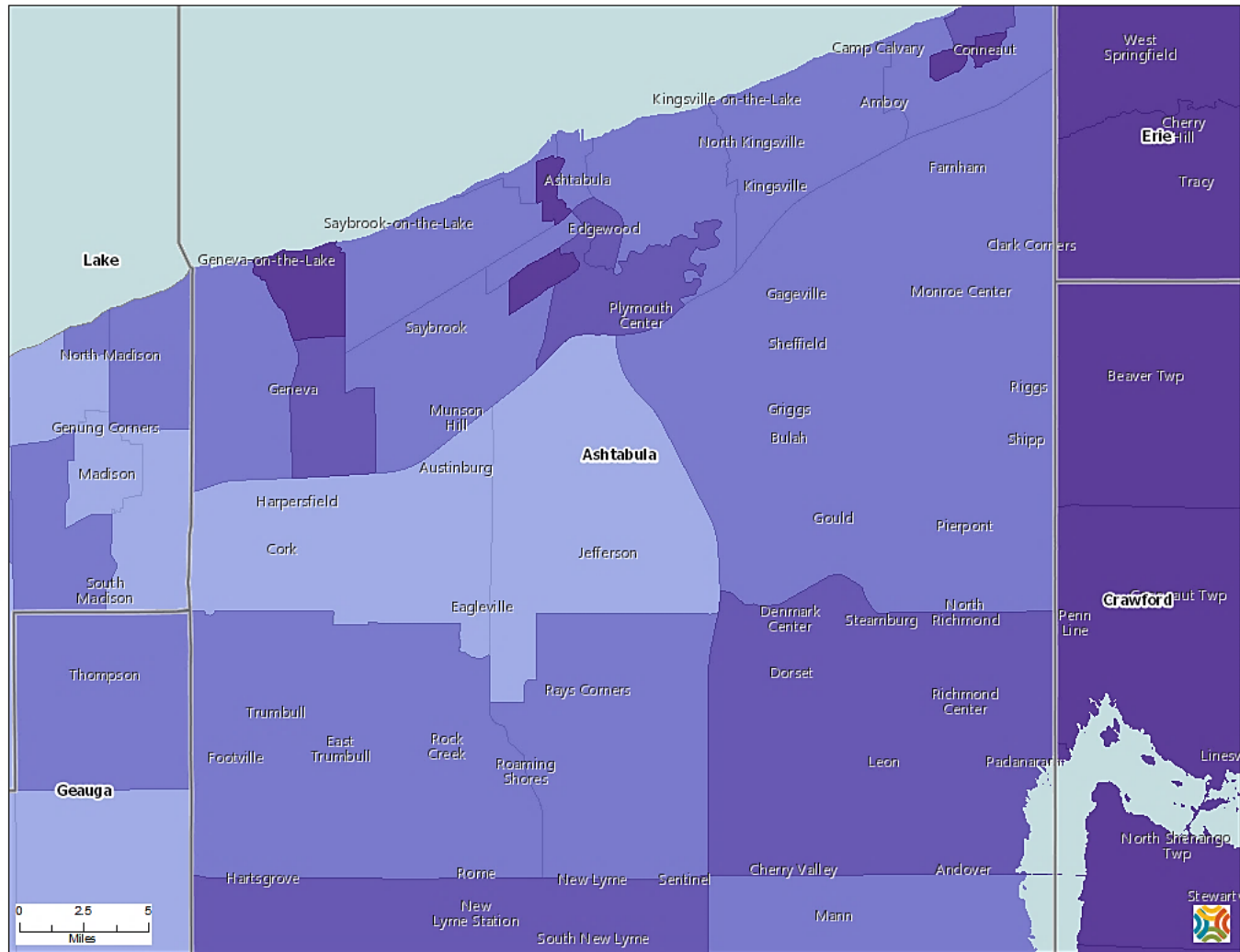
Ashtabula County had a food index measure of:

6.9

Ohio had a food index measure of:

7.0

Soda Expenditures, Percent of Food-At-Home Expenditures, State Rank, 2014



Map Legend

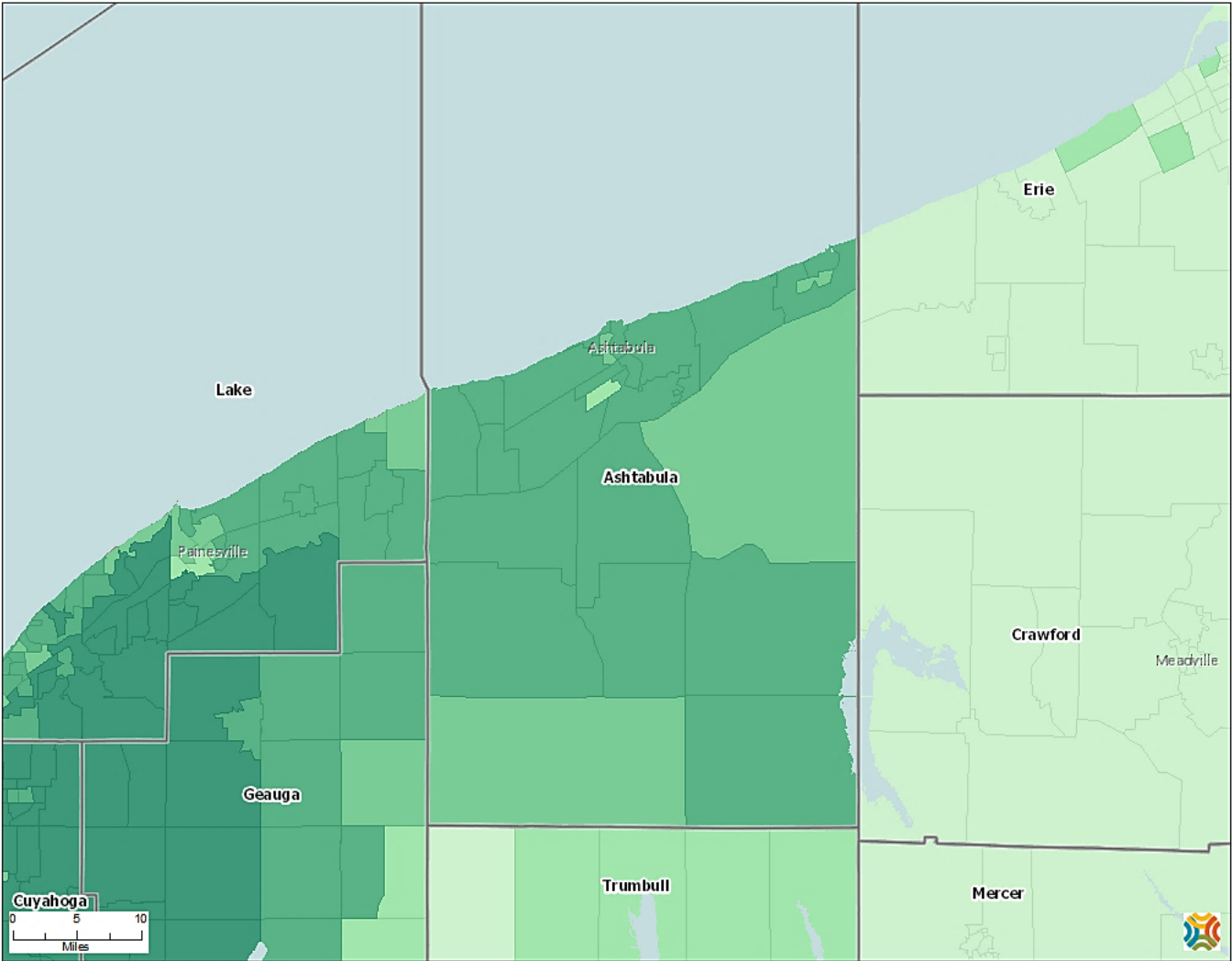
Soda Expenditures, Percent of Food-At-Home Expenditures, State Rank by Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
 2nd Quintile
 3rd Quintile
 4th Quintile
 5th Quintile (Lowest Expenditures)
 No Data or Data Suppressed

Community Commons, 7/27/2017

(Source: Nielsen, Nielsen SiteReports: 2014 as compiled by Community Commons)

Fruit and Vegetable Expenditures, Percent of Food-At-Home Expenditures, State Rank, 2014



Map Legend

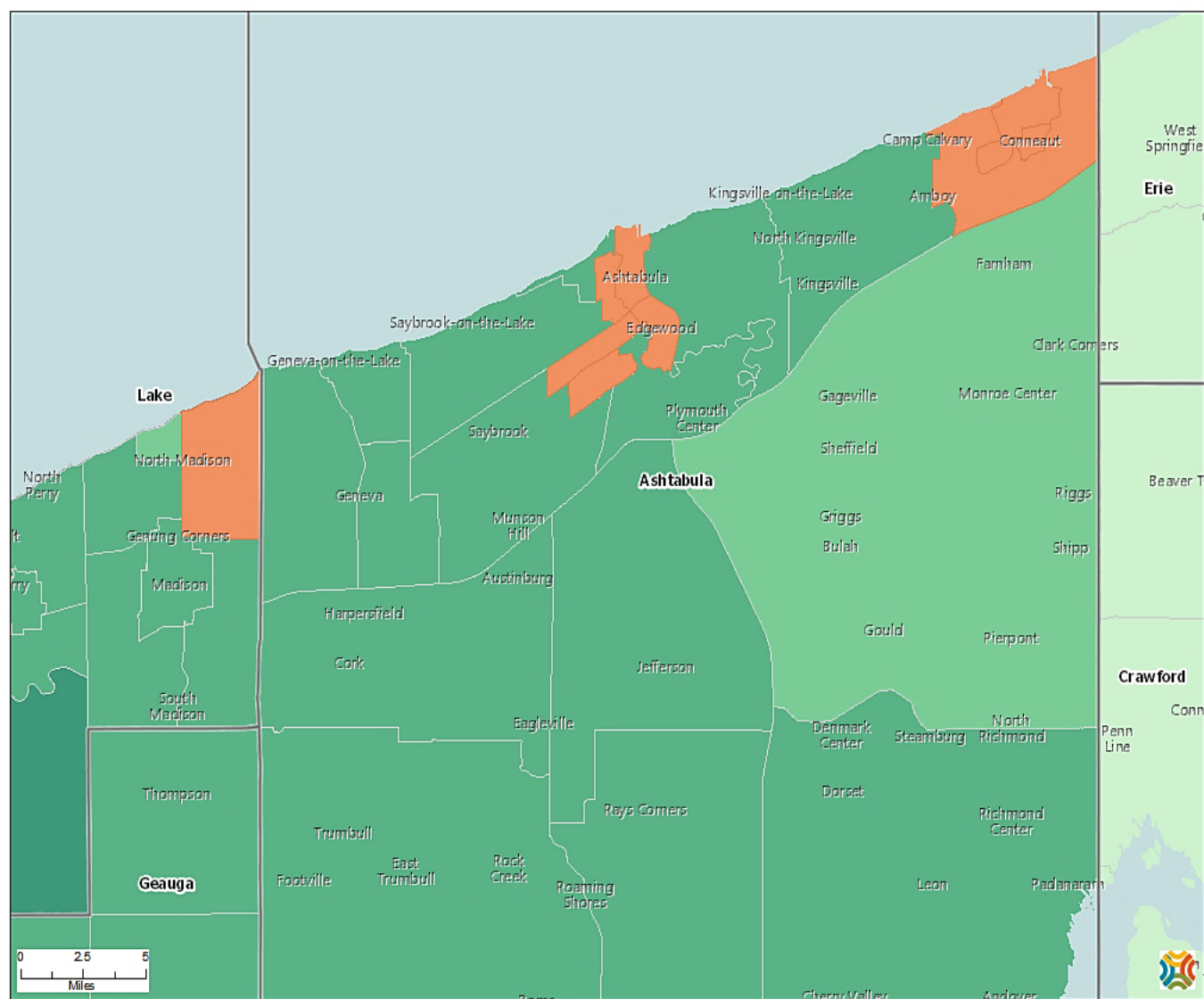
Fruit and Vegetable Expenditures, Percent of Food-At-Home Expenditures, State Rank by Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed

Community Commons, 7/27/2017

(Source: Nielsen, Nielsen SiteReports: 2014 as compiled by Community Commons)

Food Desert Census Tract, .5Mi. / 10 Mi. Tract, FARA 2015



Map Legend

Food Desert Census Tracts, .5 Mi. / 10 Mi. by Tract, FARA 2015

- Food Desert
- Not a Food Desert
- No Data

Fruit and Vegetable Expenditures, Percent of Food-At-Home Expenditures, State Rank by Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed

Community Commons, 7/27/2017

(Source: Nielsen, Nielsen SiteReports: 2014 as compiled by Community Commons)

Nutrition | CHILD

Key Findings

The 2017 health assessment identified that 5% of school-aged children (defined as children in grades Pre-K through high school) ate the recommended 5 or more servings of fruits and vegetables per day and 12% of children ages 0-5 ate the recommended amount. 10% of mothers did not breastfeed their children.



MORE THAN
1 in 3 children
in Ohio is overweight
or obese



*(Source: Data Resource Center for
Child & Adolescent Health,
2011/2012)*


Child Consumption (Ages 0-5)

The following information was reported by Ashtabula County parents of children 0-5 years old.

-  Five percent (5%) of Ashtabula County children ages 0-5 ate 5 or more servings of fruits and vegetables per day; 40% ate 3 to 4 servings; and 50% ate 1 to 2 servings of fruits and vegetables per day. Five percent (5%) of parents reported their child did not eat any fruits or vegetables.
- More than two-fifths (45%) of parents reported their child drank milk, lactose free milk, calcium fortified juice, or other calcium sources at least once per day in the past week.
- In 2010, The Institute of Medicine National Academy of Sciences, recommended children ages 1 to 3 years consume 700 milligrams of calcium daily, which is about 1 ½ to 2 cups of milk per day.
- Almost half (45%) of children ages 0-5 drank 4 to 6 servings of water per day and 40% drank 1 to 3 servings per day. Eight percent (8%) of children did not drink any servings of water per day. The Institute of Medicine National Academy of Sciences, recommended that children ages 4-5 years old drink 7 cups/servings of total water per day. *(Source: The Institute of Medicine, National Academy)*
- Five percent (5%) of Ashtabula County children drank soda pop (not diet), punch, Kool-Aid, juice, or other fruit-flavored beverages at least once per day in the past week. Fifty percent (50%) of children did not drink any soda pop or fruit flavored beverages in the past week.
-  Mothers breastfed their child: more than 1 year (5%), 7 to 9 months (10%), 4 to 6 months (11%), less than 3 months (16%), still breastfeeding (5%) and never breastfed (48%). No mother reported they breastfed for 10 to 12 months.

Child Consumption (Grades Pre-K through high school)

The following information was reported by Ashtabula County parents of school-aged children from Pre-K through high school.

-  One-in-ten (10%) Ashtabula County school-aged children ate 5 or more servings of fruits and vegetables per day; 26% ate 3 to 4 servings; and 62% ate 1 to 2 servings of fruits and vegetables per day. Three percent (3%) of parents reported their child did not eat any fruits and vegetables.
- Five percent (5%) of Ashtabula County school-age children drank 7 to 9 servings of water per day; 38% drank 4 to 6 servings; and 51% drank 1 to 3 servings of water per day. Three percent (3%) of children did not drink any water. The Institute of Medicine, National Academy of Science recommends that males ages 9-18 years old drink between 10-14 (cups/servings) and females ages 9-18 years old drink between 9-10 (cups/servings) of total water per day. *(Source: The Institute of Medicine National Academy of Sciences)*
- The 2015 YRBS reported 4% of high school youth in the U.S. did not drink water in the past 7 days.

Child Consumption (Grades Pre-K through high school), continued

- Ashtabula County parents reported their school-aged child consumed the following sources of calcium: milk (82%), yogurt (55%), calcium fortified juice (11%), lactose free milk (5%), calcium supplements (3%), other dairy products (45%), and other calcium sources (5%).
- Nearly three-fifths (59%) of parents reported their school-age child drank milk, lactose free milk, calcium fortified juice, or other calcium sources at least once per day in the past week.
- The 2013 YRBS reported 18% of high school youth in Ohio did not drink milk in the past 7 days and the 2015 YRBS reported 22% for U.S. high school youth.
- Almost one-fourths (23%) of Ashtabula County school-age children drank soda pop (not diet), punch, Kool-Aid, juice, sports drinks, energy drinks or other fruit-flavored drinks at least once per day in the past week. Twenty-three percent (23%) of children did not drink any soda pop or fruit flavored beverages in the past week.

Healthy School Environment

The following information was reported by Ashtabula County parents of school age children from Pre-K through high school.

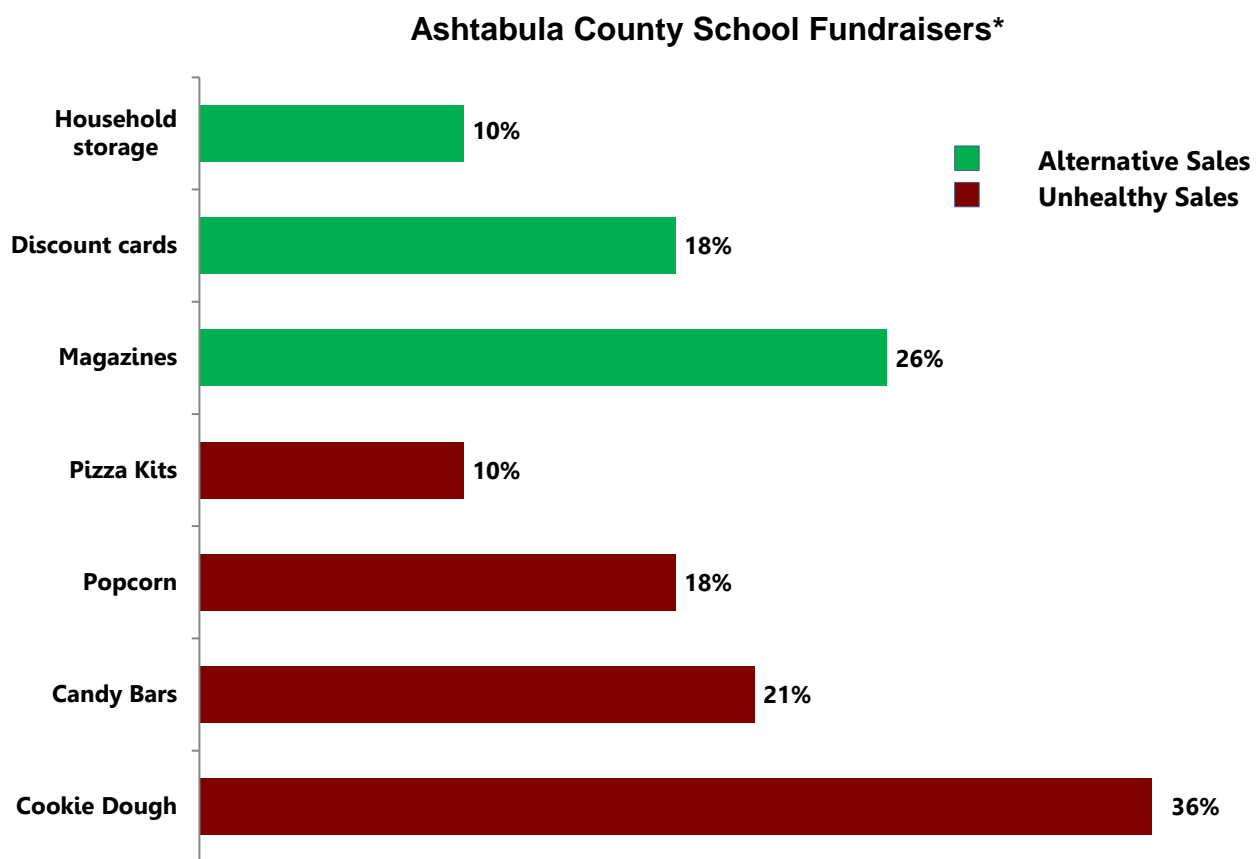
- Ashtabula County parents reported their child's school participated in the following fundraising sales: cookie dough (36%), magazines (26%), candy bars (21%), popcorn (18%), discount cards (18%), pizza kits (10%), and household storage (10%). No Ashtabula County parent reported their child's school participated in jewelry, doughnut, and personal beauty sales, or that their child was homeschooled.
- Ashtabula County parents reported their child's school promoted nutrition and physical activity through the following ways: physical education (58%), safe playground equipment (47%), backpack program (32%), after-school program (26%), healthy eating habits education (26%), healthy cafeteria food choices (24%), summer food program (18%), bringing water bottles to school (18%), allow breakfast in the classroom (16%), salad bar in the cafeteria (13%), Safe Routes to School (8%), and Farm-to-School program (3%). Three percent (3%) of parents reported their child's school did not have a cafeteria. No parent reported their child's school promoted a school garden.
- Ashtabula County parents would support the following community improvement initiatives for their child's school: increased physical education/recess time (75%), Farm-to-School program (64%), more nutrition education in the classroom (53%), healthier fundraising sales (47%), after-school program (47%), healthier vending machine items (44%), more playground equipment (42%), and Safe Routes to School program (33%).

Cooking up Change

- Launched in 2007, *Cooking up Change* is a dynamic culinary competition that challenges high school students in cities across the nation to create healthy, appealing school meals.
- 20 cities have hosted Cooking Up Change competitions.
- 1,800+ student chefs have participated.
- 8,200,000+ student-designed meals have been served in school cafeterias across the country.
- The program helps students build valuable professional & team work skills.

(Source: Healthy Schools Campaign)

The following bar graph compares Ashtabula County school fundraisers by type of items sold.



**This list does not include fruit sales, sporting events, or other alternative fundraisers that schools have participated in.*

The Whole School, Whole Community, Whole Child (WSCC) model is an expansion and update of the Coordinated School Health (CSH) approach. The WSCC model focuses its attention on the child, emphasizes a school-wide approach, and acknowledges learning, health, and the school as being a part and reflection of the local community. Research shows that the health of students is linked to their academic achievement.

Whole School, Whole Community, Whole Child Model



- The child in the center is at the focal point of the model; the child is encircled by the “whole child” tenets in green: being “healthy, safe, engaged, supported, and challenged.”
- The white band emphasizes the alignment, integration, and collaboration needed among the school, health, and community sectors to improve each child’s learning and health.
- Represented in the blue, the multiple school components surround the child, acting as the hub that provides the full range of learning and health support systems to each child, in each school, in each community.
- The community, represented in yellow, demonstrates that while the school may be a hub, it remains a focal reflection of its community and requires community input, resources, and collaboration in order to support its students.

(Source: CDC, Adolescent and School Health)

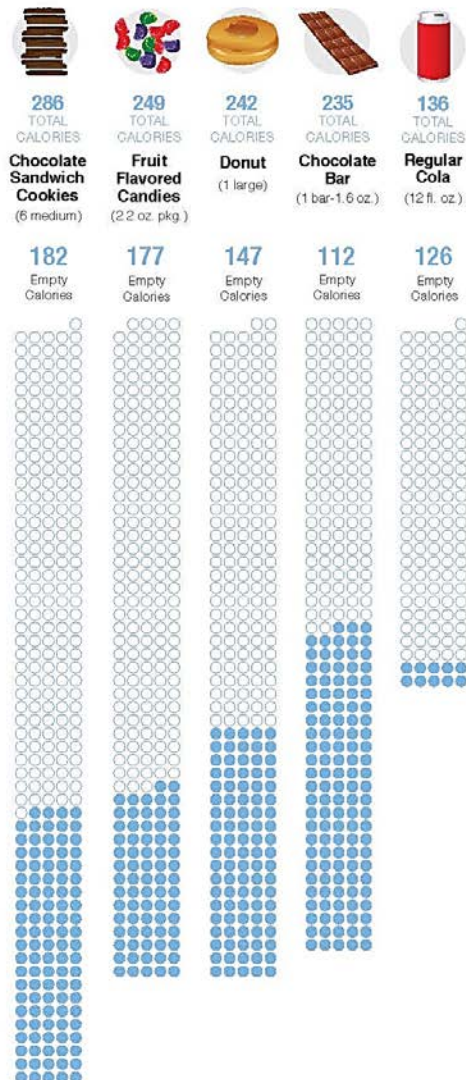
New Healthy Snacking Standards Established by the United States Department of Agriculture (USDA)

SMART SNACKS IN SCHOOL

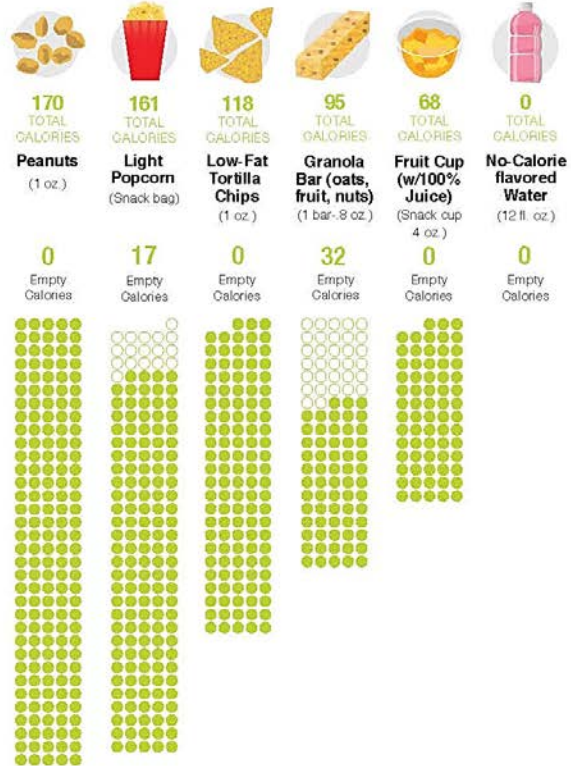
The Healthy, Hunger-Free Kids Act of 2010 requires USDA to establish nutrition standards for all foods sold in schools — beyond the federally-supported meals programs. This new rule carefully balances science-based nutrition guidelines with practical and flexible solutions to promote healthier eating on campus. The rule draws on recommendations from the Institute of Medicine, existing voluntary standards already implemented by thousands of schools around the country, and healthy food and beverage offerings already available in the marketplace.

● Equals 1 calorie ○ Shows empty calories*

Before the New Standards



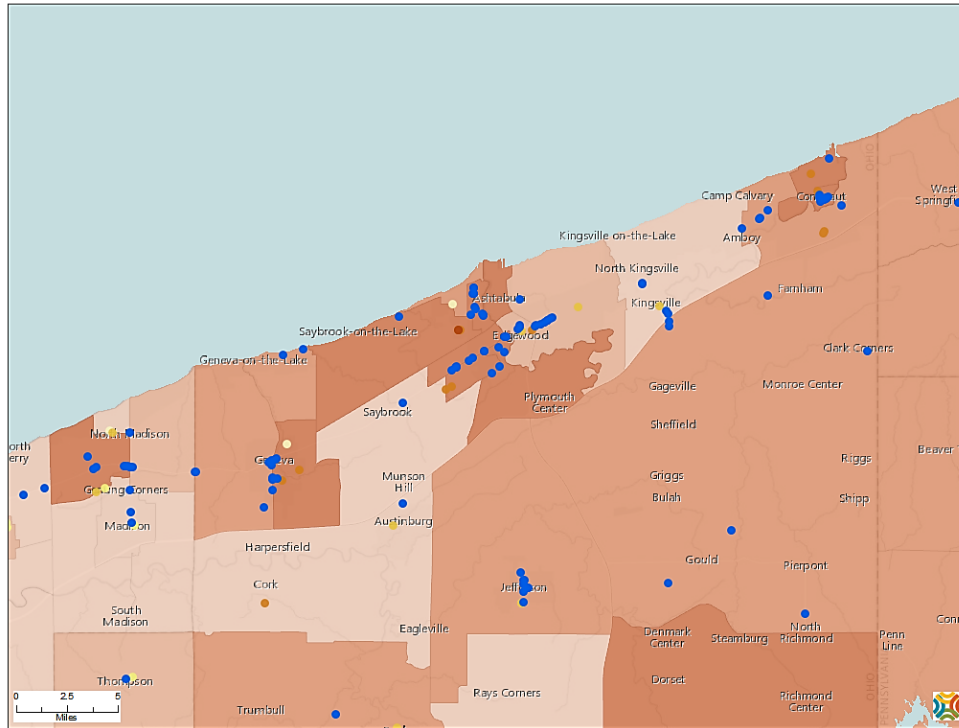
After the New Standards



*Calories from food components such as added sugars and solid fats that provide little nutritional value. Empty calories are part of total calories.

(Source: United States Department of Agriculture, USDA)

Unemployed Families Receiving SNAP, Percent by Tract, ACS 2011-15: TOP HALF OF COUNTY

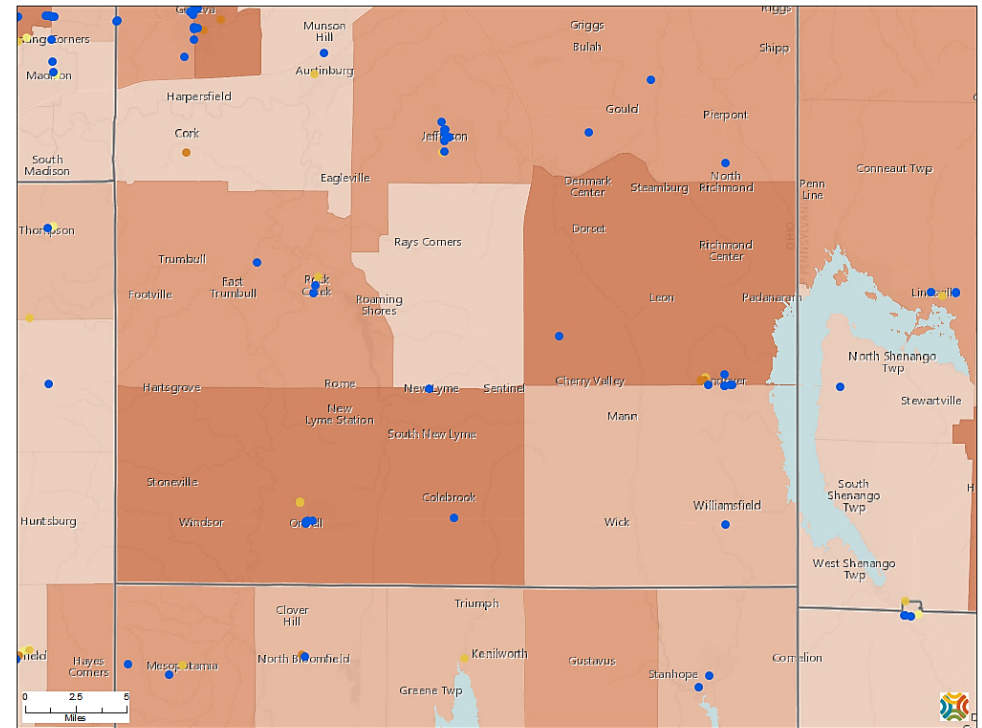


Map Legend

- SNAP-Authorized Retailers, USDA May 2016
- Students Eligible for Free or Reduced-Price Lunch, NCES CCD 2013-14
 - Over 80.0%
 - 60.1 - 80.0%
 - 40.1 - 60.0%
 - 20.1 - 40.0%
 - Under 20.1%
 - Not Reported
- Unemployed Families Receiving SNAP, Percent by Tract, ACS 2011-15
 - Over 26.0%
 - 18.1 - 26.0%
 - 10.1 - 18.0%
 - Under 10.1%
 - No Data or Data Suppressed

Community Commons, 8/24/2017

Unemployed Families Receiving SNAP, Percent by Tract, ACS 2011-15: BOTTOM HALF OF COUNTY



Map Legend

- SNAP-Authorized Retailers, USDA May 2016
- Students Eligible for Free or Reduced-Price Lunch, NCES CCD 2013-14
 - Over 80.0%
 - 60.1 - 80.0%
 - 40.1 - 60.0%
 - 20.1 - 40.0%
 - Under 20.1%
 - Not Reported
- Unemployed Families Receiving SNAP, Percent by Tract, ACS 2011-15
 - Over 26.0%
 - 18.1 - 26.0%
 - 10.1 - 18.0%
 - Under 10.1%
 - No Data or Data Suppressed

Community Commons, 8/24/2017


(Source: U.S. Census Bureau, American Community Survey: 2011-15, as compiled by Community Commons)

Physical Activity | ADULT

Key Findings

The 2017 health assessment identified that 35% of Ashtabula County adults engaged in some type of physical activity or exercise for at least 30 minutes on 5 or more days per week. Almost one-fifth (19%) of adults could not afford a gym membership.

Adult Physical Activity

-  In Ashtabula County, 57% of adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. More than one-third (35%) of adults exercised on 5 or more days per week. Eleven percent (11%) of adults did not participate in any physical activity in the past week, including 2% who were unable to exercise.
- Ashtabula County adults spent the most time doing the following physical activities in the past year: walking (46%), exercise videos (7%), occupational exercise (6%), running/jogging (6%), swimming (5%), group exercise classes (4%), strength training (2%), cycling (1%), and other activities (11%). Ten percent (10%) of adults did not exercise at all, including 1% who were unable to do so. No one reported they did active video games or used exercise machines.

In Ashtabula County, 57% of adults engaged in some type of physical activity or exercise for at least 30 minutes on 3 or more days per week.

- Reasons for not exercising included: time (40%), too tired (30%), pain or discomfort (25%), could not afford a gym membership (19%), weather (19%), laziness (17%), no exercise partner (9%), poorly maintained/no sidewalks (7%), physical impairments or challenges (6%), did not know what activities to do (4%), no gym available (4%), no child care (4%), and doctor advised them not to exercise (2%). No one reported no walking, biking trails or parks (2%) and no transportation as reasons for not exercising.
- Ashtabula County employed adults spent the most time doing the following physical activities while at work: sitting (32%), walking (18%), and activities varied (24%). Sixteen percent (16%) of Ashtabula County adults reported they were unemployed or did not work and 10% reported they were retired. No one reported doing heavy labor/physical work.
- Ashtabula County adults spent an average of 2.1 hours watching TV, 1.3 hours on their cell phone, 0.9 hours on the computer (outside of work), and 0.1 hours playing video games on an average day of the week.

Physical Activity Guidelines for Adults

Aerobic Activities

- **2 hours and 30 minutes** (150 minutes) each week of **moderate-intense activity**
OR
- **1 hour and 15 minutes** (75 minutes) each week of **vigorous-intense activity**

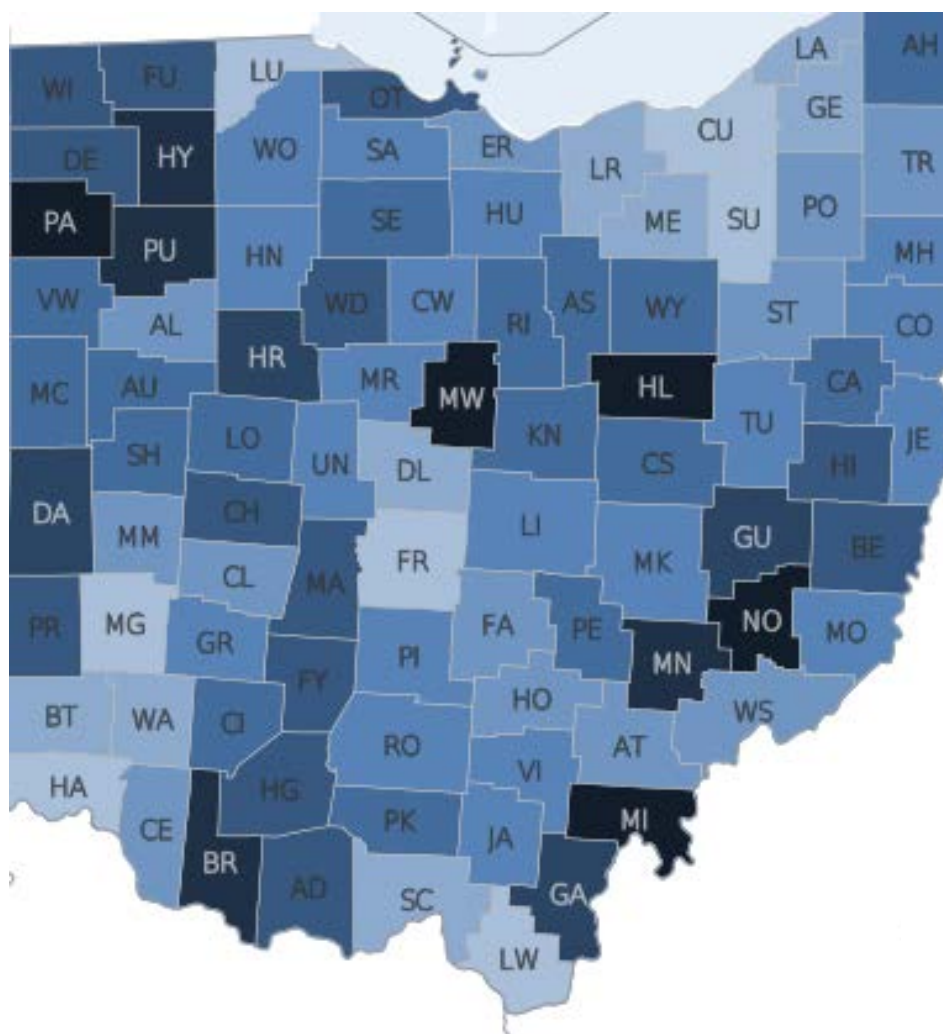
Muscle Strengthening Activities

- All major muscle groups should be worked out **2 or more days** per week. This includes legs, hips, back, abdomen, chest, shoulders, and arms.
- Exercises for each muscle group should be **repeated 8 to 12 times** per set.

(Source: Centers for Disease Control & Prevention, "Physical Activities Guidelines for Americans," fact sheet)

Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Individuals who reside within three miles of a recreational facility are considered to have adequate access for opportunities for physical activity.

Access to Exercise Opportunities



63%

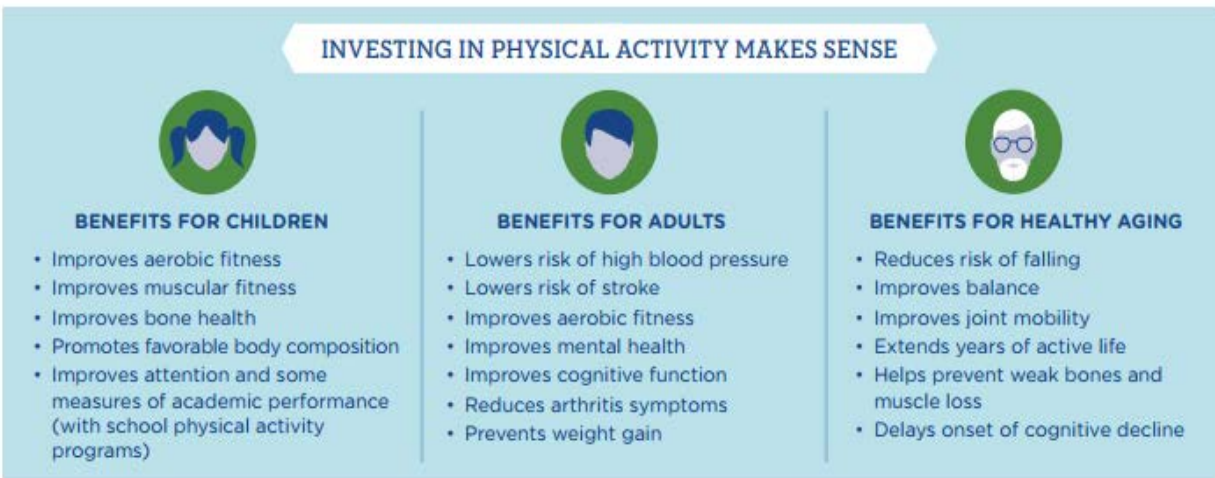
**Of Ashtabula County
adults had access to
exercise opportunities**

83%

**Of Ohio adults had access
to exercise opportunities**

BEST  WORST

*(Source: ArcGIS Business Analyst, as compiled by
County Health Rankings 2014)*



(Source: CDC, Division of Nutrition, Physical Activity, and obesity, May 2017)

Physical Activity | CHILD

Key Findings

The 2017 health assessment identified that more than three-fourths (77%) of Ashtabula County school-aged children (defined as children in grades Pre-K through high school) were physically active for at least 60 minutes on 3 or more days per week.

Child Sedentary Behavior (Ages 0-5)

The following information was reported by Ashtabula County parents of children 0-5 years old.


- Ashtabula County children ages 0-5 spent an average of 1.4 hours watching TV, 0.1 hours on the computer/tablet/cellphone and 0.1 hours playing video games on an average day of the week.
- The 2011/2012 NSCH reported 9% of children ages 1-5 years in Ohio spent 1 to 3 hours per day on the computer, cell phone, or other electronic devices.



(Source: Alliance for Healthier Generation)

Child Physical Activity (Grades Pre-K through high school)

The following information was reported by Ashtabula County parents of school age children from Pre-K through high school.

-  More than three-fourths (77%) of parents reported their child was physically active for at least 60 minutes on 3 or more days per week. Sixty-two percent (62%) reported their child had done so on 5 or more days and 33% said their child was physically active for at least 60 minutes every day per week. Eight percent (8%) reported no physical activity.
- Ashtabula County school-age children spent an average of 1.8 hours watching TV, 1.1 hours on the computer (outside of school), 1.0 hours on the cell phone, and 0.7 hours playing video games on an average day of the week.
- On a higher end of the spectrum, 28% of Ashtabula County school-age children spent 3 or more hours watching TV on an average day.
- The 2013 YRBS reported 28% of high school youth in Ohio spent 3 or more hours watching TV on an average day and the 2015 YRBS reported 25% for U.S. high school youth.
- When asked how far parents live from their child's school, 31% of Ashtabula County parents reported more than 2 miles, 26% said 1 to 2 miles, 10% said ½ mile to 1 mile, 12% said ¼ mile to ½ mile and 21% said less than ¼ mile.

Physical Activity Guidelines for Children and Adolescents

Children and adolescents should do **1 hour or more** of physical activity each day.

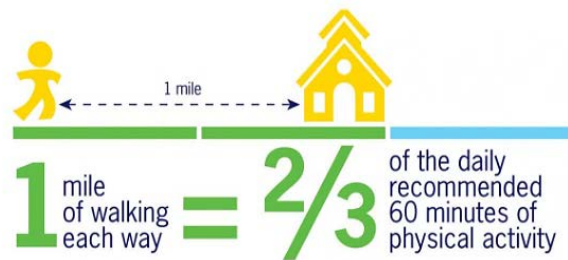
Within that 1 hour of physical activity, the following should be included:

- **Muscle-strengthening** on **at least 3 days a week**. They should be moderate to high levels of efforts and work the major muscle groups of the body.
- **Bone-strengthening** on **at least 3 days of the week**.
- Physical activities should be **appropriate** for their age, **enjoyable**, and **varied**.

(Source: Centers for Disease Control & Prevention, "Physical Activities Guidelines for Americans," fact sheet)

Safe Routes to School

- Ashtabula Area City School District submitted its Safe Routes to School Travel Plan and was awarded \$549,876.75 to implement its plan for new sidewalks to and from the Ashtabula Lakeside Elementary Campus. The City Manager's Office stated sidewalk construction should begin August of 2017 and should be completed by November 2017.
- Safe Routes to School (SRTS) programs are sustained efforts by parents, schools, community leaders and local, state, and federal governments to improve the health and well-being of children by enabling and encouraging them to walk and bicycle to school.
- SRTS projects make it safer for more children to walk and bicycle to school, which will help address the obesity crisis among children by creating increases in physical activity.
- For more information, go to:
<http://www.saferoutespartnership.org/healthy-communities/101/getting-started>



Ways to Start a Safe Route to School in Your Community

1. Plan an Event

- Start small and organize an event with a principal or teacher on board, and try hosting a Walk to School Day event.
- Get a few families to walk together to school on a regular basis.
- Gather stakeholders and update district policies.
- THERE'S NO WRONG WAY TO GET STARTED!!!

2. Build your task force

- Involve a wide variety or array of representatives from your community.
- Represent the interest of many different stakeholders from each school district to be advocates for school safety.
- People to invite from the city/county and or county routes to engage would be:
 - Principal/Teachers
 - PTA
 - Students
 - Elected Officials
 - Engineers
 - Police
 - Health Officials

3. Create an Action Plan

- Utilize the stakeholders to make informed decisions about the best strategies to get more student walking and biking.
- Identify areas to be worked on for safer routes such as safety hazards and support.
- Be armed with information and a timeline.

(Source: Safe Routes to School National Partnership, 2017)

Strategies for Recess in Schools

January 2017



1

Make Leadership Decisions

1. Identify and document recess policies.
2. Put documented recess policies into practice and revise as needed.
3. Develop a written recess plan.
4. Designate spaces for outdoor and indoor recess.
5. Establish weather guidelines to ensure student safety.
6. Train school staff and volunteers for recess.



2

Communicate and Enforce Behavioral and Safety Expectations

7. Establish and communicate behavior management strategies.
8. Teach conflict resolution skills.
9. Ensure that recess spaces and facilities meet recommended safety standards.



3

Create an Environment Supportive of Physical Activity During Recess

10. Provide adequate physical activity equipment.
11. Add markings to playground or physical activity areas.
12. Create physical activity zones.
13. Provide planned activities or activity cards.
14. Provide a combination of recess strategies.



4

Engage the School Community to Support Recess

15. Establish roles and responsibilities for supervising and facilitating recess.
16. Involve students in planning and leading recess.
17. Mobilize parents and others in the school community to support and sustain recess at school.



5

Gather Information on Recess

18. Track physical activity during recess.
19. Collect information on recess to show the effect on student and school outcomes.

(Source: CDC, *Recess Planning in Schools*)

Built Environment | COMMUNITY

Key Findings

Just over two-fifths (41%) of Ashtabula County adults did not have sidewalks where they lived.

Community Characteristics

- Ashtabula County adults reported they lived within 2 miles of the following: a park or green space (70%), grocery stores (52%) and recreation centers (51%).
- More than two-thirds (69%) of adults reported their community was extremely or quite safe from crime; 25% said slightly safe, and 4% said not safe at all. Three percent (3%) did not know how safe their community was.
- Ashtabula County adults had the following concerns for their community: crime (34%), bullying (24%), heavy traffic (21%), no sidewalks accessible (20%), drugs/alcohol (18%), loud noises (17%), no place for kids to play (9%), water quality (9%), air pollution (8%), gangs (5%) and lead issues (3%), and other (4%).
- Ashtabula County adults traveled outside the county for the following: dine-in-restaurants (84%), grocery stores (49%), parks (43%), recreation centers (9%), gyms (6%), and other (20%).

Roadways

- Just over two-fifths (41%) of Ashtabula County adults did not have sidewalks where they lived. Of those adults who did not have sidewalks, 44% lived in the country, 34% lived in the outskirts of town and 22% lived in town.
- Of those adults who had sidewalks, only 13% were connected to all streets. 63% were mostly connected, 15% had some that were connected, 9% had few streets that were connected.
- Of those adults who had sidewalks, 57% reported they were in good condition; 20% were in poor condition, 22% were in fair condition; and 1% did not know what condition their sidewalks were in. No one reported sidewalks were in excellent condition.
- Nearly one-quarter (23%) of Ashtabula County adults did not have bike trails in or around their community. Of those adults who did not have bike trails, 58% lived in town, 21% lived in the outskirts of town, and 21% lived in the country.
- Seven percent (7%) of adults who had bike trails in or around their community, did not have access to them.
- Adults who had bike trails in or around their community reported that 31% were in excellent condition. Forty-five percent (45%) were in good condition, 5% were in poor condition, and 19% did not know what condition bike trails were in. No one reported bike trails were in fair condition.
- Of those adults who had bike trails in or around their community, they reported bike trails were: well lit (10%), not well lit (55%), and did not know (34%).

Parks

- Five percent (5%) of Ashtabula County adults did not have any parks available in or around their community. Of those adults who did not have parks, 50% lived in the country, 25% lived in the outskirts of town, and 25% lived in town.
- Of those adults who had parks available in or around their community, 55% reported there were three or more available. Twenty-seven percent (27%) had two parks available and 19% had one park available.

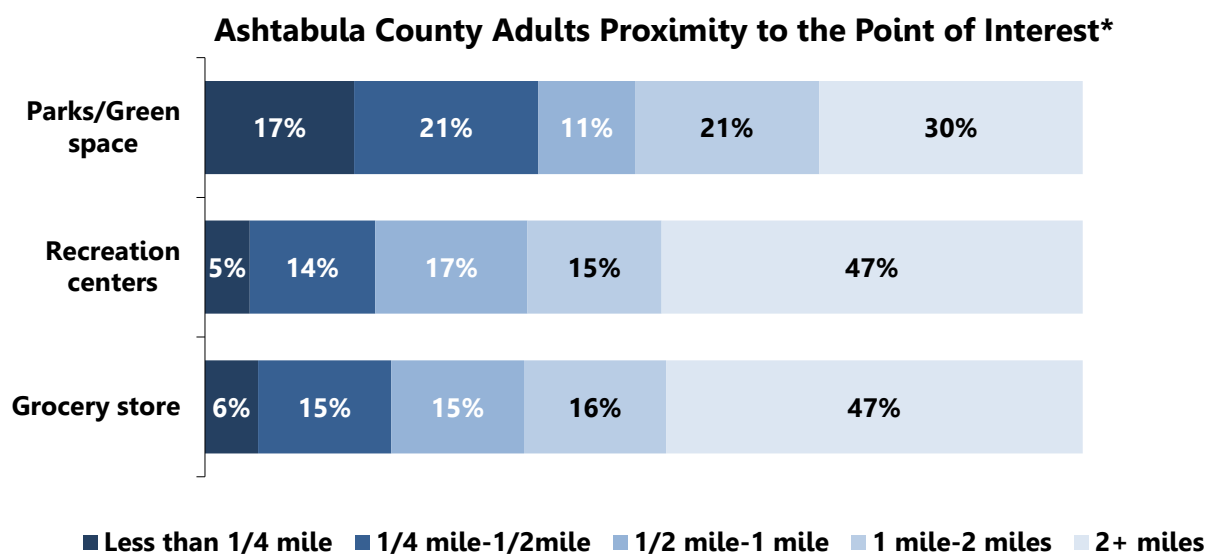
Parks, continued

- Four percent (4%) of adults who had parks available in or around their community did not have access to them.
- Adults who had parks in or around their community reported that 56% of them were handicapped accessible. Forty percent (40%) of adults did not know if their parks were handicapped accessible.
- Adults who had parks in or around their community reported that 17% were in excellent condition. Sixty-one percent (61%) were in good condition, 5% were in poor condition, 15% were in fair condition, and 1% of adults did not know what condition parks were in.
- Nearly one-sixth (16%) of Ashtabula County adults thought their parks were very safe. Fifty-one percent (51%) said quite safe, 21% said slightly safe, and 1% said not safe at all. Eleven percent (11%) did not know how safe their parks were.
- Of those adults who had parks in or around their community, 13% had visited them very often. Thirty percent (30%) visited them somewhat often, 45% not so often and 11% did not visit them at all.

Other Recreation Areas

- Nearly one-fifths (18%) of Ashtabula County adults did not have recreation centers in or around their community. Of those adults who did not have recreation centers, 50% lived in town, 29% lived in the country, and 21% lived in the outskirts of town.
- Of those adults who had recreation centers in or around their community, 20% reported there were three or more available. Thirty-six percent (36%) said two were available and 38% said one was available.
- Of those adults who had recreation centers in or around their community, 7% visited them very often. Fourteen percent (14%) said somewhat often, 30% said not so often and 48% did not visit them at all.

The following graph shows the average distance Ashtabula County adults were from the nearest grocery store, recreation centers, and parks/green space. Examples of how to interpret the information include: 16% of Ashtabula County adults live 1 mile – 2 miles away from the nearest grocery store.



**Percentages may not equal to 100% due to non-answered responses.*

Built Environment | KEY LEADERS

Key Findings

Ninety percent (90%) of Ashtabula County key leaders were concerned about drugs/alcohol in their community/county.

Community Characteristics

The following information was reported by Ashtabula County key leaders from multiple sectors which included: medical professionals, public health workers, civic and community leaders, local politicians, etc. See appendix IV for further information.

- More than half (55%) of Ashtabula County key leaders reported their community/county was extremely or quite safe from crime. Thirty-eight percent (38%) said slightly safe and 7% said not safe at all.
- Ashtabula County key leaders had the following concerns for their community/county: drugs/alcohol (90%), crime (63%), bullying (47%), gangs (20%), no sidewalks accessible (20%), no place for kids to play (17%), loud noises (17%), heavy traffic (10%), water quality (7%), lead issues (7%), air pollutions (3%), and other (7%).

Roadways

- When asked if there were sidewalks available in their community/county, 27% of Ashtabula County key leaders reported there were many available, 67% said some, and 6% said few. No key leader reported there were none available.
- Key leaders reported sidewalks in their community/county were in: good condition (43%), poor condition (27%), and fair condition (30%). No key leader reported sidewalks were in excellent condition.
- Ninety-seven percent (97%) of Ashtabula County key leaders indicated they did have bike trails in their community/county and 3% did not know.
- Key leaders reported bike trails in their community/county were in good condition (73%), poor condition (7%), and fair condition (3%) and 17% of key leaders did not know the condition of their bike trails. No key leader reported bike trails were in excellent condition.
- Key leaders reported bike trails in their community/county were well lit (10%), not well lit (27%), and 63% did not know.

Parks

- All (100%) of Ashtabula County key leaders reported they had parks in their community/county.
- Key leaders reported the following availability of parks: three or more (77%), two (10%) and one (3%). Ten percent (10%) of key leaders did not know how many parks were available.
- Key leaders reported parks in their community/county were in excellent condition (17%), good condition (69%), poor condition (4%), fair condition (10%).
- Key leaders reported 63% of parks were handicapped accessible and 33% of key leaders did not know if parks were handicap accessible.
- Key leaders reported 80% of parks were easily accessible by walking or biking to.

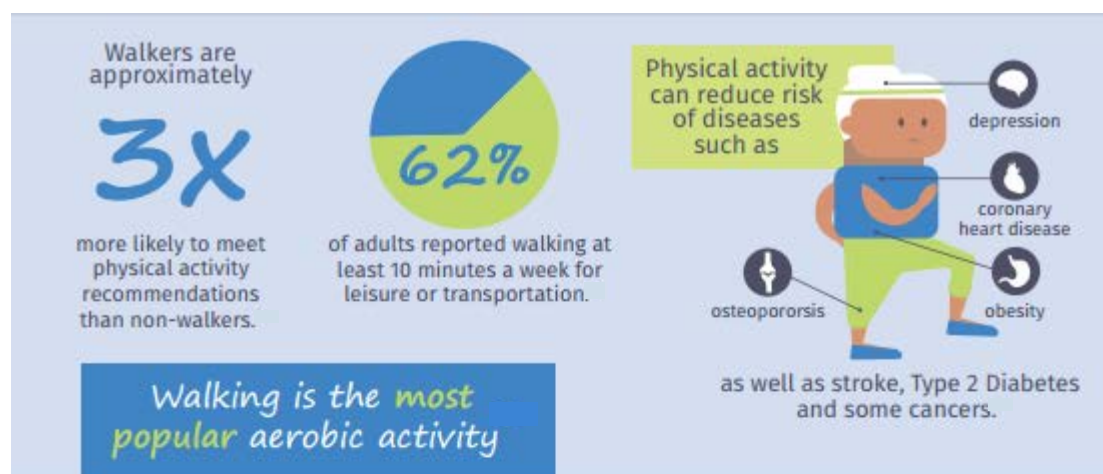
Other Recreation Areas

- Ashtabula County key leaders considered parks in their community/county: very safe (7%), quite safe (63%), slightly safe (27%), and not safe at all (3%).
- Eighty percent (80%) of Ashtabula County key leaders reported there were recreation centers available in their community/county.
- Key leaders reported the following availability of recreation centers in their community/county: three or more (75%), two (8%), and one (4%). Thirteen percent (13%) of key leaders did not know how many were available.

Current Landscape and Resources

- The following qualitative data was collected by Ashtabula County key leaders.
 - There are sidewalks available throughout the city limits of Ashtabula County.
 - There is limited availability of sidewalks in villages, townships, and rural areas of Ashtabula County, especially in the southern part of the county.
 - Some areas in the southern part of Ashtabula County are high traffic areas and area concern for residents.
 - In Ashtabula County, North Kingsville, Roaming Shores, and Saybrook Township have neighborhood associations. Restrictions include: no cars, boats, or trailers left in the driveway; no above ground pool; and all mailboxes must be the same style. There are plans to build condominiums in Roaming Shores.
 - Bike trails and pedestrian pathways are available on the Western Reserve Greenway Trail. Several activities are sponsored on the Greenway Trail and it is fairly utilized when weather permits.
 - There are no roadways with designated bike or buggy pathways. Signs are posted to watch for Amish buggies on some busy highways.
 - There are 14 parks located throughout Ashtabula County. Most are well maintained and accessible to the public.
 - There are four main outdoor trails available in Ashtabula County (Lampson Reservoir Greenway Trail, North Shore Greenway Trail, Pymatuning Valley Greenway Trail, and Western Reserve Greenway Trail).
 - There are six community recreation centers available in Ashtabula County.
 - In Grand Valley, there is planning in place for new construction at the old high school.
 - In Orwell village of Ashtabula County, Grand Valley High School is planning to do new construction.
 - Hartsgrove Township is redoing their Metro Park area and Walnut Beach is being refurbished.
 - There is some remodeling in development in the downtown area of Ashtabula City.
 - There is a large initiative for building more parks and recreation facilities in Ashtabula County. Some parks have already begun updating existing landscape.

Safe Routes to Parks



Five Essential Elements to Safe Routes to Parks

When people can safely walk to parks, it provides more opportunity for physical activity and greater access to open space.

-  **Safety** Safety elements (e.g., lighting, traffic) must be included for pedestrian routes.
-  **Convenience** Walking routes to parks should be no longer than a 10-minute walk.
-  **Access & Design** Proper design, signage, ADA compliance, and multiple entry points benefit all users.
-  **Conditions** Sidewalks and trails should be inviting, comfortable, and safe for all users.
-  **The Park** Facilities, amenities and programs at the park should reflect the needs of the community.

(Source: National Recreation and Parks Association, 2016)

Social Environment | COMMUNITY

Key Findings

More than one-third (37%) of Ashtabula County adults did not have access to any wellness program through their employer or spouse's employer. Fifty-five percent (55%) of adults did not know what health services were offered at their local hospital(s) and health center(s).

Worksite Wellness

- Ashtabula County adults had access to the following programs through their employer or spouse's employer: health risk assessment (19%), free/discounted gym membership (17%), lower insurance premiums for participating in a wellness program (13%), lower insurance premiums for change in health status (11%), free/discounted weight loss program (11%), on-site health screenings (9%), gift cards for participating in wellness program (9%), free/discounted smoking cessation program (8%), on-site fitness facility (8%), gift cards/cash for positive changes in health status (5%), healthier food options in vending machines or cafeteria (5%), on-site health education classes (3%), and other (3%). Thirty-seven percent (37%) did not have access to any wellness program.
- Ashtabula County adult employers promoted work-site wellness through the following: provide healthy food choices in the cafeteria (12%), provide healthy food options in vending machines (10%), offer sugar-free beverages (8%), encourage walking during breaks (8%), and 7% did not know. Seventy-three percent (73%) of Ashtabula County adults employers did not do any of these to promote work-site wellness.

Food Retail Environment

- When asked what type of grocery stores were available in their community Ashtabula County adults reported the following: convenience stores (79%), large grocery chains (69%), locally-owned food stores (64%), and farmer's markets (64%).
- When asked what type of restaurants were available in their community, Ashtabula County adults reported the following: fast-food restaurants (92%), local diners (83%), dine-in/family style restaurants (78%), bakery/café shops (74%), and food trucks (5%).

Community Wellness

- Ashtabula County adults reported that faith-based organizations in their community offered the following: food pantries (65%), community meals (64%), youth sports programs (27%), wellness support groups/programs (21%), health screenings (19%), free walking/gym time (17%), nutrition/physical activity education programs (15%), indoor/outdoor playgrounds (15%), and cooking demonstrations (11%).
- Adults reported that their local hospital(s) and health center(s) offered the following services: health risk assessments (37%), nutrition counseling (32%), weight loss and weight management counseling (31%), fitness facility (24%), and health plan incentives for participating in a wellness program (15%). Fifty-five percent (55%) of adults did not know what health services were offered at their local hospital(s) and health center(s).
- Ashtabula County adults reported their local school districts offered the following at their schools: an outdoor playground accessible to the public (51%), an outdoor/indoor track accessible to the public (41%), food pantries (11%), health screenings (9%), school garden (5%), and healthy cooking demonstrations (4%). No one reported their local schools offered produce markets.

Social Environment | KEY LEADERS

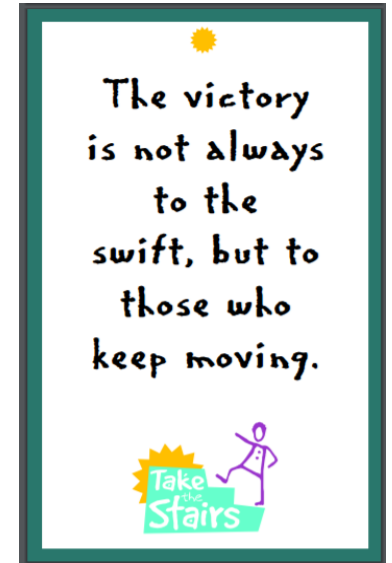
Key Findings

Thirty-four percent (34%) of key leaders reported their agency/organization did not offer any wellness programs or incentives to employees.

Worksite Wellness

The following information was reported by Ashtabula County key leaders from multiple sectors which included: medical professionals, public health workers, civic and community leaders, local politicians, etc. See appendix IV for further information.

- Ashtabula County key leaders reported their agency/organization offered the following to their employees: health risk assessment (41%), free/discounted gym membership (28%), on-site health screenings (21%), lower insurance premiums for participating in wellness programs (14%), on-site health education classes (14%), offer sugar-free beverages (10%), free/discounted smoking cessation program (10%), on-site fitness facility (10%), encourage walking during lunch breaks (10%), free/discounted weight loss program (7%), healthy food policy (7%), healthier food options in vending machines/cafeteria (7%), lower insurance premiums for positive changes in health status (3%), and gifts cards/cash for participating in wellness programs (3%). Thirty-four percent (34%) of key leaders reported their agency/organization did not offer any wellness programs or incentives to employees.
- Ashtabula County key leaders reported their agency/organization promoted work-site wellness through the following ways: offer sugar-free beverages (17%), encourage walking during breaks (13%), provide healthy food options in vending machines (10%), and provide healthy food choices in the cafeteria (10%). Sixty-three (63%) of key leaders reported their agency/organization did not do any of these to promote work-site wellness.
- When asked if other employers in their community/county offered wellness opportunities, 52% of key leaders said few, 3% said most and 7% said none, and 38% did not know.



(Source: CDC, Division of Physical Activity, StairWELL Wellness Program)

Community Wellness

- When asked what type of grocery stores were available in their community/county, key leaders reported the following: large grocery store chains (93%), convenience stores (93%), locally-owned food stores (76%), and farmer's markets (76%).
- When asked what type of restaurants were available in their community/county, key leaders reported the following: fast-food restaurants (97%), dine-in/family style chain restaurants (97%), local diners (90%), bakery/café shops (87%), food trucks (3%), and other (3%).
- Ashtabula County key leaders reported that faith-based organizations in their community/county offered the following: food pantries (83%), community meals (77%), youth sports programs (53%), nutrition/physical activity education programs (37%), wellness support groups/programs (33%), indoor/outdoor playgrounds (30%), cooking demonstrations (27%), health screenings (23%), and free walking/gym time (20%). Ten percent (10%) of key leaders did not know what faith-based organizations offered in their community/county.

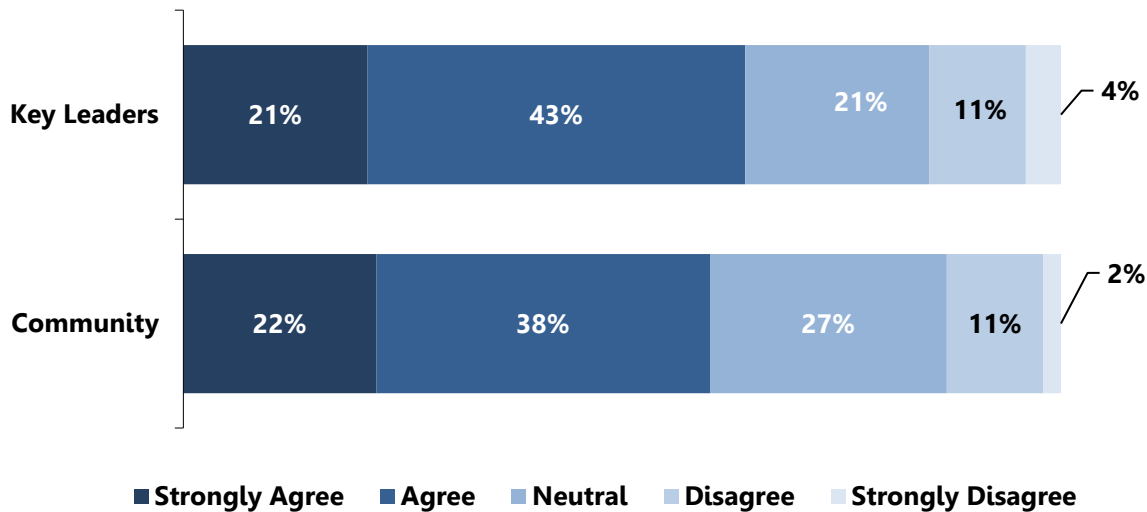
Current Landscape and Resources

- The following qualitative data was collected by Ashtabula County key leaders.
 - Some public and private employers offer insurance discounts, gift cards, and gym benefits for participating in wellness and exercise programs. Employees are more likely to participate in wellness activities if incentive are provided.
 - Wellness educational material and programs are available at: Ashtabula County Council on Aging, Ashtabula County Medical Center, University Hospital, Ashtabula Town Square, and Geneva Spire Institute.
 - There are four exercise facilities: Premiere Fitness, Chalk Box, and the YMCA located in Ashtabula; The Yoga House, located in North Kingsville; Snap Fitness, located in Geneva, Conneaut, and Ashtabula; Jefferson Community Center, located in Jefferson Village; and Spire Institute, located in Geneva.
 - In the rural areas, there is a lack of restaurants in the proximity of work for employees.
 - Some workplace facilities have breastfeeding rooms designated for mothers to pump. Most facilities do not have this option and mothers must pump in the public restroom or in their car.
 - On-site infant care and breastfeeding is available at WIC, Headstart, and one long-term care facility located in Geneva.
 - Types of large chain grocery stores available in Ashtabula County are: Giant Eagle, Sparkle Market, Wal-Mart, Aldi, Save-A-Lot, Golden Dawn, Orlando's Supermarket, Grocery Barn, Cantini's Village Market, and Basic Ingredient.
 - Types of locally-owned grocery stores available in Ashtabula County are: Better-in-Bulk, Cherry Valley, and Earth's Natural Treasures.
 - There are nearly 100 chain restaurants available in Ashtabula County.
 - There are five Farmer's Markets available in Ashtabula County. Giant Eagle carries locally-grown produce when available, as well as a few restaurants.
 - The Ashtabula Local Food Council is working on expanding the Ashtabula Cooks! Program and summer farm tours. The council is working on establishing a Food Hub to serve food access needs of Ashtabula County residents.
 - The Geneva Food Pantry feeds 25 families a day, three days a week. Other local food pantries throughout the county also participate in providing food to families in their community.
 - Country Neighbor Program, Inc. Community Center provides home delivered meals and operates a food-bank which provides food to emergency pantries, onsite meals, non-profit daycares and shelters in Ashtabula County. The center distributes and average of 1 million points of food to non-profit organizations within Ashtabula County.
 - The area hospitals provide healthy eating classes.
 - OSU Extension and the Ashtabula County Health Department provide funding for nutrition and physical activity initiatives.
 - All Ashtabula Area City Schools participate in the new Community Eligibility Provision (CEP), offered by the USDA for low income school districts that qualify, to provide one free school breakfast and lunch per student per day. Several schools participate in the VeggieU Program and all schools participate in the Agricultural Day with the OSU Extension.
 - Frequency and length of physical activity varies within schools. Most students are provided a half hour recess break after lunch.

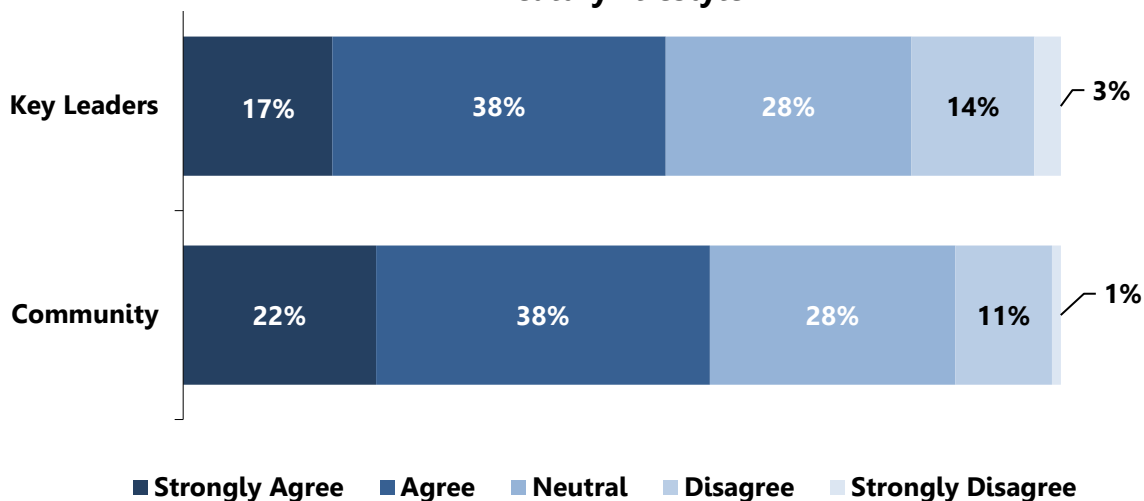
Community Improvement | PERCEPTIONS

The following bar graphs compares Ashtabula County community key leaders and the community responses to their perceptions about their community.

Your Community is a Good Place to Live and/or Raise Children



Your Community Has a Variety of Resources for Promoting a Healthy Lifestyle



Community Improvement Initiatives

Which community improvement initiatives would you support?	Community Response	Key Leader Response
Neighborhood safety	66%	76%
More locally-grown foods/Farmer's Markets	64%	62%
Local agencies partnering with grocery stores to provide low cost healthy foods	56%	55%
New and/or updated parks	52%	66%
Bike/walking trail accessibility	49%	59%
New and/or updated recreation centers	49%	62%
Sidewalk accessibility	48%	76%
Community gardens	44%	66%
Safe roadways	43%	66%
School-based initiatives (i.e. Safe Routes to School, nutrition education, etc.)	N/A	83%

Survey Respondents Additional Comments

The following qualitative data came from community members and key leaders who took the survey.

Community Responses
<i>"I believe every major road should have a sidewalk or a bike/run/walking path so people can feel safer going outside and exercising."</i>
<i>"Healthier foods in school cafeteria, they feed them processed brought in food. Also, school lunch for those not on reduced or free lunch costs over \$3.00. I was just over by a small amount of income to qualify and as a single Mom I can't afford this."</i>
<i>"Our neighborhood is small but drugs are everywhere not safe to let your child play outside without full supervision."</i>
<i>"Ashtabula has no community centers for kids to go to, instead, kids are playing in the streets."</i>
<i>"Safety is a big concern in accessing local beaches, parks, rivers. The YMCA is extremely expensive as are the other gyms in the area."</i>
Key Leaders Responses
<i>"On site fitness facilities, should be looked at for all facilities that have space for employees to use."</i>
<i>"Resources exist in various places in the community but are often not accessible due to the large geographic area and limited transportation services in county."</i>

Trend Summary | Conneaut City and Ashtabula City

Adult Variables	Conneaut City 2017	Ashtabula City 2017	Ashtabula County 2017
Overweight	40%	25%	32%
Obese	20%	55%	40%
Exercised to lose weight	56%	14%	43%
Ate less food, fewer calories, or foods lower in fat to lose weight	50%	67%	58%
Ate 5 or more servings of fruits and vegetables	37%	10%	35%
Drank 10 or more servings of water per day	5%	5%	4%
Physically active at least 30 minutes per day on 3 or more days in the past week	72%	33%	57%
Physically active at least 30 minutes per day on 5 or more days in the past week	61%	14%	35%

Which community improvement initiatives would you support?	Conneaut City	Ashtabula City	Ashtabula County
Neighborhood safety	72%	79%	66%
More locally-grown foods/Farmer's Markets	61%	53%	64%
Local agencies partnering with grocery stores to provide low cost healthy foods	50%	68%	56%
New and/or updated parks	50%	58%	52%
Bike/walking trail accessibility	61%	63%	49%
New and/or updated recreation centers	61%	53%	49%
Sidewalk accessibility	67%	42%	48%
Community gardens	44%	47%	44%
Safe roadways	61%	37%	43%

Appendix I | INFORMATION SOURCES

Source	Data Used	Website
American Cancer Society, Cancer Facts and Figures 2017. Atlanta: ACS, 2017	<ul style="list-style-type: none"> Nutrition Recommendations 	www.cancer.org
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> 2009 – 2015 Adult Ohio and U.S. Correlating Statistics 	www.cdc.gov
Centers for Disease Control and Prevention, Division of Adolescent & School Health	<ul style="list-style-type: none"> Whole School, Whole Community, Whole Child Model 	https://www.cdc.gov/healthyyouth/factsheets.htm
Centers for Disease Control and Prevention, Division of Healthy Schools	<ul style="list-style-type: none"> Strategies for Recess in Schools 	https://www.cdc.gov/healthyschools/physicalactivity/pdf/2016_12_16_SchoolRecessStrategies_508.pdf
Centers for Disease Control and Prevention, Division of Physical Activity	<ul style="list-style-type: none"> Physical Activity Guidelines for Adults Physical Activity Guidelines for Children and Adolescents Worksite Physical Activity Physical Activity Saves Lives 	https://www.cdc.gov/physicalactivity/index.html
County Health Rankings	<ul style="list-style-type: none"> Food Environment Index Access to Exercise Opportunities 	http://www.countyhealthrankings.org/app/ohio/2017/measure/factors/132/map
Community Commons	<ul style="list-style-type: none"> Soda Expenditures Fruit and Vegetables Expenditures Food Deserts Unemployed Families with SNAP 	www.communitycommons.org/
Healthy Schools Campaign	<ul style="list-style-type: none"> Cooking Up Change 	https://healthyschoolscampaign.org/programs/national/cooking-up-change-national/
National Recreation and Parks Association	<ul style="list-style-type: none"> Safe Routes to Parks 	https://www.nrpa.org/uploadedFiles/nrpa.org/Grants_and_Partners/Health_and_Livability/Safe-Routes-to-Parks-Infographic.pdf
Safe Routes to School National Partnership	<ul style="list-style-type: none"> Ways to Start a Safe Routes to School 	http://www.saferoutespartnership.org/healthy-communities/101/getting-started
The Institute of Medicine, National Academy of Sciences	<ul style="list-style-type: none"> Dietary Water Intake DRIs for Calcium and Vitamin D 	http://national-academies.org/
U.S. Department of Agriculture	<ul style="list-style-type: none"> Smart Snacks in School 	https://www.fns.usda.gov/sites/default/files/alfoods_infographic.pdf
Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Centers for Disease Control	<ul style="list-style-type: none"> 2009 - 2015 youth Ohio and U.S. correlating statistics 	http://apps.nccd.cdc.gov/YouthOnline/App/Default.aspx

Appendix II | ACRONYMS AND TERMS

ACS	American Community Survey
BMI	Body Mass Index is defined as the contrasting measurement/relationship of weight to height.
BRFSS	Behavior Risk Factor Surveillance System , an adult survey conducted by the CDC.
CDC	Centers for Disease Control and Prevention .
ESR	ESRI's ArcGIS map gallery provides a platform for viewing and downloading various public-use datasets.
FARA	Food Access Research Atlas presents an overview of food access indicators for populations using different measures of supermarket accessibility.
Food Desert Census Tract	The Healthy Food Financing Initiative (HFFI) Working Group considers a food desert as a low-income census tract where a large number or portion of residents has low access to a supermarket or large grocery store. To qualify as a food desert tract, at least 33 percent of the tract's population or a minimum of 500 people in the tract must have low access to a supermarket or large grocery store
MCHIC	The Maternal and Children Health Improvement Committee
HCNO	Hospital Council of Northwest Ohio
NCCDPHP	Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion
NCES CCD	National Center for Education Statistics - Common Core of Data
NSCH	National Survey of Children's Health
N/A	Data is not available.
ODH	Ohio Department of Health
OSM	OpenStreetMap is a collaborative project to create a free editable map of the world.
SHA	State Health Assessment
SHIP	State Health Improvement Plan
SNAP	Supplemental Nutrition Assistance Program ; SNAP participation is a measure of households and not of total population; if any person in the household received food stamps/SNAP, the household is included in the count
USDA	United States Department of Agriculture
YRBS	Youth Risk Behavior Survey , a youth survey conducted by the CDC
ZCTA	ZIP Code Tabulation Areas , generalized areal representations of United States Postal Service (USPS) ZIP Code service areas.

Appendix III | ASHTABULA COUNTY COMMUNITY SAMPLE DEMOGRAPHIC PROFILE*

Variable	2017 Community Survey Sample
Age	
20 years or younger	0.0%
21-29	16.0%
30-39	19.5%
40-49	27.5%
50-59	17.2%
60 plus	19.5%
Gender	
Female	90.8%
Male	9.2%
Transgender	0.0%
Race/Ethnicity	
White	94.2%
Black or African American	4.6%
American Indian and Alaska Native	1.15%
Hispanic Origin (may be of any race)	0.0%
Asian	0.0%
Native Hawaiian/other Pacific Islander	0.0%
Other	0.0%
Marital Status	
Married Couple	60.4%
Never been married/member of an unmarried couple	24.4%
Divorced/Separated	10.4%
Widowed	3.4%
Living Area	
In town	56.9%
The outskirts of town	24.4%
Out in the country	18.6%
Income (Families)	
\$14,999 and less	3.9%
\$15,000 to \$24,999	6.5%
\$25,000 to \$49,999	18.4%
\$50,000 to \$74,999	31.5%
\$75,000 or more	26.3%

* The percent's reported are the actual percent within each category who responded to the survey. Percent's may not add to 100% due to missing data (non-responses).

Variable	2017 Community Survey Sample
Zip Codes	
44004	36.4%
44030	22.3%
44041	11.7%
44047	10.5%
44084	2.3%
44085	2.3%
44010	2.3%
44032	1.1%
Other	9.4%

** The percent's reported are the actual percent within each category who responded to the survey. Percent's may not add to 100% due to missing data (non-responses).*

Appendix IV | ASHTABULA COUNTY KEY LEADER SAMPLE DEMOGRAPHIC PROFILE*

Variable	2017 Key Leader Survey Sample
Represented Agencies	
Local Health Departments	33.3%
Mental Health	21.2%
Non-profit agencies	18.1%
Schools & other education providers	18.1%
Community-based health & human service agencies	12.1%
Hospitals	9.0%
Employers & Businesses	9.0%
Social service agency	6.0%
Faith-based organizations	3.0%
Primarily Represented	
County	43.7%
City	40.6%
Village	12.5%
Township	3.1%

* The percent's reported are the actual percent within each category who responded to the survey. Percent's may not add to 100% due to missing data (non-responses).

Appendix V | ASHTABULA COUNTY GAPS AND POTENTIAL STRATEGIES

Gaps	Potential Strategies	Best Practice/Evidence Based
1. Not enough community gardens	<ul style="list-style-type: none"> Encourage more community gardens. 	Evidence Based: Healthy People 2020 tools/resources - Community Guide www.thecommunityguide.org
2. Individuals not consuming recommended servings of fruits and vegetables	<ul style="list-style-type: none"> Educational programs – MyPlate, VeggieU, and other. Shopping assistance for healthy foods on a budget (Giant Eagle) with a volunteer. Campaigns promoting nutrition and physical activity. Ohio State University (OSU) – Agriculture Day 	Evidence Based: Healthy People 2020 tools/resources - Community Guide www.thecommunityguide.org
3. Food deserts	<ul style="list-style-type: none"> Provide information on local food pantries, food banks, and other local resources. <p>Current food banks and other resources:</p> <ul style="list-style-type: none"> <i>Catholic Charities of Ashtabula County</i> offers "Cooking Matters" at stores to assist families with eating healthy on a budget. <i>County Neighbor Program, Inc.</i> - provides home delivered meals for residents in the southern portion of Ashtabula County. <i>Ashtabula County Schools</i> - offer Free and Reduced Breakfast and Lunch Programs. 	Best Practice: Food Security – www.kidsdata.org
4. (Poverty) High percentage of children on the free and reduced breakfast and lunch program	<ul style="list-style-type: none"> Lighthouse Ministries Blessings in a Backpack Program – includes informational resources on nutrition and physical activity in the backpack. WIC – nutritional information Catholic Charities services County Neighbor Program, Inc. Health department educational programs 	Evidence Based: Healthy People 2020 tools/resources - Community Guide www.thecommunityguide.org
5. Several areas without sidewalks and/or need repair	<ul style="list-style-type: none"> Safe Routes to Schools Initiative – received a grant for Ashtabula Area Schools. 	Evidence Based: www.saferoutespartnership.org/healthycommunities
6. Parks underutilized	<ul style="list-style-type: none"> Update resource listing and provide information on agencies websites. Provide information in backpacks during special events held on the greenway trails and other recreational events. <i>Longest Day of Play Event</i> held at Lakeshore Park. 	None specified
7. Not many businesses are breastfeeding friendly environments.	<ul style="list-style-type: none"> Encourage and work with businesses to provide breastfeeding friendly environments. 	Evidence Based: Healthy People 2020 tools/resources - Community Guide www.thecommunityguide.org
8. Lack of fresh fruits and vegetables sold in some food retail stores	<ul style="list-style-type: none"> Encourage food retail stores to provide more fresh fruits and vegetable choices. 	Evidence Based: Healthy People 2020 tools/resources - Community Guide www.thecommunityguide.org
9. Faith-based organizations services underutilized	<ul style="list-style-type: none"> Promote local faith-based services on agency websites and through County211. 	None specified