



2025 Jefferson County Community Health Assessment

Prepared for: Jefferson County General Health District and
Trinity Health System, a member of CommonSpirit Health



**Jefferson County
General Health District**
— Prevent. Promote. Protect. —



Trinity Health System™

A member of CommonSpirit

Prepared by:


Center for Marketing & Opinion Research, LLC

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Welcome and Introduction

FROM OUR HEALTH COMMISSIONER

The Jefferson County General Health District (JCGHD) is pleased to present the results of the 2025 Community Health Assessment (CHA) to the residents and community stakeholders of Jefferson County. The CHA process symbolizes the importance of collaboration between the JCGHD, Trinity Health System, and community health stakeholders. Through the results of this assessment, we will implement and refine programs in coordination with our local health partners.

The number of community health resources that exist in Jefferson County is remarkable; however, the continued health disparities that remain prevalent from previous community health assessments indicates a need for improved action. By enhancing collaborative efforts, the JCGHD will strive to positively impact the community through our mission to provide public health services focused on community wellness, disease prevention and protection where Jefferson County residents live, work, learn and play. Community health will always begin and end locally, so we must never lose sight of our specific health needs in Jefferson County.

The JCGHD would like to thank our residents and community stakeholders for their support of the 2025 CHA. Working together, we can achieve our vision of improving health outcomes through education, awareness and collaboration—ultimately achieving access for all. While our CHA and CHIP cycle is three years, we cannot put a time limit on our goal to improve the health and well-being of Jefferson County. This report is a tangible representation of our continued commitment to that goal.

Sincerely,

Andrew Henry
Health Commissioner

FROM OUR PRESIDENT & CEO

Dear Community Stakeholders,

On behalf of Trinity Health System, a proud member of CommonSpirit Health, I extend my sincere gratitude for your participation in our recent focus groups. Your insights are invaluable as we work to understand and address the health needs of our community.

At Trinity Health System, we are committed to providing compassionate, high-quality care to the Ohio Valley. As part of CommonSpirit Health, we are guided by our mission to make the healing presence of God known by improving the health of those we serve, especially the vulnerable, and advancing social justice for all. We are dedicated to creating a healthier future for our community, inspired by faith, driven by innovation, and powered by our humanity. Your input in this needs assessment is crucial to ensuring we are meeting the evolving health needs of our region.

Thank you for partnering with us to build a healthier Ohio Valley.

Sincerely,

Jim Day
Interim President,
Trinity Health System

About Jefferson County General Health District

The first recorded Jefferson County General Health District Board meeting was in 1941. While there have been many changes in public health since then, the goal remains the same—to promote health, protect population health, and prevent disease and injury for all the residents in Jefferson County. Jefferson County is located in east central Ohio along the west bank of the Ohio River. Its 408 square mile area is bordered on the north by Columbiana County, on the south by Belmont County, on the west by Carroll and Harrison Counties, and on the east by the State of West Virginia.

The Jefferson County General Health District serves approximately 65,249 residents, according to the 2020 Census Bureau Data. The City of Steubenville, which is the county seat and where the health department is located, has the highest concentration of residents with a population of 18,055 while the city of Toronto has a population of 5,302 residents. In addition to the two cities, other populated areas include 17 villages ranging from 145 residents in the Village of Bloomingdale to 3,609 residents in Wintersville and 14 townships ranging from 384 residents in Brush Creek Township to 10,173 residents in Island Creek Township. The racial make-up of the county was 91% white, 5.4% Black or African American, 0.3% Asian, 0.3% American Indian, 0.3% other races, and 2.7% from two or more races. The median income for a household in the county was \$53,124 and 18.8% of the population was below the poverty line.

Jefferson County is mostly an urban county (61%) with 39% of the county being rural. The Appalachian Regional Commission has designated Jefferson County as part of Ohio's Appalachian region. Limited access to healthcare services is a critical issue facing Appalachian communities. The rural areas in Jefferson County lack sufficient medical facilities and providers, making it difficult for residents to receive the care they need. This lack of access can lead to delays in diagnosis and treatment, as well as poorer health outcomes overall. Our approach in addressing the well-being of Jefferson County residents is through a community focused approach, the examination of health and disease trends, healthcare coordination, inspections, education, and by helping communities to cope with disease prevention and emergencies.

A five-member Board of Health governs the Jefferson County General Health District. Board members are appointed by the District Advisory Council, which is composed of a representative from each of the 14 townships, 17 villages, 2 cities, and one county commissioner. The Board of Health contracts with a Health Commissioner to carry out the day to day operations and a Medical Director who oversees medical related services. The staff is composed of 17 full and 2 part-time employees. The Jefferson County General Health District currently has contracts with the City of Steubenville and the City of Toronto to provide public health services to their residents.

The Jefferson County General Health District consists of four divisions which include Environmental, Vital Statistics, Nursing, and the Women, Infants and Children (WIC) Division.



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About Trinity Health System

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

What really makes one health care facility different from another? At Trinity Health System, the answer to this question lies within the conscience of the organization— in other words, its philosophy of patient care, and in its degree of commitment to creating an environment which allows it to carry out that philosophy.

Trinity Health System provides care to a service area of just over 200,000 individuals. Trinity Health System is accredited by the Joint Commission on the Accreditation of Hospitals, a member of the American Hospital Association, Voluntary Hospitals of America and the Catholic Hospital Association. The system offers a full array of acute and outpatient services on two campuses. Trinity also maintains physician offices, Walk-in Lab Draw facilities, the Tony Teramana Cancer Center, WorkCare and the Digestive and Nutrition Center throughout the Tri-State area.

Additionally, at Trinity Health System we understand patient education is a vital role in maintaining a healthy community. Our staff participates in numerous health fairs and blood screening programs throughout the year.

Trinity Health System is part of CommonSpirit Health, a nonprofit, Catholic health system dedicated to advancing health for all people. It was created in February 2019 through the alignment of Catholic Health Initiatives and Dignity Health. CommonSpirit Health is committed to creating healthier communities, delivering exceptional patient care, and ensuring every person has access to quality health care.

Our Core Values and Quality Principles

Compassion

Care with listening, empathy and love.
Accompany and comfort those in need of healing.

Inclusion

Celebrate each person's gifts and voice.
Respect the dignity of all.

Integrity

Inspire trust through honesty.
Demonstrate courage in the face of inequity.

Excellence

Serve with fullest passion, creativity and stewardship.
Exceed expectations of others and ourselves.

Collaboration

Commit to the power of working together.
Build and nurture meaningful relationships.



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Thank You Steering Committee

We offer special thanks to the representatives of the CHA Steering Committee and to the nearly 500 residents and stakeholder participants of the community and community partner surveys who generously gave their time and input to provide insight and guidance to the process. Steering Committee members are listed in the table below.

Steering Committee Members		
Name	Organization	Service Area
Andrew Henry	JC General Health District	Public Health
Kylie Smogonovich	JC General Health District	Public Health
Marc Maragos	JC General Health District	Public Health
Kelly Wilson	JC General Health District	Public Health
Stephanie Chester	JC General Health District	Public Health
Jane Culp, MD	JC General Health District	Public Health
Kim Posten Carlisle	Trinity Health System	Health Care
Trudy Wilson	Trinity Health System	Health Care
Laurie Labishak	Trinity Health System	Health Care
Ann Quillen	Ohio Valley Health Center	Health Care
Michele Santin	Jefferson County JFS	Community Based Social Service
Dan Obertance	JC Prevention and Recovery Board	Mental Health and Recovery
Lisa Mowry	CHANGE INC	Health Care
Beth Warren	Resource Network	Community Based Social Service
Marci Snyder Crawford	YMCA	Community Health Service
Mike Zinno	Jefferson County Board of DD	Development Disabilities
Melody McClurg	Jefferson Metro Housing Authority	Community Housing
Anita Petrella	JC Solid Waste Authority	Solid Waste and Recycling
Kerry Sneddon	SELF Discovery	Mental Health and Recovery
Tim Turner	SVRTA	Public Transportation
Rebekah Cohen Morris	Aim Women's Center	Women's Health/Pregnancy Resources
Allison Boston	United Prevention Partnership	Mental Health and Recovery
Cynthia Lytle	Urban Mission	Homeless Shelter and Food Pantry
Mark Kissinger, DO	Trinity Health System	Health Care
Lindsay Pinkerton	Help Me Grow	Community Based Health Service
Audrey Haught	OSU Extension: Jefferson County	Community Education Service
Linda Trushel	Jefferson County ESC	Community Education Service
Iris Wilson	NAACP Health Chair	Community Organization
Cynthia Morris	Our Place of Jefferson County	Senior Service
Jamie Herald	Carriage Inn of Steubenville	Senior Assisted Living
JC= Jefferson County		



Executive Summary

The Community Health Assessment (CHA) tells the Jefferson County community story and provides a foundation to improve the health of the population. The Community Health Assessment process is an ongoing cycle that includes building partnerships; coordinating a consortium; assessing data, community needs, and capacity; and conducting planning, prioritization, interventions, implementation, and evaluation. The CHA is developed collaboratively with the data collected used to draw conclusions about the health status, challenges and assets of Jefferson County in order to inform the prioritization of policies, strategies, and interventions.

This report begins the 3-year cycle. The Center for Marketing and Opinion Research (CMOR) was selected by Jefferson County General Health District and Trinity Health System to conduct data collection and analysis for the Community Health Assessment through three project components (discussed below).

The first component of the project, a Community Survey, consisted of a random sample survey of Jefferson County, Ohio households. This method was used to ensure representativeness of the adult population and to warrant statistical validity. The final sample size was 400 which resulted in an overall sampling error of +/- 5.0% within a 95% confidence level. The survey questions focused on the following areas: community need and social determinants, access to care, mental health and substance abuse, healthy living, vaccinations, chronic diseases, housing, safety, and transportation.

The second phase of the project, Secondary Data Analysis, consisted of reviewing and analyzing secondary data sources to identify priority areas of concern when compared to survey data. CMOR gathered and compiled health and demographic data from various sources. The sources of data are outlined in the Research Methodology section of this report.

The third and final phase consisted of collecting qualitative data to provide some contextual information to the primary and secondary data outlined above. The qualitative data included a Community Partner Survey which consisted of an on-line survey completed by 21 community partners with knowledge of and experience in community health related issues.

When available, data was compared to previous years' information and other geographic areas such as Ohio or the United States. Analysis included survey data and health and demographic data. After compiling and analyzing the data from all three components, CMOR identified six priority health needs for the county including (in alphabetical order):



Access to Health Care



Built Environment



Healthy Living



Housing and Homelessness



Mental Health



Substance Abuse





Contributing Factors to Health Challenges and Inequalities Related to County Built Environment


There are a number of factors that affect the health of a community. When asked what is the most important health related issue or challenge facing Jefferson County, Ohio right now, nearly three-quarters of community partners, 71%, mentioned social determinants of health as an important health related issue or challenge. This included things such as affordable and available housing, employment and financial stability, and access to food. On the community survey, 18% of residents sought assistance for food in the past year while 13% sought assistance with utilities. In addition, community partners were asked to list some challenges residents in the county face in trying to maintain healthy lifestyles like exercising, eating healthy and/or trying to maintain chronic conditions like diabetes or heart disease. This was an open-ended question in which the respondent could give multiple responses. The most common challenges mentioned were lack of access and cost of healthy foods (57.1%) and lack of motivation (35.7%).

Personal income and poverty is another contributing factor to the county's health challenges. Residents in communities with the lowest income levels have the poorest health and the most difficulty in gaining access to health care. The percentage of the population in poverty in Jefferson County is higher than the state, 16.9% compared to 13.3%. When compared to other counties in the state, only 14 counties had higher poverty rates in 2023 than Jefferson (out of 88) counties. The age group with the highest poverty level is children under 5 with 26.7% of children under 5 being below poverty (*Source: U.S. Census Bureau 2023*). The poverty rate for female-headed households with children under 18 is significantly higher than married family households, 46.1% compared to 22.4%.

Financial difficulties extend well past the county residents that fall below the federal poverty line. ALICE is an acronym that stands for "Asset-Limited, Income-Constrained, Employed". These are households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county. When looking at three different household types and their household financial status, the most financially vulnerable group was single-female-headed households with children. In Jefferson County, 89% of households in this classification are below the ALICE threshold meaning that just 11% of single-female-headed households with children can afford the essentials. Comparatively, 21% of married households with children are below the ALICE threshold (*Source: 2024 ALICE Report Ohio, Jefferson County*).

Educational attainment also contributed. Only 20.6% of the county population over the age of 25 have a bachelor's degree or higher (compared to 32.0% in the state) (*Source: US Census Bureau, American Fact Finder*). In addition, there are no 4-year public universities located within Jefferson County and the only public community college within the county is currently in the process of closing. There are also no Ohio Technical Centers located within the County. This means there are limited secondary education options within the county limits. (*Source ODSA*). In Jefferson County, as in most other geographies, the lower the education level, the higher the poverty level for that demographic group (poverty rate for those with less than a high school diploma was 32.1% compared to 5.7% for college graduates). (*Source: U.S. Census Bureau 2023*).

Affordable Housing and Homelessness also contribute to Jefferson County's health challenges. On the community survey, the majority of residents, 84.0%, rated the availability of affordable housing as a very or moderately serious problem in the County while 79.1% felt that homeless was a very or moderately serious problem in the County. While the majority of community residents, 88%, reported having stable



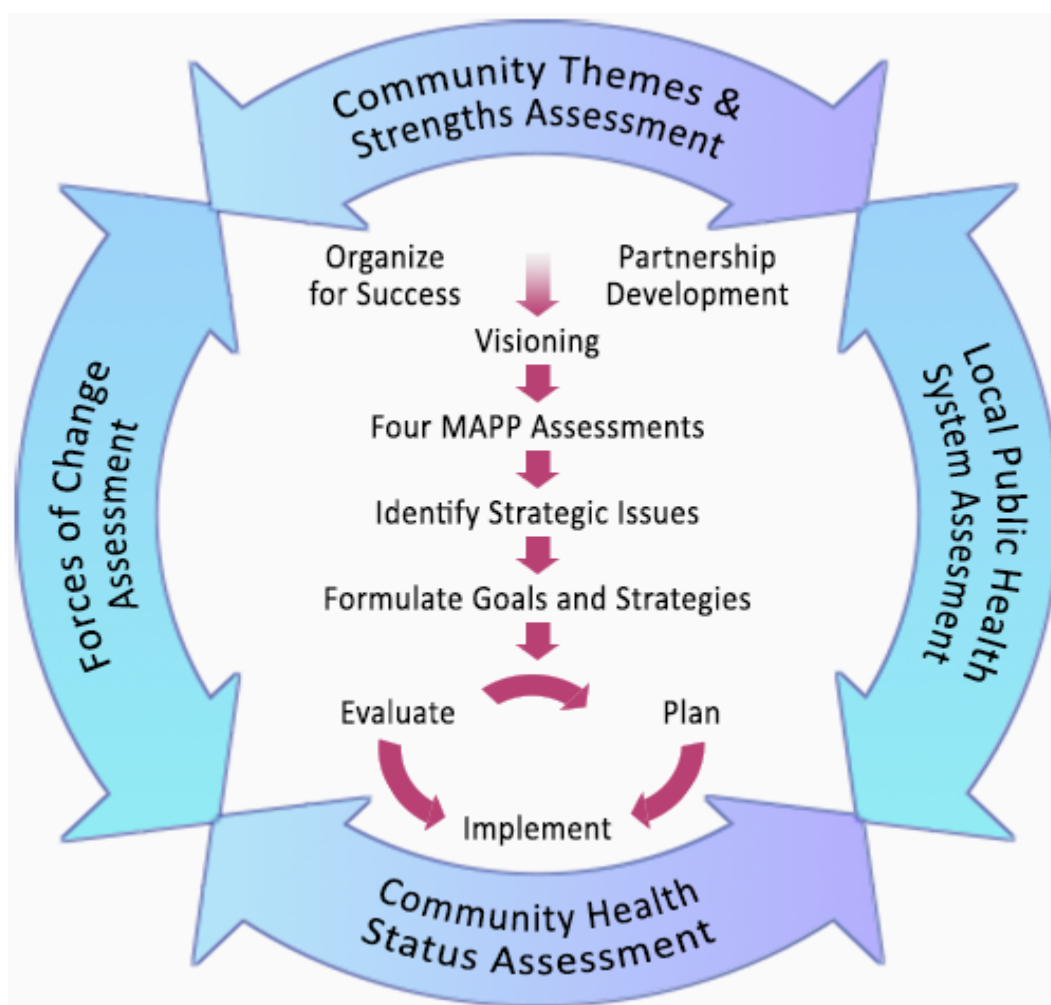
housing, a notable portion reported having housing but being worried about losing it (8%) or not having housing (3%). On the community partner survey, on a scale of 1 being not at all important and 10 being very important, community partners gave homelessness an importance rating of 8.10 and the availability of affordable housing an importance rating of 7.90. In addition, two-thirds, 67%, of community partners felt there were NOT enough services and programs currently available to address the homelessness needs in Jefferson County while 65% felt there were not enough services and programs to address the availability of affordable housing.

One last contributing factor to note in Jefferson County is **the aging population**, which is likely to increase over the next several years. Currently, the median age in the county, 44.3, is higher than the median age of 39.6 for the state. Also, 22% of the county population is aged 65 or over compared to 19% of the state's population and 18% of the United States population (*Source: U.S. Census Bureau 2023*). On the community partner survey, on a scale of 1 being not at all important and 10 being very important, community partners gave resources and services for seniors an importance rating of 7.70.

Transportation barriers are also a contributing issue to the county's health challenges. On the community survey, a notable percentage, 7.3% of residents or a loved one had sought assistance for transportation in the past year. More than half, 60.8%, felt that transportation was a very or moderately serious problem in the County. Nearly a fifth of community survey respondents, 19.7%, use a transportation method other than their own car most often when they need to get somewhere. The most common alternatives to having their own car include walking (9%) and family member or friend (8%). Community partners also noted the impact of transportation barriers several times. The majority, 81%, of community partners felt that there were NOT enough services and programs currently available to meet the transportation needs of Jefferson County. Also, on a scale of 1 being not at all important and 10 being very important, community partners gave transportation an importance rating of 8.57. When asked what are some problems, barriers, or gaps in services prevent residents from receiving the health related care and services they need, transportation was the most common response, given by 67% of community partners. In addition, only a fifth of community partners, 20%, agreed that *"Transportation for medical appointments is available for residents in Jefferson County when needed."*

Community Health Assessment Model

The Jefferson County General Health District adopted the Mobilizing for Action through Planning and Partnerships (**MAPP**) Model. **MAPP** is a community-wide strategic planning process that assists communities with prioritizing public health issues, identifying resources for addressing those issues, and developing a shared, long-term Community Health Improvement Plan (CHIP). **MAPP** is an evidence-based approach to improve public health practice that includes six phases and four assessments. The three significant components underlining the foundation of MAPP are strategic planning, collaboration, and quality improvement.



Process for Identifying Priority Health Needs

Analysis for the CHA included survey data in conjunction with health and demographic data. Using all data available, CMOR identified priority community health needs for the county. The data is included in this document. Findings from the secondary data reinforce the findings of the CHA Community Survey and Community Partner Survey.



REVIEW AND APPROVAL This CHA report was adopted by the Trinity Health System community board on June 20, 2025, and the Jefferson County General Health District Board of Directors on June 17, 2025.



Priority Health Needs

This section presents a summary of the priority health needs for Jefferson County (*in alphabetical order*). For each area, data is given to support the identified health need. In many cases there were significant differences between demographic groups. Priority health needs were identified after analyzing multiple sources of data as outlined in the Research Methodology appendix. The six priority health need areas were identified as common themes that appeared throughout the multiple sources of data and had adequate support to identify them as a significant issue.

ACCESS TO HEALTH CARE

HEALTH NEED: A portion of county residents do not have access to affordable basic health care services including primary care doctors. Access to medical specialists and dentists were also issues.

PRIMARY CARE

- On the community survey, more than two-thirds of residents, 69%, rated access to health care as a moderately or very serious problem facing Jefferson County.
- A tenth, 10% of community survey residents or a loved one sought assistance for healthcare in the past year while 9% sought assistance for dental care. A notable percentage, 8%, sought prescription assistance.
- On the community survey, a tenth of residents, 10%, reported they do not have one person or group they think of as their doctor or health care provider. Younger residents and those with lower education and income were more likely to report not having a primary care provider.
- On the community survey, nearly a quarter of residents, 23%, stated that they most often receive health care from a source other than a primary care or family doctor such as an emergency room (9%) or stat care (9%). In addition, nearly a third of residents, 31%, are not 'always' able to visit a doctor when needed.
- On the community survey, one fifth of residents, 20%, reported there were healthcare services that they or a family member needed in the past two years they were unable to get. The most common reason respondents were unable to get the service was that it was not available in the area.
- Less than half of community partners, 43%, named access to health care as the most important health related issue or challenge facing Jefferson County right now.
- On a scale in which 1 is 'not at all important' and 10 is 'very important', community partners gave access to primary care doctors/providers an importance rating of 7.90.
- More than half of community partners, 57%, felt there were NOT enough services and programs currently available to meet the access to primary care provider needs in Jefferson County right now.
- Nearly half, 48%, of community partners indicated that rural residents were not being adequately served by local health services.
- Two fifths of community partners, 40.0%, agreed, "*Residents in Jefferson County are able to access a primary care provider in the area when needed.*"
- In Jefferson County, there is 1 primary care physician for every 2,590 residents which is much worse than the state ratio of 1 PCP for every 1,330 residents. (*Source: County Health Rankings*).

DENTAL

- On the community survey, nearly two-thirds of residents, 65%, rated access to dental care as a moderately or very serious problem facing Jefferson County.
- Also on the community survey, over a third of residents, reported that they currently have dental issues needing addressed, 14% are unable to get the care they need.
- On a scale in which 1 is 'not at all important' and 10 is 'very important', community partners gave access to dental care an importance rating of 7.76.
- Nearly half of community partners, 48%, felt there were NOT enough services and programs currently available to meet the access to dental care needs in Jefferson County right now.

- Less than a third, 30%, of community partners agreed that *“Residents in Jefferson County are able to access a dentist when needed.”*
- In Jefferson County, there is 1 dentist for every 2,080 residents which is much worse than the state ratio of 1 dentist for every 1,530 residents. *(Source: County Health Rankings)*

SPECIALISTS

- On the community survey, nearly half of residents, 45%, reported that they have gone outside of Jefferson County for healthcare in the past year. The most common reasons for going outside of the county for care were the location and availability of the doctors. Medical specialists and primary care were the two more common types of services received.
- On a scale in which 1 is ‘not at all important’ and 10 is ‘very important’, community partners gave access to medical specialists an importance rating of 7.95.
- Two-thirds, 67%, of community partners felt there were NOT enough services and programs currently available to meet the medical specialist needs of Jefferson County right now.
- More than a quarter of community partners, 26.3%, agreed, *“Residents in Jefferson County are able to access medical specialists LOCALLY when needed (Cardiologist, Dermatologist, etc.).”*

BUILD ENVIRONMENT - TRANSPORTATION, FOOD, LOCATIONS FOR PHYSICAL ACTIVITY, CRIME AND SAFETY

HEALTH NEED: The way communities are created can have positive or negative effects on the physical and mental health of residents. The build environment must allow for engaging in healthy behaviors. The data collected identified areas of concern in transportation access, locations for physical activity, access to fresh food, and crime and safety.

TRANSPORTATION

- On the community survey, more than half of residents, 61%, rated transportation as a moderately or very serious problem facing Jefferson County.
- A notable percentage, 7%, of community survey respondents or a loved one had sought transportation assistance in the past year.
- Nearly a tenth, 8%, of community survey respondents reported not having access to reliable transportation when they need it while 20% use something other than their own car as a main source of transportation.
- On a scale in which 1 is ‘not at all important’ and 10 is ‘very important’, community partners gave transportation an importance rating of 8.57, the third highest of the seventeen issues asked about.
- Most, 81%, of community partners felt there were NOT enough services and programs currently available to meet the transportation needs of Jefferson County right now.
- More than half of community partners, 60.0%, **disagreed** that, *“Transportation for medical appointments is available for residents in Jefferson County when needed.”*
- When asked what problems, barriers, or gaps in services prevent residents from receiving the health-related care and services they need, the most common response, given by 67% of community partners, was transportation.
- The majority of the workforce in Jefferson County, 82%, drives alone to work which is an indicator of poor public transit infrastructure and sedentary behaviors. In addition, 31% of the workers in the county who drive to work alone commute more than 30 minutes. *(Source: County Health Ranking)*

LOCATIONS FOR PHYSICAL ACTIVITY

- The percentage of Jefferson County residents with access to locations for physical activity is significantly lower than the state average. Less than two-thirds of county residents, 65%, have access compared to a statewide average of 84%. *(Source: County Health Rankings)*

ACCESS TO FRESH FOOD

- Nearly a fifth, 18% of residents or a loved one had sought food assistance in the past year.

- On a scale in which 1 is 'not at all important' and 10 is 'very important', community partners gave food insecurity/access an importance rating of 7.86.
- Community partners were also asked to list some challenges residents in the county face in trying to maintain healthy lifestyles like exercising and eating healthy and/or trying to maintain chronic conditions like diabetes or heart disease. The most common response, given by 57.1% of respondents, was access to or cost of healthy foods.
- The percentage of the population who are food insecure or do not have access to a grocery store is slightly higher in Jefferson County than the state with more than a sixth, 18%, of county residents being designated as food insecure compared to the state. In addition, 25% of children in the county are food insecure (compared to 20% in the state). *(Source: Feeding America, Map the Meal Gap)*

CRIME AND SAFETY

- On the community survey, the majority of residents, 81%, rated crime and violence as a moderately or very serious problem facing Jefferson County.
- Nearly half of community survey respondents, 48%, keep firearms in or around their home. Of the residents 25% do not keep their firearms in a locked location and 31% keep them loaded.
- On a scale in which 1 is 'not at all important' and 10 is 'very important', community partners gave community safety, crime, and violence an importance rating of 8.00.
- More than half of community partners, 52%, felt there were NOT enough services and programs currently available to meet the community safety, crime and violence needs in Jefferson County right now.
- Nearly two-thirds, 60.0%, of community partners agreed, "*Jefferson County is a safe place to live.*"
- The firearm fatality rate, or number of deaths due to firearms per 100,000 population, is considerably higher in Jefferson County (18) than both the state (14) and national (13) rates. *(Source: County Health Rankings)*
- The rate of delinquency cases per 1,000 juveniles is higher in Jefferson County than the state, 26 compared to 22. *(Source: County Health Rankings)*

HEALTHY LIVING

HEALTH NEED: Living a healthy lifestyle means a lower risk of developing many illnesses, like heart disease and diabetes, which are prevalent in the county. A healthy lifestyle can also lead to better mental health as well.

- On the community survey, the majority of residents, 91%, rated obesity and healthy choices as a moderately or very serious problem facing Jefferson County.
- Less than half of community partners, 48%, named chronic diseases as the most important health related issue or challenge in Jefferson County right now while 43%, named obesity and healthy lifestyle choices.
- On the community survey, currently, 31% of residents report currently smoking every day or some days while 17% report using electronic cigarettes or vapes some days or every day.
- On the community survey, more than one third, 36%, have not exercised in the past month. The most common reasons for not exercising were physical limitations and lack of time.
- On the community survey, nearly two-thirds of respondents, 63%, reported they are overweight.
- On the community survey, residents spend an average of 4.22 hours a day watching television, 3.63 hours using social media, used their cell phone 3.41 hours a day, and spent 2.70 hours using their computer outside of school or work.
- Also on the community survey, slightly more than a third of respondents, 34%, reported having difficulty getting fresh fruits and vegetables.
- On the community survey, residents reported an average of 12.25 days in the past month that they did not get enough rest or sleep.
- Nearly a fifth, 19%, of community survey respondents reported eating three or more restaurant or takeout meals a week.

- On the community survey, chronic disease diagnosis was high in the following areas: high blood pressure (46%), arthritis (37%), high cholesterol (35%), and diabetes (19%).
- On a scale in which 1 is 'not at all important' and 10 is 'very important', community partners gave chronic diseases such as diabetes and high blood pressure an importance rating of 8.00 while obesity and healthy lifestyle choices had an average importance rating of 7.76.
- More than half of community partners, 62%, felt that there were NOT enough services and programs currently available to meet the obesity and healthy living needs of Jefferson County right now while 52% felt there were not enough services and programs to address the chronic disease needs of the county.
- The percentage of adults who smoke in the county is significantly higher than the state average, 24% in the county compared to 19% in Ohio and has increased over the most recent five years of data while the state average has decreased over the same time period. *(Source: County Health Rankings).*
- Nearly a third, 30%, of adults in Jefferson County are considered physically inactive, much higher than the state average, 25%. *(Source: County Health Rankings).*
- Nearly half of adults, 42%, in Jefferson County have a BMI of 30 or more, significantly higher than the state average of 38%. *(Source: County Health Rankings).*
- The top two causes of death in Jefferson County in 2023 were heart disease and cancer. *(Source: ODH Data Warehouse).*

HOUSING AND HOMELESSNESS

HEALTH NEED: Housing significantly impacts health, with unstable or poor quality housing often linked to health issues like poor mental health and increased risk of chronic diseases and injuries. Housing instability can also lead to food insecurity, substance abuse, and increased risk of violence.

- The majority of community survey respondents, 84%, rated the availability of affordable housing as a moderate or very serious problem facing Jefferson County. More than three-quarters, 79%, rated homelessness as a moderate or very serious problem.
- Nearly a sixth, 13%, of community survey respondents or a loved one sought utility assistance in the past year while an additional 7% sought assistance with a house repair and 4% had sought assistance with their rent or mortgage.
- While the majority of community survey respondents, 88%, indicated they have housing, a notable portion, 8%, have housing but are worried about losing it. A small number, 3%, do not have housing and 1% have temporary housing.
- According to the community survey, more than a tenth, 11%, of respondents have a problem with mold and, 8%, have a problem with rodents such as mice or rats or smoke detector issues. Slightly fewer, 6%, have issues with water leaks or bug infestation.
- On a scale in which 1 is 'not at all important' and 10 is 'very important', community partners gave homelessness an importance rating of 8.10, the fourth highest of the seventeen issues asked about. The availability of affordable housing had an average importance rating of 7.90.
- Two-thirds, 67%, of community partners felt there were NOT enough services and programs currently available to address homelessness in Jefferson County right now while 65% thought there were not enough services and programs to address the available affordable housing.
- Nearly half, 48%, of community partners indicated that the homeless/transient population was not adequately served by local health services.
- Nearly one in ten household in Jefferson County, 8.91%, rely on the Home Energy Assistance Program (HEAP) to help with the cost of utilities, nearly double the state average of 4.87%. *(Source: OHFA, 2024 Ohio Housing Needs Assessment)*

MENTAL HEALTH

HEALTH NEED: The need for mental health treatment and intervention continues to increase. High diagnosis rates for anxiety and depression as well as the number of residents feeling stressed or lonely/isolated substantiate this issue.

- On the community survey, most residents, 93%, rated mental health as a moderate or very serious problem facing Jefferson County.
- Nearly a sixth, 13% of residents or a loved one sought assistance for a mental health issue in the past year.
- On the community survey, more than a quarter, 27.4%, stated that their mental health was not good 11 or more days in the past month.
- On the community survey, nearly a third of respondents, 31%, felt so sad or hopeless almost every day for two weeks or more in a row in the past year that they stopped doing some usual activities and 10% reported seriously considering suicide sometime in their life.
- More than a fifth of community survey respondents, 21%, reported to have a high stress level on a typical day while another 44% said that their daily stress level was moderate.
- In terms of social connectedness, nearly a quarter of community survey respondents, 23%, only see or talk to someone they care about *once or twice a week* while nearly a fifth, 19%, reported they see or talk to people *less than once a week*.
- According to the community survey:
 - Nearly half of respondents, 46%, reported they or someone in their household have been diagnosed with depression.
 - Two fifths of respondents, 40%, reported they or someone in their household have been diagnosed with an anxiety disorder such as obsessive-compulsive disorder (OCD) or panic disorder.
- On the community partner survey, mental and behavioral health were named as one of the MOST important health related issues or challenges, named by 57% of community partners.
- On a scale in which 1 is 'not at all important' and 10 is 'very important', community partners gave mental health services an importance rating of 9.00, the second **highest** of the eleven issues asked about.
- Two thirds, 67%, of community partners felt that mental health was one of the top three issues, that if addressed, would have the largest positive impact on county residents.
- More than three quarters, 76%, of community partners felt there were NOT enough services and programs currently available to meet the mental health needs of Jefferson County right now.
- More than half, 52%, of community partners indicated that people with mental illness were not being adequately served by local health services.
- Nearly half of community partners, 45%, disagreed that, *"Residents are able to access mental and behavioral health providers in the area."*
- The average number of poor mental health days in Jefferson County was 6.0, slightly more than Ohio, 5.5 (*Source: County Health Rankings*).
- In Jefferson County, there is 1 mental health provider for every 330 residents which is slightly worse than the state ratio of 1 mental health provider for every 310 residents. (*Source: County Health Rankings*).

SUBSTANCE ABUSE

HEALTH NEED: Community residents and partners are extremely concerned with addiction and overdoses and the toll that it has taken on the community. Excessive alcohol and substance use can lead to an increased risk of other health problems such as injuries, violence, liver disease, and cancer.

- On the community survey, most residents, 95%, rated heroin or other illegal drug use as a moderate or very serious problem facing Jefferson County.
- A notable percentage, 6%, of community survey respondents or a loved one sought assistance with addiction services in the past year.
- On the community survey, more than a quarter of males, 26%, drank five or more drinks on one occasion at least once in the past month. For females, 19% binge at least once (4 or more drinks on one occasion).
- On the community survey, nearly one in ten respondents, 9%, reported driving after drinking any alcoholic beverages during the past month.
- More than a quarter, 28%, of community survey respondents felt that it is okay for a person under the age of 21 to drink alcohol as long as they do not drive.
- Also on the community survey, more than a quarter of respondents, 28%, reported that they or someone in their household had used marijuana in the past six months.
- Nearly a sixth of community survey respondents, 14%, stated that they, a family member, or friend needed drug or alcohol treatment in the past year.
- On the community partner survey, more than half of community partners, 57%, named substance abuse and illegal drug use as the most important health related issue or challenge facing the county.
- On a scale in which 1 is 'not at all important' and 10 is 'very important', community partners gave substance use an importance rating of 9.05, the highest of the seventeen issues asked about.
- More than half, 57%, of community partners felt that substance abuse/illegal drug use was one of the top three issues, that if addressed, would have the largest positive impact on county residents.
- Most, 81% of community partners felt there were NOT enough services and programs currently available to meet the substance abuse needs of Jefferson County right now.
- More than two fifths, 43%, of community partners indicated that people addicted to drugs and alcohol were not being adequately served by local health services.
- The percentage of driving deaths with alcohol involvement in Jefferson County was notably higher than the state, 36% compared to 32%. *(Source: County Health Ranking)*
- On average, 60% percent of client admissions in the county were associated with a primary diagnosis of opiate use disorder in SFY 2022, much higher than the state average of 47%. *(Source: Ohio Mental Health and Addiction Services).*
- The number of unintentional drug overdose deaths in Jefferson County has increased significantly since 2017 from 28 to 35. The unintentional drug overdose death rate also increased significantly over the last 5 years from 50.6 to 69.0 which is also higher than the state rate of 46.8. *(Source: Ohio Department of Mental Health and Addiction Services).*



Community Health Improvement Progress Report

Jefferson County General Health District (2021-2024)

This section summarizes actions taken by JCGHD to address health priorities identified in the previous Community Health Assessment.

Priority #1: Maternal and Child Health (especially low birth weight)

Referrals to programs such as Help Me Grow and Cribs for Kids are on the rise, solidifying the need for these programs in the community.

Help Me Grow	Cribs for Kids
2022 - 4	2022 – 53
2023 - 4	2023 – 52
2024 – 23	2024 – 79

The Jefferson County Diaper Bank located at the JCGHD opened in February of 2024. The Diaper Dank has served 249 Families, 359 individual children with a total of 23,065 diapers distributed. Additionally, the JCGHD began distributing car seats in 2023 and eventually took over the Ohio Buckles Buckeyes program for Jefferson County in 2024. The Nursing Department partnered with Ohio based managed care plans, WIC, Help Me Grow, and other county agencies for events such as the Women’s Wellness Event, Community Baby Shower, and diaper bag distribution at Trinity Women’s Health. Lastly, Nursing began hosting quarterly safe sleep stakeholder meetings at AIM Women’s Center starting in 2024.

Priority #2: Mental Health and Substance Use

Jefferson County has experienced a decrease in fatal overdoses year over year from 2022 – 2024. In 2022 there were 40 fatal overdoses. This total was decreased by 45% in 2023 to 22 fatal overdoses. In 2024, another 20% from the baseline was decreased to 14 fatal overdoses. Participation in the Healing Communities study was a large contributor to this success. The JCGHD and other community partners took the lead to distribute naloxone, heavily reduced stigma, and increased awareness for treatment options. Additionally, the JCGHD began hosting overdose fatality reviews in 2022 to foster cross sector conversations around fatal overdose prevention.

In 2023 and 2024, the JCGHD participated in the Jefferson County Juvenile Task Force which aimed to address mental health in adolescence. Presentation topics included internet/social media behaviors and overcoming life’s challenges through self-worth. Furthermore, funding was secured by the JCGHD through the OneOhio Recovery Foundation to offer PreVenture in Jefferson County schools in 2025 and 2026. PreVenture is an evidence-based prevention program that uses brief, personality-focused workshops to promote mental health and delay substance use among youth.

Priority #3: Environmental Health

The Environmental Department instituted a streamlined nuisance procedure in 2022. This procedure includes an initial notice, first re-inspection notice, second re-inspection notice, and referral to the Board of Health if the nuisance has not been abated. The procedure contains inspection fees of \$100 and \$200 for non-compliance. While this procedure allows adequate time for property owners to abate a nuisance, the fees have been unsuccessful and the process is lengthy. The JCGHD may revisit this procedure in the near future. In total, there were 98 nuisance investigations in 2022, 144 in 2023, and 156 in 2024. The Environmental Department works hard to keep up with the large number of nuisances while managing their other roles and responsibilities in the county.



**Priority #4: Healthy Living Improving**

While Jefferson County has continued to lag behind state and national averages for health outcomes and health factors, the JCGHD will remain diligent in offering health programs in the community. Over the last several years, the JCGHD has hosted a number of 5K Runs/Walks, fitness programs in partnership with the YMCA, and provided health education at targeted locations such as local food pantries and public libraries. Our team has expanded county wide education and communication, and this goal will be expanded as a quarterly newsletter will be developed in 2025.



Community Health Improvement Progress Report

Trinity Health System (2021-2024)

Addressing Food Insecurity for a Healthier Community

Trinity Health System is committed to improving the health and well-being of the Ohio Valley. Our Community Health Needs Assessment identified hypertension, diabetes, obesity and heart disease as significant concerns, and we have taken proactive steps over the past three years to address this critical issue.

Investment in Local Organizations:

Access to healthy food options contributes to the identified health disparities. Trinity Health System has invested over \$100,000 in local organizations dedicated to combating food insecurity. These funds have been strategically allocated to support initiatives that provide fresh produce and healthy meals to those in greatest need within our community.

Key Partnerships:

We have established strong partnerships with the Ohio Valley Health Center and Urban Mission, working collaboratively to expand our reach and impact. These partnerships have enabled us to serve more residents than ever before, ensuring that vulnerable populations have access to nutritious food options.

Impact and Outcomes:

By addressing food insecurity, we aim to improve the overall health of our community and reduce the incidence of chronic diseases such as hypertension and diabetes, which were also identified as key concerns in our needs assessment. Access to healthy food is a fundamental building block for a healthier life, and we are committed to supporting initiatives that promote food security for all residents of the Ohio Valley.

Looking Ahead:

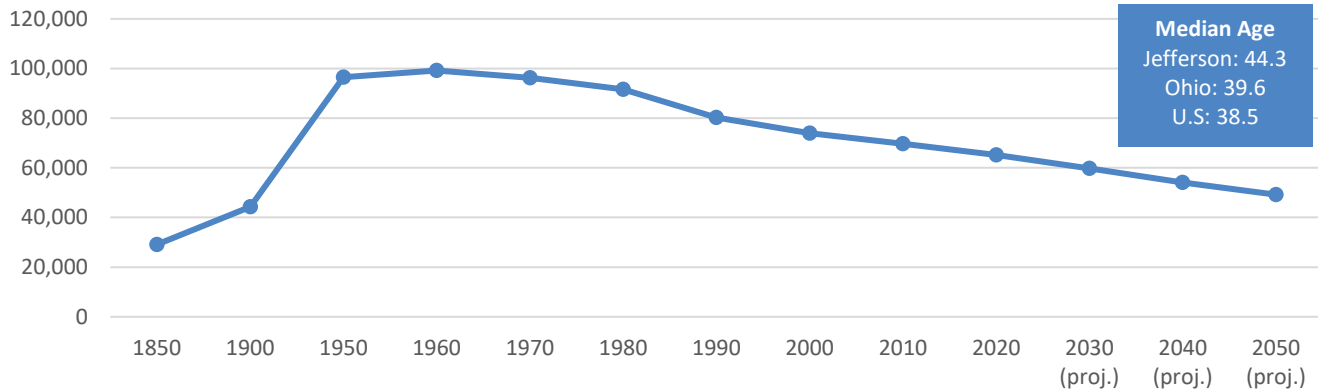
Trinity Health System remains dedicated to addressing food insecurity and other critical health needs in our community. We will continue to invest in local organizations, strengthen our partnerships, and monitor the impact of our initiatives to ensure that we are making a meaningful difference in the lives of those we serve.



Jefferson County Demographic Profile

Jefferson County is located in an industrial area along the Ohio River in eastern Ohio. It is about 50 miles south of Youngstown and 35 miles west of Pittsburgh. Jefferson County covers a span of 408 square miles and is the 66th largest county in Ohio by total area. The county ranks 38 out of 88 in terms of population and has a current population of 64,026. Jefferson County's population is projected to decrease by more than 23% between now and 2050. The median age in the county, 44.3, is higher than the median age of 39.6 for the state.

Jefferson County Population Trends and Projections



County Population Trends & Projections

	Jefferson County	Ohio			Jefferson County	Ohio
1850	29,133	1,980,329		2010	69,709	11,536,504
1900	44,357	4,157,545		2020	65,249	11,799,448
1950	96,495	7,946,627		2023	64,026	11,785,935
1960	99,201	9,706,397		2030	59,792	11,694,767
1970	96,193	10,652,017		2040	54,062	11,425,531
1980	91,564	10,797,630		2050	49,166	11,123,896
1990	80,298	10,847,115		Change 2023-2050	-23.2%	-5.6%
2000	73,894	11,353,140				

SOURCE: Ohio Development Services Agency, U.S. Census

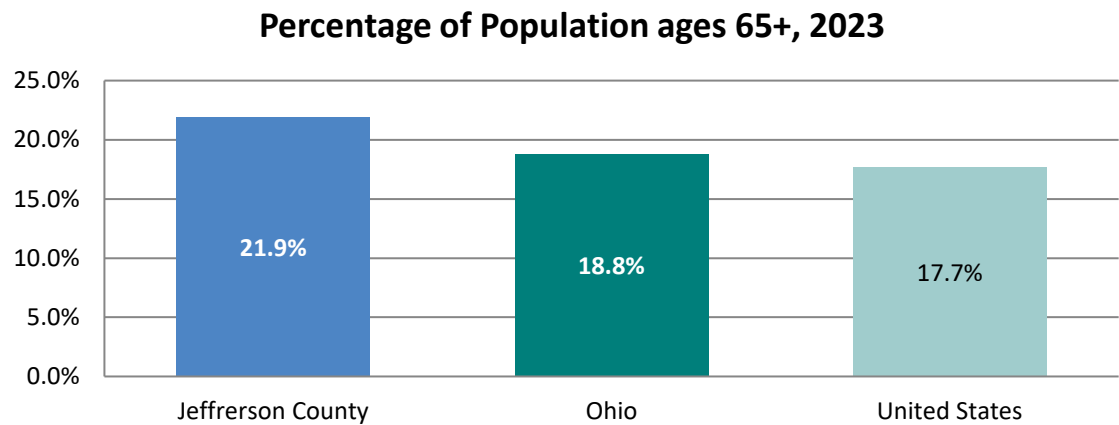
County Population Trends - Children

	Jefferson County		Ohio	
	Under 5	Under 18	Under 5	Under 18
2013	3,358	13,719	706,270	2,695,816
2014	3,268	13,485	699,929	2,673,661
2015	3,277	13,390	695,821	2,656,019
2016	3,326	13,218	695,552	2,639,860
2017	3,355	13,129	695,422	2,627,168
2018	3,317	12,959	695,575	2,618,168
2019	3,324	12,832	694,456	2,605,010
2020	3,304	12,664	692,569	2,593,988
2021	3,282	12,865	688,837	2,629,989
2022	3,285	12,580	676,198	2,593,322
Change 2013 to 2022	-2.2%	-8.3%	-4.3%	-3.8%

SOURCE: U.S. Census Bureau, American Community Survey 5-year estimates, Table: B09001

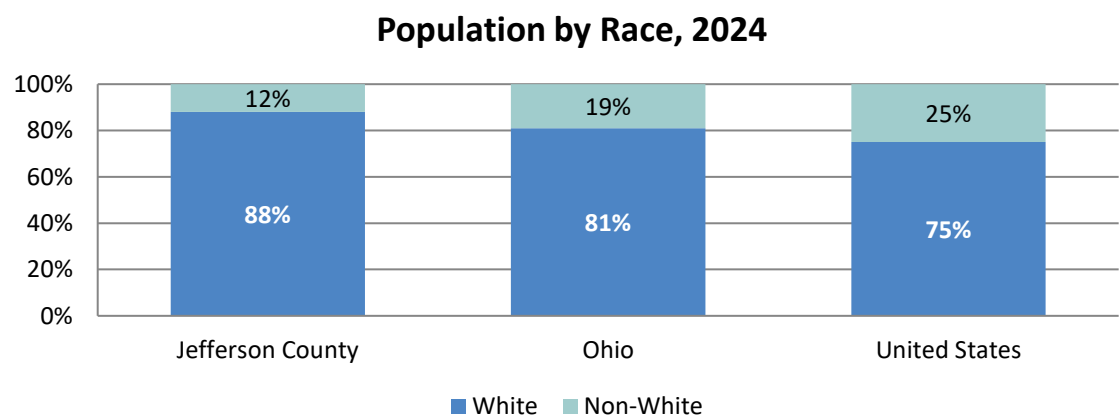


As shown in the graph below, Jefferson County has a higher percentage of the population ages 65 and over compared to both Ohio and the country.



Data Source: US Census Bureau, Table: S0101

Jefferson County is much less diverse than the state of Ohio with just 9% of the population being non-white compared to 19% in the state and 25% in the country.



County Population by Race, 2024						
	White	Black	Native American	Asian	Pacific Islander	Two or more races
Jefferson County	90.8%	5.5%	0.3%	0.6%	0.1%	2.8%
Ohio	80.6%	13.4%	0.3%	2.8%	0.1%	2.7%
United States	75.3%	13.7%	1.3%	6.4%	0.3%	3.1%

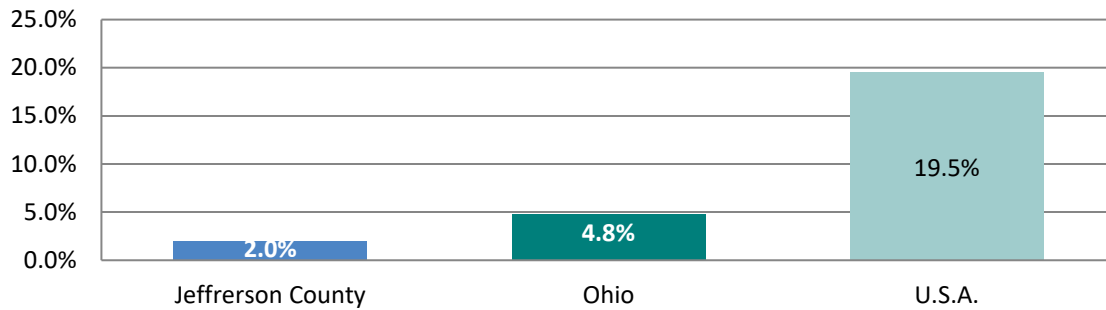
SOURCE: U.S. Census Bureau, QuickFacts, Jefferson County Ohio





The percentage residents in Jefferson County that are Hispanic or Latino is also much lower, 2.0%, than it is in Ohio (4.8%) and the Country as a whole (19.5%).

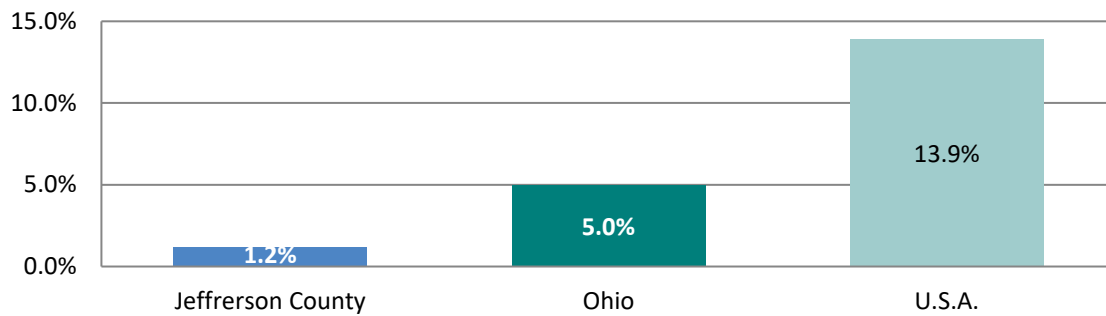
Percentage of Population Hispanic or Latino, 2024



Data Source: US Census Bureau, Decennial Census, Table: P9

The percentage residents in Jefferson County that are foreign born is much lower, 1.2%, than it is in Ohio (5.0%) and the Country as a whole (13.9%).

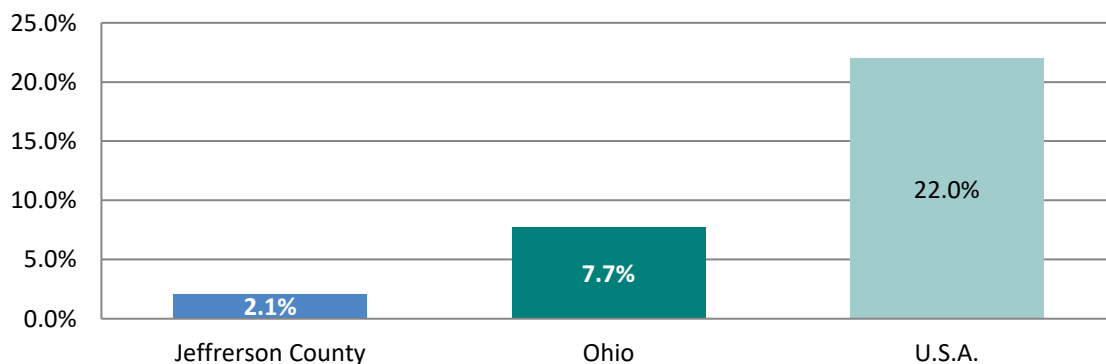
Percentage of Population Foreign Born, 2023



Data Source: US Census Bureau, ACD 5-Year Estimates, Table: DP02

The percentage residents in Jefferson County who speak a language other than English is also much lower, 2.1%, than it is in Ohio (7.7%) and the Country as a whole (22.0%). The most common languages other than English spoke in Jefferson County in 2023 were other Indo-European languages such as French, German or Russian (1.0%) and Spanish (0.9%).

Percentage Speak Language Other than English, 2023

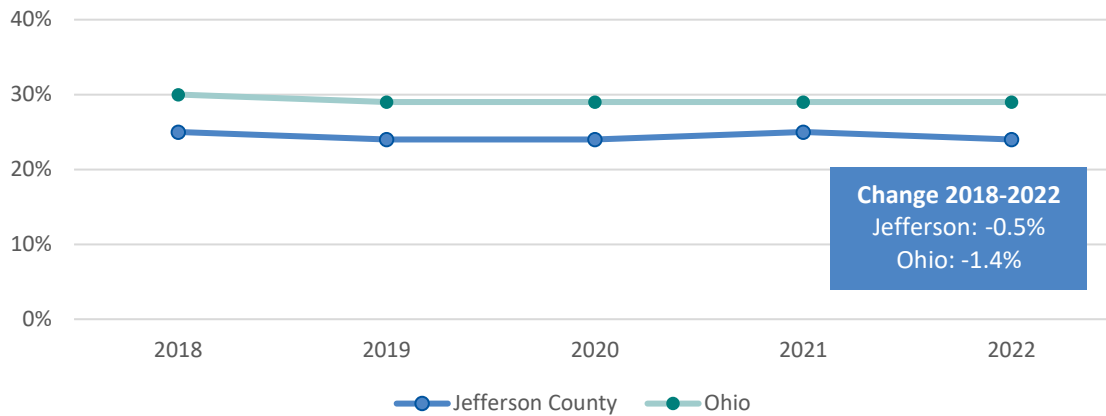


Data Source: US Census Bureau, ACD 5-Year Estimates, Table: S1601



A slightly lower percentage of households in the county than in the state have children in the household (24.2% compared to 28.5%). This percentage has slightly decreased over the past five years.

Families with Children as a Percent of Households



Families with Children as a Percent of Households

County	2018	2019	2020	2021	2022	Change
Jefferson County	24.7%	23.8%	24.1%	25.2%	24.2%	-0.5%
Ohio	29.6%	29.3%	28.9%	28.8%	28.5%	-1.4%

SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, table: S1101

In 2022, less than half, 44.9%, of households were married couple households. Almost a quarter of households, 24.2%, had children under the age of 18 and more than one third, 38.0%, had at least one adult age 65 and over. Both average household and family size has remained relatively stable over the past five years.

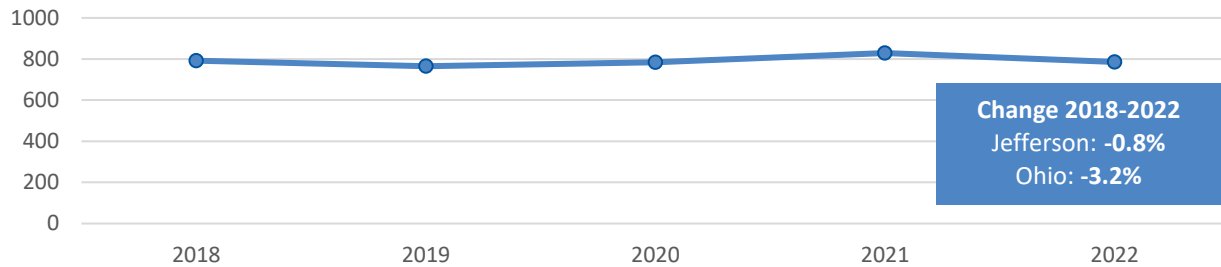
Jefferson County Households by Type

	2018	2019	2020	2021	2022	Change
Total households	27,363	27,428	27,541	26,776	26,973	1.4%
<i>Family households</i>	<i>17,336</i>	<i>17,171</i>	<i>17,431</i>	<i>16,984</i>	<i>16,643</i>	-4.0%
<i>Nonfamily households</i>	<i>10,027</i>	<i>10,257</i>	<i>10,110</i>	<i>9,792</i>	<i>10,330</i>	3.0%
Married couple	12,529	12,539	12,758	12,527	12,112	-3.3%
Married couple with kids	3,634	3,469	3,538	3,688	3,472	-4.5%
Male, with own kids	694	625	733	696	678	-2.3%
Female, with own kids	1,558	1,664	1,575	1,466	1,633	4.8%
Households with children	24.7%	23.8%	24.1%	25.2%	24.2%	-0.5%
Households with 60+	47.9%	48.7%	48.1%	49.3%	49.8%	+1.9%
Households with 65+		-	-	37.7%	38.0%	-
Average household size	2.36	2.33	2.31	2.37	2.34	-0.02
Average family size	2.92	2.91	2.86	2.94	2.96	+0.04

SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table: S1101

Children living with their grandparents in Jefferson County has decreased slightly since 2018, (0.8%) while the percentage at the state level has decreased more rapidly (3.2%).

Number of Households with Grandparents living with Grandchildren



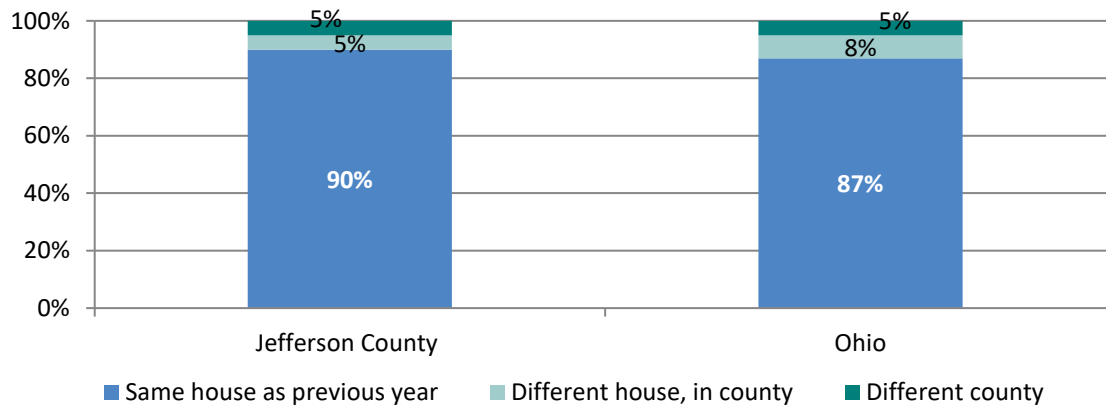
Number of Grandparents Raising Grandchildren

County	2018	2019	2020	2021	2022	% Change
Jefferson County	792	765	784	829	786	-0.8%
Ohio	147,957	148,313	146,440	145,110	143,159	-3.2%

SOURCE: US Census Bureau, American Community Survey, Table:B10063

Residents of Jefferson County tend to be slightly less geographically mobile than Ohio with the majority, 90%, living in the same house as last year.

Geographic Mobility, 2024



Geographic Mobility, 2024

	Same house as previous year	Different house, in county	Different County, in state	Different state	Abroad
Jefferson County	90.0%	5.4%	1.9%	2.5%	0.2%
Ohio	87.0%	7.7%	3.3%	1.7%	0.3%

SOURCE: Ohio Development Services Agency, Ohio County Profiles

Community Assets & Resources

HEALTH CARE ASSETS AND RESOURCES

The ratio of population to primary care physicians, mental health providers, and dentists is worse in Jefferson County than Ohio; (1) for primary care physicians, the ratio was nearly two times higher in Jefferson, (2) for mental health providers, the ratio was slightly higher in Jefferson, (3) for dentists, the ratio is almost 1.5 times higher in the county than the state. There is one registered hospital located in Jefferson County, Trinity Health System.

Health Care Summary, 2024		
	Jefferson County	Ohio
Ratio of population to primary care	2,590:1	1,330:1
Ratio of population to mental health	330:1	310:1
Ratio of population to dentists	2,080:1	1,530:1
Number of registered hospitals*	1	205
Number of hospital beds*	308	40,623
Licensed nursing homes*	9	929
Number of beds*	568	82,524
Licensed residential care*	1	811
Number of beds*	69	67,941
SOURCE: County Health Rankings: Original source- National Center for Health Statistics		
*Ohio Development Services Agency, Ohio County Profiles		

EDUCATION ASSETS AND INFORMATION

There are eight school districts in the County: Buckeye Local Schools, Edison Local Schools, Harrison Hills City Schools, Indian Creek Local Schools, Jefferson County JVS, Steubenville City Schools, Southern Local School District, and Toronto City Schools. The average expenditure per student is less than the state average, \$10,262 compared to \$11,920. The graduation rate for Jefferson County is slightly higher than the state, 91.9% compared to 91.6%.

There are no 4-year public universities located within Jefferson County. Franciscan University of Steubenville is a private Franciscan university that offers 40 undergraduate and 8 graduate degree programs. Fall 2023 enrollment was 3,750 students. Eastern Gateway Community College Jefferson County Campus is a public community college also located in Steubenville. However Eastern Gateway is no longer accepting students as it is preparing to close. There are also no Ohio Technical Centers located within the County.

County Education Information, 2024		
	Jefferson	Ohio
Public school buildings	22	3,048
# public students	8,273	1,485,528
# public teachers	696	112,894.2
Expenditures per student	\$10,262	\$11,920
Graduation Rate	91.9%	91.6%
# private schools	4	711
# private students	966	169,514
# 4-yr public universities	0	43
# 2-year public colleges	1	19
# Private colleges and universities	1	48
Public libraries (Main/Branches)	1/7	723
SOURCE: Ohio Development Services Agency, Ohio County Profiles		



MAJOR EMPLOYERS

Twelve of the major employers in Jefferson County are listed in the table below.

Jefferson County Major Employers <i>(in alphabetical order)</i>	
AEP	Jefferson County Government
Buckeye Local Schools	JSW Steel
Carriage Inn of Steubenville	Steubenville City Schools
Edison Local Schools	Titanium Metal Corps/Timet
Franciscan University of Steubenville	Trinity Health System
Indian Creek Local Schools	Wal-Mart Stores
SOURCE: Ohio County Profiles, Jefferson County, 2024 Edition, Ohio Department of Development	



Community Health Assessment:

Detailed Results

The three data components included in this assessment include:

- **Community Survey** - A community survey of a representative sample of 400 adults in the county. The survey questions focused on the following areas: community need and social determinants, access to care, mental health and substance abuse, healthy living, vaccinations, chronic diseases, and transportation.
- **Secondary Data Analysis** - Main sources of data include the American Fact Finder, Ohio Department of Health, and County Health Rankings.
- **Community Partner Survey**- In addition to the data mentioned above, additional data was gathered in order to provide some contextual information to the primary and secondary data. This included a Community Partner survey which consisted of an online survey completed by 21 community partners who have knowledge of and/or experience in community health issues.

More detailed information about the data components can be found in the Research Methodology appendix.

THE RESULTS ARE BROKEN DOWN INTO THE FOLLOWING TOPIC AREAS:

- Community Needs
- Social Determinants
- Personal Health Status
- Access to Health Care
- Mental Health
- Oral Health
- Smoking/Tobacco Use
- Alcohol and Substance Abuse
- Maternal, Infant, and Child Health
- Healthy Living
- Communicable Diseases, Vaccinations and Prevention Services
- Chronic Disease Management
- Transportation
- Housing
- Environmental Quality
- Safety, Injury and Violence
- Reproductive and Sexual Health

COMMUNITY NEEDS

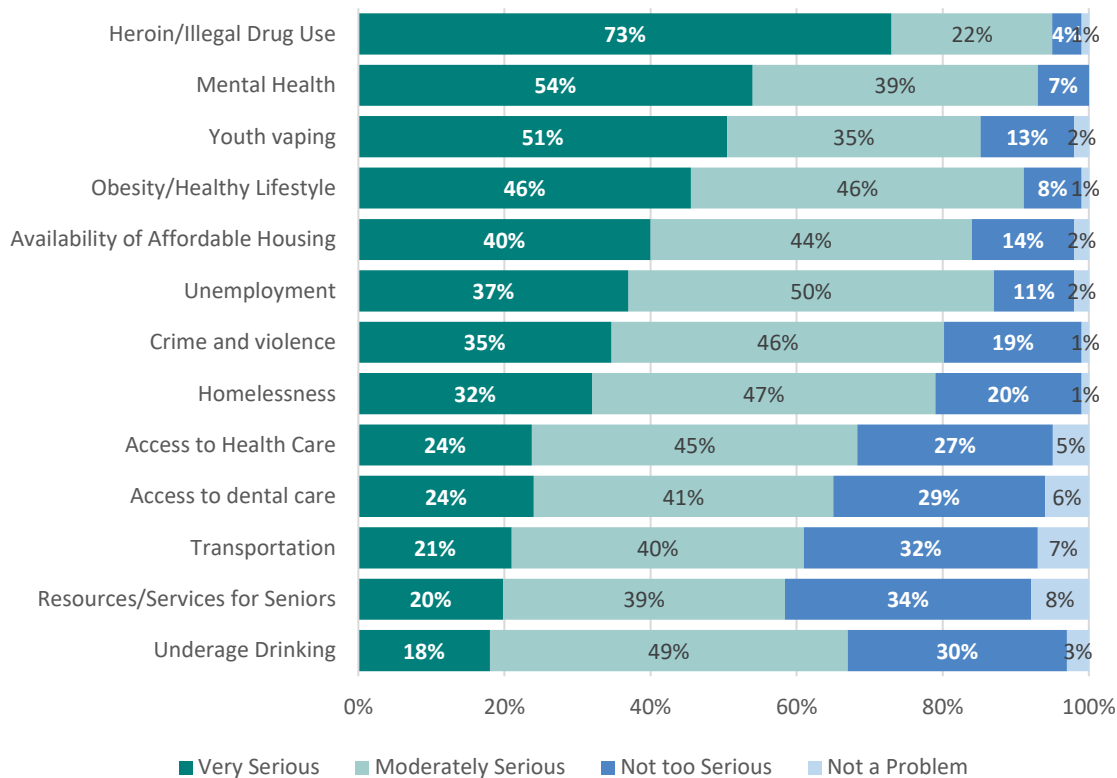
COMMUNITY SURVEY

Summary: Community Needs			
		% of responses	N
Seriousness of Problems in Jefferson County <i>(% rating it as very or moderately serious)</i>	Heroin or other illegal drug use	95.2%	400
	Mental health	93.0%	
	Obesity and healthy choices	91.3%	
	Unemployment	87.3%	
	Youth vaping	85.5%	
	Availability of affordable housing	84.0%	
	Crime and violence	80.5%	
	Homelessness	79.1%	
	Access to health care	68.5%	
	Underage drinking	66.8%	
	Access to dental care	65.3%	
	Transportation	60.8%	
	Resources/Services for Seniors	58.4%	
	Food	18.0%	
Sought assistance in past year for . . .	Utilities	13.0%	400
	Mental health issues	13.0%	
	Medicare or other health insurance	11.8%	
	Healthcare	10.3%	
	Dental care	8.8%	
	Prescription assistance	7.8%	
	Transportation	7.3%	
	Home repair	6.5%	
	Addiction services	5.8%	
	Clothing	5.3%	
	Rent/mortgage assistance	4.3%	
	Employment	3.5%	
	Shelter	3.3%	
	Legal aid services	3.0%	
	Childcare	2.8%	
	Unsafe structural issues with housing	1.0%	
	Unplanned pregnancy	0.0%	
	None of the above	57.5%	

All respondents were given a list of thirteen problems and asked how serious they thought each problem was in Jefferson County on a scale of 'not a problem' to 'very serious'. Each problem is discussed in more detail below.

Seriousness of Problems

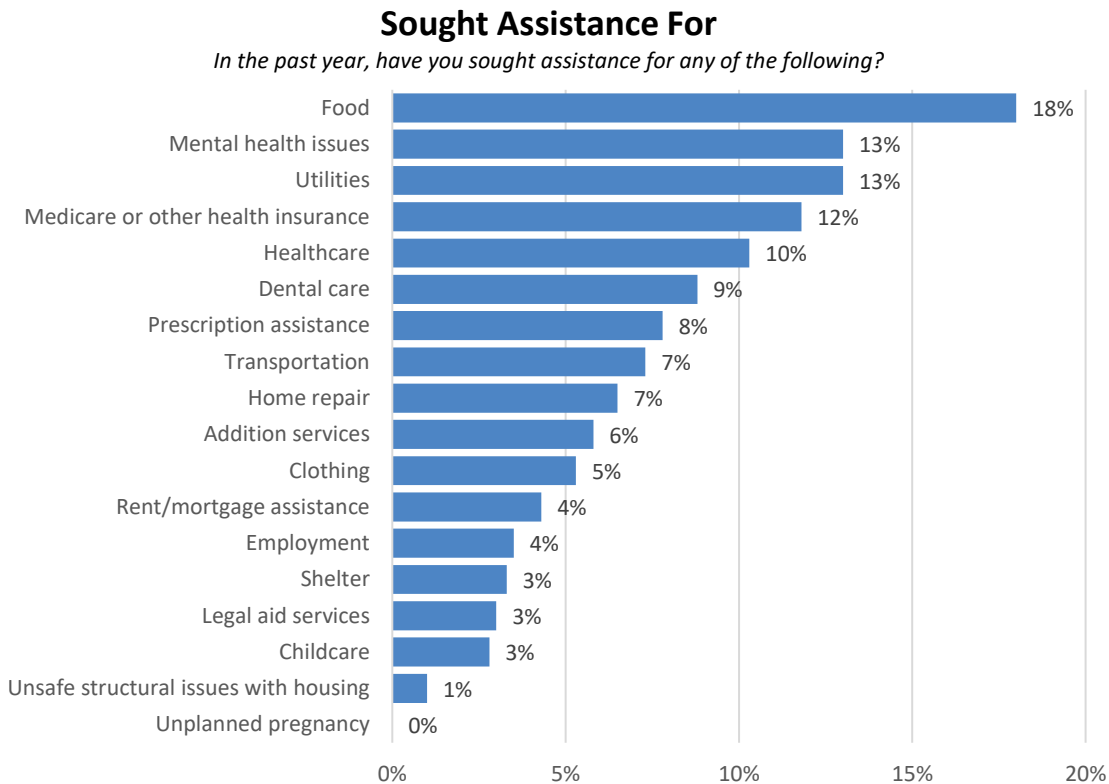
For each of the following, would you say that it is a very serious problem in Jefferson County today, a moderately serious problem, not too serious, or not really a problem at all?



- Heroin or other Illegal Drug Use-** The majority of residents, 95%, felt that heroin or other illegal drug use was a serious problem in the county with 73% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include residents with an annual income under \$50,000, those who are retired, residents with health insurance, residents without reliable transportation, and homeowners.
- Mental Health-** Slightly fewer residents, 93%, felt that mental health was a serious problem in the county with 54% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include females, residents ages 18 to 44, those who are not retired, respondents who don't have enough to meet basic expenses, residents with unstable housing, and those with children in the home.
- Obesity and Healthy Lifestyle Choices-** Most residents, 91%, felt that obesity and healthy lifestyle choices were a serious problem in the county with 46% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include residents ages 65 and over, those with some college or more education, residents with an annual income over \$75,000, those who are employed part-time, homeowners, respondents who live comfortably, those who report being overweight, those with reliable transportation, and residents with a disability in the household.
- Unemployment-** Most residents, 87%, felt that unemployment was a serious problem in the county with 37% rating it as a very serious problem. Residents who are employed part-time and those with health insurance were more likely to rate this as a very serious problem.
- Youth vaping-** Nearly the same percentage, 86%, felt that youth vaping was a serious problem in the county with 51% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include females, married residents, those who are employed, and homeowners.

- **Availability of Affordable Housing-** Slightly fewer residents, 84%, felt that the availability of affordable housing was a serious problem in the county with 40% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include residents ages 18 to 64, those with an annual income under \$25,000, single residents, those who are employed part-time, renters, non-veterans, those with a disability in the household, respondents who just meet their basic expenses or don't even have enough to meet basic expenses, residents with unstable housing, those without reliable transportation, and non-Steubenville residents.
- **Crime and violence-** The majority of residents, 81%, felt that crime and violence was a serious problem in the county with 35% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include residents with a high school diploma or less education, those with an annual income under \$50,000, unemployed residents, those without health insurance, residents without reliable transportation, and renters.
- **Homelessness-** More than three quarters of residents, 79%, felt that homelessness was a serious problem in the county with 32% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include females, unemployed residents, residents without reliable transportation and renters.
- **Access to Health Care-** More than two-thirds of residents, 69%, felt that access to healthcare was a serious problem in the county with 24% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include females, residents ages 18 to 64, those with an annual income under \$25,000 to \$50,000 to \$75,000, single residents, those who are employed part-time or unemployed, respondents who don't have enough to meet basic expenses, and renters.
- **Underage Drinking-** Two-thirds of residents, 67%, felt that underage drinking was a serious problem in the county with 18% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include residents ages 18 to 44, those who are employed part-time, residents with unstable housing, those without reliable transportation, and renters.
- **Access to dental care-** Fewer, 65%, felt that access to dental care was a serious problem in the county with 24% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include females, residents with a high school diploma or less education, those with an annual income under \$50,000 (especially those with an income under \$25,000), single residents, those who are employed part-time or unemployed, renters, those with a disability in the household, respondents who don't have enough to meet basic expenses, residents with unstable housing, those without reliable transportation, and non-Steubenville residents.
- **Transportation-** Less than two-thirds of residents, 61%, felt that transportation was a serious problem in the county with 21% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include residents with a high school diploma or less education, those with an annual income under \$25,000, divorced residents, those who are unemployed, renters, residents with unstable housing, those without reliable transportation, and residents with a disability in the household.
- **Resources and Services for Seniors-** More than half of residents, 58%, felt that resources and services for seniors were a serious problem in the county with 20% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include females, residents who are employed part-time, residents with a disability in the household, and non-Steubenville residents.

Next, all respondents were given a list of eighteen issues and asked if they sought assistance for each issue in the past year. Each issue is discussed in more detail below.



- ✓ **FOOD-** One-sixth, 18%, of respondents sought assistance for food in the past year. Groups of residents more likely to have sought assistance in this area include females, residents with children in the home, those ages 18 to 44, residents with a high school diploma or less education, those with an annual income under \$25,000, single or divorced residents, those who are unemployed or working part-time, renters, households with someone with a disability, respondents who don't have enough to meet basic expenses, residents with unstable housing, those without reliable transportation, and non-Steubenville residents.
- ✓ **UTILITIES-** Less than one-sixth, 13%, sought assistance for utilities in the past year. Groups of residents more likely to have sought assistance in this area include females, residents with children in the home, those ages 18 to 64, residents with a high school diploma or less education, those with an annual income under \$25,000, non-married residents, those who are unemployed, renters, non-veteran households, respondents who are able to just meet basic expenses or who don't have enough to meet basic expenses, residents with unstable housing, those without reliable transportation, and households with someone with a disability.
- ✓ **MENTAL HEALTH ISSUES-** The same percentage, 13%, sought assistance for mental health issues in the past year. Groups of residents more likely to have sought assistance in this area include females, residents with children in the home, those ages 18 to 44, residents with a high school diploma or less education, those with an annual income under \$25,000, single or divorced residents, those who are unemployed, renters, respondents who don't have enough to meet basic expenses, residents with unstable housing, those without reliable transportation, and households with someone with a disability.
- ✓ **MEDICARE OR OTHER HEALTH INSURANCE-** Slightly fewer respondents, 12%, sought assistance in the past year for Medicare or other health insurance. Groups of residents more likely to have sought assistance in this area include residents with some college or less education, those with an annual income under \$50,000, residents who are unemployed or working part-time, respondents who don't have enough to meet basic expenses, and households with someone with a disability.

- ✓ **HEALTHCARE-** One in ten residents, 10%, of respondents sought Healthcare assistance in the past year. Groups of residents more likely to have sought assistance in this area include females, residents with children in the home, those with an annual income under \$25,000, single residents, those who are unemployed or working part-time, respondents who don't have enough to meet basic expenses, residents with unstable housing, those without reliable transportation, and households with someone with a disability.
- ✓ **DENTAL CARE-** Less than one in ten, 9%, respondents sought assistance in the past year for dental care. Groups of residents more likely to have sought assistance in this area include residents with children in the home, those ages 18 to 44, those with an annual income under \$25,000, single residents, respondents who don't have enough to meet basic expenses, residents with unstable housing, and those who are unemployed or working part-time.
- ✓ **PRESCRIPTION ASSISTANCE-** Slightly fewer respondents, 8%, sought prescription assistance in the past year. Groups of residents more likely to have sought assistance in this area include respondents who don't have enough to meet basic expenses and households with someone with a disability.
- ✓ **TRANSPORTATION-** Similarly, 7% of respondents sought assistance in the past year for transportation. Groups of residents more likely to have sought assistance in this area include females, residents with children in the home, those ages 18 to 44, residents with a high school diploma or less education, those with an annual income under \$25,000, widowed or single residents, those who are unemployed or working part-time, renters, non-veteran households, respondents who don't have enough to meet basic expenses, residents with unstable housing, those without reliable transportation, and households with someone with a disability.
- ✓ **HOME REPAIR-** The same percentage, 7% of respondents sought assistance in the past year for home repair. Groups of residents more likely to have sought assistance in this area include widowed residents and homeowners.
- ✓ **ADDICTION SERVICES-** Slightly fewer respondents, 6%, sought assistance in the past year for addiction services. Groups of residents more likely to have sought assistance in this area include residents with children in the home, those ages 18 to 44, residents with a high school diploma or less education, those with an annual income under \$50,000, divorced residents, those who are unemployed, renters, respondents who don't have enough to meet basic expenses, residents with unstable housing, those without reliable transportation, and households with someone with a disability.
- ✓ **CLOTHING-** One in 20 respondents, 5%, sought assistance in the past year for clothing. Groups of residents more likely to have sought assistance in this area include females, residents with children in the home, those ages 18 to 44, residents with a high school diploma or less education, those with an annual income under \$25,000, single residents, those who are unemployed or working part-time, renters, residents with unstable housing, those without reliable transportation, and households with someone with a disability.
- ✓ **RENT/MORTGAGE ASSISTANCE-** Similarly, 4% of respondents sought assistance in the past year for rent/mortgage assistance. Groups of residents more likely to have sought assistance in this area include residents with children in the home, those ages 18 to 44, residents with an annual income under \$25,000, those who are unemployed, renters, respondents who don't have enough to meet basic expenses, residents with unstable housing, those without reliable transportation, and households with someone with a disability.
- ✓ **EMPLOYMENT-** The same percentage, 4%, of respondents sought assistance in the past year for employment. Groups of residents more likely to have sought assistance in this area include residents with children in the home, those ages 18 to 44, single residents, renters, respondents who don't have enough to meet basic expenses, and households with someone with a disability.
- ✓ **SHELTER-** A small number of respondents, 3%, sought assistance in the past year for shelter. Groups of residents more likely to have sought assistance in this area include residents ages 18 to 44, those with a high school diploma or less education, those with an annual income under \$25,000, single residents, those who are unemployed, renters, respondents who don't have enough to meet basic expenses, residents with unstable housing, those without reliable transportation, and households with someone with a disability.
- ✓ **LEGAL AID SERVICES-** The same percentage, 3% of respondents sought assistance in the past year for legal aid services. Groups of residents more likely to have sought assistance in this area include males, those with an annual

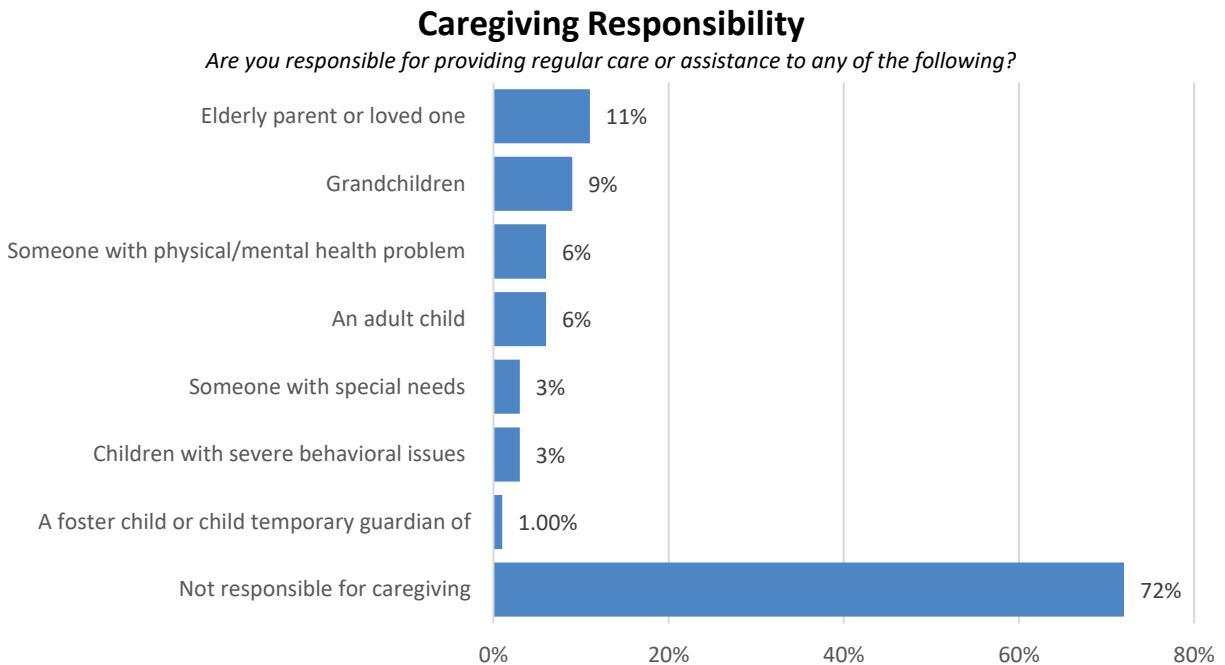
income under \$25,000, those who are unemployed or working part-time, respondents who don't have enough to meet basic expenses, those without reliable transportation, and non-white residents.

- ✓ **CHILDCARE-** Likewise, 3%, sought assistance in the past year for affordable childcare. Groups of residents more likely to have sought assistance in this area include females, residents with children in the home, those ages 18 to 44, single residents, residents with unstable housing, and renters.
- ✓ **UNSAFE STRUCTURAL ISSUES WITH HOUSING-** Only a small portion of respondents, 1%, sought assistance in the past year for unsafe structural issues with housing. Groups of residents more likely to have sought assistance in this area include residents with an annual income under \$25,000, respondents who don't have enough to meet basic expenses, and widowed or divorced residents.
- ✓ **UNPLANNED PREGNANCY-** No respondents reported seeking assistance in the past year for unplanned pregnancy.
- ✓ **NONE OF THE ABOVE-** More than half of respondents, 58%, did not seek assistance in the past year for any of the services that were mentioned. Groups of residents more likely to have NOT sought assistance in any of these areas include residents without children in the home, those ages 65 and over, college graduates, residents with an annual income over \$50,000, married residents, those who are retired or employed full-time, homeowners, and households without someone with a disability.

Summary: Caregiving and Senior Needs

		%	N
Responsible for Providing Regular Care or Assistance	Elderly parent or loved one	11.3%	400
	Grandchildren	8.5%	
	Someone with physical/mental health problem	6.0%	
	An adult child	5.0%	
	Children with severe behavioral issues	3.0%	
	Someone with special needs	2.8%	
	A foster child or child temporary guardian of	0.5%	
	<i>Not responsible for caregiving</i>	71.8%	
Someone provides assistance to them	Yes	14.0%	400
	No	86.0%	
Challenges facing seniors <i>(% major or moderate challenge)</i>	Having enough money to meet daily expenses	81.5%	400
	Maintaining a healthy diet	73.0%	396
	Having safe and affordable housing	70.3%	400
	Not knowing what services are available	69.4%	399
	Being a victim of fraud or a scam	68.0%	400
	Feeling depressed, lonely or isolated	67.9%	399
	Maintaining home and yard	66.7%	399
	Dealing with public programs	63.3%	400
	Getting needed healthcare	63.3%	400
	Having safe and affordable transportation	62.2%	399
	Providing care for another person	56.1%	399

More than a quarter of residents, 28%, indicated that they are responsible for providing regular care or assistance to at least one of seven different populations. Each is discussed in more detail below.

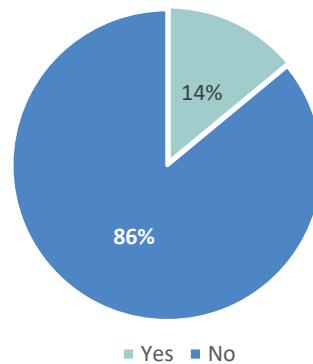


- More than one in ten residents, 11%, reported providing regular care or assistance to an **elderly parent or loved one**. Groups of residents more likely to provide care or assistance to this population include females, residents without health insurance, and college graduates.
- Slightly fewer, 9%, reported providing regular care or assistance to a **grandchild**. Groups of residents more likely to provide care or assistance to this population include females, residents ages 65 and over, divorced residents, and those who are employed part-time or retired.
- More than one in twenty residents, 6%, reported providing regular care or assistance to a **friend, family member or spouse who has a physical or mental health problem**. Groups of residents more likely to provide care or assistance to this population include residents with some college education and households with someone with a disability.
- Fewer residents, 5%, reported providing regular care or assistance to an **adult child**. Groups of residents more likely to provide care or assistance to this population include residents with children in the home, those ages 18 to 64, divorced residents, those who are employed part-time, and households with someone with a disability.
- Less than one in twenty residents, 3%, reported providing regular care or assistance to a **child with severe behavioral issues**. Groups of residents more likely to provide care or assistance to this population include residents with children in the home, those ages 18 to 44, unemployed residents, and households with someone with a disability.
- The same percentage, 3%, reported providing regular care or assistance to **someone with special needs**. Groups of residents more likely to provide care or assistance to this population include residents with children in the home, those ages 18 to 44, unemployed residents and those employed full-time, those without health insurance, and households with someone with a disability.
- Only a small percentage of residents, 1%, reported providing regular care or assistance to a **foster child or child that they are temporary guardian of**. Residents with children were more likely to provide care or assistance.
- Nearly three-quarters of residents, 72%, reported **NOT** providing regular care or assistance to any of the above populations. Groups of residents more likely to NOT provide care or assistance to any population include males, residents without children in the home, those who are single, residents who are not employed, veteran households, and households without someone with a disability.

Less than a sixth of residents, 14%, reported that someone they have a significant personal relationship with such as a relative, partner, friend, or neighbor provides assistance to them almost every day. Groups of residents more likely to receive caregiving from someone close to them include residents ages 18 to 44, those with a high school diploma or less education, single residents, those who are unemployed, renters, residents without health insurance, those who report being overweight, respondents without stable housing, residents who don't have enough to meet basic expenses, and households with someone with a disability.

Receive Caregiving

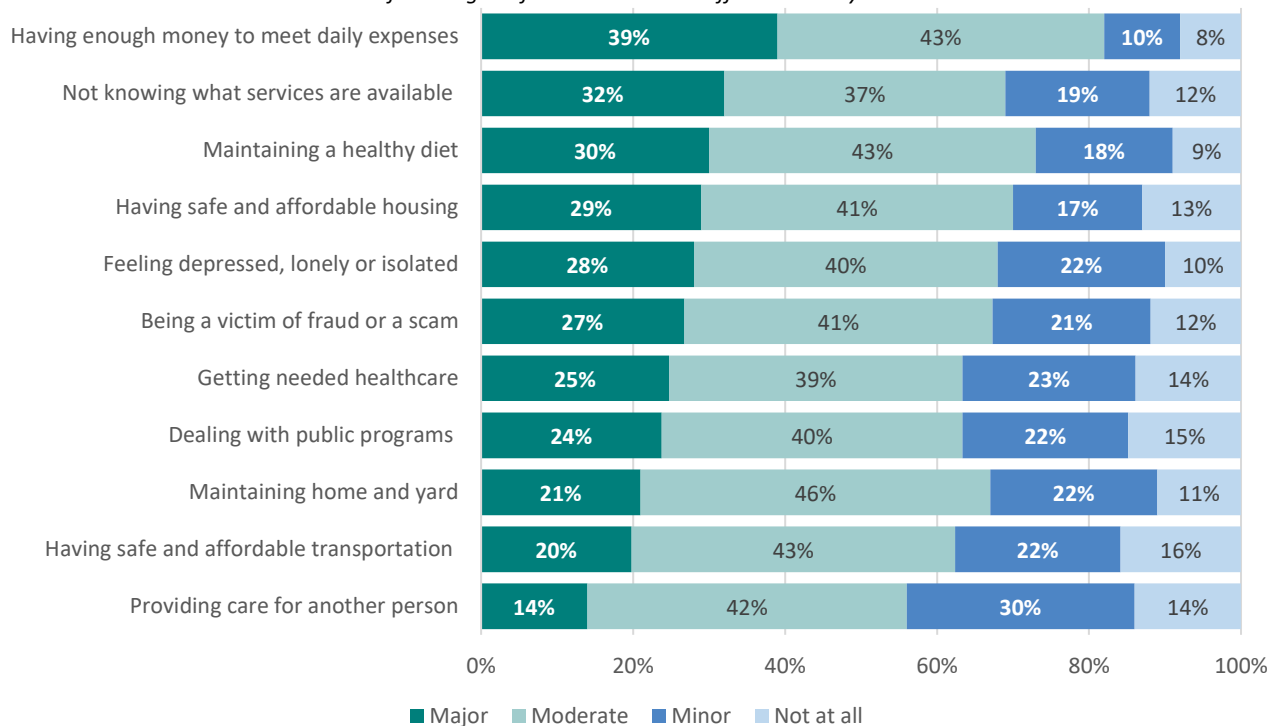
Whether or not they live with you, does someone with whom you have a significant personal relationship (such as a relative, partner, friend or neighbor) provide assistance TO YOU almost every day?



Lastly, residents were given a list of eleven challenges that older adults may face and asked how much of a problem they felt each was for older adults in Jefferson County. Each problem is discussed in more detail below.

Seriousness of Challenges to Seniors

Older adults may face a number of challenges. How much of a problem, if at all, do you think each of the following are for older adults in Jefferson County?



- More than three-quarters of residents, 82%, felt that **having enough money to meet daily expenses** was a problem facing older adults in the county with 39% saying it was a major problem. Groups of residents more likely

to feel that this was a problem facing older adults include females, residents having some college education, those with an annual income under \$25,000, renters, respondents who just meet basic expenses or don't even have enough to meet basic expenses, and households with someone with a disability.

- Nearly three-quarters of residents, 73%, felt that ***maintaining a healthy diet*** was a problem facing older adults in the county with 30% saying it was a major problem. Residents with some college education and those without health insurance were more likely to feel that this was a problem facing older adults.
- Slightly fewer residents, 70%, felt that ***having safe and affordable housing*** was a problem facing older adults in the county with 29% saying it was a major problem. Groups of residents more likely to feel that this was a problem facing older adults include college graduates, those with an annual income under \$25,000 or \$50,000 to \$75,000, renters, respondents who don't even have enough to meet basic expenses and non-white residents.
- More than two-thirds of residents, 69%, felt that ***not knowing what services are available to adults over 55 in their community*** was a problem facing older adults in the county with 32% saying it was a major problem. Groups of residents more likely to feel that this was a problem facing older adults include females and those with an annual income under \$25,000.
- Slightly fewer residents, 68%, felt that ***being a victim of fraud or a scam*** was a problem facing older adults in the county with 27% saying it was a major problem. Groups of residents more likely to feel this was a problem facing older adults include females, residents with children in the home, those ages 18 to 44, residents with a high school diploma or less education, respondents who don't even have enough to meet basic expenses, and those with an annual income under \$25,000.
- The same percentage, 68%, felt that ***feeling depressed, lonely or isolated*** was a problem facing older adults in the county with 28% saying it was a major problem. Groups of residents more likely to feel that this was a problem facing older adults include females, residents with children in the home, those ages 18 to 44, residents with an annual income under \$25,000, those who are not married, residents without stable housing, respondents who don't even have enough to meet basic expenses, and renters.
- Slightly fewer, 67%, felt that ***maintaining their home and yard*** was a problem facing older adults in the county with 21% saying it was a major problem. Groups of residents more likely to feel that this was a problem facing older adults include females, unemployed residents, renters, households with someone with a disability, respondents without stable housing, those who don't even have enough to meet basic expenses, residents without reliable transportation and non-white residents.
- Less than two-thirds of residents, 63%, felt that ***having adequate information or dealing with public programs such as Social Security, Medicare, and Medicaid*** was a problem facing older adults in the county with 24% saying it was a major problem. Groups of residents more likely to feel that this was a problem facing older adults include females, residents without children in the home, those ages 18 to 44, households with someone with a disability, those don't even have enough to meet basic expenses, and residents who live outside of Steubenville.
- The same percentage of residents, 63%, felt that ***getting the health care they need*** was a problem facing older adults in the county with 25% saying it was a major problem. Groups of residents more likely to feel that this was a problem facing older adults include females, residents with some college or more education, renters, those without health insurance, residents without reliable transportation, and non-white residents.
- Slightly fewer, 62%, felt that ***having safe and affordable transportation*** was a problem facing older adults in the county with 20% saying it was a major problem. Groups of residents more likely to feel that this was a problem facing older adults include females, residents with a high school diploma or less education, households with someone with a disability, respondents who just meet basic expenses or don't even have enough to meet basic expenses, residents without reliable transportation, and non-white residents.
- More than half of residents, 56%, felt that ***providing care for another person*** was a problem facing older adults in the county with 14% saying it was a major problem. Groups of residents more likely to feel that this was a problem facing older adults include females, those ages 18 to 44, and residents with an annual income of \$50,000 to \$75,000.

COMMUNITY PARTNER SURVEY

The 21 community partners who completed the on-line survey were first asked what they thought were the most important health related issues or needs in Jefferson County right now. Community partners were then asked a follow-up question as to what needs to be done to address the issue(s) they mentioned. Both questions were open-ended in which the respondents could give multiple responses.

The most common need or issues named were substance abuse/illegal drug use and mental health, each mentioned by 57% of community partners. Nearly half of community partners named chronic diseases (47.6%), obesity and healthy lifestyle choices (42.9%) and access to care (42.9%).

Nearly three quarters of community partners, 71.4%, mentioned a response that is considered a social determinants of health as an important health related issue or challenge. Responses included items such as affordable and available housing, employment, access to food, and transportation.

Most Important Health Related Issue or Challenge		
	# of TOTAL Responses	% of Partners
Social Determinants of Health	15	71.4%
Food insecurity/access	4	19.0%
Housing	4	19.0%
Transportation	4	19.0%
Employment/Financial Stability	3	14.3%
Other Issues and Challenges		
Substance abuse/illegal drug use	12	57.1%
Mental health	12	57.1%
Chronic diseases	10	47.6%
Obesity and healthy lifestyle choices	9	42.9%
Access to care	9	42.9%
Health education/Buy-In	6	28.6%
Access to pediatric health	3	14.3%
Community safety, crime and violence	2	9.5%
Access to dental care	2	9.5%
Resources and services for seniors	1	4.8%
Tobacco use/vaping	1	4.8%
Vision	1	4.8%
Maternal/Infant health	1	4.8%
Environmental health	1	4.8%
Miscellaneous	1	4.8%
Total	86	(n=21)
<i>Question: Given your professional experience, what do you think are the most important health related issues or needs in Jefferson County right now? (could give multiple responses)</i>		

When asked what needs to be done to address these issues, general themes included community, targeted education and outreach, better or more collaboration, awareness of the programs and resources that are currently available and getting buy-in from community residents. More specific recommendations are outlined in the table below.

What needs done to address issues	
Issue	What Needs Done
PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.	
Substance abuse	<ul style="list-style-type: none"> • Education. I think Jefferson County does a good job with this already but the more education people have the better. • A local inpatient facility. • Early education, using recovered abusers to do education. • The opioid epidemic has had a significant impact across Ohio and in many rural areas. Opioid misuse and addiction often lead to broader public health issues, including overdoses and mental health challenges. • Easier access to help and more affordability. • I feel working together as a community in trying to close gaps in services will help. Also, we all need to work together not as separate entities. There are enough clients for ALL agencies to help our community. • Support Groups/Community Events/Recovery Services/Parent Education. • Provide immediate access to drug addiction counseling as identified by emergency personnel. Provide more public notice of NA locations, times, etc. • Community members need a better understanding of how we can come alongside law enforcement to prevent drug entry and lessen drug usage. • At this point, we need to be public about how many overdoses and deaths we have. Have programs where recovering addicts can tell students the truth about how bad addiction is. • Limiting alcohol exposure to teens may hopefully decrease abuse.
Mental health	<ul style="list-style-type: none"> • Immediate access to providers when identified through reports from the public to police, etc. • The development and implementation of a community POA would be a beneficial. The POA should include community members roles and responsibilities in address this health need. • More local resources for family or advocates. • There are more treatment providers than in the past. The challenge is limited payor sources and/or non-reimbursable services that would help. Marketing and advertising of legal substance is too pervasive. • Easier access to help and more affordability. • I feel there seems to be a dominance in the community verses being there for the client. • I see this more and more on a daily basis. More education county wide on what people can do to help with a family member dealing with mental health issues. • Trinity Hospital, JC Prevention Board Develop and First Responders develop a Crisis Response system that works together. • I truly don't have an answer for this. Pockets of the community are isolated and transportation is very limited. Higher poverty levels here are also a factor. • Mental health services may also be underfunded or insufficient, contributing to depression, anxiety, and suicide rates that are often higher in rural areas. • We need more services across the board that address mental health, not just medicating them. We need better access to providers, easier access, more resources for our seniors with Dementia, Parkinson's and behaviors vs Mental Health. We need education. • As far as seniors are concerned it is the stress of adults taking care of their spouse or parents. Sitters are needed to allow the care givers to shop, get their hair done, or just socialize. Bringing organizations together such as schools of nursing and other organizations could lead to solutions. The majority of these families would gladly pay for a few hours of socialization. Maybe an online service such as 'ANGIE's LIST'.
Chronic diseases	<ul style="list-style-type: none"> • Have an organization of community educators that go to communities and integrate with their school system and other organizations to bring more adult learning and socials.

What needs done to address issues

Issue	What Needs Done
<i>PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.</i>	
	<ul style="list-style-type: none"> • More exercise. • Increased education in the community, services and cost effective ways to access prescriptions and services. • Continue to foster the collaboration among local partners. Continue to offer training in disease prevention and control. • People leaving this area may be preventative, as there are various pollutants from past and present in the valley. Often preventative/early screenings are limited to people. • Better promotion for community health programs already in place addressing this issue like the Ohio Valley Health Center. There is help and resources available, we just need to get the information to the people who really need it. • Diabetes is one of the major health concern in our community. We need to develop more local and free programs for exercise and education. • More information and education opportunities, especially for members of the Black/African American community. Partner with local healthcare providers and agencies to host and provide more educational opportunities. • Chronic conditions like heart disease, diabetes, and hypertension are common concerns. These conditions often stem from lifestyle factors such as poor diet, lack of exercise, and tobacco use. In rural areas, access to healthcare resources may be limited, making prevention and management of these diseases more difficult. • Hypertension is another major health concern in our community. The development of community programs with incentives in regards to exercise and eating healthy could help patients who want to make lifestyle changes.
Obesity/Healthy lifestyle choices	<ul style="list-style-type: none"> • Better eating. • Food pantries offering healthier options. • There is lots being done on a local and national level. However, this area is not conducive for opportunities to exercise or be more active. • Initiate programs to publicize places and activities open to the public for recreation and exercise. • Secure funding for wellness initiatives geared towards the development of a community 'food pharmacy'. Community partner with healthcare providers to promote food is medicine/health. • DME Providers, Transport Companies, Community Partners to come up with a plan to provide services for bariatric patients. Often you cannot locate beds, wheelchairs, DME or Physicians or services that will accommodate bariatric patients. • I don't know. There are things to do but motivating people to live a healthy lifestyle is difficult. • Expand mobile food pantries throughout the county; community gardens that provide access to fresh produce.
Access to healthcare	<ul style="list-style-type: none"> • I am unclear on the health care system on a whole, but could more information be provided to the public on different avenues people could take if they do not have healthcare. • Open minute-clinics or urgent care clinics to low income areas • Increase home care providers. Individuals qualify for home care waiver but we do not have enough providers. Also, add a senior program that individuals could help one another. • Rural areas often struggle with limited access to healthcare providers, especially specialists. This can lead to delays in diagnosis and treatment, contributing to worse health outcomes. Lack of transportation and financial barriers may also prevent residents from seeking care. • I don't know. Someone need to pay for it

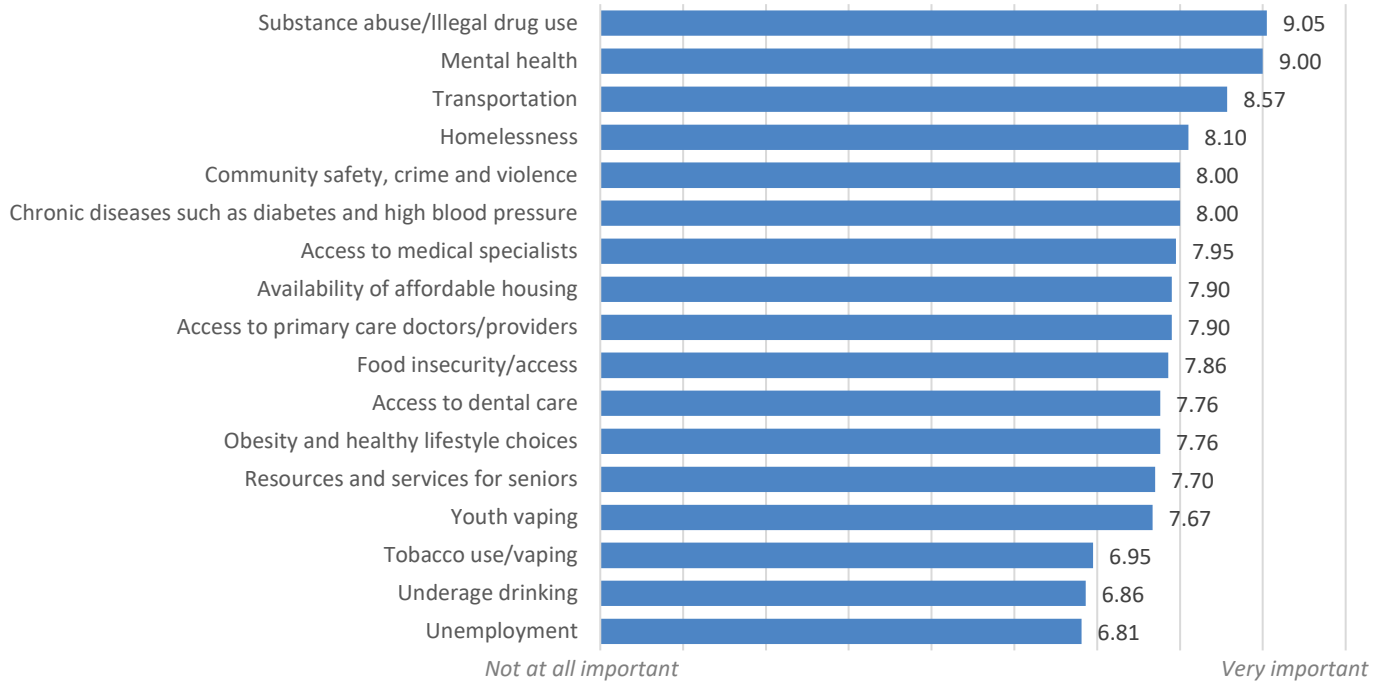
What needs done to address issues	
Issue	What Needs Done
<i>PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.</i>	
	<ul style="list-style-type: none"> In a community like Steubenville, people share their experiences of service and care at the local hospital. Many times they are not satisfied with their care. Currently, there appears to be much unrest and significant turnover of providers. Some people have access to health care, others struggle to get health care. Maybe setting up a day a few times a month to help people get enrolled in health care. Provide more counseling services that contribute to crime and violence. Provide more in-person job assistance to assist those seeking employment. People to assist specifically the elderly and financially disadvantaged with getting the care they need. Perhaps an existing agency? Community outreach and advertising counseling and guidance Health Commissioner Mr. Henry is on TV educating and informing people which is nice to see. There needs to be a review of EMS coverage and response times. Some area get ALS in minutes, others BLS in an hour.
Health education/Buy-in/Awareness	<ul style="list-style-type: none"> Based on the attack on science and misinformation surrounding vaccines among the population in the county, an increase in outreach and education on the importance of vaccines is needed. Individual preferences impacting community wellness. This could be approached more as an adult question and answer session to cover the topic. This way the community would not think social issues are being forced upon them. Give health department more funding for education on health issues. Bring together the current people that could provide their input and develop a plan of action with each community. It could be a health fair with games/prizes or a monthly question/answer session with the individual health care providers, whatever the community responds best to. Education to help them understand food is medicine. Small individual health fairs using resources such as the 'Health Care Coalition' that currently works with the local hospital and senior services.
Food insecurity/access	<ul style="list-style-type: none"> Add grocery markets to low income areas. Food pantries offering healthy options. It's a long term project to educate the public in good nutrition/enhancing access to healthy food. Entice smaller 'Mom and Pop' grocery stores to operate in more neighborhoods through incentives such as local property and wage tax breaks.
Housing	<ul style="list-style-type: none"> Mobile services for homeless. More shelters and more ability to find the reason people are homeless and help them solve their issues. There doesn't seem to be a lot of housing for the homeless in our area. Clients with HUD also have difficulty finding places to live. Provide incentives for rental property developers to purchase properties to develop into rentals.
Transportation	<ul style="list-style-type: none"> 1. Bus passes provided for medical appointments 2. Improve taxi and Uber services. Many times they do not show up at the appointed time or do not show up at all. We need contractors in the area that service our nursing homes for Ambulance or Ambulette Transports and bariatric patients. This is a major issue that needs to be addressed. Development of expanded transportation system developed throughout all of Jefferson County.
Access to pediatric health services	<ul style="list-style-type: none"> I am not an expert in this area, so I honestly do not know the solution. I know that there is great need in Jefferson County for access to in-home pediatric nurses. For it to be a service established in the county.
Employment/Financial Stability	<ul style="list-style-type: none"> For patients that are uninsured, paying for medical services out of pocket can be a barrier to care. I believe that if the local hospital work more closely with the Ohio Valley Health Center, the

What needs done to address issues	
Issue	What Needs Done
<i>PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.</i>	
	<p>only non-profit free clinic within a 52-mile radius of the Ohio Valley (besides Pittsburgh) would be very advantageous place to start. All the patients showing up in the ER and/or not able to pay for medical care could be referred to OVHC. It would require a few doctors to volunteer their time or Trinity to pay for a doctor to care for those patients at the Health Center.</p> <ul style="list-style-type: none"> I am not sure how you can address the jobs in our area with plants and different things closing.
Community safety, crime and violence	<ul style="list-style-type: none"> Provide more counseling services that contribute to crime and violence. Provide more in-person job assistance to assist those seeking employment. Jefferson County CPS to investigate and develop a multi-system of services and investigation
Access to dental care	<ul style="list-style-type: none"> Finding dentist to work in the area is the need. We have the space and ability to hire, but cannot find the staff. More dentists willing to accept MCD especially for seniors who need care and cannot travel. Dental care for MCD is lacking in Jefferson Co especially for Seniors who are wheelchair bound or bariatric. We have to send them to OSU area just to get a tooth pulled which is hard on the resident to travel so far.
Resources for seniors	<ul style="list-style-type: none"> Companion Programs for seniors. Expand the development of more Senior Programs in the area. Possibly virtual centers.
Tobacco use/vaping	<ul style="list-style-type: none"> Educate people on the costs of smoking and get people with chronic diseases from tobacco to speak.
Vision	<ul style="list-style-type: none"> Vision for uninsured or low-income is needed.
Maternal/infant health	<ul style="list-style-type: none"> Access to prenatal care may be limited in rural areas, leading to higher risks for complications during pregnancy and childbirth. Programs to support maternal and child health, including breastfeeding support, early childhood development, and infant care, could be crucial in improving health outcomes.
Environmental health	<ul style="list-style-type: none"> Programs to prevent diseases transmitted by mosquitos and ticks. Continued collaboration and education among partners.

Community Partners were given a list of health-related issues identified through the community survey and secondary data analysis and were asked, based on their professional experience, how important they thought the issue was on a scale of 1=Not at all Important to 10= Very Important. Responses were averaged in order to rank the importance of the issues. The top three issues, based on the rankings, were (1) substance abuse/illegal drug use, (2) mental health, and (3) transportation.

Importance of Issues

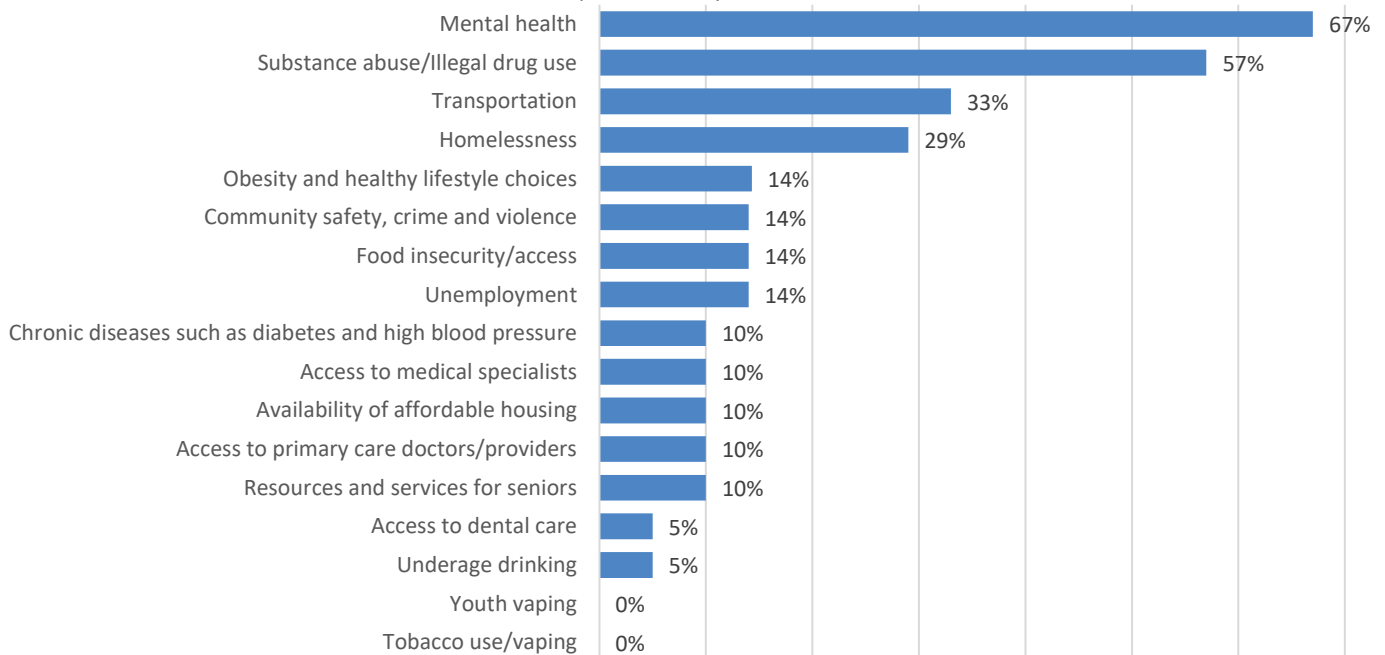
Based on your professional experience, on a scale in which 1 is 'Not at All Important' and 10 is 'Very Important', how important do you think each issue is in JEFFERSON COUNTY?



Community Partners were also asked which issues (they could choose up to three) that, if addressed, would have the largest positive impact on county residents. The top four issues selected were (1) mental health, (2) substance abuse/illegal drug use, (3) transportation, and (4) homelessness.

Issues with Largest Potetial Positive Impact

Which of the following THREE issues do you feel, that if they were addressed, would have the largest POSITIVE impact on County residents?

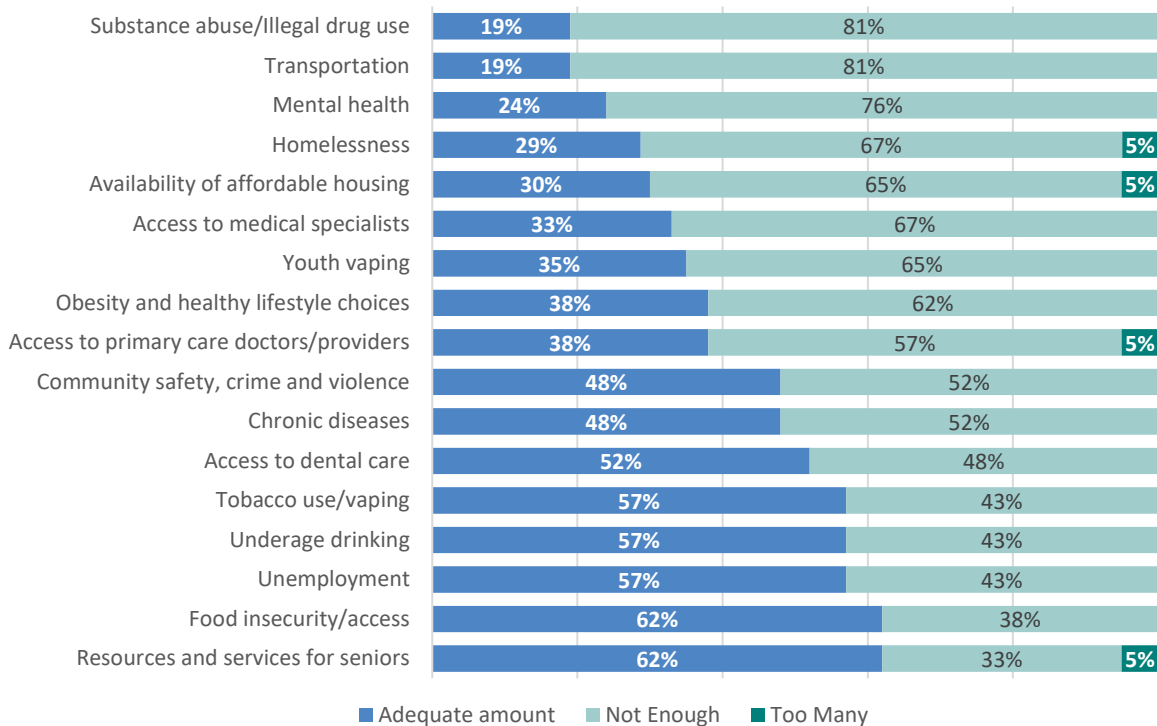


Community Partners were also asked if they thought there were adequate services and programs already in place to address each issue. More than three-fifths of community Partners thought there were not enough services and programs to address the following issues: substance abuse/illegal drug use (81%), transportation (81%), mental health (76%), homelessness (67%), access to medical specialists (67%), availability of affordable housing (65%), youth vaping (65%), and obesity and healthy lifestyle choices (62%).

Partners indicating there were not enough services or programs in place were asked what is missing. Responses to this question are listed, verbatim, in the table below.

Adequate Services and Programs Available to Address Issue

Do you feel that there are an adequate amount, not enough or too many services and programs already in place in Jefferson County to address each of these issues?



What needs done to address issues

Issue

What is Missing

PLEASE NOTE: Responses are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.

Substance abuse/Illegal drug use

Common themes:
inpatient treatment,
youth outreach,
immediate care

- Comprehensive Treatment and Rehabilitation Services, Detoxification Services, Integrated Mental Health and Substance Use Disorder Treatment, Youth Prevention and Education Programs, Peer Support Programs, Family Support and Education Services, Harm Reduction Programs, Transportation Services for Treatment Access, Employment and Housing Support for Recovery, Aftercare and Long-Term Support Services.
- Easy and affordable access to care.
- Enhancing school based programs 1,2 3 graders/ teach our youth about substance abuse and risks.
- Immediate referrals and access to counseling services.
- Inpatient treatment.
- Licensed MAT Programs with counseling required.
- Local counseling and facility.

What needs done to address issues

Issue	What is Missing
PLEASE NOTE: Responses are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.	
	<ul style="list-style-type: none"> • More collaboration with the courts to make sure treatment is being given to people who have a problem which has been identified by the local courts. Multi-offenders. • More outreach to youth is needed. • Never too many programs, always need more. • No inpatient rehab, timely access to outpatient services, and access to support groups. • Not sure but generally a small percentage of people seek help. Most do not. Can't help someone that does not want the help. • Residential Drug Treatment • Treatment facility • We need halfway houses or sober living available in our community. We don't have this and we are putting recovery clients right back in their old environments.
Transportation <i>Common themes: Limited options, especially in rural areas</i>	<ul style="list-style-type: none"> • All parts of the county do not have public transportation. Individuals have to pay cab fees and sometimes for lower income individuals, they cannot afford it so they don't go to physicians, etc. • Availability • Demand-Response Transportation: A service where residents can request rides on a flexible, on-demand basis (similar to ridesharing apps), could serve areas not covered by fixed routes. This type of service would be especially useful in rural areas, where traditional public transit may not be financially viable due to low population density. Ride Vouchers or Subsidies. • Lack of transportation services and limited service areas/hours when services are provided. • Lack of programs and services. lack of access to dependable transportation options. • Limited transportation is available. We don't have shopping 'areas' like malls. Because things are scattered about its difficult for people without cars to get to the places they need to go. • More access to transportation, including the rural areas of Jefferson County. • More flexibility in taking people to testing and specialists out of the area. • More stops. • Programs where individuals or families could work with a social service agency to work toward earning a donated vehicle or preowned vehicle. • Reliable transportation in this area is really hard to find. MCO transportation is set up and they either don't show or bring the client late to their appointments. • Transportation for the elderly who are on Medicare. Local senior service program stops providing transportation at 2:00. • Transportation is good in some area's but bad access for the majority of Jefferson County. • Very limited bus service. No ridesharing. Poverty (can't afford fares, etc.). • We do not have any current programs running for bariatric transportation. • Widespread public transportation services that include the rural parts of the county that are not near the river.
Mental health <i>Common themes: Easier access, services for families/others about dealing with people with mental illness</i>	<ul style="list-style-type: none"> • A real system. We have a patchwork now. People fall thru the cracks too often. • Access to Mental Health Care Providers. Integrated Care for Mental Health and Substance Use Disorders. Child and Adolescent Mental Health Services. Suicide Prevention Programs. Affordable and Accessible Counseling Services. • Consistent access to quality care. • Crisis intervention, support groups, follow up • Easier access to those programs that are available. • Education for Families dealing with a loved one who has Mental illness. Mental Health Inpatient Programs – local. • Extending hours of operation. Telehealth services.

What needs done to address issues

Issue	What is Missing
PLEASE NOTE: Responses are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.	
	<ul style="list-style-type: none"> • Facility. • Guidance for family. • I think more accessibility to mental health programs would be beneficial. More education put out to let people know the steps they can take to help others battling this issue. • Immediate referrals to mental health assistance. Not enough room at mental health facilities to accommodate those in need. • Long Term residential improved Crisis Unit needed. • More affordable counseling. • Not enough licensed therapist in the community. One agency dominating services in the area. • Not sure but most people do not seek mental health because they do not believe they need help or they do not want help. • We need better access.
Homelessness <i>Common themes: Lack of shelters and specialized programs (mental health, families, drug dependence, transitional housing)</i>	<ul style="list-style-type: none"> • A lot of it is linked to drug dependence. • A process that the issues making them homeless can be addressed. Also, quicker access to the mental health educators. • Central shelter. • Lack of housing and programs to teach life/job skills to raise them up out of poverty. • More shelter beds. • Non-traditional shelters, e.g. warming rooms, secular providers, safe injections sites. • Not enough shelters or rehabilitation programs for those with mental health issues. • On site supportive services. Prevention Programs. Emergency financial assistance. • There are no services available to help those who are homeless and don't qualify for HUD or don't even know how to apply for HUD. • There are very few options for families who face homelessness. • Transitional housing. • Transitional Housing for Individuals and Families: Provides a critical step between emergency shelters and permanent housing. Expanding transitional housing options that offer temporary, supportive housing combined with case management, financial education, and employment services would help individuals and families regain self-sufficiency. These programs typically last from six months to two years and provide support for individuals to stabilize their lives and secure permanent housing. Program for Youth Aging Out of Foster Care: Youth who age out of the foster care system are particularly vulnerable to homelessness. Creating transitional housing and support programs specifically for these individuals can help them make a successful transition into adulthood and prevent homelessness. These programs would include housing, job training, life skills development, and education support. Street Outreach and Engagement Services.
Availability of affordable housing <i>Common themes: Lack of low income housing</i>	<ul style="list-style-type: none"> • Affordable housing is often tied to employment stability. Expanding workforce development programs that provide job training, resume assistance, and job placement services can help individuals secure employment that supports their ability to afford housing. Offering job training in high-demand fields and ensuring these programs are accessible to those facing housing instability can improve self-sufficiency. • For seniors there needs to be more housing available such as Meridian Green where they can develop their own community. • Low-Income Housing. • More landlords that do not drive up cost. • More landlords that will accept Section 8 Vouchers. • Not sure but housing is unaffordable, even for the middle class.

What needs done to address issues

Issue	What is Missing
PLEASE NOTE: Responses are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.	
	<ul style="list-style-type: none"> • The majority of housing is in Steubenville. Places farther out in the county have few options. • There is a lack of affordable apartment buildings/homes in Steubenville. One property management company owns the majority of properties and the prices are not affordable. • There just aren't enough housing units available for those on HUD or for those who don't make a lot of monies to afford reasonable rent. • This is a larger federal issue in that programs available limited and often unintentionally exclude people because of income levels. Housing authority and HUD have strict, narrow rules that exclude people. Real estate is simply inflated overall.
Access to medical specialists <i>Common themes: Transportation, not enough specialists in area</i>	<ul style="list-style-type: none"> • Any program that would increase access. • I am not aware of any services available. • Lack of medical specialist in our area? Need to travel for medical specialist. • Mobile Specialty Care Units. Access to Specialty Care Through Group Visits or Shared Care. Transportation Solutions for Specialist Appointments. • More transportation to these doctors. • Not enough and no incentive to practice/work here. • Not enough availability. Difficulty getting appointments in a reasonable timeframe. • Not enough specialists in our area, especially for people who are medically uninsured. • Some specialists are booked to capacity for months. Jefferson County needs more specialists to address this problem. • Transportation. • Transportation for the elderly who are on Medicare. Local senior service program stops providing transportation at 2:00.
Youth vaping <i>Common themes: lack of programs in general, more education in schools</i>	<ul style="list-style-type: none"> • Education on the effects of vaping. • I am not aware of any programs available • I am only aware of one agency that addresses this issue. • Not sure what programs are currently available but it needs incorporated in all aspects of youth learning. • More education in the schools. This is huge and is seen on a daily basis. More resources used to prevent the ones selling these vape pens to underage kids. • More frequency of prevention/use messaging in the schools. Need to limit advertising/ marketing. • Not sure but vaping is very popular. • Possibly community events to address the risks. • School programs. • They are not scared enough of the consequences. • Treatment to stop.
Obesity and healthy lifestyle choices <i>Common themes: Community education and buy-in</i>	<ul style="list-style-type: none"> • Access to affordable exercise and weight management programs. • Dietary guidance. • Education. • It's not about access. It's about the cost of all services. We have the providers. We do not have the financial foundation to make medical services a priority. • More community walking areas. • Not sure but the vast majority of people do not choose to live a healthy lifestyle. • Nutrition class that require attendance of those in need. • Programs that increase access to healthy food choices for those who lack transportation. • Programs to emphasize the positive effects on happiness and sense of wellbeing with exercise.

What needs done to address issues

Issue	What is Missing
PLEASE NOTE: Responses are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.	
	<ul style="list-style-type: none"> Resources on how to have a healthy lifestyle based upon resources and monies available in the community. Workshops teaching proper eating techniques. Weight loss support groups. Awareness campaigns.
<p>Access to primary care</p> <p><i>Common themes: Address barriers to care such as lack of insurance, no transportation, cost</i></p>	<ul style="list-style-type: none"> Any program that would increase access. Do people have access to these doctors. Can an individual who has no health insurance get the same care of someone with insurance? Expanded Telemedicine Access: Telehealth services, which allow patients to consult with healthcare providers remotely, can be an essential tool in overcoming geographic barriers to care. While telemedicine has been widely utilized in response to the COVID-19 pandemic, many rural areas, including Jefferson County, may still have limited access to these services. Expanding telemedicine infrastructure and providing training to both healthcare providers and patients on how to use these services could improve access to care, especially for patients in remote areas. Telehealth for Specialty Care: In addition to primary care, telehealth can be used to provide access to specialists who may not have a local presence. Expanding telemedicine offerings for mental health services, chronic disease management, and other specialties can help reduce the need for long-distance travel. I am not aware of any services available. Low income areas and areas without public transportation. More available information and listing of the doctors that are available and not just 'call the scheduling service for an appointment'. Is there a lack of the number of primary care doctors for our area? Cost as well is an issue. Stronger working relationship between the local hospital and the Ohio Valley Health Center for people who are medically uninsured. There need to be more providers and providers with non-traditional office hours. Transportation. Transportation for the elderly who are on Medicare. Local senior service program stops providing transportation at 2:00.
<p>Community safety, crime and violence</p> <p><i>Common themes: Collaboration with law enforcement, safety education</i></p>	<ul style="list-style-type: none"> Child Welfare and Protection of Children. Domestic Violence Shelters and Support: Expanding shelters and safe housing options for survivors is crucial. In addition to providing safe shelter, these programs should offer counseling, legal assistance, and other support services to help survivors escape violent situations and rebuild their lives. Domestic Violence Awareness and Education: Educating the public about the signs of domestic violence and providing resources for individuals experiencing abuse is key to preventing violence. School programs, workplace initiatives, and community outreach campaigns can raise awareness and encourage those in abusive relationships to seek help. Protection Orders and Legal Assistance: Expanding access to legal aid services for victims could help survivors obtain restraining orders and navigate the legal system. Making these services more accessible can provide victims with the tools they need to protect themselves from further violence. Fostering collaboration between law enforcement and the community. Crisis intervention training. Lack of deterrent to crime. Most offenders know there is no 'real' punishment to deter their behavior. Stiffer penalties need to be enacted and enforced. In the case of juvenile offenders, the parents need to be held accountable. More programs for safety for women/kids where they can learn safe practices and self-protection. Regular interaction with law enforcement and how to handle situations.
<p>Chronic diseases</p>	<ul style="list-style-type: none"> Access to free programs for exercise and diet education. stronger referral system to the Ohio Valley Health Center from the local hospital.

What needs done to address issues

Issue	What is Missing
PLEASE NOTE: Responses are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.	
Common themes: Education programs, clinics.	<ul style="list-style-type: none"> • Clinics. • Diabetes and Hypertension Education Programs: Many people with chronic conditions may not fully understand how to manage them effectively. Expanding community-based education programs that teach individuals about the risks, management, and prevention of diabetes and high blood pressure can help reduce the incidence of complications. These programs can be offered at local health centers, community centers, or schools. Health Literacy Campaigns: Campaigns aimed at improving health literacy in the community, particularly for those with limited access to healthcare or educational resources, can help individuals understand the importance of regular blood pressure monitoring, healthy eating, and physical activity. These campaigns can use local media, social media, and community events to raise awareness. Screening and Risk Assessment Clinics: Offering free or low-cost screening events for diabetes and hypertension at local community centers, churches, or events would allow individuals to assess their risk early. Early detection and intervention are key to preventing the progression of these conditions. • Education. • Glucose monitoring services. Medication management services. • More education. • More education about using food to improve health. • More public educational meetings on managing diabetes and high blood pressure at various times of the day/week to include evenings and weekends. • More walking areas and social groups that encourage health promotion. • Not sure but the general public has a lack of care for themselves.
Access to dental care Common themes: Lack of providers in general, affordable options, and providers who take Medicaid.	<ul style="list-style-type: none"> • Affordable dental care is lacking in County. Most citizens are unable to afford the cost of a dentist. • Community Dental Clinics: Establishing or expanding community-based dental clinics that offer affordable dental services could provide much-needed access to care, especially for low-income individuals or those without dental insurance. These clinics could be run by local health departments, nonprofits, or universities and focus on preventative care, basic restorative procedures, and emergency dental services. Mobile Dental Clinics: that travel to underserved areas within the county could improve access, especially for rural or homebound residents who may face difficulty traveling to a traditional dentist's office. These clinics could offer preventative services like cleanings, exams, and fluoride treatments, as well as basic restorative care. • Information on the services available and how to access them. • MCD Providers that service seniors in WC, bedbound or need surgical extractions. • Mobile dental clinics. Extended hours of operation. • Not enough providers. • Not enough providers and not enough that accept Medicaid patients. • Pediatric Dentistry. • very few dentists in our area and very few accept Medicaid or uninsured patients.
Tobacco use/vaping Common themes: Cessation support and programs, programs targeted to youth	<ul style="list-style-type: none"> • Access to more information on aids to help you stop smoking. • Not sure but tobacco is extremely addictive that is preventing people from seeking help. • Online and Digital Cessation Tools Youth Vaping Education Programs. • People need to see the negative consequences, and the financial cost of smoking and vaping. • Support in stopping use. • This would be more focused on the youth in the county. More education in the schools on the effects of this. • Youth led initiatives in the schools.

What needs done to address issues

Issue	What is Missing
PLEASE NOTE: Responses are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.	
Underage drinking <i>Common themes: Parent education, Awareness of severe consequences</i>	<ul style="list-style-type: none"> • Include more reality stories and how it can change the course of your life. Additional programs that they can help others and be a role model. • Offer programs for parents. Family Support services. • Residential Treatment. • School-Based Education and Prevention Programs. Parental Education and Engagement. Youth Engagement Programs: Providing after-school and extracurricular activities that engage students in productive, supervised activities can reduce the likelihood of underage drinking. Programs such as sports, arts, music, community service projects, and leadership development can offer positive outlets for young people, helping them build resilience to peer pressure and avoid situations where alcohol is present. Mentoring Programs: Pairing at-risk youth with adult mentors who provide guidance, support, and positive role modeling can deter them from engaging in risky behaviors, including underage drinking. This can be especially important in rural areas where youth may face fewer structured activity options. • The kids aren't afraid of the consequences.
Unemployment <i>Common themes: Increased workforce development and vocational training</i>	<ul style="list-style-type: none"> • Assistance and counseling for people trying to find employment. Things like advising them how to dress, speak, etc. during the process. • How to link to employment services and how to do a resume to submit for employment for those who are in need. • Loss of Community College. • More Democrats and altruistic people. Some local towns are restrictive of business and/or make it difficult to operate. • More services to the unemployed educated work force. • Training programs. • Unemployment counseling to assist job seekers with their skills. • Workforce Development and Vocational Training: There may be a lack of accessible, targeted training programs that equip individuals with the skills needed for in-demand jobs in fields such as healthcare, manufacturing, information technology, and skilled trades. Programs like vocational schools, apprenticeships, and trade certifications can provide individuals with the skills that employers are looking for, helping to bridge the gap between job seekers and available positions. Digital Literacy Training: As many jobs now require digital skills, providing training in basic computer skills, office software, online job application processes, and other digital literacy skills could help individuals become more competitive in the workforce. Programs for People with Disabilities: Individuals with disabilities often face additional barriers to employment, such as discrimination or a lack of accessible job opportunities. Expanding programs that help connect people with disabilities to jobs, offer workplace accommodations, and provide specialized training or support could improve employment outcomes for this group. Workplace Inclusivity Training: Employers could benefit from training on how to create inclusive work environments for individuals with disabilities. Programs that educate employers on how to provide reasonable accommodations and foster an inclusive workplace culture could help break down barriers.
Food insecurity/access <i>Common themes: Lack of stores in some areas, lack of transportation</i>	<ul style="list-style-type: none"> • Centralized base to determine what the specific need is. Delivering a hot meal or providing access to low- cost foods and transportation to the grocery store. • Downtown grocery store for folks who are not able to access transportation. • Encouraging stores to have food access in the underserved communities. • Mobile Food Pantries: that travels to rural or underserved areas could provide individuals and families with easier access to food. This service would be particularly helpful for those who do not have reliable transportation or live in areas where food assistance is not readily available. The

What needs done to address issues

Issue	What is Missing
PLEASE NOTE: Responses are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.	
	<p>mobile pantry could distribute nutritious food, such as fresh produce, dairy, and protein items, to communities in need. Mobile Grocery Stores: In rural areas where grocery stores may be scarce, mobile grocery services can bring affordable, fresh produce, dairy, and other healthy foods directly to communities. These mobile stores could operate on a regular schedule and partner with local farmers or wholesalers to provide low-cost options to individuals who otherwise lack access to nutritious food. Affordable Grocery Delivery Services: For individuals and families who have transportation challenges or live in food deserts, offering affordable grocery delivery services could be an effective solution. This could include partnerships with local grocery stores, food co-ops, or delivery platforms to provide low-cost delivery of healthy foods to individuals in need.</p> <ul style="list-style-type: none"> • More choice in food pantries doing boxes. • No stores in parts of the county that has no public transportation. Also individuals downtown Steubenville can take the bus to grocery store but have a 4 bag limit. • There are many local food pantries but access can be a problem related to transportation/location. • There is limited access to fresh food and grocery stores in general. • There seems to be lack of food pantry in our area. • Transportation availability to get food especially in Rural areas.
<p>Resources/services for seniors</p> <p><i>Common themes:</i> <i>Home health services</i></p>	<ul style="list-style-type: none"> • Home Health Services: Expanding access to home health services, such as nursing care, physical therapy, and personal care assistance, would enable seniors to remain in their homes longer and receive care in a more comfortable and familiar environment. These services could be covered by Medicaid or other local programs to make them affordable. Home Modifications and Safety: Many seniors require home modifications to ensure their living spaces are safe and accessible. Programs that help with the cost of installing grab bars, ramps, or stairlifts could assist seniors in aging in place. Offering home safety assessments and providing free or low-cost home modifications could reduce the risk of falls and improve overall quality of life. Respite Care for Caregivers: Family caregivers often bear the burden of looking after seniors, leading to caregiver burnout. Respite care services, where a trained professional temporarily takes over caregiving duties, could provide much-needed relief for caregivers. This service would allow caregivers to take breaks while ensuring that seniors continue to receive the care they need. • I see this, especially in elderly people who are starting to lose independence at home, but not necessarily needing long-term care facilities. • Local Geriatric doctors who are able to provide through assessments of seniors' mental health. Home repair and maintenance services. • Medicaid waiver AL, adult daycare, home care. • More funding. • More transportation. More centralized resources. • Services for those in nursing homes that need guardians, or assistance with cleaning out homes, selling items etc.

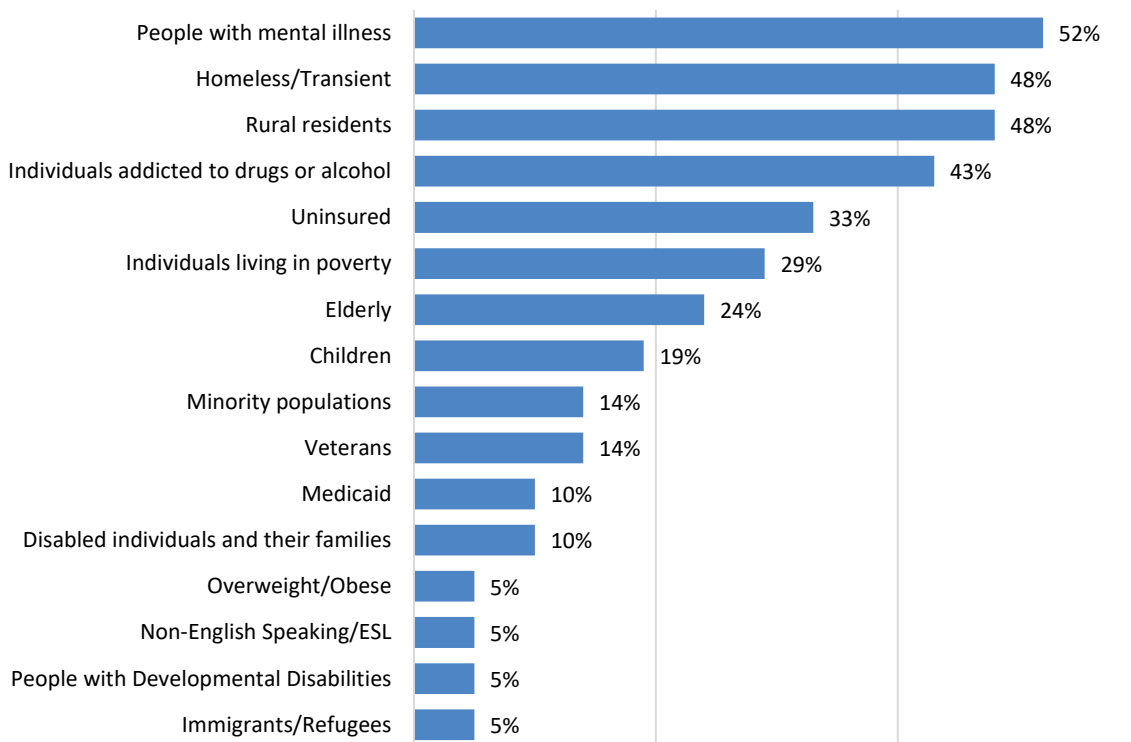
Three community partners reported that there were additional important health issues that they would like to see the Jefferson County Health District focus on over the next three years: pediatric services, prostate and breast cancer prevention and suicide prevention.

Other health issues residents would like health department to address		
	# Responses	% of Partners
Pediatric services	1	33.3%
Prostate and breast cancer prevention	1	33.3%
Suicide prevention	1	33.3%
Total	3	N=3

Next, community partners were given a list and asked how important it was for the Jefferson County Health District to address each **demographic group**. Most community partners (40% or more) thought it was very important to address the following groups: people with mental illness, the homeless/transient population, rural residents, and individuals addicted to drugs or alcohol.

Populations NOT Adequately Served by Local Health Services

Which of the following populations in Jefferson County, if any, do you think are not being adequately served by local health services?



When asked what they thought were the underlying causes of these health issues, the most common responses were the resident's mindset or lifestyle and poverty. Other responses are outlined on the table below.

Underlying causes of health issues		
	# of TOTAL Responses	% of Partners
Resident mindset/lifestyles	6	35.3%
Poverty	4	23.5%
Mental health	3	17.6%
Education/Awareness	3	17.6%
Funding/affordable services	3	17.6%
Transportation	2	11.8%
Lack of collaboration of organizations	2	11.8%
Poor access for fresh/healthy food	2	11.8%
Employment issues	1	5.9%
Lack of pharmacy	1	5.9%
Obesity	1	5.9%
Total	28	(n=17)
<i>Question: Thinking of the issues mentioned earlier in the survey, what do you think are the underlying causes of these health issues in Jefferson County (could give multiple responses)</i>		

Community partners were also asked to list some **problems, barriers, or gaps in services** that prevent residents from receiving health related care and services they need. This was an open-ended question in which the respondent could give multiple responses. The most common barriers mentioned were transportation issues (67%), cost or affordability (56%), and lack of awareness of available services (39%). Other mentioned problems, barriers and gaps in services are outlined in the table below.

Problems, barriers, or gaps in services		
	# of TOTAL Responses	% of Partners
Transportation	12	66.7%
Cost/affordability	10	55.6%
Lack of awareness of available services	7	38.9%
Social norms/area culture/mindsets	5	27.8%
Limited number of providers/accessibility	5	27.8%
Lack of collaboration/fragmented care	3	16.7%
Language/cultural barriers	2	11.1%
Lack of personal advocates	2	11.1%
Internet/technology access	2	11.1%
Health insurance	2	11.1%
Mental health issues	1	5.6%
Geography/rural area	1	5.6%
Education	1	5.6%
Total	53	(n=18)
<i>Question: What are some problems, barriers, or gaps in services that prevent residents from receiving health related care and services they need? (could give multiple responses)</i>		

Community Partners were asked what is being done well in Jefferson County in the areas of health and quality of life. This was open ended question in which the respondent could give multiple responses. All responses could be categorized into one of five themes: the work of the Health Department, collaboration of area agencies, community outreach, the work of Ohio Valley Health System, and services currently available in the county.

Being done well in Jefferson County

PLEASE NOTE: Responses are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.

Health Department Specific

The Health Department has been transformed under Andrew Henry's leadership.

County Health Dept is very active and visible in the Community trying to make changes!!! Big Challenge trying to get others to all work together!

I feel that the health department does try to reach out to the people in Jefferson County offering them the service that they currently can.

Also, the JCGHD has done a wonderful job at normalizing and destigmatizing 'asking for help', whether that be for mental health and addiction services, general healthcare, and/or utilizing the diaper bank. In the past few years, Jefferson County has become a better place to live and raise a family, thanks to the efforts of the JCGHD and all of the 'helpers' who spend their days serving their communities and caring for their neighbors.

JCHD Director is seen on Ads and is very visible in the community. the mobile clinics are helpful to go to the person.

Our Health Department has done a tremendous job in identifying the concerns, strengths of our community and has implemented strategies to improve the county's health.

County Health Dept is more proactive, accessible, and invested.

Collaboration

People are recognizing the need to work together to manage the mental health/drug/alcohol issues in our area.

Inter-agency relationships is a strong point for our County. I feel that our agencies are doing a good job of coming together to discuss the needs of the community. We just need next steps and a plan of action.

Urban Mission, Friendship Room, Coleman, Health Dept and many more offer great services to our homeless, and those in need. I believe that overall Jeff Co is working to be the best for our community and will continue to improve services as we can.

The continued collaboration between local organizations, healthcare providers, and community leaders will be essential to sustaining and building on these efforts to address remaining health challenges in the county.

Community Outreach

In Jefferson County, there has been a great amount of outreach to the rural communities, which has increased access to vital health services, vaccines, and naloxone distribution.

There is a growing interest in reaching more people. They make access to immunizations easier. They provide some good educational materials. They are good at seeking help for people outside of their organization.

We are trying to educate and improve the health of the county. There are more recreational activities being publicized recently.

Ohio Valley Health Center Specific

The Ohio Valley Health Center continues to expand and grow

OVHC offers free services to those who are uninsured and under insured - providing free prescriptions, food and many other resources to help fill the gaps mentioned.

Available services

Coverage of behavioral health issues is adequate. There is prevention messaging in schools, but it's sometimes limited by school schedules and administration.

I think Jefferson County has done a good job identifying problems when it comes to health and safety and setting up plans to focus on these issues.

Jefferson County has begun an online resource network of services and promoting it on social media



Being done well in Jefferson County

PLEASE NOTE: Responses are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.

Many services are provided which includes clinics and care.

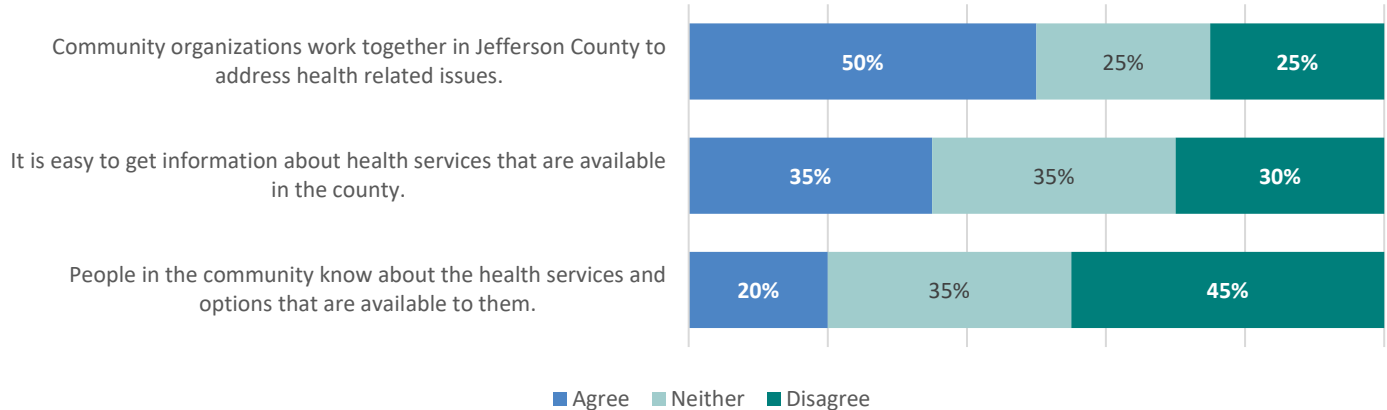
There are many options available if you want to lead a healthy lifestyle.

Total

Question: In your opinion, what is being done well in Jefferson County in the areas of health and quality of life? (respondent could give multiple responses)

Half of community partners, 50.0%, agreed, “Community organizations work together in Jefferson County to address health related issues,” with 15.0% strongly agreeing. A quarter, 25.0%, disagreed. More than a third of community partners, 35.0%, agreed, “It is easy to get information about health services that are available in the county,” with 15.0% strongly agreeing. Less than a third, 30.0%, disagreed with this statement. A fifth, 20.0%, agreed, “People in the community know about the health services and options that are available to them,” with just one (5%) strongly agreeing with this statement. Nearly half, 45.0%, disagreed.

Agreement with Statements



SOCIAL DETERMINANTS

SECONDARY DATA ANALYSIS

In terms of educational attainment for adults ages 18 to 24, the percentage of the population with a high school degree or more education is slightly higher in Jefferson County than in the state (92.0% for Jefferson County and 88.0% for state) as is the percentage of the population for those ages 25 and older with a high school degree or more education (92.9% for Jefferson County and 91.9% for state). Although trending in a positive direction, only 20.6% of Jefferson County residents ages 25 and older have a bachelor's degree or more education, significantly less than the state average of 32.0%.

Educational Attainment

	2018	2019	2020	2021	2022	2023	Change 2018-2023
Percentage that have high school degree or higher, ages 18-24							
Jefferson County	88.6%	89.2%	90.1%	90.5%	90.1%	92.0%	+3.4%
Ohio	87.1%	87.2%	NA	88.3%	87.6%	88.0%	+0.9%
Percentage that have high school degree or higher, ages 25 and older							
Jefferson County	90.3%	91.0%	91.5%	92.7%	92.6%	92.9%	+2.6%
Ohio	90.7%	90.8%	NA	91.7%	91.8%	91.9%	+1.2%
Percentage that have bachelor's degree or higher, ages 25 and older							
Jefferson County	15.3%	15.8%	17.5%	18.3%	19.5%	20.6%	+5.3%
Ohio	29.0%	29.3%	NA	30.7%	32.0%	32.0%	+3.0%

SOURCE: United States Census Bureau, American Community Survey, Table S1501

The unemployment rate for the county in 2023 was significantly higher than it was for the state (5.1% for Jefferson County and 3.5% for the state.) When compared to other counties in the state, Jefferson County had the third highest unemployment rate of the 88 counties in 2023. Overall, rates for both the county and state have remained stable over the five-year period (with the exception of 2020 and the COVID pandemic). For this table, unemployment includes persons who were not employed, but who were actively seeking work, waiting to be called back to a job from which they were laid off, or waiting to report within thirty days.

Unemployment Countywide

	2019	2020	2021	2022	2023	% Change 19 -23
Jefferson County	5.9%	10.1%	6.5%	5.5%	5.1%	-0.8%
Ohio	4.1%	8.2%	5.1%	4.0%	3.5%	-0.6%

SOURCE: ODJFS Office of Workforce Development, Bureau of Labor Market Information, Local Area Unemployment Statistics

The percentage of the population in poverty in Jefferson County is higher than the state, 16.9% compared to 13.3%. When compared to other counties in the state, only 14 counties had higher poverty rates in 2023 than Jefferson (out of 88 counties).

Total Percentage of Population in Poverty

	# Pop	2019	2020	2021	2022	2023	Change 2019-2023
Jefferson	62,623	17.5%	16.8%	17.3%	18.2%	16.9%	-0.6%
Ohio	11,479,820	14.0%	13.6%	13.4%	13.3%	13.3%	-0.7%

SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates, Table: S1701

More than a quarter of children under the age of five, 26.7%, are in poverty in Jefferson County, significantly more than the state percentage of 20.0%. When looking just at children under the age of 18 in, the percentage in poverty is once again significantly higher than in the state, 24.8% (state, 18.0%). Poverty for children has slightly decreased over the past five years in both Jefferson County and Ohio.

Jefferson County Percentage of Children under 18 in Poverty

	# Children (2023)	2019	2020	2021	2022	2023	Change 2019-2023
Jefferson	12,489	27.1%	23.4%	23.8%	27.7%	24.8%	-2.3%
Ohio	2,566,266	19.9%	19.1%	18.6%	18.3%	18.0%	-1.9%

Percentage of Children under 5 years in Poverty

Jefferson	3,264	30.6%	27.5%	26.6%	32.7%	26.7%	-3.9%
Ohio	663,522	23.0%	21.8%	21.4%	20.7%	20.0%	-3.0%

SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates, Table: S1701

Looking specifically at the population in Jefferson County in poverty by key demographic measures, children under the age of five had the highest level of poverty (26.7%), while those ages 65 and over had the lowest level (10.4%). Females were more likely than males to be in poverty (20.2% to 13.5%). In terms of race and ethnicity, Black residents had the highest poverty levels (39.1%) followed by Hispanic/Latino residents (31.8%). Additionally, the lower the education level, the higher the poverty level for that demographic group (poverty rate for those with less than a high school diploma was 32.1% compared to 5.7% for college graduates). The poverty rate for the unemployed is significantly higher than that of the employed population (34.5% compared to 8.1%).

Jefferson County Percentage of Population in Poverty by Age Group

	Pop 2023	2019	2020	2021	2022	2023	Change
Under 5	3,264	30.6%	27.5%	26.6%	32.5%	26.7%	-3.9%
5-17	9,225	25.9%	22.0%	22.9%	25.9%	24.1%	-1.8%
18-34	12,021	22.3%	21.4%	21.6%	21.5%	19.3%	-3.0%
35-64	24,234	15.3%	15.4%	16.1%	16.3%	15.5%	+0.2%
65+	13,879	8.4%	9.4%	9.8%	9.9%	10.4%	+2.0%

Jefferson County Percentage of Population in Poverty by Gender

Male	30,856	16.1%	16.1%	15.9%	15.8%	13.5%	-2.6%
Female	31,767	18.8%	17.5%	18.7%	20.4%	20.2%	+1.4%

Jefferson County Percentage of Population in Poverty by Race and Ethnicity

White	56,156	16.1%	15.4%	15.7%	16.3%	15.0%	-1.1%
Black	3,352	31.9%	32.4%	35.5%	42.1%	39.1%	+7.2%
Asian	16	11.4%	17.9%	16.8%	18.0%	14.8%	+3.4%
Two or more	2,315	35.9%	25.6%	29.5%	29.1%	29.9%	-6.0%
Hispanic/Latino	1,038	49.5%	37.1%	37.1%	40.6%	31.8%	-17.7%

Jefferson County Percentage of Population in Poverty by Education Level (ages 25 and over)

Less than HS	3,109	29.7%	30.4%	34.3%	33.2%	32.1%	+2.4%
HS grad	18,720	15.6%	16.6%	16.9%	17.1%	16.9%	+1.3%
Some college	14,093	10.9%	10.1%	11.1%	11.9%	12.6%	+1.7%
College grad	9,410	5.3%	5.6%	6.9%	6.4%	5.7%	+0.4%

Jefferson County Percentage of Population in Poverty by Employment Status

Employed	27,777	7.7%	8.1%	8.5%	9.0%	8.1%	+0.4%
Unemployed	1,416	39.4%	35.5%	33.4%	33.0%	34.5%	-4.9%

SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates, Table: S1701

The poverty rates for female headed households, both overall and with children under 18, are significantly higher than married family households; 34.2% compared to 6.1% for all families and 46.1% compared to 7.3% for families with children under 18.

Jefferson County Percentage of Families in Poverty by Family Status							
	Pop 2023	2019	2020	2021	2022	2023	Change
All families	16,561	11.9%	12.3%	12.7%	13.1%	12.6%	+0.7%
Married families	11,823	5.2%	7.1%	7.1%	6.6%	6.1%	+0.9%
Female headed	3,329	36.9%	29.7%	32.9%	34.1%	34.2%	-2.7%
Jefferson County Percentage of Families with Children under 18 in Poverty by Family Status							
All families	6,575	24.8%	22.6%	20.5%	21.7%	22.4%	-2.4%
Married families	3,704	9.9%	7.3%	8.5%	8.7%	7.3%	-2.6%
Female headed	2,136	53.3%	51.7%	40.0%	46.5%	46.1%	-7.2%
SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table S1702							

Below are tables with poverty rates by zip code. Poverty levels are highest in Steubenville, Stratton, and Mingo Junction.

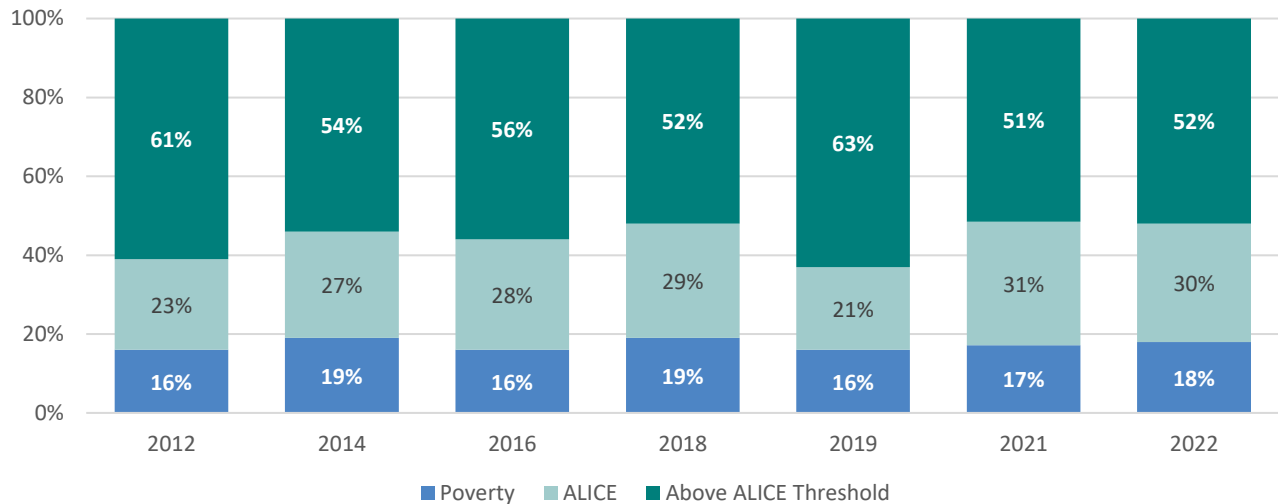
Jefferson County Poverty Number and Rates by Zip Code, 2022					
Zip Code	Population	# below poverty	% below poverty	# at 125% of poverty level	# at 200% of poverty level
43952- Steubenville	15,785	4,164	26.4%	NA	NA
43961- Stratton	239	63	26.4%	NA	NA
43938- Mingo Junction	5,868	1,546	26.3%	NA	NA
43926- Empire	237	59	24.9%	NA	NA
43932- Irondale	900	189	21.0%	NA	NA
43908- Bergholz	1,038	214	20.6%	NA	NA
43925- East Springfield	86	16	18.6%	NA	NA
43971- Yorkville	933	164	17.6%	NA	NA
43939- Mount Pleasant	291	49	16.8%	NA	NA
43943- Rayland	3,180	517	16.3%	NA	NA
43913- Brilliant	1,068	170	15.9%	NA	NA
43930- Hammondsville	1,226	177	14.4%	NA	NA
43963- Tiltonsville	1,309	188	14.4%	NA	NA
43910- Bloomingdale	3,275	439	13.4%	NA	NA
43964- Toronto	9,192	1,230	13.4%	NA	NA
43917- Dillonvale	2,838	366	12.9%	NA	NA
43948- Smithfield	675	83	12.3%	NA	NA
43901- Adena	1,843	201	10.9%	NA	NA
43903- Amsterdam	2,127	166	7.8%	NA	NA
43944- Richmond	2,477	160	6.5%	NA	NA
SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates, Table S1701					



SECONDARY DATA ANALYSIS- ALICE DATA

ALICE is an acronym that stands for “Asset-Limited, Income-Constrained, Employed”. These are households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county. This is referred to as the ALICE Threshold. Households below the ALICE Threshold can’t afford the essentials. In Jefferson County, 30% of households are considered ALICE Households, much higher than the state average of 25%.

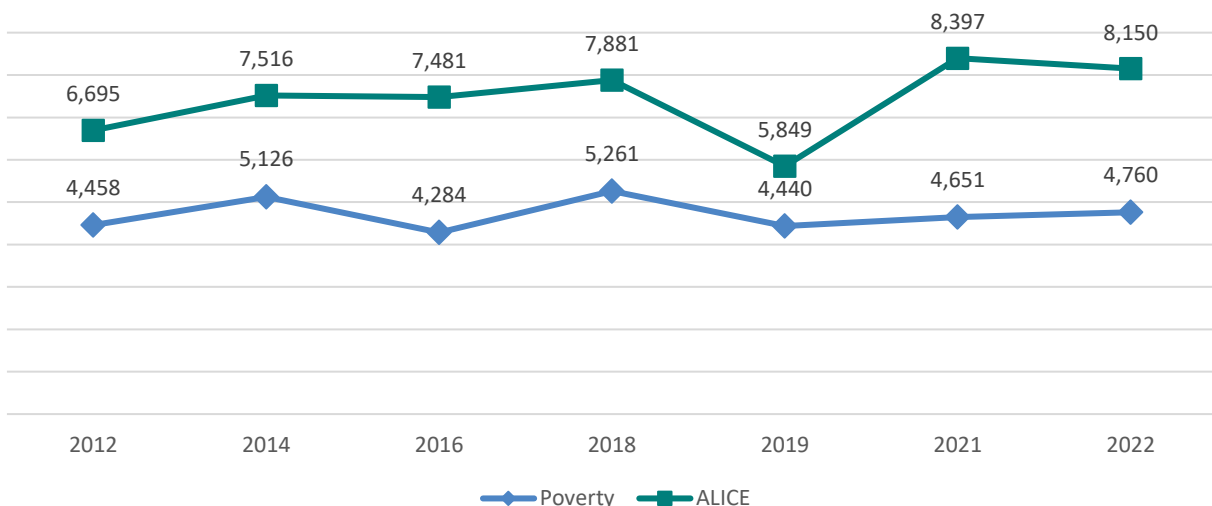
Financial Hardship by Percentage of Households, Jefferson County



SOURCE: 2024 ALICE REPORT Ohio, Jefferson County

When looking at how financial hardship has changed overtime, the number of households in poverty has increased 6.8% between 2012 and 2022. At the same time, the number of ALICE households increased at a much higher rate over the same time period from 6,695 to 8,150, a 21.7% increase.

Financial Hardship Over Time, Jefferson County



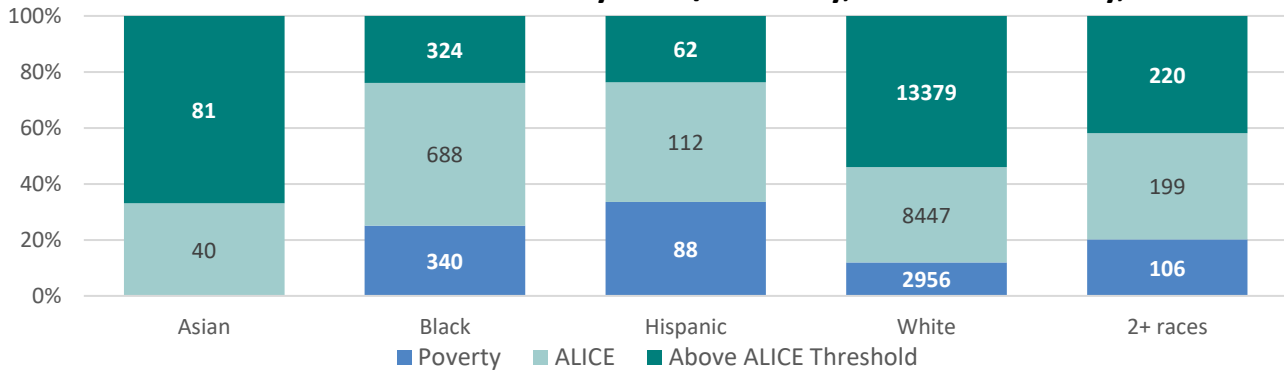
SOURCE: 2024 ALICE REPORT Ohio, Jefferson County





Black and Hispanic residents are more likely to be ALICE than white households.

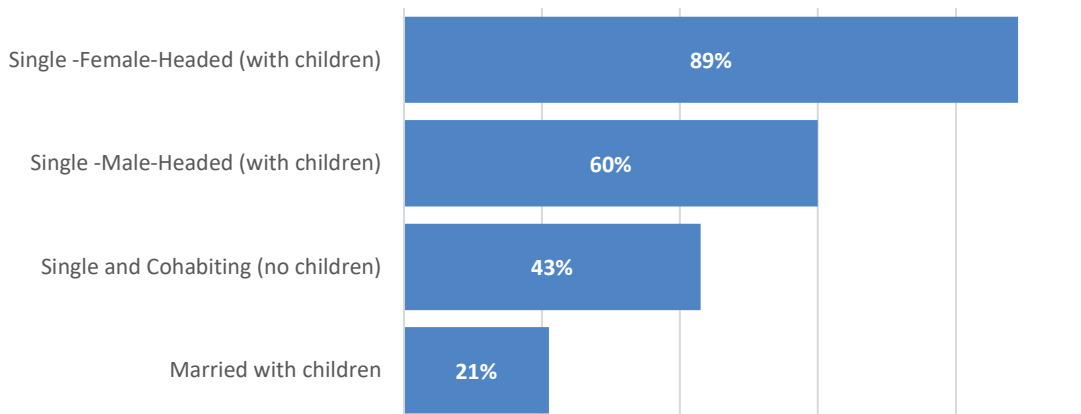
Household Financial Status by Race/Ethnicity, Jefferson County, 2022



SOURCE: 2024 ALICE REPORT Ohio, Jefferson County

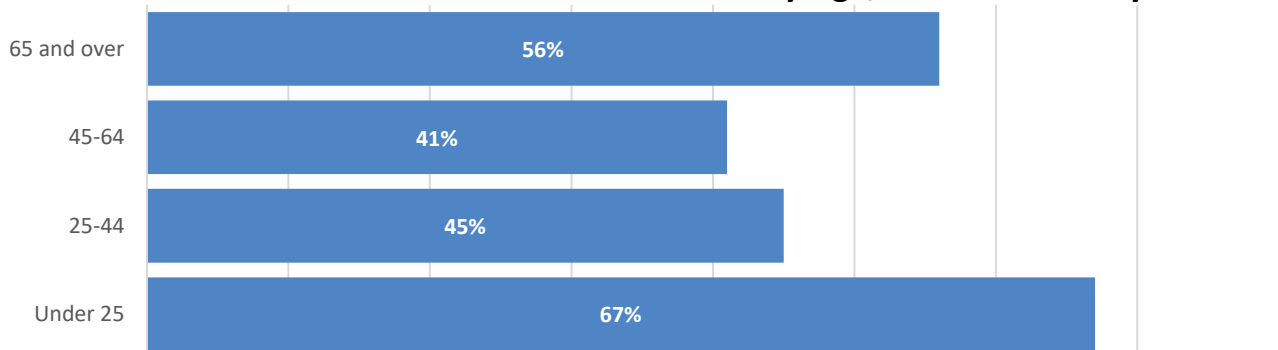
When looking at three different household types and their household financial status, the most financially vulnerable group was single-female-headed households with children. In Jefferson County, 89% of households in this classification fell below the ALICE threshold meaning that just 11% of single-female-headed households with children can afford the essentials. Comparatively, 21% of married households with children are below the ALICE threshold.

Percent of Households below ALICE Threshold by Household Type, Jefferson County, 2022



Two thirds of young households, under the age of 25, fall below the ALICE threshold. More than half of all senior households, 56%, fall below the ALICE Threshold.

% of Households below ALICE Threshold by Age, Jefferson County



SOURCE: 2024 ALICE REPORT Ohio, Jefferson County



PERSONAL HEALTH STATUS

COMMUNITY SURVEY

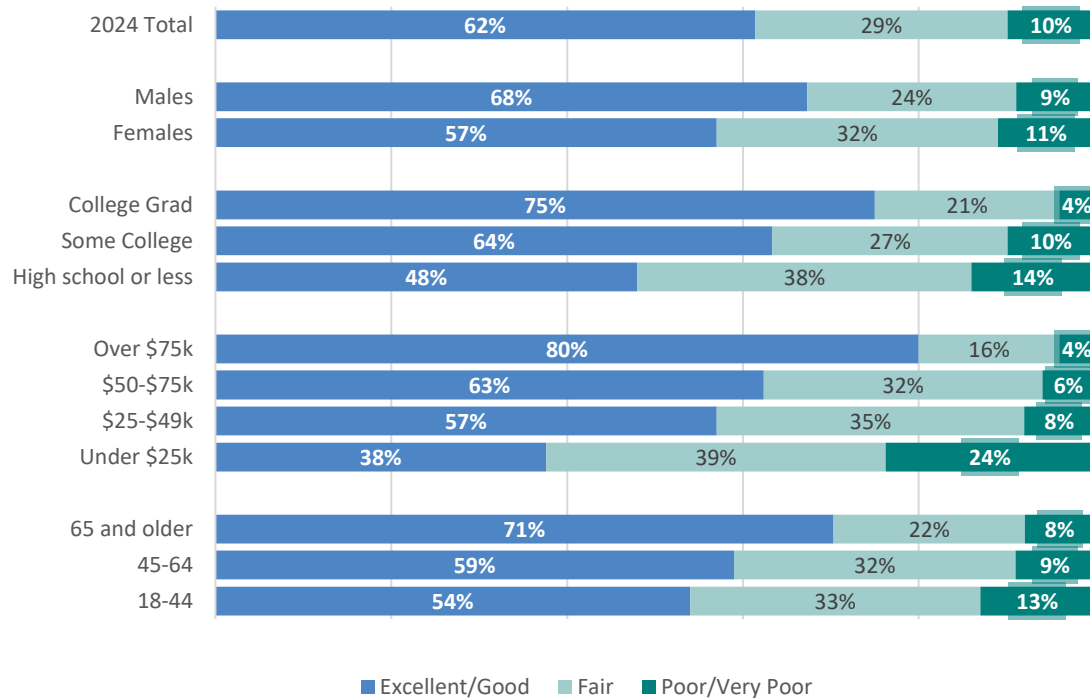
Summary: Personal Health Status			
		% of Residents	N
Personal description of health	Excellent	6.8%	400
	Good	54.8%	
	Fair	28.8%	
	Poor	8.3%	
	Very Poor	1.5%	
Number of days in past month that PHYSICAL health was not good	Average number of days not well	7.79	399
	None	34.1%	
	1-5	31.3%	
	6-10	9.8%	
	11-20	10.5%	
	More than 20	14.3%	
Number of days in past month that MENTAL health was not good	Average number of days not well	7.51	394
	None	36.5%	
	1-5	26.6%	
	6-10	9.4%	
	11-20	15.0%	
	More than 20	12.4%	

All respondents were asked to describe their health on a five-point scale: excellent, good, fair, poor, or very poor. Less than one-tenth of respondents, 7%, rated their health as excellent. More than half, 55%, rated their health as good. Combined, 62% rated their health favorably. More than a quarter, 29% of respondents rated their health as fair. One-tenth of respondents, 10%, had an unfavorable rating of their health, with 8% rating their health as poor and 2% as very poor.

Groups of residents more likely to rate their health **favorably** include residents ages 65 and over, college graduates, those with an annual income over \$75,000, married residents, those who are employed full-time, homeowners, residents who report their weight as about right, respondents who exercised in the past month, those with stable housing and reliable transportation, and households without someone with a disability. Groups of residents more likely to have an **unfavorable** rating of their health include residents ages 18 to 44, those with a high school diploma or less education, residents with an annual income under \$25,000, those who are single or widowed, unemployed residents, renters, respondents who have not exercised in the past month, those without stable housing or reliable transportation, residents who don't have enough to meet basic expenses, and households with someone with a disability.

Personal Health Rating

Generally, how would you describe your health: excellent, good, fair, poor or very poor?



Around one-third of respondents, 34%, reported they didn't have any days in the past 30 days in which their **physical health** was not good (which includes physical illness and injury), while about one third, 31%, reported it was not good one to five of the past 30 days; followed by 10% reporting it was not good for 6-10 of the past 30 days. More than one tenth, 11%, indicated their physical health was not good 11-20 days. Less than one-sixth of respondents 14%, indicated that their physical health was not good for 20 or more days in the past month. The average number of days that residents were physically not well was 7.79.

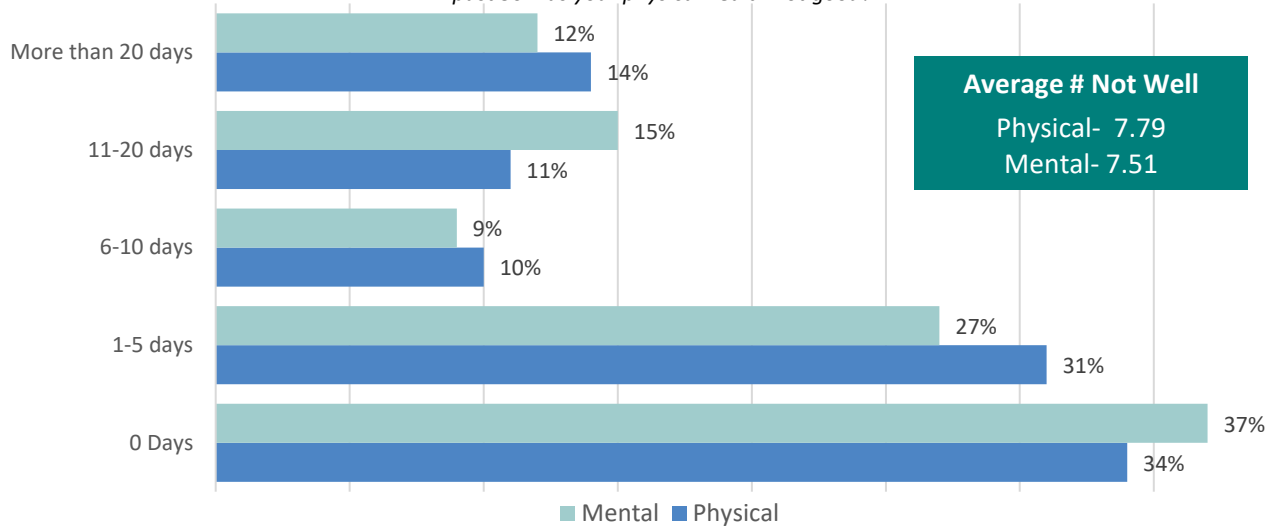
Groups of residents more likely to have 11 or more **bad physical health days** in the past 30 days include females, residents with an annual income under \$25,000, those who are unemployed, renters, residents who have not exercised in the past month, respondents without stable housing or reliable transportation, those who do not have enough to meet basic expenses, and households with someone with a disability.

More than a third of respondents, 37%, reported they didn't have any days in the past 30 days in which their **mental health** was not good (which includes stress, depression, and problems with emotions) while about one-quarter, 27%, reported it was not good one to five of the past 30 days, followed by 9% reporting it was not good six to ten of the past 30 days. Less than a sixth of respondents, 15%, indicated their mental health was not good 11-20 days in the past month. More than a tenth of respondents, 12%, indicated that their mental health was not good for 20 or more days in the past month. The average number of days that residents were mentally not well was 7.51.

Groups of residents more likely to have 11 or more **bad mental health days** in the past 30 days include females, respondents with children in the home, those ages 18 to 44, respondents with a high school diploma or less education, residents with an annual income under \$25,000, those who are single or divorced, unemployed residents, renters, respondents without stable housing or reliable transportation, those who do not have enough to meet basic expenses, and households with someone with a disability.

Number of Days Physical and Mental Health Not Good Last Month

Now thinking about your **physical health**, which includes physical illness and injury, for how many days during the past 30 was your physical health not good?



ACCESS TO HEALTH CARE

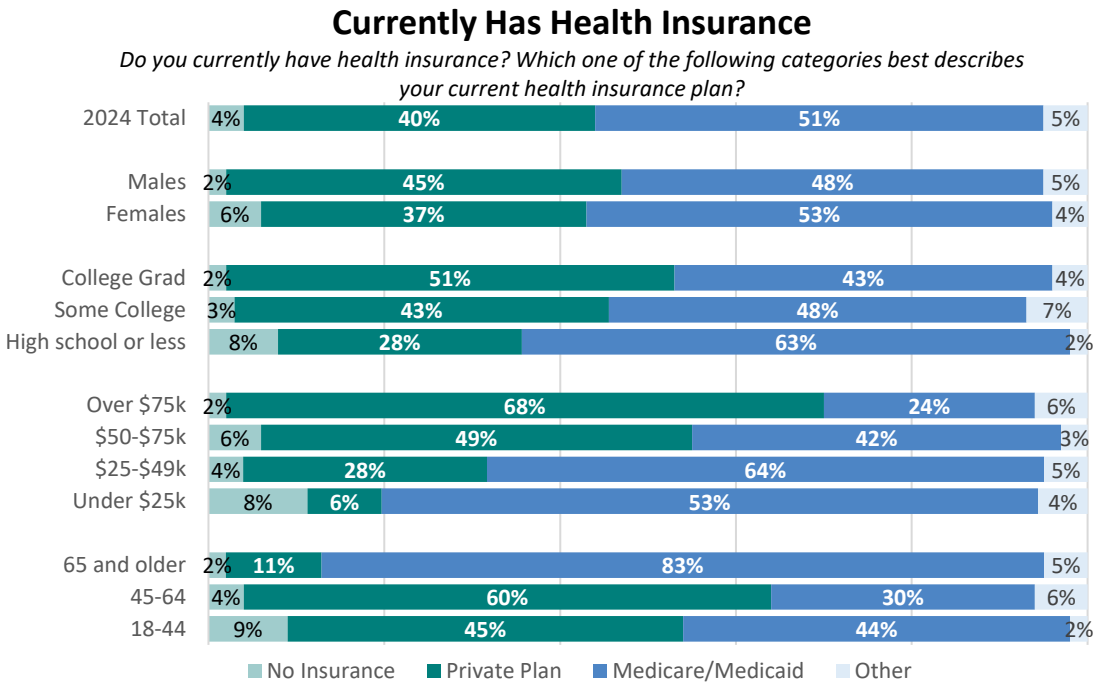
COMMUNITY SURVEY

Summary: Insurance Coverage			
		%	N
Currently has health insurance	Insured	95.8%	400
	Not insured	4.3%	
Type of Insurance coverage (of those with insurance)	Private insurance- employer paid	35.2%	383
	Private insurance- self paid	6.5%	
	Medicare	35.5%	
	Medicaid	18.0%	
	Medical Cost Sharing Plan	0.5%	
	VA Coverage or Military Coverage	1.6%	
	Other	2.6%	
Services covered by insurance (of those with insurance)	Preventative or routine medical care	89.3%	382
	Hospitalization	89.3%	
	Prescription assistance	88.7%	
	Emergency room care	87.7%	
	Vision services	75.9%	
	Dental services	73.0%	
	Mental health	62.6%	
	Alcohol and drug treatment	44.8%	
	Prenatal/maternity	42.1%	
	Home Care	39.8%	
	Family planning (birth control)	38.5%	
	Long term care	37.4%	
	Hospice	29.8%	

All respondents were asked if they had health insurance coverage. A small portion, 4%, did not have health insurance. Of those with insurance, more than one third, 35% were covered by employer paid plans, 7% were covered by private insurance (self-paid), 36% were covered by Medicare, 18% by Medicaid, 2% had VA or military coverage, and just 1% had a medical cost sharing plan. The most common reason for not having health insurance was not being able to afford it.

Why No Insurance (asked of those with no insurance)		
	#	%
Cannot afford	11	78.6%
Not offered at job	2	14.2%
Out of work	1	7.1%
Total	14	(n=14)

Whether a respondent had health insurance coverage and what type of insurance they held varied according to several demographic and other identifying characteristics. Groups of respondents more likely to **NOT have insurance** coverage include residents with children in the home, those ages 18 to 44, residents with a high school diploma or less education, those with an annual income under \$25,000, single residents, those who are unemployed, respondents without stable housing or reliable transportation, and renters. Groups of respondents more likely to **have private insurance** include residents with children in the home, those ages 45 to 64, college graduates, residents with an annual income over \$50,000 (especially those with an income over \$75,000), married residents, those who are employed full-time, homeowners, residents with stable housing and reliable transportation, and households without someone with a disability in the home. Groups of respondents more likely to **have Medicare or Medicaid** include residents without children in the home, those ages 65 and over, residents with a high school diploma or less education, those with an annual income under \$50,000 (especially those with an income under \$25,000), widowed or divorced residents, those who are not employed full-time, renters, residents who have not exercised in the past month, respondents who don't have enough to meet basic expenses, and households with someone with a disability in the home.

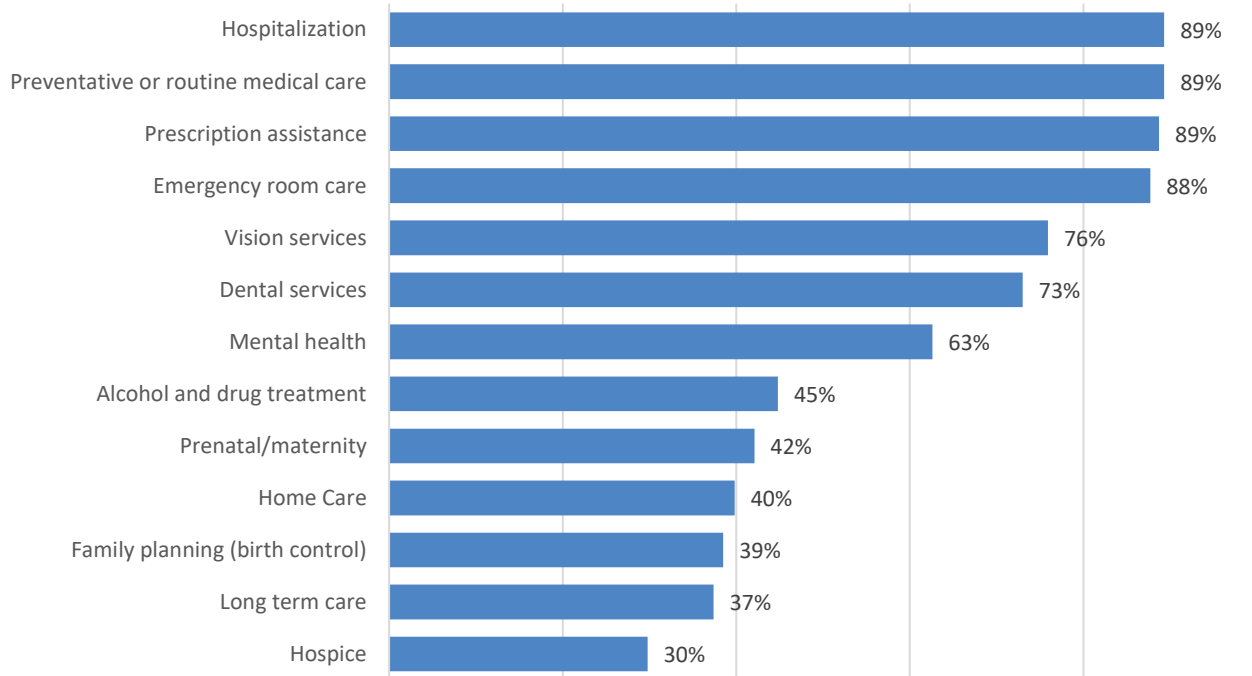




Respondents with health insurance were given a list of services sometimes covered by insurance and asked if their insurance covered each service. Services covered for most respondents included preventative or routine medical care (89%), hospitalization (89%), prescription assistance (89%), and emergency room care (88%). About three-quarters of respondents with insurance have vision coverage (76%) or dental (73%) while nearly two-thirds, 63%, have mental health coverage. Less than half of respondents have coverage for alcohol and drug addiction treatment (45%), prenatal/ maternity coverage (42%), home care (40%), family planning (birth control) (39%), and long term care (37%). Less than one third of insured respondents have hospice (30%).

Services Covered by Insurance

Below is a list of services that are sometimes covered by health care plans. Are the following services covered by YOUR health insurance?



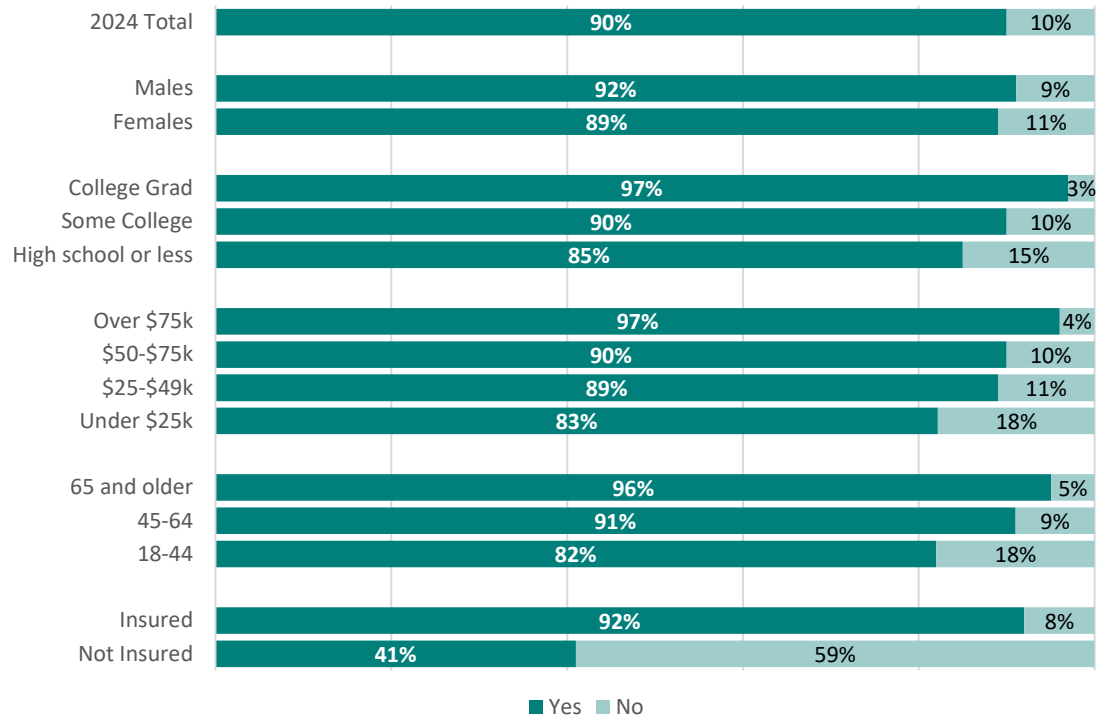
Summary: Access to Health Care			
		% of Residents	N
Have primary care provider	Yes	90.3%	400
	No	9.8%	
Length of time since last routine check-up	Within past year	82.8%	400
	Within past 2 years	9.8%	
	Within past 5 years	1.8%	
	5 or more years ago	5.3%	
	Never	0.5%	
Where receive health care most often	Primary care or family doctor	77.2%	399
	Emergency room	9.0%	
	Stat Care	8.5%	
	VA hospital	1.3%	
	Telemedicine	1.3%	
	Something else not mentioned	0.8%	
	Community health center	0.8%	
	Free clinic	0.8%	
	Health department clinic	0.5%	
Able to visit a doctor when needed	Always	68.5%	400
	Sometimes	25.8%	
	Seldom	4.8%	
	Never	1.0%	
Why not ALWAYS able to see doctor when needed (follow-up question)	Can't get an appointment	48.4%	126
	Lack of transportation	27.0%	
	Cannot afford it/Too expensive	16.7%	
	Too high of a copay	15.1%	
	No insurance	11.1%	
	Doctor is too far away	6.3%	
Needed to go outside of county for healthcare		44.8%	400
Services needed unable to get in past 2 years		20.0%	400

Primary Care Provider

Most respondents, 90%, reported having one person or group they think of as their doctor or health care provider. Groups of residents more likely to NOT have a primary care doctor or health care provider include respondents ages 18 to 44, those with a high school diploma or less education, residents with an annual income under \$25,000, those who are single or divorced, residents who are unemployed or employed part-time, renters, respondents without stable housing or reliable transportation, residents who don't have enough to meet basic expenses, and those without health insurance coverage.

Has Primary Doctor

Do you have one person or group you think of as your doctor or healthcare provider?



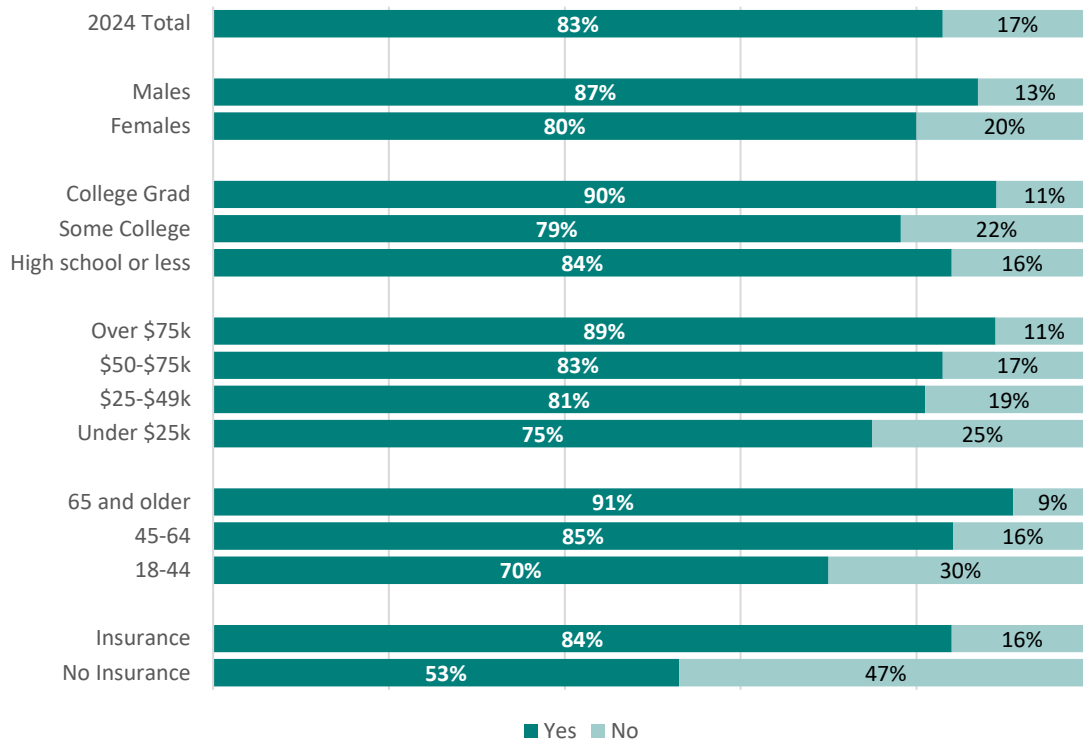
Residents without a doctor, 10% of respondents, were asked why they did not have a regular doctor or healthcare provider. The most common reasons were that it is a personal decision or a doctor is not needed (53%), the cost of affordability (17%) and that they have no insurance (17%). Other reasons are listed in the table below.

Why No Doctor <i>(asked of those with no doctor)</i>		
	# of responses	% of responses
Personal decision/Not needed	19	52.8%
Affordability	6	16.7%
No insurance	6	16.7%
Proximity/Lack of transportation	3	8.3%
Availability	2	5.6%
Total	36	(n=36)

More than three-quarters of respondents, 83%, received a routine checkup within the past year. A small percentage, 5%, had not received a routine medical checkup in five or more years, while 1% reported they never had a routine checkup. Unsurprisingly, the older the respondent, the more likely they were to have had a routine checkup in the past year (as seen in the graph below). Groups of respondents more likely to NOT have had a routine checkup in the last year include females, residents with children in the home, those with some college education, residents with an annual income under \$25,000, those who are single or divorced, unemployed residents, renters, non-veteran households, respondents without stable housing or reliable transportation, those who don't have enough to meet basic expenses, and residents without health insurance.

Had Routine Checkup in Past Year

About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.





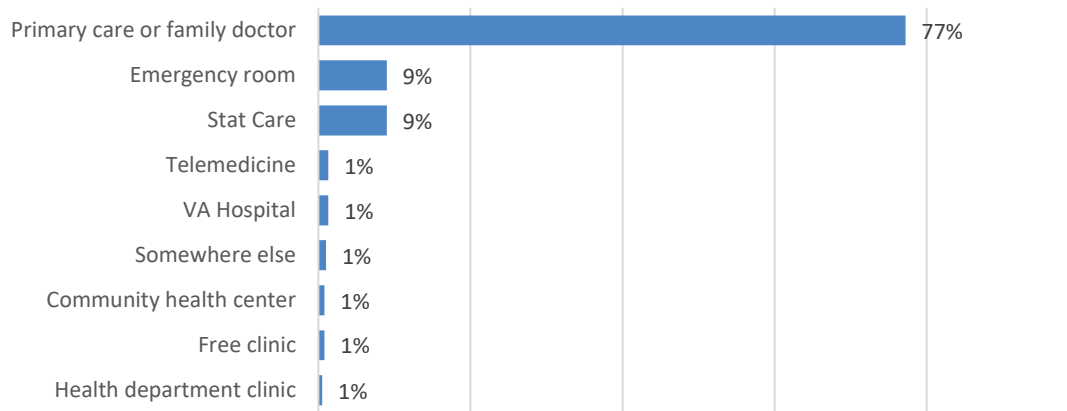
Access to Care

Next, respondents were asked when they receive health care and where they receive it most often: a primary care or family doctor, emergency room, stat care, health department clinic, community health center, free clinic, telemedicine, VA hospital, or somewhere else. More than three-quarters, 77.2% of respondents reported they receive their health care most often from a primary care doctor. Another 9.0% of respondents relied on an emergency room as their primary source of health care, while 8.3% relied on stat care. All other facilities were mentioned by 1% or less of respondents.

Groups of residents more likely to use a **primary care or family doctor** include respondents ages 65 and over, college graduates, widowed residents, retired respondents, homeowners, those without children in the home, and respondents with insurance. Groups of residents more likely to use something **other than a primary care or family doctor** include respondents ages 18 to 44, those with some college education, single residents, unemployed respondents, renters, those with children in the home, residents without stable housing or reliable transportation, those who don't have enough to meet basic expenses, and respondents without insurance.

Where Residents Receive Healthcare Most Often

When you are in need of health care, where do you receive it MOST often?



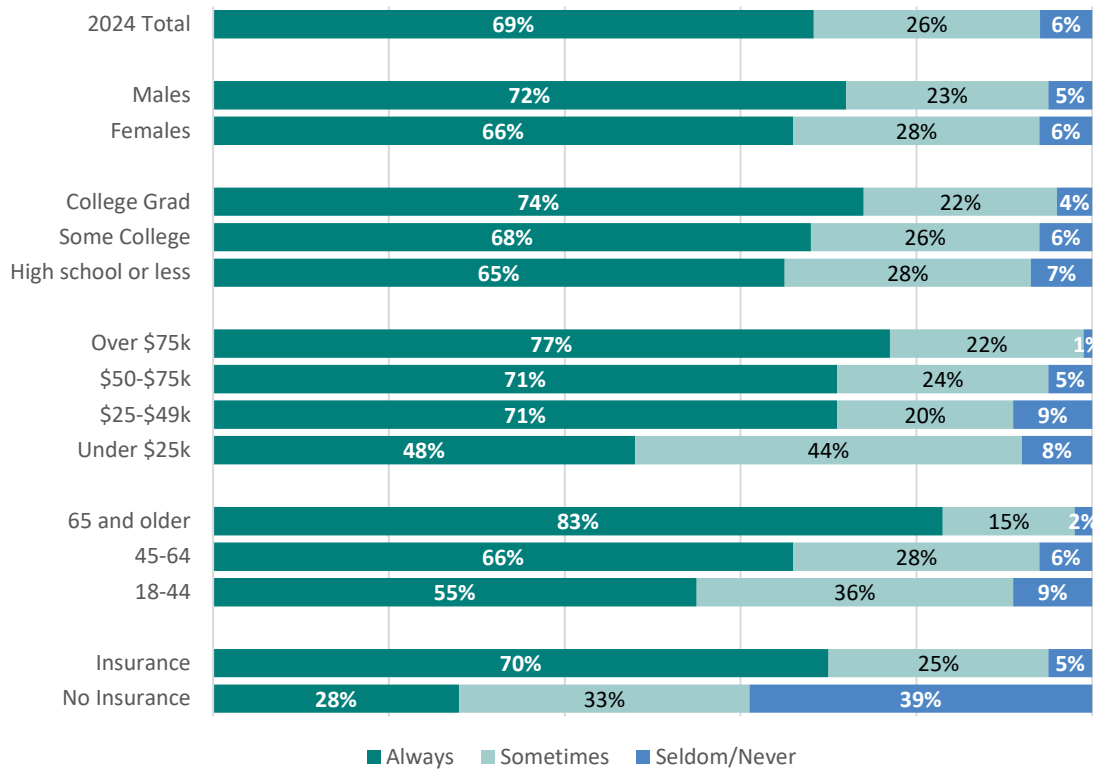
All respondents were asked if they are able to see a doctor when they are able to. More than two-thirds, 68.5%, reported they **always** visit a doctor when needed, while an additional 25.8% were able to visit a doctor **sometimes** when needed. A small percentage of residents reported that they can only **seldomly** visit a doctor when needed (4.8%) and 1.0% said they can **never** visit a doctor.

Groups of respondents more likely to **always** be able to visit a doctor when needed include respondents ages 65 and over, those with an annual income over \$75,000, married residents, respondents who are retired or employed part-time, homeowners, those without someone in the household with a disability, residents without children in the home, those with stable housing and reliable transportation, residents who live comfortably, and respondents with health insurance. Groups of respondents more likely to **not always** be able to visit a doctor when needed include respondents ages 18 to 44, those with an annual income under \$25,000, single residents, respondents who are unemployed or employed full-time, renters, those with someone in the household with a disability, residents with children in the home, those without stable housing and reliable transportation, residents who don't even have enough to meet basic expenses, and those with health insurance.



Able to See a Doctor When Needed

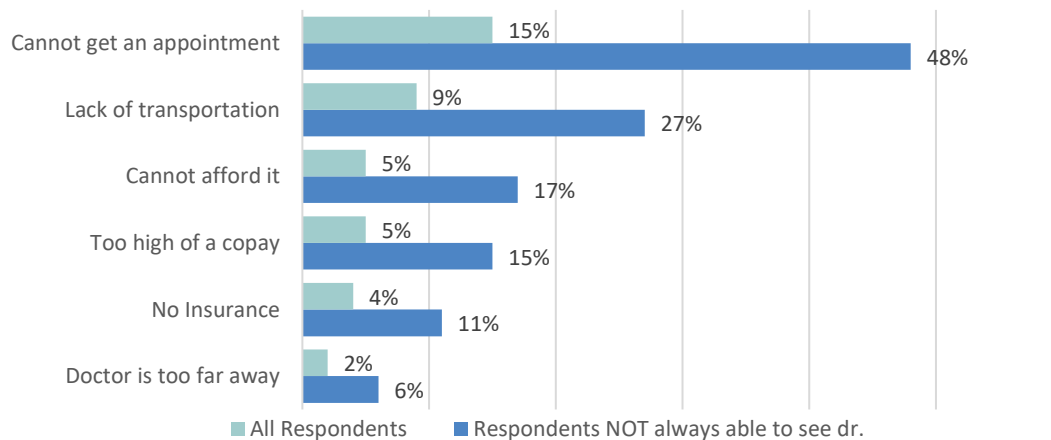
Are you able to visit a doctor when needed?



The 31.5% of respondents who indicated that they are not always able to see a doctor when needed were asked a follow-up question as to why they are not always able to see a doctor. Not being able to get an appointment was the most common reason for not always being able to see a doctor when needed. This response was given by 48.4% of those who cannot always see a doctor when needed, 15.3% of all respondents. Other reasons for not always being able to see a doctor when needed include, in order of importance, lack of transportation (27.0% of those not always able to see a doctor), cannot afford it (16.7%), too high of a copay (15.1%), no insurance (11.1%), and the doctor is too far away (6.3%).

Why Not 'Always' Able to See Doctor When Needed

Why are you unable to "Always" visit a doctor when needed?



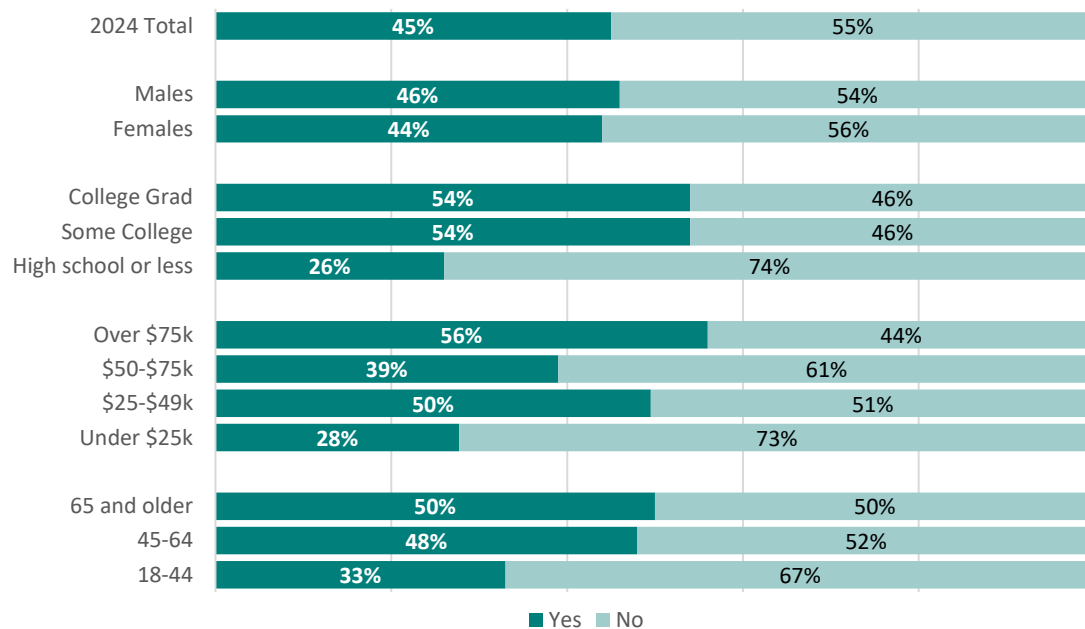
Needed Services

Less than half of respondents, 44.8%, reported they have had to go outside of Jefferson County in the past twelve months for health care services. Groups of residents more likely to have needed to go outside county for healthcare include respondents ages 65 and over, those with some college or more education, residents with an annual income over \$75,000, married respondents, those who are employed full-time or retired, homeowners, respondents with stable housing and reliable transportation, and residents with health insurance.

The most common reasons for going outside the county for healthcare were the location of their doctor or service and the availability of doctors elsewhere. The most common services received outside of the county were to see a specialist, primary care or routine checkup, and surgery.

Needed to Go Outside County for Care

In the past 12 months, have you gone outside of Jefferson County for health care?



Why went outside of county

	#	%
Location of current doctor/service	59	33.9%
Availability of doctors	57	32.8%
Better healthcare	37	21.3%
Service unavailable locally	14	8.0%
Insurance dictated	7	4.0%
Total	174	(n=174)
<i>Question: Why did you have to go outside of the County for health care?</i>		

What services received outside county

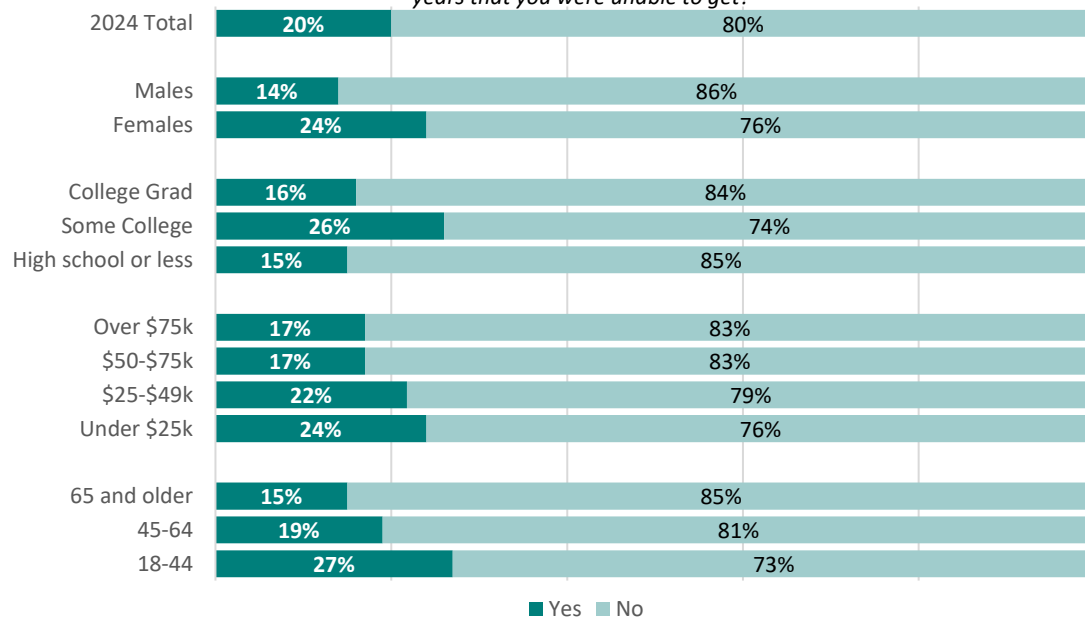
	#	%
Specialist	71	41.0%
Primary care	45	26.0%
Surgery	25	14.5%
Testing/Imaging	13	7.5%
Urgent care/ER	8	4.6%
Vision	4	2.3%
Hospital visit	4	2.3%
Dental	3	1.7%
Total	173	(n=173)
<i>Question: What type of service did you get ?</i>		

One fifth of respondents, 20.0%, reported there were healthcare services that they or a family member needed in the past two years they were unable to get. Groups of residents more likely to report services they were unable to get include respondents ages 18 to 44, non-white residents, those with some college education, single or widowed respondents, unemployed residents, renters, those who don't make enough to meet basic expenses, respondents without stable housing and reliable transportation, households with someone with a disability, and females.

The two services needed most often were specialists and dental services. The most common reasons for not being able to get the needed service were that the service was not available in the area, insurance doesn't cover the service, and the high cost of the service.

Needed Healthcare Unable to Get

Were there any healthcare services that you or a family member needed in the past two years that you were unable to get?



Services Needed		
	#	%
Specialist	31	41.3%
Dental	15	20.0%
Diagnostic test	7	9.3%
Surgery	7	9.3%
Vision	6	8.0%
Primary care	5	6.7%
Prescription drugs	5	6.7%
Home healthcare	2	2.7%
Transportation	2	2.7%
Emergency treatment	2	2.7%
Miscellaneous	3	4.0%
Total	59	(n=75)
<i>Question: What was it that you needed?</i>		

Why Unable to Get Service		
	#	%
Service not available in area	18	26.1%
Insurance doesn't cover it	14	20.3%
High cost/Couldn't afford	10	14.5%
No insurance	7	10.1%
Long wait time	7	10.1%
No trust in local services	7	10.1%
Transportation	6	8.7%
Total	69	(n=69)
<i>Question: Why were you unable to get the needed service?</i>		

SECONDARY DATA ANALYSIS

The table below represents the estimated percentage of the population under the age of 65 without health insurance coverage in Jefferson County. Over the past five years, the percentage of individuals without health insurance has remained stable, decreasing by just 0.3%. The percentage of residents without insurance under the age of 19 (3.8%) is lower than the percentage of residents 19 to 64 (7.7%).

Jefferson County Percent Uninsured						
	2019	2020	2021	2022	2023	% Change
Jefferson County	5.6%	5.0%	5.4%	4.9%	5.3%	-0.3%
Ohio	6.1%	6.2%	6.3%	6.4%	6.4%	+0.3%
United States	8.8%	8.7%	8.8%	8.7%	8.6%	-0.2%
White	5.4%	4.7%	5.2%	4.8%	5.1%	-0.3%
Black	8.7%	6.7%	5.2%	4.3%	4.8%	-3.9%
2 or more races	4.0%	4.6%	5.9%	6.7%	8.6%	+4.6%
Hispanic or Latino	9.0%	7.0%	9.5%	7.8%	7.2%	-1.8%
Under 19 years	3.0%	3.1%	3.4%	3.6%	3.8%	+0.8%
19 to 64 years	8.3%	7.2%	7.9%	7.0%	7.7%	-0.6%
65 and older	0.6%	0.5%	0.6%	0.5%	0.4%	-0.2%
Male	6.5%	5.8%	6.3%	5.5%	6.1%	-0.4%
Females	4.8%	4.2%	4.6%	4.3%	4.6%	-0.2%
Less than high school grad	7.0%	7.9%	11.0%	9.0%	7.6%	+0.6%
High school grad	6.2%	5.0%	6.0%	5.4%	6.6%	+0.4%
Some college or Associates	5.8%	5.2%	5.1%	4.6%	5.3%	-0.5%
Bachelor's degree or more	5.4%	4.9%	5.0%	4.2%	4.2%	-1.2%
Under \$25,000	6.8%	5.5%	8.0%	6.3%	7.0%	+0.2%
\$25,000 to \$49,999	7.2%	6.9%	6.8%	6.1%	5.7%	-1.5%
\$50,000 to \$74,999	5.8%	5.0%	5.0%	5.1%	6.3%	+0.5%
\$75,000 to \$99,999	5.3%	4.2%	5.6%	6.2%	7.5%	+2.2%
\$100,000 or over	3.2%	3.2%	2.6%	2.4%	2.6%	-0.6%
SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates , Table S2701						

The ratio of the population to primary care physicians can be found in the chart below. Primary care physicians include non-federal, practicing physicians (M.D.'s and D.O.'s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics. In Ohio, there is 1 primary care physician for every 1,330 residents. Jefferson County's ratio is significantly worse (almost double) than Ohio's ratio at 1 primary care doctor for every 2,590 residents.

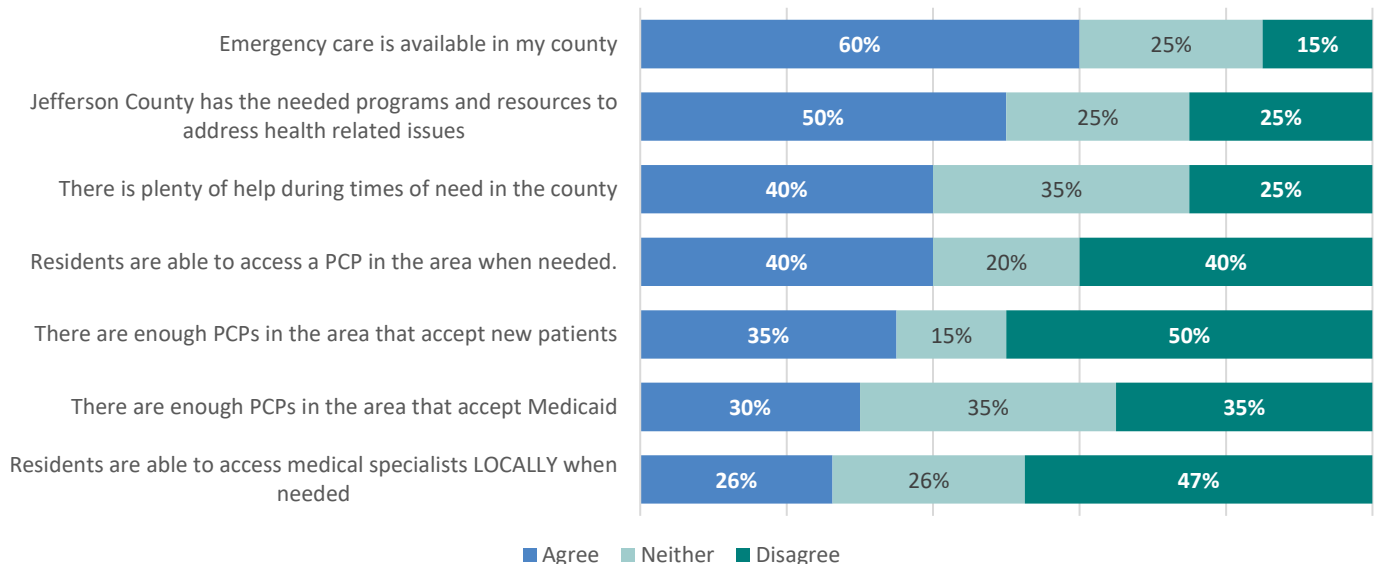
Population to Primary Care Physician Ratio						
	2017	2018	2019	2020	2021	Change
Jefferson County	2,370:1	2,440:1	2,510:1	2,950:1	2,590:1	+220:1
Ohio	1,310:1	1,300:1	1,290:1	1,290:1	1,330:1	+20:1
SOURCE: County Health Rankings, Original Source: National Center for Health Statistics						

COMMUNITY PARTNER SURVEY

Community partners were given a list of seven statements about access to care issues and were asked how much they agreed with each. Each is discussed in more detail below.

- More than half of community partners, 60.0%, agreed, “Emergency care is accessible and available in my county,” with 20.0% strongly agreeing. Less than one-sixth, 15.0% disagreed with this statement.
- Half, 50.0%, agreed, “Jefferson County has the needed programs and resources to address health related issues,” with 15.0% strongly agreeing. A quarter of partners, 25.0%, disagreed with the statement.
- Less than half, 40.0%, agreed, “There is plenty of help for people during times of need in Jefferson County,” with 15.0% strongly agreement. A quarter, 25.0%, disagreed with the statement.
- Less than half of community partners, 40.0%, agreed, “Residents in Jefferson County are able to access a primary care provider in the area when needed,” with 20.0% strongly agreeing. The same percentage, 40.0%, disagreed with this statement.
- More than a third of community partners, 35.0%, agreed, “There are enough primary care providers in the area that accept new patients,” with 15.0% strongly agreeing. Half, 50.0%, disagreed with this statement.
- Less than a third of community partners, 30.0%, agreed, “There are enough primary care providers in the area that accept Medicaid,” with 15.0% strongly agreeing. More than a third, 35.0%, disagreed with this statement.
- More than a quarter of community partners, 26.3%, agreed, “Residents in Jefferson County are able to access medical specialists **LOCALLY** when needed (Cardiologist, Dermatologist, etc.),” with 15.8% strongly agreeing with this statement. Nearly half, 47.3%, disagreed.

Agreement with Access to Care Statements





MENTAL HEALTH

COMMUNITY SURVEY

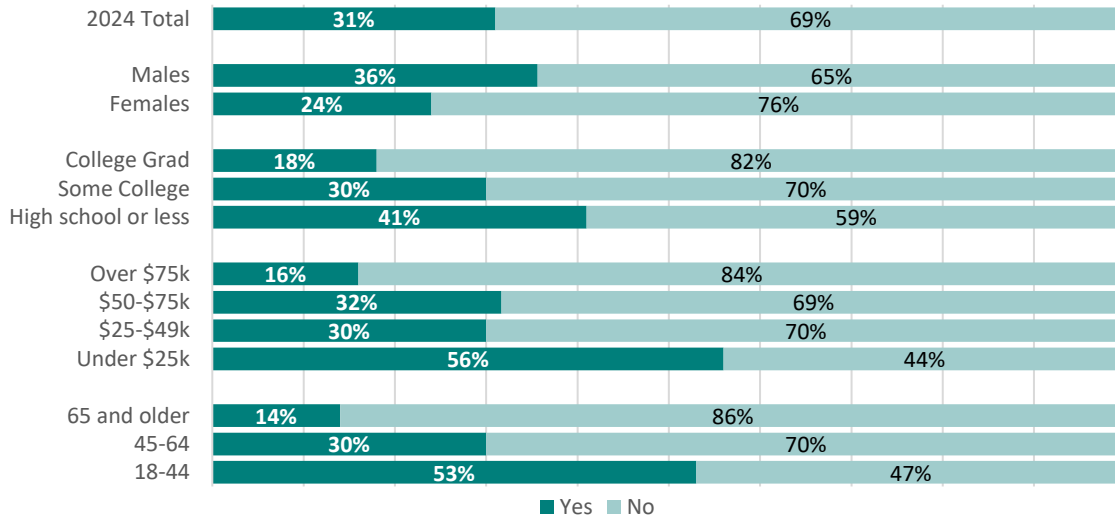
Summary: Mental Health			
		% of residents	#
During past 12 months...	Felt sad or hopeless 2+ weeks	30.8%	400
	Ever seriously consider suicide	9.5%	
Do you know someone who...	Has died by suicide	54.3%	400
	Has talked about thoughts of suicide	40.5%	
	Has attempted suicide, but did not die	28.3%	
Stress level on typical day	Low	36.0%	400
	Moderate	43.5%	
	High	20.5%	
Medical Professional Ever Diagnosed someone in household with. . . .	Depression	46.3%	400
	Anxiety disorder such as OCD or panic	40.3%	
	ADD/ADHD	15.8%	
	Bipolar	15.3%	
	Alcohol/Substance Abuse/Dependence	13.0%	
	Posttraumatic stress disorder	12.8%	
	Seasonal affective disorder	7.8%	
	Postpartum depression	5.5%	
	Eating disorder	5.0%	
	Developmental disability	2.3%	
	Schizophrenia	2.0%	
	Problem gambling	1.0%	
	Other mental health disorder	0.8%	
Social Connectiveness- How often see people care about	Less than once a week	19.0%	399
	1 to 2 times a week	22.6%	
	3 to 5 times a week	19.3%	
	More than 5 times a week	39.1%	



Nearly a third of residents, 30.8%, ***felt so sad or hopeless for two or more weeks that they stopped doing some usual activities*** in the past 12 months. Groups of respondents more likely to have felt sad or hopeless for two weeks or more in a row include females, respondents ages 18 to 44, those with a high school diploma or less education, residents with an annual income under \$25,000, those who are single or divorced, unemployed residents, renters, those who don't have enough to meet basic expenses, households with someone with a disability, respondents with children in the home, residents without stable housing or reliable transportation, and those without health insurance.

Felt Sad or Helpless for Two+ Weeks

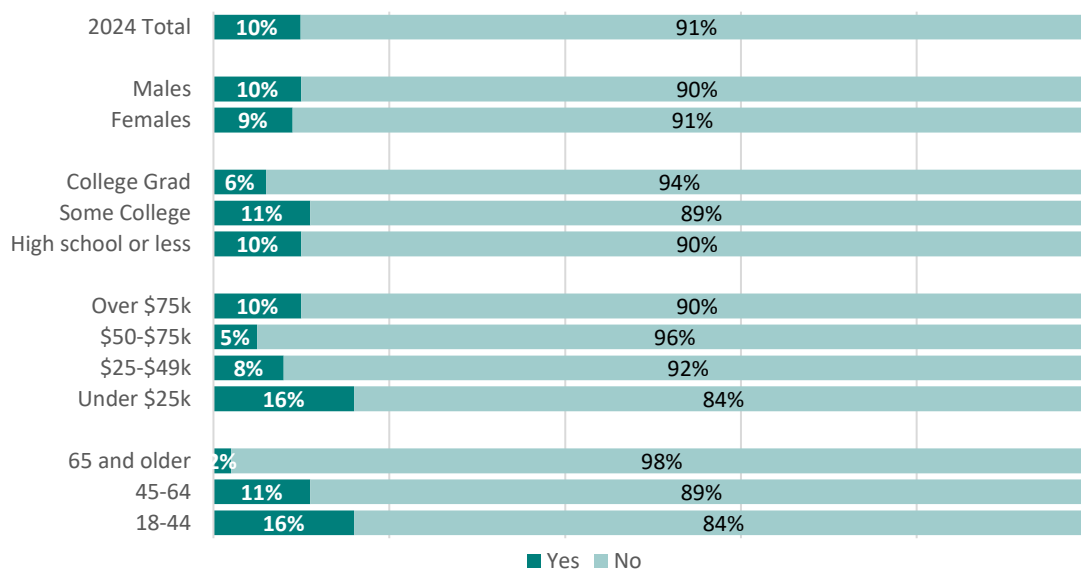
During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?



Nearly a tenth of respondents, 9.5%, ***seriously considered suicide*** in the past year. Groups of respondents more likely to have seriously considered suicide include respondents ages 18 to 44, those with an annual income under \$25,000, unemployed residents or those employed part-time, renters, respondents who don't have enough to meet basic expenses, residents without stable housing or reliable transportation, and households with someone with a disability.

Seriously Considered Suicide

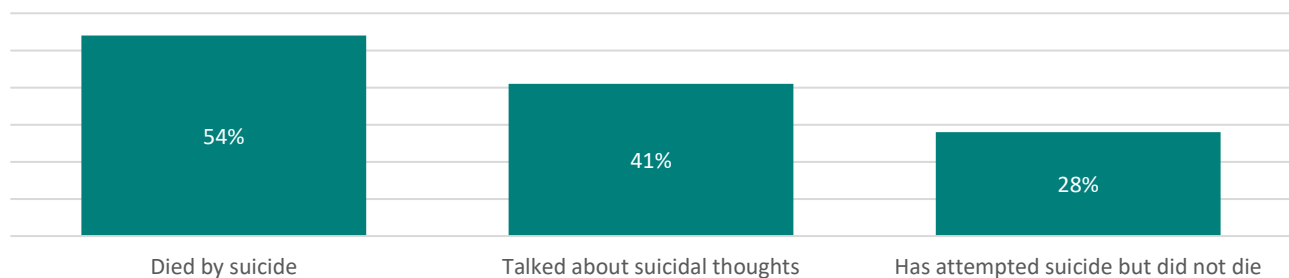
During the past 12 months, did you ever seriously consider attempting suicide?





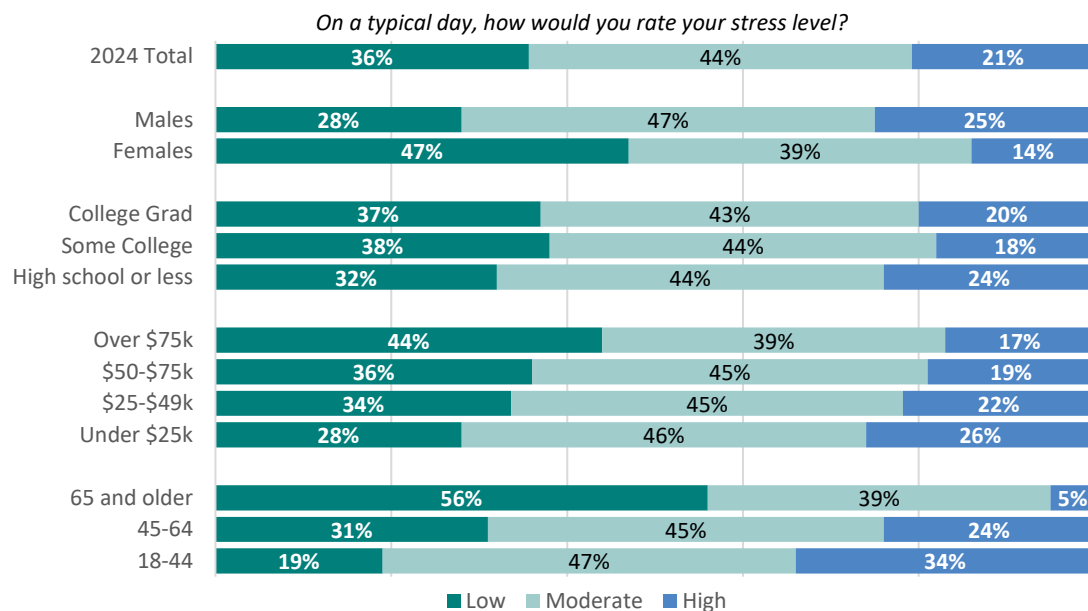
More than half of respondents, 54.3%, reported knowing someone who has **died by suicide**. Groups of respondents more likely to know someone who has died by suicide include males, respondents who don't live comfortably, and households with someone with a disability. More than a third, 40.5%, reported knowing someone who has **talked about thoughts of suicide**. Groups of respondents more likely to know someone who has talked about thoughts of suicide include respondents ages 18 to 64 (especially those ages 18 to 44), single residents, those who are employed full-time or unemployed, renters, respondents who don't have enough to meet basic expenses, households with someone with a disability, and those with children in the home. More than a quarter, 28.3%, reported knowing someone who has **attempted suicide, but did not die**. Groups of respondents more likely to know someone who has attempted suicide but did not die include respondents ages 18 to 44, those with some college education, residents who are single or divorced, those who are employed full-time or unemployed, renters, residents without stable housing or reliable transportation, respondents who don't have enough to meet basic expenses, households with someone with a disability, and those with children in the home.

Know Someone Who.



More than a fifth of residents, 20.5%, reported to have a high stress level on a typical day while another 43.5% reported their daily stress level as moderate. More than a third of residents, 36.0%, reported having a low stress level on a typical day. Groups of residents more likely to have a high level stress include females, respondents ages 18 to 44, those who are single or divorced, respondents who are unemployed or employed full-time, renters, those who don't have enough to meet basic expenses, respondents with children in the home, residents without stable housing or reliable transportation, and households with someone with a disability.

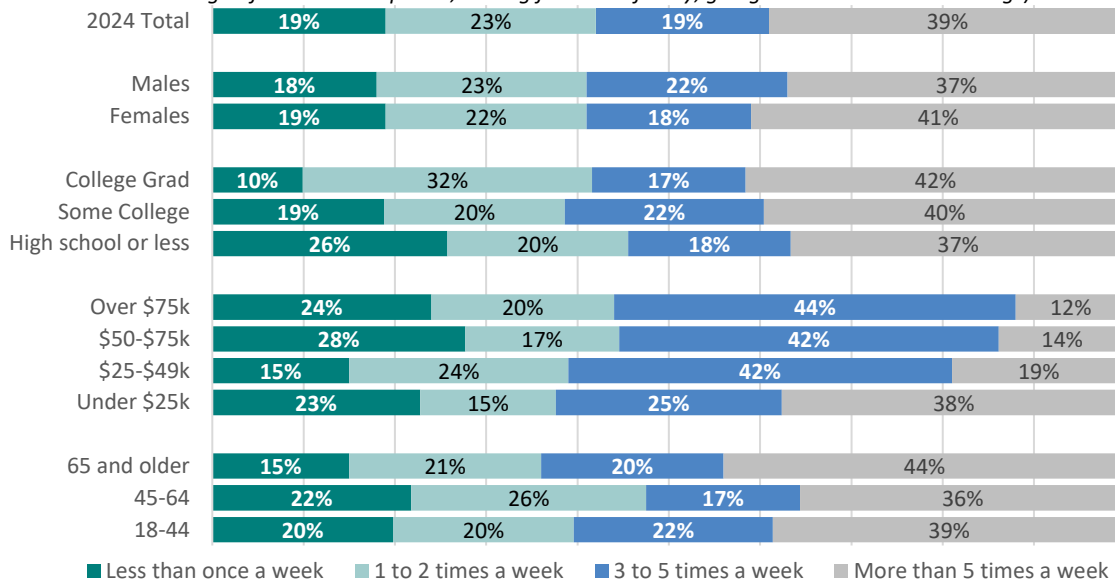
Stress Level on Typical Day



Next, all respondents were asked how often they see or talk to people they care about or feel close to. More than a third of residents, 39.1%, see or talk to someone they care about **more than five times a week** while an additional 19.3% see people they care about **three to five times a week**. Less than a quarter, 22.6%, only see or talk to someone they care about **once or twice a week**. Nearly a fifth of residents, 19.0%, reported they see or talk to people **less than once a week**. Groups of respondents more likely to report seeing or talking to people they care about **less than once a week** include respondents with a high school diploma or less education, those with an annual income less than \$25,000, residents who don't have enough to meet basic expenses, respondents without stable housing or reliable transportation, and households with someone with a disability.

Social Connectiveness

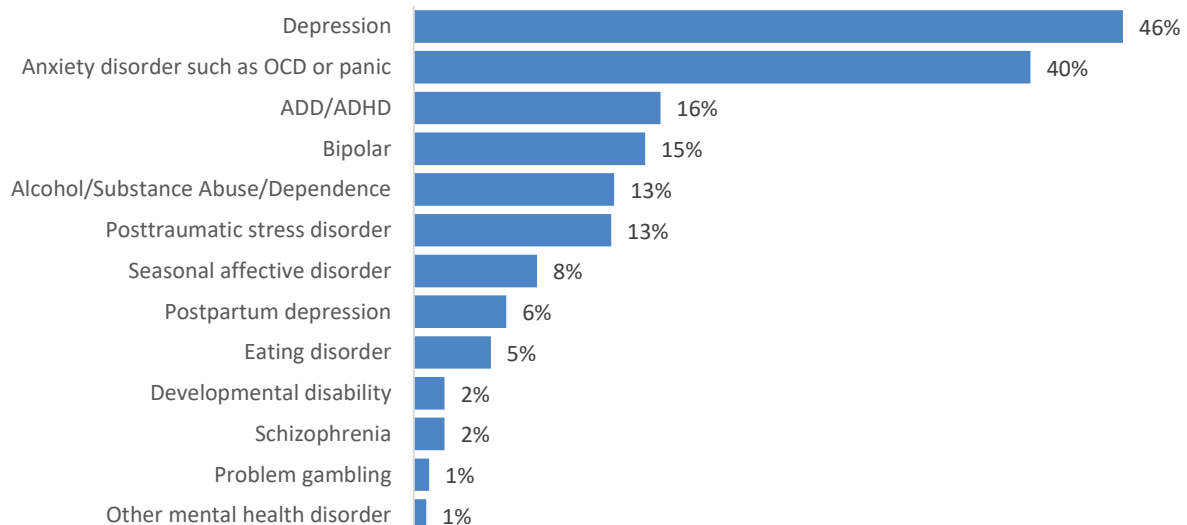
How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)



Next, all residents were given a list of thirteen different mental health conditions and were asked if they or any member of their immediate family had ever been diagnosed with each. Each condition is discussed in more detail below.

Resident/Immediate Family Member Diagnosed With. . .

Has a doctor or other health professional EVER diagnosed you or someone in your household with any of the following mental or behavioral health issues:





Depression- Less than half of respondents, 46.3%, reported they or someone in their household have been diagnosed with depression. Groups of residents more likely to have been diagnosed or had someone in their household diagnosed with depression include respondents ages 18 to 44, those with a high school diploma or less education, residents with an annual income under \$25,000, those who are single or divorced, residents who are employed full-time or unemployed, depression, Steubenville residents, respondents with children in the home, residents who have not exercised in the past month, residents without stable housing or reliable transportation, and those who don't have enough to meet basic expenses.

Anxiety Disorder such as OCD or Panic Disorder- More than a third respondents, 40.3%, reported they or someone in their household have been diagnosed with an anxiety disorder such as Obsessive-Compulsive Disorder (OCD) or Panic Disorder. Groups of residents more likely to have been diagnosed or have someone in their household diagnosed with an anxiety disorder include females, respondents ages 18 to 44, those with a high school diploma or less education, residents who are single or divorced, those who are employed full-time or unemployed, renters, respondents with children in the home, residents who report being underweight, residents without stable housing or reliable transportation, and those who don't have enough to meet basic expenses.

ADD/ADHD- Nearly a sixth of respondents, 15.8%, reported they or someone in their household have been diagnosed with attention deficit disorder or ADD/ADHD. Groups of residents more likely to have been diagnosed or had someone in their household diagnosed with ADD or ADHD include females, respondents ages 18 to 44, those who are employed full-time, Steubenville residents, and respondents with children in the home.

Bipolar- Slightly fewer respondents, 15.3%, reported they or someone in their household have been diagnosed with bipolar disorder. Groups of residents more likely to have been diagnosed or had someone in their household diagnosed with bipolar include respondents ages 18 to 44, those with some college or less education, residents with an annual income under \$25,000, single residents, those who are unemployed, renters, Steubenville residents, respondents with children in the home, residents who have not exercised in the past month, residents without stable housing or reliable transportation, and those who don't have enough to meet basic expenses.

Alcohol/Substance Abuse Dependence- More than a tenth, 13.0%, reported they or someone in their household have been diagnosed with alcohol/substance abuse dependence. Groups of residents more likely to have been diagnosed or had someone in their household diagnosed with alcohol/substance abuse dependence include respondents ages 18 to 44, those who are single or divorced, unemployed residents, renters, respondents with children in the home, residents without stable housing or reliable transportation, and those who don't have enough to meet basic expenses.

Posttraumatic Stress Disorder- Similarly, 12.8% reported they or someone in their household have been diagnosed with posttraumatic stress disorder or PTSD. Groups of residents more likely to have been diagnosed or had someone in their household diagnosed with PTSD include females, respondents ages 18 to 44, unemployed residents, renters, veteran households, residents who report being underweight, residents without stable housing, and those who have just enough to meet basic expenses or less.

Seasonal Affective Disorder- Less than a tenth of respondents, 7.8%, reported they or someone in their household have been diagnosed with seasonal affective disorder. Groups of residents more likely to have been diagnosed or had someone in their household diagnosed with seasonal affective disorder include respondents ages 18 to 44 and those with some college education.

Postpartum Depression- Even fewer respondents, 5.5%, reported they or someone in their household have been diagnosed with postpartum depression. Groups of residents more likely to have been diagnosed or had someone in their household diagnosed with postpartum depression include females, respondents ages 18 to 44, single residents, renters, and respondents with children in the home.





Eating Disorder- Similarly again, 5.0%, reported they or someone in their household have been diagnosed with an eating disorder. Groups of residents more likely to have been diagnosed or had someone in their household diagnosed with an eating disorder include respondents ages 18 to 44, single residents, those who are unemployed, respondents with children in the home, and those without health insurance.

Developmental Disability- Even fewer respondents, 2.3%, reported they or someone in their household have been diagnosed with a developmental disability. Groups of residents more likely to have been diagnosed or had someone in their household diagnosed with a developmental disability include married residents, those who are employed full-time, respondents with children in the home, and those without health insurance.

Schizophrenia- Similarly, 2.0% reported they or someone in their household have been diagnosed with schizophrenia reported they or someone in their household have been diagnosed. Unemployed residents were more likely to have been diagnosed or had someone in their household diagnosed with schizophrenia.

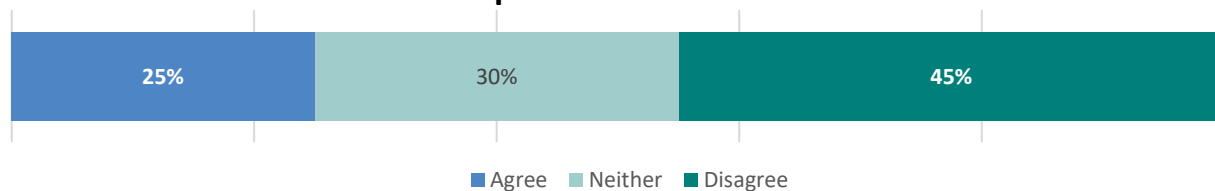
Problem Gambling- Fewer respondents, 1.0%, they or someone in their household have a problem gambling. Unemployed residents were more likely to have been diagnosed or had someone in their household diagnosed with a problem gambling.

Other Mental Health Disorder- A small percentage of respondents, 0.8%, have another mental health disorder that was not listed.

COMMUNITY PARTNER SURVEY

One quarter of community partners, 25.0%, agreed, “Residents are able to access mental and behavioral health providers in the area.” Nearly half, 45.0%, disagreed with this statement with 10.0% strongly disagreeing.

Residents are able to access mental and behavioral health providers in area



SECONDARY DATA ANALYSIS

Mental Health Providers refers to the ratio of the county population to the number of mental health providers including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care. In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure. In Ohio, there is 1 Mental Health Provider for every 310 residents. The ratio in Jefferson County is just a little worse with 1 Mental Health Provider for every 330 county residents.

Population to Mental Health Providers Ratio						
	2019	2020	2021	2022	2023	Change
Jefferson County	550:1	490:1	430:1	360:1	330:1	-220:1
Ohio	410:1	380:1	350:1	330:1	310:1	-100:1

SOURCE: County Health Rankings, Original Source: National Center for Health Statistics



The number of suicide deaths in Jefferson County has decreased by 1 over the past 5 years. In Ohio, the number of suicide deaths has also declined slightly over the same period.

Number of Suicides by Year						
	2019	2020	2021	2022	2023	Percent Change
Jefferson County	17	10	11	14	16	-5.9%
Ohio	1,758	1,594	1,731	1,765	1,737	-1.2%
SOURCE: Ohio Department of Health, Data Warehouse, Mortality report						

Poor mental health days are based on survey responses to the question, “Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” The value reported indicates the average number of days a county’s adult residents report that their mental health was not good. The average number of poor mental health days in Jefferson County was 6.0, slightly more than Ohio, 5.5, and higher than 2017, 4.7.

Average Number of Poor Mental Health Days in Past 30 Days						
	2017	2018	2019	2020	2021	Change
Jefferson County	4.7	5.2	5.6	5.5	6.0	+1.3
Ohio	4.6	4.8	5.2	5.0	5.5	+0.9
SOURCE: County Health Rankings, Original Source: Behavioral Risk Factor Surveillance System						

ORAL HEALTH

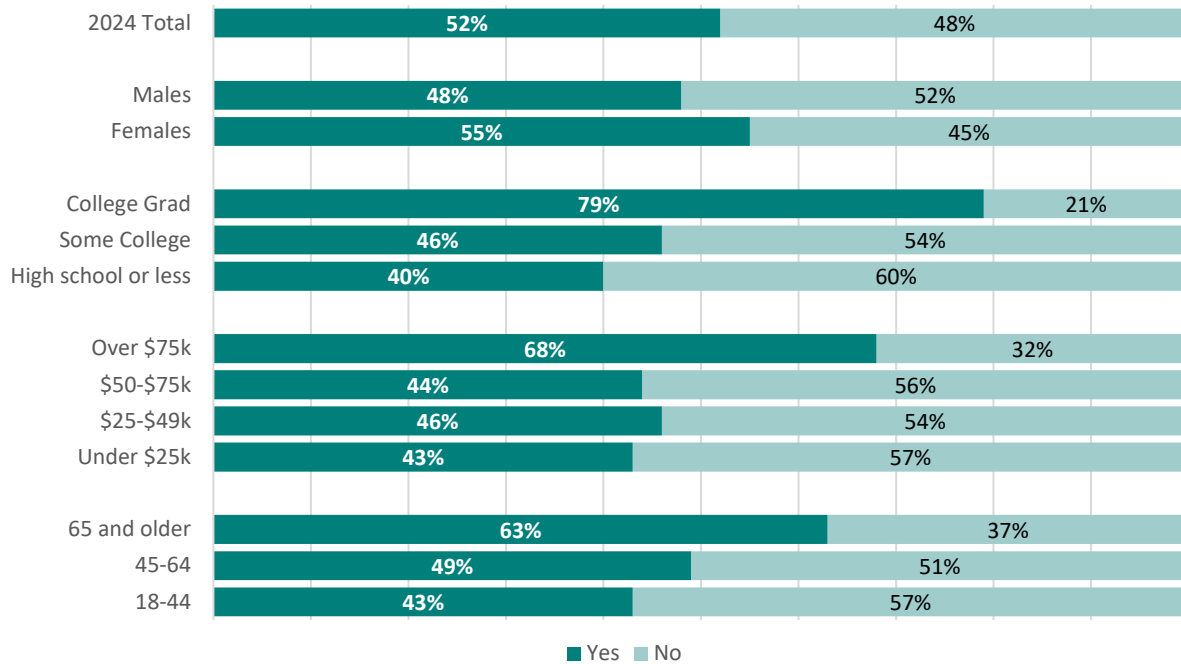
COMMUNITY SURVEY

Summary: Dental Care			
		% of Residents	N
Length of time since last visited the dentist	Within past year	52.0%	400
	Within past 2 years	20.0%	
	Within past 5 years	8.8%	
	5 or more years ago	17.0%	
	Never	2.3%	
Reason have not visited dentist in the last year (follow-up open-ended top 3)	Chose not to/No Need	23.9%	176
	Wear dentures	14.8%	
	No insurance coverage	13.1%	
Currently have dental issues that need addressed	Yes and unable to get care needed	14.0%	400
	Yes and able to get care needed	21.5%	
	No	64.5%	

More than half of respondents, 52.0%, had seen a dentist in the past year. An additional 20.0% had seen a dentist in the past two years and 8.8% in the last five years. More than one-sixth of respondents, 17.0%, had not seen a dentist in five or more years, while a small portion, 2.3% had never seen a dentist. Groups of residents most likely to have NOT had a dental visit in the past year include respondents ages 18 to 44, those with a high school diploma or less education, residents with an annual income under \$75,000, those who are not married, renters, respondents who don’t have enough to meet basic expenses, households with someone with a disability, residents without stable housing or reliable transportation, and those without health insurance.

Seen Dentist in the Past Year

How long has it been since you last visited a dentist or a dental clinic for a routine checkup? A routine checkup is a cleaning, x-rays, dentist evaluation, not a visit for a specific tooth condition.



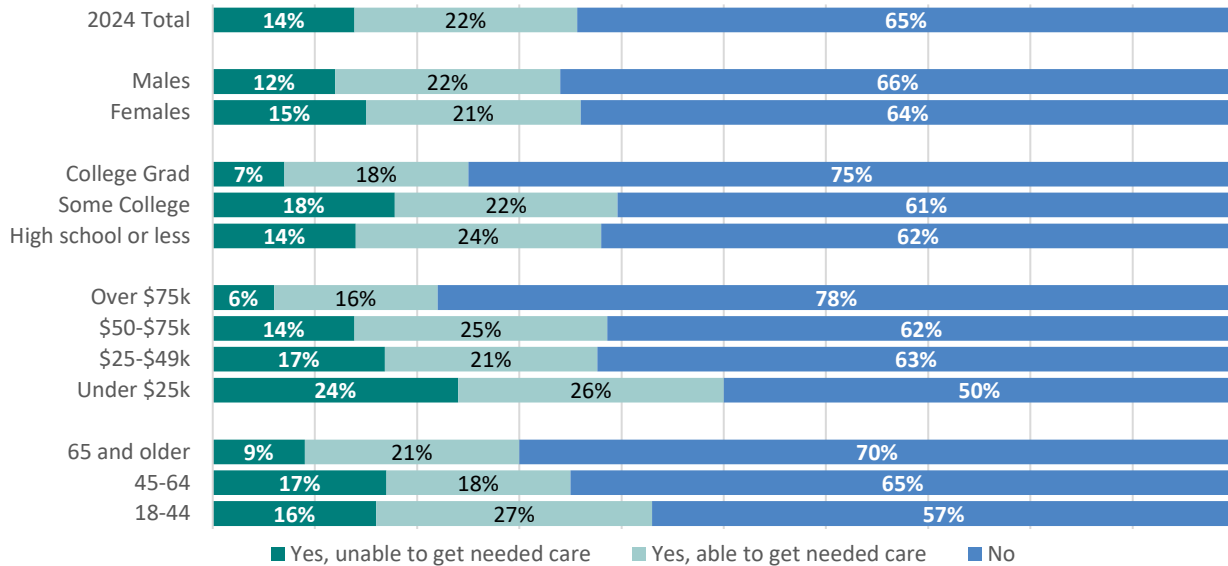
The 48.0% of respondents who reported not visiting a dentist in the past year were asked the main reason for not visiting. This was an open-ended question in which the respondent could give one response. The most common reasons for not visiting a dentist in the past year included: chose not to or didn't have a need, wear dentures, don't have insurance, and cost.

Reason Not Visited the Dentist		
	# of Responses	% of Responses
Chose not to/No Need	42	23.9%
Wear dentures	26	14.8%
No insurance coverage	23	13.1%
Cost	22	12.5%
Fear	13	7.4%
Scheduling difficulty	12	6.8%
Do not have a dentist	12	6.8%
No transportation	10	5.7%
Unsatisfied with dental work	9	5.1%
Lack of dentists in area	7	4.0%
Total	176	(n=176)
Question: What is the MAIN reason you have not visited the dentist in the last year?		

More than a third of respondents, 35.5%, indicated they currently have dental issues needing addressed with 14.0% reporting they had dental issues that needed addressed but were unable to get the care needed. No insurance coverage was the most common reasons for not being able to get the care needed.

Have Dental Issues that Need Addressed

Do you currently have any dental issues that need to be addressed? If yes: Are you able to get the dental care that you need?



Reason Unable to Get Dental Care Needed		
	# of Responses	% of Responses
Expense	29	54.7%
No insurance coverage	17	32.1%
Scheduling difficulty	3	5.7%
Lack of dentists in area	2	3.8%
No transportation	2	3.8%
	53	(n=53)

SECONDARY DATA ANALYSIS

The ratio below represents the population per dentist in the county. In Ohio, there is 1 dentist for every 1,530 residents. The ratio in Jefferson County is significantly higher with 1 dentist for every 2,080 county residents. Over the past five year, the dentist ratio has declined for Jefferson County while it has improved for the state of Ohio.

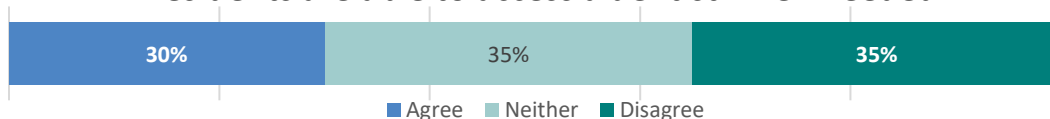
Population to Dentist Ratio						
	2018	2019	2020	2021	2022	Change
Jefferson County	1,930:1	1,770:1	1,910:1	2,020:1	2,080:1	+150:1
Ohio	1,610:1	1,560:1	1,570:1	1,550:1	1,530:1	-80:1

SOURCE: County Health Rankings, Original Source: Bureau of Health Workforce

COMMUNITY PARTNER SURVEY

Less than a third of community partners surveyed, 30.0%, agreed, "Residents in Jefferson County are able to access a dentist when needed," with 15.0% strongly agreeing. More than a third, 35.0%, disagreed.

Residents are able to access a dentist when needed



SMOKING/TOBACCO USE

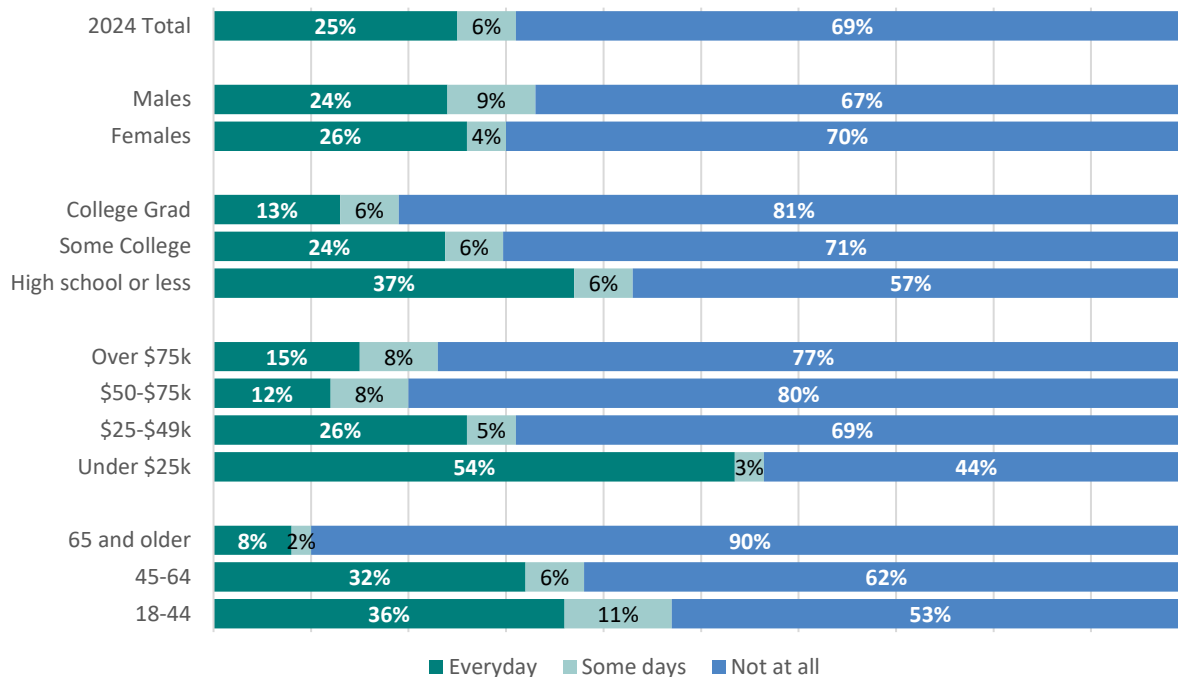
COMMUNITY SURVEY

Summary: Smoking and Tobacco Use			
		% of Residents	N
Tobacco usage	Everyday	25.3%	400
	Some days	6.0%	
	Not at all	68.8%	
Electronic Cigarette/Vape Usage	Everyday	10.8%	400
	Some days	6.0%	
	Not at all	83.3%	
Trying to quit or willing to quit smoking (of tobacco users)	Yes, and have resources needed	41.8%	146
	Yes, but don't have resources needed	14.7%	
	No	44.5%	

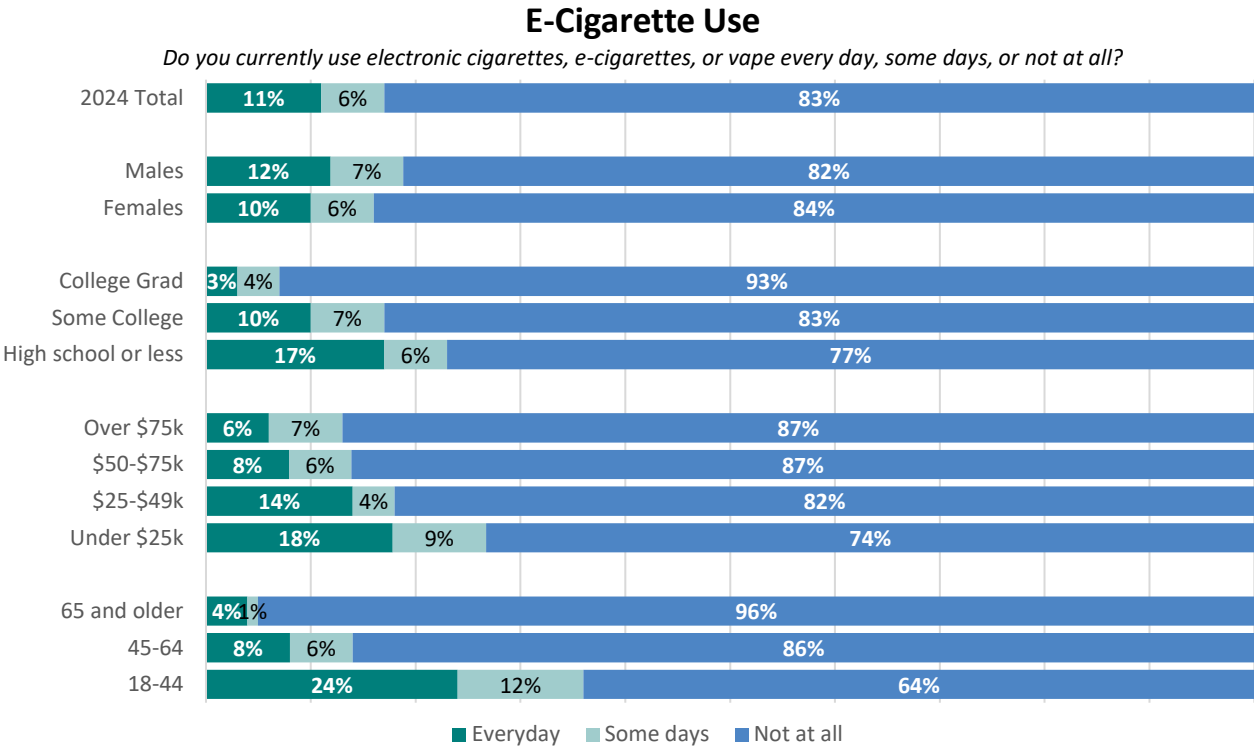
More than a quarter of respondents, 25.3%, reported they currently smoke cigarettes, cigars, chewing tobacco, or use other tobacco **every day**, while 6.0% indicated they smoke cigarettes or use tobacco less frequently or only **some days**. The remaining portion, 68.8% indicated **not at all**. Groups of residents more likely to smoke or use tobacco include respondents ages 18 to 64 (especially those ages 18-44), residents with a high school diploma or less education, those with an annual income under \$25,000, respondents who are single or divorced, those who are unemployed or employed part-time, renters, residents who don't have enough to meet basic expenses, those without stable housing or reliable transportation, households with someone with a disability, and non-white residents.

Tobacco Use

Do you currently smoke cigarettes, cigars, chewing tobacco, or use other tobacco products every day, some days, or not at all?



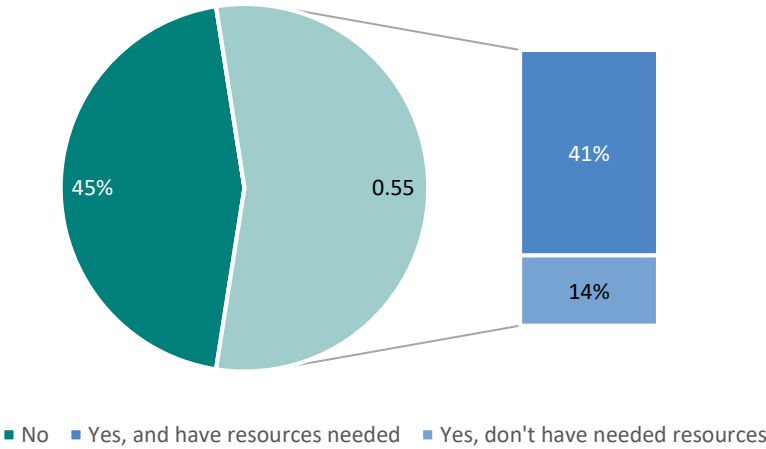
More than a tenth, 10.8% of respondents indicated they currently smoke e-cigarettes or vape **every day**. While slightly less, 6.0% indicated using e-cigarettes or vaping **some days**, and the majority or 83.3% indicated **not at all**. Groups of residents were more likely to smoke e-cigarettes or vape include respondents ages 18 to 44, those with a high school diploma or less education, residents who are single or divorced, unemployed respondents, those without stable housing or reliable transportation, residents who don't have enough to meet basic expenses, and renters.



More than half of those who currently use tobacco or vape, 55.5%, are trying to quit or willing to try to quit. Of those trying or willing to quit, 75.3% feel that they have the resources they need to help them quit (41.8% of current tobacco users) while 24.7% indicated that they do NOT have the resources they need to quit (14.7% of current tobacco users).

Trying to Quit and Have Resources Needed

Are you trying to quit or willing to quit smoking? IF YES: Do you have the resources you need to help you quit?



SECONDARY DATA ANALYSIS

Adult smoking prevalence is the estimated percent of the adult population that currently smokes every day or “most days” and has smoked at least 100 cigarettes in their lifetime. The percentage of adults who smoke in the county is significantly higher than the state average, 24% in the county compared to 19% in Ohio and has increased over the most recent five years of data while the state average has decreased over the same time period.

Adult Smoking						
	2017	2018	2019	2020	2021	Change
Jefferson County	21%	27%	26%	26%	24%	+3%
Ohio	21%	21%	22%	20%	19%	-2%
SOURCE: County Health Rankings, Original Source: Behavioral Risk Factor Surveillance System						

ALCOHOL AND SUBSTANCE ABUSE

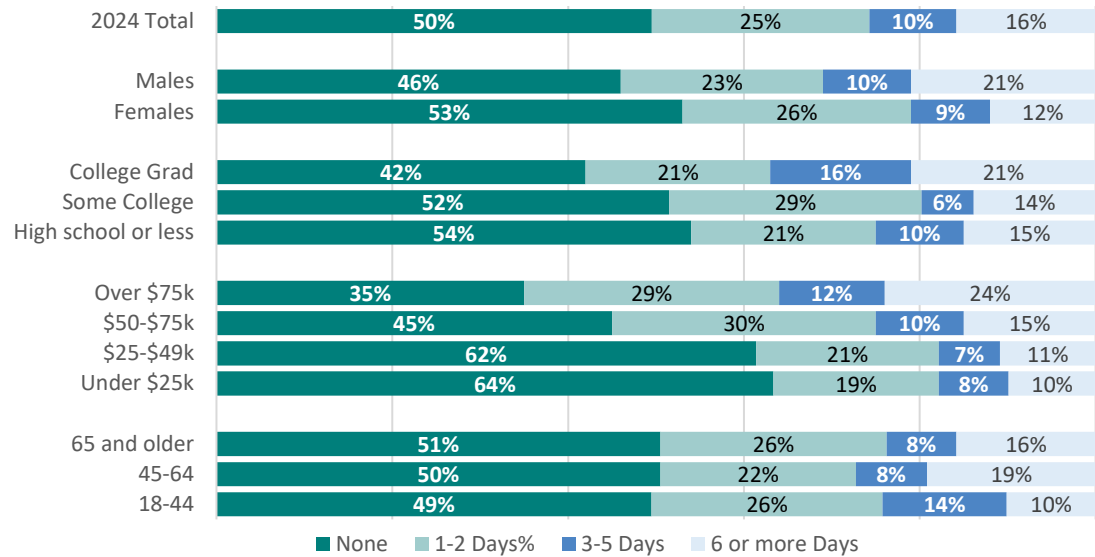
COMMUNITY SURVEY

Summary: Alcohol Use			
		%	N
Alcohol consumption	Never	50.3%	400
	1-2 days	24.5%	
	3-5 days	9.5%	
	6-10 days	5.5%	
	10 days or more	10.3%	
# of days had 5+ drinks past month (men)	None	74.4%	164
	1	9.1%	
	2 or more	16.5%	
# of days had 4+ drinks past month (women)	None	80.8%	234
	1	10.7%	
	2 or more	8.5%	
Driven after drinking alcohol in past month		9.0%	400
Feel it is okay to drink alcohol under the age of 21 if not driving	Yes	28.0%	400
	No	72.0%	

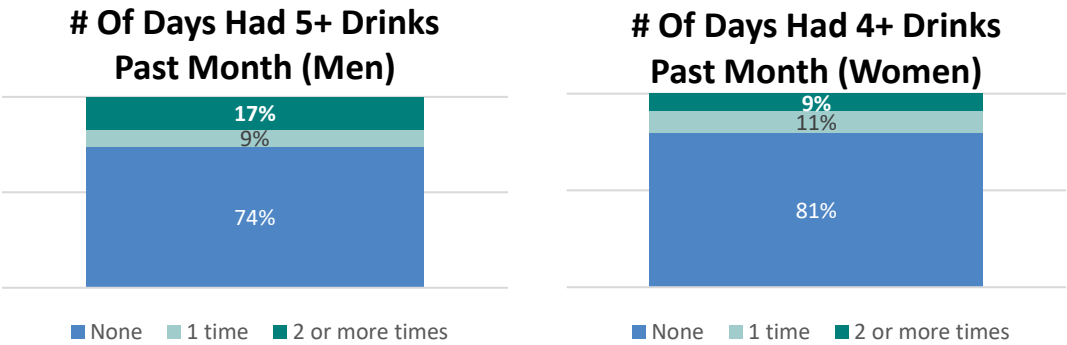
During the last 30 days, approximately half of respondents, 50.3%, reported NEVER having at least one drink of any alcoholic beverage. Nearly a quarter, 24.5%, reported drinking alcoholic beverages on just one or two days in the past month while another 9.5% reported drinking three to five days. About one in twenty residents, 5.5%, reported drinking six to ten days and 10.3% reported drinking ten or more days in the past month. Groups of residents more likely to drink alcoholic beverages six or more days a month include college graduates, respondents with an annual income over \$75,000, homeowners, those who live comfortably, and households without someone with a disability.

Alcohol Use in Past 30 Days

During the past 30 days, how many days did you have at least one drink of any alcoholic beverage? Never, 1-2 Days, 3-5 Days, 6-10 days, 10 Days or more



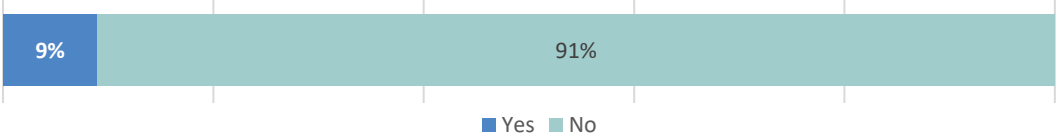
All men were asked how many days during the past month they had five or more alcoholic drinks on an occasion. Women were asked about how many days they had four or more alcoholic drinks on an occasion. For males, nearly three-quarters, 74.4%, did not drink five or more alcoholic drinks at all while 9.1% binged one time. The remaining 16.5% of males drank five or more drinks on one or two occasions in the past month. For females, more than three quarters, 80.8%, did not drink four or more alcoholic drinks at all while 10.7% binged one time. The remaining 8.5% of females drank four or more drinks on one or two occasions in the past month.



Less than one in ten respondents, 9.0%, reported driving after drinking any alcoholic beverages during the past month. Groups of residents more likely to report driving after drinking include respondents with an annual income over \$50,000, suburban residents, and males.

Drove after Drinking Alcohol in Past Month

During the past month, have you ever driven after drinking any alcoholic beverages?



More than one-quarter, 28.0%, felt that it is okay for a person under the age of 21 to drink alcohol as long as they do not drive. Groups of residents more likely to think it is okay for a person under the age of 21 to drink alcohol include respondents ages 45 to 64, college graduates, males, and non-white residents.

It's Okay to Drink Under 21 if Not Driving

Do you think it is okay for a person under the age of 21 to drink alcohol as long as they do not drive?

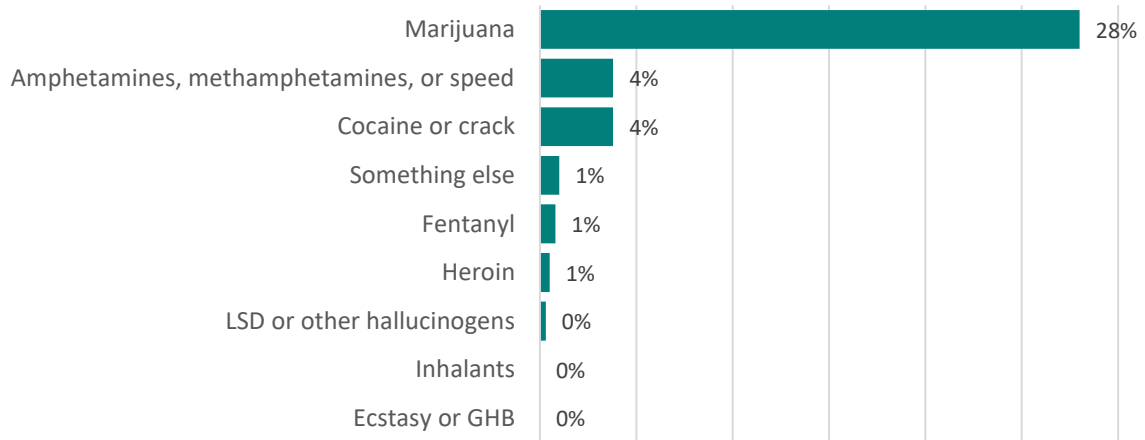


Summary: Substance Use			
		%	N
During the last 6 month, anyone in household use. . .	Marijuana	28.0%	400
	Cocaine or crack	3.8%	
	Amphetamines, methamphetamines, or speed	3.8%	
	Something else	1.0%	
	Fentanyl	0.8%	
	Heroin	0.5%	
	LSD or other hallucinogens	0.3%	
	Ecstasy or GHB	0.0%	
	Inhalants	0.0%	
	None of the above	71.0%	
In past year. . .	Taken any prescription medications	84.5%	400
	Taken prescriptions not belonging to them	4.3%	
	Taken prescriptions different than prescribed	4.0%	
How typically get rid of left over or unused prescription medication	Take them to a Take Back Center or event	30.8%	399
	Keep them in case you need them in the future	29.1%	
	Throw them in the trash	18.8%	
	Flush them down the toilet	17.0%	
	Something else	4.3%	
You, family member or friend needed drug or alcohol treatment in past year		14.0%	400
Know where to go for services (of those seeking treatment)		83.9%	56
Able to find services in a timely manner (of those seeking treatment)		85.5%	55

More than a quarter of respondents, 28.0%, reported that they or someone in their household had used marijuana in the past six months. Only a small fraction of respondents, 3.8%, reported that they or someone in their household had used cocaine or crack, 3.8%; amphetamines, methamphetamines or speed, 3.8%; fentanyl, 0.8%; Heroin, 0.5%; and LSD or other hallucinogens, 0.3%. Groups of residents more likely to have used **marijuana** in the past six months include respondents ages 18 to 44, those with a high school diploma or less education, residents who are single or divorced, unemployed residents and those employed full-time, renters, respondents who don't have enough to meet basic expenses, veteran households, residents without stable housing or reliable transportation, households with someone with a disability, and those with children in the home. Groups of residents more likely **to NOT use any of the drugs** or substances mentioned include respondents ages 65 and over, college graduates, residents who are married or widowed, retired respondents, homeowners, those who live comfortably, non-veteran households, residents with stable housing and reliable transportation, households without someone with a disability, and those without children in the home.

Household Member Used in Last 6 Months

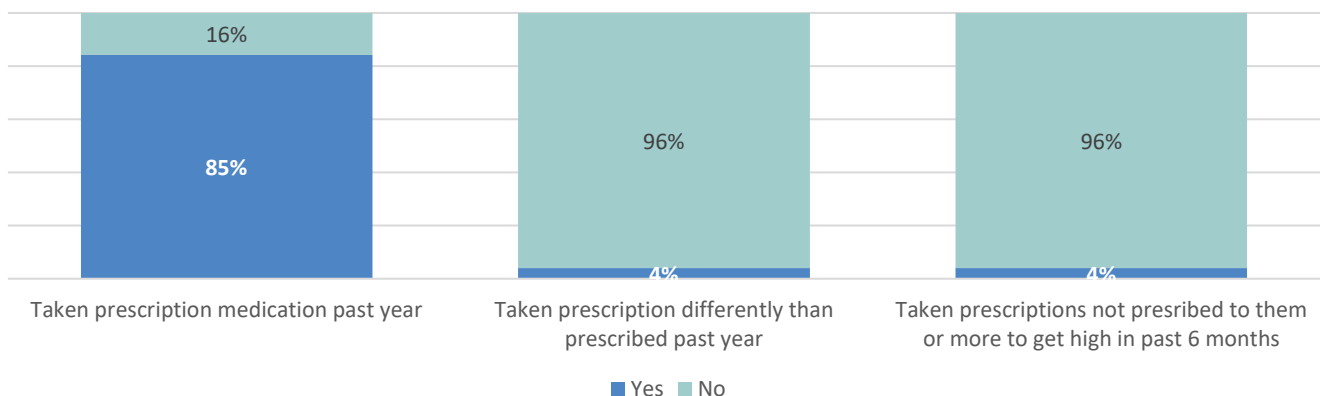
During the past six months, have you or an immediate family member used any of the following?



Most respondents, 84.5%, reported **taking prescription medications** in the past year. Groups of residents more likely to have taken prescription medications in the past year include females, respondents ages 65 and over, those who widowed or married, retired residents, homeowners, veteran households, residents who have not exercised in the past month, respondents with stable housing and reliable transportation, households with someone with a disability, and those with health insurance. Only a small percentage of these respondents, 4.7% (4.0% of all respondents), reported **taking prescriptions differently than prescribed** such as more frequently or in higher doses than directed by their doctor. Groups of residents more likely to take prescriptions differently than prescribed include respondents ages 18 to 44, those who are single, employed residents, renters, respondents who don't have enough to meet basic expenses, households with someone with a disability, residents without stable housing or reliable transportation, and respondents with children in the home. Even fewer respondents, 4.3%, reported **using medications that were either not prescribed to them** or took more than what was prescribed to feel good, high, or more active or alert. Groups of residents more likely to use prescriptions this way include divorced respondents, renters, and respondents who don't have enough to meet basic expenses.

Prescription Medication

In the past year have you taken any prescription medications? In the past year, did you use any of the medication differently than prescribed such as more frequently or in higher doses than directed by your doctor?

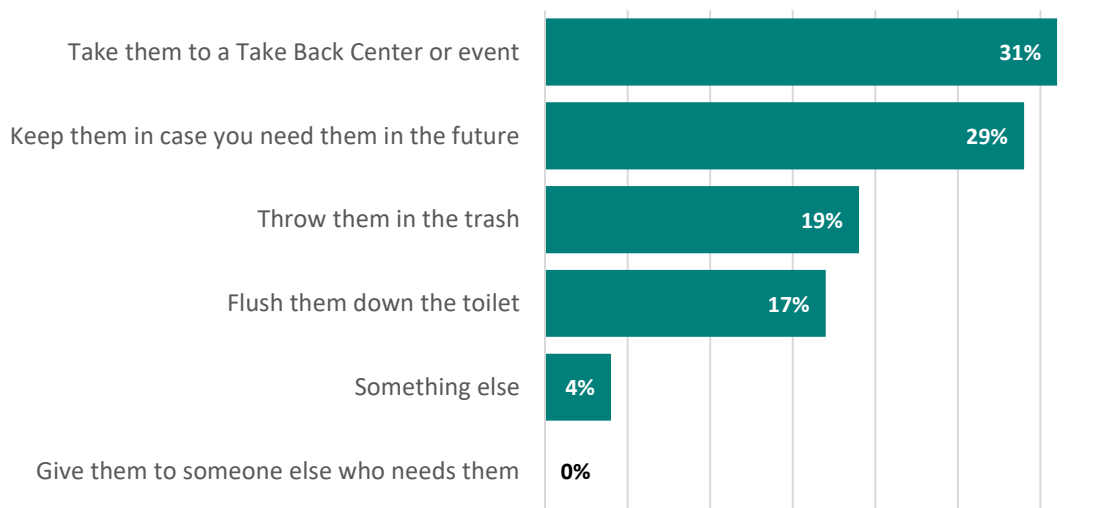


Next, residents were asked how they typically get rid of left over or unused prescription medications given five different choices. Each is discussed in more detail below.

- Less than a third, 30.8%, of respondents reported taking their unused medications to a Take Back Center or event. Groups of residents more likely to get rid of medications this way include respondents ages 65 and over, widowed residents, and those who are retired.
- Slightly fewer, 29.1%, of residents reported keeping unused medication in case they need them in the future. Groups of residents more likely to get rid of medications this way include respondents ages 18 to 64, single residents, and those who are not retired.
- Less than a fifth, 18.8%, reported throwing unused medications in the trash. Respondents who are employed part-time were more likely to get rid of medications this way.
- Around a sixth, 17.0%, reported flushing their unused medications down the toilet. Respondents ages 18 to 44 were more likely to get rid of medications this way.
- No respondents reported giving their unused medication to someone else who needs them.

How Get Rid of Unused Medication

How do you typically get rid of left over or unused prescription medications?

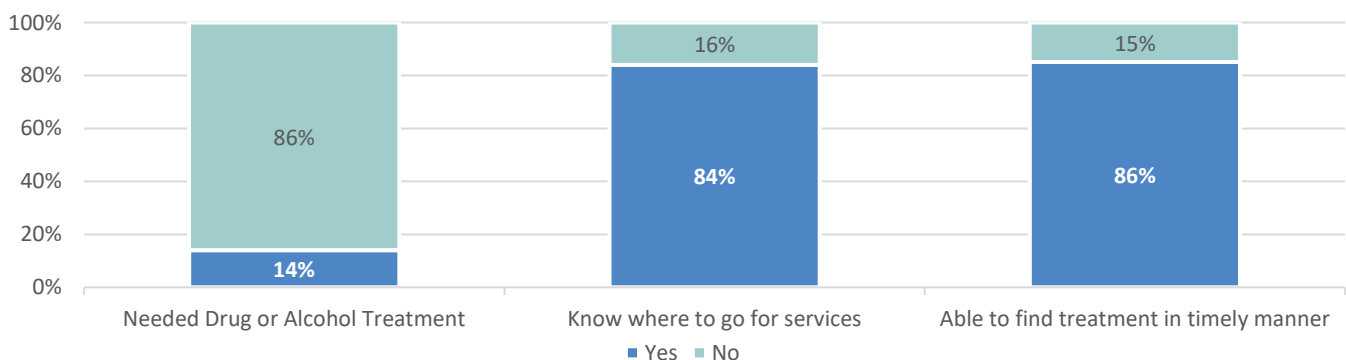


More than one in ten residents, 14.0%, reported that they, a family member, or friend needed drug or alcohol treatment in the past year. Groups of residents more likely to have needed these types of services include respondents ages 18 to 44, those with some college education, residents who are single or divorced, those who are unemployed or employed part-time, renters, households with someone with a disability, respondents with children in the home, those without stable housing or reliable transportation, and non-white residents. The majority of those who needed services, 83.9%, knew where to go for services and even more, 85.5%, were able to find them in a timely manner.

Drug/Alcohol Treatment Needed

Have you, a member of your family or close friend needed drug or alcohol treatment services in the past year? IF

YES: Did they know where to go to find services? Were they able to find the services they needed in a timely mann



SECONDARY DATA ANALYSIS

Excessive drinking reflects the percent of adults who report either binge drinking, defined as consuming more than four (women) or five (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or two (men) drinks per day on average. The percentage of adults reporting binge or heavy drinking was slightly lower in Jefferson County, 17%, than the state's, 20%.

Percentage of Adults Reporting Binge or Heavy Drinking						
	2017	2018	2019	2020	2021	Change
Jefferson County	17%	17%	20%	18%	17%	0%
Ohio	20%	18%	21%	19%	20%	0%

SOURCE: County Health Rankings, Original Source: Behavioral Risk Factor Surveillance System

In 2021, the percentage of driving deaths with alcohol involvement in Jefferson County was notably higher than the state, 36% compared to 32%.

Percentage of Driving Deaths with Alcohol Involvement						
	2017	2018	2019	2020	2021	Change
Jefferson County	38%	36%	33%	33%	36%	-2%
Ohio	33%	32%	33%	33%	32%	-1%

SOURCE: County Health Rankings, Original Source: Fatality Analysis Reporting System

The number of unintentional drug overdose deaths in Jefferson County increased significantly since 2017. In addition, the unintentional drug overdose death rate for Jefferson County was significantly higher than the rate for Ohio, 69.0 compared to 46.8. This rate has also increased considerably over the past five years of data.

Unintentional Drug Overdose Death Count						
	2017	2018	2019	2020	2021	Change
Jefferson County	28	27	24	28	35	+25.0%
Ohio	4,854	3,764	4,028	5,017	5,174	+6.6%

Unintentional Drug Overdose Death Rate						
	2017	2018	2019	2020	2021	Change
Jefferson County	50.6	48.1	47.7	55.1	69.0	+18.4
Ohio	44.1	34.2	36.4	45.6	46.8	+2.7

SOURCE: Ohio Department of Mental Health and Addiction Services, Alcohol and other drug indicators: County Profile

The table below represents the percentage of unduplicated clients in treatment with a primary diagnosis of alcohol use disorder. On average, 15.9% percent of client admissions in the county were associated with a primary diagnosis of alcohol abuse or dependence in SFY 2022, significantly lower than the state average of 20.6%. It should be noted that this data comes from OhioMHAS Community Behavioral Health Claims Data. While this data is required for billing purposes, there are minimal sanctions for failing to submit which makes underreporting of these numbers likely. This data reflects only those clients who received services via public dollars; private insurance and self-pay clients are not reflected in this data.

Percentage of Unduplicated Clients - Treatment for Alcohol Use Disorder						
	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	Change
Jefferson County	18.2%	18.4%	16.0%	13.4%	15.9%	-2.3%
Ohio Avg.	21.2%	21.5%	19.2%	20.2%	20.6%	-0.6%

SOURCE: Ohio Mental Health & Addiction Services, Community Behavioral Health Claims Data

The table below represents the percentage of unduplicated clients in treatment with a primary diagnosis of opiate use disorder. On average, 59.7% percent of client admissions in the county were associated with a primary diagnosis of opiate abuse or dependence in SFY 2022, significantly higher than the state average, 59.7%

Percentage of Unduplicated Clients - Treatment for Opiate Use Disorder						
	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	Change
Jefferson County	63.0%	63.5%	62.4%	71.1%	59.7%	-3.3%
Ohio Avg.	49.4%	48.4%	49.4%	51.5%	47.2%	-2.2%

SOURCE: Ohio Mental Health & Addiction Services, Community Behavioral Health Claims Data

The table below represents the percentage of unduplicated clients in treatment with a primary diagnosis of cannabis use disorder. On average, 8.9% percent of client admissions in the county were associated with a primary diagnosis of cannabis abuse or dependence in SFY 2022 which was slightly lower than the state average, 12.7%.

Percentage of Unduplicated Clients - Treatment for Cannabis Use Disorder						
	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	Change
Jefferson County	8.8%	9.7%	7.7%	6.3%	8.9%	-0.1%
Ohio Avg.	15.5%	14.7%	12.0%	11.9%	12.7%	-2.8%

SOURCE: Ohio Mental Health & Addiction Services, Community Behavioral Health Claims Data

The table below represents the percentage of unduplicated clients in treatment with a primary diagnosis of amphetamine (including methamphetamine) use disorder (AUD). On average 8.0% percent of client admissions in the county were associated with a primary diagnosis of Amphetamine Use Disorder in SFY 2022 which was slightly lower than the state average, 12.1%. There were less than 25 cases in both SFY 2019 and SFY 2020 in the county.

Percentage of Unduplicated Clients - Treatment for Amphetamine Use Disorder					
	SFY 2019	SFY 2020	SFY 2021	SFY 2022	Change
Jefferson County	-	-	3.1%	8.0%	+4.9%
Ohio Avg.	7.2%	7.9%	9.6%	12.1%	+4.9%

SOURCE: Ohio Mental Health & Addiction Services, Community Behavioral Health Claims Data

The table below examines per capita distribution of prescription opioids with data from The Ohio State Board of Pharmacy's automated prescription reporting system (OARRS). Doses per capita is a measure that gives the average number of doses dispensed for each individual resident in a county in a year. Rates are likely underestimated because data from drugs dispensed at physician offices and the Veteran's administration are not included in the calculations. In 2021, the rates for the county were significantly higher than the state (36.6 compared to 27.2 for the state). Over the five-year time span in which data is available, rates have decreased in both the county and the state, the decrease in the county has been higher.

Prescription Opioid Doses per Capita						
	2017	2018	2019	2020	2021	Rate Change
Jefferson County	69.7	59.1	49.7	41.1	36.6	-33.1
Ohio	49.3	40.5	36.0	30.4	27.2	-22.1

SOURCE: Ohio Mental Health & Addiction Services, Multi Agency Community Information Systems.



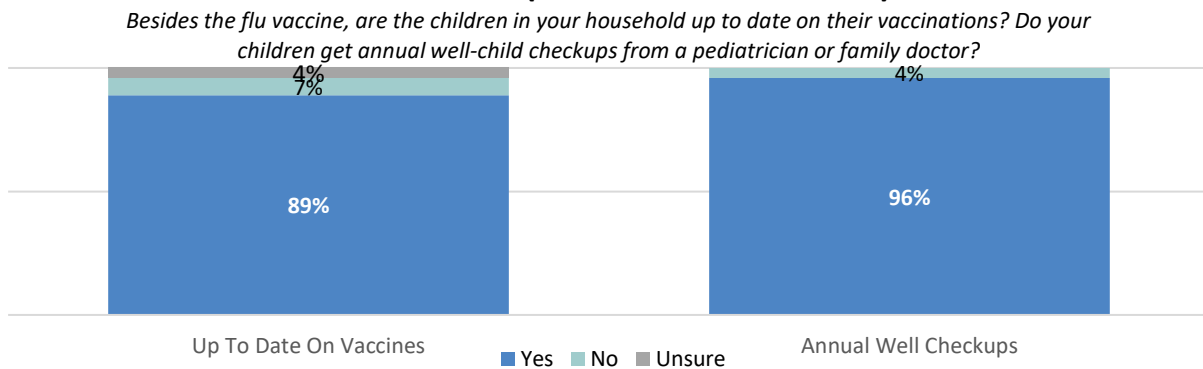
MATERNAL, INFANT AND CHILD HEALTH

COMMUNITY SURVEY

Summary: Child Health			
		# of Responses	% of Responses
Children in home under 18	Yes	23.5%	400
	No	76.5%	
Children up to date on recommended vaccines	Yes	88.9%	90
	No	6.7%	
	Don't know	4.4%	
Children get annual well checkups	Yes	95.7%	94
	No	4.3%	
How often children use car seats/booster seats (asked if have children under 8)	Seldom	4.7%	43
	Sometimes	2.3%	
	Almost always	7.0%	
	Always	86.0%	

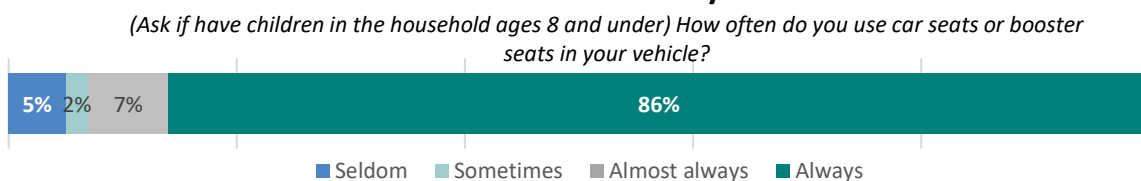
Nearly a quarter of respondents, 23.5% reported having children under 18 in their home. Of those with children, the majority, 88.9%, indicated their children are up to date on recommended vaccines, this does not include the flu vaccine. Even more, 95.7%, reported their children receive annual well-children check-ups from a pediatrician or family doctor. The most common reason for not having their child vaccinated was their personal beliefs.

Child Health (of those with Children)



Respondents with children ages 8 and under were asked how often their child uses a car seat or booster seat when in their vehicle. The majority of these respondents, 86.0%, reported that their child always uses a car/booster seat while an additional 7.0% almost always use one. Less than a tenth of respondents, 7.0%, indicated that their child sometimes (2.3%) or seldom (4.7%) use a car/booster seat. The most common reason for not always using a car/booster was that their child hit the recommended weight/height limit.

How Often Children Use Car/Booster Seats



SECONDARY DATA ANALYSIS

In 2023 a small percentage of births were low birth weight, 4.3%, and an even lower percentage were very low birth weight, 0.8%.

Birth Weight Distribution- Jefferson County Summary						
	2019	2020	2021	2022	2023	Change
TOTAL	297	287	255	285	253	
Very low (<1500g)	0.7%	0.7%	0.4%	0.7%	0.8%	+0.1%
Low (1500g-2499g)	4.0%	5.2%	3.9%	3.5%	4.3%	+0.3%
Normal (2500g-3999g)	86.2%	83.3%	86.7%	87.4%	82.2%	-4.0%
High (4000g+)	9.1%	10.8%	9.0%	8.4%	12.6%	+3.5%
SOURCE: Ohio Department of Health Data Warehouse, * Number less than 5, blinded to protect confidentiality						

Less than a tenth of births in Jefferson County, 6.3%, were pre-term which was lower than the state, 10.7%.

Gestational Age Distribution- Summary						
	2019	2020	2021	2022	2023	Change
JEFFERSON COUNTY						
TOTAL	297	287	255	285	253	
Preterm	7.4%	7.7%	5.9%	5.3%	6.3%	-1.1%
Term	92.3%	91.6%	94.1%	92.3%	92.9%	+0.6%
Unknown	0.3%	0.7%	0.0%	2.5%	0.8%	+0.5%
OHIO						
TOTAL	134,564	129,320	129,925	128,315	126,957	
Preterm	10.5%	10.3%	10.6%	10.8%	10.7%	+0.2%
Term	89.4%	89.6%	89.3%	89.1%	89.2%	-0.2%
Unknown	0.1%	0.1%	0.1%	0.1%	0.1%	-
SOURCE: Ohio Department of Health Data Warehouse, * Number less than 5, blinded to protect confidentiality						

The percentage of pregnant women accessing prenatal care in the first trimester in the county is significantly lower than the state (22.9% compared to 68.8%) and has declined considerably over the last five years.

Trimester of Entry into Prenatal Care						
	2019	2020	2021	2022	2023	Change
JEFFERSON COUNTY						
TOTAL	297	287	255	285	253	
None	3.7%	1.4%	3.5%	2.5%	2.0%	-1.7%
First Trimester	37.7%	55.1%	46.7%	37.5%	22.9%	-14.8%
Second Trimester	38.7%	30.0%	40.4%	47.0%	59.7%	+21.0%
Third Trimester	8.8%	7.0%	4.7%	5.6%	6.7%	-2.1%
Unknown	11.1%	6.6%	4.7%	7.4%	8.7%	-2.4%
OHIO						
TOTAL	134,564	129,320	129,925	128,315	126,957	
None	1.5%	1.5%	1.6%	1.7%	1.7%	-0.2%
First Trimester	68.6%	68.9%	70.1%	68.6%	68.8%	+0.2%
Second Trimester	19.5%	19.5%	18.3%	19.2%	19.6%	+0.1%
Third Trimester	4.4%	4.2%	3.9%	4.2%	4.5%	+0.2%
Unknown	6.0%	5.9%	6.2%	6.4%	5.4%	-0.6%
SOURCE: Ohio Department of Health Data Warehouse, * Number less than 5, blinded to protect confidentiality						

The number of births to young mothers decreased from 2019 to 2023 in both Jefferson County and the state.

Number of Births to Young Mothers						
	2019	2020	2021	2022	2023	Change
JEFFERSON COUNTY						
Less than 15	*	0	0	0	*	-
15 to 17	*	*	5	*	6	-
18 to 19	12	9	9	15	11	-8.3%
OHIO						
Less than 15	80	90	102	70	70	-12.5%
15 to 17	1,511	1,480	1,381	1,340	1,358	-10.1%
18 to 19	5,416	4,926	4,411	4,282	4,121	-23.9%
<i>SOURCE: Ohio Department of Health Data Warehouse, * Number less than 5, blinded to protect confidentiality</i>						

The adolescent birth rate for teens ages 15-19 in the county is slightly higher in Jefferson County than the state. It should be noted that the teen adolescent birth rate in both the county and Ohio has declined significantly over the past five years.

Teen Birth Rate						
	2018	2018	2019	2020	2022	Change
Jefferson County	28	27	25	23	20	-8
Ohio	26	24	22	21	18	-8
<i>Rate is the Number of births per 1,000 female population ages 15-19, SOURCE: County Health Rankings</i>						

In Jefferson County about half of births in 2023 were to married couples. Although this is considerably higher than 2019 (increased from 39.4% to 50.2%), the percentage of births to married couples is still significantly lower in the county than the state (50.2% compared to 57.6%).

Marital Status- Summary						
	2019	2020	2021	2022	2023	Change
JEFFERSON COUNTY						
TOTAL	297	287	255	285	253	
Married	39.4%	40.4%	39.6%	40.4%	50.2%	+10.8%
Unmarried	60.6%	59.6%	60.4%	59.6%	49.8%	-10.8%
Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	-
OHIO						
TOTAL	134,564	129,320	129,925	128,315	126,957	
Married	56.4%	56.4%	57.4%	57.6%	57.6%	+1.2%
Unmarried	43.5%	43.6%	42.6%	42.3%	42.4%	-1.1%
Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	-
<i>SOURCE: Ohio Department of Health Data Warehouse, * Number less than 5, blinded to protect confidentiality</i>						

HEALTHY LIVING

COMMUNITY SURVEY

Summary: Healthy Living- Weight, Exercise, and Sleep			
		# of Responses	% of Responses
Exercise in past month	Yes	63.8%	400
	No	36.3%	
How often exercised in an average week (of those who exercise)	None	8.6%	255
	1-2 times	43.5%	
	3-4 times	32.5%	
	5-7 times	15.3%	
What makes it difficult to exercise (open end, top 3)	Physical limitations	54.0%	124
	Lack of time	22.6%	
	Lack of self-discipline	12.1%	
Self-described weight	Overweight	61.3%	400
	About right	34.0%	
	Underweight	4.8%	
Thought about or tried to lost weight	Yes	65.3%	400
	No	34.8%	
Have resources needed to lose weight	Yes	68.6%	261
	No	31.4%	
Average number of hours per day on activities	Watch TV	4.22	342
	Use social media	3.63	383
	Use Computer outside of work/school	2.70	388
	Use cellphone	3.41	388
	Sleep per 24 hour period	6.72	400
Avg. # of days did not get enough rest in past 30		12.25	400

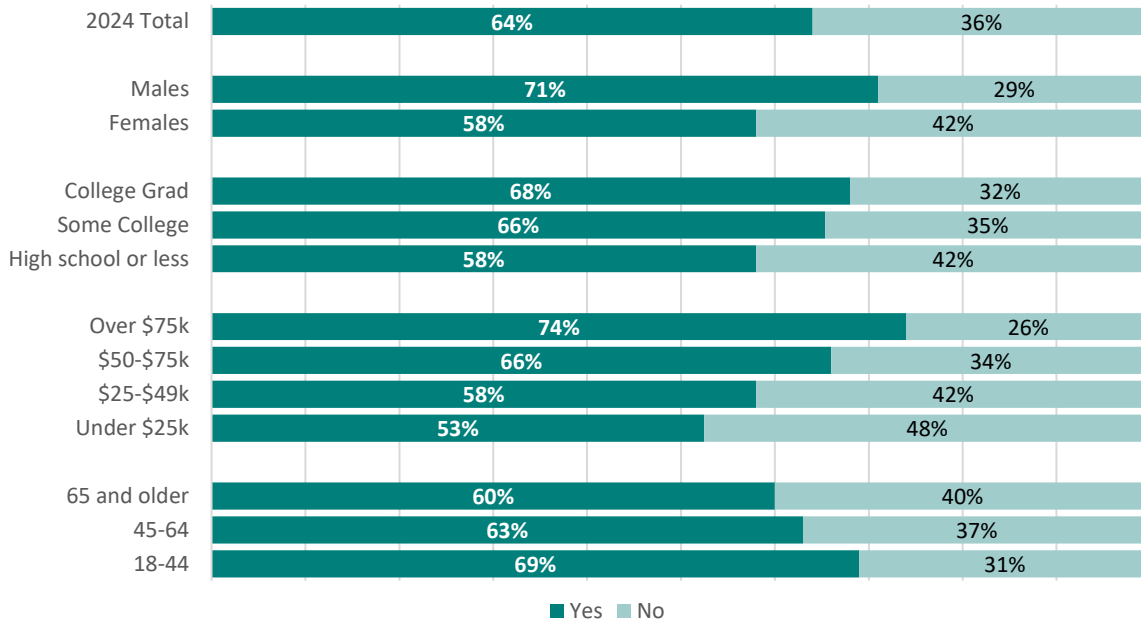
Respondents were asked if other than their regular job, they participated in any physical activity or exercise such as walking, running, lifting weights, team sports, golf, or gardening for exercise. Less than two-thirds of respondents, 63.8%, had exercised in the past month. Groups of residents more likely to NOT exercise included females, respondents with an annual income under \$50,000, those who are widowed or divorced, unemployed residents, renters, respondents who don't have enough to meet basic expenses, and households with someone with a disability.

The 36.3% of respondents who did not exercise in the past month were asked for some of the reasons that exercising is difficult. The most common response, given by more than half, 54.0%, was that they had a physical limitation that prevented them from exercising. The second most common reason, given by 22.6% of respondents, was that they didn't have the time to exercise. Other reasons that exercise was difficult include, in order of importance, lack of self-discipline (12.1%), poor health (8.9%), and pain (8.9%).

Reasons Exercising Is Difficult		
	#	%
Physical limitations	67	54.0%
Lack of time	28	22.6%
Lack of self-discipline	15	12.1%
Poor Health	11	8.9%
Pain	11	8.9%
Too tired	6	4.8%
No place to exercise	6	4.8%
Don't like	4	3.2%
Weather	3	2.4%
No transportation	1	0.8%
Affordability	1	0.8%
Total	153	(n=124)

Exercised in Past Month

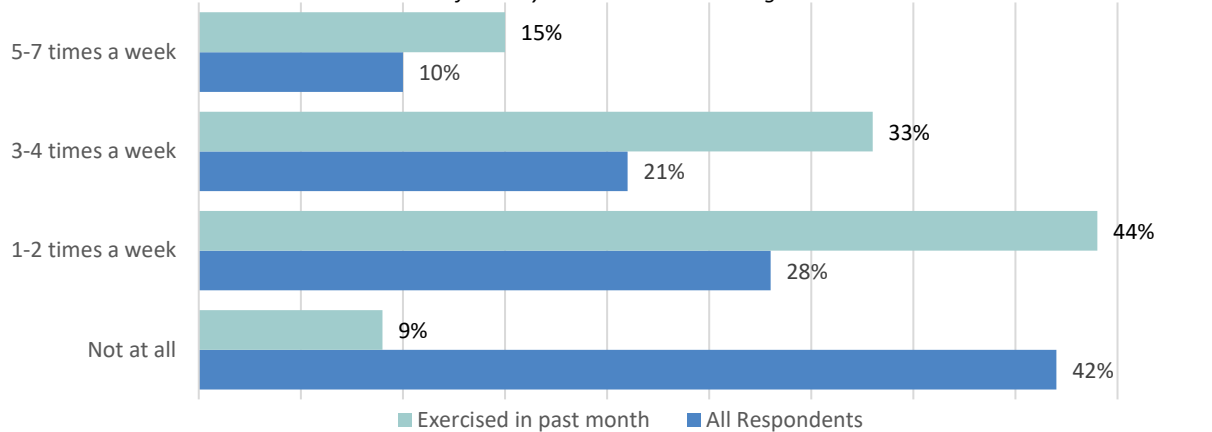
During the past month, other than your regular job, did you participate in any physical activity or exercise such as walking, running, lifting weights, team sports, golf or gardening for exercise?



Respondents who exercised in the past month, 63.8% of all respondents, were asked how often they exercise in an average week. Of those who exercise, 8.6% answered not at all. Nearly half of exercising respondents, 43.5%, exercise one to two times a week, another 32.5% exercise three to four times per week. Less than a sixth, 15.3%, exercise five to seven times a week.

How Often Exercise In A Week

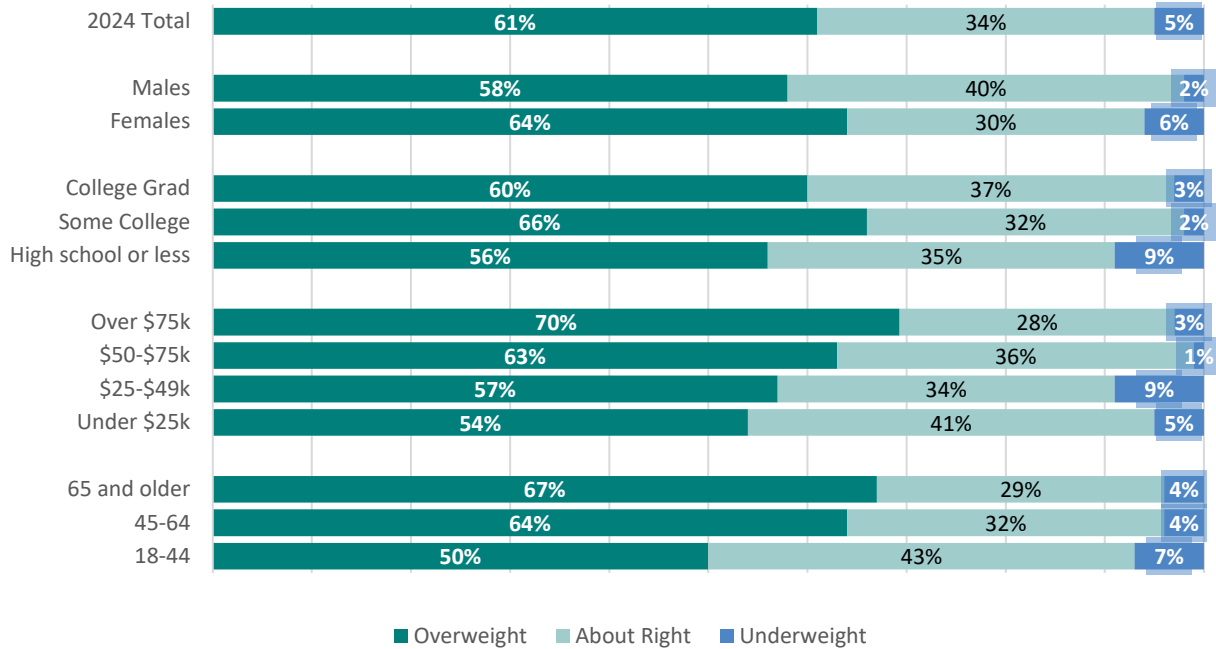
How often do you exercise in an average week?



Less than two thirds of respondents, 61.3%, reported they are overweight and a small portion, 4.8%, reported being underweight. The remaining 34.0% of respondents described their weight as about right. Groups of residents more likely to report being overweight include females, respondents ages 65 and over, those with some college education, residents with an annual income over \$75,000, married respondents, those employed part-time, and suburban residents.

Self-Described Weight

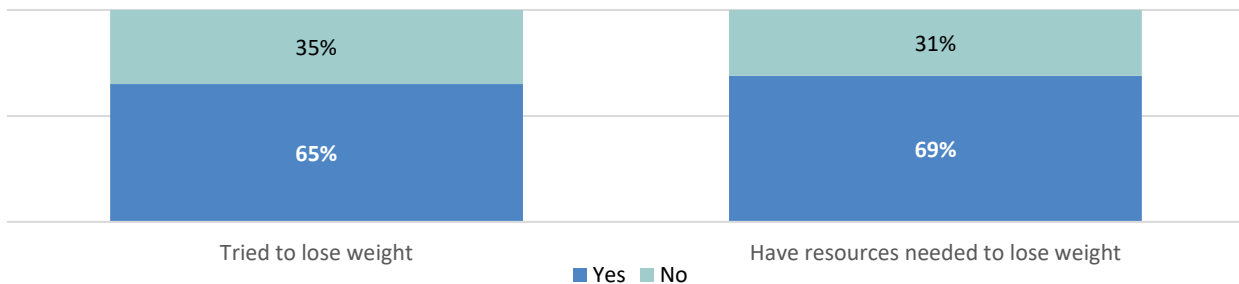
How would you describe your own personal weight situation right now -- very overweight, somewhat overweight, about right, somewhat underweight, or very underweight?



Nearly two-thirds, 65.3%, reported thinking about or trying to lose weight in the past year. Of those who thought about or tried to lose weight, more than two thirds, 68.6%, feel they have the resources needed to lose weight.

Experience with Weight

During the past 12 months, have you thought about or tried to lose weight? IF YES: Do you have the resources you need to help you lose weight?



Next, residents were given a list of four sedentary activities and asked about how many hours a day they spend doing each on average. Each activity is discussed in more detail below.

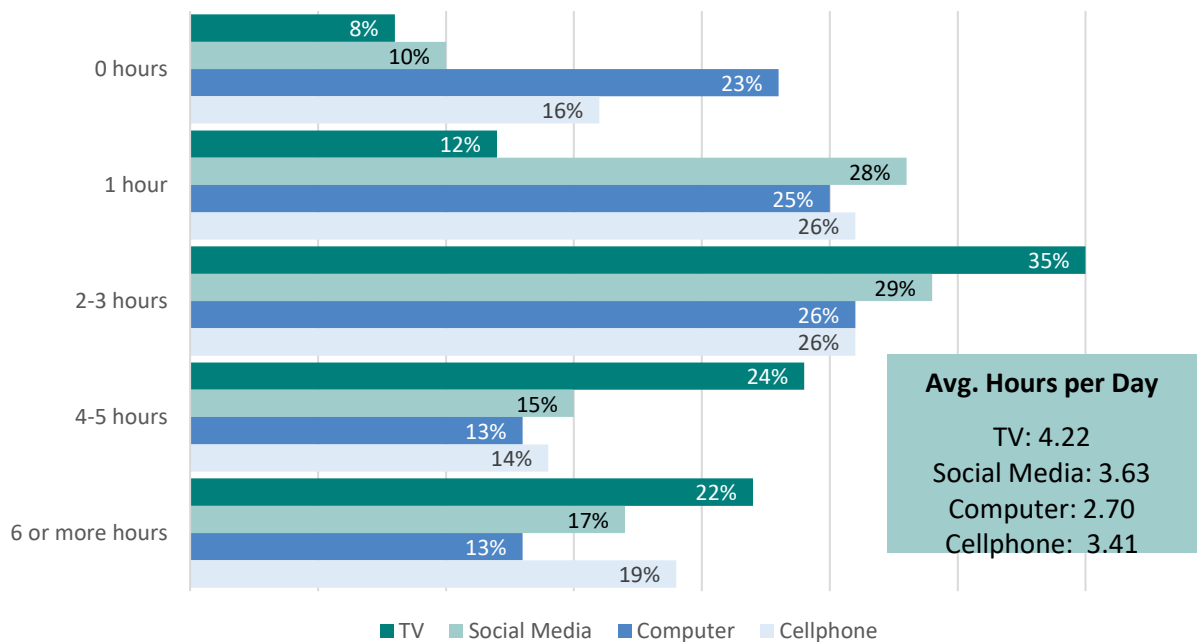
- The activity with the highest daily average hours was **watching TV**. On average, residents spend 4.22 a day watching television. Less than a tenth, 8.2%, reported not watching TV at all while an additional 11.7% watch TV for one hour. Over a third of residents, 34.8%, watch two to three hours of TV a day while another 23.7% watch four to five hours. More than a fifth, 21.6%, report watching TV for six or more hours a day. Groups of respondents more likely to report watching TV four or more hours a day include respondents ages 65 and over, those with a high school diploma or less education, residents with an annual income under \$50,000, those who are retired or employed part-time, renters, respondents who just have enough to meet basic expenses, those without children in the home, and residents who have not exercised in the past month.
- The activity with the second highest daily average hours was **using social media**. On average, residents spend 3.63 a day using social media such as Facebook, Instagram, YouTube, or X. About one in ten, 10.4%, reported

not using social media at all while 27.7% use social media an hour. Less than a third of residents, 29.2%, use social media two to three hours a day while another 15.4% use it four to five hours. Nearly one-sixth, 17.2%, report using social media six or more hours a day. Groups of respondents more likely to report using social media four or more hours a day include females, respondents ages 18 to 44, those with a high school diploma or less education, residents with an annual income under \$25,000, respondents who are not married, renters, households with someone with a disability, those with children in the home, respondents without stable housing or reliable transportation, and residents who have not exercised in the past month.

- On average, residents spend 3.41 hours a day **using their cell phone** which includes talking, texting, or going on the internet. Nearly a sixth, 15.7%, reported not using a cellphone at all while 26.0% use their cell phone for an hour. More than a quarter of residents, 25.8%, use their cell phone two to three hours a day while another 13.9% use it four to five hours. Nearly one-fifth, 18.6%, report using their cell phone six or more hours a day. Groups of respondents more likely to report using their cell phone four or more hours a day include females, respondents ages 18 to 44, those with a high school diploma or less education, residents with an annual income under \$50,000, respondents who are single or divorced, unemployed residents, renters, those who don't have enough to meet basic expenses, residents without stable housing or reliable transportation, and households with someone with a disability.
- The activity with the lowest daily average hours was **using their computer outside of work or school**. On average, residents spend 2.70 hours a day using their computer outside of work or school. Nearly a quarter of residents, 22.7%, reported not using a computer at all while 25.0% use their computer for an hour. Over a quarter of residents, 26.3%, use their computer two to three hours a day while another 13.9% use it for four to five hours. Less than a sixth, 13.1%, report using their computer six or more hours a day. Groups of respondents more likely to report using their computer four or more hours a day include respondents ages 65 and over, those with some college or less education, residents with an annual income under \$25,000, respondents who were divorced or widowed, those who are retired or unemployed, renters, households with someone with a disability, residents without stable housing, respondents who just have enough to meet basic expenses or less, and those without children in the home.

Hours Spent on Activities

On an average day, about how many hours do you spend doing the following activities?





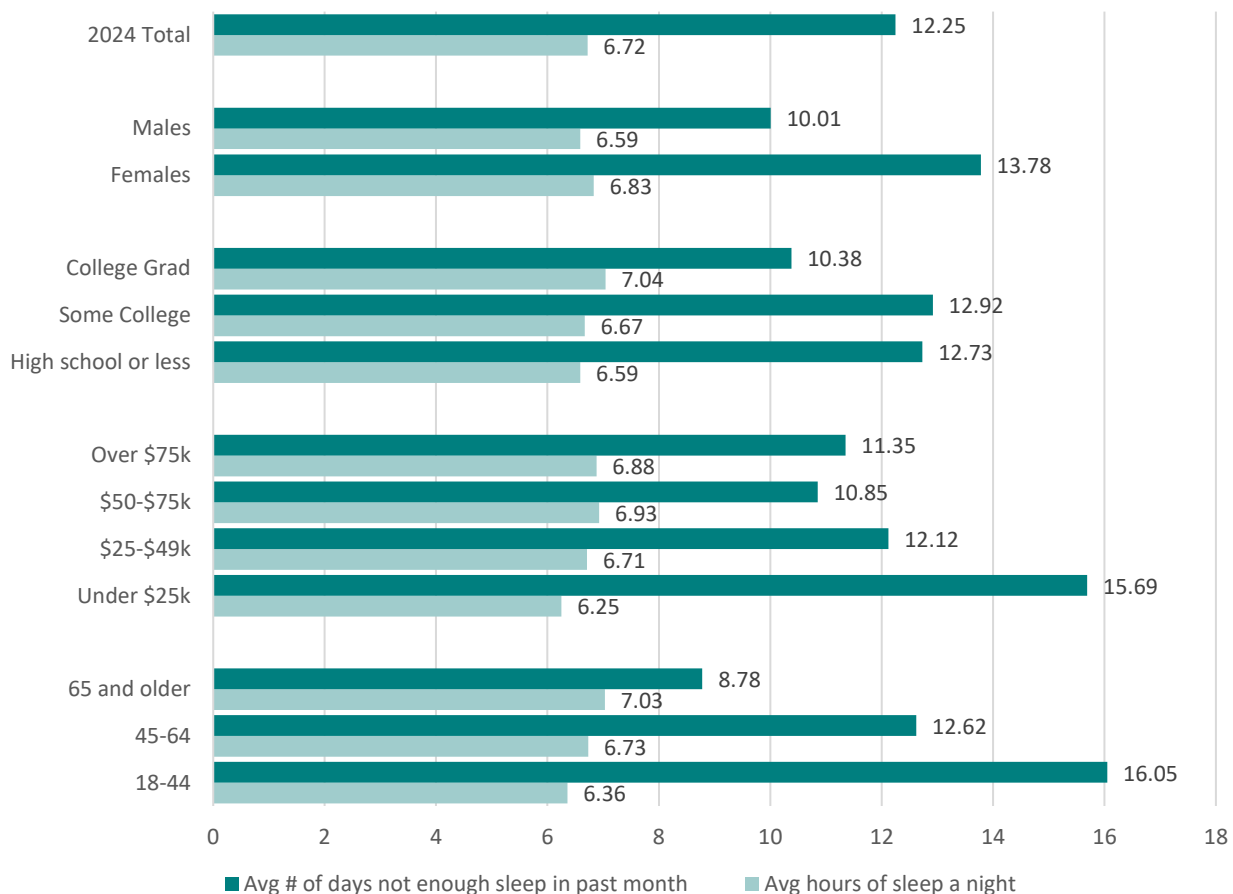
In terms of sleep, residents reported getting an average of 6.72 hours of sleep a night. Less than half, 44.5%, report sleeping six or less hours a night. Groups of respondents more likely to report six or less hours of sleep a night on average include respondents ages 18 to 44, those with some college or less education, residents with an annual income under \$25,000, those who are single or divorced, respondents who are employed full-time or unemployed, renters, those who don't have enough to meet basic expenses, households with someone with a disability, respondents without stable housing or reliable transportation, and residents with children in the home.

Residents were also asked about how many days in the past 30 that they felt that they did not get enough rest or sleep. The average number of days without enough rest or sleep for all residents was 12.25. Less than half, 44.0%, reported 12 or more days without enough sleep in the past month. Groups of residents more likely to report 12 or more days without enough sleep in the past month include females, respondents ages 18 to 44, residents with an annual income under \$25,000, those who are single or divorced, respondents who are employed full-time or unemployed, renters, those who don't have enough to meet basic expenses, households with someone with a disability, residents with children in the home, those without stable housing or reliable transportation, and respondents who have not exercised in the past month.

Sleep

On average, how many hours of sleep do you get in a 24-hour period?

During the last 30 days, for about how many days have you felt you did not get enough rest or sleep?

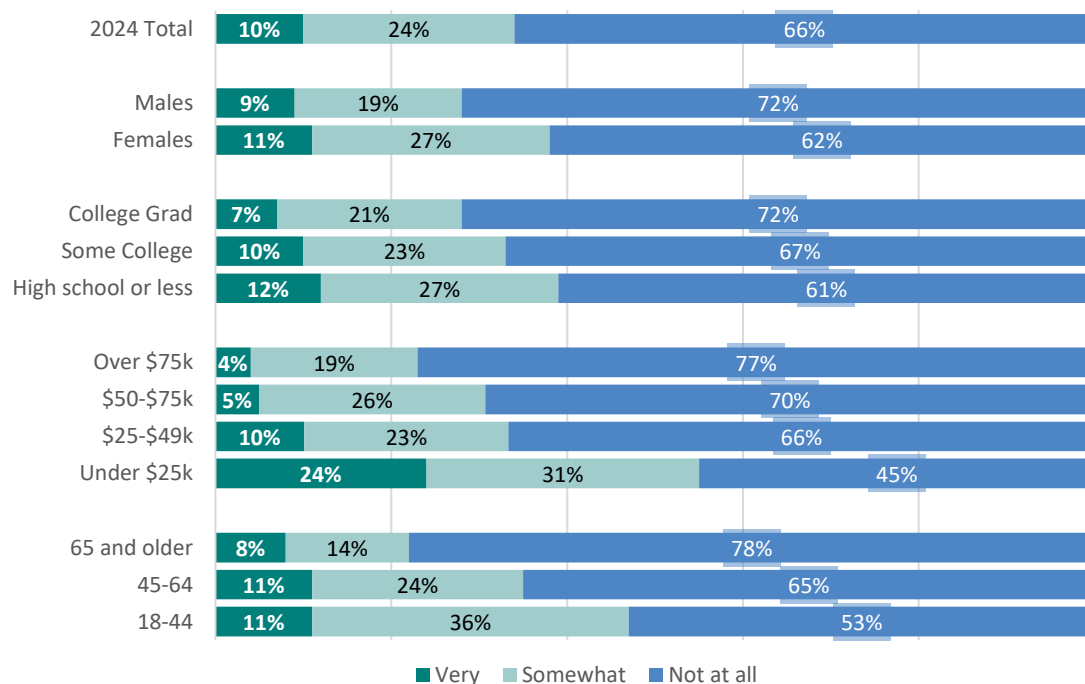


Summary: Healthy Living- Food and nutrition			
		# of Responses	% of Responses
What makes it difficult to get food needed	Cost of food	51.0%	400
	Quality of food	21.3%	
	The season/weather	19.8%	
	Time for shopping	10.3%	
	Distance from the store	17.5%	
	Safety	2.0%	
	Something else	3.5%	
How difficult to get fresh fruits & vegetables	Very difficult	10.0%	400
	Somewhat difficult	23.8%	
	Not at all difficult	66.3%	
# of restaurant or takeout meals a week	None	28.5%	400
	1-2 meals	53.0%	
	3-4 meals	14.3%	
	5 or more meals	4.3%	

Two thirds of residents, 66.3%, indicated that it was not at all difficult to get fresh fruit and vegetables in their neighborhood. Nearly a quarter, 23.8%, of residents reported having a somewhat difficult time and one in ten, 10.0%, have a very difficult time getting fresh fruits and vegetables. Groups of residents more likely to have difficulty getting fresh fruits and vegetables in their neighborhood include respondents ages 18 to 44, those with an annual income under \$25,000, residents who are single or divorced, unemployed respondents, renters, those who don't have enough to meet basic expenses, households with someone with a disability, residents with children in the home, those without stable housing or reliable transportation, respondents without health insurance, and non-white residents.

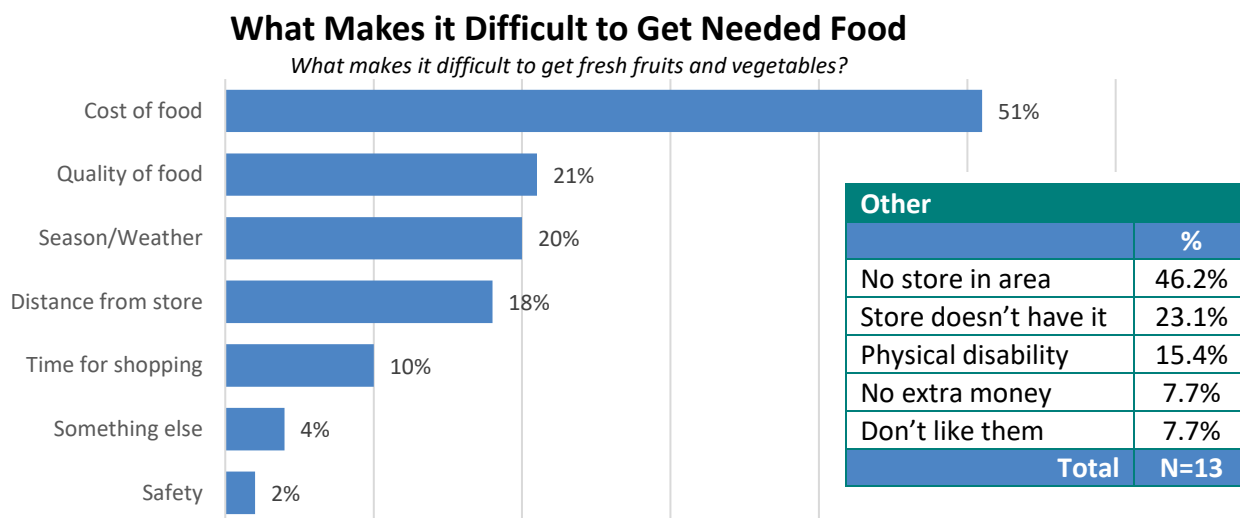
How Difficult to Get Fresh Fruit/Vegetables

How difficult is it for you to get fresh fruits and vegetables?



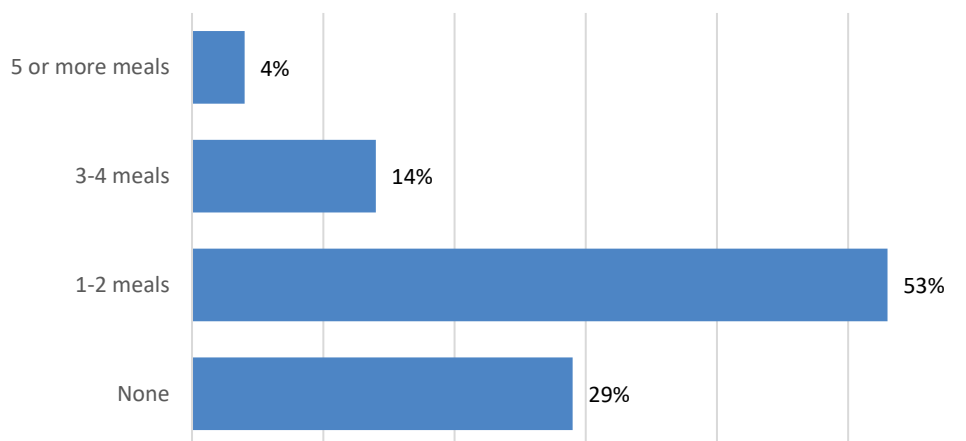


Residents were then asked what makes it difficult for them to get fresh fruit and vegetables. The most common problem making it difficult to get food was cost with more than half, 51.0%, stating this to be the case. Nearly a quarter of respondents, 21.3%, stated that quality of food made it difficult for them to get the food they need while another 19.8% said that the season or weather made it difficult. Other things that made it difficult for respondents to get the food they need include, in order of importance, distance from the store (17.5%), time for shopping (10.3%), and safety (2.0%).



More than half of respondents, 53.0%, eat out at a restaurant or take out meal one to two times a week while 14.3% eat out three four times a week. A small number of respondents, 4.3%, eat out five or more times a week. Over a quarter, 28.5%, don't eat out at all. Groups of residents more likely to eat at a restaurant or take out three or more times a week include respondents ages 18 to 44, those with some college education, residents with an annual income over \$75,000, employed respondents, residents with reliable transportation, those with children in the home, respondents who live comfortably, and overweight residents.

How Often Eat Takeout or At Restaurant
In a typical week, about how many meals do you eat out in a restaurant or bring takeout food home to eat?





SECONDARY DATA ANALYSIS

Poor physical health days are based on survey responses to the question, “Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?” The value reported is the average number of days a county’s adult respondents report that their physical health was not good. The average number of poor physical health days was slightly higher in the county as it was in the state, 4.1 compared to 3.6.

Number of Poor Physical Health Days						
	2017	2018	2019	2020	2021	Change
Jefferson County	4.5	4.5	4.8	3.6	4.1	-0.4
Ohio	3.9	4.1	4.2	3.2	3.6	-0.3

SOURCE: County Health Rankings, Original Source: Behavioral Risk Factor Surveillance System

Physical inactivity is the estimated percent of adults ages 20 and older reporting no physical activity during leisure time. Examples of physical activities provided include running, calisthenics, golf, gardening, or walking for exercise. Nearly a third, 30%, of adults in Jefferson County are considered physically inactive, a number that has steadily decreased over the last several years but still higher than state, 25%.

Percentage of Adults Physically Inactive						
	2017	2018	2019	2020	2021	% Change
Jefferson County	35%	36%	34%	29%	30%	-5%
Ohio	26%	26%	28%	24%	25%	-1%

SOURCE: County Health Rankings, Original Source: Behavioral Risk Factor Surveillance System

The table below represents the percentage of population with adequate access to locations for physical activity. Locations for physical activity are defined as parks or recreational facilities. The percentage of Jefferson County residents with access to locations for physical activity is significantly lower than the state average. Less than two-thirds of county residents, 65%, have access compared to a statewide average of 84%.

Access to Exercise Opportunities- % of Population with Access to Locations for Physical Activity						
	2018	2019	2021	2022	2023	% Change
Jefferson County	76%	84%	59%	67%	65%	-11%
Ohio	84%	84%	77%	84%	84%	0%

SOURCE: County Health Rankings, Original Source: ArcGIS Business Analyst and Living Atlas of the World; YMCA; US Census

Less than half of adults in Jefferson County, 42%, have a BMI of 30 or more, slightly higher than the state average of 38%. The percentage of obese adults has increased over the past several years in both areas.

Adult Obesity - Percentage of Adults that Report a BMI of 30 or More						
	2017	2018	2019	2020	2021	% Change
Jefferson County	34%	38%	38%	39%	42%	+8%
Ohio	32%	34%	35%	36%	38%	+6%

SOURCE: County Health Rankings, Original Source: Behavioral Risk Factor Surveillance System

The Food Environment Index equally weighs two indicators of the food environment: (1) limited access to healthy foods, which estimates the percentage of the population who are low income and do not live close to a grocery store and (2) food insecurity, which estimates the percentage of the population who did not have access to a reliable source of food during the past year. The Food Environment Index ranges from zero (worst) to ten (best). The Food Environment Index is slightly better in Ohio than Jefferson County.

Food Environment Index						
	2017	2018	2019	2020	2021	% Change
Jefferson County	6.8	6.7	6.6	6.5	6.7	-0.1
Ohio	6.7	6.8	6.8	6.8	7.0	+0.3

SOURCE: County Health Rankings, Original Source: USDA Food Environment Atlas; Map the Meal Gap from Feeding America



Food insecurity refers to the USDA's measure of lack of access to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritional foods. The percentage of the population who are food insecure or do not have access to a grocery store is slightly higher in Jefferson County than the state with more than a sixth, 17.5%, of county residents being designated as food insecure.

Food Insecurity Rate						
	2018	2019	2020	2021	2022	% Change
Jefferson County	16.5%	16.4%	16.2%	14.6%	17.5%	+1.0%
Ohio	12.0%	13.6%	12.9%	13.7%	15.2%	+3.2%

Source: Feeding America, Map the Meal Gap

Food insecure children are defined as children living in households experiencing food insecurity. A quarter of children in Jefferson County are food insecure which is significantly higher than the state average of 19.8%.

Food Insecurity Rate- Children						
	2018	2019	2020	2021	2022	% Change
Jefferson County	24.9%	22.8%	22.3%	17.9%	25.0%	+0.1%
Ohio	18.9%	17.4%	15.9%	14.8%	19.8%	+0.9%

Source: Annie E Casey Foundation, Kids Count Data Center, Original Source: Feeding America, Map the Meal Gap

COMMUNITY PARTNER SURVEY

Community partners were also asked to list some challenges residents in the county face in trying to maintain healthy lifestyles like exercising and eating healthy and/or trying to maintain chronic conditions like diabetes or heart disease. This was an open-ended question in which the respondent could give multiple responses. The most common challenges mentioned were lack of cost and access to healthy foods (57.1%) and resident's lack of motivation or current mindset.

Challenges faced in the community		
	# of TOTAL Responses	% of Partners
Access to/cost of healthy foods	8	57.1%
Lack of motivation/Mind set	5	35.7%
Access/affordability to gyms and other programs	4	28.6%
Finances/cost	4	28.6%
Lack of knowledge/Poor health literacy	4	28.6%
Limited places for outdoor recreation	4	28.6%
Lack of access to/cost of medications	3	21.4%
Social/support groups	3	21.4%
Transportation	3	21.4%
Not enough time	2	14.3%
Total	40	(n=14)

Question: What challenges do people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy and/or trying to manage chronic conditions like diabetes or heart disease?

COMMUNICABLE DISEASES, VACCINATIONS AND PREVENTION SERVICES

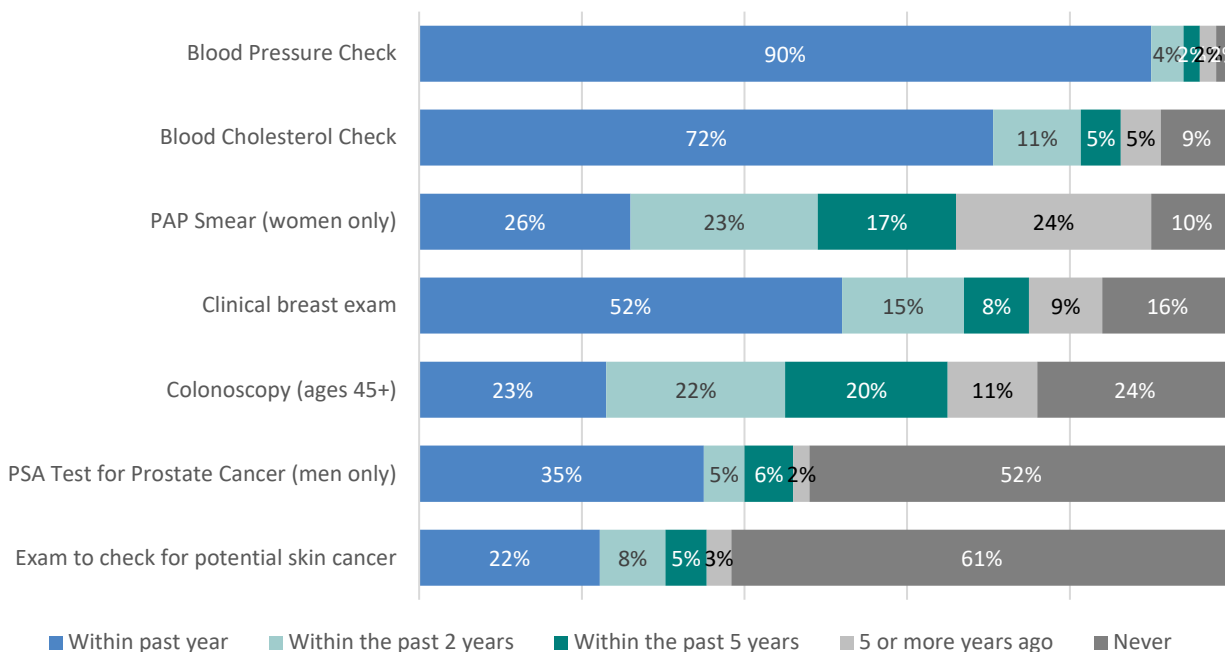
COMMUNITY SURVEY

Summary: Prevention, Testing and Screening			
		%	N
How long since: had blood cholesterol checked	Within the past year	72.3%	400
	Within the past 2 years	10.8%	
	Within the past 5 years	4.5%	
	5 or more years ago	4.0%	
	Never	8.5%	
How long since: had blood pressure checked	Within the past year	90.3%	400
	Within the past 2 years	4.0%	
	Within the past 5 years	2.0%	
	5 or more years ago	1.8%	
	Never	2.0%	
Have ever: had a colonoscopy (asked if 45 or older)		75.9%	291
Have ever: had a skin cancer exam		38.8%	400
Have ever: Tested for HIV		33.5%	400
Have ever: had a clinical breast exam (Asked only of females)		84.2%	234
Have ever: had a PAP smear (Asked only of females)		90.2%	234
Perform breast self-exams (asked only of females)	No	28.6%	234
	Yes, every month, always	22.6%	
	Yes, but skip sometimes	16.2%	
	Yes, every so often	32.5%	
Have ever: test for prostate cancer (Asked only of males)		48.2%	164
Vaccinations received	COVID-19	64.5%	400
	Measles vaccine in lifetime	51.3%	
	Annual flu	49.8%	
	Tetanus Booster	52.3%	
	Chicken pox vaccine in lifetime	41.5%	
	Pneumonia vaccine in lifetime	39.3%	
	Hepatitis B vaccine in lifetime	36.0%	
	Shingles vaccine in lifetime	31.8%	
	Hepatitis A vaccine in lifetime	26.3%	
	HPV vaccine in lifetime	10.8%	
How often use sunscreen when outside	Always	9.8%	400
	Very often	16.5%	
	Sometimes	29.8%	
	Rarely	24.8%	
	Never	19.3%	



Residents were given a list of up to seven tests (specific tests varied based on age and gender), asked if they have ever had them and, if so, when did they last have the test. Each is discussed in more detail below.

Length of time since resident had. . . .



Blood Pressure Check- The majority of respondents, 98%, had their blood pressure checked sometime in the past with 90% having it checked within the past year. A small percentage of respondents, 4%, never had their blood pressure checked or have not had it checked in the past five years. Groups of residents more likely to have had their blood pressure checked **in the past year** include respondents ages 65 and over, college graduates, those who are married or widowed, residents who are retired or employed full-time, homeowners, white residents, non-Steubenville residents, those with a doctor, residents with health insurance, respondents with stable housing and reliable transportation, and residents who meet their basic expenses with a little left over or better.

Blood Cholesterol Check- The majority of respondents, 91%, had their blood pressure checked sometime in the past, with 72% having it checked within the past year. More than one in ten respondents, 13%, never had their blood cholesterol checked or have not had it checked within the past five years. Groups of residents more likely to have had their blood cholesterol checked **in the past year** include respondents ages 65 and over, college graduates, those who are married or widowed, retired residents, homeowners, non-Steubenville residents, respondents without children in the home, those with a doctor, residents with health insurance, respondents with stable housing and reliable transportation, and residents who live comfortably.

PAP Smear (women only)- The majority of female respondents, 90%, have had a PAP Smear sometime in the past with 26% having one within the past year. One in ten female respondents, 10%, never had a PAP Smear. Groups of residents more likely to have had a pap smear **in the past year** include respondents ages 18 to 64, college graduates, married residents, those who are employed full-time, respondents with children in the home, those with a doctor, residents with health insurance, and respondents with stable housing and reliable transportation.

Clinical Breast Exam (women only)- Most female respondents, 84%, have had a clinical breast exam sometime in the past with 52% having one within the past year. One sixth of female respondents, 16%, never had a clinical breast exam. Groups of residents more likely to have had a clinical breast exam **in the past year** include residents ages 45 and over, college graduates, those who are married or widowed, retired residents, homeowners, respondents without children





in the home, those with a doctor, residents with health insurance, and respondents with stable housing and reliable transportation.

Colonoscopy (ages 45 and over)- Nearly three quarters of respondents ages 45 and older, 76%, have had a colonoscopy sometime in the past with 23% having the test within the past year. Nearly a quarter, 24%, never had a colonoscopy and an additional 11% have not had a colonoscopy in the past five years. Groups of residents more likely to have had a colonoscopy **in the past** include respondents ages 65 and over, college graduates, those with an annual income over \$75,000, retired residents, homeowners, non-veteran households, those with a doctor, residents with health insurance, respondents with stable housing and reliable transportation, and residents who meet their basic expenses with a little left over or better.

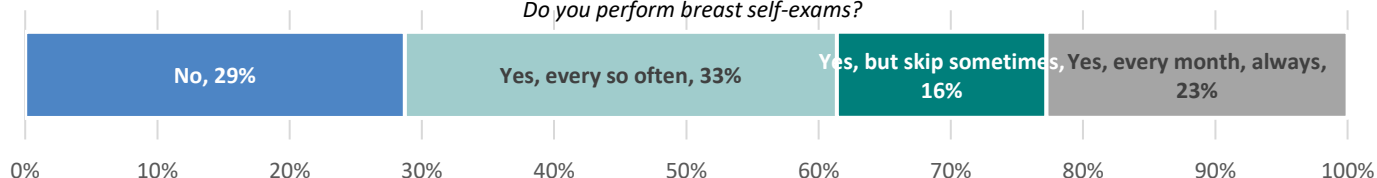
PSA test for Prostate Cancer (men only)- Nearly half of male respondents, 48%, have had a PSA test sometime in the past with 35% having the test within the past year. More than half of male respondents, 52%, never had a PSA test. Groups of male residents more likely to have had a PSA test **in the past** include respondents ages 65 and over, college graduates, those who are married or widowed, retired residents, homeowners, those with a doctor, and residents who live comfortably.

Skin Cancer Exam- More than a third of respondents, 39%, have had an exam to check for potential skin cancer sometime in the past with 22% having the test within the past year. Almost two-thirds, 61%, never had a skin cancer exam and an additional 3% have not had one in the past five years. Groups of residents more likely to have had a skin cancer exam **in the past** include respondents ages 65 and over, college graduates, married residents, those who are retired, homeowners, respondents without children in the home, those with a doctor, respondents with stable housing and reliable transportation, and residents who meet their basic expenses with a little left over or better.

Performed self-breast exam (women only)- Less than three-quarters of female respondents, 71% have performed a self-breast exam in the past. Nearly a quarter of female residents, 23%, reported performing a self-breast exam, every month, always while 16% reported doing breast self-exams but skipping sometimes. The remaining 33% report doing self-breast exams every so often. Groups of female residents more likely to perform self-breast exams **every month, always** include residents with an annual income of \$25,000 to \$50,000 and those who have exercised in the past month.

Self-Breast Exam (asked of females only)

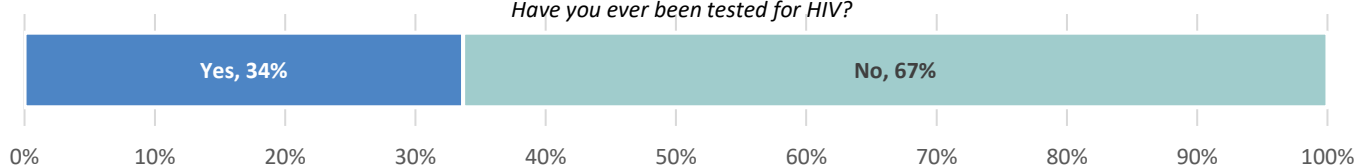
Do you perform breast self-exams?



A third of residents, 33.5%, had been tested for HIV sometime in their life. Groups of residents more likely to have been tested for HIV include respondents ages 18 to 44, those who are single or divorced, unemployed residents, renters, veteran households, respondents with someone with a disability in the household, those with children in the home, residents who exercised in the past month, and respondents who don't have enough to meet basic expenses.

Ever Been Tested for HIV

Have you ever been tested for HIV?



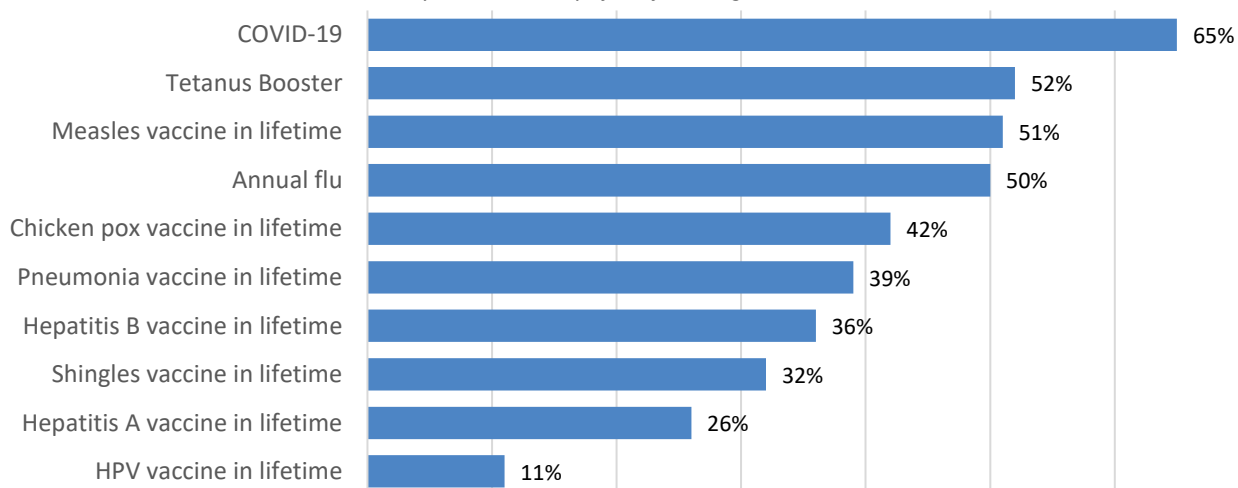


VACCINATIONS

Next, residents were given a list of 10 vaccinations and asked if they have received them. Each vaccine is discussed in more detail below.

Received the Following Vaccines

Have you received any of the following vaccines?



- **COVID-19 Vaccine-** Nearly two-thirds of respondents, 64.5%, received their COVID-19 vaccine. Groups of residents more likely to have received their COVID-19 vaccine include respondents ages 65 and over, college graduates, those with an annual income over \$75,000, widowed or married residents, respondents who are retired or employed full-time, homeowners, veteran households, respondents without children in the home, those with a primary care provider, residents with health insurance, respondents who exercised in the past month, residents who have enough to meet basic expenses with a little left over, and those with stable housing and reliable transportation.
- **Tetanus Booster-** More than half of respondents, 52.3%, received a tetanus booster in the past ten years. Groups of residents more likely to have received their tetanus booster include college graduates, those with an annual income over \$75,000, homeowners, those with a primary care provider, residents with health insurance, respondents who exercised in the past month, and those with stable housing and reliable transportation.
- **Measles Vaccine-** Slightly fewer respondents, 51.3%, received a Measles vaccine in their lifetime. Groups of residents more likely to have received their Measles vaccine include respondents with some college or more education, those with an annual income over \$75,000, residents who are retired or employed full-time, residents with health insurance, residents who have enough to meet basic expenses with a little left over, and those with reliable transportation.
- **Flu Vaccine-** Half of respondents, 49.8%, received their annual flu vaccine. Groups of residents more likely to have received their flu vaccine include respondents ages 65 and over, college graduates, those with an annual income over \$25,000, residents who are retired or employed full-time, homeowners, veteran households, respondents without children in the home, those with a primary care provider, residents with health insurance, respondents who exercised in the past month, residents who have enough to meet basic expenses with a little left over or more, and those with stable housing and reliable transportation.
- **Chicken Pox Vaccine-** Fewer respondents, 41.5%, received a Chicken Pox vaccine in their lifetime. Groups of residents more likely to have received their Chicken Pox vaccine include respondents who are retired or employed part-time, non-Steubenville residents, residents with health insurance, and those with reliable transportation.
- **Pneumonia Vaccine-** More than a third of respondents, 39.3%, received a Pneumonia vaccine in their lifetime. Groups of residents more likely to have received their Pneumonia vaccine include respondents ages 65 and over, widowed residents, those who are retired, non-Steubenville residents, veteran households, those with someone





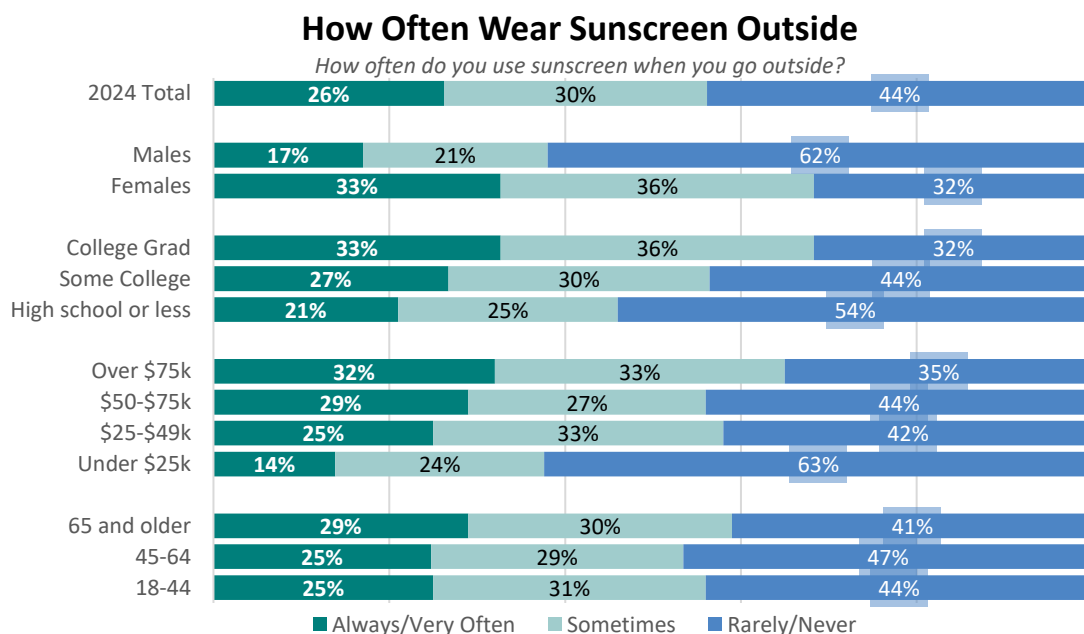
with a disability in the household, respondents without children in the home, those with a primary care provider, and residents who have enough to meet basic expenses with a little left over.

- **Hepatitis B vaccine**- Slightly fewer respondents, 36.0%, received a Hepatitis B vaccine in their lifetime. Groups of residents more likely to have received their Hepatitis B vaccine include respondents ages 18 to 44, those with some college or more education, those with an annual income over \$75,000, employed residents, respondents with children in the home, and residents with health insurance.
- **Shingles Vaccine**- Less than a third of respondents, 31.8%, had received a Shingles vaccine in their lifetime. Groups of residents more likely to have received their Shingles vaccine include respondents ages 65 and over, college graduates, single residents, those who are retired, veteran households, respondents without children in the home, those with a primary care provider, residents with health insurance, residents who have enough to meet basic expenses with a little left over or more, and those with reliable transportation.
- **Hepatitis A vaccine**- Slightly fewer respondents, 26.3%, received a Hepatitis A vaccine in their lifetime. Groups of residents more likely to have received their Hepatitis A vaccine include respondents ages 18 to 44, single or divorced residents, those who are employed full-time, renters, Steubenville residents, respondents with children in the home, and residents with health insurance.
- **HPV Vaccine**- Slightly more than one in ten respondents, 10.8%, received an HPV vaccine in their lifetime. Groups of residents more likely to have received their HPV vaccine include respondents ages 18 to 44, residents who are employed full-time, renters, respondents with children in the home, and those with unstable housing.

SUNSCREEN

Residents were also asked how often they use sunscreen when they go outside. Less than one in ten respondents, 9.8%, report **always** using sunscreen while an additional use sunscreen **very often**. Nearly a third, 29.8%, **sometimes** use sunscreen. Less than half, 44.1%, **rarely** (24.8%) or (19.3%) **never** use sunscreen when they go outside.

Groups of respondents more likely to **always or very often** use sunscreen include females, college graduates, respondents with an annual income of \$50,000 or more, married residents, those with a primary care doctor, and residents who meet their basic expenses with a little left over or more. Groups of respondents more likely to **rarely or never** use sunscreen include males, respondents with a high school diploma or less education, those with an annual income under \$25,000, non-married residents, renters, those without a primary care doctor, and respondents who don't have enough to meet basic expenses.



SECONDARY DATA ANALYSIS

Communicable disease rates were higher for most communicable diseases in the state of Ohio when compared to Jefferson County. The communicable diseases that had slightly higher rates in Jefferson County than the state of Ohio were Cryptosporidiosis (+5.0 difference), Hepatitis C (+29.0 difference), Meningococcal disease (+7.6 difference), Streptococcal, Group A, invasive (+1.7 difference), and Streptococcus pneumoniae, invasive (+16.1 difference).

Communicable Disease Number and Rates, 2023					
	Jefferson County		Ohio		Difference per 100,000
	Case Count	Rate per 100,000	Case Count	Rate per 100,000	
	Population	64,855	Population	11,785,935	
Campylobacteriosis	6	9.3	2,582	21.9	-12.6
Chlamydia	158	243.6	54,570	463	-219.4
COVID-19	1,676	2,584.0	337,120	2,860.4	-276.4
CP-CRE/CPO	6	9.3	1,116	9.5	-0.2
Cryptosporidiosis	6	9.3	506	4.3	+5.0
E-coli	1	1.5	614	5.2	-3.7
Giardiasis	0	0.0	479	4.1	-4.1
Gonorrhea	62	96.4	19,841	168.8	-72.4
Hemophilus influenzae	1	1.5	387	3.3	-1.8
Hepatitis A	0	0.0	27	0.2	-0.2
Hepatitis B	9	13.9	1,999	17.0	-3.1
Hepatitis C	67	103.3	8,740	74.3	+29
Hepatitis E	0	0.0	3	0.0	0
Influenza associated hospitalizations	42	64.8	NA	NA	-
Legionnaire's disease	0	0.0	570	4.8	-4.8
Lyme disease	4	6.2	1,305	11.1	-4.9
Meningitis, aseptic/viral	0	0.0	360	3.1	-3.1
Meningitis, bacterial	0	0.0	128	1.1	-1.1
Meningococcal disease	5	7.7	17	0.1	+7.6
Mumps	0	0.0	34	0.3	-0.3
Pertussis	0	0.0	875	7.4	-7.4
Salmonellosis	6	9.3	1,629	13.8	-4.5
Shigellosis	0	0.0	414	3.5	-3.5
Streptococcal, Group A, invasive	8	12.3	1,244	10.6	+1.7
Streptococcus pneumoniae, invasive	18	27.8	1,374	11.7	+16.1
Syphilis	4	6.2	4,974	42.2	-36
Tuberculosis	0	0.0	190	1.6	-1.6
Varicella	1	1.5	255	2.2	-0.7

SOURCES: Jefferson County: Jefferson County Health District, 2023 Annual Report. Ohio: Ohio Department of Health, Summary of Infectious Diseases in Ohio. Rate=per 100,000 population using 2023 pop estimates, number of cases is confirmed and probable.

Preventable hospital stays are measured as the hospital discharge rate for ambulatory care-sensitive conditions per 100,000 Medicare enrollees. Ambulatory-care sensitive conditions (ACSC) are usually addressed in an outpatient setting and do not normally require hospitalization if the condition is well-managed. Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care. In Jefferson County, Ohio, 3,534 hospital stays per 100,000 people enrolled in Medicare might have been prevented by outpatient treatment. While this number has steadily decreased over the past five years, it is still significantly higher than both Ohio and the United States as a whole.

Preventable Hospital Stays

	2017	2018	2019	2020	2021	% Change
Jefferson County	6,552	6,469	5,555	4,224	3,534	-46.1%
Ohio	5,168	4,901	4,338	3,278	3,111	-39.8%
United States	4,535	4,236	3,767	2,809	2,681	-40.9%

SOURCE: County Health Rankings, Original Source: Mapping Medicare Disparities Tool

Mammography screening represents the percent of female Medicare enrollees aged 65-74 that had an annual mammography screening. More than a third, 38%, of female Medicare enrollees ages 65-74 in Jefferson County reported having an annual mammogram screening which is significantly lower than the state average of 46%.

Mammography Screening

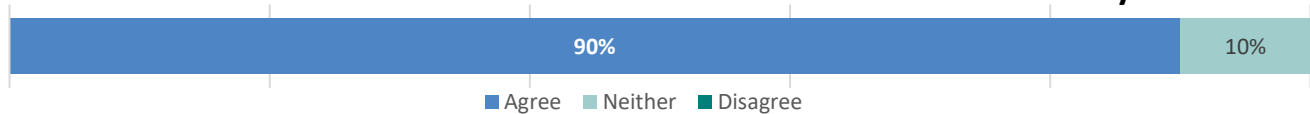
	2017	2018	2019	2020	2021	% Change
Jefferson County	34%	36%	35%	34%	38%	+4%
Ohio	43%	43%	45%	40%	46%	+3%
United States	42%	42%	43%	37%	43%	+1%

SOURCE: County Health Rankings, Original Source: Mapping Medicare Disparities Tool

COMMUNITY PARTNER SURVEY

The majority of community partners, 90%, agreed, "Immunizations are accessible and available in Jefferson County," with 30% strongly agreeing.

Immunizations are Accessible and Available in Jefferson County



CHRONIC DISEASE MANAGEMENT

COMMUNITY SURVEY

Respondents were given a list of twelve chronic diseases and risk factors and asked if they or someone in their household have ever been diagnosed with the disease or risk factor by a health care professional. The chronic diseases and risk factors most prevalent included high blood pressure, arthritis, high cholesterol, diabetes, and asthma. Each chronic disease and risk factor is discussed in more detail below.

Summary: Chronic Disease Diagnosis

	Someone in Household	Resident	Member of Household
High blood pressure	54.0%	46.1%	21.3%
Arthritis	41.5%	36.6%	14.3%
High cholesterol	40.3%	35.1%	16.1%
Diabetes	27.0%	18.5%	12.5%
Asthma	17.5%	13.8%	7.3%
Heart disease or heart attack	16.5%	12.3%	6.6%
Any form of cancer	16.0%	10.6%	6.3%
Respiratory disease	12.3%	9.3%	4.5%
Kidney disease	5.8%	4.3%	2.0%
Stroke	4.8%	3.5%	1.3%
Sexually transmitted disease	3.3%	3.3%	0.0%
Alzheimer's/dementia	1.8%	0.5%	1.3%

- ✓ **HIGH BLOOD PRESSURE:** More than half of respondents, 54.0%, reported that either they or a member of their household was diagnosed with high blood pressure. More specifically, 46.1% of respondents have been diagnosed with high blood pressure and 21.3% have a member of their household with the risk factor. Households more likely to have someone diagnosed with high blood pressure include males, respondents ages 65 and over, married residents, those who are retired, respondents with someone with a disability in the household, residents without children in the home, those with a primary care provider, and residents who report being overweight.
- ✓ **ARTHRITIS:** Less than half of respondents, 41.5%, reported that either they or a member of their household was diagnosed with arthritis. More specifically, 36.6% of respondents have been diagnosed with arthritis and 14.3% have a member of their household with the chronic disease. Households more likely to have someone diagnosed with arthritis include respondents ages 45 and over, those who are widowed or divorced, those who are retired, homeowners, veteran households, respondents with someone with a disability in the household, residents without children in the home, those with a primary care provider, respondents with health insurance, and residents who have not exercised in the past month.
- ✓ **HIGH CHOLESTEROL:** Slightly fewer respondents, 40.3%, reported that either they or a member of their household was diagnosed with high cholesterol. More specifically, 35.1% of respondents have been diagnosed with high cholesterol and 16.1% have a member of their household with the risk factor. Households more likely to have someone diagnosed with high cholesterol include respondents ages 65 and over, residents with an annual income over \$75,000, married residents, those who are retired, homeowners, non-Steubenville residents, veteran households, respondents with someone with a disability in the household, residents without children in the home, those with a primary care provider, residents who report being overweight, and respondents with stable housing.
- ✓ **DIABETES:** More than a quarter of respondents, 27.0%, reported that either they or a member of their household was diagnosed with diabetes. More specifically, 18.5% of respondents have been diagnosed with diabetes and 12.5% have a member of their household with this chronic disease. Households more likely to have someone diagnosed with diabetes include non-Steubenville residents, respondents with someone with a disability in the household, those with a primary care provider, and residents who report being overweight.
- ✓ **ASTHMA:** More than a sixth of respondents, 17.5%, reported that either they or a member of their household was diagnosed with asthma. More specifically, 13.8% of respondents have been diagnosed with asthma and 7.3% have a member of their household with the chronic disease. Households more likely to have someone diagnosed with asthma include females, respondents ages 18 to 44, those with a high school diploma or less education, single residents, respondents with someone with a disability in the household, residents with children in the home, and residents who report being underweight.
- ✓ **HEART DISEASE:** Slightly fewer respondents, 16.5%, reported that either they or a member of their household was diagnosed with heart disease or heart attack. More specifically, 12.3% of respondents have been diagnosed with heart disease and 6.6% have a member of their household with the chronic disease. Households more likely to have someone diagnosed with heart disease include males, respondents ages 65 and over, those who are widowed or married, those who are retired, white residents, respondents with someone with a disability in the household, residents without children in the home, those with a primary care provider, and respondents with health insurance.
- ✓ **CANCER:** A sixth of respondents, 16.0%, reported that either they or a member of their household was diagnosed with any form of cancer. More specifically, 10.6% of respondents have been diagnosed with cancer and 6.3% have a member of their household with the chronic disease. Households more likely to have someone diagnosed with cancer include respondents ages 65 and over, residents with an annual income over \$75,000, those who are widowed or married, retired respondents, homeowners, respondents with someone with a disability in the household, residents without children in the home, those with a primary care provider, residents who have exercised in the past month, and respondents with stable housing.
- ✓ **RESPIRATORY DISEASE:** More than one in ten respondents, 12.3%, reported that either they or a member of their household was diagnosed with a respiratory disease such as COPD or emphysema. More specifically, 9.3% of respondents have been diagnosed with respiratory disease and 4.5% have a member of their household with the

chronic disease. Households more likely to have someone diagnosed with respiratory disease include females, those with a high school diploma or less education, respondents with an annual income under \$25,000, those who are retired, respondents with someone with a disability in the household, residents without children in the home, those with a primary care provider, residents who have not exercised in the past month, and those who don't have enough to meet basic expenses.

- ✓ **KIDNEY DISEASE:** More than one in twenty respondents, 5.8%, reported that either they or a member of their household was diagnosed with kidney disease. More specifically, 4.3% of respondents have been diagnosed with kidney disease and 2.0% have a member of their household with the chronic disease. Households more likely to have someone diagnosed with kidney disease include respondents with someone with a disability in the household.
- ✓ **STROKE:** About one in twenty respondents, 4.8%, reported that either they or a member of their household was diagnosed with Stroke. More specifically, 3.15% of respondents have been diagnosed with stroke and 1.3% have a member of their household with the chronic disease. Households more likely to have someone diagnosed with stroke include respondents with someone with a disability in the household, and those with just enough to meet basic expenses.
- ✓ **SEXUALLY TRANSMITTED DISEASE:** A small percentage, 3.3%, reported that either they or a member of their household was diagnosed with a sexually transmitted disease. More specifically, 3.3% of respondents have been diagnosed with a sexually transmitted disease and no respondents have a member of their household with the disease. Households more likely to have someone diagnosed with a sexually transmitted disease include respondents with some college education, those who are single or divorced, residents who are employed part-time or unemployed, those without a primary care provider, and residents who have exercised in the past month.
- ✓ **ALZHEIMER'S:** Even fewer respondents, 1.8%, reported that either they or a member of their household was diagnosed with Alzheimer's. More specifically, just 0.5% of respondents have been diagnosed with Alzheimer's and 1.3% have a member of their household with the chronic disease. Households more likely to have someone diagnosed with Alzheimer's include respondents with someone with a disability in the household and residents who have exercised in the past month.

SECONDARY DATA ANALYSIS

The number of resident deaths in Jefferson County has decreased by 5.7% over the past five years. The age groups that saw the largest increase in the last five years in Jefferson County were ages 11 to 20 and 51 to 60.

Jefferson County Resident Deaths						
	2019	2020	2021	2022	2023	% Change
Jefferson	867	933	1101	970	818	-5.7%
Ohio	123,705	143,660	147,583	138,037	127,769	+3.3%
JEFFERSON COUNTY BY AGE GROUP						
<1	3	1	1	1	2	-33.3%
1-10	2	3	2	3	0	-100%
11-20	2	0	3	2	5	+150%
21-30	14	11	15	11	6	-57.1%
31-40	23	19	34	33	25	+8.7%
41-50	27	43	55	43	28	+3.7%
51-60	68	80	109	116	88	+29.4%
61-70	170	175	220	198	159	-6.5%
71-80	207	228	270	232	194	-6.3%
81-90	223	258	265	234	209	-6.3%
91-100	123	113	120	92	96	-22.0%
>100	5	2	7	5	6	+20.0%
SOURCE: Jefferson County: Jefferson County Health Department 2023 Annual Report. Ohio: ODH Data Warehouse						



In 2023, 818 death certificates were filed. There were 3,523 death certificate copies issued along with 801 burial permits. There were 338 (41%) burials, 470 (59%) cremations and three donations that occurred in the Jefferson County Health District. There were a total of 227 Jefferson County home deaths and a total of 691 deaths that occurred in Steubenville City. There were two fetal deaths filed in Jefferson County in 2023.

In 2023, there were 26 accidents recorded as the manner of death. Out of those 26 deaths, 22 were contributed to drug overdoses. Common causes of the overdose were usage of Cocaine, Benzodiazepines, Fentanyl, Cannabinoid, Amphetamines, Buprenorphine, Methamphetamines, Acetyl fentanyl, Ethanol, Oxycodone, Heroin, and Nor fentanyl.

The top two causes of death in Jefferson County in 2023 were cancer and heart disease. When looking at five-year trends, the causes of death that had the largest increases in Jefferson County were cancer and Alzheimer's disease.

Death Rates for General Causes of Death (death per 100,000 population)												
	Jefferson County						Ohio					
	2019	2020	2021	2022	2023	Change	2019	2020	2021	2022	2023	Change
Diseases of the heart	401.6	388.1	431.2	406.5	380.4	-21.2	249.3	261.1	261.4	256.6	240.4	-8.9
Malignant Neoplasms	285.5	272.6	281.8	291	295.7	10.2	215.2	212.6	214.3	210.3	211.8	-3.4
Not a leading cause	184.7	183.2	231	264.9	220.2	35.5	174.9	186.3	182.9	182.7	188.6	13.7
Unintentional Injuries	80.9	92.4	78.5	104.7	83.2	2.3	70.9	80.7	84.8	82.5	79.6	8.7
CLRD	76.3	87.8	83.2	78.5	80.1	3.8	61.3	60.2	55	58.2	54.7	-6.6
Cerebrovascular	76.3	61.6	75.5	61.6	69.3	-7	55.6	60.3	61.9	61.5	60.9	5.3
Alzheimer's Disease	45.8	46.2	55.4	26.2	53.9	8.1	44.8	50.9	42.3	42.3	41.5	-3.3
Diabetes	68.7	60.1	63.1	52.4	47.7	-21	33.1	37.5	38.1	36.5	34.5	1.4
Septicemia	35.1	20	32.3	20	29.3	-5.8	16.3	17.5	17.5	16.9	16.7	0.4
COVID-19	-	141.7	263.3	117	29.3	-112.4	-	116.5	156.3	79.8	18.5	-98
Suicide	24.4	15.4	16.9	21.6	24.6	0.2	15.5	14	15.1	15.4	15.2	-0.3
Nephritis	27.5	23.1	27.7	29.3	24.6	-2.9	18.5	18.7	19.6	21.8	19.8	1.3
Flu & Pneumonia	42.8	33.9	32.3	37	23.1	-19.7	16.5	17.5	14.3	16.3	14.8	-1.7
Chronic liver disease	-	21.6	27.7	32.3	13.9	-7.7	13.9	15.4	17.3	17.2	16.2	2.3

CLRD- Chronic Lower Respiratory Diseases, SOURCE: Ohio Department of Health, ODH Data Warehouse
 *Indicates rates have been suppressed for counts <10

The most prevalent cancers in Jefferson County in 2023 were lung/bronchus, colon and rectum, and other sites/types. Cancer incidence rates were considerably higher in Jefferson County than Ohio for the following types of cancer: lung and bronchus, thyroid, and uterus.

Cancer Incidences in Jefferson County and Ohio							
	Number of Cases					Age Adjusted Rate	% Change
	2019	2020	2021	2022	2023		
JEFFERSON COUNTY							
Bladder	5	2	12	8	6	23.7	-0.21%
Brain and other CNS	5	4	9	8	7	*	+40.0%
Breast	12	8	6	11	4	73.7	-66.7%
Cervix	4	0	4	0	1	*	-75.0%
Colon & Rectum	21	16	23	20	17	39.5	-19.1%
Esophagus	7	3	6	7	8	*	+14.3%
Kidney & Renal Pelvis	6	4	4	4	6	12.5	0.0%
Larynx	1	2	1	3	1	6.9	0.0%
Leukemia	4	7	1	3	5	10.8	+25.0%
Liver & Intrahepatic Bile Duct	7	15	11	7	5	6.5	-28.6%
Lung and Bronchus	48	67	63	48	57	66.1	+18.8%



Cancer Incidences in Jefferson County and Ohio

	Number of Cases					Age Adjusted Rate	% Change
	2019	2020	2021	2022	2023		
Melanoma of the Skin	4	1	2	1	4	24.0	0.0%
Multiple Myeloma	7	1	5	3	4	6.4	-42.9%
Lymphoma	5	4	5	6	3	19.9	-40.0%
Oral Cavity & Pharynx	0	2	2	1	1	16.2	+100.0%
Other Sites/Types	14	14	17	23	14	33.8	0.0%
Ovary	3	5	7	7	6	7.5	+100.0%
Pancreas	22	19	17	13	13	19.3	-40.9%
Prostate	5	6	9	8	12	120.3	+140.0%
Stomach	2	2	4	3	4	5.4	+100.0%
Testis	0	1	0	1	1	*	100.0%
Thyroid	0	1	0	0	0	35.2	0.0%
Uterus	3	3	0	4	1	42.2	-66.7%
OHIO							
Bladder	3,398	3,311	3,269	NA	NA	20.7	NA
Brain and Other CNS	951	844	847	NA	NA	6.3	NA
Breast	10,266	9,646	10,738	NA	NA	73.6	NA
Cervix	514	442	470	NA	NA	7.7	NA
Colon & Rectum	5,718	5,273	5,664	NA	NA	38.6	NA
Esophagus	953	870	866	NA	NA	5.5	NA
Hodgkin's Lymphoma	356	309	328	NA	NA	2.7	NA
Kidney & Renal Pelvis	2,703	2,508	2,827	NA	NA	19.1	NA
Larynx	590	544	588	NA	NA	3.7	NA
Leukemia	1,864	1,694	1,816	NA	NA	12.6	NA
Liver & Intrahepatic Bile Duct	1,303	1,157	1,240	NA	NA	7.6	NA
Lung and Bronchus	10,561	9,599	9,876	NA	NA	61.2	NA
Melanoma of the Skin	3,858	3,452	4,116	NA	NA	28.3	NA
Multiple Myeloma	1,000	976	919	NA	NA	5.8	NA
Non-Hodgkin's Lymphoma	2,931	2,729	2,769	NA	NA	18.6	NA
Oral Cavity & Pharynx	1,995	1,935	2,005	NA	NA	13.0	NA
Other Sites/Types	5,524	5,328	5,656	NA	NA	37.8	NA
Ovary	739	702	782	NA	NA	10.3	NA
Pancreas	2,221	2,186	2,099	NA	NA	13.3	NA
Prostate	9,407	8,579	9,550	NA	NA	124.6	NA
Stomach	825	805	901	NA	NA	5.9	NA
Testis	315	329	315	NA	NA	5.9	NA
Thyroid	1,867	1,619	1,819	NA	NA	14.4	NA
Uterus	2,572	2,295	2,483	NA	NA	30.9	NA

SOURCE: Jefferson County: Jefferson County Health Department 2023 Annual Report. Ohio: Ohio Department of Health Data Warehouse, Age Adjusted Rates come from the ODH Data Warehouse and were based on 2021 numbers, the most recent data available, *indicates where rates may be unstable for case counts less than five

The table below measures the percentage of the county population with a disability. Disabilities include difficulties with hearing, vision, cognition, ambulation, and self-care. The percentage of the population with disabilities has slightly decreased over the past five years.

Jefferson County Disability Status by Age						
	2018	2019	2020	2021	2022	Change
Total Population	65,614	64,514	65,189	64,906	62,527	-4.7%
# with a Disability	11,544	11,516	11,619	11,059	11,145	-3.5%
% with a Disability	17.6%	17.9%	17.8%	17.0%	17.3%	-0.3%
By Age						
# with disability under 5	46	97	55	28	23	-50.0%
# with disability 5-17	667	721	629	636	672	+0.8%
# with disability 18-34	1,266	1,159	1,279	1,216	1,196	-5.5%
# with disability 35-64	4,875	4,904	4,639	4,581	4,479	-8.1%
# with disability 65-74	2,039	2,060	2,136	1,986	2,001	-1.9%
# with disability 75 yrs+	2,651	2,575	2,881	2,612	2,774	+4.6%
By Disability Type						
# with hearing difficulty	3,069	3,176	3,271	3,003	3,081	+0.4%
# with vision difficulty	2,169	2,163	2,124	1,851	1,881	-13.3%
# with cognitive difficulty	4,153	4,059	4,152	4,140	4,173	-0.5%
# with ambulatory difficulty	6,271	5,810	6,327	5,910	5,806	-7.4%
# with self-care difficulty	2,343	2,141	2,382	1,980	2,015	-14.0%
# with independent living difficulty	4,325	3,909	4,324	3,783	3,775	-12.7%
SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates , Table S1810						

The percentage of students with disabilities in the county is outlined in the table below. These children will have Individual Education Plans (IEPs) at school. Buckeye Local has the highest percentage of students with disabilities in the county.

Jefferson County Students with Disabilities, 2023-2024 District Level Data			
District	# Total Students	# Students Disabilities	% Students Disabilities
Edison Local	1,376	229	16.6%
Toronto City	827	160	19.3%
Buckeye Local	1,329	290	21.8%
Steubenville City	2,845	470	16.5%
Indian Creek Local	1,949	304	15.6%
COUNTY TOTAL	8,326	1,453	17.5%
SOURCE: Ohio Department of Education			



TRANSPORTATION

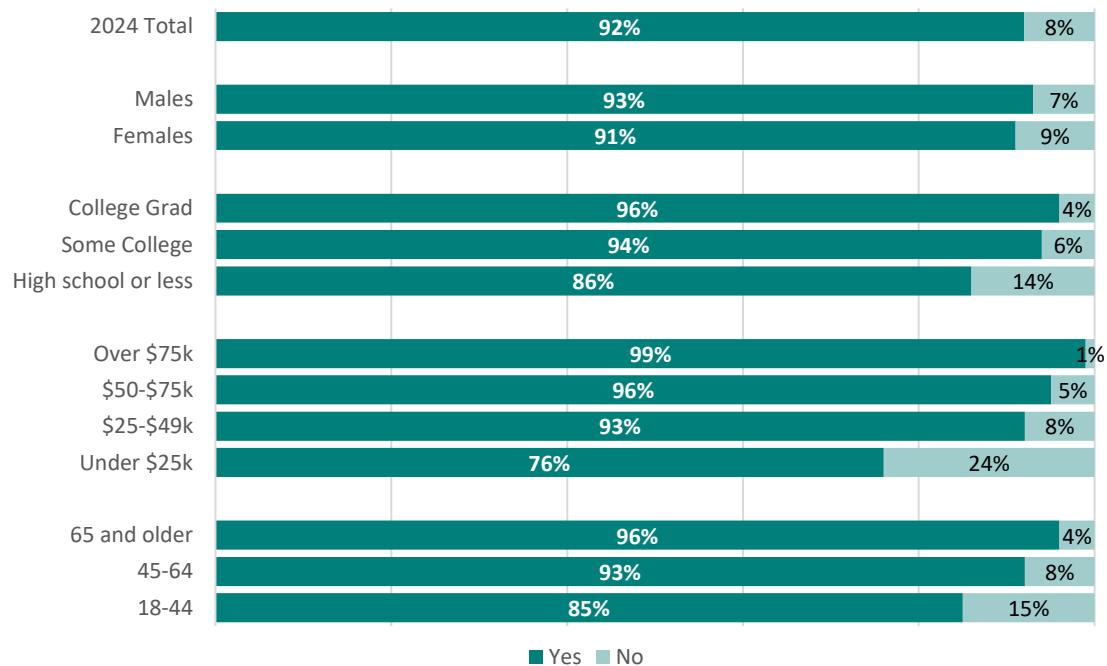
COMMUNITY SURVEY

Summary: Transportation and Safe Driving			
		%	#
Have access to reliable transportation		91.8%	400
Type of transportation used MOST often	Own car	80.3%	400
	Walk	9.0%	
	Family member/friend	7.5%	
	Bike	0.8%	
	Steel Valley Regional Transit	1.0%	
	Borrowed car	0.5%	
	Other	1.0%	
Have a cell phone		98.3%	400
Ever send or received texts/emails while driving		28.3%	393
How often use a seat belt while driving or riding in a car	Always	84.3%	400
	Most of the time	6.5%	
	Sometimes/Rarely	4.8%	
	Never	4.6%	

The majority of respondents, 91.8%, have access to reliable transportation when they need it. Groups of respondents more likely to NOT have reliable transportation include residents ages 18 to 44, those with a high school diploma or less education, respondents with an annual income under \$25,000, residents who are single or divorced, those who are unemployed or employed part-time, renters, non-white residents, respondents with children in the home, those without a primary care provider or health insurance, residents without stable housing, and respondents who don't have enough to meet basic expenses.

Have Access to Reliable Transportation

Do you have access to reliable transportation when you need it?

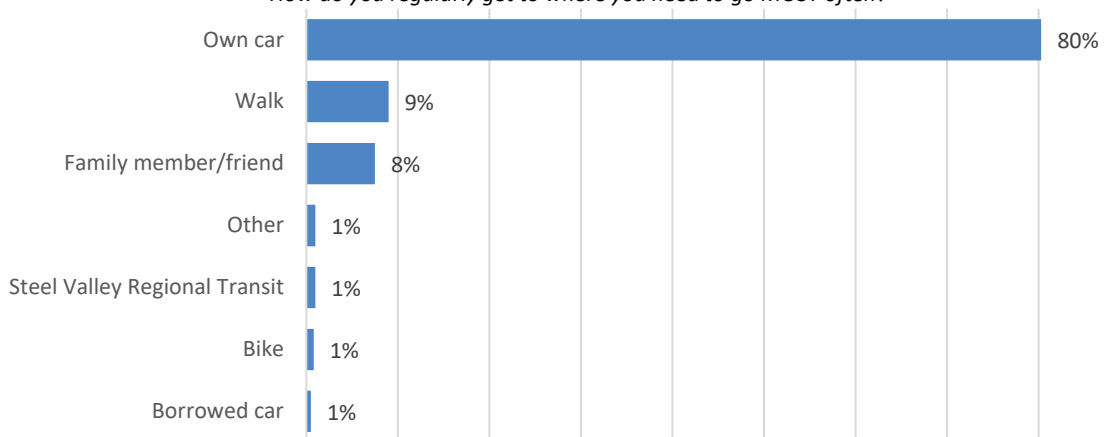




Most respondents, 80.3%, reported using their own car when they need to go somewhere. Groups of residents more likely to **own a car** include males, respondents ages 65 and over, college graduates, residents with an annual income of \$50,000 or more, those who are married, respondents who are employed full-time or retired, homeowners, those without someone with a disability in the household, respondents with a primary care provider, residents with stable housing, and those who meet their basic expenses with a little left over or more. A small number of respondents, 9.0%, regularly **walk** when they need to go somewhere. Groups of residents more likely to walk include respondents ages 18 to 44, those with a high school diploma or less education, residents with an annual income under \$50,000, respondents who are single or divorced, those who are unemployed or employed part-time, renters, residents with someone with a disability in the household, respondents without a primary care provider, residents without stable housing, and those who have just enough to meet basic expenses or less. Even fewer respondents, 7.5%, regularly get to where they need to go **by rides from family and friends**. Groups of residents more likely to get rides from family and friends include females, respondents ages 18 to 44, residents with an annual income under \$25,000, those who are widowed or single, unemployed residents, renters, those without someone with a disability in the household, respondents without a primary care provider, residents without stable housing, and those who don't have enough to meet basic expenses. Just a small percentage of respondents, 1.0%, use **Steel Valley Regional Transit** when they need to go somewhere. Other modes of transportation were used much less often: **bike** (0.8%), **borrowing a car** (0.5%), and **other** (1.0%).

Type of Transportation Used Most Often

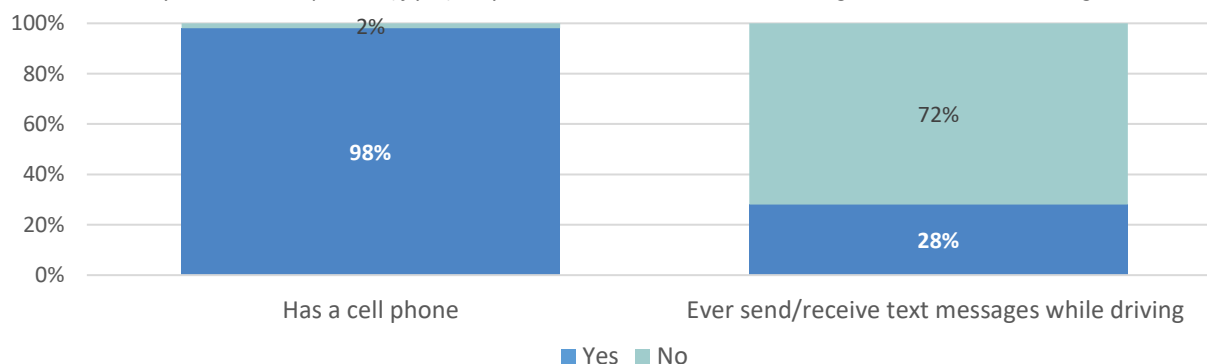
How do you regularly get to where you need to go MOST often?



The majority of respondents, 98.2%, have a cell phone. More than a quarter of those with a cell phone, 28.3%, reported ever sending or receiving text messages or e-mails while driving. Groups of residents more likely to send and/or receive text messages when driving include respondents ages 18 to 44, residents with an annual income over \$75,000, those who are employed full-time, and respondents with children in the home.

Texting while Driving

Do you have a cell phone? (If yes) Do you ever send or receive text messages or emails while driving?

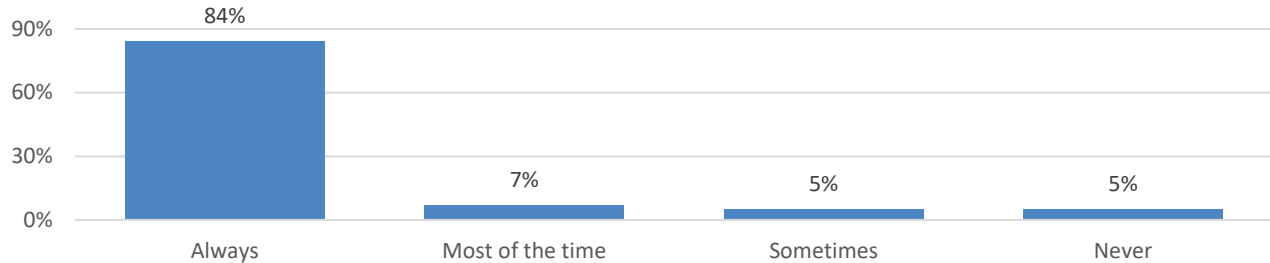




Next, respondents were asked how often they use a seat belt while driving or riding in a car. Most respondents, 84.3%, reported they always wear a seatbelt. A small portion, 6.5%, said most of the time, 4.8% sometimes, 2.8% rarely, and 1.8% reporting they never wear a seatbelt. Groups of residents more likely to NOT always wear a seatbelt include males, respondents ages 18 to 44, single residents, renters, those without a primary care provider, residents without stable housing, and respondents who don't have enough to meet basic expenses.

How Often Use Seat Belt

How often do you use a seat belt when you drive or ride in a car?



SECONDARY DATA ANALYSIS

Driving alone to work is the percentage of the workforce that usually drives alone to work. The numerator is the number of workers who commute alone to work via a car, truck, or van. The denominator is the total workforce. Driving alone to work is an indicator of poor public transit infrastructure and sedentary behaviors. The majority of the workforce in Jefferson County, 82%, drives alone to work and this percentage has decreased slightly over time.

Driving Alone to Work: % of the workforce that drives alone to work

	2018	2019	2020	2021	2022	% Change
Jefferson County	84%	84%	82%	83%	82%	-2%
Ohio	83%	83%	82%	80%	78%	-5%
United States	76%	76%	75%	73%	72%	-4%

SOURCE: County Health Rankings, Original Source: American Community Survey 5-year estimates

Among workers who commute in their car alone, the percentage that commute more than 30 minutes in Jefferson County was 31%, the same as the state percentage.

Long Commute Driving Alone to Work: % of that drives alone to work that commute <30 minutes

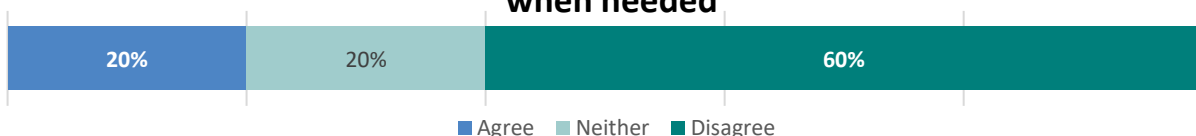
	2018	2019	2020	2021	2022	% Change
Jefferson County	31%	32%	33%	31%	31%	0%
Ohio	31%	31%	31%	31%	31%	0%
United States	36%	37%	37%	37%	36%	0%

SOURCE: County Health Rankings, Original Source: American Community Survey 5-year estimates

COMMUNITY PARTNER SURVEY

Only a fifth of community partners, 20.0%, agreed, "Transportation for medical appointments is available for residents in Jefferson County when needed." More than half, 60.0%, disagreed with 20.0% strongly disagreeing.

Transportation for medical appointments is available for residents when needed





HOUSING

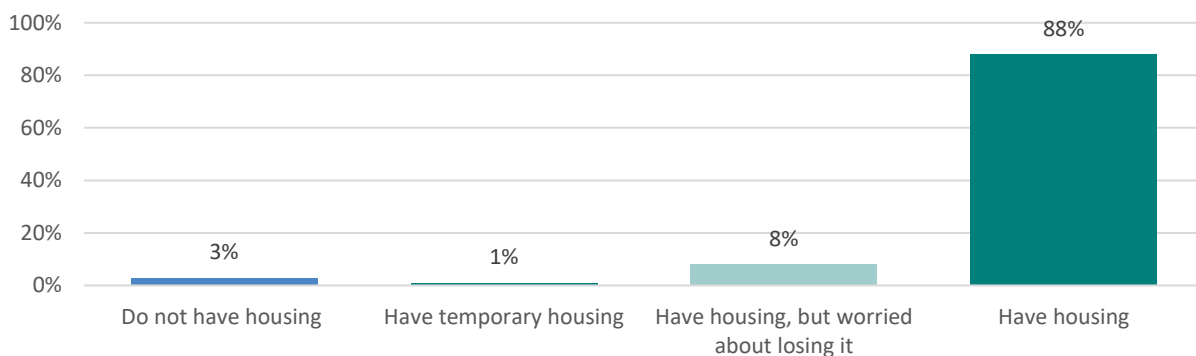
COMMUNITY SURVEY

Summary: Housing			
		%	#
Housing situation today	Do not have housing	3.3%	400
	Have temporary housing	1.3%	
	Have it, but worried about losing	7.8%	
	Have housing	87.8%	
Have problems in place live in with..	Mold	11.0%	400
	Rodents such as mice or rats	8.0%	
	Smoke detector issues	8.0%	
	Water leaks	5.8%	
	Bug infestation	5.8%	
	Other	5.8%	
	Inadequate heat/oven, stove	4.0%	
	Lead paint or pipes	3.5%	
	Unsafe water supply	1.5%	
	No Housing problems	70.8%	

The majority of respondents, 87.8%, indicated they have housing. Less than a tenth of respondents, 7.8%, have housing but are worried about losing it. A small number, 3.3%, do not have housing and are staying at a hotel, shelter, friend's house or on the street and even fewer, 1.3%, have temporary housing such as a tent or camper. Groups of residents more likely to not have housing, have temporary housing, or are worried about losing housing include respondents ages 18 to 44, those with a high school diploma or less education, residents with an annual income under \$25,000, respondents who are single or divorced, unemployed residents, renters, those with someone in their household with a disability, respondents with children in the home, those without reliable transportation, residents without a primary care provider or health insurance, and those with just enough to meet basic expenses or less.

Housing Situation Today

What is your housing situation today?

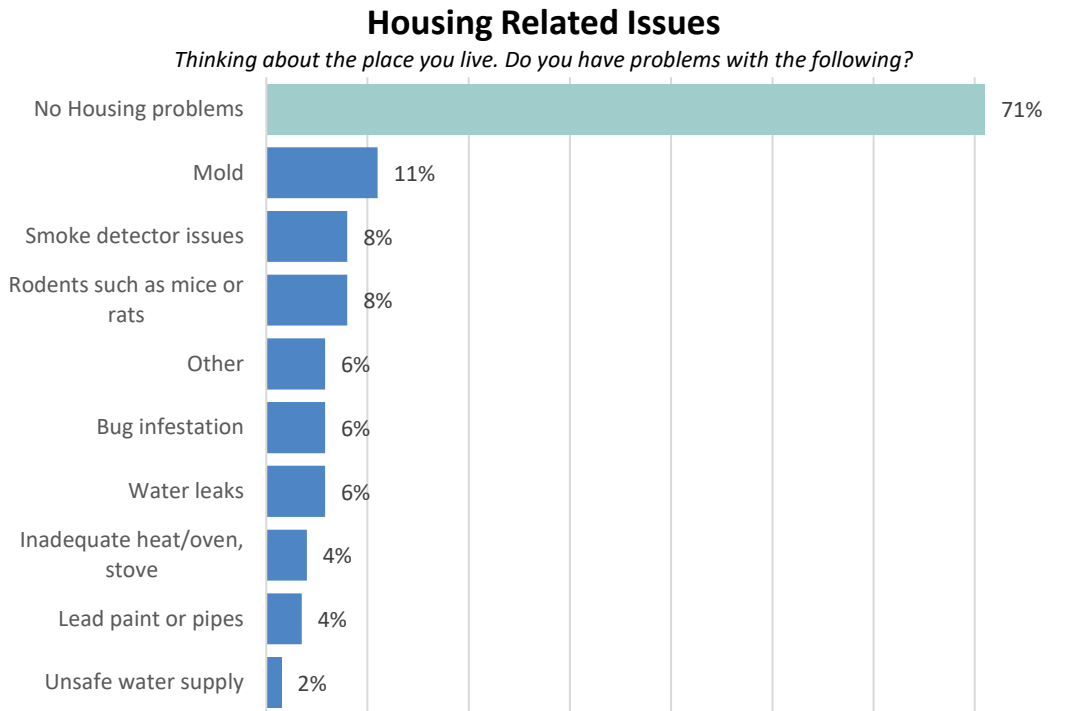


Respondents were asked where they live, and if they have any problems with a list of eight situations. More than a tenth, 11.0% have a problem with mold and nearly one in ten respondents, 8.0%, have a problem with rodents such as mice or rats or no or not working smoke detectors. Slightly fewer, 5.8%, have issues with water leaks or bug infestation such as insects, cockroaches, bedbugs, mosquitos or ticks. Less than one in twenty residents had the following issues: inadequate heat or oven or stove not working (4.0%), lead paint or pipes (3.5%), or unsafe water supply (1.5%). Less than three-quarters of residents, 70.8%, did not have any of the listed issues. Groups of residents more likely to have





one or more of these issues include respondents ages 18 to 44, residents with an annual income under \$25,000, respondents who are single or divorced, residents who are unemployed or employed part-time, renters, non-Steubenville residents, those with someone in their household with a disability, respondents with children in the home, residents without health insurance, respondents without reliable transportation, and those with just enough to meet basic expenses or less.



SECONDARY DATA

Nearly three-quarters of housing units in Jefferson County, 71.1%, are owner occupied while 28.9% are renter occupied. The percentage of vacant houses is slightly higher in Jefferson County (13.7%) than Ohio (8.8%). The median value of a house in Jefferson County (\$115,100) is significantly lower than the state (\$183,300). Monthly expenses for both homeowners renters are considerably lower in Jefferson County than the state.

Housing Data, 2024

	% Owner Occupied	% Renter Occupied	% Vacant	Median Year Built	Median Value	Median Gross Rent	Median Monthly Owners Cost
Jefferson County	71.1%	28.9%	13.7%	1958	\$115,100	\$760	\$1,092
Ohio	66.8%	33.2%	8.8%	1970	\$183,300	\$945	\$1,429

SOURCE: Ohio Development Services Agency, Ohio County Profiles

The mortgage loan denial rate is moderately higher in Jefferson County (19.6%) than the State (16.2%). Mortgage loan denial rate is the percentage of total mortgage loan applications denied by lenders. Applications include pre-approval requests. Applications approved but not accepted are counted as approved. Applications withdrawn by applicant, files closed for incompleteness, and loans purchased by a financial institution are excluded from the analysis.

Severe mortgage burden is also high in Jefferson County than that state, 9.62% compared to 8.38%. Severe mortgage burden is defined as an owner-occupied household spending at least 50 percent of income on homeowner costs or having no income. Severe rent burden is defined as a renter household spending at least 50 percent of household income on gross rent or having no income.





Nearly one in ten households in Jefferson County, 8.91%, rely on the Home Energy Assistance Program (HEAP) to help with the cost of utilities; this is much higher than the state average of 4.87%.

Additional Housing Data					
	Mortgage Loan Denial Rate	Severe Mortgage Burden	Severe Rent Burden	% of Households in HEAP	Median Year Moved into Unit
Jefferson County	19.6%	9.62%	24.9%	8.91%	2006
Ohio	16.2%	8.38%	24.7%	4.87%	2011

SOURCE: OHFA, 2024 Ohio Housing Needs Assessment

Jefferson County's 90-day delinquency rate is higher than the state average, 3.04% compared to 1.78%. The foreclosure rate is also higher in the county than the state, 0.91% compared to 0.58%. On the other hand, the eviction filing rate is lower in Jefferson County than the state 2.58% compared to 6.43%. The eviction filing rate is the number of new eviction filings per 100 renter-occupied households. Only a small percent of students in Jefferson County, 0.45%, meet the McKinney-Vento definition of homeless: lacking a fixed, regular, adequate nighttime residence.

Housing Insecurity				
	90-Day Delinquency Rate	Foreclosure Rate	Eviction Filing Rate	Homeless Students
Jefferson County	3.04%	0.91%	2.58%	0.45%
Ohio	1.78%	0.58%	6.43%	1.52%

SOURCE: OHFA, 2024 Ohio Housing Needs Assessment

More than three quarters of housing units in Jefferson County, 78.1%, are single-detached dwellings, slightly higher than the state percentage, 69.2%. The percentage of housing units that are mobile homes are also almost twice as high in Jefferson County than the state of Ohio, 6.21% compared to 3.44%.

Housing Stock				
	Change in # of Housing Units, 2020-2022	Single-Detached	Units of Multi-family Properties	Mobile Homes
Jefferson County	-0.22%	78.1%	7.76%	6.21%
Ohio	+0.90%	69.2%	14.81%	3.44%

SOURCE: OHFA, 2024 Ohio Housing Needs Assessment

ENVIRONMENTAL QUALITY

SECONDARY DATA

The table below represents the average daily amount of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers. These particles can be directly emitted from sources such as forest fires, or they can form when gases emitted from power plants, industries and automobiles react in the air. Particulate matter has been getting slightly better in the county since 2012 and is slightly higher than the state and national average.

Air Pollution - Particulate matter						
	2012	2014	2016	2018	2019	% Change
Jefferson County	11.2	11.5	12.2	8.9	9.2	-2.0
Ohio	11.3	11.5	9.0	9.0	8.9	-2.4
United States	-	8.6	7.2	7.5	7.4	-1.2

SOURCE: County Health Rankings, Original Source: Environmental Public Health Tracking Network





SAFETY, INJURY AND VIOLENCE

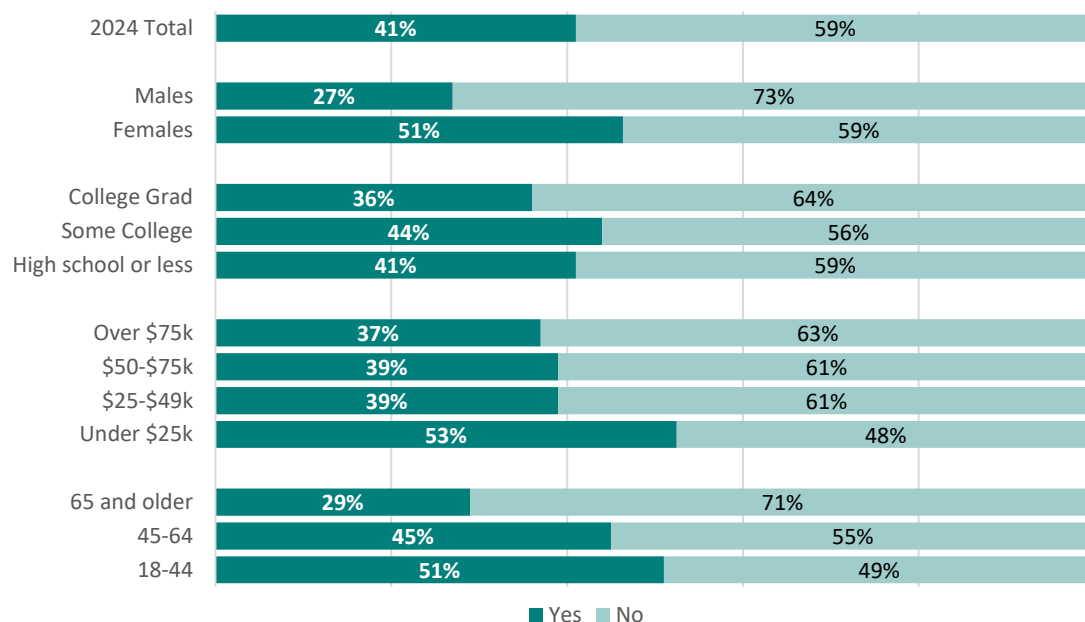
COMMUNITY SURVEY

Summary: Abuse and Gun Safety			
		% of residents	# of residents
Ever been abused		41.3%	400
Been abused by (of those who have been abused in past)	By a spouse	57.0%	235
	By another person outside of home	38.2%	
	By a parent	37.6%	
	By a child	3.0%	
	By a paid caregiver	1.2%	
How abused (of those who have been abused in past)	Verbally	73.9%	235
	Emotionally	73.3%	
	Physically	57.0%	
	Sexually	46.1%	
	Financially	24.8%	
Firearms kept in or around home		48.2%	400
Firearms locked and loaded (those with firearms)	Firearms locked	75.4%	191
	Firearms loaded	30.7%	

Less than half of residents, 41.3%, reported being physically, sexually, emotionally, financially, or verbally abused sometime in their lifetime. Groups of residents more likely to have been abused in the past include females, respondents ages 18 to 44, those who are single or divorced, residents who are unemployed or employed full-time, renters, respondents with someone in the household with a disability, those who report being underweight, residents without stable housing, and respondents with just enough to meet basic expenses or less.

Ever Abused

Were you EVER physically, sexually, emotionally, financially or verbally abused?

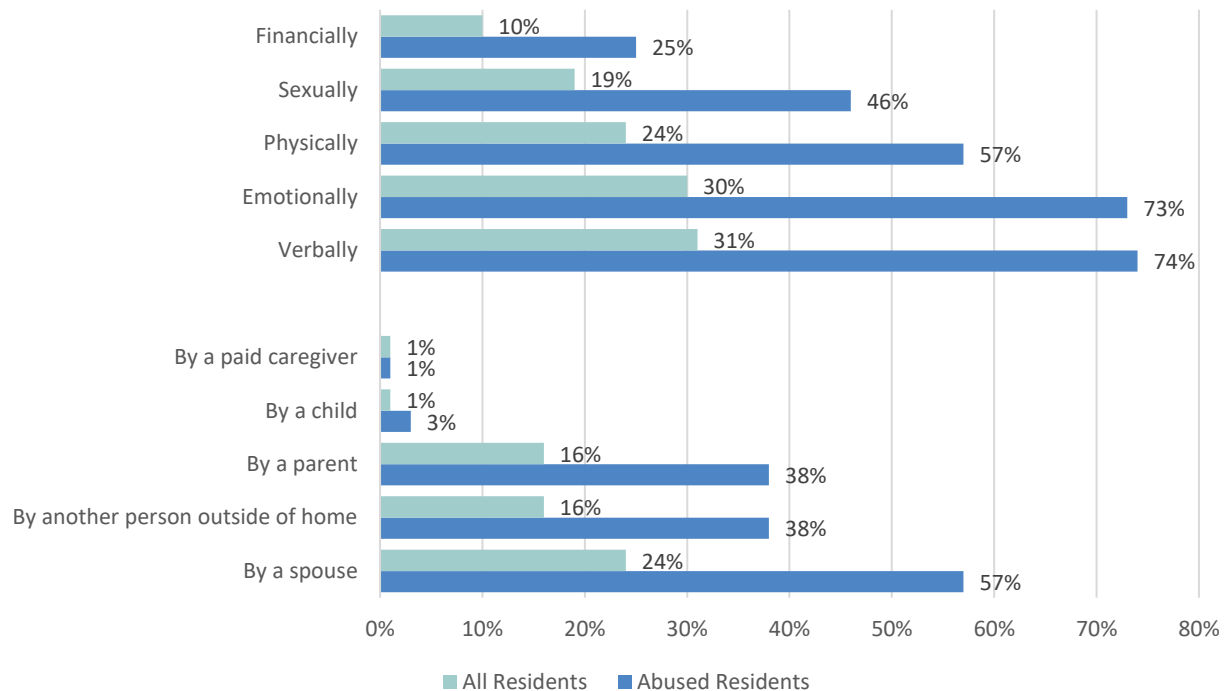




Respondents who had been abused in the past, 41.3% of all residents, were asked a couple of follow-up questions. First, in terms of who abused the resident, the most common response was by a spouse, given by 57.0% of abused respondents. Other abusers include another person outside of the home (38.2%), by a parent (37.6%), by a child (3.0%), and by a paid caregiver (1.2%). The most common forms of abuse were verbal abuse (73.9% of abused residents) and emotional abuse (73.3%). Other types of abuse include emotional physical (57.0%), sexual (46.1%), and financial abuse (24.8%).

Abused: By who and abuse type

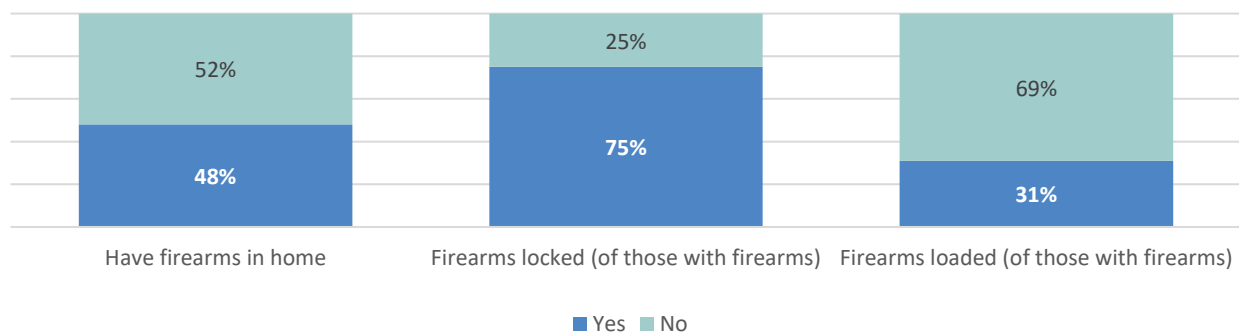
Were you ever abused by any of the following? How were you abused?



Less than half, 48.2%, of residents currently keep firearms in or around their home. Of those with firearms, three-quarters, 75.4%, keep them locked and 30.7% keep them loaded. Groups of residents more likely to have firearms in or around their home include males, respondents ages 65 and older, those with some college or more education, residents with an annual income of \$75,000 or more, married residents, those who are retired or employed full-time, homeowners, veteran households, residents with stable housing and reliable transportation, and those who live comfortably.

Firearms in Home

*Are any firearms now kept in or around your home?
IF YES: Are the firearms locked? Are the firearms loaded?*





SECONDARY DATA ANALYSIS

The death rate for unintentional injuries in Jefferson County has increased between 2019 to 2023. Homicides are rare in Jefferson County with less than five in each of past four years.

Injury and Homicide Death Rate (*death per 100,000 population*)

	Jefferson County						Ohio					
	2019	2020	2021	2022	2023	Change	2019	2020	2021	2022	2023	Change
Accidental	68.7	80.1	73.9	101.6	72.4	+3.7	72.0	81.3	85.3	83.5	80.5	+8.5
Homicide	7.6	-	-	-	-		6.5	8.9	9.1	8.4	7.7	+1.2

SOURCE: Ohio Department of Health, ODH Data Warehouse *Indicates rates have been suppressed for counts <10, ^change based off 2017 to 2020-
* - Indicates that the cell value has been blinded to protect confidentiality.

The firearm fatality rate, or number of deaths due to firearms per 100,000 population, is considerably in Jefferson County (18) than both the state (14) and national (13) rate.

Firearm Fatality Rate

	2017	2018	2019	2020	2021	% Change
Jefferson County	16	17	19	19	18	+12.5%
Ohio	12	13	13	14	14	+16.7%
United States	11	12	12	12	13	+18.2%

SOURCE: County Health Rankings, Original Source: National Center for Health Statistics

The rate of delinquency cases per 1,000 juveniles is higher in Jefferson County than the state, 26 compared to 22. In addition, the juvenile delinquency rate in Jefferson County has increased over the past four years in which data is available while the state rate has significantly decreased.

Juvenile Delinquency Rate

	2017	2018	2019	2021	% Change
Jefferson County	24	17	17	26	+8.3%
Ohio	42	38	33	22	-47.6%

SOURCE: County Health Rankings, Original Source: Easy Access to State and County Juvenile Court Case Counts

The table below shows the number of youths under age 18 adjudicated for felony-level offenses over a five-year period. The rate is the number of adjudications per 1,000 youths in the population. The rate of youth adjudicated for felonies was slightly higher in Jefferson County than the state, 1.4 compared to 1.1. Overall, 18 youths in Jefferson County were adjudicated for felony-level offenses in 2022. This number has been steadily decreasing over the past few years.

Adolescents Adjudicated for Felonies

	2018	2019	2020	2021	2022	Change
Jefferson County						
Number	26	23	21	21	18	-30.8%
Rate	2.1	1.8	1.7	1.7	1.4	-1.7
Ohio						
Number	4,195	3,635	3,075	3,075	2,825	-32.7%
Rate	1.6	1.4	1.2	1.2	1.1	-0.5

The # of those under age 18 adjudicated for felony-level offenses. The rate is the number of adjudications per 1,000 adolescents in the population.

SOURCE: Kids Count Data Center





In SFY 2023, a total of 244 reports were screened in by Children Services. The most common type of report was a family in need of services (34%) followed by physical abuse (23%) and neglect (22%).

Children Services Profile, SFY 2023				
		Jefferson County	Ohio	Difference
Reports Screened in by agency		244	84,524	-
By Type	Physical abuse	23%	31%	-8%
	Neglect	22%	24%	-2%
	Sexual Abuse	14%	8%	+6%
	Emotional Maltreatment	0%	1%	-1%
	Multiple Allegations	5%	20%	+15%
	Family in need of services	34%	14%	+20%
By Category	Abuse/Neglect (traditional response)	30%	46%	-16%
	Abuse/Neglect (alternative response)	37%	40%	-3%
	Dependency	16%	5%	+11%
	Family in need of services	18%	9%	+9%
SOURCE: Public Children Services Association of Ohio (PCSAO,) PCSAO Factbook				

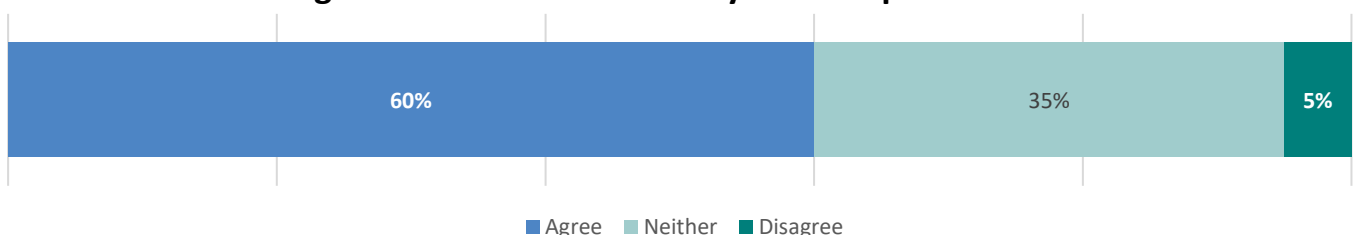
The number of substantiated reports of child abuse and neglect, including emotional maltreatment, neglect, physical abuse, and sexual abuse, in Jefferson County was 40 in 2021, a decrease over the past five years. The rate, or number of substantiated reports of child abuse and neglect per 1,000 children in the population, is more than half the size of the state rate; 3.2 compared to 6.9.

Children Abused and Neglected						
	2017	2018	2019	2020	2021	Change
Jefferson County						
Number	48	42	38	52	40	-16.7%
Rate	3.7	3.3	3.0	4.2	3.2	-0.5
Ohio						
Number	18,991	19,193	19,571	17,608	17,878	-5.9%
Rate	7.3	7.4	7.6	6.8	6.9	-0.4
The # of those under age 18 adjudicated for felony-level offenses. The rate is the number of adjudications per 1,000 adolescents in the population.						
SOURCE: Kids Count Data Center, Original Source: Children's Defense Fund- Ohio						

COMMUNITY PARTNER SURVEY

More than half, 60.0%, of community partners agreed, "Jefferson County is a safe place to live," with 10.0% strongly agreeing. A small percentage, 5.0%, disagreed.

Agreement: Jefferson County is a safe place to live





REPRODUCTIVE AND SEXUAL HEALTH

SECONDARY DATA ANALYSIS

The Gonorrhea rate is the number of persons per 100,000 population with Gonorrhea. While the rate in Jefferson County has increased over the past five years, it is still significantly lower than the state rate.

Gonorrhea Rate						
	2019	2020	2021	2022	2023	Change
Jefferson County	81.1	123.2	145.9	133.7	96.4	+15.3
Ohio	223.8	262.5	237.4	195.8	168.8	-55.0
Source: Ohio Department of Health, STD Surveillance						

The Chlamydia rate is the number of persons per 100,000 population with Chlamydia. The Chlamydia rate for Jefferson County is considerably lower than the state's rate and has been steadily decreasing over the past five years.

Chlamydia Rate						
	2019	2020	2021	2022	2023	Change
Jefferson County	339.8	306.4	284.1	199.5	250.3	-89.5
Ohio	561.8	505.1	481.7	464.5	464.2	-97.6
Source: Ohio Department of Health, STD Surveillance						

The Syphilis rate is the number of persons per 100,000 population with Syphilis. The Syphilis rate for Jefferson County is considerably lower than the state's rate. Also, the rate has been increasing in the county but at a lower rate than the state.

Syphilis Rate						
	2019	2020	2021	2022	2023	Change
Jefferson County	3.1	4.6	9.2	9.3	9.3	+6.2
Ohio	17.3	20.9	33.8	45.2	42.3	+25.0
SOURCE: Ohio Department of Health, STD Surveillance						



Appendix: Survey Results by Income

Summary: Community Needs					
		All	Under \$25k	\$25-\$75k	Over \$75k
Seriousness of Problems in Jefferson County (% rating it as very or moderately serious)	Heroin or other illegal drug use	95.2%	89.9%	94.9%	98.3%
	Mental health	93.0%	92.5%	94.9%	89.7%
	Obesity and healthy choices*	91.3%	81.5%	93.9%	93.0%
	Unemployment	87.3%	85.0%	85.6%	90.4%
	Youth vaping	85.5%	88.8%	83.1%	83.5%
	Availability of affordable housing*	84.0%	90.0%	87.2%	73.0%
	Crime and violence	80.5%	81.3%	80.5%	76.7%
	Homelessness	79.1%	81.0%	79.2%	73.9%
	Access to health care*	68.5%	75.0%	73.5%	54.3%
	Underage drinking	66.8%	69.6%	65.8%	64.3%
	Access to dental care*	65.3%	79.7%	64.9%	50.9%
	Transportation*	60.8%	77.5%	60.7%	48.7%
	Resources/Services for Seniors*	58.4%	68.8%	55.7%	50.9%
Sought assistance in past year for...	Food*	18.0%	44.3%	15.3%	7.0%
	Utilities*	13.0%	36.3%	9.7%	3.4%
	Mental health issues*	13.0%	28.8%	12.2%	5.2%
	Medicare or other health insurance*	11.8%	16.3%	14.3%	4.3%
	Healthcare*	10.3%	16.3%	10.8%	4.3%
	Dental care*	8.8%	17.5%	9.2%	3.5%
	Prescription assistance	7.8%	13.8%	6.1%	7.0%
	Transportation*	7.3%	20.0%	5.1%	2.6%
	Home repair*	6.5%	10.0%	6.1%	5.2%
	Addiction services	5.8%	10.0%	4.6%	7.0%
	Clothing*	5.3%	13.8%	5.6%	--
	Rent/mortgage assistance*	4.3%	10.0%	4.1%	2.6%
	Employment	3.5%	6.3%	3.1%	4.3%
	Shelter*	3.3%	10.0%	2.0%	1.7%
	Legal aid services*	3.0%	8.8%	1.5%	2.6%
	Childcare	2.8%	5.0%	3.1%	1.7%
	Unsafe structural issue with housing*	1.0%	3.8%	0.5%	--
	Unplanned pregnancy	0.0%	--	--	--
	None of the above*	57.5%	27.5%	58.2%	74.1%

Summary: Caregiving and Senior Needs

		<i>All</i>	<i>Under \$25k</i>	<i>\$25-\$75k</i>	<i>Over \$75k</i>
Responsible for Providing Regular Care or Assistance	Elderly parent or loved one	11.3%	10.0%	9.2%	12.2%
	Grandchildren	8.5%	7.5%	8.7%	6.0%
	Someone with physical/mental health problem	6.0%	7.5%	7.2%	4.3%
	An adult child	5.0%	6.3%	6.6%	2.6%
	Children with severe behavioral issues	3.0%	5.0%	3.1%	2.6%
	Someone with special needs	2.8%	7.5%	7.2%	4.3%
	A foster child or child temporary guardian of	0.5%	--	1.0%	--
	Not responsible for caregiving	71.8%	72.5%	68.9%	79.1%
Someone provides assistance to them		14.0%	22.5%	14.4%	10.4%
Challenges facing seniors <i>(% major or moderate challenge)</i>	Having enough money to meet daily expenses	81.5%	86.3%	81.6%	76.5%
	Maintaining a healthy diet	73.0%	79.5%	72.2%	69.3%
	Having safe and affordable housing	70.3%	78.8%	70.4%	63.8%
	Not knowing what services are available	69.4%	76.5%	69.7%	61.2%
	Being a victim of fraud or a scam	68.0%	71.3%	65.8%	69.6%
	Feeling depressed, lonely or isolated	67.9%	73.8%	66.3%	64.3%
	Maintaining home and yard	66.7%	76.3%	66.8%	60.3%
	Dealing with public programs	63.3%	62.5%	66.3%	56.9%
	Getting needed healthcare	63.3%	67.5%	62.6%	60.9%
	Having safe and affordable transportation*	62.2%	72.5%	59.7%	55.2%
	Providing care for another person	56.1%	57.5%	56.9%	52.6%

Summary: Personal Health Status

		<i>All</i>	<i>Under \$25k</i>	<i>\$25-\$75k</i>	<i>Over \$75k</i>
Personal description of health*	Excellent/Good	61.6%	37.5%	59.4%	80.2%
	Fair	28.8%	38.8%	33.0%	15.5%
	Poor/Very Poor	9.8%	23.8%	7.6%	4.3%
Number of days in past month that PHYSICAL health was not good*	Average number of days not well	7.79	12.54	7.43	7.65
	None	34.1%	26.9%	32.1%	39.1%
	1-5	31.3%	12.8%	35.2%	42.6%
	6-20	20.3%	35.9%	19.9%	9.6%
	More than 20	14.3%	24.4%	12.8%	8.7%
Number of days in past month that MENTAL health was not good*	Average number of days not well	7.51	12.86	7.31	7.66
	None	36.5%	20.8%	38.3%	43.9%
	1-5	26.6%	18.2%	25.9%	32.5%
	6-20	24.4%	32.5%	25.4%	16.7%
	More than 20	12.4%	28.6%	10.4%	7.0%

Summary: Insurance Coverage					
		All	Under \$25k	\$25-\$75k	Over \$75k
Currently has health insurance		95.8%	92.5%	94.4%	98.3%
Type of Insurance coverage* (of those with insurance)	Private insurance- employer paid	35.2%	4.0%	33.3%	62.1%
	Private insurance- self paid	6.5%	2.7%	8.1%	6.9%
	Medicare	35.5%	46.7%	37.1%	19.0%
	Medicaid	18.0%	42.7%	17.7%	5.2%
	Medical Cost Sharing Plan	0.5%	--	0.5%	0.9%
	VA Coverage or Military Coverage	1.6%	2.7%	1.1%	1.7%
	Other	2.6%	1.3%	2.2%	4.3%
Services covered by insurance (of those with insurance)	Preventative or routine medical care*	89.3%	78.4%	88.1%	95.6%
	Hospitalization*	89.3%	83.8%	84.9%	95.6%
	Prescription assistance	88.7%	85.3%	87.0%	91.2%
	Emergency room care*	87.7%	85.1%	83.8%	93.9%
	Vision services*	75.9%	86.5%	70.3%	80.7%
	Dental services*	73.0%	82.7%	65.4%	83.3%
	Mental health*	62.6%	64.0%	53.5%	78.1%
	Alcohol and drug treatment*	44.8%	39.2%	36.8%	64.9%
	Prenatal/maternity*	42.1%	33.3%	37.6%	59.6%
	Home Care*	39.8%	38.7%	32.4%	47.4%
	Family planning (birth control)*	38.5%	34.7%	31.9%	54.4%
	Long term care	37.4%	42.7%	34.1%	42.1%
	Hospice*	29.8%	28.0%	22.7%	40.4%
Summary: Access to Health Care					
Have primary care provider*		90.3%	81.3%	88.8%	96.5%
Length of time since last routine check-up	Within past year	82.8%	76.3%	82.1%	87.0%
	Within past 2 years	9.8%	12.5%	10.8%	5.2%
	Within past 5 years	1.8%	1.3%	2.6%	2.6%
	5 or more years ago	5.3%	7.5%	4.6%	5.2%
	Never	0.5%	2.5%	--	--
Where receive health care most often*	Primary care or family doctor	77.2%	66.7%	77.4%	79.1%
	Emergency room	9.0%	21.0%	7.7%	4.3%
	Stat Care	8.5%	8.6%	9.7%	7.8%
	VA hospital	1.3%	2.5%	1.5%	--
	Telemedicine	1.3%	--	1.0%	2.6%
	Something else not mentioned	0.8%	--	--	2.6%
	Community health center	0.8%	--	1.0%	1.7%
	Free clinic	0.8%	1.2%	1.0%	--
	Health department clinic	0.5%	--	1.7%	0.5%
Able to visit a doctor when needed*	Always	68.5%	46.9%	70.4%	76.5%
	Sometimes	25.8%	43.2%	21.9%	22.6%
	Seldom	4.8%	4.9%	7.1%	0.9%
	Never	1.0%	4.9%	0.5%	--
Needed to go outside of county for healthcare*		44.8%	25.0%	43.9%	55.7%
Services needed unable to get in past 2 years		20.0%	22.5%	18.9%	18.3%

Summary: Mental Health					
		All	Under \$25k	\$25-\$75k	Over \$75k
During past 12 months...	Felt sad or hopeless 2+ weeks	30.8%	56.3%	32.1%	16.5%
	Ever seriously consider suicide*	9.5%	17.5%	6.7%	12.1%
Do you know someone who...	Has died by suicide	54.3%	51.3%	53.1%	62.9%
	Has talked about thoughts of suicide	40.5%	46.3%	38.8%	44.0%
	Has attempted suicide, but did not die	28.3%	31.3%	29.1%	31.0%
Stress level on typical day	Low	36.0%	28.8%	34.2%	44.0%
	Moderate	43.5%	45.0%	44.4%	39.7%
	High	20.5%	26.3%	21.4%	16.4%
Medical Professional Ever Diagnosed someone in household with...	Depression*	46.3%	63.8%	46.9%	40.0%
	Anxiety disorder such as OCD or panic	40.3%	41.3%	41.3%	40.9%
	ADD/ADHD	15.8%	18.8%	13.3%	19.0%
	Bipolar	15.3%	25.0%	15.8%	13.0%
	Alcohol/Substance Abuse/Dependence	13.0%	21.3%	11.7%	13.0%
	Posttraumatic stress disorder	12.8%	18.8%	13.3%	7.8%
	Seasonal affective disorder	7.8%	6.3%	8.2%	9.6%
	Postpartum depression	5.5%	3.8%	8.2%	4.3%
	Eating disorder	5.0%	6.3%	7.1%	2.6%
	Developmental disability	2.3%	1.3%	2.6%	2.6%
	Schizophrenia*	2.0%	5.0%	2.0%	--
	Problem gambling	1.0%	2.5%	1.0%	0.9%
	Other mental health disorder	0.8%	2.5%	1.0%	--
Social Connectiveness- How often see people care about*	Less than once a week	19.0%	38.8%	16.4%	11.3%
	1 to 2 times a week	22.6%	23.8%	20.5%	23.5%
	3 to 5 times a week	19.3%	13.8%	21.5%	21.7%
	More than 5 times a week	39.1%	23.8%	41.5%	43.5%

Summary: Dental Care

		All	Under \$25k	\$25-\$75k	Over \$75k
Length of time since last visited the dentist*	Within past year	52.0%	42.5%	43.4%	65.5%
	Within past 2 years	20.0%	22.5%	23.5%	16.4%
	Within past 5 years	8.8%	7.5%	9.2%	9.5%
	5 or more years ago	17.0%	23.8%	20.4%	8.6%
	Never	2.3%	3.8%	3.6%	--
Currently have dental issues that need addressed*	Yes and unable to get care needed	14.0%	23.8%	15.3%	6.1%
	Yes and able to get care needed	21.5%	26.3%	22.4%	16.5%
	No	64.5%	50.0%	62.2%	77.4%

Summary: Smoking and Tobacco Use

		<i>All</i>	<i>Under \$25k</i>	<i>\$25-\$75k</i>	<i>Over \$75k</i>
Tobacco usage*	Everyday	25.3%	54.4%	20.4%	16.4%
	Some days	6.0%	2.5%	7.1%	8.6%
	Not at all	68.8%	43.0%	72.4%	75.0%
Electronic Cigarette/Vape Usage	Everyday	10.8%	20.0%	12.8%	6.1%
	Some days	6.0%	8.8%	5.1%	7.8%
	Not at all	83.3%	71.3%	82.1%	86.1%

Summary: Alcohol Use

Alcohol consumption*	Never	50.3%	61.3%	53.3%	34.8%
	1-2 days	24.5%	20.0%	25.4%	27.8%
	3-5 days	9.5%	7.5%	8.6%	12.2%
	6 days or more	16.3%	11.3%	12.7%	25.2%
# of days had 5+ drinks past month (men)*	None	74.4%	75.7%	78.5%	65.0%
	1	9.1%	5.4%	14.0%	6.7%
	2 or more	16.5%	18.9%	7.5%	28.3%
# of days had 4+ drinks past month (women)	None	80.8%	81.4%	82.5%	73.7%
	1	10.7%	14.0%	7.8%	15.8%
	2 or more	8.5%	4.7%	9.7%	10.5%
Driven after drinking alcohol in past month		9.0%	3.8%	10.7%	12.2%
Feel it is okay to drink alcohol under the age of 21 if not driving		28.0%	23.8%	28.6%	31.0%

Summary: Substance Use

		<i>All</i>	<i>Under \$25k</i>	<i>\$25-\$75k</i>	<i>Over \$75k</i>
During the last 6 month, anyone in household use...	Marijuana	28.0%	40.0%	29.1%	26.7%
	Cocaine or crack	3.8%	7.5%	2.6%	3.5%
	Amphetamines, methamphetamines, or speed	3.8%	8.8%	3.1%	3.4%
	Something else	1.0%	--	2.0%	--
	Fentanyl	0.8%	--	0.5%	1.7%
	Heroin	0.5%	--	0.5%	0.9%
	LSD or other hallucinogens	0.3%	1.3%	--	--
	Ecstasy or GHB	0.0%	--	--	--
	Inhalants	0.0%	--	--	--
	None of the above	71.0%	58.8%	69.9%	72.4%
In past year...	Taken any prescription medications	84.5%	77.5%	83.2%	85.3%
	Taken prescriptions not belonging to them	4.3%	3.8%	5.1%	3.5%
	Taken prescriptions different than prescribed	4.0%	9.7%	4.3%	3.1%
How typically get rid of leftover or unused prescription medication	Take them to a Take Back Center or event	30.8%	19.8%	32.3%	33.3%
	Keep them in case you need them in the future	29.1%	30.9%	30.3%	28.1%
	Throw them in the trash	18.8%	17.3%	17.9%	21.9%
	Flush them down the toilet	17.0%	25.9%	15.4%	14.0%
	Something else	4.3%	6.2%	4.1%	2.6%
Someone needed drug or alcohol treatment in past year		14.0%	16.5%	11.8%	17.4%

Summary: Child Health

		<i>All</i>	<i>Under \$25k</i>	<i>\$25-\$75k</i>	<i>Over \$75k</i>
Children in home under 18		23.5%	25.0%	24.0%	31.9%
Children up to date on recommended vaccines	Yes	88.9%	76.2%	86.7%	91.4%
	No	6.7%	14.3%	6.7%	8.6%
	Don't know	4.4%	9.5%	6.7%	--
Children get annual well checkups		95.7%	100.0%	95.7%	94.6%

Summary: Healthy Living- Weight, Exercise, and Sleep

		<i>All</i>	<i>Under \$25k</i>	<i>\$25-\$75k</i>	<i>Over \$75k</i>
Exercise in past month*		63.8%	52.5%	62.8%	76.7%
Self-described weight	Overweight	61.3%	50.6%	58.4%	68.1%
	About right	34.0%	44.4%	36.0%	29.3%
	Underweight	4.8%	4.9%	5.6%	2.6%
Thought about or tried to lost weight		65.3%	57.0%	63.3%	71.6%
Average number of hours per day on activities	Watch TV	4.22	5.37	4.00	3.75
	Use social media	3.63	5.99	3.31	2.47
	Use Computer outside of work/school	2.70	3.89	2.61	2.03
	Use cellphone	3.41	4.25	3.59	2.71
	Sleep per 24 hour period	6.72	6.13	6.78	6.83
Avg. # of days did not get enough rest in past 30		12.25	15.62	11.57	11.37

Summary: Healthy Living- Food and nutrition

		<i>All</i>	<i>Under \$25k</i>	<i>\$25-\$75k</i>	<i>Over \$75k</i>
What makes it difficult to get food needed	Cost of food*	51.0%	66.3%	52.6%	39.7%
	Quality of food	21.3%	25.0%	19.4%	24.3%
	The season/weather	19.8%	20.0%	20.9%	19.8%
	Time for shopping	10.3%	11.3%	10.7%	12.1%
	Distance from the store*	17.5%	32.5%	16.3%	9.5%
	Safety	2.0%	2.5%	3.1%	0.9%
	Something else	3.5%	5.0%	2.6%	2.6%
How difficult to get fresh fruits & vegetables*	Very difficult	10.0%	23.8%	7.2%	4.3%
	Somewhat difficult	23.8%	31.3%	24.6%	19.8%
	Not at all difficult	66.3%	45.0%	68.2%	75.9%
# of restaurant or takeout meals a week*	None	28.5%	57.5%	27.0%	10.3%
	1-2 meals	53.0%	32.5%	53.1%	63.8%
	3-4 meals	14.3%	7.5%	13.8%	21.6%
	5 or more meals	4.3%	2.5%	6.1%	4.3%

Summary: Prevention, Testing and Screening

		<i>All</i>	<i>Under \$25k</i>	<i>\$25- \$75k</i>	<i>Over \$75k</i>
How long since: had blood cholesterol checked*	Within the past year	72.3%	67.5%	68.2%	77.6%
	Within the past 2 years	10.8%	7.5%	10.8%	12.9%
	Within the past 5 years	4.5%	2.5%	5.6%	4.3%
	5 or more years ago	4.0%	7.5%	3.6%	3.4%
	Never	8.5%	15.0%	11.8%	1.7%
How long since: had blood pressure checked	Within the past year	90.3%	85.0%	87.8%	94.8%
	Within the past 2 years	4.0%	7.5%	4.1%	3.5%
	Within the past 5 years	2.0%	1.3%	3.1%	0.9%
	5 or more years ago	1.8%	1.3%	2.6%	0.9%
	Never	2.0%	5.0%	2.6%	--
Have ever: had a colonoscopy (asked if 45 or older) *		75.9%	63.5%	71.2%	91.0%
Have ever: had a skin cancer exam*		38.8%	26.3%	33.7%	47.0%
Have ever: Tested for HIV		33.5%	37.5%	31.6%	37.9%
Have ever: had a clinical breast exam (Asked only of females)		84.2%	78.6%	80.4%	89.3%
Have ever: had a PAP smear (Asked only of females)		90.2%	81.4%	89.3%	93.0%
Perform breast self-exams* (asked only of females)	No	28.6%	51.2%	25.5%	16.1%
	Yes, every month, always	22.6%	14.0%	26.5%	23.2%
	Yes, but skip sometimes	16.2%	7.0%	16.7%	21.4%
	Yes, every so often	32.5%	27.9%	31.4%	32.8%
Have ever: test for prostate cancer (Asked only of males)		48.2%	33.3%	43.6%	54.2%
Vaccinations received	COVID-19*	64.5%	45.0%	65.8%	72.4%
	Measles vaccine in lifetime*	51.3%	38.8%	49.0%	62.1%
	Annual flu*	49.8%	27.5%	52.0%	52.6%
	Tetanus Booster*	52.3%	41.3%	48.0%	69.8%
	Chicken pox vaccine in lifetime	41.5%	40.0%	39.3%	43.5%
	Pneumonia vaccine in lifetime	39.3%	35.0%	40.8%	34.8%
	Hepatitis B vaccine in lifetime*	36.0%	22.5%	35.7%	47.4%
	Shingles vaccine in lifetime*	31.8%	20.0%	35.2%	28.7%
	Hepatitis A vaccine in lifetime	26.3%	21.3%	27.6%	31.9%
	HPV vaccine in lifetime	10.8%	15.0%	10.8%	12.1%
How often use sunscreen when outside*	Always/Very often	26.3%	12.5%	26.0%	30.2%
	Sometimes	29.8%	23.8%	28.6%	31.9%
	Rarely/Never	44.1%	63.8%	45.4%	37.9%

Summary: Chronic Disease Diagnosis- Them OR Someone in Household

	<i>All</i>	<i>Under \$25k</i>	<i>\$25-\$75k</i>	<i>Over \$75k</i>
High blood pressure	54.0%	52.5%	52.6%	55.7%
Arthritis	41.5%	45.0%	39.5%	34.8%
High cholesterol*	40.3%	32.5%	35.2%	49.6%
Diabetes	27.0%	27.5%	27.6%	23.3%
Asthma	17.5%	18.8%	16.8%	19.8%
Heart disease or heart attack	16.5%	20.0%	14.8%	18.1%
Any form of cancer	16.0%	8.8%	14.8%	20.9%
Respiratory disease*	12.3%	18.8%	10.7%	7.8%
Kidney disease	5.8%	7.5%	4.1%	6.9%
Stroke	4.8%	8.8%	4.6%	2.6%
Sexually transmitted disease	3.3%	2.5%	2.0%	6.9%
Alzheimer's/dementia	1.8%	1.3%	1.0%	1.7%

Summary: Transportation and Safe Driving

		<i>All</i>	<i>Under \$25k</i>	<i>\$25-\$75k</i>	<i>Over \$75k</i>
Have access to reliable transportation*		91.8%	75.0%	93.4%	99.1%
Type of transportation used MOST often*	Own car	80.3%	53.1%	78.7%	96.6%
	Walk	9.0%	18.5%	12.2%	--
	Family member/friend	7.5%	19.8%	6.1%	1.7%
	Bike	0.8%	4.9%	--	--
	Steel Valley Regional Transit	1.0%	1.2%	1.0%	1.7%
	Borrowed car	0.5%	--	1.0%	--
	Other	1.0%	2.5%	1.0%	--
Have a cell phone*		98.3%	95.0%	99.5%	98.3%
Ever send or received texts/emails while driving*		28.3%	13.2%	29.7%	40.4%
How often use a seat belt while driving or riding in a car	Always	84.3%	77.5%	85.2%	83.5%
	Most of the time	6.5%	7.5%	5.6%	8.7%
	Sometimes/Rarely	4.8%	15.0%	6.1%	7.0%
	Never	4.6%	--	3.1%	0.9%

Summary: Housing

		<i>All</i>	<i>Under \$25k</i>	<i>\$25-\$75k</i>	<i>Over \$75k</i>
Housing situation today*	Do not have housing	3.3%	8.9%	3.0%	--
	Have temporary housing	1.3%	2.5%	2.0%	--
	Have it, but worried about losing	7.8%	12.7%	8.6%	5.2%
	Have housing	87.8%	75.9%	86.3%	94.8%
Have problems in place live in with...	Mold*	11.0%	17.5%	10.2%	7.0%
	Rodents such as mice or rats	8.0%	8.8%	7.7%	8.7%
	Smoke detector issues	8.0%	12.5%	8.2%	6.0%
	Water leaks	5.8%	8.8%	6.1%	5.2%
	Bug infestation*	5.8%	11.3%	6.6%	1.7%
	Other*	5.8%	12.5%	4.6%	2.6%
	Inadequate heat/oven, stove*	4.0%	12.5%	3.1%	--
	Lead paint or pipes	3.5%	6.3%	4.1%	1.7%
	Unsafe water supply	1.5%	2.5%	1.0%	1.7%
	No Housing problems*	70.8%	55.0%	72.4%	75.0%

Summary: Abuse and Gun Safety

	<i>All</i>	<i>Under \$25k</i>	<i>\$25-\$75k</i>	<i>Over \$75k</i>
Ever been abused	41.3%	50.0%	38.3%	37.1%
Firearms kept in or around home*	48.2%	26.3%	46.1%	67.2%

Appendix: Survey Results by Age

Summary: Community Needs					
		All	18-44	45-64	65+
Seriousness of Problems in Jefferson County (% rating it as very or moderately serious)	Heroin or other illegal drug use	95.2%	92.1%	94.7%	97.5%
	Mental health	93.0%	93.7%	92.7%	91.1%
	Obesity and healthy choices*	91.3%	84.1%	91.4%	97.6%
	Unemployment*	87.3%	87.4%	86.1%	85.5%
	Youth vaping	85.5%	80.2%	83.4%	90.2%
	Availability of affordable housing*	84.0%	81.7%	79.5%	90.2%
	Crime and violence*	80.5%	71.4%	77.5%	89.3%
	Homelessness	79.1%	78.0%	76.8%	80.2%
	Access to health care	68.5%	74.0%	62.3%	68.3%
	Underage drinking*	66.8%	65.9%	58.0%	77.5%
	Access to dental care	65.3%	59.8%	60.7%	69.7%
	Transportation	60.8%	61.1%	56.7%	62.9%
	Resources/Services for Seniors	58.4%	53.5%	54.7%	62.3%
	Food*	18.0%	31.7%	16.7%	6.5%
Sought assistance in past year for...	Utilities*	13.0%	15.9%	15.2%	6.5%
	Mental health issues*	13.0%	24.4%	13.2%	1.6%
	Medicare or other health insurance	11.8%	11.9%	8.0%	15.3%
	Healthcare	10.3%	13.4%	9.9%	7.3%
	Dental care*	8.8%	14.2%	5.3%	8.9%
	Prescription assistance	7.8%	10.3%	5.3%	8.9%
	Transportation*	7.3%	11.9%	6.0%	4.1%
	Home repair	6.5%	4.7%	5.3%	9.8%
	Addiction services*	5.8%	11.1%	7.3%	--
	Clothing*	5.3%	11.8%	4.0%	0.8%
	Rent/mortgage assistance*	4.3%	9.5%	3.3%	0.8%
	Employment*	3.5%	7.9%	2.6%	0.8%
	Shelter*	3.3%	6.3%	3.3%	--
	Legal aid services	3.0%	4.7%	1.3%	4.9%
	Childcare*	2.8%	8.7%	0.7%	--
	Unsafe structural issues with housing	1.0%	0.8%	0.7%	1.6%
	Unplanned pregnancy	0.0%	--	--	--
	None of the above*	57.5%	50.0%	57.0%	65.3%

Summary: Caregiving and Senior Needs

		All	18-44	45-64	65+
Responsible for Providing Regular Care or Assistance	Elderly parent or loved one	11.3%	8.7%	12.0%	10.6%
	Grandchildren*	8.5%	2.4%	7.3%	13.8%
	Someone with physical/mental health problem	6.0%	7.1%	5.3%	6.5%
	An adult child	5.0%	6.3%	6.7%	1.6%
	Children with severe behavioral issues*	3.0%	8.7%	1.3%	0.8%
	Someone with special needs*	2.8%	5.6%	2.7%	--
	A foster child or child temporary guardian of	0.5%	--	0.7%	0.8%
	Not responsible for caregiving	71.8%	76.2%	72.2%	69.9%
Someone provides assistance to them*		14.0%	21.4%	12.6%	10.6%
Challenges facing seniors (% major or moderate challenge)	Having enough money to meet daily expenses	81.5%	79.5%	82.0%	80.5%
	Maintaining a healthy diet	73.0%	75.2%	72.0%	70.2%
	Having safe and affordable housing	70.3%	72.4%	68.9%	68.3%
	Not knowing what services are available	69.4%	71.7%	68.0%	66.4%
	Being a victim of fraud or a scam*	68.0%	79.4%	64.9%	60.5%
	Feeling depressed, lonely or isolated	67.9%	69.8%	64.2%	66.4%
	Maintaining home and yard	66.7%	70.6%	65.6%	62.9%
	Dealing with public programs*	63.3%	66.7%	58.3%	63.4%
	Getting needed healthcare	63.3%	68.3%	60.3%	60.2%
	Having safe and affordable transportation	62.2%	63.5%	58.7%	62.1%
	Providing care for another person	56.1%	63.5%	49.0%	56.1%

Summary: Personal Health Status

		All	18-44	45-64	65+
Personal description of health	Excellent/Good	61.6%	54.8%	60.3%	70.7%
	Fair	28.8%	31.7%	31.1%	22.0%
	Poor/Very Poor	9.8%	13.5%	8.6%	7.3%
Number of days in past month that PHYSICAL health was not good	Average number of days not well	7.79	7.81	8.03	7.00
	None	34.1%	29.6%	33.1%	39.0%
	1-5	31.3%	33.6%	31.8%	30.9%
	6-20	20.3%	24.0%	19.2%	17.1%
	More than 20	14.3%	12.8%	15.9%	13.0%
Number of days in past month that MENTAL health was not good*	Average number of days not well	7.51	12.14	7.30	3.54
	None	36.5%	18.9%	36.7%	54.9%
	1-5	26.6%	23.8%	28.0%	27.9%
	6-20	24.4%	33.6%	23.3%	13.9%
	More than 20	12.4%	23.8%	12.0%	3.3%

Summary: Insurance Coverage					
		All	18-44	45-64	65+
Currently has health insurance*		95.8%	92.1%	96.0%	98.4%
Type of Insurance coverage* (of those with insurance)	Private insurance- employer paid	35.2%	43.6%	50.7%	12.2%
	Private insurance- self paid	6.5%	6.0%	13.2%	--
	Medicare	35.5%	12.8%	12.5%	79.7%
	Medicaid	18.0%	35.0%	18.1%	3.3%
	Medical Cost Sharing Plan	0.5%	--	0.7%	0.8%
	VA Coverage or Military Coverage	1.6%	1.7%	2.8%	--
	Other	2.6%	0.9%	2.1%	4.1%
Services covered by insurance (of those with insurance)	Preventative or routine medical care*	89.3%	77.8%	90.3%	95.1%
	Hospitalization*	89.3%	74.1%	89.6%	98.4%
	Prescription assistance*	88.7%	81.0%	91.7%	90.2%
	Emergency room care*	87.7%	76.7%	88.9%	92.6%
	Vision services*	75.9%	78.4%	85.4%	63.6%
	Dental services*	73.0%	80.2%	80.6%	59.5%
	Mental health*	62.6%	66.4%	69.4%	50.4%
	Alcohol and drug treatment*	44.8%	45.7%	54.2%	33.6%
	Prenatal/maternity*	42.1%	54.7%	46.5%	26.2%
	Home Care*	39.8%	22.4%	38.2%	52.5%
	Family planning (birth control)*	38.5%	53.8%	41.0%	20.5%
	Long term care	37.4%	37.9%	35.4%	39.7%
	Hospice	29.8%	25.0%	26.4%	34.4%
Summary: Access to Health Care					
Have primary care provider*		90.3%	82.5%	90.7%	95.9%
Length of time since last routine check-up*	Within past year	82.8%	71.2%	84.1%	91.9%
	Within past 2 years	9.8%	16.0%	9.3%	4.1%
	Within past 5 years	1.8%	4.8%	0.7%	0.8%
	5 or more years ago	5.3%	7.2%	5.3%	3.3%
	Never	0.5%	0.8%	0.7%	--
Where receive health care most often*	Primary care or family doctor	77.2%	62.2%	80.7%	85.4%
	Emergency room	9.0%	15.0%	9.3%	2.4%
	Stat Care	8.5%	14.2%	4.7%	8.1%
	VA hospital	1.3%	--	2.7%	0.8%
	Telemedicine	1.3%	2.4%	2.0%	--
	Something else not mentioned	0.8%	1.6%	0.7%	--
	Community health center	0.8%	1.6%	--	1.6%
	Free clinic	0.8%	0.8%	--	--
	Health department clinic	0.5%	2.4%	--	--
Able to visit a doctor when needed*	Always	68.5%	55.6%	66.2%	82.3%
	Sometimes	25.8%	35.7%	27.2%	15.3%
	Seldom	4.8%	5.6%	6.6%	1.6%
	Never	1.0%	3.2%	--	0.8%
Needed to go outside of county for healthcare*		44.8%	32.5%	47.0%	51.2%
Services needed unable to get in past 2 years		20.0%	26.2%	18.7%	14.6%

Summary: Mental Health

		<i>All</i>	<i>18-44</i>	<i>45-64</i>	<i>65+</i>
During past 12 months...	Felt sad or hopeless 2+ weeks*	30.8%	52.4%	29.3%	13.0%
	Ever seriously consider suicide*	9.5%	16.7%	11.3%	2.4%
Do you know someone who...	Has died by suicide	54.3%	57.5%	57.0%	50.0%
	Has talked about thoughts of suicide*	40.5%	54.8%	45.7%	22.8%
	Has attempted suicide, but did not die*	28.3%	46.0%	30.0%	12.2%
Stress level on typical day*	Low	36.0%	20.6%	32.5%	56.9%
	Moderate	43.5%	46.8%	43.7%	38.2%
	High	20.5%	32.5%	23.8%	4.9%
Medical Professional Ever Diagnosed someone in household with...	Depression*	46.3%	66.7%	48.3%	26.8%
	Anxiety disorder such as OCD or panic*	40.3%	60.3%	40.4%	20.3%
	ADD/ADHD*	15.8%	25.4%	16.0%	5.7%
	Bipolar*	15.3%	34.9%	10.6%	5.7%
	Alcohol/Substance Abuse/Dependence*	13.0%	21.4%	16.0%	3.3%
	Posttraumatic stress disorder*	12.8%	21.3%	11.9%	4.9%
	Seasonal affective disorder*	7.8%	13.4%	6.6%	5.7%
	Postpartum depression*	5.5%	14.2%	4.0%	--
	Eating disorder*	5.0%	11.8%	2.0%	3.3%
	Developmental disability*	2.3%	3.2%	3.3%	--
	Schizophrenia	2.0%	2.4%	2.7%	0.8%
	Problem gambling	1.0%	2.4%	1.3%	--
	Other mental health disorder	0.8%	2.4%	--	0.8%
Social Connectiveness- How often see people care about	Less than once a week	19.0%	19.8%	22.0%	14.6%
	1 to 2 times a week	22.6%	19.8%	26.0%	20.3%
	3 to 5 times a week	19.3%	23.0%	16.0%	21.1%
	More than 5 times a week	39.1%	37.3%	36.0%	43.9%

Summary: Dental Care

		<i>All</i>	<i>18-44</i>	<i>45-64</i>	<i>65+</i>
Length of time since last visited the dentist*	Within past year	52.0%	40.2%	48.3%	62.9%
	Within past 2 years	20.0%	24.4%	23.8%	12.9%
	Within past 5 years	8.8%	14.2%	8.6%	4.8%
	5 or more years ago	17.0%	18.9%	15.9%	17.7%
	Never	2.3%	2.4%	3.3%	1.6%
Currently have dental issues that need addressed	Yes and unable to get care needed	14.0%	15.1%	16.6%	9.8%
	Yes and able to get care needed	21.5%	27.0%	17.9%	22.0%
	No	64.5%	57.9%	65.6%	68.3%

Summary: Smoking and Tobacco Use

		All	18-44	45-64	65+
Tobacco usage*	Everyday	25.3%	35.7%	32.5%	8.1%
	Some days	6.0%	11.9%	6.0%	2.4%
	Not at all	68.8%	52.4%	61.6%	89.4%
Electronic Cigarette/Vape Usage*	Everyday	10.8%	23.8%	8.0%	4.0%
	Some days	6.0%	13.5%	6.0%	0.8%
	Not at all	83.3%	62.7%	86.0%	95.2%
Summary: Alcohol Use					
Alcohol consumption	Never	50.3%	48.4%	49.7%	51.2%
	1-2 days	24.5%	26.2%	21.9%	25.2%
	3-5 days	9.5%	14.3%	7.9%	7.3%
	6 days or more	16.3%	11.1%	20.5%	16.3%
# of days had 5+ drinks past month (men)*	None	74.4%	70.0%	66.3%	88.7%
	1	9.1%	18.0%	5.0%	8.1%
	2 or more	16.5%	12.0%	28.8%	3.2%
# of days had 4+ drinks past month (women)	None	80.8%	76.6%	82.4%	83.3%
	1	10.7%	15.6%	8.8%	8.3%
	2 or more	8.5%	7.8%	8.8%	8.3%
Driven after drinking alcohol in past month		9.0%	11.1%	10.7%	6.5%
Feel is okay to drink alcohol under the age of 21 if not driving*		28.0%	28.6%	37.1%	19.5%

Summary: Substance Use

		All	18-44	45-64	65+
During the last 6 month, anyone in household use...	Marijuana*	28.0%	48.0%	29.3%	12.2%
	Cocaine or crack	3.8%	6.3%	4.0%	0.8%
	Amphetamines, methamphetamines, speed*	3.8%	11.9%	2.0%	--
	Something else	1.0%	0.8%	0.7%	1.6%
	Fentanyl*	0.8%	1.6%	--	0.8%
	Heroin	0.5%	0.8%	--	0.8%
	LSD or other hallucinogens	0.3%	--	0.7%	--
	Ecstasy or GHB	0.0%	--	--	--
	Inhalants	0.0%	--	--	--
	None of the above*	71.0%	51.2%	70.7%	85.4%
In past year...	Taken any prescription medications*	84.5%	70.6%	84.8%	92.7%
	Taken prescriptions not belonging to them	4.3%	5.6%	4.0%	2.4%
	Taken prescriptions different than prescribed*	4.0%	10.1%	4.7%	0.9%
How typically get rid of leftover or unused prescription medication	Take them to a Take Back Center or event*	30.8%	26.0%	30.0%	34.4%
	Keep them in case need them in the future*	29.1%	33.9%	34.7%	18.9%
	Throw them in the trash*	18.8%	18.9%	18.0%	20.5%
	Flush them down the toilet*	17.0%	19.7%	15.3%	16.4%
	Something else*	4.3%	1.6%	2.0%	9.8%
Someone needed drug or alcohol treatment in past year*		14.0%	25.2%	12.6%	6.5%

Summary: Child Health

		<i>All</i>	<i>18-44</i>	<i>45-64</i>	<i>65+</i>
Children in home under 18*		23.5%	61.9%	13.9%	4.0%
Children up to date on recommended vaccines	Yes	88.9%	85.3%	95.0%	80.0%
	No	6.7%	10.7%	--	--
	Don't know	4.4%	4.0%	5.0%	20.0%
Children get annual well checkups		95.7%	96.2%	95.2%	100.0%

Summary: Healthy Living- Weight, Exercise, and Sleep

		<i>All</i>	<i>18-44</i>	<i>45-64</i>	<i>65+</i>
Exercise in past month		63.8%	68.5%	65.3%	61.3%
Self-described weight*	Overweight	61.3%	49.2%	64.0%	65.9%
	About right	34.0%	44.4%	32.0%	30.9%
	Underweight	4.8%	6.3%	4.0%	3.3%
Thought about or tried to lost weight		65.3%	63.5%	66.7%	62.6%
Average number of hours per day on activities	Watch TV	4.22	3.68	4.30	4.41
	Use social media	3.63	4.57	3.51	2.53
	Use Computer outside of work/school	2.70	2.41	2.65	3.00
	Use cellphone	3.41	4.77	2.98	2.52
	Sleep per 24 hour period	6.72	6.32	6.70	7.02
Avg. # of days did not get enough rest in past 30		12.25	15.73	12.25	8.69

Summary: Healthy Living- Food and nutrition

		<i>All</i>	<i>18-44</i>	<i>45-64</i>	<i>65+</i>
What makes it difficult to get food needed	Cost of food*	51.0%	69.8%	45.0%	40.7%
	Quality of food*	21.3%	37.3%	17.2%	13.8%
	The season/weather*	19.8%	30.7%	16.0%	15.4%
	Time for shopping*	10.3%	21.3%	8.7%	3.3%
	Distance from the store	17.5%	18.3%	16.7%	16.3%
	Safety*	2.0%	5.6%	1.3%	--
	Something else	3.5%	0.8%	4.6%	4.8%
How difficult to get fresh fruits & vegetables*	Very difficult	10.0%	10.3%	10.6%	8.9%
	Somewhat difficult	23.8%	34.9%	23.8%	12.9%
	Not at all difficult	66.3%	54.8%	65.6%	78.2%
# of restaurant or takeout meals a week*	None	28.5%	38.1%	27.8%	21.8%
	1-2 meals	53.0%	38.9%	56.3%	58.9%
	3-4 meals	14.3%	18.3%	11.3%	14.5%
	5 or more meals	4.3%	4.8%	4.6%	4.8%

Summary: Prevention, Testing and Screening

		All	18-44	45-64	65+
How long since: had blood cholesterol checked*	Within the past year	72.3%	48.0%	75.3%	89.4%
	Within the past 2 years	10.8%	15.0%	12.0%	5.7%
	Within the past 5 years	4.5%	9.4%	4.0%	0.8%
	5 or more years ago	4.0%	5.5%	4.7%	2.4%
	Never	8.5%	22.0%	4.0%	1.6%
How long since: had blood pressure checked*	Within the past year	90.3%	79.4%	92.7%	96.7%
	Within the past 2 years	4.0%	9.5%	4.0%	--
	Within the past 5 years	2.0%	4.0%	1.3%	0.8%
	5 or more years ago	1.8%	0.8%	1.3%	2.4%
	Never	2.0%	6.3%	0.7%	--
Have ever: had a colonoscopy (asked if 45 or older)*		75.9%	--	66.9%	86.2%
Have ever: had a skin cancer exam*		38.8%	23.8%	34.0%	53.7%
Have ever: Tested for HIV*		33.5%	43.7%	39.1%	18.7%
Have ever: had a clinical breast exam (Asked only of females)*		84.2%	67.5%	89.7%	94.9%
Have ever: had a PAP smear (Asked only of females)*		90.2%	79.2%	97.1%	93.3%
Perform breast self-exams (asked only of females)	No	28.6%	24.7%	29.0%	31.7%
	Yes, every month, always	22.6%	24.7%	21.7%	21.7%
	Yes, but skip sometimes	16.2%	16.9%	17.4%	15.0%
	Yes, every so often	32.5%	33.8%	31.9%	31.7%
Have ever: test for prostate cancer (Asked only of males)*		48.2%	10.0%	42.0%	77.8%
Vaccinations received	COVID-19*	64.5%	54.0%	63.3%	75.6%
	Measles vaccine in lifetime	51.3%	45.2%	51.7%	56.1%
	Annual flu*	49.8%	28.6%	53.0%	62.6%
	Tetanus Booster	52.3%	53.5%	52.3%	52.4%
	Chicken pox vaccine in lifetime	41.5%	37.3%	38.7%	48.8%
	Pneumonia vaccine in lifetime*	39.3%	26.2%	28.5%	63.4%
	Hepatitis B vaccine in lifetime*	36.0%	49.2%	39.1%	22.0%
	Shingles vaccine in lifetime*	31.8%	18.9%	27.3%	48.0%
	Hepatitis A vaccine in lifetime*	26.3%	42.5%	26.0%	13.8%
	HPV vaccine in lifetime*	10.8%	28.6%	4.7%	4.0%
How often use sunscreen when outside	Always/Very often	26.3%	23.0%	23.3%	28.5%
	Sometimes	29.8%	30.2%	26.7%	29.3%
	Rarely/Never	44.1%	46.8%	50.0%	42.3%

Summary: Chronic Disease Diagnosis- Them OR Someone in Household

	<i>All</i>	<i>18-44</i>	<i>45-64</i>	<i>65+</i>
High blood pressure*	54.0%	36.2%	55.6%	68.3%
Arthritis*	41.5%	17.5%	45.0%	54.5%
High cholesterol*	40.3%	21.4%	39.3%	56.1%
Diabetes	27.0%	22.2%	27.8%	30.1%
Asthma*	17.5%	30.7%	12.0%	12.2%
Heart disease or heart attack*	16.5%	8.7%	12.6%	29.8%
Any form of cancer*	16.0%	7.1%	14.0%	26.0%
Respiratory disease*	12.3%	6.3%	11.9%	16.1%
Kidney disease	5.8%	4.0%	5.3%	6.5%
Stroke	4.8%	4.0%	4.7%	4.9%
Sexually transmitted disease	3.3%	5.6%	3.3%	1.6%
Alzheimer's/dementia	1.8%	0.8%	2.0%	1.6%

Summary: Transportation and Safe Driving

		<i>All</i>	<i>18-44</i>	<i>45-64</i>	<i>65+</i>
Have access to reliable transportation*		91.8%	84.3%	92.7%	96.7%
Type of transportation used MOST often*	Own car	80.3%	65.4%	80.1%	91.9%
	Walk	9.0%	18.1%	9.3%	1.6%
	Family member/friend	7.5%	11.0%	6.6%	4.8%
	Bike	0.8%	1.6%	1.3%	--
	Steel Valley Regional Transit	1.0%	2.4%	1.3%	--
	Borrowed car	0.5%	0.8%	0.7%	--
	Other	1.0%	0.8%	0.7%	1.6%
Have a cell phone		98.3%	99.2%	98.0%	97.6%
Ever send or received texts/emails while driving*		28.3%	37.3%	29.1%	21.7%
How often use a seat belt while driving or riding in a car	Always	84.3%	75.4%	84.1%	90.2%
	Most of the time	6.5%	11.1%	6.0%	4.1%
	Sometimes/Rarely	4.8%	10.3%	7.9%	4.9%
	Never	4.6%	3.2%	2.0%	0.8%

Summary: Housing

		<i>All</i>	<i>18-44</i>	<i>45-64</i>	<i>65+</i>
Housing situation today*	Do not have housing	3.3%	4.0%	4.0%	1.6%
	Have temporary housing	1.3%	4.0%	0.7%	--
	Have it, but worried about losing	7.8%	16.7%	6.6%	2.4%
	Have housing	87.8%	75.4%	88.7%	95.9%
Have problems in place live in with	Mold*	11.0%	16.7%	7.3%	9.8%
	Rodents such as mice or rats	8.0%	11.1%	7.9%	5.6%
	Smoke detector issues	8.0%	11.1%	8.7%	4.1%
	Water leaks*	5.8%	11.1%	4.6%	2.4%
	Bug infestation*	5.8%	10.3%	4.6%	3.3%
	Other	5.8%	5.6%	5.3%	5.7%
	Inadequate heat/oven, stove	4.0%	5.6%	4.6%	1.6%
	Lead paint or pipes*	3.5%	7.9%	2.0%	1.6%
	Unsafe water supply	1.5%	0.8%	2.0%	1.6%
	No Housing problems*	70.8%	57.1%	76.2%	75.6%

Summary: Abuse and Gun Safety

	<i>All</i>	<i>18-44</i>	<i>45-64</i>	<i>65+</i>
Ever been abused*	41.3%	48.8%	42.0%	28.5%
Firearms kept in or around home*	48.2%	37.3%	49.7%	57.4%



Appendix: Research Methodology

The Center for Marketing and Opinion Research (CMOR) conducted the 2025 Jefferson County Community Health Assessment on behalf of the Jefferson County General Health District and Trinity Health System.

This report includes indicators in the following focus areas:

- Community Needs
- Social Determinants
- Personal Health Status
- Access to Health Care
- Mental Health
- Oral Health
- Smoking/Tobacco Use
- Alcohol and Substance Abuse
- Maternal, Infant, and Child Health
- Healthy Living
- Communicable Diseases, Vaccinations, and Prevention Services
- Chronic Disease Management
- Transportation
- Housing
- Environmental Quality
- Safety, Injury and Violence
- Reproductive and Sexual Health

**Throughout the report, statistically significant findings and statistical significance between groupings (i.e., between age groups or between races) are indicated by an asterisk (*).*

COMMUNITY SURVEY

The first phase of the project consisted of the collection of primary data utilizing a random online survey of Jefferson County households that included a representative sample of Jefferson County residents. A combination of online panel and email invitations to residents were utilized in order to ensure representativeness of the population. This method also ensured that the correct number of interviews would be completed to meet the targeted sampling error.

The final sample of the survey consisted of a total of 400 residents. The general population statistics derived from the sample size provide a precision level of plus or minus 4.9% within a 95% confidence interval. Data collection began on November 14 and ended on December 5, 2024. The interviews took an average of 19 minutes.

COMMUNITY PARTNER SURVEY

In addition to the data mentioned above, additional data was gathered in order to provide some contextual information to the primary and secondary data. The data included a Community partners survey which consisted of an online survey completed by 21 community leaders who were knowledgeable about the health needs of the community. These surveys were completed between January 15 and February 6, 2026.



SECONDARY DATA ANALYSIS

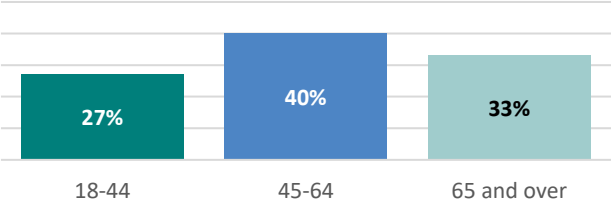
Another phase of the project consisted of reviewing and analyzing secondary data sources to identify priority areas of concern when analyzed alongside survey data. CMOR gathered and compiled health and demographic data from various sources (outlined below). After gathering the data, CMOR compiled the information, by category. In addition to the report narrative, data was visually displayed with charts and tables. When available, data was compared to previous five year's information as well as other geographic areas such as Ohio. Analysis included survey data in conjunction with health and demographic data. Using all data available, CMOR identified priorities for the county.

Sources of Data:

- ✓ 2024 ALICE REPORT Ohio, Jefferson County
- ✓ Behavioral Risk Factor Surveillance System
- ✓ County Health Rankings
- ✓ Feeding America
- ✓ Annie E Casey Foundation, Kids Count Data Center
- ✓ Jefferson County General Health District
- ✓ Mapping Medicare Disparities Tool
- ✓ National Center for Health Statistics
- ✓ Ohio Development Services Agency, Ohio County Profiles
- ✓ Ohio Department of Education
- ✓ Ohio Department of Health, Summary of Infectious Diseases in Ohio
- ✓ Ohio Department of Health Data Warehouse
- ✓ Ohio Department of Health Data Warehouse, Mortality Report
- ✓ Ohio Department of Health, STD Surveillance
- ✓ Ohio Housing Finance Agency (OHFA)
- ✓ Ohio Department of Job and Family Services, Office of Workforce Development
- ✓ Ohio Mental Health and Addiction Services, Alcohol and other drug indicators: County profile
- ✓ Ohio Mental Health and Addiction Services, Community Behavioral Health Claims Data
- ✓ Public Children Services Association of Ohio (PCSAO)
- ✓ U.S. Census Bureau – QuickFacts and American Community Survey

Appendix: Participant Characteristics

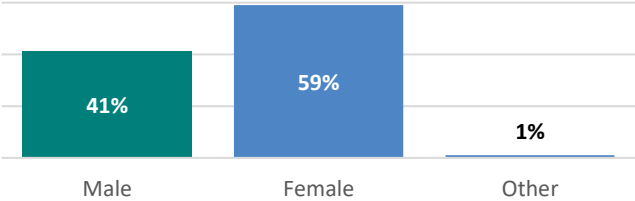
Respondent Age



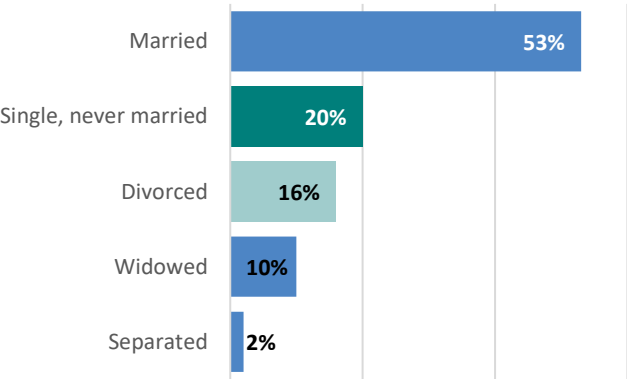
Age	N	%
18-44	106	26.5%
45-64	161	40.3%
65 and over	133	33.3%
Total	400	100.0%

Gender	N	%
Male	164	41.0%
Female	234	58.5%
Other	2	0.5%
Total	400	100.0%

Respondent Gender



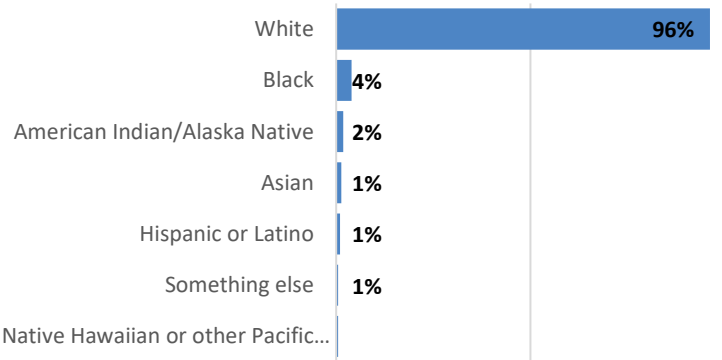
Marital Status



Marital Status	N	%
Married	210	52.5%
Single, never married	78	19.5%
Divorced	65	16.3%
Widowed	41	10.3%
Separated	6	1.5%
Total	400	100.0%

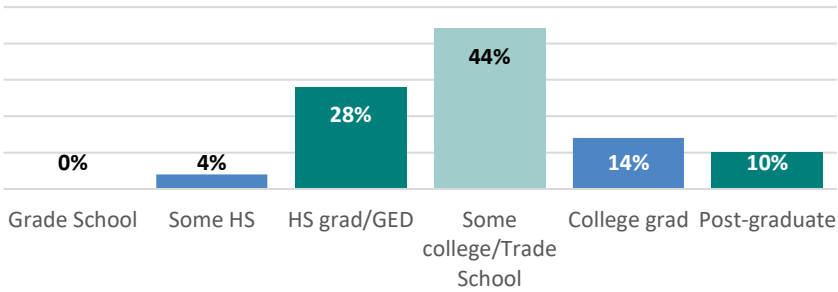
Race	N	%
White	385	96.3%
Black	16	4.0%
American Indian/Alaska Native	7	1.8%
Asian	5	1.3%
Hispanic or Latino	4	1.0%
Native Hawaiian or other Pacific Islander	2	0.5%
Something else	2	0.5%
Total	400	100%

Race/Ethnicity

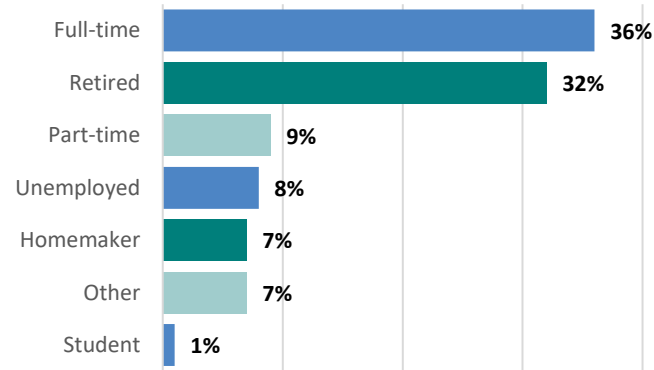


Education	N	%
Grade school	1	0.3%
Some High School	17	4.3%
HS grad/GED	110	27.5%
Some college/Trade	177	44.3%
College grad	54	13.5%
Post-graduate	41	10.3%
Total	400	100%

Education Attainment



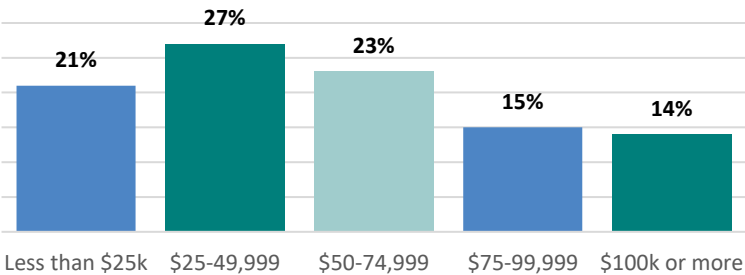
Employment Status



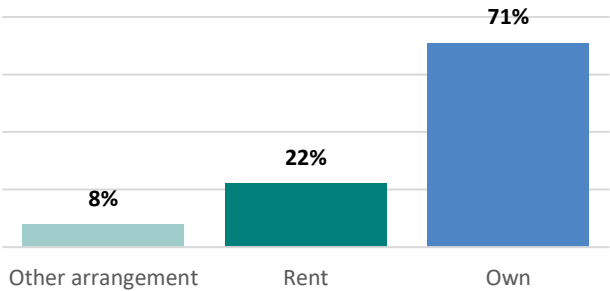
Employment Status	N	%
Full-time	145	36.3%
Retired	126	31.5%
Part-time	37	9.3%
Unemployed	33	8.3%
Homemaker	27	6.8%
Other	27	6.8%
Student	5	1.3%
Total	400	100.0%

Income	N	%
Less than \$25k	80	20.5%
\$25-49,999	107	27.4%
\$50-74,999	89	22.8%
\$75-99,999	59	15.1%
\$100k or more	56	14.3%
Total	391	100.0%

Household Income



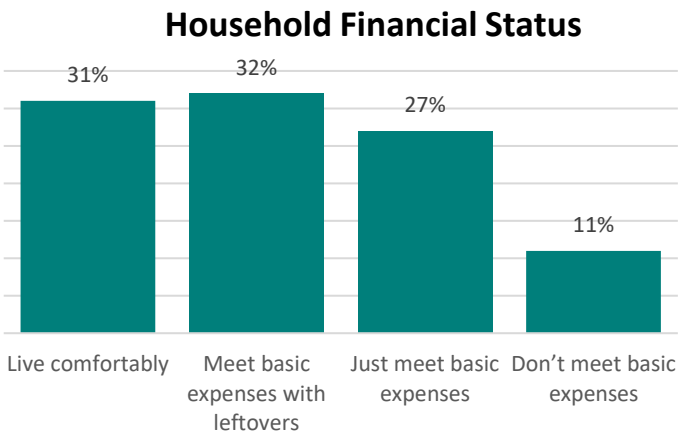
Own or Rent



Own or Rent	N	%
Own	284	71.0%
Rent	86	21.5%
Other arrangement	30	7.5%
Total	400	100.0%

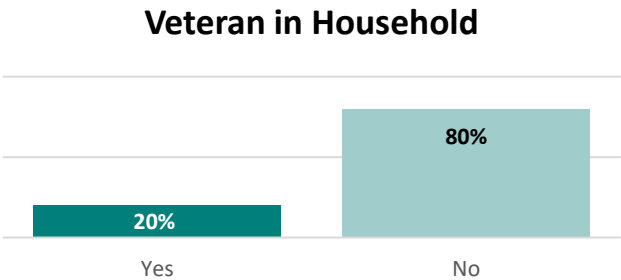
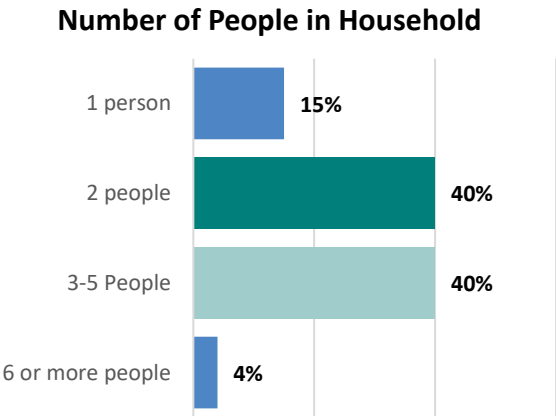


Have Children	N	%
Yes	94	23.4%
No	306	76.5%
Total	400	100.0%

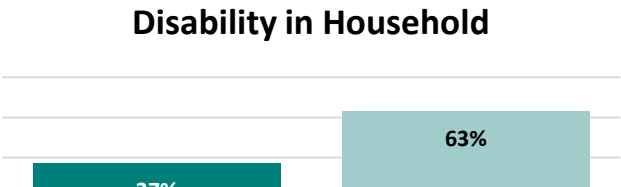


	N	%
Live comfortably	123	30.8%
Meet basic expenses with leftovers	127	31.8%
Just meet basic expenses	107	26.8%
Don't meet basic expenses	43	10.8%
Total	400	100.0%

Number of People in Household	N	%
1 person	79	19.8%
2 people	188	47.2%
3-5 people	116	29.1%
6 or more people	15	3.8%
Total	398	100.0%

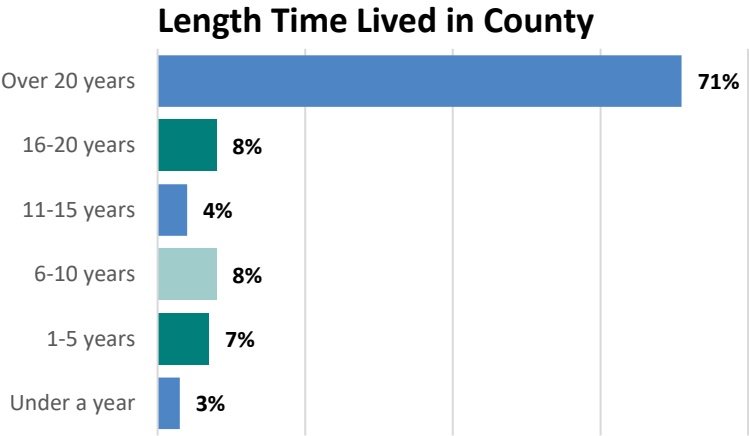


Veteran	N	%
Yes	80	20.0%
No	320	80.0%
Total	400	100.0%



Disability	N	%
Yes	148	37.0%
No	252	63.0%
Total	400	100.0%

Length of time	N	%
Under a year	10	2.5%
1-5 years	28	7.0%
6-10 years	31	7.8%
11-15 years	15	3.8%
16-20 years	31	7.8%
Over 20 years	285	71.3%
Total	400	100.0%

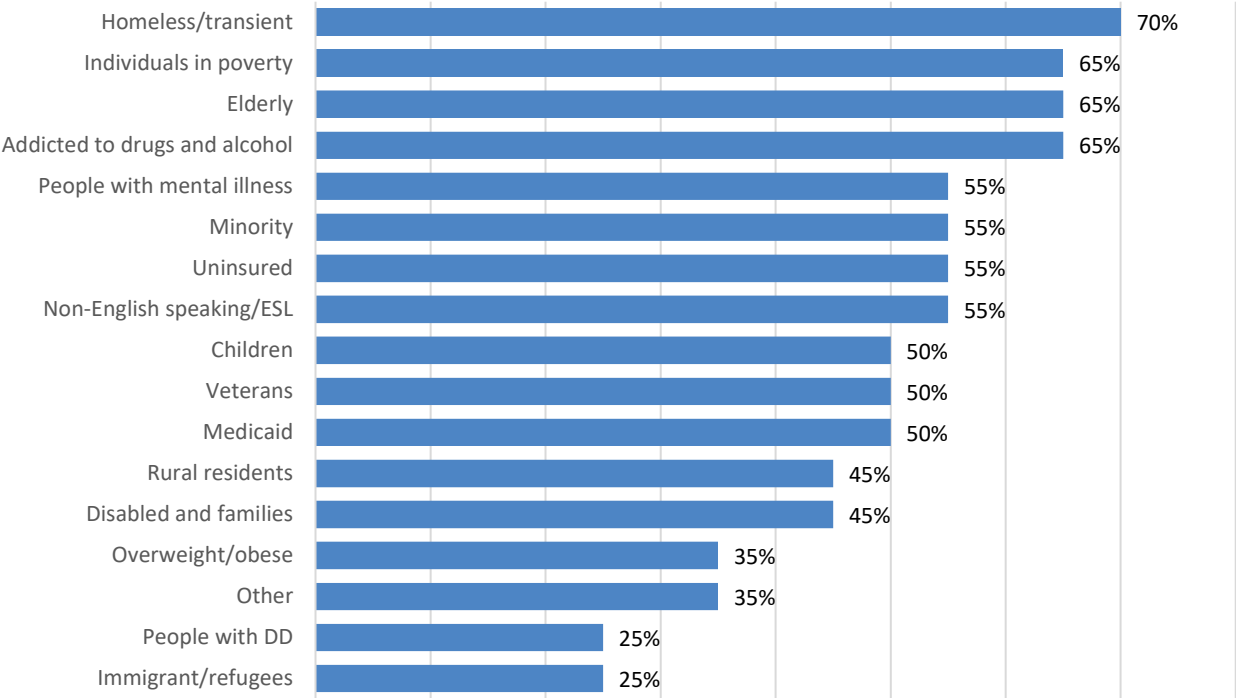


City/Township	N	%
Steubenville	104	26.1%
Toronto	38	9.5%
Wintersville	37	9.3%
Mingo Junction	34	8.5%
Island Creek Township	25	6.3%
Cross Creek Township	21	5.3%
Rayland	17	4.3%
Smithfield Township	11	2.8%
Richmond	10	2.5%
Wells Township	10	2.5%
Knox Township	9	2.3%
Bloomington	8	2.0%
Steubenville Township	8	2.0%
Dillonvale	7	1.8%
Tiltonsville	7	1.8%
Salem Township	6	1.5%
Saline Township	6	1.5%
Adena	5	1.3%
Wayne Township	5	1.3%
Bergholz	4	1.0%
Stratton	4	1.0%
Warren Township	4	1.0%
Amsterdam	3	0.8%
Irondale	3	0.8%
Yorkville	3	0.8%
Mount Pleasant	2	0.5%
Mount Pleasant Tshp	2	0.5%
New Alexandria	2	0.5%
Springfield Township	2	0.5%
Brush Creek Township	1	0.3%
Total	398	100.0%

Zip Code	N	%
43952	106	26.7%
43953	77	19.4%
43964	54	13.6%
43938	40	10.1%
43943	21	5.3%
43910	17	4.3%
43944	13	3.3%
43901	11	2.8%
43917	11	2.8%
43913	9	2.3%
43963	9	2.3%
43932	5	1.3%
43903	4	1.0%
43930	4	1.0%
43961	4	1.0%
43971	4	1.0%
43908	3	0.8%
43948	3	0.8%
43925	1	0.3%
43939	1	0.3%
Total	397	100.0%

COMMUNITY PARTNER SURVEY

Population Served by Organization



Sectors Org. Associates With	N	%
Government	12	60.0%
Health care	8	40.0%
Nonprofit	7	35.0%
Business/private sector	3	15.0%
Religious	3	15.0%
Education	2	10.0%
Other	2	10.0%
Total	20	100.0%

Primary Service Area	N	%
Jefferson County	10	55.6%
Multi-County	7	38.9%
Specific City/Township	1	5.6%
Total	18	100.0%



Appendix: Trinity Health System Contents

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs in the community served by Trinity Health System. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

The hospital's commitment to engaging with the community, assessing priority needs, and helping to address them with community partners is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

The hospital invited written comments on the most recent CHNA report and Implementation Strategy in the documents posted on the website where they are widely available to the public. No written comments have been received.

The hospital's advisory board adopted the CHNA in June 2025. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request at Trinity Health System's Administration Office. Written comments on this report can be submitted to, Attn: Administration, 4000 Johnson Road, Steubenville, Ohio 43952 or by e-mail to trinityhealthsystem@commonspirit.org.

Impact of Actions Taken Since Previous CHNA

The hospital, in collaboration with community partners, is committed to improving community health in Jefferson County by addressing three priority areas: Health Behaviors, Access to Care, and Mental Health & Addiction.

Key Actions and Anticipated Impacts:

- **Chronic Disease/Physical Activity & Nutrition:** In collaboration with the Urban Mission and the Ohio Valley Health Center, we were able to make fresh produce available to our community as well as education on preparing healthy meals to aid in the reduction of heart disease, hypertension, diabetes and other nutrition-impacted diseases. In addition, a walking program was initiated at our local mall encouraging physical activity. Finally, blood pressure kiosks were placed in our local malls, which allow individuals to take their blood pressure, learn from interactive display and request more information for disease prevention and care options.
- **Access to Care:** Over the past 3-year period, we have recruited three new primary care providers to address the need for access to care in several areas of our county. These primary care offices have had success with reaching those in need of care. The need remains and recruitment is underway for additional providers.
- **Mental Health & Addiction:** Implementing universal school-based suicide awareness and education programs, supporting social-emotional learning in schools, providing Mental Health First Aid trainings, and increasing awareness of alcohol addiction signs and resources will improve mental health literacy, reduce stigma, and connect individuals with needed support.