



**Cleveland Clinic**



## Select Specialty Hospital – Cleveland Fairhill

# Community Health Needs Assessment

2022

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## Executive Summary

This Community Health Needs Assessment (CHNA) was conducted by Select Specialty Hospital – Cleveland Fairhill (“Fairhill” or “the hospital”) to identify significant community health needs and to inform development of an Implementation Strategy to address current needs. This 2022 CHNA is a joint report of Select Specialty Hospitals: Select Specialty Hospital – Cleveland Fairhill, Regency Hospital of Cleveland East and Regency Hospital of Cleveland West.

Fairhill is a long term acute care (LTAC) hospital, designed to provide comprehensive, specialized care for high-acuity patients who need more time to recover, typically after critical care. Additional information on the hospital and its services is available at: <https://clevelandfairhill.selectspecialtyhospitals.com/>

The hospital is a joint venture between Cleveland Clinic health system and Select Medical. The hospital is part of the Cleveland Clinic health system, which includes an academic medical center near downtown Cleveland, fourteen regional hospitals in northeast Ohio, a children’s hospital, a children’s rehabilitation hospital, five southeast Florida hospitals, and a number of other facilities and services across Ohio, Florida, and Nevada. Additional information about Cleveland Clinic is available at: <https://my.clevelandclinic.org/>.

Select Medical is one of the largest providers of post-acute care encompassing four areas of expertise: critical illness recovery, inpatient medical rehabilitation, outpatient physical therapy, and occupational medicine, all of which are delivered and supported by more than 46,000 talented healthcare professionals across the U.S. Additional information about Select Medical is available at: <https://www.selectmedical.com/>.

Each Cleveland Clinic hospital supports a tripartite mission of patient care, research, and education. Research is conducted at and in collaboration with all Cleveland Clinic hospitals. Through research, Cleveland Clinic has advanced knowledge and improved community health for all its communities, from local to national, and across the world. This allows patients to access the latest techniques and to enroll in research trials no matter where they access care in the health system. Through education, Cleveland Clinic helps to train health professionals who are needed and who provide access to healthcare across Ohio and the United States.

Cleveland Clinic facilities are dedicated to the communities they serve. Each facility conducts a CHNA in order to understand and plan for the current and future health needs of residents and patients in the communities it serves. The CHNAs inform the development of strategies designed to improve community health, including initiatives designed to address social determinants of health.

These assessments are conducted using widely accepted methodologies to identify the significant health needs of a specific community. The assessments also are conducted to comply with federal and state laws and regulations including IRS requirements for 501(c) (3) Hospitals under the Affordable Care Act<sup>1</sup>.

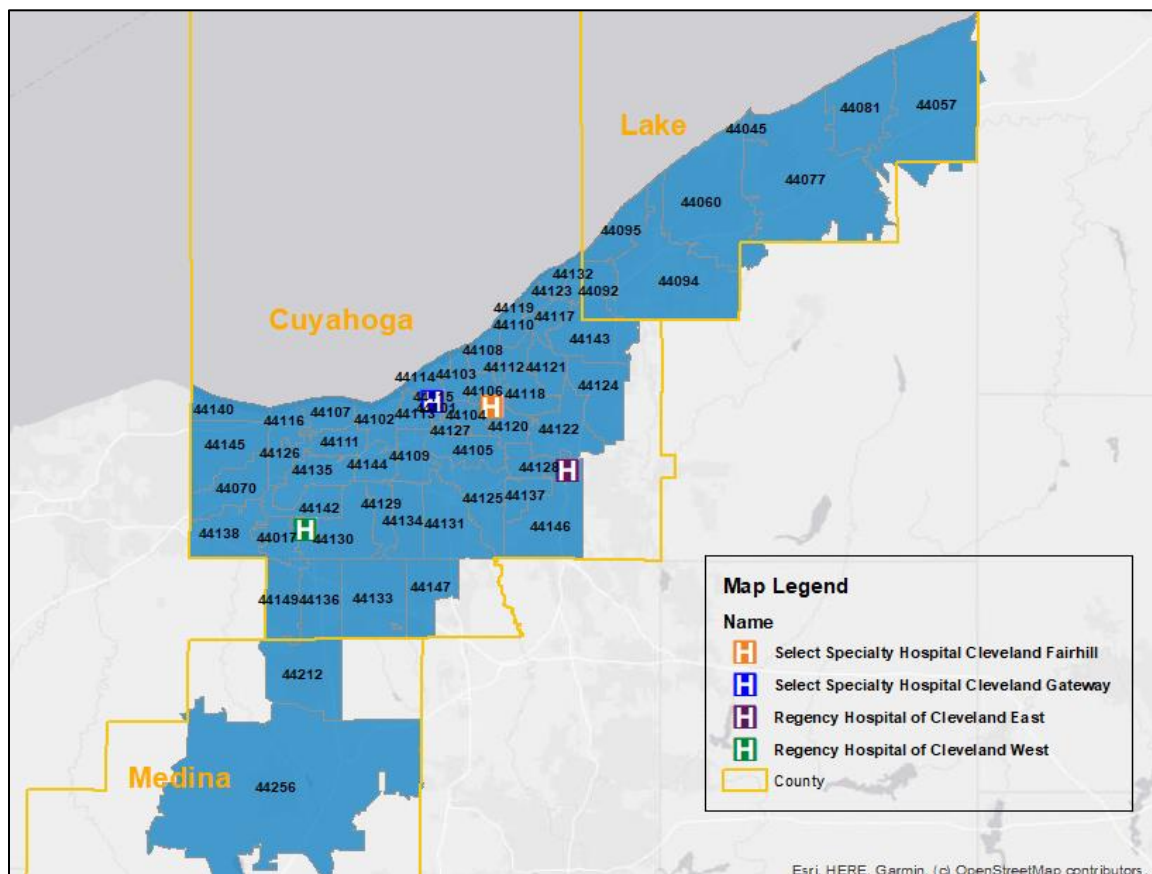
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<sup>1</sup> Internal Revenue Service, Requirements for 501 (c) (3) Hospitals Under the Affordable Care Act – Section 501 (r), <https://www.irs.gov/charities-non-profits/charitable-organizations/requirements-for-501c3-hospitals-under-the-affordable-care-act-section-501r>

## Community Definition

The community definition describes the zip codes where approximately 75% of Select Specialty Hospital – Cleveland Fairhill (42 Zip Codes), Cleveland Gateway (35 Zip Codes), Cleveland East (26 Zip codes), and Cleveland West (26 Zip Codes) patients reside. Figure 1 shows the map for the Primary Service Area of all four-hospital communities. A table with zip codes that comprise the community definition is in [Appendix C](#).

**Figure 1: Primary Service Area for the community served by Fairhill, Regency West, and Regency East Hospitals by Zip Code**



This 2022 CHNA was designed and implemented as a joint assessment process for Select Specialty Hospitals. The original approach and assessment included Select Specialty Hospital – Cleveland Fairhill, Regency Hospital of Cleveland East, Regency Hospital of Cleveland West, as well as Select Specialty Hospital Cleveland Gateway. As of October 28, 2022 however, Select Specialty Hospital Cleveland Gateway has closed.

## Secondary Data Summary

Secondary data used for this assessment were collected and analyzed from Conduent Healthy Communities Institute’s (HCI) community indicator database. The database, maintained by researchers and analysts at HCI, includes 300 community indicators covering at least 28 topics in the areas of health, social determinants of health, and

quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, nationally set targets and to previous time periods.

Due to variability in which public health data sets are available, data within this report may be presented at various geographic levels:

- The community served by Fairhill, Regency West, and Regency East Hospitals Definition—an aggregate of the 58 zip codes described in the Community Definition.
- Cuyahoga, Lake and Medina Counties—the three counties comprising the community served by Fairhill, Regency West, and Regency East Hospitals.

## Primary Data Summary

Qualitative data collected from community members through key stakeholder interviews comprised the primary data component of the CHNA and helped to inform selection of the significant health needs. Conduent Healthy Communities Institute interviewed 20 key stakeholders from a diverse spectrum of community-based organizations and public health departments.

## Prioritized Health Needs

Following a comprehensive review of the significant community health needs throughout the Cleveland Clinic Health System, analysis of local county and state needs assessments and emerging trends, the following priority health needs were identified:

- Access to Healthcare
- Adult Health
- Community Safety



### *Access to Healthcare*

Access to Healthcare secondary data analysis results describe community needs related to consumer expenditures for insurance, medical expenses, medicines, and other supplies. With more expansive parameters, primary data describes limitations to accessing healthcare described in terms of transportation challenges, resource limitations and availability of primary care and other prevention services in local neighborhoods.



### *Adult Health*

This health topic encompasses several subtopics where information is available including Older Adult Health; Other Conditions; and Chronic Disease Prevention and Management including Nutrition and Healthy Eating. By addressing these issues in concert, the

Cleveland Clinic Foundation hopes to impact concerns for older adult mental health from isolation, chronic conditions, and access to healthy food as described in the Synthesis and Prioritization section of this report (page 31).



## *Community Safety*

Community Safety Issues, though similar in nature to social determinants of health (SDOH) stand apart as a health topic intended to describe community health needs related to the following subtopics: Prevention & Safety and Alcohol & Drug Use.

### *Additional Community Health Themes*

In addition to the Prioritized Health Needs, other themes were prevalent in considering community health. These themes are intertwined in all community health components and impact multiple areas of community health strategies and delivery.



## *Health Equity*

Health Equity issues in our communities were illuminated by COVID-19. They focus on the fair distribution of health determinants, outcomes, and resources across communities.<sup>2</sup> Health Equity and the reduction of health disparities are indicated as overarching themes in all our prioritized needs. It is described in detail and specifically as it relates to the community served by Fairhill, Regency West, and Regency East Hospitals in both the Disparities and Health Equity section (page 23) of the report as well as in the Synthesis and Prioritization section (page 31). Special consideration will be given to addressing prioritized health needs through a health equity lens in the Fairhill, Regency West, and Regency East Hospitals implementation strategy report.

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<sup>2</sup> Klein R, Huang D. Defining and measuring disparities, inequities, and inequalities in the Healthy People initiative. National Center for Health Statistics. Center for Disease Control and Prevention. [https://www.cdc.gov/nchs/ppt/nchs2010/41\\_klein.pdf](https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf)

## Demographics of Select Specialty Hospital—Cleveland Fairhill

The demographics of a community significantly impact its health profile.<sup>3</sup> Different racial, ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of the community residing in the Select Specialty Hospital—Cleveland Fairhill’s Community Definition.

### Geography and Data Sources

Data are presented in this section at the geographic level of the Community Definition. Comparisons to the county, state, and national value are also provided when available. All demographic estimates are sourced from Claritas Pop-Facts® (2022 population estimates) and American Community Survey<sup>4</sup> one-year (2019) or five-year (2016-2020) estimates unless otherwise indicated.

### Population

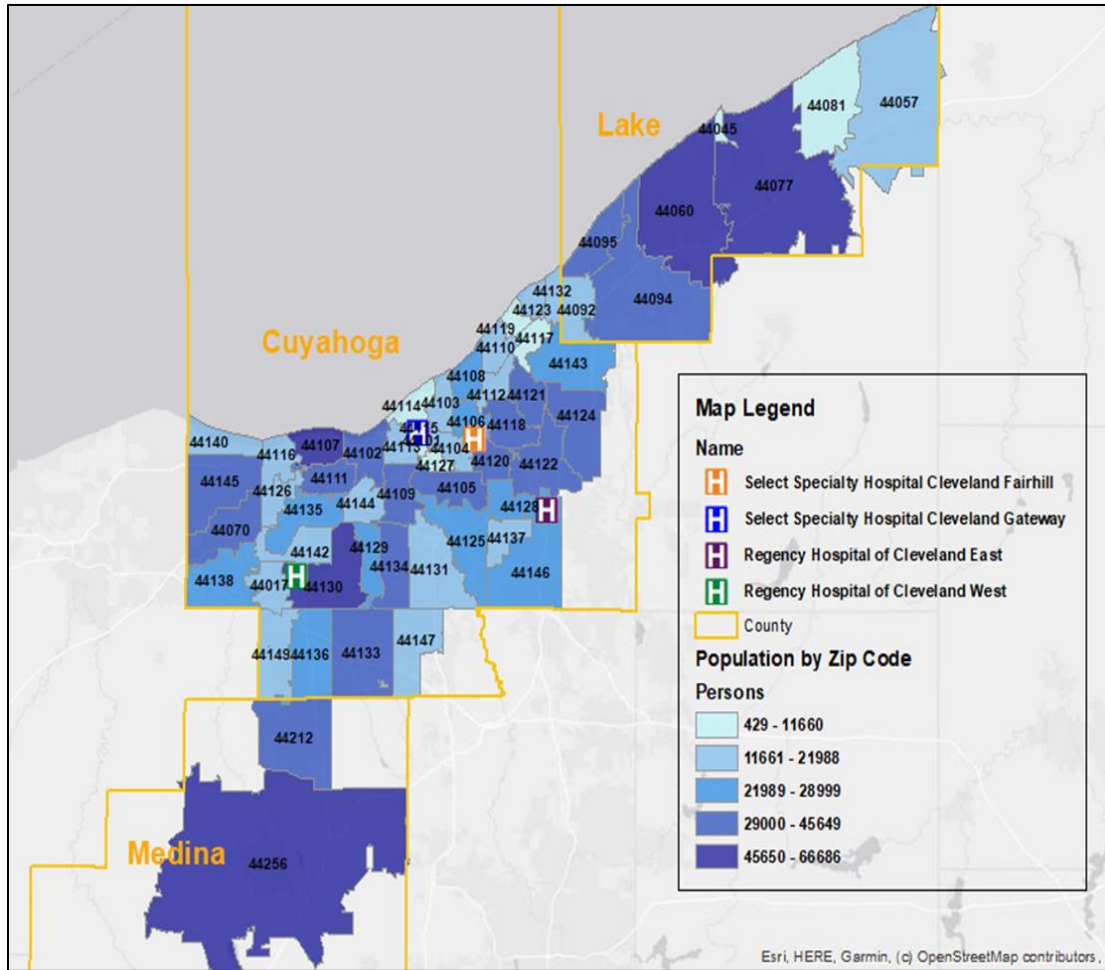
According to the 2022 Claritas Pop-Facts® population estimates, Cleveland Fairhill Hospital Community has the largest population (1,168,731), followed by Cleveland Gateway (921,257), Cleveland West Hospital Community (777,609), and Cleveland East Hospital Community (681,842). Figure 2 shows the population size by each zip code that makes up the community served by Fairhill, Regency West, and Regency East Hospitals, with the darkest blue representing the zip codes with the largest population. Appendix C provides the actual population estimates for each zip code by hospital community. The most populated zip code area within the community served by Fairhill, Regency West, and Regency East Hospitals is zip code 44256 (Cleveland Fairhill and Cleveland West Hospital communities) with a population of 66,686.

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<sup>3</sup> National Academies Press (US); 2002. 2, Understanding Population Health and Its Determinants. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK221225/>

<sup>4</sup> American Community Survey. <https://www.census.gov/programs-surveys/acs>

Figure 2: Population by Zip Code



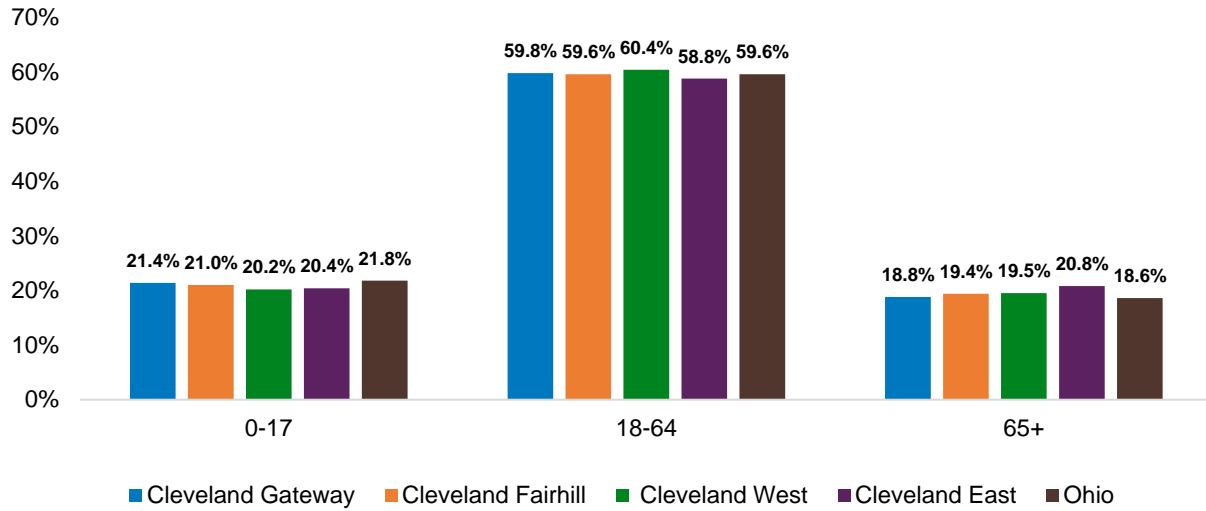
County values- Claritas Pop-Facts® (2022 population estimates)

## Age

Children (0-17) comprised 21.4%, 21.0%, 20.4%, and 20.2% of the population in Cleveland Gateway, Cleveland Fairhill, Cleveland East, and Cleveland West hospital communities, respectively. All hospitals within the community served by Fairhill, Regency West, and Regency East Hospitals had a lower population of children compared to the state of Ohio (21.8%). All hospitals had a higher proportion of adults aged 65+ when compared to the state of Ohio (18.6%). Cleveland East has the highest proportion of residents aged 65+ (20.8%), followed by Cleveland West (19.5%), Cleveland Fairhill Hospital Community (19.4%), and Cleveland Gateway Hospital Community (18.8%). (Figure 3)



**Figure 3: Population by Age: Hospital and State Comparisons**

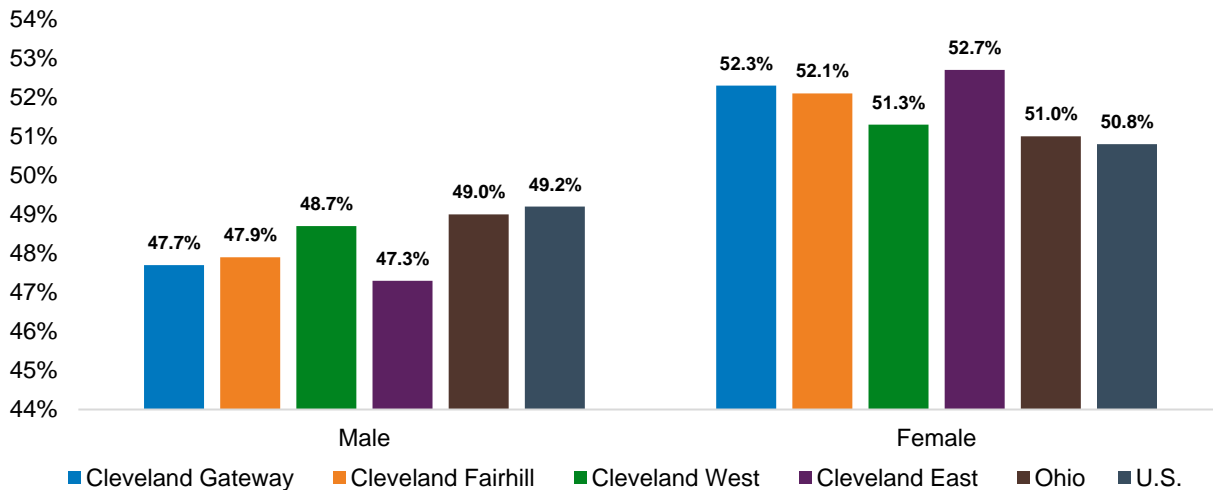


County and state values- Claritas Pop-Facts® (2022 population estimates)

## Sex

Figure 4 shows the population of the community served by Fairhill, Regency West, and Regency East Hospitals by sex. Males comprise 48.7%, 47.9%, 47.7%, and 47.3% of the population in Cleveland West, Cleveland Fairhill, Cleveland Gateway, and Cleveland East Hospital Communities, respectively, which all have a lower population of males when compared to Ohio (49.0%) and U.S. (49.2%) values. Whereas females comprise 52.7%, 52.3%, 52.1%, and 51.3%, and of the population in Cleveland East, Cleveland Gateway, Cleveland Fairhill, and Cleveland West Hospital Communities respectively, which are greater than Ohio (51.0%) and the U.S. (50.8%) values.

**Figure 4: Population by Sex: Hospital, State, and U.S. Comparisons**



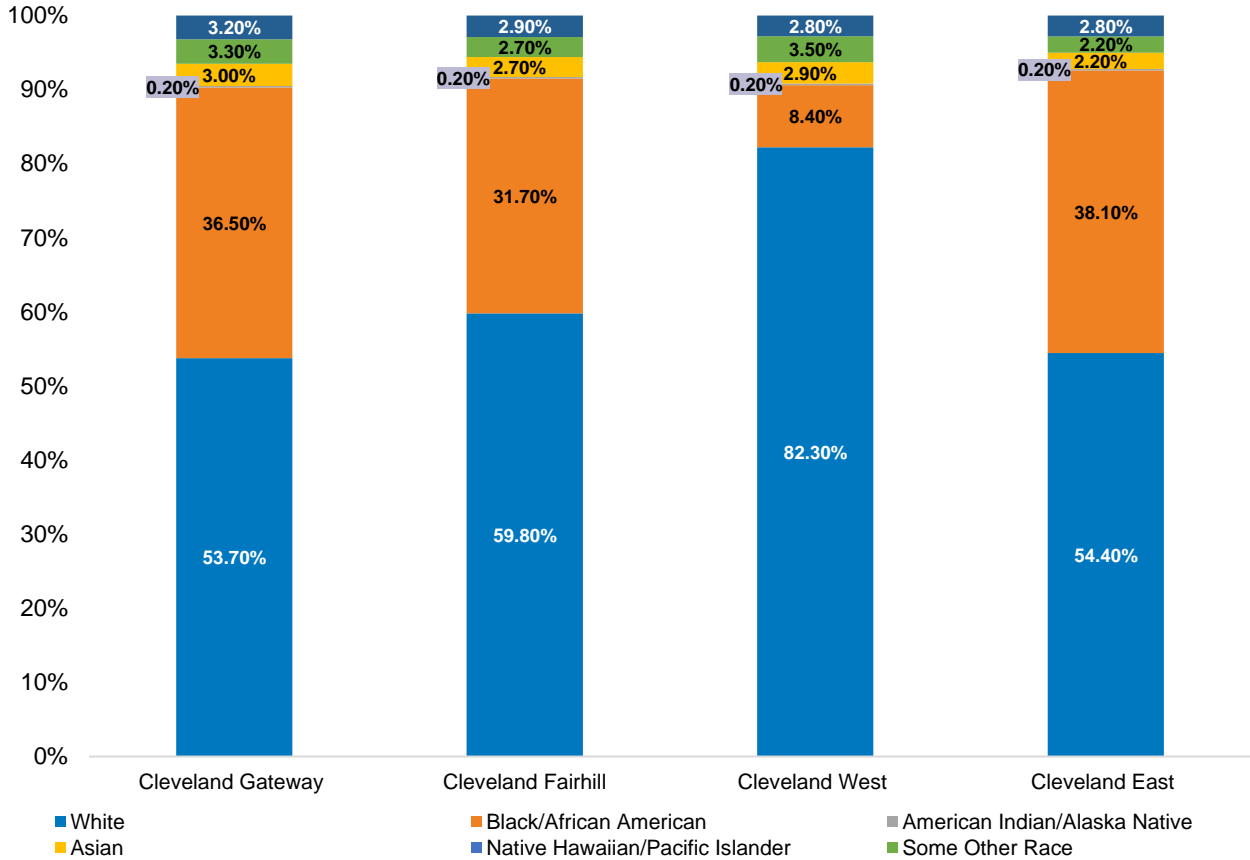
County and state values- Claritas Pop-Facts® (2022 population estimates) U.S. values taken from American Community Survey five-year (2016-2020) estimates

## Race and Ethnicity

Race and ethnicity contribute to the opportunities individuals and communities have to be healthy. The racial and ethnic composition of a population is also important in planning for future community needs, particularly for schools, businesses, community centers, healthcare, and childcare.

As shown in Figure 5, all hospitals within the community served by Fairhill, Regency West, and Regency East Hospitals have a majority of residents identifying as White. The Cleveland West Hospital Community has the largest percentage of residents identifying as white (82.3%), followed by Cleveland Fairhill (59.8%), Cleveland East (54.4%), and Cleveland Gateway (53.7%). The proportion of Black/African American community members is the second largest of all races in the community served by Fairhill, Regency West, and Regency East Hospitals. The Cleveland East Hospital Community has the largest percentage of residents identifying as Black/African American (38.1%), followed by Cleveland Gateway (36.5%), Cleveland Fairhill (31.7%), and Cleveland West (8.4%).

**Figure 5: Population by Race: The community served by Fairhill, Regency West, and Regency East Hospitals**

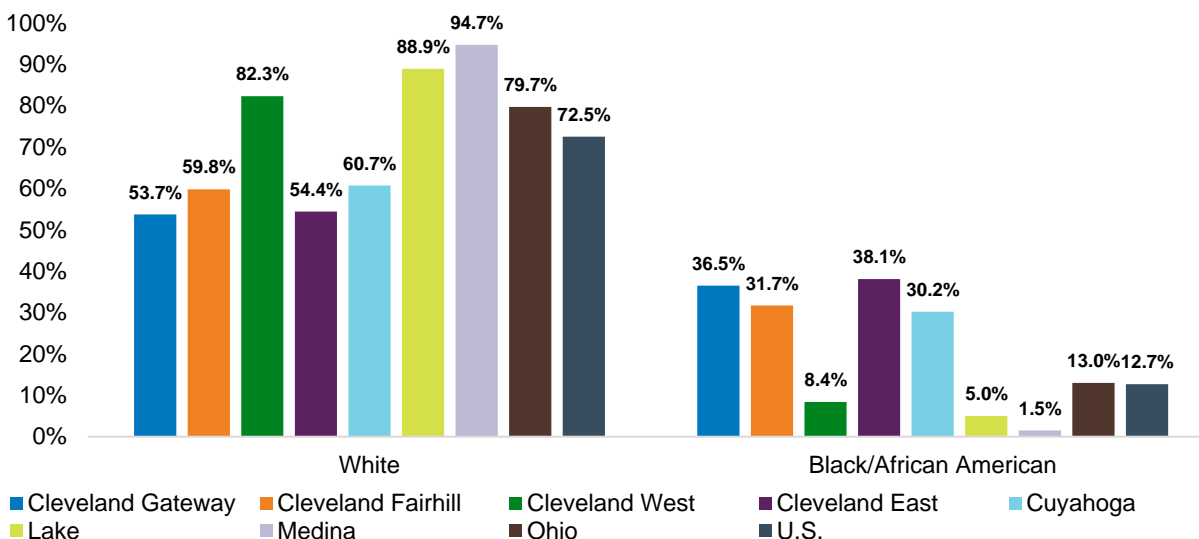


County values- Claritas Pop-Facts® (2022 population estimates)

Those community members identifying as White represent the higher proportion in the Cleveland West (82.3%); whereas Cleveland Fairhill (59.8%), Cleveland East (54.4%), and Cleveland Gateway (53.7%) represent a lower proportion when compared to Ohio (79.7%) and the U.S. (72.5%). While Black/African American represent a lower proportion of population only in the Cleveland West (8.4%); whereas Cleveland Fairhill (31.7%),

Cleveland East (38.1%), and Cleveland Gateway (36.5%) all represent a higher proportion when compared to Ohio (13.0%) and the U.S. (12.7%). Cuyahoga County has the largest percentage of community members identifying as Black/African American (30.2%) compared to the other counties included in the community served by Fairhill, Regency West, and Regency East Hospitals (Figure 6).

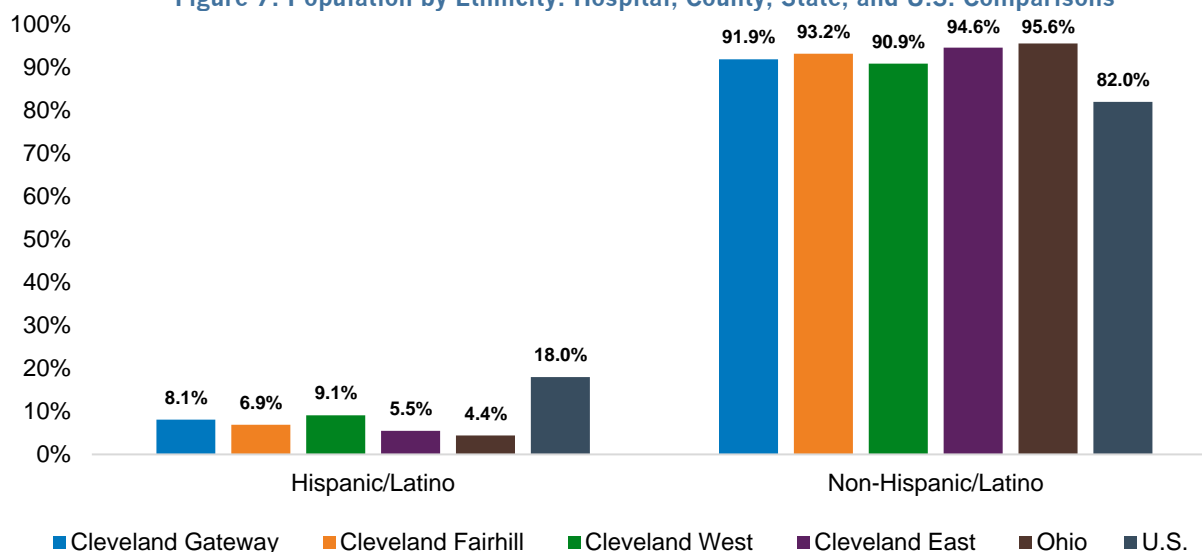
**Figure 6: Population by Race: The community served by Fairhill, Regency West, and Regency East Hospitals, County, State, and U.S. Comparisons**



County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

As shown in Figure 7, 9.1% identify as Hispanic/Latino in Cleveland West, which is highest among the community served by Fairhill, Regency West, and Regency East Hospitals with Cleveland Gateway, Cleveland Fairhill, and Cleveland East showing an 8.1%, 6.9%, 5.5%. All these hospital communities show a larger proportion of the population when compared to Ohio (4.4%) but smaller when compared to the U.S. (18.0%).

**Figure 7: Population by Ethnicity: Hospital, County, State, and U.S. Comparisons**

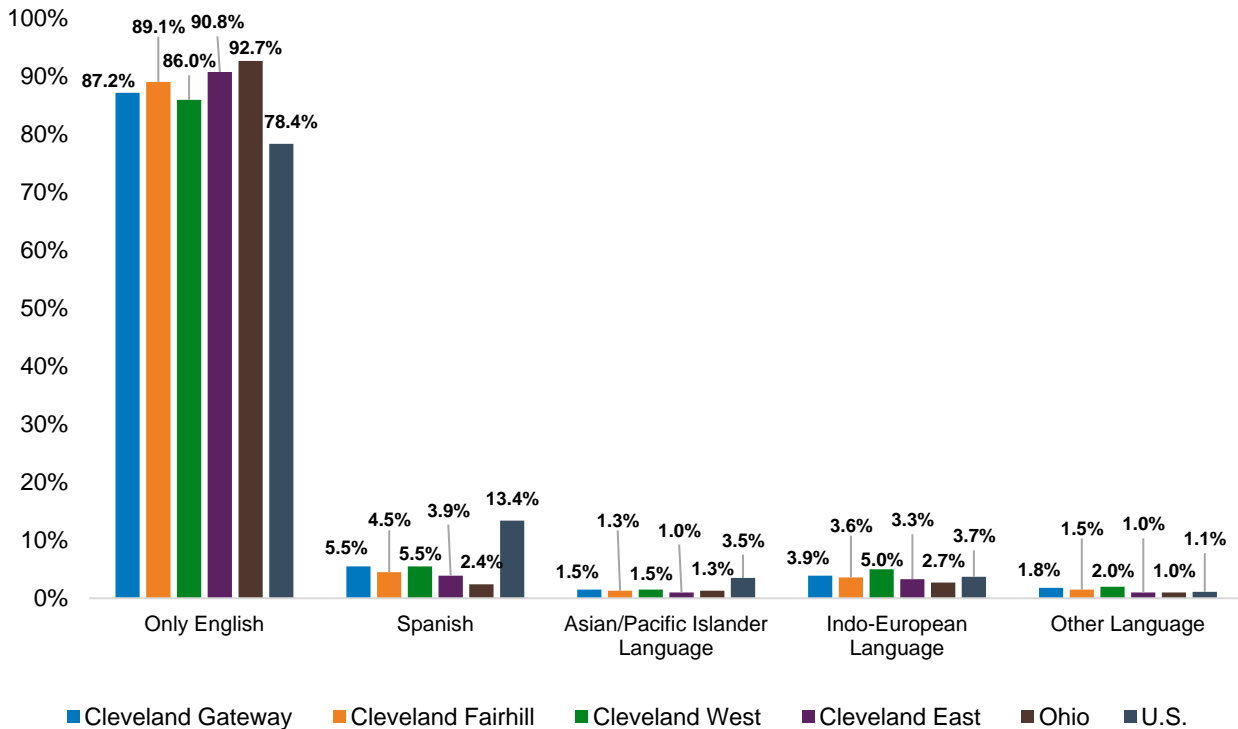


## Language and Immigration

Understanding countries of origin and language spoken at home can help inform the cultural and linguistic context for the health and public health system.

In the community served by Fairhill, Regency West, and Regency East Hospitals, 87.2%, 89.1%, 86.0%, and 90.8% of the population age five and older of Cleveland Gateway, Cleveland Fairhill, Cleveland West, and Cleveland East Hospital Communities respectively speak only English at home, which is lower than the state value of 92.7% but higher than the national value of 78.4% (Figure 8). The chart also indicates the percentage of the population in the community served by Fairhill, Regency West, and Regency East Hospitals that speak Spanish, an Asian/Pacific Islander language, an Indo-European Language, and Other Languages at home.

**Figure 8: Population 5+ by Language Spoken at Home: Hospital, State and U.S. Comparisons**



County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

## Highlighted Demographics: Social & Economic Determinants of Health

This section explores the economic, environmental, and social determinants of health impacting the community served by Fairhill, Regency West, and Regency East Hospitals. The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems.<sup>5</sup> The Social Determinants of Health (SDOH) can be grouped into five domains. Figure 9 shows the Healthy People 2030 Social Determinants of Health domains.<sup>6</sup>

Figure 9: Healthy People 2030 Social Determinants of Health Domains



### Geography and Data Sources

Data in this section are presented at various geographic levels (zip code and/or county) depending on data availability. When available, comparisons to county, state, and/or national values are provided. It should be noted that county level data can sometimes mask what could be going on at the zip code level in many communities. While indicators may be strong when examined at a higher level, zip code level analysis can reveal disparities.

<sup>5</sup> World Health Organization. Social Determinants of Health. [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)

<sup>6</sup> Healthy People 2030, 2022. Social Determinants of Health Domains. <https://health.gov/healthypeople/priority-areas/social-determinants-health>

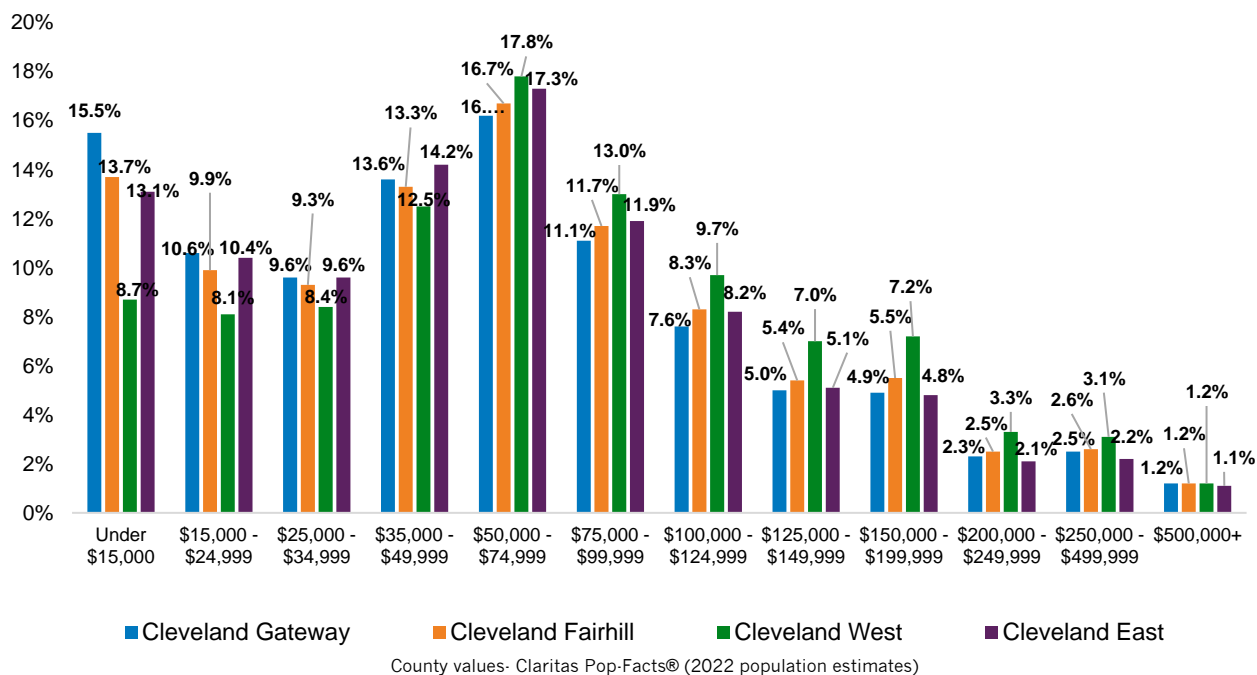
All demographic estimates are sourced from Claritas Pop-Facts® (2022 population estimates) and American Community Survey one-year (2019) or five-year (2016-2020) estimates unless otherwise indicated.

## Income

Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one’s ability to work.<sup>7</sup>

Figure 10 provides a breakdown of households by income in the community served by Fairhill, Regency West, and Regency East Hospitals Definition. A household income of \$50,000 - \$74,999 is shared by the largest proportion of households in the community served by Fairhill, Regency West, and Regency East Hospitals. The highest percentage of Households with an income of less than \$15,000 is seen in Cleveland Gateway (15.5%) followed by Cleveland Fairhill (13.7%), Cleveland East (13.1%), and Cleveland West (8.7%).

**Figure 10: Households by Income: Community served by Fairhill, Regency West, and Regency East Hospitals**

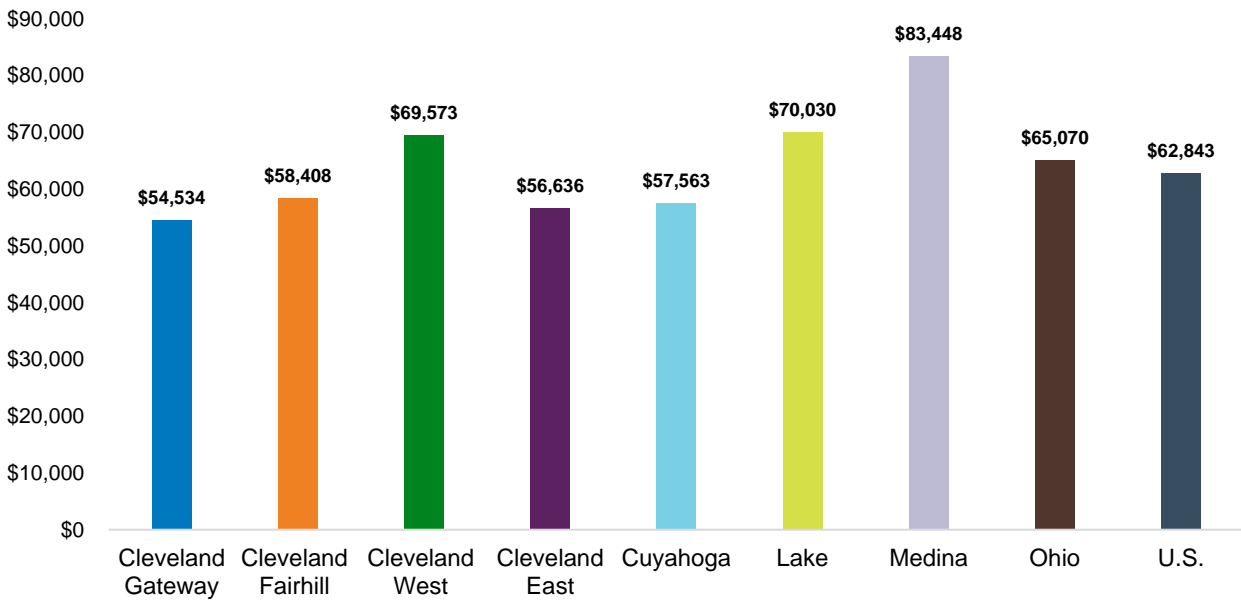


The median household income for the community served by Fairhill, Regency West, and Regency East Hospitals is \$54,534, \$58,408, and \$56,636 for Cleveland Gateway, Cleveland Fairhill, and Cleveland East respectively are lesser than the state value of \$65,070

<sup>7</sup> Robert Wood Johnson Foundation. Health, Income, and Poverty. <https://www.rwjf.org/en/library/research/2018/10/health-income-and-poverty-where-we-are-and-what-could-help.html>

and national value of \$62,843; whereas Cleveland West (\$69,573) has highest median household income (Figure 11).

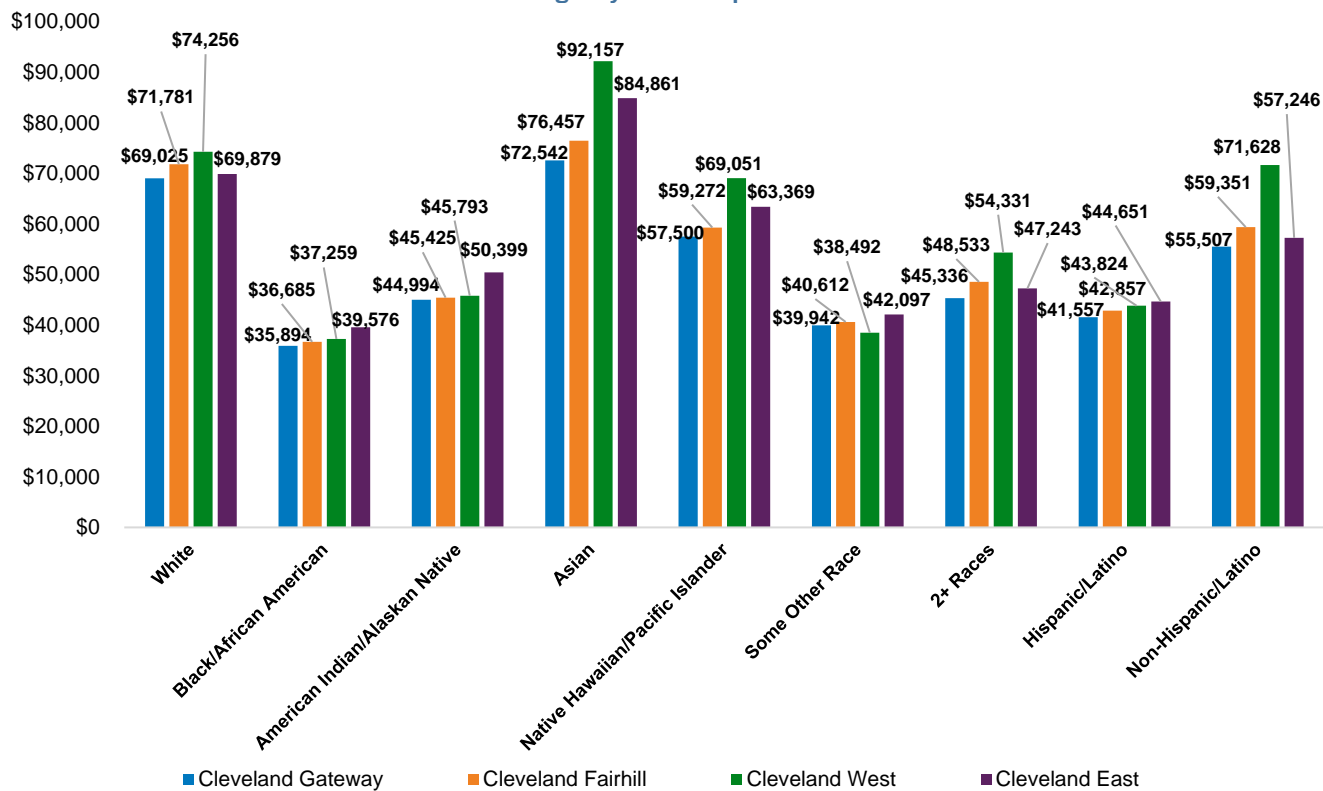
**Figure 11: Household Income by: Hospital, County, State, and U.S. Comparisons**



County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

Figure 12 shows the median household income by race and ethnicity for the community served by Fairhill, Regency West, and Regency East Hospitals.

**Figure 12: Median Household Income by Race/Ethnicity: The community served by Fairhill, Regency West, and Regency East Hospitals**



County values- Claritas Pop-Facts® (2022 population estimates)

## Poverty

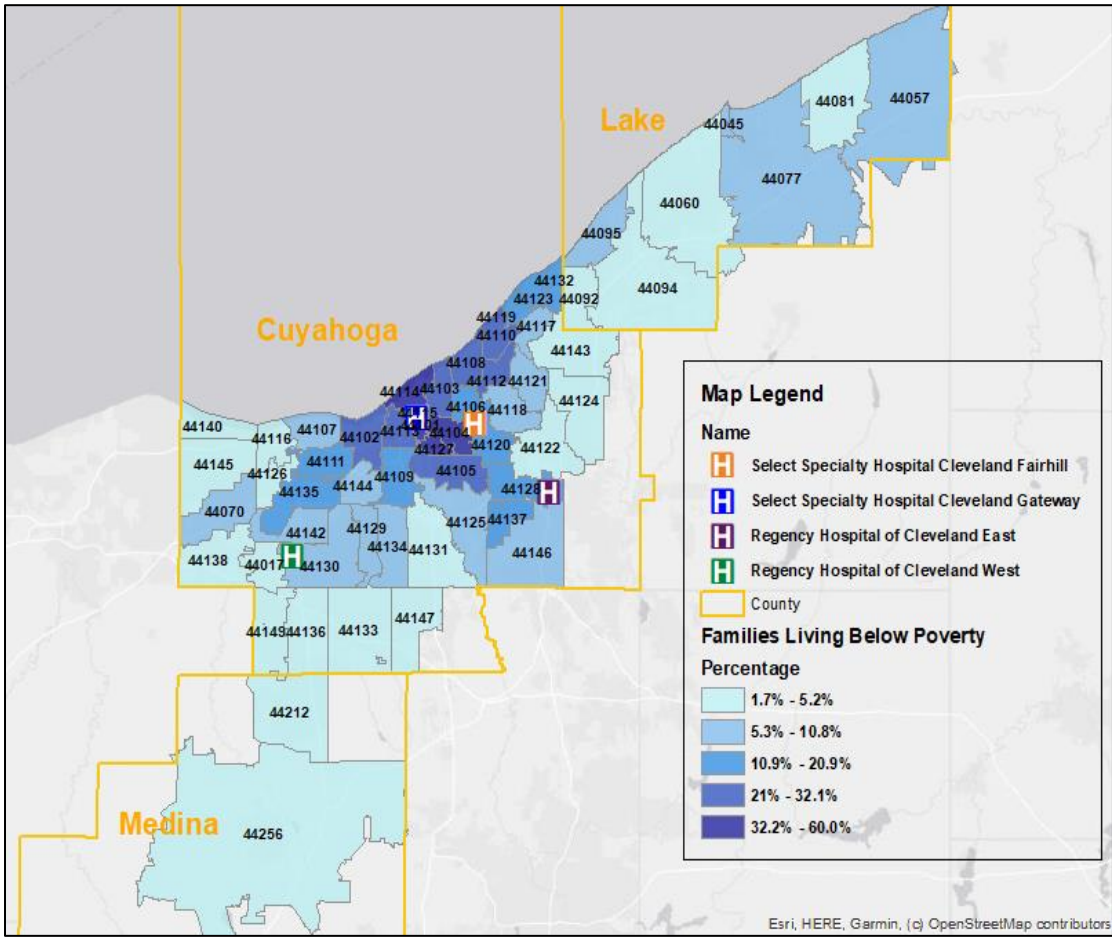
Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to healthcare, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.<sup>8</sup>

Figure 13 shows the percentage of families living below the poverty level by zip code for the community served by Fairhill, Regency West, and Regency East Hospitals. The darker blue colors represent a higher percentage of families living below the poverty level, with zip codes 44115 (Cleveland Fairhill and Cleveland Gateway) and 44104 (Cleveland Fairhill and Cleveland Gateway) having the highest percentages at 60.0% and 47.5%, respectively. The Cleveland Gateway Hospital Community has the highest percentage of families living below poverty (14.4%), followed by Cleveland Fairhill (12.4%), Cleveland East (11.7%), and Cleveland West (8.2%). The percentage of families living below poverty for each zip code by hospital community in the community served by Fairhill, Regency West, and Regency East Hospitals is provided in Appendix C.

**Figure 13: Families Living Below Poverty**

<sup>8</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01>





County values- Claritas Pop-Facts® (2022 population estimates)

## Employment

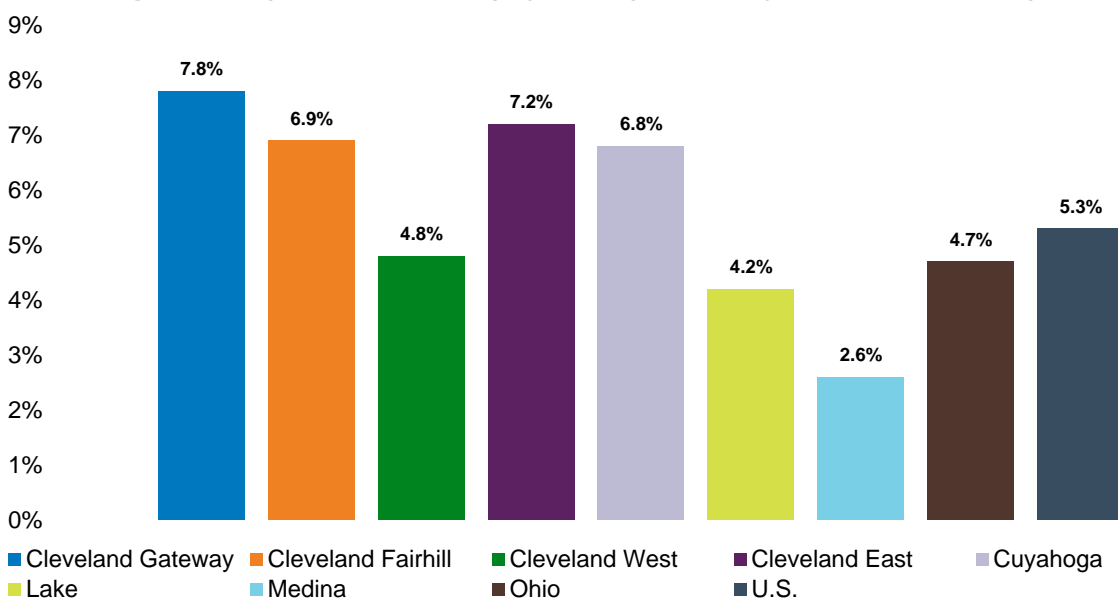
A community's employment rate is a key indicator of the local economy. An individual's type and level of employment impacts access to healthcare, work environment, health behaviors, and health outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes.<sup>9</sup>

Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment.<sup>9</sup>

Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health.<sup>9</sup>

Figure 14 shows the population aged 16 and over who are unemployed. The unemployment rate for the community served by Fairhill, Regency West, and Regency East Hospitals is highest in the Cleveland Gateway (7.8%), followed by Cleveland East (7.2%), Cleveland Fairhill (6.9%), and Cleveland West (4.8%), which are higher than the state value of 4.7% and lower than the national value of 5.3% (except Cleveland West).

**Figure 14: Population 16+ Unemployed: Hospital, County, State, and U.S. Comparisons**



County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

## Education

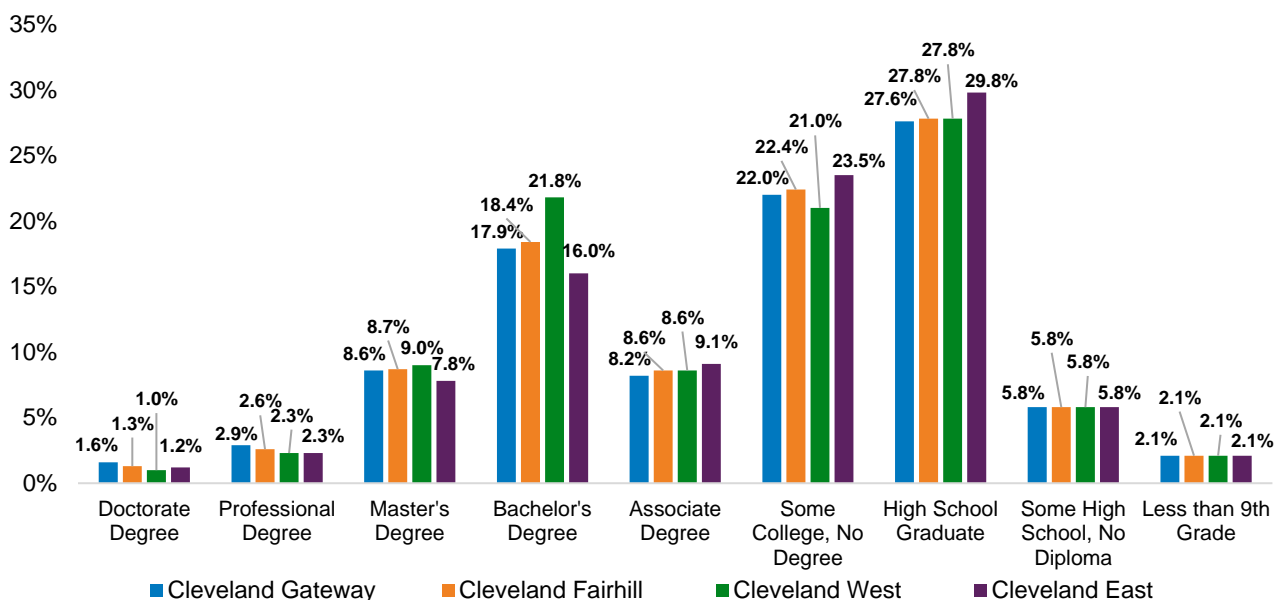
Education is an important indicator for health and wellbeing. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. People

<sup>9</sup> U.S. Department of Health and Human Services, Healthy People 2030.  
<https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment>

with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors.<sup>10</sup>

Figure 15 shows the percentage of the population 25 years or older by educational attainment.

**Figure 15: Population 25+ by Education Attainment: The community served by Fairhill, Regency West, and Regency East Hospitals**



County values- Claritas Pop-Facts® (2022 population estimates)

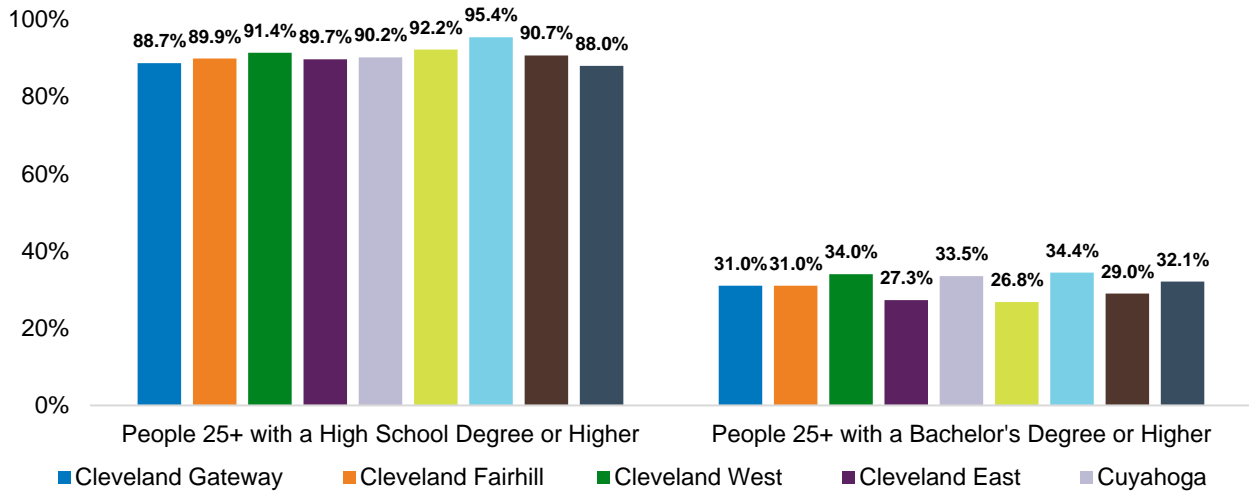
Another indicator related to education is on-time high school graduation. A high school diploma is a requirement for many employment opportunities and for higher education. Not graduating high school is linked to a variety of negative health impacts, including limited employment prospects, low wages, and poverty.<sup>11</sup>

Figure 16 shows that the Cleveland Gateway (88.7%), Cleveland Fairhill (89.9%), and Cleveland East (89.7%) has a lower percentage while Cleveland West (91.4%) has higher percentage of residents with a high school degree or higher when compared to the state of Ohio value (90.7%). Whereas all the 4 Hospital Communities have higher percentage of residents with a high school degree or higher when compared to the U.S. value (88.0%). The Cleveland Gateway (31.0%), Cleveland Fairhill (31.0%), and Cleveland West (34.0%) has a higher percentage while Cleveland East (27.3%) has lower percentage of residents with a bachelor's degree or higher when compared to the state of Ohio value (29.0%). When percentage of residents with a bachelor's degree or higher from Hospital Communities were compared to U.S. value (32.1%), Cleveland West had a higher percentage while Cleveland Gateway, Cleveland Fairhill, and Cleveland East had lower percentages.

<sup>10</sup> Robert Wood Johnson Foundation, Education and Health. <https://www.rwjf.org/en/library/research/2011/05/education-matters-for-health.html>

<sup>11</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/high-school-graduation>

**Figure 16: Population 25+ by Education Attainment: Hospital, County, State, and U.S. Comparisons**



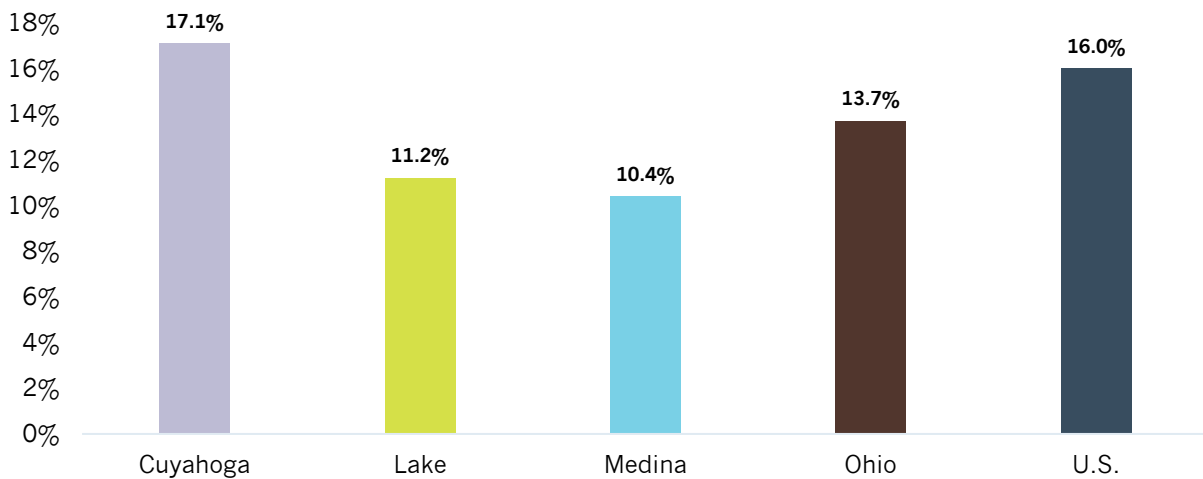
County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

## Housing

Safe, stable, and affordable housing provides a critical foundation for health and wellbeing. Exposure to health hazards and toxins in the home can cause significant damage to an individual or family’s health.<sup>12</sup>

Figure 17 shows the percentage of houses with severe housing problems. This indicator measures the percentage of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Cuyahoga County has the highest percentage of houses with severe housing problems.

**Figure 17: Severe Housing Problems: County, State, And U.S. Comparisons**



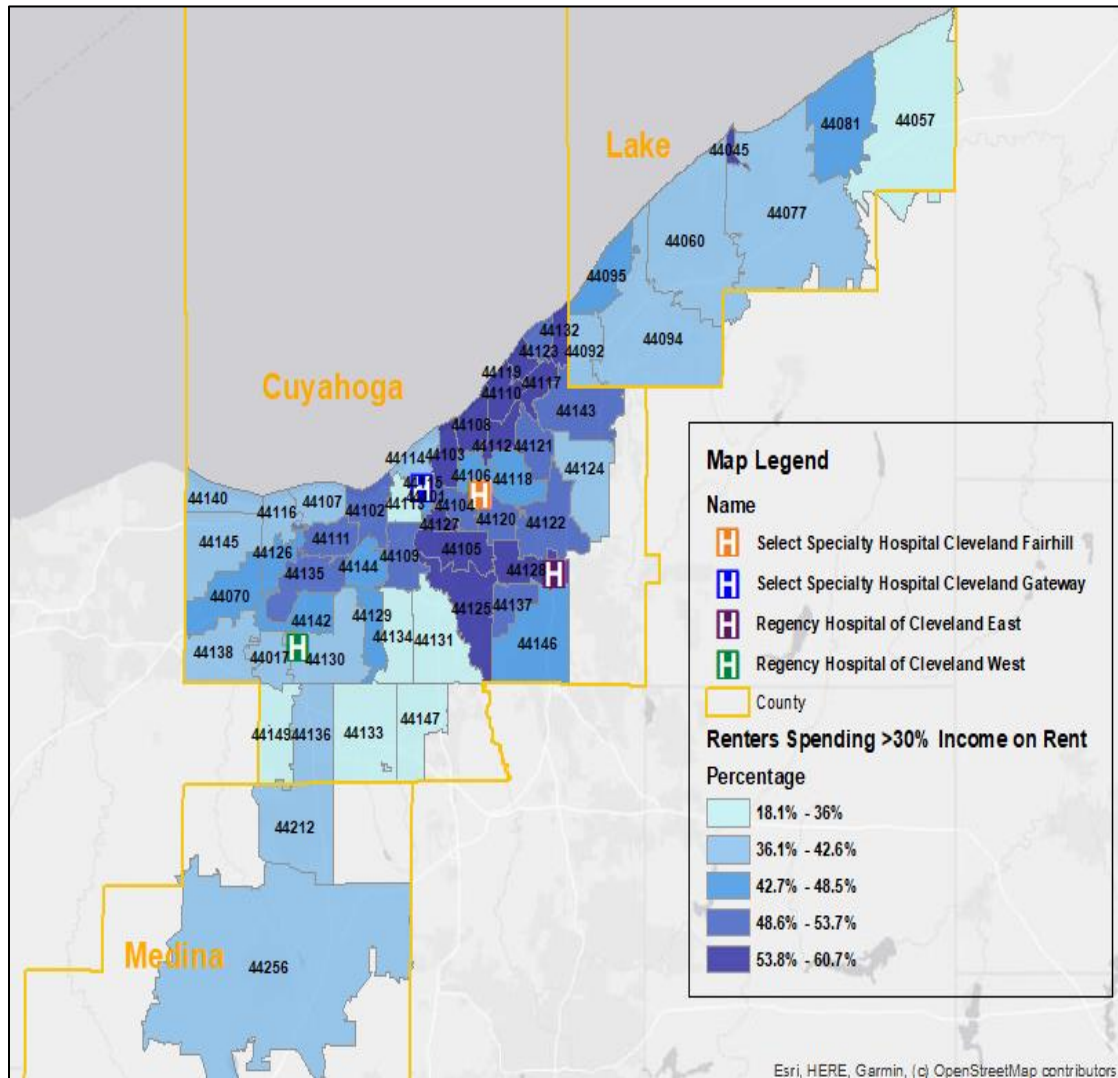
County, state values, and U.S. values taken from County Health Rankings (2013-2017)

<sup>12</sup> County Health Rankings, Housing and Transit. <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-and-transit>

When families must spend a large portion of their income on housing, they may not have enough money to pay for things like healthy foods or healthcare. This is linked to increased stress, mental health problems, and an increased risk of disease.<sup>13</sup>

Figure 18 shows the percentage of renters who are spending 30% or more of their household income on rent.

**Figure 18: Renters Spending 30% Or More Of Household Income on Rent**



County

values- American Community Survey five-year (2015-2019) estimates

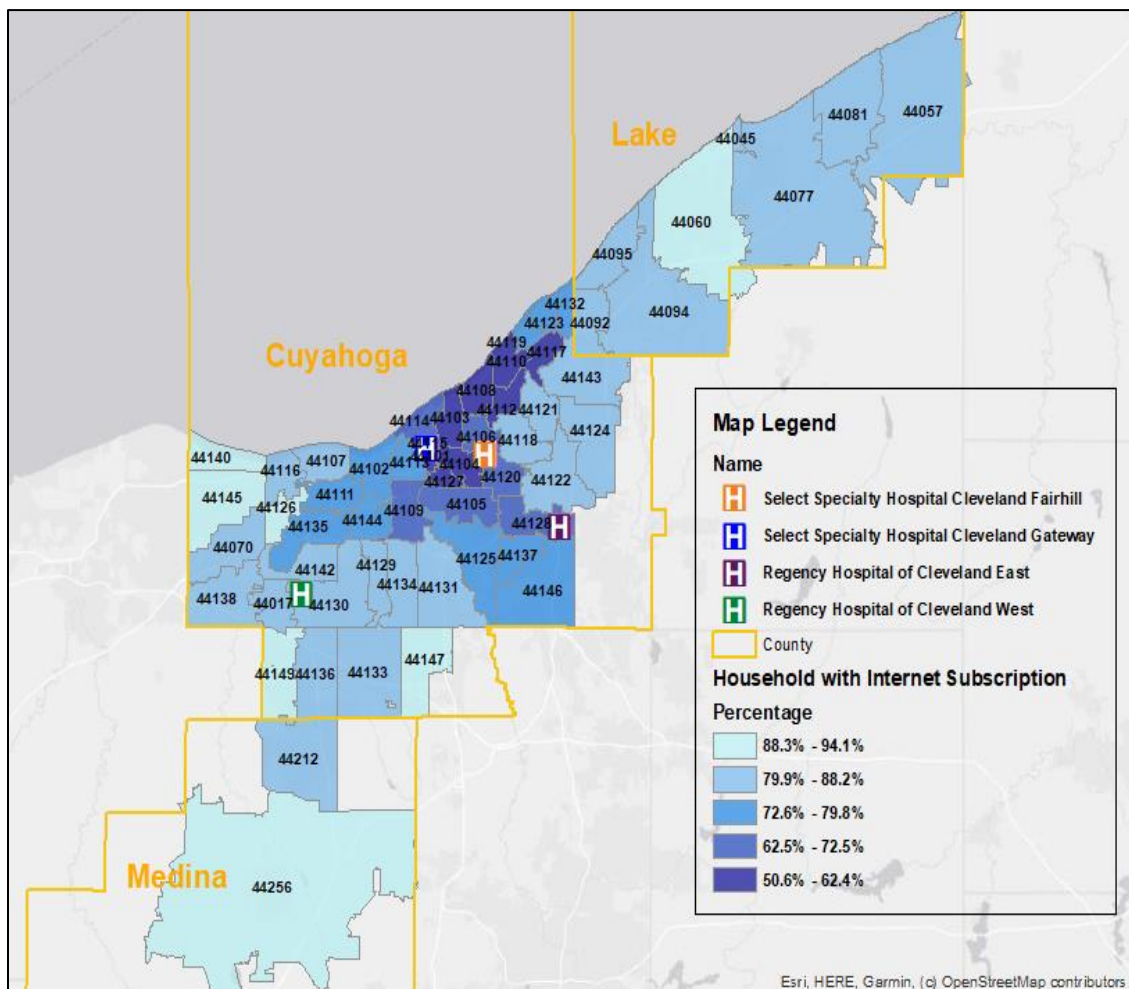
<sup>13</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04>

## Neighborhood and Built Environment

Internet access is essential for basic healthcare access, including making appointments with providers, getting test results, and accessing medical records. Access to the internet is also increasingly essential for obtaining home-based telemedicine services.<sup>14</sup> Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.<sup>14</sup>

Figure 19 shows the percentage of households that have an internet subscription. 44103 (Cleveland East, Cleveland Fairhill, and Cleveland Gateway) has the least percentage of households with internet connection, represented by the darkest shade of blue on the map.

**Figure 19: Households with an Internet Subscription**



County values- American Community Survey five-year (2015-2019) estimates

<sup>14</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05>



## Highlighted Demographics: Disparities and Health Equity

Identifying disparities by population groups and geography helps to inform and focus priorities and strategies. Understanding disparities also helps us better understand root causes that impact health in a community and inform action towards health equity.

### Health Equity

Health equity focuses on the fair distribution of health determinants, outcomes, and resources across communities.<sup>15</sup> National trends have shown that systemic racism, poverty, and gender discrimination have led to poorer health outcomes for groups such as Black/African American, Hispanic/Latino, Indigenous, communities with incomes below the federal poverty level, and LGBTQ+ communities.<sup>16</sup>

### Race, Ethnicity, Age & Gender Disparities

Primary and secondary data revealed significant community health disparities by race, ethnicity, gender, and age. It is important to note that the data is presented to show differences and distinctions by population groups. And a data variation within each population group may be as great as that between different groups. For instance, Asian or Asian and Pacific Islander persons encompasses individuals from over 40 different countries with very different languages, cultures, and histories in the U.S. Information and themes captured through key informant interviews have been shared to provide a more comprehensive and nuanced understanding of each community's experiences.

### Secondary Data

Community health disparities were assessed in the secondary data using the Index of Disparity<sup>17</sup> analysis, which identifies disparities based on how far each subgroup (by race, ethnicity, or gender) is from the overall county value. For more detailed methodology related to the Index of Disparity, see Appendix A.

Table 1 below identifies secondary data indicators with a statistically significant race or ethnic disparity for the community served by Fairhill, Regency West, and Regency East Hospitals based on the Index of Disparity.

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<sup>15</sup> Klein R, Huang D. Defining and measuring disparities, inequities, and inequalities in the Healthy People initiative. National Center for Health Statistics. Center for Disease Control and Prevention.

[https://www.cdc.gov/nchs/ppt/nchs2010/41\\_klein.pdf](https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf)

<sup>16</sup> Baciu A, Negussie Y, Geller A, et al (2017). Communities in Action: Pathways to Health Equity. Washington (DC): National Academies Press (US); The State of Health Disparities in the United States. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK425844/>

<sup>17</sup> Percy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.

**Table 1: Indicators with Significant Race or Ethnic Disparities**

Health Indicator	Group(s) Negatively Impacted
<b>Children Living Below Poverty Level</b>	Black/African American, Hispanic/Latino, Other Race, Two or More Races
<b>Families Living Below Poverty Level</b>	American Indian/Alaska Native, Black/African American, Hispanic/Latino
<b>People 65+ Living Below Poverty Level</b>	American Indian/Alaska Native, Black/African American, Hispanic/Latino, Two or More Races, Other Race
<b>People Living Below Poverty Level</b>	American Indian/Alaska Native, Black/African American, Hispanic/Latino, Other Race, Two or More Races
<b>Young Children Living Below Poverty Level</b>	Black/African American, Hispanic/Latino, Native Hawaiian/Pacific Islander, Other Race
<b>HIV/AIDS Prevalence Rate</b>	Black/African American, Hispanic/Latino
<b>Babies with Very Low Birth Weight</b>	Black/African American, Asian/Pacific Islander
<b>Workers Commuting by Public Transportation</b>	American Indian/Alaska Native, White (Non-Hispanic)
<b>Persons without Health Insurance</b>	Hispanic/Latino, Other Race

The Index of Disparity analysis for Cuyahoga, Lake, and Medina counties reveals that the Black/African American, Hispanic/Latino, American Indian/Alaska Native, Two or More Races, and Other Race group populations are disproportionately impacted by various measures of poverty, which is often associated with poorer health outcomes. These indicators include Families Living Below Poverty Level, Children Living Below Poverty Level, People 65+ Living Below Poverty Level, Young Children Living Below Poverty Level, and People Living Below Poverty Level. Furthermore, Black/African American, and Hispanic/Latino populations are disproportionately impacted in HIV/AIDS Prevalence Rate and Babies with Very Low Birth Weight. Hispanic/Latino and Other Race groups also have the highest rates of Persons without Health Insurance, compared to other races/ethnicities in the region.

Finally, White (Non-Hispanic) and American Indian/Alaska Native populations are disproportionately impacted across measures of public transportation (Table 1).

## Geographic Disparities

In addition to disparities by race, ethnicity, gender, and age, this assessment also identified specific zip codes/municipalities with differences in outcomes related to health and social determinants of health. Geographic disparities were identified using the Health Equity Index, Food Insecurity Index, and Mental Health Index. These indices have been

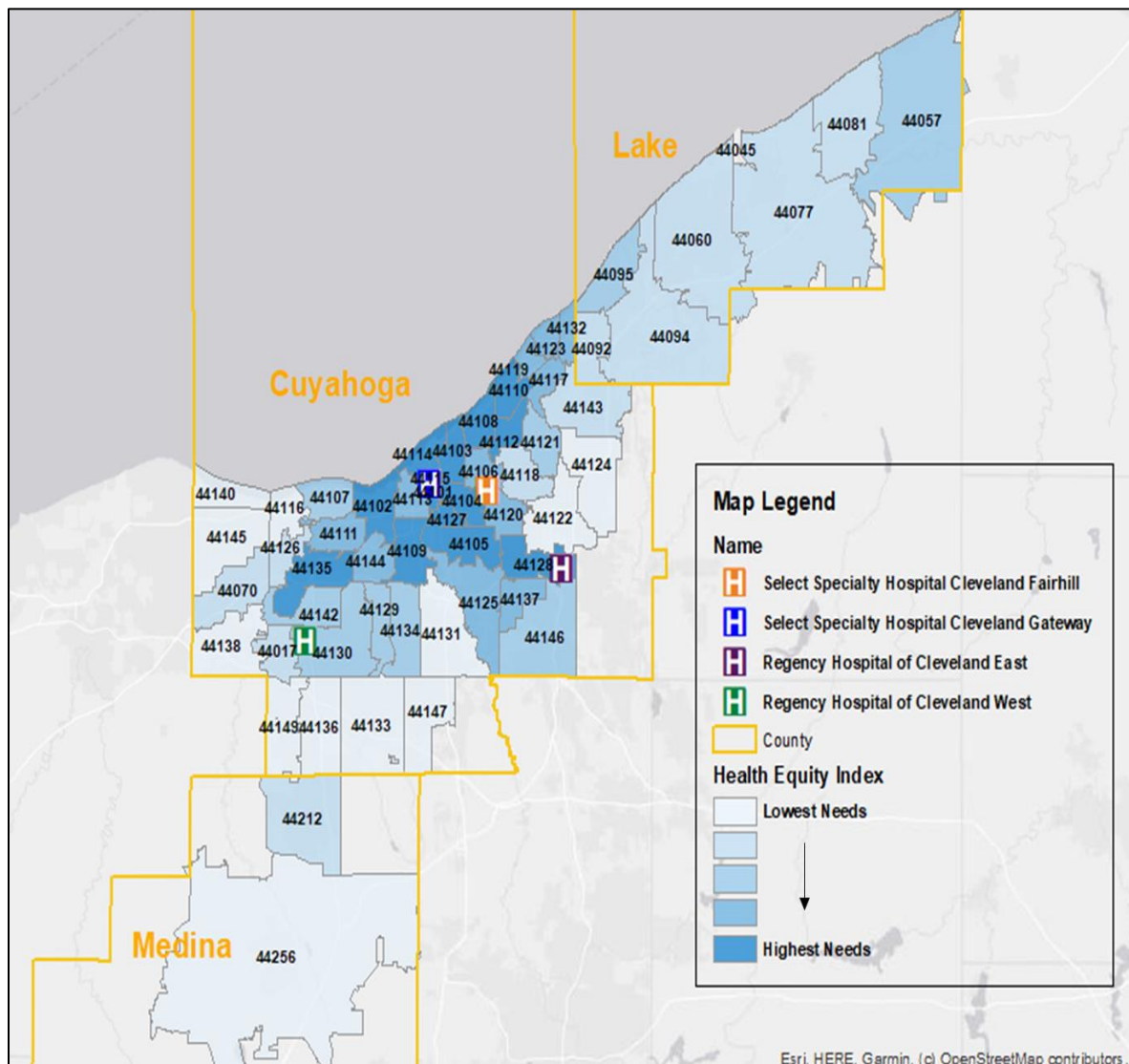


developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need, food insecurity and poor mental health. For all indices, counties, zip codes, and census tracts with a population over 300 are assigned index values ranging from 0 to 100, with higher values indicating greater need. Understanding where there are communities with higher need is critical to targeting prevention and outreach activities.

## Health Equity Index

Conduent’s Health Equity Index (HEI) estimates areas of high socioeconomic need, which are correlated with poor health outcomes. Zip codes are ranked based on their index value to identify relative levels of need, as illustrated by the map in Figure 20. The following zip codes in the community served by Fairhill, Regency West, and Regency East Hospitals had the highest level of socioeconomic need (as indicated by the darkest shades of blue): 44104, 44115, 44127, 44103, 44108, 44110, 44105, 44102, 44112, 44114, 44109, 44128, and 44135. These highest needs zip codes are all located in Cuyahoga County Appendix A provides the index values for each zip code by hospital community.

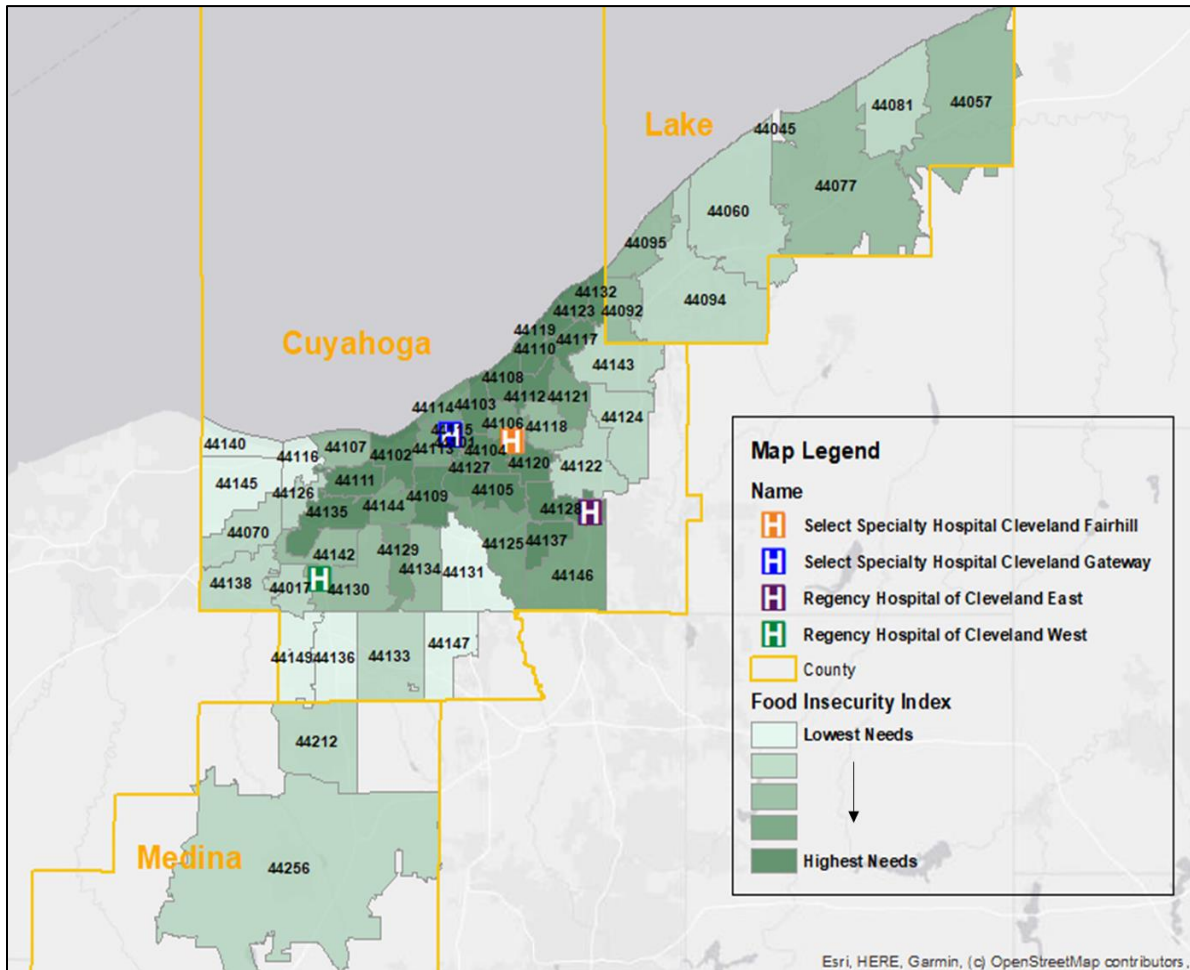
Figure 20: Health Equity Index



## Food Insecurity Index

Conduent’s Food Insecurity Index (FII) estimates areas of low food accessibility correlated with social and economic hardship. Zip codes are ranked based on their index value to identify relative levels of need, as illustrated by the map in Figure 21. The following zip codes had the highest level of food insecurity (as indicated by the darkest shades of green): 44104, 44115, 44127, 44110, 44103, 44105, 44108, 44112, 44102, 44128, 44109, 44132, and 44135. These high needs zip codes are all within Cuyahoga County. Appendix A provides the index values for each zip code and hospital community.

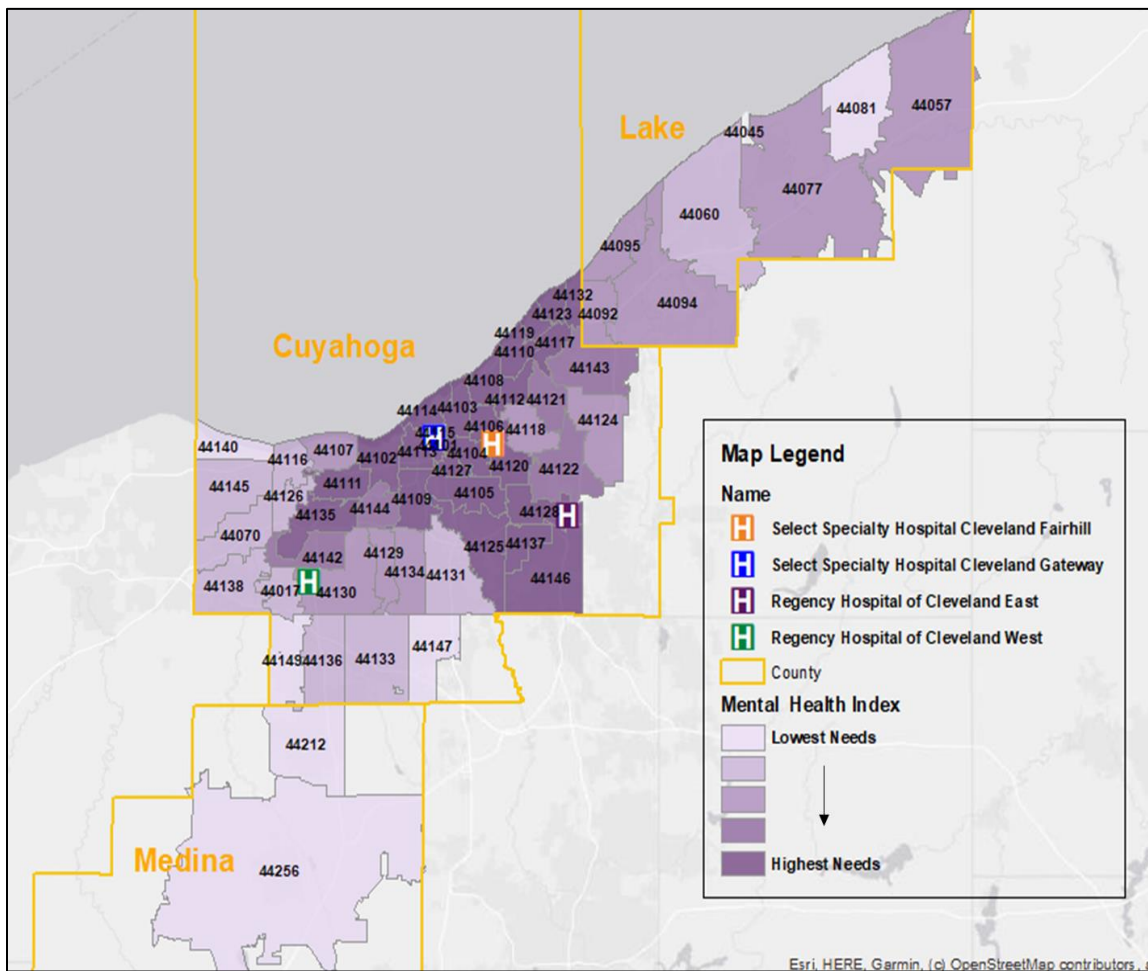
Figure 21: Food Insecurity Index



## Mental Health Index

Conduent’s Mental Health Index (MHI) is a measure of socioeconomic and health factors correlated with self-reported poor mental health. Zip codes were ranked based on their index value to identify the relative levels of need, as illustrated by the map in Figure 22. The following zip codes are estimated to have the highest need (as indicated by the darkest shades of purple): 44194, 44103, 44108, 44110, 44112, 44105, 44128, 44115, 44127, 44120, 44117, 44106, 44102, 44123, 44132, 44137, 44109, 44135, 44119, 44146, 44113, 44111, 44125, and 44114 in Cuyahoga County. Appendix A provides the index values for all zip codes by hospital community within the community served by Fairhill, Regency West, and Regency East Hospitals.

Figure 22: Mental Health Index



## Highlighted Demographics: COVID-19 Impacts Snapshot

On March 13, 2020, a U.S. national emergency was declared over the novel coronavirus outbreak first reported in the Wuhan Province of China in December 2019. Officially named COVID-19 by the World Health Organization (WHO) in February, WHO declared COVID-19 a pandemic on March 11, 2020. Later that month, stay-at-home orders were placed by the Ohio Governor and unemployment rates soared as companies were impacted and mass layoffs began.

At the time that the community served by Farihill, Regency West, and Regency East Hospitals began its collaborative CHNA process, the community and the state of Ohio were in a period of the pandemic that was hoped to be in its final phases. Primary data was collected virtually to ensure the health and safety of those participating.

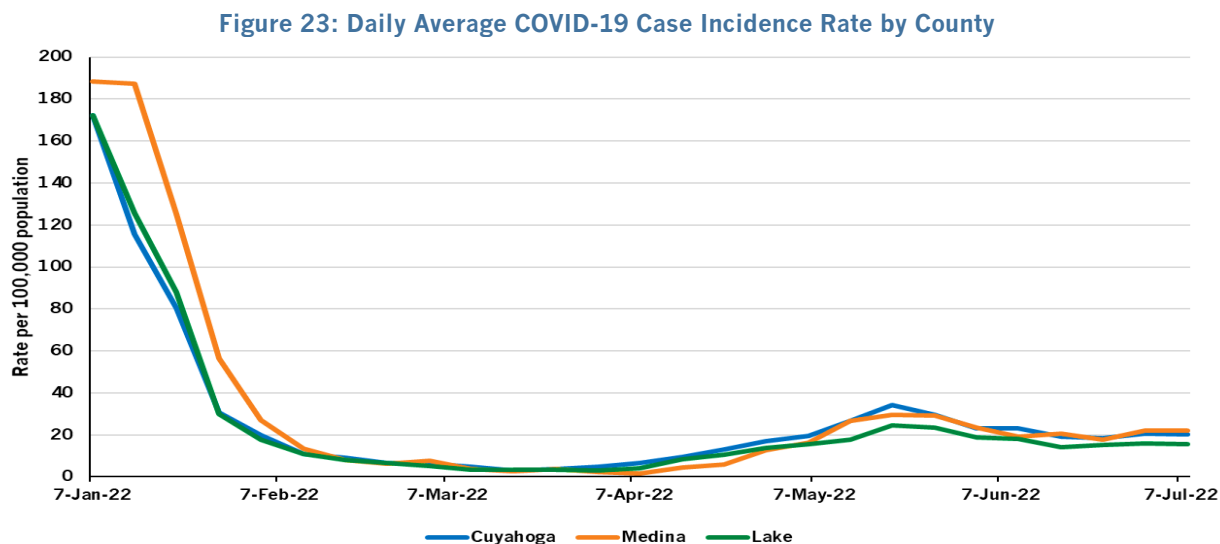
### COVID-19 Pandemic

#### Community Input

Key stakeholder interviews served to assess the impact of the COVID-19 pandemic by asking respondents to describe how the pandemic has impacted community health outputs. Top responses focused on mental health challenges that spanned all age groups. Older adult health suffered both because of isolation borne of the fear of exposure to the COVID-19 virus, followed by sense of well-being, security, or hope, and social support/connection.

#### The COVID-19 Daily Average Case Incidence Rate by County

Figure 23 shows the daily average COVID-19 case incidence rate for Cuyahoga, Lorain, and Medina counties from January 2022 through early July 2022. As shown, the incidence rate has declined since the beginning of 2022, although some small spikes in incidence rates have occurred.



Source for County values- Centers for Disease Control and Prevention (2022)

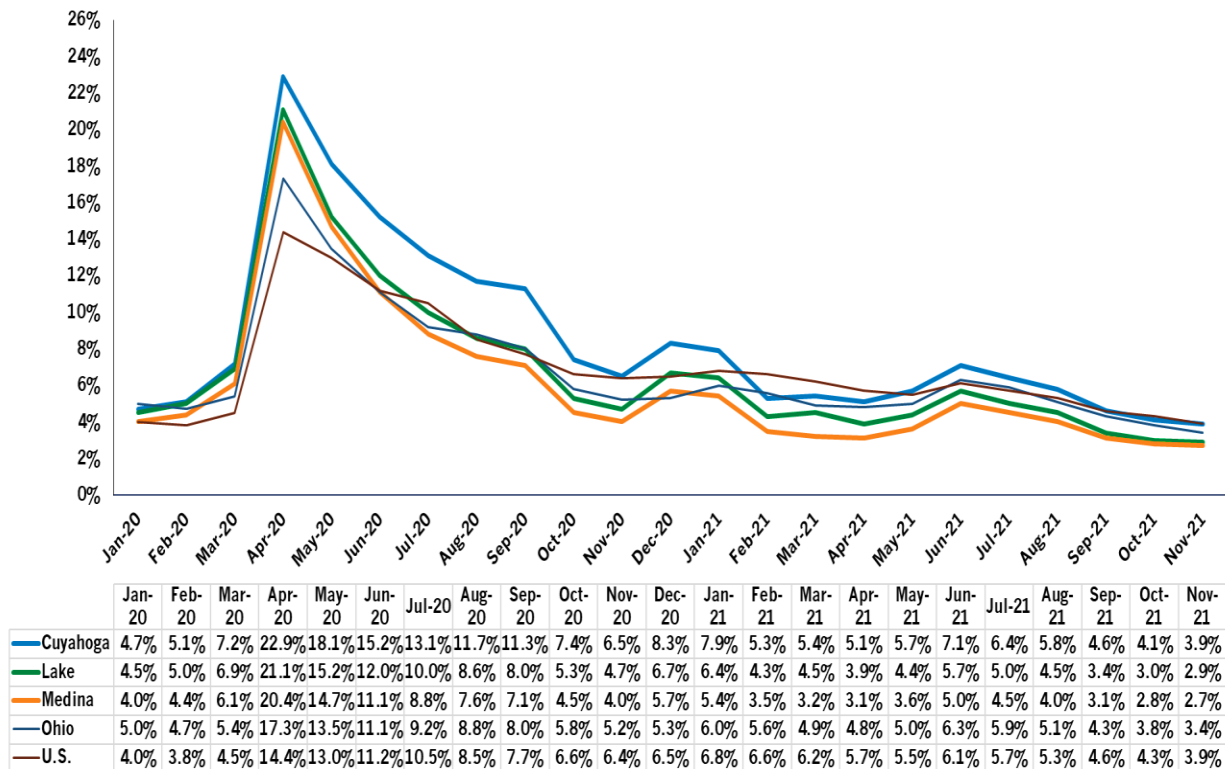
## Vaccination Rates

As of June 2022, at least 64% of the population residing in counties within the community served by Fairhill, Regency West, and Regency East Hospitals are fully vaccinated against COVID-19. Lake County has the highest vaccination rates (66.3%), followed by Cuyahoga County (65.5%) and Medina County (64.6%).

## Unemployment Rates

Unemployment rates rose between March and April 2020 for Cuyahoga, Lake, and Medina counties when stay-at-home orders were first announced. Illustrated in Figure 24 below, as counties began slowly reopening some businesses in late-2020, the unemployment rate gradually began to go down. As of late 2021, unemployment rates have stabilized but still exceed pre-pandemic rates. When unemployment rates rise, there is a potential impact on health insurance coverage and healthcare access if jobs lost include employer-sponsored healthcare.

**Figure 24: Unemployment Rate After the Start of the COVID-19 Pandemic**



Source for County, State, and National values- US Bureau of Labor Statistics (2020-2021)

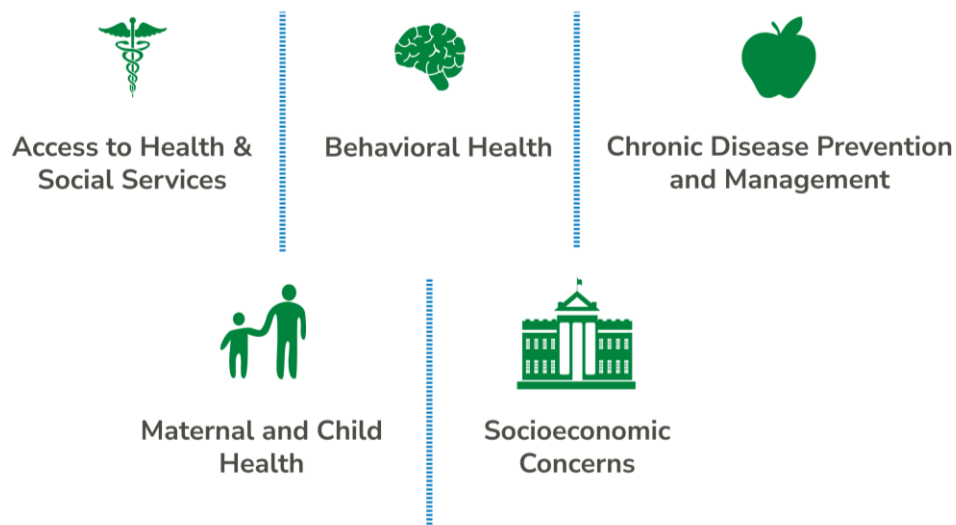
## Synthesis and Prioritization

All forms of data may present strengths and limitations. Each data source used in this CHNA process was evaluated based on strengths and limitations and should be kept in mind when reviewing this report. Each health topic presented a varying scope and depth of quantitative data indicators and qualitative findings. For both quantitative and qualitative data, immense efforts were made to include as wide a range of secondary data indicators, and key stakeholders as possible. A full list of contributors can be found in the Primary Data Collection and Analysis description in [Appendix A](#).

To gain a comprehensive understanding of the significant health needs for the community served by Fairhill, Regency West, and Regency East Hospitals, the findings from both data sets were compared and studied simultaneously. The secondary data scores and key stakeholder responses were considered equally important in understanding the health issues of the community. The top health needs identified from each of these data sources were analyzed for areas of overlap. Four health issues were identified as significant health needs across both data sources and were used for further prioritization. To ensure alignment with state and local health department objectives, a working group analyzed these significant health needs alongside the [Ohio State Health Improvement Plan \(SHIP\)](#) as well as the [Cuyahoga, Lake and Medina County Community Health Improvement Plans \(CHIP\)](#) most recent findings. The prioritization process distilled the significant needs into five categories.

The five prioritized health needs are summarized in Figure 25. Each prioritized health topic includes the key findings from secondary data and key stakeholder interviews.

**Figure 25: 2022 Prioritized Health Needs**





# Prioritized Health Topic #1: Access to Healthcare

## Access to Healthcare

Secondary Data Score: 1.44



### Key Themes from Community Input



- COVID-19 impact: delays in preventative care, workforce shortages
- Difficulties navigating health care system due to lack of broadband access/computer knowledge, no prior experience as a healthcare consumer/history of accessing the system
- Gentrification/Built Environment reduces accessibility to services
- Health disparities most prevalent in the community:
  - access to care due to transportation barriers, issues of trust, not enough providers located in the city of Lorain
- Issues of discrimination/bias create mistrust in healthcare: having doctors that look like the people they're serving, building a sustainable presence in the community, mobile health units, easily available translators, culturally responsive health care providers to implement trauma-informed care/gender-affirming care
- Lack of investment in local public health/preventive care as hospitals are focused on revenue coming from speciality/surgical care
- Racial, economical, geographical, educational, environmental inequities all affect access to care, disproportionately impacting communities of color
- Red lined communities have decreased healthcare access
- Systemic inequities in payment structures: conditions that communities of color were experiencing are reimbursed at lower rates than the conditions that White people are reimbursed for

### Warning Indicators



- Consumer Expenditures: Health Insurance
- Consumer Expenditures: Medical Services
- Consumer Expenditures: Medical Supplies
- Consumer Expenditures: Prescription and Non-Prescription Drugs
- Persons without Health Insurance
- Primary Care Provider Rate

## Primary Data: Key Stakeholder Interviews

Access to Health Care was described as a top health need by the key stakeholders. Access, and access-related topics including transportation and resources, were described as among the top barriers to improving health. Key stakeholders noted that current efforts to bring resources and services to patients mitigates transportation issues, avoids unnecessary emergency room visits, and should be leveraged and built upon. Workforce shortages as a result of the pandemic has also limited the number of providers available, in turn, affecting access to healthcare.

Key stakeholders noted a lack of investment in prevention practices including accessibility of primary services at a local level. Racial, economical, geographical, educational, and environmental inequities all impact access to care and disproportionately affect communities of color. Three key themes surfaced from community discussions including systemic inequities in healthcare, the need to focus on preventative care, and barriers to healthcare.

Systemic inequities in healthcare included issues of discrimination and bias from providers which ultimately creates mistrust from communities experiencing this discrimination. Key informants suggested hiring providers that look like the people they are caring for, building a sustainable presence in the community, and ensuring providers are trained in trauma-informed care and gender-affirming care.

Preventative care included high utilization rates of the ER for minor health issues due to lack of primary care physician, and the need to strengthen the public health infrastructure. Furthermore, COVID-19 allowed for the expansion of telehealth which increased access to healthcare for many. However, it also exposed the inequities in broadband support due to infrastructure issues leaving residents unable to access telehealth.



Certainly the people who are living with Long COVID have very direct health care issues that they're dealing with. The pandemic has definitely led to significant delays in care early on, so a lot of that preventative stuff got pushed off and I don't think we've caught up with all that.



- Key Stakeholder

## Secondary Data

From the secondary data scoring results, Health Care Access & Quality ranked as the eighth highest scoring health need, with a score of 1.44. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and can be found in Appendix C and are discussed below. In addition, the appendices also contain a description of methodology (Appendix A) and a full list of indicators with data scoring categorized within this topic area (Appendix C).

The average dollar amount per consumer unit for health insurance in Medina County is \$5,410.8, which is higher than the average dollar amount spent on health insurance in the state of Ohio, where that amount is \$4,371.7 dollars per consumer unit. A consumer unit is defined as a household or any person living in a college dormitory. For this indicator, Medina County fell in the worst 25% of all counties in the nation. Additionally, in Cuyahoga County, 89.8% of adults have health insurance, compared to 90.6% in the United States. Medical costs in the United States are high. Therefore, people without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill, they will not seek treatment until the condition is more advanced and therefore more difficult and costly to treat.<sup>18</sup> Many

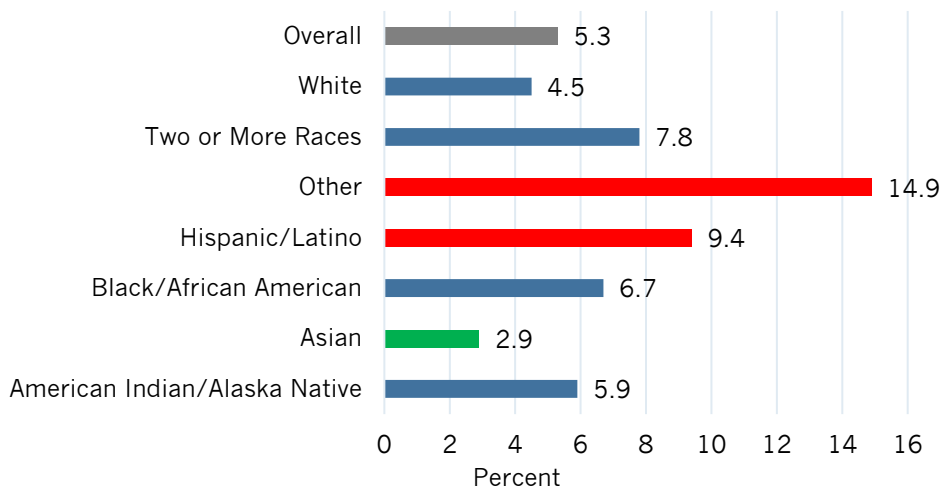
<sup>18</sup> Kaiser Family Foundation, 2020 and 2015



small businesses are unable to offer health insurance to employees due to rising health insurance premiums.<sup>19</sup>

The rising costs of medical care and lack of insurance affects all races and ethnicities. However, in Cuyahoga County, people identifying as Hispanic/Latino and Some Other Races are disproportionately affected (see red below). Conversely, Asian residents of Cuyahoga County have the lowest rate of persons without health insurance (see green below).

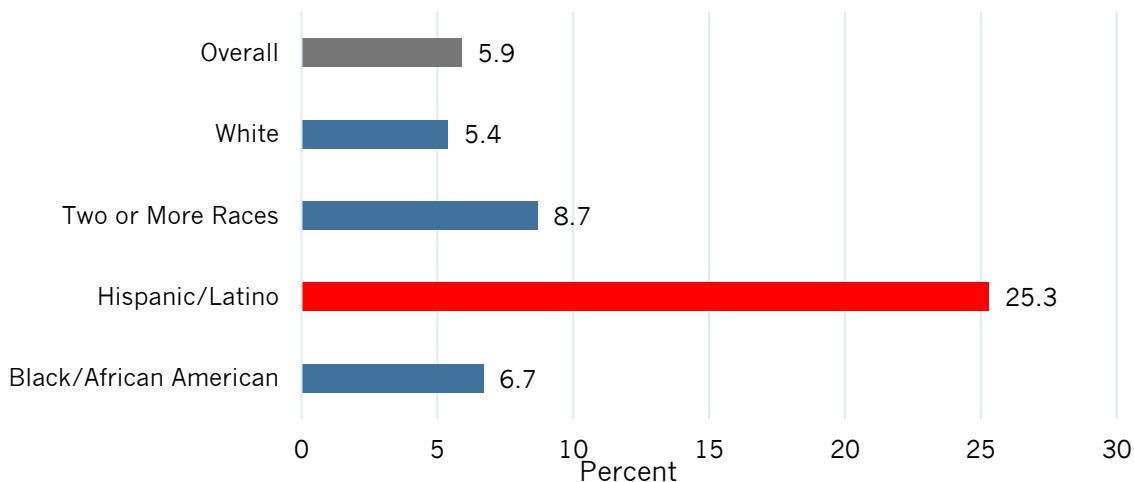
**Figure 26. Persons without Health Insurance by Race/Ethnicity in Cuyahoga County**



Source: American Community Survey, 2019

Similarly, as seen in red in Figure 27, in Lake County, persons identifying as Hispanic/Latino are much more likely to be without health insurance (25.3%) compared to the overall population as seen in gray (5.9%).

**Figure 27. Persons without Health Insurance by Race/Ethnicity in Lake County**



Source: American Community Survey, 2019

<sup>19</sup> The Commonwealth Fund, 2019

## Prioritized Health Topic #2: Adult Health

Adult Health is a health topic that is analyzed from three secondary data topics – Nutrition and Healthy Eating, Chronic Diseases, Older Adult Health and Other Conditions. An overview snapshot of each of these subtopics is provided below.

### NUTRITION & HEALTHY EATING

## Nutrition & Healthy Eating

Secondary Data Score: **1.47**



### Key Themes from Community Input



- Access to healthy food limited by transportation, minimal grocery stores nearby, built environment
- Conditions such as hypertension asthma, diabetes, COPD, coronary heart disease, all related to the quality of food one has access to
- Effects of redlining are still seen—these are the neighborhoods that do not always have grocery stores in a close mile radius
- Heart disease, diabetes, obesity, cancer—all inherently tied to healthy food accessibility, built environment/walkability, safety, access to care

### Warning Indicators



- Consumer Expenditures: Fast Food Restaurants
- Consumer Expenditures: High Sugar Beverages
- Consumer Expenditures: High Sugar Foods
- People 65+ with Low Access to a Grocery Store

## Primary Data: Key Stakeholder Interviews

Key stakeholders revealed that access to healthy foods was often limited by a lack of either public or private transportation. There are only a few grocery stores in the community and few community members can access those by walking. Conditions such as hypertension, asthma, diabetes, chronic obstructive pulmonary disease (COPD) and coronary heart disease are all related to the quality of food community members have access to.<sup>20</sup>

<sup>20</sup> Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion.

<https://www.cdc.gov/chronicdisease/resources/publications/factsheets/nutrition.htm>



To this day, the effects of redlining are still seen—these are the neighborhoods that do not always have grocery stores in a close mile radius. These are the neighborhoods where you're going to see lots of dollar stores around, where people are being forced to get their fruits and veggies because there hasn't been a historical investment in them.



- Key Stakeholder

## OLDER ADULT HEALTH & OTHER CONDITIONS

### Older Adult Health & Other Conditions

Secondary Data Score: **1.53** (Older Adults)  
**1.68** (Other Conditions)



#### Key Themes from Community Input



- Affordable assisted living facilities in familiar neighborhoods are scarce
- Aging at home brings increased care requirements and isolation
- Difficulties navigating health care system due to lack of broadband access/computer knowledge
- Lower income older adults disproportionately affected by chronic conditions, access to healthy food, poor housing conditions
- Social cohesion and connectedness is a major concern for LGBTQ+ elderly community members
  - Isolation is seen so often in elderly patients because they come from a generation where they may have been rejected by family members, may have lost loved ones
  - Isolation as an independent risk factor for adverse outcomes

#### Warning Indicators



- Adults with Arthritis
- Age-Adjusted Death Rate due to Falls
- Atrial Fibrillation: Medicare Population
- Cancer: Medicare Population
- Chronic Kidney Disease: Medicare Population
- Depression: Medicare Population
- Hyperlipidemia: Medicare Population
- Osteoporosis: Medicare Population
- People 65+ Living Alone
- People 65+ with Low Access to a Grocery Store
- Rheumatoid Arthritis or Osteoarthritis: Medicare Population

### Primary Data: Key Stakeholder Interviews

Key stakeholders focused on lower income older adults who are disproportionately affected by chronic conditions, access to healthy food and poor housing conditions. Furthermore, difficulties navigating telehealth services as well as arranging in-person visits are attributed to lack of broadband access or lack of comfort with technologies required to access services like smart phones, computers and tablet devices in the older adult population.

Key stakeholders revealed that access to healthy food was often limited by a lack of either public or private transportation, disproportionately affected lower income older adults.

There are only a few grocery stores in the community and few community members can access those by walking. The effects of redlining are evident as these neighborhoods do not always have grocery stores and therefore are limited to corner stores which often do not have fresh fruits and vegetables. COVID-19 greatly impacted the need for food as seen by elevated levels of food insecurity throughout the community. Conditions such as hypertension, asthma, diabetes, chronic obstructive pulmonary disease (COPD) and coronary heart disease are all related to the quality of food community members have access to<sup>21</sup>.



I think one of the challenges on the healthcare side of the equation is that it is not about the quality of the care that's available, it is about a population that for many people has had no experience being a healthcare consumer. And so at least one of the challenges for folks is they have no history of accessing the system. If they get a prescription written, do they know how to get it filled? Do they know how to navigate the system to get to the pharmacy again?



- Key Stakeholder

## Secondary Data

Nutrition & Healthy Eating had the seventh highest data score of all topic areas with a score of 1.47. The Older Adult Health topic area had the sixth highest score at 1.53 and the related Other Conditions health topic ranked third with a score of 1.68. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and can be found in Appendix C and are discussed below. In addition, the appendices also contain a description of methodology (Appendix A) and a full list of indicators with data scoring categorized within this topic area (Appendix C).

The Age-Adjusted Death Rate due to Prostate Cancer is the worst performing indicator in Cuyahoga County with an indicator score of 2.72. Not surprisingly, the county also has a high incidence rate of prostate cancer, with Cuyahoga County performing in the worst 25% of counties in the state and nation. Similarly, the Prostate Cancer Incidence Rate is the worst-performing indicator in Medina County with a data score of 2.64. There are 135.8 cases per 100,000 males in 2014-2018.

In Lake County, the Age-Adjusted Death Rate due to Falls and Osteoporosis: Medicare Population were the worst performing indicators, both scoring a 2.92 out of a possible 3.00.

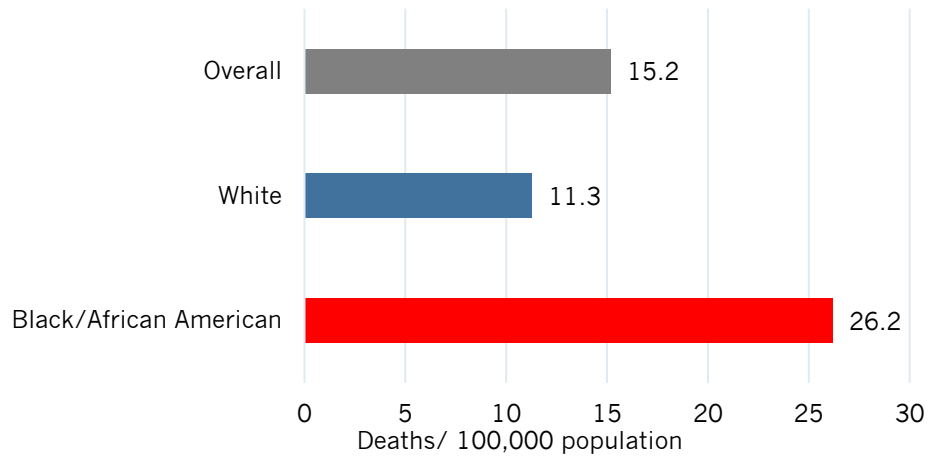
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<sup>21</sup> Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion.

<https://www.cdc.gov/chronicdisease/resources/publications/factsheets/nutrition.htm>

Black/African American residents of Cuyahoga County experience worse rates of Age-Adjusted Death Rate due to Kidney Disease than their White peers (see red in Figure 28). Figure 28 shows Black/African Americans in Cuyahoga County have a death rate due to Kidney Disease of 26.2 deaths per 100,000 population compared to the overall rate of 15.2.

**Figure 28 Age-Adjusted Death Rate due to Kidney Disease by Race/Ethnicity in Cuyahoga County**



Source: Centers for Disease Control and Prevention, 2017-2019

# Prioritized Health Topic #3: Community Safety



## Prevention and Safety

Secondary Data Score: 1.71

### Key Themes from Community Input



- Food insecurity increased with unemployment during the pandemic
- Generational poverty, poor housing and lack of resources available to create healthy conditions for people to live, work, and play in
- Gun violence was a top community concern
- People without safe and affordable housing are an underserved population
- Violence and poverty continues to be an issue that is not getting addressed

### Warning Indicators



- Adults with Current Asthma
- Age-Adjusted Death Rate due to Falls
- Age-Adjusted Death Rate due to Unintentional Injuries
- Age-Adjusted Death Rate due to Unintentional Poisonings
- Annual Ozone Air Quality
- Children with Low Access to a Grocery Store
- Death Rate due to Drug Poisoning
- Fast Food Restaurant Density
- Grocery Store Density
- People 65+ with Low Access to a Grocery Store
- SNAP Certified Stores
- WIC Certified Stores

## Primary Data: Key Stakeholder Interviews

Key stakeholders couched discussions around specific health needs in the context of generational poverty, poor housing and historical red lining. Generally, there is a lack of resources individually and as a community to create healthy conditions for people to live, work and play. Gun violence was also a recurring theme throughout key stakeholder interviews. Community violence was mentioned as a barrier to physical activity, specifically, children playing outside in unsafe communities. Furthermore, key stakeholders emphasized that while violence and poverty continue to be pressing issues plaguing communities, little is done to address it.



The biggest disparities that we are working on right now are infant mortality, lead poisoning, community violence and behavioral health. There is inequity imbedded into our economic and educational system that so greatly impact health outcomes.



- Key Stakeholder

## Secondary Data

Prevention & Safety ranked second among all health topics with a score of 1.71. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and can be found in Appendix C and are discussed below. In addition, the

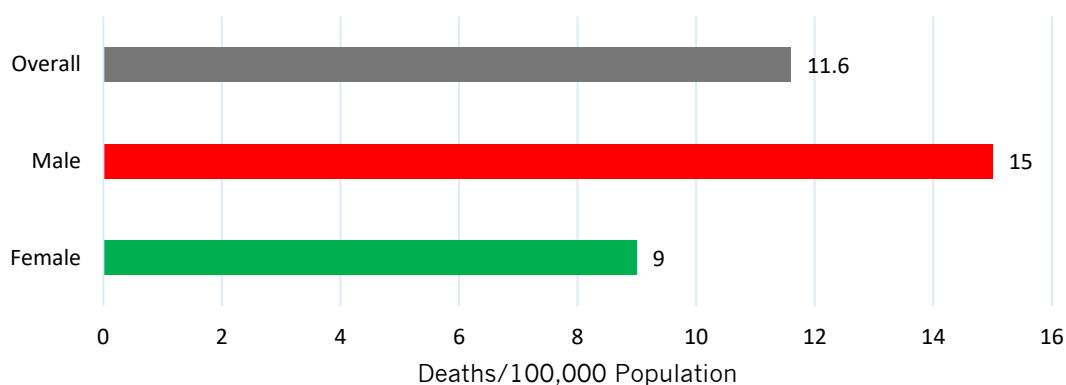
appendices also contain a description of methodology (Appendix A) and a full list of indicators with data scoring categorized within this topic area (Appendix C).

Age-Adjusted Death Rate due to Falls ranks poorly in Lake County with 17.3 deaths per 100,000 population. For this indicator, Lake County falls in the worst 25% of Ohio and U.S. counties and the rate is increasing significantly.

Death Rate due to Drug Poisoning ranked highest in this topic area for Cuyahoga County with a death rate of 42.6 deaths per 100,000 population, compared to Ohio's rate of 38.1 and the U.S. rate of 21. This indicator is also increasing significantly in Cuyahoga County.

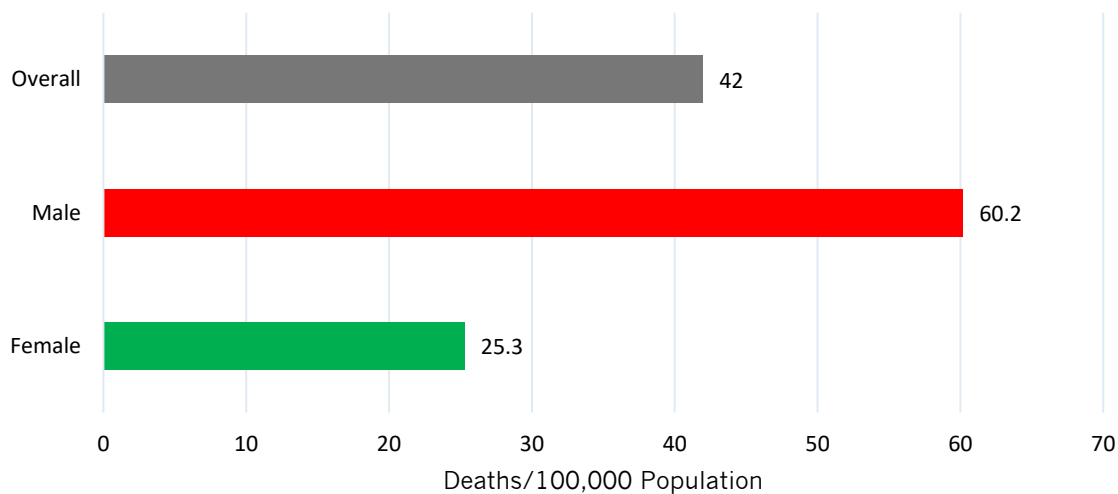
In Cuyahoga County, disparities exist for males in the following indicators: Age-Adjusted Death Rate due to Falls, Age-Adjusted Death Rate due to Unintentional Poisonings, and Age-Adjusted Death Rate due to Unintentional Injuries as seen in Figures 29, 30 and 31.

**Figure 29. Age-Adjusted Death Rate due to Falls by Gender in Cuyahoga County**



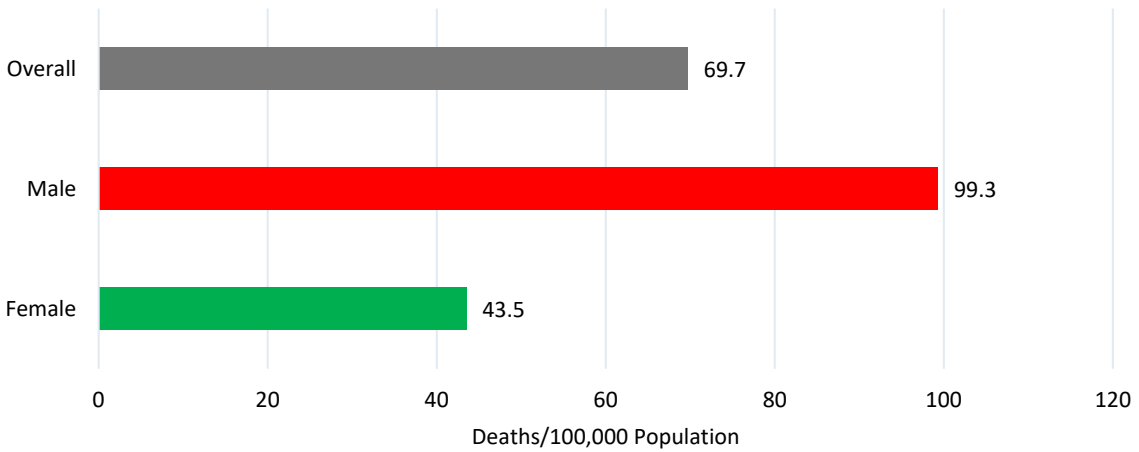
Source: Centers for Disease Control and Prevention, 2017-2019

**Figure 30. Age-Adjusted Death Rate due to Unintentional Poisonings by Gender in Cuyahoga County**



Source: Centers for Disease Control and Prevention, 2017-2019

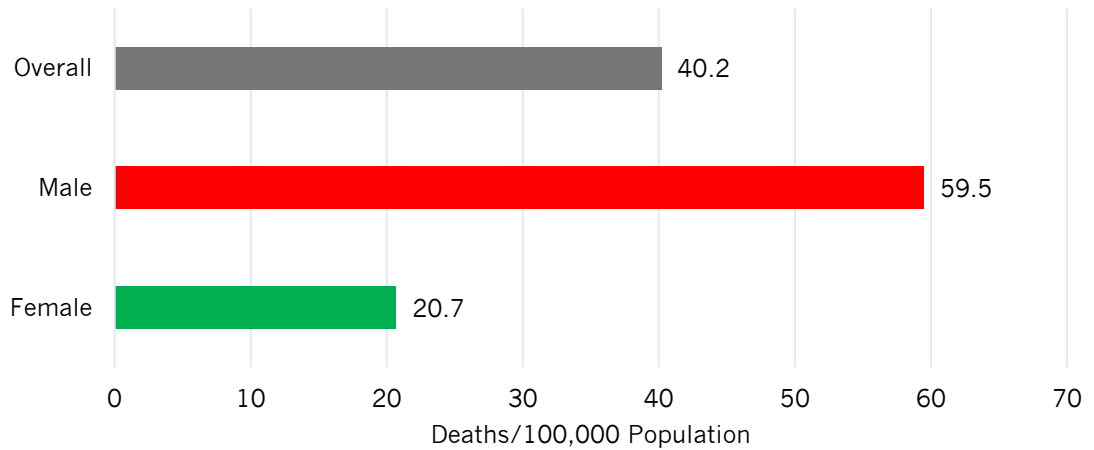
**Figure 31. Age-Adjusted Death Rate due to Unintentional Injuries by Gender in Cuyahoga County**



Source: Centers for Disease Control and Prevention, 2017-2019

Similarly, in Lake County, disparities exist for males in the following indicators: Age-Adjusted Death Rate due to Unintentional Poisonings and Age-Adjusted Death Rate due to Unintentional Injuries as seen in Figures 32 and 33.

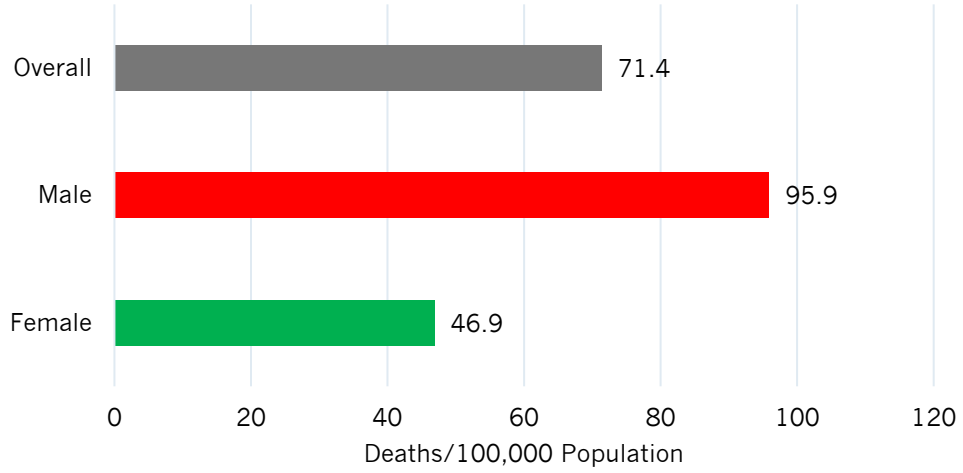
**Figure 32. Age-Adjusted Death Rate due to Unintentional Poisonings by Gender in Lake County**



Source: Centers for Disease Control and Prevention, 2017-2019



**Figure 33. Age-Adjusted Death Rate due to Unintentional Injuries by Gender in Lake County**



Source: Centers for Disease Control and Prevention, 2017-2019

## Appendices Summary

### A. Methodology

An overview of methods used to collect and analyze data from both secondary and primary sources.

### B. Impact Evaluation

A detailed overview of progress made on the 2019 Implementation Strategy planning, development and roll-out as well as email and web contacts for more information on the 2022 CHNA.

### C. Secondary Data Methodology and Scoring Tables

A detailed overview of the Conduent HCI data scoring methodology and indicator scoring results from the secondary data analysis.

### D. Community Input Assessment Tools

Quantitative and qualitative community feedback data collection tools, stakeholders and organizations that were vital in capturing community feedback during this collaborative CHNA:

- Key Stakeholder Interview Questions
- Key Stakeholder and Community Organizations

### E. Community Partners and Resources

The tables in this section acknowledge community partners and organizations who supported the CHNA process.

### F. Acknowledgements

## Appendix A: Methodology

### Overview

Primary and secondary data were collected and analyzed to inform the 2022 CHNA. Primary data consisted of key stakeholder interviews. The secondary data included indicators of health outcomes, health behaviors and social determinants of health. The methods used to analyze each type of data are outlined below. This analysis was conducted at the county-level and included data for Cuyahoga, Lake, and Medina counties. The findings from each data source were then synthesized and organized by health topic to present a comprehensive overview of health needs in the community served by Fairhill, Regency West, and Regency East Hospitals.

### Secondary Data Sources & Analysis

The main source for the secondary data, or data that have been previously collected, is the community indicator database maintained by Conduent Healthy Communities Institute. The following is a list of both local and national sources used in the community served by Fairhill, Regency West, and Regency East Hospitals Health Needs Assessment:

- American Community Survey
- American Lung Association
- Annie E. Casey Foundation
- CDC - PLACES
- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- Claritas Consumer Buying Power
- Claritas Consumer Profiles
- County Health Rankings
- Feeding America
- Healthy Communities Institute
- National Cancer Institute
- National Center for Education Statistics
- National Environmental Public Health Tracking Network
- Ohio Department of Education
- Ohio Department of Health, Infectious Diseases
- Ohio Department of Health, Vital Statistics

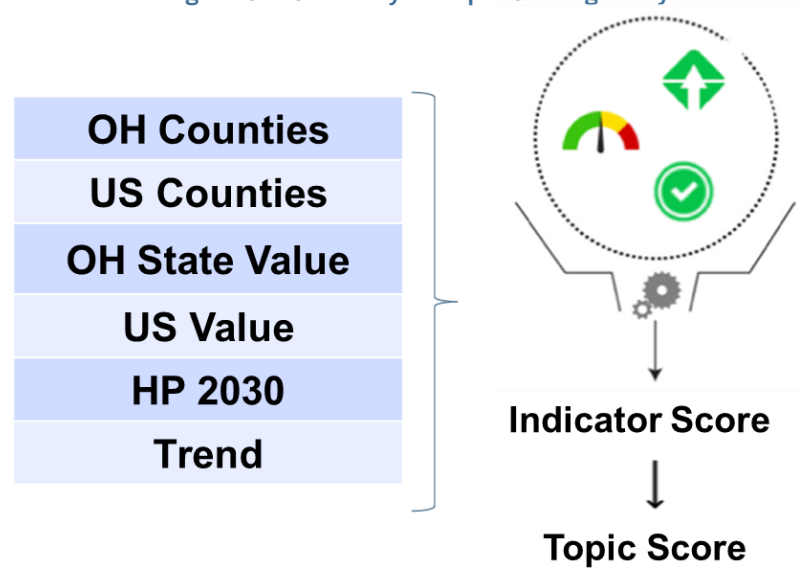
- Ohio Department of Public Safety, Office of Criminal Justice Services
- Ohio Public Health Information Warehouse
- Ohio Secretary of State
- U.S. Bureau of Labor Statistics
- U.S. Census - County Business Patterns
- U.S. Department of Agriculture - Food Environment Atlas
- U.S. Environmental Protection Agency
- United For ALICE

Secondary data used for this assessment were collected and analyzed from HCI's community indicator database. This database, maintained by researchers and analysts at HCI, includes 300 community indicators from at least 25 state and national data sources. HCI carefully evaluates sources based on the following three criteria: the source has a validated methodology for data collection and analysis; the source has scheduled, regular publication of findings; and the source has data values for small geographic areas or populations.

### **Secondary Data Scoring**

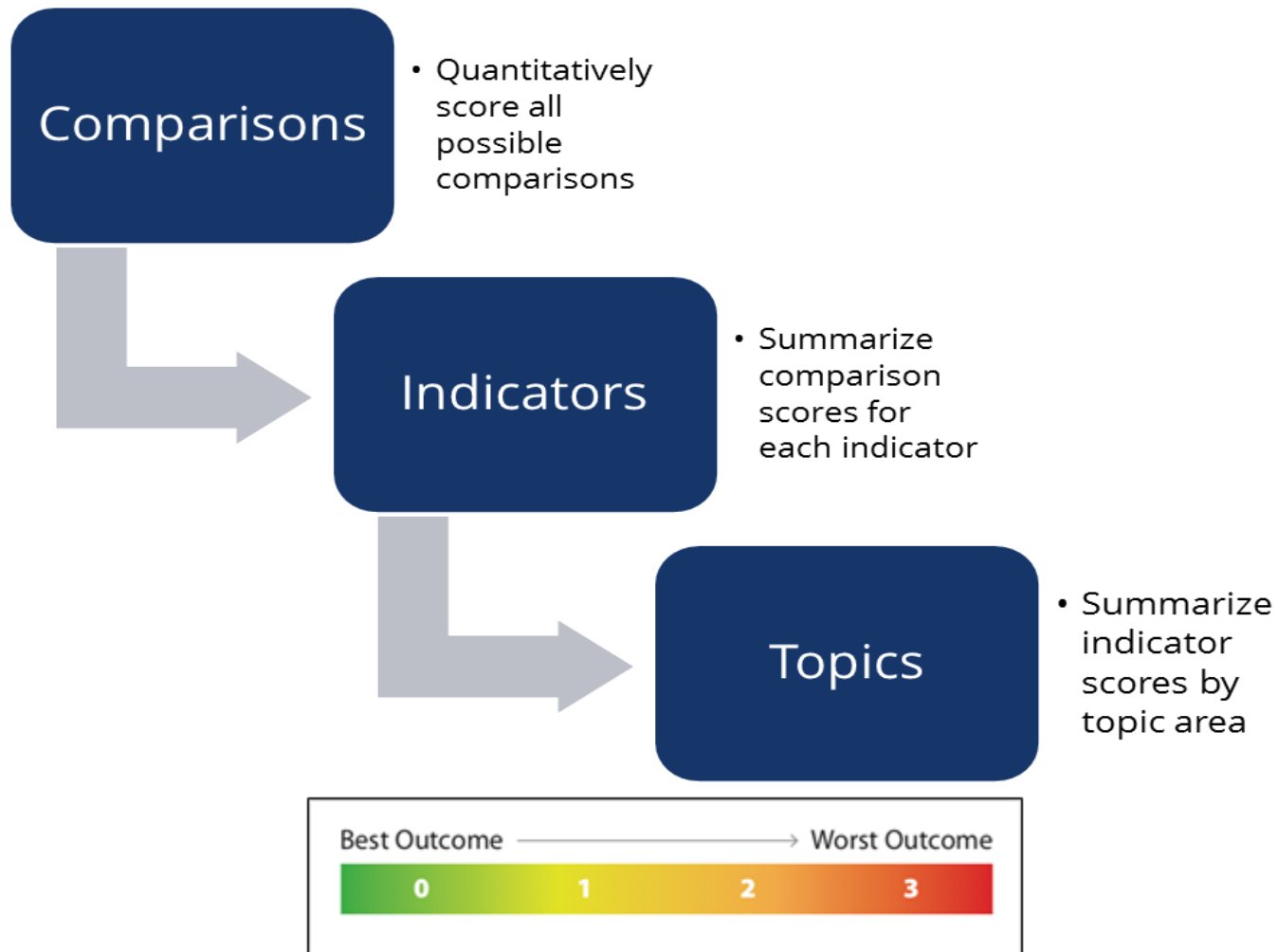
HCI's Data Scoring Tool (Figure 34) was used to systematically summarize multiple comparisons in order to rank indicators based on highest need. This analysis was completed at the county level. For each indicator, the community value was compared to a distribution of Ohio and US counties, state and national values, Healthy People 2030, and significant trends were noted. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities and changes in methodology over time. The comparison scores were summarized for each indicator, and indicators were then grouped into topic areas for a systematic ranking of community health needs.

Figure 34: Summary of Topic Scoring Analysis



## Secondary Data Scoring

Data scoring is done in three stages:



Each indicator available is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities and changes in methodology over time.

Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic.

This process was completed separately for the three counties within the community served by Fairhill, Regency West, and Regency East Hospitals: Cuyahoga, Lake, and Medina counties. To calculate the overall highest needs topic area scores, an average was taken for each topic area across the three counties. Each county's values were weighted the same. More details about topics scores and the average score for the community served by Fairhill, Regency West, and Regency East Hospitals, see Appendix C.

### **Comparison to a Distribution of County Values: Within State and Nation**

For ease of interpretation and analysis, indicator data on the Community Dashboard is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons (“in the red”) scored high, whereas indicators with good comparisons (“in the green”) scored low.

### **Comparison to Values: State, National, and Targets**

Each county is compared to the state value, the national value, and target values. Target values include the nation-wide Healthy People 2030 (HP2030) goals. Healthy People 2030 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

### **Trend over Time**

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

### Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator’s weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

### Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results. A full list of indicators and their scores can be seen in Appendix C.

### Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Examples of the health and quality of life topic areas available through this analysis are described as follows:

Quality of Life	Health	
Community	Adolescent Health	Older Adults
Economy	Alcohol & Drug Use	Oral Health
Education	Cancer	Other Conditions
Environmental Health	Children’s Health	Prevention & Safety
	Diabetes	Physical Activity
	Health Care Access and Quality	Respiratory Diseases
	Heart Disease & Stroke	Sexually Transmitted Infections
	Immunization & Infectious Diseases	Tobacco Use
	Maternal, Fetal & Infant Health	Women’s Health
	Medications & Prescriptions	Wellness & Lifestyle
	Mental Health & Mental Disorders	Weight Status
	Nutrition & Healthy Eating	



Table 2 shows the health and quality of life topic scoring results for the community served by Fairhill, Regency West, and Regency East Hospitals, ranked in order of highest need. Medications & Prescriptions scored as the poorest performing topic area with a score of 2.24, followed by Prevention & Safety with a score of 1.71. Topics that received a score of 1.50 or higher were considered a significant health need. Six topics scored at or above the threshold. Topic areas with fewer than three indicators were considered a data gap.

**Table 2: Top Secondary Data Health Needs**

<b>Top Secondary Data Health Needs</b>
Medications & Prescriptions
Prevention & Safety
Other Conditions
Alcohol & Drug Use
Cancer
Older Adults

**Index of Disparity**

An important part of the CHNA process is to identify health disparities, the needs of vulnerable populations and unmet health needs or gaps in services. There were several ways in which subpopulation disparities were examined by county. For secondary data health indicators, the Index of Disparity tool was utilized to see if there were large, negative, and concerning differences in indicator values between each subgroup data value and the overall county value. The Index of Disparity was run for each county, and the indicators with the highest race or ethnicity index value were found.

**Health Equity Index**

Every community can be described by various social and economic factors that can contribute to disparities in health outcomes. Conduent HCI’s Health Equity Index (formerly SocioNeeds Index) considers validated indicators related to income, employment, education, and household environment to identify areas at highest risk for experiencing health inequities.

#### How is the index value calculated?

The national index value (ranging from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic needs correlated with preventable hospitalizations and premature death.

#### What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Health Equity Index, with darker coloring associated with higher relative need.

### **Food Insecurity Index**

Every community can be described by various health, social, and economic factors that can contribute to disparities in outcomes and opportunities to thrive. Conduent HCI's Food Insecurity Index considers validated indicators related to income, household environment and well-being to identify areas at highest risk for experiencing food insecurity.

#### How is the index value calculated?

The national index value (ranging from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest food insecurity, which is correlated with household and community measures of food-related financial stress such as Medicaid and SNAP enrollment.

#### What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Food Insecurity Index, with darker coloring associated with higher relative need.

### **Mental Health Index**

Every community can be described by various health, social, and economic factors that can contribute to disparities in mental health outcomes. Conduent HCI's Mental Health Index considers validated indicators related to access to care, physical health status, transportation, employment and household environment to identify areas at highest risk for experiencing poor mental health.

**How is the index value calculated?**

The national index value (ranging from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic and health needs correlated with self-reported poor mental health.

**What do the ranks and colors mean?**

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Mental Health Index, with darker coloring associated with higher relative need.

Table 3 below lists each zip code within the community served by Fairhill, Regency West, and Regency East Hospitals and their respective HEI, FII, and MHI values.

**Table 3: HEI, FII and MHI Values for Zip Codes within the community served by Fairhill, Regency West, and Regency East Hospitals**

Hospital	Zip Code	HEI Value	FII Value	MHI Value
<b>Regency Hospital of Cleveland East Hospital Community</b>	44045	N/A	N/A	N/A
	44103	99.3	98.3	100
	44110	98.6	98.4	99.9
	44112	96.6	97.6	99.9
	44105	98.1	98.2	99.8
	44128	92.8	96.1	99.7
	44120	84	88.4	99.2
	44117	80	88	99.2
	44102	96.7	96.6	98.3
	44123	79.4	89.4	98.3
	44132	81.2	91.6	98.2
	44137	82.8	86.2	97.7
	44119	85.3	86	97.2
	44146	53.9	71.2	96.4
	44125	70.2	81.3	94.5
44121	49.6	77.5	92.2	

	44143	20	25.4	89
	44122	7.8	24.1	87.9
	44124	13	18.5	80.3
	44092	32.1	45.4	75.2
	44095	42.7	43.5	75
	44077	28.1	40.3	73.6
	44057	37	40.6	71.9
	44094	17	27.1	70.3
	44060	17.3	25	61.9
	44081	25.4	19.5	36.4
	44101	N/A	N/A	N/A
	44104	99.9	99.8	100
	44103	99.3	98.3	100
	44108	98.8	97.6	100
	44110	98.6	98.4	99.9
	44112	96.6	97.6	99.9
	44105	98.1	98.2	99.8
	44128	92.8	96.1	99.7
	44115	99.8	99.4	99.6
	44127	99.8	99.2	99.5
	44120	84	88.4	99.2
	44117	80	88	99.2
	44106	88.5	72.4	98.5
	44102	96.7	96.6	98.3
	44123	79.4	89.4	98.3
	44132	81.2	91.6	98.2
	44137	82.8	86.2	97.7
	44109	95.6	95.7	97.4
	44135	92.7	91.1	97.4
	44119	85.3	86	97.2
<b>Select Specialty Cleveland Fairhill Hospital Community</b>				

	44146	53.9	71.2	96.4
	44113	85	65.8	95.8
	44111	85.6	88.1	95.6
	44125	70.2	81.3	94.5
	44114	96.6	84.1	94
	44121	49.6	77.5	92.2
	44143	20	25.4	89
	44122	7.8	24.1	87.9
	44118	19.8	41.4	80.5
	44124	13	18.5	80.3
	44107	35.3	50.8	77
	44092	32.1	45.4	75.2
	44095	42.7	43.5	75
	44077	28.1	40.3	73.6
	44094	17	27.1	70.3
	44070	25	25.1	64.7
	44145	7.8	10.8	62.8
	44126	20.8	26.2	62
	44060	17.3	25	61.9
	44116	6.4	15.2	61.1
	44256	11.7	19.9	43.3
	44212	16.9	26.6	42.6
<b>Select Specialty Cleveland Gateway Hospital Community</b>	44104	99.9	99.8	100
	44103	99.3	98.3	100
	44108	98.8	97.6	100
	44110	98.6	98.4	99.9
	44112	96.6	97.6	99.9
	44105	98.1	98.2	99.8
	44115	99.8	99.4	99.6
	44127	99.8	99.2	99.5

	44120	84	88.4	99.2
	44117	80	88	99.2
	44106	88.5	72.4	98.5
	44102	96.7	96.6	98.3
	44123	79.4	89.4	98.3
	44132	81.2	91.6	98.2
	44137	82.8	86.2	97.7
	44109	95.6	95.7	97.4
	44135	92.7	91.1	97.4
	44119	85.3	86	97.2
	44146	53.9	71.2	96.4
	44113	85	65.8	95.8
	44111	85.6	88.1	95.6
	44125	70.2	81.3	94.5
	44114	96.6	84.1	94
	44121	49.6	77.5	92.2
	44143	20	25.4	89
	44122	7.8	24.1	87.9
	44134	45.6	57.3	81.7
	44118	19.8	41.4	80.5
	44124	13	18.5	80.3
	44107	35.3	50.8	77
	44077	28.1	40.3	73.6
	44070	25	25.1	64.7
	44145	7.8	10.8	62.8
	44126	20.8	26.2	62
	44116	6.4	15.2	61.1
<b>Regency Hospital of Cleveland West Hospital Community</b>	44102	96.7	96.6	98.3
	44109	95.6	95.7	97.4
	44135	92.7	91.1	97.4

44113	85	65.8	95.8
44111	85.6	88.1	95.6
44125	70.2	81.3	94.5
44144	71	79.5	91.8
44142	54	43	85.1
44134	45.6	57.3	81.7
44130	36.6	45.8	81.6
44129	42.8	72.2	77.4
44107	35.3	50.8	77
44070	25	25.1	64.7
44145	7.8	10.8	62.8
44126	20.8	26.2	62
44116	6.4	15.2	61.1
44017	25.2	19.8	58.2
44136	10.7	12.2	55.7
44131	10.8	4.9	52.3
44138	13.3	24.4	51.6
44133	14.5	20.6	49.9
44256	11.7	19.9	43.3
44212	16.9	26.6	42.6
44149	6.1	5.4	31.4
44140	2.6	3.7	29.4
44147	5.8	10.5	25.8

### Data Considerations

Several limitations of data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, data availability varies by health topic. Some topics contain a robust set of secondary data indicators, while others may have a limited number of indicators or limited subpopulations covered by those specific indicators.

Data scores represent the relative community health need according to the secondary data for each topic and should not be considered a comprehensive result on their own. In addition, these scores reflect the secondary data results for the population as a whole and do not represent the health or socioeconomic need that is much greater for some subpopulations. Moreover, many of the secondary data indicators included in the findings are collected by survey, and though specific methods are used to best represent the population at large, these measures are subject to instability, especially for smaller populations. The Index of Disparity is also limited by data availability, where indicator data varies based on the population groups and service areas being analyzed.

### **Race or Ethnic and Special Population Groupings**

The secondary data presented in this report derive from multiple sources, which may present race and ethnicity data using dissimilar nomenclature. For consistency with data sources throughout the report, subpopulation data may use different terms to describe the same or similar groups of community members.

### **Zip Codes and Zip Code Tabulation Areas**

This report presents both Zip Code and Zip Code Tabulation Area (ZCTA) data. Zip Codes, which were created by the U.S. Postal Service to improve mail delivery service, are not reported in this assessment as they may change, include P.O. boxes or cover large unpopulated areas. This assessment cover ZCTAs or Zip Code Tabulation Areas which were created by the U.S. Census Bureau and are generalized representations of Zip Codes that have been assigned to census blocks.

Demographics for this report are sourced from the United States Census Bureau, which presents ZCTA estimates. Tables and figures in the Demographics section of this report reference Zip Codes in title (for purposes of familiarity) but show values of ZCTAs. Data from other sources are labeled as such.

### **Primary Data Collection & Analysis**

Primary data used in this assessment consisted of key stakeholder interviews. These findings expanded upon the information gathered from the secondary data analysis.

### **Key Stakeholder Interviews Methodology and Results**

The project team also captured detailed transcripts of the key stakeholder interviews. Table 4 describes the key stakeholder organizations contributing to the primary data collection process.

**Table 4: Fairhill, Regency West, and Regency East Hospitals Key Stakeholder Organizations**



Key Stakeholder and Community Organizations	
<ul style="list-style-type: none"> <li>• City of Cleveland Department of Public Health</li> <li>• Cuyahoga County Board of Health</li> <li>• Medina County Health Department</li> <li>• Select Specialty Hospital-Cleveland Fairhill</li> <li>• Cleveland Clinic Avon Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Neighborhood Family Practice</li> <li>• Birthing Beautiful Communities</li> <li>• Lead Safe Cleveland Coalition</li> <li>• Better Health Partnerships</li> <li>• NAMI Greater Cleveland</li> <li>• Asian Services in Action (ASIA)</li> <li>• Cleveland Clinic LGBTQ+ Care</li> <li>• Benjamin Rose Institute on Aging</li> <li>• Greater Cleveland Food Bank</li> <li>• The Gathering Place</li> <li>• Cuyahoga Metropolitan Housing Authority</li> <li>• Esperanza</li> <li>• The Centers for Families and Children</li> </ul>

The transcripts were analyzed using the qualitative analysis program Dedoose 2®. Text was coded using a pre-designed codebook-organized by themes and analyzed for significant observations. Figure 35 shows key findings from community stakeholder interviews specific to the community served by Fairhill, Regency West, and Regency East Hospitals.

Figure 35: Key Stakeholder Findings

Top health issues	Barriers/Social Determinants of Health	Populations most impacted
<ul style="list-style-type: none"><li>• Access to Healthcare</li><li>• Mental Health &amp; Mental Disorders</li><li>• Substance Abuse (alcohol &amp; drug use)</li></ul>	<ul style="list-style-type: none"><li>• Health Behaviors (fear/stigma, knowledge/navigation)</li><li>• Discrimination/bias</li><li>• Economy/employment</li><li>• Housing</li><li>• Lack or limited health insurance</li><li>• Language</li><li>• Poverty</li><li>• Social Environment</li><li>• Transportation</li></ul>	<ul style="list-style-type: none"><li>• Adolescents</li><li>• Black/African American</li><li>• Children</li><li>• Latino/Hispanic</li><li>• LGBTQ+ population</li><li>• Migrant/Refugee/Immigrant</li><li>• Older adults</li></ul>

Findings from the key stakeholder interview analysis were combined with findings from secondary data and incorporated into the Data Synthesis and Prioritized Health Needs.

## Appendix B: Impact Evaluation

The CHNA process should be viewed as a three-year cycle to evaluate the impact of actions taken to address priority areas. This step affirms organizations focus and target efforts during the next CHNA cycle. The top health priorities for the community served by Fairhill, Regency West, and Regency East Hospitals from the 2019 CHNA were:

- Access to Affordable Healthcare
- Addiction and Mental Health
- Chronic Disease Prevention and Management
- Infant Mortality
- Socioeconomic Concerns
- Medical Research and Health Professions Education

Implementation strategies for these health topics shifted in response to the COVID-19 pandemic. Innovative strategies were adopted to continue building capacity for addressing the community health needs.

### Actions Taken Since Previous CHNA

Cleveland Fairhill's previous Implementation Strategy outlined a plan for addressing the following priorities identified in the 2019 CHNA. Access to affordable healthcare and chronic disease prevention and the management of chronic disease were identified as needs within the 2019 CHNA for Cleveland Fairhill. The table below describes the strategies completed and modifications made to the action plans for each health priority area.

#### Access Initiatives

##### Actions:

- The LTACH supports the concept of seamless care as an important aspect of the continuum of care.

#### Chronic Disease Prevention and Management

##### Highlighted Impacts:

- Improve management of chronic conditions through Chronic Care Clinics employing a specialized model of care.
- An initial assessment to determine appropriateness for admission continues to be conducted by a Clinical Liaison, upon referral by a healthcare professional including physicians, registered nurses, and/or external case managers in order to encourage appropriate referrals.

- A smooth transition to the LTACH continues was facilitated by the Clinical Liaison who oversees the patient referred, meets with the family when possible, and determines the ongoing need for acute care.

## **Financial Assistance**

### Actions:

- Cleveland Fairhill continues to provide medically necessary care to all patients regardless of race, color, creed, gender, country of national origin, or ability to pay.

### Highlighted Impact:

- Financial assistance continues to be provided to patients on a case-by-case basis under certain medical circumstances. Through regular communication and collaboration, Cleveland Fairhill continues to educate other facilities in the community on the financial assistance policy.

## **Chronic Disease Prevention and Management**

### Actions:

- Cleveland Fairhill employs clinical personnel or provides access to additional services through Professional Service Agreements (PSAs).

### Highlighted Impact:

- Each patient was evaluated on numerous measures to ensure the most appropriate baseline is set and a plan of care is put into action, including cardiac health.
- Cleveland Fairhill continued to provide respiratory therapy coverage 24/7 for its patient population.
- Each patient's cognitive status was taken into account as a component of the interdisciplinary plan of care. The utilization of available community resources to support a patient's mental as well as physical well-being is key to ensuring continued recovery.
- The specialty hospital followed assessment and documentation workflows that align with Joint Commission guidelines to minimize pain medications as much as possible, focusing on patient education at the time of discharge. Annual education on the protocols and processes surrounding pain assessment, document, and care were completed by registered nurses.
- Cleveland Fairhill ensured that providers receive regular continuing education related to chronic disease management.

### Actions:

- As a specialty hospital, Cleveland Fairhill provided rehabilitative treatment to patients as a component of its care provision with the goal of returning a patient to his/her highest possible functioning level, with the greatest independence, to continue as a productive community resident.

Highlighted Impact:

- The hospital continued providing patient and family education to enhance their knowledge, skills, and behaviors necessary to fully benefit from the healthcare interventions provided.
- Cleveland Fairhill continued to encourage family members and caregivers to participate in local caregiver support programs in order to promote optimal mental and physical health.

## **Community Feedback**

Community Health Needs Assessment reports from 2019 were published on the Fairhill, Regency West, and Regency East Hospitals website. No community feedback has been received as of the drafting of this report. For more information regarding Cleveland Clinic Community Health Needs Assessments and Implementation Strategy reports, please visit [www.clevelandclinic.org/CHNAreports](http://www.clevelandclinic.org/CHNAreports) or contact [CHNA@ccf.org](mailto:CHNA@ccf.org).

## Appendix C: Secondary Data Scoring Tables

Table 5: Community served by Fairhill, Regency West, and Regency East Hospitals Definition

Regency Hospital of Cleveland East Hospital Community	Postal Name	Regency Hospital of Cleveland West Hospital Community	Postal Name	Select Specialty Fairhill Hospital Community	Postal Name	Select Specialty Gateway Hospital Community	Postal Name
44045	Grand River	44017	Berea	44060	Mentor	44070	North Olmsted
44057	Jefferson	44070	North Olmsted	44070	North Olmsted	44077	Painesville
44060	Mentor	44102	Cleveland	44077	Painesville	44102	Cleveland
44077	Painesville	44107	Lakewood	44092	Wickliffe	44103	Cleveland
44081	Perry	44109	Cleveland	44094	Willoughby	44104	Cleveland
44092	Wickliffe	44111	Cleveland	44095	Eastlake	44105	Cleveland
44094	Willoughby	44113	Cleveland	44101	Cleveland	44106	Cleveland
44095	Eastlake	44116	Rocky River	44102	Cleveland	44107	Lakewood
44102	Cleveland	44125	Cleveland	44103	Cleveland	44108	Cleveland
44103	Cleveland	44126	Cleveland	44104	Cleveland	44109	Cleveland
44105	Cleveland	44129	Cleveland	44105	Cleveland	44110	Cleveland
44110	Cleveland	44130	Cleveland	44106	Cleveland	44111	Cleveland
44112	Cleveland	44131	Independence	44107	Lakewood	44112	Cleveland
44117	Euclid	44133	North Royalton	44108	Cleveland	44113	Cleveland
44119	Cleveland	44134	Cleveland	44109	Cleveland	44114	Cleveland
44120	Cleveland	44135	Cleveland	44110	Cleveland	44115	Cleveland
44121	Cleveland	44136	Strongsville	44111	Cleveland	44116	Rocky River
44122	Beachwood	44138	Olmsted Falls	44112	Cleveland	44117	Euclid
44123	Euclid	44140	Bay Village	44113	Cleveland	44118	Cleveland
44124	Cleveland	44142	Brookpark	44114	Cleveland	44119	Cleveland
44125	Cleveland	44144	Cleveland	44115	Cleveland	44120	Cleveland

44128	Cleveland	44145	Westlake	44116	Rocky River	44121	Cleveland
44132	Euclid	44147	Broadview Heights	44117	Euclid	44122	Beachwood
44137	Maple Heights	44149	Strongsville	44118	Cleveland	44123	Euclid
44143	Cleveland	44212	Brunswick	44119	Cleveland	44124	Cleveland
44146	Bedford	44256	Medina	44120	Cleveland	44125	Cleveland
				44121	Cleveland	44126	Cleveland
				44122	Beachwood	44127	Cleveland
				44123	Euclid	44132	Euclid
				44124	Cleveland	44134	Cleveland
				44125	Cleveland	44135	Cleveland
				44126	Cleveland	44137	Maple Heights
				44127	Cleveland	44143	Cleveland
				44128	Cleveland	44145	Westlake
				44132	Euclid	44146	Bedford
				44135	Cleveland		
				44137	Maple Heights		
				44143	Cleveland		
				44145	Westlake		
				44146	Bedford		
44212	Brunswick						
44256	Medina						

Table 6: Primary Service Area for the community served by Fairhill, Regency West, and Regency East Hospitals by zip code

Regency Hospital of Cleveland East Hospital Community	Regency Hospital of Cleveland West Hospital Community	Select Specialty Firhill Hospital Community	Select Specialty Gateway Hospital Community
44045	44017	44060	44070
44057	44070	44070	44077
44060	44102	44077	44102
44077	44107	44092	44103
44081	44109	44094	44104
44092	44111	44095	44105
44094	44113	44101	44106
44095	44116	44102	44107
44102	44125	44103	44108
44103	44126	44104	44109
44105	44129	44105	44110
44110	44130	44106	44111
44112	44131	44107	44112
44117	44133	44108	44113
44119	44134	44109	44114
44120	44135	44110	44115
44121	44136	44111	44116
44122	44138	44112	44117
44123	44140	44113	44118
44124	44142	44114	44119
44125	44144	44115	44120
44128	44145	44116	44121
44132	44147	44117	44122
44137	44149	44118	44123
44143	44212	44119	44124
44146	44256	44120	44125



	44121	44126
	44122	44127
	44123	44132
	44124	44134
	44125	44135
	44126	44137
	44127	44143
	44128	44145
	44132	44146
	44135	
	44137	
	44143	
	44145	
	44146	
	44212	
	44256	

**Table 7: Population Estimates for Each Zip Code, by Hospital Community**

Hospital	Zip Code	Population
<b>Regency Hospital of Cleveland East Hospital Community</b>	44045	429
	44057	19687
	44060	59531
	44077	59067
	44081	7235
	44092	16457
	44094	36802
	44095	32044
	44102	41976
	44103	16179
	44105	35422

	44110	18325
	44112	20733
	44117	9846
	44119	11660
	44120	34405
	44121	31150
	44122	34095
	44123	16557
	44124	37673
	44125	26717
	44128	27367
	44132	14033
	44137	21557
	44143	23896
	44146	28999
<b>Select Specialty Fairhill Hospital Community</b>	44060	59531
	44070	31168
	44077	59067
	44092	16457
	44094	36802
	44095	32044
	44101	N/A
	44102	41976
	44103	16179
	44104	21988
	44105	35422
	44106	26538
	44107	50128
	44108	22563
44109	37153	

	44110	18325
	44111	37302
	44112	20733
	44113	20749
	44114	6822
	44115	8968
	44116	19724
	44117	9846
	44118	38730
	44119	11660
	44120	34405
	44121	31150
	44122	34095
	44123	16557
	44124	37673
	44125	26717
	44126	15738
	44127	5016
	44128	27367
	44132	14033
	44135	25852
	44137	21557
	44143	23896
	44145	33466
	44146	28999
	44212	45649
	44256	66686
<b>Select Specialty Gateway Hospital Community</b>	44070	31168
	44077	59067
	44102	41976

44103	16179
44104	21988
44105	35422
44106	26538
44107	50128
44108	22563
44109	37153
44110	18325
44111	37302
44112	20733
44113	20749
44114	6822
44115	8968
44116	19724
44117	9846
44118	38730
44119	11660
44120	34405
44121	31150
44122	34095
44123	16557
44124	37673
44125	26717
44126	15738
44127	5016
44132	14033
44134	37062
44135	25852
44137	21557
44143	23896

	44145	33466
	44146	28999
<b>Regency Hospital of Cleveland West Hospital Community</b>	44017	18827
	44070	31168
	44102	41976
	44107	50128
	44109	37153
	44111	37302
	44113	20749
	44116	19724
	44125	26717
	44126	15738
	44129	27621
	44130	48243
	44131	19872
	44133	31201
	44134	37062
	44135	25852
	44136	25115
	44138	23771
	44140	14895
	44142	17862
	44144	20393
	44145	33466
	44147	20276
	44149	20163
44212	45649	
44256	66686	

**Table 8: Percentage of Families Living Below Poverty Level, Percent of Renters Spending >30% or More of Income on Rent, and Percent of Households with Internet Access for Each Zip Code, by Hospital Community**

Hospital	Zip Code	Families Living Below Poverty (%)	Renters Spending >30% or More of Income on Rent (%)	Household with Internet Access (%)
Regency Hospital of Cleveland East Hospital Community	44045	9.5%	55.8%	87.9%
	44103	32.1%	57.9%	50.6%
	44110	30.8%	59.4%	62.4%
	44112	25.4%	55.8%	55.7%
	44105	26.6%	59.8%	64.7%
	44128	19.5%	55.1%	71.6%
	44120	16.4%	52.2%	71.9%
	44117	10.6%	60.2%	59.2%
	44102	27.3%	52.1%	75.3%
	44123	15.9%	53.5%	78.0%
	44132	16.1%	60.7%	78.8%
	44137	15.4%	53.2%	79.8%
	44119	16.5%	55.4%	76.4%
	44146	8.1%	45.2%	76.3%
	44125	10.3%	57.2%	78.9%
	44121	10.8%	51.2%	82.0%
	44143	4.6%	51.0%	84.0%
	44122	4.8%	50.2%	85.1%
	44124	3.9%	42.3%	85.4%
	44092	3.8%	39.1%	84.4%
	44095	6.2%	43.8%	83.0%
	44077	6.5%	40.7%	85.9%
	44057	6.1%	35.2%	84.9%
	44094	4.3%	38.1%	86.5%
	44060	3.8%	42.0%	90.0%
44081	5.0%	48.5%	88.2%	

<b>Select Specialty Cleveland Fairhill Hospital Community</b>	44101	N/A	N/A	N/A
	44104	47.5%	53.7%	52.5%
	44103	32.1%	57.9%	50.6%
	44108	24.2%	55.1%	58.7%
	44110	30.8%	59.4%	62.4%
	44112	25.4%	55.8%	55.7%
	44105	26.6%	59.8%	64.7%
	44128	19.5%	55.1%	71.6%
	44115	60.0%	44.3%	58.5%
	44127	40.8%	58.2%	58.9%
	44120	16.4%	52.2%	71.9%
	44117	10.6%	60.2%	59.2%
	44106	20.4%	46.3%	70.1%
	44102	27.3%	52.1%	75.3%
	44123	15.9%	53.5%	78.0%
	44132	16.1%	60.7%	78.8%
	44137	15.4%	53.2%	79.8%
	44109	20.7%	49.6%	72.5%
	44135	20.9%	53.1%	78.2%
	44119	16.5%	55.4%	76.4%
	44146	8.1%	45.2%	76.3%
	44113	25.3%	33.6%	78.5%
	44111	15.9%	52.0%	79.4%
	44125	10.3%	57.2%	78.9%
	44114	39.3%	42.0%	69.7%
	44121	10.8%	51.2%	82.0%
	44143	4.6%	51.0%	84.0%
	44122	4.8%	50.2%	85.1%
	44118	7.8%	47.7%	84.5%
	44124	3.9%	42.3%	85.4%



	44107	9.6%	38.0%	85.6%
	44092	3.8%	39.1%	84.4%
	44095	6.2%	43.8%	83.0%
	44077	6.5%	40.7%	85.9%
	44094	4.3%	38.1%	86.5%
	44070	6.4%	46.5%	86.8%
	44145	3.8%	41.7%	90.0%
	44126	4.4%	43.6%	89.0%
	44060	3.8%	42.0%	90.0%
	44116	2.4%	41.2%	86.2%
	44256	4.4%	42.5%	89.6%
	44212	3.8%	41.6%	87.4%
<b>Select Specialty Cleveland Gateway Hospital Community</b>	44104	47.5%	53.7%	52.5%
	44103	32.1%	57.9%	50.6%
	44108	24.2%	55.1%	58.7%
	44110	30.8%	59.4%	62.4%
	44112	25.4%	55.8%	55.7%
	44105	26.6%	59.8%	64.7%
	44115	60.0%	44.3%	58.5%
	44127	40.8%	58.2%	58.9%
	44120	16.4%	52.2%	71.9%
	44117	10.6%	60.2%	59.2%
	44106	20.4%	46.3%	70.1%
	44102	27.3%	52.1%	75.3%
	44123	15.9%	53.5%	78.0%
	44132	16.1%	60.7%	78.8%
	44137	15.4%	53.2%	79.8%
	44109	20.7%	49.6%	72.5%
	44135	20.9%	53.1%	78.2%
	44119	16.5%	55.4%	76.4%

	44146	8.1%	45.2%	76.3%
	44113	25.3%	33.6%	78.5%
	44111	15.9%	52.0%	79.4%
	44125	10.3%	57.2%	78.9%
	44114	39.3%	42.0%	69.7%
	44121	10.8%	51.2%	82.0%
	44143	4.6%	51.0%	84.0%
	44122	4.8%	50.2%	85.1%
	44134	5.9%	36.0%	82.3%
	44118	7.8%	47.7%	84.5%
	44124	3.9%	42.3%	85.4%
	44107	9.6%	38.0%	85.6%
	44077	6.5%	40.7%	85.9%
	44070	6.4%	46.5%	86.8%
	44145	3.8%	41.7%	90.0%
	44126	4.4%	43.6%	89.0%
	44116	2.4%	41.2%	86.2%
<b>Regency Hospital of Cleveland West Hospital Community</b>	44102	27.3%	52.1%	75.3%
	44109	20.7%	49.6%	72.5%
	44135	20.9%	53.1%	78.2%
	44113	25.3%	33.6%	78.5%
	44111	15.9%	52.0%	79.4%
	44125	10.3%	57.2%	78.9%
	44144	10.8%	46.0%	77.0%
	44142	7.4%	46.2%	83.6%
	44134	5.9%	36.0%	82.3%
	44130	6.4%	42.6%	83.5%
	44129	6.8%	44.8%	84.4%
	44107	9.6%	38.0%	85.6%
	44070	6.4%	46.5%	86.8%

44145	3.8%	41.7%	90.0%
44126	4.4%	43.6%	89.0%
44116	2.4%	41.2%	86.2%
44017	5.2%	41.9%	87.6%
44136	3.0%	42.4%	87.7%
44131	2.6%	35.3%	87.4%
44138	2.3%	42.1%	88.0%
44133	3.1%	34.0%	87.3%
44256	4.4%	42.5%	89.6%
44212	3.8%	41.6%	87.4%
44149	2.2%	33.0%	91.6%
44140	2.8%	41.4%	94.1%
44147	1.7%	18.1%	93.1%

**Table 9: Secondary Data Results by Health Topic—Cuyahoga, Lake and Medina Counties**

<b>HEALTH TOPICS</b>	<b>CUYAHOGA</b>	<b>LAKE</b>	<b>MEDINA</b>	<b>AVG</b>
Alcohol & Drug Use	1.73	1.81	1.47	1.67
Cancer	1.71	1.55	1.34	1.53
Children's Health	1.72	1.21	1.34	1.42
Diabetes	1.17	1.04	0.89	1.03
Health Care Access & Quality	1.21	1.57	1.54	1.44
Heart Disease & Stroke	1.35	1.49	1.19	1.34
Immunizations & Infectious Diseases	1.20	1.02	0.82	1.01
Maternal, Fetal & Infant Health	1.56	1.06	1.03	1.22
Medications & Prescriptions	1.72	2.50	2.50	2.24
Mental Health & Mental Disorders	1.39	1.16	1.34	1.30
Nutrition & Healthy Eating	1.31	1.47	1.64	1.47
Older Adults	1.65	1.58	1.35	1.53

Oral Health	1.14	1.15	1.11	1.13
Other Conditions	1.83	1.69	1.53	1.68
Physical Activity	1.39	1.47	1.36	1.41
Prevention & Safety	2.21	1.92	1.00	1.71
Respiratory Diseases	1.23	1.13	0.96	1.11
Tobacco Use	1.19	1.06	1.11	1.12
Wellness & Lifestyle	1.49	1.17	1.10	1.25
Women's Health	1.46	1.62	1.22	1.43
<b>QUALITY OF LIFE TOPIC</b>	<b>SCORE</b>			
Community	1.66	1.14	1.09	1.30
Economy	1.68	0.82	0.74	1.08
Education	1.55	1.55	1.22	1.44
Environmental Health	1.53	1.31	1.19	1.34











## Secondary Data Scoring Indicators of Concern

Health Care Access & Quality ranked as the eighth highest scoring health need, with a score of 1.44. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 10 below. For each indicator, there is an indicator score, county value, state value, and national value (where available). Additionally, there are state and national county distributions for comparison along with indicator trend information. The legend (Figure 36) on the right shows how to interpret the distribution gauges and trend icons used in the data scoring results for each health topic by county (Table 9).

Figure 36: Prioritized Health Needs













	If the needle is in the red, the county value is in the worst 25% (or worst quartile) of counties in the state or nation.
	If the needle is in the green, the county value is in the best 50% (or best half) of counties in the state or nation.
	The indicator is trending down, significantly, and this is not the ideal direction.
	The indicator is trending down and this is not the ideal direction.
	The indicator is trending up, significantly, and this is not the ideal direction.
	The indicator is trending up and this is not the ideal direction.
	The indicator is trending down, significantly, and this is the ideal direction.
	The indicator is trending down and this is the ideal direction.
	The indicator is trending up, significantly, and this is the ideal direction.
	The indicator is trending up and this is the ideal direction.

**Table 10. Data Scoring Results for Healthcare Access & Quality for the SMC Hospital Community  
Cuyahoga County**

SCORE	HEALTH CARE ACCESS & QUALITY	Cuyahoga County	HP2030	Ohio	U.S.	Ohio Counties	U.S. Counties	Trend
1.83	Adults with Health Insurance: 18+	89.8		90.2	90.6			...
1.83	Consumer Expenditures: Medical Services	1057.6		1098.6	1047.4			...
1.83	Consumer Expenditures: Medical Supplies	199.2		204.8	194.9			...
1.50	Adults who Visited a Dentist	51.3		51.6	52.9			...
1.50	Consumer Expenditures: Prescription and Non-Prescription Drugs	627.2		638.9	609.6			...

HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Lake County

SCORE	HEALTH CARE ACCESS & QUALITY	Lake County	HP2030	Ohio	U.S.	Ohio Counties	U.S. Counties	Trend
2.50	Consumer Expenditures: Health Insurance	4910.2		4371.7	4321.1			...
2.50	Consumer Expenditures: Medical Services	1242.3		1098.6	1047.4			...
2.50	Consumer Expenditures: Medical Supplies	229.2		204.8	194.9			...
2.50	Consumer Expenditures: Prescription and Non-Prescription Drugs	716.9		638.9	609.6			...
2.33	Primary Care Provider Rate	43		76.7				
1.67	Persons without Health Insurance	5.9		6.6		...	...	

HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

**Medina County**

SCORE	HEALTH CARE ACCESS & QUALITY	Medina County	HP2030	Ohio	U.S.	Ohio Counties	U.S. Counties	Trend
<b>2.50</b>	Consumer Expenditures: Health Insurance	5410.8		4371.7	4321.1			...
<b>2.50</b>	Consumer Expenditures: Medical Services	1419.1		1098.6	1047.4			...
<b>2.50</b>	Consumer Expenditures: Medical Supplies	259.4		204.8	194.9			...
<b>2.50</b>	Consumer Expenditures: Prescription and Non-Prescription Drugs	781.2		638.9	609.6			...
<b>1.72</b>	Primary Care Provider Rate	60.3		76.7				
<b>1.50</b>	Non-Physician Primary Care Provider Rate	63.4		108.9				



















HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.



**Table 11: Secondary Data Scoring Indicators of Concern: Prioritized Health Topic #2: Adult Health**

Nutrition & Healthy Eating had the seventh highest data score of all topic areas with a score of 1.47. The Older Adult Health topic area had the sixth highest score at 1.53 and the related Other Conditions health topic ranked third with a score of 1.68. All topic areas in this group demonstrate need per as they each scored above 1.5. Further analysis was done to identify specific indicators of concern which include indicators with high data scores (scoring at or above the threshold of 1.50) and seen in Table 11.

**Cuyahoga County**

SCORE	ADULT HEALTH	Cuyahoga County	HP2030	Ohio	U.S.	Ohio Counties	U.S. Counties	Trend
2.72	Age-Adjusted Death Rate due to Prostate Cancer	23.8	16.9	19.4	18.9			
2.58	Breast Cancer Incidence Rate	134.8		129.6	126.8			
2.36	Prostate Cancer Incidence Rate	128		107.2	106.2			
2.31	Cancer: Medicare Population	9		8.4	8.4			
2.28	Age-Adjusted Death Rate due to Breast Cancer	23.6	15.3	21.6	19.9			
2.25	All Cancer Incidence Rate	479.7		467.5	448.6			

<b>2.14</b>	Colorectal Cancer Incidence Rate	44.2		41.3	38			
<b>1.78</b>	Age-Adjusted Death Rate due to Cancer	171	122.7	169.4	152.4			
<b>1.67</b>	Colon Cancer Screening	63.7	74.4		66.4			...
<b>1.67</b>	Consumer Expenditures: Fruits and Vegetables	838.8		864.6	1002.1			...
<b>1.50</b>	Consumer Expenditures: High Sugar Foods	502.1		519	530.2			...
<b>2.64</b>	People 65+ Living Alone	34.8		28.8	26.1			
<b>2.47</b>	People 65+ Living Below Poverty Level	10.9		8.1	9.3			
<b>2.31</b>	Age-Adjusted Death Rate due to Falls	11.6		10.5	9.5			
<b>2.17</b>	Alzheimer's Disease or Dementia: Medicare Population	11.4		10.4	10.8			

<b>2.14</b>	Atrial Fibrillation: Medicare Population	9		9	8.4			
<b>2.08</b>	Osteoporosis: Medicare Population	6.3		6.2	6.6			...
<b>2.03</b>	Asthma: Medicare Population	5.2		4.8	5			
<b>1.92</b>	Chronic Kidney Disease: Medicare Population	25.2		25.3	24.5			
<b>1.92</b>	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	35.4		36.1	33.5			
<b>1.75</b>	Adults 65+ who Received Recommended Preventive Services: Females	28.6			28.4			...
<b>1.75</b>	Depression: Medicare Population	18.5		20.4	18.4			
<b>1.69</b>	Heart Failure: Medicare Population	15.3		14.7	14			
<b>1.67</b>	People 65+ with Low Access to a Grocery Store	3.4						...

<b>1.58</b>	Adults 65+ with Total Tooth Loss	15.5			13.5			...
<b>1.92</b>	Adults with Kidney Disease	3.6			3.1			...
<b>1.69</b>	Age-Adjusted Death Rate due to Kidney Disease	15.2		14.5	12.9			

HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Lake County

SCORE	ADULT HEALTH	Lake County	HP2030	Ohio	U.S.	Ohio Counties	U.S. Counties	Trend
<b>2.92</b>	Age-Adjusted Death Rate due to Falls	17.3		10.5	9.5			
<b>2.92</b>	Osteoporosis: Medicare Population	8.2		6.2	6.6			
<b>2.64</b>	Atrial Fibrillation: Medicare Population	10		9	8.4			
<b>2.64</b>	Cancer: Medicare Population	9.2		8.4	8.4			

2.47	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	37.4		36.1	33.5			
2.31	Hyperlipidemia: Medicare Population	52.4		49.4	47.7			
2.17	Consumer Expenditures: High Sugar Foods	554.5		519	530.2			...
2.00	Consumer Expenditures: Fast Food Restaurants	1589.1		1461	1638.9			...
2.00	People 65+ with Low Access to a Grocery Store	4.9						...
1.83	Consumer Expenditures: High Sugar Beverages	329.7		319.7	357			...
1.81	Ischemic Heart Disease: Medicare Population	28.5		27.5	26.8			
1.75	Adults with Arthritis	30.2			25.1			...
1.69	Stroke: Medicare Population	4		3.8	3.8			









1.64	Depression: Medicare Population	19.2		20.4	18.4			
1.50	Colon Cancer Screening	64.2	74.4		66.4			...
1.50	Consumer Expenditures: Eldercare	22.3		20.5	34.3			...
1.50	COPD: Medicare Population	12.4		13.2	11.5			

HP2030 · Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

**Medina County**

SCORE	ADULT HEALTH	Medina County	HP2030	Ohio	U.S.	Ohio Counties	U.S. Counties	Trend
2.64	Prostate Cancer Incidence Rate	135.8		107.2	106.2			
2.58	Breast Cancer Incidence Rate	134.7		129.6	126.8			
2.58	Cancer: Medicare Population	9		8.4	8.4			

2.25	All Cancer Incidence Rate	486.3		467.5	448.6			
1.92	Adults with Cancer	8.3			7.1			...
2.50	Consumer Expenditures: Fast Food Restaurants	1814.2		1461	1638.9			...
2.50	Consumer Expenditures: High Sugar Foods	627		519	530.2			...
2.33	Consumer Expenditures: High Sugar Beverages	370		319.7	357			...
2.58	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	37.2		36.1	33.5			...
2.31	Atrial Fibrillation: Medicare Population	9.4		9	8.4			
2.14	Osteoporosis: Medicare Population	6.6		6.2	6.6			
1.92	Depression: Medicare Population	19		20.4	18.4			

<b>1.81</b>	Hyperlipidemia: Medicare Population	50		49.4	47.7			...
<b>1.75</b>	Adults with Arthritis	30			25.1			...
<b>1.67</b>	Consumer Expenditures: Eldercare	24.4		20.5	34.3			...
<b>1.50</b>	People 65+ with Low Access to a Grocery Store	2.5						...













HP2030 · Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Prevention & Safety ranked second among all health topics with a score of 1.71. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 12 below. Medina County did not have any indicators of concern. See Appendix C for the full list of indicators categorized within this topic.






Table 12: Secondary Data Scoring Indicators of Concern: Prioritized Health Topic #3: Community Safety










Cuyahoga County

SCORE	PREVENTION & SAFETY	Cuyahoga County	HP2030	Ohio	U.S.	Ohio Counties	U.S. Counties	Trend
2.31	Age-Adjusted Death Rate due to Falls	11.6		10.5	9.5			
2.00	Age-Adjusted Death Rate due to Motor Vehicle Collisions	3.6		2.8	2.5	...	...	...
2.22	Age-Adjusted Death Rate due to Unintentional Injuries	69.7	43.2	68.8	48.9			
2.31	Age-Adjusted Death Rate due to Unintentional Poisonings	42		40.2	21.4			
2.64	Death Rate due to Drug Poisoning	42.6		38.1	21			

HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Lake County

SCORE	PREVENTION & SAFETY	Lake County	HP2030	Ohio	U.S.	Ohio Counties	U.S. Counties	Trend
2.92	Age-Adjusted Death Rate due to Falls	17.3		10.5	9.5			

<b>2.39</b>	Age-Adjusted Death Rate due to Unintentional Injuries	71.4	43.2	68.8	48.9			
<b>2.14</b>	Age-Adjusted Death Rate due to Unintentional Poisonings	40.2		40.2	21.4			
<b>2.14</b>	Death Rate due to Drug Poisoning	36.9		38.1	21			
<b>1.50</b>	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2.6		2.8	2.5	...	...	...

HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Table 13: Secondary Data Scoring Results by Health Topic for The SMC Hospital Community in Rank Order by Topic Score

<b>HEALTH TOPICS</b>	<b>AVG</b>
Medications & Prescriptions	2.24
Prevention & Safety	1.71
Other Conditions	1.68
Alcohol & Drug Use	1.67
Cancer	1.53
Older Adults	1.53
Nutrition & Healthy Eating	1.47
Health Care Access & Quality	1.44
Women's Health	1.43
Children's Health	1.42
Physical Activity	1.41
Heart Disease & Stroke	1.34
Mental Health & Mental Disorders	1.30
Wellness & Lifestyle	1.25
Maternal, Fetal & Infant Health	1.22
Oral Health	1.13
Tobacco Use	1.12
Respiratory Diseases	1.11
Diabetes	1.03
Immunizations & Infectious Diseases	1.01
<b>QUALITY OF LIFE TOPIC</b>	<b>SCORE</b>
Education	1.44

Environmental Health	1.34
Community	1.30
Economy	1.08

SCORE	ALCOHOL & DRUG USE	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.64	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	42.6		38.1	21	2017-2019	9
2.44	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	41.4	28.3	32.2	27	2015-2019	9
2.00	Adults who Drink Excessively	<i>percent</i>	19.6		18.5	19	2018	9
1.92	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	<i>Deaths per 100,000 population</i>	43.8		42	22.8	2017-2019	5
1.67	Consumer Expenditures: Alcoholic Beverages	<i>average dollar amount per consumer unit</i>	637.1		651.5	701.9	2021	7
1.42	Health Behaviors Ranking	<i>ranking</i>	31				2021	9
1.31	Liquor Store Density	<i>stores/ 100,000 population</i>	6.4		5.6	10.5	2019	22
1.25	Adults who Binge Drink	<i>percent</i>	16			16.7	2019	4

<b>0.92</b>	Mothers who Smoked During Pregnancy	<i>percent</i>	6.1	4.3	11.5	5.5	2020	17
<b>SCORE</b>	<b>CANCER</b>	<b>UNITS</b>	<b>CUYAHOGA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.72</b>	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	23.8	16.9	19.4	18.9	2015-2019	12
<b>2.58</b>	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	134.8		129.6	126.8	2014-2018	12
<b>2.36</b>	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	128		107.2	106.2	2014-2018	12
<b>2.31</b>	Cancer: Medicare Population	<i>percent</i>	9		8.4	8.4	2018	6
<b>2.28</b>	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	23.6	15.3	21.6	19.9	2015-2019	12
<b>2.25</b>	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	479.7		467.5	448.6	2014-2018	12
<b>2.14</b>	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	44.2		41.3	38	2014-2018	12
<b>1.78</b>	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	171	122.7	169.4	152.4	2015-2019	12
<b>1.67</b>	Colon Cancer Screening	<i>percent</i>	63.7	74.4		66.4	2018	4

<b>1.44</b>	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	42.9	25.1	45	36.7	2015-2019	12
<b>1.36</b>	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	63.7		67.3	57.3	2014-2018	12
<b>1.28</b>	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	14.5	8.9	14.8	13.4	2015-2019	12
<b>1.25</b>	Adults with Cancer	<i>percent</i>	7.5			7.1	2019	4
<b>1.14</b>	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	11.5		12.2	11.9	2014-2018	12
<b>0.94</b>	Mammogram in Past 2 Years: 50-74	<i>percent</i>	75.2	77.1		74.8	2018	4
<b>0.89</b>	Cervical Cancer Screening: 21-65	<i>Percent</i>	85.3	84.3		84.7	2018	4
<b>0.61</b>	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	6.4		7.9	7.7	2014-2018	12
<b>SCORE</b>	<b>CHILDREN'S HEALTH</b>	<b>UNITS</b>	<b>CUYAHOGA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.17</b>	Child Food Insecurity Rate	<i>percent</i>	20.7		17.4	14.6	2019	10
<b>2.08</b>	Projected Child Food Insecurity Rate	<i>percent</i>	23.4		18.5		2021	10
<b>1.94</b>	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	10	8.7	6.8		2020	3

<b>1.86</b>	Blood Lead Levels in Children (>=10 micrograms per deciliter)	<i>percent</i>	1.7		0.5		2020	19
<b>1.58</b>	Blood Lead Levels in Children (>=5 micrograms per deciliter)	<i>percent</i>	5.8		1.9		2020	19
<b>1.50</b>	Children with Low Access to a Grocery Store	<i>percent</i>	4.3				2015	23
<b>1.33</b>	Children with Health Insurance	<i>percent</i>	97.1		95.2	94.3	2019	1
<b>1.33</b>	Consumer Expenditures: Childcare	<i>average dollar amount per consumer unit</i>	272.1		301.6	368.2	2021	7
<b>SCORE</b>	<b>COMMUNITY</b>	<b>UNITS</b>	<b>CUYAHOGA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.64</b>	People 65+ Living Alone	<i>percent</i>	34.8		28.8	26.1	2015-2019	1
<b>2.50</b>	Single-Parent Households	<i>percent</i>	37.6		27.1	25.5	2015-2019	1
<b>2.47</b>	Homeownership	<i>percent</i>	50.9		59.4	56.2	2015-2019	1
<b>2.44</b>	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	41.4	28.3	32.2	27	2015-2019	9

<b>2.39</b>	Violent Crime Rate	<i>crimes/ 100,000 population</i>	637		303.5	394	2017	18
<b>2.31</b>	Social Associations	<i>membership associations/ 10,000 population</i>	9.2		11	9.3	2018	9
<b>2.14</b>	Linguistic Isolation	<i>percent</i>	2.9		1.4	4.4	2015-2019	1
<b>2.08</b>	Households without a Vehicle	<i>percent</i>	12.8		7.9	8.6	2015-2019	1
<b>2.00</b>	Age-Adjusted Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	3.6		2.8	2.5	2015-2019	5
<b>2.00</b>	People Living Below Poverty Level	<i>percent</i>	17.5	8	14	13.4	2015-2019	1
<b>1.94</b>	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	10	8.7	6.8		2020	3
<b>1.92</b>	Children Living Below Poverty Level	<i>percent</i>	25.5		19.9	18.5	2015-2019	1
<b>1.75</b>	Median Household Income	<i>dollars</i>	50366		56602	62843	2015-2019	1
<b>1.75</b>	Social and Economic Factors Ranking	<i>ranking</i>	72				2021	9
<b>1.75</b>	Young Children Living Below Poverty Level	<i>percent</i>	27.3		23	20.3	2015-2019	1
<b>1.75</b>	Youth not in School or Working	<i>percent</i>	2.3		1.8	1.9	2015-2019	1



<b>1.69</b>	Voter Turnout: Presidential Election	<i>percent</i>	71		74		2020	20
<b>1.67</b>	Consumer Expenditures: Local Public Transportation	<i>average dollar amount per consumer unit</i>	122.3		121.7	148.8	2021	7
<b>1.67</b>	Households with an Internet Subscription	<i>percent</i>	79.1		82.4	83	2015-2019	1
<b>1.67</b>	Households with One or More Types of Computing Devices	<i>percent</i>	87.4		89.1	90.3	2015-2019	1
<b>1.53</b>	Mean Travel Time to Work	<i>minutes</i>	24.3		23.7	26.9	2015-2019	1
<b>1.50</b>	Adults with Internet Access	<i>percent</i>	94.3		94.5	95	2021	8
<b>1.50</b>	Households with a Computer	<i>percent</i>	84.2		85.2	86.3	2021	8
<b>1.50</b>	Persons with an Internet Subscription	<i>percent</i>	84		86.2	86.2	2015-2019	1
<b>1.36</b>	Solo Drivers with a Long Commute	<i>percent</i>	32.3		31.1	37	2015-2019	9
<b>1.33</b>	Households with a Smartphone	<i>percent</i>	80.3		80.5	81.9	2021	8

<b>1.06</b>	Workers Commuting by Public Transportation	<i>percent</i>	4.6	5.3	1.6	5	2015-2019	1
<b>1.03</b>	Workers who Drive Alone to Work	<i>percent</i>	79.3		82.9	76.3	2015-2019	1
<b>1.00</b>	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.3				2015	23
<b>0.83</b>	Households with Wireless Phone Service	<i>percent</i>	97.2		96.8	97	2020	8
<b>0.69</b>	Workers who Walk to Work	<i>percent</i>	2.7		2.2	2.7	2015-2019	1
<b>0.58</b>	Per Capita Income	<i>dollars</i>	33114		31552	34103	2015-2019	1
<b>0.25</b>	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	32.5		28.3	32.1	2015-2019	1
<b>SCORE</b>	<b>DIABETES</b>	<b>UNITS</b>	<b>CUYAHOGA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>1.50</b>	Adults 20+ with Diabetes	<i>percent</i>	9				2019	5
<b>1.14</b>	Diabetes: Medicare Population	<i>percent</i>	25.3		27.2	27	2018	6

<b>0.86</b>	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	22.4		25.3	21.5	2017-2019	5
<b>SCORE</b>	<b>ECONOMY</b>	<b>UNITS</b>	<b>CUYAHOGA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.47</b>	Homeownership	<i>percent</i>	50.9		59.4	56.2	2015-2019	1
<b>2.47</b>	People 65+ Living Below Poverty Level	<i>percent</i>	10.9		8.1	9.3	2015-2019	1
<b>2.17</b>	Child Food Insecurity Rate	<i>percent</i>	20.7		17.4	14.6	2019	10
<b>2.17</b>	Income Inequality		0.5		0.5	0.5	2015-2019	1
<b>2.08</b>	Persons with Disability Living in Poverty (5-year)	<i>percent</i>	33.9		29.5	26.1	2015-2019	1
<b>2.08</b>	Projected Child Food Insecurity Rate	<i>percent</i>	23.4		18.5		2021	10
<b>2.00</b>	Adults who Feel Overwhelmed by Financial Burdens	<i>percent</i>	15.1		14.6	14.4	2021	8
<b>2.00</b>	Food Insecurity Rate	<i>percent</i>	13.9		13.2	10.9	2019	10
<b>2.00</b>	Households that are Below the Federal Poverty Level	<i>percent</i>	17.7		13.8		2018	25

<b>2.00</b>	People Living Below Poverty Level	<i>percent</i>	17.5	8	14	13.4	2015-2019	1
<b>1.92</b>	Children Living Below Poverty Level	<i>percent</i>	25.5		19.9	18.5	2015-2019	1
<b>1.92</b>	Families Living Below Poverty Level	<i>percent</i>	13		9.9	9.5	2015-2019	1
<b>1.92</b>	Projected Food Insecurity Rate	<i>percent</i>	15.6		14.1		2021	10
<b>1.83</b>	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	48.4		44.9	49.6	2015-2019	1
<b>1.75</b>	Households with Cash Public Assistance Income	<i>percent</i>	3.1		2.9	2.4	2015-2019	1
<b>1.75</b>	Median Household Income	<i>dollars</i>	50366		56602	62843	2015-2019	1
<b>1.75</b>	Severe Housing Problems	<i>percent</i>	17.1		13.7	18	2013-2017	9
<b>1.75</b>	Social and Economic Factors Ranking	<i>ranking</i>	72				2021	9
<b>1.75</b>	Young Children Living Below Poverty Level	<i>percent</i>	27.3		23	20.3	2015-2019	1
<b>1.75</b>	Youth not in School or Working	<i>percent</i>	2.3		1.8	1.9	2015-2019	1

<b>1.67</b>	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	58.8		61.6		2018	25
<b>1.64</b>	Size of Labor Force	<i>persons</i>	582791				44440	21
<b>1.64</b>	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.9				2017	23
<b>1.50</b>	Households with a Savings Account	<i>percent</i>	67.7		68.8	70.2	2021	8
<b>1.50</b>	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1				2016	23
<b>1.42</b>	People Living 200% Above Poverty Level	<i>percent</i>	64.7		68.8	69.1	2015-2019	1
<b>1.33</b>	Consumer Expenditures: Homeowner Expenses	<i>average dollar amount per consumer unit</i>	7600		7828	8900.1	2021	7
<b>1.33</b>	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	23.5		24.5		2018	25
<b>1.33</b>	Low-Income and Low Access to a Grocery Store	<i>percent</i>	4.3				2015	23

<b>1.31</b>	Overcrowded Households	<i>percent of households</i>	1.2		1.4		2015-2019	1
<b>1.25</b>	Unemployed Workers in Civilian Labor Force	<i>percent</i>	4.6		4.3	4.6	Sep-21	21
<b>1.17</b>	Consumer Expenditures: Home Rental Expenses	<i>average dollar amount per consumer unit</i>	3928.7		3798.7	5460.2	2021	7
<b>1.00</b>	Mortgaged Owners Spending 30% or More of Household Income on Housing	<i>percent</i>	22.7		19.7	26.5	2019	1
<b>0.58</b>	Per Capita Income	<i>dollars</i>	33114		31552	34103	2015-2019	1
<b>0.58</b>	Students Eligible for the Free Lunch Program	<i>percent</i>	12.9				2019-2020	13
<b>SCORE</b>	<b>EDUCATION</b>	<b>UNITS</b>	<b>CUYAHOGA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>1.86</b>	4th Grade Students Proficient in English/Language Arts	<i>percent</i>	46.6		63.3		2018-2019	15
<b>1.86</b>	4th Grade Students Proficient in Math	<i>percent</i>	52.5		74.3		2018-2019	15

<b>1.86</b>	8th Grade Students Proficient in English/Language Arts	<i>percent</i>	43.1		58.3		2018-2019	15
<b>1.86</b>	8th Grade Students Proficient in Math	<i>percent</i>	39.5		57.3		2018-2019	15
<b>1.33</b>	Consumer Expenditures: Childcare	<i>average dollar amount per consumer unit</i>	272.1		301.6	368.2	2021	7
<b>1.67</b>	Consumer Expenditures: Education	<i>average dollar amount per consumer unit</i>	1196.7		1200.4	1492.4	2021	7
<b>1.44</b>	High School Graduation	<i>percent</i>	89.5	90.7	92		2019-2020	15
<b>0.25</b>	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	32.5		28.3	32.1	2015-2019	1
<b>1.81</b>	Student-to-Teacher Ratio	<i>students/ teacher</i>	16.5				2019-2020	13
<b>SCORE</b>	<b>ENVIRONMENTAL HEALTH</b>	<b>UNITS</b>	<b>CUYAHOGA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.25</b>	Adults with Current Asthma	<i>percent</i>	11			8.9	2019	4
<b>2.14</b>	Fast Food Restaurant Density	<i>restaurants/ 1,000 population</i>	0.9				2016	23
<b>2.08</b>	Houses Built Prior to 1950	<i>percent</i>	39.2		26.2	17.5	2015-2019	1

<b>2.03</b>	Asthma: Medicare Population	<i>percent</i>	5.2		4.8	5	2018	6
<b>1.86</b>	Blood Lead Levels in Children ( $\geq 10$ micrograms per deciliter)	<i>percent</i>	1.7		0.5		2020	19
<b>1.75</b>	Annual Ozone Air Quality		F				2017-2019	2
<b>1.75</b>	Physical Environment Ranking	<i>ranking</i>	88				2021	9
<b>1.75</b>	Severe Housing Problems	<i>percent</i>	17.1		13.7	18	2013-2017	9
<b>1.67</b>	Farmers Market Density	<i>markets/ 1,000 population</i>	0				2018	23
<b>1.67</b>	People 65+ with Low Access to a Grocery Store	<i>percent</i>	3.4				2015	23
<b>1.64</b>	Number of Extreme Precipitation Days	<i>days</i>	34				2019	14
<b>1.64</b>	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.9				2017	23
<b>1.58</b>	Blood Lead Levels in Children ( $\geq 5$ micrograms per deciliter)	<i>percent</i>	5.8		1.9		2020	19
<b>1.53</b>	Food Environment Index	<i>index</i>	7.3		6.8	7.8	2021	9



<b>1.50</b>	Children with Low Access to a Grocery Store	<i>percent</i>	4.3				2015	23
<b>1.50</b>	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1				2016	23
<b>1.44</b>	Annual Particle Pollution		B				2017-2019	2
<b>1.36</b>	Number of Extreme Heat Days	<i>days</i>	12				2019	14
<b>1.36</b>	Number of Extreme Heat Events	<i>events</i>	6				2019	14
<b>1.36</b>	Weeks of Moderate Drought or Worse	<i>weeks per year</i>	0				2020	14
<b>1.33</b>	Low-Income and Low Access to a Grocery Store	<i>percent</i>	4.3				2015	23
<b>1.31</b>	Grocery Store Density	<i>stores/ 1,000 population</i>	0.2				2016	23
<b>1.31</b>	Liquor Store Density	<i>stores/ 100,000 population</i>	6.4		5.6	10.5	2019	22
<b>1.31</b>	Overcrowded Households	<i>percent of households</i>	1.2		1.4		2015-2019	1
<b>1.08</b>	PBT Released	<i>pounds</i>	234591.7				2020	24
<b>1.00</b>	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.3				2015	23

<b>1.00</b>	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1				2016	23
<b>0.50</b>	Access to Exercise Opportunities	<i>percent</i>	97.5		83.9	84	2020	9
<b>SCORE</b>	<b>HEALTH CARE ACCESS &amp; QUALITY</b>	<b>UNITS</b>	<b>CUYAHOGA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>1.83</b>	Adults with Health Insurance: 18+	<i>percent</i>	89.8		90.2	90.6	2021	8
<b>1.83</b>	Consumer Expenditures: Medical Services	<i>average dollar amount per consumer unit</i>	1057.6		1098.6	1047.4	2021	7
<b>1.83</b>	Consumer Expenditures: Medical Supplies	<i>average dollar amount per consumer unit</i>	199.2		204.8	194.9	2021	7
<b>1.50</b>	Adults who Visited a Dentist	<i>percent</i>	51.3		51.6	52.9	2021	8
<b>1.50</b>	Consumer Expenditures: Prescription and Non-Prescription Drugs	<i>average dollar amount per consumer unit</i>	627.2		638.9	609.6	2021	7
<b>1.42</b>	Adults without Health Insurance	<i>percent</i>	13			13	2019	4
<b>1.39</b>	Persons without Health Insurance	<i>percent</i>	5.3		6.6		2019	1
<b>1.33</b>	Adults with Health Insurance	<i>percent</i>	92.2		90.9	87.1	2019	1

1.33	Children with Health Insurance	<i>percent</i>	97.1		95.2	94.3	2019	1
1.33	Consumer Expenditures: Health Insurance	<i>average dollar amount per consumer unit</i>	4238.3		4371.7	4321.1	2021	7
1.25	Adults who have had a Routine Checkup	<i>percent</i>	78.2			76.6	2019	4
1.25	Clinical Care Ranking		10				2021	9
0.61	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	112.7		76.7		2018	9
0.33	Dentist Rate	<i>dentists/ 100,000 population</i>	109.6		64.2		2019	9
0.33	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	401.4		261.3		2020	9
0.33	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	180.6		108.9		2020	9
<b>SCORE</b>	<b>HEART DISEASE &amp; STROKE</b>	<b>UNITS</b>	<b>CUYAHOGA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
2.14	Atrial Fibrillation: Medicare Population	<i>percent</i>	9		9	8.4	2018	6
1.92	Adults who Experienced a Stroke	<i>percent</i>	4.2			3.4	2019	4

<b>1.69</b>	Heart Failure: Medicare Population	<i>percent</i>	15.3		14.7	14	2018	6
<b>1.50</b>	Age-Adjusted Death Rate due to Coronary Heart Disease	<i>deaths/ 100,000 population</i>	107.8	71.1	101.4	90.5	2017-2019	5
<b>1.50</b>	High Blood Pressure Prevalence	<i>percent</i>	35.4	27.7		32.6	2019	4
<b>1.44</b>	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	36.6	33.4	42.5	37.2	2017-2019	5
<b>1.42</b>	Adults who Experienced Coronary Heart Disease	<i>percent</i>	7.4			6.2	2019	4
<b>1.36</b>	Stroke: Medicare Population	<i>percent</i>	3.8		3.8	3.8	2018	6
<b>1.31</b>	Hypertension: Medicare Population	<i>percent</i>	57.2		59.5	57.2	2018	6
<b>1.25</b>	Adults who Have Taken Medications for High Blood Pressure	<i>percent</i>	78.7			76.2	2019	4
<b>1.25</b>	Cholesterol Test History	<i>percent</i>	86.3			87.6	2019	4

<b>1.00</b>	Hyperlipidemia: Medicare Population	<i>percent</i>	45.2		49.4	47.7	2018	6
<b>1.00</b>	Ischemic Heart Disease: Medicare Population	<i>percent</i>	25.8		27.5	26.8	2018	6
<b>0.92</b>	High Cholesterol Prevalence: Adults 18+	<i>percent</i>	32.2			33.6	2019	4
<b>0.58</b>	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	42.3		55.4		2019	14
<b>SCORE</b>	<b>IMMUNIZATIONS &amp; INFECTIOUS DISEASES</b>	<b>UNITS</b>	<b>CUYAHOGA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.39</b>	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	949.5		561.9	551	2019	16
<b>2.39</b>	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	432.9		224	187.8	2019	16
<b>1.61</b>	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	1.2	1.4	1.1		2020	16
<b>1.53</b>	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	0		0	0.5	28-Jan-22	11
<b>1.31</b>	Overcrowded Households	<i>percent of households</i>	1.2		1.4		2015-2019	1

1.17	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	48.6		48.6	49.4	2021	8
0.83	Salmonella Infection Incidence Rate	<i>cases/ 100,000 population</i>	10	11.1	12.9		2018	16
0.58	Persons Fully Vaccinated Against COVID-19	<i>percent</i>	62.8				28-Jan-22	5
0.08	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	11.1		14.4	13.8	2017-2019	5
0.08	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	30.6		128.4	177.3	28-Jan-22	11
<b>SCORE</b>	<b>MATERNAL, FETAL &amp; INFANT HEALTH</b>	<b>UNITS</b>	<b>CUYAHOGA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
2.11	Babies with Low Birth Weight	<i>percent</i>	10.8		8.5	8.2	2020	17
2.11	Babies with Very Low Birth Weight	<i>percent</i>	1.7		1.4	1.3	2020	17
1.33	Consumer Expenditures: Childcare	<i>average dollar amount per consumer unit</i>	272.1		301.6	368.2	2021	7
1.78	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	8.6	5	6.9		2019	17

1.00	Mothers who Received Early Prenatal Care	<i>percent</i>	72.4		68.9	76.1	2020	17
0.92	Mothers who Smoked During Pregnancy	<i>percent</i>	6.1	4.3	11.5	5.5	2020	17
1.67	Preterm Births	<i>percent</i>	11.4	9.4	10.3		2020	17
1.53	Teen Birth Rate: 15-17	<i>live births/ 1,000 females aged 15-17</i>	7.2		6.8		2020	17
1.58	Teen Pregnancy Rate	<i>pregnancies/ 1,000 females aged 15-17</i>	23.9		19.5		2016	17
<b>SCORE</b>	<b>MEDICATIONS &amp; PRESCRIPTIONS</b>	<b>UNITS</b>	<b>CUYAHOGA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
1.83	Consumer Expenditures: Medical Services	<i>average dollar amount per consumer unit</i>	1057.6		1098.6	1047.4	2021	7
1.83	Consumer Expenditures: Medical Supplies	<i>average dollar amount per consumer unit</i>	199.2		204.8	194.9	2021	7
1.50	Consumer Expenditures: Prescription and Non-Prescription Drugs	<i>average dollar amount per consumer unit</i>	627.2		638.9	609.6	2021	7

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.42	Adults Ever Diagnosed with Depression	<i>percent</i>	20.9			18.8	2019	4
0.64	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/ 100,000 population</i>	21		34	30.5	2017-2019	5
1.61	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	14	12.8	15.1	14.1	2017-2019	5
2.17	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	11.4		10.4	10.8	2018	6
1.75	Depression: Medicare Population	<i>percent</i>	18.5		20.4	18.4	2018	6
0.33	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	401.4		261.3		2020	9
1.75	Poor Mental Health: 14+ Days	<i>percent</i>	16			13.6	2019	4
1.83	Poor Mental Health: Average Number of Days	<i>days</i>	5		4.8	4.1	2018	9



<b>1.00</b>	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	85.8		85.6	86.5	2021	8
<b>SCORE</b>	<b>NUTRITION &amp; HEALTHY EATING</b>	<b>UNITS</b>	<b>CUYAHOGA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>1.67</b>	Consumer Expenditures: Fruits and Vegetables	<i>average dollar amount per consumer unit</i>	838.8		864.6	1002.1	2021	7
<b>1.50</b>	Consumer Expenditures: High Sugar Foods	<i>average dollar amount per consumer unit</i>	502.1		519	530.2	2021	7
<b>1.33</b>	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	<i>Percent</i>	41.1		41.5	41.2	2021	8
<b>1.33</b>	Consumer Expenditures: Fast Food Restaurants	<i>average dollar amount per consumer unit</i>	1415.1		1461	1638.9	2021	7
<b>1.17</b>	Consumer Expenditures: High Sugar Beverages	<i>average dollar amount per consumer unit</i>	310.6		319.7	357	2021	7

<b>0.83</b>	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	<i>percent</i>	79.6		80.9	80.4	2021	8
<b>SCORE</b>	<b>OLDER ADULT HEALTH</b>	<b>UNITS</b>	<b>CUYAHOGA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.64</b>	People 65+ Living Alone	<i>percent</i>	34.8		28.8	26.1	2015-2019	1
<b>2.47</b>	People 65+ Living Below Poverty Level	<i>percent</i>	10.9		8.1	9.3	2015-2019	1
<b>2.31</b>	Age-Adjusted Death Rate due to Falls	<i>deaths/ 100,000 population</i>	11.6		10.5	9.5	2017-2019	5
<b>2.31</b>	Cancer: Medicare Population	<i>percent</i>	9		8.4	8.4	2018	6
<b>2.17</b>	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	11.4		10.4	10.8	2018	6
<b>2.14</b>	Atrial Fibrillation: Medicare Population	<i>percent</i>	9		9	8.4	2018	6
<b>2.08</b>	Osteoporosis: Medicare Population	<i>percent</i>	6.3		6.2	6.6	2018	6

<b>2.03</b>	Asthma: Medicare Population	<i>percent</i>	5.2		4.8	5	2018	6
<b>1.92</b>	Chronic Kidney Disease: Medicare Population	<i>percent</i>	25.2		25.3	24.5	2018	6
<b>1.92</b>	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	35.4		36.1	33.5	2018	6
<b>1.75</b>	Adults 65+ who Received Recommended Preventive Services: Females	<i>percent</i>	28.6			28.4	2018	4
<b>1.75</b>	Depression: Medicare Population	<i>percent</i>	18.5		20.4	18.4	2018	6
<b>1.69</b>	Heart Failure: Medicare Population	<i>percent</i>	15.3		14.7	14	2018	6
<b>1.67</b>	Colon Cancer Screening	<i>percent</i>	63.7	74.4		66.4	2018	4
<b>1.67</b>	People 65+ with Low Access to a Grocery Store	<i>percent</i>	3.4				2015	23
<b>1.58</b>	Adults 65+ with Total Tooth Loss	<i>percent</i>	15.5			13.5	2018	4

<b>1.42</b>	Adults with Arthritis	<i>percent</i>	29.3			25.1	2019	4
<b>1.36</b>	Stroke: Medicare Population	<i>percent</i>	3.8		3.8	3.8	2018	6
<b>1.31</b>	Hypertension: Medicare Population	<i>percent</i>	57.2		59.5	57.2	2018	6
<b>1.14</b>	Diabetes: Medicare Population	<i>percent</i>	25.3		27.2	27	2018	6
<b>1.00</b>	Consumer Expenditures: Eldercare	<i>average dollar amount per consumer unit</i>	20.8		20.5	34.3	2021	7
<b>1.00</b>	Hyperlipidemia: Medicare Population	<i>percent</i>	45.2		49.4	47.7	2018	6
<b>1.00</b>	Ischemic Heart Disease: Medicare Population	<i>percent</i>	25.8		27.5	26.8	2018	6
<b>0.97</b>	COPD: Medicare Population	<i>percent</i>	11.2		13.2	11.5	2018	6
<b>0.92</b>	Adults 65+ who Received Recommended Preventive Services: Males	<i>percent</i>	34.5			32.4	2018	4
<b>0.64</b>	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/ 100,000 population</i>	21		34	30.5	2017-2019	5

SCORE	ORAL HEALTH	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.58	Adults 65+ with Total Tooth Loss	<i>percent</i>	15.5			13.5	2018	4
1.50	Adults who Visited a Dentist	<i>percent</i>	51.3		51.6	52.9	2021	8
1.14	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	11.5		12.2	11.9	2014-2018	12
0.33	Dentist Rate	<i>dentists/ 100,000 population</i>	109.6		64.2		2019	9
SCORE	OTHER CONDITIONS	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.08	Osteoporosis: Medicare Population	<i>percent</i>	6.3		6.2	6.6	2018	6
1.92	Adults with Kidney Disease	<i>Percent of adults</i>	3.6			3.1	2019	4
1.92	Chronic Kidney Disease: Medicare Population	<i>percent</i>	25.2		25.3	24.5	2018	6
1.92	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	35.4		36.1	33.5	2018	6

1.69	Age-Adjusted Death Rate due to Kidney Disease	<i>deaths/ 100,000 population</i>	15.2		14.5	12.9	2017-2019	5
1.42	Adults with Arthritis	<i>percent</i>	29.3			25.1	2019	4
<b>SCORE</b>	<b>PHYSICAL ACTIVITY</b>	<b>UNITS</b>	<b>CUYAHOGA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
2.22	Adults 20+ who are Obese	<i>percent</i>	34.2	36			2019	5
2.14	Fast Food Restaurant Density	<i>restaurants/ 1,000 population</i>	0.9				2016	23
1.67	Farmers Market Density	<i>markets/ 1,000 population</i>	0				2018	23
1.67	People 65+ with Low Access to a Grocery Store	<i>percent</i>	3.4				2015	23
1.64	Adults 20+ who are Sedentary	<i>percent</i>	25.1				2019	5
1.64	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.9				2017	23
1.53	Food Environment Index	<i>index</i>	7.3		6.8	7.8	2021	9
1.50	Children with Low Access to a Grocery Store	<i>percent</i>	4.3				2015	23
1.50	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1				2016	23

1.42	Health Behaviors Ranking	<i>ranking</i>	31				2021	9
1.33	Low-Income and Low Access to a Grocery Store	<i>percent</i>	4.3				2015	23
1.31	Grocery Store Density	<i>stores/ 1,000 population</i>	0.2				2016	23
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.3				2015	23
1.00	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1				2016	23
0.83	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	<i>percent</i>	79.6		80.9	80.4	2021	8
0.69	Workers who Walk to Work	<i>percent</i>	2.7		2.2	2.7	2015-2019	1
0.50	Access to Exercise Opportunities	<i>percent</i>	97.5		83.9	84	2020	9
<b>SCORE</b>	<b>PREVENTION &amp; SAFETY</b>	<b>UNITS</b>	<b>CUYAHOGA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
2.31	Age-Adjusted Death Rate due to Falls	<i>deaths/ 100,000 population</i>	11.6		10.5	9.5	2017-2019	5

<b>2.00</b>	Age-Adjusted Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	3.6		2.8	2.5	2015-2019	5
<b>2.22</b>	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	69.7	43.2	68.8	48.9	2017-2019	5
<b>2.31</b>	Age-Adjusted Death Rate due to Unintentional Poisonings	<i>deaths/ 100,000 population</i>	42		40.2	21.4	2017-2019	5
<b>2.64</b>	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	42.6		38.1	21	2017-2019	9
<b>1.75</b>	Severe Housing Problems	<i>percent</i>	17.1		13.7	18	2013-2017	9
<b>SCORE</b>	<b>RESPIRATORY DISEASES</b>	<b>UNITS</b>	<b>CUYAHOGA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.25</b>	Adults with Current Asthma	<i>percent</i>	11			8.9	2019	4
<b>2.03</b>	Asthma: Medicare Population	<i>percent</i>	5.2		4.8	5	2018	6
<b>2.00</b>	Consumer Expenditures: Tobacco and Legal Marijuana	<i>average dollar amount per consumer unit</i>	485.5		487.9	422.4	2021	7
<b>1.61</b>	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	1.2	1.4	1.1		2020	16



<b>1.58</b>	Adults with COPD	<i>Percent of adults</i>	8.6			6.6	2019	4
<b>1.53</b>	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	0		0	0.5	28-Jan-22	11
<b>1.44</b>	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	42.9	25.1	45	36.7	2015-2019	12
<b>1.42</b>	Adults who Smoke	<i>percent</i>	20.9	5	21.4	17	2018	9
<b>1.36</b>	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	63.7		67.3	57.3	2014-2018	12
<b>0.97</b>	COPD: Medicare Population	<i>percent</i>	11.2		13.2	11.5	2018	6
<b>0.83</b>	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	4		4.3	4.1	2021	8
<b>0.81</b>	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	<i>deaths/ 100,000 population</i>	38.4		47.8	39.6	2017-2019	5
<b>0.50</b>	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	1.2		2.2	2	2021	8
<b>0.08</b>	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	11.1		14.4	13.8	2017-2019	5

<b>0.08</b>	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	30.6		128.4	177.3	28-Jan-22	11
<b>SCORE</b>	<b>TOBACCO USE</b>	<b>UNITS</b>	<b>CUYAHOGA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.00</b>	Consumer Expenditures: Tobacco and Legal Marijuana	<i>average dollar amount per consumer unit</i>	485.5		487.9	422.4	2021	7
<b>1.42</b>	Adults who Smoke	<i>percent</i>	20.9	5	21.4	17	2018	9
<b>0.83</b>	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	4		4.3	4.1	2021	8
<b>0.50</b>	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	1.2		2.2	2	2021	8
<b>SCORE</b>	<b>WELLNESS &amp; LIFESTYLE</b>	<b>UNITS</b>	<b>CUYAHOGA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.58</b>	Insufficient Sleep	<i>percent</i>	44.9	31.4	40.6	35	2018	9
<b>1.75</b>	Morbidity Ranking	<i>ranking</i>	76				2021	9
<b>1.67</b>	Poor Physical Health: Average Number of Days	<i>days</i>	4.2		4.1	3.7	2018	9
<b>1.58</b>	Poor Physical Health: 14+ Days	<i>percent</i>	14.3			12.5	2019	4

<b>1.58</b>	Self-Reported General Health Assessment: Poor or Fair	<i>percent</i>	21.1			18.6	2019	4
<b>1.50</b>	High Blood Pressure Prevalence	<i>percent</i>	35.4	27.7		32.6	2019	4
<b>1.50</b>	Life Expectancy	<i>years</i>	77		77	79.2	2017-2019	9
<b>1.33</b>	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	<i>Percent</i>	41.1		41.5	41.2	2021	8
<b>1.33</b>	Consumer Expenditures: Fast Food Restaurants	<i>average dollar amount per consumer unit</i>	1415.1		1461	1638.9	2021	7
<b>1.17</b>	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	48.6		48.6	49.4	2021	8
<b>1.00</b>	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	85.8		85.6	86.5	2021	8
<b>0.83</b>	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	<i>percent</i>	79.6		80.9	80.4	2021	8

<b>SCORE</b>	<b>WOMEN'S HEALTH</b>	<b>UNITS</b>	<b>CUYAHOGA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.58</b>	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	134.8		129.6	126.8	2014-2018	12
<b>2.28</b>	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	23.6	15.3	21.6	19.9	2015-2019	12
<b>0.94</b>	Mammogram in Past 2 Years: 50-74	<i>percent</i>	75.2	77.1		74.8	2018	4
<b>0.89</b>	Cervical Cancer Screening: 21-65	<i>Percent</i>	85.3	84.3		84.7	2018	4
<b>0.61</b>	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	6.4		7.9	7.7	2014-2018	12

## Cuyahoga Data Sources

<b>Key</b>	<b>Source Name</b>
1	American Community Survey
2	American Lung Association
3	Annie E. Casey Foundation
4	CDC - PLACES
5	Centers for Disease Control and Prevention
6	Centers for Medicare & Medicaid Services
7	Claritas Consumer Buying Power
8	Claritas Consumer Profiles
9	County Health Rankings
10	Feeding America
11	Healthy Communities Institute
12	National Cancer Institute
13	National Center for Education Statistics
14	National Environmental Public Health Tracking Network
15	Ohio Department of Education
16	Ohio Department of Health, Infectious Diseases
17	Ohio Department of Health, Vital Statistics Ohio Department of Public Safety, Office of Criminal Justice
18	Services
19	Ohio Public Health Information Warehouse
20	Ohio Secretary of State
21	U.S. Bureau of Labor Statistics
22	U.S. Census - County Business Patterns
23	U.S. Department of Agriculture - Food Environment Atlas
24	U.S. Environmental Protection Agency
25	United For ALICE

SCORE	ALCOHOL & DRUG USE	UNITS	LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.72	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	50	28.3	32.2	27	2015-2019	9
2.33	Consumer Expenditures: Alcoholic Beverages	<i>average dollar amount per consumer unit</i>	724.3		651.5	701.9	2021	7
2.17	Adults who Drink Excessively	<i>percent</i>	20.8		18.5	19	2018	9
2.14	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	36.9		38.1	21	2017-2019	9
1.75	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	<i>Deaths per 100,000 population</i>	40.8		42	22.8	2017-2019	5
1.42	Adults who Binge Drink	<i>percent</i>	16.4			16.7	2019	4
1.31	Liquor Store Density	<i>stores/ 100,000 population</i>	6.5		5.6	10.5	2019	22
1.25	Health Behaviors Ranking	<i>ranking</i>	12				2021	9
1.19	Mothers who Smoked During Pregnancy	<i>percent</i>	9.6	4.3	11.5	5.5	2020	17
SCORE	CANCER	UNITS	LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.64	Cancer: Medicare Population	<i>percent</i>	9.2		8.4	8.4	2018	6
2.31	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	139.4		129.6	126.8	2014-2018	12
2.00	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	8.1		7.9	7.7	2014-2018	12
1.92	Adults with Cancer	<i>percent</i>	8.5			7.1	2019	4

<b>1.92</b>	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	12.6		12.2	11.9	2014-2018	12
<b>1.83</b>	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	481.2		467.5	448.6	2014-2018	12
<b>1.50</b>	Colon Cancer Screening	<i>percent</i>	64.2	74.4		66.4	2018	4
<b>1.44</b>	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	20.9	15.3	21.6	19.9	2015-2019	12
<b>1.44</b>	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	43.9	25.1	45	36.7	2015-2019	12
<b>1.44</b>	Mammogram in Past 2 Years: 50-74	<i>percent</i>	73.3	77.1		74.8	2018	4
<b>1.33</b>	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	17.7	16.9	19.4	18.9	2015-2019	12
<b>1.28</b>	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	14.7	8.9	14.8	13.4	2015-2019	12
<b>1.25</b>	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	66.3		67.3	57.3	2014-2018	12
<b>1.19</b>	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	40.6		41.3	38	2014-2018	12
<b>1.11</b>	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	163.6	122.7	169.4	152.4	2015-2019	12
<b>0.89</b>	Cervical Cancer Screening: 21-65	<i>Percent</i>	85.4	84.3		84.7	2018	4
<b>0.86</b>	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	95.7		107.2	106.2	2014-2018	12
<b>SCORE</b>	<b>CHILDREN'S HEALTH</b>	<b>UNITS</b>	<b>LAKE COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>

<b>2.00</b>	Children with Low Access to a Grocery Store	<i>percent</i>	8				2015	23
<b>1.83</b>	Consumer Expenditures: Childcare	<i>average dollar amount per consumer unit</i>	315		301.6	368.2	2021	7
<b>1.33</b>	Children with Health Insurance	<i>percent</i>	95.7		95.2	94.3	2019	1
<b>1.14</b>	Blood Lead Levels in Children (>=5 micrograms per deciliter)	<i>percent</i>	0.8		1.9		2020	19
<b>1.03</b>	Blood Lead Levels in Children (>=10 micrograms per deciliter)	<i>percent</i>	0.2		0.5		2020	19
<b>0.92</b>	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	3.9	8.7	6.8		2020	3
<b>0.75</b>	Projected Child Food Insecurity Rate	<i>percent</i>	14.8		18.5		2021	10
<b>0.67</b>	Child Food Insecurity Rate	<i>percent</i>	13.4		17.4	14.6	2019	10
<b>SCORE</b>	<b>COMMUNITY</b>	<b>UNITS</b>	<b>LAKE COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.72</b>	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	50	28.3	32.2	27	2015-2019	9
<b>2.64</b>	Workers who Walk to Work	<i>percent</i>	1.2		2.2	2.7	2015-2019	1
<b>2.31</b>	Social Associations	<i>membership associations/ 10,000 population</i>	8.7		11	9.3	2018	9
<b>2.19</b>	Workers who Drive Alone to Work	<i>percent</i>	86.6		82.9	76.3	2015-2019	1



<b>1.67</b>	Violent Crime Rate	<i>crimes/ 100,000 population</i>	234.5		303.5	394	2017	18
<b>1.50</b>	Age-Adjusted Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	2.6		2.8	2.5	2015-2019	5
<b>1.44</b>	Workers Commuting by Public Transportation	<i>percent</i>	1	5.3	1.6	5	2015-2019	1
<b>1.36</b>	Linguistic Isolation	<i>percent</i>	1.4		1.4	4.4	2015-2019	1
<b>1.36</b>	Solo Drivers with a Long Commute	<i>percent</i>	32.3		31.1	37	2015-2019	9
<b>1.33</b>	Consumer Expenditures: Local Public Transportation	<i>average dollar amount per consumer unit</i>	120.9		121.7	148.8	2021	7
<b>1.33</b>	Single-Parent Households	<i>percent</i>	24		27.1	25.5	2015-2019	1
<b>1.25</b>	Social and Economic Factors Ranking	<i>ranking</i>	21				2021	9
<b>1.19</b>	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	27.4		28.3	32.1	2015-2019	1
<b>1.17</b>	Households with Wireless Phone Service	<i>percent</i>	96.7		96.8	97	2020	8
<b>1.14</b>	Mean Travel Time to Work	<i>minutes</i>	23.5		23.7	26.9	2015-2019	1
<b>1.03</b>	Voter Turnout: Presidential Election	<i>percent</i>	80.3		74		2020	20
<b>1.00</b>	Adults with Internet Access	<i>percent</i>	95		94.5	95	2021	8
<b>1.00</b>	Households with a Smartphone	<i>percent</i>	80.6		80.5	81.9	2021	8

<b>1.00</b>	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.6				2015	23
<b>0.97</b>	Youth not in School or Working	<i>percent</i>	1.4		1.8	1.9	2015-2019	1
<b>0.92</b>	People 65+ Living Alone	<i>percent</i>	26.2		28.8	26.1	2015-2019	1
<b>0.92</b>	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	3.9	8.7	6.8		2020	3
<b>0.83</b>	Households with a Computer	<i>percent</i>	86.6		85.2	86.3	2021	8
<b>0.83</b>	Households with an Internet Subscription	<i>percent</i>	86.5		82.4	83	2015-2019	1
<b>0.83</b>	Households with One or More Types of Computing Devices	<i>percent</i>	90.9		89.1	90.3	2015-2019	1
<b>0.83</b>	Persons with an Internet Subscription	<i>percent</i>	90.2		86.2	86.2	2015-2019	1
<b>0.64</b>	Children Living Below Poverty Level	<i>percent</i>	11.6		19.9	18.5	2015-2019	1
<b>0.64</b>	Young Children Living Below Poverty Level	<i>percent</i>	12.1		23	20.3	2015-2019	1
<b>0.42</b>	Per Capita Income	<i>dollars</i>	34409		31552	34103	2015-2019	1
<b>0.39</b>	People Living Below Poverty Level	<i>percent</i>	8.1	8	14	13.4	2015-2019	1
<b>0.36</b>	Homeownership	<i>percent</i>	69.5		59.4	56.2	2015-2019	1
<b>0.25</b>	Households without a Vehicle	<i>percent</i>	4.6		7.9	8.6	2015-2019	1
<b>0.25</b>	Median Household Income	<i>dollars</i>	64466		56602	62843	2015-2019	1

<b>SCORE</b>	<b>DIABETES</b>	<b>UNITS</b>	<b>LAKE COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>1.47</b>	Adults 20+ with Diabetes	<i>percent</i>	8.6				2019	5
<b>1.14</b>	Diabetes: Medicare Population	<i>percent</i>	25.6		27.2	27	2018	6
<b>0.50</b>	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	17.3		25.3	21.5	2017-2019	5
<b>SCORE</b>	<b>ECONOMY</b>	<b>UNITS</b>	<b>LAKE COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.00</b>	Consumer Expenditures: Homeowner Expenses	<i>average dollar amount per consumer unit</i>	8502.5		7828	8900.1	2021	7
<b>1.69</b>	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.7				2017	23
<b>1.67</b>	Low-Income and Low Access to a Grocery Store	<i>percent</i>	7.6				2015	23
<b>1.64</b>	Size of Labor Force	<i>persons</i>	119998				44440	21
<b>1.50</b>	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1				2016	23
<b>1.33</b>	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	23.6		24.5		2018	25
<b>1.28</b>	Mortgaged Owners Spending 30% or More of Household Income on Housing	<i>percent</i>	22.9		19.7	26.5	2019	1
<b>1.25</b>	Social and Economic Factors Ranking	<i>ranking</i>	21				2021	9

<b>1.17</b>	Students Eligible for the Free Lunch Program	<i>percent</i>	20.4				<i>2019-2020</i>	13
<b>1.14</b>	Overcrowded Households	<i>percent of households</i>	1		1.4		<i>2015-2019</i>	1
<b>1.00</b>	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	69.2		61.6		<i>2018</i>	25
<b>1.00</b>	Households that are Below the Federal Poverty Level	<i>percent</i>	7.2		13.8		<i>2018</i>	25
<b>0.97</b>	Youth not in School or Working	<i>percent</i>	1.4		1.8	1.9	<i>2015-2019</i>	1
<b>0.92</b>	Projected Food Insecurity Rate	<i>percent</i>	11.8		14.1		<i>2021</i>	10
<b>0.83</b>	Adults who Feel Overwhelmed by Financial Burdens	<i>percent</i>	13.9		14.6	14.4	<i>2021</i>	8
<b>0.83</b>	Food Insecurity Rate	<i>percent</i>	10.8		13.2	10.9	<i>2019</i>	10
<b>0.83</b>	Households with a Savings Account	<i>percent</i>	71.3		68.8	70.2	<i>2021</i>	8
<b>0.75</b>	Projected Child Food Insecurity Rate	<i>percent</i>	14.8		18.5		<i>2021</i>	10
<b>0.69</b>	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	40.4		44.9	49.6	<i>2015-2019</i>	1
<b>0.67</b>	Child Food Insecurity Rate	<i>percent</i>	13.4		17.4	14.6	<i>2019</i>	10

<b>0.67</b>	Income Inequality		0.4		0.5	0.5	2015-2019	1
<b>0.64</b>	Children Living Below Poverty Level	<i>percent</i>	11.6		19.9	18.5	2015-2019	1
<b>0.64</b>	Young Children Living Below Poverty Level	<i>percent</i>	12.1		23	20.3	2015-2019	1
<b>0.50</b>	Consumer Expenditures: Home Rental Expenses	<i>average dollar amount per consumer unit</i>	3322.9		3798.7	5460.2	2021	7
<b>0.42</b>	Per Capita Income	<i>dollars</i>	34409		31552	34103	2015-2019	1
<b>0.42</b>	Severe Housing Problems	<i>percent</i>	11.2		13.7	18	2013-2017	9
<b>0.39</b>	People Living Below Poverty Level	<i>percent</i>	8.1	8	14	13.4	2015-2019	1
<b>0.36</b>	Homeownership	<i>percent</i>	69.5		59.4	56.2	2015-2019	1
<b>0.36</b>	People 65+ Living Below Poverty Level	<i>percent</i>	6.2		8.1	9.3	2015-2019	1
<b>0.36</b>	Persons with Disability Living in Poverty (5-year)	<i>percent</i>	20.4		29.5	26.1	2015-2019	1
<b>0.25</b>	Households with Cash Public Assistance Income	<i>percent</i>	1.7		2.9	2.4	2015-2019	1
<b>0.25</b>	Median Household Income	<i>dollars</i>	64466		56602	62843	2015-2019	1
<b>0.25</b>	Unemployed Workers in Civilian Labor Force	<i>percent</i>	3.4		4.3	4.6	Sep-21	21
<b>0.08</b>	Families Living Below Poverty Level	<i>percent</i>	5		9.9	9.5	2015-2019	1
<b>0.08</b>	People Living 200% Above Poverty Level	<i>percent</i>	77.7		68.8	69.1	2015-2019	1

<b>SCORE</b>	<b>EDUCATION</b>	<b>UNITS</b>	<b>LAKE COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.14</b>	8th Grade Students Proficient in Math	<i>percent</i>	26.8		57.3		2018-2019	15
<b>2.00</b>	8th Grade Students Proficient in English/Language Arts	<i>percent</i>	21.7		58.3		2018-2019	15
<b>1.86</b>	Student-to-Teacher Ratio	<i>students/ teacher</i>	18.5				2019-2020	13
<b>1.83</b>	Consumer Expenditures: Childcare	<i>average dollar amount per consumer unit</i>	315		301.6	368.2	2021	7
<b>1.83</b>	Consumer Expenditures: Education	<i>average dollar amount per consumer unit</i>	1212.2		1200.4	1492.4	2021	7
<b>1.36</b>	4th Grade Students Proficient in Math	<i>percent</i>	75		74.3		2018-2019	15
<b>1.19</b>	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	27.4		28.3	32.1	2015-2019	1
<b>1.17</b>	High School Graduation	<i>percent</i>	93.7	90.7	92		2019-2020	15
<b>0.58</b>	4th Grade Students Proficient in English/Language Arts	<i>percent</i>	81.3		63.3		2018-2019	15
<b>SCORE</b>	<b>ENVIRONMENTAL HEALTH</b>	<b>UNITS</b>	<b>LAKE COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.00</b>	Children with Low Access to a Grocery Store	<i>percent</i>	8				2015	23
<b>2.00</b>	People 65+ with Low Access to a Grocery Store	<i>percent</i>	4.9				2015	23

<b>1.83</b>	Fast Food Restaurant Density	<i>restaurants/ 1,000 population</i>	0.8				2016	23
<b>1.75</b>	Annual Ozone Air Quality		F				2017-2019	2
<b>1.69</b>	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.7				2017	23
<b>1.67</b>	Low-Income and Low Access to a Grocery Store	<i>percent</i>	7.6				2015	23
<b>1.58</b>	Adults with Current Asthma	<i>percent</i>	9.8		8.9		2019	4
<b>1.50</b>	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1				2016	23
<b>1.36</b>	Grocery Store Density	<i>stores/ 1,000 population</i>	0.2				2016	23
<b>1.36</b>	Number of Extreme Heat Days	<i>days</i>	13				2019	14
<b>1.36</b>	Number of Extreme Heat Events	<i>events</i>	6				2019	14
<b>1.36</b>	Number of Extreme Precipitation Days	<i>days</i>	34				2019	14
<b>1.36</b>	Recognized Carcinogens Released into Air	<i>pounds</i>	34566.1				2020	24
<b>1.33</b>	Farmers Market Density	<i>markets/ 1,000 population</i>	0				2018	23
<b>1.31</b>	Liquor Store Density	<i>stores/ 100,000 population</i>	6.5		5.6	10.5	2019	22
<b>1.25</b>	Annual Particle Pollution		A				2017-2019	2
<b>1.25</b>	Physical Environment Ranking	<i>ranking</i>	2				2021	9
<b>1.17</b>	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1				2016	23
<b>1.14</b>	Blood Lead Levels in Children (>=5 micrograms per deciliter)	<i>percent</i>	0.8		1.9		2020	19

1.14	Food Environment Index	<i>index</i>	8		6.8	7.8	2021	9
1.14	Overcrowded Households	<i>percent of households</i>	1		1.4		2015-2019	1
1.03	Blood Lead Levels in Children (>=10 micrograms per deciliter)	<i>percent</i>	0.2		0.5		2020	19
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.6				2015	23
0.92	Asthma: Medicare Population	<i>percent</i>	4.5		4.8	5	2018	6
0.83	Access to Exercise Opportunities	<i>percent</i>	90.9		83.9	84	2020	9
0.53	Houses Built Prior to 1950	<i>percent</i>	15		26.2	17.5	2015-2019	1
0.42	Severe Housing Problems	<i>percent</i>	11.2		13.7	18	2013-2017	9
<b>SCORE</b>	<b>HEALTH CARE ACCESS &amp; QUALITY</b>	<b>UNITS</b>	<b>LAKE COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
2.50	Consumer Expenditures: Health Insurance	<i>average dollar amount per consumer unit</i>	4910.2		4371.7	4321.1	2021	7
2.50	Consumer Expenditures: Medical Services	<i>average dollar amount per consumer unit</i>	1242.3		1098.6	1047.4	2021	7
2.50	Consumer Expenditures: Medical Supplies	<i>average dollar amount per consumer unit</i>	229.2		204.8	194.9	2021	7
2.50	Consumer Expenditures: Prescription and Non-Prescription Drugs	<i>average dollar amount per consumer unit</i>	716.9		638.9	609.6	2021	7



<b>2.33</b>	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	43		76.7		2018	9
<b>1.67</b>	Persons without Health Insurance	<i>percent</i>	5.9		6.6		2019	1
<b>1.42</b>	Clinical Care Ranking	<i>ranking</i>	25				2021	9
<b>1.33</b>	Children with Health Insurance	<i>percent</i>	95.7		95.2	94.3	2019	1
<b>1.33</b>	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	69.1		108.9		2020	9
<b>1.25</b>	Adults who have had a Routine Checkup	<i>percent</i>	78.3			76.6	2019	4
<b>1.17</b>	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	216		261.3		2020	9
<b>0.92</b>	Dentist Rate	<i>dentists/ 100,000 population</i>	68.7		64.2		2019	9
<b>0.83</b>	Adults who Visited a Dentist	<i>percent</i>	53.9		51.6	52.9	2021	8
<b>0.83</b>	Adults with Health Insurance: 18+	<i>percent</i>	91.4		90.2	90.6	2021	8
<b>0.75</b>	Adults without Health Insurance	<i>percent</i>	11.2			13	2019	4
<b>SCORE</b>	<b>HEART DISEASE &amp; STROKE</b>	<b>UNITS</b>	<b>LAKE COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.64</b>	Atrial Fibrillation: Medicare Population	<i>percent</i>	10		9	8.4	2018	6
<b>2.31</b>	Hyperlipidemia: Medicare Population	<i>percent</i>	52.4		49.4	47.7	2018	6
<b>1.81</b>	Ischemic Heart Disease: Medicare Population	<i>percent</i>	28.5		27.5	26.8	2018	6

1.69	Stroke: Medicare Population	<i>percent</i>	4		3.8	3.8	2018	6
1.58	High Cholesterol Prevalence: Adults 18+	<i>percent</i>	33.7			33.6	2019	4
1.50	Age-Adjusted Death Rate due to Coronary Heart Disease	<i>deaths/ 100,000 population</i>	107.6	71.1	101.4	90.5	2017-2019	5
1.42	Adults who Experienced Coronary Heart Disease	<i>percent</i>	7.2			6.2	2019	4
1.33	High Blood Pressure Prevalence	<i>percent</i>	34.1	27.7		32.6	2019	4
1.31	Heart Failure: Medicare Population	<i>percent</i>	13.8		14.7	14	2018	6
1.31	Hypertension: Medicare Population	<i>percent</i>	57.9		59.5	57.2	2018	6
1.25	Adults who Experienced a Stroke	<i>percent</i>	3.6			3.4	2019	4
1.25	Adults who Have Taken Medications for High Blood Pressure	<i>percent</i>	78.4			76.2	2019	4
1.25	Cholesterol Test History	<i>percent</i>	86.3			87.6	2019	4
0.86	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	35.9	33.4	42.5	37.2	2017-2019	5
0.86	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	42.4		55.4		2019	14
<b>SCORE</b>	<b>IMMUNIZATIONS &amp; INFECTIOUS DISEASES</b>	<b>UNITS</b>	<b>LAKE COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>

<b>1.53</b>	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	0.2		0	0.5	28-Jan-22	11
<b>1.50</b>	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	83.9		224	187.8	2019	16
<b>1.25</b>	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	0.4	1.4	1.1		2020	16
<b>1.22</b>	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	307.7		561.9	551	2019	16
<b>1.14</b>	Overcrowded Households	<i>percent of households</i>	1		1.4		2015-2019	1
<b>1.06</b>	Salmonella Infection Incidence Rate	<i>cases/ 100,000 population</i>	11.3	11.1	12.9		2018	16
<b>1.03</b>	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	13		14.4	13.8	2017-2019	5
<b>0.83</b>	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	50		48.6	49.4	2021	8
<b>0.58</b>	Persons Fully Vaccinated Against COVID-19	<i>percent</i>	63.8				28-Jan-22	5
<b>0.08</b>	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	30.1		128.4	177.3	28-Jan-22	11
<b>SCORE</b>	<b>MATERNAL, FETAL &amp; INFANT HEALTH</b>	<b>UNITS</b>	<b>LAKE COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>1.83</b>	Consumer Expenditures: Childcare	<i>average dollar amount per consumer unit</i>	315		301.6	368.2	2021	7
<b>1.28</b>	Mothers who Received Early Prenatal Care	<i>percent</i>	70.3		68.9	76.1	2020	17

1.19	Mothers who Smoked During Pregnancy	percent	9.6	4.3	11.5	5.5	2020	17
1.03	Teen Pregnancy Rate	pregnancies/ 1,000 females aged 15-17	16.9		19.5		2016	17
0.97	Preterm Births	percent	8.5	9.4	10.3		2020	17
0.86	Teen Birth Rate: 15-17	live births/ 1,000 females aged 15-17	1.4		6.8		2020	17
0.78	Babies with Low Birth Weight	percent	6.8		8.5	8.2	2020	17
0.78	Babies with Very Low Birth Weight	percent	1.1		1.4	1.3	2020	17
0.78	Infant Mortality Rate	deaths/ 1,000 live births	1.8	5	6.9		2019	17
<b>SCORE</b>	<b>MEDICATIONS &amp; PRESCRIPTIONS</b>	<b>UNITS</b>	<b>LAKE COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
2.50	Consumer Expenditures: Medical Services	average dollar amount per consumer unit	1242.3		1098.6	1047.4	2021	7
2.50	Consumer Expenditures: Medical Supplies	average dollar amount per consumer unit	229.2		204.8	194.9	2021	7
2.50	Consumer Expenditures: Prescription and Non-Prescription Drugs	average dollar amount per consumer unit	716.9		638.9	609.6	2021	7
<b>SCORE</b>	<b>MENTAL HEALTH &amp; MENTAL DISORDERS</b>	<b>UNITS</b>	<b>LAKE COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
1.64	Depression: Medicare Population	percent	19.2		20.4	18.4	2018	6
1.56	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	14.4	12.8	15.1	14.1	2017-2019	5

1.42	Poor Mental Health: 14+ Days	<i>percent</i>	15			13.6	2019	4
1.25	Adults Ever Diagnosed with Depression	<i>percent</i>	20.6			18.8	2019	4
1.17	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	216		261.3		2020	9
1.17	Poor Mental Health: Average Number of Days	<i>days</i>	4.5		4.8	4.1	2018	9
1.03	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9.9		10.4	10.8	2018	6
0.83	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	86.8		85.6	86.5	2021	8
0.36	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/ 100,000 population</i>	25.9		34	30.5	2017-2019	5
<b>SCORE</b>	<b>NUTRITION &amp; HEALTHY EATING</b>	<b>UNITS</b>	<b>LAKE COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
2.17	Consumer Expenditures: High Sugar Foods	<i>average dollar amount per consumer unit</i>	554.5		519	530.2	2021	7
2.00	Consumer Expenditures: Fast Food Restaurants	<i>average dollar amount per consumer unit</i>	1589.1		1461	1638.9	2021	7
1.83	Consumer Expenditures: High Sugar Beverages	<i>average dollar amount per consumer unit</i>	329.7		319.7	357	2021	7
1.00	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	<i>Percent</i>	40.6		41.5	41.2	2021	8

<b>1.00</b>	Consumer Expenditures: Fruits and Vegetables	<i>average dollar amount per consumer unit</i>	919.9		864.6	1002.1	2021	7
<b>0.83</b>	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	<i>percent</i>	80.2		80.9	80.4	2021	8
<b>SCORE</b>	<b>OLDER ADULTS</b>	<b>UNITS</b>	<b>LAKE COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.92</b>	Age-Adjusted Death Rate due to Falls	<i>deaths/ 100,000 population</i>	17.3		10.5	9.5	2017-2019	5
<b>2.92</b>	Osteoporosis: Medicare Population	<i>percent</i>	8.2		6.2	6.6	2018	6
<b>2.64</b>	Atrial Fibrillation: Medicare Population	<i>percent</i>	10		9	8.4	2018	6
<b>2.64</b>	Cancer: Medicare Population	<i>percent</i>	9.2		8.4	8.4	2018	6
<b>2.47</b>	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	37.4		36.1	33.5	2018	6
<b>2.31</b>	Hyperlipidemia: Medicare Population	<i>percent</i>	52.4		49.4	47.7	2018	6
<b>2.00</b>	People 65+ with Low Access to a Grocery Store	<i>percent</i>	4.9				2015	23
<b>1.81</b>	Ischemic Heart Disease: Medicare Population	<i>percent</i>	28.5		27.5	26.8	2018	6
<b>1.75</b>	Adults with Arthritis	<i>percent</i>	30.2			25.1	2019	4
<b>1.69</b>	Stroke: Medicare Population	<i>percent</i>	4		3.8	3.8	2018	6

<b>1.64</b>	Depression: Medicare Population	<i>percent</i>	19.2		20.4	18.4	2018	6
<b>1.50</b>	Colon Cancer Screening	<i>percent</i>	64.2	74.4		66.4	2018	4
<b>1.50</b>	Consumer Expenditures: Eldercare	<i>average dollar amount per consumer unit</i>	22.3		20.5	34.3	2021	7
<b>1.50</b>	COPD: Medicare Population	<i>percent</i>	12.4		13.2	11.5	2018	6
<b>1.42</b>	Chronic Kidney Disease: Medicare Population	<i>percent</i>	22.8		25.3	24.5	2018	6
<b>1.31</b>	Heart Failure: Medicare Population	<i>percent</i>	13.8		14.7	14	2018	6
<b>1.31</b>	Hypertension: Medicare Population	<i>percent</i>	57.9		59.5	57.2	2018	6
<b>1.14</b>	Diabetes: Medicare Population	<i>percent</i>	25.6		27.2	27	2018	6
<b>1.08</b>	Adults 65+ who Received Recommended Preventive Services: Females	<i>percent</i>	32.9			28.4	2018	4
<b>1.03</b>	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9.9		10.4	10.8	2018	6
<b>0.92</b>	Adults 65+ who Received Recommended Preventive Services: Males	<i>percent</i>	34.4			32.4	2018	4
<b>0.92</b>	Adults 65+ with Total Tooth Loss	<i>percent</i>	13.2			13.5	2018	4
<b>0.92</b>	Asthma: Medicare Population	<i>percent</i>	4.5		4.8	5	2018	6

0.92	People 65+ Living Alone	<i>percent</i>	26.2		28.8	26.1	2015-2019	1
0.36	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/ 100,000 population</i>	25.9		34	30.5	2017-2019	5
0.36	People 65+ Living Below Poverty Level	<i>percent</i>	6.2		8.1	9.3	2015-2019	1
<b>SCORE</b>	<b>ORAL HEALTH</b>	<b>UNITS</b>	<b>LAKE COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
1.92	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	12.6		12.2	11.9	2014-2018	12
0.92	Adults 65+ with Total Tooth Loss	<i>percent</i>	13.2			13.5	2018	4
0.92	Dentist Rate	<i>dentists/ 100,000 population</i>	68.7		64.2		2019	9
0.83	Adults who Visited a Dentist	<i>percent</i>	53.9		51.6	52.9	2021	8
<b>SCORE</b>	<b>OTHER CONDITIONS</b>	<b>UNITS</b>	<b>LAKE COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
2.92	Osteoporosis: Medicare Population	<i>percent</i>	8.2		6.2	6.6	2018	6
2.47	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	37.4		36.1	33.5	2018	6
1.75	Adults with Arthritis	<i>percent</i>	30.2			25.1	2019	4
1.42	Chronic Kidney Disease: Medicare Population	<i>percent</i>	22.8		25.3	24.5	2018	6
0.92	Adults with Kidney Disease	<i>Percent of adults</i>	3.1			3.1	2019	4



<b>0.64</b>	Age-Adjusted Death Rate due to Kidney Disease	<i>deaths/ 100,000 population</i>	10.2		14.5	12.9	2017-2019	5
<b>SCORE</b>	<b>PHYSICAL ACTIVITY</b>	<b>UNITS</b>	<b>LAKE COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.64</b>	Workers who Walk to Work	<i>percent</i>	1.2		2.2	2.7	2015-2019	1
<b>2.00</b>	Children with Low Access to a Grocery Store	<i>percent</i>	8				2015	23
<b>2.00</b>	People 65+ with Low Access to a Grocery Store	<i>percent</i>	4.9				2015	23
<b>1.83</b>	Fast Food Restaurant Density	<i>restaurants/ 1,000 population</i>	0.8				2016	23
<b>1.69</b>	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.7				2017	23
<b>1.67</b>	Adults 20+ who are Obese	<i>percent</i>	30	36			2019	5
<b>1.67</b>	Low-Income and Low Access to a Grocery Store	<i>percent</i>	7.6				2015	23
<b>1.50</b>	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1				2016	23
<b>1.36</b>	Grocery Store Density	<i>stores/ 1,000 population</i>	0.2				2016	23
<b>1.33</b>	Farmers Market Density	<i>markets/ 1,000 population</i>	0				2018	23
<b>1.25</b>	Health Behaviors Ranking	<i>ranking</i>	12				2021	9
<b>1.17</b>	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1				2016	23
<b>1.14</b>	Food Environment Index	<i>index</i>	8		6.8	7.8	2021	9
<b>1.03</b>	Adults 20+ who are Sedentary	<i>percent</i>	20.4				2019	5

<b>1.00</b>	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.6				2015	23
<b>0.83</b>	Access to Exercise Opportunities	<i>percent</i>	90.9		83.9	84	2020	9
<b>0.83</b>	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	<i>percent</i>	80.2		80.9	80.4	2021	8
<b>SCORE</b>	<b>PREVENTION &amp; SAFETY</b>	<b>UNITS</b>	<b>LAKE COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.92</b>	Age-Adjusted Death Rate due to Falls	<i>deaths/ 100,000 population</i>	17.3		10.5	9.5	2017-2019	5
<b>2.39</b>	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	71.4	43.2	68.8	48.9	2017-2019	5
<b>2.14</b>	Age-Adjusted Death Rate due to Unintentional Poisonings	<i>deaths/ 100,000 population</i>	40.2		40.2	21.4	2017-2019	5
<b>2.14</b>	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	36.9		38.1	21	2017-2019	9
<b>1.50</b>	Age-Adjusted Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	2.6		2.8	2.5	2015-2019	5
<b>0.42</b>	Severe Housing Problems	<i>percent</i>	11.2		13.7	18	2013-2017	9
<b>SCORE</b>	<b>RESPIRATORY DISEASES</b>	<b>UNITS</b>	<b>LAKE COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>1.58</b>	Adults with COPD	<i>Percent of adults</i>	8.7			6.6	2019	4

<b>1.58</b>	Adults with Current Asthma	<i>percent</i>	9.8			8.9	2019	4
<b>1.53</b>	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	0.2		0	0.5	28-Jan-22	11
<b>1.50</b>	COPD: Medicare Population	<i>percent</i>	12.4		13.2	11.5	2018	6
<b>1.44</b>	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	43.9	25.1	45	36.7	2015-2019	12
<b>1.42</b>	Adults who Smoke	<i>percent</i>	21.1	5	21.4	17	2018	9
<b>1.33</b>	Consumer Expenditures: Tobacco and Legal Marijuana	<i>average dollar amount per consumer unit</i>	462.7		487.9	422.4	2021	7
<b>1.25</b>	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	66.3		67.3	57.3	2014-2018	12
<b>1.25</b>	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	0.4	1.4	1.1		2020	16
<b>1.03</b>	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	13		14.4	13.8	2017-2019	5
<b>0.92</b>	Asthma: Medicare Population	<i>percent</i>	4.5		4.8	5	2018	6
<b>0.83</b>	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	3.9		4.3	4.1	2021	8
<b>0.67</b>	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	1.9		2.2	2	2021	8

<b>0.53</b>	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	<i>deaths/ 100,000 population</i>	39.6		47.8	39.6	2017-2019	5
<b>0.08</b>	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	30.1		128.4	177.3	28-Jan-22	11
<b>SCORE</b>	<b>TOBACCO USE</b>	<b>UNITS</b>	<b>LAKE COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>1.42</b>	Adults who Smoke	<i>percent</i>	21.1	5	21.4	17	2018	9
<b>1.33</b>	Consumer Expenditures: Tobacco and Legal Marijuana	<i>average dollar amount per consumer unit</i>	462.7		487.9	422.4	2021	7
<b>0.83</b>	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	3.9		4.3	4.1	2021	8
<b>0.67</b>	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	1.9		2.2	2	2021	8
<b>SCORE</b>	<b>WELLNESS &amp; LIFESTYLE</b>	<b>UNITS</b>	<b>LAKE COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.00</b>	Consumer Expenditures: Fast Food Restaurants	<i>average dollar amount per consumer unit</i>	1589.1		1461	1638.9	2021	7
<b>1.42</b>	Insufficient Sleep	<i>percent</i>	38.4	31.4	40.6	35	2018	9
<b>1.33</b>	High Blood Pressure Prevalence	<i>percent</i>	34.1	27.7		32.6	2019	4
<b>1.25</b>	Morbidity Ranking		9				2021	9
<b>1.25</b>	Poor Physical Health: 14+ Days	<i>percent</i>	13.3			12.5	2019	4

<b>1.17</b>	Life Expectancy	<i>years</i>	78.5		77	79.2	2017-2019	9
<b>1.08</b>	Self-Reported General Health Assessment: Poor or Fair	<i>percent</i>	18.3			18.6	2019	4
<b>1.00</b>	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	<i>Percent</i>	40.6		41.5	41.2	2021	8
<b>1.00</b>	Poor Physical Health: Average Number of Days	<i>days</i>	3.8		4.1	3.7	2018	9
<b>0.83</b>	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	<i>percent</i>	80.2		80.9	80.4	2021	8
<b>0.83</b>	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	50		48.6	49.4	2021	8
<b>0.83</b>	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	86.8		85.6	86.5	2021	8
<b>SCORE</b>	<b>WOMEN'S HEALTH</b>	<b>UNITS</b>	<b>LAKE COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.31</b>	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	139.4		129.6	126.8	2014-2018	12
<b>2.00</b>	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	8.1		7.9	7.7	2014-2018	12
<b>1.44</b>	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	20.9	15.3	21.6	19.9	2015-2019	12
<b>1.44</b>	Mammogram in Past 2 Years: 50-74	<i>percent</i>	73.3	77.1		74.8	2018	4

<b>0.89</b>	Cervical Cancer Screening: 21-65	<i>Percent</i>	85.4	84.3		84.7	2018	4
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## Lake County Data Sources

<b>Key</b>	<b>Data Source Name</b>
1	American Community Survey
2	American Lung Association
3	Annie E. Casey Foundation
4	CDC - PLACES
5	Centers for Disease Control and Prevention
6	Centers for Medicare & Medicaid Services
7	Claritas Consumer Buying Power
8	Claritas Consumer Profiles
9	County Health Rankings
10	Feeding America
11	Healthy Communities Institute
12	National Cancer Institute
13	National Center for Education Statistics
14	National Environmental Public Health Tracking Network
15	Ohio Department of Education
16	Ohio Department of Health, Infectious Diseases
17	Ohio Department of Health, Vital Statistics
18	Ohio Department of Public Safety, Office of Criminal Justice Services
19	Ohio Public Health Information Warehouse
20	Ohio Secretary of State
21	U.S. Bureau of Labor Statistics
22	U.S. Census - County Business Patterns
23	U.S. Department of Agriculture - Food Environment Atlas
24	U.S. Environmental Protection Agency
25	United For ALICE

SCORE	ALCOHOL & DRUG USE	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.58	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	40.7	28.3	32.2	27	2015-2019	9
2.50	Consumer Expenditures: Alcoholic Beverages	<i>average dollar amount per consumer unit</i>	821.2		651.5	701.9	2021	7
1.92	Adults who Binge Drink	<i>percent</i>	17.6			16.7	2019	4
1.33	Adults who Drink Excessively	<i>percent</i>	18.5		18.5	19	2018	9
1.25	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	<i>Deaths per 100,000 population</i>	25.1		42	22.8	2017-2019	5
1.25	Health Behaviors Ranking		4				2021	9
1.19	Mothers who Smoked During Pregnancy	<i>percent</i>	6.9	4.3	11.5	5.5	2020	17
1.14	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	20.1		38.1	21	2017-2019	9
0.08	Liquor Store Density	<i>stores/ 100,000 population</i>	1.7		5.9	10.6	2018	22
SCORE	CANCER	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.64	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	135.8		107.2	106.2	2014-2018	12



<b>2.58</b>	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	134.7		129.6	126.8	2014-2018	12
<b>2.58</b>	Cancer: Medicare Population	<i>percent</i>	9		8.4	8.4	2018	6
<b>2.25</b>	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	486.3		467.5	448.6	2014-2018	12
<b>1.92</b>	Adults with Cancer	<i>percent</i>	8.3			7.1	2019	4
<b>1.42</b>	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	11.4		12.2	11.9	2014-2018	12
<b>1.25</b>	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	18.6	16.9	19.4	18.9	2015-2019	12
<b>1.03</b>	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	38.8		41.3	38	2014-2018	12
<b>0.94</b>	Colon Cancer Screening	<i>percent</i>	68.2	74.4		66.4	2018	4
<b>0.94</b>	Mammogram in Past 2 Years: 50-74	<i>percent</i>	74.8	77.1		74.8	2018	4
<b>0.89</b>	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	5.1		7.9	7.7	2014-2018	12
<b>0.89</b>	Cervical Cancer Screening: 21-65	<i>Percent</i>	86.8	84.3		84.7	2018	4
<b>0.86</b>	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	57.4		67.3	57.3	2014-2018	12
<b>0.78</b>	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	18.2	15.3	21.6	19.9	2015-2019	12
<b>0.78</b>	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	149	122.7	169.4	152.4	2015-2019	12

0.61	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	36.5	25.1	45	36.7	2015-2019	12
0.44	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	11.4	8.9	14.8	13.4	2015-2019	12
<b>SCORE</b>	<b>CHILDREN'S HEALTH</b>	<b>UNITS</b>	<b>MEDINA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
2.33	Consumer Expenditures: Childcare	<i>average dollar amount per consumer unit</i>	403.8		301.6	368.2	2021	7
1.83	Children with Low Access to a Grocery Store	<i>percent</i>	6.8				2015	23
1.72	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	7.4	8.7	6.8		2020	3
1.33	Children with Health Insurance	<i>percent</i>	95.4		95.2	94.3	2019	1
1.14	Blood Lead Levels in Children (>=10 micrograms per deciliter)	<i>percent</i>	0.2		0.5		2020	19
1.14	Blood Lead Levels in Children (>=5 micrograms per deciliter)	<i>percent</i>	0.6		1.9		2020	19
0.75	Projected Child Food Insecurity Rate	<i>percent</i>	11.7		18.5		2021	10
0.50	Child Food Insecurity Rate	<i>percent</i>	10.6		17.4	14.6	2019	10

SCORE	COMMUNITY	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.64	Workers who Walk to Work	<i>percent</i>	0.9		2.2	2.7	2015-2019	1
2.58	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	40.7	28.3	32.2	27	2015-2019	9
2.36	Solo Drivers with a Long Commute	<i>percent</i>	43.4		31.1	37	2015-2019	9
2.22	Workers Commuting by Public Transportation	<i>percent</i>	0.3	5.3	1.6	5	2015-2019	1
2.19	Workers who Drive Alone to Work	<i>percent</i>	86.9		82.9	76.3	2015-2019	1
2.17	Consumer Expenditures: Local Public Transportation	<i>average dollar amount per consumer unit</i>	134.3		121.7	148.8	2021	7
2.14	Social Associations	<i>membership associations/ 10,000 population</i>	9.4		11	9.3	2018	9
2.03	Mean Travel Time to Work	<i>minutes</i>	27.3		23.7	26.9	2015-2019	1
1.72	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	7.4	8.7	6.8		2020	3
1.25	Social and Economic Factors Ranking	<i>ranking</i>	6				2021	9
1.19	People 65+ Living Alone	<i>percent</i>	26.3		28.8	26.1	2015-2019	1

<b>1.00</b>	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.3				2015	23
<b>1.00</b>	Households with Wireless Phone Service	<i>percent</i>	97		96.8	97	2020	8
<b>0.97</b>	Linguistic Isolation	<i>percent</i>	0.5		1.4	4.4	2015-2019	1
<b>0.83</b>	Adults with Internet Access	<i>percent</i>	95.8		94.5	95	2021	8
<b>0.83</b>	Households with a Computer	<i>percent</i>	88.7		85.2	86.3	2021	8
<b>0.83</b>	Households with a Smartphone	<i>percent</i>	82.9		80.5	81.9	2021	8
<b>0.83</b>	Households with an Internet Subscription	<i>percent</i>	87.6		82.4	83	2015-2019	1
<b>0.83</b>	Households with One or More Types of Computing Devices	<i>percent</i>	93.4		89.1	90.3	2015-2019	1
<b>0.83</b>	Persons with an Internet Subscription	<i>percent</i>	90.5		86.2	86.2	2015-2019	1
<b>0.64</b>	Young Children Living Below Poverty Level	<i>percent</i>	11.3		23	20.3	2015-2019	1
<b>0.61</b>	Violent Crime Rate	<i>crimes/ 100,000 population</i>	41.6		303.5	394	2017	18
<b>0.58</b>	Voter Turnout: Presidential Election	<i>percent</i>	82		74		2020	20
<b>0.53</b>	Youth not in School or Working	<i>percent</i>	0.6		1.8	1.9	2015-2019	1

<b>0.36</b>	Children Living Below Poverty Level	<i>percent</i>	8.1		19.9	18.5	2015-2019	1
<b>0.36</b>	Homeownership	<i>percent</i>	76.1		59.4	56.2	2015-2019	1
<b>0.36</b>	Households without a Vehicle	<i>percent</i>	4.1		7.9	8.6	2015-2019	1
<b>0.36</b>	Single-Parent Households	<i>percent</i>	16		27.1	25.5	2015-2019	1
<b>0.28</b>	People Living Below Poverty Level	<i>percent</i>	6	8	14	13.4	2015-2019	1
<b>0.25</b>	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	33.9		28.3	32.1	2015-2019	1
<b>0.08</b>	Median Household Income	<i>dollars</i>	76600		56602	62843	2015-2019	1
<b>0.08</b>	Per Capita Income	<i>dollars</i>	37788		31552	34103	2015-2019	1
<b>SCORE</b>	<b>DIABETES</b>	<b>UNITS</b>	<b>MEDINA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>1.50</b>	Adults 20+ with Diabetes	<i>percent</i>	9.2				2019	5
<b>0.81</b>	Diabetes: Medicare Population	<i>percent</i>	23.9		27.2	27	2018	6
<b>0.36</b>	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	18.8		25.3	21.5	2017-2019	5
<b>SCORE</b>	<b>ECONOMY</b>	<b>UNITS</b>	<b>MEDINA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>

<b>2.33</b>	Consumer Expenditures: Homeowner Expenses	<i>average dollar amount per consumer unit</i>	9561.5		7828	8900.1	2021	7
<b>1.86</b>	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.6				2017	23
<b>1.64</b>	Size of Labor Force	<i>persons</i>	93296				44440	21
<b>1.50</b>	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1				2016	23
<b>1.33</b>	Low-Income and Low Access to a Grocery Store	<i>percent</i>	4.2				2015	23
<b>1.25</b>	Social and Economic Factors Ranking	<i>ranking</i>	6				2021	9
<b>1.03</b>	Overcrowded Households	<i>percent of households</i>	1.1		1.4		2015-2019	1
<b>1.00</b>	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	73.7		61.6		2018	25
<b>1.00</b>	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	19.3		24.5		2018	25
<b>1.00</b>	Households that are Below the Federal Poverty Level	<i>percent</i>	7		13.8		2018	25

<b>0.83</b>	Adults who Feel Overwhelmed by Financial Burdens	<i>percent</i>	13.2		14.6	14.4	2021	8
<b>0.83</b>	Households with a Savings Account	<i>percent</i>	74.1		68.8	70.2	2021	8
<b>0.83</b>	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	39.1		44.9	49.6	2015-2019	1
<b>0.75</b>	Projected Child Food Insecurity Rate	<i>percent</i>	11.7		18.5		2021	10
<b>0.75</b>	Projected Food Insecurity Rate	<i>percent</i>	10.1		14.1		2021	10
<b>0.67</b>	Income Inequality		0.4		0.5	0.5	2015-2019	1
<b>0.64</b>	People 65+ Living Below Poverty Level	<i>percent</i>	5.2		8.1	9.3	2015-2019	1
<b>0.64</b>	Young Children Living Below Poverty Level	<i>percent</i>	11.3		23	20.3	2015-2019	1
<b>0.58</b>	Students Eligible for the Free Lunch Program	<i>percent</i>	15.8				2019-2020	13
<b>0.53</b>	Youth not in School or Working	<i>percent</i>	0.6		1.8	1.9	2015-2019	1
<b>0.50</b>	Child Food Insecurity Rate	<i>percent</i>	10.6		17.4	14.6	2019	10
<b>0.50</b>	Consumer Expenditures: Home Rental Expenses	<i>average dollar amount per consumer unit</i>	3057.8		3798.7	5460.2	2021	7
<b>0.50</b>	Food Insecurity Rate	<i>percent</i>	9.3		13.2	10.9	2019	10

<b>0.50</b>	Persons with Disability Living in Poverty (5-year)	<i>percent</i>	16.4			29.5	26.1	2015-2019	1
<b>0.36</b>	Children Living Below Poverty Level	<i>percent</i>	8.1			19.9	18.5	2015-2019	1
<b>0.36</b>	Families Living Below Poverty Level	<i>percent</i>	4.1			9.9	9.5	2015-2019	1
<b>0.36</b>	Homeownership	<i>percent</i>	76.1			59.4	56.2	2015-2019	1
<b>0.36</b>	Households with Cash Public Assistance Income	<i>percent</i>	1.2			2.9	2.4	2015-2019	1
<b>0.33</b>	Mortgaged Owners Spending 30% or More of Household Income on Housing	<i>percent</i>	16.4			19.7	26.5	2019	1
<b>0.28</b>	People Living Below Poverty Level	<i>percent</i>	6	8	14	13.4		2015-2019	1
<b>0.25</b>	Severe Housing Problems	<i>percent</i>	10.4			13.7	18	2013-2017	9
<b>0.25</b>	Unemployed Workers in Civilian Labor Force	<i>percent</i>	3.1			4.3	4.6	Sep-21	21
<b>0.08</b>	Median Household Income	<i>dollars</i>	76600			56602	62843	2015-2019	1
<b>0.08</b>	People Living 200% Above Poverty Level	<i>percent</i>	82.8			68.8	69.1	2015-2019	1
<b>0.08</b>	Per Capita Income	<i>dollars</i>	37788			31552	34103	2015-2019	1
<b>SCORE</b>	<b>EDUCATION</b>	<b>UNITS</b>	<b>MEDINA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>	



<b>2.33</b>	Consumer Expenditures: Childcare	<i>average dollar amount per consumer unit</i>	403.8		301.6	368.2	2021	7
<b>2.17</b>	Consumer Expenditures: Education	<i>average dollar amount per consumer unit</i>	1490.7		1200.4	1492.4	2021	7
<b>1.58</b>	Student-to-Teacher Ratio	<i>students/ teacher</i>	18.3				2019-2020	13
<b>1.50</b>	8th Grade Students Proficient in Math	<i>percent</i>	62.1		57.3		2018-2019	15
<b>1.00</b>	4th Grade Students Proficient in Math	<i>percent</i>	86.3		74.3		2018-2019	15
<b>0.86</b>	4th Grade Students Proficient in English/Language Arts	<i>percent</i>	79		63.3		2018-2019	15
<b>0.72</b>	High School Graduation	<i>percent</i>	96.3	90.7	92		2019-2020	15
<b>0.58</b>	8th Grade Students Proficient in English/Language Arts	<i>percent</i>	74		58.3		2018-2019	15
<b>0.25</b>	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	33.9		28.3	32.1	2015-2019	1
<b>SCORE</b>	<b>ENVIRONMENTAL HEALTH</b>	<b>UNITS</b>	<b>MEDINA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.00</b>	Grocery Store Density	<i>stores/ 1,000 population</i>	0.1				2016	23

<b>1.86</b>	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.6					2017	23
<b>1.83</b>	Children with Low Access to a Grocery Store	<i>percent</i>	6.8					2015	23
<b>1.81</b>	Fast Food Restaurant Density	<i>restaurants/ 1,000 population</i>	0.7					2016	23
<b>1.50</b>	People 65+ with Low Access to a Grocery Store	<i>percent</i>	2.5					2015	23
<b>1.50</b>	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1					2016	23
<b>1.36</b>	Number of Extreme Heat Days	<i>days</i>	14					2019	14
<b>1.36</b>	Number of Extreme Precipitation Days	<i>days</i>	28					2019	14
<b>1.36</b>	PBT Released	<i>pounds</i>	676.8					2020	24
<b>1.36</b>	Recognized Carcinogens Released into Air	<i>pounds</i>	447					2020	24
<b>1.36</b>	Weeks of Moderate Drought or Worse	<i>weeks per year</i>	1					2020	14
<b>1.33</b>	Farmers Market Density	<i>markets/ 1,000 population</i>	0					2018	23
<b>1.33</b>	Low-Income and Low Access to a Grocery Store	<i>percent</i>	4.2					2015	23
<b>1.25</b>	Adults with Current Asthma	<i>percent</i>	9.4			8.9		2019	4

<b>1.25</b>	Physical Environment Ranking	<i>ranking</i>	10				<i>2021</i>	9
<b>1.19</b>	Asthma: Medicare Population	<i>percent</i>	4.7		4.8	5	<i>2018</i>	6
<b>1.14</b>	Blood Lead Levels in Children (>=10 micrograms per deciliter)	<i>percent</i>	0.2		0.5		<i>2020</i>	19
<b>1.14</b>	Blood Lead Levels in Children (>=5 micrograms per deciliter)	<i>percent</i>	0.6		1.9		<i>2020</i>	19
<b>1.11</b>	Annual Ozone Air Quality		A				<i>2017-2019</i>	2
<b>1.11</b>	Annual Particle Pollution		A				<i>2017-2019</i>	2
<b>1.03</b>	Overcrowded Households	<i>percent of households</i>	1.1		1.4		<i>2015-2019</i>	1
<b>1.00</b>	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.3				<i>2015</i>	23
<b>1.00</b>	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1				<i>2016</i>	23
<b>0.83</b>	Access to Exercise Opportunities	<i>percent</i>	92.1		83.9	84	<i>2020</i>	9
<b>0.53</b>	Houses Built Prior to 1950	<i>percent</i>	12.5		26.2	17.5	<i>2015-2019</i>	1
<b>0.36</b>	Food Environment Index	<i>index</i>	8.6		6.8	7.8	<i>2021</i>	9
<b>0.25</b>	Severe Housing Problems	<i>percent</i>	10.4		13.7	18	<i>2013-2017</i>	9

<b>0.08</b>	Liquor Store Density	<i>stores/ 100,000 population</i>	1.7		5.9	10.6	2018	22
<b>SCORE</b>	<b>HEALTH CARE ACCESS &amp; QUALITY</b>	<b>UNITS</b>	<b>MEDINA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.50</b>	Consumer Expenditures: Health Insurance	<i>average dollar amount per consumer unit</i>	5410.8		4371.7	4321.1	2021	7
<b>2.50</b>	Consumer Expenditures: Medical Services	<i>average dollar amount per consumer unit</i>	1419.1		1098.6	1047.4	2021	7
<b>2.50</b>	Consumer Expenditures: Medical Supplies	<i>average dollar amount per consumer unit</i>	259.4		204.8	194.9	2021	7
<b>2.50</b>	Consumer Expenditures: Prescription and Non-Prescription Drugs	<i>average dollar amount per consumer unit</i>	781.2		638.9	609.6	2021	7
<b>1.72</b>	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	60.3		76.7		2018	9
<b>1.50</b>	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	63.4		108.9		2020	9
<b>1.44</b>	Dentist Rate	<i>dentists/ 100,000 population</i>	53.4		64.2		2019	9
<b>1.39</b>	Persons without Health Insurance	<i>percent</i>	4.3		6.6		2019	1
<b>1.33</b>	Adults with Health Insurance	<i>percent</i>	94.4		90.9	87.1	2019	1

1.33	Children with Health Insurance	percent	95.4		95.2	94.3	2019	1
1.33	Mental Health Provider Rate	providers/ 100,000 population	140.8		261.3		2020	9
1.25	Clinical Care Ranking	ranking	4				2021	9
0.92	Adults who have had a Routine Checkup	percent	79.5			76.6	2019	4
0.83	Adults who Visited a Dentist	percent	56.6		51.6	52.9	2021	8
0.83	Adults with Health Insurance: 18+	percent	92.4		90.2	90.6	2021	8
0.75	Adults without Health Insurance	percent	9.5			13	2019	4
<b>SCORE</b>	<b>HEART DISEASE &amp; STROKE</b>	<b>UNITS</b>	<b>MEDINA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
2.31	Atrial Fibrillation: Medicare Population	percent	9.4		9	8.4	2018	6
1.81	Hyperlipidemia: Medicare Population	percent	50		49.4	47.7	2018	6
1.42	Adults who Have Taken Medications for High Blood Pressure	percent	78			76.2	2019	4
1.33	High Blood Pressure Prevalence	percent	33.7	27.7		32.6	2019	4
1.31	Hypertension: Medicare Population	percent	57.5		59.5	57.2	2018	6

1.28	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	34.1	33.4	42.5	37.2	2017-2019	5
1.25	Cholesterol Test History	<i>percent</i>	87.1			87.6	2019	4
1.08	Adults who Experienced Coronary Heart Disease	<i>percent</i>	6.6			6.2	2019	4
1.08	High Cholesterol Prevalence: Adults 18+	<i>percent</i>	32.8			33.6	2019	4
1.03	Stroke: Medicare Population	<i>percent</i>	3.5		3.8	3.8	2018	6
0.92	Adults who Experienced a Stroke	<i>percent</i>	3.2			3.4	2019	4
0.86	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	45.4		55.4		2019	14
0.78	Age-Adjusted Death Rate due to Coronary Heart Disease	<i>deaths/ 100,000 population</i>	83.7	71.1	101.4	90.5	2017-2019	5
0.69	Heart Failure: Medicare Population	<i>percent</i>	12.9		14.7	14	2018	6
0.69	Ischemic Heart Disease: Medicare Population	<i>percent</i>	24.7		27.5	26.8	2018	6
<b>SCORE</b>	<b>IMMUNIZATIONS &amp; INFECTIOUS DISEASES</b>	<b>UNITS</b>	<b>MEDINA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
1.92	Salmonella Infection Incidence Rate	<i>cases/ 100,000 population</i>	16.2	11.1	12.9		2018	16

1.72	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	1.1	1.4	1.1		2020	16
1.03	Overcrowded Households	<i>percent of households</i>	1.1		1.4		2015-2019	1
0.89	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	43		224	187.8	2019	16
0.83	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	50.9		48.6	49.4	2021	8
0.75	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	216.8		561.9	551	2019	16
0.58	Persons Fully Vaccinated Against COVID-19	<i>percent</i>	62.5				28-Jan-22	5
0.36	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	8		14.4	13.8	2017-2019	5
0.08	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	0		0	0.5	28-Jan-22	11
0.08	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	56.4		128.4	177.3	28-Jan-22	11
<b>SCORE</b>	<b>MATERNAL, FETAL &amp; INFANT HEALTH</b>	<b>UNITS</b>	<b>MEDINA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
2.33	Consumer Expenditures: Childcare	<i>average dollar amount per consumer unit</i>	403.8		301.6	368.2	2021	7
1.19	Mothers who Smoked During Pregnancy	<i>percent</i>	6.9	4.3	11.5	5.5	2020	17

1.11	Mothers who Received Early Prenatal Care	<i>percent</i>	74.7		68.9	76.1	2020	17
0.86	Teen Birth Rate: 15-17	<i>live births/ 1,000 females aged 15-17</i>	1.6		6.8		2020	17
0.86	Teen Pregnancy Rate	<i>pregnancies/ 1,000 females aged 15-17</i>	13.4		19.5		2016	17
0.78	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	1.8	5	6.9		2019	17
0.78	Preterm Births	<i>percent</i>	7.6	9.4	10.3		2020	17
0.75	Babies with Low Birth Weight	<i>percent</i>	5.7		8.5	8.2	2020	17
0.61	Babies with Very Low Birth Weight	<i>percent</i>	0.6		1.4	1.3	2020	17
<b>SCORE</b>	<b>MEDICATIONS &amp; PRESCRIPTIONS</b>	<b>UNITS</b>	<b>MEDINA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
2.50	Consumer Expenditures: Medical Services	<i>average dollar amount per consumer unit</i>	1419.1		1098.6	1047.4	2021	7
2.50	Consumer Expenditures: Medical Supplies	<i>average dollar amount per consumer unit</i>	259.4		204.8	194.9	2021	7
2.50	Consumer Expenditures: Prescription and Non-Prescription Drugs	<i>average dollar amount per consumer unit</i>	781.2		638.9	609.6	2021	7
<b>SCORE</b>	<b>MENTAL HEALTH &amp; MENTAL DISORDERS</b>	<b>UNITS</b>	<b>MEDINA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>



1.92	Depression: Medicare Population	<i>percent</i>	19		20.4	18.4	2018	6
1.89	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	15.7	12.8	15.1	14.1	2017-2019	5
1.58	Adults Ever Diagnosed with Depression	<i>percent</i>	21.2			18.8	2019	4
1.33	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	140.8		261.3		2020	9
1.25	Poor Mental Health: 14+ Days	<i>percent</i>	14.3			13.6	2019	4
1.17	Poor Mental Health: Average Number of Days	<i>days</i>	4.4		4.8	4.1	2018	9
1.14	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9.4		10.4	10.8	2018	6
0.97	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/ 100,000 population</i>	28.8		34	30.5	2017-2019	5
0.83	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	88.2		85.6	86.5	2021	8
<b>SCORE</b>	<b>NUTRITION &amp; HEALTHY EATING</b>	<b>UNITS</b>	<b>MEDINA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
2.50	Consumer Expenditures: Fast Food Restaurants	<i>average dollar amount per consumer unit</i>	1814.2		1461	1638.9	2021	7

<b>2.50</b>	Consumer Expenditures: High Sugar Foods	<i>average dollar amount per consumer unit</i>	627		519	530.2	2021	7
<b>2.33</b>	Consumer Expenditures: High Sugar Beverages	<i>average dollar amount per consumer unit</i>	370		319.7	357	2021	7
<b>1.00</b>	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	<i>Percent</i>	40.2		41.5	41.2	2021	8
<b>0.83</b>	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	<i>percent</i>	80.2		80.9	80.4	2021	8
<b>0.67</b>	Consumer Expenditures: Fruits and Vegetables	<i>average dollar amount per consumer unit</i>	1043.8		864.6	1002.1	2021	7
<b>SCORE</b>	<b>OLDER ADULT HEALTH</b>	<b>UNITS</b>	<b>MEDINA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.58</b>	Cancer: Medicare Population	<i>percent</i>	9		8.4	8.4	2018	6
<b>2.58</b>	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	37.2		36.1	33.5	2018	6
<b>2.31</b>	Atrial Fibrillation: Medicare Population	<i>percent</i>	9.4		9	8.4	2018	6
<b>2.14</b>	Osteoporosis: Medicare Population	<i>percent</i>	6.6		6.2	6.6	2018	6

<b>1.92</b>	Depression: Medicare Population	<i>percent</i>	19		20.4	18.4	<i>2018</i>	6
<b>1.81</b>	Hyperlipidemia: Medicare Population	<i>percent</i>	50		49.4	47.7	<i>2018</i>	6
<b>1.75</b>	Adults with Arthritis	<i>percent</i>	30			25.1	<i>2019</i>	4
<b>1.67</b>	Consumer Expenditures: Eldercare	<i>average dollar amount per consumer unit</i>	24.4		20.5	34.3	<i>2021</i>	7
<b>1.50</b>	People 65+ with Low Access to a Grocery Store	<i>percent</i>	2.5				<i>2015</i>	23
<b>1.47</b>	Age-Adjusted Death Rate due to Falls	<i>deaths/ 100,000 population</i>	9.7		10.5	9.5	<i>2017-2019</i>	5
<b>1.42</b>	Chronic Kidney Disease: Medicare Population	<i>percent</i>	23		25.3	24.5	<i>2018</i>	6
<b>1.31</b>	Hypertension: Medicare Population	<i>percent</i>	57.5		59.5	57.2	<i>2018</i>	6
<b>1.19</b>	Asthma: Medicare Population	<i>percent</i>	4.7		4.8	5	<i>2018</i>	6
<b>1.19</b>	People 65+ Living Alone	<i>percent</i>	26.3		28.8	26.1	<i>2015-2019</i>	1
<b>1.14</b>	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9.4		10.4	10.8	<i>2018</i>	6
<b>1.03</b>	Stroke: Medicare Population	<i>percent</i>	3.5		3.8	3.8	<i>2018</i>	6
<b>0.97</b>	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/ 100,000 population</i>	28.8		34	30.5	<i>2017-2019</i>	5

0.97	COPD: Medicare Population	percent	10.8		13.2	11.5	2018	6
0.94	Colon Cancer Screening	percent	68.2	74.4		66.4	2018	4
0.81	Diabetes: Medicare Population	percent	23.9		27.2	27	2018	6
0.75	Adults 65+ who Received Recommended Preventive Services: Females	percent	36.5			28.4	2018	4
0.75	Adults 65+ who Received Recommended Preventive Services: Males	percent	38.5			32.4	2018	4
0.75	Adults 65+ with Total Tooth Loss	percent	11			13.5	2018	4
0.69	Heart Failure: Medicare Population	percent	12.9		14.7	14	2018	6
0.69	Ischemic Heart Disease: Medicare Population	percent	24.7		27.5	26.8	2018	6
0.64	People 65+ Living Below Poverty Level	percent	5.2		8.1	9.3	2015-2019	1
<b>SCORE</b>	<b>ORAL HEALTH</b>	<b>UNITS</b>	<b>MEDINA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
1.44	Dentist Rate	dentists/ 100,000 population	53.4		64.2		2019	9
1.42	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	11.4		12.2	11.9	2014-2018	12

<b>0.83</b>	Adults who Visited a Dentist	<i>percent</i>	56.6		51.6	52.9	2021	8
<b>0.75</b>	Adults 65+ with Total Tooth Loss	<i>percent</i>	11			13.5	2018	4
<b>SCORE</b>	<b>OTHER CONDITIONS</b>	<b>UNITS</b>	<b>MEDINA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.58</b>	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	37.2		36.1	33.5	2018	6
<b>2.14</b>	Osteoporosis: Medicare Population	<i>percent</i>	6.6		6.2	6.6	2018	6
<b>1.75</b>	Adults with Arthritis	<i>percent</i>	30			25.1	2019	4
<b>1.42</b>	Chronic Kidney Disease: Medicare Population	<i>percent</i>	23		25.3	24.5	2018	6
<b>0.92</b>	Adults with Kidney Disease	<i>Percent of adults</i>	2.8			3.1	2019	4
<b>0.36</b>	Age-Adjusted Death Rate due to Kidney Disease	<i>deaths/ 100,000 population</i>	8.7		14.5	12.9	2017-2019	5
<b>SCORE</b>	<b>PHYSICAL ACTIVITY</b>	<b>UNITS</b>	<b>MEDINA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.64</b>	Workers who Walk to Work	<i>percent</i>	0.9		2.2	2.7	2015-2019	1
<b>2.00</b>	Grocery Store Density	<i>stores/ 1,000 population</i>	0.1				2016	23

<b>1.86</b>	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.6					2017	23
<b>1.83</b>	Children with Low Access to a Grocery Store	<i>percent</i>	6.8					2015	23
<b>1.81</b>	Fast Food Restaurant Density	<i>restaurants/ 1,000 population</i>	0.7					2016	23
<b>1.50</b>	People 65+ with Low Access to a Grocery Store	<i>percent</i>	2.5					2015	23
<b>1.50</b>	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1					2016	23
<b>1.33</b>	Farmers Market Density	<i>markets/ 1,000 population</i>	0					2018	23
<b>1.33</b>	Low-Income and Low Access to a Grocery Store	<i>percent</i>	4.2					2015	23
<b>1.25</b>	Health Behaviors Ranking		4					2021	9
<b>1.03</b>	Adults 20+ who are Sedentary	<i>percent</i>	21.1					2019	5
<b>1.00</b>	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.3					2015	23
<b>1.00</b>	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1					2016	23
<b>0.94</b>	Adults 20+ who are Obese	<i>percent</i>	27.8	36				2019	5

<b>0.83</b>	Access to Exercise Opportunities	<i>percent</i>	92.1		83.9	84	2020	9
<b>0.83</b>	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	<i>percent</i>	80.2		80.9	80.4	2021	8
<b>0.36</b>	Food Environment Index		8.6		6.8	7.8	2021	9
<b>SCORE</b>	<b>PREVENTION &amp; SAFETY</b>	<b>UNITS</b>	<b>MEDINA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>1.47</b>	Age-Adjusted Death Rate due to Falls	<i>deaths/ 100,000 population</i>	9.7		10.5	9.5	2017-2019	5
<b>1.47</b>	Age-Adjusted Death Rate due to Unintentional Poisonings	<i>deaths/ 100,000 population</i>	23.6		40.2	21.4	2017-2019	5
<b>1.14</b>	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	20.1		38.1	21	2017-2019	9
<b>0.67</b>	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	43.8	43.2	68.8	48.9	2017-2019	5
<b>0.25</b>	Severe Housing Problems	<i>percent</i>	10.4		13.7	18	2013-2017	9
<b>SCORE</b>	<b>RESPIRATORY DISEASES</b>	<b>UNITS</b>	<b>MEDINA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>1.72</b>	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	1.1	1.4	1.1		2020	16

<b>1.67</b>	Consumer Expenditures: Tobacco and Legal Marijuana	<i>average dollar amount per consumer unit</i>	472.9		487.9	422.4	2021	7
<b>1.47</b>	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	<i>deaths/ 100,000 population</i>	43.7		47.8	39.6	2017-2019	5
<b>1.42</b>	Adults with COPD	<i>Percent of adults</i>	7.9			6.6	2019	4
<b>1.33</b>	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	2.3		2.2	2	2021	8
<b>1.25</b>	Adults with Current Asthma	<i>percent</i>	9.4			8.9	2019	4
<b>1.19</b>	Asthma: Medicare Population	<i>percent</i>	4.7		4.8	5	2018	6
<b>0.97</b>	COPD: Medicare Population	<i>percent</i>	10.8		13.2	11.5	2018	6
<b>0.92</b>	Adults who Smoke	<i>percent</i>	17.9	5	21.4	17	2018	9
<b>0.86</b>	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	57.4		67.3	57.3	2014-2018	12
<b>0.61</b>	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	36.5	25.1	45	36.7	2015-2019	12
<b>0.50</b>	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	3.7		4.3	4.1	2021	8
<b>0.36</b>	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	8		14.4	13.8	2017-2019	5



<b>0.08</b>	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	0		0	0.5	28-Jan-22	11
<b>0.08</b>	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	56.4		128.4	177.3	28-Jan-22	11
<b>SCORE</b>	<b>TOBACCO USE</b>	<b>UNITS</b>	<b>MEDINA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>1.67</b>	Consumer Expenditures: Tobacco and Legal Marijuana	<i>average dollar amount per consumer unit</i>	472.9		487.9	422.4	2021	7
<b>1.33</b>	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	2.3		2.2	2	2021	8
<b>0.92</b>	Adults who Smoke	<i>percent</i>	17.9	5	21.4	17	2018	9
<b>0.50</b>	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	3.7		4.3	4.1	2021	8
<b>SCORE</b>	<b>WELLNESS &amp; LIFESTYLE</b>	<b>UNITS</b>	<b>MEDINA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
<b>2.50</b>	Consumer Expenditures: Fast Food Restaurants	<i>average dollar amount per consumer unit</i>	1814.2		1461	1638.9	2021	7
<b>1.42</b>	Insufficient Sleep	<i>percent</i>	37.5	31.4	40.6	35	2018	9
<b>1.33</b>	High Blood Pressure Prevalence	<i>percent</i>	33.7	27.7		32.6	2019	4

1.25	Morbidity Ranking	<i>ranking</i>	4				2021	9
1.00	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	<i>Percent</i>	40.2		41.5	41.2	2021	8
0.92	Poor Physical Health: 14+ Days	<i>percent</i>	12.5			12.5	2019	4
0.83	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	<i>percent</i>	80.2		80.9	80.4	2021	8
0.83	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	50.9		48.6	49.4	2021	8
0.83	Life Expectancy	<i>years</i>	80.1		77	79.2	2017-2019	9
0.83	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	88.2		85.6	86.5	2021	8
0.75	Self-Reported General Health Assessment: Poor or Fair	<i>percent</i>	16.5			18.6	2019	4
0.67	Poor Physical Health: Average Number of Days	<i>days</i>	3.6		4.1	3.7	2018	9
<b>SCORE</b>	<b>WOMEN'S HEALTH</b>	<b>UNITS</b>	<b>MEDINA COUNTY</b>	<b>HP2030</b>	<b>Ohio</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
2.58	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	134.7		129.6	126.8	2014-2018	12

<b>0.94</b>	Mammogram in Past 2 Years: 50-74	<i>percent</i>	74.8	77.1		74.8	2018	4
<b>0.89</b>	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	5.1		7.9	7.7	2014-2018	12
<b>0.89</b>	Cervical Cancer Screening: 21-65	<i>Percent</i>	86.8	84.3		84.7	2018	4
<b>0.78</b>	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	18.2	15.3	21.6	19.9	2015-2019	12

## Medina County Data Sources

Key	Data Source Name
1	American Community Survey
2	American Lung Association
3	Annie E. Casey Foundation
4	CDC - PLACES
5	Centers for Disease Control and Prevention
6	Centers for Medicare & Medicaid Services
7	Claritas Consumer Buying Power
8	Claritas Consumer Profiles
9	County Health Rankings
10	Feeding America
11	Healthy Communities Institute
12	National Cancer Institute
13	National Center for Education Statistics
14	National Environmental Public Health Tracking Network
15	Ohio Department of Education
16	Ohio Department of Health, Infectious Diseases
17	Ohio Department of Health, Vital Statistics
18	Ohio Department of Public Safety, Office of Criminal Justice Services
19	Ohio Public Health Information Warehouse
20	Ohio Secretary of State
21	U.S. Bureau of Labor Statistics
22	U.S. Census - County Business Patterns
23	U.S. Department of Agriculture - Food Environment Atlas
24	U.S. Environmental Protection Agency
25	United For ALICE

## Appendix D: Community Input Assessment Tools

CCF identified key community stakeholders to provide vital perspectives and context around important community health issues. CCF and HCI worked to develop a questionnaire to determine what a community needs to be healthy, what barriers to health exist in the community, how COVID-19 has impacted health in the community and how the challenges identified might be addressed in the future. Below is the complete Key Stakeholder Interview Guide:

**WELCOME:** Cleveland Clinic *{hospital name}* is in the process of conducting our 2022 comprehensive Community Health Needs Assessment (CHNA) to understand and plan for the current and future health needs of our community. You have been invited to take part in this interview because of your experience working *{at organization}* in the community. During this interview, we will ask a series of questions related to health issues in your community. Our ultimate goal is to gain various perspectives on the major issues affecting the population that your organizations serves and how to improve health in your community. We hope to get through as many questions as possible and hear your perspective as much as time allows.

**TRANSCRIPTION:** For today's call we are using the transcription feature in MS Teams. This feature produces a live transcript and makes meetings more inclusive for those who are deaf, hard of hearing, or have different levels of language proficiency. Our primary purpose for using this feature is to assist with note taking.

**CONFIDENTIALITY:** For this conversation, I will invite you to share as much or little as you feel comfortable sharing. The results of this assessment will be made available to the public. Although we will take notes on your responses, your name will not be associated with any direct quotes. Your identity will be kept confidential, so please share your honest opinions.

**FORMAT:** We anticipate that this conversation will last ~45 minutes to an hour.

### **Section #1: Introduction**

- What community, or geographic area, does your organization serve (or represent)?
  - How does your organization serve the community?

### **Section #2: Community Health and Well-being**

- From your perspective, what does a community need to be healthy?

- What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in your community?

### **Section #3: Barriers to Health**

- What health disparities appear most prevalent in your community?
- What are the barriers or challenges to improving health in the community?
  - What makes some people healthy in the community while others experience poor health?
  - What particular parts of the community or geographic areas that are underserved or under-resourced?
  - What services are most difficult to access?
- What could be done to promote health equity?

### **Section #4: COVID-19**

- How has COVID-19 impacted health in your community?
  - What were the most significant health concerns prior to the pandemic vs now?
  - What populations have been most affected by COVID-19?
- How has COVID-19 impacted access to care in the community?
  - What about access to mental health or substance use treatment in the community?
  - What about emergency and preventative care services?

### **Section #5: Addressing the Challenges & Solutions**

- What are some possible solutions to the problems that we have discussed?
  - How can organizations such as hospitals, health departments, government, and community-based organizations work together to address some of the problems that have been mentioned?
- How can we make sure that community voices are heard when decisions are made that affect their community?
  - What would be the best way to communicate with community members about progress organizations are making to improve health and quality of life?
- What resources does your community have that can be used to improve community health?

### **Section #6: Conclusion**

- Is there anything else that you think would be important for us to know as we conduct this community health needs assessment?

**CLOSURE SCRIPT:** Thank you again for taking time out of your busy day to share your experiences with us. We will include the key themes from today's discussion in our assessment. Please remember, your name will not be connected to any of the comments you made today. Please let us know if you have any questions or concerns about this.

## Appendix E: Community Partners and Resources

This section identifies other facilities and resources available in the community served by Fairhill, Regency West, and Regency East Hospitals that are available to address community health needs.

### Federally Qualified Health Centers

Ohio's Association of Community Health Centers (OACHC) is a not-for-profit membership association representing Federally Qualified Health Centers (FQHCs).<sup>22</sup> FQHCs are established to promote access to ambulatory care in areas designated as medically underserved. These clinics provide primary care, mental health, and dental services for lower-income members of the community. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. OACHC represents Ohio's 57 Community Health Centers at 400 locations, including multiple mobile units. The following FQHC clinics and networks operate in the community served by Fairhill, Regency West, and Regency East Hospitals:

- Asian Services in Action, Inc.
- Care Alliance
- Health Source of Ohio
- Lorain County Health and Dentistry
- Medina County Health Department
- MetroHealth Community Health Centers (MHCHC)
- Neighborhood Family Practice
- Northeast Ohio Neighborhood Health Services
- Signature Health, Inc.
- The Centers

### Hospitals

In addition to several Cleveland Clinic hospitals in Northeast Ohio, the following is a list of other hospital facilities located in the community served by Fairhill, Regency West, and Regency East Hospitals:

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<sup>22</sup> Ohio Association of Community Health Centers, <https://www.ohiochc.org/page/178>

- Grace Hospital
- Mercy Health (Multiple Locations)
- MetroHealth Medical Centers (Multiple Locations)
- University Hospitals (Multiple Locations)

### **Other Community Resources**

A wide range of agencies, coalitions, and organizations that provide health and social services is available in the region served by Fairview. United Way 2-1-1 Ohio maintains a large, online database to help refer individuals in need to health and human services in Ohio. This is a service of the Ohio Department of Social Services and is provided in partnership with the Council of Community Services, The Planning Council, and United Way chapters in Cleveland. United Way 2-1-1 Ohio contains information on organizations and resources in the following categories:

- Donations and Volunteering
- Education, Recreation, and the Arts
- Employment and Income Support
- Family Support and Parenting
- Food, Clothing, and Household Items
- Health Care
- Housing and Utilities
- Legal Services and Financial Management
- Mental Health and Counseling
- Municipal and Community Services
- Substance Abuse and Other Addictions

Additional information about these resources is available at: <http://www.211oh.org/>



## Appendix F: Acknowledgements

Conduent Healthy Communities Institute (HCI) supported report preparation. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. To learn more about Conduent HCI, please visit [www.conduent.com/community-population-health](http://www.conduent.com/community-population-health).

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## Select Specialty Hospital – Cleveland Fairhill

# Implementation Strategy Report

2022

**REGENCY HOSPITAL OF CLEVELAND FAIRHILL**  
**2022 IMPLEMENTATION STRATEGY REPORT**  
2022 Community Health Needs Assessment  
Implementation Strategy Report for Years 2023 – 2025

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# REGENCY HOSPITAL OF CLEVELAND FAIRHILL 2022 IMPLEMENTATION STRATEGY REPORT

## I. INTRODUCTION AND PURPOSE

This written plan is intended to satisfy the requirements set forth in the Internal Revenue Code Section 501(r)(3) regarding community health needs assessments and implementation strategies. The overall purpose of the Implementation Strategy is to align the hospital's limited resources, program services, and activities with the findings of Regency Hospital of Cleveland Fairhill (or "Cleveland Fairhill") 2022 Community Health Needs Assessment ("CHNA"). The Implementation Strategy Report (ISR) includes the priority community health needs identified during the 2022 CHNA and hospital-specific strategies to address those needs from 2023 through 2025.

### A. Description of Hospital

Cleveland Fairhill is a long term acute care (LTAC) hospital, designed to provide comprehensive, specialized care for high-acuity patients who need more time to recover, typically after critical care. Additional information on the hospital and its services is available at: <https://clevelandfairhill.selectspecialtyhospitals.com/>.

The hospital is a joint venture between Cleveland Clinic health system and Select Medical. The hospital is part of the Cleveland Clinic health system, which includes an academic medical center near downtown Cleveland, fourteen regional hospitals in northeast Ohio, a children's hospital, a children's rehabilitation hospital, five southeast Florida hospitals, and a number of other facilities and services across Ohio, Florida, and Nevada. Additional information about Cleveland Clinic is available at: <https://my.clevelandclinic.org/>.

Select Medical is one of the largest providers of post-acute care, operating 100 critical illness recovery hospitals in 28 states, 33 rehabilitation hospitals in 12 states, and 1,695 outpatient rehabilitation clinics in 37 states and the District of Columbia. Additionally, Select Medical's joint venture subsidiary Concentra operates 526 occupational health centers in 41 states. Concentra also provides contract services at employer worksites and Department of Veterans Affairs community-based outpatient clinics. Select Medical provides post-acute care encompassing four areas of expertise: critical illness recovery, inpatient medical rehabilitation, outpatient physical therapy, and occupational medicine, all of which are delivered and supported by more than 46,000 talented healthcare professionals across the U.S. Additional information about Select Medical is available at: <https://www.selectmedical.com/>.

Cleveland Fairhill's mission is:

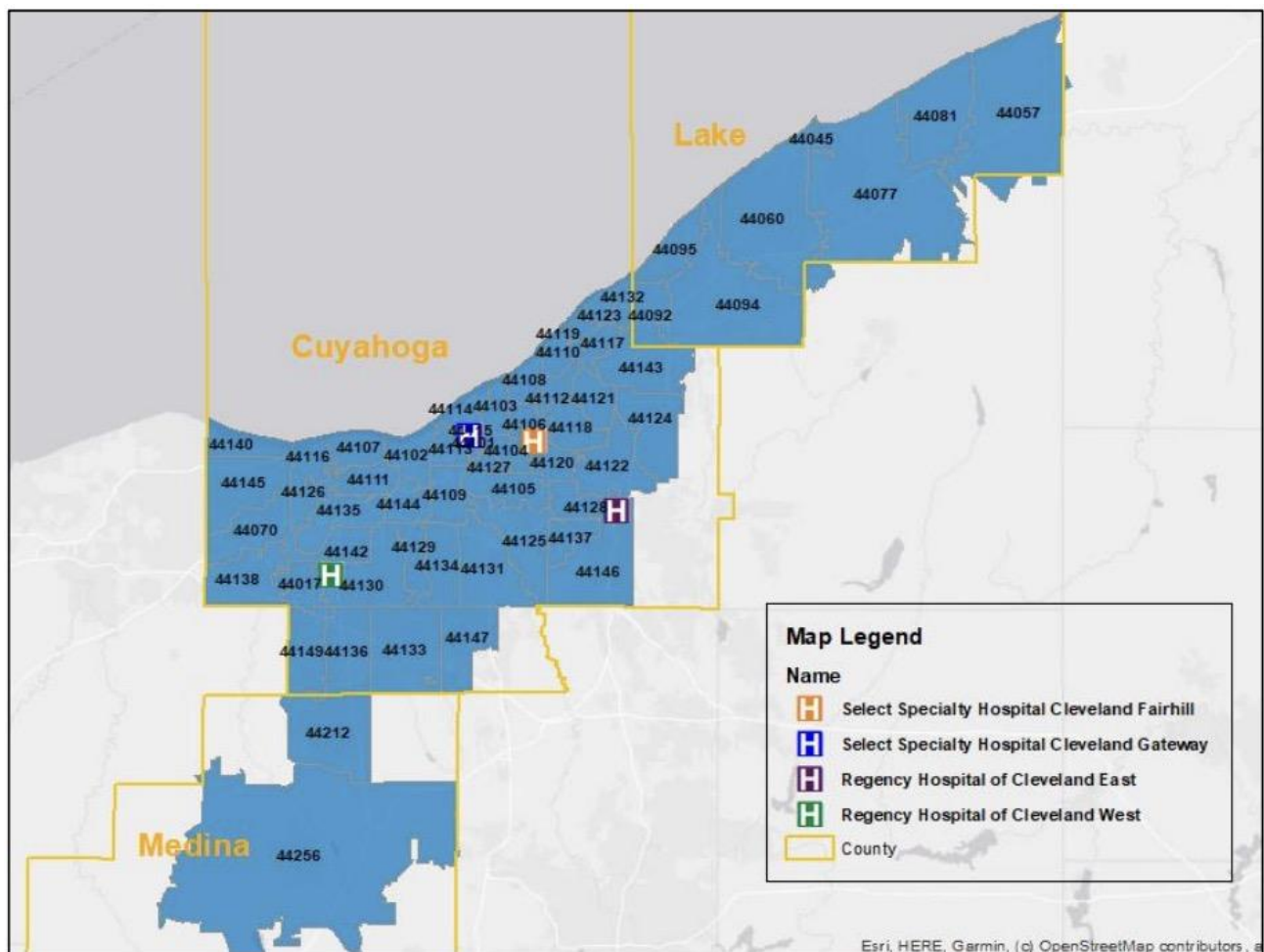
*Cleveland Fairhill will provide an exceptional patient care experience that promotes healing and recovery in a compassionate environment.*

## II. COMMUNITY DEFINITION

The community definition describes the zip codes where approximately 75% of Select Specialty Hospital – Cleveland Fairhill (42 Zip Codes), Cleveland Gateway (35 Zip Codes), Cleveland East (26 Zip codes), and Cleveland West (26 Zip Codes) patients reside (Figure 1).

The 2022 CHNA was designed and implemented as a joint assessment process for Select Specialty Hospitals. The original approach and assessment included Select Specialty Hospital – Cleveland Fairhill, Regency Hospital of Cleveland East, Regency Hospital of Cleveland West, as well as Select Specialty Hospital Cleveland Gateway. As of October 28, 2022 however, Select Specialty Hospital Cleveland Gateway has closed.

**Figure 1: Select Specialty Hospital Community Definition**



## III. HOW IMPLEMENTATION STRATEGY WAS DEVELOPED

This Implementation Strategy was developed by members of senior leadership at Cleveland Fairhill and Cleveland Clinic, representing several departments of these organizations. Alignment with county Community Health Assessments (CHA) and the State Health Assessment (SHA) was also considered. Leadership at

Cleveland Fairhill will utilize this Implementation Strategy to determine whether changes should be made to better address the health needs of its communities.

## IV. SUMMARY OF THE COMMUNITY HEALTH NEEDS IDENTIFIED

Cleveland Fairhill's prioritized community health needs as determined by analyses of quantitative and qualitative data include:

- Access to Healthcare
- Adult Health
- Community Safety

In addition to the prioritized community health needs, themes of health equity and social determinants of health are intertwined in all community health components and impact multiple areas of community health strategies and delivery.

### COVID-19 Considerations

The COVID-19 global pandemic declared in early 2020 has caused extraordinary challenges for healthcare systems across the world including Cleveland Fairhill. Keeping front line workers and patients safe, securing protective equipment, developing testing protocols, and helping patients and families deal with the isolation needed to stop the spread of the virus all took priority as the pandemic took hold.

Many of the community benefit strategies noted in the previous 2019 implementation strategy were temporarily paused or adjusted to comply with current public health guidelines to ensure the health and safety of patients, staff, and other participants. Many of the strategies included in the 2023-2025 implementation strategy are a continuation or renewal of those that were paused during the pandemic as the community needs identified in the 2022 CHNA did not change greatly from those identified in the 2019 CHNA.

## V. NEEDS HOSPITAL WILL ADDRESS

Each Cleveland Clinic – Select Medical hospital provides numerous services and programs in efforts to address the health needs of the community. Implementation of our services focuses on addressing structural factors important for community health, strengthening trust with residents and stakeholders, ensuring community voice in developing strategies, and evaluating our strategies and programs.

- Access to Healthcare
- Adult Health
- Community Safety

It should be noted that no one organization can address all the health needs identified in its community. Cleveland Fairhill is committed to serving the community by adhering to its mission, and using its skills, expertise, and resources to provide a range of programs to address comprehensive, specialized care for high-acuity adult patients requiring post-acute hospital care.

## A. Access to Healthcare

Access to Healthcare data analysis results describe community needs related to consumer expenditures for insurance, medical expenses, medicines, and other supplies. More expansive parameters include limitations to accessing healthcare described in terms of transportation challenges, resource limitations, and availability of primary care and other prevention services in local neighborhoods.

Access to Healthcare Initiatives include:

1. Cleveland Fairhill supports the concept of seamless care as an important aspect of the continuum of care. An initial assessment to determine appropriateness for admission is conducted by a Clinical Liaison, upon referral by a healthcare professional including physicians, registered nurses, and/or external case managers. Cleveland Fairhill provides continuous feedback to other area facilities in order to encourage appropriate referrals.
2. A smooth transition to the LTAC hospital is facilitated by the Clinical Liaison who oversees the patient referred, meets with the family when possible, and determines the ongoing need for acute care. Family tours are encouraged prior to admission so that the family and patient are familiar with the services provided and understand the initial goals of care.
3. Cleveland Fairhill provides medically necessary care to all patients regardless of race, color, creed, gender, country of national origin, or ability to pay. Cleveland Fairhill has a financial assistance policy that provides free or discounted care based on financial need. Financial assistance may also be provided to patients on a case-by-case basis under certain medical circumstances. Through regular communication and collaboration, Cleveland Fairhill educates other facilities in the community on the financial assistance policy. The financial assistance policy can be found here: [Cleveland Fairhill Financial Assistance](#).
4. Cleveland Fairhill concentrates efforts on assessing all patients upon admission for any healthcare disparity around barriers with transportation at discharge that could impact the ability to access services necessary for continued recovery and healing.

## B. Adult Health

Adult Health encompasses several subtopics including Older Adult Health; Other Conditions; and Chronic Disease Prevention and Management including Nutrition and Healthy Eating.

Adult Health Initiatives include:

1. Cleveland Fairhill contracts credentialed consulting practitioners including but not limited to cardiology, pulmonology, wound care specialists, infectious disease, nephrology, adult psychiatry, and neurology for all medically complex care provided as post-acute hospital services.
2. Each patient's current cognitive status is taken into account as a component of the interdisciplinary plan of care. All care plans and programs focus on chronic disease prevention and management, with specific emphasis around a recovery plan centered on regaining the ability to walk, talk, eat, breathe,

and think again independently. The utilization of available community resources to support a patient's well-being is key to ensuring continued recovery.

3. Cleveland Fairhill provides respiratory therapy coverage 24/7 for its patient population which includes patients requiring mechanical ventilation, tracheostomy care, Continuous Positive Airway Pressure (CPAP), and Bilevel Positive Airway Pressure (BiPAP) therapies. The utilization of services is assessed prior to admission, at admission, as well as throughout each patient's stay.
4. Cleveland Fairhill ensures all patients' nutritional requirements are assessed and addressed by Registered Dietitians.

## C. Community Safety

Community Safety Issues, though similar in nature to social determinants of health (SDOH), stand apart as a health topic intended to describe community health needs related to the following subtopics: Prevention & Safety and Alcohol & Drug Use.

Community Safety Initiatives for 2023-2025 include:

1. As a specialty hospital, Cleveland Fairhill provides rehabilitative treatment to patients as a component of its care provision with the goal of returning a patient to his/her highest possible functioning level with the greatest independence to continue as a productive community resident. The hospital will continue providing patient and family education to enhance their knowledge, skills, and behaviors necessary to fully benefit from the healthcare interventions provided.
2. Cleveland Fairhill encourages family members and caregivers to participate in local caregiver support programs in order to promote optimal mental and physical health.
3. Cleveland Fairhill facilitates all home going needs and coordinates in-home resources at the time of discharge. Areas such as home safety, durable medical equipment, home oxygen, and immediate follow up appointments with appropriate medical services are in place for successful transitions home.

While this ISR outlines specific strategies and programs identified to address the 2022 CHNA, it does not reflect all the work being done by Cleveland Fairhill to improve community health. Through this iterative process, opportunities are identified to grow and expand existing work in prioritized areas, as well as implementing additional programming in new areas. These ongoing strategic conversations will allow Cleveland Fairhill to build stronger community collaborations and make smarter, more targeted investments to improve the health of the people in the communities they serve.

For more information regarding Cleveland Clinic Community Health Needs Assessments and Implementations Strategy Reports, please visit [www.clevelandclinic.org/CHNARports](http://www.clevelandclinic.org/CHNARports) or contact [CHNA@ccf.org](mailto:CHNA@ccf.org).



