



Community Health Needs Assessment

2016



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EXECUTIVE SUMMARY

The Edwin Shaw Rehabilitation Institute (ESRI) is a hospital facility operated by Akron General Medical Center. Since its beginning in 1918 as the Springfield Lake Tuberculosis Sanitarium, ESRI has provided programs and services to meet the rehabilitation needs of those in the community with physical disabilities or chemical dependency issues. ESRI has conducted and participated in various surveys throughout its history that were designed to assess the health needs of the community it serves. Such surveys have been used for program development, staffing and facility planning, and to meet the requirements of various accrediting organizations. All have been designed to result in the delivery of progressively better services meant to improve the health of the community. The assessment presented here is intended to continue that progression, as well as satisfy the requirement to conduct a Community Health Needs Assessment (CHNA), as described in Internal Revenue Code section 501(r)(3) and related guidance.

In 2015, ESRI became a member of the Cleveland Clinic, bringing additional resources to the community served by ESRI as well as making a number of highly specialized, Cleveland Clinic-based services more easily accessible to that community.

The Kent State University College of Public Health (KSU) was engaged to conduct the ESRI CHNA. During the CHNA process, epidemiologic data for ESRI's service area were reviewed and compared to the rates for two peer counties, the state, the nation, and the Healthy People 2020 objectives. Input was also obtained from community leaders through personal interviews and from community residents via focus groups, and CHNAs conducted by other community groups were consulted. All of this information was used to develop a list of significant health needs for ESRI's service area. The methods used to identify these significant health needs are described later in this document.

Six significant health needs were identified through this assessment:

1. Access to Affordable Health Care
2. Chronic Diseases and Other Health Conditions
3. Economic Development and Community Condition
4. Health Professions Education and Research
5. Health Care for the Elderly
6. Wellness

Access to Affordable Health Care includes three dimensions: Physical accessibility, defined as the availability of good health services within reasonable reach of those who need them and of opening hours, appointment systems and other aspects of service delivery that allow people to obtain the services when they need them; Financial affordability defined as people's ability to pay for services without financial hardship. Affordability is influenced by the wider health financing system and by household income; and, Acceptability including people's willingness to seek services.

Chronic Diseases and other Health Conditions are usually defined as a disease persisting for three months or more that generally cannot be prevented by vaccination, cured by medicine, or will just disappear. Examples include asthma, cancers, cardiovascular disease, diabetes, mental health and COPD. Many other health conditions that we have included in this category, such as infant mortality and obesity have close links to lifestyle choices such as physical inactivity, poor nutrition, avoidance of medical care, tobacco use and drug and alcohol abuse.

Economic Development and Community Condition define the state of a community in which people reside. It includes the assets community residents possess and share that determine the quality of their life, including physical, human, social, financial and environmental.

Health Professions Education and Research involves the education, development and support of physicians and other health care professionals in the practice of medicine and/or medical research. Medical research can range in methodology from randomized control trials to case studies. The purpose of this research is to generate high quality knowledge that can be used to promote, restore or maintain the health status of people.

Health Care for the Elderly includes services provided to older individuals or communities for the purpose of promoting, maintaining, monitoring or restoring health. The definition of "older person" varies across cultures but is generally considered to be age 65 and above in the United States. Elderly persons tend to have a higher prevalence of chronic disease, physical disability, mental illness and other co-morbidities.

Wellness can be defined to be an active process of becoming aware and being able to make healthy choices that lead to a healthier and more successful existence. It is closely linked to lifestyle and the choices one makes.

BACKGROUND

Purpose of the Community Health Needs Assessment

The Patient Protection and Affordable Care Act (ACA) has brought significant changes to the U.S. health care system, including the addition of Internal Revenue Code (IRC) section 501(r), applicable to hospital organizations exempt from federal income tax. Within IRC 501(r) is the requirement for such a hospital organization to conduct, once every three years, a Community Health Needs Assessment (CHNA) for each hospital facility it operates. The Internal Revenue Service (IRS) is charged with enforcing these new requirements, and has issued guidance for hospital facilities to follow in order to comply with the law. This guidance states that a CHNA report should include:

- The community served and how it was defined.
- The process and methods used to conduct the assessment, including the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs.
- The information gaps that impact the ability to assess health needs.
- Collaborating hospitals and vendors used while conducting the CHNA.
- How input was received from persons who have expertise in public health and from persons who represent the broad interests of the community, including a description of when and how these persons were consulted.
- The prioritized community health needs, including a description of the process and criteria used in prioritizing the health needs.
- Existing health care facilities and other resources within the community available to meet the prioritized community health needs.
- A tax exempt hospital facility is also required to produce an Implementation Strategy that outlines some of the efforts intended to address the needs identified in the CHNA. Information about the impact of the 2013 Implementation Strategy can be found in Appendix 3 of this document.

Thus, the purpose of this CHNA is to build upon a history of collaborative efforts aimed at improving community health. This report will also act as a resource for other community groups working toward improving the health of the community. In addition, this report will fulfill the CHNA requirements established by the ACA for the hospital facilities listed.

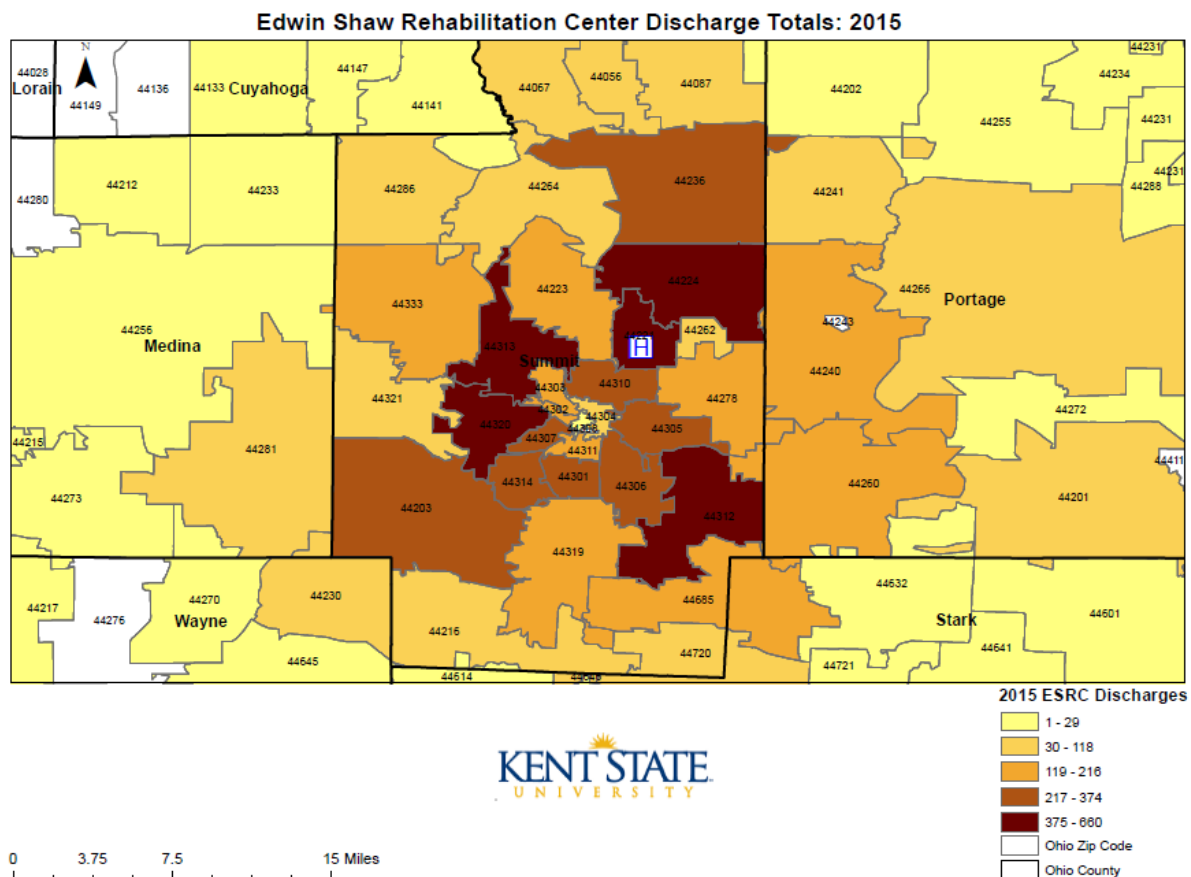
Description of Hospital Facility

The Edwin Shaw Rehabilitation Institute (ESRI) is an inpatient rehabilitation hospital offering physical medicine and rehabilitative services. Its inpatient services focus primarily on patients recovering from traumatic brain injury, strokes, amputations, and spinal cord injury. ESRI's outpatient services include those related to its inpatient services, but also include abstinence-based and medication-assisted treatment programs for alcohol and chemical dependencies. The facility has 35 licensed beds.

In 2015, ESRI became a member of The Cleveland Clinic, bringing additional resources to the community served by ESRI as well as making a number of highly specialized, Cleveland Clinic-based services more easily accessible to that community.

Definition of the Community Served

The facility is located at 330 Broadway East in Cuyahoga Falls, in central Summit County, Ohio. The facility provides inpatient and outpatient rehabilitation services to adults recovering from and/or adjusting to physical challenges resulting from illness, surgery, and injury. ESRI also treats adults dealing with substance abuse issues. Since this population can include expectant mothers and parents, children are often an important part of this particular community it serves. While the facility welcomes patients from communities throughout Northeast Ohio and beyond, 2015 patient discharge data show that the vast majority of patients reside in Summit County.



Thus for purposes of the CHNA, ESRI defines the community it serves as consisting of adults with physical challenges or substance abuse issues – and the families of such persons – in Summit County, Ohio.

Summit County

As of 2015, it is estimated that there are over 541,000 people living in Summit County. Since 2010, the population size has increased slightly by less than a percent. There are 31 cities, villages, and townships located in Summit County, with the largest being the City of Akron. Compared to the State of Ohio, Summit County has a slightly smaller proportion of children (under 18 years old) and a slightly higher proportion of older adults (65 years and older). In Summit County, 20.5% percent of the population is non-White, compared to 17.3% in the State. Educational attainment is slightly higher in Summit County than the State of Ohio, with 90.7% having a high school diploma or higher and 29.9% having a bachelor's degree or higher. Similarly, annual per capita income in Summit County is slightly higher than the State of Ohio, but the percent of Summit County residents living in poverty is 2.2% lower than that of the State.

PROCESSES AND METHODS

Approach

The Edwin Shaw Rehabilitation Institute (ESRI) engaged Kent State University's College of Public Health (KSU) to collect and analyze the data that serves as the foundation of the 2016 Community Health Needs Assessment (CHNA). That engagement was coordinated with similar engagements KSU had with neighboring, unrelated hospital facilities: Summa Health System and Akron Children's Hospital.

Under KSU guidance, meetings were held to identify the process to be used to conduct the CHNA. This was determined primarily by the specific requirements of CHNAs mandated by the IRS. A work plan with anticipated timelines was also created; this became part of the contract addendum.

To conduct the 2016 Community Health Needs Assessment, KSU followed several recommendations offered by the Catholic Health Association of the United States in its 2015 second edition of *Assessing and Addressing Community Health Needs*. Specifically, KSU used a comparison benchmarking approach using epidemiological data, supplemented with qualitative data from focus groups with residents throughout the hospital service area as well as personal interviews with community and organizational leaders knowledgeable about health issues. In addition, other health status reports, such as Health Department Community Health Improvement Plans (CHIPs), were reviewed for their contribution

After the data were collected and reported to the three hospitals in a group meeting on June 1, 2016, a series of individual hospital meetings were held to identify the prioritized health needs based on the epidemiologic data, the input from community leaders and residents, input from Health Commissioners and other CHNAs that had been previously been conducted.

Implementation strategies were developed that identified the plans the hospitals will undertake separately and collectively to address some of the prioritized health needs identified in the CHNAs. ESRI's plans will be publicly available at www.clevelandclinic.org/CHNAReports

Secondary Data

The epidemiologic data used in this report were collected from a variety of sources that report information at the county, state, and national levels. The epidemiologic data collected represented a very wide range of factors that affect community health, such as mortality rates, health behaviors, environmental factors, and health care access issues.

Community Health Needs Assessment Toolkit

The Community Health Needs Assessment Toolkit is a collaborative partnership between Kaiser Permanente; the Institute for People, Place, and Possibility (IP3); the Centers for Disease Control and Prevention; and other partners that seek to make freely available data that can assist hospitals, nonprofit organizations, state and local health departments, financial institutions, and other organizations working to better understand the needs and assets of their communities and to collaborate to make measurable improvements in community health and well-being. Similar to the County Health Rankings program, the Community Health Needs Assessment Toolkit project collects information from a variety of sources and creates county-level profiles for comparison purposes. For more information about the Community Health Needs Assessment Toolkit, visit [**assessment.communitycommons.org**](http://assessment.communitycommons.org).

Community Health Status Indicators

The Community Health Status Indicators project is a partnership between the Centers for Disease Control and Prevention, the National Institutes of Health/National Library of Medicine, the Health Resources Services Administration, the Public Health Foundation, the Association of State and Territorial Health Officials, the National Association of County and City Health Officials, the National Association of Local Boards of Health, and the Johns Hopkins University School of Public Health. Similar to the County Health Rankings project, the Community Health Status Indicators project collects information on a variety of sources and generates county profiles. Currently, most of the data are from 2015 and contain information that the County Health Rankings does not. For more information about the Community Health Status Indicators project, visit [**wwwn.cdc.gov/communityhealth**](http://wwwn.cdc.gov/communityhealth).

County Health Rankings

The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The program collects county-level information on mortality, morbidity, health behaviors, clinical care, social and economic factors, and physical environment, for nearly all counties in the United States. Some data reported are actual counts based on actual reports (i.e., reported disease diagnoses), some data are estimated based on samples (i.e., the Behavioral Risk Factor Survey), and some data are modeled to obtain a more current estimate (i.e., projected 2014/2015 estimates based on 2010 census data). For more information about the County Health Rankings program, visit [**www.countyhealthrankings.org**](http://www.countyhealthrankings.org).

Northeastern Ohio Regional Trauma Network

The mission of the Northeastern Ohio Regional Trauma Network is to collaboratively develop a regional trauma system and improve trauma care for the communities served, through data evaluation, research, injury prevention, and education. The purpose of the network is to collect and analyze pre-hospital and hospital demographic and clinical data for peer review purposes,

injury prevention initiatives, community-based education and research, submission of data to the State trauma registry, and performance improvement initiatives. County-level data that could be compared to peer counties, the state, and the nation were obtained through a special data request. For more information on the Northeastern Ohio Regional Trauma Network, visit arha.technologynow.com/ProgramsServices/NortheasternOhioRegionalTraumaNetwork.aspx

Ohio Department of Education

The Ohio Department of Education oversees the state's public education system, which includes public school districts, joint vocational school districts, and charter schools. The department also monitors educational service centers, other regional education providers, early learning and childcare programs, and private schools. The Ohio Department of Education publishes annual "report cards" on schools and districts that contain information on the demographics and educational outcomes of students. For more information about the data available at the Ohio Department of Education, visit education.ohio.gov/Topics/Data.

Ohio Department of Health

The Ohio Department of Health is a cabinet-level agency that administers most state-level health programs, including coordination of the activities for child and family health services, health care quality improvement, services for children with medical handicaps, nutrition services, licensure and regulation of long-term care facilities, environmental health, prevention and control of injuries and diseases, and others. County-level data that could be compared to national statistics were collected in a variety of areas and used in this CHNA. For more information about the data available from the Ohio Department of Health, visit www.odh.ohio.gov/healthstats/datastats.aspx.

Ohio Hospital Association

Established in 1915, the Ohio Hospital Association (OHA) is the nation's first state-level hospital association. OHA collaborates with member hospitals and health systems to meet the health care needs of their communities and to create a vision for the future of Ohio's health care environment. OHA, in coordination with member hospitals, has developed new web-based software called *Insight* that allows hospitals to run customized and standard reports for marketing, physician recruiting, business development, and benchmarking purposes. Several health indicators were drawn from OHA's Insight system with their permission. For more information about OHA Insight, visit www.ohanet.org/insight/.

Primary Data

Community Leader Interviews

In addition to examining the county-level epidemiologic data, interviews were conducted with 13 Summit County community leaders from March through June, 2016 to gain their insight into the significant health needs of children and adults in their communities, the factors that affect those health needs, other existing community health needs assessments, possible collaboration opportunities, and to solicit suggestions on what the hospitals can do to address the prioritized health needs identified in the CHNA. These community leaders provide a perspective on the broad interests of the communities served by the hospital facility, including the medically underserved, low-income persons, minority groups, those with chronic disease needs, and

leaders from local public health agencies and departments who have special knowledge and expertise in public health.

Leaders from the following community organizations were consulted during this CHNA:

- Superintendent, Akron Public Schools
- City of Akron Assistant to the Mayor for Health, Education, and Families
- Mayor, City of Hudson
- Mayor, City of New Franklin
- Mayor, City of Stow
- President and CEO, Greater Akron Chamber of Commerce
- Superintendent, Hudson City School District
- Director of Refugee Resettlement, International Institute of Akron
- Members of the U.S. Congress representing districts serving the Summit County area
- Director, Summit County Alcohol, Drug Addiction, and Mental Health Board
- Summit County Executive
- Commissioner, Summit County Public Health

Community Resident Focus Groups

In addition to the input from community leaders, focus groups were conducted with community residents from April through September, 2016 to get their input on what they thought were the significant health needs in their communities, the factors that affect those needs, the solutions they thought would solve those needs, and what the hospitals and other community groups could do to address those needs. Due to the observed information gap in the epidemiologic data, substance abuse issues, and mental health issues, several questions were asked to probe more deeply on these issues. In addition, a questionnaire was distributed to focus group participants to gather demographic information and basic perceptions of community health. The discussion guide, questionnaire, and protocol were reviewed and approved by the Kent State University Institutional Review Board.

The list of significant health needs resulting from the epidemiologic analysis was supplemented with additional health needs identified by these community leaders and community residents. An analysis was conducted on the notes and transcripts of community leader interviews and community resident focus groups to identify and quantify themes that consistently emerged. The health areas listed below were the main health needs identified for Summit County adults by community leaders and residents.

Community Leaders

- Alcohol and Drug Abuse
- Dental Health
- Mental Health

Community Residents

- Diabetes
- Drugs and Alcohol
- Mental Health
- Obesity

Other Health Needs Assessments

Lastly, prior health needs assessments that were conducted in the region were also reviewed and helped to inform this CHNA. Some of these health needs assessments were known to the Steering Committee, some were found using Internet searches, and some were provided by Community Leaders.

The other CHNAs that were reviewed during the preparation of this CHNA included:

- The CHNAs conducted by the partnering hospitals in 2010 and 2013
- The 2011, 2013, and 2015 Stark County Health Needs Assessment conducted by Aultman Hospital, Mercy Medical Center, and Alliance Community Hospital
- Medina County Community Health Improvement Plan 2013-2018 conducted by the Living Well Medina County collaborative.
- Health Profile of Portage County, Results from the 2008 Ohio Family Health Survey conducted by the Health Policy Institute of Ohio, The Center for Community Solutions, and Cleveland State University
- Assessing NE Ohio Community Health Needs Assessments: Standards, Best Practice, and Limitations conducted by The Center for Community Solutions in 2015
- Summit County Community Health Assessment 2011, and the 2015 update conducted by Summit County Public Health
- The 2012 and 2015 Portage County CHNAs

Process Used to Identify Significant Health Needs

As mentioned previously, epidemiologic data were collected from a variety of sources. To prioritize these health indicators, the data from Summit County were compared to two peer counties in Ohio that were demographically similar, to the state and U.S. averages, and to the Healthy People 2020 target, if one was available. The selection of two peer counties in Ohio for each county was determined by the U.S. Department of Health and Human Services for their community health indicators. To aid the identification process, the indicators were divided into adult indicators and child indicators and plotted on matrices.

The process is illustrated to the right with Summit County. Indicators listed on the left side of the matrix compared unfavorably to the two comparison counties, the State, and the U.S. Indicators on the right side of the matrix compared favorably to those benchmarks. In addition, on each side of the matrix, it was noted if the indicators were higher or lower than 2, 3, or 4 of the benchmarks. For example, indicators in the upper left box of the matrix (shaded in red) were “worse” in Summit County compared to the two comparison

Summit County (Example)			
Unfavorable Comparisons		Favorable Comparisons	
4 Benchmarks	<ul style="list-style-type: none"> • Indicator 1 • Indicator 2 • Indicator 3 	<ul style="list-style-type: none"> • Indicator 10 • Indicator 11 • Indicator 12 	4 Benchmarks
3 Benchmarks	<ul style="list-style-type: none"> • Indicator 4 • Indicator 5 • Indicator 6 	<ul style="list-style-type: none"> • Indicator 13 • Indicator 14 • Indicator 15 	3 Benchmarks
2 Benchmarks	<ul style="list-style-type: none"> • Indicator 7 • Indicator 8 • Indicator 9 		

counties, the State, and the U.S. Indicators in the bottom right (shaded in blue) were “better” in Summit County compared to these benchmarks. The use of these matrices helped the Steering Committee quickly compare the vast amount of data to key benchmarks and identify the significant health needs based on the epidemiologic data. At a meeting of the three hospital systems on May 1, 2016, the group agreed that any epidemiologic indicator that deviated in a negative direction on 3 or more benchmarks would be considered a “significant health need.” The significant health needs identified from the analysis of the epidemiologic variables for ESRI were described previously and are summarized below.

SUMMARY OF RESULTS

1. Access to Affordable Health Care

- i. According to the Chronic Condition Data Warehouse (CCW), in 2012 the percentage of the Medicare population eligible for Medicaid was higher in Summit County than in the comparison counties of Hamilton and Montgomery, as well as the state and nation.
- ii. In 2012, there were more Medicare recipients per 1,000 persons in Summit County than in Hamilton and Montgomery counties, the State and the nation that relied upon emergency departments for their healthcare needs according to the Chronic Condition Data Warehouse (CCW).
- iii. According to the Ohio Department of Health, in 2010 more Medicare patients per 1,000 were discharged for ambulatory care sensitive conditions per the number of hospitalizations for ambulatory care sensitive conditions. Termed, “preventable hospitalizations”, this measure indicates that more illnesses or chronic conditions may have been manageable in an outpatient setting. Summit’s rate is higher than two comparison counties, the state and the nation.
- iv. More adults were unemployed in Summit County in 2014, according the U.S. Bureau of labor Statistics, than in Hamilton and Montgomery counties and the State of Ohio. Focus group participants in 2016 also identified underemployment as a significant problem in the community.
- v. Community focus group participants in 2016 also revealed that the cost of health care and accessibility to mental health services present a perceived barrier to services.
- vi. Interviews with community leaders in 2016 identified access to mental health services as a top health need in Summit County.

2. Chronic Diseases and Other Health Conditions *(Data Source Following)*

a. Asthma

- i. The percentage of adults with asthma was higher in Summit County than in Hamilton County, the state and the nation in 2012 according to the Chronic Condition Data Warehouse (CCW).
- ii. The community served also has a higher percentage of Medicare beneficiaries with Asthma in 2012 than two comparison counties, the state and the nation according to the Chronic Condition Data Warehouse (CCW).
- iii. Members of an inner-city community focus group conducted in 2016 revealed that asthma was reported as a significant problem in their families and neighborhood.

b. Cancer

- i. Four types of cancer (breast, colorectal, respiratory and prostate) emerged as significant health needs in Summit County when the service area was compared to two comparable counties the state, nation and Healthy People 2020 targets. Data sources for these findings included the National Center for Health Statistics 2010 data on mortality, the 2012 Behavioral Risk Factor Surveillance System (BRFFS), and the Chronic Condition Data Warehouse (CCW) in 2012.
- ii. Focus group participants in 2016 identified pancreatic, ovarian and breast cancer as significant health needs in their families and community.

c. Cardiovascular Diseases

- i. The percentage of the Medicare population with high blood pressure is higher in the hospital service area than in Hamilton and Montgomery counties and the State of Ohio in 2012 according to the Chronic Condition Data Warehouse (CCW).
- ii. The percentage of adults reporting high blood cholesterol is higher than Hamilton County, the state, the nation and Healthy People 2020's target according to the 2012 Behavioral Risk Factor Surveillance System (BRFFS)
- iii. Medicare beneficiaries have a higher rate of heart failure in 2012 than two comparison counties, the state and the nation according to the Chronic Condition Data Warehouse (CCW).
- iv. The number of deaths due to heart disease per 100,000 is higher in the service area than Hamilton and Montgomery counties, the nation and Healthy People 2020 targets in 2013 according to the National Center for Health Statistics

- v. More Medicare beneficiaries have experienced a stroke in Summit County than in Hamilton or Montgomery counties or the State of Ohio according to the Chronic Condition Data Warehouse (CCW) in 2012. More adults also died from a stroke than in Montgomery County, the nation and the Healthy People 2020 benchmark, reports the National Center for Health Statistics 2010 data on mortality.
- vi. Primary data from community leader interviews in 2016 identified cardiovascular issues as one of the significant health concerns in the hospital service area. Focus group participants also reported high blood pressure as a major problem in their communities.

d. COPD

- i. More Medicare beneficiaries in Summit County had COPD than in Hamilton or Montgomery counties, the state and the nation in 2012 according to the Chronic Condition Data Warehouse (CCW).
- ii. The number of deaths due to chronic lower respiratory disease per 100,000 population was higher in 2013 in the hospital service area than in Hamilton or Montgomery counties, the state and the nation as shown in the National Center for Health Statistics 2010 data on mortality.

e. Diabetes

- i. The community served had a percentage of the Medicare population with diabetes in 2012 higher than Hamilton and Montgomery counties, the state and the nation according to the Chronic Condition Data Warehouse (CCW).
- ii. In 2016 community focus group participants and community leaders both identified diabetes as a significant health concern in Summit County.

f. Infant Mortality

- i. The community served had an infant death rate (0-28 days) in 2010 that was higher than Montgomery County, the state, the nation and the Healthy people 2020 benchmark according to the Community Health Needs Assessment Toolkit of the Community Commons.
- ii. Inner-city focus group participants in 2016 identified infant mortality as a health concern, brought about, several argued, by maternal depression.
- iii. Primary data from community leader interviews in 2016 also identified infant mortality as a significant health concern in the hospital service area, and one where several interventions were currently underway.

g. Obesity

- i. Primary data from community leader interviews in 2016 identified obesity and overweight individuals as one of the top 7 significant health concerns in the hospital service area.
- ii. Focus group participants also identified obesity as an issue in their community in 2016.

h. Mental Health

- i. Primary data from community leader interviews in 2016 identified mental Health as the 4th most significant health issue in Summit County in 2016. Lack of access to necessary services was frequently cited.
- ii. Participants in an inner-city community focus group in 2016 identified mental health as a large issue in their families and community. The “stigma” of admitting to a mental health need was noted and several had experienced suicide and mental health issues among family members.

i. Substance Abuse

- i. Summit County had a higher percentage of adults reporting heavy alcohol consumption in 2012 than Montgomery County, the state and the nation according to the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFFS).
- ii. The community also had a much higher percentage of driving deaths associated with alcohol in 2013 than Montgomery and Hamilton counties and the State of Ohio according to the Fatality Analysis Reporting System (FARS).
- iii. In 2012 the percentage of adults abusing prescription drugs was higher in Summit County than in Montgomery County and Ohio according to the National Institute of Drug Abuse.
- iv. Community focus group participants identified heroin and opioids as one of the most significant health problems in the County in 2016. An inner-city focus group reported that many pregnant women were using drugs during pregnancy.
- v. Community leaders in 2016 also indicated that heroin and opioids use was the most significant health need in the County.

3. Economic Development and Community Condition

- i. The homicide rate per 100,000 population was higher in Summit County in 2013 than in Ohio, the nation and the Healthy People 2020 target rate according to the Community Health Needs Assessment Toolkit.
- ii. Affordable rental housing is a problem in Summit County, which required a higher rent for a two-bedroom apartment, and also had a lower average

hourly wage earned by renters in 2014, than Hamilton and Montgomery counties and the State of Ohio as reported in the National Low Income Housing Coalition's Out of Reach Database.

- iii. Primary data from community focus group participants in 2016 also identified poverty, lack of jobs paying a living wage, transportation and crime as community conditions affecting their health condition.

4. Health Professions Education and Research

- i. Data from the Health Resources Services Administration (HRSA) Data Warehouse indicate that ESRI is designated as a Health Professionals Shortage Area (HPSA) and that Summit County has 12 census tracts included in HPSA designation. According to data from the Bureau of Clinician Recruitment, HRSA, and the Kaiser Family Foundation in 2016 noted that Ohio has achieved only 68.2% of needed primary care physicians statewide. The Ohio Legislature's Health Care Efficiency Study Committee on September 3, 2016 concluded that there is a need to increase graduate medical education training in the state. According to the Ohio State Medical Association, which testified at the hearing, 25% of all physicians in Ohio are over the age of 60 and nearing retirement.
- i. Community focus group participants in 2016 reported a lack of primary medical care and a lack of primary care physicians in the neighborhoods in which they reside. They also reported a lack of "continuity of care" in their medical experiences. The community has a need for research into causes and treatments of the health conditions it faces.

5. Health Care for the Elderly

- i. Summit County's influenza and pneumonia death rate per 100,000 residents was well above the rates for Montgomery and Hamilton counties and the State of Ohio in 2011 according to the Ohio Department of Health's Network of Care.
- ii. In 2012, the percentage of the Medicare population with Alzheimer's disease was higher in Summit County than in Montgomery and Hamilton counties and the State of Ohio 2011 according to the Ohio Department of Health's Network of Care.
- iii. The percentage of the Medicare population with osteoporosis was also higher in Summit County in 2012 than in Hamilton and Montgomery counties and the State of Ohio 2011 according to the Ohio Department of Health's Network of Care.
- iv. Summit County also had a higher proportion of the Medicare aged population with arthritis in 2012 than Hamilton and Montgomery counties and the State of Ohio 2011, also according to the Ohio Department of Health's Network of Care.

- v. There was a higher percentage of acute hospital readmissions among Medicare beneficiaries in 2012 than in Ohio, the nation and the comparable Ohio counties of Hamilton and Montgomery according to the Chronic Condition Data Warehouse (CCW).

6. Wellness

- i. Summit County had a lower number of grocery stores per 100,000 population in 2013 than Montgomery County, the state and the nation according to the Business Register's County Business Patterns.
- ii. There were a larger number of fast food restaurants per 100,000 population in 2013 in Summit County than in Hamilton County, the state and the nation as reported in the Business Register's County Business Patterns.
- iii. Community leaders in interviews in 2016 identified food insecurity, access to healthy food and obesity as major related problems in Summit County.
- iv. Focus group participants in Summit County in 2016 identified lack of exercise and overweight as major health problems.

Potential Measures and Resources

External Community Resources

The greater Akron/Summit County community has a strong history of collaboration to address issues that affect residents. ESRI believes that by partnering with other community organizations, it can improve more lives than it could by working alone. ESRI recognizes the strengths that the following organizations have as resources for improving our community's health:

- Access, Inc.
- Akron-Canton Regional Food Bank
- Akron Children's Hospital
- Akron General Health System
- Akron Metropolitan Housing Authority
- Akron Urban League
- American Academy of Pediatrics, Ohio Chapter
- American Cancer Society
- American Diabetes Association
- American Heart Association
- American Lung Association
- AxessPointe Community Health Center
- Child Guidance & Family Solutions
- Coleman Professional Services
- County of Summit Alcohol, Drug Addiction, and Mental Health Services Board Faithful Servants Care Center
- Greenleaf Family Services
- Haven of Rest Ministries
- International Institute
- March of Dimes
- Minority Health Roundtable
- Open M
- Summit County Public Health
- Portage Path Behavioral Health
- Summit County Children Services
- Summit County Department of Job and Family Services
- Salvation Army
- United Way of Summit County

Info Line also maintains a searchable database of community resources at www.211summit.org

ESRI Internal Resources

ESRI provides a variety of resources to help address the rehabilitative aspects of Summit County's health needs as identified in the Community Health Needs Assessment. Patients trust ESRI because of our experience and clinical excellence in these areas. Outlined below are some of the specialized internal resources available to our community.

Cardiovascular Disease: Stroke

ESRI addresses health needs related to stroke. ESRI has attained specialty accreditation in Stroke Specialty Programs (Adult) from the Commission for the Accreditation of Rehabilitation Facilities (CARF). This accreditation recognizes ESRI specialists in stroke care through our strong continuum of care in inpatient and outpatient programming.

To address stroke in our community, we offer:

- CARF-accredited inpatient rehabilitation programs-hospital: stroke specialty programs (adult)
- Support groups: Stepping Stones stroke support group

- Driver's rehabilitation program for disabled individuals
- Return to recreational programs for adaptive recreational options for disabled individuals
- Challenge Golf program: handicapped accessible driving range and golf course

Outlined below are some of the many other internal resources available to our community.

Chronic Diseases and Other Health Conditions

Diabetes

For individuals with diabetes, ESRI is able to provide basic education on how to better control diabetes with lifestyle changes and also how to prevent potential complications. Our diabetic educators offer one-on-one instruction and group classes during convenient hours for those living with this chronic disease. Among our community offerings are:

- Ongoing community screenings for diabetes
- Speaker's bureau community talks

Substance Abuse

ESRI has been providing substance abuse services to the community since 1974. ESRI is the area's most experienced accredited provider of rehabilitation services and is dedicated to patients who have endured life-altering injuries or illnesses. ESRI also provides rehabilitation services to those who may also have issues with abuse of alcohol, prescription drugs, and/or illicit drugs. The Dobkin Center for the Treatment of Addiction provides comprehensive addiction medicine and substance abuse treatment services to adults and adolescents. Among our community offerings are:

- Chemical dependency assessments for alcohol- and/or drug-addicted adults and adolescents
- Intensive outpatient and group counseling programs for adults and adolescents who are alcohol, drug and/or opiate addicted
- Abstinence-based treatment protocols for adults and adolescents
- Medication-assisted treatment for opiate-addicted adults, adolescents, and pregnant women
- Counseling programs for alcohol- and/or drug-addicted adults with brain injury
- Alcoholics Anonymous support groups

Lifestyle Factors, Maternal Health

ESRI understands that lifestyle choices can positively or negatively impact a person's health. These can include the choice to use tobacco. ESRI is able to provide the following offerings to the community to reduce tobacco use:

- Smoking cessation classes for the community
- Great American Smokeout information and support

- Substance abuse educational programming for clients, including pregnant women and families, that outlines the health benefits of a smoke-free environment

By working together with these community resources to address identified health needs, much can be accomplished for our community's benefit.

Why Are Only Adult Health Needs Discussed in this CHNA?

While it recognizes children as part of the community it serves, due to the focused nature of its services and the special needs of the child patient, Edwin Shaw Rehabilitation Institute does not directly address significant health categories for children.

The community served by ESRI is also the community served by Akron Children's Hospital, whose resources are focused on the child patient.

To Request Copies and for More Information

In addition to being publicly available on our website, a limited number of reports have been printed. If you would like a copy of this report or if you have any questions about it, please contact **CHNA@ccf.org**

Appendix 1: Primary Data

Focus Group Recruitment

Fifty-four Summit County community residents were recruited to participate in the focus groups in several ways. First, Local Health Departments were asked if there were any community events or meetings that could be used for holding a focus group. Then, KSU looked to “piggy-back” off of other community meetings and events that were already scheduled, such as advisory group meetings, health and wellness center meetings, and food giveaways at churches. Finally, community leaders were frequently asked for recommendations for holding focus group during their interview. The sites where the community resident groups were held were selected based on proximity to population areas, ease of access (including free parking and bus lines), and recommendations from local community leaders. Community residents who participated in the focus groups were given a \$50 Visa or MasterCard as a “thank you” and to compensate them for their time and expense. A total of 255 people participated in the Community Resident Focus Groups throughout the nine-county service area for the three hospitals. For ESRI’s Summit County service area, 54 people participated in five focus groups. The demographic characteristics of participants in the ESRI focus groups, and the top health problems they identified, follow Table 1 which shows the most recent demographic characteristics of Summit County and the state of Ohio.

Table 1 shows the overall demographic characteristics of Summit County compared with the State of Ohio

Table 1. Demographic Characteristics of Communities Served and the State of Ohio

	Summit County	State of Ohio
Population estimates, July 1, 2015	541,968	11,613,423
Population, percent change - April 1, 2010 (estimates base) to July 1, 2015	<1	0.7
Age and Sex		
Persons under 18 years, July 1, 2015	21.5%	22.6%
Persons 65 years and over, July 1, 2015	16.6%	15.9%
Female persons, July 1, 2015	51.5%	51.0%
Race and Hispanic Origin		
White alone, July 1, 2015 (a)	79.5%	82.7%
Non-White	20.5%	17.3%
Hispanic or Latino, July 1, 2015 (b)	2.0%	3.6%
Housing		
Owner-occupied housing unit rate, 2010-2014	67.0%	66.9%
Median value of owner-occupied housing units, 2010-2014	\$133,700	\$129,600
Median gross rent, 2010-2014	\$742	\$729
Families and Living Arrangements		
Persons per household, 2010-2014	2.41	2.46

Education		
High school graduate or higher, percent of persons age 25 years+, 2010-2014	90.7	88.8
Bachelor's degree or higher, percent of persons age 25 years+, 2010-2014	29.9	25.6
Income and Poverty		
Median household income (in 2014 dollars), 2010-2014	\$50,082	\$48,849
Per capita income in past 12 months (in 2014 dollars), 2010-2014	\$28,389	\$26,520
Persons in poverty	13.4%	15.8%

Notes: ¹ 2015 estimate, ² Since 2010, ³ As of 2011, ⁴ persons age 25+, 2007-2011, ⁵ 2007-2011

Source: US Census Bureau (http://quickfacts.census.gov/qfd/maps/ohio_map.html)

Characteristics of Participants

As shown in Table 2, around 65 percent of respondents were female. The average age of participants was 48.8 years and the average number of years that participants had lived in their home county was 26.1 years. 68.5% percent were Caucasian, 20.4% were African American and 2.4% were Hispanic.

Table 2. Demographic Characteristics of Community Resident Focus Group Participants (n=54)

Characteristic	Number	Percent
County of Residence: Summit	54	100.0%
Number of Years Lived in County (average and SD)	26.1	20.1
Female	35	64.8%
Male	19	35.2%
Age (average and SD)	48.8	13.0
Racial Background		
African American (or Black)	11	20.4%
Asian American	1	1.9%
Caucasian (or White)	37	68.5%
Native Hawaiian or Other Pacific Islander	0	0.0%
American Indian or Alaska Native	3	5.6%
Other/Missing	2	6.7%
Ethnic Background		
Hispanic or Latino/a	1	2.4%
Not Hispanic or Latino/a	37	88.1%
Missing	4	9.5%

Table 3. Household Characteristics of Community Resident Focus Group Participants (n=54)

Characteristic	Number	Percent
Number of People in Home		
One	10	18.5%
Two	18	33.3%
Three	12	22.2%
Four	8	14.8%
Five or More	5	9.4%
Missing	1	1.9%
Number of Children in the Home		
None	34	63.0%
One	6	11.1%
Two	9	16.7%
Three or More	5	9.4%
Missing	0	0.0%

As noted in Table 4, participants had a range of income and health insurance status. 22.2% of participants reported a monthly household income between \$0 and \$999, 16.7% between \$1,000 and \$1,999, 13% between \$2,000 and \$2,999, 5.6% between \$3,000 and \$3,999, 5.6% between \$4,000 and \$4,999, and 24.1% reported monthly household income exceeding \$5,000 per month. In addition, 7.4% reported they had no health insurance, 35.2% had private health insurance, 5.6% had health insurance as a veteran or member of the military, 20.4% had Medicare, and nearly 30% had Medicaid.

As shown in Table 5, on the next page, participants had diverse health care utilization experiences. 27.8 % percent stated that someone in their home did not receive health care due to the cost, and 51.9% had someone in their home with a chronic

As noted in Table 3, participants had diverse household characteristics. 18.5% of participants lived alone, about one-third lived with one other person, 22.2% lived with two other people, and 14.8% lived with three other people. Sixty-three percent had no children in the home, 11.1% had one child, 16.7% had two children, and 9.4% had three or more children in the home.

Table 4. Income and Insurance Status of Community Resident Focus Group Participants (n=54)

	Number	Percent
Total Household Monthly Income		
0-\$999	12	22.2%
\$1,000 - \$1,999	9	16.7%
\$2,000 - \$2,999	7	13.0%
\$3,000 - \$3,999	3	5.6%
\$4,000 - \$4,999	2	3.7%
\$5,000 and Higher	13	24.1%
Missing	8	14.8%
Primary Type of Health Insurance		
Uninsured	4	7.4%
Private Health Insurance	19	35.2%
Veterans/Military	3	5.6%
Medicare	11	20.4%
Medicaid	16	29.6%
Other	1	1.9%
Missing	0	0.0%

Table 5. Health Care Status and Health Care Utilization by Community Resident Focus Group Participants (n=54)

	Number	Percent
Has Someone in Home Who Did Not Receive Health Care Due to Cost	15	27.8%
Has Someone in Home With a Chronic Disease	26	51.9%
Number of Times Per Year Participant Visits a Doctor		
None	0	0.0%
One	15	27.8%
Two	12	22.2%
Three	10	18.5%
Four	5	9.3%
Five to Nine	4	7.4%
Ten or More	6	11.1%
Missing	2	3.7%
Participant's Description of Current Health		
Excellent	9	16.7%
Very Good	20	37.0%
Good	13	24.1%
Fair	10	18.5%
Poor	2	3.7%
Missing	0	0.0%

Respondents were also asked to report the top three ways to solve the health problems in their community (Table 7, next page). Responses fell broadly into four categories: making services more affordable, accessible, or of higher quality; making individual lifestyle changes; policies or legal solutions; and provision of programs or services.

disease or condition. 27.8% percent of respondents go the doctor once per year, 22.2% go twice per year, 18.5% go three times per year, 9.3% go four times per year, 7.4% go five to nine times per year, and 11.1% go ten or more times per year. 16.7% of respondents rated their own health as excellent; 77.8% rated their own health as excellent, very good, or good; and 22.2 rated their health as fair or poor.

Respondents were asked to report the top three health problems facing their community. Results were diverse, as shown in Table 6. Health problems related to being overweight or obese (15%) were the most commonly cited, followed by substance abuse (10%) and cardiovascular disease (9.5%).

Table 6. Top Community Health Problems (n=54)

	Number	Percent
Chronic Diseases		
Asthma	0	0.0%
Cancer	9	7.1%
Cardiovascular	12	9.5%
Diabetes	9	7.1%
Other Disease	5	4.0%
Other Respiratory	3	2.4%
Overweight and Obesity	19	15.1%
Environmental Factors	1	0.8%
Healthcare Access/Cost and Quality	10	7.9%
Lifestyle Factors	10	7.9%
Mental Health	11	8.7%
Substance Abuse	13	10.3%
Other/Don't Know	8	6.3%
Missing	16	12.7%

Table 7. Top Solutions to Community Health Problems (n=54)

	Number	Percent
Affordability/Accessibility/Quality	14	11.1%
Individual Action/Lifestyle	31	24.6%
Policies/Legal	5	4.0%
Programs and Services	33	26.2%
Other/Don't Know	4	3.2%
Missing	39	31.0%

Responses coded as “affordability, accessibility, and quality” were primarily general in nature (access to healthcare, lower costs, better healthcare), and included few specific suggestions (transportation, insurance should cover gym memberships). “Individual lifestyle changes” were solutions that could be taken on by individual community members, such as exercise, eating a healthy diet, keeping on top of doctors’ appointments, and getting rest. Policies and legal solutions were those that require macro-level intervention, including higher incomes, smaller government, and getting insurance and government out of the way. Responses coded as “provision of programs or services” ranged from general suggestions, such as prevention and education, to more specific proposed solutions, such as counseling, early screening, fitness centers, and bringing physical activity back to schools.

Respondents identified provision of programs or services (26%) and individual lifestyle changes (25%) as the most desirable solutions for health problems facing the community, followed by making services more affordable, accessible, or of higher quality (11%), and policies or legal solutions (4%).

Appendix 2: Secondary Data

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Introduction

To conduct the 2016 Community Health Needs Assessment, the Kent State University College of Public Health followed several recommendations offered by the Catholic Health Association of the United States in its 2015 second edition of Assessing and Addressing Community Health Needs. This Data Appendix includes epidemiological data for indicators identified as significant health needs for the hospital service area.

Epidemiologic data from a variety of sources were collected on 298 adult and child health indicators where available. To identify the epidemiological significant health needs for Edwin Shaw Rehabilitation Institute, adult data from Summit County was compared to two peer counties in Ohio that were demographically similar, the state and US averages, and the Healthy People 2020 target, if one was available. To aid the identification process, the indicators were plotted on matrices.

Identification of a significant health issue is demonstrated with this example. Indicators listed on the left-hand side of the matrix compared unfavorably to the two comparison counties, the state, and the US. Indicators on the right-hand side of the matrix compared favorably to those benchmarks. In addition, on each side of the matrix, it was noted if the indicators were higher/lower than 2, 3, or 4 of the benchmarks.

Summit County Children (Example)			
	Unfavorable Comparisons	Favorable Comparisons	
4 Benchmarks	<ul style="list-style-type: none"> Indicator 1 Indicator 2 Indicator 3 	<ul style="list-style-type: none"> Indicator 10 Indicator 11 Indicator 12 	4 Benchmarks
3 Benchmarks	<ul style="list-style-type: none"> Indicator 4 Indicator 5 Indicator 6 	<ul style="list-style-type: none"> Indicator 13 Indicator 14 Indicator 15 	3 Benchmarks
2 Benchmarks	<ul style="list-style-type: none"> Indicator 7 Indicator 8 Indicator 9 		

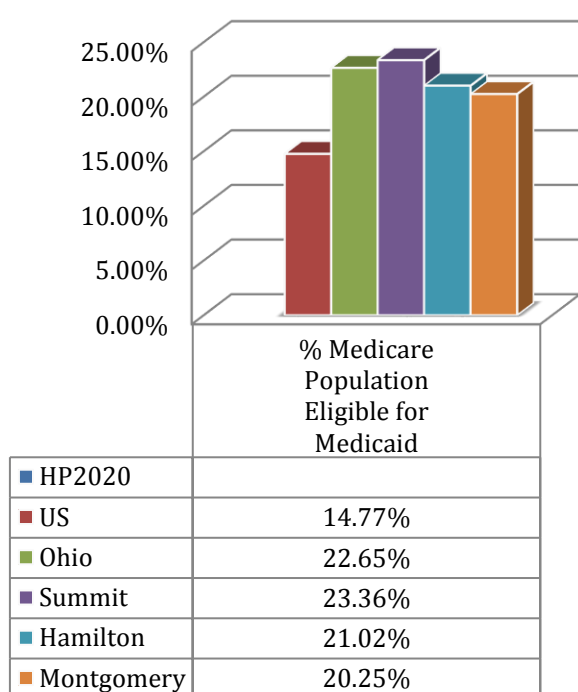
For example, indicators in the upper left box of the matrix (shaded in red) were “worse” in Summit County compared to the two comparison counties, the State, and the US. Indicators in the bottom right (shaded in blue) were “better” in Summit County compared to these benchmarks. The use of these matrices helped the Steering Committee quickly compare the vast amount of data to key benchmarks and identify the significant health needs from the epidemiologic data. At a meeting of the three hospital systems

on May 1, 2016 the Steering Committee agreed that any epidemiological indicator that was “worse” on 3 or more benchmarks would be considered a “significant health need”. These indicators are described and detailed data presented on each for the hospital’s service area in the pages that follow.

Access to Health Care

Access to health care is a broad term used to describe the availability, acceptability, affordability, and accessibility of health care systems and providers. Lack of access to health care makes it difficult for people to get the health care they need, which can lead to premature disability and death.

(H) The Percentage of Medicare Population Eligible for Medicaid



Indicators pertaining to access to health care that met inclusion criteria include: the percentage of Medicare population eligible for Medicaid, the percentage of unemployed adults, emergency department utilization, hospital outpatient visits, and preventable hospitalizations.

Percentage of Medicare Population Eligible for Medicaid

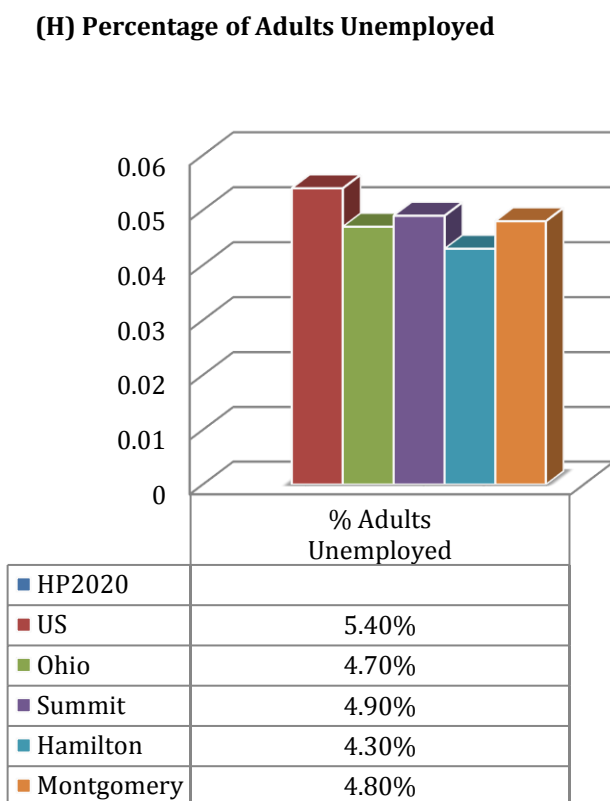
Medicaid eligibility is determined by membership in a qualifying group. For example, low income families, qualified pregnant women and children, and individuals receiving Supplemental Security Income (SSI) are groups that are eligible. Additional groups may be eligible depending on state guidelines.

What is the data source for this indicator? “Percentage of Medicare Population Eligible for Medicaid” is the percentage of Medicare fee-for-service beneficiaries who meet eligibility requirements for Medicaid. The most recent data (2012) are from The Chronic Condition Data Warehouse (CCW) and are reported on The Ohio Department of Health’s Network of Care website.

How does our community rank? With 23.36% of Medicare beneficiaries also eligible for Medicaid, Summit County exceeds national, state, and both comparison counties’ eligibility rates.

Percentage of Adults Unemployed

Unemployment results in the loss of employment-based health insurance and can result in financial hardship, making it difficult to obtain market-based health insurance.



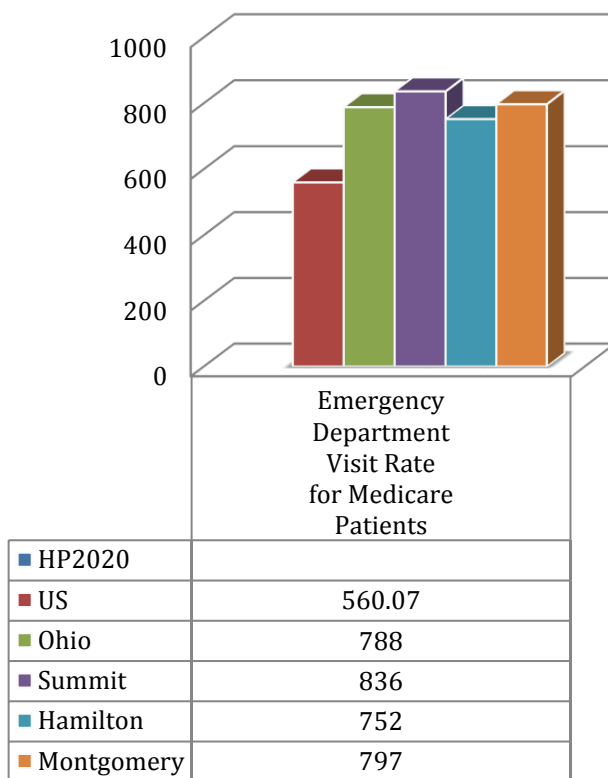
What is the data source for this indicator? “Percentage of Adults Unemployed” is the percentage of the civilian non-institutionalized population, ages 16 and older (non-seasonally adjusted), who are unemployed. The most recent data (2014) are from the U.S. Bureau of Labor Statistics (BLS) Local Area Unemployment Statistics (LAUS) database and are reported via the Community Commons Community Health Needs Assessment Toolkit.

How does our community rank? With an unemployment rate of 4.9%, Summit County's unemployment rate exceeds the state and both comparison counties' rates. The national unemployment rate (5.4%) is higher.

Emergency Department Utilization

Relying on emergency departments for basic healthcare needs may result in poor care

(H) The Number of Emergency Department Visits per 1000 Medicare Beneficiaries



coordination and adverse health outcomes (Flores-Mateo, 2012). In addition to the high costs associated with inappropriate emergency department use, resources may be diverted from true crises. Emergency department utilization is an indicator of access to care; excessive use may indicate a lack of appropriate lower level care in the community.

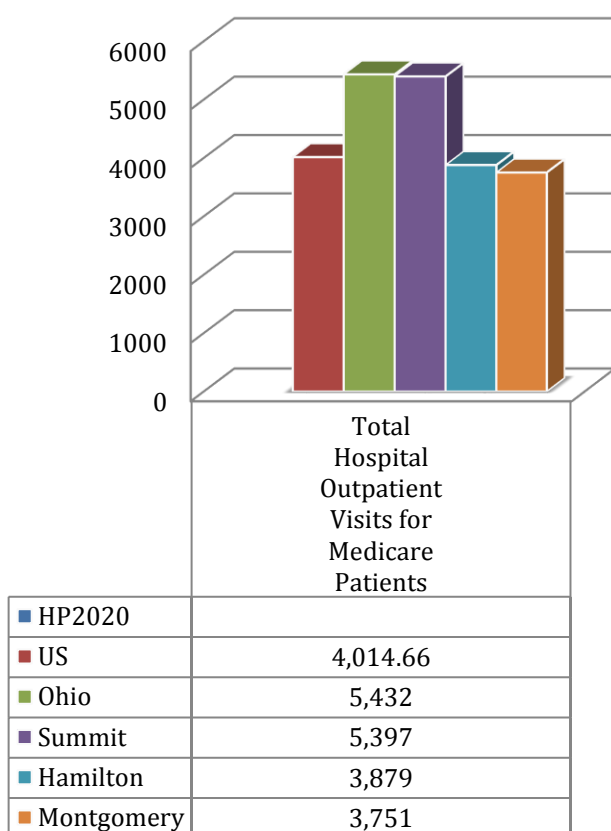
What is the data source for this indicator? “The Number of Emergency Department Visits per 1,000 Medicare Beneficiaries” is the annual number of inpatient or

hospital outpatient emergency visits among Medicare fee-for-service beneficiaries. The most recent data (2012) are from The Chronic Condition Data Warehouse (CCW) and are reported on The Ohio Department of Health's Network of Care website.

How does our community rank? With 836 emergency department visits per 1,000 Medicaid beneficiaries in 2012, the Summit County emergency department utilization rate exceeds national, state, and both comparison counties' rates.

Hospital Outpatient Visits

(H) The Total Number of Hospital Outpatient Visits for Medicare Patients (per 1,000)



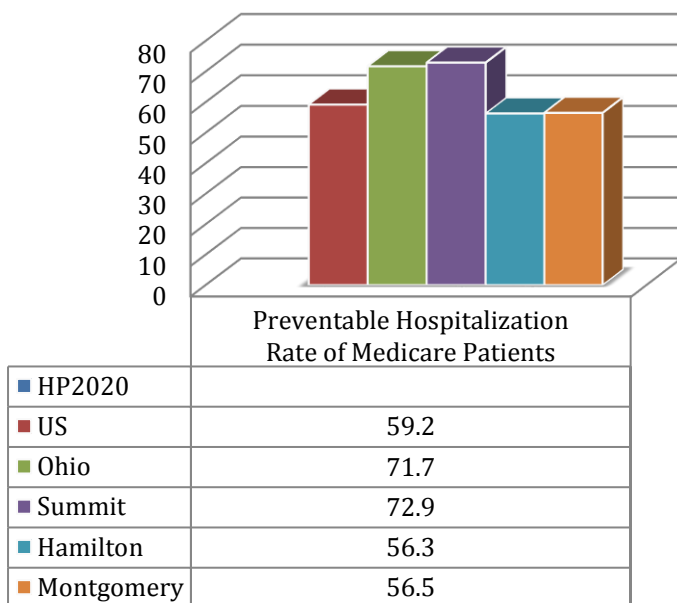
What is the data source for this indicator? “The Total Number of Hospital Outpatient Visits for Medicare Patients” is the total number of hospital outpatient visits made by Medicare fee-for-service beneficiaries per 1,000 beneficiaries. The most recent data (2012) are from The Chronic Condition Data Warehouse (CCW) and are reported on The Ohio Department of Health’s Network of Care website.

How does our community rank? With 5,397 hospital outpatient visits per 1,000 Medicare beneficiaries in 2012, the Summit County hospital outpatient utilization rate exceeds

the national rate, in addition to both comparison counties’ rates. The state rate (5,432) is higher.

Preventable Hospitalization

(H) Preventable Hospitalization Rate of Medicare Patients (per 1,000)



Preventable hospitalizations include those for acute illnesses or chronic conditions that might have been manageable in an outpatient setting. These hospitalizations are an indicator of health care systems' overall efficiency and vary depending on population health behaviors, as well as the quality and accessibility of care available in the community.

What is the data source for this indicator? "The Preventable

Hospitalization Rate for Medicare Patients" is the discharge rate per 1,000 Medicare fee-for-service enrollees for ambulatory care sensitive conditions, over the number of hospitalizations for ambulatory care sensitive conditions by Medicare fee-for-service enrollees. The most recent data (2010) are from The Dartmouth Atlas Project (DAP) and are reported on The Ohio Department of Health's Network of Care website.

How does our community rank? With a rate of 72.9 preventable hospitalizations per 1,000 Medicare enrollees in 2010, the Summit County preventable hospitalization rate exceeds the national and state rates, in addition to both comparison counties' rates.

Chronic Disease

Chronic diseases are a type of disease that a person can live with for a prolonged period of time, and sometimes indefinitely. Those with a chronic disease usually need to see their doctors on a regular basis in order to monitor the disease progression and receive treatment.

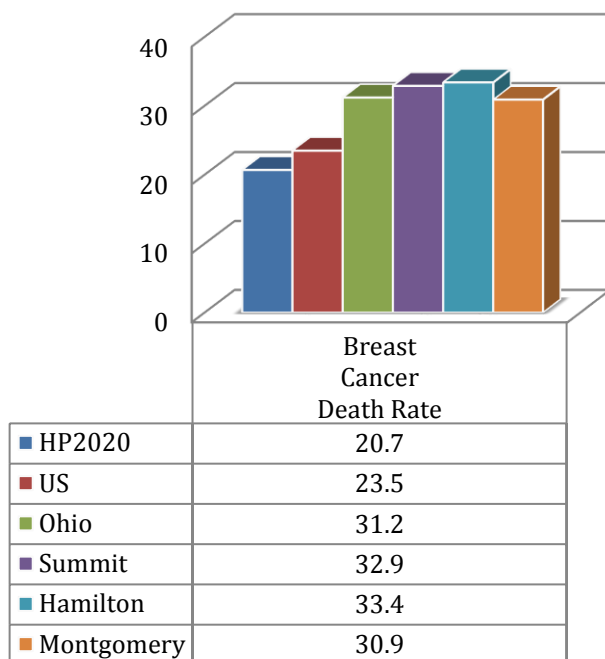
Chronic diseases identified as significant health needs in Summit County include: Cancer (breast, colorectal, respiratory, and prostate), diabetes, kidney disease, high cholesterol, asthma, blood pressure, stroke, Alzheimer's disease, osteoporosis, and arthritis.

Cancer

Cancer is a term that encompasses over 100 different diseases that share one common characteristic: The unregulated development and proliferation of abnormal cells. If cancer is left untreated, these abnormal cells may spread, or metastasize, to other parts of the body, interrupting organ function and placing the individual at risk of significant illness and death.

Breast Cancer

**(H) Female Breast Cancer Death Rate
(per 100,000)**

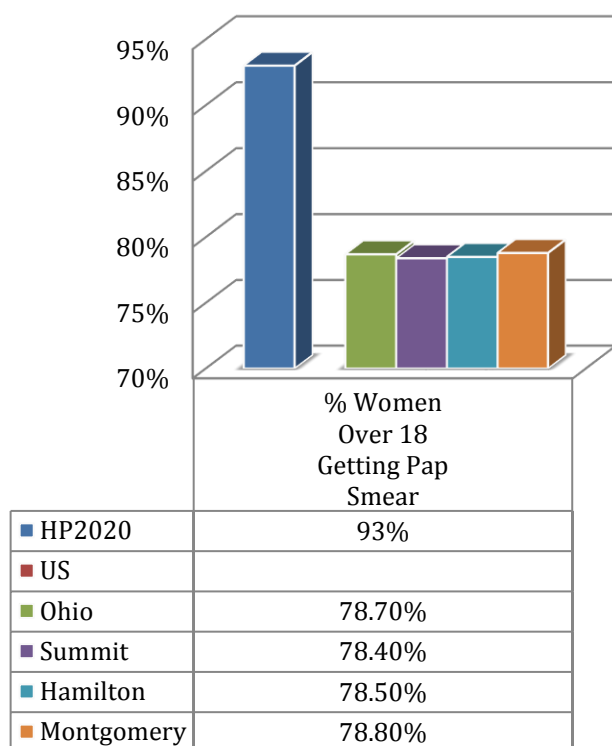


What is the data source for this indicator? The “Female Breast Cancer Death Rate per 100,000” is the number of female deaths due to breast cancer per 100,000 females in the population. The most recent data (2004-2010) are from The National Vital Statistics System Mortality component (NVSS-M), which is reported to the National Center for Health Statistics (NCHS) and are available on The Ohio Department of Health’s Network of Care website.

How does our community rank? With 32.9 deaths per 100,000, the Summit County female death rate for breast cancer exceeds Healthy People 2020 goals, as well national, state, and one comparison county’s rates. The Hamilton County rate (33.4) is higher.

Cervical Cancer Screening

(H) The Percentage of Women Over 18 Getting a Pap Smear



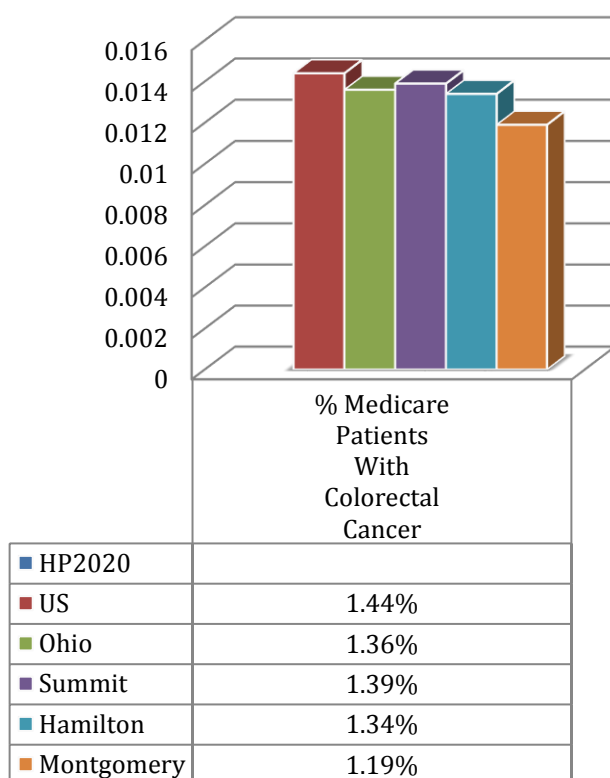
What is the data source for this indicator? The “Percentage of Women over 18 getting a Pap Smear” is the percentage of women over the age of 18 who self-report receiving a Pap test in the last 3 years. The most recent data (2006-2012) are from the Behavioral Risk Factor Surveillance System (BRFSS), a collaborative project between the Centers for Disease Control and Prevention (CDC) and U.S. states and territories; these data are reported on The Ohio Department of Health’s Network of Care website.

How does our community rank? With 78.4% of women in Summit County obtaining a Pap Smear screening between 2006 and 2012, the Summit County Pap Smear rate is lower than Healthy People 2020 goals, as well as the state and both comparison counties’ rates. The national rate is not available.

Colorectal Cancer

1) Colorectal Cancer Diagnoses among Medicare Beneficiaries

(H) Percentage of Medicare Beneficiaries with Colorectal Cancer



What is the data source for this indicator? The “Percentage of Medicare Beneficiaries with Colorectal Cancer” is the number of Medicare fee-for-service beneficiaries who currently have colorectal cancer. The most recent data (2012) are from The Chronic Condition Data Warehouse (CCW), which are reported on The Ohio Department of Health’s Network of Care website.

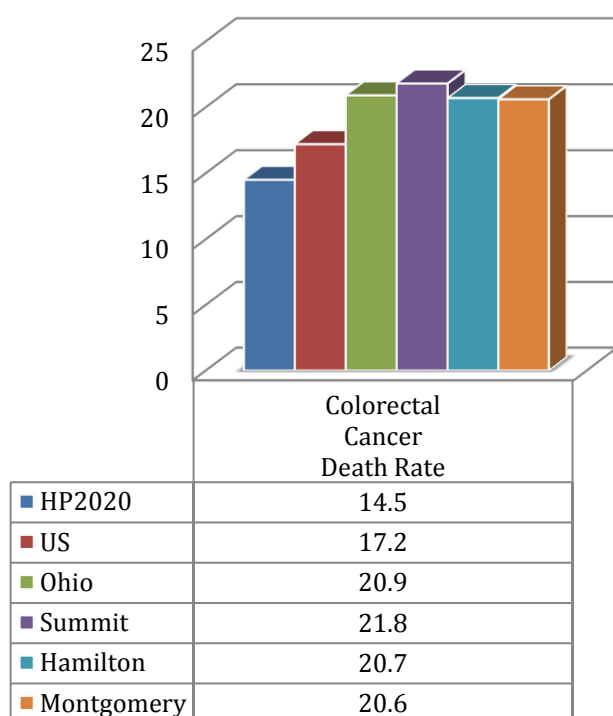
How does our community rank? With 1.39% of Medicare beneficiaries diagnosed with colorectal cancer, the Summit County rate for colorectal

cancer exceeds the state and comparison counties’ rates. The national rate (1.44%) is higher.

2) Colorectal Cancer Death Rate

What is the data source for this indicator? The “Colorectal Cancer Death Rate” is the number of colorectal cancer deaths per 100,000 individuals in the population. The most recent data (2004-2010) are from The National Vital Statistics System Mortality component (NVSS-M) reported to the National Center for Health Statistics (NCHS) and are reported on The Ohio Department of Health’s Network of Care website.

**(H) Colorectal Cancer Death Rate
(per 100,000)**

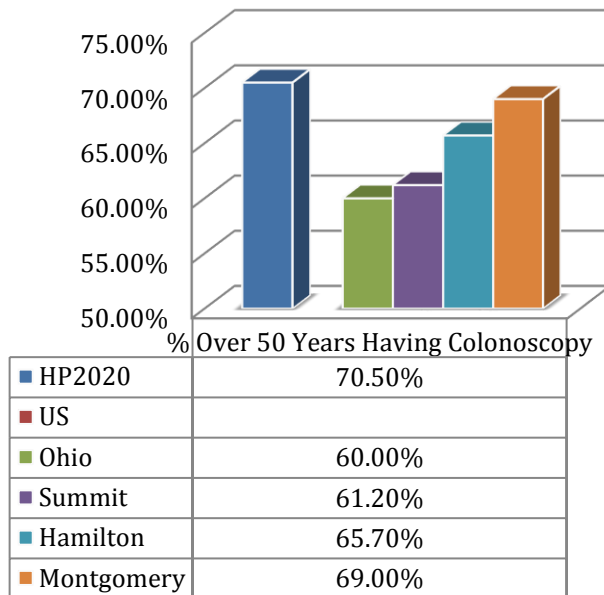


How does our community rank?

With 21.8 deaths per 100,000, the Summit County colorectal cancer death rate exceeds Healthy People 2020 goals, in addition to the national, state, and both comparison counties' rates.

3) Colonoscopy

(H) Percentage of Those Over 50 Having a Colonoscopy



What is the data source for this indicator?

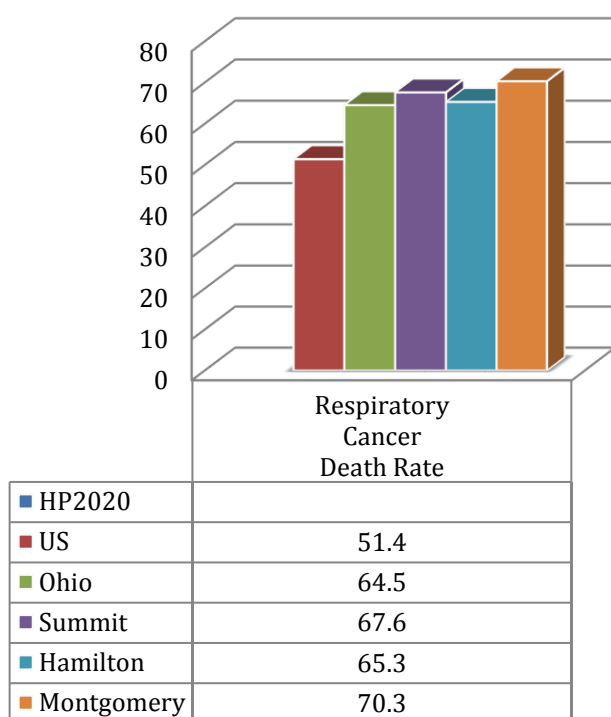
The “Percentage of Individuals Over 50 Having a Colonoscopy” is the percentage of adults over age 50 who self-report having ever had a colonoscopy or sigmoidoscopy. The most recent data (2006-2012) are from the Behavioral Risk Factor Surveillance System (BRFSS), a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories,

which are reported on The Ohio Department of Health’s Network of Care website.

How does our community rank? With 61.2% of Summit County adults over age 50 reporting that they have ever had a colonoscopy or sigmoidoscopy, the Summit County colonoscopy rate is lower than Healthy People 2020 goals and both comparison counties’ rates. The state rate (60.0%) is lower. The national rate is not available.

Respiratory Cancer

(H) Respiratory Cancer Death Rate
(per 100,000)



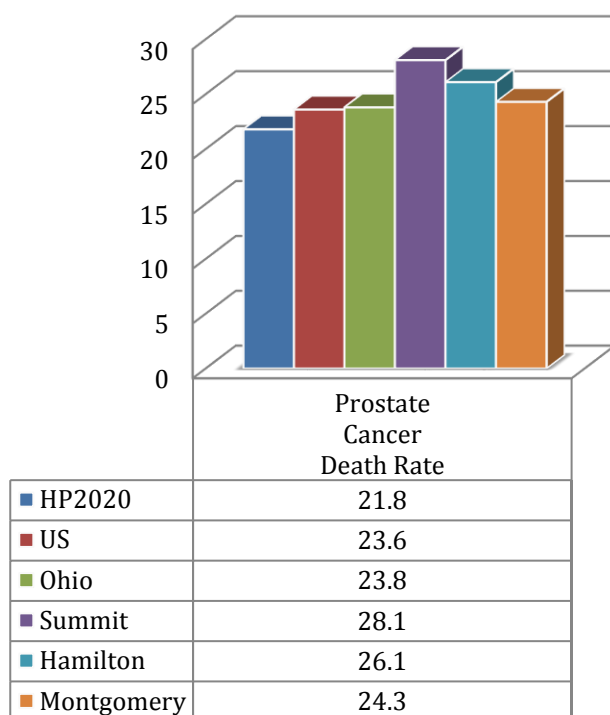
What is the data source for this indicator? The “Respiratory Cancer Death Rate” is the number of respiratory cancer deaths per 100,000 individuals in the population. The most recent data (2004-2010) are from The National Vital Statistics System Mortality component (NVSS-M), which is reported to the National Center for Health Statistics (NCHS) and are available on The Ohio Department of Health’s Network of Care website.

How does our community rank? With 67.6 deaths per 100,000, the Summit County respiratory cancer death rate

exceeds the national, state, and one comparison county’s rates. The Montgomery County rate (70.3) is higher.

Prostate Cancer

**(H) Prostate Cancer Death Rate
(per 100,000 males)**



What is the data source for this indicator? The “Prostate Cancer Death Rate” is the number of prostate cancer deaths per 100,000 individuals in the population. The most recent data (2006-2010) are from The National Vital Statistics System Mortality component (NVSS-M), which is reported to the National Center for Health Statistics (NCHS) and are available on The Ohio Department of Health’s Network of Care website.

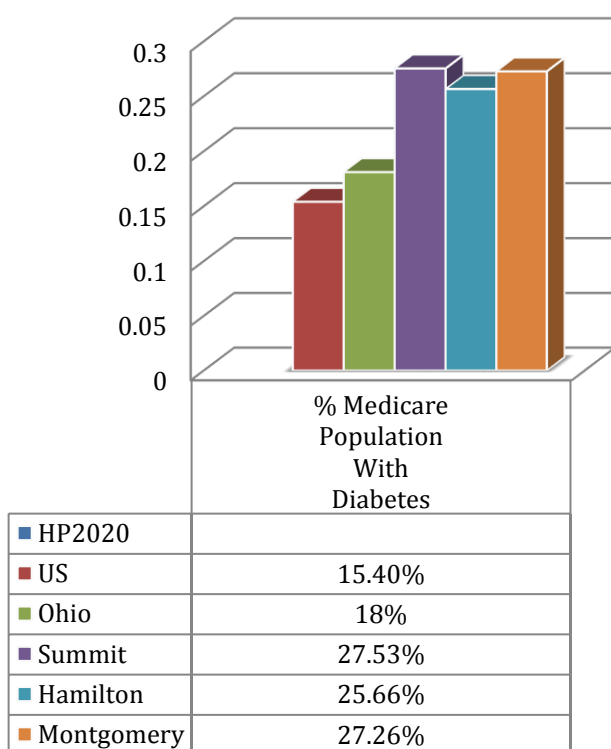
How does our community rank? With 28.1 deaths per 100,000 males, the Summit County prostate cancer death

rate exceeds Healthy People 2020 goals, as well as the national, state, and both comparison counties’ rates.

Diabetes

Diabetes is an illness in which blood sugar (glucose) levels are higher than normal. Most of the food that an individual eats is converted into glucose, which must in turn be absorbed by cells. The pancreas produces a hormone called insulin, which helps cells absorb glucose. In diabetes, the body either cannot produce enough insulin, or cannot use the insulin it produces, which leads to a buildup of sugar in the blood. The two primary forms of diabetes are Type 1, or juvenile-onset diabetes, and Type 2, or adult-onset diabetes (CDC, 2011).

(H) Percentage of the Medicare Population with Diabetes



What is the data source for this indicator? The “Percentage of the Medicare Population with Diabetes” is the percentage of the Medicare fee-for-service population with diabetes. The most recent data (2012) are from the Centers for Medicare and Medicaid Services (CMS) Chronic Conditions Warehouse (CCW), which are reported via the Community Commons Community Health Needs Assessment Toolkit.

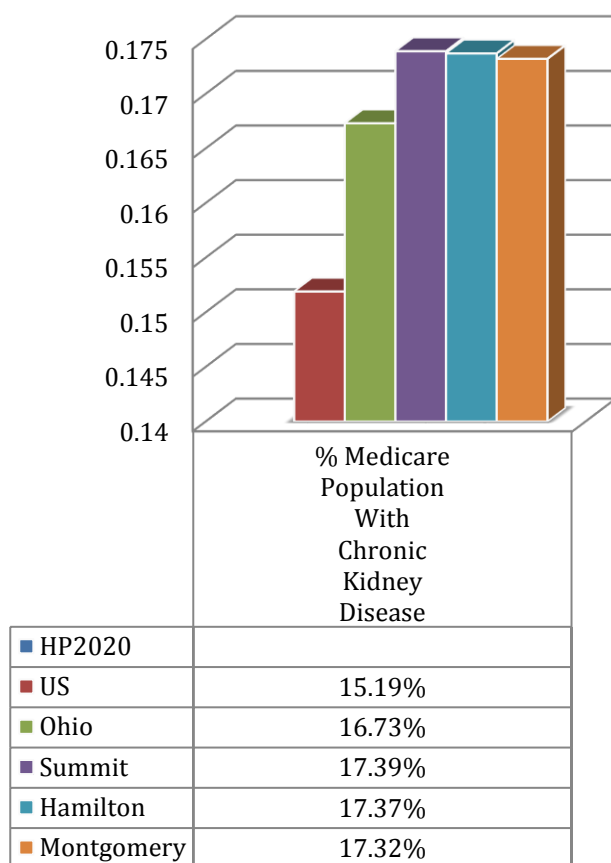
How does our community rank?

With 27.53% of the Medicare population diagnosed with diabetes, the Summit County diabetes rate exceeds national, state, and both comparison counties’ rates.

Kidney Disease

Chronic kidney disease (CKD) refers to reduced kidney function for more than 3 months. In CKD, the kidneys cannot properly filter waste from the blood, which can result in kidney failure and premature death if not detected and treated.

(H) Percentage of the Medicare Population with Chronic Kidney Disease



What is the data source for this indicator? “Percentage of the

Medicare Population with Diabetes” is the percentage of the Medicare fee-for-service population with diabetes. The most recent data (2012) are from The Chronic Condition Data Warehouse (CCW) and are reported on The Ohio Department of Health’s Network of Care website.

How does our community rank?

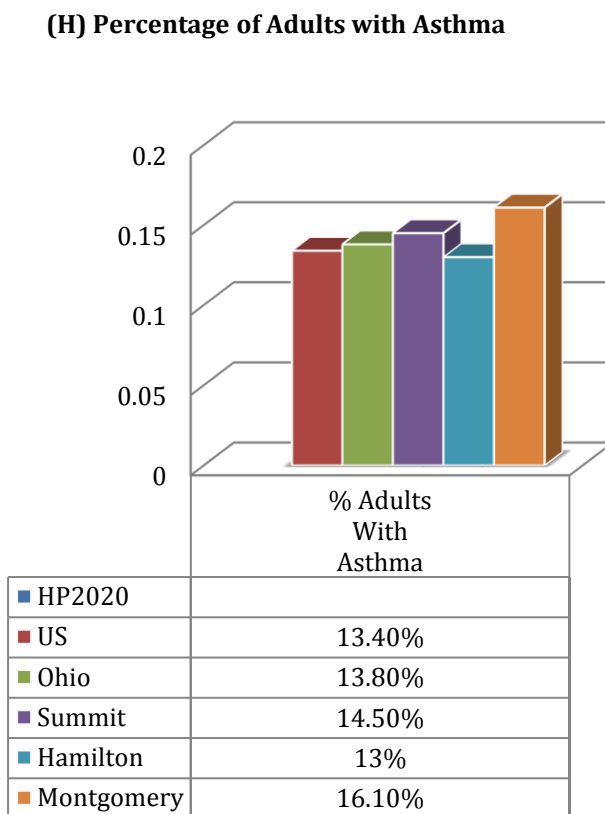
With 17.39% of Medicare beneficiaries diagnosed with chronic kidney disease, the Summit County chronic kidney disease rate exceeds national, state, and both comparison counties’ rates.

Asthma

Asthma is a disease that affects the lungs. When irritants such as smoke and air pollutants are inhaled by a person with asthma, the lining of the respiratory system may become inflamed, leading to wheezing, chest tightness, coughing, and difficulty breathing. Individuals with asthma must employ specific medications to avoid this inflammation (also known as an asthma attack), and must avoid triggers, which make asthma worse (CDC, 2012).

The percentage of adults with asthma, the percentage of Medicare beneficiaries with asthma, the percentage of the Medicare population with COPD, and lung disease death rate were examined.

1) Adults with Asthma



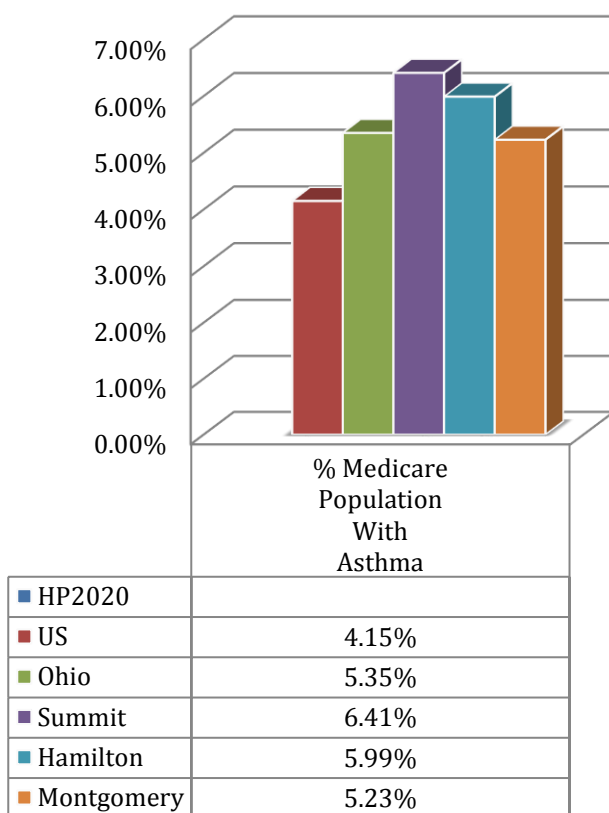
What is the data source for this indicator? “Percentage of Adults with Asthma” is the percentage of adults, 18 years of age and older, who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma. The most recent data (2012) are from the Centers for Medicare and Medicaid Services (CMS) Chronic Conditions Warehouse (CCW) and are reported via the Community Commons Community Health Needs Assessment Toolkit.

How does our community rank? With 14.50% of Summit County adults self-reporting that they have been told by a doctor, nurse, or other health professional that they have asthma, the

Summit County asthma rate exceeds national, state, and one comparison county's rates. The Montgomery County rate (16.10%) is higher.

2) Medicare Beneficiaries with Asthma

(H) Percentage of the Medicare Population with Asthma

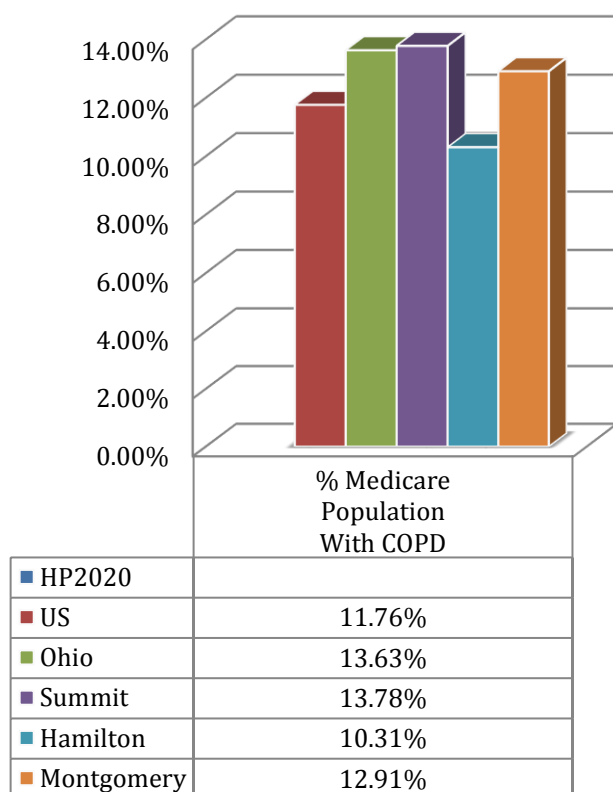


What is the data source for this indicator? “Percentage of Medicare Beneficiaries with Asthma” is the percentage of Medicare fee-for-service beneficiaries who have asthma. The most recent data (2012) are from The Chronic Condition Data Warehouse (CCW) and are reported on The Ohio Department of Health’s Network of Care website.

How does our community rank? With 6.41% of Summit County Medicare beneficiaries being diagnosed with asthma, the Summit County asthma rate exceeds national, state, and both comparison counties’ rates.

3) Medicare Beneficiaries with COPD

(H) Percentage of the Medicare Population with COPD

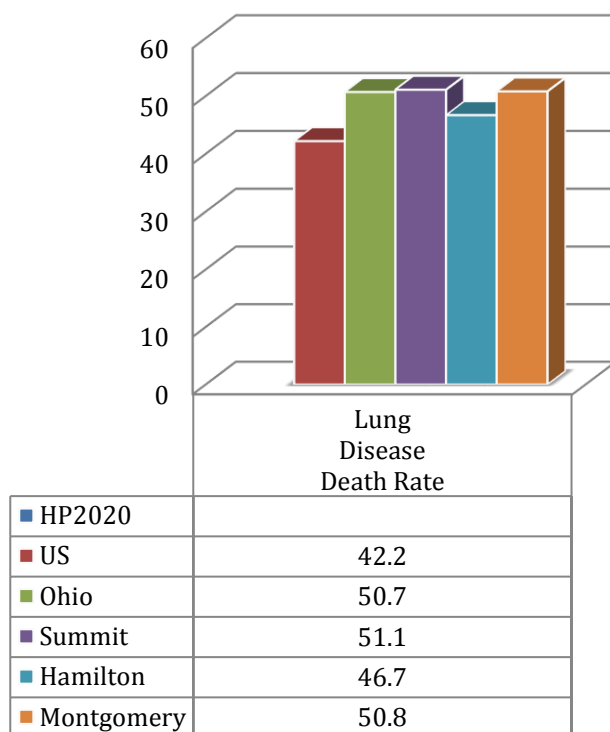


What is the data source for this indicator? “Percentage of Medicare Beneficiaries with COPD” is the percentage of Medicare fee-for-service beneficiaries who have Chronic Obstructive Pulmonary Disease (COPD). The most recent data (2012) are from The Chronic Condition Data Warehouse (CCW) and are reported on The Ohio Department of Health’s Network of Care website.

How does our community rank? With 13.78% of Summit County Medicare beneficiaries being diagnosed with COPD, the Summit County COPD rate exceeds the national, state, and both comparison counties’ rates.

4) Lung Disease Death Rate per 100,000

**(H) Lung Disease Death Rate
(per 100,000)**



What is the data source for this indicator? The “Lung Disease Death Rate” is the number of deaths due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. The most recent data (2013) are from the National Vital Statistics System (NVSS) reported to the National Center for Health Statistics (NCHS) and are reported via the Community Commons Community Health Needs Assessment Toolkit.

How does our community rank?

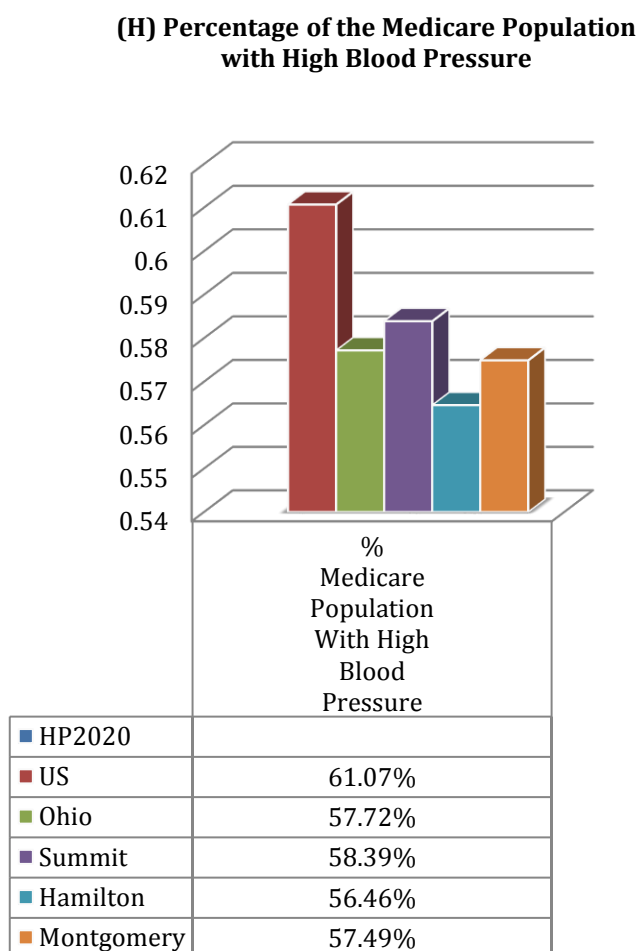
With 51.1 deaths per 100,000, the Summit County lung disease death rates exceeds national, state, and both comparison counties’ rates.

Cardiovascular Disease

Cardiovascular disease is a term that encompasses a range of diseases that involve the heart, capillaries, and veins. Heart attack and stroke are the most common cardiovascular diseases, and are two of the most pervasive and expensive health problems in America. Each year, treatment of heart attack and stroke costs hundreds of billions in health expenditures and diminished economic productivity.

Risk Factors for Cardiovascular Disease

1) High Blood Pressure



High blood pressure, also referred to as hypertension, means the pressure in your blood is higher than it should be. Having high blood pressure increases the risk of both heart attack and stroke.

What is the data source for this indicator? The “Percentage of the Medicare Population with High Blood Pressure” is the percentage of Medicare fee-for-service beneficiaries with hypertension. The most recent data (2012) are from The Chronic Condition Data Warehouse (CCW) and are reported on The Ohio Department of Health’s Network of Care website.

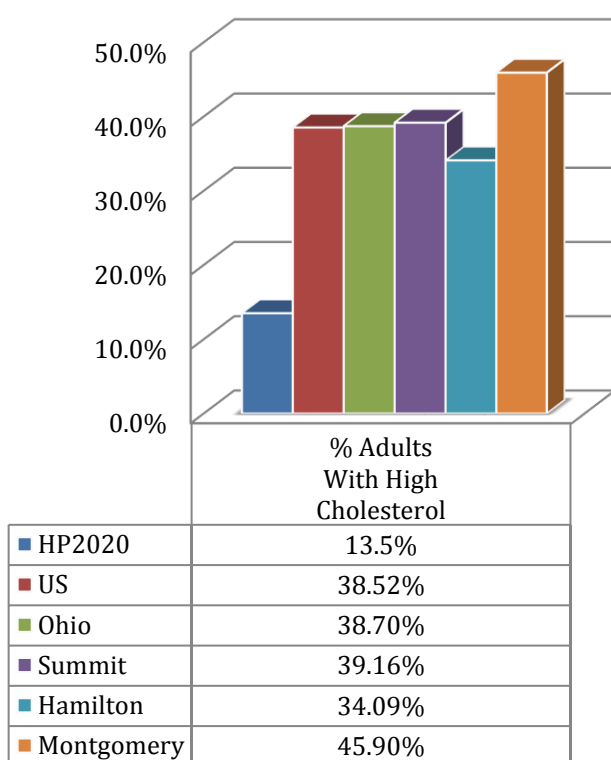
How does our community rank? With 58.39% of Summit County Medicare beneficiaries having high blood pressure, the Summit County

high blood pressure rate exceeds state, and both comparison counties' rates. The national rate (61.07%) is higher.

2) High Cholesterol

Cholesterol is a waxy substance that the body needs, however in excessive amounts cholesterol can build up in the arteries and cause problems. High blood levels of cholesterol put individuals at risk for heart attack and stroke. In fact, people with high levels of cholesterol are at twice the risk for heart attack as those with ideal levels (CDC, 2016).

(H) Percentage of Adults with High Cholesterol

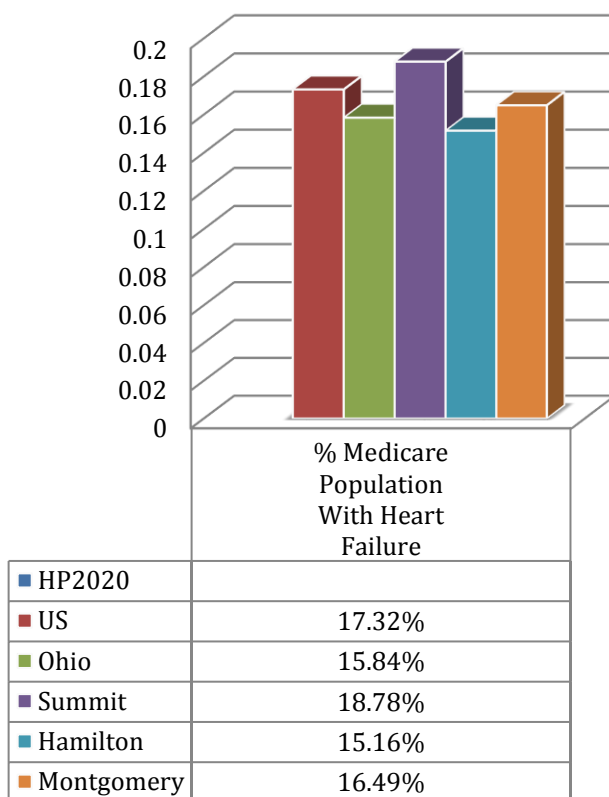


What is the data source for this indicator? The “Percentage of Adults with High Cholesterol” is the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had high blood cholesterol. The most recent data (2012) are from The Behavioral Risk Factor Surveillance System (BRFSS), a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. Data are reported via the Community Commons Community Health Needs Assessment Toolkit.

How does our community rank? With 39.16% of Summit County adults self-reporting that they have been told by a doctor, nurse, or other health professional that they have high blood cholesterol, the Summit County high cholesterol rate exceeds Healthy People 2020 goals, and national, state, and one comparison county's rates. The Montgomery County rate (45.90%) is higher.

3) Heart Failure

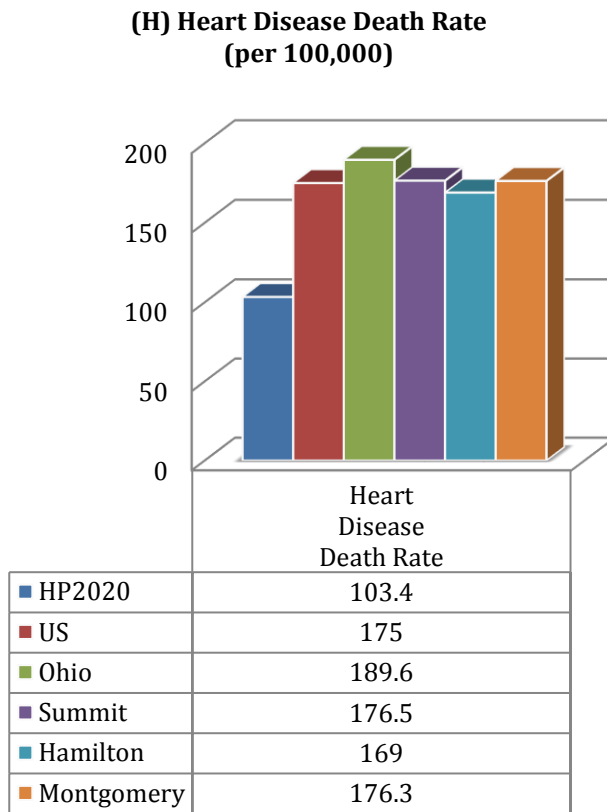
(H) Percentage of the Medicare Population with Heart Failure



What is the data source for this indicator? "Percentage of the Medicare Population with Heart Failure" is the percentage of Medicare fee-for-service beneficiaries with heart failure. The most recent data (2012) are from The Chronic Condition Data Warehouse (CCW) and are reported on The Ohio Department of Health's Network of Care website.

How does our community rank? With 18.78% of Summit County Medicare beneficiaries having heart failure, the Summit County heart failure rate exceeds the national, state, and both comparison counties' rates.

4) Heart Disease Death Rate



What is the data source for this indicator? “Heart Disease Death Rate” is the number of deaths due to heart disease per 100,000 population. The most recent data (2013) are from the National Vital Statistics System (NVSS) reported to the National Center for Health Statistics (NCHS) and are reported via the Community Commons Community Health Needs Assessment Toolkit.

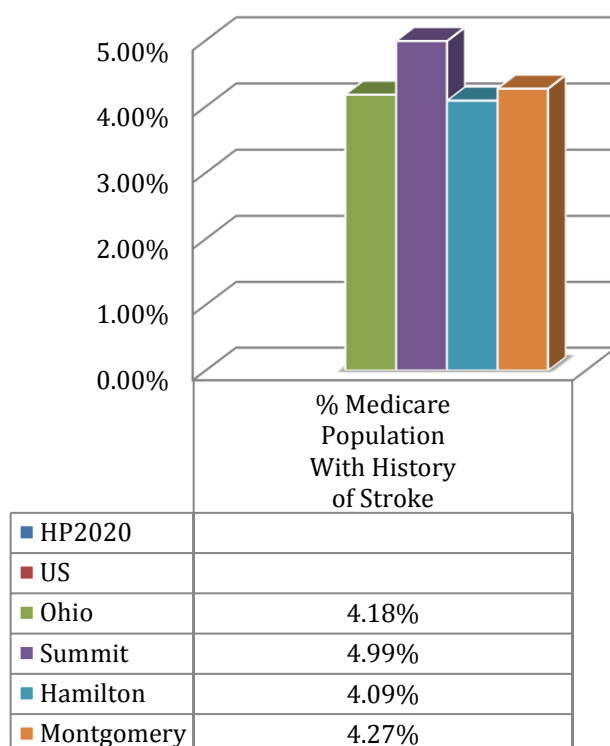
How does our community rank? With 189.6 per 100,000 Summit County residents dying from heart disease, the Summit County heart disease

death rate exceeds Healthy People 2020 goals, national, state, and both comparison counties’ rates.

5) Stroke

5a) History of Stroke

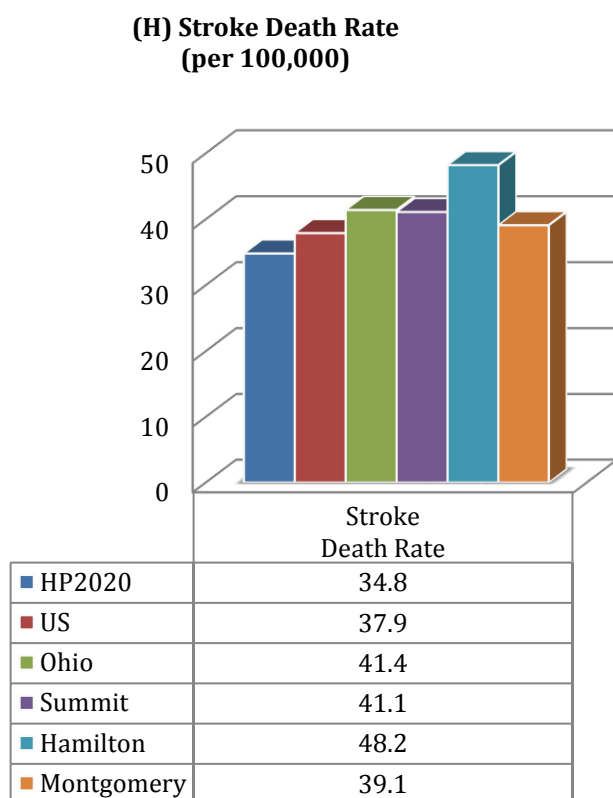
(H) Percentage of the Medicare Population with History of Stroke



What is the data source for this indicator? “History of Stroke” is the percentage of Medicare fee-for-service beneficiaries whom have experienced a stroke. The most recent data (2012) are from The Chronic Condition Data Warehouse (CCW) and are reported on The Ohio Department of Health’s Network of Care website.

How does our community rank? As 4.99% of Summit County Medicare beneficiaries have a history of stroke, the Summit County history of stroke rate exceeds the state rate, and both comparison counties’ rates. The national rate is unavailable.

5b) Stroke Death Rate per 100,000



What is the data source for this indicator? “Stroke Death Rate” is the number of deaths due to stroke per 100,000 population. The most recent data (2013) are from the National Vital Statistics System (NVSS), reported to the National Center for Health Statistics (NCHS), and are available via the Community Commons Community Health Needs Assessment Toolkit.

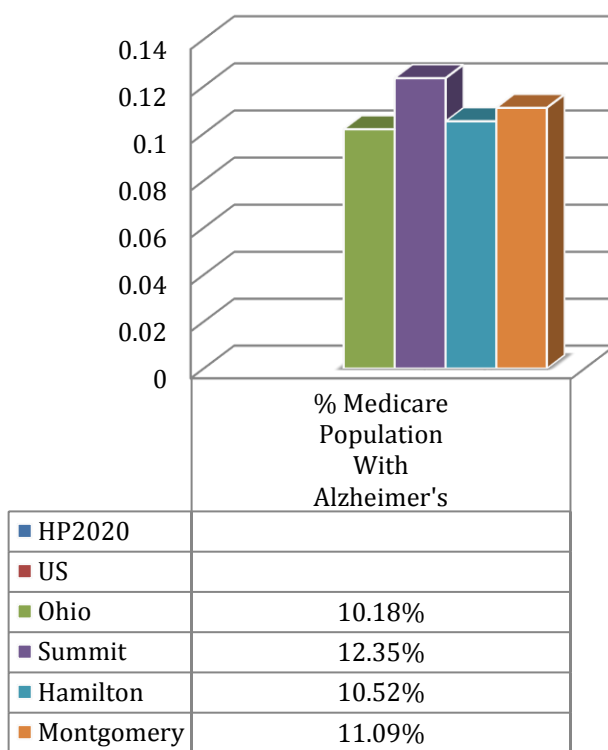
How does our community rank? With 41.1 per 100,000 Summit County residents dying from stroke, the Summit County stroke death rate exceeds Healthy People 2020 goals,

national, and one comparison county’s rates. The state (41.4) and Hamilton County (48.2) rates are higher.

Alzheimer's Disease

Up to 5 million Americans are living with Alzheimer's disease, a progressive form of memory loss that can seriously affect daily life. Individuals with Alzheimer's disease may eventually lose the ability to carry on a conversation or respond to the environment.

(H) Percentage of the Medicare Population with Alzheimer's Disease



What is the data source for this indicator? "Percentage of the Medicare Population with Alzheimer's Disease" is the percentage of Medicare fee-for-service beneficiaries who have Alzheimer's. The most recent data (2012) are from The Chronic Condition Data Warehouse (CCW) and are reported on The Ohio Department of Health's Network of Care website.

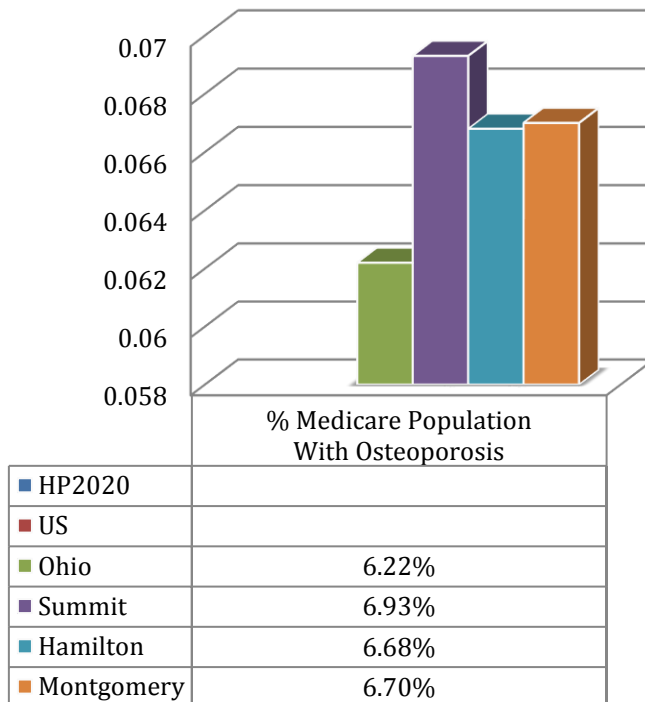
How does our community rank? With 12.35% of Summit County Medicare beneficiaries having

Alzheimer's disease, the Summit County rate exceeds state and both comparison counties' rates. The national rate is not available.

Osteoporosis

Osteoporosis is a disease involving weakened bones and decreased bone mass, which increases the risk of fractures. Breaking a bone can have serious consequences, especially for older adults, including chronic pain, loss of mobility, and depression. Breaking a hip is particularly dangerous for seniors: 20% of those who break a hip die within one year and many more end up in long-term care (National Osteoporosis Foundation, 2016).

(H) Percentage of the Medicare Population with Osteoporosis



What is the data source for this indicator?

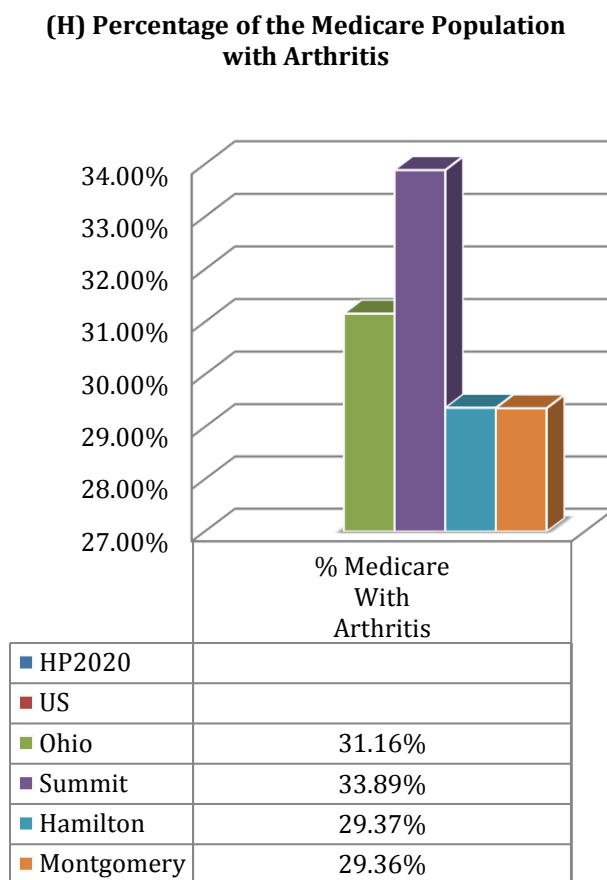
“Percentage of the Medicare Population with Osteoporosis” is the percentage of Medicare fee-for-service beneficiaries with osteoporosis. The most recent data (2012) are from The Chronic Condition Data Warehouse (CCW) and are reported on The Ohio Department of Health’s Network of Care website.

How does our community rank?

With 6.93% of Summit County Medicare beneficiaries having osteoporosis, the Summit County rate exceeds state and both comparison counties’ rates. The national rate is not available.

Arthritis

Arthritis refers to joint inflammation, but often also encompasses other diseases of the joint and surrounding tissues. Risk factors for arthritis include: increasing age, gender (female), genetics, being overweight, joint injuries, infections, and occupations that involve repetitive motions (CDC, 2016).



What is the data source for this indicator? “Percentage of the Medicare Population with Arthritis” is the percentage of Medicare fee-for-service beneficiaries with arthritis. The most recent data (2012) are from The Chronic Condition Data Warehouse (CCW) and are reported on The Ohio Department of Health’s Network of Care website.

How does our community rank?

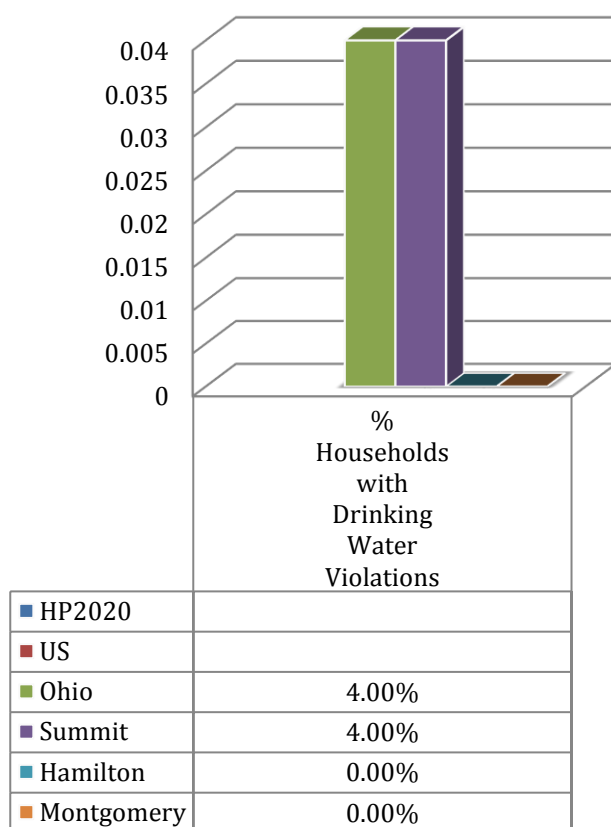
As 33.89% of Summit County Medicare beneficiaries have arthritis, Summit County’s arthritis rate exceeds the state and both comparison counties’ rates. The national rate is not available.

Environmental Factors

Environmental risk factors are a broad category of external conditions that can negatively affect health outcomes. These include air and water quality, presence of toxic substances, public health infrastructure, and community assets and deficits. They are especially important for children, since they can have a lasting impact on healthy physical and mental development.

Water Quality

(H) Percentage of Households with Drinking Water Violations



What is the data source for this indicator?

“Percentage of Households with Drinking Water Quality Violations” is the percentage of households in the population potentially exposed to water that exceeded a violation limit during the past year. The most recent data (2013-2014) are from The Safe Drinking Water Information System (SDWIS), as reported to EPA by the states, and are available via County Health Rankings.

How does our community rank?

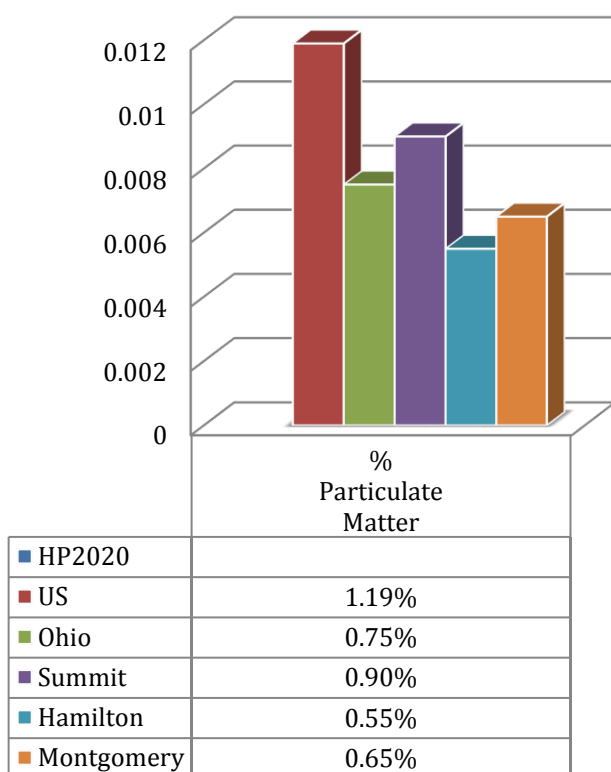
With 4.0% of Summit County households experiencing drinking

water violations, the Summit County rate is the same as the state rate and higher than both comparison counties’ rates.

Air Quality

Particulate matter, a measure of air quality, is the percentage of days with particulate matter that are 2.5 levels above the National Ambient Air Quality Standard of 35 micrograms per cubic meter, per year. The following percentage is calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations are located.

(H) Percentage of Particulate Matter



What is the data source for this indicator? The most recent county- and national-level data (2008) was collected from the National Environmental Public Health Tracking Network, at the Centers for Disease Control and Prevention, and is available on the Community Health Needs Assessment toolkit on the Community Commons web site.

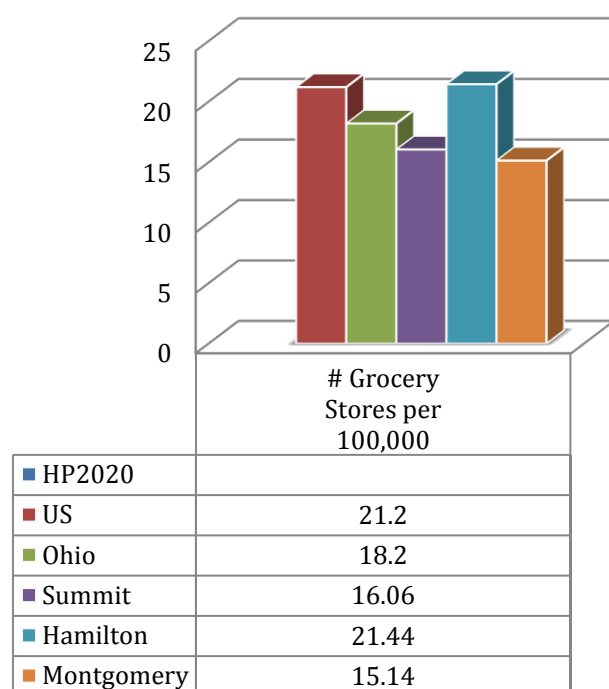
How does our community rank? With 0.90% days of particulate matter exceeding air quality standards, the Summit County rate is higher than the state and both comparison counties' rates. Summit County's rate is lower than the national rate (1.19%).

Community Assets and Deficits

Community assets are strengths within the community, including: knowledge and skills of residents, community associations, businesses, institutions, services, physical structures, and natural resources. Community deficits are needs and/or problems identified within the community. Several indicators were examined to assess community assets and deficits, including access to grocery stores, crime and violence rates, and housing costs.

Access to Grocery Stores

(H) Number of Grocery Stores (per 100,000)



Access to grocery stores and the number of fast food restaurants are measures of access to healthy food and the effect of the environment on diet.

What is the data source for this indicator?

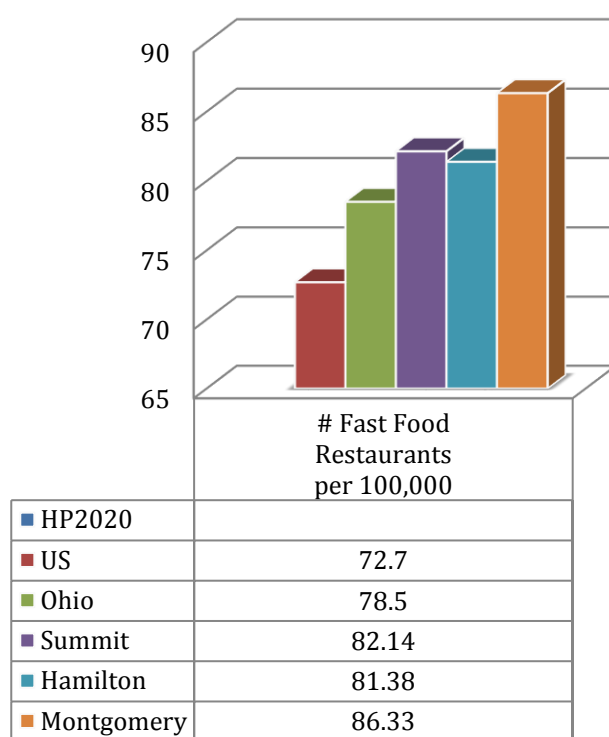
“Number of Grocery Stores per 100,000” is the number of grocery stores per 100,000 population. Grocery stores can be defined as supermarkets and/or smaller grocery stores primarily engaged in retailing a general line of food. Included in this count are delicatessen-type establishments. Convenience stores and large general merchandise stores that also

retail food, such as supercenters and warehouse club stores, are excluded. The most recent data (2013) are from County Business Patterns, which are extracted from the Business Register (BR), a database of all known single and multi-establishment employer companies maintained and updated by the U.S. Census Bureau. These data are available on the Community Health Needs Assessment toolkit on the Community Commons web site.

How does our community rank? With 16.06 grocery stores per 100,000 people, Summit County ranks lower than the national and state rate, in addition to one comparison county rate. Only Montgomery County has fewer stores (15.14 per 100,000).

Fast Food Restaurants

(H) Number of Fast Food Restaurants per 100,000 People



What is the data source for this indicator? “Number of Fast Food Restaurants per 100,000” is the number of fast food establishments per 100,000 population. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating. The most recent data (2008-2012) are from County Business Patterns, which are extracted from the Business Register (BR), a database of single and multi-establishment employer

companies maintained and updated by the U.S. Census Bureau, and are available on the Community Health Needs Assessment toolkit on the Community Commons web site.

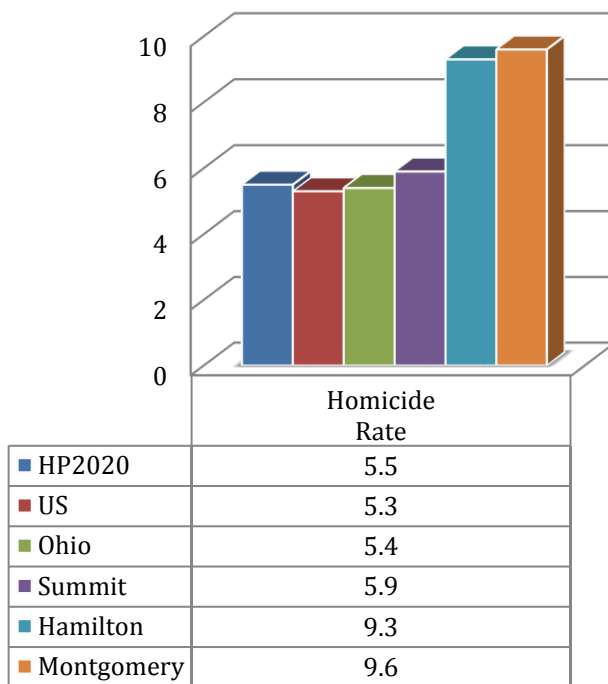
How does our community rank? With 82.14 fast food restaurants per 100,000 people, Summit County’s fast food restaurant rate exceeds the national and state rates, in addition to one

comparison county's rate. Only Montgomery County has more fast food restaurants (86.33 per 100,000).

Crime & Violence - Homicide

Homicide is the intentional and unlawful killing of one person by another person.

(H) Homicide Rate (per 100,000)



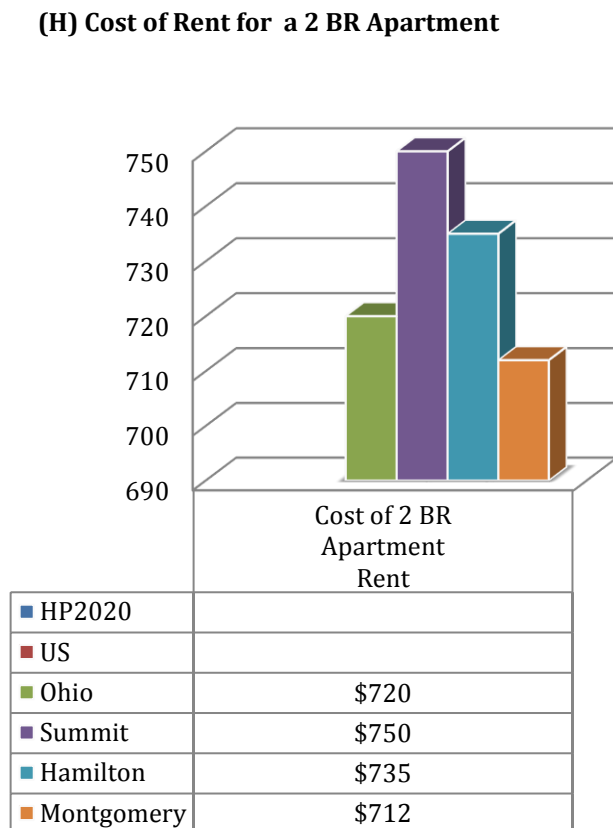
What is the data source for this indicator? “Homicide Rate” is the rate of deaths due to homicide per 100,000 population. The most recent data (2013) were reported via the Community Health Needs Assessment Toolkit.

How does our community rank? With 5.9 homicide deaths per 100,000 people, the Summit County rate exceeds Healthy People 2020 goals and the national and state rates. Summit County has fewer homicides per 100,000 than both comparison counties.

Housing Costs

Local area housing costs determine whether residents are able to afford decent homes in their community. When the average wage in a community is not sufficient to afford the average rent, individuals and families are faced with spending a high proportion of their wages on housing, leaving little for health care needs, healthy foods, and other important items. Four indicators were examined related to housing costs: The cost of rent for a two bedroom apartment, the hourly wage needed to afford a two bedroom apartment, the average hourly wage, and rent affordable at the average renter wage.

1) Rent for a Two Bedroom Apartment



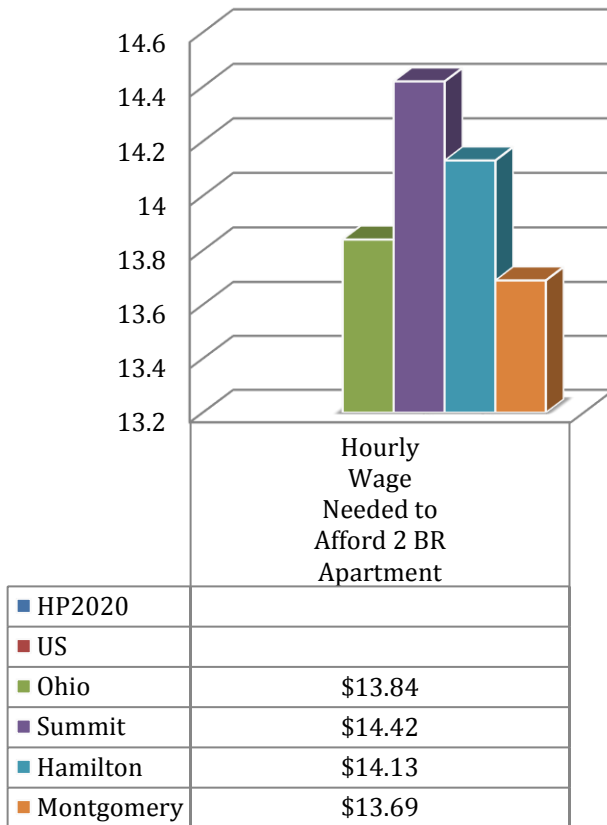
What is the data source for this indicator? “Rent for a Two Bedroom Apartment” is the average monthly rent for a two bedroom apartment in Summit County. Data are drawn from the National Low Income Housing Coalition’s Out of Reach database (2014).

How does our community rank? Rent for a two bedroom apartment in Summit County (\$750.00) is higher than the state rate and both comparison counties’ rates. National rates are not available.

1)

2) Hourly Wage Needed to Afford a Two Bedroom Apartment

(H) Hourly Wage Needed to Afford a 2 BR Apartment

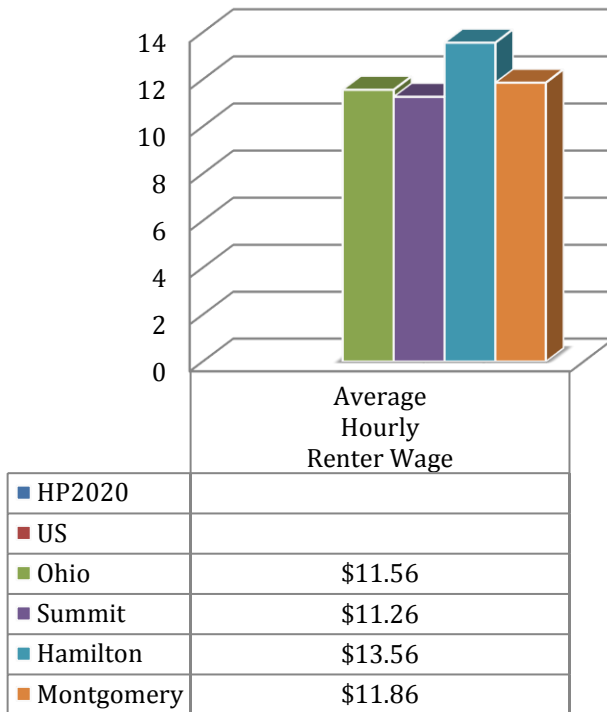


What is the data source for this indicator? “Hourly Wage Needed to Afford a Two Bedroom Apartment” is the amount a resident of Summit County would need to earn hourly in order to afford the average rent of a two bedroom apartment in Summit County. Data are drawn from the National Low Income Housing Coalition’s Out of Reach database (2014).

How does our community rank? The hourly wage needed to afford a 2 bedroom apartment in Summit County is \$14.42, which is higher than the state wage, as well as both comparison counties’ wage. The national wage is not available.

3) Hourly Wage

(H) Average Hourly Renter Wage

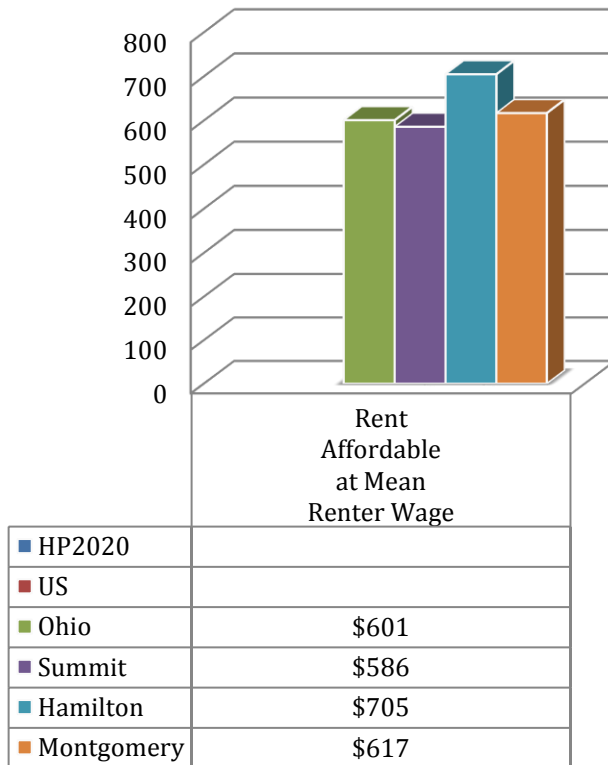


What is the data source for this indicator? “Average Hourly Renter Wage” is the average hourly wage earned by Summit County renters. Data are drawn from the National Low Income Housing Coalition’s Out of Reach database (2014).

How does our community rank? The average hourly wage for people renting in Summit County is \$11.26, which is lower than both the state comparison counties’ wages. National wages are not available.

4) Rent Affordable at Average Renter Wage

(H) Rent Affordable at Mean Renter Wage

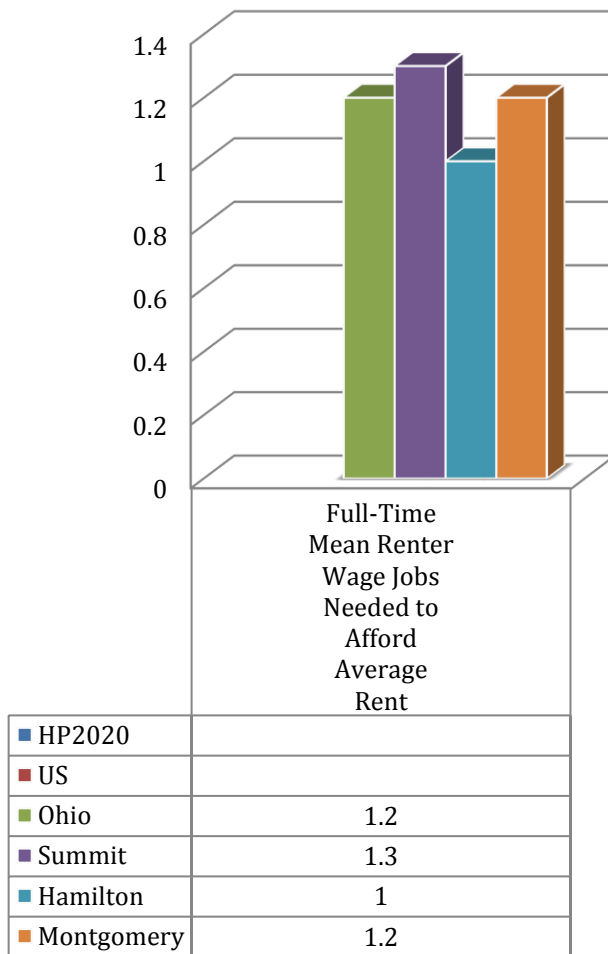


What is the data source for this indicator? “Rent Affordable at Average Renter Wage” is the rent that would be affordable for Summit County renters based on the average hourly wage for renters in Summit County. Data are drawn from the National Low Income Housing Coalition’s Out of Reach database (2014).

How does our community rank? The average Summit County renter would be able to afford \$585.00 in monthly rent, which is lower than the state and both comparison counties’ affordable rent rates. National rents are not available.

5) Number of Full-Time Renter Wage Jobs Needed to Afford Average Rent

(H) Full-Time Mean Renter Wage Jobs Needed to Afford Average Rent



What is the data source for this indicator? “Number of Full-Time Renter Wage Jobs Needed to Afford Average Rent” is the number of full-time jobs Summit County renters would need to have to afford the average rent for a two bedroom apartment in Summit County. Data are drawn from the National Low Income Housing Coalition’s Out of Reach database (2014).

How does our community rank? The average Summit County renter would need to work 1.3 full time jobs to afford the average rent for a two bedroom apartment in Summit County. This is more than an average worker would need to work at the state level and in both comparison counties. National data are not available.

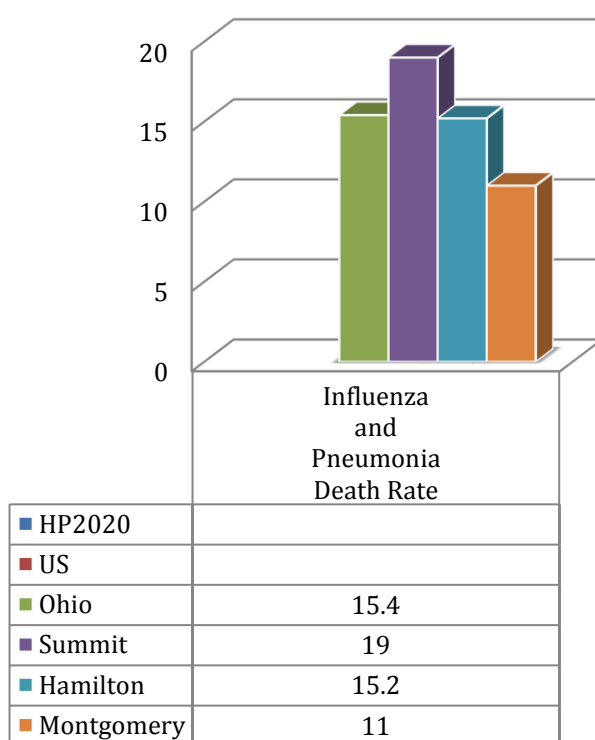
Infectious Disease

Infectious diseases are caused by microorganisms such as bacteria, viruses, parasites or fungi and can be spread from person to person (WHO, 2016). Common infectious diseases in the United States range include the common cold and infectious gastroenteritis, to diseases that can be more severe, such as HIV and other sexually transmitted infections (STIs), hepatitis, influenza, pneumonia, and viral meningitis.

Influenza and Pneumonia

Influenza seasons vary in severity depending upon a variety of factors. Each year in the United States, millions of people get sick, hundreds of thousands are hospitalized, and thousands (or tens of thousands) of people die from influenza.

**(H) Influenza and Pneumonia Death Rate
(Age-adjusted)**



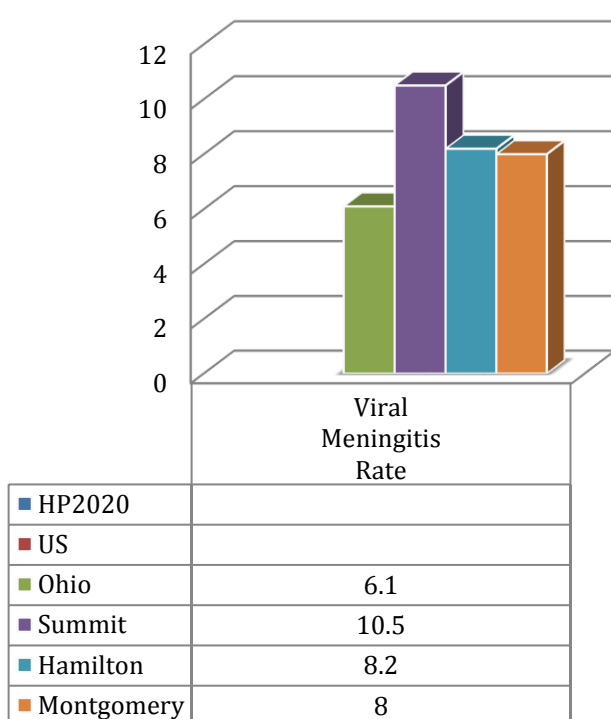
What is the data source for this indicator? “Influenza and Pneumonia Death Rate” is the number of deaths due to influenza and pneumonia per 100,000 residents. The most recent data (2009-2011) are drawn from the Ohio Department of Health’s Network of Care website.

How does our community rank? The Summit County influenza and pneumonia death rate per 100,000 is 19, which is higher than the state and both comparison counties’ rates. National rates are not available.

Viral Meningitis

Viral meningitis is the inflammation of the tissue that covers the brain and spinal cord. Viral meningitis is often less severe than bacterial meningitis and usually does not require specific treatment. However, some risk factors can cause viral meningitis to become severe and even fatal.

**(H) Viral Meningitis Infection Rate
(per 100,000)**



What is the data source for this indicator? “Viral Meningitis infection Rate” is the number of cases of viral meningitis per 100,000 population. The most recent data (2012) are drawn from the Ohio Department of Health’s Network of Care web site.

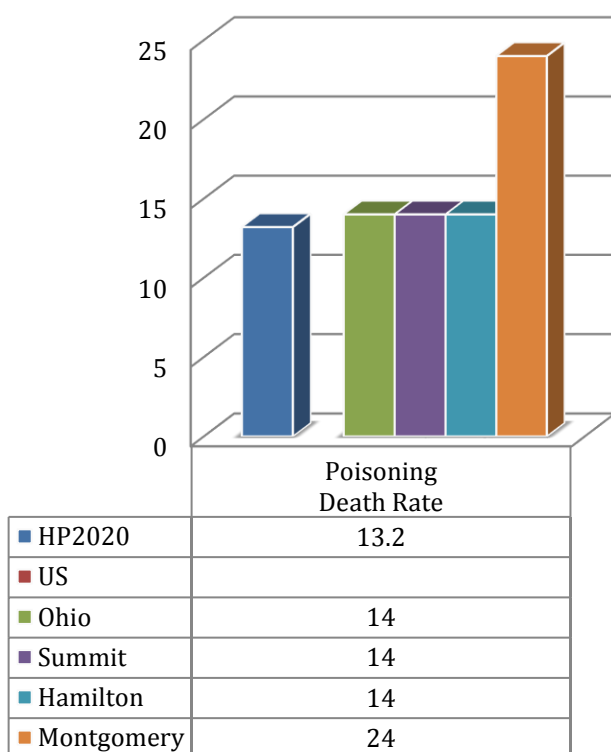
How does our community rank? The Summit County viral meningitis infection rates of 10.5 per 100,000 is higher than the state and both comparison counties’ rates. National data are not available.

Injury and Accidents

Poisoning

Unintentional poisoning is the leading cause of injury death in Summit County.

(H) Poisoning Death Rate (per 100,000)



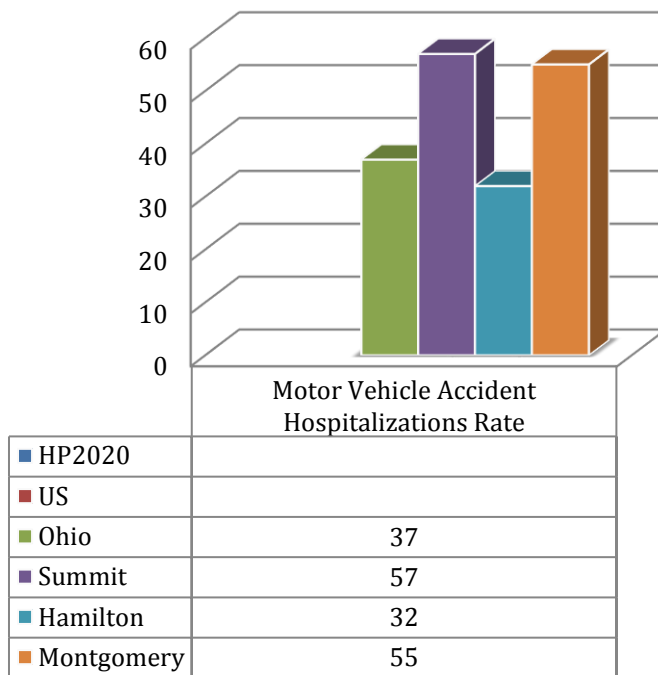
What is the data source for this indicator? The “Poisoning Death Rate per 100,000” is the number of deaths due to unintentional poisoning in Summit County for the time period. The most recent data (2008-2010) are drawn from the County Injury Profiles available at HealthyOhio.gov.

How does our community rank? The Summit County death rate due to all forms of poisoning (including drugs) of 14 per 100,000 is higher than Healthy People 2020 goals, the same as the state and one comparison county’s rates, and lower than Montgomery County’s rate (24). National data are not available.

Motor Vehicle Accidents

Motor vehicle accidents are the second most common reason (after falls) for injury hospitalizations in Summit County.

(H) Motor Vehicle Accident Hospitalization Rate (per 100,000)



What is the data source for this indicator? The “Motor Vehicle Accident Hospitalization Rate” is the number of hospitalizations per 100,000 Summit County residents for the time period examined. The most recent data (2008-2010) are drawn from the County Injury Profiles available at HealthyOhio.gov.

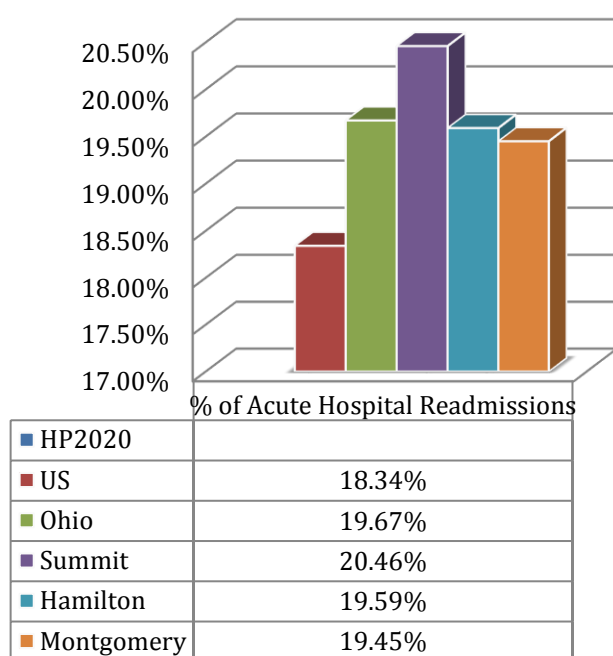
How does our community rank? The Summit County death rate due to motor vehicle accidents of 57 per 100,000 is higher than the state and both comparison counties’ rates. National data are not available.

Quality of Health Care

Hospital Readmission

Avoidable hospital readmissions are an indicator of health care quality. Excessive readmissions are an indicator of a fragmented health care system, with discharged patients not able to properly care for themselves at home or receive the appropriate follow-up care (Ness and Kramer, 2013).

(H) The Percentage of Acute Hospital Readmissions among Medicare Beneficiaries



What is the data source for this indicator? “The Percentage of Acute

Hospital Readmissions among Medicare Beneficiaries” is the Number of acute hospitalizations, followed by an acute hospital readmission within 30 days, among Medicare fee-for-service beneficiaries. The most recent data (2012) are from The Chronic Condition Data Warehouse (CCW), and are available on The Ohio Department of Health’s Network of Care website.

How does our community rank?

20.46% of Summit County Medicare beneficiaries’ inpatient hospitalizations were followed by an acute readmission within 30 days. The Summit County readmission rate is higher than the national, state, and both comparison counties’ rates.

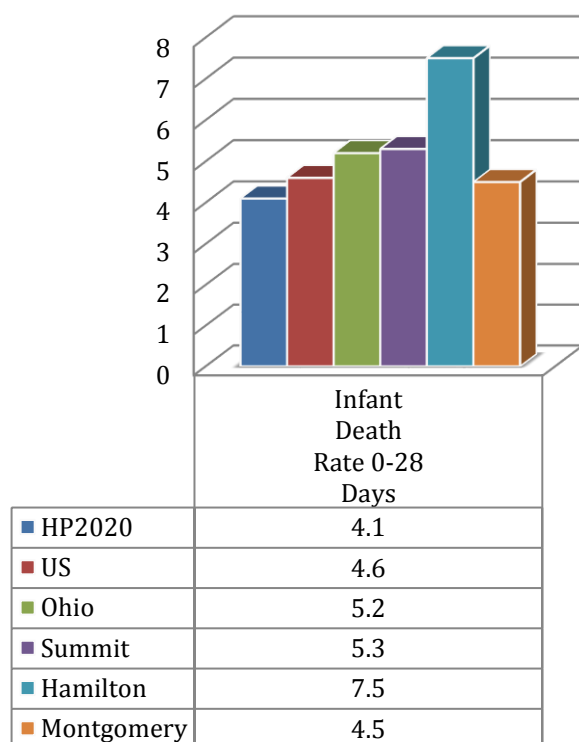
Maternal and Child Health

Maternal and infant health is a broad category of factors that affect pregnancy and childbirth. Improving the well-being of mothers and infants is an important public health goal in the United States. Healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential (HHS, 2013).

Infant Mortality was identified as a significant health need in Summit County.

Infant Mortality

**(C) Infant Death Rate 0-28 Days
(per 1,000 live births)**



Each year, roughly 25,000 infants die in the United States (CDC, 2012). Infant mortality is measured by the overall number of deaths before day 28 (neonatal mortality).

What is the data source for this indicator? The “Infant Death Rate 0-28 days”, or “Neonatal Mortality”, is the number of deaths from any cause in the first 28 days of life per 1,000 live births. The most recent county- and national-level data (2010) were modeled based on reported data from 2004-2010. The data were collected from the National Vital Statistics System at the National Center for Health Statistics and reported on the Community Health Needs Assessment toolkit on the Community Commons web site.

How does our community rank? 5.2 infants die within 28 days per 1,000 births in Summit County. The Summit County infant death rate is higher than Healthy People 2020 goals, in addition to the national and state rates, and one comparison county's rates. Hamilton County has a higher rate (7.5) of infant death.

Substance Abuse

Substance abuse refers to a set of conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes (Healthy People 2020). Some of the substances abused are legal, such as alcohol for adults; some are illegal, such as heroin; and some are legal but illegally used, such as the misuse of prescription drugs by people not prescribed them.

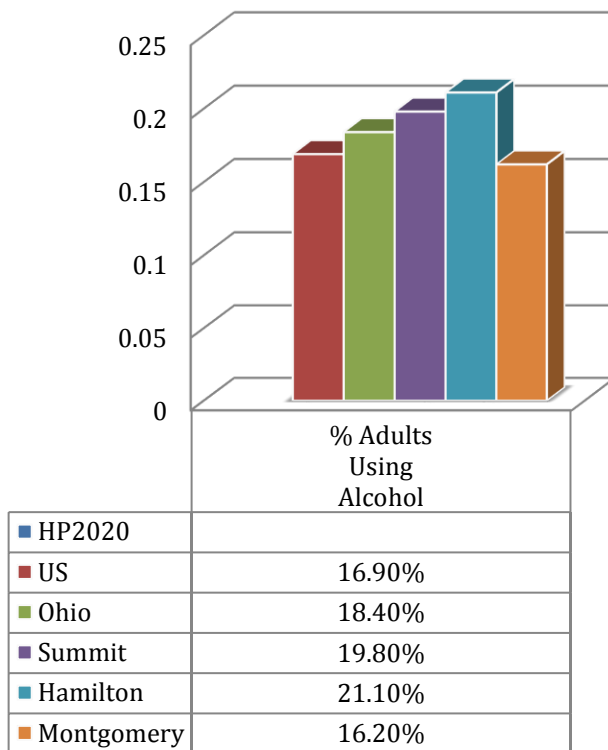
Three indicators are presented for substance abuse: The number of adults who report heavy alcohol consumption, the percentage of driving deaths associated with alcohol, and the percentage of adults abusing prescription drugs.

Heavy Alcohol Consumption

Alcohol abuse is a medical term that describes the frequent use of beverages that contain ethyl alcohol in spite of the harmful effects of frequent alcohol consumption. Harmful effects of alcohol abuse include inability to meet major professional or social obligations, drinking in high-risk situations, dysfunction in social relationships, legal consequences of violation of laws that dictate appropriate alcohol use, and alcohol dependence. Alcohol dependence, or alcoholism, is a chronic condition in which individuals experience a strong craving for alcohol, inability to limit drinking to a safe level, and continued use of alcohol in spite of damage to physical, psychological, and interpersonal well-being. Long-term medical effects of both alcohol abuse and alcoholism include liver damage such as cirrhosis, inflammation of the pancreas, liver cancer, esophageal cancer, high blood pressure, psychological disorders, and unintentional injuries including motor

vehicle accidents, falls, and drowning. The negative effects of alcohol abuse and alcoholism do not affect the individual in isolation, however. Community-level impacts of high rates of alcohol abuse and alcoholism include an increased number of traffic accidents, assault, child abuse, homicide, and suicide (CDC, 2012).

(H) Percentage of Adults Reporting Heavy Alcohol Consumption

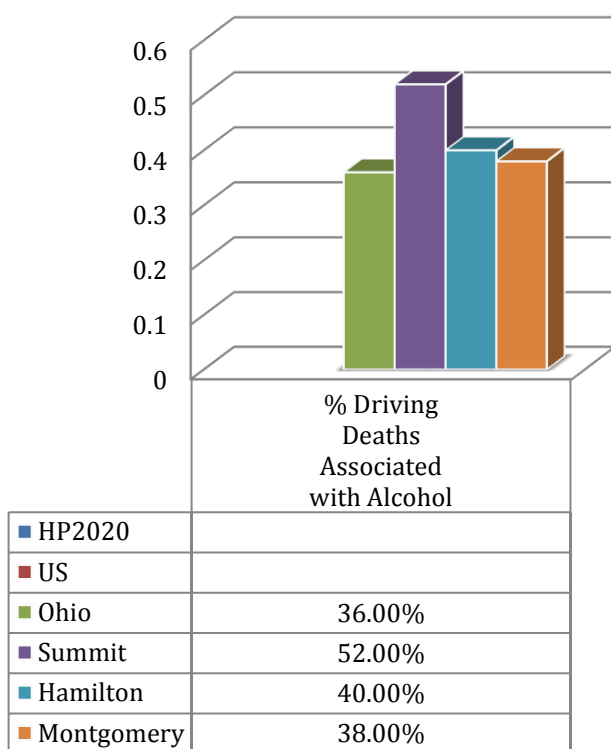


What is the data source for this indicator? “Percentage of Adults Reporting Heavy Alcohol Consumption” is the percentage of adults, 18 years of age and older, who self-report more than two drinks per day, on average, for men and one drink per day, on average, for women. The most recent data (2006-2012) are from the Behavioral Risk Factor Surveillance System (BRFSS), a collaborative project between the Centers for Disease Control and Prevention (CDC) and U.S. states and territories, and are available on The Ohio Department of Health’s Network of Care website.

How does our community rank? With 19.8% of Summit County adults reporting heavy alcohol consumption, the Summit County heavy alcohol consumption rate is higher than the national, state, and one comparison county’s rates. Hamilton County has a higher rate (21.1%) of heavy alcohol consumption.

Driving Deaths Due to Alcohol

(H) The Percentage of Driving Deaths Associated with Alcohol



What is the data source for this indicator? “Percent of Driving Deaths

Associated with Alcohol” is the percentage of driving deaths with alcohol involvement. The most recent data for this indicator (2009-2013) are drawn from the Fatality Analysis Reporting System (FARS). FARS is a census that documents motor vehicle fatalities occurring within the 50 States, the District of Columbia, and Puerto Rico since 1975. To qualify as a FARS case, the crash had to involve a motor vehicle traveling on a traffic way customarily open to the public, and must have resulted in the death of a motorist or

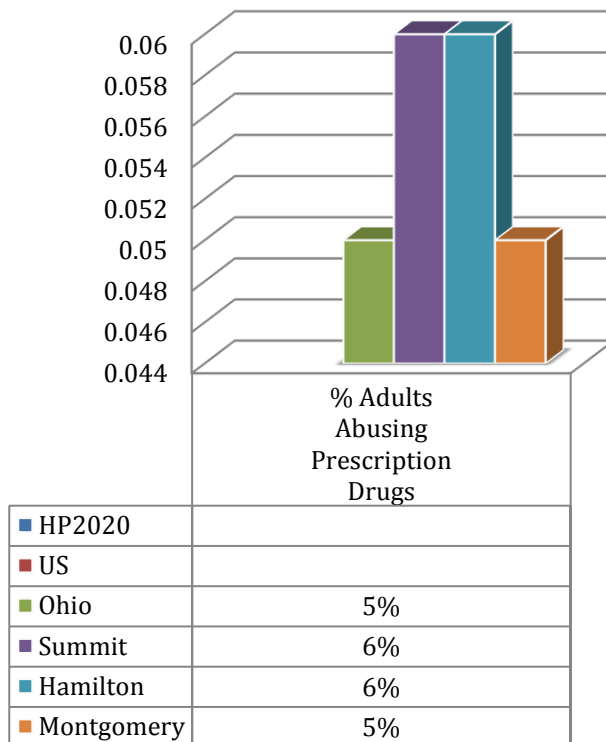
a non-motorist within 30 days of the crash. Data are reported on the County Health Rankings and Roadmap website.

How does our community rank? With 52% of driving deaths due to alcohol, the Summit County alcohol-related driving death rate exceeds the state and both comparison counties’ rates. National data are not available.

Prescription Drug Abuse

While prescription medications may be safely used to treat a broad array of physical and psychological maladies, many of the drugs used to treat common conditions have the potential to be abused for recreation purposes. Medications that are most commonly abused include: opioids (which treat pain disorders), central nervous system depressants prescribed for anxiety and sleep disorders, and stimulants (for attention deficit hyperactivity disorder and narcolepsy). The principal risk of abuse of prescription drugs is overdose, which may result in impaired short-term function, medical emergency, or death (NIH, 2012).

(H) The Percentage of Adults Abusing Prescription Drugs



What is the data source for this indicator? “The Percentage of Adults Abusing Prescription Drugs” is the percentage of adults, 19 years of age and older, abusing prescription drugs. The most recent data (2015) are from OMAS.

How does our community rank? With 6% of adults in Summit County abusing prescription drugs, the Summit County rate exceeds the state rate and one comparison county’s rates, and is the same as Montgomery County’s rate. National rates are not available.

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Appendix 3: Actions Taken Since the Previous CHNA

Impact of Actions Taken Since the 2013 Community Health Needs Assessment

The Edwin Shaw Rehabilitation Institute (Edwin Shaw) uses evidence-based approaches in the delivery of healthcare services and educational outreach with the aim of achieving healthy outcomes for the community it serves. It undertakes periodic monitoring of its programs to measure and determine the effectiveness of these approaches and to ensure that best practices continue to be applied. Given that the process for evaluating the impact of various services and programs on population health is longitudinal by nature, significant changes in health outcomes may not manifest for several Community Health Needs Assessment cycles. Edwin Shaw continues to evaluate the cumulative impact of each of its programs.

Chronic Diseases

1. Diabetes

Action: Edwin Shaw continues to work on educating those diagnosed with diabetes on managing the disease.

Highlighted Impact:

- In conjunction with Akron General Medical Center, a related hospital facility, Edwin Shaw teamed up with a local church to provide community based diabetes education. Approximately 75% of the participants showed improvements in fasting blood sugar and weight.
- To gain feedback and improve the effectiveness of its diabetes management classes, Edwin Shaw has launched a program to interview by phone all those patients participating in the classes. Patients are contacted 90 days after course completion and asked a series of questions on their ability to control their diabetes based on course content. The information is used to further tailor the course and improve its effectiveness.

Substance Abuse

1. Opioid and Heroin Abuse

Action: Edwin Shaw continues to engage in programs to save lives through education, addiction counseling and emergency treatment in the battle against opioids and heroin. The following impacts were achieved in conjunction with the Akron General Medical Center, a related hospital facility.

Highlighted Impacts:

- In 2015, the Death Avoided With Naloxone (DAWN) program was initiated and began building opioid/heroin overdose kits. Any person may request a kit. The kits are distributed free of charge. Over 120 DAWN kits have been distributed.

- In 2015, Edwin Shaw obtained a grant to create an ambulatory detox unit. Edwin Shaw committed a physician and nurse to the unit. It went into operation in April of 2015 and served over 200 persons by year end.

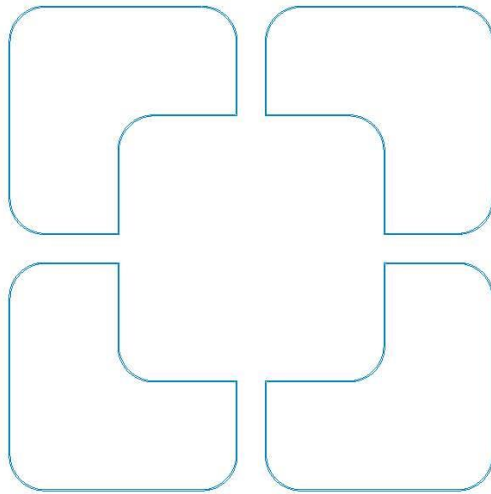
Lifestyle Factors

1. Smoking Cessation

Action: Edwin Shaw offers a number of educational to improve the health patients and their families through smoking cessation programs.

Highlighted Impacts:

- Edwin Shaw incorporated smoking cessation classes into its ambulatory detox program, emphasizing the benefits to children of a smoke free environment. This provides the opportunity to reach community members with such education that might not take advantage of Edwin Shaw's traditional smoking cessation classes.
- Edwin Shaw continued to offer its free smoking cessation classes with 5 classes offered each year.



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