



Cleveland Clinic

Rehabilitation Hospital

In affiliation with Select Medical

Beachwood

Community Health Needs Assessment

2022

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Executive Summary

Introduction

This Community Health Needs Assessment (CHNA) was conducted by Cleveland Clinic Rehabilitation Hospital, Beachwood (CCRH Beachwood or “the hospital”) to identify significant community health needs and to inform development of an Implementation Strategy to address current needs.

Beachwood is a 60-bed rehabilitation hospital, offering sophisticated technology and advanced medical care within an intimate and friendly environment. Additional information on the hospital and its services is available at: <https://my.clevelandclinic.org/locations/rehabilitation-hospital>.

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

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

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

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

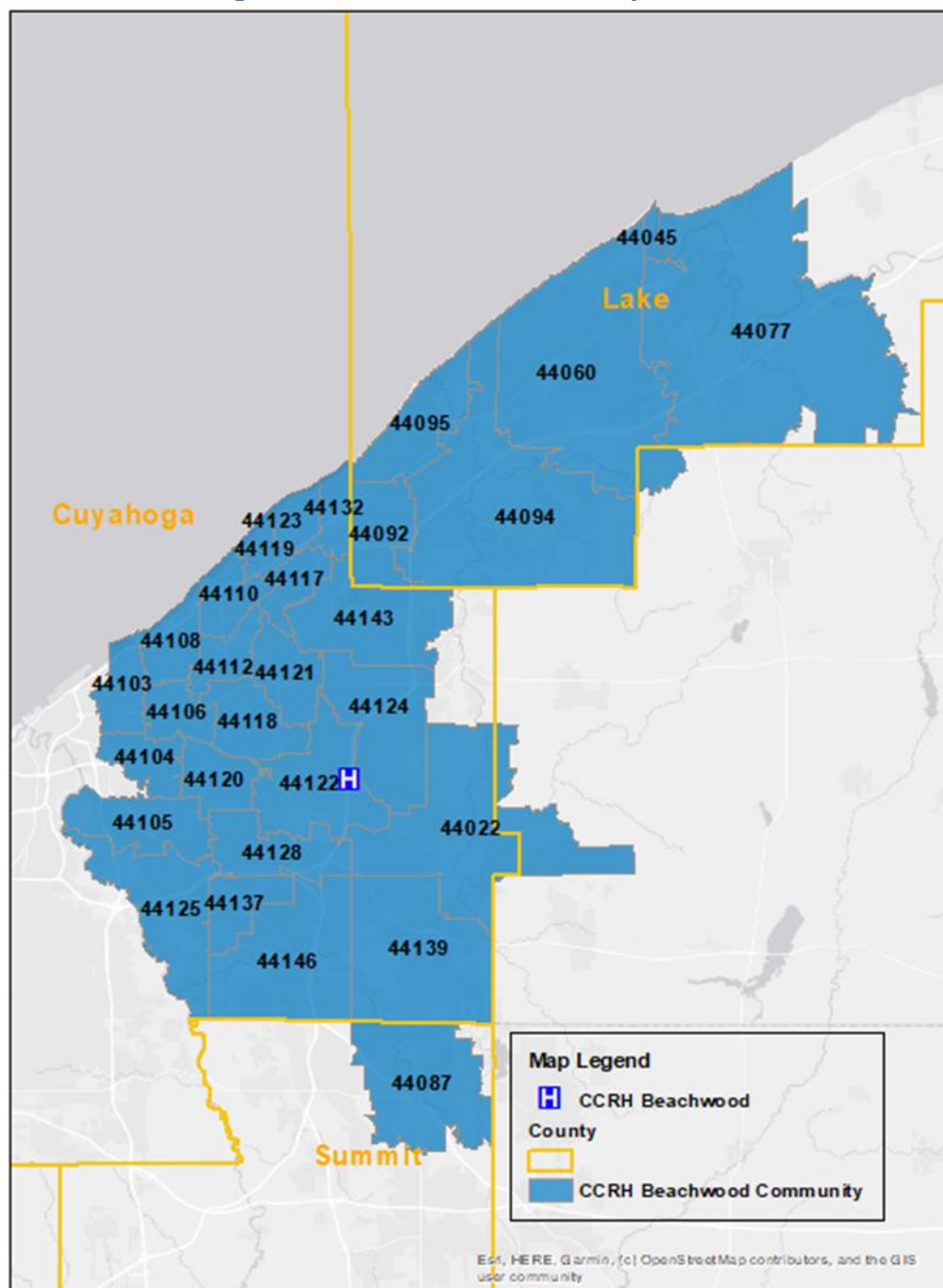
These assessments are conducted using widely accepted methodologies to identify the significant health needs of a specific community. The assessments also are conducted to comply with federal and state laws and regulations including IRS requirements for 501(c)(3) Hospitals under the Affordable Care Act.¹

Community Definition

The community definition describes the zip codes where approximately 75% of CCRH Beachwood patients reside. Figure 1 shows the service area for the CCRH Beachwood Community. A table with zip codes and the associated postal names that comprise the community definition is located in [Appendix C](#).

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

Figure 1: CCRH Beachwood Community Definition



Secondary Data Summary

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

data sources. The value for each of these indicators is compared to other communities, nationally set targets and to previous time periods.

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

- The CCRH Beachwood Community Definition—an aggregate of the 30 zip codes described in the Community Definition.
- Cuyahoga, Lake and Summit Counties—the three counties comprising the CCRH Beachwood Community Definition

Primary Data Summary

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

Prioritized Health Needs

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

- Access to Healthcare
- Adult Health
- Community Safety



Access to Healthcare

Access to Healthcare secondary data analysis results describe community needs related to consumer expenditures for health insurance, medical expenses, medicines and other supplies. Primary data collection found themes around limitations to accessing healthcare described in terms of transportation challenges, resource limitations and availability of primary care and other prevention services in local neighborhoods.



Adult Health

This health topic encompasses several subtopics where information is available including Older Adult Health; Other Conditions; and Chronic Disease Prevention and Management including Nutrition and Healthy Eating. By addressing these issues in concert, the Cleveland Clinic Foundation hopes to impact concerns for older adult mental health from

isolation, chronic conditions and access to healthy food as described in the Synthesis and Prioritization section of this report (page 34).



Community Safety

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

Additional Community Health Themes

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



Health Equity

Health Equity issues in our communities were illuminated by COVID-19. They focus on the fair distribution of health determinants, outcomes and resources across communities.² Health Equity and reduction of health disparities are indicated as overarching themes in all our prioritized needs. It is described in detail and specifically as it relates to the CCRH Beachwood Community in both the Disparities and Health Equity section (page 25) of the report as well as in the Synthesis and Prioritization section (page 34). Special consideration will be given to addressing prioritized health needs through a health equity lens in the CCRH Beachwood implementation strategy report.

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

Demographics of the CCRH Beachwood Community

The demographics of a community significantly impact its health profile.³ Different racial, ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of the community residing in the CCRH Beachwood Community Definition.

Geography and Data Sources

Data are presented in this section at the geographic level of the Community Definition. Comparisons to the county, state, and national values are also provided when available. All demographic estimates are sourced from Claritas Pop-Facts® (2022 population estimates) and American Community Survey⁴ one-year (2019) or five-year (2015-2019) estimates unless otherwise indicated.

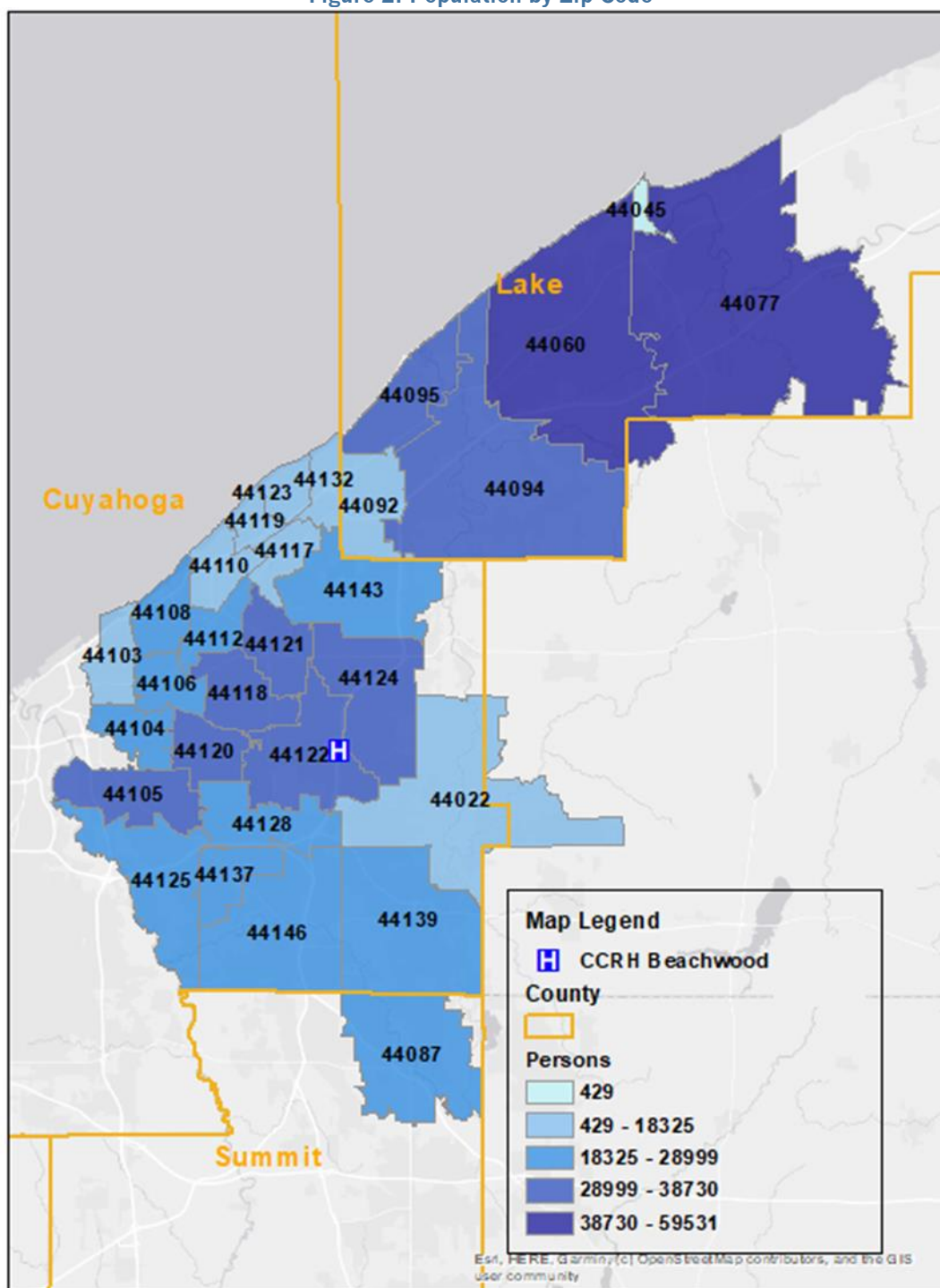
Population

According to the 2022 Claritas Pop-Facts® population estimates, the CCRH Beachwood community has an estimated population of 785,911 persons. Figure 2 shows the population size by each zip code, with the darkest blue representing the zip codes with the largest population. Appendix C provides the actual population estimates for each zip code. The most populated zip code area within the CCRH Beachwood Community is zip code 44060 (Lake) with a population of 59,531.

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

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

Figure 2: Population by Zip Code



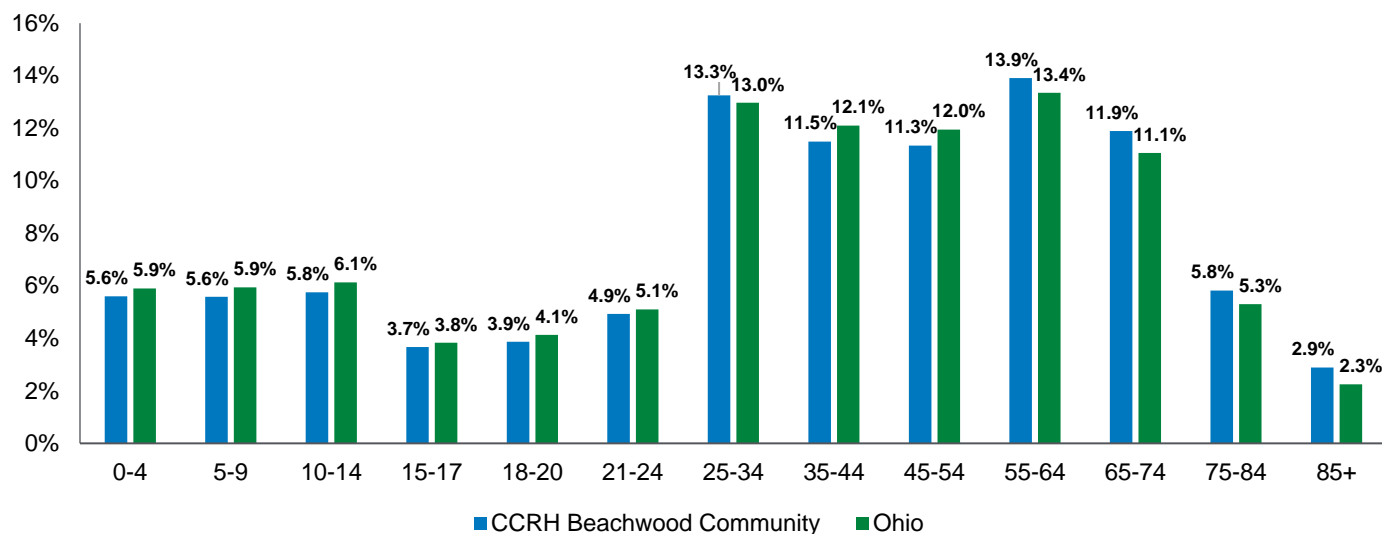
County values- Claritas Pop-Facts® (2022 population estimates)

Age

Children (Ages 0-17) comprised 20.6% of the population in the CCRH Beachwood Community, which is less when compared to the state of Ohio (21.8%). The CCRH Beachwood Community has a higher proportion of residents aged 65+ (20.6%) when

compared with the state of Ohio at 18.6%. Figure 3 shows further breakdown of age categories.

Figure 3: Population by Age: Hospital and State Comparisons

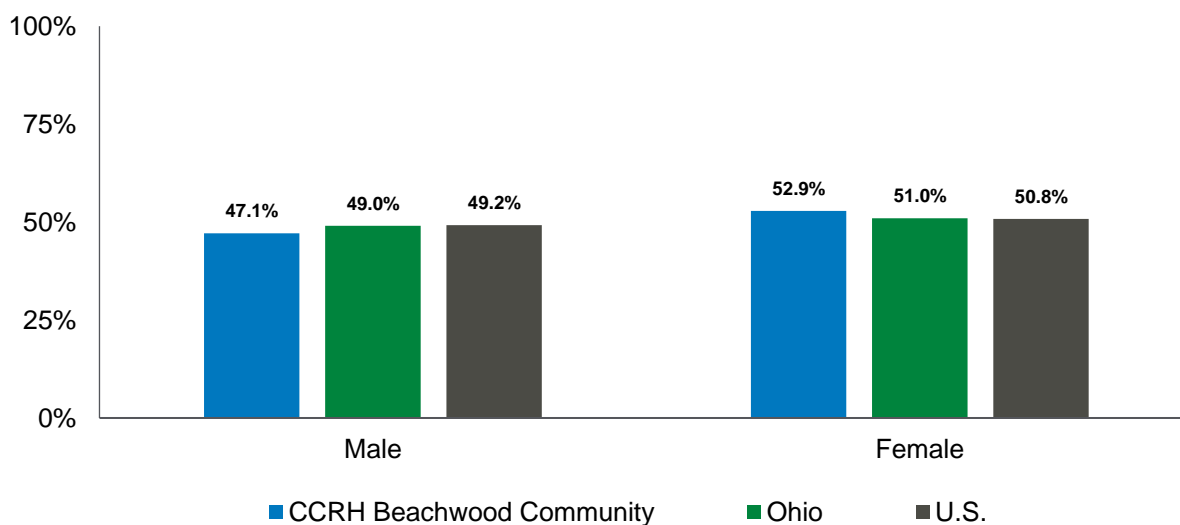


County and state values- Claritas Pop-Facts® (2022 population estimates)

Sex

Figure 4 shows the population of the CCRH Beachwood Community by sex. Males comprise 47.1% of the population in the CCRH Beachwood Community, which is less than both the Ohio (49.0%) and U.S. (49.2%) values. Whereas females comprise 52.9% of the population in the CCRH Beachwood Community which is greater than both the Ohio (51.0%) and the U.S. (50.8%) values.

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

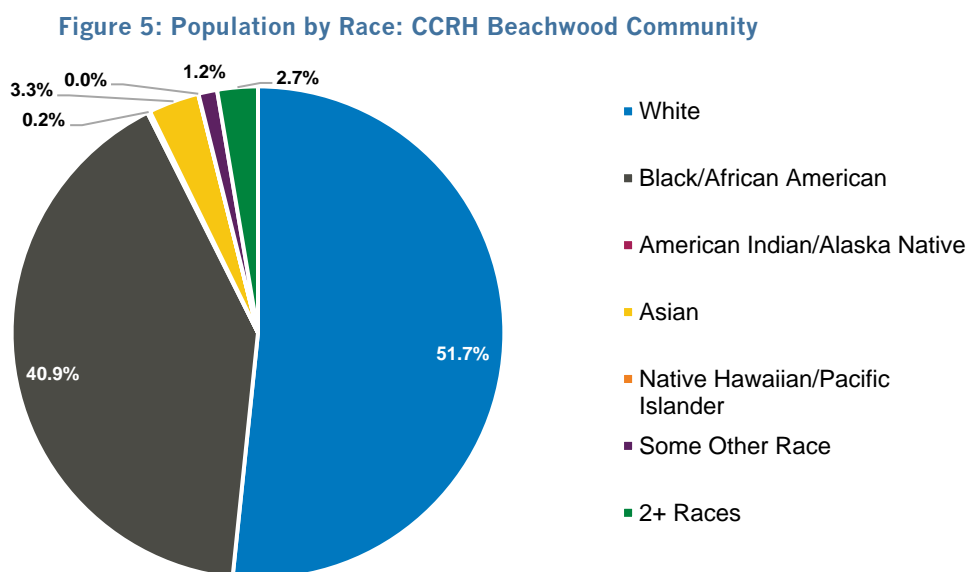


County and state values- Claritas Pop-Facts® (2022 population estimates) U.S. values taken from American Community Survey five-year (2016-2020) estimates

Race and Ethnicity

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

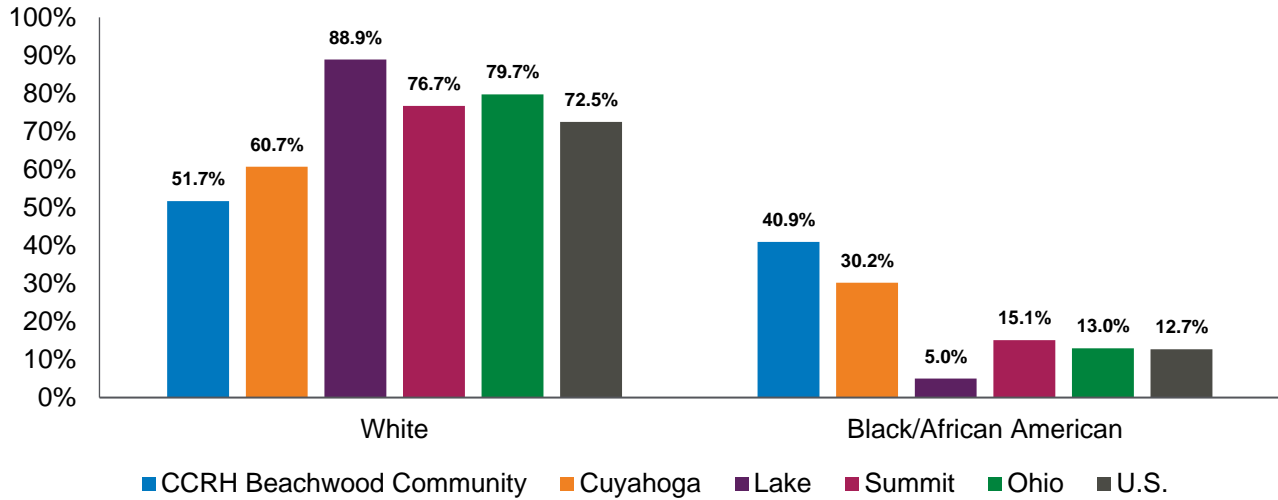
The racial makeup of CCRH Beachwood area shows 51.7% of the population identifying as White, as indicated in Figure 5. The proportion of Black/African American community members is the second largest of all races in the CCRH Beachwood Community at 40.9%.



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

Community members who identify as White represent a smaller proportion of the population in the CCRH Beachwood Community (51.7%) compared to Ohio (79.7%) and the U.S. (72.5%). Black/African American community members represent a greater proportion of the population in the CCRH Beachwood Community (40.9%) when compared to Ohio (13.0%) and the U.S. (12.7%). Almost one in three (30.2%) community members in Cuyahoga County identify as Black/African American, which has the greatest percentage of community members identifying as Black/African American, followed by Summit County (15.1%), and Lorain County (5.0%) (Figure 6).

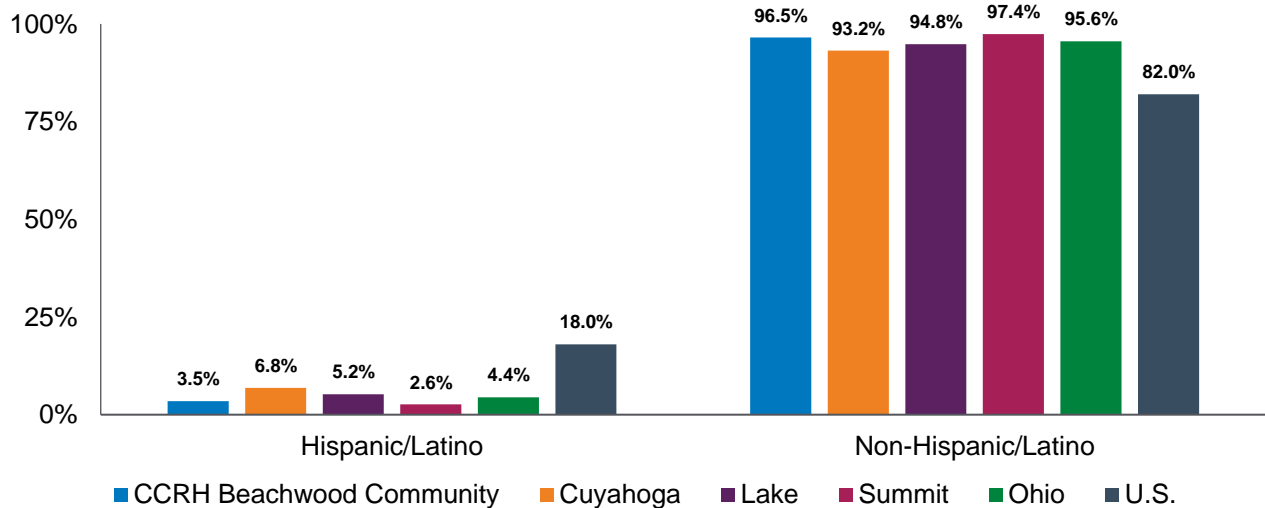
Figure 6: Population by Race: Hospital, County, State, and U.S. Comparisons



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

As shown in Figure 7, 3.5% of the population in the CCRH Beachwood Community identify as Hispanic/Latino. This is a smaller proportion of the population when compared to Ohio (4.4%) and the U.S. (18.0%). Cuyahoga County has the largest percentage of community members who identify as Hispanic/Latino (6.8%).

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



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

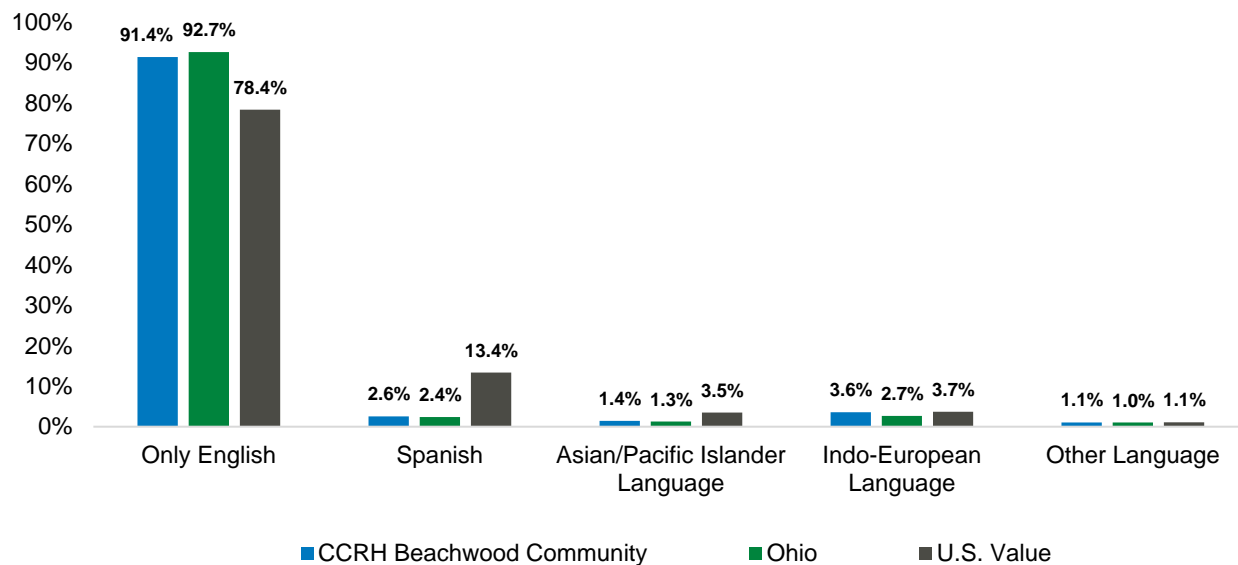
Language and Immigration

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

In the CCRH Beachwood Community, 91.4% of the population age five and older speak only English at home, which is slightly lower than the state value of 92.7% but higher than

the national value of 78.4% (Figure 8). This data indicates that 2.6% of the population five and older in the CCRH Beachwood Community speak Spanish, 1.4% speak an Asian/Pacific Islander language, 3.6% speak an Indo-European Language, and 1.1% speak Other Languages at home.

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



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

Highlighted Demographics: Social & Economic Determinants of Health

This section explores the economic, environmental, and social determinants of health (SDOH) impacting the CCRH Beachwood Community. The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems.⁵ Figure 9 shows the Healthy People 2030 grouping of Social Determinants of Health domains into five key domains.⁶

Figure 9: Healthy People 2030 Social Determinants of Health Domains



Geography and Data Sources

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

⁵ World Health Organization. Social Determinants of Health. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

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

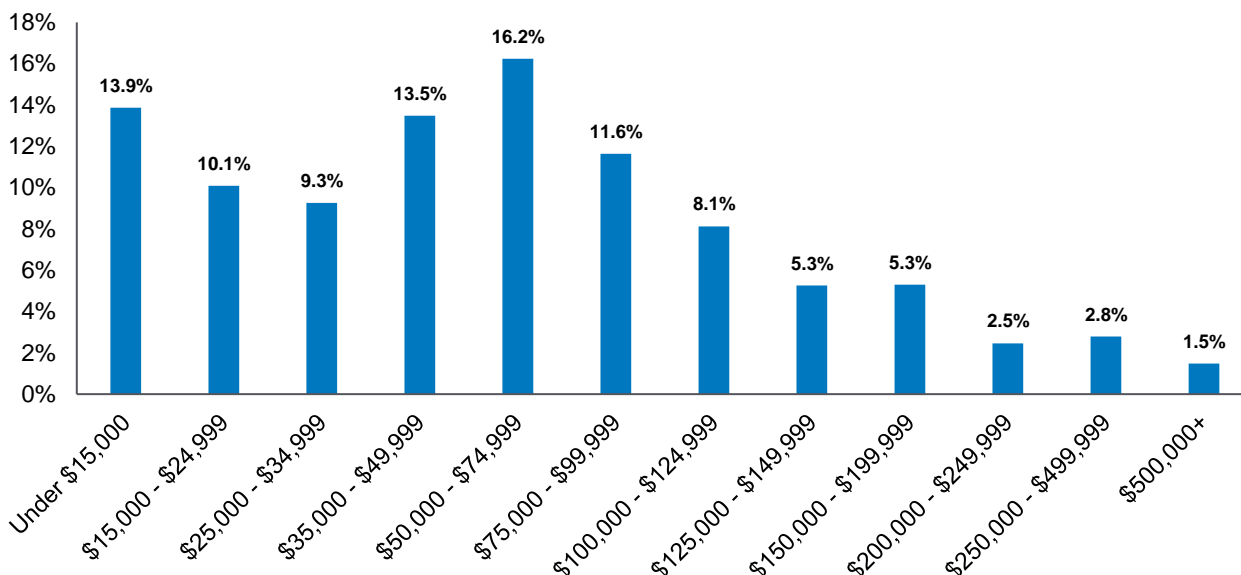
All demographic estimates are sourced from Claritas Pop-Facts® (2022 population estimates) and American Community Survey one-year (2019) or five-year (2016-2020) estimates unless otherwise indicated.

Income

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

Figure 10 provides a breakdown of households by income in the CCRH Beachwood Community Definition. A household income of \$50,000 - \$74,999 is shared by the largest proportion of households in the CCRH Beachwood Community (16.2%). Households with an income of less than \$15,000 make up 13.9% of households in the CCRH Beachwood Community.

Figure 10: Households by Income: CCRH Beachwood Community

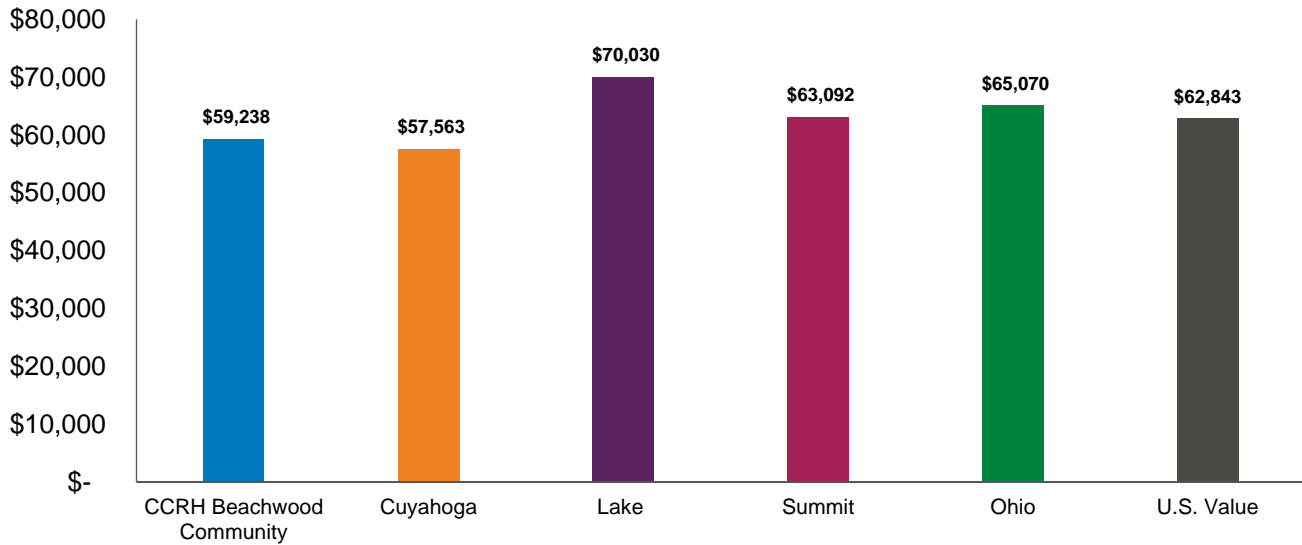


County values- Claritas Pop-Facts® (2022 population estimates)

The median household income for the CCRH Beachwood Community is \$59,238, which is higher than the state value of \$65,070 and national value of \$62,843 (Figure 11).

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

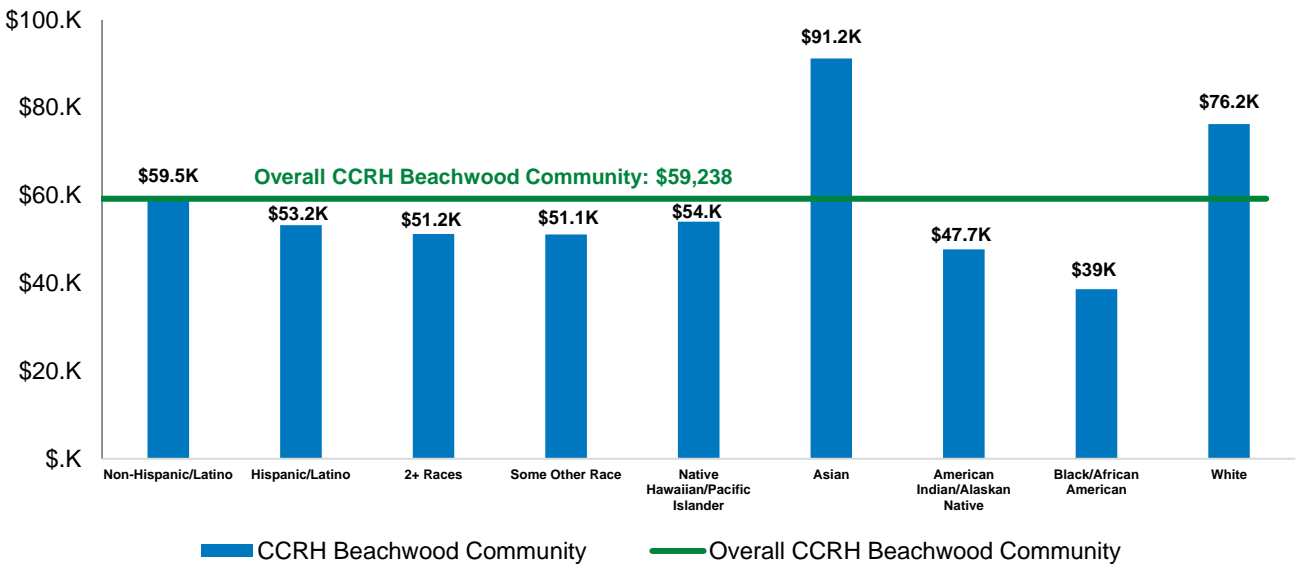
Figure 11: Household Income by: Hospital Community, County, State, and U.S. Comparisons



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

Figure 12 shows the median household income by race and ethnicity. Three racial/ethnic groups – White (Hispanic and Non-Hispanic), Asian (Hispanic and Non-Hispanic), and Non-Hispanic/Latino– have median household incomes above the overall median value. All other races have incomes below the overall value, with the Black/African American population having the lowest median household income at \$38,631.

Figure 12: Median Household Income by Race/Ethnicity: CCRH Beachwood Community



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

Poverty

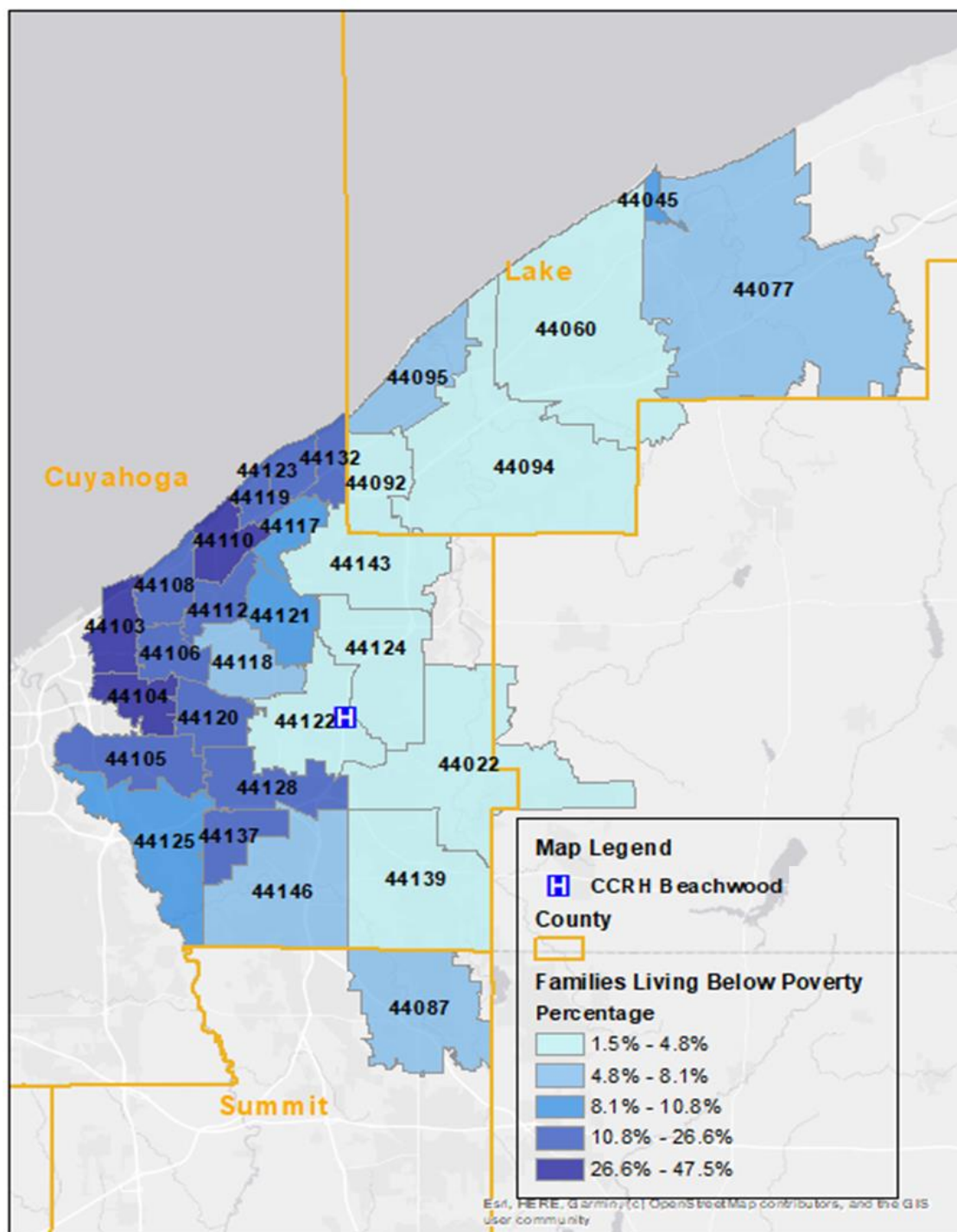
Federal poverty thresholds are set every year by the U.S. Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to healthcare, healthy food, stable housing, and opportunities for physical activity.

These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.⁸

Figure 13 shows the percentage of families living below the poverty level by zip code. The darker blue colors represent a higher percentage of families living below the poverty level, with zip codes 44104 (Cleveland) and 44103 (Cleveland) having the highest percentages at 47.5% and 32.1%, respectively. Overall, 11.8% of families in the CCRH Beachwood Community live below the poverty level, which is higher than both the state value of 9.6% and the national value of 9.5%. The percentage of families living below poverty for each zip code in the CCRH Beachwood Community is provided in Appendix C.

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

Figure 13: Families Living Below Poverty



Employment

A community's employment rate is a key indicator of the local economy. An individual's type and level of employment impacts access to healthcare, work environment, health behaviors, and health outcomes. Stable employment can help provide benefits and

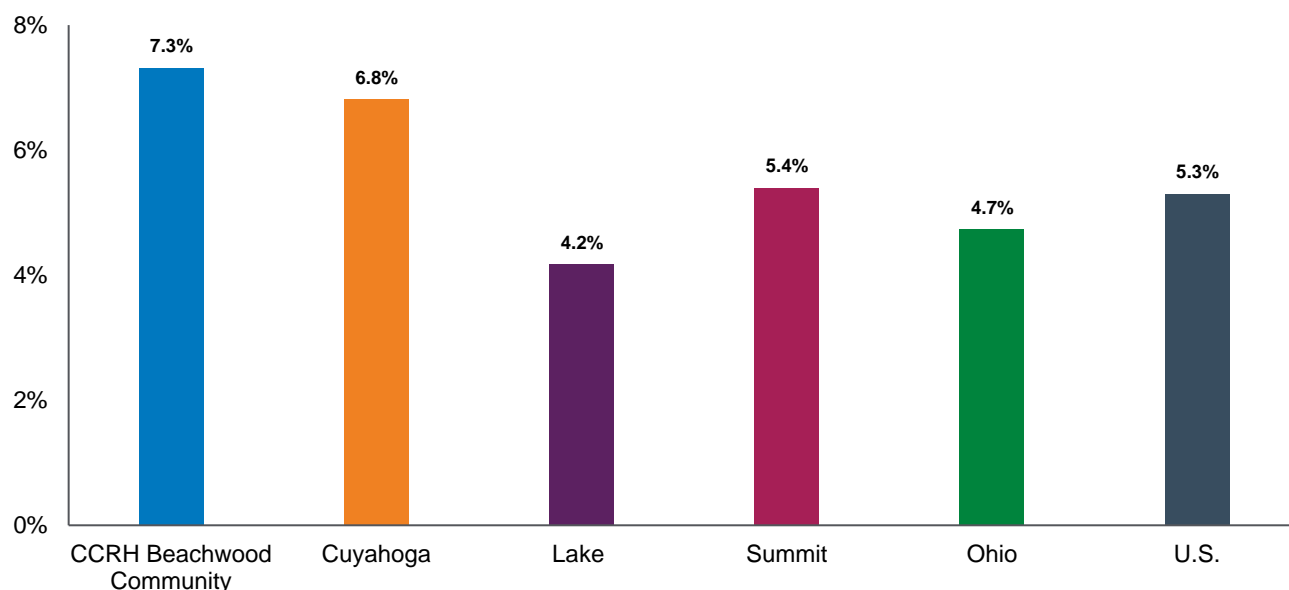
conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes.⁹

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

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

Figure 14 shows the population aged 16 and over who are unemployed. The unemployment rate for the CCRH Beachwood Community is 7.3%, which is higher the state value of 4.7% and the national value of 5.3%.

Figure 14: Population 16+ Unemployed: CCRH Beachwood Community



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

Education

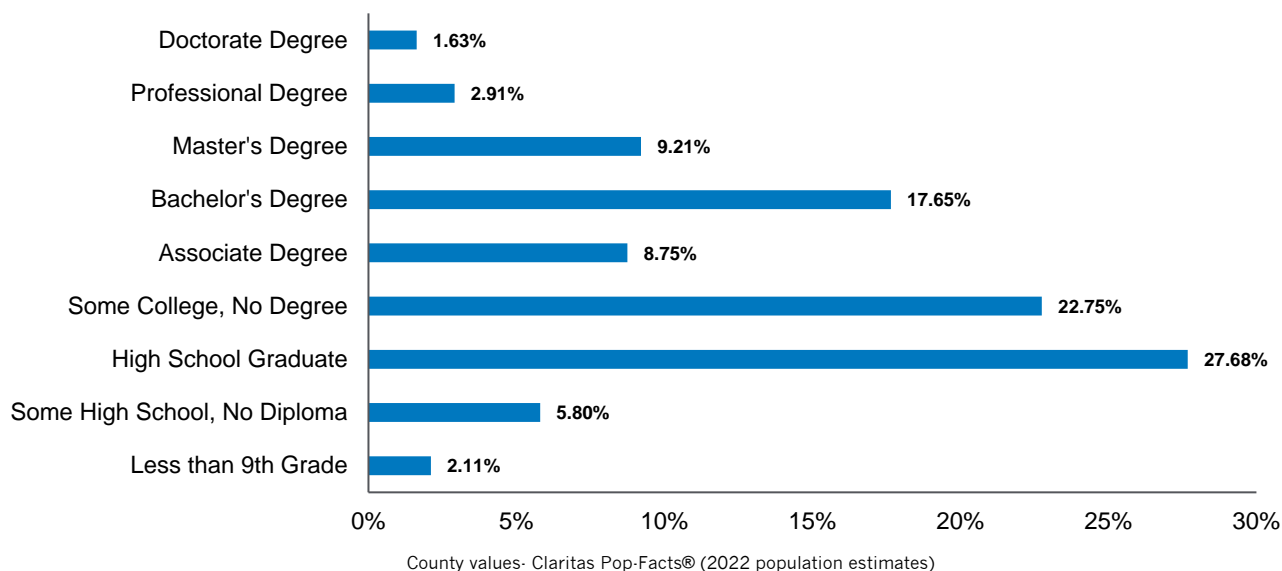
Education is an important indicator for health and wellbeing. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. People with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors.¹⁰

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

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

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

Figure 15: Population 25+ by Education Attainment: CCRH Beachwood Community

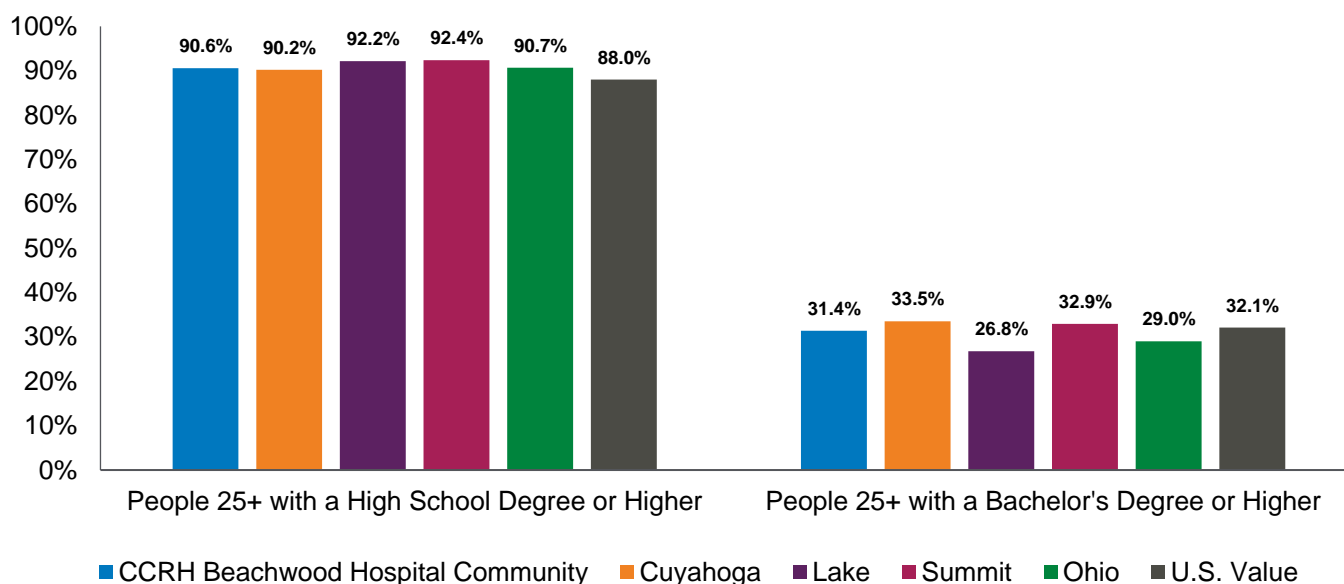


Another indicator related to education is on-time high school graduation. A high school diploma is a requirement for many employment opportunities and for higher education. Not graduating high school is linked to a variety of negative health impacts, including limited employment prospects, low wages,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

Figure 16 shows that the CCRH Beachwood Community has similar percentage of residents with a high school degree or higher (90.6%) when compared to the state of Ohio value (90.7%) and a higher percentage when compared to the U.S. value (88.0%). Furthermore, the CCRH Beachwood Community has a higher percentage of residents with a bachelor's degree or higher (31.4%) when compared to the state of Ohio value (29.0%) and has a lower percentage when compared to the U.S. value (32.1%).

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

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



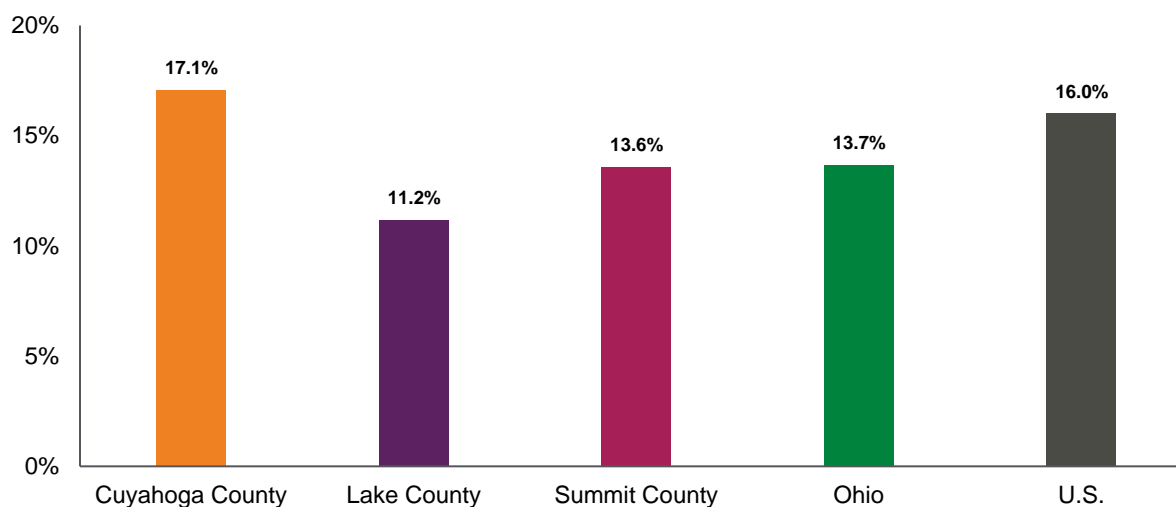
County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

Housing

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

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

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



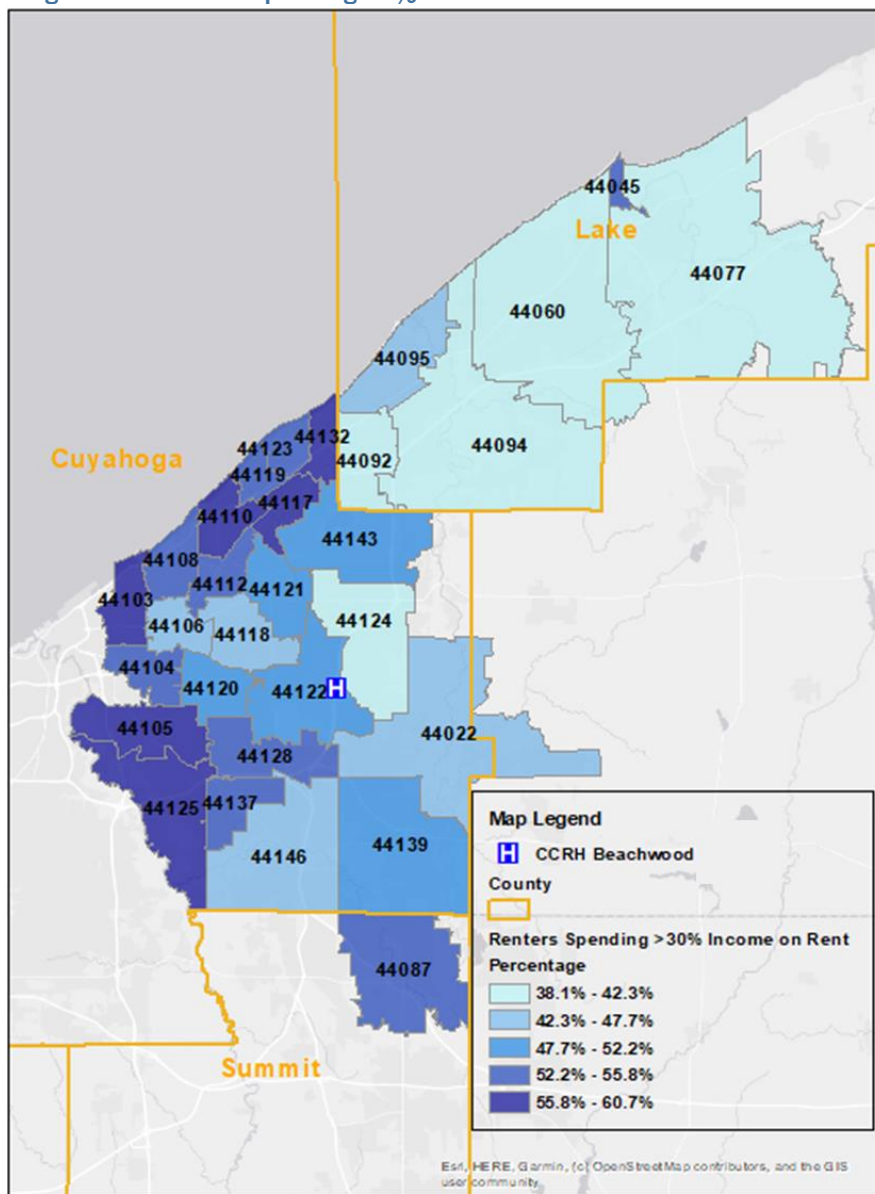
County, state values, and U.S. values taken from County Health Rankings (2013-2017)

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

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

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

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



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

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

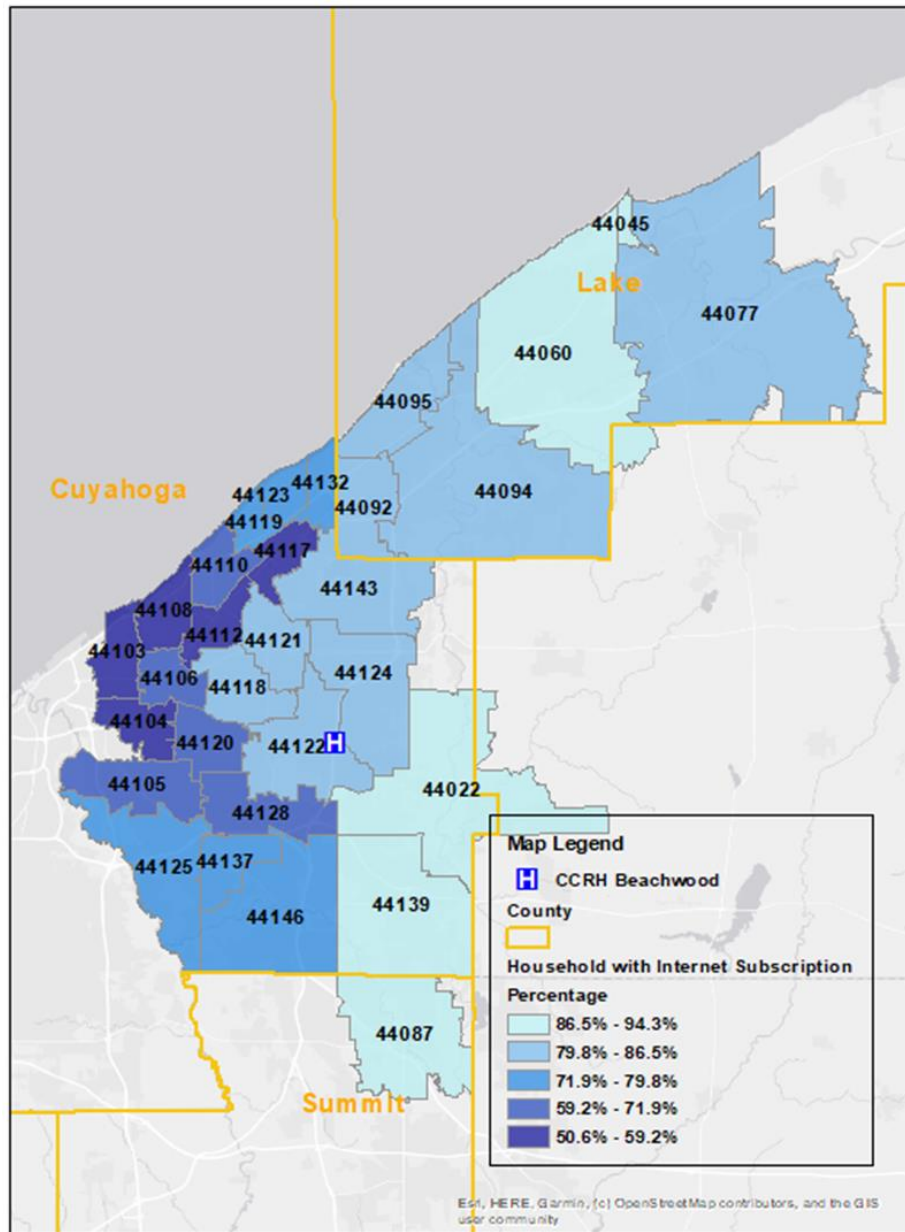
Neighborhood and Built Environment

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

Figure 19 shows the percentage of households that have an internet subscription. Zip code 44103 (Cleveland) has the lowest percentage of households with internet connection, represented by darkest shade of blue on the map.

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

Figure 19: Households with an Internet Subscription



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

Highlighted Demographics: Disparities and Health Equity

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

Health Equity

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

Race, Ethnicity, Age & Gender Disparities

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

Secondary Data

Community health disparities were assessed in the secondary data using the Index of Disparity¹⁷ analysis, which identifies disparities based on how far each subgroup (by race, ethnicity, or gender) is from the overall county value. For more detailed methodology related to the Index of Disparity, see Appendix A.

Table 1 below identifies secondary data indicators with a statistically significant race or ethnic disparity for the CCRH Beachwood Community, based on the Index of Disparity.

¹⁵ Klein R, Huang D. Defining and measuring disparities, inequities, and inequalities in the Healthy People initiative. National Center for Health Statistics. Center for Disease Control and Prevention. https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf

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

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

Table 1: Indictors with Significant Race or Ethnic Disparities

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

The Index of Disparity analysis for Cuyahoga, Lake, and Summit counties reveals that the Black/African American, Hispanic/Latino, American Indian/Alaskan Native, Two or More Races, and Asian, and Other Race group populations are disproportionately impacted by various measures of poverty, which is often associated with poorer health outcomes. These indicators include Families Living Below Poverty Level, Children Living Below Poverty Level, People 65+ Living Below Poverty Level, Young Children Living Below Poverty Level, and People Living Below Poverty Level. Furthermore, Black/African American populations are disproportionately impacted by HIV/AIDS Prevalence Rate. Black/African American and Asian/Pacific Islander populations experience higher rates of Babies with Very Low Birth Weight. Additionally, Black/African American populations experience a heavier burden related to chronic diseases, such as diabetes, prostate cancer, and kidney disease. Hispanic/Latino, Asian/Pacific Islander, and Two or More Race groups also have the highest rates of Persons without Health Insurance, compared to other races/ethnicities in the region.

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

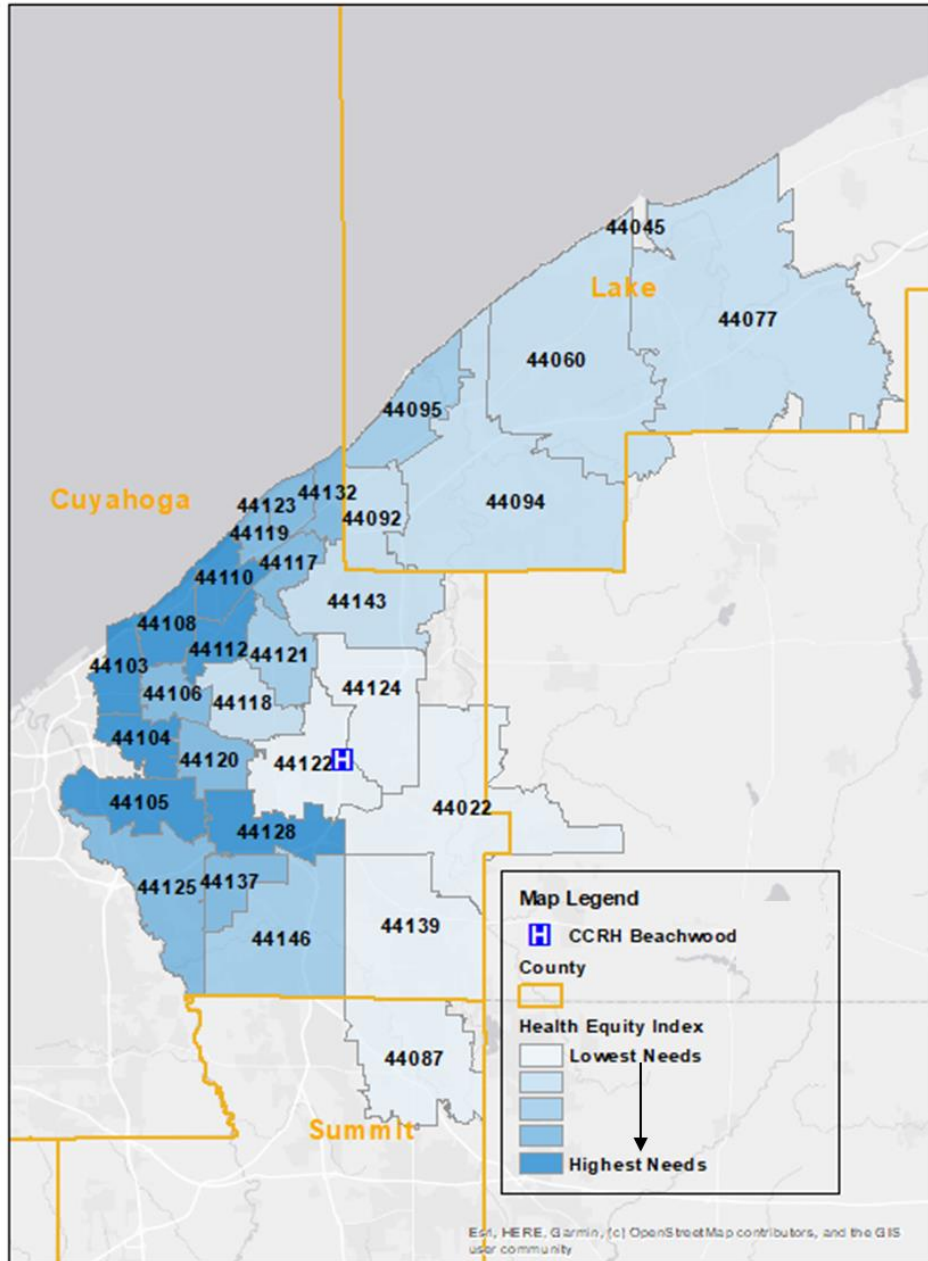
Geographic Disparities

In addition to disparities by race, ethnicity, gender, and age, this assessment also identified specific zip codes/municipalities with differences in outcomes related to health and social determinants of health. Geographic disparities were identified using the Health Equity Index, Food Insecurity Index, and Mental Health Index. These indices have been developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need, food insecurity and poor mental health. For all indices, counties, zip codes, and census tracts with a population over 300 are assigned index values ranging from 0 to 100, with higher values indicating greater need. Understanding where there are communities with higher need is critical to targeting prevention and outreach activities.

Health Equity Index

Conduent's Health Equity Index (HEI) estimates areas of high socioeconomic need, which are correlated with poor health outcomes. Zip codes are ranked based on their index value to identify relative levels of need, as illustrated by the map in Figure 20. The following zip codes in the CCRH Beachwood Community had the highest level of socioeconomic need (as indicated by the darkest shades of blue): 44108, 44103, 44104, 44105, 44128, 44110, and 44112 in Cuyahoga County. Appendix A provides the index values for each zip code.

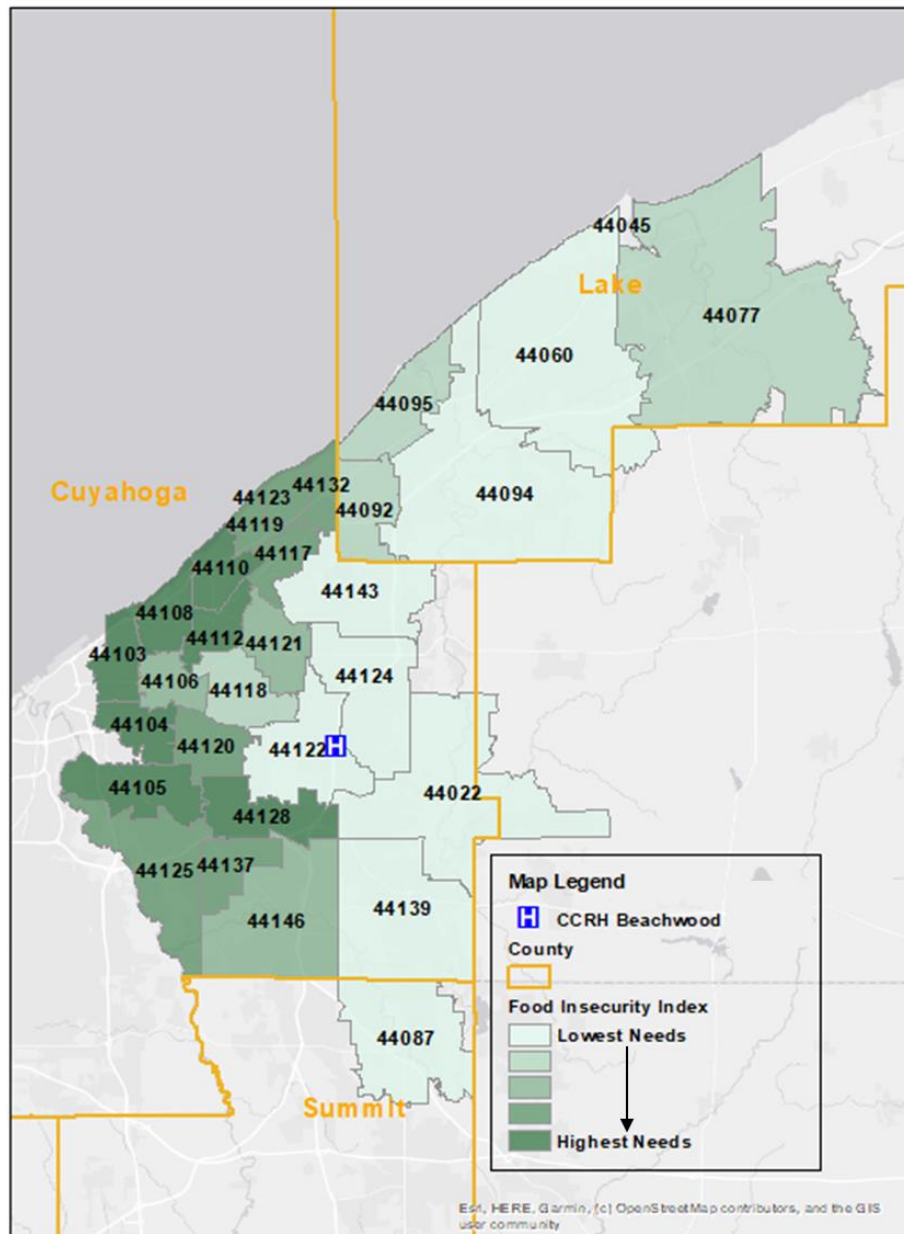
Figure 20: Health Equity Index



Food Insecurity Index

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

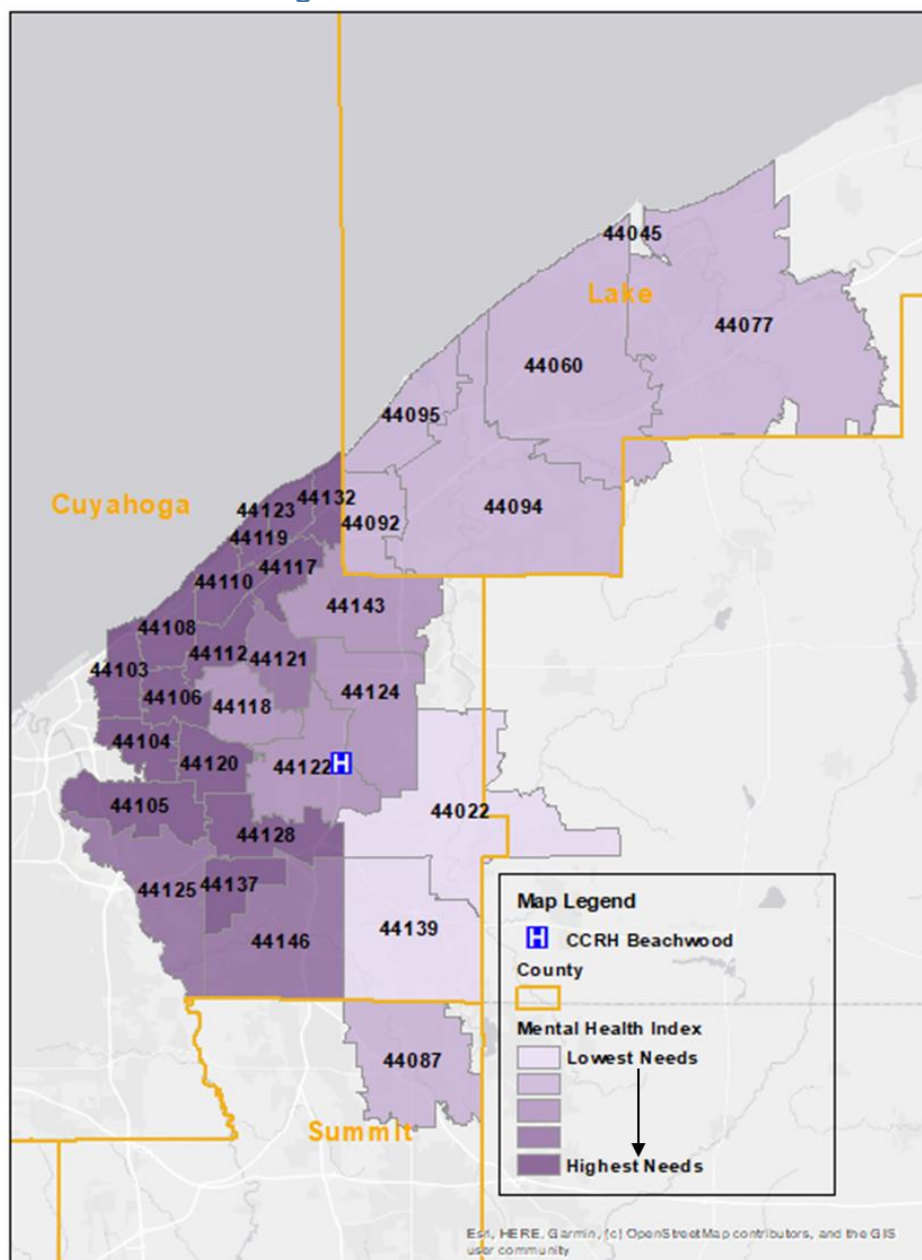
Figure 21: Food Insecurity Index



Mental Health Index

Conduent's Mental Health Index (MHI) is a measure of socioeconomic and health factors correlated with self-reported poor mental health. Zip codes were ranked based on their index value to identify the relative levels of need, as illustrated by the map in Figure 22. The following zip codes are estimated to have the highest need (as indicated by the darkest shades of purple): 44103, 44106, 44104, 44105, 44120, 44128, 44137, 44108, 44112, 44110, 44117, 44119, 44123, and 44132 in Cuyahoga County. Appendix A provides the index values for all zip codes within the CCRH Beachwood Community.

Figure 22: Mental Health Index



Highlighted Demographics: COVID-19 Impacts Snapshot

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

At the time that the CCRH Beachwood Community began its collaborative CHNA process, the community and the state of Ohio were in a period of the pandemic that was hoped to be in its final phases. Primary data was collected virtually to ensure the health and safety of those participating.

COVID-19 Pandemic

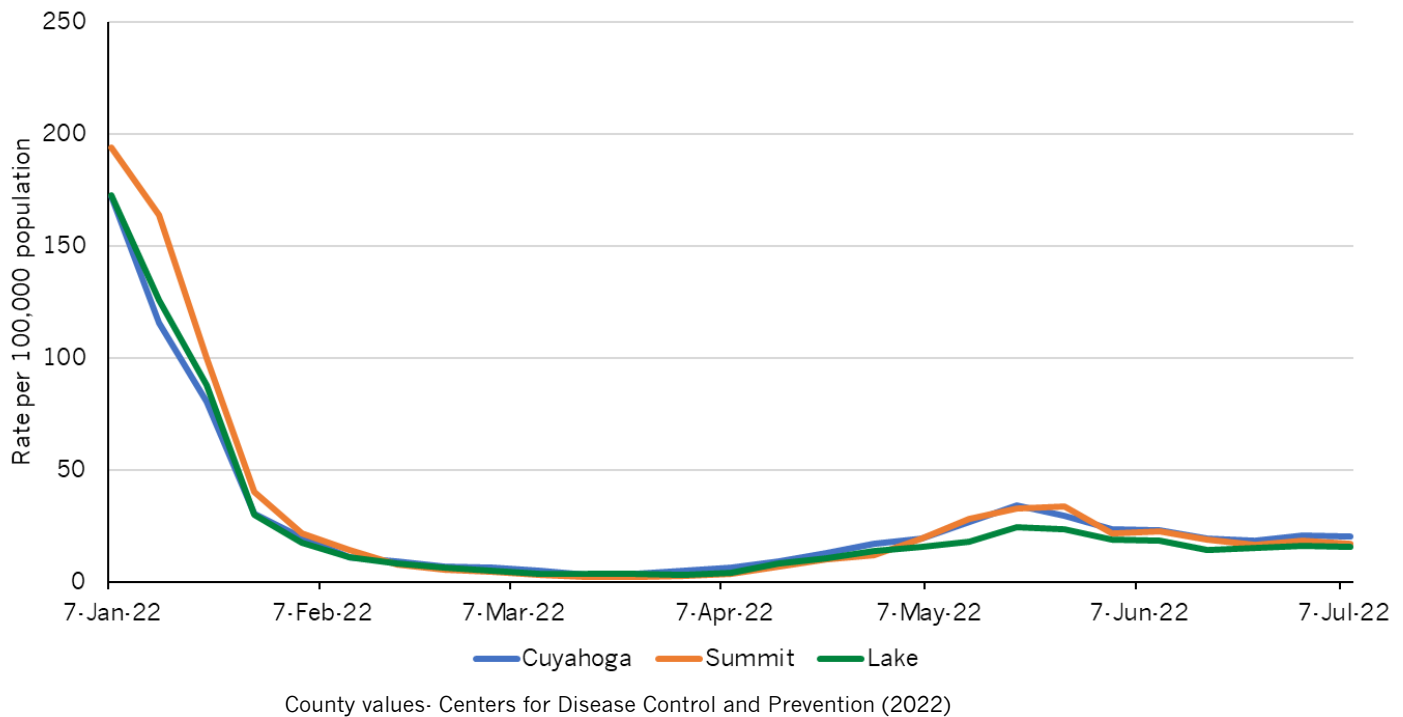
Community Input

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

The COVID-19 Daily Average Case Incidence Rate by County

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

Figure 23: Daily Average COVID-19 Case Incidence Rate by County



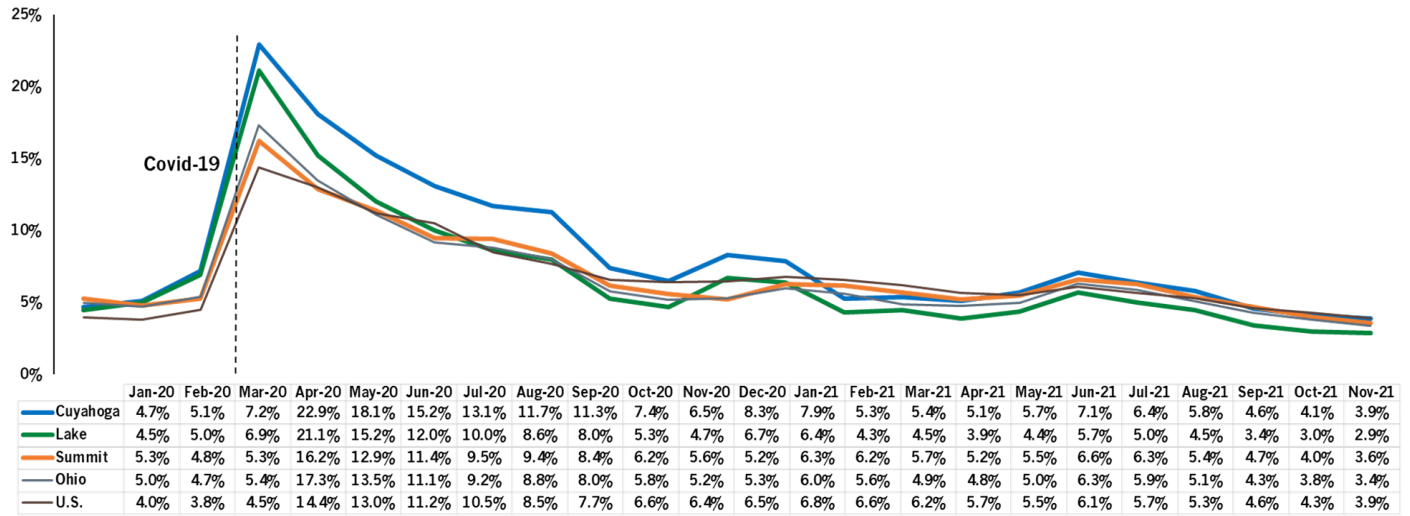
Vaccination Rates

As of June 2022, at least 64% of the population residing in counties within the CCRH Beachwood Community Definition are fully vaccinated against COVID-19. Lake County has the highest vaccination rates (66.2%), followed by Cuyahoga County (65.5%) and Summit County (64.0%).

Unemployment Rates

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

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



County, State, and National Values- Bureau of Labor Statistics (2020-2021)

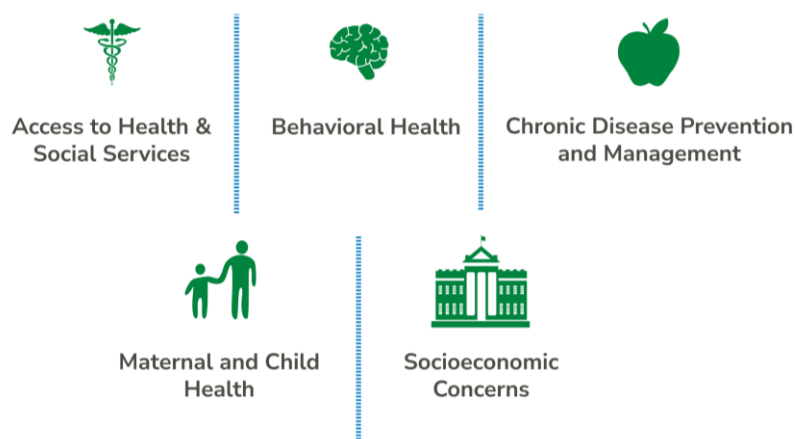
Synthesis and Prioritization

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

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

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

Figure 25: 2022 Prioritized Health Needs



Prioritized Health Topic #1: Access to Healthcare

Access to Healthcare

Secondary
Data Score: 1.35



Key Themes from Community Input



- COVID-19 delayed preventative care and increased virtual visits putting care quality at risk and alienating populations without technical knowledge or access
- Difficulties navigating health care system due to lack of broadband access/computer knowledge, no prior experience as a healthcare consumer/history of accessing the system
- Issues of discrimination/bias create mistrust in healthcare: having doctors that look like the people they're serving, building a sustainable presence in the community, mobile health units, easily available translators, culturally responsive health care providers to implement trauma-informed care/gender-affirming care
- Lack of financial investment in public health prevention as hospitals are focused on revenue which comes from specialty care, surgical care, etc.
- Non-English speakers, people living in poverty, and those underinsured face barriers to accessing health care
- Racial, economical, geographical, educational, environmental inequities all affect access to care and dictate quality of care received
- Systemic inequities in payment structures: conditions that communities of color were experiencing are reimbursed at lower rates than the conditions that White people are reimbursed for

Warning Indicators



- Consumer Expenditures: Health Insurance
- Consumer Expenditures: Medical Services
- Consumer Expenditures: Medical Supplies
- Consumer Expenditures: Prescription and Non-Prescription Drugs
- Persons without Health Insurance

Primary Data: Key Stakeholder Interviews

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

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

Concerns about preventative care included the use of emergency departments for minor health issues due to lack of primary care physician, and the need to strengthen the public health infrastructure. Furthermore, COVID-19 allowed for the expansion of telehealth which increased access to healthcare for many. However, it also exposed the inequities in broadband support due to infrastructure issues leaving residents unable to access telehealth.



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



- Key Stakeholder

Secondary Data

From the secondary data scoring results, Health Care Access & Quality ranked as the 14th highest scoring health need, with a score of 1.35. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and can be found in Appendix C and are discussed below. In addition, the appendices also contain a description of methodology (Appendix A) and a full list of indicators with data scoring categorized within this topic area (Appendix C).

Consumer Expenditures: Medical Services is one of the worst performing indicators in Cuyahoga, Summit and Lake counties. This indicator is defined as the average dollar amount per consumer unit spent on medical services (such as eye care, dental care, physician, and non-physician care). A consumer unit is defined as a household or any person living in a college dormitory.

The average dollar amount per consumer unit spent on medical services for 2021 in Summit, Cuyahoga, and Lake counties was \$1,153, \$1,058, and \$1,242, respectively. These values are higher than the average dollar amount spent on medical services in the state of Ohio, where that amount is \$1,099 per consumer unit. For this indicator, Summit and Lake counties fell in the worst 25% of all counties in the nation.

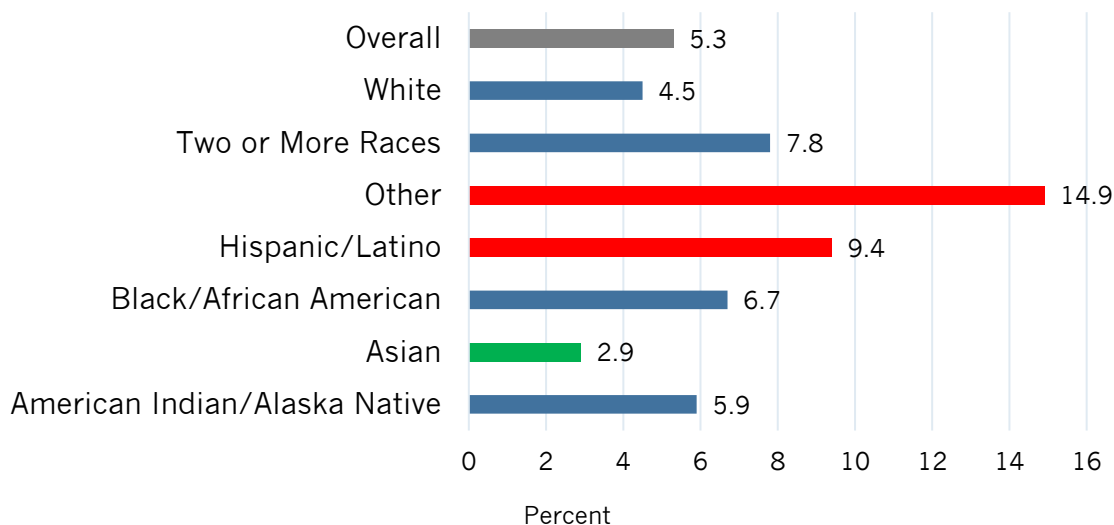
The average dollar amount per consumer unit for health insurance in Lake County is \$4,910. This is higher than the average dollar amount spent on health insurance in the state of Ohio, which is \$4,372 per consumer unit. A consumer unit is defined as a household or any person living in a college dormitory. Additionally, in Cuyahoga County, 89.8% of adults have health insurance, compared to 90.6% in the United States. People without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill, they will not seek treatment until the condition is more advanced and therefore more difficult and costly to treat.¹⁸ Many small businesses are unable to offer health insurance to employees due to rising health insurance premiums.¹⁹

¹⁸ Kaiser Family Foundation, 2020 and 2015

¹⁹ The Commonwealth Fund, 2019

The rising costs of medical care and lack of insurance affects all races and ethnicities. However, in Cuyahoga County, people identifying as Hispanic/Latino and Some Other Race are disproportionately affected (see red in Figure 26 below).

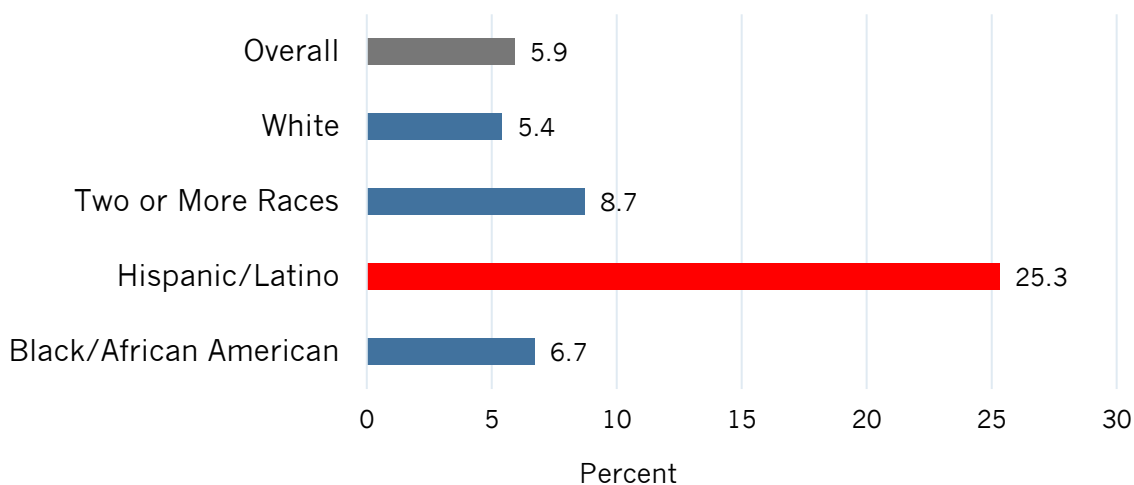
Figure 26. Persons without Health Insurance by Race/Ethnicity in Cuyahoga County



Source: American Community Survey, 2019

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

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



Source: American Community Survey, 2019

Prioritized Health Topic #2: Adult Health

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

OLDER ADULT HEALTH & OTHER CONDITIONS

Older Adult Health & Other Conditions

Secondary
Data Score: **1.62** (Older Adults)
1.78 (Other Conditions)



Key Themes from Community Input



- Affordable assisted living facilities in familiar neighborhoods are scarce
- Aging at home brings increased care requirements and isolation
- COVID-19 was a disruptor of programs for older adults leading to more social isolation
 - Increased reports of depression, anxiety, suicide attempt, death by suicide
 - Some people with dementia progressed to Alzheimer's
- Difficulties navigating health care system due to lack of broadband access/computer knowledge
- Expanded Medicaid access exposed gaps in knowledge or services navigation for older adults
- Lower income older adults disproportionately affected by chronic conditions, access to healthy food, poor housing conditions
- Mass vaccination sites were difficult for non-English speaking older adults to navigate (language barriers) and those not technologically savvy
- Social cohesion & connectedness:
 - Isolation in LGBTQ+ elderly patients because they come from a generation where they may have been rejected by family members, may have lost loved ones
 - Wasn't common for LGBT folks to have families, so they're really alone
 - Isolation is an independent risk factor for adverse outcomes

Warning Indicators



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

Primary Data: Key Stakeholder Interviews

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

Key stakeholders discussed that access to healthy food was often limited by a lack of public or private transportation and disproportionately affected older adults with lower incomes. Participants shared that there were few grocery stores in the community and stores were not within walking distance for most community members. Those interviewed shared concerns that the effects of redlining limited access to grocery stores, which were more likely to offer fresh fruits and vegetables. Furthermore, key informants shared concerns that COVID-19 had impacted the need for food increased levels of food

insecurity in the community the community. Conditions such as hypertension, asthma, diabetes, chronic obstructive pulmonary disease (COPD) and coronary heart disease are all related to the quality of food community members have access to.²⁰

Secondary Data: Adult Health

From the secondary data scoring results, Older Adult Health topic area had the fifth highest score at 1.62 and the related Other Conditions health topic ranked third with a score of 1.78. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and can be found in Appendix C and are discussed below. In addition, the appendices also contain a description of methodology (Appendix A) and a full list of indicators with data scoring categorized within this topic area (Appendix C).

The Age-Adjusted Death Rate due to Prostate Cancer is the worst performing indicator in Cuyahoga County with a score of 2.72. Not surprisingly, the county also has a high incidence rate of prostate cancer, with Cuyahoga County performing in the worst 25% of counties in the state and nation.

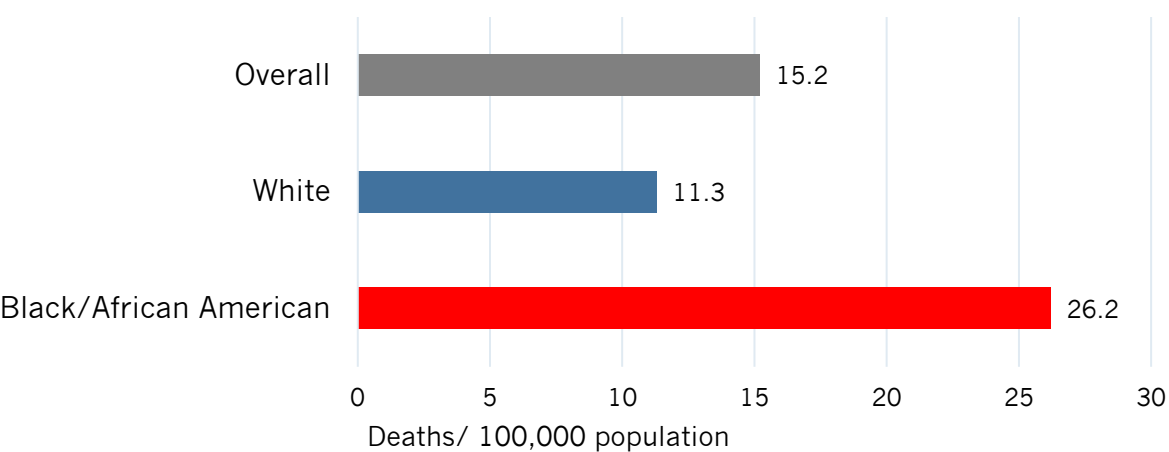
In Lake County, the Age-Adjusted Death Rate due to Falls and Osteoporosis: Medicare Population were the worst performing indicators, both scoring a 2.92 out of a possible 3.00.

Disparities also exist within the CCRH Beachwood Community and Chronic Diseases. Black/African American residents in Cuyahoga County experience worse rates of Age-Adjusted Death Rate due to Kidney Disease than their White peers residents. Figure 28 shows Black/African Americans in Cuyahoga County have an Age-Adjusted Death Rate due to Kidney Disease of 26.2 deaths per 100,000 population, compared to the overall rate of 15.2.

²⁰ Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion.

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

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



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

Prioritized Health Topic #3: Community Safety

Prevention and Safety

Secondary
Data Score:

1.79



Key Themes from Community Input



- Food insecurity increased with unemployment during the pandemic
- Generational poverty, poor housing and lack of resources available to create healthy conditions for people to live, work, and play in
- Gun violence was a top community concern
- People without safe and affordable housing are an underserved population

Warning Indicators



- Adults with Current Asthma
- Age-Adjusted Death Rate due to Falls
- Age-Adjusted Death Rate due to Motor Vehicle Collisions
- Age-Adjusted Death Rate due to Unintentional Injuries
- Age-Adjusted Death Rate due to Unintentional Poisonings
- Annual Ozone Air Quality
- Asthma: Medicare Population
- Children with Low Access to a Grocery Store
- Death Rate due to Drug Poisoning
- Fast Food Restaurant Density
- Low-Income and Low Access to a Grocery Store
- People 65+ with Low Access to a Grocery Store
- Physical Environment Ranking
- SNAP Certified Stores
- WIC Certified Stores

Primary Data: Key Stakeholder Interviews

Key stakeholders couched discussions around specific health needs in the context of intergenerational experiences of poverty, poor housing conditions, and historical redlining. Stakeholders expressed that they felt there were generally lack of resources individually and as a community to create healthy conditions for people to live, work and play. Gun violence was also a recurring theme throughout key stakeholder interviews. Community violence was mentioned as a barrier to physical activity, specifically, children playing outside in unsafe communities. Finally, concerns were shared about transgender patients experiencing higher rates of victimization and violence.



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



- Key Stakeholder

Secondary Data

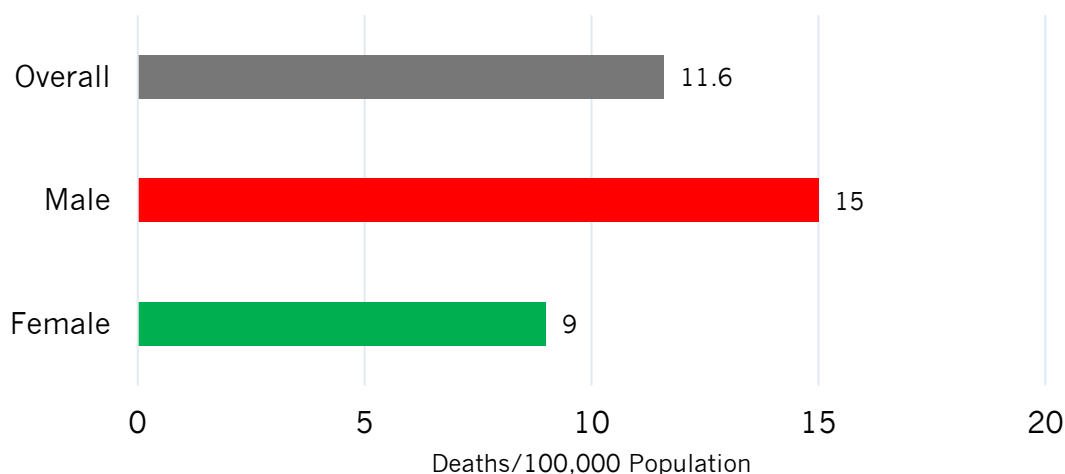
Prevention & Safety ranked second among all health topics with a score of 1.79. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and can be found in Appendix C and are discussed below. In addition, the

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

Death Rate due to Drug Poisoning ranked highest in this topic area for Cuyahoga County with a death rate of 42.6 deaths per 100,000 population, compared to Ohio's rate of 38.1 and the U.S. rate of 21.0 This indicator is also increasing significantly in Cuyahoga County.

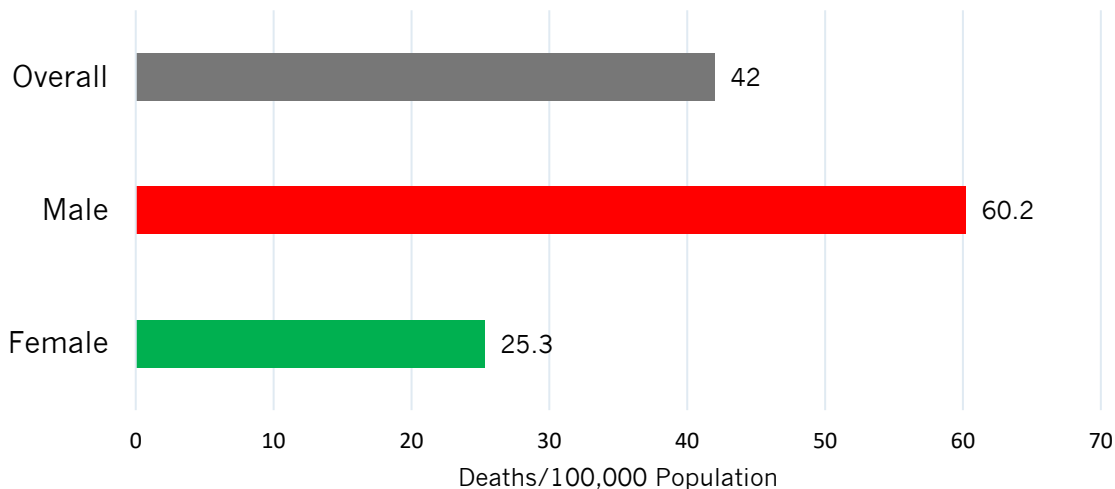
Additionally, disparities were identified in this topic area for all three counties and are shown below. In Cuyahoga County, disparities exist for males in the following indicators: Age-Adjusted Death Rate due to Falls, Age-Adjusted Death Rate due to Unintentional Poisonings, and Age-Adjusted Death Rate due to Unintentional Injuries, as seen in Figures 29, 30 and 31.

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



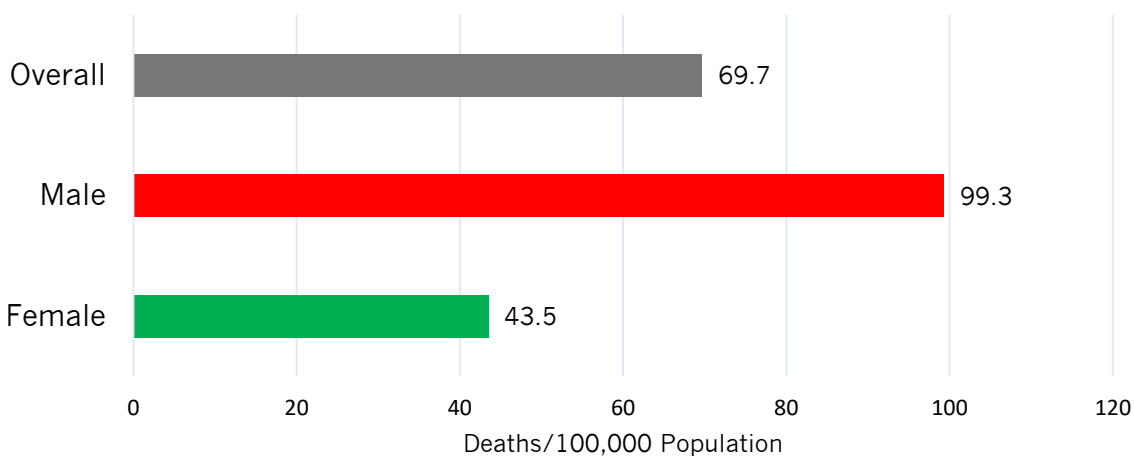
Source: Centers for Disease Control and Prevention, 2017-2019

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



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

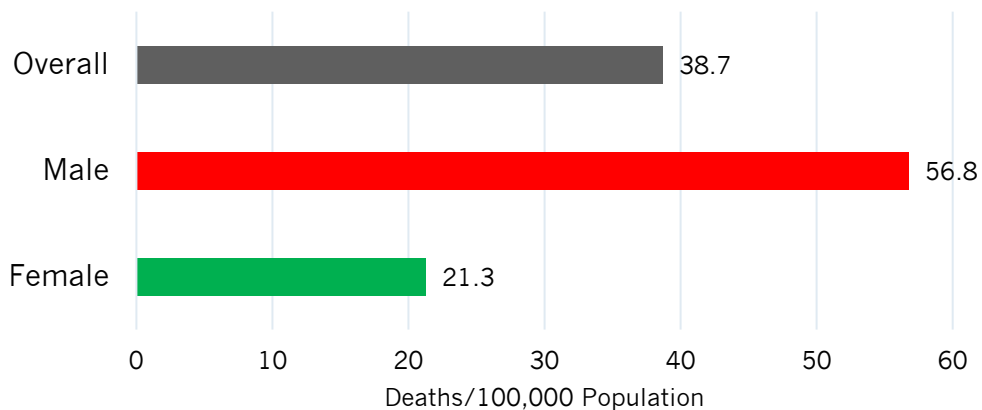
Figure 31. Age-Adjusted Death Rate due to Unintentional Injuries by Gender in Cuyahoga County



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

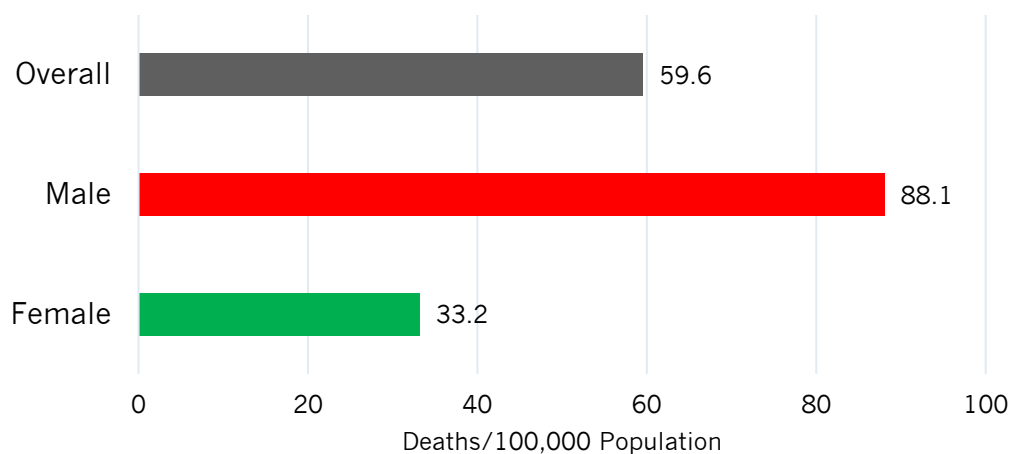
Males in Summit and Lake counties also have higher values of age-adjusted death rates due to unintentional poisonings and injuries as seen in Figures 32, 33, 34 and 35.

Figure 32. Adjusted Death Rate due to Unintentional Poisonings by Gender in Summit County



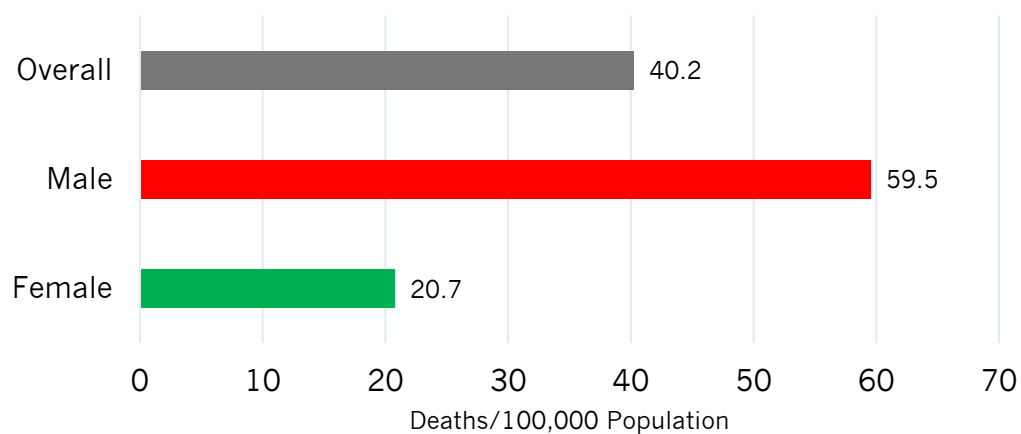
Source: Centers for Disease Control and Prevention, 2017-2019

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



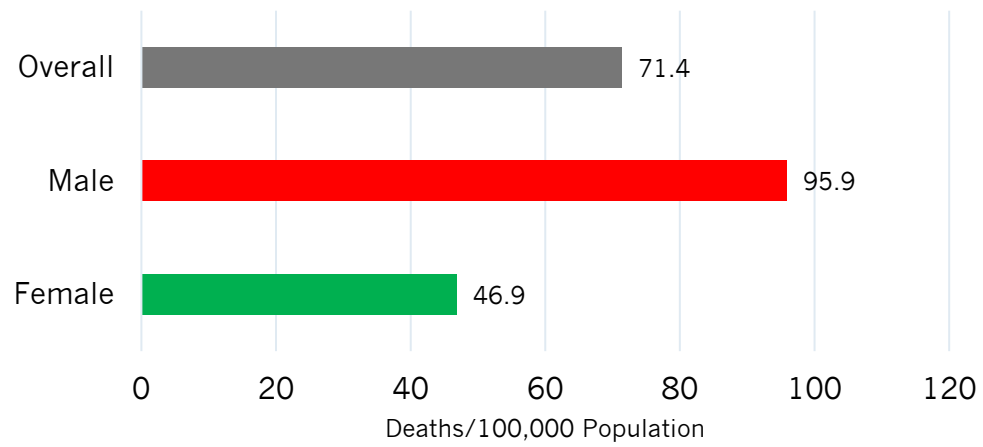
Source: Centers for Disease Control and Prevention, 2017-2019

Figure 34. Age-Adjusted Death Rate due to Unintentional Poisonings by Gender in Lake County



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

Figure 35. Age-Adjusted Death Rate due to Unintentional Injuries by Gender in Lake County



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

Appendices Summary

A. Methodology

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

B. Impact Evaluation

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

C. Secondary Data Methodology and Scoring Tables

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

D. Community Input Assessment Tools

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

- Key Stakeholder Interview Questions
- Key Stakeholder and Community Organizations

E. Community Partners and Resources

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

F. Acknowledgements

Appendix A: Methodology

Overview

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

Secondary Data Sources & Analysis

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

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

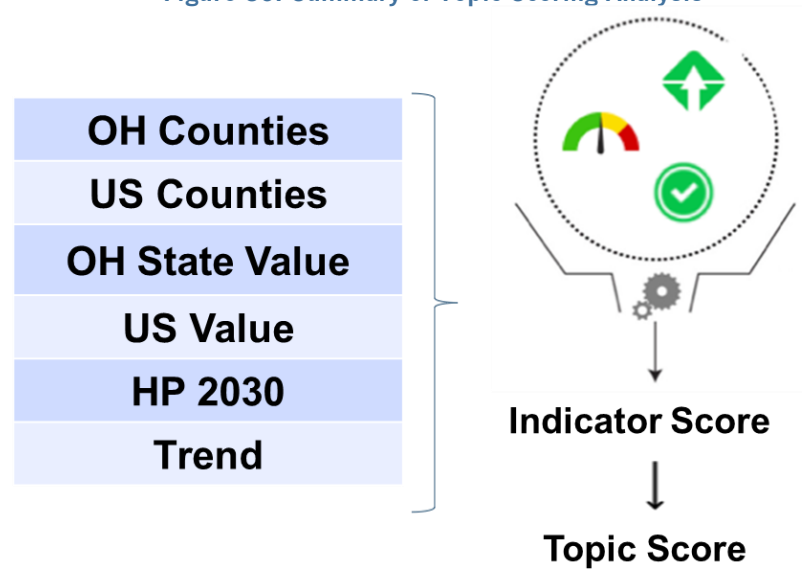
- Ohio Public Health Information Warehouse
- Ohio Secretary of State
- U.S. Bureau of Labor Statistics
- U.S. Census - County Business Patterns
- U.S. Department of Agriculture - Food Environment Atlas
- U.S. Environmental Protection Agency
- United For ALICE

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

Secondary Data Scoring

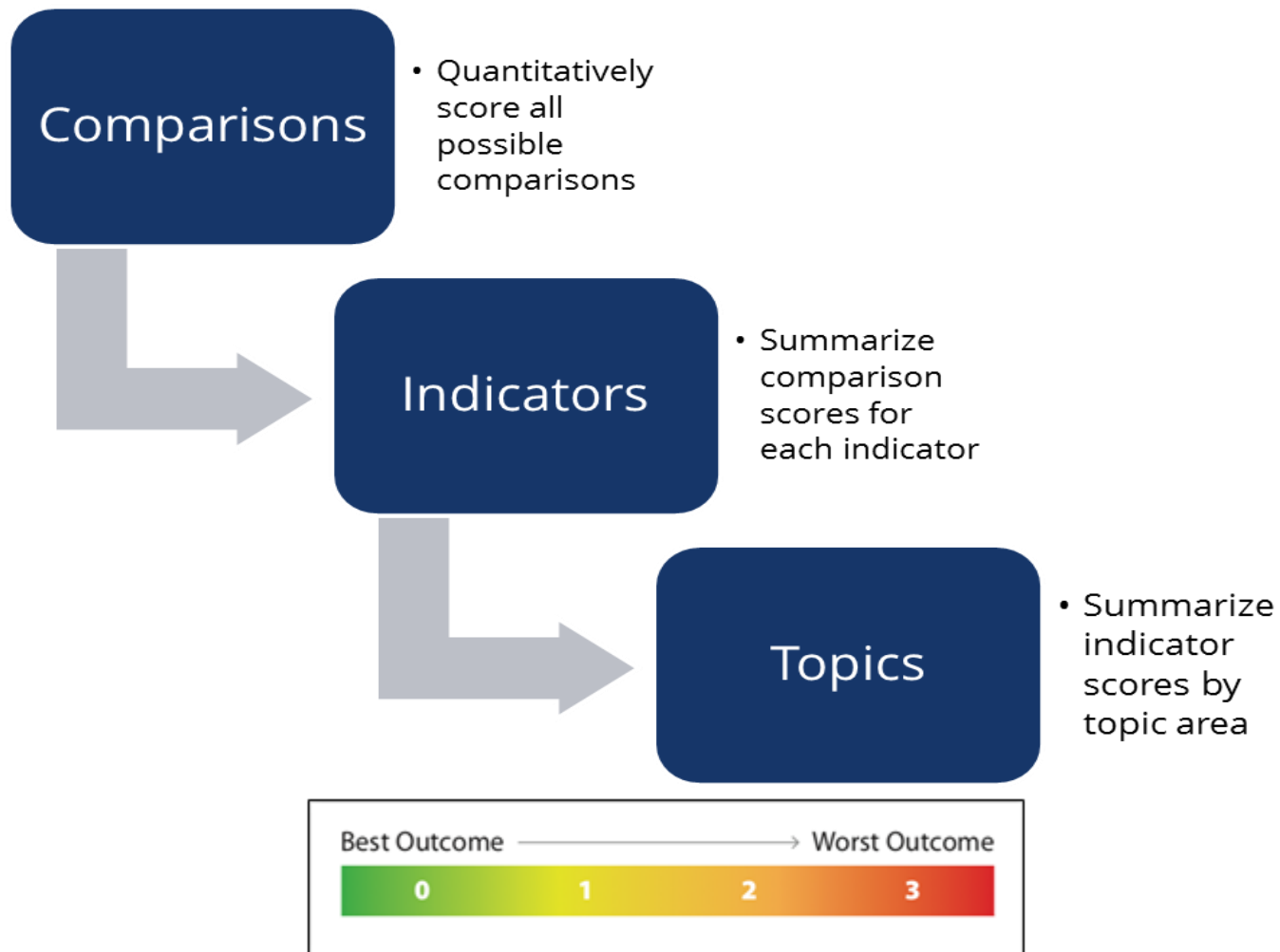
HCI's Data Scoring Tool (Figure 36) was used to systematically summarize multiple comparisons in order to rank indicators based on highest need. This analysis was completed at the county level. For each indicator, the community value was compared to a distribution of Ohio and US counties, state and national values, Healthy People 2030, and significant trends were noted. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities and changes in methodology over time. The comparison scores were summarized for each indicator, and indicators were then grouped into topic areas for a systematic ranking of community health needs.

Figure 36: Summary of Topic Scoring Analysis



Secondary Data Scoring

Data scoring is done in three stages:



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

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

This process was completed separately for the three counties within the CCRH Beachwood Community: Cuyahoga, Lake, and Summit counties. To calculate the overall highest needs topic area scores, an average was taken for each topic area across the three counties. Each county's values were weighted the same. More details about topics scores and the average score for the CCRH Beachwood Community, see Appendix C.

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

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

Comparison to Values: State, National, and Targets

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

Trend over Time

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

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with

a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

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

Topic Scoring

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

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

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

Table 2 shows the health and quality of life topic scoring results for the CCRH Beachwood Community, ranked in order of highest need. Medications & Prescriptions scored as the poorest performing topic area with a score of 2.15, followed by Prevention & Safety with a score of 1.79. Topics that received a score of 1.50 or higher were considered a significant health need. Eight topics scored at or above the threshold. Topic areas with fewer than three indicators were considered a data gap.

Table 2: Top Secondary Data Health Needs

Top Secondary Data Health Needs
Medications & Prescriptions
Prevention & Safety
Other Conditions
Alcohol & Drug Use
Older Adults
Cancer
Women's Health
Education

Index of Disparity

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

Health Equity Index

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

How is the index value calculated?

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

What do the ranks and colors mean?

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

Food Insecurity Index

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

How is the index value calculated?

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

What do the ranks and colors mean?

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

Mental Health Index

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

How is the index value calculated?

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

What do the ranks and colors mean?

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

Table 3 below lists each zip code within the CCRH Beachwood Community and their respective HEI, FII, and MHI values.

Table 3: HEI, FII and MHI Values for Zip Codes within the CCRH Beachwood Community

Zip Code	HEI Value	FII Value	MHI Value
44022	1.1	2	38.9
44045	N/A	N/A	N/A
44060	17.3	25	61.9
44077	28.1	40.3	73.6
44087	12.7	19.8	60.7
44092	32.1	45.4	75.2
44094	17	27.1	70.3
44095	42.7	43.5	75
44103	99.3	98.3	100
44104	99.9	99.8	100
44105	98.1	98.2	99.8
44106	88.5	72.4	98.5
44108	98.8	97.6	100
44110	98.6	98.4	99.9
44112	96.6	97.6	99.9
44117	80	88	99.2
44118	19.8	41.4	80.5
44119	85.3	86	97.2
44120	84	88.4	99.2
44121	49.6	77.5	92.2

44122	7.8	24.1	87.9
44123	79.4	89.4	98.3
44124	13	18.5	80.3
44125	70.2	81.3	94.5
44128	92.8	96.1	99.7
44132	81.2	91.6	98.2
44137	82.8	86.2	97.7
44139	4.3	8.6	25.9
44143	20	25.4	89
44146	53.9	71.2	96.4

Data Considerations

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

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

Race or Ethnic and Special Population Groupings

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

Zip Codes and Zip Code Tabulation Areas

This report presents both Zip Code and Zip Code Tabulation Area (ZCTA) data. Zip Codes, which were created by the U.S. Postal Service to improve mail delivery service, are not reported in this assessment as they may change, include P.O. boxes or

cover large unpopulated areas. This assessment cover ZCTAs or Zip Code Tabulation Areas which were created by the U.S. Census Bureau and are generalized representations of Zip Codes that have been assigned to census blocks.

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

Primary Data Collection & Analysis

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

Key Stakeholder Interviews Methodology and Results

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

Table 4: CCRH Beachwood Key Stakeholder Organizations
Key Stakeholder and Community Organizations

<ul style="list-style-type: none"> • City of Cleveland Department of Public Health • Cuyahoga County Board of Health • Summit County Public Health • Select Specialty Hospital-Cleveland Fairhill • Cleveland Clinic Avon Hospital 	<ul style="list-style-type: none"> • Neighborhood Family Practice • Birthing Beautiful Communities • Lead Safe Cleveland Coalition • Better Health Partnerships • NAMI Greater Cleveland • Asian Services in Action (ASIA) • Cleveland Clinic LGBTQ+ Care • Benjamin Rose Institute on Aging • Greater Cleveland Food Bank
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	<ul style="list-style-type: none"> • The Gathering Place • Cuyahoga Metropolitan Housing Authority • Esperanza • The Centers for Families and Children
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The transcripts were analyzed using the qualitative analysis program Dedoose 2®. Text was coded using a pre-designed codebook-organized by themes and analyzed for significant observations. Figure 37 shows key findings from community stakeholder interviews specific to the CCRH Beachwood Community.

Figure 37: Key Stakeholder Findings

Top health issues	Barriers/Social Determinants of Health	Populations most impacted
<ul style="list-style-type: none"> • Access to Health Services* • Knowledge, navigation, stigmatization • Prevention & Safety • Mental Health* • Heart Disease & Stroke* • Diabetes • Physical Activity • Housing • Nutrition/Food Security • Older Adult Health Needs* • Public Safety/Crime 	<ul style="list-style-type: none"> • Trust • Workforce attrition and costs • Community organization collaborations • COVID-19* • Geography • Built environment • Economy/Poverty* • Transportation* • Employment 	<ul style="list-style-type: none"> • Older Adults* • Black/African Americans • LGBTQIA+

**Feedback specific to Select Hospital key stakeholders*

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

Appendix B: Impact Evaluation

The CHNA process should be viewed as a three-year cycle to evaluate the impact of actions taken to address priority areas. This step affirms organizations focus and target efforts during the next CHNA cycle. The top health priorities for the CCRH Beachwood Community from the 2019 CHNA were:

- Access to Affordable Healthcare
- Chronic Disease Prevention and Management
- Socioeconomic Concerns

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

Actions Taken Since Previous CHNA

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

Access to Affordable Healthcare

Actions:

- Access to affordable healthcare was identified as a significant need in the 2019 CHNA for Beachwood Rehabilitation. Access barriers include cost, poverty, inadequate transportation, a lack of awareness regarding available services, and an undersupply of providers.

Highlighted Impacts:

- Financial Assistance - Beachwood Rehabilitation provided medically necessary services to all patients regardless of race, color, creed, gender, country of national origin, or ability to pay. Financial assistance was also provided to patients on a case-by-case basis under certain medical circumstances.
- Awareness -- the hospital developed educational materials with patients, families, and providers to broaden community awareness and improve patients' ability to choose the most appropriate care setting. In addition, Beachwood Rehabilitation developed a large network of clinical liaisons throughout the community to assist elderly consumers in understanding their post-acute care options.

- How to Access Care - Clinical staff serving the Brain Injury, Spinal Cord Injury, COVID19, Amputee and Stroke Program teams at Beachwood Rehabilitation developed support groups and educational sessions for families and community residents.
- Provider Support - Beachwood Rehabilitation provides a host of medical support of Nephrology, Neurology, Physiology, Psychology, and Pulmonology

Chronic Disease Prevention and Management

Actions:

- Chronic disease prevention and the management of chronic disease were identified as needs within the 2019 CHNA for Beachwood Rehabilitation. Chronic diseases, including addiction and mental health, heart disease, hypertension, obesity, diabetes, COPD.

Highlighted Impacts:

- Physicians educated patients on overall healthcare and on potential risk factors that may affect recovery. They also educated patients on their past medical history and how their existing conditions may be impacted by their new injury.
- Physical and functional impairments may be exacerbated by obesity. To encourage weight loss, the clinical team provided education and training to patients to increase mobility and activity. Discussions regarding healthy eating and interpretation of food labels were included as part of the therapy care plan.
- Depression and emotional changes, common following illness or injury, were addressed by a variety of modes of treatment and professionals including: therapists, nursing staff, psychologists, psychiatrists, non-pharmacological techniques, pharmacological treatment and recreation therapy.
- The hospital formalized an internal opioid management process for reviewing healthcare prescribing, data collection, and the use of non-pharmacologic treatment for pain
- Appropriate referrals to community programs, such as AA, NA, or mental health resources were delivered by case management and psychology staff.
- Beachwood Rehabilitation developed a large network of clinical liaisons throughout the community to assist elderly consumers in understanding their post-acute care options. (moved to top)
- Beachwood Rehabilitation developed evidence-based falls prevention education for internal and external stakeholders including information on environmental modifications, balance exercises, and home safety assessments,
- Smoking cessation aligned with Beachwood Rehabilitation goals for our patients. The hospital is a smoke free campus. A formalized smoking cessation program will was developed including resources and education that were provided to patients during an inpatient rehabilitation stay. Patients were also connected with organizations in the community for ongoing follow up and support.

- Beachwood Rehabilitation provides formalized hypertension classes for our cardiac and hypertensive patients. Educates patients on diet, exercise, and other lifestyle factors contributing to hypertension.
- Respiratory Team at Beachwood Rehabilitation developed an Oxygen Program that provides education for our patients with tracheotomy's, COPD and chronic respiratory disease going home on oxygen.
- Our Pharmacist, Registered Dietitians, and Nurses provide education on insulin, nutrition, and oral medications to our diabetic patients.

Community Feedback

Community Health Needs Assessment reports from 2019 were published on the CCRH Beachwood website. No community feedback has been received as of the drafting of this report. For more information regarding Cleveland Clinic Community Health Needs Assessments and Implementation Strategy reports, please visit www.clevelandclinic.org/CHNAreports or contact CHNA@ccf.org.

Appendix C: Secondary Data Scoring Tables

Table 5: CCRH Beachwood Hospital Community Definition

Zip code	Postal Name
44022	Chagrin Falls
44045	Grand River
44060	Mentor
44077	Painesville
44087	Twinsburg
44092	Wickliffe
44094	Willoughby
44095	Eastlake
44103	Cleveland
44104	Cleveland
44105	Cleveland
44106	Cleveland
44108	Cleveland
44110	Cleveland
44112	Cleveland
44117	Euclid
44118	Cleveland
44119	Cleveland
44120	Cleveland
44121	Cleveland
44122	Beachwood
44123	Euclid
44124	Cleveland
44125	Cleveland
44128	Cleveland
44132	Euclid
44137	Maple Heights

44139	Solon
44143	Highland Heights
44146	Bedford

Table 6: Population Estimates for Each Zip Code

Zip code	City	Population
44022	Chagrin Falls	16,280
44045	Grand River	429
44060	Mentor	59,531
44077	Painesville	59,067
44087	Twinsburg	22,289
44092	Wickliffe	16,457
44094	Willoughby	36,802
44095	Eastlake	32,044
44103	Cleveland	16,179
44104	Cleveland	21,988
44105	Cleveland	35,422
44106	Cleveland	26,538
44108	Cleveland	22,563
44110	Cleveland	18,325
44112	Cleveland	20,733
44117	Euclid	9,846
44118	Cleveland	38,730
44119	Cleveland	11,660
44120	Cleveland	34,405
44121	Cleveland	31,150
44122	Beachwood	34,095
44123	Euclid	16,557
44124	Cleveland	37,673
44125	Cleveland	26,717
44128	Cleveland	27,367

44132	Euclid	14,033
44137	Maple Heights	21,557
44139	Solon	24,579
44143	Highland Heights	23,896
44146	Bedford	28,999

Table 7: Percentage of Families Living Below Poverty Level for Each Zip Code

Zip Code	City	Families Below Poverty Level (%)
44022	Chagrin Falls	1.5%
44045	Grand River	9.5%
44060	Mentor	3.8%
44077	Painesville	6.5%
44087	Twinsburg	6.1%
44092	Wickliffe	3.8%
44094	Willoughby	4.3%
44095	Eastlake	6.2%
44103	Cleveland	32.1%
44104	Cleveland	47.5%
44105	Cleveland	26.6%
44106	Cleveland	20.4%
44108	Cleveland	24.2%
44110	Cleveland	30.8%
44112	Cleveland	25.4%
44117	Euclid	10.6%
44118	Cleveland	7.8%
44119	Cleveland	16.5%
44120	Cleveland	16.4%
44121	Cleveland	10.8%

44122	Beachwood	4.8%
44123	Euclid	15.9%
44124	Cleveland	3.9%
44125	Cleveland	10.3%
44128	Cleveland	19.5%
44132	Euclid	16.1%
44137	Maple Heights	15.4%
44139	Solon	3.9%
44143	Highland Heights	4.6%
44146	Bedford	8.1%

Table 8: Secondary Data Results by Health Topic—Cuyahoga, Lake and Summit Counties

HEALTH TOPICS	CUYAHOGA	LAKE	SUMMIT	AVG
Alcohol & Drug Use	1.73	1.81	1.51	1.68
Cancer	1.71	1.55	1.51	1.59
Children's Health	1.72	1.21	1.41	1.45
Diabetes	1.17	1.04	1.29	1.17
Health Care Access & Quality	1.21	1.57	1.26	1.35
Heart Disease & Stroke	1.35	1.49	1.28	1.37
Immunizations & Infectious Diseases	1.20	1.02	1.27	1.16
Maternal, Fetal & Infant Health	1.56	1.06	1.63	1.42
Medications & Prescriptions	1.72	2.5	2.22	2.15
Mental Health & Mental Disorders	1.39	1.16	1.66	1.40
Nutrition & Healthy Eating	1.31	1.47	1.67	1.48
Older Adults	1.65	1.58	1.63	1.62
Oral Health	1.14	1.15	0.86	1.05
Other Conditions	1.83	1.69	1.83	1.78
Physical Activity	1.39	1.47	1.47	1.44

Prevention & Safety	2.21	1.92	1.24	1.79
Respiratory Diseases	1.23	1.13	1.38	1.25
Tobacco Use	1.19	1.06	1.36	1.20
Wellness & Lifestyle	1.49	1.17	1.33	1.33
Women's Health	1.46	1.62	1.58	1.55
QUALITY OF LIFE TOPIC	SCORE			
Community	1.66	1.14	1.30	1.37
Economy	1.68	0.82	1.28	1.26
Education	1.55	1.55	1.54	1.55
Environmental Health	1.53	1.31	1.43	1.42











Secondary Data Scoring Indicators of Concern

From the secondary data scoring results, Health Care Access & Quality ranked as the 14th highest scoring health need, with a score of 1.35. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 9 below. For each indicator, there is an indicator score, county value, state value, and national value (where available). Additionally, there are state and national county distributions for comparison along with indicator trend information. The legend (Figure 38) on the right shows how to interpret the distribution gauges and trend icons used in the data scoring results for each health topic by county (Table 8).

Figure 38: Prioritized Health Needs

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













**Table 9. Data Scoring Results for Healthcare Access & Quality for the CCRH Beachwood Community
Cuyahoga County**

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

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



Lake County







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

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

Summit County

SCORE	HEALTH CARE ACCESS & QUALITY	Summit County	HP2030	Ohio	U.S.	Ohio Counties	U.S. Counties	Trend
2.33	Consumer Expenditures: Medical Services	1153.1		1098.6	1047.4			...

2.17	Consumer Expenditures: Health Insurance	4543.8		4371.7	4321.1			...
2.17	Consumer Expenditures: Medical Supplies	213.4		204.8	194.9			...
2.17	Consumer Expenditures: Prescription and Non-Prescription Drugs	664.9		638.9	609.6			...
1.56	Persons without Health Insurance	6.5		6.6		...	...	...
1.50	Adults with Health Insurance	90		90.9	87.1	...	...	...

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

Table 10: Secondary Data Scoring Indicators of Concern: Prioritized Health Topic #2: Adult Health


















From the secondary data scoring results, Older Adult Health topic area had the fifth highest score at 1.62 and the related Other Conditions health topic ranked third with a score of 1.78. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 10 below.

Cuyahoga County

SCORE	ADULT HEALTH	Cuyahoga County	HP2030	Ohio	U.S.	Ohio Counties	U.S. Counties	Trend
-------	--------------	-----------------	--------	------	------	---------------	---------------	-------

2.72	Age-Adjusted Death Rate due to Prostate Cancer	23.8	16.9	19.4	18.9			
2.64	People 65+ Living Alone	34.8		28.8	26.1			
2.58	Breast Cancer Incidence Rate	134.8		129.6	126.8			
2.47	People 65+ Living Below Poverty Level	10.9		8.1	9.3			
2.36	Prostate Cancer Incidence Rate	128		107.2	106.2			
2.31	Cancer: Medicare Population	9		8.4	8.4			
2.31	Age-Adjusted Death Rate due to Falls	11.6		10.5	9.5			
2.28	Age-Adjusted Death Rate due to Breast Cancer	23.6	15.3	21.6	19.9			
2.25	All Cancer Incidence Rate	479.7		467.5	448.6			

2.17	Alzheimer's Disease or Dementia: Medicare Population	11.4		10.4	10.8			
2.14	Colorectal Cancer Incidence Rate	44.2		41.3	38			
2.14	Atrial Fibrillation: Medicare Population	9		9	8.4			
2.08	Osteoporosis: Medicare Population	6.3		6.2	6.6			...
2.03	Asthma: Medicare Population	5.2		4.8	5			
1.92	Chronic Kidney Disease: Medicare Population	25.2		25.3	24.5			
1.92	Adults with Kidney Disease	3.6			3.1			...
1.92	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	35.4		36.1	33.5			
1.78	Age-Adjusted Death Rate due to Cancer	171	122.7	169.4	152.4			

1.75	Adults 65+ who Received Recommended Preventive Services: Females	28.6			28.4			...
1.75	Depression: Medicare Population	18.5		20.4	18.4			
1.69	Heart Failure: Medicare Population	15.3		14.7	14			
1.69	Age-Adjusted Death Rate due to Kidney Disease	15.2		14.5	12.9			
1.67	People 65+ with Low Access to a Grocery Store	3.4						...
1.67	Colon Cancer Screening	63.7	74.4		66.4			...
1.58	Adults 65+ with Total Tooth Loss	15.5			13.5			...

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

Lake County

SCORE	ADULT HEALTH	Lake County	HP2030	Ohio	U.S.	Ohio Counties	U.S. Counties	Trend
-------	--------------	-------------	--------	------	------	---------------	---------------	-------

2.92	Age-Adjusted Death Rate due to Falls	17.3		10.5	9.5			
2.92	Osteoporosis: Medicare Population	8.2		6.2	6.6			
2.64	Atrial Fibrillation: Medicare Population	10		9	8.4			
2.64	Cancer: Medicare Population	9.2		8.4	8.4			
2.47	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	37.4		36.1	33.5			
2.31	Hyperlipidemia: Medicare Population	52.4		49.4	47.7			
2.00	People 65+ with Low Access to a Grocery Store	4.9						...
1.81	Ischemic Heart Disease: Medicare Population	28.5		27.5	26.8			
1.75	Adults with Arthritis	30.2			25.1			...

1.69	Stroke: Medicare Population	4		3.8	3.8			
1.64	Depression: Medicare Population	19.2		20.4	18.4			
1.50	Colon Cancer Screening	64.2	74.4		66.4			...
1.50	Consumer Expenditures: Eldercare	22.3		20.5	34.3			...
1.50	COPD: Medicare Population	12.4		13.2	11.5			

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

Summit County

SCORE	ADULT HEALTH	Summit County	HP2030	Ohio	U.S.	Ohio Counties	U.S. Counties	Trend
2.75	Depression: Medicare Population	21.8		20.4	18.4			
2.75	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	37.7		36.1	33.5			

2.58	Age-Adjusted Death Rate due to Alzheimer's Disease	41		34	30.5			
2.42	Cancer: Medicare Population	8.5		8.4	8.4			
2.36	Asthma: Medicare Population	5.8		4.8	5			
2.19	People 65+ Living Alone	30.1		28.8	26.1			
2.17	Alzheimer's Disease or Dementia: Medicare Population	11.3		10.4	10.8			
2.14	Osteoporosis: Medicare Population	6.6		6.2	6.6			
1.92	Chronic Kidney Disease: Medicare Population	24.7		25.3	24.5			
1.83	Colon Cancer Screening	62.2	74.4		66.4			...
1.83	People 65+ with Low Access to a Grocery Store	4.3						...

1.81	Atrial Fibrillation: Medicare Population	8.9		9	8.4			
1.81	Hyperlipidemia: Medicare Population	49.9		49.4	47.7			
1.58	Adults with Arthritis	29.8			25.1			...







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

Table 11: Secondary Data Scoring Indicators of Concern: Prioritized Health Topic #3: Community Safety

Prevention & Safety ranked second among all health topics with a score of 1.79. Further analysis was done to identify specific indicators of concern which include indicators with high data scores (scoring at or above the threshold of 1.50) and seen in Table 11.













Cuyahoga County

SCORE	PREVENTION & SAFETY	Cuyahoga County	HP2030	Ohio	U.S.	Ohio Counties	U.S. Counties	Trend
2.64	Death Rate due to Drug Poisoning	42.6		38.1	21			
2.31	Age-Adjusted Death Rate due to Falls	11.6		10.5	9.5			

2.31	Age-Adjusted Death Rate due to Unintentional Poisonings	42		40.2	21.4			
2.22	Age-Adjusted Death Rate due to Unintentional Injuries	69.7	43.2	68.8	48.9			
2.00	Age-Adjusted Death Rate due to Motor Vehicle Collisions	3.6		2.8	2.5	...	...	...







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

Lake County

SCORE	PREVENTION & SAFETY	Lake County	HP2030	Ohio	U.S.	Ohio Counties	U.S. Counties	Trend
2.92	Age-Adjusted Death Rate due to Falls	17.3		10.5	9.5			
2.39	Age-Adjusted Death Rate due to Unintentional Injuries	71.4	43.2	68.8	48.9			
2.14	Age-Adjusted Death Rate due to Unintentional Poisonings	40.2		40.2	21.4			
2.14	Death Rate due to Drug Poisoning	36.9		38.1	21			
1.50	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2.6		2.8	2.5	...	...	...

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

Summit County

SCORE	PREVENTION & SAFETY	Summit County	HP2030	Ohio	U.S.	Ohio Counties	U.S. Counties	Trend
2.00	Age-Adjusted Death Rate due to Unintentional Poisonings	38.7		40.2	21.4			
1.86	Death Rate due to Drug Poisoning	36.7		38.1	21			

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

Table 12: Secondary Data Scoring Results by Health Topic for The CCRH Beachwood Community in Rank Order by Topic Score

HEALTH TOPICS	AVG
Medications & Prescriptions	2.15
Prevention & Safety	1.79
Other Conditions	1.78
Alcohol & Drug Use	1.68
Older Adults	1.62
Cancer	1.59
Women's Health	1.55
Nutrition & Healthy Eating	1.48
Children's Health	1.45
Physical Activity	1.44
Maternal, Fetal & Infant Health	1.42
Mental Health & Mental Disorders	1.40
Heart Disease & Stroke	1.37
Health Care Access & Quality	1.35
Wellness & Lifestyle	1.33
Respiratory Diseases	1.25
Tobacco Use	1.20
Diabetes	1.17
Immunizations & Infectious Diseases	1.16
Oral Health	1.05
QUALITY OF LIFE TOPIC	SCORE
Education	1.55

Environmental Health	1.42
Community	1.37
Economy	1.26

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

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

1.44	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	42.9	25.1	45	36.7	2015-2019	12
1.36	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	63.7		67.3	57.3	2014-2018	12
1.28	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	14.5	8.9	14.8	13.4	2015-2019	12
1.25	Adults with Cancer	<i>percent</i>	7.5			7.1	2019	4
1.14	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	11.5		12.2	11.9	2014-2018	12
0.94	Mammogram in Past 2 Years: 50-74	<i>percent</i>	75.2	77.1		74.8	2018	4
0.89	Cervical Cancer Screening: 21-65	<i>Percent</i>	85.3	84.3		84.7	2018	4
0.61	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	6.4		7.9	7.7	2014-2018	12

SCORE	CHILDREN'S HEALTH	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.17	Child Food Insecurity Rate	<i>percent</i>	20.7		17.4	14.6	2019	10
2.08	Projected Child Food Insecurity Rate	<i>percent</i>	23.4		18.5		2021	10
1.94	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	10	8.7	6.8		2020	3

1.86	Blood Lead Levels in Children (>=10 micrograms per deciliter)	<i>percent</i>	1.7	0.5		2020	19
1.58	Blood Lead Levels in Children (>=5 micrograms per deciliter)	<i>percent</i>	5.8	1.9		2020	19
1.50	Children with Low Access to a Grocery Store	<i>percent</i>	4.3			2015	23
1.33	Children with Health Insurance	<i>percent</i>	97.1	95.2	94.3	2019	1
1.33	Consumer Expenditures: Childcare	<i>average dollar amount per consumer unit</i>	272.1	301.6	368.2	2021	7

SCORE	COMMUNITY	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.64	People 65+ Living Alone	<i>percent</i>	34.8		28.8	26.1	2015-2019	1
2.50	Single-Parent Households	<i>percent</i>	37.6		27.1	25.5	2015-2019	1
2.47	Homeownership	<i>percent</i>	50.9		59.4	56.2	2015-2019	1
2.44	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	41.4	28.3	32.2	27	2015-2019	9

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

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

1.06	Workers Commuting by Public Transportation	<i>percent</i>	4.6	5.3	1.6	5	2015-2019	1
1.03	Workers who Drive Alone to Work	<i>percent</i>	79.3		82.9	76.3	2015-2019	1
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.3				2015	23
0.83	Households with Wireless Phone Service	<i>percent</i>	97.2		96.8	97	2020	8
0.69	Workers who Walk to Work	<i>percent</i>	2.7		2.2	2.7	2015-2019	1
0.58	Per Capita Income	<i>dollars</i>	33114		31552	34103	2015-2019	1
0.25	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	32.5		28.3	32.1	2015-2019	1

SCORE	DIABETES	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.50	Adults 20+ with Diabetes	<i>percent</i>	9				2019	5
1.14	Diabetes: Medicare Population	<i>percent</i>	25.3		27.2	27	2018	6

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

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

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

1.31	Overcrowded Households	<i>percent of households</i>	1.2	1.4		2015-2019	1
1.25	Unemployed Workers in Civilian Labor Force	<i>percent</i>	4.6	4.3	4.6	Sep-21	21
1.17	Consumer Expenditures: Home Rental Expenses	<i>average dollar amount per consumer unit</i>	3928.7	3798.7	5460.2	2021	7
1.00	Mortgaged Owners Spending 30% or More of Household Income on Housing	<i>percent</i>	22.7	19.7	26.5	2019	1
0.58	Per Capita Income	<i>dollars</i>	33114	31552	34103	2015-2019	1
0.58	Students Eligible for the Free Lunch Program	<i>percent</i>	12.9			2019-2020	13

SCORE	EDUCATION	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.86	4th Grade Students Proficient in English/Language Arts	<i>percent</i>	46.6		63.3		2018-2019	15
1.86	4th Grade Students Proficient in Math	<i>percent</i>	52.5		74.3		2018-2019	15

1.86	8th Grade Students Proficient in English/Language Arts	percent	43.1	58.3	2018-2019	15	
1.86	8th Grade Students Proficient in Math	percent	39.5	57.3	2018-2019	15	
1.33	Consumer Expenditures: Childcare	average dollar amount per consumer unit	272.1	301.6	368.2	2021	7
1.67	Consumer Expenditures: Education	average dollar amount per consumer unit	1196.7	1200.4	1492.4	2021	7
1.44	High School Graduation	percent	89.5	90.7	92	2019-2020	15
0.25	People 25+ with a Bachelor's Degree or Higher	percent	32.5	28.3	32.1	2015-2019	1
1.81	Student-to-Teacher Ratio	students/ teacher	16.5			2019-2020	13

SCORE	ENVIRONMENTAL HEALTH	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.25	Adults with Current Asthma	percent	11			8.9	2019	4
2.14	Fast Food Restaurant Density	restaurants/ 1,000 population	0.9				2016	23
2.08	Houses Built Prior to 1950	percent	39.2		26.2	17.5	2015-2019	1

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

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

1.00	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1				2016	23
0.50	Access to Exercise Opportunities	<i>percent</i>	97.5		83.9	84	2020	9

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.83	Adults with Health Insurance: 18+	<i>percent</i>	89.8		90.2	90.6	2021	8
1.83	Consumer Expenditures: Medical Services	<i>average dollar amount per consumer unit</i>	1057.6		1098.6	1047.4	2021	7
1.83	Consumer Expenditures: Medical Supplies	<i>average dollar amount per consumer unit</i>	199.2		204.8	194.9	2021	7
1.50	Adults who Visited a Dentist	<i>percent</i>	51.3		51.6	52.9	2021	8
1.50	Consumer Expenditures: Prescription and Non-Prescription Drugs	<i>average dollar amount per consumer unit</i>	627.2		638.9	609.6	2021	7
1.42	Adults without Health Insurance	<i>percent</i>	13			13	2019	4
1.39	Persons without Health Insurance	<i>percent</i>	5.3		6.6		2019	1
1.33	Adults with Health Insurance	<i>percent</i>	92.2		90.9	87.1	2019	1

1.33	Children with Health Insurance	<i>percent</i>	97.1	95.2	94.3	2019	1
1.33	Consumer Expenditures: Health Insurance	<i>average dollar amount per consumer unit</i>	4238.3	4371.7	4321.1	2021	7
1.25	Adults who have had a Routine Checkup	<i>percent</i>	78.2		76.6	2019	4
1.25	Clinical Care Ranking		10			2021	9
0.61	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	112.7	76.7		2018	9
0.33	Dentist Rate	<i>dentists/ 100,000 population</i>	109.6	64.2		2019	9
0.33	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	401.4	261.3		2020	9
0.33	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	180.6	108.9		2020	9

SCORE	HEART DISEASE & STROKE	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.14	Atrial Fibrillation: Medicare Population	<i>percent</i>	9		9	8.4	2018	6
1.92	Adults who Experienced a Stroke	<i>percent</i>	4.2			3.4	2019	4

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

1.00	Hyperlipidemia: Medicare Population	<i>percent</i>	45.2	49.4	47.7	2018	6
1.00	Ischemic Heart Disease: Medicare Population	<i>percent</i>	25.8	27.5	26.8	2018	6
0.92	High Cholesterol Prevalence: Adults 18+	<i>percent</i>	32.2		33.6	2019	4
0.58	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	42.3	55.4		2019	14

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.39	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	949.5		561.9	551	2019	16
2.39	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	432.9		224	187.8	2019	16
1.61	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	1.2	1.4	1.1		2020	16
1.53	COVID-19 Daily Average Case- Fatality Rate	<i>deaths per 100 cases</i>	0		0	0.5	28-Jan-22	11
1.31	Overcrowded Households	<i>percent of households</i>	1.2		1.4		2015-2019	1

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

1.00	Mothers who Received Early Prenatal Care	<i>percent</i>	72.4		68.9	76.1	2020	17
0.92	Mothers who Smoked During Pregnancy	<i>percent</i>	6.1	4.3	11.5	5.5	2020	17
1.67	Preterm Births	<i>percent</i>	11.4	9.4	10.3		2020	17
1.53	Teen Birth Rate: 15-17	<i>live births/ 1,000 females aged 15-17</i>	7.2		6.8		2020	17
1.58	Teen Pregnancy Rate	<i>pregnancies/ 1,000 females aged 15-17</i>	23.9		19.5		2016	17

SCORE	MEDICATIONS & PRESCRIPTIONS	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.83	Consumer Expenditures: Medical Services	<i>average dollar amount per consumer unit</i>	1057.6		1098.6	1047.4	2021	7
1.83	Consumer Expenditures: Medical Supplies	<i>average dollar amount per consumer unit</i>	199.2		204.8	194.9	2021	7
1.50	Consumer Expenditures: Prescription and Non-Prescription Drugs	<i>average dollar amount per consumer unit</i>	627.2		638.9	609.6	2021	7

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

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

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

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

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

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

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

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

2.00	Age-Adjusted Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	3.6		2.8	2.5	2015-2019	5
2.22	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	69.7	43.2	68.8	48.9	2017-2019	5
2.31	Age-Adjusted Death Rate due to Unintentional Poisonings	<i>deaths/ 100,000 population</i>	42		40.2	21.4	2017-2019	5
2.64	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	42.6		38.1	21	2017-2019	9
1.75	Severe Housing Problems	<i>percent</i>	17.1		13.7	18	2013-2017	9

SCORE	RESPIRATORY DISEASES	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.25	Adults with Current Asthma	<i>percent</i>	11			8.9	2019	4
2.03	Asthma: Medicare Population	<i>percent</i>	5.2		4.8	5	2018	6
2.00	Consumer Expenditures: Tobacco and Legal Marijuana	<i>average dollar amount per consumer unit</i>	485.5		487.9	422.4	2021	7
1.61	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	1.2	1.4	1.1		2020	16

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

0.08	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	30.6		128.4	177.3	28-Jan-22	11
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SCORE	TOBACCO USE	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.00	Consumer Expenditures: Tobacco and Legal Marijuana	<i>average dollar amount per consumer unit</i>	485.5		487.9	422.4	2021	7
1.42	Adults who Smoke	<i>percent</i>	20.9	5	21.4	17	2018	9
0.83	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	4		4.3	4.1	2021	8
0.50	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	1.2		2.2	2	2021	8

SCORE	WELLNESS & LIFESTYLE	UNITS	CUYAHOGA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.58	Insufficient Sleep	<i>percent</i>	44.9	31.4	40.6	35	2018	9
1.75	Morbidity Ranking	<i>ranking</i>	76				2021	9
1.67	Poor Physical Health: Average Number of Days	<i>days</i>	4.2		4.1	3.7	2018	9
1.58	Poor Physical Health: 14+ Days	<i>percent</i>	14.3			12.5	2019	4

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

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

Cuyahoga Data Sources

Key	Source Name
1	American Community Survey
2	American Lung Association
3	Annie E. Casey Foundation
4	CDC - PLACES
5	Centers for Disease Control and Prevention
6	Centers for Medicare & Medicaid Services
7	Claritas Consumer Buying Power
8	Claritas Consumer Profiles
9	County Health Rankings
10	Feeding America
11	Healthy Communities Institute
12	National Cancer Institute
13	National Center for Education Statistics

- National Environmental Public Health
- 14 Tracking Network
- 15 Ohio Department of Education
- Ohio Department of Health, Infectious
- 16 Diseases
- 17 Ohio Department of Health, Vital Statistics
- Ohio Department of Public Safety, Office of
- 18 Criminal Justice Services
- 19 Ohio Public Health Information Warehouse
- 20 Ohio Secretary of State
- 21 U.S. Bureau of Labor Statistics
- 22 U.S. Census - County Business Patterns
- U.S. Department of Agriculture - Food
- 23 Environment Atlas
- 24 U.S. Environmental Protection Agency
- 25 United For ALICE

SCORE	ALCOHOL & DRUG USE	UNITS	LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.72	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	50	28.3	32.2	27	2015-2019	9
2.33	Consumer Expenditures: Alcoholic Beverages	<i>average dollar amount per consumer unit</i>	724.3		651.5	701.9	2021	7
2.17	Adults who Drink Excessively	<i>percent</i>	20.8		18.5	19	2018	9
2.14	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	36.9		38.1	21	2017-2019	9
1.75	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	<i>Deaths per 100,000 population</i>	40.8		42	22.8	2017-2019	5
1.42	Adults who Binge Drink	<i>percent</i>	16.4			16.7	2019	4

		<i>stores/ 100,000</i>						
1.31	Liquor Store Density	<i>population</i>	6.5	5.6	10.5	2019	22	
1.25	Health Behaviors Ranking	<i>ranking</i>	12			2021	9	
	Mothers who Smoked							
1.19	During Pregnancy	<i>percent</i>	9.6	4.3	11.5	5.5	2020	17

SCORE	CANCER	UNITS	LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.64	Cancer: Medicare Population	<i>percent</i>	9.2		8.4	8.4	2018	6
2.31	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	139.4		129.6	126.8	2014-2018	12
2.00	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	8.1		7.9	7.7	2014-2018	12
1.92	Adults with Cancer	<i>percent</i>	8.5			7.1	2019	4
1.92	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	12.6		12.2	11.9	2014-2018	12
1.83	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	481.2		467.5	448.6	2014-2018	12
1.50	Colon Cancer Screening	<i>percent</i>	64.2	74.4		66.4	2018	4
1.44	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	20.9	15.3	21.6	19.9	2015-2019	12
1.44	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	43.9	25.1	45	36.7	2015-2019	12
1.44	Mammogram in Past 2 Years: 50-74	<i>percent</i>	73.3	77.1		74.8	2018	4
1.33	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	17.7	16.9	19.4	18.9	2015-2019	12

1.28	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	14.7	8.9	14.8	13.4	2015-2019	12
1.25	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	66.3		67.3	57.3	2014-2018	12
1.19	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	40.6		41.3	38	2014-2018	12
1.11	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	163.6	122.7	169.4	152.4	2015-2019	12
0.89	Cervical Cancer Screening: 21-65	<i>Percent</i>	85.4	84.3		84.7	2018	4
0.86	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	95.7		107.2	106.2	2014-2018	12

SCORE	CHILDREN'S HEALTH	UNITS	LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.00	Children with Low Access to a Grocery Store	<i>percent</i>	8				2015	23
1.83	Consumer Expenditures: Childcare	<i>average dollar amount per consumer unit</i>	315		301.6	368.2	2021	7
1.33	Children with Health Insurance	<i>percent</i>	95.7		95.2	94.3	2019	1
1.14	Blood Lead Levels in Children (≥ 5 micrograms per deciliter)	<i>percent</i>	0.8		1.9		2020	19
1.03	Blood Lead Levels in Children (≥ 10 micrograms per deciliter)	<i>percent</i>	0.2		0.5		2020	19
0.92	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	3.9	8.7	6.8		2020	3

0.75	Projected Child Food Insecurity Rate	<i>percent</i>	14.8	18.5		2021	10
0.67	Child Food Insecurity Rate	<i>percent</i>	13.4	17.4	14.6	2019	10

SCORE	COMMUNITY	UNITS	LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.72	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	50	28.3	32.2	27	2015-2019	9
2.64	Workers who Walk to Work	<i>percent</i>	1.2		2.2	2.7	2015-2019	1
2.31	Social Associations	<i>membership associations/ 10,000 population</i>	8.7		11	9.3	2018	9
2.19	Workers who Drive Alone to Work	<i>percent</i>	86.6		82.9	76.3	2015-2019	1
1.67	Violent Crime Rate	<i>crimes/ 100,000 population</i>	234.5		303.5	394	2017	18
1.50	Age-Adjusted Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	2.6		2.8	2.5	2015-2019	5
1.44	Workers Commuting by Public Transportation	<i>percent</i>	1	5.3	1.6	5	2015-2019	1
1.36	Linguistic Isolation	<i>percent</i>	1.4		1.4	4.4	2015-2019	1
1.36	Solo Drivers with a Long Commute	<i>percent</i>	32.3		31.1	37	2015-2019	9
1.33	Consumer Expenditures: Local Public Transportation	<i>average dollar amount per consumer unit</i>	120.9		121.7	148.8	2021	7
1.33	Single-Parent Households	<i>percent</i>	24		27.1	25.5	2015-2019	1

1.25	Social and Economic Factors Ranking	<i>ranking</i>	21			2021	9
1.19	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	27.4	28.3	32.1	2015-2019	1
1.17	Households with Wireless Phone Service	<i>percent</i>	96.7	96.8	97	2020	8
1.14	Mean Travel Time to Work	<i>minutes</i>	23.5	23.7	26.9	2015-2019	1
1.03	Voter Turnout: Presidential Election	<i>percent</i>	80.3	74		2020	20
1.00	Adults with Internet Access	<i>percent</i>	95	94.5	95	2021	8
1.00	Households with a Smartphone	<i>percent</i>	80.6	80.5	81.9	2021	8
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.6			2015	23
0.97	Youth not in School or Working	<i>percent</i>	1.4	1.8	1.9	2015-2019	1
0.92	People 65+ Living Alone	<i>percent</i>	26.2	28.8	26.1	2015-2019	1
0.92	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	3.9	8.7	6.8	2020	3
0.83	Households with a Computer	<i>percent</i>	86.6	85.2	86.3	2021	8
0.83	Households with an Internet Subscription	<i>percent</i>	86.5	82.4	83	2015-2019	1
0.83	Households with One or More Types of Computing Devices	<i>percent</i>	90.9	89.1	90.3	2015-2019	1

0.83	Persons with an Internet Subscription	<i>percent</i>	90.2		86.2	86.2	2015-2019	1
0.64	Children Living Below Poverty Level	<i>percent</i>	11.6		19.9	18.5	2015-2019	1
0.64	Young Children Living Below Poverty Level	<i>percent</i>	12.1		23	20.3	2015-2019	1
0.42	Per Capita Income	<i>dollars</i>	34409		31552	34103	2015-2019	1
0.39	People Living Below Poverty Level	<i>percent</i>	8.1	8	14	13.4	2015-2019	1
0.36	Homeownership	<i>percent</i>	69.5		59.4	56.2	2015-2019	1
0.25	Households without a Vehicle	<i>percent</i>	4.6		7.9	8.6	2015-2019	1
0.25	Median Household Income	<i>dollars</i>	64466		56602	62843	2015-2019	1

SCORE DIABETES		UNITS	LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.47	Adults 20+ with Diabetes	<i>percent</i>	8.6				2019	5
1.14	Diabetes: Medicare Population	<i>percent</i>	25.6		27.2	27	2018	6
0.50	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	17.3		25.3	21.5	2017-2019	5

SCORE ECONOMY		UNITS	LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.00	Consumer Expenditures: Homeowner Expenses	<i>average dollar amount per consumer unit</i>	8502.5		7828	8900.1	2021	7
1.69	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.7				2017	23

1.67	Low-Income and Low Access to a Grocery Store	<i>percent</i>	7.6			2015	23
1.64	Size of Labor Force	<i>persons</i>	119998			44440	21
1.50	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1			2016	23
1.33	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	23.6	24.5		2018	25
1.28	Mortgaged Owners Spending 30% or More of Household Income on Housing	<i>percent</i>	22.9	19.7	26.5	2019	1
1.25	Social and Economic Factors Ranking	<i>ranking</i>	21			2021	9
1.17	Students Eligible for the Free Lunch Program	<i>percent</i>	20.4			2019-2020	13
1.14	Overcrowded Households	<i>percent of households</i>	1	1.4		2015-2019	1
1.00	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	69.2	61.6		2018	25
1.00	Households that are Below the Federal Poverty Level	<i>percent</i>	7.2	13.8		2018	25
0.97	Youth not in School or Working	<i>percent</i>	1.4	1.8	1.9	2015-2019	1
0.92	Projected Food Insecurity Rate	<i>percent</i>	11.8	14.1		2021	10

0.83	Adults who Feel Overwhelmed by Financial Burdens	percent	13.9	14.6	14.4	2021	8	
0.83	Food Insecurity Rate	percent	10.8	13.2	10.9	2019	10	
0.83	Households with a Savings Account	percent	71.3	68.8	70.2	2021	8	
0.75	Projected Child Food Insecurity Rate	percent	14.8	18.5		2021	10	
0.69	Renters Spending 30% or More of Household Income on Rent	percent	40.4	44.9	49.6	2015-2019	1	
0.67	Child Food Insecurity Rate	percent	13.4	17.4	14.6	2019	10	
0.67	Income Inequality		0.4	0.5	0.5	2015-2019	1	
0.64	Children Living Below Poverty Level	percent	11.6	19.9	18.5	2015-2019	1	
0.64	Young Children Living Below Poverty Level	percent	12.1	23	20.3	2015-2019	1	
0.50	Consumer Expenditures: Home Rental Expenses	average dollar amount per consumer unit	3322.9	3798.7	5460.2	2021	7	
0.42	Per Capita Income	dollars	34409	31552	34103	2015-2019	1	
0.42	Severe Housing Problems	percent	11.2	13.7	18	2013-2017	9	
0.39	People Living Below Poverty Level	percent	8.1	8	14	13.4	2015-2019	1
0.36	Homeownership	percent	69.5	59.4	56.2	2015-2019	1	
0.36	People 65+ Living Below Poverty Level	percent	6.2	8.1	9.3	2015-2019	1	
0.36	Persons with Disability Living in Poverty (5-year)	percent	20.4	29.5	26.1	2015-2019	1	

0.25	Households with Cash Public Assistance Income	<i>percent</i>	1.7	2.9	2.4	2015-2019	1
0.25	Median Household Income	<i>dollars</i>	64466	56602	62843	2015-2019	1
0.25	Unemployed Workers in Civilian Labor Force	<i>percent</i>	3.4	4.3	4.6	Sep-21	21
0.08	Families Living Below Poverty Level	<i>percent</i>	5	9.9	9.5	2015-2019	1
0.08	People Living 200% Above Poverty Level	<i>percent</i>	77.7	68.8	69.1	2015-2019	1

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

0.58	4th Grade Students Proficient in English/Language Arts	<i>percent</i>	81.3	63.3	2018-2019	15
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SCORE	ENVIRONMENTAL HEALTH	UNITS	LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.00	Children with Low Access to a Grocery Store	<i>percent</i>	8				2015	23
2.00	People 65+ with Low Access to a Grocery Store	<i>percent</i>	4.9				2015	23
1.83	Fast Food Restaurant Density	<i>restaurants/ 1,000 population</i>	0.8				2016	23
1.75	Annual Ozone Air Quality		F				2017-2019	2
1.69	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.7				2017	23
1.67	Low-Income and Low Access to a Grocery Store	<i>percent</i>	7.6				2015	23
1.58	Adults with Current Asthma	<i>percent</i>	9.8			8.9	2019	4
1.50	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1				2016	23
1.36	Grocery Store Density	<i>stores/ 1,000 population</i>	0.2				2016	23
1.36	Number of Extreme Heat Days	<i>days</i>	13				2019	14
1.36	Number of Extreme Heat Events	<i>events</i>	6				2019	14
1.36	Number of Extreme Precipitation Days	<i>days</i>	34				2019	14
1.36	Recognized Carcinogens Released into Air	<i>pounds</i>	34566.1				2020	24

1.33	Farmers Market Density	<i>markets/ 1,000 population</i>	0			2018	23
1.31	Liquor Store Density	<i>stores/ 100,000 population</i>	6.5	5.6	10.5	2019	22
1.25	Annual Particle Pollution		A			2017-2019	2
1.25	Physical Environment Ranking	<i>ranking</i>	2			2021	9
1.17	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1			2016	23
1.14	Blood Lead Levels in Children (>=5 micrograms per deciliter)	<i>percent</i>	0.8	1.9		2020	19
1.14	Food Environment Index	<i>index</i>	8	6.8	7.8	2021	9
1.14	Overcrowded Households	<i>percent of households</i>	1	1.4		2015-2019	1
1.03	Blood Lead Levels in Children (>=10 micrograms per deciliter)	<i>percent</i>	0.2	0.5		2020	19
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.6			2015	23
0.92	Asthma: Medicare Population	<i>percent</i>	4.5	4.8	5	2018	6
0.83	Access to Exercise Opportunities	<i>percent</i>	90.9	83.9	84	2020	9
0.53	Houses Built Prior to 1950	<i>percent</i>	15	26.2	17.5	2015-2019	1
0.42	Severe Housing Problems	<i>percent</i>	11.2	13.7	18	2013-2017	9

HEALTH CARE ACCESS & SCORE QUALITY	UNITS	LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
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2.50	Consumer Expenditures: Health Insurance	<i>average dollar amount per consumer unit</i>	4910.2	4371.7	4321.1	2021	7
2.50	Consumer Expenditures: Medical Services	<i>average dollar amount per consumer unit</i>	1242.3	1098.6	1047.4	2021	7
2.50	Consumer Expenditures: Medical Supplies	<i>average dollar amount per consumer unit</i>	229.2	204.8	194.9	2021	7
2.50	Consumer Expenditures: Prescription and Non-Prescription Drugs	<i>average dollar amount per consumer unit</i>	716.9	638.9	609.6	2021	7
2.33	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	43	76.7		2018	9
1.67	Persons without Health Insurance	<i>percent</i>	5.9	6.6		2019	1
1.42	Clinical Care Ranking	<i>ranking</i>	25			2021	9
1.33	Children with Health Insurance	<i>percent</i>	95.7	95.2	94.3	2019	1
1.33	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	69.1	108.9		2020	9
1.25	Adults who have had a Routine Checkup	<i>percent</i>	78.3		76.6	2019	4
1.17	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	216	261.3		2020	9
0.92	Dentist Rate	<i>dentists/ 100,000 population</i>	68.7	64.2		2019	9
0.83	Adults who Visited a Dentist	<i>percent</i>	53.9	51.6	52.9	2021	8
0.83	Adults with Health Insurance: 18+	<i>percent</i>	91.4	90.2	90.6	2021	8

0.75	Adults without Health Insurance	percent	11.2		13	2019	4	
SCORE	HEART DISEASE & STROKE	UNITS	LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.64	Atrial Fibrillation: Medicare Population	percent	10		9	8.4	2018	6
2.31	Hyperlipidemia: Medicare Population	percent	52.4		49.4	47.7	2018	6
1.81	Ischemic Heart Disease: Medicare Population	percent	28.5		27.5	26.8	2018	6
1.69	Stroke: Medicare Population	percent	4		3.8	3.8	2018	6
1.58	High Cholesterol Prevalence: Adults 18+	percent	33.7			33.6	2019	4
1.50	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/ 100,000 population	107.6	71.1	101.4	90.5	2017-2019	5
1.42	Adults who Experienced Coronary Heart Disease	percent	7.2			6.2	2019	4
1.33	High Blood Pressure Prevalence	percent	34.1	27.7		32.6	2019	4
1.31	Heart Failure: Medicare Population	percent	13.8		14.7	14	2018	6
1.31	Hypertension: Medicare Population	percent	57.9		59.5	57.2	2018	6
1.25	Adults who Experienced a Stroke	percent	3.6			3.4	2019	4

1.25	Adults who Have Taken Medications for High Blood Pressure	<i>percent</i>	78.4			76.2	2019	4
1.25	Cholesterol Test History	<i>percent</i>	86.3			87.6	2019	4
0.86	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	35.9	33.4	42.5	37.2	2017-2019	5
0.86	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	42.4		55.4		2019	14

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.53	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	0.2		0	0.5	28-Jan-22	11
1.50	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	83.9		224	187.8	2019	16
1.25	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	0.4	1.4	1.1		2020	16
1.22	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	307.7		561.9	551	2019	16
1.14	Overcrowded Households	<i>percent of households</i>	1		1.4		2015-2019	1
1.06	Salmonella Infection Incidence Rate	<i>cases/ 100,000 population</i>	11.3	11.1	12.9		2018	16
1.03	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	13		14.4	13.8	2017-2019	5
0.83	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	50		48.6	49.4	2021	8

0.58	Persons Fully Vaccinated Against COVID-19	<i>percent</i>	63.8				28-Jan-22	5
0.08	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	30.1		128.4	177.3	28-Jan-22	11

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.83	Consumer Expenditures: Childcare	<i>average dollar amount per consumer unit</i>	315		301.6	368.2	2021	7
1.28	Mothers who Received Early Prenatal Care	<i>percent</i>	70.3		68.9	76.1	2020	17
1.19	Mothers who Smoked During Pregnancy	<i>percent</i>	9.6	4.3	11.5	5.5	2020	17
1.03	Teen Pregnancy Rate	<i>pregnancies/ 1,000 females aged 15-17</i>	16.9		19.5		2016	17
0.97	Preterm Births	<i>percent</i>	8.5	9.4	10.3		2020	17
0.86	Teen Birth Rate: 15-17	<i>live births/ 1,000 females aged 15-17</i>	1.4		6.8		2020	17
0.78	Babies with Low Birth Weight	<i>percent</i>	6.8		8.5	8.2	2020	17
0.78	Babies with Very Low Birth Weight	<i>percent</i>	1.1		1.4	1.3	2020	17
0.78	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	1.8	5	6.9		2019	17

SCORE	MEDICATIONS & PRESCRIPTIONS	UNITS	LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.50	Consumer Expenditures: Medical Services	<i>average dollar amount per consumer unit</i>	1242.3		1098.6	1047.4	2021	7

2.50	Consumer Expenditures: Medical Supplies	<i>average dollar amount per consumer unit</i>	229.2	204.8	194.9	2021	7
2.50	Consumer Expenditures: Prescription and Non-Prescription Drugs	<i>average dollar amount per consumer unit</i>	716.9	638.9	609.6	2021	7

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.64	Depression: Medicare Population	<i>percent</i>	19.2		20.4	18.4	2018	6
1.56	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	14.4	12.8	15.1	14.1	2017-2019	5
1.42	Poor Mental Health: 14+ Days	<i>percent</i>	15			13.6	2019	4
1.25	Adults Ever Diagnosed with Depression	<i>percent</i>	20.6			18.8	2019	4
1.17	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	216		261.3		2020	9
1.17	Poor Mental Health: Average Number of Days	<i>days</i>	4.5		4.8	4.1	2018	9
1.03	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9.9		10.4	10.8	2018	6
0.83	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	86.8		85.6	86.5	2021	8
0.36	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/ 100,000 population</i>	25.9		34	30.5	2017-2019	5

NUTRITION & HEALTHY SCORE EATING			LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
		UNITS						
2.17	Consumer Expenditures: High Sugar Foods	<i>average dollar amount per consumer unit</i>	554.5		519	530.2	2021	7
2.00	Consumer Expenditures: Fast Food Restaurants	<i>average dollar amount per consumer unit</i>	1589.1		1461	1638.9	2021	7
1.83	Consumer Expenditures: High Sugar Beverages	<i>average dollar amount per consumer unit</i>	329.7		319.7	357	2021	7
1.00	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	<i>Percent</i>	40.6		41.5	41.2	2021	8
1.00	Consumer Expenditures: Fruits and Vegetables	<i>average dollar amount per consumer unit</i>	919.9		864.6	1002.1	2021	7
0.83	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	<i>percent</i>	80.2		80.9	80.4	2021	8

SCORE OLDER ADULTS			LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
		UNITS						
2.92	Age-Adjusted Death Rate due to Falls	<i>deaths/ 100,000 population</i>	17.3		10.5	9.5	2017-2019	5
2.92	Osteoporosis: Medicare Population	<i>percent</i>	8.2		6.2	6.6	2018	6
2.64	Atrial Fibrillation: Medicare Population	<i>percent</i>	10		9	8.4	2018	6
2.64	Cancer: Medicare Population	<i>percent</i>	9.2		8.4	8.4	2018	6

2.47	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	37.4	36.1	33.5	2018	6
2.31	Hyperlipidemia: Medicare Population	<i>percent</i>	52.4	49.4	47.7	2018	6
2.00	People 65+ with Low Access to a Grocery Store	<i>percent</i>	4.9			2015	23
1.81	Ischemic Heart Disease: Medicare Population	<i>percent</i>	28.5	27.5	26.8	2018	6
1.75	Adults with Arthritis	<i>percent</i>	30.2		25.1	2019	4
1.69	Stroke: Medicare Population	<i>percent</i>	4	3.8	3.8	2018	6
1.64	Depression: Medicare Population	<i>percent</i>	19.2	20.4	18.4	2018	6
1.50	Colon Cancer Screening	<i>percent</i>	64.2	74.4	66.4	2018	4
1.50	Consumer Expenditures: Eldercare	<i>average dollar amount per consumer unit</i>	22.3	20.5	34.3	2021	7
1.50	COPD: Medicare Population	<i>percent</i>	12.4	13.2	11.5	2018	6
1.42	Chronic Kidney Disease: Medicare Population	<i>percent</i>	22.8	25.3	24.5	2018	6
1.31	Heart Failure: Medicare Population	<i>percent</i>	13.8	14.7	14	2018	6
1.31	Hypertension: Medicare Population	<i>percent</i>	57.9	59.5	57.2	2018	6
1.14	Diabetes: Medicare Population	<i>percent</i>	25.6	27.2	27	2018	6

1.08	Adults 65+ who Received Recommended Preventive Services: Females	<i>percent</i>	32.9		28.4	2018	4
1.03	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9.9	10.4	10.8	2018	6
0.92	Adults 65+ who Received Recommended Preventive Services: Males	<i>percent</i>	34.4		32.4	2018	4
0.92	Adults 65+ with Total Tooth Loss	<i>percent</i>	13.2		13.5	2018	4
0.92	Asthma: Medicare Population	<i>percent</i>	4.5	4.8	5	2018	6
0.92	People 65+ Living Alone	<i>percent</i>	26.2	28.8	26.1	2015-2019	1
0.36	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/ 100,000 population</i>	25.9	34	30.5	2017-2019	5
0.36	People 65+ Living Below Poverty Level	<i>percent</i>	6.2	8.1	9.3	2015-2019	1

SCORE ORAL HEALTH		UNITS	LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.92	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	12.6		12.2	11.9	2014-2018	12
0.92	Adults 65+ with Total Tooth Loss	<i>percent</i>	13.2			13.5	2018	4
0.92	Dentist Rate	<i>dentists/ 100,000 population</i>	68.7		64.2		2019	9
0.83	Adults who Visited a Dentist	<i>percent</i>	53.9		51.6	52.9	2021	8

SCORE	OTHER CONDITIONS	UNITS	LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.92	Osteoporosis: Medicare Population	percent	8.2		6.2	6.6	2018	6
2.47	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	37.4		36.1	33.5	2018	6
1.75	Adults with Arthritis	percent	30.2			25.1	2019	4
1.42	Chronic Kidney Disease: Medicare Population	percent	22.8		25.3	24.5	2018	6
0.92	Adults with Kidney Disease	Percent of adults	3.1			3.1	2019	4
0.64	Age-Adjusted Death Rate due to Kidney Disease	deaths/ 100,000 population	10.2		14.5	12.9	2017-2019	5
SCORE	PHYSICAL ACTIVITY	UNITS	LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.64	Workers who Walk to Work	percent	1.2		2.2	2.7	2015-2019	1
2.00	Children with Low Access to a Grocery Store	percent	8				2015	23
2.00	People 65+ with Low Access to a Grocery Store	percent	4.9				2015	23
1.83	Fast Food Restaurant Density	restaurants/ 1,000 population	0.8				2016	23
1.69	SNAP Certified Stores	stores/ 1,000 population	0.7				2017	23
1.67	Adults 20+ who are Obese	percent	30	36			2019	5

1.67	Low-Income and Low Access to a Grocery Store	<i>percent</i>	7.6			2015	23
1.50	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1			2016	23
1.36	Grocery Store Density	<i>stores/ 1,000 population</i>	0.2			2016	23
1.33	Farmers Market Density	<i>markets/ 1,000 population</i>	0			2018	23
1.25	Health Behaviors Ranking	<i>ranking</i>	12			2021	9
1.17	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1			2016	23
1.14	Food Environment Index	<i>index</i>	8	6.8	7.8	2021	9
1.03	Adults 20+ who are Sedentary	<i>percent</i>	20.4			2019	5
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.6			2015	23
0.83	Access to Exercise Opportunities	<i>percent</i>	90.9	83.9	84	2020	9
0.83	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	<i>percent</i>	80.2	80.9	80.4	2021	8

SCORE PREVENTION & SAFETY		UNITS	LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.92	Age-Adjusted Death Rate due to Falls	<i>deaths/ 100,000 population</i>	17.3		10.5	9.5	2017-2019	5
2.39	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	71.4	43.2	68.8	48.9	2017-2019	5

2.14	Age-Adjusted Death Rate due to Unintentional Poisonings	<i>deaths/ 100,000 population</i>	40.2	40.2	21.4	2017-2019	5
2.14	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	36.9	38.1	21	2017-2019	9
1.50	Age-Adjusted Death Rate due to Motor Vehicle Collisions	<i>deaths/ 100,000 population</i>	2.6	2.8	2.5	2015-2019	5
0.42	Severe Housing Problems	<i>percent</i>	11.2	13.7	18	2013-2017	9

SCORE RESPIRATORY DISEASES		UNITS	LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.58	Adults with COPD	<i>Percent of adults</i>	8.7			6.6	2019	4
1.58	Adults with Current Asthma	<i>percent</i>	9.8			8.9	2019	4
1.53	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	0.2		0	0.5	28-Jan-22	11
1.50	COPD: Medicare Population	<i>percent</i>	12.4		13.2	11.5	2018	6
1.44	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	43.9	25.1	45	36.7	2015-2019	12
1.42	Adults who Smoke	<i>percent</i>	21.1	5	21.4	17	2018	9
1.33	Consumer Expenditures: Tobacco and Legal Marijuana	<i>average dollar amount per consumer unit</i>	462.7		487.9	422.4	2021	7
1.25	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	66.3		67.3	57.3	2014-2018	12
1.25	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	0.4	1.4	1.1		2020	16

1.03	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	13	14.4	13.8	2017-2019	5
0.92	Asthma: Medicare Population	<i>percent</i>	4.5	4.8	5	2018	6
0.83	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	3.9	4.3	4.1	2021	8
0.67	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	1.9	2.2	2	2021	8
0.53	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	<i>deaths/ 100,000 population</i>	39.6	47.8	39.6	2017-2019	5
0.08	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	30.1	128.4	177.3	28-Jan-22	11

SCORE TOBACCO USE		UNITS	LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.42	Adults who Smoke	<i>percent</i>	21.1	5	21.4	17	2018	9
1.33	Consumer Expenditures: Tobacco and Legal Marijuana	<i>average dollar amount per consumer unit</i>	462.7		487.9	422.4	2021	7
0.83	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	3.9		4.3	4.1	2021	8
0.67	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	1.9		2.2	2	2021	8

SCORE	WELLNESS & LIFESTYLE	UNITS	LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.00	Consumer Expenditures: Fast Food Restaurants	<i>average dollar amount per consumer unit</i>	1589.1		1461	1638.9	2021	7
1.42	Insufficient Sleep	<i>percent</i>	38.4	31.4	40.6	35	2018	9
1.33	High Blood Pressure Prevalence	<i>percent</i>	34.1	27.7		32.6	2019	4
1.25	Morbidity Ranking		9				2021	9
1.25	Poor Physical Health: 14+ Days	<i>percent</i>	13.3			12.5	2019	4
1.17	Life Expectancy	<i>years</i>	78.5		77	79.2	2017-2019	9
1.08	Self-Reported General Health Assessment: Poor or Fair	<i>percent</i>	18.3			18.6	2019	4
1.00	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	<i>Percent</i>	40.6		41.5	41.2	2021	8
1.00	Poor Physical Health: Average Number of Days	<i>days</i>	3.8		4.1	3.7	2018	9
0.83	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	<i>percent</i>	80.2		80.9	80.4	2021	8
0.83	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	50		48.6	49.4	2021	8
0.83	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	86.8		85.6	86.5	2021	8

SCORE	WOMEN'S HEALTH	UNITS	LAKE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.31	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	139.4		129.6	126.8	2014-2018	12
2.00	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	8.1		7.9	7.7	2014-2018	12
1.44	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	20.9	15.3	21.6	19.9	2015-2019	12
1.44	Mammogram in Past 2 Years: 50-74	<i>percent</i>	73.3	77.1		74.8	2018	4
0.89	Cervical Cancer Screening: 21-65	<i>Percent</i>	85.4	84.3		84.7	2018	4

Lake County Data Sources

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

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

SCORE	CANCER	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.64	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	135.8		107.2	106.2	2014-2018	12

2.58	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	134.7		129.6	126.8	2014-2018	12
2.58	Cancer: Medicare Population	<i>percent</i>	9		8.4	8.4	2018	6
2.25	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	486.3		467.5	448.6	2014-2018	12
1.92	Adults with Cancer	<i>percent</i>	8.3			7.1	2019	4
1.42	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	11.4		12.2	11.9	2014-2018	12
1.25	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	18.6	16.9	19.4	18.9	2015-2019	12
1.03	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	38.8		41.3	38	2014-2018	12
0.94	Colon Cancer Screening	<i>percent</i>	68.2	74.4		66.4	2018	4
0.94	Mammogram in Past 2 Years: 50-74	<i>percent</i>	74.8	77.1		74.8	2018	4
0.89	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	5.1		7.9	7.7	2014-2018	12
0.89	Cervical Cancer Screening: 21-65	<i>Percent</i>	86.8	84.3		84.7	2018	4
0.86	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	57.4		67.3	57.3	2014-2018	12
0.78	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	18.2	15.3	21.6	19.9	2015-2019	12
0.78	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	149	122.7	169.4	152.4	2015-2019	12
0.61	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	36.5	25.1	45	36.7	2015-2019	12

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

SCORE	COMMUNITY	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.64	Workers who Walk to Work	<i>percent</i>	0.9		2.2	2.7	2015-2019	1

2.58	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	40.7	28.3	32.2	27	2015-2019	9
2.36	Solo Drivers with a Long Commute	<i>percent</i>	43.4		31.1	37	2015-2019	9
2.22	Workers Commuting by Public Transportation	<i>percent</i>	0.3	5.3	1.6	5	2015-2019	1
2.19	Workers who Drive Alone to Work	<i>percent</i>	86.9		82.9	76.3	2015-2019	1
2.17	Consumer Expenditures: Local Public Transportation	<i>average dollar amount per consumer unit</i>	134.3		121.7	148.8	2021	7
2.14	Social Associations	<i>membership associations/ 10,000 population</i>	9.4		11	9.3	2018	9
2.03	Mean Travel Time to Work	<i>minutes</i>	27.3		23.7	26.9	2015-2019	1
1.72	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	7.4	8.7	6.8		2020	3
1.25	Social and Economic Factors Ranking	<i>ranking</i>	6				2021	9
1.19	People 65+ Living Alone	<i>percent</i>	26.3		28.8	26.1	2015-2019	1
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.3				2015	23
1.00	Households with Wireless Phone Service	<i>percent</i>	97		96.8	97	2020	8
0.97	Linguistic Isolation	<i>percent</i>	0.5		1.4	4.4	2015-2019	1
0.83	Adults with Internet Access	<i>percent</i>	95.8		94.5	95	2021	8

0.83	Households with a Computer	percent	88.7	85.2	86.3	2021	8	
0.83	Households with a Smartphone	percent	82.9	80.5	81.9	2021	8	
0.83	Households with an Internet Subscription	percent	87.6	82.4	83	2015-2019	1	
0.83	Households with One or More Types of Computing Devices	percent	93.4	89.1	90.3	2015-2019	1	
0.83	Persons with an Internet Subscription	percent	90.5	86.2	86.2	2015-2019	1	
0.64	Young Children Living Below Poverty Level	percent	11.3	23	20.3	2015-2019	1	
0.61	Violent Crime Rate	crimes/ 100,000 population	41.6	303.5	394	2017	18	
0.58	Voter Turnout: Presidential Election	percent	82	74		2020	20	
0.53	Youth not in School or Working	percent	0.6	1.8	1.9	2015-2019	1	
0.36	Children Living Below Poverty Level	percent	8.1	19.9	18.5	2015-2019	1	
0.36	Homeownership	percent	76.1	59.4	56.2	2015-2019	1	
0.36	Households without a Vehicle	percent	4.1	7.9	8.6	2015-2019	1	
0.36	Single-Parent Households	percent	16	27.1	25.5	2015-2019	1	
0.28	People Living Below Poverty Level	percent	6	8	14	13.4	2015-2019	1

0.25	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	33.9	28.3	32.1	2015-2019	1
0.08	Median Household Income	<i>dollars</i>	76600	56602	62843	2015-2019	1
0.08	Per Capita Income	<i>dollars</i>	37788	31552	34103	2015-2019	1

SCORE	DIABETES	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.50	Adults 20+ with Diabetes	<i>percent</i>	9.2				2019	5
0.81	Diabetes: Medicare Population	<i>percent</i>	23.9		27.2	27	2018	6
0.36	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	18.8		25.3	21.5	2017-2019	5

SCORE	ECONOMY	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.33	Consumer Expenditures: Homeowner Expenses	<i>average dollar amount per consumer unit</i>	9561.5		7828	8900.1	2021	7
1.86	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.6				2017	23
1.64	Size of Labor Force	<i>persons</i>	93296				44440	21
1.50	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1				2016	23
1.33	Low-Income and Low Access to a Grocery Store	<i>percent</i>	4.2				2015	23
1.25	Social and Economic Factors Ranking	<i>ranking</i>	6				2021	9
1.03	Overcrowded Households	<i>percent of households</i>	1.1		1.4		2015-2019	1

1.00	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	percent	73.7	61.6	2018	25	
1.00	Households that are Asset Limited, Income Constrained, Employed (ALICE)	percent	19.3	24.5	2018	25	
1.00	Households that are Below the Federal Poverty Level	percent	7	13.8	2018	25	
0.83	Adults who Feel Overwhelmed by Financial Burdens	percent	13.2	14.6	14.4	2021	8
0.83	Households with a Savings Account	percent	74.1	68.8	70.2	2021	8
0.83	Renters Spending 30% or More of Household Income on Rent	percent	39.1	44.9	49.6	2015-2019	1
0.75	Projected Child Food Insecurity Rate	percent	11.7	18.5		2021	10
0.75	Projected Food Insecurity Rate	percent	10.1	14.1		2021	10
0.67	Income Inequality		0.4	0.5	0.5	2015-2019	1
0.64	People 65+ Living Below Poverty Level	percent	5.2	8.1	9.3	2015-2019	1
0.64	Young Children Living Below Poverty Level	percent	11.3	23	20.3	2015-2019	1

0.58	Students Eligible for the Free Lunch Program	percent	15.8			2019-2020	13	
0.53	Youth not in School or Working	percent	0.6	1.8	1.9	2015-2019	1	
0.50	Child Food Insecurity Rate	percent	10.6	17.4	14.6	2019	10	
0.50	Consumer Expenditures: Home Rental Expenses	average dollar amount per consumer unit	3057.8	3798.7	5460.2	2021	7	
0.50	Food Insecurity Rate	percent	9.3	13.2	10.9	2019	10	
0.50	Persons with Disability Living in Poverty (5-year)	percent	16.4	29.5	26.1	2015-2019	1	
0.36	Children Living Below Poverty Level	percent	8.1	19.9	18.5	2015-2019	1	
0.36	Families Living Below Poverty Level	percent	4.1	9.9	9.5	2015-2019	1	
0.36	Homeownership	percent	76.1	59.4	56.2	2015-2019	1	
0.36	Households with Cash Public Assistance Income	percent	1.2	2.9	2.4	2015-2019	1	
0.33	Mortgaged Owners Spending 30% or More of Household Income on Housing	percent	16.4	19.7	26.5	2019	1	
0.28	People Living Below Poverty Level	percent	6	8	14	13.4	2015-2019	1
0.25	Severe Housing Problems	percent	10.4	13.7	18	2013-2017	9	
0.25	Unemployed Workers in Civilian Labor Force	percent	3.1	4.3	4.6	Sep-21	21	
0.08	Median Household Income	dollars	76600	56602	62843	2015-2019	1	

0.08	People Living 200% Above Poverty Level	<i>percent</i>	82.8	68.8	69.1	2015-2019	1
0.08	Per Capita Income	<i>dollars</i>	37788	31552	34103	2015-2019	1

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

SCORE	ENVIRONMENTAL HEALTH	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
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2.00	Grocery Store Density	<i>stores/ 1,000 population</i>	0.1			2016	23
1.86	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.6			2017	23
1.83	Children with Low Access to a Grocery Store	<i>percent</i>	6.8			2015	23
1.81	Fast Food Restaurant Density	<i>restaurants/ 1,000 population</i>	0.7			2016	23
1.50	People 65+ with Low Access to a Grocery Store	<i>percent</i>	2.5			2015	23
1.50	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1			2016	23
1.36	Number of Extreme Heat Days	<i>days</i>	14			2019	14
1.36	Number of Extreme Precipitation Days	<i>days</i>	28			2019	14
1.36	PBT Released	<i>pounds</i>	676.8			2020	24
1.36	Recognized Carcinogens Released into Air	<i>pounds</i>	447			2020	24
1.36	Weeks of Moderate Drought or Worse	<i>weeks per year</i>	1			2020	14
1.33	Farmers Market Density	<i>markets/ 1,000 population</i>	0			2018	23
1.33	Low-Income and Low Access to a Grocery Store	<i>percent</i>	4.2			2015	23
1.25	Adults with Current Asthma	<i>percent</i>	9.4	8.9		2019	4
1.25	Physical Environment Ranking	<i>ranking</i>	10			2021	9
1.19	Asthma: Medicare Population	<i>percent</i>	4.7	4.8	5	2018	6

1.14	Blood Lead Levels in Children (≥ 10 micrograms per deciliter)	percent	0.2	0.5	2020	19	
1.14	Blood Lead Levels in Children (≥ 5 micrograms per deciliter)	percent	0.6	1.9	2020	19	
1.11	Annual Ozone Air Quality		A		2017-2019	2	
1.11	Annual Particle Pollution		A		2017-2019	2	
1.03	Overcrowded Households	percent of households	1.1	1.4	2015-2019	1	
1.00	Households with No Car and Low Access to a Grocery Store	percent	1.3		2015	23	
1.00	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1		2016	23	
0.83	Access to Exercise Opportunities	percent	92.1	83.9	84	2020	9
0.53	Houses Built Prior to 1950	percent	12.5	26.2	17.5	2015-2019	1
0.36	Food Environment Index	index	8.6	6.8	7.8	2021	9
0.25	Severe Housing Problems	percent	10.4	13.7	18	2013-2017	9
0.08	Liquor Store Density	stores/ 100,000 population	1.7	5.9	10.6	2018	22

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.50	Consumer Expenditures: Health Insurance	<i>average dollar amount per consumer unit</i>	5410.8		4371.7	4321.1	2021	7
2.50	Consumer Expenditures: Medical Services	<i>average dollar amount per consumer unit</i>	1419.1		1098.6	1047.4	2021	7

2.50	Consumer Expenditures: Medical Supplies	<i>average dollar amount per consumer unit</i>	259.4	204.8	194.9	2021	7
2.50	Consumer Expenditures: Prescription and Non-Prescription Drugs	<i>average dollar amount per consumer unit</i>	781.2	638.9	609.6	2021	7
1.72	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	60.3	76.7		2018	9
1.50	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	63.4	108.9		2020	9
1.44	Dentist Rate	<i>dentists/ 100,000 population</i>	53.4	64.2		2019	9
1.39	Persons without Health Insurance	<i>percent</i>	4.3	6.6		2019	1
1.33	Adults with Health Insurance	<i>percent</i>	94.4	90.9	87.1	2019	1
1.33	Children with Health Insurance	<i>percent</i>	95.4	95.2	94.3	2019	1
1.33	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	140.8	261.3		2020	9
1.25	Clinical Care Ranking	<i>ranking</i>	4			2021	9
0.92	Adults who have had a Routine Checkup	<i>percent</i>	79.5		76.6	2019	4
0.83	Adults who Visited a Dentist	<i>percent</i>	56.6	51.6	52.9	2021	8
0.83	Adults with Health Insurance: 18+	<i>percent</i>	92.4	90.2	90.6	2021	8
0.75	Adults without Health Insurance	<i>percent</i>	9.5		13	2019	4

SCORE	HEART DISEASE & STROKE	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.31	Atrial Fibrillation: Medicare Population	<i>percent</i>	9.4		9	8.4	2018	6
1.81	Hyperlipidemia: Medicare Population	<i>percent</i>	50		49.4	47.7	2018	6
1.42	Adults who Have Taken Medications for High Blood Pressure	<i>percent</i>	78			76.2	2019	4
1.33	High Blood Pressure Prevalence	<i>percent</i>	33.7	27.7		32.6	2019	4
1.31	Hypertension: Medicare Population	<i>percent</i>	57.5		59.5	57.2	2018	6
1.28	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	34.1	33.4	42.5	37.2	2017-2019	5
1.25	Cholesterol Test History	<i>percent</i>	87.1			87.6	2019	4
1.08	Adults who Experienced Coronary Heart Disease	<i>percent</i>	6.6			6.2	2019	4
1.08	High Cholesterol Prevalence: Adults 18+	<i>percent</i>	32.8			33.6	2019	4
1.03	Stroke: Medicare Population	<i>percent</i>	3.5		3.8	3.8	2018	6
0.92	Adults who Experienced a Stroke	<i>percent</i>	3.2			3.4	2019	4

0.86	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	45.4		55.4		2019	14
0.78	Age-Adjusted Death Rate due to Coronary Heart Disease	<i>deaths/ 100,000 population</i>	83.7	71.1	101.4	90.5	2017-2019	5
0.69	Heart Failure: Medicare Population	<i>percent</i>	12.9		14.7	14	2018	6
0.69	Ischemic Heart Disease: Medicare Population	<i>percent</i>	24.7		27.5	26.8	2018	6

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.92	Salmonella Infection Incidence Rate	<i>cases/ 100,000 population</i>	16.2	11.1	12.9		2018	16
1.72	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	1.1	1.4	1.1		2020	16
1.03	Overcrowded Households	<i>percent of households</i>	1.1		1.4		2015-2019	1
0.89	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	43		224	187.8	2019	16
0.83	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	50.9		48.6	49.4	2021	8
0.75	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	216.8		561.9	551	2019	16
0.58	Persons Fully Vaccinated Against COVID-19	<i>percent</i>	62.5				28-Jan-22	5
0.36	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	8		14.4	13.8	2017-2019	5

0.08	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	0	0	0.5	28-Jan-22	11
0.08	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	56.4	128.4	177.3	28-Jan-22	11

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.33	Consumer Expenditures: Childcare	<i>average dollar amount per consumer unit</i>	403.8		301.6	368.2	2021	7
1.19	Mothers who Smoked During Pregnancy	<i>percent</i>	6.9	4.3	11.5	5.5	2020	17
1.11	Mothers who Received Early Prenatal Care	<i>percent</i>	74.7		68.9	76.1	2020	17
0.86	Teen Birth Rate: 15-17	<i>live births/ 1,000 females aged 15-17</i>	1.6		6.8		2020	17
0.86	Teen Pregnancy Rate	<i>pregnancies/ 1,000 females aged 15-17</i>	13.4		19.5		2016	17
0.78	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	1.8	5	6.9		2019	17
0.78	Preterm Births	<i>percent</i>	7.6	9.4	10.3		2020	17
0.75	Babies with Low Birth Weight	<i>percent</i>	5.7		8.5	8.2	2020	17
0.61	Babies with Very Low Birth Weight	<i>percent</i>	0.6		1.4	1.3	2020	17

SCORE	MEDICATIONS & PRESCRIPTIONS	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
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2.50	Consumer Expenditures: Medical Services	<i>average dollar amount per consumer unit</i>	1419.1		1098.6	1047.4	2021	7
2.50	Consumer Expenditures: Medical Supplies	<i>average dollar amount per consumer unit</i>	259.4		204.8	194.9	2021	7
2.50	Consumer Expenditures: Prescription and Non-Prescription Drugs	<i>average dollar amount per consumer unit</i>	781.2		638.9	609.6	2021	7

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.92	Depression: Medicare Population	<i>percent</i>	19		20.4	18.4	2018	6
1.89	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	15.7	12.8	15.1	14.1	2017-2019	5
1.58	Adults Ever Diagnosed with Depression	<i>percent</i>	21.2			18.8	2019	4
1.33	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	140.8		261.3		2020	9
1.25	Poor Mental Health: 14+ Days	<i>percent</i>	14.3			13.6	2019	4
1.17	Poor Mental Health: Average Number of Days	<i>days</i>	4.4		4.8	4.1	2018	9
1.14	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9.4		10.4	10.8	2018	6
0.97	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/ 100,000 population</i>	28.8		34	30.5	2017-2019	5

0.83	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	88.2		85.6	86.5	2021	8
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SCORE	NUTRITION & HEALTHY EATING	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.50	Consumer Expenditures: Fast Food Restaurants	<i>average dollar amount per consumer unit</i>	1814.2		1461	1638.9	2021	7
2.50	Consumer Expenditures: High Sugar Foods	<i>average dollar amount per consumer unit</i>	627		519	530.2	2021	7
2.33	Consumer Expenditures: High Sugar Beverages	<i>average dollar amount per consumer unit</i>	370		319.7	357	2021	7
1.00	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	<i>Percent</i>	40.2		41.5	41.2	2021	8
0.83	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	<i>percent</i>	80.2		80.9	80.4	2021	8
0.67	Consumer Expenditures: Fruits and Vegetables	<i>average dollar amount per consumer unit</i>	1043.8		864.6	1002.1	2021	7

SCORE	OLDER ADULTS	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.58	Cancer: Medicare Population	<i>percent</i>	9		8.4	8.4	2018	6
2.58	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	37.2		36.1	33.5	2018	6

2.31	Atrial Fibrillation: Medicare Population	<i>percent</i>	9.4	9	8.4	2018	6
2.14	Osteoporosis: Medicare Population	<i>percent</i>	6.6	6.2	6.6	2018	6
1.92	Depression: Medicare Population	<i>percent</i>	19	20.4	18.4	2018	6
1.81	Hyperlipidemia: Medicare Population	<i>percent</i>	50	49.4	47.7	2018	6
1.75	Adults with Arthritis	<i>percent</i>	30		25.1	2019	4
1.67	Consumer Expenditures: Eldercare	<i>average dollar amount per consumer unit</i>	24.4	20.5	34.3	2021	7
1.50	People 65+ with Low Access to a Grocery Store	<i>percent</i>	2.5			2015	23
1.47	Age-Adjusted Death Rate due to Falls	<i>deaths/ 100,000 population</i>	9.7	10.5	9.5	2017-2019	5
1.42	Chronic Kidney Disease: Medicare Population	<i>percent</i>	23	25.3	24.5	2018	6
1.31	Hypertension: Medicare Population	<i>percent</i>	57.5	59.5	57.2	2018	6
1.19	Asthma: Medicare Population	<i>percent</i>	4.7	4.8	5	2018	6
1.19	People 65+ Living Alone	<i>percent</i>	26.3	28.8	26.1	2015-2019	1
1.14	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9.4	10.4	10.8	2018	6
1.03	Stroke: Medicare Population	<i>percent</i>	3.5	3.8	3.8	2018	6

0.97	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/ 100,000 population	28.8	34	30.5	2017-2019	5	
0.97	COPD: Medicare Population	percent	10.8	13.2	11.5	2018	6	
0.94	Colon Cancer Screening	percent	68.2	74.4	66.4	2018	4	
0.81	Diabetes: Medicare Population	percent	23.9	27.2	27	2018	6	
0.75	Adults 65+ who Received Recommended Preventive Services: Females	percent	36.5		28.4	2018	4	
0.75	Adults 65+ who Received Recommended Preventive Services: Males	percent	38.5		32.4	2018	4	
0.75	Adults 65+ with Total Tooth Loss	percent	11		13.5	2018	4	
0.69	Heart Failure: Medicare Population	percent	12.9	14.7	14	2018	6	
0.69	Ischemic Heart Disease: Medicare Population	percent	24.7	27.5	26.8	2018	6	
0.64	People 65+ Living Below Poverty Level	percent	5.2	8.1	9.3	2015-2019	1	
SCORE	ORAL HEALTH	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.44	Dentist Rate	dentists/ 100,000 population	53.4		64.2		2019	9

1.42	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	11.4	12.2	11.9	2014-2018	12
0.83	Adults who Visited a Dentist	<i>percent</i>	56.6	51.6	52.9	2021	8
0.75	Adults 65+ with Total Tooth Loss	<i>percent</i>	11		13.5	2018	4

SCORE	OTHER CONDITIONS	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.58	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	37.2		36.1	33.5	2018	6
2.14	Osteoporosis: Medicare Population	<i>percent</i>	6.6		6.2	6.6	2018	6
1.75	Adults with Arthritis	<i>percent</i>	30			25.1	2019	4
1.42	Chronic Kidney Disease: Medicare Population	<i>percent</i>	23		25.3	24.5	2018	6
0.92	Adults with Kidney Disease	<i>Percent of adults</i>	2.8			3.1	2019	4
0.36	Age-Adjusted Death Rate due to Kidney Disease	<i>deaths/ 100,000 population</i>	8.7		14.5	12.9	2017-2019	5

SCORE	PHYSICAL ACTIVITY	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.64	Workers who Walk to Work	<i>percent</i>	0.9		2.2	2.7	2015-2019	1
2.00	Grocery Store Density	<i>stores/ 1,000 population</i>	0.1				2016	23

1.86	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.6			2017	23
1.83	Children with Low Access to a Grocery Store	<i>percent</i>	6.8			2015	23
1.81	Fast Food Restaurant Density	<i>restaurants/ 1,000 population</i>	0.7			2016	23
1.50	People 65+ with Low Access to a Grocery Store	<i>percent</i>	2.5			2015	23
1.50	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1			2016	23
1.33	Farmers Market Density	<i>markets/ 1,000 population</i>	0			2018	23
1.33	Low-Income and Low Access to a Grocery Store	<i>percent</i>	4.2			2015	23
1.25	Health Behaviors Ranking		4			2021	9
1.03	Adults 20+ who are Sedentary	<i>percent</i>	21.1			2019	5
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.3			2015	23
1.00	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1			2016	23
0.94	Adults 20+ who are Obese	<i>percent</i>	27.8	36		2019	5
0.83	Access to Exercise Opportunities	<i>percent</i>	92.1	83.9	84	2020	9
0.83	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	<i>percent</i>	80.2	80.9	80.4	2021	8
0.36	Food Environment Index		8.6	6.8	7.8	2021	9

SCORE	PREVENTION & SAFETY	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.47	Age-Adjusted Death Rate due to Falls	<i>deaths/ 100,000 population</i>	9.7		10.5	9.5	2017-2019	5
1.47	Age-Adjusted Death Rate due to Unintentional Poisonings	<i>deaths/ 100,000 population</i>	23.6		40.2	21.4	2017-2019	5
1.14	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	20.1		38.1	21	2017-2019	9
0.67	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	43.8	43.2	68.8	48.9	2017-2019	5
0.25	Severe Housing Problems	<i>percent</i>	10.4		13.7	18	2013-2017	9

SCORE	RESPIRATORY DISEASES	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.72	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	1.1	1.4	1.1		2020	16
1.67	Consumer Expenditures: Tobacco and Legal Marijuana	<i>average dollar amount per consumer unit</i>	472.9		487.9	422.4	2021	7
1.47	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	<i>deaths/ 100,000 population</i>	43.7		47.8	39.6	2017-2019	5
1.42	Adults with COPD	<i>Percent of adults</i>	7.9			6.6	2019	4
1.33	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	2.3		2.2	2	2021	8

1.25	Adults with Current Asthma	percent	9.4		8.9	2019	4	
1.19	Asthma: Medicare Population	percent	4.7		4.8 5	2018	6	
0.97	COPD: Medicare Population	percent	10.8		13.2 11.5	2018	6	
0.92	Adults who Smoke	percent	17.9	5	21.4 17	2018	9	
0.86	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	57.4		67.3 57.3	2014-2018	12	
0.61	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	36.5	25.1	45 36.7	2015-2019	12	
0.50	Adults Who Used Electronic Cigarettes: Past 30 Days	percent	3.7		4.3 4.1	2021	8	
0.36	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	8		14.4 13.8	2017-2019	5	
0.08	COVID-19 Daily Average Case-Fatality Rate	deaths per 100 cases	0		0 0.5	28-Jan-22	11	
0.08	COVID-19 Daily Average Incidence Rate	cases per 100,000 population	56.4		128.4 177.3	28-Jan-22	11	
SCORE	TOBACCO USE	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.67	Consumer Expenditures: Tobacco and Legal Marijuana	average dollar amount per consumer unit	472.9		487.9	422.4	2021	7

1.33	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	2.3		2.2	2	2021	8
0.92	Adults who Smoke	<i>percent</i>	17.9	5	21.4	17	2018	9
0.50	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	3.7		4.3	4.1	2021	8

SCORE	WELLNESS & LIFESTYLE	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.50	Consumer Expenditures: Fast Food Restaurants	<i>average dollar amount per consumer unit</i>	1814.2		1461	1638.9	2021	7
1.42	Insufficient Sleep	<i>percent</i>	37.5	31.4	40.6	35	2018	9
1.33	High Blood Pressure Prevalence	<i>percent</i>	33.7	27.7		32.6	2019	4
1.25	Morbidity Ranking	<i>ranking</i>	4				2021	9
1.00	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	<i>Percent</i>	40.2		41.5	41.2	2021	8
0.92	Poor Physical Health: 14+ Days	<i>percent</i>	12.5			12.5	2019	4
0.83	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	<i>percent</i>	80.2		80.9	80.4	2021	8
0.83	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	50.9		48.6	49.4	2021	8
0.83	Life Expectancy	<i>years</i>	80.1		77	79.2	2017-2019	9

0.83	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	88.2	85.6	86.5	2021	8
0.75	Self-Reported General Health Assessment: Poor or Fair	<i>percent</i>	16.5		18.6	2019	4
0.67	Poor Physical Health: Average Number of Days	<i>days</i>	3.6	4.1	3.7	2018	9

SCORE	WOMEN'S HEALTH	UNITS	MEDINA COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.58	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	134.7		129.6	126.8	2014-2018	12
0.94	Mammogram in Past 2 Years: 50-74	<i>percent</i>	74.8	77.1		74.8	2018	4
0.89	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	5.1		7.9	7.7	2014-2018	12
0.89	Cervical Cancer Screening: 21-65	<i>Percent</i>	86.8	84.3		84.7	2018	4
0.78	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	18.2	15.3	21.6	19.9	2015-2019	12

Medina County Data Sources

Key	Data Source Name
1	American Community Survey
2	American Lung Association
3	Annie E. Casey Foundation
4	CDC - PLACES

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

Appendix D: Community Input Assessment Tools

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

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

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

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

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

Section #1: Introduction

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

Section #2: Community Health and Well-being

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

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

Section #3: Barriers to Health

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

Section #4: COVID-19

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

Section #5: Addressing the Challenges & Solutions

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

Section #6: Conclusion

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

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

Appendix E: Community Partners and Resources

This section identifies other facilities and resources available in the community served by CCRH Beachwood that are available to address community health needs.

Federally Qualified Health Centers

Ohio's Association of Community Health Centers (OACHC) is a not-for-profit membership association representing Federally Qualified Health Centers (FQHCs).²¹ FQHCs are established to promote access to ambulatory care in areas designated as medically underserved. These clinics provide primary care, mental health, and dental services for lower-income members of the community. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. OACHC represents Ohio's 57 Community Health Centers at 400 locations, including multiple mobile units. The following FQHC clinics and networks operate in the CCRH Beachwood Community:

- Asian Services in Action, Inc.
- Axesspointe Community Health Center, Inc.
- Care Alliance
- Community Support Services, Inc.
- Health Source of Ohio
- MetroHealth Community Health Centers (MHCHC)
- Neighborhood Family Practice
- Northeast Ohio Neighborhood Health Services
- Signature Health, Inc.
- The Centers

Hospitals

In addition to several Cleveland Clinic hospitals in Northeast Ohio, the following is a list of other hospital facilities located in the CCRH Beachwood Community:

²¹ Ohio Association of Community Health Centers, <https://www.ohiochc.org/page/178>

- Akron Children's Hospital
- Crystal Clinic Orthopaedic Center
- Grace Hospital
- MetroHealth Medical Centers (Multiple Locations)
- Select Specialty Hospital- Akron
- St. Vincent Charity Medical Center
- Summa Health System – Akron Campus
- University Hospitals (Multiple Locations)
- Western Reserve Hospital

Other Community Resources

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

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

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

Appendix F: Acknowledgements

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

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Beachwood

Implementation Strategy Report 2022

**CEVELAND CLINIC REHABILITATION HOSPITAL, BEACHWOOD 2022
IMPLEMENTATION STRATEGY REPORT**
2022 Community Health Needs Assessment
Implementation Strategy Report for Years 2023 – 2025

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CEVELAND CLINIC REHABILITATION HOSPITAL, BEACHWOOD 2022 IMPLEMENTATION STRATEGY REPORT

I. INTRODUCTION AND PURPOSE

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

A. Description of Hospital

Beachwood Rehabilitation is a 60-bed rehabilitation facility offering sophisticated technology and advanced medical care within an intimate and friendly environment. Additional information on the hospital and its services is available at: <https://my.clevelandclinic.org/locations/rehabilitation-hospital>.

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

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

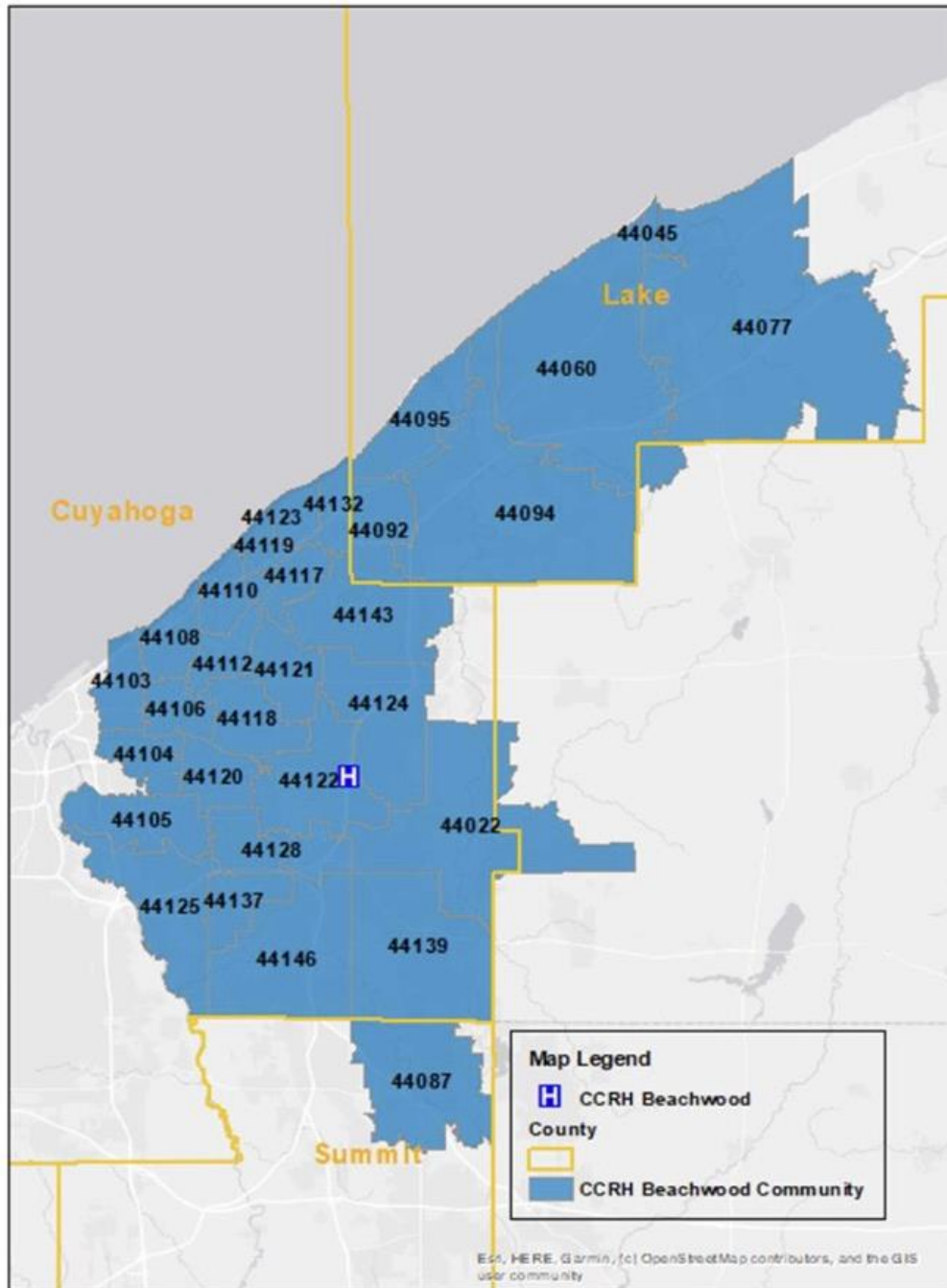
Beachwood Rehabilitation's mission is:

Cleveland Clinic Rehabilitation Hospital is committed to the provision of comprehensive physical medicine and rehabilitation programs and services to maximize the health, function, and quality of life to those we serve, ultimately returning those persons to their communities.

II. COMMUNITY DEFINITION

For purposes of this report, Beachwood Rehabilitation's community definition is an aggregate of 30 zip codes in Cuyahoga, Lake and Summit Counties comprising approximately 75% of inpatient visits in 2021 (Figure 1).

Figure 1: Beachwood Rehabilitation Community Definition



III. HOW IMPLEMENTATION STRATEGY WAS DEVELOPED

This Implementation Strategy was developed by members of senior leadership at Beachwood Rehabilitation and Cleveland Clinic, representing several departments of these organizations. Alignment with county Community Health Assessments (CHA) and the State Health Assessment (SHA) was also considered. Leadership at Beachwood Rehabilitation will utilize this Implementation Strategy to determine whether changes should be made to better address the health needs of its communities.

IV. SUMMARY OF THE COMMUNITY HEALTH NEEDS IDENTIFIED

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

- Access to Healthcare
- Adult Health
- Community Safety

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

COVID-19 Considerations

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

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

See the 2022 Cleveland Clinic CHNAs for more information:

www.clevelandclinic.org/CHNAREports

V. NEEDS HOSPITAL WILL ADDRESS

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

Strategies within the ISRs are included according to the prioritized list of needs developed during the 2022 CHNA:

- Access to Healthcare
- Adult Health
- Community Safety

It should be noted that no one organization can address all the health needs identified in its community. Beachwood Rehabilitation is committed to serving the community by adhering to its mission, and using its skills, expertise, and resources to provide a range of community benefit programs to address post-acute rehabilitation services for adults.

A. Access to Healthcare

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

Access to Healthcare Initiatives for 2023-2025 include:

1. Beachwood Rehabilitation provides medically necessary services to all patients regardless of race, color, creed, gender, country of national origin, or ability to pay. Beachwood Rehabilitation has a financial assistance policy that provides free or discounted care based on financial need. Financial assistance may also be provided to patients on a case-by-case basis under certain medical circumstances. The financial assistance policy can be found here: [Beachwood Rehabilitation Financial Assistance](#).
2. The term “rehabilitation” is widely used to describe many different levels of care, which contributes to confusion among stakeholders. The rehabilitation offered at Beachwood Rehabilitation is defined by licensure and regulatory requirements. For patients, confusion surrounding rehabilitation can be a barrier to accessing the right level of care at the right time. Beachwood Rehabilitation will develop and share educational materials with patients, families, and providers to broaden community awareness and improve patients’ ability to choose the most appropriate care setting.
3. A key cornerstone of inpatient rehabilitation is the prevention of stroke and brain injury through patient and community education. Clinical staff serving the Brain Injury and Stroke Program teams at Beachwood Rehabilitation will develop support groups and educational sessions for families and community residents. As part of this education and outreach, the hospital will provide information on post-acute care settings, how to access different levels of care, and community based resources.

B. Adult Health

Adult Health encompasses several subtopics where information is available including Older Adult Health; Other Conditions; and Chronic Disease Prevention and Management including Nutrition and Healthy Eating. By addressing these issues in concert, Beachwood Rehabilitation hopes to impact concerns for older adult mental health from isolation, chronic conditions, and access to healthy food.

Adult Health Initiatives for 2023-2025 include:

1. Each patient is followed by a physician's service throughout their stay at the rehabilitation hospital. Physicians educate patients on their overall healthcare and on potential risk factors that may affect their recovery. They also educate patients on their past medical history and how their existing conditions may be impacted by their new injury. There are consulting physicians including but not limited to cardiologists, pulmonologists, and nephrologists that are available for consultation regarding secondary diagnoses or complications related to the new injury/illness. Additionally, through Beachwood Rehabilitation's linkage with Cleveland Clinic, patients have access to comprehensive diagnostic, medical, and surgical services.
2. Physical and functional impairments may be exacerbated by obesity. To encourage weight loss, the clinical team, which includes the attending physician, therapy, and nursing teams, provide education and training to patients to increase mobility and activity. Discussions regarding healthy eating and interpretation of food labels may be initiated as part of the therapy care plan.
3. Continuing education is routinely provided to nursing and pharmacy staff specific to diabetes medication and diabetic management.
4. Depression and emotional changes are common following illness or injury. These occur as primary effects of the illness, as in the case of stroke, or as secondary reactions to new disabilities that may have commonly pre-existed the event.
 - a. Psychologists are capable of evaluation and psychotherapeutic treatment of a variety of disorders. The attending psychiatrist often will start pharmacological intervention with antidepressant medications, mood stabilizers, and anxiolytics. It is important to use medications that can improve recovery and to avoid and/or discontinue those medications that have been shown or hypothesized to impede recovery.
 - b. Therapists and nursing staff also provide emotional support, encouragement, and hope. It is also essential to use non-pharmacological techniques to help with these psychological disorders.
 - c. Recreational therapy is essential to help add some "downtime" to the rigors of the therapy schedule as well as to help patients realize and replicate common activities of daily living that will need to be performed after discharge.
5. The population in Beachwood Rehabilitation's community is expected to age. Providing an effective continuum of care, including rehabilitation services, for those over 65 years of age in the future will be challenging. Beachwood Rehabilitation will leverage relationships with providers across the continuum of post-acute care in order to cross-refer, provide patient education, and support self-advocacy. Recognizing the health literacy needs of the community and the wide array of post-acute care options available, Beachwood Rehabilitation has developed a large network of clinical liaisons

throughout the community to assist elderly consumers in understanding their post-acute care options. The hospital offers facility tours and coordinates with our acute care case management partners.

C. Community Safety

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

Community Safety Initiatives for 2023-2025 include:

1. Falls represent a particular concern for our elderly populations. Beachwood Rehabilitation has developed evidence-based fall prevention education for internal and external stakeholders including information on environmental modifications, balance exercises, and home safety assessments. In addition to focusing on fall prevention, the hospital also provides educational materials detailing how to reduce the likelihood of injury should a fall occur.
2. Tobacco use is a risk factor for several medical conditions commonly treated in the inpatient rehabilitation setting. Smoking can also increase the risk of disease recurrence and presents a significant barrier to healthy living. Smoking cessation aligns well with Beachwood Rehabilitation's goals for our patients. Since Beachwood Rehabilitation is a smoke free campus, inpatients have a head start on smoking cessation following discharge. A smoking cessation program is more than just nicotine replacement therapy (NRT). Though NRT addresses the physiological need for nicotine, the psychological need to smoke must also be of focus. Patients are more likely to succeed in quitting when they receive both pharmacologic therapy and counseling. A formalized smoking cessation program will be developed including resources and education that can be provided to patients during an inpatient rehabilitation stay. Patients will also be connected with organizations in the community for ongoing follow up and support. Low-cost or free smoking cessation resources will also be investigated.
3. Beachwood Rehabilitation is committed to preventing deaths from opioid overdose by improving opioid prescribing practices, reducing exposure to opioids, and preventing misuse. The hospital has formalized an internal opioid management process for reviewing healthcare prescribing, data collection, and the use of non-pharmacological treatment for pain.
 - a. Healthcare providers screen all patients for pain on admission and develop a pain management plan based on the patient's input, history, and desired goals.
 - b. Appropriate referrals to community programs, such as Alcoholics Anonymous, Narcotics Anonymous, or mental health resources are provided by case management and psychology staff.
4. Beachwood Rehabilitation will explore a common community referral data platform to coordinate services and ensure optimal communication. New program impacts will improve active referrals to community-based organizations, non-profits, and other healthcare facilities.

While this ISR outlines specific strategies and programs identified to address the 2022 CHNA, it does not reflect all the work being done by Beachwood Rehabilitation to improve community health. Through this iterative process, opportunities are identified to grow and expand existing work in prioritized areas, as well as implementing additional programming in new areas. These ongoing strategic conversations will allow

Beachwood Rehabilitation to build stronger community collaborations and make smarter, more targeted investments to improve the health of the people in the communities they serve.

For more information regarding Cleveland Clinic Select Medical Community Health Needs Assessments and Implementations Strategy Reports, please visit www.clevelandclinic.org/CHNAReports or contact CHNA@ccf.org.

