



Community Health Needs Assessment **2016** (Detailed Data Appendix)



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Introduction

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

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

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

Summit County Children (Example)

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

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

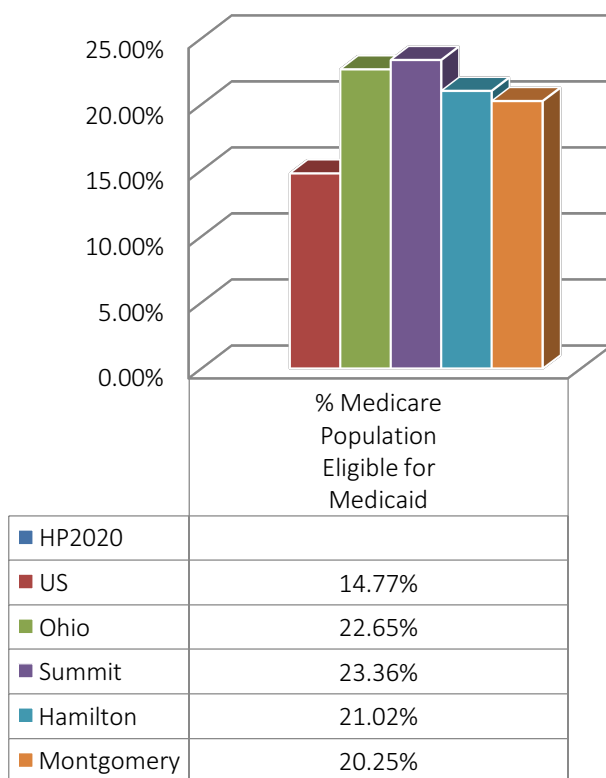
on May 1, 2016 the Steering Committee agreed that any epidemiological indicator that was “worse” on 3 or more benchmarks would be considered a “significant health need”. These indicators are described and detailed data presented on each for the hospital’s service area in the pages that follow.

Access to Health Care

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

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

(H) The Percentage of Medicare Population Eligible for Medicaid



Percentage of Medicare Population

Eligible for Medicaid

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

What is the data source for this

indicator? “Percentage of Medicare Population Eligible for Medicaid” is the percentage of Medicare fee-for-

service beneficiaries who meet eligibility requirements for Medicaid. The most recent data (2012)

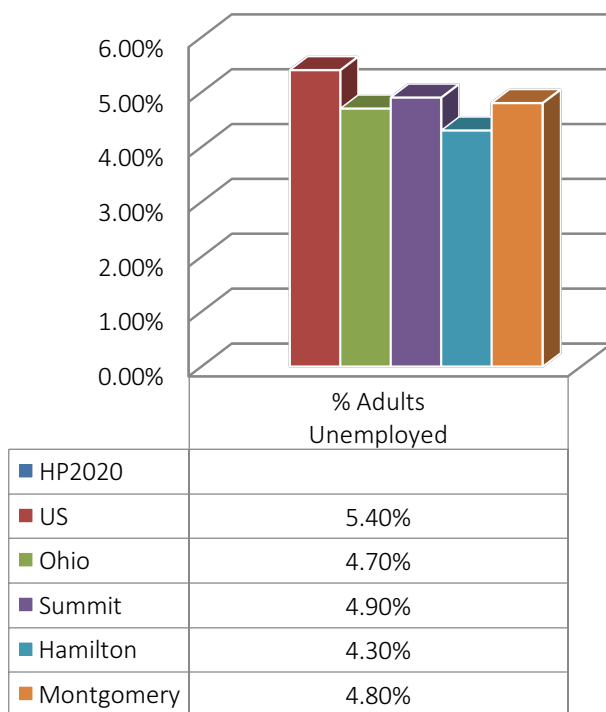
are from The Chronic Condition Data Warehouse (CCW) and are reported on The Ohio Department of Health’s Network of Care website.

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

Percentage of Adults Unemployed

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

(H) Percentage of Adults Unemployed



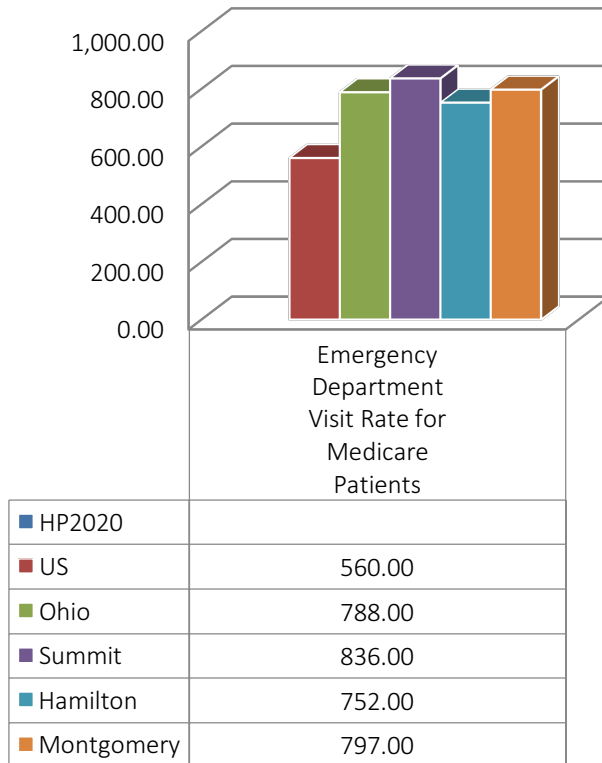
What is the data source for this indicator? “Percentage of Adults Unemployed” is the percentage of the civilian non-institutionalized population, ages 16 and older (non-seasonally adjusted), who are unemployed. The most recent data (2014) are from the U.S. Bureau of Labor Statistics (BLS) Local Area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

How does our community rank?

With an unemployment rate of 4.90%, Summit County’s unemployment rate exceeds the state and both comparison counties’ rates. The national unemployment rate (5.40%) is higher.

Emergency Department Utilization

(H) The Number of Emergency Department Visits for Medicare Patients (per 1,000)



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

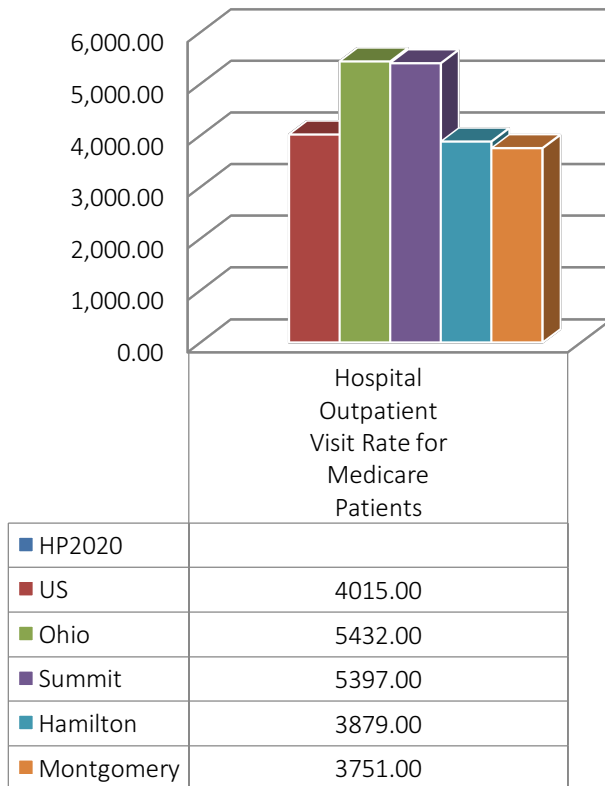
What is the data source for this indicator? “The Number of Emergency Department Visits per 1,000 Medicare

Beneficiaries” is the annual number of inpatient or hospital outpatient emergency visits among Medicare fee-for-service beneficiaries. The most recent data (2012) are from The Chronic Condition Data Warehouse (CCW) and are reported on The Ohio Department of Health’s Network of Care website.

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

Hospital Outpatient Visits

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



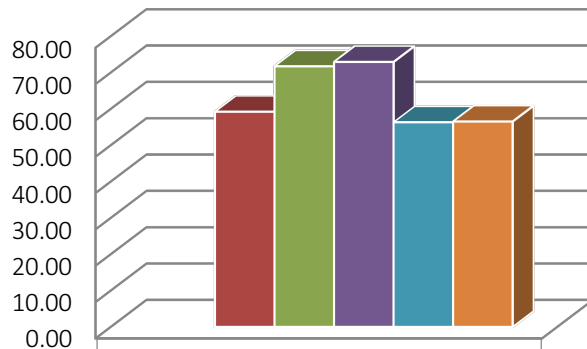
What is the data source for this indicator? “The Total Number of Hospital Outpatient Visits for Medicare Patients” is the total number of hospital outpatient visits made by Medicare fee-for-service beneficiaries per 1,000 beneficiaries. The most recent data (2012) are from The Chronic Condition Data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

How does our community rank? With 5,397 hospital outpatient visits per 1,000 Medicare beneficiaries in 2012,

the Summit County hospital outpatient utilization rate exceeds the national rate, in addition to both comparison counties’ rates. The state rate (5,432) is higher.

Preventable Hospitalization

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



Preventable Hospitalization Rate of Medicare Patients	
■ HP2020	
■ US	59.20
■ Ohio	71.70
■ Summit	72.90
■ Hamilton	56.30
■ Montgomery	56.50

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

What is the data source for this indicator? “The Preventable Hospitalization Rate for Medicare Patients” is the discharge rate per 1,000 Medicare fee-for-service

enrollees for ambulatory care sensitive conditions, over the number of hospitalizations for ambulatory care sensitive conditions by Medicare fee-for-service enrollees. The most recent data (2010) are from The Dartmouth Atlas Project (DAP) and are reported on The Ohio Department of Health’s Network of Care website.

How does our community rank? With a rate of 72.90 preventable hospitalizations per 1,000 Medicare enrollees in 2010, the Summit County preventable hospitalization rate exceeds the national and state rates, in addition to both comparison counties’ rates.

Chronic Disease

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

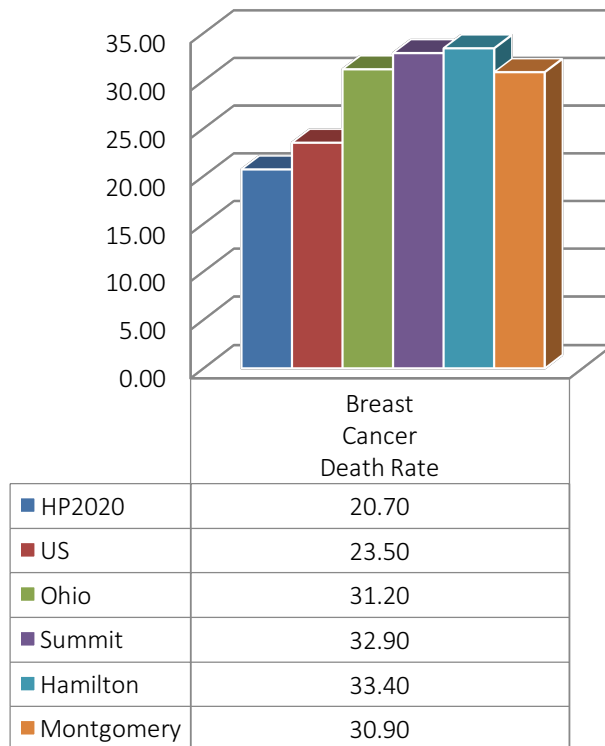
Chronic diseases identified as significant health needs in Summit County include: Cancer (breast, colorectal, respiratory, and prostate), diabetes, kidney disease, high cholesterol, asthma, blood pressure, stroke, Alzheimer's disease, osteoporosis, and arthritis.

Cancer

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

Breast Cancer

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



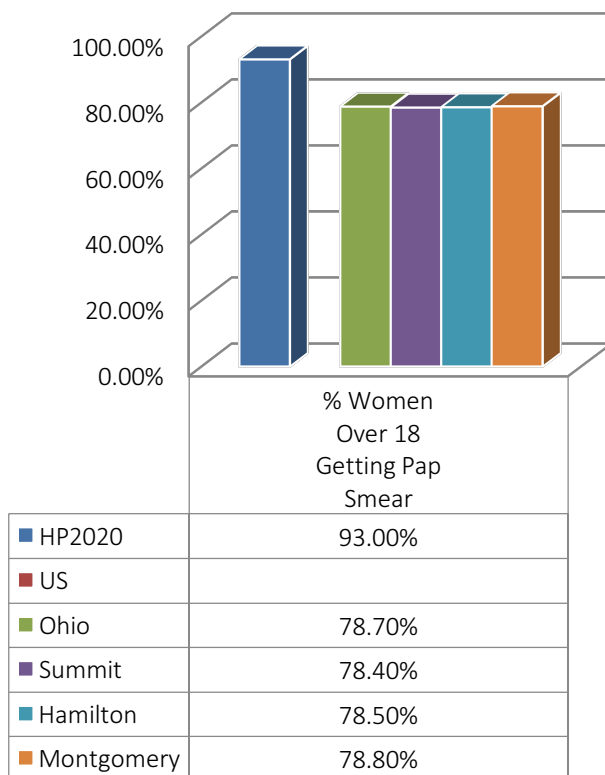
What is the data source for this indicator? The “Female Breast Cancer Death Rate per 100,000” is the number of female deaths due to breast cancer per 100,000 females in the population. The most recent data (2004-2010) are from The National Vital Statistics System Mortality component (NVSS-M), which is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

How does our community rank? With 32.90 deaths per 100,000, the Summit County female death rate for breast cancer exceeds Healthy People 2020 goals, as well national, state, and one comparison county’s rates. The Hamilton County rate (33.40) is higher.

breast cancer exceeds Healthy People 2020 goals, as well national, state, and one comparison county’s rates. The Hamilton County rate (33.40) is higher.

Cervical Cancer Screening

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



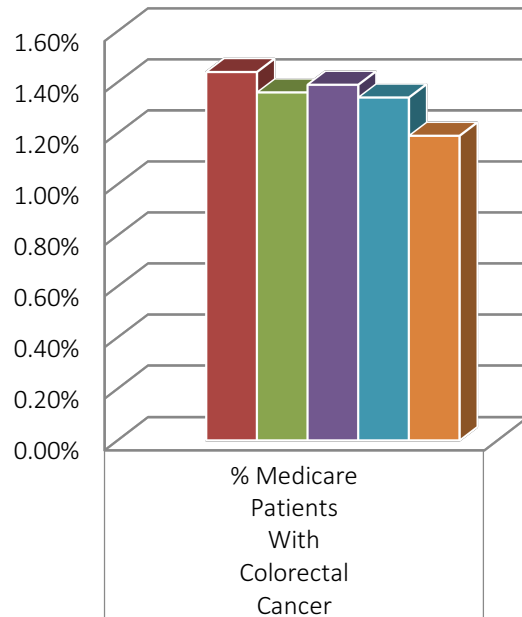
What is the data source for this indicator? The “Percentage of Women over 18 getting a Pap Smear” is the percentage of women over the age of 18 who self-report receiving a Pap test in the last 3 years. The most recent data (2006-2012) are from the Behavioral Risk Factor Surveillance System (BRFSS), a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

How does our community rank? With 78.40% of women in Summit County obtaining a Pap Smear screening between 2006 and 2012, the Summit County Pap Smear rate is lower than Healthy People 2020 goals, as well as the state and both comparison counties’ rates. The national rate is not available.

Colorectal Cancer

1) Colorectal Cancer Diagnoses among Medicare Beneficiaries

(H) Percentage of Medicare Beneficiaries with Colorectal Cancer



■ HP2020	
■ US	1.44%
■ Ohio	1.36%
■ Summit	1.39%
■ Hamilton	1.34%
■ Montgomery	1.19%

What is the data source for this indicator?

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

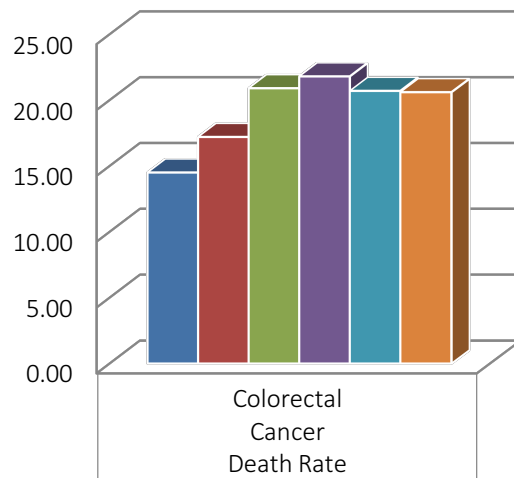
How does our community rank?

With 1.39% of Medicare beneficiaries diagnosed with colorectal cancer, the Summit County rate for colorectal cancer exceeds the state and comparison counties’ rates. The national rate (1.44%) is higher.

2) Colorectal Cancer Death Rate

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

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

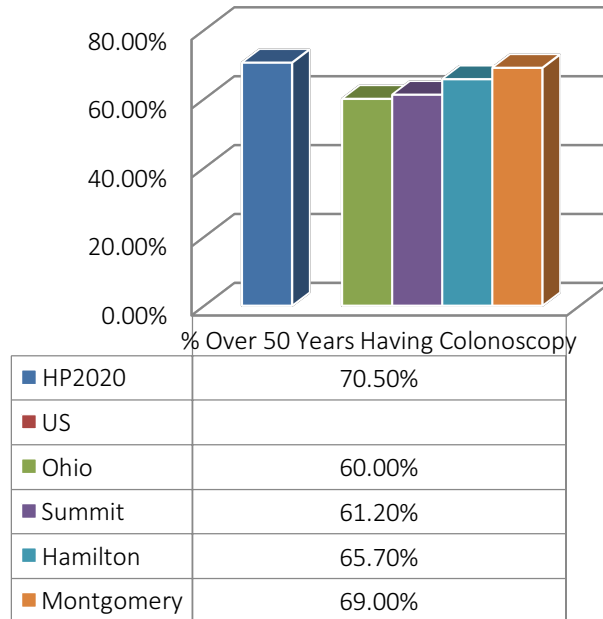


	Colorectal Cancer Death Rate
■ HP2020	14.50
■ US	17.20
■ Ohio	20.90
■ Summit	21.80
■ Hamilton	20.70
■ Montgomery	20.60

How does our community rank? With 21.80 deaths per 100,000, the Summit County colorectal cancer death rate exceeds Healthy People 2020 goals, in addition to the national, state, and both comparison counties’ rates.

3) Colonoscopy

(H) Percentage of Those Over 50 Having a Colonoscopy



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

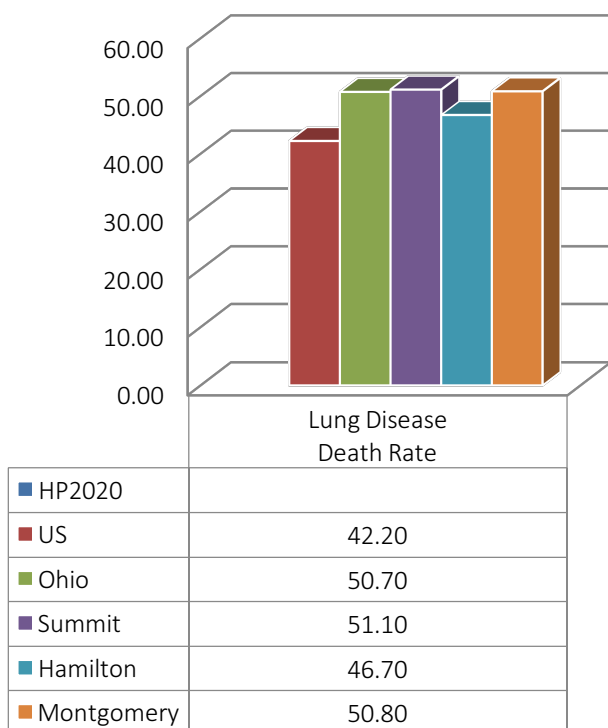
which are reported on The Ohio Department of Health’s Network of Care website.

How does our community rank? With 61.20% of Summit County adults over age 50 reporting that they have ever had a colonoscopy or sigmoidoscopy, the Summit County colonoscopy rate is lower than Healthy People 2020 goals and both comparison counties’ rates. The state rate (60%) is lower. The national rate is not available.

Lung and Respiratory Cancer

Lung Disease Death Rate per 100,000

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



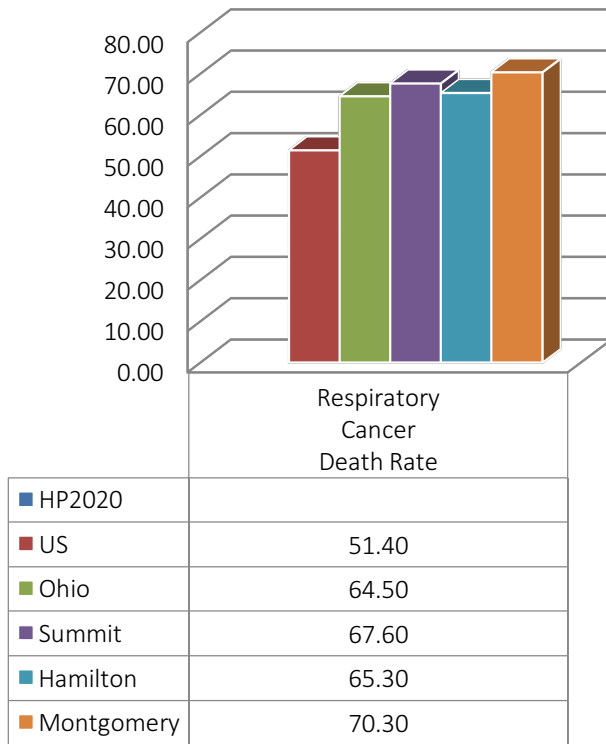
What is the data source for this indicator? The “Lung Disease Death Rate” is the number of deaths due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. The most recent data (2013) are from the National Vital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

How does our community rank? With 51.10 deaths per 100,000, the Summit

County lung disease death rates exceeds national, state, and both comparison counties’ rates.

Respiratory Cancer Death Rate per 100,000

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



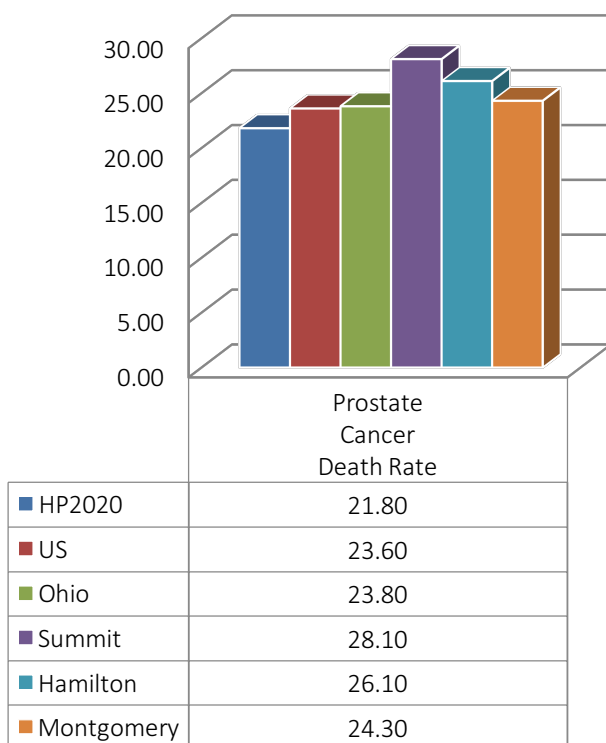
What is the data source for this indicator? The “Respiratory Cancer Death Rate” is the number of respiratory cancer deaths per 100,000 individuals in the population. The most recent data (2004-2010) are from The National Vital Statistics System Mortality component (NVSS-M), which is reported to the National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

How does our community rank? With 67.60 deaths per 100,000, the Summit County respiratory cancer death rate

exceeds the national, state, and one comparison county’s rates. The Montgomery County rate (70.30) is higher.

Prostate Cancer

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



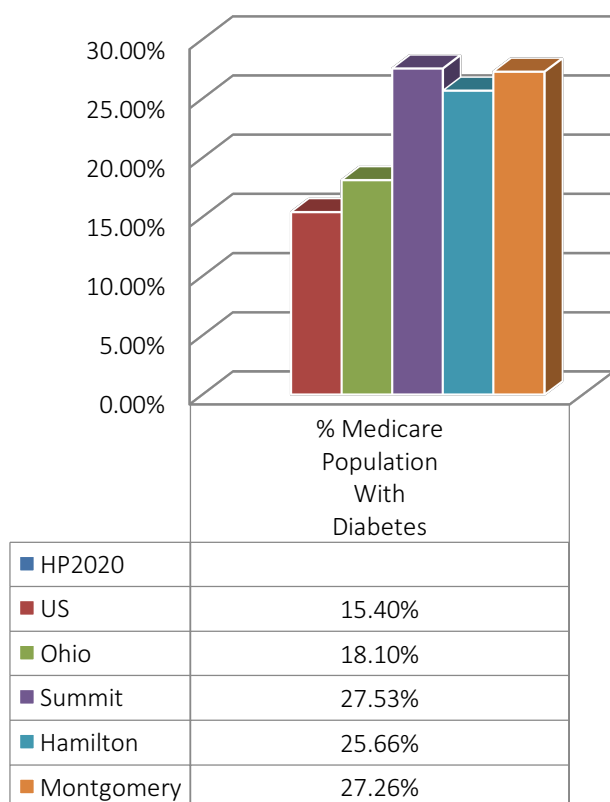
Summit County prostate cancer death rate exceeds Healthy People 2020 goals, as well as the national, state, and both comparison counties' rates.

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

How does our community rank? With 28.10 deaths per 100,000 males, the

Diabetes

(H) Percentage of the Medicare Population with Diabetes



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

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

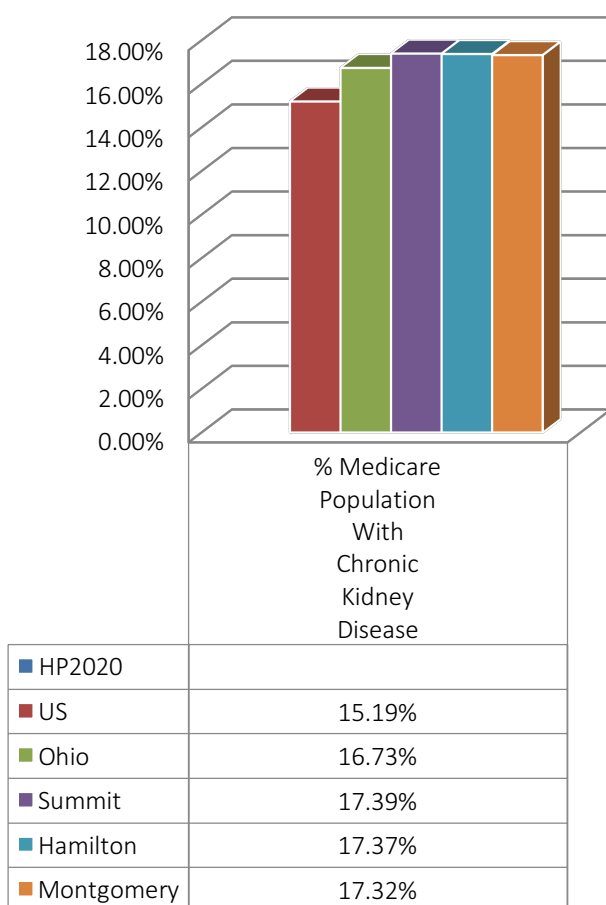
Medicare Population with Diabetes” is the percentage of the Medicare fee-for-service population with diabetes. The most recent data (2012) are from the Centers for Medicare and Medicaid Services (CMS) Chronic Conditions Warehouse (CCW), which are reported via the Community Commons Community Health Needs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

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

Kidney Disease

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

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



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

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

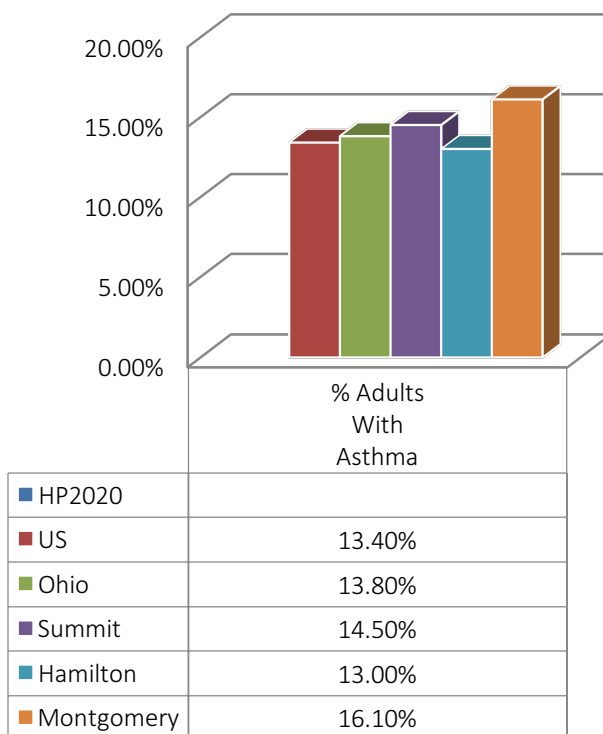
Asthma

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

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

1) Adults with Asthma

(H) Percentage of Adults with Asthma



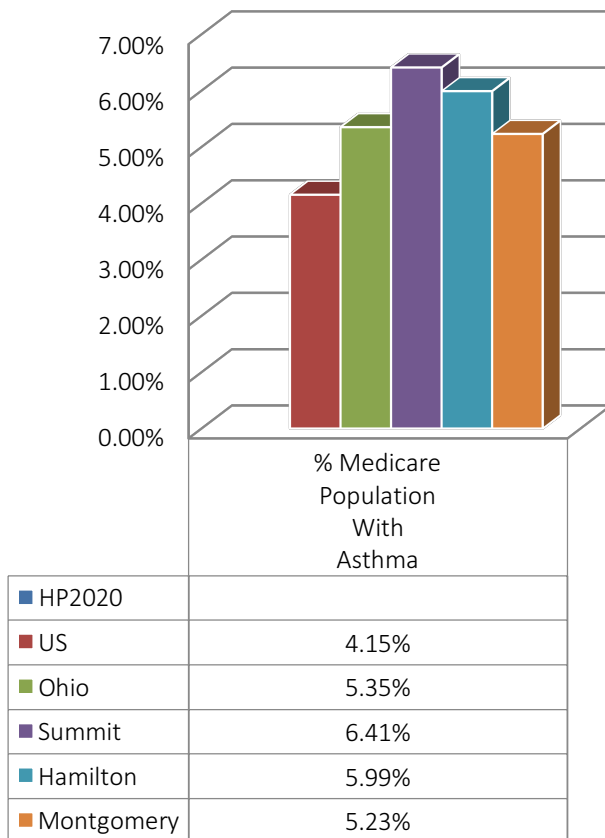
What is the data source for this indicator? “Percentage of Adults with Asthma” is the percentage of adults, 18 years of age and older, who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma. The most recent data (2012) are from the Centers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

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

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

2) Medicare Beneficiaries with Asthma

(H) Percentage of the Medicare Population with Asthma

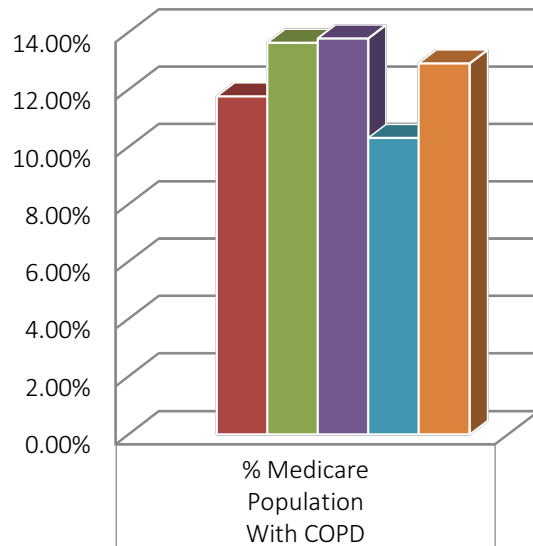


What is the data source for this indicator? "Percentage of Medicare Beneficiaries with Asthma" is the percentage of Medicare fee-for-service beneficiaries who have asthma. The most recent data (2012) are from The Chronic Condition Data Warehouse (CCW) and are reported on The Ohio Department of Health's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

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

3) Medicare Beneficiaries with COPD

(H) Percentage of the Medicare Population with COPD



■ HP2020	
■ US	11.76%
■ Ohio	13.63%
■ Summit	13.78%
■ Hamilton	10.31%
■ Montgomery	12.91%

What is the data source for this indicator?

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

How does our community rank?

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

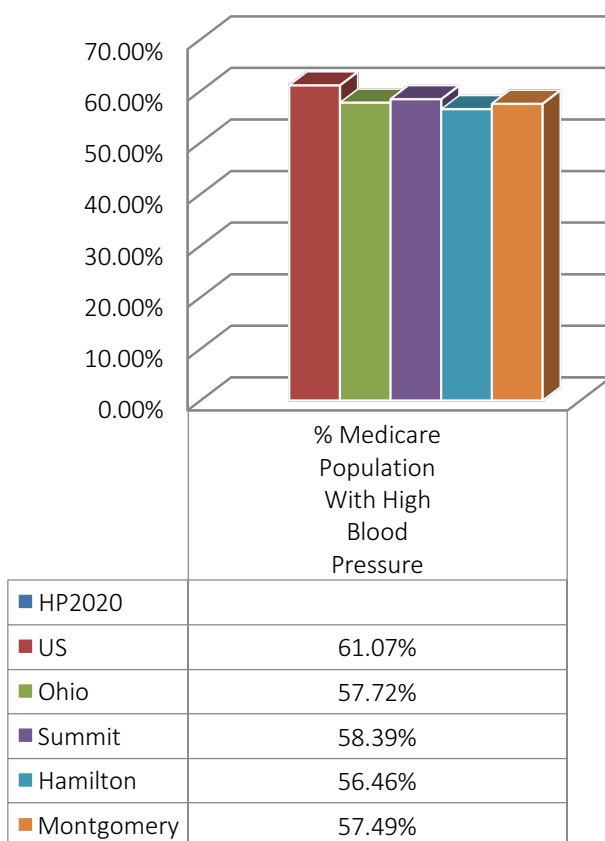
Cardiovascular Disease

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

Risk Factors for Cardiovascular Disease

1) High Blood Pressure

(H) Percentage of the Medicare Population with High Blood Pressure



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

What is the data source for this indicator?

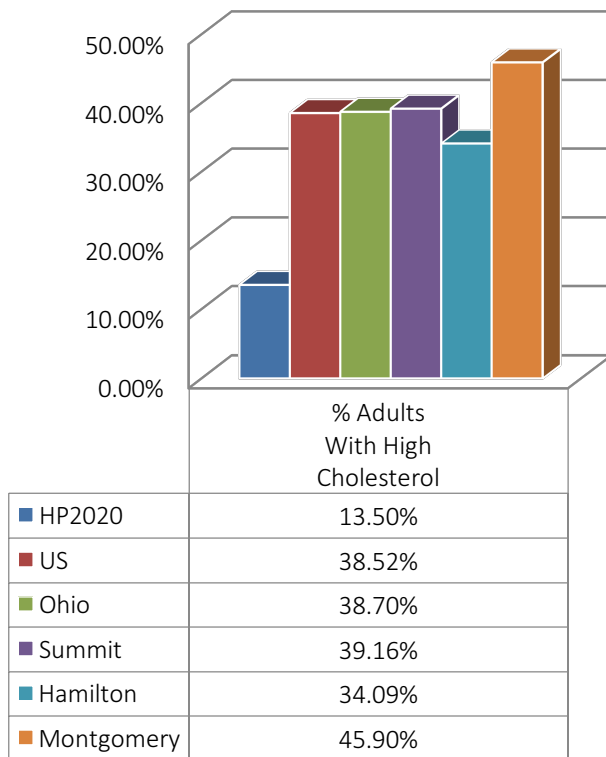
The “Percentage of the Medicare Population with High Blood Pressure” is the percentage of Medicare fee-for-service beneficiaries with hypertension. The most recent data (2012) are from The Chronic Condition Data Warehouse (CCW) and are reported on The Ohio Department of Health’s Network of Care website.

How does our community rank? With 58.39% of Summit County Medicare beneficiaries having high blood pressure, the Summit County high blood pressure rate exceeds state, and both comparison counties' rates. The national rate (61.07%) is higher.

2) High Cholesterol

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

(H) Percentage of Adults with High Cholesterol

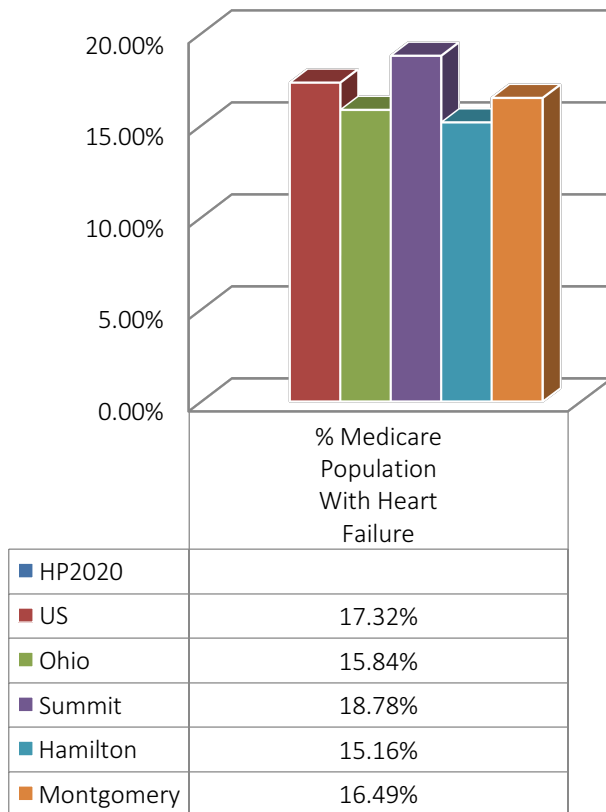


What is the data source for this indicator? The “Percentage of Adults with High Cholesterol” is the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had high blood cholesterol. The most recent data (2012) are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

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

3) Heart Failure

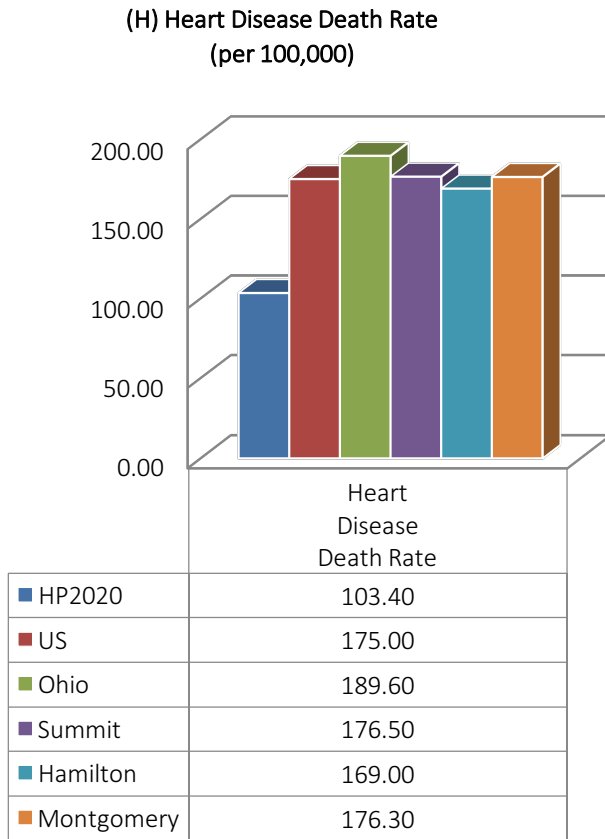
(H) Percentage of the Medicare Population with Heart Failure



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

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

4) Heart Disease Death Rate



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

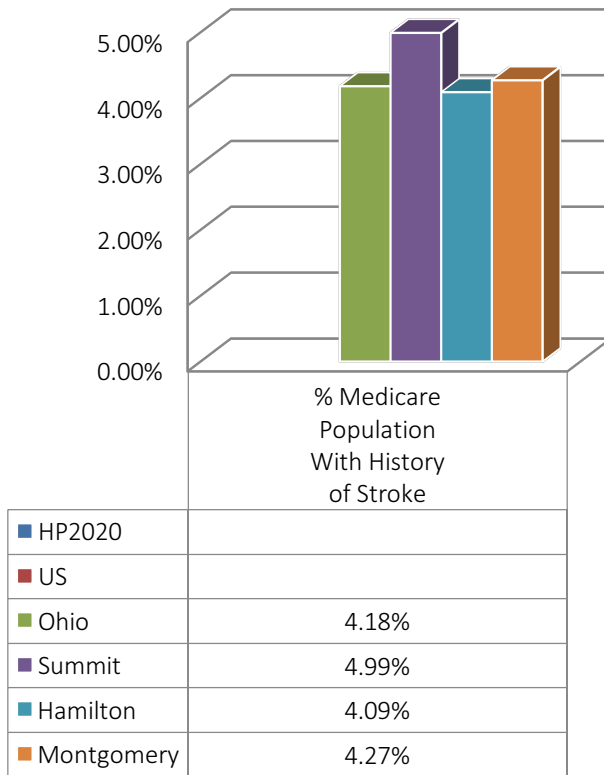
How does our community rank? With 189.6 per 100,000 Summit County residents dying from heart disease, the

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

5) Stroke

5a) History of Stroke

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

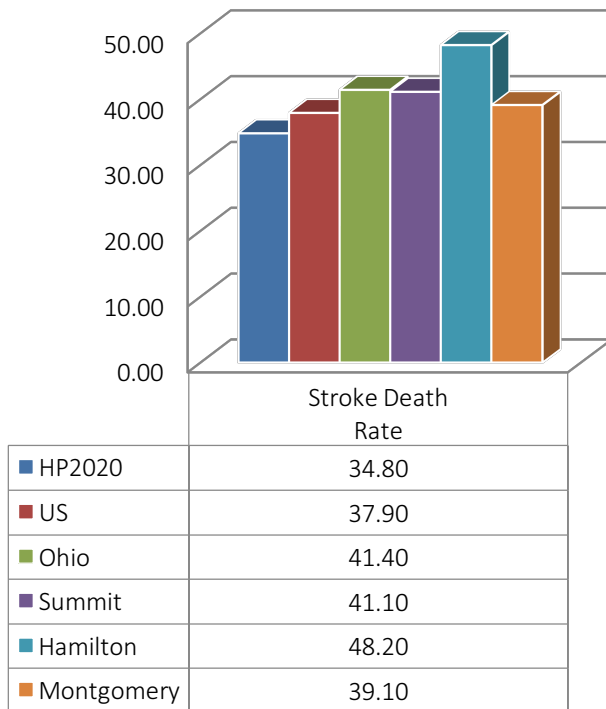


What is the data source for this indicator? “History of Stroke” is the percentage of Medicare fee-for-service beneficiaries whom have experienced a stroke. The most recent data (2012) are from The Chronic Condition Data Warehouse (CCW) and are reported on The Ohio Department of Health’s Network of Care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

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

5b) Stroke Death Rate per 100,000

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



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

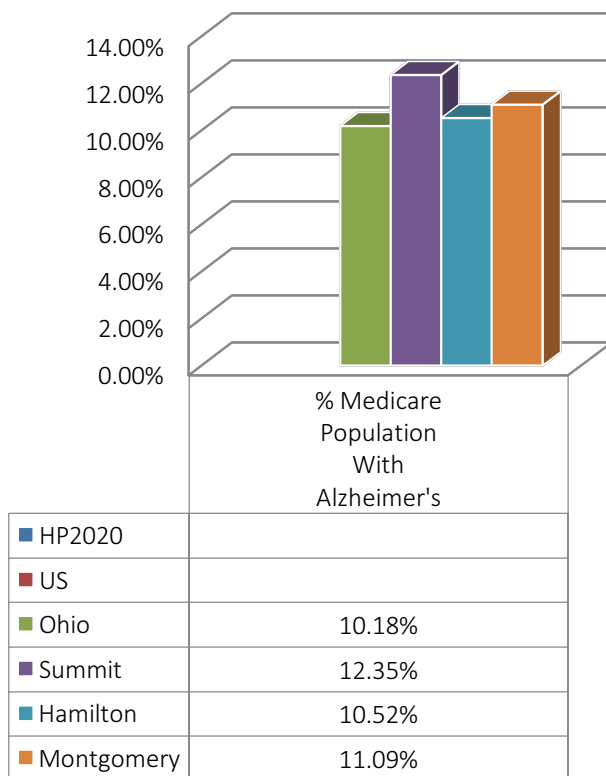
How does our community rank? With 41.10 per 100,000 Summit County residents dying from stroke, the Summit County stroke death rate exceeds Healthy People 2020 goals,

national, and one comparison county’s rates. The state (41.40) and Hamilton County (48.20) rates are higher.

Alzheimer’s Disease

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

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



What is the data source for this indicator?

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

How does our community rank?

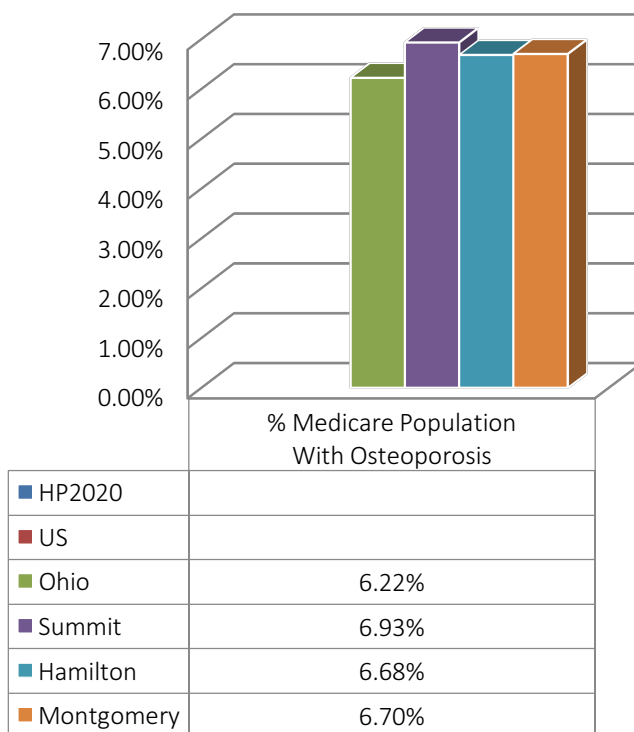
With 12.35% of Summit County Medicare beneficiaries having

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

Osteoporosis

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

(H) Percentage of the Medicare Population with Osteoporosis



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

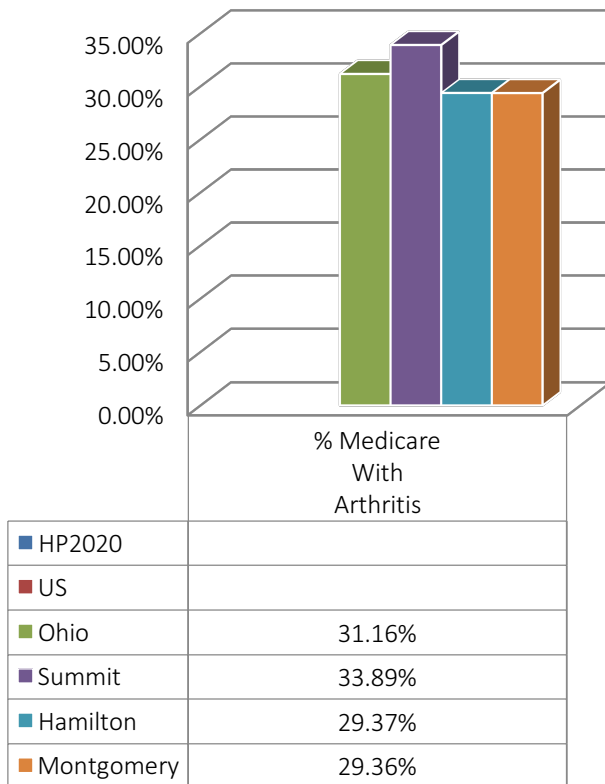
How does our community rank?

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

Arthritis

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

(H) Percentage of the Medicare Population with Arthritis



What is the data source for this indicator?

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

How does our community rank?

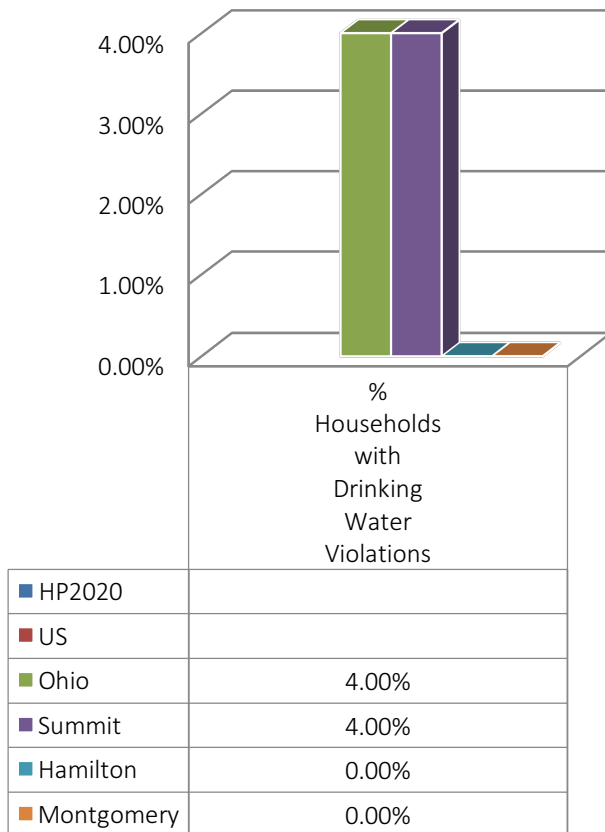
As 33.89% of Summit County Medicare beneficiaries have arthritis, Summit County’s arthritis rate exceeds the state and both comparison counties’ rates. The national rate is not available.

Environmental Factors

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

Water Quality

(H) Percentage of Households with Drinking Water Violations



What is the data source for this indicator?

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

How does our community rank?

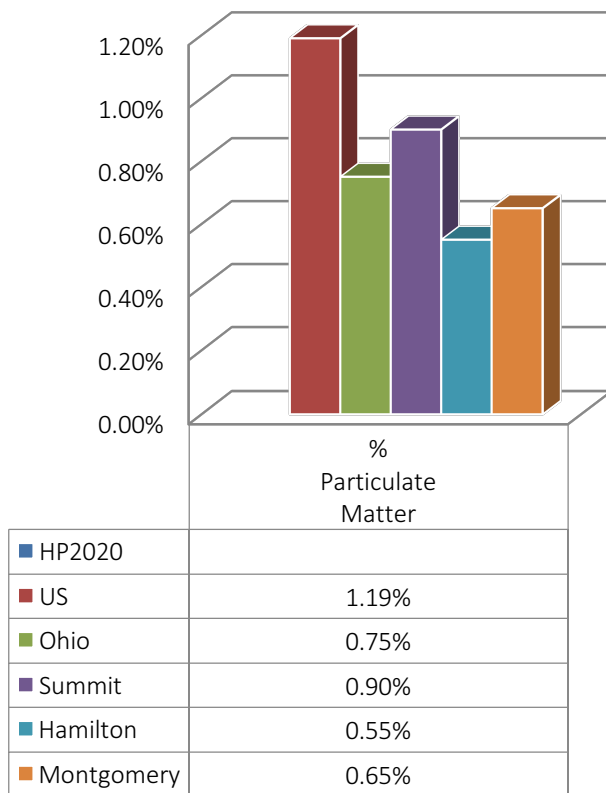
With 4% of Summit County households experiencing drinking

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

Air Quality

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

(H) Percentage of Particulate Matter



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

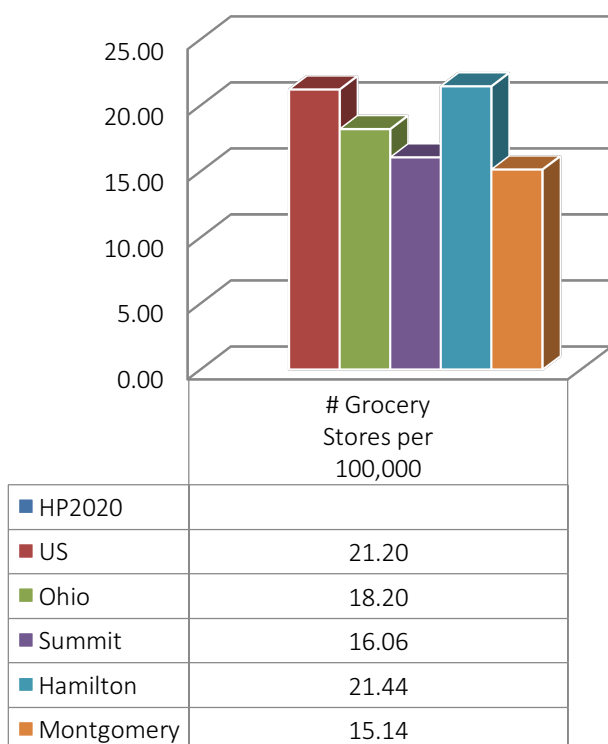
How does our community rank? With 0.90% days of particulate matter exceeding air quality standards, the Summit County rate is higher than the state and both comparison counties’ rates. Summit County’s rate is lower than the national rate (1.19%).

Community Assets and Deficits

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

Access to Grocery Stores

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



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

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

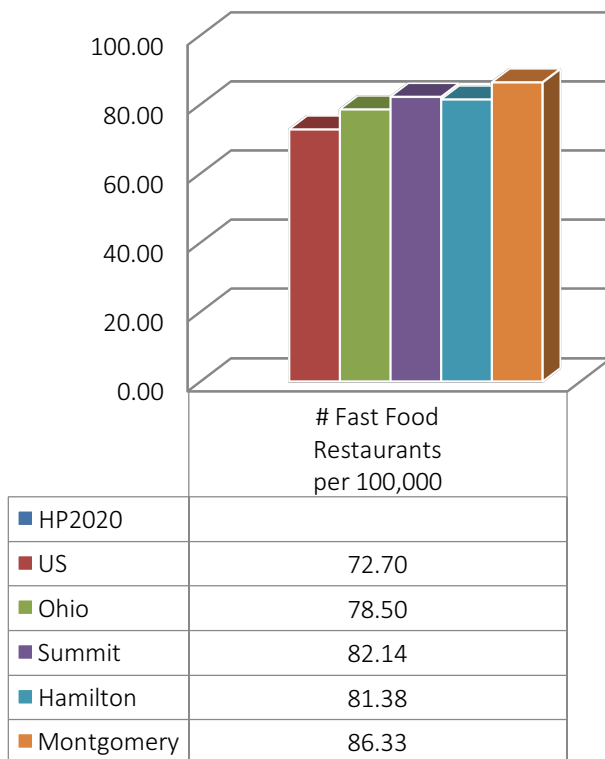
that also retail food, such as supercenters and warehouse club stores, are excluded. The most

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

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

Fast Food Restaurants

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



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

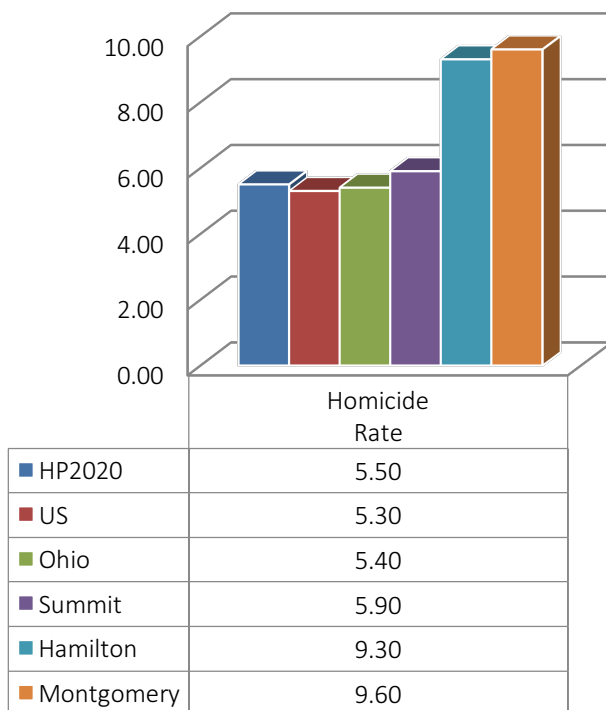
updated by the U.S. Census Bureau, and are available on the Community Health Needs Assessment toolkit on the Community Commons web site.

How does our community rank? With 82.14 fast food restaurants per 100,000 people, Summit County’s fast food restaurant rate exceeds the national and state rates, in addition to one comparison county’s rate. Only Montgomery County has more fast food restaurants (86.33 per 100,000).

Crime & Violence - Homicide

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

(H) Homicide Rate (per 100,000)



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

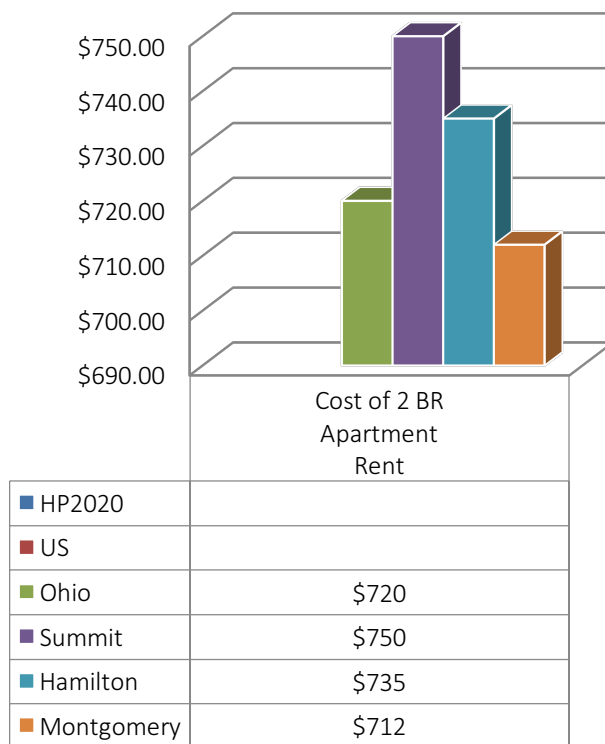
How does our community rank? With 5.90 homicide deaths per 100,000 people, the Summit County rate exceeds Healthy People 2020 goals and the national and state rates. Summit County has fewer homicides per 100,000 than both comparison counties.

Housing Costs

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

1) Rent for a Two Bedroom Apartment

(H) Cost of Rent for a 2 BR Apartment

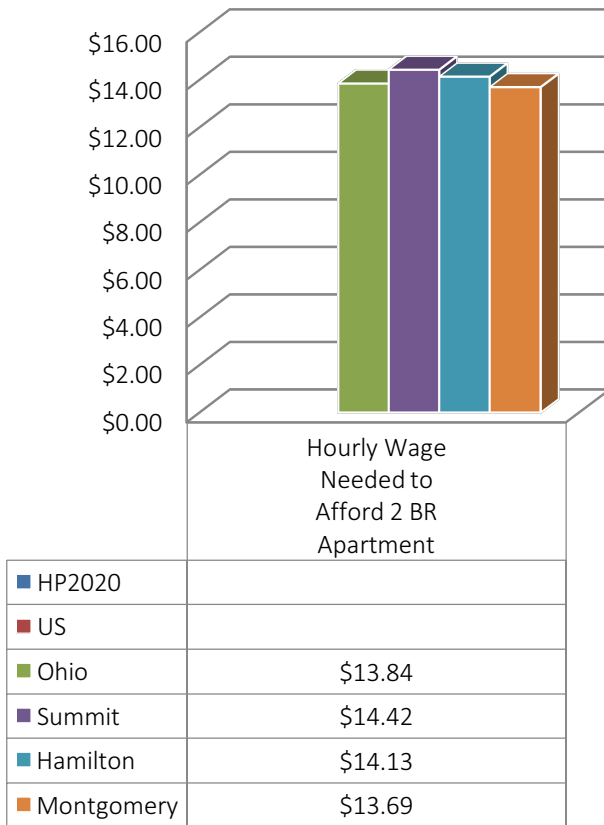


What is the data source for this indicator? “Rent for a Two Bedroom Apartment” is the average monthly rent for a two bedroom apartment in Summit County. Data are drawn from the National Low Income Housing Coalition’s Out of Reach database (2014).

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

2) Hourly Wage Needed to Afford a Two Bedroom Apartment

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

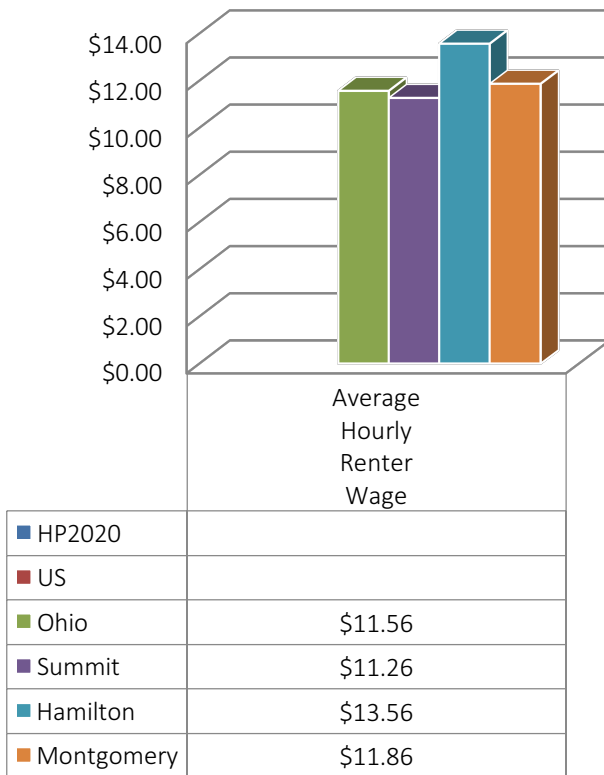


What is the data source for this indicator? “Hourly Wage Needed to Afford a Two Bedroom Apartment” is the amount a resident of Summit County would need to earn hourly in order to afford the average rent of a two bedroom apartment in Summit County. Data are drawn from the National Low Income Housing Coalition’s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

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

3) Hourly Wage

(H) Average Hourly Renter Wage

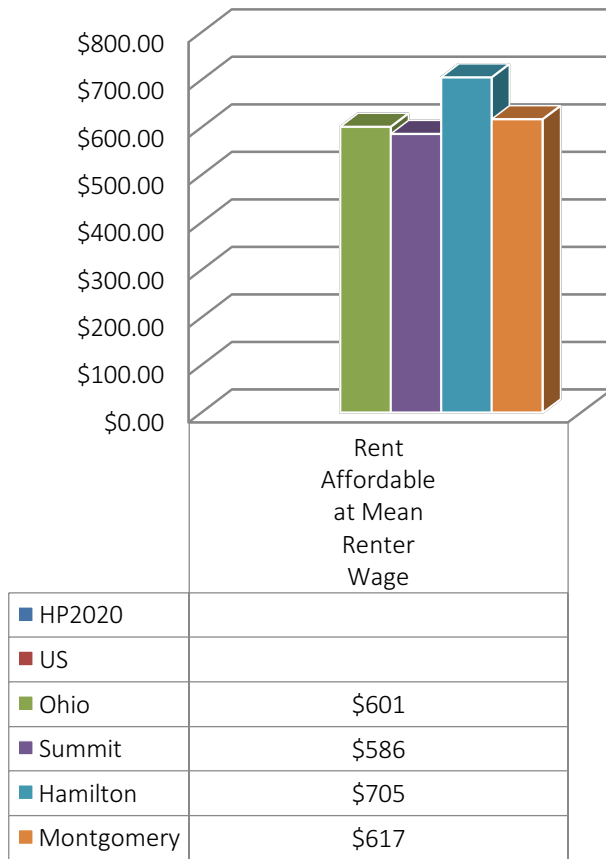


What is the data source for this indicator? “Average Hourly Renter Wage” is the average hourly wage earned by Summit County renters. Data are drawn from the National Low Income Housing Coalition’s Out of Reach database (2014).

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

4) Rent Affordable at Average Renter Wage

(H) Rent Affordable at Mean Renter Wage

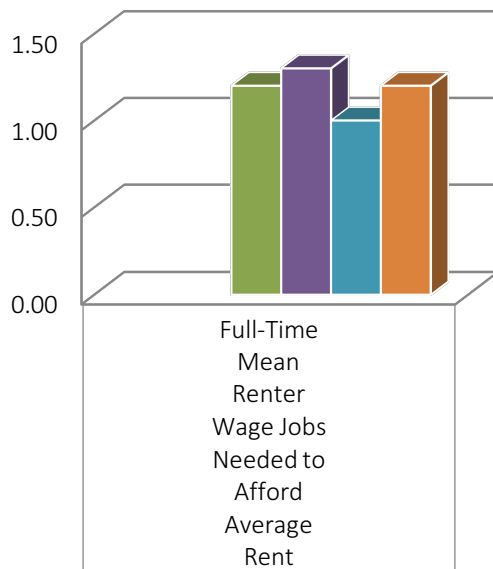


What is the data source for this indicator? “Rent Affordable at Average Renter Wage” is the rent that would be affordable for Summit County renters based on the average hourly wage for renters in Summit County. Data are drawn from the National Low Income Housing Coalition’s Out of Reach database (2014).

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

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

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



■ HP2020	
■ US	
■ Ohio	1.20
■ Summit	1.30
■ Hamilton	1.00
■ Montgomery	1.20

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

How does our community rank? The average Summit County renter would need to work 1.30 full time jobs to afford the average rent for a two bedroom apartment in Summit

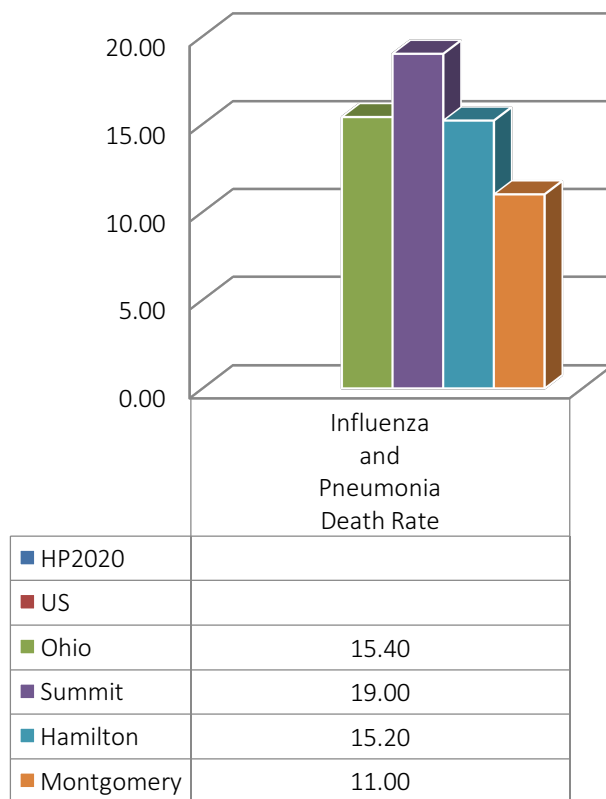
County. This is more than an average worker would need to work at the state level and in both comparison counties. National data are not available.

Infectious Disease

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

Influenza and Pneumonia

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



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

What is the data source for this indicator?

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

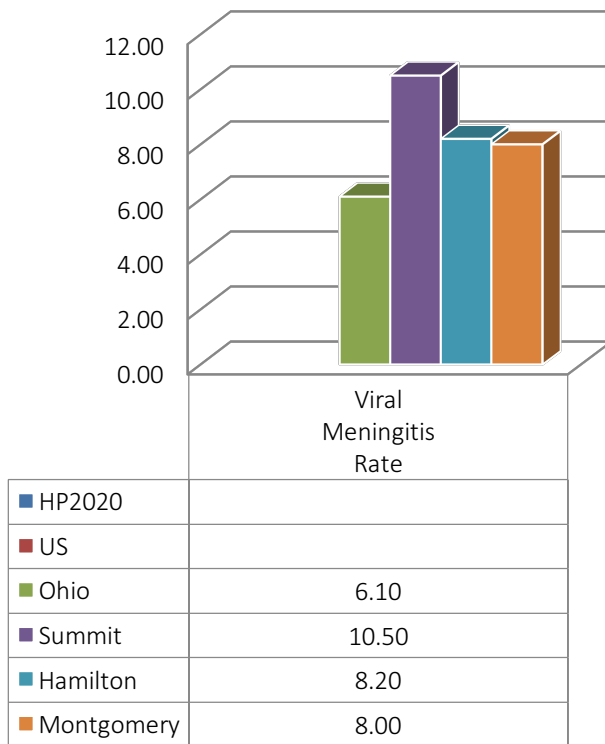
How does our community rank?

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

Viral Meningitis

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

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



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

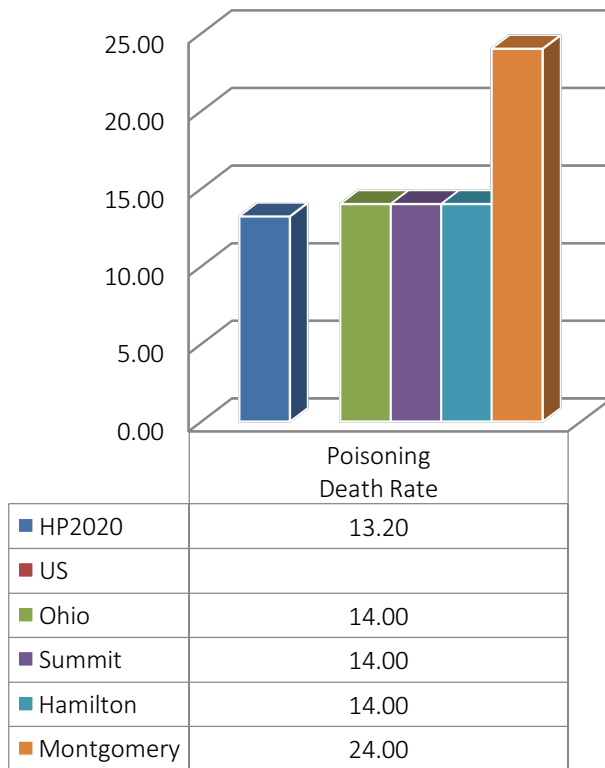
How does our community rank? The Summit County viral meningitis infection rates of 10.50 per 100,000 is higher than the state and both comparison counties’ rates. National data are not available.

Injury and Accidents

Poisoning

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

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

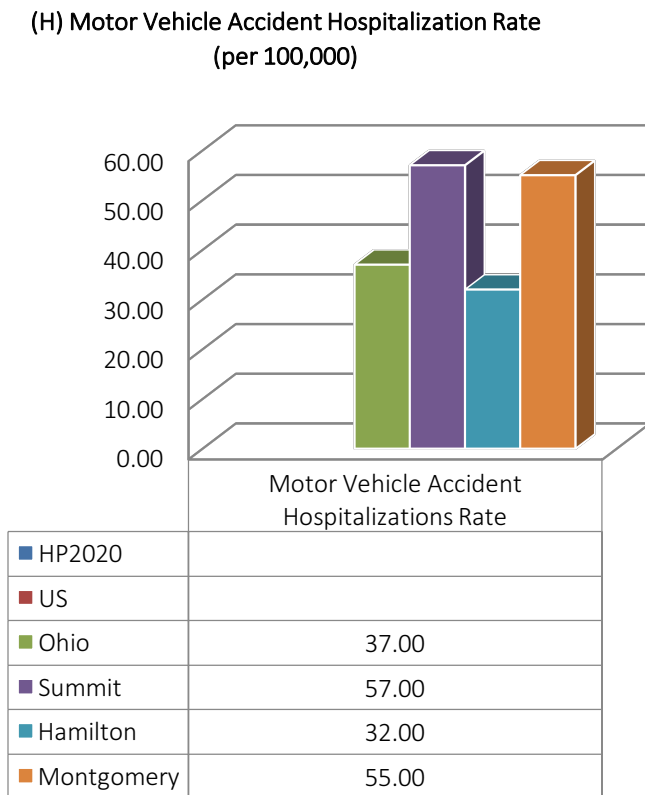


What is the data source for this indicator? The “Poisoning Death Rate per 100,000” is the number of deaths due to unintentional poisoning in Summit County for the time period. The most recent data (2008-2010) are drawn from the County Injury Profiles available at HealthyOhio.gov.

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

Motor Vehicle Accidents

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



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

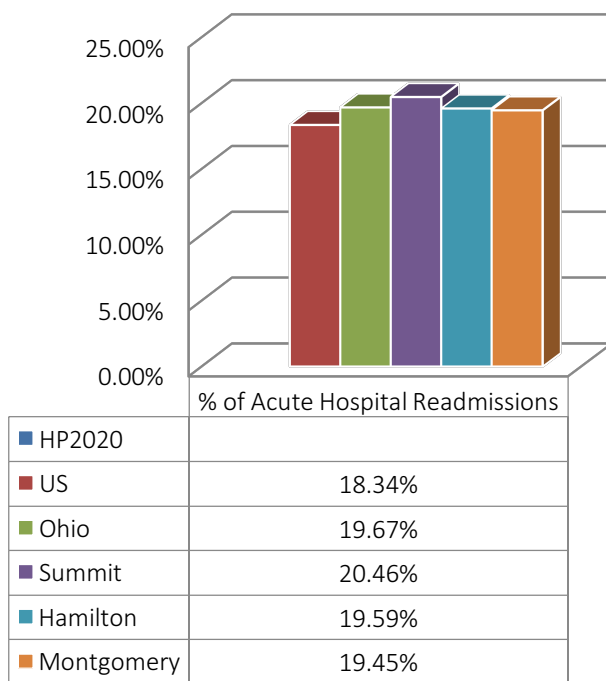
How does our community rank? The Summit County death rate due to motor vehicle accidents of 57 per 100,000 is higher than the state and both comparison counties’ rates. National data are not available.

Quality of Health Care

Hospital Readmission

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

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



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

How does our community rank?

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

Maternal and Child Health

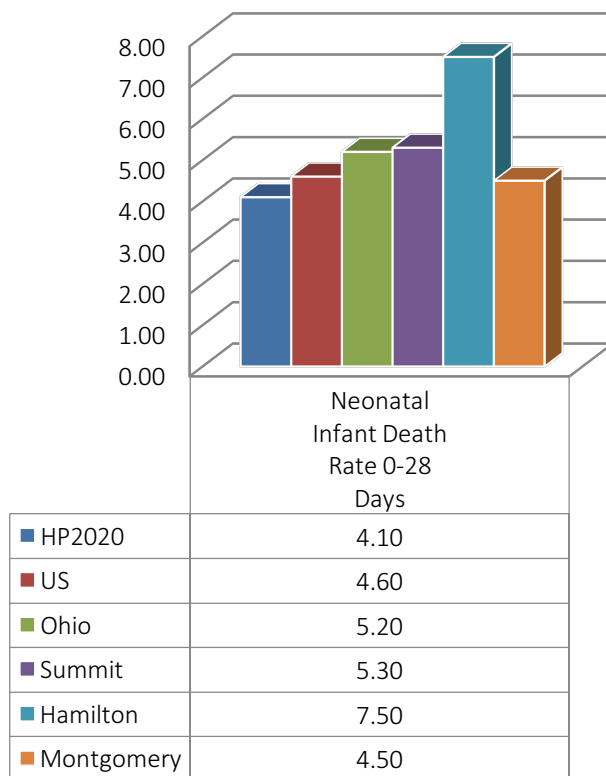
Maternal and infant health is a broad category of factors that affect pregnancy and childbirth. Improving the well-being of mothers and infants is an important public health goal in the United States. Healthy birth outcomes and early identification and treatment of health conditions among infants can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

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

Infant Mortality

1) Neonatal Infant Death Rate 0-28 Days

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



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

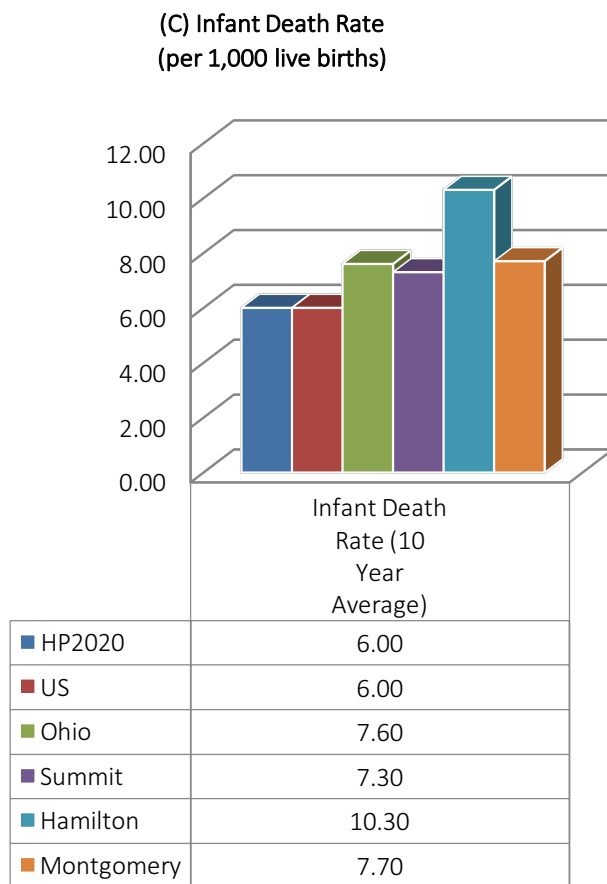
What is the data source for this indicator?

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

on the Community Commons web site.

How does our community rank? 5.20 infants die within 28 days per 1,000 births in Summit County. The Summit County infant death rate is higher than Healthy People 2020 goals, in addition to the national and state rates, and one comparison county's rates. Hamilton County has a higher rate (7.50) of infant death.

2) Infant Death Rate



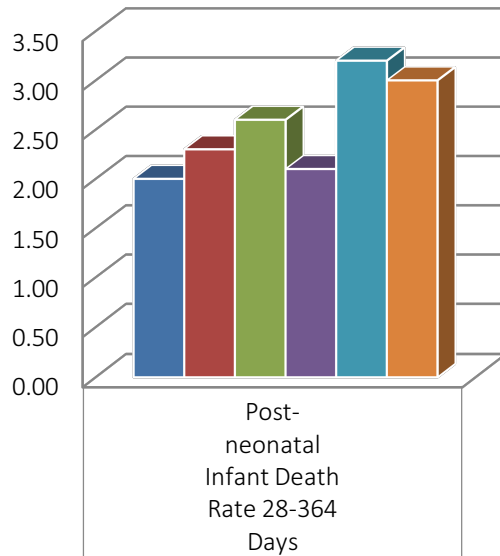
What is the data source for this indicator? “Infant Death Rate” is the number of infants that die prior to their first birthday, per 1,000 live births, and average across a 10-year time period. The most recent data (2005-2014) are provided by the Ohio Department of Health.

How does our community rank? “Infant Death Rate” did not meet the methodological criteria for identification as a significant health need, but was identified as a significant problem by community

leaders and focus group respondents. Also, with a rate of 7.30, the average 10 year “Infant Death Rate” in Summit County exceeds the Healthy People 2020 goal (6.00) and the national rate (6.00).

3) Post-Neonatal Infant Death Rate 28 to 364 Days

(C) Post-neonatal Infant Death Rate
28 to 364 Days
(per 1,000 live births)



	Post-neonatal Infant Death Rate 28-364 Days
■ HP2020	2.00
■ US	2.30
■ Ohio	2.60
■ Summit	2.10
■ Hamilton	3.20
■ Montgomery	3.00

What is the data source for this indicator? “Post-neonatal Infant Death Rate 28-364 Days” refers to the number of infants that die between their 28th and 364th day of life, per 1,000 live births. The most recent data (2014) are provided by the Ohio Department of Health.

How does our community rank? The “Post-neonatal Infant Death Rate 28-364 Days” did not meet the methodological criteria for

identification as a significant health need in the data shown in this chart, although the rate is higher than the Healthy People 2020 goal. Post-neonatal deaths were also identified as a significant health problem by community leaders and focus group respondents in Summit County.

Substance Abuse

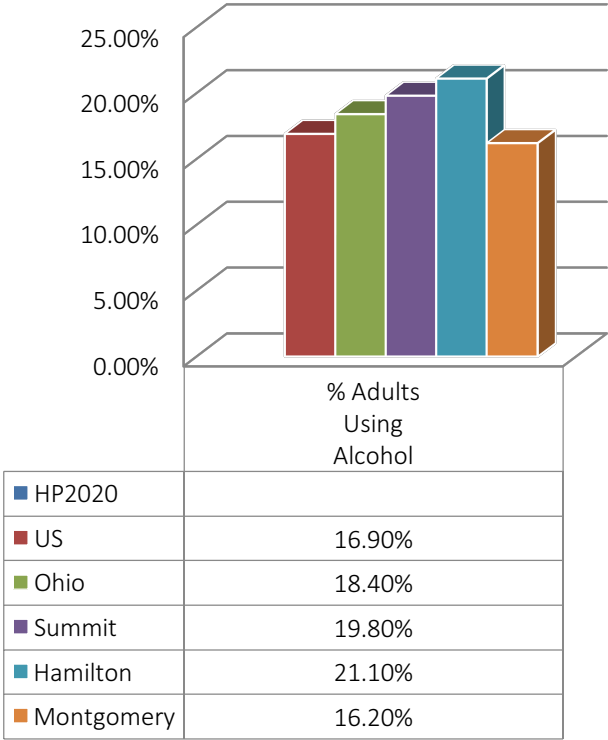
Substance abuse refers to a set of conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes (Healthy People 2020). Some of the substances abused are legal, such as alcohol for adults; some are illegal, such as heroin; and some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

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

Heavy Alcohol Consumption

Alcohol abuse is a medical term that describes the frequent use of beverages that contain ethyl alcohol in spite of the harmful effects of frequent alcohol consumption. Harmful effects of alcohol abuse include inability to meet major professional or social obligations, drinking in high-risk situations, dysfunction in social relationships, legal consequences of violation of laws that dictate appropriate alcohol use, and alcohol dependence. Alcohol dependence, or alcoholism, is a chronic condition in which individuals experience a strong craving for alcohol, inability to limit drinking to a safe level, and continued use of alcohol in spite of damage to physical, psychological, and interpersonal well-being. Long-term medical effects of both alcohol abuse and alcoholism include liver damage such as cirrhosis, inflammation of the pancreas, liver cancer, esophageal cancer, high blood pressure, psychological disorders, and unintentional injuries including motor vehicle accidents, falls, and drowning. The negative effects of alcohol abuse and alcoholism do not affect the individual in isolation, however. Community-level impacts of high rates of alcohol abuse and alcoholism include an increased number of traffic accidents, assault, child abuse, homicide, and suicide (CDC, 2012).

(H) Percentage of Adults Reporting Heavy Alcohol Consumption



What is the data source for this indicator?

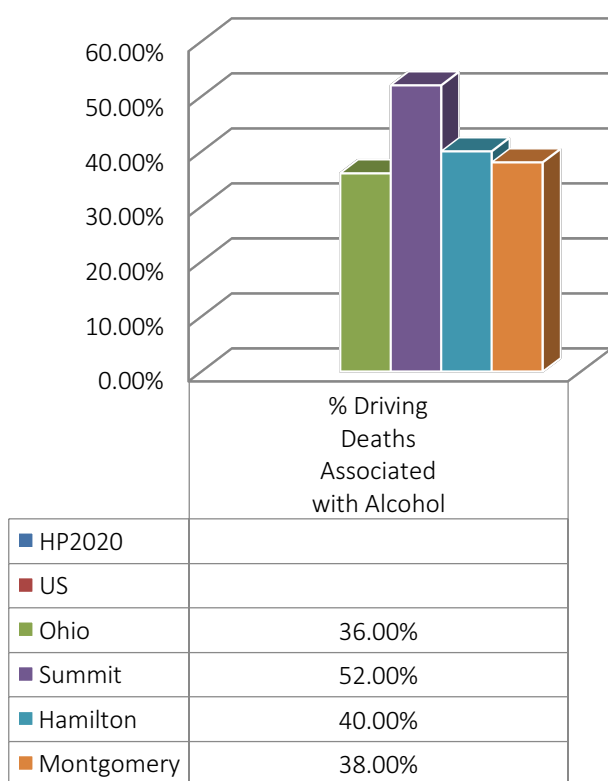
“Percentage of Adults Reporting Heavy Alcohol Consumption” is the percentage of adults, 18 years of age and older, who self-report more than two drinks per day, on average, for men and one drink per day, on average, for women. The most recent data (2006-2012) are from the Behavioral Risk Factor Surveillance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

Health’s Network of Care website.

How does our community rank? With 19.80% of Summit County adults reporting heavy alcohol consumption, the Summit County heavy alcohol consumption rate is higher than the national, state, and one comparison county’s rates. Hamilton County has a higher rate (21.10%) of heavy alcohol consumption.

Driving Deaths Due to Alcohol

(H) The Percentage of Driving Deaths Associated with Alcohol



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

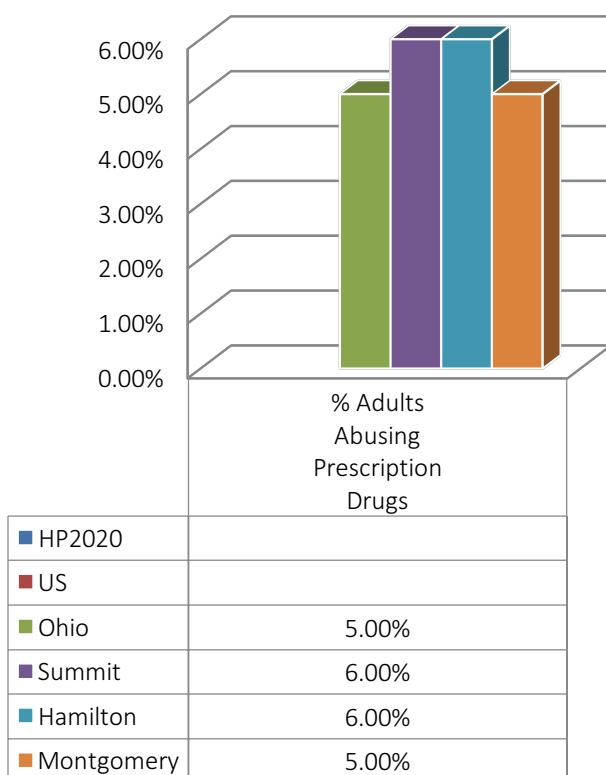
a non-motorist within 30 days of the crash. Data are reported on the County Health Rankings and Roadmap website.

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

Prescription Drug Abuse

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

(H) The Percentage of Adults Abusing Prescription Drugs



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

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

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