

Community Health Needs Assessment

Year 2013

Edwin Shaw Rehabilitation Institute

A Member of the



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EXECUTIVE SUMMARY

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

During the CHNA process, epidemiologic data were reviewed and compared to the rates for Summit County to two peer Counties, the state, the nation, and Healthy People 2020 objectives. Input was also obtained from community leaders and community residents and CHNAs conducted by other community groups were consulted. All of this information was used to develop a list of prioritized health needs for adults and children in Summit County. These prioritized health needs are being used by Edwin Shaw and AGHS to guide intervention and outreach efforts aimed at improving community health in Summit County.

Prioritized Health Needs for Summit County			
<i>Adults</i>		<i>Children</i>	
Chronic Diseases <ul style="list-style-type: none"> • Cancer • Cardiovascular Disease • Diabetes 	Access to Health Care <ul style="list-style-type: none"> • Access to Primary Care Provider • Health Insurance Coverage • Access to Dental Provider 	Chronic Diseases <ul style="list-style-type: none"> • Asthma • Diabetes 	Mental Health
Mental Health <ul style="list-style-type: none"> • Depression 	Quality of Health Care <ul style="list-style-type: none"> • Preventable Hospital Stays • Elderly Care Support 	Maternal & Infant Health <ul style="list-style-type: none"> • Premature Births • Low & Very Low Birth Weight • Infant Mortality 	Substance Abuse <ul style="list-style-type: none"> • Alcohol Abuse & Excessive Drinking • Prescription Drug Abuse • Opioid Drug Abuse
Substance Abuse <ul style="list-style-type: none"> • Alcohol Abuse & Excessive Drinking • Prescription Drug Abuse • Opioid Drug Abuse 	Environmental Factors <ul style="list-style-type: none"> • Access to Healthy Food 	Birth Risk Factors <ul style="list-style-type: none"> • Maternal Tobacco Smoking • First Trimester Prenatal Care 	Abuse & Neglect
Lifestyle Factors <ul style="list-style-type: none"> • Overweight & Obesity • Tobacco Use 		Child Development <ul style="list-style-type: none"> • Underweight 	Access to Health Care <ul style="list-style-type: none"> • Health Insurance Coverage • Access to Dental Care
		Child Lifestyle Factors <ul style="list-style-type: none"> • Overweight & Obesity • Exercise • Nutrition 	Environmental Factors <ul style="list-style-type: none"> • Access to Healthy Food

Background information on the CHNA, the methodology used to conduct the CHNA, and the results of the analysis are contained in this report. The activities undertaken by Edwin Shaw to address these prioritized health needs are contained in the "Implementation Strategy," which is also located on the hospital's website.

ADOPTION BY BOARD OF DIRECTORS

Edwin Shaw Rehabilitation Institute
2013 Community Health Needs Assessment

The Akron General Hospitals Board of Directors is the governing body of Akron General Medical Center, an IRC 501(c)(3) hospital organization operating the hospital facility Edwin Shaw Rehab (d.b.a. Edwin Shaw Rehabilitation Institute). The Akron General Hospitals Board hereby adopts the 2013 Community Health Needs Assessment (the "CHNA Report") for the Edwin Shaw Rehabilitation Institute



Craig M. Babbitt, Esq., Secretary

Date

10/23/13

BACKGROUND

Purpose

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

Enacted in March 2010, the Patient Protection and Affordable Care Act (ACA) continues to bring changes to the US health care system, including the addition of Internal Revenue Code (IRC) section 501(r) applicable to hospital organizations exempt from federal income tax. Within IRC 501(r) is the requirement for such a hospital organization to conduct, once every three years, a Community Health Needs Assessment (CHNA) for each hospital facility it operates. The Internal Revenue Service (IRS) is charged with enforcing these new requirements, and has issued guidance for hospital facilities to follow in order to comply with the law. As Edwin Shaw's CHNA process was concluding such guidance provided that a CHNA report would include:

- a definition of community served by the hospital and a description of how the community was determined;
- a description of the process and methods used to conduct the CHNA;
- a description of how the hospital facility took into account input from persons who represent the broad interests of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing such significant health needs; and
- a description of potential measures and resources identified through the CHNA to address the significant health needs.

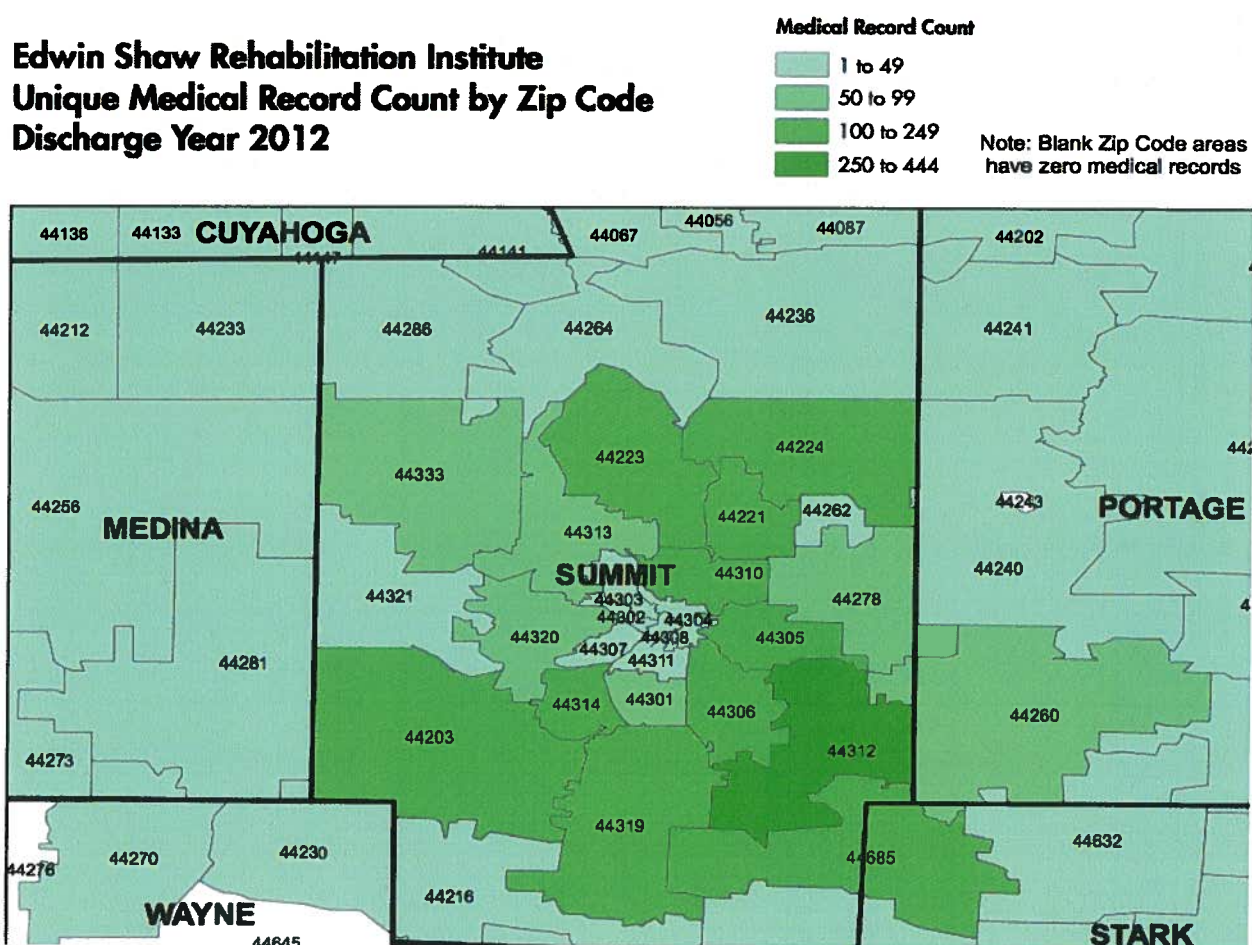
Description of Hospital Facility

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

Definition of the Community Served

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

Edwin Shaw Rehabilitation Institute Unique Medical Record Count by Zip Code Discharge Year 2012



Thus for purposes of the CHNA, the Edwin Shaw Rehabilitation Institute defines the community it serves as consisting of adults with physical challenges or substance abuse issues and children of such adults in Summit County Ohio.

PROCESSES AND METHODS

Edwin Shaw Rehabilitation Institute is a member of the Akron General Health System. Akron General Health System includes a total of three hospital facilities required to complete CHNAs. Akron, Ohio is also home to Akron Children's Hospital and the Summa Health System. These organizations have collaborated throughout the years, amongst themselves as well as with many other area agencies. Since each of these organizations include one or more hospital facilities and because of the long history of cooperation, the decision was made to collaborate on this important project as well. The goals of the collaboration included cost savings and consistency in data collection and analysis. It is important to note that the collaboration necessarily gathered data across a number of area counties, only data pertaining to the community served by Edwin Shaw is presented in this Community Health Needs Assessment.

Approach

To conduct the Community Health Needs Assessment, a modified version of a well-established framework for strategic planning in public health called "Mobilizing for Action through Planning and Partnerships" or MAPP process was followed. MAPP has been utilized by numerous public health stakeholders to strengthen and improve local community health through collaborative and methodical processes involving multiple stakeholders.

The MAPP process has six phases:

1. Organizing for success and developing partnerships
2. Visioning
3. Conducting MAPP assessments
4. Identifying strategic issues and prioritizing identified issues
5. Formulating goals and strategies
6. Taking action (planning, implementing, and evaluating programs/policies)

In the first phase, the collaborating organizations (Akron Children's Hospital, Akron General Health System, and Summa Health System) convened meetings and discussed the desire to collaborate, the resources needed to conduct the CHNA, and the new IRS requirements pertaining to CHNAs. At the end of the first phase, the hospitals issued a Request for Proposals to identify a contractor to assist them in this work. The Kent State University College of Public Health (KSU-CPH) was selected to be the contractor to facilitate the development of the CHNA.



In the second phase, meetings were held to identify a vision and process to conduct the CHNA, which were determined primarily by the specific requirements of CHNAs mandated by the IRS. A work plan with anticipated timelines was also developed.

In the third phase, existing county-level epidemiologic data were gathered instead of collecting data through a survey due to concerns of self-report bias with the latter approach. In addition, interviews with community leaders and focus groups with community residents were conducted. Some hospital-based data were also added to the analysis. A Local Public Health System Assessment was not conducted because Summit County Public Health conducted a thorough assessment of the public health system in 2012-13 as a part of their successful effort to meet the Public Health Accreditation Board's standards. The Forces of Change Assessment was moved to the development of the Implementation Plans (see fifth and sixth phases below). In this phase, several information gaps were also identified.

In the fourth phase, a series of meetings were held to identify the prioritized health needs based on the epidemiologic data, the input from community leaders and residents, and other CHNAs that had been previously been conducted. Health needs were prioritized separately for children and adults to help guide intervention efforts.

In the fifth and six phases, Implementation Plans were developed that identified the strategies the hospitals will undertake separately and collectively to address some of the prioritized health needs identified in the fourth phase. This was accomplished by inventorying programs already underway at our hospitals and conducting a Forces of Change Assessment. The Forces of Change Assessment included assessing the trends, factors, and events affecting the health and quality of life in the community and comparing them to the programs and services currently provided by our hospitals. The assessment helped to identify new programs and services to begin offering as well as community groups with which the hospitals can partner. The hospital Implementation Plans are also located on the hospitals' websites.

Epidemiologic Data

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

County Health Rankings

The County Health Rankings & Roadmaps program is collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The program collects information on mortality, morbidity, health behaviors, clinical care, social and economic factors, and physical environment at a county-level for nearly all counties in the United States. Some data reported are actual counts based on actual reports (i.e., reported disease diagnoses), some data are estimated based on samples (i.e., the Behavioral Risk Factor Survey), and some data are modeled to obtain a more current estimate (i.e., projected 2012 estimates

based on 2010 census data). For more information about the County Health Rankings program, please visit: www.countyhealthrankings.org.

Community Health Status Indicators

The Community Health Status Indicators project is a partnership between the Centers for Disease Control and Prevention, the National Institutes of Health/National Library of Medicine, the Health Resources Services Administration, the Public Health Foundation, the Association of State and Territorial Health Officials, the National Association of County and City Health Officials, the National Association of Local Boards of Health, and the Johns Hopkins University School of Public Health. Similar to the County Health Rankings project, the Community Health Status Indicators project collects information on a variety of sources and generates county profiles. Currently, most of the data are from 2009; however it does contain information that the County Health Rankings does not. For more information about the Community Health Status Indicators project, please visit: wwwn.cdc.gov/CommunityHealth/HomePage.aspx.

Community Health Needs Assessment Toolkit

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

Help Me Grow

Help Me Grow is Ohio's birth to 3 system that provides state and federal funds to county Family and Children First Councils to be used in conjunction with state, local, and other federal funds to implement and maintain a coordinated, community-based infrastructure that promotes trans-disciplinary, family-centered services for expectant parents, newborns, infants, and toddlers and their families. The Ohio Department of Health, Bureau of Early Intervention Services is the lead agency administering the Help Me Grow program in Ohio. Performance data on the Help Me Grow program were used in this CHNA. For more information about the Help Me Grow program, please visit: www.ohiohelpmegrow.org.

Ohio Department of Health

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

more information about the data available at the Ohio Department of Health, please visit: www.odh.ohio.gov/healthstats/datastats.aspx

Annie E Casey Foundation

The Annie E Casey Foundation runs a program called KIDS COUNT®, which is a national and state-by-state effort to track the wellbeing of children in the United States. KIDS COUNT® collects and reports data at the county-level in a variety of areas related to child health including demographics, education, economic well-being, health, safety and risky behaviors, and other indicators. Most of the data in KIDS COUNT® for Ohio is supplied by Ohio's Children's Defense Fund and is taken from a variety of sources, including the Ohio Department of Health. For more information about KIDS COUNT®, please visit: datacenter.kidscount.org.

Ohio Department of Education

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

Northeastern Ohio Regional Trauma Network

The mission of the Northeastern Ohio Regional Trauma Network is to collaboratively develop a regional trauma system and improve trauma care for the communities served, through data evaluation, research, injury prevention, and education. The purpose of the network is to be the vehicle which collects and analyzes pre-hospital and hospital demographic and clinical data for peer review purposes, injury prevention initiatives, and community based education and research, submission of data to the State trauma registry, and performance improvement initiatives. County-level data that could be compared to peer counties, the state, and nation were obtained through a special data request. For more information on the Northeastern Ohio Regional Trauma Network, please visit: arha.technologynow.com/ProgramsServices/NortheasternOhioRegionalTraumaNetwork.aspx.

Ohio Hospital Association

Established in 1915, the Ohio Hospital Association is the nation's first state-level hospital association. OHA collaborates with member hospitals and health systems to meet the health care needs of their communities and to create a vision for the future of Ohio's health care environment. OHA, in coordination with member hospitals, have developed new web based software called "Insight" that allows hospitals to run customized and standard reports for Marketing, Physician Recruiting, Business Development and Benchmarking purposes. Several health indicators were drawn from OHA's Insight system with their permission. For more information about OHA Insight, please visit: <http://www.ohanet.org/insight/>

Community Input

In addition to examining the county-level epidemiologic data, between March 1 and April 30, 2013, interviews were conducted with community leaders to gain their insight on what they thought were the significant health needs of children and adults in their communities, the factors that affect those health needs, other existing community health needs assessments, possible collaboration opportunities, and to get suggestions on what the hospitals can do to address the significant health needs identified in the CHNA. These community leaders represent the broad interests of the communities served by the hospital facility including the medically underserved, low-income persons, minority groups, those with chronic disease needs, and leaders from local public health agencies and departments who have special knowledge and expertise in public health.

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

- Summit County Job and Family Services, Director
- Akron Public Schools, Executive Director for Business Affairs
- Portage County Job and Family Services, Administrator
- Medina City School District, Nursing Director for the Medina County Educational Service Center
- Medina County Job and Family Services, Medicaid Eligibility Services Administrator
- Portage County Mental Health and Recovery Board, Executive Director
- Portage County Health Department, Health Commissioner
- Robinson Memorial Hospital, Vice President for Business Development
- Summit County Public Health, Deputy Health Commissioner for Planning
- Kent City School District, Director of Business Services
- Medina County Health Department, Health Commissioner
- County of Summit Alcohol, Drug Addiction, & Mental Health Services Board, Executive Director

Community Resident Focus Groups

In addition to the input from community leaders, between April 1 and May 31, 2013, focus groups were conducted with community residents to get their input on what they thought were the significant health needs of children and adults in their communities, the factors that affect those needs, the solutions they thought would solve those needs, and what the hospitals and other community groups could do to address those needs. Due to the observed information gap in the epidemiologic data on the health of children, adult and child substance abuse issues, and adult and child mental health issues, several questions were asked to probe more deeply on these issues. In addition, a questionnaire was distributed to focus group participants to gather demographic information and basic perceptions of community health. The discussion guide, questionnaire, and protocol were reviewed and approved by the Kent State University Institutional Review Board.

Recruitment

Community residents were recruited to participate in the focus groups by posting and distributing flyers in the community. The sites where the community resident groups were held were selected based on proximity to population areas, ease of access (including free parking and bus lines), and recommendations from local community leaders. Community residents that participated in the focus groups were given a \$50 Visa gift card as a “thank you” and to compensate them for their time and expense. A total of 60 people from Summit, Medina, and Portage Counties participated in the Community Resident Focus Groups for this CHNA.

Characteristics of Participants

As noted in Table 1, participants were drawn from across the region and were diverse. Sixty two percent of participants were from Summit County, 20% from Medina County, and 18% from Portage County. The average number of years that participants lived in their home County was 25 years. Twenty seven percent of participants were African American, 58% were Caucasian, and 10% were Hispanic.

Table 1. Demographic Characteristics of Community Resident Focus Group Participants (n=60)

<u>Characteristic</u>	<u>Number</u>	<u>Percent</u>
County of Residence		
Summit County	37	61.7%
Medina County	12	20.0%
Portage County	11	18.3%
Number of Years Lived in County (average and SD)	25.4	19.7
Racial Background		
African American (or Black)	16	26.7%
Asian American	7	11.7%
Caucasian (or White)	35	58.3%
Native Hawaiian or Other Pacific Islander	0	0.0%
American Indian or Alaska Native	1	1.7%
Other/Missing	1	1.7%
Ethnic Background		
Hispanic or Latino/a	6	10.0%
Not Hispanic or Latino/a	47	78.3%
Missing	7	11.7%

As noted in Table 2 (next page), participants had diverse household characteristics. Seventeen percent of participants lived by themselves, 22% lived with one other person, 35% lived with two other people, 15% lived with three other people, and 10% lived with four or more people. Forty five percent had no children in the home, 13% had one child, 27% had two children, and 7% had three or more children in the home.

Table 2. Household Characteristics of Community Resident Focus Group Participants (n=60)

Characteristic	Number	Percent
Number of People in Home		
One	10	16.7%
Two	13	21.7%
Three	21	35.0%
Four	9	15.0%
Five or More	6	10.0%
Missing	1	1.7%
Number of Children in the Home		
None	0	45.0%
One	8	13.3%
Two	16	26.7%
Three or More	4	6.7%
Missing		

As noted on Table 3, participants ranged in terms of their income and health insurance status. Eighteen percent of participants reported a monthly household income between \$0-\$999, 13% between \$1,000-\$1,999, 13% between \$2,000-\$2,999, 7% between \$3,000-\$3,999, 3% between \$4,000-\$4,999, and 17% reported monthly household income exceeding \$5,000 per month. In addition, 15% reported they had no health insurance, 38% had private health insurance, 2% had health insurance as a veteran or member of the military, 20% had Medicare, and 22% had Medicaid.

Table 3. Income and Insurance Status of Community Resident Focus Group Participants (n=60)

	Number	Percent
Total Household Monthly Income		
0-\$999	11	18.3%
\$1,000 - \$1,999	8	13.3%
\$2,000 - \$2,999	8	13.3%
\$3,000 - \$3,999	4	6.7%
\$4,000 - \$4,999	2	3.3%
\$5,000 and Higher	10	16.7%
Missing	17	28.3%
Primary Type of Health Insurance		
Uninsured	9	15.0%
Private Health Insurance	23	38.3%
Veterans/Military	1	1.7%
Medicare	12	20.0%
Medicaid	13	21.7%
Other	1	1.7%
Missing	1	1.7%

As noted in Table 4, participants had diverse health care utilization experiences. Thirty two percent stated that someone in their home did not receive health care due to the cost and that 37% of them had someone in their home with a chronic disease or condition. Three percent reported that they usually don't go to a doctor during the year, 7% go once per year, 25% go twice per year, 12% go three times per year, 10% go four times per year, 13% go five to nine times per year, and 10% go ten or more times per year.

Table 4. Health Care Status and Utilization of Community Resident Focus Group Participants (n=60)

	<u>Number</u>	<u>Percent</u>
Had Someone in Home Who Did Not Receive Health Care Due to Cost	19	31.7%
Has Someone in Home With a Chronic Disease	22	36.7%
Times Per Year That Participant Goes To a Doctor		
None	2	3.3%
One	4	6.7%
Two	15	25.0%
Three	7	11.7%
Four	6	10.0%
Five to Nine	8	13.3%
Ten or More	6	10.0%
Missing	12	20.0%
Participant's Description of Current Health		
Excellent	8	13.3%
Very Good	25	41.7%
Good	15	25.0%
Fair	6	10.0%
Poor	5	8.3%
Missing	1	1.7%

Lastly, as noted in Table 5 (next page), participants reported fairly diverse views of the health of adults and children in their County. No participants described the current health status of adults in their County as "excellent," 3% described it as "very good," 50% described it as "good," 37% described it as "fair," and 7% described the current health status of adults in their County as "poor." Participants rated the current health status of children in their County slightly higher. None described it as "excellent," 20% described it as "very good," 53% described it as "good," 22% described it as "fair," and 3% described the current health status of children in their County as "poor."

Community Health Needs Assessment

Table 5. Community Health Perceptions of Community Resident Focus Group Participants (n=60)

	<u>Number</u>	<u>Percent</u>
Participant's Description of Current Health of County Adults		
Excellent	0	0.0%
Very Good	2	3.3%
Good	30	50.0%
Fair	22	36.7%
Poor	4	6.7%
Missing	2	3.3%
Participant's Description of Current Health of County Children		
Excellent	0	0.0%
Very Good	12	20.0%
Good	32	53.3%
Fair	13	21.7%
Poor	2	3.3%
Missing	1	1.7%

Other Health Needs Assessments

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

The other health needs assessments that were reviewed during the preparation of this CHNA included:

- The Health Needs Assessment conducted by the partnering hospitals in 2010
- The 2011 Stark County Health Needs Assessment conducted by Aultman Hospital, Mercy Medical Center, and Alliance Community Hospital
- Analyzing Community Health Data in Summit County, Ohio, 2012 conducted by Austen BioInnovation Institute in Akron and Summit County Public Health
- Medina County Community Health Improvement Plan 2013-2018 conducted by the Living Well Medina County collaborative.
- Health Profile of Portage County, Results from the 2008 Ohio Family Health Survey conducted by the Health Policy Institute of Ohio, The Center for Community Solutions, and Cleveland State University
- Summit County Community Health Assessment 2011 conducted by Summit County Public Health
- The 2012 Portage County Community Health Needs Assessment

Prioritization Process

As mentioned previously, epidemiologic data from a variety of sources were collected. To prioritize these health indicators, the Summit County data were compared to two peer counties in Ohio that were demographically similar, the state and US averages, and the Healthy People 2020 target, if one was available. To aid the prioritization process, the indicators were divided into adult indicators and child indicators and plotted on matrices.

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. 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 prioritized health needs based on the epidemiologic data.

Summit County Adults			
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 		

The list of prioritized health needs resulting from the epidemiologic analysis was then supplemented with additional health needs identified by community leaders and community residents. A content analysis was conducted on the notes and transcripts of community leader interviews and community resident focus groups to identify themes that consistently emerged. The health areas listed below were the health needs identified by community leaders and residents that were added to the list.

Community Leaders

- Mental health
- Uninsured population and lack of access to health care
- Misuse of alcohol and drugs
- Dental health
- Obesity among youth

Community Residents

- Mental health
- Obesity
- Diabetes
- Drugs and alcohol
- Lung disease
- Cost of health care
- Elder care support

PRIORITIZED LIST OF SIGNIFICANT HEALTH NEEDS

The final prioritized list of significant health needs for adults and children (based on the epidemiologic data and input from community leaders and community residents) were then grouped into broad categories representing the type of health indicator:

Adults	Children
<u>Chronic Diseases</u> <ul style="list-style-type: none">• Cancer<ul style="list-style-type: none">○ Colon○ Breast○ Cervical○ Lung○ Prostate• Cardiovascular Disease<ul style="list-style-type: none">○ Coronary Heart Disease○ Stroke○ High Blood Pressure• Diabetes	<u>Chronic Diseases</u> <ul style="list-style-type: none">• Asthma• Diabetes
<u>Mental Health</u> <ul style="list-style-type: none">• Depression	<u>Maternal & Infant Health</u> <ul style="list-style-type: none">• Premature Births• Low & Very Low Birth Weight• Infant, Neonatal, and Post-Neonatal Mortality
<u>Substance Abuse</u> <ul style="list-style-type: none">• Alcohol Abuse & Excessive Drinking• Prescription Drug Abuse• Opioid Drug Abuse	<u>Birth Risk Factors</u> <ul style="list-style-type: none">• Maternal Tobacco Smoking• First Trimester Prenatal Care
<u>Lifestyle Factors</u> <ul style="list-style-type: none">• Overweight & Obesity• Tobacco Use	<u>Child Development</u> <ul style="list-style-type: none">• Underweight
<u>Access to Care</u> <ul style="list-style-type: none">• Access to Primary Care Provider• Health Insurance Coverage• Access to Dental Provider	<u>Child Lifestyle Factors</u> <ul style="list-style-type: none">• Overweight & Obesity• Exercise• Nutrition
<u>Quality of Health Care</u> <ul style="list-style-type: none">• Preventable Hospital Stays• Elderly Care Support	<u>Mental Health</u>
<u>Environmental Factors</u> <ul style="list-style-type: none">• Access to Healthy Food	<u>Substance Abuse</u> <ul style="list-style-type: none">• Alcohol Abuse & Excessive Drinking• Prescription Drug Abuse• Opioid Drug Abuse
	<u>Abuse & Neglect</u>
	<u>Access to Health Care</u> <ul style="list-style-type: none">• Health Insurance Coverage• to Dental Care
	<u>Environmental Factors</u> <ul style="list-style-type: none">• Access to Healthy Food

CONCLUSIONS

Our analysis of the epidemiologic data, the input received from community leaders and community residents, and the review of other CHNAs identified a broad range of prioritized health needs for adults and children in our community. These include physical, mental, and environmental health outcomes as well as risk factors for diseases or conditions.

Chronic Diseases

Chronic diseases are a type of disease where the person can live with the disease for a long time, sometimes indefinitely. People with chronic diseases usually need to see their doctors on a regular basis to monitor the progression of their disease and get treatment. The prioritized chronic disease health needs for adults in our community include **cancer**, **cardiovascular disease**, and **diabetes**. The prioritized chronic disease health needs for children in our community include **asthma** and **diabetes**.

Maternal & Infant Health

Maternal and infant health is a broad category of factors that affect pregnancy and childbirth. The prioritized maternal and infant health needs for children in our community include **premature births**; **low and very low birth weight**; and **infant, neonatal, and post-neonatal mortality**.

Birth Risk Factors

Birth risk factors describe a set of conditions that can negatively affect birth outcomes and the healthy development of infants. Many risk factors affect birth outcomes including health care received before and during pregnancy and behavioral risk factors of mothers. The prioritized birth risk factors for children in our community include **maternal tobacco smoking** and **first trimester prenatal care**.

Child Development

Healthy child development is important to establish healthy behaviors and to enable children to achieve their maximum potential. Child development is a broad category of conditions that affect the physical and mental maturation of children. The prioritized child development need in our community is **underweight** children.

Lifestyle Factors

Lifestyle risk factors are “everyday” behaviors that children engage in that can negatively impact their health. Children that engage in these lifestyle risk factors are at higher risk for a large number of chronic diseases such as heart disease, diabetes, and cancer. The prioritized lifestyle factors for adults in our community include **overweight and obesity** and **tobacco use**. The prioritized lifestyle factors for children in our community are **overweight and obesity**, **exercise**, and **nutrition**.

Mental Health

Mental health refers to the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with adversity. Mental health is particularly important for children since it can affect psychological and emotional development, school performance, family and peer relationships, and physical health. For this reason, **all mental health conditions** were identified as prioritized community health needs for children in our community. For adults, **depression** was identified as the prioritized mental health need.

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. The impact of substance abuse on the body is a very serious concern since it can have lasting negative effects, especially for children. The prioritized substance abuse issues for adults and children in our community are **alcohol abuse and excessive drinking, prescription drug abuse, and opioid drug abuse.**

Abuse & Neglect

Child maltreatment can have serious short- and long-term impacts on a child's physical and mental health. It occurs across all racial/ethnic groups, income levels, and geographies. Given the importance of this issue for children, child **abuse and neglect** was identified as a prioritized health need for children in our community.

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. Adults and children with poor access to health care have a harder time getting preventative services or medication. The prioritized access to health care needs for adults in our community include **access to primary care provider, health insurance coverage, and access to dental provider.** The prioritized access to care needs for children in our community are **health insurance coverage, access to dental care, and mental health insurance coverage.**

Quality of Health Care

Health care quality is a broad term used to describe the degree to which health care services and health delivery systems achieve optimal results. The prioritized health care quality needs for adults in our community include **preventable hospital stays and elderly care support.**

Environmental Factors

Environmental risk factors are a broad category of external conditions that can negatively affect health outcomes. The prioritized environmental factor for adults and children in our community is **access to healthy food.**

For detailed charts and data on these prioritized health needs for every county in our community, please see the Detailed Data Appendix.

POTENTIAL MEASURES AND RESOURCES

Edwin Shaw Rehabilitation Institute's Internal Resources

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

Cardiovascular Disease: Stroke

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

To address stroke in our community, we offer:

- CARF Accredited Inpatient Rehabilitation Programs-Hospital: Stroke Specialty Programs (Adult)
- Support Groups: Stepping Stones Stroke Support Group
- Driver's Rehabilitation Program for Disabled Individuals
- Return to Recreational Programs for Adaptive Recreational options for Disabled Individuals
- Challenge Golf Program: Handicapped Accessible Driving Range and Golf Course

Diabetes

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

- Ongoing community Screenings for diabetes
- Speaker's Bureau community talks

Substance Abuse

Edwin Shaw Rehabilitation Institute has been providing substance abuse services to the community since 1974. Edwin Shaw is the area's most experienced accredited provider of rehabilitation services and is dedicated to patients who have endured life-altering injuries or illnesses. Additionally Edwin Shaw provides rehabilitation services to those who may also have issues with abuse of alcohol, prescription drugs, and/or illicit drugs. The Dobkin Center for the

Treatment of Addiction provides comprehensive addiction medicine and substance abuse treatment services to Adults and Adolescents. Among our community offerings are:

- Chemical Dependency Assessments for Alcohol and/or Drug Addicted Adults and Adolescents
- Intensive Outpatient and Group Counseling Programs for Adults and Adolescents who are Alcohol, Drug and/or Opiate Addicted
- Abstinence Based Treatment Protocols for Adults and Adolescents
- Medication Assisted Treatment for Opiate Addicted Adults, Adolescents, and Pregnant Women
- MORE Counseling Program for Alcohol and/or Drug Addicted Adults with Brain Injury
- AA Support Groups

Lifestyle Factors, Maternal Health

Edwin Shaw understands that the activities we choose to do in our daily life can positively or negatively impact our health and our lives. These can include the choice to use tobacco. Edwin Shaw is able to provide the following offerings to the community to reduce tobacco use:

- Smoking Cessation Classes for community
- Great American SmokeOut – information and support
- Substance Abuse educational programming for clients, including pregnant women, and families that outlines the health benefits of a smoke-free environment

External Community-Based Resources

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

Summit County Public Health (SCPH)

SCPH provides key leadership in community health in Summit County. This leadership did not go unnoticed recently. The national accrediting body for health departments granted accreditation designation to SCPH, one of the first in the country.

SCPH stands by its mission of protecting and advancing the health of the entire community through its policies, programs and activities that protect the safety, health and well-being of the people in Summit County. Through its policies, programs and activities, the Health District strives to create a healthful environment and ensure the accessibility of health services to all. A recent example of its leadership was the sold out community-wide Summit on Infant Mortality that brought key leaders throughout the community together to discuss what could be done to bring the data in line with other similar-sized communities.

County of Summit Alcohol, Drug Addiction and Mental Health (ADM) Board

The County of Summit ADM Board is responsible for planning, funding, monitoring and evaluating treatment and prevention services for people who experience alcoholism, drug addiction and/or mental illness. The ADM Board does not provide direct service, but contracts with local agencies to provide quality, affordable services for people at critical times in their lives. Edwin Shaw Rehabilitation Institute is one of the agencies funded by the ADM Board. The ADM Board system of services provides opportunities for recovery and hope for a better life. A physician from our senior leadership also serves on the ADM Board. Summit County residents have a rich array of services and supports available to them through the ADM Board system.

Summit County Department of Job and Family Services

This agency serves County residents by providing social and career-development services to better the lives of the entire community. The Summit County DJFS is funded at the county, state, and federal levels and is charged with executing various programs designed to help people with certain financial, medical and social services. Programs such as Healthy Start and Healthy Families are in place to help ensure that everyone's basic needs are met, including sufficient nourishment, shelter, medical care, and critical social services ranging from child care to career development, all of which impact health. The DJFS advocates for, and collaborates with other social service agencies, initiatives, and civic organizations in meeting the needs of Summit County's residents, including Adult Protective Services, the Bridges Out of Poverty and Getting Ahead programs, the Summit County Children's Services, the Child Support Enforcement Agency, Community Support Services, Connecting the Dots, CCC/Fame Fathers, H.M. Life Opportunity Services, the Quality of Life Initiative, the Senior Independent Living Coalition, the Summit 2020 Initiative, Summit Community Action, the Summit County Reentry Network, the United Way, and the Urban League. Akron General Medical contracts with the DJFS to embed its services within our facilities.

Healthy Connections Network (HCN)

This community collaborative of organizations consisting of the three Akron hospitals, Summit County Public Health and various other community agencies work together to ensure that all residents of Summit County have access to high-quality and affordable healthcare. Akron General Medical Center is one of the founding organizations and was integrally involved in HCN's efforts to establish Access to Care, a program to help meet the health care needs of low income, uninsured individuals by linking them with primary, specialty care and related healthcare services. Since establishing Access to Care, HCN continues to focus on barriers to health access and health disparities and hosts meetings with local thought leaders to discuss community health issues.

Austen BioInnovation Institute in Akron (ABIA)

ABIA is a unique collaboration founded by Akron General Medical Center, Akron Children's Hospital and Summa Health System as well as the University of Akron, Northeast Ohio Medical University (NEOMED) and FirstEnergy with funding from the John S. and James L. Knight

Foundation. Its focus is on regional biomedical and commercialization efforts. ABIA's Center for Community Health Improvement is working to lead the country in the development of an Accountable Care Community, a new health model that seeks to foster collaboration to reduce chronic diseases and empower individuals while increasing efficiencies and decreasing costs. A grant from the Center for Disease Control to ABIA is helping it connect with the community, identify gaps and develop community-wide solutions.

United Way of Summit County

United Way of Summit County has supported health and human service programs in our community for over 90 years. It plays a vital role in assessing the needs and challenges faced by our community, raising funds and distributing financial support to local non-profit organizations to meet these needs and coordinating volunteers throughout Summit County. Edwin Shaw Rehabilitation Institute is connected with the United Way, as our employees provide support for the United Way's annual fundraising effort, which year after year, continues to meet or exceed its campaign goals.

The local health safety net providers are also resources in the community for reaching at risk individuals, uninsured, homeless and others with health care services. Edwin Shaw Rehabilitation Institute often partners with these community resources:

- **The University of Akron Nursing Center for Community Health**
- **Access Inc.**
- **Salvation Army**
- **Haven of Rest Ministries**
- **Open M Free Health Clinic**
- **Access Pointe, the Federally Qualified Health Center**
- **Portage Path Behavioral Health**
- **Community Support Services**

Edwin Shaw Rehabilitation Institute teams up with disease-related organizations including but not limited to the **American Heart Association, American Diabetes Association, American Cancer Society, Arthritis Foundation**, as well as **Area Agency on Aging** and the **American Red Cross**.

For those organizations not identified above, **Info Line Inc.** maintains a searchable database of community resources that can also be accessed at <http://www.211summit.org>

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

ADULT CATEGORIES – NOT ADDRESSED

The Edwin Shaw Rehabilitation Institute is a rehabilitation hospital facility that also specializes in substance abuse. Rehabilitation is a critical part of the recovery from, or the adjustment to, many of the health needs identified in this CHNA and The Edwin Shaw Rehabilitation Institute addresses the rehabilitative aspect of each. However, it does not directly address the environmental factor identified in this CHNA.

Dental care is a need that the Edwin Shaw Rehabilitation Institute is not prepared to address directly at this time.

CHILD CATEGORIES – NOT ADDRESSED

While it recognizes children as part of the community it serves, due to the focused nature of its services and the special needs of the child patient, the Edwin Shaw Rehabilitation Institute does not directly address the Chronic Diseases, Mental Health, Substance Abuse and Environmental Factors categories for children identified in the CHNA.

The community served by the Edwin Shaw Rehabilitation Institute is also the community served by Akron Children's Hospital whose resources are focused on the child patient.

ACKNOWLEDGEMENTS

The Kent State University College of Public Health (KSU-CPH) was hired to conduct this Community Health Needs Assessment under the direction of a Steering Committee that was comprised of representatives from Akron Children's Hospital, Akron General Health System, and Summa Health System. The Steering Committee Members are:

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Request Copies and More Information

In addition to being publicly available on our website, a limited number of reports have been printed. If you would like a copy of this report or if you have any questions about it, please contact Suzanne Hobson, Director of Community Health and Community Relations (Sue.Hobson@akrongeneral.org or 330-344-7101).

Detailed Data Appendix

Part 1 of 3

Edwin Shaw Rehabilitation Institute

A Member of the



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Summit County

Adults

Chronic Diseases

Chronic diseases are a type of disease where the person can live with the disease for a long time, sometimes indefinitely. People with chronic diseases usually need to see their doctors on a regular basis to monitor the progression of their disease and get treatment. As a nation, about 75% of our total health care dollars goes to the treatment of chronic diseases (CDC, 2013a). Fortunately, some chronic diseases are preventable.

The chronic diseases identified as prioritized health needs among **Summit County Adults** are:

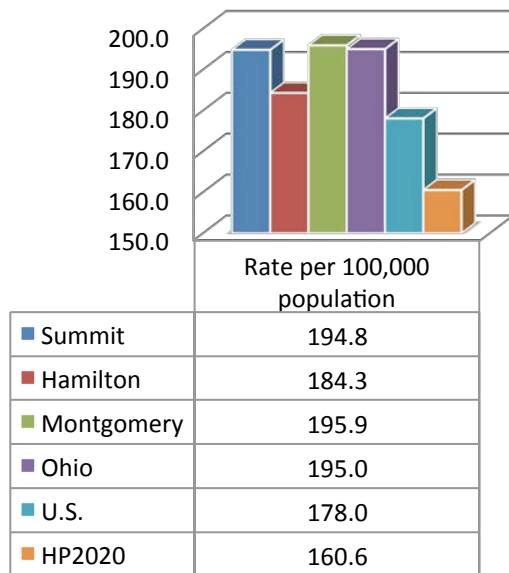
- Cancer
 - Colorectal
 - Breast
 - Cervical
 - Lung
 - Prostate
- Cardiovascular Disease
 - Coronary Heart Disease
 - Stroke
 - High Blood Pressure
- Diabetes

Cancer

Why is this indicator important?

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. Cancer incidence rates vary significantly by sex, race, and type of cancer. Incidence rates for all cancers are highest among black males and white females, while mortality rates for all cancers are highest among black males and females (CDC, 2013b). The three most common cancers among men include prostate cancer, lung cancer, and colorectal cancer, while the leading causes of cancer death among men are lung cancer, prostate cancer, liver cancer and colorectal cancer. Meanwhile, the three most common cancers among women are breast cancer, lung cancer, and colorectal cancer, and the leading causes of cancer mortality among women are lung cancer, breast cancer, and colorectal cancer (CDC, 2013c).

Overall Cancer Mortality

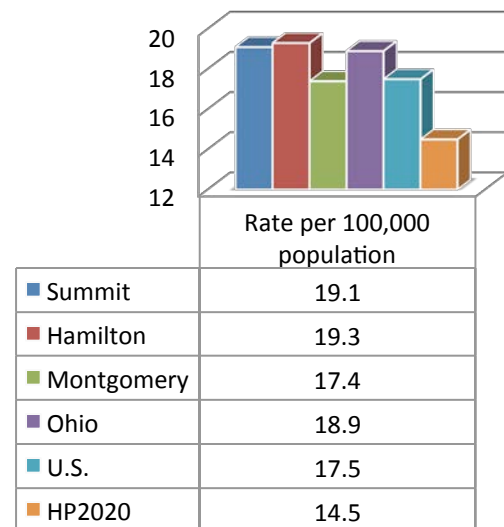


How does our community rank?

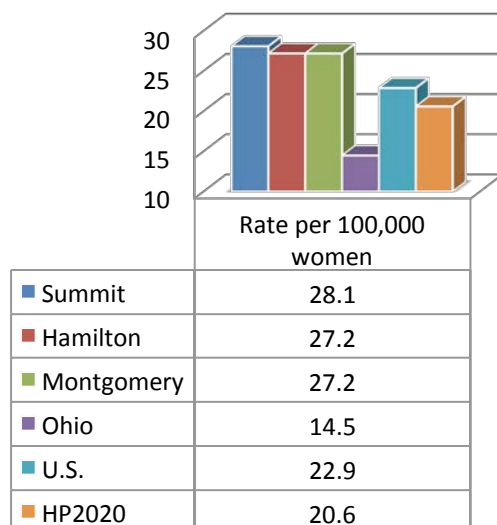
The age-adjusted cancer mortality rate for Summit County was 194.9 per 100,000 population, which was higher than both the Ohio and national rates; additionally, Summit County did not meet the *Healthy People 2020* target of reducing cancer mortality rates to 160.6 per 100,000 population. In comparison with two peer-matched counties, Summit County had a higher cancer mortality rate than Hamilton County and a lower rate than Montgomery County.

The age-adjusted colon cancer mortality rate for Summit County was 19.1 per 100,000 population, which was higher than both the Ohio and national rates; additionally, Summit County did not meet the *Healthy People 2020* target of reducing cancer mortality rates to 14.5 per 100,000 population. In comparison with two peer-matched counties, Summit County had nearly the same colon cancer mortality rate as Hamilton County and a higher rate than Montgomery County.

Colon Cancer Mortality



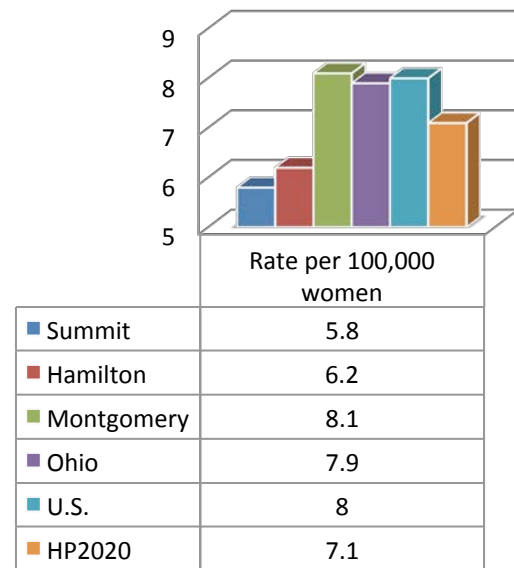
Breast Cancer Mortality



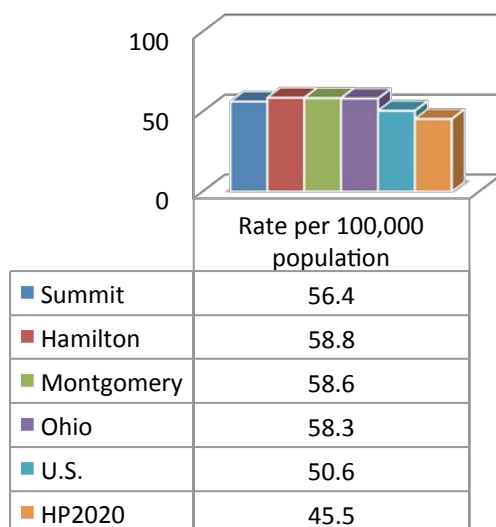
The age-adjusted breast cancer mortality rate for Summit County was 28.1 per 100,000 women, which was higher than both the Ohio and national rates; additionally, Summit County did not meet the *Healthy People 2020* target of reducing breast cancer mortality rates to 20.6 per 100,000 women. In comparison with two peer-matched counties, Summit County had a higher breast cancer mortality rate than either peer county.

The age-adjusted cervical cancer incidence rate for Summit County was 5.8 per 100,000 women, which was lower than both the Ohio and national rates; moreover, Summit County bested the *Healthy People 2020* target of reducing cervical cancer incidence rates to 7.1 per 100,000 women. In comparison with two peer-matched counties, Summit County had a lower cervical cancer incident rate than either peer county.

Cervical Cancer Incidence



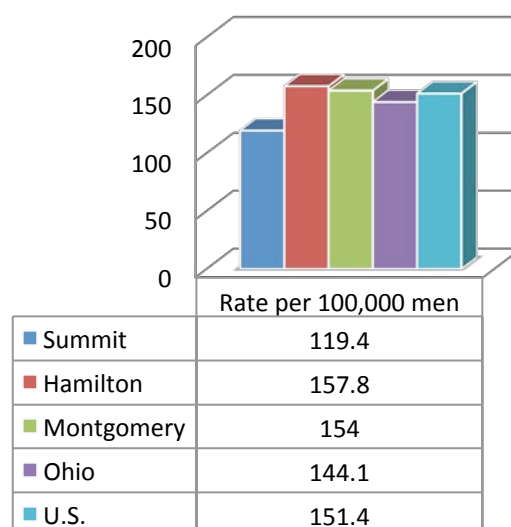
Lung Cancer Mortality



The age-adjusted lung cancer mortality rate for Summit County was 56.4 per 100,000 population, which was lower than the Ohio rate, but higher than the national rate; additionally, Summit County did not meet the *Healthy People 2020* target of reducing lung cancer mortality rates to 45.5 per 100,000 population. In comparison with two peer-matched counties, Summit County had a lower lung cancer mortality rate than either peer county.

The age-adjusted prostate cancer incidence rate for Summit County was 119.4 per 100,000 men, which was lower than the Ohio rate and lower than the national rate. In comparison with two peer-matched counties, Summit County had a lower cancer incident rate than either peer county.

Prostate Cancer Incidence



What are the data sources?

“Overall Cancer Mortality” is the age-adjusted death rate per 100,000 people whose death was due to any malignant neoplasm. The most recent county- and national-level data (2010) were from the National Center for Health Statistics and were reported on the Community Health Needs Assessment toolkit on the Community Commons web site.

“Colon Cancer Mortality” is the age-adjusted death rate per 100,000 people whose death was due to malignant neoplasm of the colon, rectum, and anus. The most recent county- and national-level data (2009) are from the National Vital Statistics System at the National Center for Health Statistics and was reported on the Community Health Status Indicators web site.

“Breast Cancer Mortality” is the age-adjusted death rate per 100,000 women whose death was due to malignant neoplasm of the breast. The most recent county- and national-level data (2009) are from the National Vital Statistics System at the National Center for Health Statistics and was reported on the Community Health Status Indicators web site.

“Cervical Cancer Incidence” is the age-adjusted incidence rate per 100,000 women who were diagnosed with cervical cancer. The most recent county- and national-level data (2009) were from the State Cancer Profiles at the National Cancer Institute and were reported on the Community Health Needs Assessment toolkit on the Community Commons web site.

“Lung Cancer Mortality” is the age-adjusted death rate per 100,000 people whose death was due to malignant neoplasm of the trachea, bronchus, and lung. The most recent county- and national-level data (2009) are from the National Vital Statistics System at the National Center for Health Statistics and was reported on the Community Health Status Indicators web site.

“Prostate Cancer Incidence” is the age-adjusted incidence rate per 100,000 men who were diagnosed with prostate cancer. The most recent county- and national-level data (2009) were from the State Cancer Profiles at the National Cancer Institute and were reported on the Community Health Needs Assessment toolkit on the Community Commons web site.

What puts people at risk?

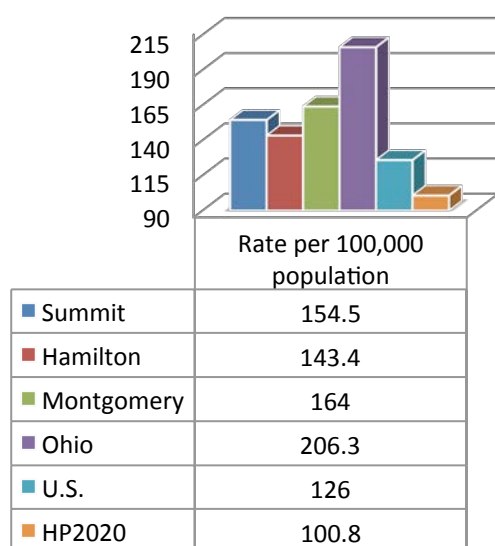
A variety of factors influence the risk of developing cancer, including tobacco use, poor diet, limited physical activity, participation in high-risk sexual behavior, exposure to cancer causing agents such as asbestos, exposure to radiation, and limited access to medical screening (CDC, 2013d).

Cardiovascular Disease

Why is this indicator important?

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. Presently, cardiovascular diseases remain the leading causes of death for both males and females (CDC, 2011a). By race, a higher percentage of black women (37.9%) than white women (19.4%) died before age 75 as a result of coronary heart disease, as did black men (61.5%) compared to white men (41.5%) (CDC, 2011e).

Coronary Heart Disease Mortality

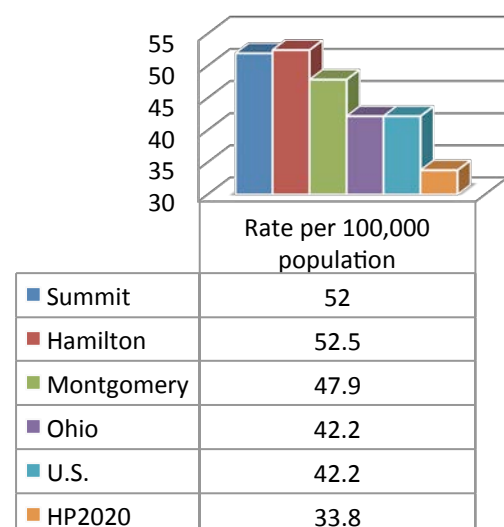


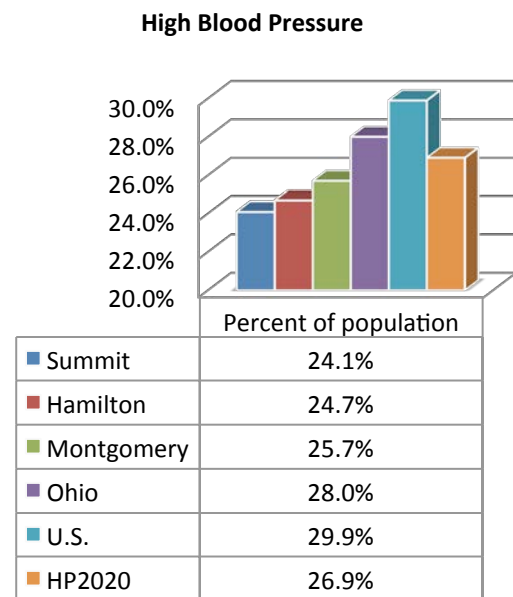
How does our community rank?

The age-adjusted coronary heart disease mortality rate for Summit County was 154.5 per 100,000 population, which was lower than the Ohio rate but higher than the national rate; moreover, Summit County does not meet the *Healthy People 2020* target of reducing coronary heart disease mortality rates to 100.8 per 100,000 population. In comparison with two peer-matched counties, Summit County had a higher coronary heart disease mortality rate than Hamilton County but a lower rate than Montgomery County.

The age-adjusted stroke mortality rate for Summit County was 52.0 per 100,000 population, which was higher than the Ohio and national rates; moreover, Summit County did not meet the *Healthy People 2020* target of reducing stroke mortality rates to 33.8 per 100,000 population. In comparison with two peer-matched counties, Summit County had a slightly lower stroke mortality rate than Hamilton County and a higher rate than Montgomery County.

Stroke Mortality





Of Summit County adults, 24.1% reported having high blood pressure, which was lower than either Ohio or national rates; additionally, Summit County exceeds the *Healthy People 2020* target of reducing reported high blood pressure rates to 26.9%. In comparison with two peer-matched counties, Summit County had a slightly lower rate than both peer counties.

What are the data sources?

“Coronary Heart Disease Mortality” is the age-adjusted death rate per 100,000 people whose death was due to hypertensive heart disease and ischemic heart diseases (such as myocardial infarction, or other acute ischemic heart diseases, and other forms of chronic ischemic heart disease). The most recent county- and national-level data (2009) are from the National Vital Statistics System at the National Center for Health Statistics and was reported on the Community Health Status Indicators web site.

“Stroke Mortality” is the age-adjusted death rate per 100,000 people whose death was due to cerebrovascular diseases. The most recent county- and national-level data (2009) are from the National Vital Statistics System at the National Center for Health Statistics and was reported on the Community Health Status Indicators web site.

“High Blood Pressure” is the percentage of the adult population that responded “yes” to the question, “Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?” The most recent county- and national-level data (2009) were modeled using the 2000-2006 Behavioral Risk Factor Surveillance System and were reported on the Community Health Status Indicators web site.

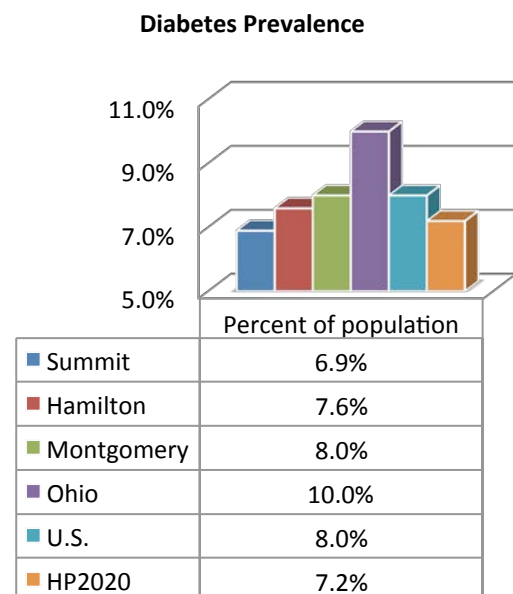
What puts people at risk?

The primary medical risk factors for cardiovascular disease are high levels of low-density lipoprotein (LDL cholesterol), high blood pressure, and diabetes mellitus (CDC, 2012a). Behaviors which increase the risk of developing cardiovascular disease include tobacco use, a diet high in saturated fats, physical inactivity, obesity, and alcohol use (CDC, 2009).

Diabetes

Why is this indicator important?

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, 2011b). Diabetes affects 25.8 million people, or 8.3% of the US population and is the 7th leading cause of death in the United States (CDC, 2011c). From 1980 through 2011, the age-adjusted percentage of persons with diagnosed diabetes increased 127% for whites and 107% for blacks, however, overall rates are higher for blacks. In 2011, the age-adjusted percentage of blacks with a diagnosis of diabetes was nearly double that of whites (9.3% and 5.9%, respectively) (CDC, 2013f).



How does our community rank?

Of Summit County adults, 6.9% reported having diabetes, which was lower than either Ohio or national rates; additionally, Summit County exceeds the *Healthy People 2020* target of reducing reported diabetes rates to 7.2%. In comparison with two peer-matched counties, Summit County had a lower diabetes prevalence rate than both peer counties.

What are the data sources?

“Diabetes Prevalence” is the percentage of the adult population that responded “yes” to the question, “Have you ever been told by a doctor that you have diabetes?” The most recent county- and national-level data (2009) were modeled using the 2000-2006 Behavioral Risk Factor Surveillance System and were reported on the Community Health Status Indicators web site.

What puts people at risk?

Risk factors for developing Type 1 diabetes are not well defined, but may include autoimmune, genetic, and environmental components. Risk factors for Type 2 diabetes are much better established, including age, obesity, family history, diminished glucose tolerance, inactivity, and race (CDC, 2011b).

Mental Health

Mental health refers to the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with adversity. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society (HHS, 2013).

Mental illness refers to a broad range of diagnosable mental health conditions and disorders and contribute to a host of problems including disability, distress, and death. According to the National Institute of Mental Health, in any given year an estimated 13 million Americans (about 1 in 17 people) have a seriously debilitating mental illness (Kessler et al., 2005). Mental health disorders are the leading cause of disability in the United States and account for approximately 25% of all years of life lost due to disability and premature death (WHO, 2004).

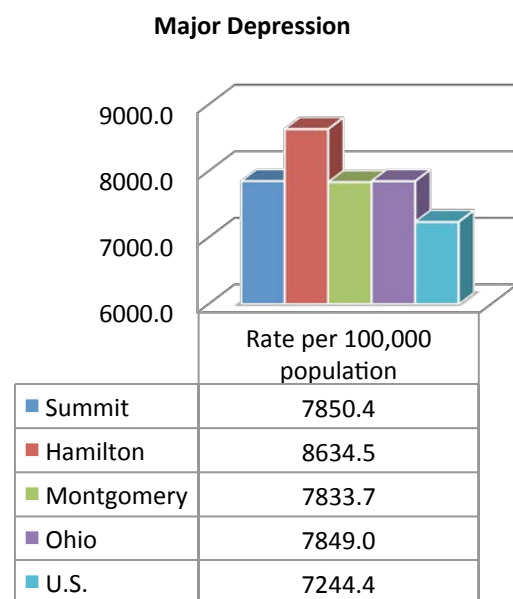
The mental health issue identified as the prioritized health need among **Summit County Adults** is:

- Depression

Depression

Why is this indicator important?

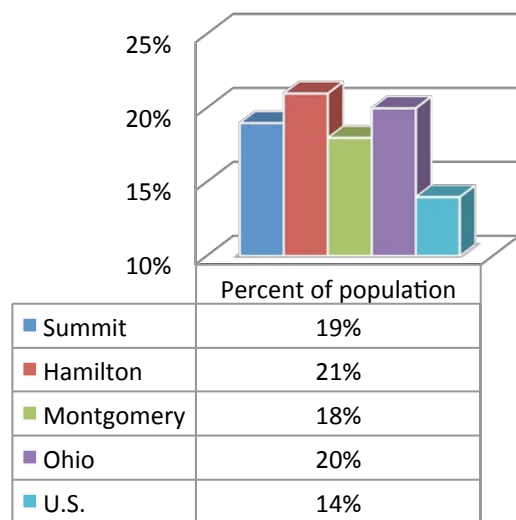
Clinical depression is a mental health condition in which a person experiences an array of physical and psychological symptoms, including sustained periods of sadness, anxiety, inactivity, apathy, insomnia, hypersomnia, generalized malaise, physical pain, digestive distress, dietary changes, and difficulty concentrating for a period of at least two weeks (CDC, 2011d).



How does our community rank?

The rate of major depression for Summit County was 7850.4 per 100,000 population, which was higher than both the Ohio and national rates. In comparison with two peer-matched counties, Summit County had a lower rate of major depression than Hamilton County and a higher rate than Montgomery County.

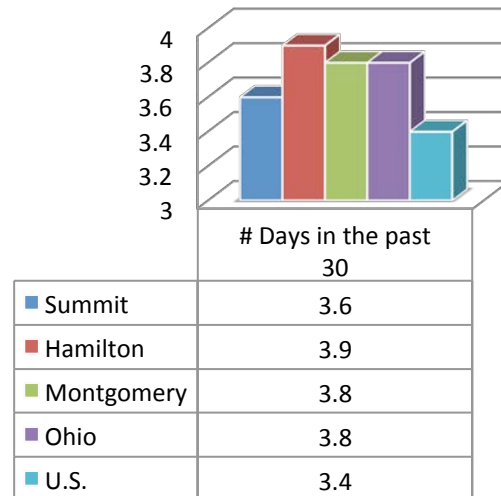
Inadequate Social Support



Of Summit County adults, 19% reported inadequate social support, which was lower than the Ohio, but higher than the national rate. In comparison with two peer-matched counties, Summit County had a lower percentage of inadequate social support than Hamilton County and a higher percentage than Montgomery County.

Summit County adults, on average, experienced 3.6 poor mental health days, which was fewer than the Ohio rate but greater than the national rate. In comparison with two peer-matched counties, Summit County adults experienced fewer poor mental health days than either peer county.

Poor Mental Health Days



What are the data sources?

“Major Depression” is the estimated percent of the adult population age 18 and older that reported experiencing a major depressive episode. The most recent county- and national-level data (2009) were modeled using data from the US Substance Abuse and Mental Health Services Administration (SAMHSA) and reported on the Community Health Status Indicators web site.

“Inadequate Social Support” is the percent of adults who responded “never,” “rarely,” or “sometimes” get the support they need. The most recent county- and national-level data (2012) were modeled from the 2005-2010 Behavioral Risk Factor Surveillance System and were reported on the County Health Rankings web site.

“Poor Mental Health Days” is the age-adjusted average number of mentally unhealthy days reported in the past 30 days. The most recent county- and national-level data (2012) were modeled from the 2004-2010 Behavioral Risk Factor Surveillance System and were reported on the County Health Rankings web site.

What puts people at risk?

Factors which increase the likelihood of a depressive episode include past periods of depression, tobacco use, alcohol consumption, physical inactivity, and sleep disturbance (CDC, 2011d).

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 (HHS, 2013). 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.

The substance abuse issues identified as prioritized health needs among **Summit County Adults** are:

- Alcohol Abuse & Excessive Drinking
- Prescription Drug Abuse
- Opioid Drug Abuse

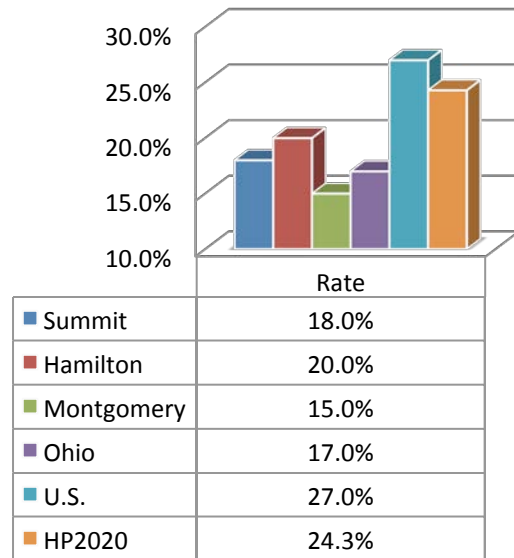
Alcohol Abuse & Excessive Drinking

Why is this indicator important?

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, 2012b).

Binge drinking is common among US adults, especially among males, persons aged 18-34 years, whites, and those with annual household incomes >\$50,000. However, after adjustment for sex and age, the highest average number of binge drinking episodes during the preceding 30 days (4.9) was reported by binge drinkers whose household income was <\$15,000. Lastly, the average largest number of drinks consumed by binge drinkers (8.4) was reported by American Indians/Alaska Natives (CDC, 2011e).

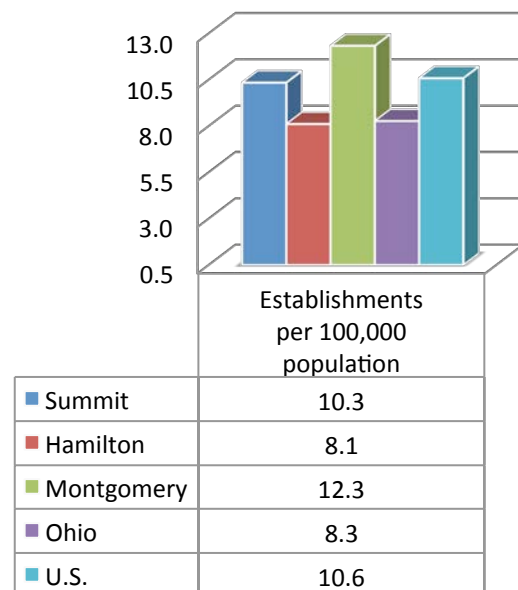
Excessive Drinking



How does our community rank?

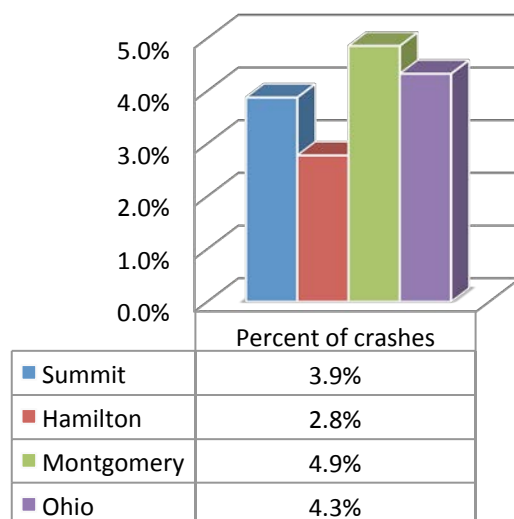
Of Summit County adults, 18% reported drinking excessively, which was higher than the Ohio rate but lower than the national rate; additionally, Summit County bested the *Healthy People 2020* target of reducing reported excessive drinking rates to 24.3%. In comparison with two peer-matched counties, the rate of excessive drinking in Summit County was lower than the rate in Hamilton County and higher than the rate in Montgomery County.

Liquor Store Access



The density rate of liquor stores in Summit County was 10.3 per 100,000 population, which was higher than the Ohio density rate but slightly lower than the national density rate. In comparison with two peer-matched counties, Summit County had a higher density rate than Hamilton County and a lower density than Montgomery County.

Motor Vehicle Crashes Due to Alcohol



In Summit County, 3.9% of motor vehicle accidents involved alcohol, which was lower than the Ohio rate. In comparison with two peer-matched counties, Summit County had a higher percentage of crashes due to alcohol than Hamilton County, but a lower percentage than Montgomery County.

What are the data sources?

“Excessive Drinking” is the percent of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than 1 (women) or 2 (men) drinks per day on average. The data were modeled using 2004-2010 Behavioral Risk Factor Surveillance System and were reported on the County Health Rankings web site.

“Liquor Store Access” is the number of beer, wine, and liquor stores per 100,000 population. The most recent county- and national-level data (2010) were taken from the County Business Patterns database from the US Census Bureau and reported on the Community Health Needs Assessment toolkit on the Community Commons web site.

“Motor Vehicle Crashes Due to Alcohol” is the percent of motor vehicle crashes for which at least one driver, pedestrian, or cyclist had been drinking. The most recent county- and national-level data (2011) were taken from the Ohio Department of Public Safety web site.

What puts people at risk?

Risk factors that increase the likelihood of developing alcohol abuse tendencies include access to alcohol, peer pressure, frequent alcohol use, cultural norms, preexisting mental health conditions, and a family history of alcohol abuse (CDC, 2012b).

Prescription Drug Abuse

Why is this indicator important?

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 such as have the potential to be abused for purposes of recreation. Medications which 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).

How does our community rank?

At the time of publication, epidemiologic data were not available on the actual rates of prescription drug abuse to be able to determine how Summit County ranks relative to its peer counties, the state, and the US. However, prescription drug abuse was repeatedly cited by many community leaders and community residents as a significant public health problem in the community.

These concerns have also been echoed by Governor Ted Strickland who established the Ohio Prescription Drug Abuse Task Force in 2010 to develop a coordinated approach to Ohio's prescription drug abuse epidemic. As stated in the Task Force's 2010 report, "[p]rescription opioids are largely responsible for [the] alarming increase in drug overdose death rates and continue to have a significant impact on this epidemic. In Ohio in 2008, prescription opioids were involved in more unintentional overdoses (37%) than heroin and cocaine combined (33%)."

What are the data sources?

The Ohio Prescription Drug Abuse Task Force Final Report can be found here: <http://www.healthyohioprogram.org/vipp/data/%7E/media/10E7E7D5543C41DF9D7824DD479EF37B.ashx>.

Additional drug overdose data and publications from the Ohio Department of Health can be found here: <http://www.healthyohioprogram.org/vipp/data/rxdata.aspx>

What puts people at risk?

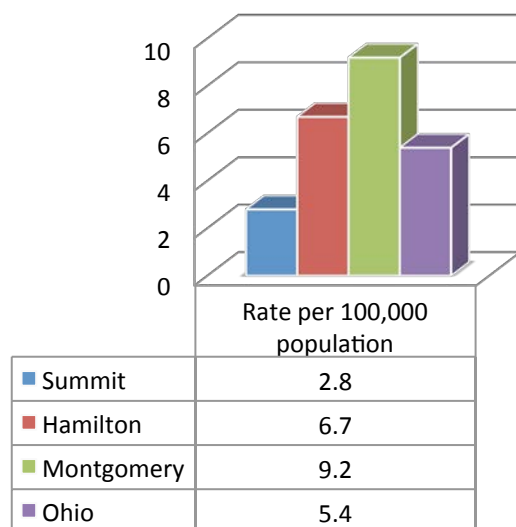
Factors which increase the likelihood of prescription drug abuse include past or present addiction to other substances such as alcohol or illegal drugs, younger age (typically teens or early 20s), mental illness, peer pressure, social acceptability of drug use, access to prescription drugs, working in a medical setting, and limited information on the potential risks of abusing prescription drugs (Mayo Clinic, 2012).

Opioid Drug Abuse

Why is this indicator important?

Opioids are a family of medications derived from the opium poppy, including Vicodin, morphine, heroin, and codeine. Opioid drugs are designed to diminish the transmission of pain signals throughout the body, and are commonly utilized to combat both acute and chronic pain of moderate and severe intensity. While opioids have proven therapeutically useful, the beneficial effects of opioid use, including pain reduction and euphoria, have made them appealing recreational drugs. In 2008, two of the most frequently abused opioid drugs, hydrocode and oxycodone, resulted in 89,047 and 105,208 hospitalizations, respectively (NIH, 2009). By race, the age-adjusted opioid overdose death rates are highest among non-Hispanic whites (6.3) and American Indian/Alaska Natives (6.2), with Hispanics and blacks being among the lowest (2.1 and 1.9, respectively) (CDC, 2011f).

Opioid-related Poisoning

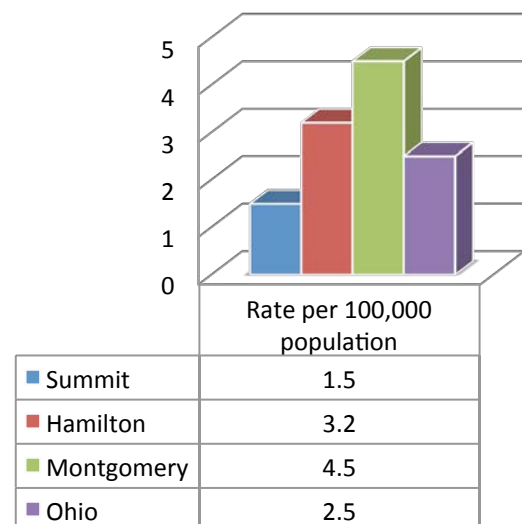


How does our community rank?

The rate of opioid-related poisoning in Summit County was 2.8 per 100,000 population, which was lower than the Ohio rate. In comparison with two peer-matched counties, Summit County had a lower rate of opioid-related poisoning than either peer county.

The rate of heroin poisoning in Summit County was 1.5 per 100,000 population, which was lower than the Ohio rate. In comparison with two peer-matched counties, Summit County had a lower rate of heroin poisoning than either peer county.

Heroin Poisoning



What are the data sources?

“Opioid-related Poisoning” is the rate of reported deaths per 100,000 population due to poisoning by opioids, methadone, and other synthetic narcotics. The data were collected by the Ohio Department of Health and reported on the State Epidemiological Outcomes Workshop web site hosted by the Ohio Department of Alcohol & Drug Addiction Services.

“Heroin Poisoning” is the rate of reported deaths per 100,000 population due to heroin poisoning. The data were collected by the Ohio Department of Health and reported on the State Epidemiological Outcomes Workshop web site hosted by the Ohio Department of Alcohol & Drug Addiction Services.

What puts people at risk?

Young adults aged 18—25 have the highest rate of current use of illicit drugs of any age group, while both males and females have similar rates of using opioid drugs. The risk of overdose from opioid drugs is higher, however, for males, and for middle-aged individuals (CDC, 2010a).

Lifestyle Factors

Lifestyle risk factors are “everyday” behaviors that people engage in that can negatively impact their health. Lifestyle-related risk factors include a range of behaviors such as unhealthy eating, low or no physical activity, and tobacco use. People that engage in these lifestyle risk factors are at higher risk for a large number of chronic diseases such as heart disease, diabetes, and cancer.

The lifestyle risk factors identified as prioritized health needs among **Summit County Adults** are:

- Overweight & Obesity
- Tobacco Use

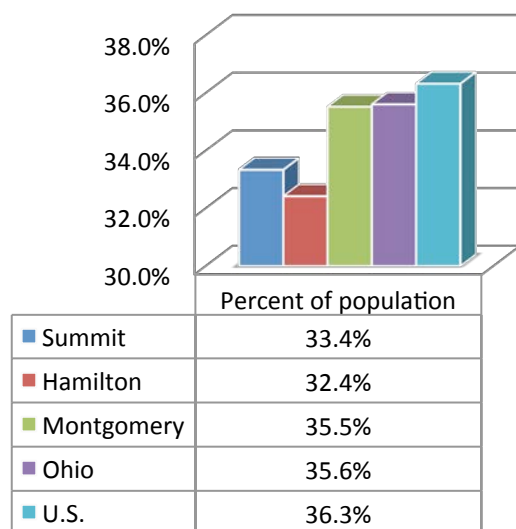
Overweight & Obesity

Why is this indicator important?

Being overweight is a condition where an adult has a body weight that, in proportion to their height, is higher than is medically recommended. The measurement of medically significant weight is based on Body Mass Index (BMI), a calculation that accounts for body weight in relation to height. Adults who are overweight have a BMI between 25 and 29.9. Adults who are obese have a BMI over 30. Being overweight or obese places individuals at risk of developing coronary heart disease, type 2 diabetes, endometrial cancer, breast cancer, colon cancer, hypertension, high cholesterol, stroke, liver, and gallbladder disease, respiratory issues, joint problems, irregular menstruation, infertility, and other negative health outcomes (CDC, 2012c).

Although overall rates have increased over time, racial/ethnic differences in obesity have not changed substantially over the past 30 years, with the prevalence of obesity being higher among blacks and Mexican-Americans. Among females, the prevalence of obesity is highest among blacks, whereas the prevalence among males aged <20 years is highest among Mexican Americans (CDC, 2011e).

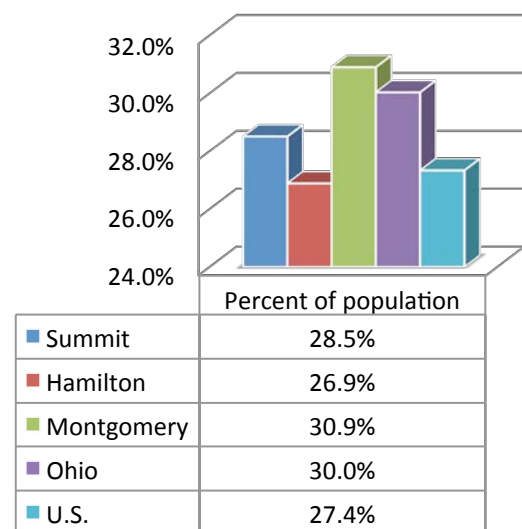
Overweight Adults



How does our community rank?

Of Summit County adults, 33.4% reported being overweight, which was lower than both the Ohio and national rates. In comparison with two peer-matched counties, the percentage of overweight adults in Summit County was higher than Hamilton County, but lower than Montgomery County.

Obese Adults



Of Summit County adults, 28.5% reported being obese, which was lower than the Ohio rate, but higher than the national rate. In comparison with two peer-matched counties, the percentage of obese adults in Summit County was higher than Hamilton County and lower than Montgomery County.

What are the data sources?

“Overweight Adults” is the percentage of adults aged 18 and older who self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0. The most recent county- and national-level data (2010) are modeled on the 2006-2010 Behavioral Risk Factor Surveillance System and reported on the Community Health Needs Assessment toolkit on the Community Commons web site.

“Obese Adults” is the percentage of adults aged 20 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0. The most recent county- and national-level data (2009) are from the County Level Estimates of Diagnosed Diabetes, a service of the Centers for Disease Control and Prevention’s National Diabetes Surveillance Program and were reported on the Community Health Needs Assessment toolkit on the Community Commons web site.

What puts people at risk?

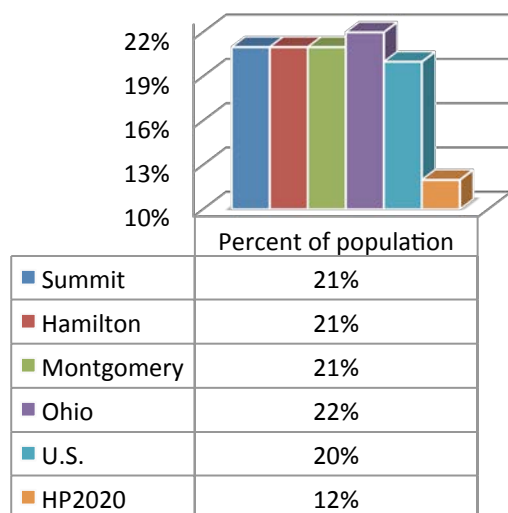
Factors which increase the likelihood of being overweight include genetics, family history of obesity, diet, physical activity, community level environment, food availability, use of certain medications such as steroids or antidepressants, and history of disease (CDC, 2012c).

Tobacco Use

Why is this indicator important?

Tobacco use is a term used to describe the consumption of all tobacco-based products including, cigarettes, cigars, pipes, chewable tobacco, and other tobacco-containing products. Tobacco use causes cancer, heart disease, stroke, and lung disease. Tobacco use is the leading cause of preventable death. In the United States, cigarette smoking is responsible for about one in every five deaths, or 440,000 deaths per year, and for every one person who dies from a smoking related disease, twenty more suffer from at least one severe illness as a result of smoking. Nationally, 20% of American adults smoke, with more of them being male (21.6%), non-Hispanic American Indian/Alaska Native (31.5%) (CDC, 2013e).

Adult Smoking



How does our community rank?

Of Summit County adults, 21% reported being smokers, which was lower than the Ohio rate, but higher than the national rate; additionally, Summit County failed to meet the *Healthy People 2020* target rate of 12%. In comparison with two peer-matched counties, the percentage of adult smokers in Summit County was the same as both peer counties.

What are the data sources?

“Adult Smoking” is the estimated percent of the adult population that currently smokes every day or “most days” and has smoked at least 100 cigarettes in their lifetime. The most recent county- and national-level data (2012) were modeled on the 2004-2010 Behavioral Risk Factor Surveillance system and reported on the County Health Rankings web site.

What puts people at risk?

Advertisement of tobacco products, peer pressure, easy access to tobacco products, and family use of cigarettes increase the likelihood of cigarette use (CDC Smoking Fact Sheet, 2013).

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 cause premature disability and death.

The health care access-related issues identified as prioritized health needs among **Summit County Adults** are:

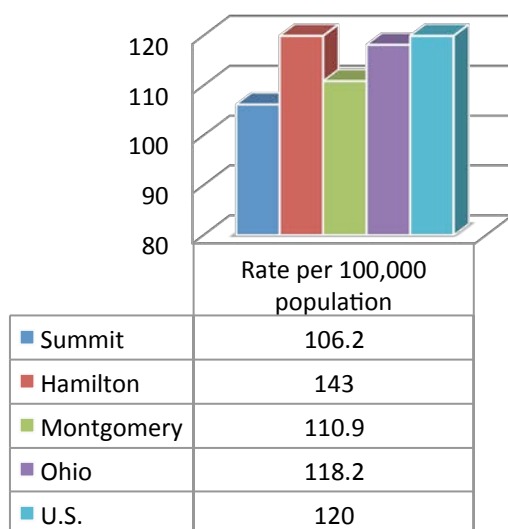
- Access to Primary Care Provider
- Health Insurance Coverage
- Access to Dental Provider

Access to Primary Care Provider

Why is this indicator important?

Primary care visits are often the first contact patients have for the onset of a new health issue or need. It is also in primary care visits that patients are more likely to receive long-term, comprehensive, person-centered care (AHRQ, 2012). Through the primary care visit, patients are also more likely to receive the coordination with specialty care they may need to manage their health condition. However, 60 million Americans (nearly 1 in 5) report inadequate access to a primary care provider (Kaiser Family Foundation, 2011).

Primary Care Physicians

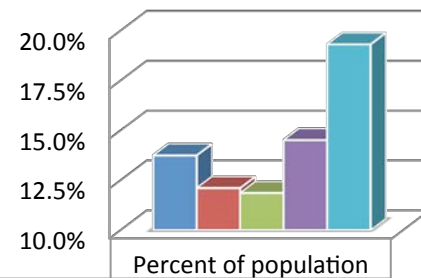


How does our community rank?

The rate of physicians per 100,000 population in Summit County was 106.2 physicians, which was lower than both the Ohio and national rates. In comparison with two peer-matched counties, the rates of physicians to population in Summit County was lower than both peer counties.

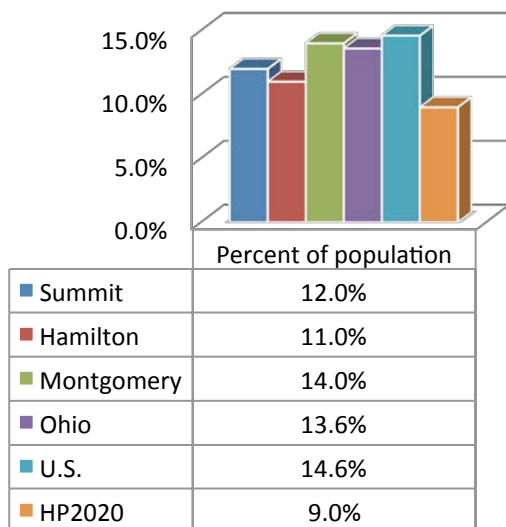
Of Summit County adults, 13.8% reported being without a consistent source of primary care, which was lower than both the Ohio and national rates. In comparison with two peer-matched counties, the percentage of adults in Summit County reporting being without a consistent source of primary care was higher than both peer counties.

Lack of a Consistent Source of Primary Care



Summit	13.8%
Hamilton	12.1%
Montgomery	11.9%
Ohio	14.5%
U.S.	19.3%

Unable to See a Doctor Due to Cost



Of Summit County adults, 12.0% reported being unable to see a doctor due to cost, which was lower than both the Ohio and national rates; however, Summit County failed to meet the *Healthy People 2020* target of reducing those unable to see a doctor due to cost to 9.0%. In comparison with two peer-matched counties, the Summit County rate was higher than Hamilton County, but lower than Montgomery County.

What are the data sources?

“Primary Care Physicians” is the rate of active, non-federal physicians per 100,000 population. The most recent county- and national-level data (2008) are from the Area Resource File from the Health Resources and Services Administration (HRSA) and reported on the Community Health Status Indicators web site.

“Lack of a Consistent Source of Primary Care” is the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. The most recent county- and national-level data (2010) are based on the 2010 Behavioral Risk Factor Surveillance System and are reported on the Community Health Needs Assessment toolkit on the Community Commons web site.

“Unable to See a Doctor Due to Cost” is the percentage of adults who could not see a doctor in the past 12 months because of cost. The most recent county- and national-level data (2012) are modeled on the 2004-2010 Behavioral Risk Factor Surveillance System and are reported on the County Health Rankings web site.

What puts people at risk?

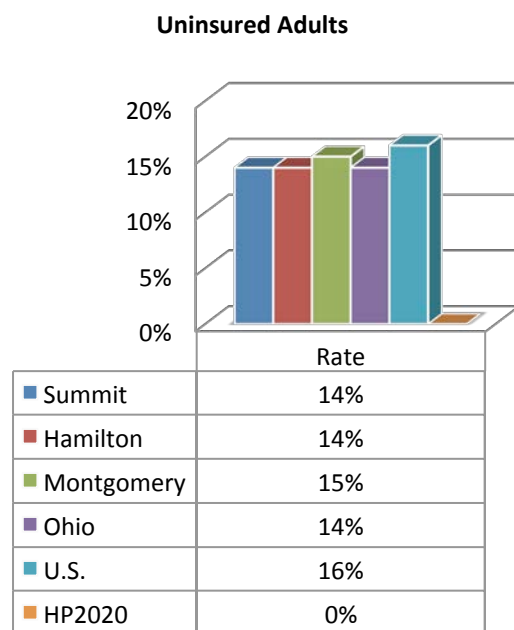
Uninsured individuals and those living in areas experiencing a shortage of healthcare providers are more likely to report diminished access to primary care providers (Kaiser Family Foundation, 2011).

Health Insurance Coverage

Why is this indicator important?

Having adequate health insurance to help cover the costs associated with health care is an important component to increasing health care access. Without it, some people don't get the health care they need, which can cause premature disability and death. Additionally, lack of adequate health insurance sometimes causes health problems to become worse and more costly than if they were prevented or treated earlier.

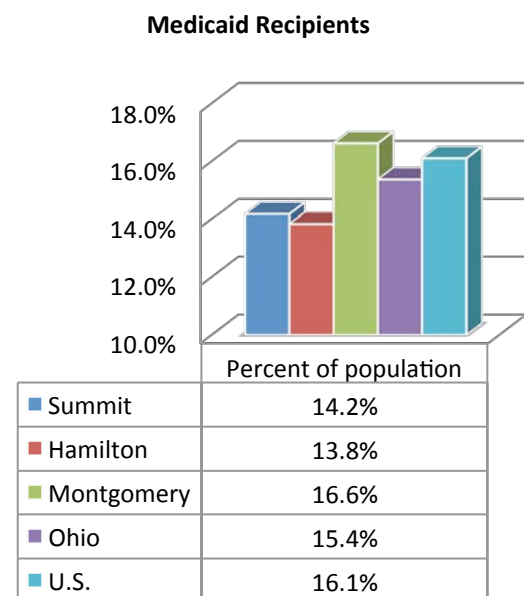
In 2011, the uninsured rate for young adults aged 18-34 years was approximately double the uninsured rate for adults aged 45-64. Additionally, Hispanics and non-Hispanic blacks had substantially higher uninsured rates compared to Asian/Pacific Islanders and Non-Hispanic whites (CDC, 2011e).



How does our community rank?

Of Summit County adults, 14% reported having no health insurance, which was the same as the Ohio rate, but lower than the national rate; however, Summit County failed to meet the *Healthy People 2020* target of reducing the percentage of uninsured adults to zero. In comparison with two peer-matched counties, the percentage of uninsured adults in Summit County was the same as Hamilton County and lower than Montgomery County.

Of Summit County adults, 14.2% received Medicaid coverage, which was lower than both the Ohio and national rates. In comparison with two peer-matched counties, the percentage of Medicaid recipients in Summit County was higher than Hamilton County and lower than Montgomery County.



What are the data sources?

“Uninsured Adults” is the estimated percent of the population under age 65 that has no health insurance coverage. The most recent county- and national-level data (2012) are modeled on the US Census Bureau’s Small Area Health Insurance Estimates program and are reported on the County Health Rankings web site.

“Medicaid Recipients” is the percentage of the population enrolled in Medicaid. The most recent county- and national-level data (2011) are modeled on the US Census Bureau’s American Community Survey and reported on the Community Health Needs Assessment toolkit on the Community Commons web site.

What puts people at risk?

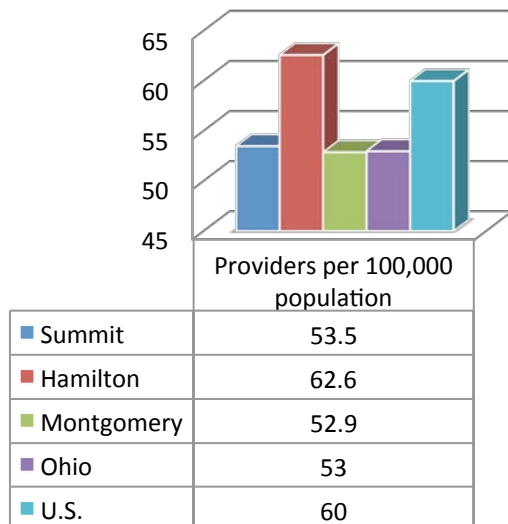
Most adults (60.3%) have health insurance through private providers (such as Anthem Blue Cross and Blue Shield, Medical Mutual of Ohio, etc.) and usually get it through their employers (CDC, 2012d). Some unemployed or low-income people get health insurance through their state’s Medicaid program. Most older adults can get health insurance through the federal government’s Medicare program. However, some people don’t qualify for any of these programs and are uninsured.

Access to Dental Provider

Why is this indicator important?

The United States Office of the Surgeon General has likened “the mouth as mirror of health and disease” and it is possible that simply through routine dental examinations, numerous general health problems can be identified, such as nutritional deficiencies, systemic diseases, microbial infections, immune disorders, and some cancers (IOM, 2011). Dental caries, or tooth decay, is a common problem, with 9 out of 10 adults over the age of 20 experiencing some sort of decay. Periodontal disease has also been linked to adverse pregnancy outcomes, diabetes, cardiovascular disease, and respiratory disease. Routine dental examinations and practicing good oral hygiene are important components of an overall healthy lifestyle, as well as a good preventive measure to protect your personal health and well-being (CDC, 2009a).

Dentists

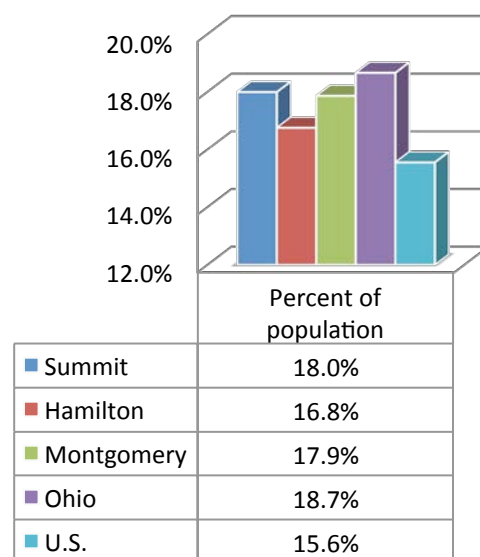


How does our community rank?

The number of dentists in Summit County was 53.5 providers per 100,000 population, which was slightly higher than the Ohio ratio but lower than the national ratio. In comparison with two peer-matched counties, the Summit County dental provider ratio was lower than Hamilton County and slightly higher than Montgomery County.

Of Summit County adults, 18% reported having poor dental health (six or more teeth extracted), which was lower than the Ohio rate, but higher than the national rate. In comparison with two peer-matched counties, the percentage of adults reporting poor dental health in Summit County was the higher than both peer counties.

Poor Dental Health



What are the data sources?

“Dentists” is the rate of active dentists per 100,000 population. The most recent county- and national-level data (2007) are from the American Dental Association’s State and County Demographic Reports and are reported on the Community Health Status Indicators web site.

“Poor Dental Health” is the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. The most recent county- and national-level data (2010) are from the Behavioral Risk Factor Surveillance System and are reported on the Community Health Needs Assessment toolkit on the Community Commons web site.

What puts people at risk?

Individuals without dental insurance experience limited access to regular sources of care. Determinants like income, education level, occupation, community structure, cultural beliefs and attitudes, and the availability of oral health services have also been shown to play a role in whether or not an individual will receive adequate oral health care (IOM, 2011).

End Part 1 of 3

Detailed Data Appendix

Part 2 of 3

Edwin Shaw Rehabilitation Institute

A Member of the



Quality of Health Care

Health care quality is a broad term used to describe the degree to which health care services and health delivery systems achieve optimal results. This includes reducing harm to patients, and promoting the most effective prevention and treatment practices.

The health care quality issues identified as prioritized health needs among **Summit County Adults** are:

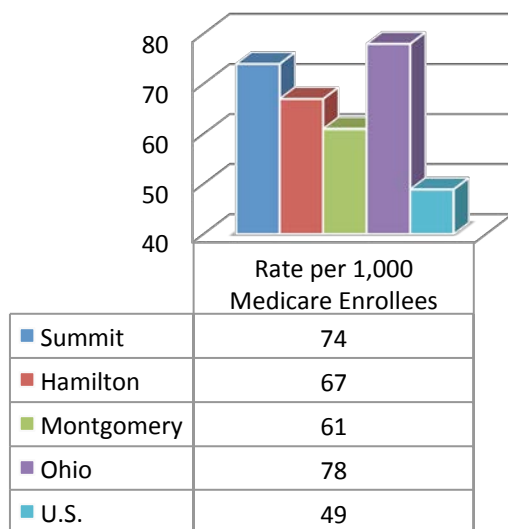
- Preventable Hospital Stays
- Elder Care Support

Preventable Hospital Stays

Why is this indicator important?

Within the United States, it is estimated that nearly \$25 to \$45 billion in wasteful spending occurs within the healthcare system due to unnecessary hospital readmissions (Health Affairs, 2012). Fragmentation in “care transition” (shifting a patient from an inpatient facility to outpatient or home-based care) may result in complications where the patient seeks medical care at the hospital for the same condition. According to the Institute of Medicine’s landmark report *Crossing the Quality Chasm*, fragmentation in care from inpatient to outpatient and community-based settings often results in patient misinformation and lack of understanding on how to maintain and improve their health (IOM, 2001). This may result in the worsening of their condition and a readmission to the hospital.

Preventable Hospital Stays



How does our community rank?

The rate of preventable hospital stays was 74 per 1,000 Medicare Enrollees, which was lower than the Ohio rate, but higher than the national rate. In comparison with two peer-matched counties, the rate of preventable hospital stays for Medicare Enrollees in Summit County was higher than either peer county.

What are the data sources?

“Preventable Hospital Stays” is the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees. The most recent county- and national-level data (2012) are from the Dartmouth Atlas of Health Care and reported on the County Health Rankings web site.

What puts people at risk?

Individuals with limited access to follow-up care upon leaving the hospital are more likely to experience a readmission. Individuals who report lower levels of health literacy are also more likely to report being unable to follow physicians requests, which may also influence readmission rates (IOM, 2001).

Elder Care Support

Why is this indicator important?

In 2009, individuals 65 years of age and older in the U.S. totaled 39.6 million (12.9%). By 2030, it is estimated the number of older adults will total 72.1 million (a 19% increase from 2000) (Administration on Aging, 2013). While older Americans are living longer now than previous generations, life expectancy within the U.S. continues to lag behind other developed countries. In terms of health status, it was reported by the Administration on Aging that the majority of older Americans have at least one chronic condition and many have multiple conditions. The most frequently reported conditions were arthritis (51%), heart disease (31%), cancer (24%), diabetes (20%), and hypertension (72%). Despite this, however, most individuals aged 65 and older have reported their health as “good,” “very good,” or “excellent” (Administration on Aging, 2013).

How does our community rank?

Data at the county, state, and national levels are not available to quantify elder care support. However, in recognition of the growing number of people age 65 or older, this issue was identified by community residents as an important community health need.

What are the data sources?

Community Resident Focus Groups.

What puts people at risk?

Among the elderly, diminished access to care is often correlated with low socioeconomic status. Elderly individuals who report living in impoverished conditions are less likely to report having access to the resources they need to maintain good health. Additionally, elderly people with small social networks experience low levels of support.

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.

The environmental factor identified as a prioritized health need among **Summit County Adults** is:

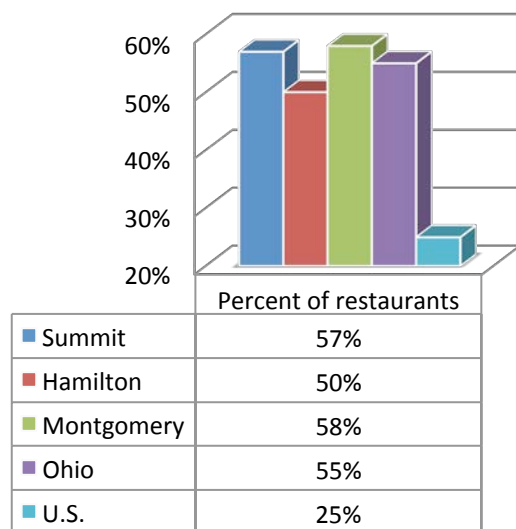
- Access to Healthy Food

Access to Healthy Food

Why is this indicator important?

The relationship between healthy eating and improved health and well-being have been well established. However, millions of Americans continue to lack access to the healthy foods that are necessary to sustain a healthy lifestyle. Research has reported that access to grocery stores within a community can significantly improve fruit and vegetable consumption among residents, and thus, decrease their risk for becoming obese (Robert Wood Johnson Foundation, 2012). Additionally, adults living in neighborhoods with access to fresh foods (i.e., through a grocery store) have the lowest rates of obesity (21%) and overweight (60% to 62%). Adults living in communities without grocery stores and access only to convenience stores had the highest rates of obesity (32% to 40%) and overweight (73% to 78%) (Robert Wood Johnson Foundation, 2012).

Fast Food Restaurants

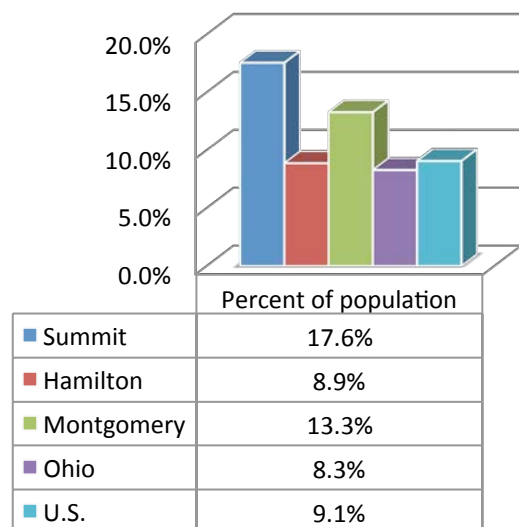


How does our community rank?

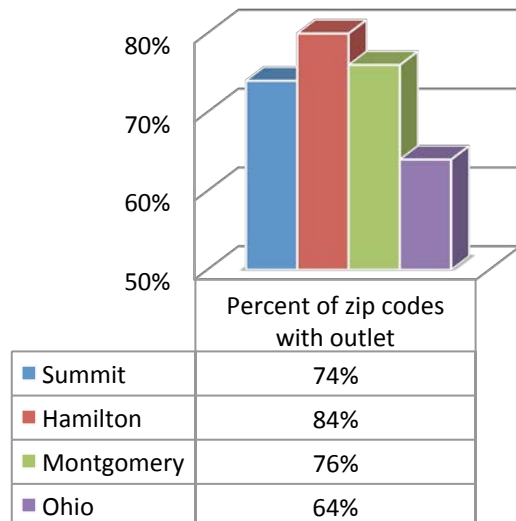
Of Summit County restaurants, 57% were fast food restaurants, which was higher than both the Ohio and national rates. In comparison with two peer-matched counties, the percentage of fast food restaurants in Summit County was higher than Hamilton County, but lower than Montgomery County.

In Summit County, 17.6% of the population was designated as living in a food desert, which was higher than both the Ohio and national rates. In comparison with two peer-matched counties, the percentage of the population living in a food desert in Summit County was higher than either peer county.

Population Living in a Food Desert



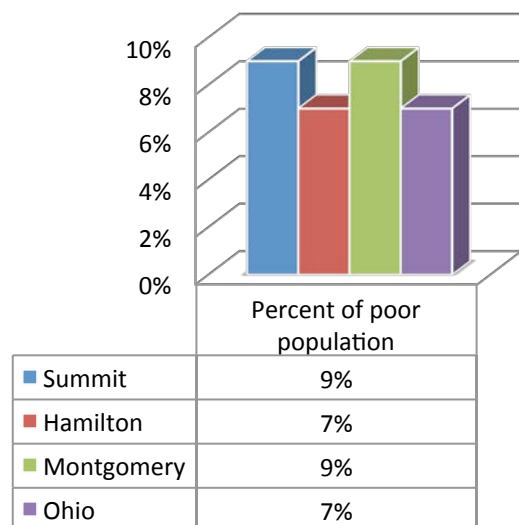
Access to Healthy Food



In Summit County, 74% of the zip codes had an outlet with healthy food, which was higher than the Ohio rate. In comparison with two peer-matched counties, the percentage of zip codes with access to healthy foods Summit County rate was lower than both peer counties.

In Summit County, 9% of poor populations were designated as having limited access to healthy food, which was higher than the Ohio rate. In comparison with two peer-matched counties, the percentage of poor populations with no access to healthy food in Summit County was lower than Hamilton County, but the same as Montgomery County.

Limited Access to Healthy Food



What are the data sources?

“Fast Food Restaurants” is the proportion of restaurants in a county that are fast food restaurants. The most recent county- and national-level data (2012) are from the County Business Patterns database from the US Census Bureau and reported on the County Health Rankings web site.

“Population Living in a Food Desert” is the percentage of the population living in census tracts designated as food deserts, which are low-income census tracts where a substantial number or share of residents has low access to a supermarket or large grocery store. The most recent county- and national-level data (2010) were acquired from the United States Department of Agriculture (USDA) Food Environmental Atlas (FEA) and were reported on the Community Health Needs Assessment toolkit on the Community Commons web site.

“Access to Healthy Foods” is the percent of ZIP codes with a healthy food outlet. The most recent county- and national-level data (2012) were taken from the County Business Patterns database from the US Census Bureau and reported on the County Health Rankings web site.

“Limited Access to Healthy Food” is the percent of the population who are low-income and do not live close to a grocery store. The most recent county- and national-level data (2012) were acquired from the United States Department of Agriculture (USDA) Food Environmental Atlas (FEA) and were reported on the County Health Rankings web site.

What puts people at risk?

Individuals living in low-income urban and rural areas are at highest risk for experiencing limited access to healthy foods. Distressed, impoverished neighborhoods that have experienced economic decline typically report the lowest levels of access to healthy foods (Robert Wood Johnson Foundation, 2012). Within individual homes, food insecurity (lack of stable, consistent access to health foods) often impacts low-income working families, as well as senior citizens.

Summit County

Children

Chronic Diseases

Chronic diseases are a type of disease where the person can live with the disease for a long time, sometimes indefinitely. People with chronic diseases usually need to see their doctors on a regular basis to monitor the progression of their disease and get treatment. As a nation, about 75% of our total health care dollars goes to the treatment of chronic diseases. Fortunately, some chronic diseases are preventable.

The chronic diseases identified as prioritized health needs among **Summit County Children** are:

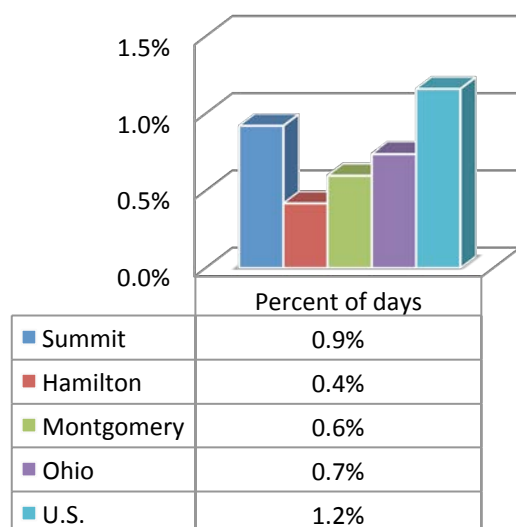
- Asthma
- Diabetes

Asthma

Why is this indicator important?

Asthma is a disease that affects the lungs. When irritants such as smoke and air pollution are inhaled by a person with asthma, the lining of the respiratory system may become inflamed, leading to wheezing, chest tightness, coughing, and even difficulty breathing. Individuals with asthma must take specific medicines to avoid this inflammation (also known as an asthma attack), and must avoid triggers, which make asthma worse (CDC, 2012e). Asthma is one of the most common chronic diseases among children, with one in every eleven children affected (CDC, 2012f). It is more common among the multiracial, Puerto Rican Hispanics, and non-Hispanic blacks than among non-Hispanic whites (CDC, 2011e).

Poor Air Quality- Particulate Matter

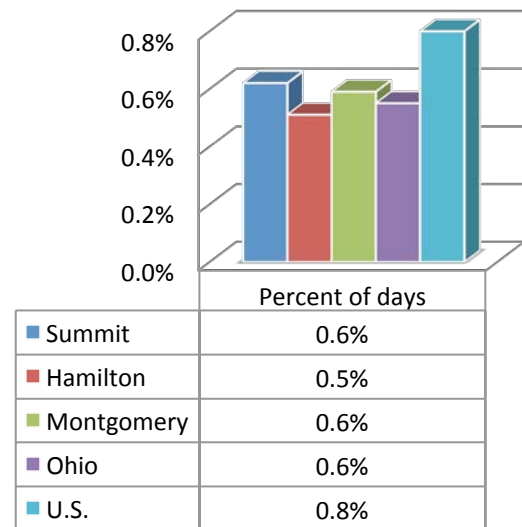


How does our community rank?

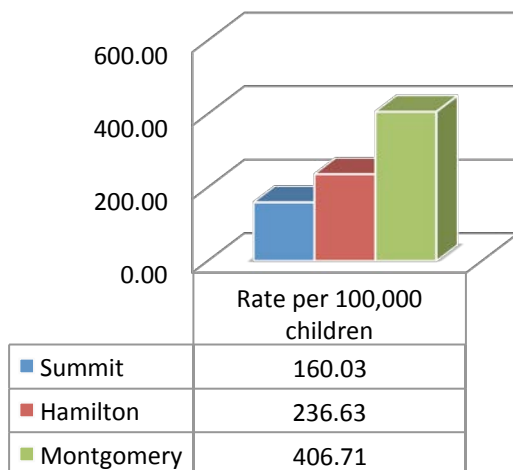
In Summit County, 0.9% of days were designated as exceeding National Ambient Air Quality Standards for particulate matter, which is higher than the Ohio rate, but lower than the national rate. In comparison with two peer-matched counties, the percentage of days exceeding air quality standards in Summit County was higher than both peer counties.

In Summit County, 0.6% of days were designated as exceeding National Ambient Air Quality Standards for ozone, which was the same as the Ohio rate and lower than the national rate. In comparison with two peer-matched counties, the percentage of days exceeding air quality standards in Summit County was nearly the same as both peer counties.

Poor Air Quality- Ozone



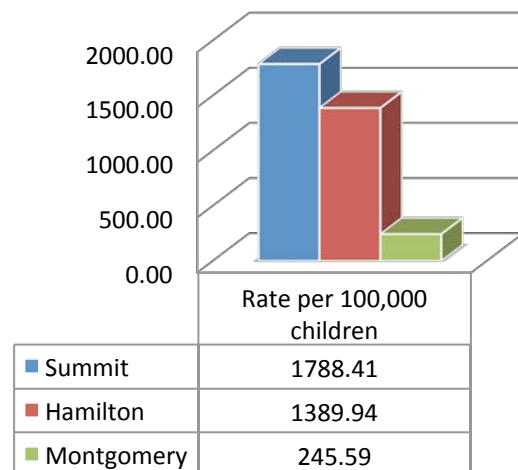
Hospital Discharges with Asthma Diagnosis



In Summit County, the rate of children that were discharged from a hospital with a diagnosis of asthma was 160.03, which was lower than Hamilton County and Montgomery County.

In Summit County, the rate of children that visited an emergency department for asthma was 1788.41, which was higher than Hamilton County and Montgomery County.

Emergency Department Visits for Asthma



What are the data sources?

“Poor Air Quality – Particulate Matter” 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. It is calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations are located. 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 was reported on the Community Health Needs Assessment toolkit on the Community Commons web site.

“Poor Air Quality – Ozone” is the percentage of days per year with ozone (O₃) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb). It is calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations are located. 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 was reported on the Community Health Needs Assessment toolkit on the Community Commons web site.

“Hospital Discharges with Asthma Diagnosis” is the number of hospital discharges with a primary diagnosis of asthma per 100,000 children in 2011. It is calculated using data received from the Ohio Hospital Association and 2011 estimates of the child (less than 18 years old) population.

“Emergency Department Visits for Asthma” is the number of emergency department visits for asthma per 100,000 children in 2011. It is calculated using data received from the Ohio Hospital Association and 2011 estimates of the child (less than 18 years old) population.

What puts kids at risk?

Children who live with smokers are more likely to develop asthma. Additionally, boys and African-Americans are at higher risk for asthma than girls and Whites (CDC, 2012f).

Diabetes

Why is this indicator important?

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, 2011b). Diabetes affects 25.8 million people, or 8.3% of the US population and is the 7th leading cause of death in the United States (CDC, 2011c). From 1980 through 2011, the age-adjusted percentage of persons with diagnosed diabetes increased 127% for whites and 107% for blacks, however, overall rates are higher for blacks. In 2011, the age-adjusted percentage of blacks with a diagnosis of diabetes was nearly double that of whites (9.3% and 5.9%, respectively) (CDC, 2013f).

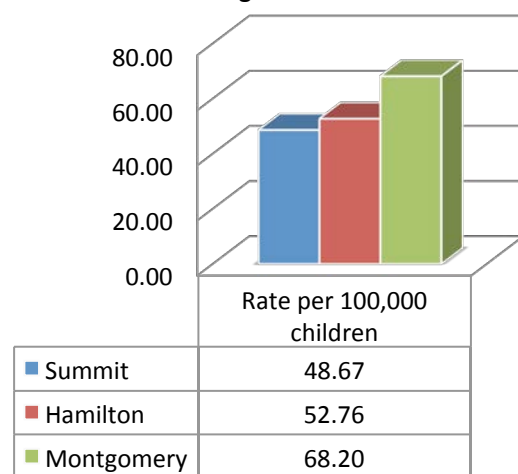
How does our community rank?

Although the rate of children that were discharged from a hospital with a diagnosis of diabetes in Summit County was lower than Hamilton County and Montgomery County, community leaders and community residents clearly identify diabetes as a significant community health problem that must be addressed.

What are the data sources?

“Hospital Discharges with Diabetes Diagnosis” is the number of hospital discharges with a primary diagnosis of diabetes per 100,000 children in 2011. It is calculated using data received from the Ohio Hospital Association and 2011 estimates of the child (less than 18 years old) population.

Hospital Discharges with Diabetes
Diagnosis



What puts kids at risk?

Risk factors for developing Type 1 diabetes are not well defined, but may include autoimmune, genetic, and environmental components. Risk factors for Type 2 diabetes are much better established, including age, obesity, family history, diminished glucose tolerance, inactivity, and race (CDC, 2011b).

Maternal & Infant 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).

The maternal and infant health issues identified as prioritized health needs among **Summit County Children** are:

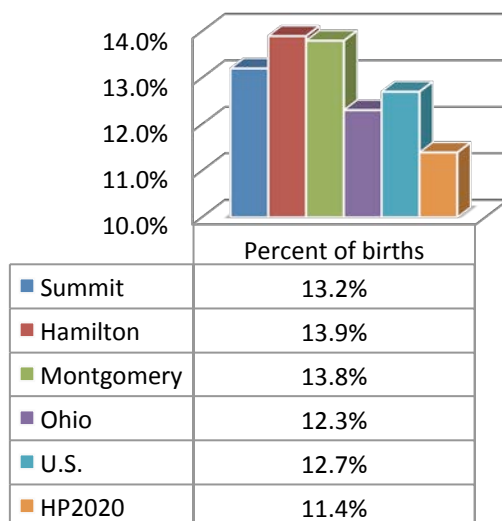
- Premature Births
- Low & Very Low Birth Weight Births
- Infant, Neonatal, & Post-Neonatal Mortality

Premature Births

Why is this indicator important?

A fetus goes through important stages of growth during the final months of pregnancy. If an infant is born before 37 weeks of pregnancy (or prematurely), the brain, the lungs, and the liver may not be fully developed, increasing the risk of disability and death. Premature birth can result in breathing problems, difficulty feeding, developmental delay, cerebral palsy, vision problems, and hearing problems. Every year, close to 500,000 babies, or 1 in every 9 infants, are born prematurely. Medical care for premature births and the resulting medical problems cost the US health care system more than \$26 billion annually (CDC, 2013g). By race, approximately 1 out of every 5 infants born to non-Hispanic black mothers in 2007 was born preterm, compared to 1 in 8-9 infants born to non-Hispanic white and Hispanic women (CDC, 2011e).

Premature Births



How does our community rank?

Of births in Summit County, 13.2% were a premature birth, which was higher than both the Ohio and national rates; moreover, the Summit County rate did not meet the *Healthy People 2020* target of 11.4%. In comparison with two peer-matched counties, Summit County had lower percentage of premature births than either peer county.

What are the data sources?

“Premature Births” is the percentage of births with a reported gestation period of less than 37 completed weeks. The most recent county- and national-level data (2009) were modeled based on reported data from 1996-2005. The data were collected from the National Vital Statistics System at the National Center for Health Statistics and was reported on the Community Health Status Indicators web site.

What puts kids at risk?

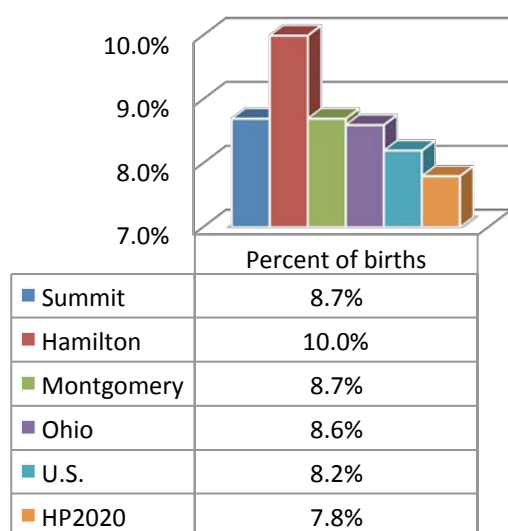
Risk factors which impact the likelihood of premature birth include maternal age, black race, low maternal income, maternal infection, history of preterm birth, pregnancy with multiple fetuses, high blood pressure, tobacco use, alcohol use, substance abuse, limited access to prenatal care, and maternal stress (CDC, 2013g).

Low & Very Low Birth Weight Births

Why is this indicator important?

Birth weight is important for infant health, both in terms of a newborn's development, and in terms of an infant's resilience to infection. Low birth weight is defined as birth weight below 5.5 pounds (2,500 grams), while very low birth weight is a birth weight below 3 pounds 4 ounces (1,500 grams). Low and very low birth weight can lead to breathing problems, difficulty feeding, developmental delay, cerebral palsy, vision problems, and hearing problems (CDC, 2013g).

Low Birth Weight Births

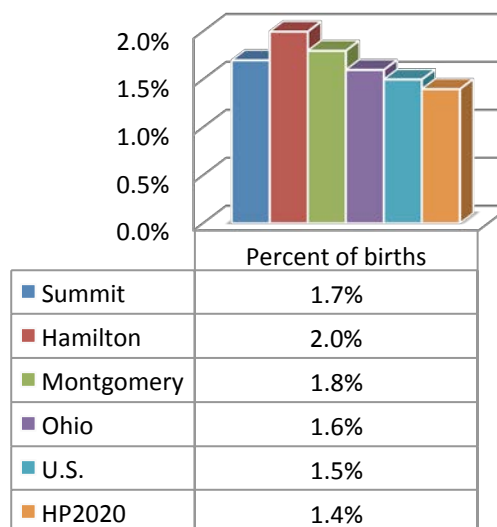


How does our community rank?

In Summit County, the rate of low birth weight births was 8.7%, which was higher than both the Ohio and national rates; additionally, the Summit County rate failed to meet the *Healthy People 2020* target of 7.8%. In comparison with two peer-matched counties, Summit County had a lower percentage of low birth weight births than Hamilton County, and the same rate as Montgomery County.

In Summit County, the rate of very low birth weight births was 1.7%, which was higher than both the Ohio and national rates; additionally, the Summit County rate did not meet the *Healthy People 2020* target of 1.4%. In comparison with two peer-matched counties, Summit County had a lower percentage of very low birth weight births than either peer county.

Very Low Birth Weight Births



What are the data sources?

“Low Birth Weight Births” is the percentage of all births less than 5.5 pounds (2,500 grams). The most recent county- and national-level data (2012) were modeled based on reported data from 2002-2008. The data were collected from the National Vital Statistics System at the National Center for Health Statistics and were reported on the County Health Rankings web site.

“Very Low Birth Weight Births” is the percentage of all births less than 3 pounds 4 ounces (1,500 grams). The most recent county- and national-level data (2009) were modeled based on reported data from 1996-2005. The data were collected from the National Vital Statistics System at the National Center for Health Statistics and was reported on the Community Health Status Indicators web site.

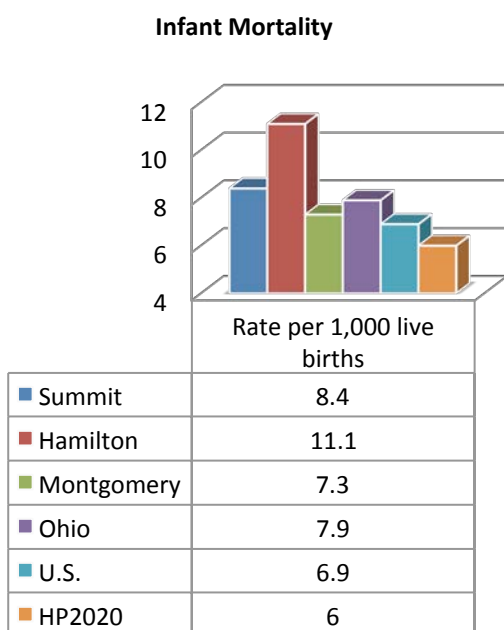
What puts kids at risk?

Low birth weight can be caused by either premature birth or by a slow prenatal growth rate (that is, small for gestational age). Risk factors for premature birth include maternal age, black race, low maternal income, maternal infection, history of preterm birth, pregnancy with multiple fetuses, high blood pressure, tobacco use, alcohol use, substance abuse, limited access to prenatal care, and maternal stress (CDC, 2013g).

Infant, Neonatal, & Post-Neonatal Mortality

Why is this indicator important?

Each year, roughly 25,000 infants die in the United States (CDC, 2012g). In 2008, the infant mortality rate for non-Hispanic black women was 2.4 times that of non-Hispanic white women (HHS, 2013). Infant mortality is measured by the overall number of deaths between birth and 1 year of life and the number of deaths before day 28 (neonatal mortality) and the number of deaths between 28 days and 1 year (post-neonatal mortality).

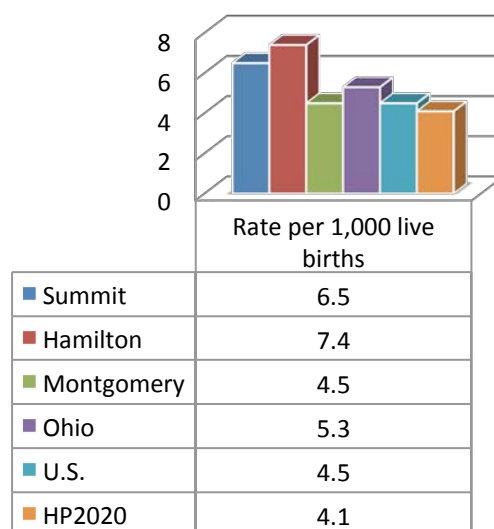


How does our community rank?

In Summit County, the overall rate of infant mortality (death before 1 year of age) was 8.4 per 1,000 live births, which was higher than both the Ohio and national rates; moreover, the Summit County rate failed to meet the *Healthy People 2020* target rate of 6 per 1,000 live births. In comparison with two peer-matched counties, Summit County was lower than Hamilton County and higher than Montgomery County.

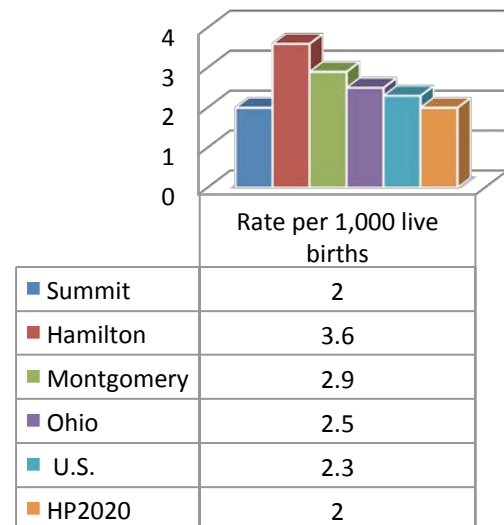
In Summit County, the rate of neonatal mortality (death before day 28) was 6.5 per 1,000 live births, which was higher than both the Ohio and national rates; moreover, the Summit County rate failed to meet the *Healthy People 2020* target rate of 4.1 per 1,000 live births. In comparison with two peer-matched counties, the neonatal mortality rate in Summit County was lower than Hamilton County, but higher than Montgomery County.

Neonatal Mortality (Death before Day 28)



In Summit County, the rate of post-neonatal mortality (death between day 28 and 1 year) was 2 per 1,000 live births, which was lower than both the Ohio and national rates; moreover, the Summit County rate met the *Healthy People 2020* target rate of 2 per 1,000 live births. In comparison with two peer-matched counties, the post-neonatal mortality rate in Summit County was lower than either peer county.

**Post-Neonatal Mortality
(Death between Day 28 and 1 Year)**



What are the data sources?

“Infant Mortality” is the number of deaths from any cause in the first 12 months of life per 1,000 live births. The most recent county- and national-level data (2009) were modeled based on reported data from 1996-2005. The data were collected from the National Vital Statistics System at the National Center for Health Statistics and was reported on the Community Health Status Indicators web site.

“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 (2009) were modeled based on reported data from 1996-2005. The data were collected from the National Vital Statistics System at the National Center for Health Statistics and was reported on the Community Health Status Indicators web site.

“Post-Neonatal Mortality” is the number of deaths from any cause occurring between day 28 and 1 year of life per 1,000 live births. The most recent county- and national-level data (2009) were modeled based on reported data from 1996-2005. The data were collected from the National Vital Statistics System at the National Center for Health Statistics and was reported on the Community Health Status Indicators web site.

What puts kids at risk?

The risk of death in infancy is increased for infants born with a serious birth defect, for infants who are born prematurely, who have low birth weight, for infants born to mothers with pregnancy complications, victims of violence, and victims of Sudden Infant Death Syndrome (SIDS). Factors such as race, ethnicity, age, and income may impact the likelihood of infant death as well (CDC, 2012g).

Birth Risk Factors

Birth risk factors describe a set of conditions that can negatively affect birth outcomes and the healthy development of infants. Many risk factors affect birth outcomes including health care received before and during pregnancy and behavioral risk factors of mothers.

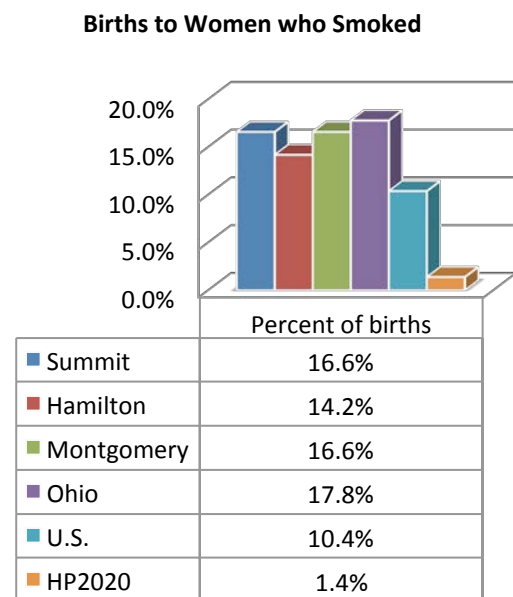
The birth risk factors identified as prioritized health needs among **Summit County Children** are:

- Maternal Tobacco Smoking
- First Trimester Prenatal Care

Maternal Tobacco Smoking

Why is this indicator important?

Women who smoke have a harder time becoming pregnant. Additionally, maternal use of tobacco products not only places the mother at risk of the medical complications which all cigarette users are vulnerable to, it also places the child at risk of premature birth, birth defects, and increased risk of death in infancy. Women who use cigarettes while pregnant are more likely to have a miscarriage, abnormal bleeding during pregnancy, more likely to give birth to an underweight child, and more likely to have a child who passes away due to Sudden Infant Death Syndrome (SIDS) (CDC, 2010b).



How does our community rank?

In Summit County, 16.6% of births were to women who smoked during pregnancy, which was lower than the Ohio rate, but higher than the national rate; additionally, Summit County rate did not meet the *Healthy People 2020* target of 1.4%. In comparison with two peer-matched counties, Summit County had a lower rate of smoking during pregnancy than Hamilton County and the same rate as Montgomery County.

What are the data sources?

“Births to Women who Smoked” is the percentage of total births by women who reported smoking during pregnancy. The most recent county- and national-level data (2010) were collected from the Ohio Department of Health web site.

What puts mothers at risk?

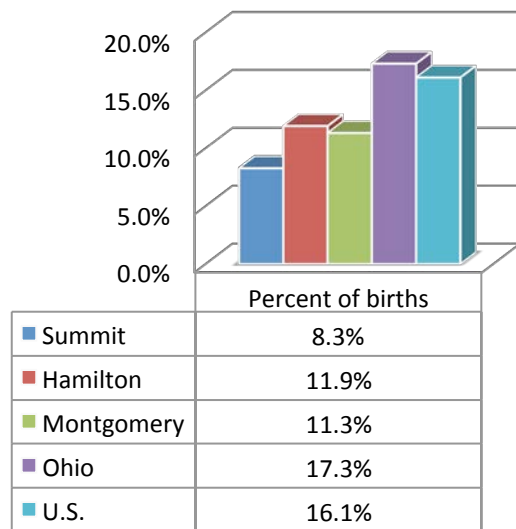
Advertisement of tobacco products, peer pressure, easy access to tobacco products, and family use of cigarettes increase the likelihood of cigarette use (CDC, 2013e).

First Trimester Prenatal Care

Why is this indicator important?

A normal pregnancy is around 9 months and is divided into 3 trimesters. The first trimester starts at conception and lasts for 3 months. During this time period, a variety of tests are performed to check the growth of the fetus and the health of the mother. Receiving prenatal care during the first trimester of pregnancy is important because it can detect problems that can be addressed before they negatively impact the health of the baby and mother.

No Prenatal Care in 1st Trimester



How does our community rank?

In Summit County, 8.3% of mothers giving birth did not receive prenatal care during the first trimester, which was lower than both the Ohio and national rates. In comparison with two peer-matched counties, Summit County had a lower percentage of births without first trimester prenatal care than either peer county.

What are the data sources?

“No Prenatal Care in 1st Trimester” is the percentage of births to mothers who reported that they did not receive prenatal care during the 1st trimester of their pregnancy. The most recent county- and national-level data (2009) were modeled based on reported data from 1996-2005. The data were collected from the National Vital Statistics System at the National Center for Health Statistics and was reported on the Community Health Status Indicators web site.

Child Development

Healthy child development is important to establish healthy behaviors and to enable children to achieve their maximum potential. Child development is a broad category of conditions that affect the physical and mental maturation of children.

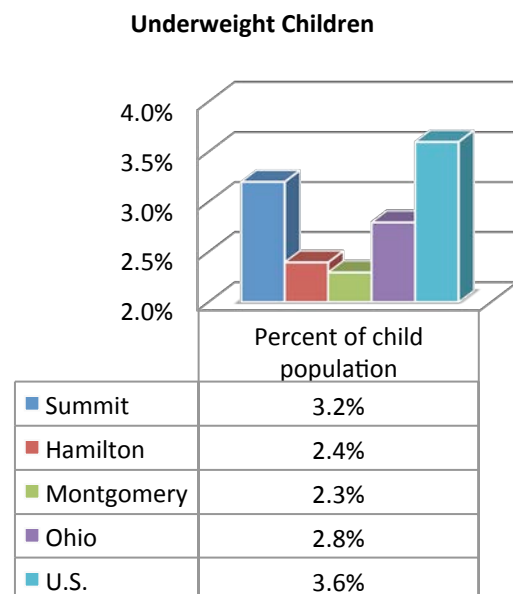
The child development issue identified as a prioritized health need among **Summit County Children** is:

- Underweight

Underweight

Why is this indicator important?

Body mass index (BMI) is a measure used to measure whether a child's weight is healthy for their size. It is calculated by assessing a child's weight in relation to their height, age, and gender. Being underweight can have important developmental implications for children, including impairment of cognitive and physical growth (CDC, 2010c).



How does our community rank?

In Summit County, 3.2% of the child population was reported as being underweight, which was higher than the Ohio rate, but lower than the national rate. In comparison with two peer-matched counties, Summit County had a higher percentage of underweight children than either peer county.

What are the data sources?

"Underweight Children" is the percentage of children whose weight is less than or equal to the 2.3rd percentile. The most recent county- and national-level data (2011) were collected from the Pediatric Nutrition Surveillance System at the Ohio Department of Health web site.

What puts kids at risk?

Being underweight may be caused by a variety of factors, including food availability, malnutrition, and underlying health conditions (CDC, 2010c).

Child Lifestyle Factors

Lifestyle risk factors are “everyday” behaviors that people engage in that can negatively impact their health. Lifestyle-related risk factors include a range of behaviors such as unhealthy eating, low or no physical activity, and tobacco use. People that engage in these lifestyle risk factors are at higher risk for a large number of chronic diseases such as heart disease, diabetes, and cancer. Lifestyle risk factors in children are especially important because they can affect physical and mental development and establish behavioral patterns that are taken into adulthood.

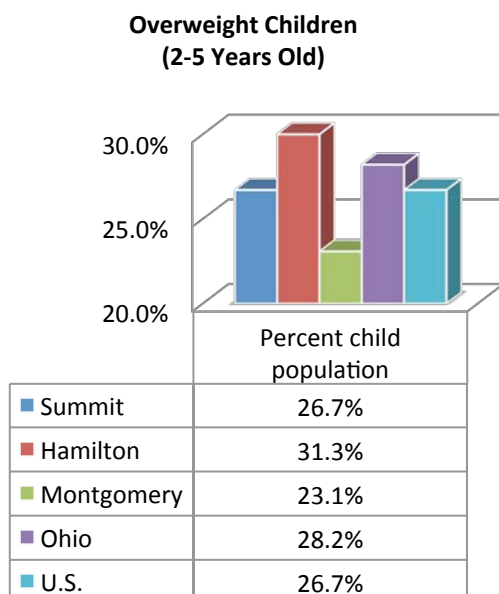
The lifestyle risk factors identified as prioritized health needs among **Summit County Children** are:

- Overweight & Obesity
- Exercise
- Nutrition

Overweight & Obesity

Why is this indicator important?

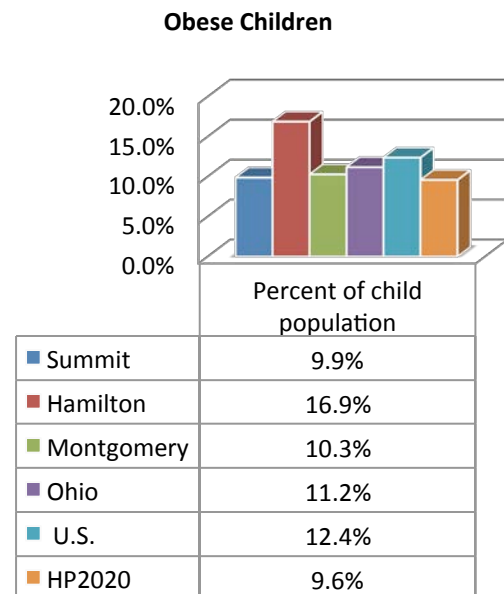
Body mass index (BMI) is a measure used to determine whether a child’s weight is healthy for their size. It is calculated by assessing a child’s weight in relation to their height, age, and gender. Children who are overweight, especially young children, are at increased risk of high blood pressure, high cholesterol, and subsequent cardiovascular disease. One study found that 70% of obese children had at least one of these risk factors, and 39% had two or more. Children who are overweight or obese are also at increased risk of developing Type 2 diabetes, asthma, sleep apnea, joint problems, acid reflux, and mental health problems (CDC, 2012h).



How does our community rank?

In Summit County, 26.7% of the child population between two and five years old was reported as being overweight, which was lower than the Ohio rate and the same as the national rate. In comparison with two peer-matched counties, Summit County had lower percentage of overweight two to five year old children than Hamilton County and a higher percentage than Montgomery County.

In Summit County, 9.9% of the child population was reported as being obese, which was lower than both the Ohio and national rates; however, the Summit County rate failed to meet the *Healthy People 2020* target rate of 9.6%. In comparison with two peer-matched counties, Summit County had lower percentage of obese children than either peer county.



What are the data sources?

“Overweight Children (2-5 Years Old)” is the percentage of children whose weight is in the 85th to 94th percentile. The most recent county- and national-level data (2012) were collected from the CRHS and RHWP Health Status Profile Reports at the Ohio Department of Health web site.

“Obese Children” is the percentage of children whose weight is in the 95th percentile or higher. The most recent county- and national-level data (2011) were collected from the Pediatric Nutrition Surveillance System at the Ohio Department of Health web site.

What puts kids at risk?

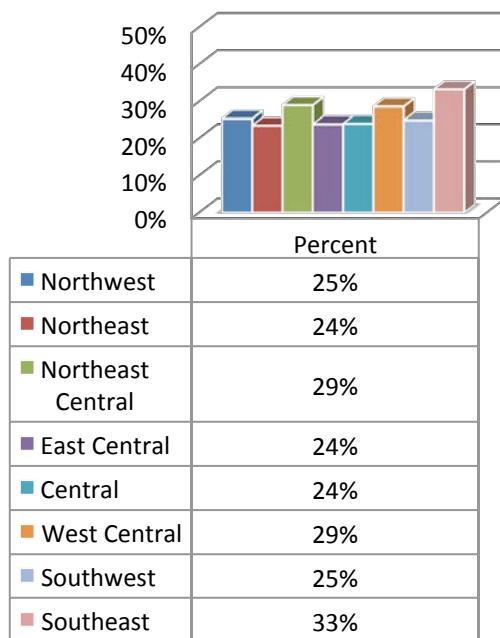
Factors which increase the likelihood of children becoming overweight or obese include consumption of sugary drinks, unhealthy school food, lack of daily physical activity in all schools, no place to play and be outside safely, limited access to healthy, affordable foods, increasing portion sizes, lack of breastfeeding support, and sedentary lifestyle from overuse of TV and media (CDC, 2012h).

Exercise

Why is this indicator important?

Physical activity is important to maintaining a healthy body weight and reducing the risk for various cardiovascular diseases. Among children, physical activity can improve bone health, improve cardiorespiratory and muscular fitness, decrease body fat, and reduce symptoms of depression (HHS, 2013). The CDC recommends that children get at least 60 minutes of physical activity each day (CDC, 2011g).

Exercised 7 Days in Past Week

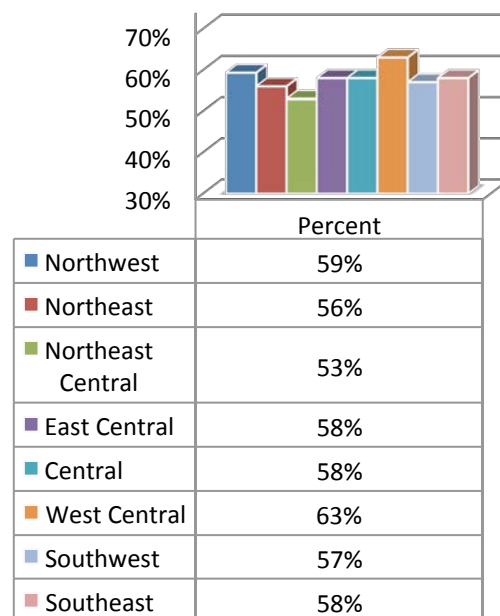


Summit County is located in the East Central region, in which 58% of children had two hours or less of screen time on an average weekday. This percent is higher than some regions, but lower in others.

How does our community rank?

Summit County is located in the East Central region, which has a slightly lower or equal percentage of children that exercised all 7 days of the past week compared to the other regions in the state.

2 Hours or Less of Screen Time on Average Weekday



What are the data sources?

“Exercised 7 Days in Past Week” is the percent of parents who reported that their children exercised, played a sport, or participated in physical activity every day of the past week for at least 20 minutes that made him/her sweat and breathe hard. The most recent data (2012) in Ohio were analyzed using the 2012 Ohio Medicaid Assessment Survey.

“2 Hours or Less of Screen Time on Average Week Day” is the percent of parents who reported that their children had 2 hours or less of screen time on an average weekday. Screen time includes watching TV, videos, or playing video games except school-related. The most recent data (2012) in Ohio were analyzed using the 2012 Ohio Medicaid Assessment Survey.

What puts kids at risk?

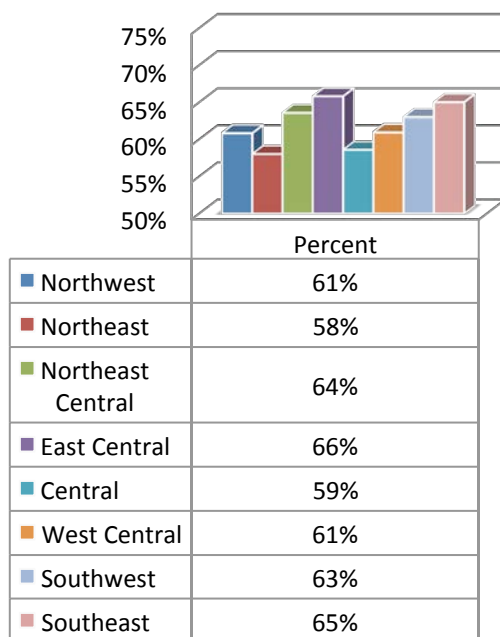
A variety of personal, social, economic, and environmental factors play a role in physical activity including access to recreational facilities and sidewalks, income, enjoyment, social and parental support, safe neighborhoods, and school policies (CDC, 2012h).

Nutrition

Why is this indicator important?

Eating healthy foods is important to maintaining a healthy body weight and reducing the risk for various diseases. For children, good nutrition is essential for healthy development. Poor nutrition can lead to overweight and obesity, malnutrition, diabetes, oral disease, and some cancers (CDC, 2012h).

Family Meals Cooked at Home



How does our community rank?

Summit County is located in the East Central region, which has the highest percentage of family meals cooked at home compared to the other regions.

What are the data sources?

“Family Meals Cooked at Home” is the percent of parents reporting having at least five family meals at home in the past week that were cooked at home all or most of the time. The most recent data (2012) in Ohio were analyzed using the 2012 Ohio Medicaid Assessment Survey.

What puts kids at risk?

There are many factors that affect healthy eating among kids including knowledge and attitudes, societal and cultural norms, family eating behaviors, family income, parental attitudes, and school food policies (CDC, 2012h).

Mental Health

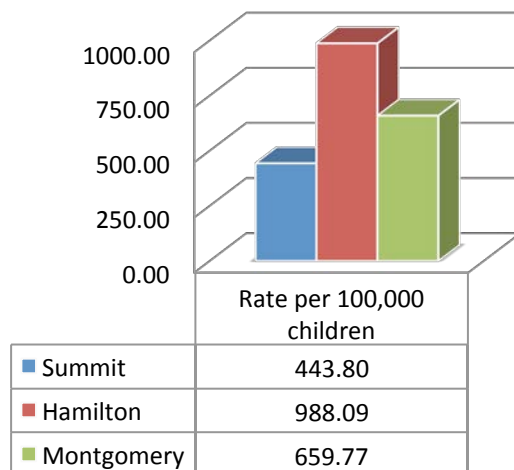
Why is this indicator important?

Mental health refers to the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with adversity. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society (HHS, 2013).

Mental illness refers to a broad range of diagnosable mental health conditions and disorders and contribute to a host of problems including disability, distress, and death. According to the National Institute of Mental Health, in any given year an estimated 13 million Americans (about 1 in 17 people) have a seriously debilitating mental illness (Kessler et al., 2005). Mental health disorders are the leading cause of disability in the United States and account for approximately 25% of all years of life lost due to disability and premature death (WHO, 2004).

Mental health is particularly important for children since it can affect psychological and emotional development, school performance, family and peer relationships, and physical health. Common mental health issues for children include bullying (and the impact of being bullied), depression, anxiety, and behavioral disorders (such as Attention Deficit Hyperactivity disorder and Oppositional Defiant Disorder) (MedlinePlus, 2013a).

Hospital Discharges with a Mental Health Diagnosis

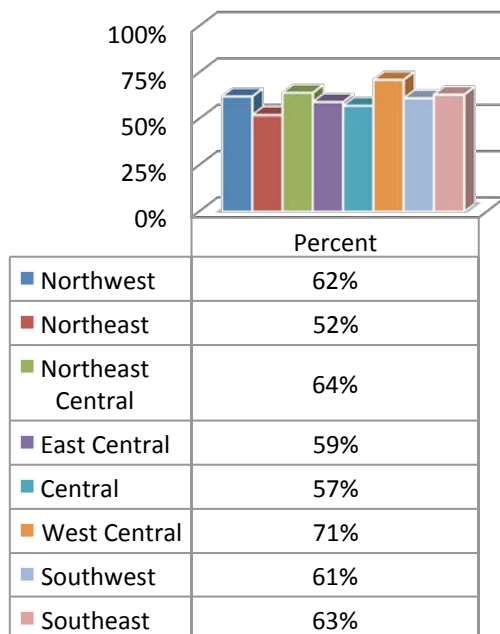


How does our community rank?

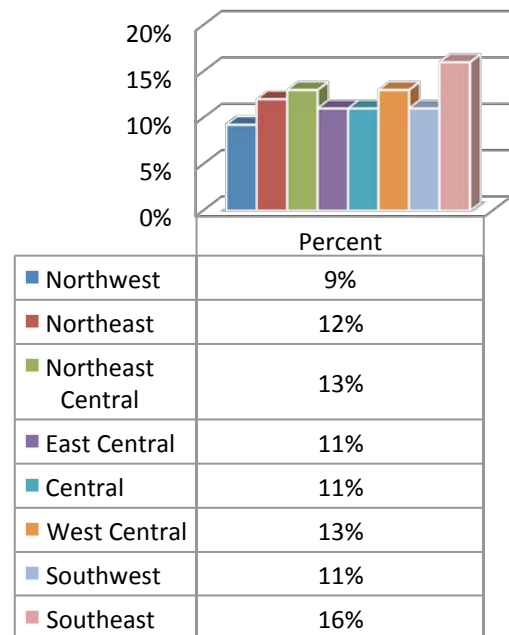
Although the rate of children that were discharged from a hospital with a mental health diagnosis in Summit County was lower than Hamilton County and Montgomery County, community leaders and community residents clearly identify child mental health issues as a significant community health problem that must be addressed.

Summit County is located in the East Central region, in which 11% of children need mental health services. This percent is higher or equal to some regions, but is lower than others.

Percent of Children Needing Mental Health Services Who Have Long-Term Mental Health Problem



Children Needing Mental Health Services



Some children needing mental health services have mental health conditions that have lasted, or are expected to last, 12 months or more. The East Central region, in which Summit County is included, has a higher percent of children needing mental health services for a long-term mental health problem than the Central and Northeast regions, but a lower percent than other regions.

What are the data sources?

“Hospital Discharges with a Mental Health Diagnosis” is the number of hospital discharges with a primary diagnosis of a mental health issue per 100,000 children in 2011. It is calculated using data received from the Ohio Hospital Association and 2011 estimates of the child (less than 18 years old) population.

“Children Needing Mental Health Services” is the percent of children whose parents reported that their children had any kind of emotional, developmental, or behavioral problem for which s/he needed treatment or counseling. The most recent data (2012) in Ohio were analyzed using the 2012 Ohio Medicaid Assessment Survey.

End Part 2 of 3

Detailed Data Appendix

Part 3 of 3

Edwin Shaw Rehabilitation Institute

A Member of the



“Percent of Children Needing Mental Health Services Who Have Long-Term Mental Health Problem” is the percent of children needing mental health services whose parents reported that their children had an emotional, developmental, or behavioral problem that lasted or is expected to last 12 months or longer. The most recent data (2012) in Ohio were analyzed using the 2012 Ohio Medicaid Assessment Survey.

What puts kids at risk?

There are many “warning signs” of mental health issues in children. They include harming or threatening themselves, others, or pets; damaging or destroying property; lying or stealing; not doing well or skipping school; smoking tobacco, drinking alcohol, or using illegal drugs; early sexual activity; and hostility toward authority figures (MedlinePlus, 2013b).

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.

The substance abuse issues identified as prioritized health needs among **Summit County Children** are:

- Alcohol Abuse & Excessive Drinking
- Prescription Drug Abuse
- Opioid Drug Abuse

Alcohol Abuse & Excessive Drinking

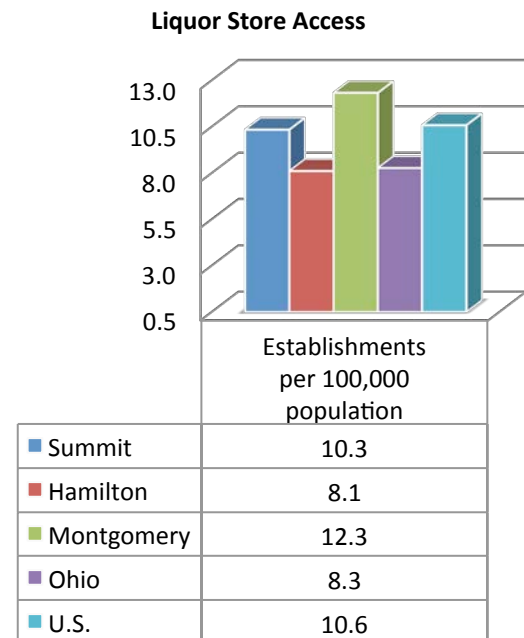
Why is this indicator important?

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, 2012b).

How does our community rank?

The density rate of liquor stores in Summit County was 10.3 per 100,000 population, which was higher than the Ohio density rate but slightly lower than the national density rate. In comparison with two peer-matched counties, Summit County had a higher density rate than Hamilton County and a lower density than Montgomery County.

Community residents and community leaders also identified alcohol abuse and excessive drinking as a prioritized health need among adults in Summit County.



What are the data sources?

“Liquor Store Access” is the number of beer, wine, and liquor stores per 100,000 population. The most recent county- and national-level data (2010) were taken from the County Business Patterns database from the US Census Bureau and reported on the Community Health Needs Assessment toolkit on the Community Commons web site.

Input from community residents and community leaders were obtained through focus groups and interviews, respectively.

What puts kids at risk?

Risk factors that increase the likelihood of developing alcohol abuse tendencies include access to alcohol, peer pressure, frequent alcohol use, cultural norms, preexisting mental health conditions, and a family history of alcohol abuse (CDC, 2012b).

Prescription Drug Abuse

Why is this indicator important?

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 purposes of recreation. Medications which 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).

How does our community rank?

At the time of publication, epidemiologic data were not available on the actual rates of childhood or adolescent prescription drug abuse to be able to determine how Summit County ranks relative to its peer counties, the state, and the US. However, prescription drug abuse among children and especially adolescents was repeatedly cited by many community leaders and community residents as a significant public health problem in the community.

These concerns have also been echoed by Governor Ted Strickland who established the Ohio Prescription Drug Abuse Task Force in 2010 to develop a coordinated approach to Ohio's prescription drug abuse epidemic. As stated in the Task Force's 2010 report, "[p]rescription opioids are largely responsible for [the] alarming increase in drug overdose death rates and continue to have a significant impact on this epidemic. In Ohio in 2008, prescription opioids were involved in more unintentional overdoses (37%) than heroin and cocaine combined (33%)."

This epidemic is also having an impact on younger Ohioans. Four out of the top five drugs abused by 12th graders are prescription or non-prescription medications. In 2011, 21.3% of high school students reported using a prescription drug without a prescription one or more times in their lifetime (ODH, 2011). Additionally, the National Center on Addiction and Substance Abuse (NCASA) surveyed teenagers in 2008 and reported that teens were able to purchase prescription drugs more easily than beer (NCASA, 2008).

What are the data sources?

The Ohio Prescription Drug Abuse Task Force Final Report can be found here: <http://www.healthyohioprogram.org/vipp/data/%7E/media/10E7E7D5543C41DF9D7824DD479EF37B.ashx>.

Drug overdose data and related publications from the Ohio Department of Health can be found here: <http://www.healthyohioprogram.org/vipp/data/rxdata.aspx>

Results from the National Survey of American Attitudes on Substance Abuse and other reports can be found here:

<http://www.casacolumbia.org/templates/Publications.aspx?articleid=320&zoneid=52>.

Input from community residents and community leaders were obtained through focus groups and interviews, respectively.

What puts kids at risk?

Factors which increase the likelihood of prescription drug abuse include past or present addiction to other substances such as alcohol or illegal drugs, younger age (typically teens or early 20s), mental illness, peer pressure, social acceptability of drug use, access to prescription drugs, working in a medical setting, and limited information on the potential risks of abusing prescription drugs (Mayo Clinic, 2012).

Opioid Drug Abuse

Why is this indicator important?

Opioids are a family of medications derived from the opium poppy, including Vicodin, morphine, heroin, and codeine. Opioid drugs are designed to diminish the transmission of pain signals throughout the body, and are commonly utilized to combat both acute and chronic pain of moderate and severe intensity. While opioids have proven therapeutically useful, the beneficial effects of opioid use, including pain reduction and euphoria, have made them appealing recreational drugs. In 2008, two of the most frequently abused opioid drugs, hydrocode and oxycodone, resulted in 89,047 and 105,208 hospitalizations, respectively (NIH, 2009). By race, the age-adjusted opioid overdose death rates are highest among non-Hispanic whites (6.3) and American Indian/Alaska Natives (6.2), with Hispanics and blacks being among the lowest (2.1 and 1.9, respectively) (CDC, 2011f).

How does our community rank?

At the time of publication, epidemiologic data were not available on the actual rates of childhood or adolescent opioid drug abuse to be able to determine how Summit County ranks relative to its peer counties, the state, and the US. However, opioid drug abuse among children and especially adolescents was repeatedly cited by many community leaders and community residents as a significant public health problem in the community.

What are the data sources?

Input from community residents and community leaders were obtained through focus groups and interviews, respectively.

What puts kids at risk?

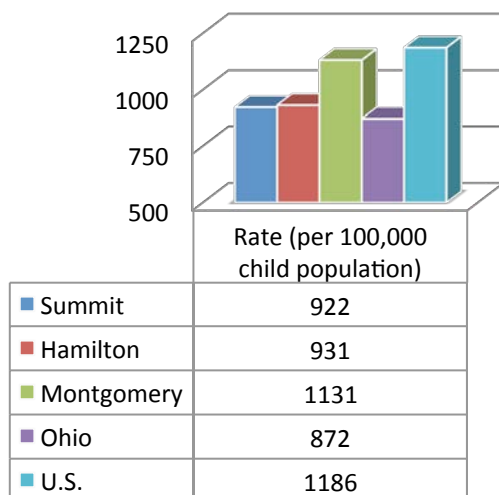
Young adults aged 18—25 have the highest rate of current use of illicit drugs of any age group, while both males and females have similar rates of using opioid drugs. The risk of overdose from opioid drugs is higher, however, for males, and for middle-aged individuals (CDC, 2010a).

Abuse & Neglect

Why is this indicator important?

According to the CDC (2012i), more than 3 million referrals of child maltreatment (including abuse and neglect) are received by state and local agencies each year, roughly translating to nearly 6 referrals each minute. In 2010, an estimated 3.3 million accounts of child abuse and neglect were reported by state and local child protective service agencies in the US. It has been noted that reports received by child protective agencies may underestimate the true occurrence of child abuse and neglect within American communities. Previous research has estimated that 1 in 5 U.S. children experience some form of maltreatment in their lifetimes (CDC, 2012i).

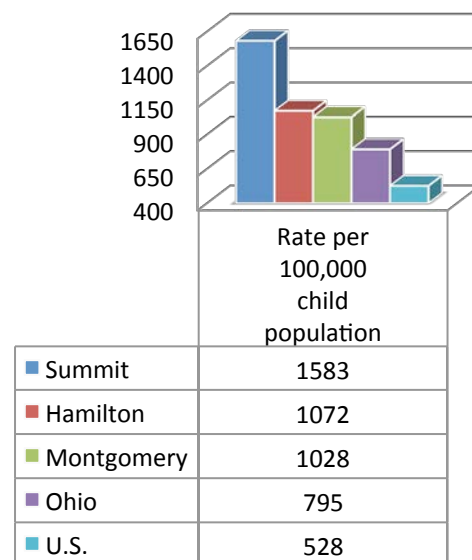
Abused or Neglected Children



How does our community rank?

In Summit County, the rate of child abuse or neglect was 992 per 100,000 child population, which was higher than the Ohio rate, but lower than the national rate. In comparison with two peer-matched counties, Summit County had lower rate of child abuse or neglect than either peer county.

Children in Foster Care



In Summit County, the rate of children placed in foster care was 1583 per 100,000 child population, which was higher than both the Ohio and national rates. In comparison with two peer-matched counties, Summit County had a higher rate of children in foster care than either peer county.

What are the data sources?

“Abused or Neglected Children” is the rate of substantiated reports of child abuse and neglect (including emotional maltreatment, neglect, physical abuse, and sexual abuse) per 100,000 child population. The most recent county- and national-level data (2010) were collected from the Children’s Defense Fund and reported on the Annie E Casey Foundation web site.

“Children in Foster Care” is the rate of children placed in foster care by a public agency as of January 1st. The most recent county- and national-level data (2010) were collected from the Children’s Defense Fund and reported on the Annie E Casey Foundation web site.

What puts kids at risk?

The CDC (2012i) has reported that in 2010, 34% of child victims of abuse and neglect were younger than 4 years old, with children younger than 1 year experiencing the highest rate (20.6 per 1,000 children). Rates of victimization by gender in 2010 were 8.7 per 1,000 boys and 9.7 per 1,000 girls. Rates of victimization by race were 14.6 per 1,000 African American children, 11 per 1,000 for American Indian/Alaska Natives, 10.9 per 1,000 for Pacific Islanders, 8.8 per 1,000 for Hispanics, 7.8 per 1,000 for non-Hispanic Whites, and 1.9 per 1,000 for Asians. Most victims (81.2%) were maltreated by a parent (CDC, 2012i).

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 cause premature disability and death. Among kids, lack of access to health care means that children can't get the immunizations and screenings they need, which can increase their risk for disease and poor development.

The health care access-related issues identified as prioritized health needs among **Summit County Children** are:

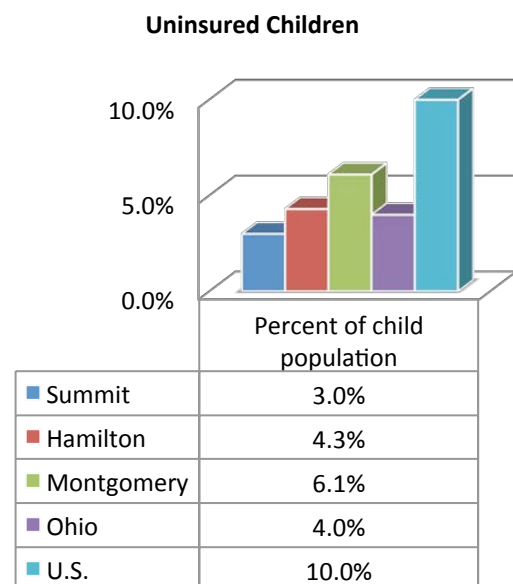
- Health Insurance Coverage
- Access to Dental Care

Health Insurance Coverage

Why is this indicator important?

Having adequate health insurance to help cover the costs associated with health care is an important component to increasing health care access. Without it, some people don't get the health care they need, which can cause premature disability and death. Additionally, lack of adequate health insurance sometimes causes health problems to become worse and more costly than if they were prevented or treated earlier.

Uninsured children are 10 times more likely than insured children to have unmet medical needs and are 5 times more likely to go more than 2 years without seeing a doctor (Children's Defense Fund, 2010b).

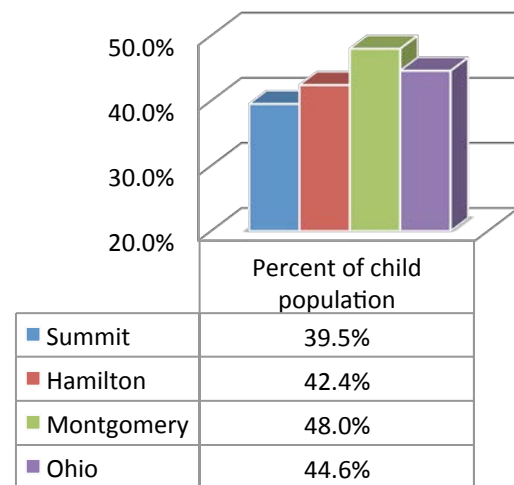


How does our community rank?

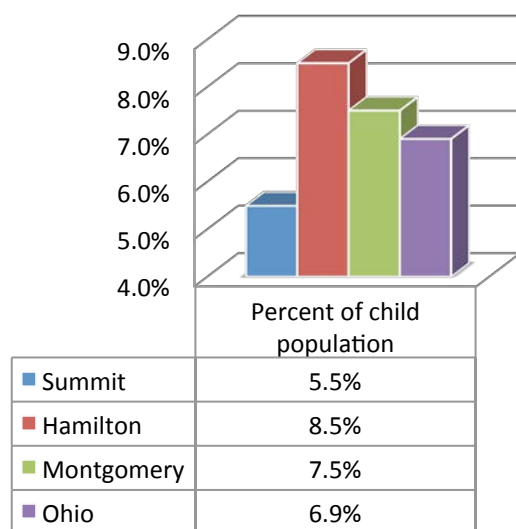
In Summit County, 3.0% of the child population was reported as having no health insurance, which was lower than both the Ohio and national rates. In comparison with two peer-matched counties, Summit County had lower percentage of uninsured children than either peer county.

In Summit County, 39.5% of the child population was enrolled in Medicaid, which was lower than the Ohio rate. In comparison with two peer-matched counties, Summit County had a lower percentage of children enrolled in Medicaid than either peer county.

Children Enrolled in Medicaid



Children without Prescription Coverage



In Summit County, 5.5% of the child population was reported as not having prescription drug insurance coverage, which was lower than the Ohio rate. In comparison with two peer-matched counties, Summit County had lower percentage of children without prescription drug coverage than either peer county.

What are the data sources?

“Uninsured Children” is an estimate of the percentage of children under age 18 (excluding 1-year olds) without health insurance. The most recent county- and national-level data (2008) were collected from the Children’s Defense Fund and reported on the Annie E Casey Foundation web site.

“Children Enrolled in Medicaid” is the percentage of children under age 18 enrolled in Medicaid. The most recent county- and national-level data (2009) were collected from the Ohio Department of Job and Family Services County Profiles on their web site and compared to the 2009 child population calculated by the US Census.

“Children without Prescription Coverage” is an estimate of the percentage of children under age 18 (excluding 1-year olds) without insurance for prescription drugs. The most recent county- and national-level data (2008) were collected from the Children’s Defense Fund and reported on the Annie E Casey Foundation web site.

What puts kids at risk?

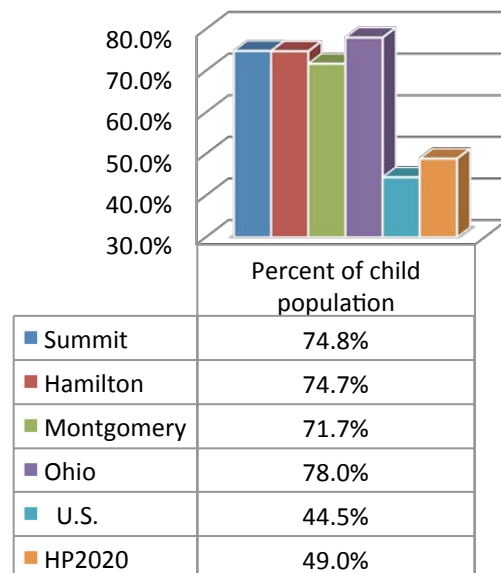
Most adults (60.3%) have health insurance through private providers (such as Anthem Blue Cross and Blue Shield, Medical Mutual of Ohio, etc.) and usually get it through their employers (CDC, 2012d). These policies almost always offer plan options that include coverage for the entire family (including children). Children from unemployed or low-income families can get health insurance through their state's Medicaid program even when their parents don't qualify themselves.

Access to Dental Care

Why is this indicator important?

Among children, dental caries are considered the most common childhood chronic disease and research has shown that dental care is the most prevalent unmet health need among children in the US (Mouradian, Wehr, & Crall, 2000). An estimated 16.5 million children go without basic dental care each year (Pew Foundation, 2011). Periodontal disease has also been linked to adverse pregnancy outcomes, diabetes, cardiovascular disease, and respiratory disease. Routine dental examinations and practicing good oral hygiene are important components of an overall healthy lifestyle, as well as a good preventive measure to protect your personal health and well-being (CDC, 2009a). While many children may have access to dental coverage through private insurance or Medicaid, this does not necessarily translate into actual care.

Dental Visit in Last Year

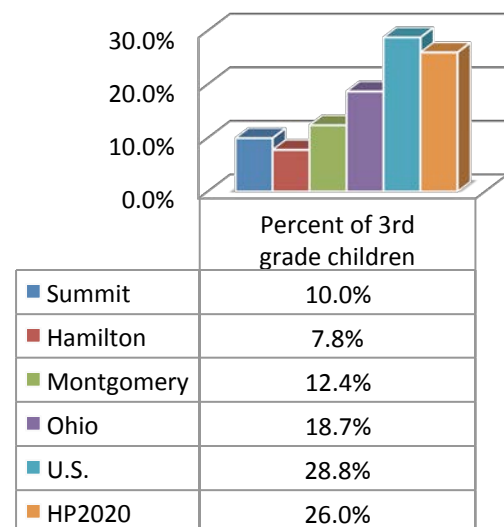


How does our community rank?

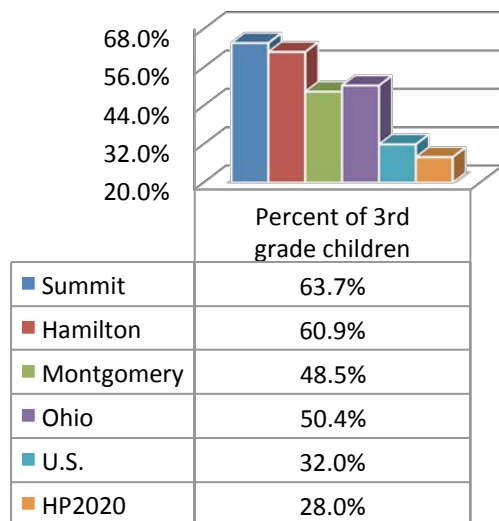
In Summit County, 74.8% of the child population was reported having a dental visit in the previous year, which was lower than the Ohio rate but higher than the national rate; moreover, the Summit County rate bested the *Healthy People 2020* target rate of 49.0%. In comparison with two peer-matched counties, Summit County had higher percentage of children having a dental visit than either peer county.

In Summit County, 10% of 3rd grade children were reported as having untreated tooth decay, which was lower than both the Ohio and national rates; moreover, the Summit County rate bested the *Healthy People 2020* target rate of 26.0%. In comparison with two peer-matched counties, Summit County had higher percentage of children with untreated tooth decay than Hamilton County and a lower percentage than Montgomery County.

Untreated Tooth Decay

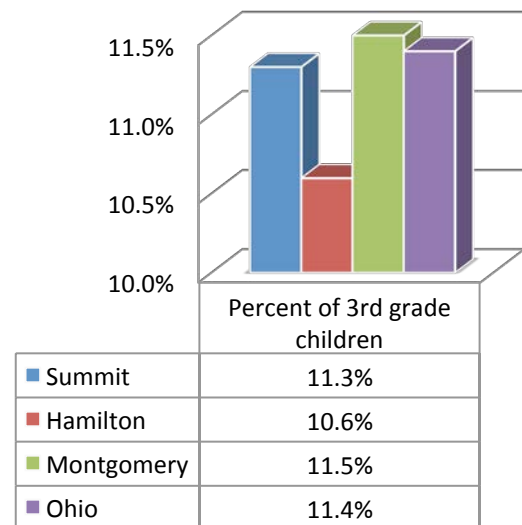


One or More Dental Sealants



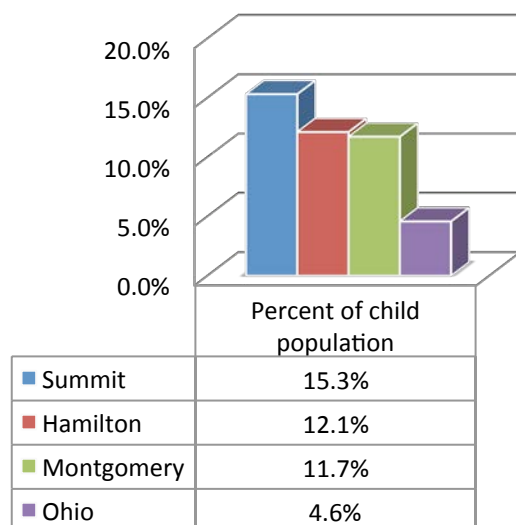
In Summit County, 63.7% of 3rd grade children were reported as having one or more dental sealants, which was higher than both the Ohio and national rates; moreover, the Summit County rate bested the *Healthy People 2020* target rate of 28.0%. In comparison with two peer-matched counties, Summit County had higher percentage of children having one or more dental sealants than either peer county.

Toothache



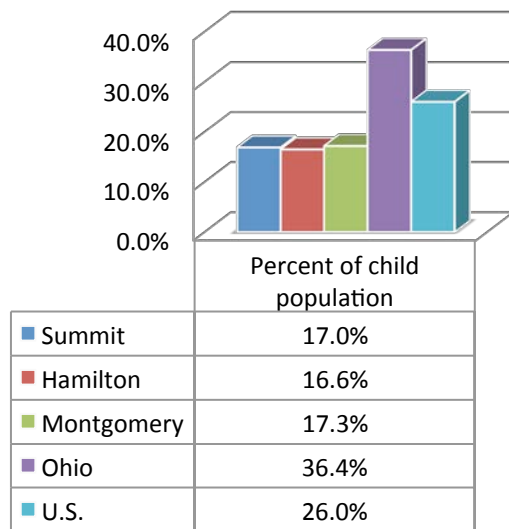
In Summit County, 11.3% of 3rd grade children were reported as having a toothache, which was nearly the same as the Ohio rate. In comparison with two peer-matched counties, Summit County had higher percentage of children having a toothache than Hamilton County and a slightly lower percentage than Montgomery County.

Never Visited a Dentist



In Summit County, 15.3% of the child population was reported as never having visited a dentist, which was higher than the Ohio rate. In comparison with two peer-matched counties, Summit County had higher percentage of children never having visited a dentist than either peer county.

Children without Dental Insurance



In Summit County, 17% of the child population was reported as being without dental insurance, which was lower than both the Ohio and national rates. In comparison with two peer-matched counties, Summit County had higher percentage of children without dental insurance than Hamilton County and a slightly lower percentage than Montgomery County.

What are the data sources?

“Dental Visit in Last Year” is the percentage of children under 18 years of age whose parents reported that they visited a dentist in the last year. The most recent county- and national-level data (2008) are from the Ohio Family Health Survey reported on the Ohio Oral Health Surveillance System web site.

“Untreated Tooth Decay” is the percentage of 3rd graders whose parents reported that they had untreated tooth decay. The most recent county- and national-level data (2010) are from the Ohio Oral Health and BMI Survey reported on the Ohio Oral Health Surveillance System web site.

“One or More Dental Sealants” is the percentage of 3rd graders whose parents reported that they had one or more dental sealants. The most recent county- and national-level data (2010) are from the Ohio Oral Health and BMI Survey reported on the Ohio Oral Health Surveillance System web site.

“Toothache” is the percentage of 3rd graders whose parents reported that they had a toothache. The most recent county- and national-level data (2010) are from the Ohio Oral Health and BMI Survey reported on the Ohio Oral Health Surveillance System web site.

“Never Visited a Dentist” is the percent of children under 18 years of age whose parents reported that they visited a dentist in the last year. The most recent data (2008) are from the Ohio Family Health Survey reported on the Ohio Oral Health Surveillance System web site.

“Children without Dental Insurance” is the percent of children under 18 years of age whose parents reported that they did not have dental insurance coverage. The most recent data (2008) are from the Ohio Family Health Survey reported on the Ohio Oral Health Surveillance System web site.

What puts kids at risk?

Children from low income and minority families are more likely to report poor oral health outcomes, fewer dental visits, and less usage of protective dental sealants (Pew Foundation, 2011). Additionally, children that do not receive regular preventative care and do not properly clean their teeth are also more likely to experience poor dental health.

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.

The environmental factor identified as prioritized health need among **Summit County Children** is:

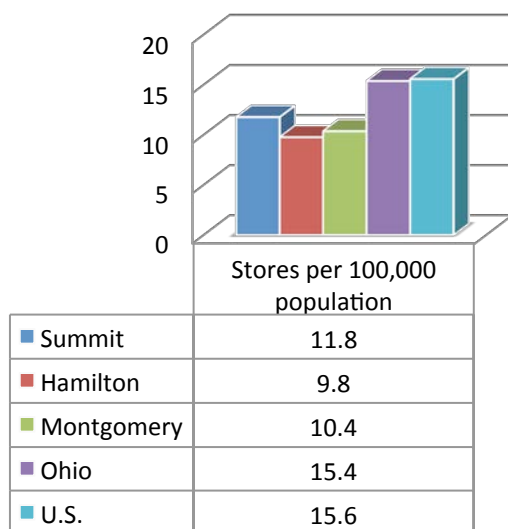
- Access to Healthy Food

Access to Healthy Food

Why is this indicator important?

For children, a lack of access to healthy foods contributes significantly to weight-related complications and diseases. Diminished access to and consumption of healthy foods has also been shown to negatively impact school performance and cognitive development among children (Let's Move!, n.d.). Hunger among children is also of immediate concern, where it was estimated by the USDA that 49.1 million people, including 16.7 million children, lived in homes that experienced food insecurity at multiple times throughout the year (USDA, n.d). The USDA also estimates that 23.5 million people, including 6.5 million children, live in low-income areas that are more than a mile from a supermarket.

WIC Authorized Food Store Access

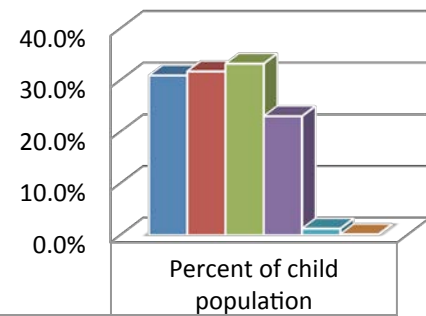


How does our community rank?

In Summit County, the density of WIC-authorized food stores was 11.8 stores per 100,000 population, which was lower than both the Ohio and national rates. In comparison with two peer-matched counties, the Summit County had a higher rate of WIC-authorized stores than either peer county.

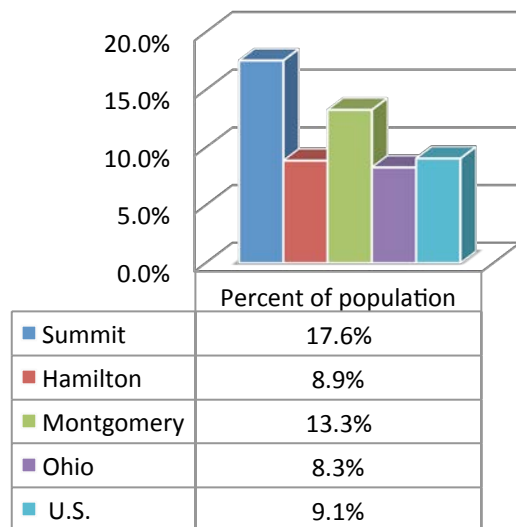
In Summit County, 30.9% of children were reported as being food insecure, which was higher than both the Ohio and national rates; moreover, Summit County failed to meet the *Healthy People 2020* target of 0.2%. In comparison with two peer-matched counties, the Summit County percentage of food insecure children was lower than both peer counties.

Food Insecure Children



	Percent of child population
Summit	30.9%
Hamilton	31.7%
Montgomery	33.2%
Ohio	23.0%
U.S.	1.3%
HP2020	0.2%

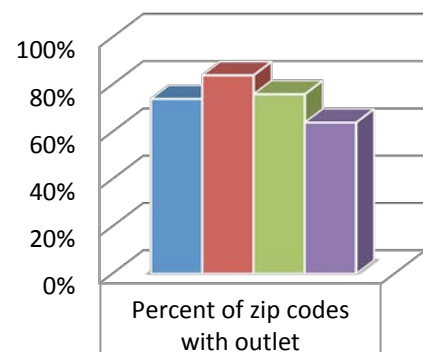
Populations Living in Food Deserts



In Summit County, 17.6% of the population was designated as living in a food desert, which was higher than both the Ohio and national rates. In comparison with two peer-matched counties, the percentage of the population living in a food desert in Summit County was higher than either peer county.

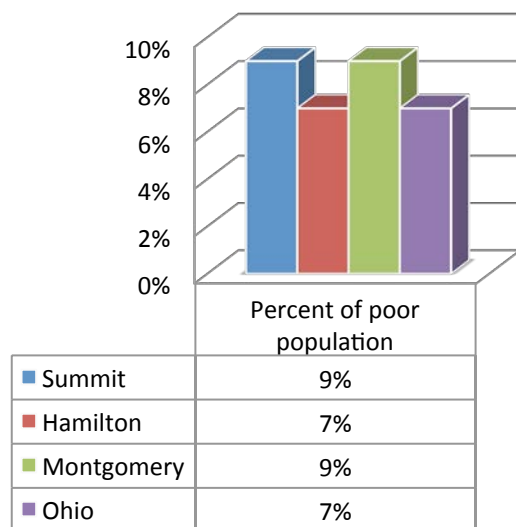
In Summit County, 74% of the zip codes had an outlet with healthy food, which was higher than the Ohio rate. In comparison with two peer-matched counties, the percentage of zip codes with access to healthy foods Summit County rate was lower than both peer counties.

Access to Healthy Foods



	Percent of zip codes with outlet
Summit	74%
Hamilton	84%
Montgomery	76%
Ohio	64%

Limited Access to Healthy Food



In Summit County, 9% of poor populations were designated as having limited access to healthy food, which was higher than both the Ohio rate. In comparison with two peer-matched counties, the percentage of poor populations with no access to healthy food in Summit County was lower than Hamilton County, but the same as Montgomery County.

What are the data sources?

“WIC Authorized Food Store Access” is the number of food stores and other retail establishments per 100,000 population that are authorized to accept WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children) benefits and that carry designated WIC foods and food categories. The most recent county- and national-level data (2011) were acquired from the United States Department of Agriculture (USDA) Food Environmental Atlas (FEA) and were reported on the Community Health Needs Assessment toolkit on the Community Commons web site.

“Food Insecure Children” is the percentage of the child population living in households experiencing food insecurity. Food insecurity refers to the USDA’s measure of lack of access, at times, to enough food for active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. The most recent county- and national-level data (2010) were taken from the Feeding America’s Map to Meal Gap Project and reported on the Annie E Casey Foundation web site.

“Population Living in Food Deserts” is the percentage of the population living in census tracts designated as food deserts, which are low-income census tracts where a substantial number or share of residents has low access to a supermarket or large grocery store. The most recent county- and national-level data (2010) were acquired from the United States Department of Agriculture (USDA) Food Environmental Atlas (FEA) and were reported on the Community Health Needs Assessment toolkit on the Community Commons web site.

“Access to Healthy Foods” is the percent of ZIP codes with a healthy food outlet. The most recent county- and national-level data (2012) were taken from the County Business Patterns database from the US Census Bureau and reported on the County Health Rankings web site.

“Limited Access to Healthy Food” is the percent of the population who are low-income and do not live close to a grocery store. The most recent county- and national-level data (2012) were acquired from the United States Department of Agriculture (USDA) Food Environmental Atlas (FEA) and were reported on the County Health Rankings web site.

What puts kids at risk?

Children living in low-income urban and rural communities are most at risk for experiencing diminished access to healthy foods (White House Task Force on Childhood Obesity, 2010). Families who report times of food insecurity at multiple points throughout the year are also significantly less likely to have regular and stable access to nutritious foods.

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End Part 3 of 3

Implementation Strategy

Years 2013 – 2015

Edwin Shaw Rehabilitation Institution

A Member of the



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INTRODUCTION

The Implementation Strategy contains the activities that the Edwin Shaw Rehabilitation Institute will conduct from 2013 – 2015 to address the prioritized health needs identified in the Community Health Needs Assessment (CHNA). The development of the Implementation Strategy, the rationale for why certain health needs were selected, and the process for on-going monitoring of the Implementation Strategy are discussed below.

The prioritized health needs identified in the 2013 CHNA and addressed in this Implementation Strategy include:

Adults	Children
<u>Chronic Diseases</u> <ul style="list-style-type: none">• Cancer<ul style="list-style-type: none">○ Colon○ Breast○ Cervical○ Lung○ Prostate• Cardiovascular Disease<ul style="list-style-type: none">○ Coronary Heart Disease○ Stroke○ High Blood Pressure• Diabetes	<u>Chronic Diseases</u> <ul style="list-style-type: none">• Asthma• Diabetes
<u>Mental Health</u> <ul style="list-style-type: none">• Depression	<u>Maternal & Infant Health</u> <ul style="list-style-type: none">• Premature Births• Low & Very Low Birth Weight• Infant, Neonatal, and Post-Neonatal Mortality
<u>Substance Abuse</u> <ul style="list-style-type: none">• Alcohol Abuse & Excessive Drinking• Prescription Drug Abuse• Opioid Drug Abuse	<u>Birth Risk Factors</u> <ul style="list-style-type: none">• Maternal Tobacco Smoking• First Trimester Prenatal Care
<u>Lifestyle Factors</u> <ul style="list-style-type: none">• Overweight & Obesity• Tobacco Use	<u>Child Development</u> <ul style="list-style-type: none">• Underweight
<u>Access to Care</u> <ul style="list-style-type: none">• Access to Primary Care Provider• Health Insurance Coverage• Access to Dental Provider	<u>Child Lifestyle Factors</u> <ul style="list-style-type: none">• Overweight & Obesity• Exercise• Nutrition
<u>Quality of Health Care</u> <ul style="list-style-type: none">• Preventable Hospital Stays• Elderly Care Support	<u>Mental Health</u>
<u>Environmental Factors</u> <ul style="list-style-type: none">• Access to Healthy Food	<u>Substance Abuse</u> <ul style="list-style-type: none">• Alcohol Abuse & Excessive Drinking• Prescription Drug Abuse• Opioid Drug Abuse
	<u>Abuse & Neglect</u>
	<u>Access to Health Care</u> <ul style="list-style-type: none">• Health Insurance Coverage• Access to Dental Care
	<u>Environmental Factors</u> <ul style="list-style-type: none">• Access to Healthy Food

Many of the strategies and activities summarized in the Implementation Strategy address risk factors and across multiple health areas. For example, strategies to increase healthy eating and physical activity will affect obesity as well as cardiovascular disease. In addition, tobacco cessation programs not only lower the risk for lung cancer, they also lower the risk of stroke.

Lastly, some of the strategies and activities in this Implementation Plan are conducted solely by the hospital and some are conducted in partnership with other organizations.

Development of the Implementation Strategy

The Edwin Shaw Rehabilitation Institute is a hospital facility operated by Akron General Medical Center. Akron General Medical Center formed an internal steering committee (the Community Health Needs Assessment Committee, or CHNA Committee) for the purposes of meeting the Community Health Needs Assessment and Implementation Strategy requirements of Internal Revenue Code section 501(r) for each of the hospital facilities it operates. Throughout its 100 year history, Akron General Medical Center has continuously evaluated the health needs of the community it serves and has long engaged in processes to develop plans to effectively meet the needs of that community. The CHNA Committee identified individuals and teams currently engaged in the ongoing planning process. These individuals and teams – some of whom serve on the CHNA Committee – were provided with the prioritized, significant health needs identified by the Community Health Needs Assessment (CHNA) conducted in 2013 and asked to summarize plans, goals and measures that would be implemented over the three year period ending December 31, 2015. The prioritized health needs and hospital programs and services that align with the hospital's mission, vision, and core competencies are included in this Implementation Strategy.

Needs Not Addressed

Access to Dental Provider

Dental care is a need that the Edwin Shaw Rehabilitation Institute is not prepared to address directly at this time.

Environmental Factors

Environmental factors is a category that the Edwin Shaw Rehabilitation Institute is not prepared to address directly at this time.

Child Health Needs

While it recognizes children as part of the community it serves, due to the focused nature of its services and the special needs of the child patient, the Edwin Shaw Rehabilitation Institute does not directly address the Chronic Diseases, Mental Health, Substance Abuse and Environmental Factors categories for children identified in the CHNA.

Implementation Strategy

The community served by the Edwin Shaw Rehabilitation Institute is also the community served by Akron Children's Hospital whose resources are focused on the child patient.

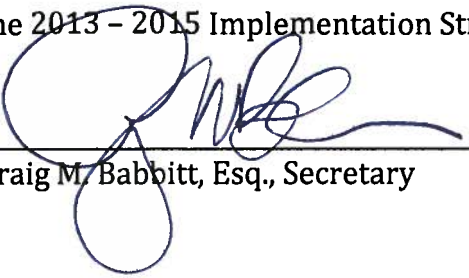
Monitoring the Implementation Strategy

The CHNA Committee will monitor on an ongoing basis the stated goals of individual strategies set forth in this document. Akron General Medical Center has engaged a team from The Kent State University's College of Public Health to assist in that monitoring. That engagement is designed improve the Edwin Shaw Rehabilitation Institute's overall ability to measure the success of its efforts and as well as provide useful feedback to the programs and community partners (where applicable) to ensure that successful programs are propagated and less successful programs are improved or eliminated in order to maximize the value of this community resource.

ADOPTION BY BOARD OF DIRECTORS

The Edwin Shaw Rehabilitation *2013 - 2014 Implementation Strategy*

The Akron General Hospitals Board of Directors is the governing body of Akron General Medical Center, an IRC 501(c)(3) hospital organization operating the hospital facility the Edwin Shaw Rehabilitation Institute. The Akron General Hospitals Board hereby adopts the 2013 - 2015 Implementation Strategy for Edwin Shaw Rehabilitation Institute.



Craig M. Babbitt, Esq., Secretary

Date 10/23/13

Chronic Diseases

Diabetes

Objective	Strategy
Increase the number of adults/children screened for diabetes	<ul style="list-style-type: none">• Conduct multiple health fairs at the Akron General Diabetes Center and in conjunction with community partners Arlington Church of God and the Edwin Shaw Rehabilitation Institute.
Conduct community awareness classes for Diabetes	<ul style="list-style-type: none">• Promote evening classes at community partner Edwin Shaw Rehabilitation Institute to the community on diabetes risk factors, nutritional labels, etc.
Enhance proposed electronic medical record system to track diabetes education provided to patients after discharge	<ul style="list-style-type: none">• In phone interviews, add questions to patients who received diabetic education to evaluate compliance post discharge

Substance Abuse

Alcohol Abuse & Excessive Drinking

Objective	Strategy
Enhance community awareness of Chemical Dependency Program offerings for Adults and Adolescents, including: Assessment, Intensive Outpatient Program, Outpatient programs and Individual counseling sessions	<ul style="list-style-type: none">• Staff of the Edwin Shaw Rehabilitation Institute's (ESRI) Chemical Dependency (CD) program will attend 2-6 community events to promote addiction services.• Meet with Summit County ADM Board staff, and Summit County Probation Department to promote addiction service offerings at ESRI• Increase awareness of ESRI CD services by seeking radio and newspaper educational marketing opportunities, and community outreach efforts to AGMC/local physicians, and community agencies
Increase utilization of ESRI chemical dependency services by alcohol addicted Summit County residents	<ul style="list-style-type: none">• Perform feasibility study for the development of an ambulatory detox program at ESRI.• If determined feasible, develop ambulatory detox program for alcohol addicted persons

Opioid/Prescription Drug Abuse

Objective	Strategy
Increase physician and community awareness to improve utilization of Edwin Shaw's Abstinence-Based and Medication-Assisted Treatment programs for prescription drug and opiate addicted adults and adolescents.	<ul style="list-style-type: none">• Analyze outcome data from 18-month "Limited Length Suboxone with Counseling" Program"• Provide treatment outcomes of Summit County ADM Board Pilot Program "Limited Length Suboxone with Counseling" to area physicians, judicial and community support agencies• Increase awareness of Edwin Shaw programs through radio and newspaper educational marketing opportunities, and outreach physicians, and community agencies

Substance Abuse/Maternal and Infant Health

Objective	Strategy
Decrease the proportion of infants with neonatal addiction symptoms within 7 days of birth.	<ul style="list-style-type: none">• Coordinate pre-natal care and Edwin Shaw Rehabilitation Substance Abuse and Abstinence-based programming with OB Physicians and Edwin Shaw Clinical staff.
Increase participation of chemically addicted pregnant mothers in substance abuse programs.	<ul style="list-style-type: none">• Coordinate pre-natal care and Edwin Shaw Rehabilitation Substance Abuse and Abstinence-based programming with OB Physicians and Edwin Shaw Rehabilitation staff.• Increase awareness of Edwin Shaw Rehabilitation Pregnancy Programs for chemically addicted pregnant women through radio and newspaper educational marketing opportunities, and outreach efforts to local physicians

Lifestyle Factors

Tobacco Use

Objective	Strategy
Increase the number of infants of Edwin Shaw Rehabilitation Institute Chemical Dependency patients living in a smoke free environment	<ul style="list-style-type: none">• Implement Chemical Dependency educational programming for clients and families that outlines the health benefits of a smoke-free environment• Conduct a Community Conference “The Benefits of a Smoke-Free Environment for our Kids”
Increase utilization of Smoking Cessation Classes	<ul style="list-style-type: none">• Conduct visits with physicians in the Family Medicine Department to increase awareness of the Smoking Cessation Program

Access to Care

Health Insurance Coverage

Objective	Strategy
Connect the uninsured with assistance in selecting coverage from the Federal Health Insurance Exchange	<ul style="list-style-type: none">• Partnering with existing Medicaid eligibility vendors which also provide assistance to those enrolling in the Federal Health Insurance Exchanges.• Distributing contact information for local community agencies providing navigator services

Quality of Health Care

Preventable Hospital Stays

Objective	Strategy
Streamline transitions to next level of care to improve rate of patients being placed into the most appropriate post-discharge setting, reduce Inpatient ALOS, improve patient satisfaction and reduce unnecessary readmissions.	<ul style="list-style-type: none">• Continue development of Transitions in Care Team, a multi-disciplinary team identifying process improvements related to internal transition process efficiencies, patient and caregiver engagement and education.• Education and engagement of all patient care staff• Identification of individual disciplinary opportunities to improve patient understanding of self-care upon discharge
Reduce readmissions of Heart Failure Patients	<ul style="list-style-type: none">• Pharmacist to perform or double check medication reconciliation on heart failure patients and provide medication education at or prior to discharge.
Reduce Readmissions	<ul style="list-style-type: none">• Post discharge phone call—RN assesses patient's condition and will refer to Care Manager for further follow up if need
Reduce Readmissions through provision of medications and durable medical equipment supplies	<ul style="list-style-type: none">• Provision of indigent meds for no or minimal cost. Also provide assistance with obtaining durable medical equipment if unable to pay.